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Acknowledgements:

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NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19.1 million participants. *Lancet* 2017; 389(10064): 37-55.

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Caesarean scar defect: A case report

Khor Leet Liang, Nor Fadzilah binti Affendi, Sudesan Raman

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ABSTRACT

Introduction: Caesarean scar defect (isthmocele) is a known complication after delivery via Caesarean section. It is increasing in incidence due to increasing rates of Caesarean sections and is associated with problems including uterine rupture, caesarean scar pregnancy and haemorrhage. We report a case involving a patient who developed this complication following a suction and curettage. **Case Description:** The patient is a 31-year-old lady, G3P2 at 9 weeks POA who presented with per vaginal bleeding for 3 days without abdominal pain, passing out products of conception (POC). On assessment, uterus was 16 weeks size, with well healed scar, no tenderness. Transabdominal scan showed an anteverted uterus with an intrauterine mass of mixed echogenicity. Suction and curettage was done. Intraoperatively, patient had persistent bleeding despite complete evacuation and administration of uterotonics, thus mechanical tamponade was done. However, patient still had persistent PV bleeding despite mechanical tamponade. Transabdominal scan was done to rule out possible undetected perforation, however, noted uterus empty, endometrial thickness 4 mm and no free fluid. Patient was brought into OT and a hysterectomy was carried out. **Discussion:** We believe that early recognition and treatment of a Caesarean scar defect especially prior to conception can improve the outcome for mother and fetus by reducing the risk of uterine rupture, Caesarean scar ectopic pregnancy and morbidly adherent placenta. We hope that awareness can be encouraged among colleagues who treat patients with history of previous Caesarean sections to prevent complications in patients who suffer from such defects.

Invasive cervical cancer: A lung secondary that wasn't. Disease free survival after 9 years post-radical surgery and adjuvant therapy

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ABSTRACT

Introduction: A CT Scan lung secondary need not be a lung secondary but could be an end-on-vessel or an end-on-bronchiole of the lungs. **Case Description:** Patient was a 66 years-old Para 2, was seen 9 years ago with invasive cervical cancer FIGO Stage 1b1. Full history, examination, evaluation was done. A pre-operative CT Scan thorax, abdomen and pelvis was done. A solitary lung secondary was seen. It was reviewed by Consultant Radiologist who determined it could be an end-on-vessel or bronchiole or a secondary. The complexity of the situation was conveyed to the patient and family. If really FIGO Stage 4 the disease was not operable. If operate needs close follow-up and could be a growing solitary lung secondary. They requested for radical Wertheim's hysterectomy. She is alive today. No clinical, vault smear or PET CT scan recurrences. No residual disease was evident. Follow-up CT & PET CT scan reveals that the lung nodule was not hot and remained the same size. She had further 6 cycles of chemotherapy in view of adverse histopathological features and adjuvant radiotherapy. She has been asymptomatic since then, fit enough to look after grandchildren. She was last seen in August 2019 and has been well on regular follow-ups. **Discussion:** Not all solitary lung nodules are solitary invasive lung nodules. A solitary lung nodule requires careful evaluation before a patient is designated to a FIGO Stage 4 disease.

Preliminary report for the effects of a shorter course intramuscular dexamethasone on neonatal respiratory morbidities in term elective lower segment caesarean section deliveries

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ABSTRACT

Introduction: The use of intramuscular dexamethasone injections before an elective caesarean delivery at term has been shown in multiple randomised controlled trials to reduce the rates of transient tachypnoea of the newborn, admission to neonatal care and the need for mechanical ventilation. There have been studies suggesting that partially completed intramuscular corticosteroids can be beneficial in preterm deliveries, therefore we aim to establish if half the regime dose of dexamethasone can demonstrate any benefit for term elective caesarean section deliveries. **Objectives:** A retrospective observational study comparing neonatal respiratory morbidities before and after the single dose 12 mg dexamethasone was implemented in our obstetrics and gynaecology centre for term elective caesarean section deliveries between 37 to 38 weeks. **Methods:** We compared the rates of admission to neonatal care, the need for mechanical ventilation and the rate of transient tachypnoea of the newborn in the first half of the 2019 without intramuscular dexamethasone injections against the second half of the year when a single dose intramuscular dexamethasone was given. **Results:** The findings showed that the rate of admission to neonatal care was lower in the single dose intramuscular group (OR 0.97, n=674, p-value 0.88), the need and duration for mechanical ventilation was also lower (OR 0.98, n= 674, p-value 0.95) compared to the group without intramuscular dexamethasone given. **Conclusions:** This retrospective study showed that there were lower rates for neonatal admission and mechanical ventilation when 12 mg dexamethasone was given however, no statistically significant differences were demonstrated for these findings.

Is there an association between semen volume and age?

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ABSTRACT

Introduction: Cellular and physiological alteration in aging men's genitourinary tract cause seminal vesicle insufficiency and prostate changes. These changes resulting in smooth muscle atrophy, decreased protein and water content, thus decreased ejaculate volume. **Objectives:** This study aims to determine the association between semen volume and age of men. **Methods:** This is a retrospective study involving 1,775 men that had semen analyses done at KL Fertility Centre, Malaysia from January 2016 to December 2017. The World Health Organization (5th edition) semen parameters was used as reference. Data was analysed using One-way ANOVA and Pearson Correlation, SPSS version 22. **Results:** The men were divided into three age groups: 20-39, 40-59 and 60-79 years old which accounted for 78.6% (n=1395), 20.6% (n=366) and 0.8% (n=14) of total respectively. The youngest and oldest men were 22 and 70 years old with an average age of 35.88 years old. The mean semen volumes per ejaculate for men aged 20-39, 40-59 and 60-70 were 2.73 ml, 2.53 ml and 1.96 ml respectively, with the average of 2.5 ml across all age groups. The one-way ANOVA showed significant difference in semen volume from different age groups ($p < 0.05$) especially for men aged 60 to 79. This group showed significantly lower semen volume compared to the other two groups ($p < 0.05$). Pearson Correlation test also showed that semen volume was significantly reduced with age ($p < 0.01$, $R = -0.09$). **Conclusions:** This study showed that semen volume significantly reduced as men aged. Factors such as environmental, occupational, medical condition and living lifestyle can attribute to the decrease in semen volume and can be examined in future study.

A dilemma in management following ovulation induction

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ABSTRACT

Introduction: Ovarian Hyperstimulation Syndrome (OHSS) is not an uncommon complication following ovulation induction with Clomiphene Citrate or other ovulation induction agents. This complication maybe rare however, the incidence is higher in Polycystic Ovarian Syndrome (PCOS). The incidence of OHSS varies between different types of fertility treatment with incidence being higher in Assisted Reproductive Technology (ART) cycle. Possibility of pregnancy of unknown location (PUL) / Ectopic is also a known complication. **Case Description:** A 30-year-old lady (primary infertility for 18 months) presents to hospital at day 21 menstrual cycle complaining of worsening supra pubic pain following ovulation induction with Clomiphene Citrate 50 mg OD for 5 days duration. Clinical examination done noted vital signs normal. However, per abdomen mild suprapubic tenderness, not distended, no mass palpable, no shoulder tip pain. Scan showed multiple ovarian follicles with bilateral enlarged ovaries with the largest follicle measures 4.5 x 4.6 cm, free fluid at Pouch of Douglas (POD) and a suspicious left adnexal mass. Hence, we were in a dilemma whether we were dealing solely with OHSS, or with concurrent pathology (haemorrhagic corpus luteum/ectopic). Urine Pregnancy was positive. β HcG monitored was increasing in trend in keeping with her clinical symptoms. First β HcG was 10,812 U/L, subsequent 48 hours β HcG was 17,790 U/L. Therefore, she was diagnosed with OHSS and to rule out pregnancy of unknown location. She then underwent diagnostic laparoscopy converted to open laparotomy. Intra operation revealed multiple enlarged follicles of left ovary and ruptured left tubal pregnancy with torn broad ligament. On right ovary noted ruptured corpus luteum. Otherwise uterus was normal. **Discussion:** It is always good to bear in mind, that following ovulation stimulation cycle there is high possibility of multiple complications of the stimulation cycle. Any form of intervention to the ovaries with OHSS should be avoided, unless there is evidence of torsion or bleeding. When treating a patient with diagnosis of pregnancy of unknown location who is asymptomatic and stable, the approach of medical management with Methotrexate (MTX) is an option and should be considered. As a conclusion, if surgical intervention is required, precaution should be taken to avoid manipulation of the enlarged OHSS ovaries.

Successful vaginal delivery of placenta previa major with intrauterine death at 30 weeks: A case study

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ABSTRACT

Introduction: This is a case study where a patient with major placenta previa (Type III posterior) with intrauterine death opted for a conservative management instead of surgical intervention. The intention was to aim for a vaginal delivery after a period of conservative management to reduce maternal morbidity. **Case Description:** The patient was a 26-year-old primigravida with a diagnosis of major placenta previa (Type III posterior) and intrauterine death (IUD) at 26 weeks gestation. A conservative management was decided. She was reviewed weekly with full blood count (FBC) and coagulation profile with serial ultrasonography (USG) and doppler to look for placenta vascularity. Throughout the follow-up patient was asymptomatic and blood investigations were within normal parameters. USG doppler revealed a decrease in vascularity over the placenta bed and placenta atrophy throughout the follow-up by the end of 4th week. Thus, patient was advised for medical induction with prostaglandin E1 as she has no symptoms of labour. Patient successfully delivered a grossly normal macerated stillbirth weighing 600 gm, with complete placenta weighing 200 gm, after 4th prostaglandin. The delivery was uncomplicated, and the estimated blood loss was 300 ml. **Discussion:** From this study, we can conclude that PP major with IUD, initially treated conservatively for a period of 4 weeks, followed by induction of labour, leads to successful vaginal delivery without complication.

A rare entity of ovarian ectopic pregnancy: A case report

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ABSTRACT

Introduction: Ovarian pregnancy is a rare form of non-tubal ectopic pregnancy. Its incidence ranges from 1 in 3,000 to 1 in 70,000 deliveries and accounts for 3% of all ectopic pregnancies worldwide. **Case Description:** We report a case of a 31-year-old, who was in her 2nd pregnancy, presented to our centre with one day duration of acute abdomen at around 8 weeks of period of amenorrhea without any per vaginal losses. Her previous menstrual cycle was normal, and she was not using any contraceptive method. There was tenderness over the right iliac fossa and the cervical excitation was positive. Transabdominal ultrasound showed a right adnexal mass with fetal heart activity seen. A diagnosis of primary ovarian ectopic pregnancy was made laparoscopically and confirmed by histopathological examination. **Discussion:** Early diagnosis and treatment for ovarian ectopic pregnancy are crucial as it is characterized by poor clinical symptomatology and a vague ultrasound diagnosis. Accurate pre-operative and intraoperative diagnoses are difficult. Diagnosis is usually made by histopathological assessment and therefore the Spielberg criteria are very important for the diagnosis of ectopic ovarian pregnancy. Thus, it continues to pose a challenge to the practicing clinician.

Spontaneous rupture of the uterus due to placenta percreta at 20 weeks gestation in a patient without risk factors: A case report and literature review

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ABSTRACT

Introduction: Placenta percreta is a rare condition in obstetrics which can lead to massive antenatal or postpartum hemorrhage usually requiring caesarean hysterectomy. Most patients have a prior history of caesarean section, myomectomy or endometrial surgery. Pre-operative diagnosis is usually made by high suspicion index during transabdominal ultrasound and confirmed by MRI. **Case Description:** We report a case of spontaneous rupture of uterus due to placenta percreta at 20 weeks gestation in a patient without prior risk factors. 4 months before conception she had undergone laparotomy and unilateral salpingo-oophorectomy done in a private centre due to a large ovarian tumour. Histopathology showed well differentiated mucinous cystadenocarcinoma and the disease was staged as 1C3. Subsequently patient defaulted follow up. In early pregnancy, she was treated as disease progression of ovarian malignancy. At 20 weeks gestation she underwent emergency laparotomy and hysterectomy with unilateral salpingo-oophorectomy for uterine rupture due to placenta percreta. Histopathology examination of specimen sent confirmed placenta percreta to be the cause of uterine rupture.

Hypovolaemic shock secondary to first trimester placenta accrete

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ABSTRACT

Introduction: The event of placenta accreta during first trimester is a life threatening event. However, due to its rarity, its clinical symptoms are akin to other more common cases and inaccuracy of ultrasound in detecting such pathology pose a challenge in diagnosing first trimester placenta accreta. **Case Description:** A 38-year-old lady, Gravida 4 Para 2+1 at 7 weeks period of amenorrhea with one previous caesarean section and morbid obesity. She was under follow-ups for conservative treatment of silent miscarriage by evidence of clinical symptoms and ultrasound findings. During her conservative management, she subsequently presented to our centre with profuse per vagina bleeding leading to hypovolaemic shock. She was then subjected to emergency suction and evacuation. Intra-operatively, the continuous bleeding during suction leading to DIVC prompt the team to subject her for laparotomy and hysterectomy for the suspicion of placenta accrete. Hysterectomy was successfully performed with a total blood loss of 5litre. The recovery process was uneventful. Her histopathological report came back and confirmed the diagnosis of morbidly adherent placenta. **Discussion:** A high index of clinical suspicion based on early recognition of the risk factors is important for early detection. Thus early anticipation could result in better obstetric outcomes.

Induction of labour with Cook Cervical Ripening Balloon: Is it more painful?

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ABSTRACT

Introduction: Labour pain is the most intense and excruciating experiences among women in their life. The overall requirement of analgesia among all deliveries are between 30% to 60%. There is evidence from literature that induced labour is likely to be more painful than spontaneous labour. **Objectives:** Requirement of analgesia among women with induction of labour using Cook Cervical Ripening Balloon (CCRB). **Methods:** It was a hospital based retrospective study. Data collection was done by reviewing patients' records at record office, Sarawak General Hospital, Malaysia in 2015. Study population included women with unfavourable cervix. **Results:** A total of 49 women underwent induction of labour with CCRB and 23 (46.9%) women had successful vaginal delivery (95% CI 32.5-61.7). Of these, 12 (24.5%) women requested for an analgesia as pain relief during labour and remaining 37 (75.5%) women did not require any method of pain relief. Of the 12 women, 7 (58.3%) women received intramuscular pethidine and 4 (33.3%) women were given epidural analgesia. One (8.4%) woman used inhalational gas. **Conclusions:** Induction of labour with CCRB did not show increased requirement of analgesia than that of deliveries in general population.

Keywords: Cook cervical ripening balloon catheter (CCRB), analgesia

Racial variation on semen parameters in infertile men

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ABSTRACT

Introduction: Aim is to study the association of ethnicity on semen parameters in infertile male patients who presented to Sunway Fertility Centre, Malaysia. **Objective:** The aim of this study is to retrospectively review data of semen analysis to identify any variation by ethnicity. **Methods:** Retrospectively data was retrieved from electronic database from a single urban fertility centre and reviewed from 2017-2020. Inclusion criteria: (i) Malaysian (ii) aged 25 to 35 years old (iii) no medical illnesses (iv) first semen analysis (v) no prior supplements or treatment (vi) non-smoker. The semen analysis is according to the 2010 World Health Organization criteria. Ethnicity data was classified into Malay, Chinese and Indian. **Results:** A total of 300 patients were reviewed with 100 patients from each ethnic group. Of these, 78 samples (26%) were asthenospermia, where Indian patients had the highest counts of asthenospermic (42%), followed by Chinese patients 31% and Malay patients 24%. While in the 9% who had teratozoospermia, 46% were Indian patients, 31% Malay patients and 23% Chinese patients. In the normal semen analysis, 23% Indian patients, 33% Malay patients and 44% Chinese patients. However, there was no ethnic difference among the 15% of the total samples who were oligoastheno-teratozoospermic and 2% who were Azoospermic. **Conclusion:** There seems to be a higher preponderance of semen abnormalities among the Indian ethnic group. This needs to be analysed further.

Fertility sparing approach for the management of a rare ovarian sex cord tumour in pregnancy

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ABSTRACT

Introduction: Ovarian sex cord tumour is an ovarian neoplasm that arises from the stromal ovarian tissue, and commonly presents during the first few decades of life. We demonstrate fertility sparing treatment option for the management of ovarian sex cord tumours in our patient. **Case Description:** 23-year-old, G1P0 at 13+5 who was previously fit and well, presented with lower abdominal pain for 6 days. Upon examination, the abdomen appeared distended with generalized tenderness. Transabdominal ultrasound scan showed a bilateral enlarged ovaries with solid components, there is increase in colour doppler uptake – doppler index 4, the right ovary measured 9.7 x 7.3 x 6.3 cm, left ovary measured 7.1 x 5.4 x 4.6 cm with ascites. She underwent midline laparotomy and intraoperatively, there was 2L hemoserous ascitic fluid with bilateral enlarged ovaries. There were areas of necrotic tissue and clots seen in the ovarian stroma, the tissue was friable and oedematous, the ovarian surface was smooth with areas that have ruptured. A right salpingo-oophorectomy, left partial oophorectomy and omental biopsy was performed. Her subsequent post-op period was uneventful. Her antenatal scan post-operatively were unremarkable, she then had a Caesarean section delivery at 34 weeks delivering a healthy baby with no evidence of tumour recurrence. **Discussion:** Fertility sparing approach can be considered as an option in the treatment of patients with an ovarian sex cord tumour.

Distal humerus epiphyseal separation after caesarean: A case report

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ABSTRACT

Introduction: Distal humerus epiphyseal separation is rare with an incidence of 1:35,000 births. The diagnosis can be challenging because the injury is not easily seen on radiographs. This may result in misdiagnosis or misinterpretation as humeral fracture or an elbow dislocation. We present a case report on distal humerus epiphyseal separation in the newborn noted after a caesarean section for breech presentation. **Case Description:** A 23-year-old, primigravida was delivered at 39 weeks and 3 days via caesarean section for breech presentation. Intraoperatively, Loveset manoeuvre was performed to deliver the fetal upper limbs. However, there was difficulty in delivering the right arm due to nuchal position of the right arm. Moro reflex was noted incomplete for the right upper limb. X-ray of the right upper limb showed no fracture. Initially the newborn was diagnosed with Erb's palsy attributed to traumatic birth. However, on the second day of life, the neonate developed swelling over the right elbow joint. Ultrasound of the right elbow joint showed right distal humerus epiphyseal separation. Subsequently the baby underwent open reduction and K-wiring by the paediatric orthopaedic team. **Discussion:** Although distal humerus epiphyseal plate separation is rare, the diagnosis can still be achieved by vigilant observation and keeping a high index of suspicion. In doing so, we were able to detect the injury and necessary management was carried out for the baby to avoid long term complications such as cubitus varus, medial or lateral condyle avascular necrosis, loss of motion and growth disturbance.

A-014

Uterine fibroid in a patient with MRKH syndrome – A laparoscopic approach to treatment

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ABSTRACT

Introduction: Mayer-Rokitansky-Kuster-Hauser syndrome (MRKH) is a rare condition characterised by congenital absence of the uterus, cervix and the upper vagina. **Case Description:** We report a 44-year-old female with MRKH syndrome who presented to us with intermittent lower abdominal pain and constipation. On abdominal palpation, there was a 16-week size mass which was mobile and firm in consistency. CT scan of the abdomen showed a mass in the midline of pelvis measuring 10.2 × 8.7 × 9.3 cm. All laboratory investigations including tumour markers were normal. Our differential diagnoses were of a uterine fibroid or a left ovarian fibroma. During a laparoscopic procedure, we found an 8 × 8 cm midline mass most likely to represent a leiomyoma arising from the uterine bud. Ovaries and fallopian tubes were normal. The mass was removed laparoscopically. HPE confirmed a leiomyoma without any malignant components. **Discussion:** There are only few reported cases of presence of uterine fibroid in MRKH. As patients usually have a blind vagina, a transvaginal scan has limited role in diagnosing pelvic masses. Without clear radiological differences between a myoma and a myosarcoma on MRI, surgical intervention remains essential as a diagnostic and therapeutic tool in management. A laparoscopic approach allows for a detailed examination of the abdominal and pelvic cavity and treatment at the same setting. An in-bag power morcellation of uterine fibroids can be performed to minimise the risk of tissue dissemination. A laparoscopic approach should be the gold standard for management of pelvic tumours in MRKH women as it is a powerful diagnostic and treatment tool.

Neonatal uterovaginal prolapse: A rare case report

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ABSTRACT

Introduction: Congenital neonatal uterovaginal prolapse is rare. It is mostly associated with spinal cord defects but can occur without it. We report a case referred to us at day 1 of life for an uterovaginal prolapse. **Case Description:** Baby M was 3.1 kg at birth with an uneventful delivery. On examination, there was a sacral dimple and a fleshy edematous mass likely representing an uterovaginal prolapse that was 3 cm beyond the introitus. There were no abnormalities detected on the ultrasound abdomen and spine. We inserted a vaginal plug layered with Premarin cream. The end was then tied off with a silk suture to aid with easier removal of the vaginal plug. We placed a gauze at the vaginal to secure the vaginal plug. An indwelling urinary catheter was inserted, and a pressure garment was applied over the diaper and baby was placed in Trendelenburg position. **Discussion:** Management of cases such as this varies. Amongst them were application of hypertonic saline packs that were applied to the prolapse followed by partial labial fusion with interrupted sutures, insertion of a vaginal pessary using rubber nipples or rolled penrose drains, digital reduction and placing a Foleys catheter in the vagina. There have been two reported cases of invasive surgical techniques following failure of conservative management with Foley's catheter. We successfully managed to reduce the prolapse using a vaginal plug that we kept in place for 6 days. Trial of non-invasive methods should always precede other more invasive methods in managing the prolapse.

Synchronous ovarian adenocarcinoma and squamous cell carcinoma of cervix: A rare case report

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ABSTRACT

Introduction: Synchronous tumours of gynaecological malignancies occur rarely and mostly represented by synchronous ovarian and endometrial cancer. Synchronous malignancies of cervix and ovary are rare with poor prognosis. Low stage and low grade synchronous tumours must be distinguished from metastatic tumours for accurate management. **Case Description:** A 63-year-old was diagnosed with synchronous squamous cell carcinoma of cervix and high grade serous carcinoma of ovary. Clinical presentation, investigation and intraoperative findings were atypical. Patient presented with postmenopausal bleeding and mass per abdomen. Pipelle sampling revealed squamous cell carcinoma of cervix. Examination under anaesthesia noted endocervical growth measuring 3 x 4 cm with endoluminal extension into the endometrial cavity. CT imaging showed left ovarian mass measuring 10.0 x 11.7 cm. Uterine corpus involvement in this case mislead us to the initial diagnosis of ovarian metastasis in cervical cancer. **Discussion:** Our initial diagnosis of ovarian metastasis from cervical carcinoma was supported by a study that concluded that uterine corpus involvement was an independent risk factors for ovarian metastasis. Transtubal implantation has been postulated as a mechanism of spread. The presence of an endometrial lesion that eventually turned out to be benign endometrial polyp which originally could had been a carcinomatous serous endometrial polyp prior to initiation of chemotherapy. Unfortunately, the endometrial lesion was not sampled prior to neoadjuvant treatment and this had been the learning point. It is crucial to focus on the differential diagnosis between primary and metastatic tumours during the diagnostic process as the management and prognosis of each entity differ.

Glassy cell carcinoma of the right cervix on uterine didelphys with right renal agenesis: A rare case report

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ABSTRACT

Introduction: Glassy cell carcinoma of the uterine cervix is a very rare entity accounting for only 1% of all cervical carcinomas. It is a poorly differentiated subtype of adenosquamous carcinoma. It is associated with poor prognosis due to its aggressiveness. Cervical cancer with uterine malformation is extremely rare. Due to its rarity in incidence for both clinical conditions existing together, we report a case of such management. **Case Description:** A 33-year-old nulliparous woman with underlying uterine didelphys and right renal agenesis presented to us with prolonged vaginal bleeding. There was a mass palpable per abdomen which was equal to a 12 weeks' gravid uterus size and a cervical mass 3 cm in size confined to the right side of cervix extending to upper vagina. The left side of cervix and vagina was normal. CT imaging of thorax, abdomen and pelvis was done, with no distant metastasis seen. **Discussion:** As the treatment of Glassy cell carcinoma of the cervix require multimodality treatment, patient had 3 cycles of neoadjuvant chemotherapy followed by a radical hysterectomy, bilateral salpingo-oophorectomy and pelvic lymph node dissection. The surgery was uneventful. This was followed by another 3 cycles of adjuvant chemotherapy and radiotherapy (external beam radiotherapy and brachytherapy). Patient recovered well and the treatment was successful in bringing disease free interval of 2 years.

Infected uterine fibroid in pregnancy – A rare occurrence

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ABSTRACT

Introduction: Uterine fibroid in pregnancy is common and concerning. There is a prevalence of 10.7% in the first trimester and 2-5% overall. Most fibroids do not affect pregnancies. But for 10-30% of women with fibroids, they may complicate pregnancy by causing maternal pain, fetal growth restrictions, (FGR), preterm labour, fetal malpresentation, postpartum haemorrhage (PPH) and carries a risk for caesarean sections and even peripartum hysterectomy. **Case Description:** This a case of a 29-year-old, primigravida at 25 weeks gestation who was initially admitted for pain management due to red degeneration of uterine fibroid. However, her pain persisted with fever, diarrhea, tachycardia and raised inflammatory markers. Broad spectrum antibiotic was commenced, and abdominal ultrasound showed ruptured complex ovarian mass with ascites. She underwent laparotomy. Intraoperative findings revealed an infected anterior subserosal fibroid with spontaneous small bowel perforation. Unfortunately, she delivered prematurely 2 days later and was admitted to ICU for intraabdominal sepsis. She recovered well and was discharged on day 12. **Discussion:** Uterine fibroids in pregnancy are associated with advancing maternal age and will likely increase globally due to delayed childbearing. It is usually asymptomatic and can be treated conservatively. However, in the event of intractable symptoms, surgical management of either antepartum myomectomy or caesarean myomectomy had been performed successfully. There is increased in uterine vascularization during pregnancy and surgical management may lead to hemorrhage and hysterectomy. Therefore, treatment should be individualized for most favourable results.

The awareness of immunization amongst pregnant ladies attending UiTM specialist clinic

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ABSTRACT

Introduction: Immunization is an important measure for preventing diseases and in extension, the complications associated with the disease. The administration of vaccine is important for children as well as for the expecting mothers. The awareness of the public especially the pregnant ladies regarding this matter is very important. **Objectives:** To study the awareness of pregnant ladies regarding immunization and its safety in pregnancy. **Methods:** 230 pregnant women aged 20 to 50 years old who attended the Specialist Clinic in Pusat Perubatan Universiti Teknologi MARA (PPUiTM) were interviewed using a validated questionnaire which comprises socio-demographic details, self-practice regarding immunization, and questions regarding vaccines for Rubella, Tetanus, Hepatitis B and Human papillomavirus. Collected data was analyzed for descriptive statistic. **Results:** Out of 230 respondents, 80.7% knew about vaccination and majority was in 30-39-year-old age group. They received information regarding the vaccines mostly from their doctors. 98% reported that they took vaccines themselves. More than 50% of the respondents had taken vaccine for Rubella, Tetanus and Hepatitis B. This was probably due to the National Immunization Programme which made these vaccines compulsory to be taken. However, 13% of them were unsure what vaccines they had received. When assessing their knowledge regarding specific vaccines like Rubella, Tetanus, Hepatitis B and Human papillomavirus, majority did not know the safety of these vaccines in pregnancy. **Conclusions:** Pregnant ladies should be educated more regarding immunization including the benefits and safety especially by the attending doctors to promote better understanding.

Vaginal bleeding in prepubertal girls – A case series review in Malaysia

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ABSTRACT

Introduction: The etiology of prepubertal vaginal bleeding varies from isolated pubertal causes to malignant tumours and cause significant anxiety in the girls and their caretakers. Hence, these cases require careful investigations. We describe 4 cases of prepubertal bleeding of varying causes managed at 3 different O&G centres; HCTM, Hospital Ampang and Sabah Women & Children's Hospital. **Case Description:** The girls were between 19 months to 7 years old and had vaginal bleeding. *Case 1:* A 6-year-old who underwent examination under anesthesia (EUA) and found to have multiple vaginal polyps. Polypectomy was performed. *Case 2:* A 6-year-old noted to have a doughnut-shaped mass protruding from her urethral meatus. She was treated with estrogen cream and sitz baths. *Case 3:* A child who had early breast development and pelvic ultrasound revealed a multiseptated ovarian cyst requiring a cystectomy. *Case 4:* A 19-month-old toddler with a large intravaginal mass. She required further investigation, referral to the pediatric surgeon and oncologist for treatment of a malignant yolk sac tumour. **Discussion:** Prepubertal bleeding is abnormal and requires prompt management. It is important to rule out sexual abuse and malignancy. EUA and vaginoscopy is recommended when imaging modality is inconclusive. It is less traumatic than a pelvic examination in the outpatient clinic for the young girls. Thorough targeted history taking and pediatric-specific gynecological examination skills are crucial to formulate accurate diagnosis and adequate management.

Severe nausea and vomiting in pregnancy due to gastric outlet obstruction: A case report

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ABSTRACT

Introduction: Nausea and vomiting in pregnancy (NVP) affects up to 80% of pregnant women. Hyperemesis gravidarum is a severe form of NVP affect 0.3-0.6% of pregnant women. NVP typically begins earlier in 5-6 weeks, peaking at 9 weeks and resolved by 20 weeks in 90% of women. Severe NVP and NVP first develops after 10 weeks gestation is unlikely due to pregnancy. Thus, other causes should be thought of. **Case Description:** The authors present a case of 27-year-old primigravida with underlying dextrocardia presented with severe nausea and vomiting at 8 weeks of gestation worsening until 12 weeks when she came to us with complaint of episodic vomiting which happened once in a few days containing large amount of partially digested food, early satiety, distended abdomen after meal which resolved with vomiting and lost 7 kg in 3 weeks. She was diagnosed as NVP but later found out the cause to be situs inversus totalis, a rare congenital anomaly with reported incidence of 1 in 5,000 to 10,000 live births complicated with gastric outlet obstruction due to duodenal stenosis which is an even rarer entity. This congenital duodenal stenosis was only discovered when she had severe nausea and vomiting exacerbated during pregnancy. Bedside ultrasound and OGDS confirmed her stomach was distended with gastric content of 1 litre with obstruction at the pylorus where the scope was unable to pass through. She was referred to a tertiary hospital and underwent duodenal-stricturoplasty and duodenal jejunal bypass. Subsequently, she recovered and delivered a baby of 3 kg at term.

A-022

Use of Robson classification in caesarean section analysis: A retrospective audit in Sabah Women and Children's Hospital, year of 2020

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ABSTRACT

Introduction: Proposed in 2001, the Robson classification classifies women into 10 groups to allow critical analysis of pregnancy characteristics. **Objectives:** To analyse all patients who underwent caesarean section (CS) and to identify which group of patients contributed to the highest rates. **Methods:** A retrospective audit of all caesarean sections performed from January to December 2020. **Results:** The total number of CS was 4,913 out of 14,744 deliveries, making it 33.3%. The highest indication was fetal factors, mainly fetal distress (43.8%) followed by dysfunctional labour (23.1%), uterine factors (19.4%), maternal factors (7.7%) and lastly placenta or umbilical cord factors (5.7%). Robson group 5 (multiparous, singleton at term with prior CS, cephalic presentation), group 3 (multiparous without prior CS at term, singleton, cephalic presentation) and group 4 (multiparous without prior CS at term, singleton, cephalic presentation, induced labour or CS before labour) were major contributors of overall CS at 26.2%, 19% and 11.5%. However, the number of women with previous CS in their first pregnancy who attempted vaginal birth after caesarean (VBAC) in the second pregnancy is not known. **Conclusion:** Robson classification has enabled us to identify the highest contributors of caesarean section which were women with previous caesarean section. It also allows us to monitor changes in these groups of patients over time at the same facility. Further audit is required to assess rates of failed and refused VBAC, with the intention of assisting women regarding their decision for future pregnancies, consequently, to reduce the overall caesarean section rates.

Chronic non-puerperal uterine inversion (NPUI)

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ABSTRACT

Introduction: Chronic non puerperal uterine inversion is a rare case with only around 170 cases reported in the last 77 years. The objective of this clinical report is to discuss the management of NPUI. **Case Description:** A 67-year-old lady, Para 13 admitted from urogynaecology clinic for infected chronic non puerperal uterine inversion. Patient presented with mass per vagina of 1 year duration. Vaginal examination noted that there was a reddish and pinkish lump protruding outside the introitus, measuring 10 x 8 cm. The cervical os was not identified. Case was planned for hysterectomy. Pfannenstiel incision was made and abdomen entered in layers. Intra-operatively noted the cup of the uterus was at mid pelvic cavity which was formed by the inversion with inwards pulling of tubes and ovaries. Kustner's method was used, whereby vertical incision at posterior part of cervix was made. Pressure done per vaginally by operator index and thumb finger to turn the uterus outside in. Huntington technique was performed, whereby both round ligaments were identified and clamped using Allis forceps. Gentle upward traction of both round ligaments and the fundus of uterus were done. Additional method was performed using Haultain procedure. Vertical incision was done posteriorly at the site of constriction ring to facilitate repositioning of the uterus. The uterus was successfully replaced within the pelvis, followed by total abdominal hysterectomy and bilateral salpingo-oophorectomy. **Discussion:** Surgery is the primary treatment of non-puerperal uterine inversion with the aim of repositioning of the uterus followed by hysterectomy.

Review of stillbirth based on the ReCoDe classification in Sabah Women and Children's Hospital

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ABSTRACT

Introduction: Traditionally, the Wigglesworth classification was used to classify stillbirth but it was seen that 68% of stillbirth remained unexplained. The more recent ReCoDe classification divides the causes contributing to stillbirth into eight categories and this method is able to account for 85% of stillbirth. **Objective:** This study uses the ReCoDe classification to identify the causes of stillbirth in Sabah Women and Children's Hospital over a ten-month period from February to November 2020. **Method:** This study was carried out in all pregnant mothers more than 24 weeks period of gestation with a stillbirth delivered in the labour room. **Results:** The outcome of this audit shows that out of 86 women, 64 stillbirths occurred in a period of gestation more than 28 weeks. 48 stillbirths with a birth weight of more than 1.5 kg. Fetal causes were the main contributing factor to stillbirth with fetal growth restriction being one of its subsets. This falls into a preventable category. **Conclusion:** With more vigilant antenatal surveillance and a high index of suspicion based on maternal background, these stillbirths may be preventable. An earlier delivery in a centre that support preterm births can help reduce overall stillbirth.

Turner syndrome and its profile: A single centre Malaysia study

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ABSTRACT

Introduction/Objectives: Early diagnosis of girls with Turner Syndrome (TS) facilitates management especially regarding puberty induction. The aim of this study was to determine the age and presenting complaint at the time of presentation to Paediatrics and Adolescent Gynaecology (PAG) Unit and to identify the karyotype and puberty induction treatment of girls with TS. **Methods:** Retrospective data was retrieved from medical records of 27 young women with TS aged 17 to 48-year-old within 2015 to 2019. The data include age at diagnosis, karyotype analysis, presenting complaints with its associated problems, hormonal profiles and puberty induction treatment. **Results:** The mean age of diagnosis was 17.6 (± 7.8) years with 45X (48.1%) as the main karyotype diagnosed. Primary amenorrhea (81.5%) was the commonest presenting complaint in PAG clinic. The associated medical problem detected in this study population was low bone mass (70.4%), diabetes (7.4%), heart problem (3.7%) and hearing problem (3.7%). Conjugated Equine Estrogen (CEE) (55.6%) was commonly used for puberty induction. Estrogen treatment dose that mostly induced bleeding was CEE 1.25 mg (33.3%) and the duration of treatment required to induce bleeding was 13 (± 15.8) months. **Conclusion:** Majority of young women with TS were diagnosed in PAG Unit late. Primary amenorrhea triggered evaluation for most patients and most young women require puberty induction for 1-2 years to induce vaginal bleeding. Efforts to improve the early diagnosis of TS and early age-appropriate pubertal induction remain important management targets to improve the quality of life in young women with TS.

A-026

The clinical side effects of tamoxifen and results of endometrial and eye surveillance among Malaysian women with breast cancer: A pilot study

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ABSTRACT

Introduction: Tamoxifen is an adjuvant hormonal therapy for breast cancer, now recommended to be extended from 5 years to 10 years. It reduces cancer recurrence and improves mortality rates. However, tamoxifen increases the incidences of endometrial and ophthalmology pathology. Tamoxifen can cause both abnormal vaginal discharge and uterine bleeding. **Objectives:** To describe the gynaecological and ophthalmological adverse effects of Tamoxifen in Malaysian breast cancer survivors in a tertiary centre, UKMMC. **Methods:** This pilot study involved 37 Malaysian Breast Cancer survivors on Tamoxifen therapy, who underwent gynaecological and ophthalmologic assessments in UKMMC from August 2020 up to May 2021. They were evaluated for abnormal gynaecological symptoms, ophthalmologic and gynaecological pathology assessed by pelvic ultrasonography. Those with endometrial thickness (ET) ≥ 8 mm had further evaluation to ascertain pathology. **Results:** The mean age (\pm SD) of participants was 48.4 (± 6.7) years. Thirty-two (86.5%) were on tamoxifen for < 5 years and 5 (13.5%) were on > 5 years. One (2.7%) had abnormal vaginal discharge and 1 (2.7%) had heavy menstrual bleeding. Oligo-amenorrhea was reported by 13 (68.42%) participants. The overall mean ET (\pm SD) was 8.38 mm (± 4.4), ranging from 4.0-23.7 mm; mean ET (\pm SD) for those < 5 years tamoxifen was 8.06 mm (± 4.52) whereas for those > 5 years was 10.4 mm (± 2.95). Endometrial malignancy was detected in a participant > 50 years old and on tamoxifen > 5 years. Abnormal endometrial pathology was significantly higher in those above 50 years and on longer than 5 years therapy ($p=0.025$). One (2.7%) who was on Tamoxifen > 5 years also had crystalline retinopathy. **Conclusions:** Patients on Tamoxifen therapy longer than 5 years and age 50 years above are recommended for gynaecological and ophthalmological surveillance. A larger study is required to confirm the findings of this pilot study.

Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome with cyclical abdominal pain: A case report

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ABSTRACT

Introduction: MRKH syndrome is a Müllerian anomaly that affects 1 in 5,000 women. The most common presentation is primary amenorrhoea. We present a rare case presenting with cyclical pain with an inguinal hernia. **Case Description:** A 13-year-old girl first presented with primary amenorrhoea and cyclical abdominal pain. As her hormonal profiles and karyotyping were normal, she was treated conservatively. 3 years later she had severe abdominal pain and imaging revealed a left inguinal hernia. During surgery the inguinal sac was found to contain a small uterus, tube and ovary. These were replaced into the abdomen and the hernia was reduced. She presented to us 7 months later, again with abdominal pain. Imaging revealed that she had a fluid collection within the left rudimentary uterus with a dilated fallopian tube. She had another rudimentary uterus and ovary on the right side. Unfortunately, all our efforts to manage her pain and stop menstruation medically failed and she underwent a laparoscopic removal of both uterine remnants and tubes with both ovaries preserved. She recovered well. **Discussion:** A patient with MRKH who presents with pelvic pain must be evaluated for the presence of uterine remnants or a rudimentary uterus, which may contain functional endometrium. The pain may be due to outflow obstruction, endometriosis or adenomyosis. In these patients, surgical intervention is a crucial part of the management.

Post partum intra uterine device (PPIUD) insertion service in Ampang Hospital

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ABSTRACT

Introduction: Maternal mortality and morbidity are highest in the first 24 months following delivery. Providing post-partum contraception before the woman leaves the health care facility reduces risk of an unplanned pregnancy. **Objective:** To look into the feasibility of providing a reliable long-acting reversible contraception in the immediate post-partum period and patient's acceptance. **Methods:** This was a prospective descriptive study of all women delivering in Ampang Hospital who received a post-partum intrauterine device (PPIUD) prior to discharge between April 2019 to September 2020. All women were counselled antenatally or postnatally and given the option for PPIUD. Those who agreed and fulfilled the inclusion criteria were recruited into the study. PPIUD was inserted after delivery of the placenta or within 48 hours post-partum and patients were reviewed at the out-patient clinic at 6 weeks post-partum. **Results:** A total of 270 women were recruited during the study period. Almost half (54%) were inserted during caesarean section. A total of 158 (59%) attended the 6 weeks review appointment. There were no cases of uterine perforation. PPIUD expulsion rate was 7.6% (12 out of 158) in this study. Trimming of IUD string was required in 107 women within the 6 weeks post-partum period. Patient satisfaction was good with 65% willing to recommend it to others and 56% keen to use it as their choice of contraception in future. **Conclusion:** PPIUD is an important method of contraception that has a good acceptance among our patients with low complication and expulsion rates, which is comparable with current available data.

Fibroepithelial polyp of bladder: A case mimicking benign ovarian cyst in female adolescent

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ABSTRACT

Introduction: Ovarian cysts in female adolescent are common and usually benign. The typical presentations include abdominal distension, pelvic pain, urinary frequency or constipation. However, not all pelvic cysts are gynaecological related even if huge in size. Misdiagnosis will lead to mismanagement and potentially medico-legal issues. The objective of this case report is to emphasise the importance of getting proper and targeted history. To always include non-gynaecological cyst as differential diagnosis even if the cyst appears like typical ovarian cyst. Multidisciplinary approach is needed to clinch the correct diagnosis and manage appropriately. **Case Description:** An 11-year-old girl was referred from a district clinic in Kapit for unresolved lower abdominal pain and dysuria. Full history, physical examination and bedside scan was performed. CT abdomen pelvis was arranged, and the child was followed up to review well-being and report 1 week after the scan. Bedside scan showed a huge but benign looking pelvic cyst. CT scan showed irregular thickening of bladder wall. She was referred for a urological consult and had biopsy which showed fibroepithelial polyp. She underwent transurethral resection of bladder tumour (TURBT) which resulted in a complete resolution of her symptoms. **Discussion:** Cysts in adolescent are often misdiagnosed as ovarian cyst because of similarity of presentation and scan findings. The diagnosis should be revisited especially if the child had repeated visits to clinic with unresolved complaint.

Congenital uterovaginal prolapsed in a neonate: A rare case report

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ABSTRACT

Introduction: Congenital neonatal uterovaginal (UV) prolapsed is a rare condition which can be diagnosed at birth or in the first few days of life. The objective of this clinical report is to review the a few managements of neonatal UV prolapse which lead to successful reduction of the prolapse. **Case Description:** A 72-hour life female neonate was referred to us with fleshy mass protruding from the vulva. She was a full term baby, with birth weight 3,300 gm was born via caesarean section for breech presentation. The mother, 31 years old with underlying Type 2 Diabetes Mellitus with poor blood sugar control. On examination, the baby was active moving all four limbs. There was an irregular mass measuring 3 x 3 cm, red fleshy in colour, soft in consistency, edematous and appeared congested protruding through the introitus. The external genitalia was normal. No bleeding or discharge noted from the mass. Urethral meatus visualized superior to the mass. The anus was patent. The fetal spine was intact and no abnormality detected. Under aseptic technique, the mass was reduced digitally by gripping it with the right hand and gently pushed it inward. To avoid re-protrusion, the bandage was applied using crepe bandage from the buttock to the bilateral lower limbs, in mermaids' position, sparing anus for defecation. The bandage was removed after 72 hours. On 3-month follow-up, she did not have any recurrence. **Discussion:** Congenital UV prolapsed is a rare condition at birth associated with congenital neuromuscular defect of the pelvic muscle in the newborn.

A review of hematological malignancy in pregnancy

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ABSTRACT

Introduction: Hematological malignancy in pregnancy is a rare condition which leads to lack of prospective study and randomized control trial. Nevertheless, it has its own challenge to the medical field in term of managing patient with the said condition. The dilemma is to decide among the necessities of continuation of pregnancy, the choice of diagnostic tools and chemotherapeutic drugs, and the timing of initiation treatment without disregarding the women's' wish and preferences. Furthermore, delays in diagnosis and intervention will adversely affect the outcomes of pregnancy and the disease itself. **Objectives:** This article will review the management and outcomes of 6 cases of hematological malignancy in pregnancy in one centre (3 Hodgkin lymphoma, 1 chronic myeloid leukemia, 1 hairy cell leukemia, and 1 myeloproliferative neoplasms). **Methods:** Clinical notes reviewed. **Results:** The outcomes of the pregnancy in this article were five successful live births with one case of early neonatal death due to prematurity with a history of second-trimester loss. The treatment was initiated during the second trimester to reduce the risk of chemotherapy to the fetus. Even though a few cases had fetal growth compromise but the fetal outcomes seem to be good with early interventions and multidisciplinary approached. **Conclusions:** The outcomes and prognosis of hematological malignancy in pregnant women are comparable with non-pregnant women if treatment is not delayed. Nevertheless, more study is required to be conducted through prospective study and randomized control trial (RCT) for this group of patients focusing on treatment and management for better understanding. Presently, most of the research involved animal studies.

OHVIRA (obstructed hemivagina and ipsilateral renal anomaly) syndrome – A rare anomaly with an unusual presentation: A case report

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ABSTRACT

Introduction: Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA), or Herlyn-Werner-Wunderlich syndrome, is a rare Müllerian duct anomaly. Patients usually present post-menarche with pelvic pain and/or abdominal mass and rarely, as acute urinary retention. Strong suspicion, awareness and knowledge of this anomaly are essential for a precise diagnosis and a proper management. **Case Description:** A 14-year-old girl presented to the Emergency Department with a complaint of difficulty passing urine for one day. A diagnosis of acute urinary retention (AUR) secondary to urinary tract infection was made and she was discharged home with a course of antibiotic. She came again two days later with persistent symptom and clinical examination revealed a palpable mass up to her umbilicus. Abdominal ultrasound showed a uterine didelphys, with haematometra on one side which was continuous with a pelvic mass measuring 9.3 x 5.04 cm (ground glass appearance), resembling a haematocolpos. Incidentally, there was no left kidney visualized, which raised the suspicion of OHVIRA. An examination under anaesthesia, resection of vaginal septum and drainage of haematocolpos was later performed, which was uncomplicated. 100 ml of thick chocolate fluid (stale blood) was drained out from the left hemivagina and the vaginal septum was resected. **Discussion:** An unusual presentation of AUR, with normal menstruation has masked the diagnosis of OHVIRA, and hence the slight delay in the management of this case. Awareness of this condition is thus important, to avoid misdiagnosis and hence mismanagement of this condition.

Keywords: OHVIRA syndrome; Müllerian duct anomaly, acute urinary retention

Preliminary findings on inadvertently exposed pregnancies to COVID-19 mRNA vaccine in Kedah Darul Aman

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ABSTRACT

Introduction: Coronavirus disease 2019 (COVID-19) resulting from infection of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) was first identified in 2019. In less than a year, various vaccines have been developed and distributed worldwide, Malaysia included. According to the Malaysian National COVID-19 Immunisation Programme, the current recommendation for vaccination in pregnant person are for those in between 14 to 33 weeks of gestation. Most of our vaccines in Phase 1 of the immunisation programme were given to healthcare workers, hence a large portion of women of reproductive age were involved. However, there is limited data available on the risks and safety of COVID-19 vaccine during pregnancy, including those with inadvertent exposure to the vaccine. **Objectives:** To ascertain the local demographic data on outcomes of inadvertent exposure of COVID-19 vaccine during pregnancy among healthcare workers in the state of Kedah. **Methods:** This is a prospective observational review among those who received mRNA COVID-19 vaccine and subsequently only found to be pregnant after receiving either the first, second or both doses of vaccine. **Results:** Up until 31st May 2021, there are 45 women who received the vaccine found to be pregnant – with 1 ectopic pregnancy, 1 molar pregnancy and 5 miscarriages reported. The data collection process is still ongoing and among the outcomes that we would like to analyse further will be – outcomes of the vaccine in the first, second and third trimester pregnancies, including early pregnancy complications, teratogenicity, number of live births and birth complications. **Conclusion:** There is limited data currently available on the risks and safety of COVID-19 vaccine in pregnancy, therefore obstetricians need to outweigh the risk of vaccine to the pregnant person and fetus versus risk of COVID-19 infection itself. Further follow up and continuous monitoring is needed to assess maternal and neonatal outcomes associated with maternal COVID-19 vaccination, including in preconception and earlier stages of pregnancy.

Amniotic fluid embolism – A deadly assassin striking twice: A case series

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ABSTRACT

Introduction: Amniotic fluid embolism is a rare but potentially fatal cause of maternal collapse and accounts for up to 10% maternal mortality. The response is similar to an anaphylactic reaction rather than a typical embolism and the diagnosis is typically confirmed at autopsy. In our centre there were 2 cases of fatal amniotic fluid embolism within 2 days, and both had a full autopsy. In this report, risk factors, presentation and management will be examined. **Case Description:** *Patient 1:* A 36-year-old, primigravida with DCDA twin pregnancy conceived through IVF. She had multiple admissions for indeterminate APH, and she was noted to have cervical shortening at 29 weeks and planned for inpatient monitoring but unfortunately required a Caesarean section after 5 days. However, intraoperatively the patient had cardio-respiratory collapse after delivery of second twin. Despite immediate intubation and resuscitation, the patient ultimately succumbed after 4 hours. *Patient 2:* A 35-year-old G3P2 at 35 weeks gestation who collapsed at home after her membranes ruptured. She was under follow up for polyhydramnios and a diagnosis of fetal trisomy 21 and had an amnioreduction at 31 weeks. She arrived already intubated and on inotropic support and was diagnosed as amniotic fluid embolism with abruptio placenta. Shortly after arriving, her blood pressure became unrecordable and despite resuscitation patient succumbed after 66 minutes. **Discussion:** Amniotic fluid embolism is a potentially fatal obstetric emergency. Examining the risk factors, initial management and examining areas of possible deficiencies will help prepare practitioners.

Meconium aspiration syndrome in neonates – Maternal factors

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ABSTRACT

Background: Meconium aspiration syndrome (MAS) is a life-threatening respiratory disease in infants who are born with meconium-stained amniotic fluid. Current literature describes that nulliparity, post-date, diabetes mellitus, hypertension, prelabour rupture of membrane (PROM) and prolonged labour as the major risk factors associated with MAS. **Objective:** To determine maternal factors associated with MAS in neonates. **Method:** A retrospective audit was done for six consecutive months (April 2020 to September 2020) in our centre. 50 cases were identified of which 38 cases were analysed. Risk factors studied includes maternal demographic data, medical illnesses, intrapartum monitoring, liquor colour and cardiotocography. **Result:** All 38 MAS neonates were born at term, in which 60% carried beyond 40 weeks of gestation. 87% of cases came in spontaneous labour and 21% of them presented in advance labour. Most of the cases associated with meconium-stained liquor at birth and 75% of cases have abnormal CTG prior to birth. Maternal obesity, diabetes mellitus, hypertension, smoking and infections were not significantly related to occurrence of MAS. **Conclusion:** Post-date pregnancies are highly associated with MAS. We suggest offering delivery to mother who is post-date. As occurrence of MAS is a dynamic process, hospital admission for pregnancy beyond 40 weeks and 3 days gestation should be considered for close fetal heart monitoring.

Abdominal pregnancy: A case report

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ABSTRACT

Introduction: Abdominal pregnancy is rare and comprises 1% of all ectopic pregnancies. It can be potentially life-threatening if undiagnosed. It usually indicates early termination of pregnancy due to adverse fetal and maternal outcome. **Case Description:** We report a case of abdominal pregnancy in a 24-year-old lady, gravida 3 para 2 who presented at 16 weeks gestation with intermittent abdominal pain for two weeks. Clinical assessment revealed an abdominal mass that correspond to 16 weeks pregnancy. Transabdominal ultrasound (TAS) showed an empty uterus and a viable extrauterine pregnancy located in the Pouch of Douglas (POD). Fetal parameters were appropriate for gestational age. MRI showed abdominal pregnancy at right adnexa. She underwent a midline laparotomy under general anaesthesia. Intraoperatively, there was an intact amniotic sac with fetus at the POD extending to the right adnexa. The placenta was implanted to the right fallopian tube, ovary and posterior wall of uterus with involvement to the serosa layer. The ectopic pregnancy was excised, and right salpingo-oophorectomy was performed. She recovered well and was discharged home three days later and remained well at the third month follow-up visit. HPE report confirmed ruptured ectopic tubal pregnancy with adhered ovarian tissue. **Discussion:** Abdominal pregnancy does not normally present with clinical symptoms of ectopic pregnancy. Absence of endometrial lining during second trimester gestational sac should raise high suspicious index. Management should be done in tertiary centre with specialist expertise and multidisciplinary team such as anaesthetist and blood bank.

Comparison of post-thaw sperm motility with two different cryopreservation media

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ABSTRACT

Introduction: There is an increased demand for sperm cryopreservation in assisted reproductive technologies. It is widely known that sperm cryopreservation results in severe structural and functional damage to sperm membrane, affecting its motility and functions. Therefore, selection of the sperm cryopreservation medium with best cryosurvival rate remains a challenge. **Objectives:** The aim of this study was to compare post-thaw sperm motility between two commonly used sperm cryopreservation media. **Methods:** Seventeen semen samples were analysed according to the fifth edition of World Health Organization criteria. Two equal aliquots from the same neat semen sample were cryopreserved using Fertipro SpermFreeze™ and CryoSperm™ ORIGIO. The post-thaw motility was re-evaluated after leaving the sample for an hour at room temperature. Statistical analysis was done using paired t-test and unpaired t-test. **Results:** The average pre-freeze motility was 46.3%. After thawing, motility for Fertipro SpermFreeze™ and CryoSperm™ ORIGIO dropped to average of 17.1% and 15.7% respectively. These results showed significant decrease of sperm motility using both sperm cryopreservation media ($p < 0.05$). The drop in motility from pre-freeze to post-thaw was 29.1% for Fertipro SpermFreeze™ and 30.6% for CryoSperm™ ORIGIO. However, there was no significant difference ($p = 0.75$). **Conclusions:** The result showed that both cryopreservation media provided similar post-thaw motility. This may be due to both cryopreservation media being constituted with similar compositions but of different concentrations. Sperm motility decreases following freezing-thawing as membrane functions and structure are impaired due to irreversible changes in both membrane fluidity and rigidification. We conclude that frozen samples are advisable only in unavoidable circumstances.

Delayed diagnosis of advanced abdominal pregnancy with optimal maternal and neonatal outcome

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ABSTRACT

Introduction: Abdominal pregnancy is a rare form of ectopic pregnancy with hazardous maternal morbidities which increases with advancing gestation. Despite advancement in ultrasound technology, this variant of ectopic pregnancy is still being missed. **Case Description:** We present a case of 39-year-old Orang Asli, Gravida 6 Para 4 at 35 weeks of gestation with two previous caesarean sections, referred to our centre for suspicion of placenta accreta spectrum. Ultrasound findings showed a non-gravid uterus measuring 12 cm x 8 cm x 4 cm with endometrial thickness of 10 mm. Extrauterine gestational sac with viable fetus corresponding to gestational age with estimated weight of 2,200 g. Fetal liquor and dopplers were normal. The placental mass appears to be attached to the right posterolateral uterine wall and was not in continuity with abdominal wall anteriorly and liver superiorly. Right uterine vessel plexus appears tortuous with turbulent flow within. Magnetic resonance imaging was arranged to facilitate surgical planning and preparation. Exploratory laparotomy was performed. Intraoperatively, uterus, bilateral fallopian tubes and left ovary appears normal. Right ovary was not visualized. Gestational sac with viable fetus arising from the right adnexal complex with placental attachment to right mesosalpinx was seen. Laparotomy was completed without maternal morbidity. Histopathological examination reported most likely placental implantation site is mesosalpinx or broad ligament. **Discussion:** The diagnosis and management of an advanced abdominal pregnancy still poses challenges to obstetricians, even in the era of increased access to advanced diagnostic imaging modalities. High index of suspicion and planned surgical intervention is essential to improve maternal and fetal outcome.

Obstetric sepsis in a tertiary centre: A retrospective review of incidence, etiology and outcome

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ABSTRACT

Introduction: Maternal sepsis is a rising and significant cause of maternal morbidity and mortality, affecting 4.7 per 10,000 live births in the UK. More than 50% of morbidity and mortality are associated with co-morbidities such as diabetes and renal disease. However, there is paucity of local epidemiological data on obstetric sepsis. **Objectives:** To ascertain the local demographic data on incidence, aetiology, and outcomes of obstetric sepsis in Hospital Sultanah Bahiyah (HSB). **Methods:** This is a retrospective review of obstetric sepsis cases admitted to intensive care unit (ICU) HSB between 2017 and 2019. All obstetric cases that fulfilled the definition of sepsis by the 'Third Internal Consensus Definitions for Sepsis and Septic Shock Task Force 2016' were included. **Results:** There were 36 cases of obstetric sepsis, 24 antenatal, 1 intrapartum and 11 postpartum patients, admitted to ICU HSB between 2017 and 2019, with 2 mortality reported. Incidence was increasing in trend, from 7.3 cases per 10,000 deliveries in 2017, to 9.4 and 14.1 cases per 10,000 deliveries in 2018 and 2019 respectively. The majority of patients were multiparous, age between 25-30 years old (63.9%). Co-morbidities such as diabetes mellitus and bronchial asthma affects 11 (30.6%) and 6 (16.7%) patients respectively. Respiratory tract (47.2%) and urinary tract (19.4%) infections were the commonest cause. Gram negative bacilli was the predominant bacterial pathogen isolated. 10 (40.0%) cases were delivered during the admission, with all babies required NICU admission for presumed sepsis. 2 of the babies had positive cultures of *Escherichia coli*. **Conclusion:** Rising local incidence of obstetric sepsis highlights the importance of early recognition and treatment of sepsis.

A rare occurrence of spontaneous umbilical cord haematoma: A case report

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ABSTRACT

Introduction: A rare complication of delivery, spontaneous umbilical cord haematoma (SUCH) is highly associated with perinatal mortality as it causes fetal distress and stillbirth. Perinatal loss rate is about 50% and its incidence in live births is approximately one in 11,000 pregnancies. **Case Description:** A 23-year-old G1P0 @ 32 weeks gestation was referred from a district hospital with complaints of reduced fetal movement for 2 days and a suspicious cardiotocograph (CTG) pattern. She was obese with a BMI of 35 kg/m². Her admission CTG showed a pathological pattern. A bedside sonography showed presence of fetal heart activity with no fetal movement observed, a cystic hygroma over fetal neck, an absent end-diastolic flow of fetal umbilical artery Doppler and oligohydramnios. An emergency caesarean section was done, and an umbilical cord haematoma was seen. The baby survived without major complications and is still under follow up. **Discussion:** Umbilical cord hematoma contributing to the clinical presentation described is a rare occurrence. Every case that occurs should be recorded to add to the body of knowledge regarding the predisposing factors, prenatal diagnosis, and clinical management of this condition.

Intrahepatic cholestasis of pregnancy in Hospital Seri Manjung: A case report

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ABSTRACT

Introduction: Intrahepatic cholestasis of pregnancy (ICP) or Obstetric cholestasis (OC) is characterized by pruritis, elevation in serum bile acid (SBA) and liver enzymes derangement in pregnancy. The reported incidence varies worldwide ranging from 0.1 to 2%. ICP cause adverse perinatal outcome and maternal morbidity. It also has implications on future health. **Case Description:** A 29-year-old, primigravida at 33 weeks of gestation presented with itchininess at the palms of hand spreading to the trunk and neck for one week and worsening at night. Fetal movement was reduced. Transabdominal ultrasound showed fetal growth which corresponded to date with estimated weight of 2,200 g. Ultrasound of the biliary tract and blood investigations ruled out biliary obstruction, viral hepatitis and autoimmune liver diseases. A diagnosis of ICP was made. SBA is the most sensitive and specific marker for the diagnosis and monitoring of ICP. As there was practical problem in monitoring SBA in our hospital and rapidly rising ALT, decision of delivery by caesarean section was performed at 33 weeks 4 days. A 2,260 g baby boy was delivered. Blood sample for SBA sent to an external lab reported a level of 169.5 $\mu\text{mol/L}$ but this was available only after the baby was already delivered. Nevertheless, it confirmed the diagnosis of ICP. SBA $>100 \mu\text{mol/L}$ should prompt urgent delivery. Pruritus and liver enzymes returned to normal two weeks after delivery. **Discussion:** It is important to involve multidisciplinary team in the management of ICP. In the absence of SBA testing, ICP may be diagnosed in a woman with typical pruritus and abnormal liver enzymes, provided there is resolution of both after delivery.

Atypical presentation of abdominal pregnancy: A case report

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ABSTRACT

Introduction: Abdominal pregnancy which belongs to the spectrum of ectopic pregnancy is a rare diagnosis. There is a significant fetomaternal morbidity and mortality due to difficulty in establishing the correct diagnosis, which most often occur in acute setting. **Case Description:** We present a case of abdominal pregnancy in a 34-year-old Gravida 2 Para 1 at 20 weeks gestation with initial presentation of urinary retention, acute kidney injury and gastrointestinal symptoms, which went unrecognized up to 11 days from the time of presentation until the acute event in the form of acute abdomen and impending respiratory collapse which led to an emergency laparotomy. Site of implantation was identified over sigmoid colon and required the Hartman procedure for treatment. There was no direct involvement of urinary tract structures. The patient recovered satisfactorily after the surgery with no further episode of urinary retention and normalization of renal function test. **Discussion:** It is difficult to establish a diagnosis of abdominal pregnancy especially in a patient with no apparent risk factor and atypical clinical presentation. Urinary retention is an uncommon presentation of an abdominal pregnancy. There are only three other reported cases to date. This case is presented to highlight the dilemma in making the correct diagnosis thus appropriate treatment of abdominal pregnancy. It is important to not be surprised by the diagnosis and to apply correct intervention immediately.

Keywords: abdominal pregnancy, urinary retention, acute kidney injury

First trimester acute urinary retention due to uterine incarceration: A case report

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ABSTRACT

Introduction: Incarceration of gravid uterus is a rare condition where the uterus is trapped between the sacral promontory and the pubic symphysis during pregnancy. As the uterus becomes more gravid, the cervix becomes superiorly displaced and can eventually lead to bladder outlet obstruction. It has been estimated to affect 1 in 3,000 pregnancies. It typically occurs when a retroverted uterus, found in 15% of gravid females is unable to ascend out of the pelvis due to impaction against the sacrum early in the second trimester. This case report will discuss on the clinical diagnosis, available imaging modalities and treatment of gravid uterine incarceration. **Case Description:** We report a case of a multigravid woman in the first trimester of pregnancy who was referred to our center after multiple visits to other healthcare facilities with difficulty in voiding and acute urinary retention. She was diagnosed with uterine incarceration based on clinical and ultrasound findings. **Discussion:** Diagnosis of an incarcerated uterus can be made based on symptoms, physical examination and a definitive diagnosis is made from typical ultrasound findings. Our patient has been successfully managed conservatively. Although it is an uncommon condition, the need for early detection, diagnosis and prompt treatment are paramount in preventing further complications of acute urinary retention in pregnancy.

Isolated fallopian tube torsion

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ABSTRACT

Introduction: Isolated fallopian tube torsion without ovarian torsion is a rare gynaecological cause of lower abdominal pain, occurring in reproductive-age women with the incidence of 1 in 1.5 million women. Delay in diagnosis due to lack of definitive features may lead to delay of timely intervention. One may present with symptoms of acute abdomen, and diagnosis of appendicitis, ectopic pregnancy, ovarian torsion, rupture ovarian cyst and pelvic inflammatory disease may be considered instead. **Case Description:** A 12-year-old premenarchal girl presented with sudden onset of right iliac fossa pain for one day, described as pricking in nature associated with vomiting. From clinical examination by surgical team, it was suggestive of acute appendicitis. She was started on empirical antibiotics therapy and underwent laparoscopic surgery on the same day. Intra-operatively, it revealed twisted right fallopian tube times 3, and it looked bluish, swollen, oedematous and peculiarly long. After detorsion of the fallopian tube, subsequently the circulation of the tube returned. **Discussion:** Many theories have been postulated for pathophysiology of fallopian tube torsion. One said that the hypermotility of the tube in the form of spasm may lead to increase peristalsis and causing the torsion. The extrinsic factors such as ovarian or para ovarian cyst, para tubal cyst and tubal adhesions may precipitate torsion event. It is difficult to diagnose fallopian tube torsion as the clinical presentations are non-specific. In this case, detorsion of the tube and spontaneous return of normal circulation is the aim of early surgical intervention as it can avoid the risk of salpingectomy.

Rare incident of newborn with large unilateral neck swelling following multiple nuchal cord

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ABSTRACT

Introduction: This case report is intended to highlight a rare finding of unilateral neck swelling resulting from multiple nuchal cord loops. **Case Description:** A 32-year-old lady with no prior medical illness conceived after embryo transfer. NIPT result was normal. Fetal morphology scans were done at 20 weeks, 26 weeks and 32 weeks which showed normal findings. She had gestational diabetes and was treated with medical nutritional therapy. Her blood sugar profiles were within normal range. Fetus was noted to be in flexed breech presentation from 32 weeks. Nuchal cord with multiple loops was identified at 36 weeks of pregnancy. She underwent elective caesarean delivery at 38 weeks and 5 days and the prenatal ultrasound findings of multiple loops of nuchal cord was confirmed. Otherwise, the liquor was clear, and the baby was born in good condition, weighing 2.81 kg and with an Apgar score of 4 at 1 minute and 7 at 5 minutes. Baby was noted to have a large swelling over the neck region which was initially thought to be a cystic hygroma or lymphangioma. An MRI however revealed the swelling to be prominent subcutaneous fat in the premaxillary regions extending to the lower neck around the mandible. No enhancing mass lesion, no soft tissue calcifications or cystic lesions seen. Subsequent clinic follow up noted that the swelling had subsided significantly. **Discussion:** Significant neck swelling of the newborn resulting from multiple nuchal cord loops has a favourable outcome.

A giant ovarian mucinous cystadenocarcinoma: A case report

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ABSTRACT

Introduction: Mucinous cystadenocarcinoma of the ovary is a rare malignant ovarian tumour which accounts for 5-10% of all ovarian mucinous tumours. Often presenting as large masses at stage I disease, the most conventional means of treatment are tumour-debulking operations and neoadjuvant chemotherapy. **Case Description:** We present a case of a 58-year-old lady who presented with two weeks history of reduced effort tolerance, dyspnoea, and bilateral lower limb swelling. This is on a background of a four-year history of a progressive abdominal distension. Clinical examination revealed abdominal distension up to xiphisternum. Imaging suggests massive multiseptated pelvic mass with possible liver metastasis. Palliative surgical excision of the tumour was performed after a multidisciplinary team discussion which then confirmed the diagnosis of grade 3 mucinous cystadenocarcinoma of the right ovary.

Keywords: ovarian cancer, malignant, mucinous cystadenocarcinoma

Knowledge, awareness and perception of human papillomavirus (HPV) testing among staff in a public university in Malaysia

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ABSTRACT

Introduction: Human Papillomavirus (HPV) is a sexually transmitted virus and commonly associated with cervical cancer. HPV test is a procedure in which cervical cells are tested for the virus. **Objective:** This study aims to determine knowledge, awareness and perception of HPV testing and their associated factors among Universiti Putra Malaysia (UPM) staff. **Methods:** A cross-sectional study was conducted among UPM staff from various faculties. Recruitment of study subjects was done through convenient sampling. Data on knowledge, awareness and perception of HPV testing, along with socio-demographic factors were collected using online questionnaires. Statistical analyses were performed using IBM Statistical Package for Social Science (SPSS) version 26.0. **Results:** A total of 166 respondents participated in the study. Gender (female) and ethnicity (Chinese) were associated with higher level of knowledge on HPV testing. Meanwhile, females outperformed males in terms of awareness of the test. Other socio-demographic characteristics have no significant association with perception of HPV testing. **Conclusion:** Being female was associated with higher knowledge and awareness of HPV testing compared to males. For most respondents, the level of knowledge on HPV testing was poor, especially among Malays and other minority races. Awareness was also lower among male respondents. Our findings highlighted the importance of improving the level of awareness and knowledge of HPV testing, to reduce the prevalence of HPV-related morbidity and mortality in Malaysia.

Prevalence and determinants of urinary incontinence among female staff in Universiti Putra Malaysia

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ABSTRACT

Introduction: Urinary incontinence (UI) becomes a significant health problem to the public and women specifically. It poses a huge impact in their daily life. Study defines urinary incontinence as an unintentional or uncontrollable leakage of urine. It is inability to control the urge to urinate in certain situations. Generally, there are three types of urinary incontinence which includes urgency urinary incontinence, stress urinary incontinence, as well as mixed incontinence. **Objective:** We aim to determine the prevalence of urinary incontinence and its associated factors among female staff in UPM. **Methods:** A cross-sectional study was conducted among female staff in UPM from 5th August 2020 to 25th August 2020. A pretested, self-administered questionnaires comprised of two sections was given to the respondents through convenient sampling. The socio-demographic and behavioural characteristics were described using descriptive analysis. Chi-square test or Fisher's Exact Test was used to analyse the association between risk factors of urinary incontinence and its prevalence. **Results:** A total of 179 respondents were recruited in the study. The prevalence of urinary incontinence among female staff in UPM was 0.274 (27.4%). There was no significant association between age ($p=0.285$), body mass index ($p=0.968$), parity ($p=0.330$) and mode of delivery ($p=0.912$ for normal vagina delivery, $p=0.413$ for caesarean section delivery, $p=0.614$ for assisted vagina delivery) with urinary incontinence among female staff in UPM. **Conclusion:** The present study found that majority of female staff in Universiti Putra Malaysia did not have urinary incontinence and there was no significant associated factor related to it.

Ruptured angiomyolipoma in pregnancy as a rare cause of preterm contraction

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ABSTRACT

Introduction: Ruptured angiomyolipoma in pregnancy is not a common clinical encounter. Pregnant women may present with non-specific symptoms such as flank or abdominal pain, contraction pain and haematuria. A thorough assessment is needed in order to reach the correct diagnosis. **Case Description:** We present a case of a 37-year-old lady, Gravida 5 Para 3+1 at 27-weeks of gestation who presented with painful uterine contractions. The pain worsened and she developed hypovolaemic shock. An exploratory laparotomy and emergency caesarean section were conducted. Retroperitoneal haematoma was found intraoperatively, but the source of bleeding was unclear. CT scan subsequently revealed an ongoing bleeding from a ruptured angiomyolipoma. An emergency nephrectomy was performed and the bleeding was secured. **Discussion:** Management varies between conservative measures, radiological intervention or surgery depending on the patient's haemodynamic status and fetal condition.

Teaching obstetrics and gynaecology on an online platform – Student perceptions of disruption in delivery

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ABSTRACT

Introduction: The Covid-19 pandemic was a disruptor to teaching and learning activity in many medical schools all over the world. The pandemic resulted in the need to move rapidly to online platforms with a steep learning curve. Moving forward it appears likely that online teaching, learning and assessment will form a significant portion of delivery. **Objective:** The purpose of this study was to look at student perceptions towards online instruction and assessment in the obstetrics and gynaecology. **Methods:** This was a questionnaire based study. **Results:** A total of 113 completed questionnaires were received, 64.6% were female. 66.4% described themselves as average performers. Online teaching and learning was not acceptable as an adequate substitute, though many felt that there were better opportunities to achieve their learning outcomes and also to learn at their own pace. There was good interaction between them and the instructors during these sessions. In terms of instructor preparedness and availability as well as the clarity of instructions to prepare for these sessions the responses were positive. Students felt it was an appropriate platform for formative assessment. In terms of preparing for the future, the general perception was that this method of instruction should be retained. Students felt that it was an acceptable medium for teaching history taking but not adequate to teach examination and clinical reasoning. **Conclusions:** Online teaching and learning was a useful medium of instruction. It allowed paced learning and useful for formative assessment. It should be part of instructional methods moving forward.

Breastfeeding following in vitro fertilization – Does mode of conception affect breastfeeding practices?

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ABSTRACT

Introduction: As a result of assisted reproductive technology (ART), an increasing number of infants are born representing 1.5 to 5.9% of all births. Breastfeeding becomes part of a woman's identity as she enters the journey into motherhood. IVF and breastfeeding outcomes are another aspect that had been under represented in reproductive medicine. It is unclear whether and to what degree assisted reproductive technologies (ART) affects breastfeeding outcomes. **Objective:** To determine the association between assisted pregnancy and breastfeeding practices. **Methods:** One hundred and sixty four of women with singleton baby, more than 36 weeks pregnant who had conceived through ART (ARTC) or spontaneously (SC) from the year 2010 to 2019, in three age groups ≤ 30 , 31–35 and ≥ 36 years were recruited. This two groups were matched by maternal age, parity, mode of delivery and gestational age. Data were obtained via telephone interviews. Socio-demographic characteristics, reproductive health, birth outcomes and breastfeeding practices were assessed by study-specific questions. Main outcomes were initiation of breastfeeding, exclusivity and continuation of breastfeeding. **Results:** Of 110 eligible ARTC women, 82 mothers (75%) were contactable and agreed to participate. Breastfeeding initiation was 100% in both groups. No significance association was observed in EBF and continuity of BF at 12 months with regards to mode of conceptions. Exclusive breastfeeding was lower in ARTC compared to SC (52% vs 54%), however the difference was not statistically significant. Multivariate ordinal logistic regression analysis showed that women with ARTC pregnancy had a lower odds of exclusive breastfeeding at 6 months after delivery compared with SC group but higher odds for continuity of breastfeeding for 12 months and above after delivery. **Conclusions:** Breastfeeding was positively accepted regardless of the mode of conception. However, mode of conception does effect the breast feeding practices with a low odd ratios was seen at EBF, even though the continuity of BF at 12 months and above were better. Further study should be done to investigate factors that contribute to this outcomes. Special breastfeeding programme and continuous support from health professionals should be provided along their journey to motherhood to ensure they benefit from this miracle fluid.

Keywords: Assisted Reproductive Technology Conception (ARTC), in vitro fertilization, breastfeeding, assisted pregnancy, exclusive breastfeeding, Spontaneous Conception (SC)

Improved outcome in early removal of ovarian teratoma associated with anti-NMDAR encephalitis

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ABSTRACT

Introduction: Anti-N-methyl-D-Aspartate receptor (Anti-NMDAR) encephalitis is a progressive neurological disorder potentially life-threatening disease. 60% of patients with anti-NMDA receptor encephalitis have the presence of tumour most commonly pelvic teratoma. Diagnosis is often delayed since majority of them presented with neuropsychiatric symptoms. **Case Description:** We report a case of anti-N-Methyl D-Aspartate Receptor (anti-NMDAR) encephalitis with ovarian teratoma successfully treated with laparoscopic cystectomy of pelvic teratoma and immunotherapy. A 17-year-old, single, adolescent girl with good academic performance presented with abnormal behaviour and incoherent speech for 3 days. She was admitted to the ward and treated as meningoencephalitis. However, CT brain was normal and CSF finding was not suggestive of infection. Patient's condition worsened with decreased consciousness and hypoventilation that required prolong intubation and ICU admission. After 2 months in the hospital, the patient underwent CT Abdomen & Pelvis in view of suspected intestinal obstruction. CT scan revealed an incidental finding of ovarian teratoma. Laparoscopic cystectomy was performed. Post-operatively, patient was able to be weaned off oxygen, and she slowly regained consciousness. She was discharged well after 2 weeks post-operation and fully recovered after 2 months. **Discussion:** Ovarian teratoma associated with Anti-NMDAR encephalitis should be suspected in adolescent girl presented with neuropsychiatric symptom. Early identification and removal of tumour is associated with better outcome.

Management of reformation of imperforate hymen following hymenectomy by double cross plasty technique

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ABSTRACT

Introduction: Imperforate hymen occurs in 1 in 2,000 females. Standard surgical treatment of imperforate hymen involves either hymenotomy or hymenectomy. In most cases, this simple surgery is sufficient to manage the condition. Reformation of imperforate hymen and stenosis of the hymenal opening are rare complications following surgery. Double cross plasty is a surgical technique normally performed to manage transverse vaginal septum. It results in less risk of future vaginal stenosis compared to the old technique of excision and repair. This technique can also be used in managing imperforate hymen. **Case Description:** A 21-year-old lady presented with dyspareunia and difficult coitus; where full penile penetration was not possible. She underwent hymenectomy for imperforate hymen at the age of 12 years old. Several years post operation, she started to notice 'bulging of the hymen/vagina' each time during menses. Perineal examination showed reformation of imperforate hymen with a stenotic pin point opening. Double cross plasty was the surgical technique used to manage the condition successfully. **Discussion:** Reformation of imperforate hymen is a rare complication following surgery. Double cross plasty is a good surgical technique for both primary hymenal surgery or for reformation of imperforate hymen as illustrated in this case.

Keywords: imperforate hymen; reformation; double cross plasty

Gestational gigantomastia – A rare and debilitating disease

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ABSTRACT

Introduction: Gestational gigantomastia (GGM) is characterised by a rapid and disproportionate enlargement of the breasts during pregnancy. It is a rare condition with an incidence of 1 in 28,000 to 1 in 100,000 pregnancies worldwide. **Case Description:** We present a case of a 29-year-old lady, G2P1 who presented with 2-months history of painful bilateral breast swelling from 15 weeks of gestation. She stopped breastfeeding her first child once this pregnancy was confirmed. Clinical examination revealed erythematous bilateral breast enlargement. She was initially treated with multiple courses of antibiotics for bilateral cellulitis with mastitis. Several biopsies were taken in which showed lactational adenoma or acute on chronic mastitis. The pain and erythematous area improved with antibiotics, however both breasts continued to enlarge excessively throughout the pregnancy. The revised diagnosis of gestational gigantomastia was made and she was started on steroid. Nevertheless, she failed to respond. Oral Bromocriptine 2.5 mg OD was commenced at 29 weeks and there was reduction in size. During the treatment course, the fetus was found to have asymmetrical IUGR at 34 weeks. She subsequently delivered at 37 weeks via caesarean section. **Discussion:** A thorough workup including serum markers for infection, electrolytes, hormonal profile, and tissue biopsy should be done to rule out other causes in women presenting with gigantomastia in pregnancy. Treatment is controversial. These ranges from conservative hormonal therapy, reduction mammoplasty, and mastectomy with or without reconstruction.

Keywords: gestational gigantomastia, mastitis, breast reduction mammoplasty

Treating painful haematuria with hysterectomy in a male with congenital adrenal hyperplasia (CAH)

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ABSTRACT

Introduction: Congenital adrenal hyperplasia (CAH) is an autosomal recessive disorder which is mainly caused by deficiency of 21-hydroxylase enzyme. This enzyme deficiency causes accumulation of steroid precursors which will be shunted into the androgen synthesis pathway resulting in androgen excess. CAH causes genital virilization of genotypic XX female babies. The usual medical practice consists of hormone replacement therapy and corrective feminising genitoplasty surgery. However, some patients are lost to follow-up and raised as males. Few of these patients have troublesome symptoms severe enough to convince them to seek medical attention in later life. **Case Presentation:** A 19-year-old phenotypic male with 46XX CAH was referred to the gynaecology department due to recurrent severe suprapubic pain with haematuria. CAH was diagnosed during infancy but the patient defaulted follow-up due to socio-financial issues. Clinical phenotype was male and genital examination revealed severely virilized genitalia consistent with stage 4 on Prader Scale. Imaging studies confirmed the presence of uterus with low confluent persistent urogenital sinus (PUGS). After a series of multidisciplinary assessments, the patient decided to keep his sex allocation as a male. Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO) was performed and the symptom of recurrent painful haematuria was cured. Gender affirming surgeries are planned later. **Conclusion:** This case is a rare case reported in the literature. This report highlights the management of XX CAH who presented late with recurrent painful haematuria and managed by hysterectomy.

“No one left behind” – Incorporating HPV screening test into Orang Asli outreach program

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ABSTRACT

Introduction: One of the challenges in the implementation of WHO global strategy to eliminate cervical cancer is reaching the marginalized community for screening program. In Malaysia, Orang Asli community often have lack of access to social services and health coverage. Healthcare services including child immunization & antenatal care are covered by special unit under JKN of few states like Pahang, Kelantan & Perak with additional coverage run by mobile outreach team under NGOs. **Objectives:** As a pilot project, to assess the feasibility of incorporating HPV self-testing & mobile colposcopy as cervical screening program into mobile outreach for Orang Asli run by an NGO. **Methods:** Representatives from ROSE Foundation joined a regular Orang Asli outreach team run by IMAM Relief & Response Team (IMARET) in August 2020 to Pos Balar, Gua Musang. The team of 37 volunteers mobilized on ten 4x4 vehicles in a 5-day mission running a medical (OPD) clinic, dental clinic, health education activities with children and HPV screening using HPV self-test kit provided by ROSE Foundation, sponsored by ETIQA Care. **Results:** 20 eligible women attended the booth & performed the HPV self-testing without difficulty. 19 of them tested negative for HrHPV DNA & only 1 test was invalid. Among challenges encountered were false belief, incorrect age (inconsistent with Mykad), traditional health restriction and cultural differences. **Conclusions:** Despite the geographical and cultural challenges, HPV self-test among marginalized Orang Asli women is feasible. It can be implemented with usage of mobile colposcopy & cold coagulation for treatment of CIN.

Pre-treatment semen parameters among men with oncology diseases – A retrospective study from 2015 to 2020 at Sunway Fertility Centre

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ABSTRACT

Introduction: Impairment of fertility among cancer patients has gained increasing clinical importance. Hence, semen cryopreservation and assisted reproduction techniques are commonly offered to these patients before undergoing treatments. **Objective:** The effects of a specific type of cancer on semen quality remains unclear. In this study, pre-treatment semen parameters of cryopreserved sperm specimens from patients with testicular cancer (TC) and non-testicular cancer (non-TC) were evaluated. **Method:** Database during period of 2015 to 2020 at Sunway Fertility Centre were reviewed retrospectively. Data collected include parameters as followed; sperm concentration, motility and morphology. These parameters were compared statistically between two groups, testicular cancer (TC) and non-testicular (non-TC). **Result:** Of the 33 cancer patients, sperm concentration in patients with TC was statistically lower compared to non-TC with 51.5 million/ml and 76.3 million/ml, respectively. Sperm from patients in TC group also showed a slightly lower percentage of progressive motility than that in patients with non-TC at 31.0% and 34.4%, respectively. For the percentage of normal morphology, both groups were not statistically different in comparison. **Conclusion:** The type of cancer may impact the sperm parameters. Patients with testicular cancer statistically have poorer semen quality compared to those with other malignancies. These findings further highlight the importance of pre-treatment fertility preservation in this patient population.

The pregnancy itch: A case report of pregnancy complicated by mycosis fungoides

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ABSTRACT

Introduction: Skin rashes and itchiness is a common complaint amongst pregnant women with a vast differential diagnosis. Nevertheless, many of these skin lesions are disregarded as benign skin lesions, thus, it is commonly being treated symptomatically. We wish to share our experience in managing mycosis fungoides in pregnancy in regards to establishing diagnosis, achieving the staging and highlighting the treatment received by our patient. **Case Description:** We report a case of a chronic skin lesion in a multipara that had lasted for 25 years, which mimics a benign dermatological condition that histopathologically turned out to be a cutaneous manifestation of T-cell lymphoma (CTCL). Suspicion of malignancy was made when she developed a mass over her right subscapular region with an ulcer that prompt a biopsy to be taken. **Discussion:** The prognosis of mycosis fungoides will depend on the staging of the disease, with early-stage disease have an excellent prognosis whereas advanced disease is associated with a poorer prognosis. Treatment may involve targeted therapy such as topical steroids, phototherapy and radiotherapy or even systemic therapy such as immunotherapy or chemotherapy. As the diagnosis is made during pregnancy, concern arised in terms of the progression of the disease or outcome of the pregnancy itself.

Ovarian hyperstimulation syndrome with lung complications

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ABSTRACT

Introduction: With the advancement of assisted reproductive therapy, there is an increase in the controlled ovarian stimulation cycles and consequently in iatrogenic complications of ovarian hyperstimulation syndrome (OHSS). This condition has a wide spectrum of pathophysiology from mild to severe, with lung complication reported in about 10 per cent of severe cases. The atypical isolated pleural effusion without ascites is rare and the pathogenesis not well understood. **Case Description:** We present two uncommon complications of OHSS cases where respiratory symptoms were the main presenting features. **Discussion:** This presentation is intended to highlight these unusual presentations, and the importance of early detection so appropriate management can be instituted to prevent further morbidity and mortality.

A-060

Medical management with oral methotrexate for ectopic pregnancy with high total hCG in Shah Alam Hospital

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ABSTRACT

Introduction: Ectopic pregnancy is defined as implantation outside uterine cavity. It can be detected early base on ultrasonographic finding together with serum hCG level. It can be treated successfully either with medical management methotrexate or with minimally invasive surgery. The American College of Obstetricians and Gynaecologists recommends medical treatment for patients who are hemodynamically stable with no evidence of rupture. There are numerous reports describing successful treatment of ectopic pregnancies using methotrexate (MTX) regimens. However, there is statistically significant increase in failure rates of medical treatment when the initial hCG level is > 5,000 mIU/mL when compared to those with initial levels of 5,000 mIU/mL of below. **Objectives:** 1) To determine the success rate of oral methotrexate in Hospital Shah Alam in patients with high initial hCG level of more than 5,000 mIU/mL 2) To make medical treatment an available option for patient with hCG > 5,000 mIU/ml. **Methods:** This is a retrospective study of 16 patients in Hospital Shah Alam who received oral methotrexate as their treatment for ectopic pregnancy. Selection criteria included hemodynamically stable women with total hCG level of ≥ 5000 mIU/ml, adnexal mass ≤ 3.5 cm, absent cardiac activity and minimal hemoperitoneum. They were prescribed with oral methotrexate with the dose of 60 mg / BSA given in 3 divided doses every 2 hours using the standard tablet of 2.5 mg on day 1 and again on day 4. Data collected and analyses using SPSS system. **Result:** 9 patients were successfully treated with oral methotrexate (56%) while the other 7 patients had to undergo surgery with confirmed leaking or ruptured tubal pregnancy. 2 of the successful patients does not need second methotrexate dose. In failed treatment group 3 of the patients diagnosed with cornual pregnancy. Factor associated with successful treatment include site, parity and age. More cases with tubal pregnancy and patient with multiparity were successfully treated with MTX compared to other site of ectopic and primigravida patient. The side effects of oral methotrexate were well tolerated by all patients. The average time of biochemical resolution of ectopic pregnancy was between 23 to 60 days. The longest time for biochemical resolution was observed in a patient with hCG > 20,000 mIU/ml. No major side effects were reported. **Conclusion:** Oral methotrexate in 2 doses/cycle (day 1 and day 4) can be an option for patient with higher level of total hCG provided patient is stable and is well informed that the success rates is lower (56%). Methotrexate should be used with caution in patients with ectopic pregnancy who present with higher hCG level.

Ex-utero intrapartum treatment (EXIT): A single centre clinical experience of 7 cases

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ABSTRACT

Introduction: With advances in prenatal diagnostic modalities, the detection of life-threatening fetal neck and cervical masses has improved. The Ex-Utero Intrapartum Treatment (EXIT) procedure improves neonatal outcome by establishing an airway during caesarean delivery while preserving fetomaternal circulation. **Objective:** To review the indication and outcome of the EXIT procedure at our local centre. **Methods:** A retrospective descriptive study of EXIT procedures carried out at our centre from year 2009 to 2019. Data was collected from electronic medical records of patients who had prenatal diagnosis of fetal neck and cervical mass. Variables evaluated include prenatal, intrapartum, postpartum characteristics and outcomes. **Results:** A total of 7 cases were recruited into this study. The diagnosis included cystic hygroma (n=4), immature teratoma (n=1), giant teratoma (n=1) and congenital granular cell tumour of upper gingiva (n=1). Polyhydramnios was present in 3 patients. Two out of five patients who had prenatal MRI showed airway obstruction. Mean gestational age at EXIT procedure was 35-36 weeks (range 31-38 weeks). Airway access was successfully established in all except for 1 case whereby no airway obstruction was noted after laryngoscopy due to the location of the mass. Five of the neonates born by EXIT are currently healthy while 2 developed complications not related to EXIT procedure and expired at day 3 and day 15 of life. **Conclusion:** The location, size of the mass and airway patency are major determinants for EXIT procedure and neonatal outcome. Prenatal fetal MRI adds value in anticipation of complications during EXIT procedure.

Ramadan fasting among breastfeeding mothers attending Klinik Kesihatan Putrajaya Precinct 18: Knowledge, perception and practice

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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. **Objectives:** The aim of this study was to explore the level of knowledge, perception and practice of Ramadan fasting among breastfeeding mothers in Putrajaya. **Methods:** An analytical cross-sectional study done in July 2019 (two months after Ramadan) involving breastfeeding mothers attending vaccination & outpatient clinic at KK Putrajaya Precinct 18. Data collection was obtained by self-administered questionnaire. It was divided into three parts, involving the perception, practice and knowledge of the women with regards to Ramadan fasting and their health. This study received approval by the Malaysian Medical Research and Ethics Committee (MREC). **Results:** 90 respondents participated and 69 (86.7%) of them were multiparous. 58.9% of the respondents were using both direct suction & mechanical pump. 81 women (90%) fasted in Ramadan and 62 women fasted more than 20 days. 25 women of those who fasted did experience adverse effects. Among the effects are weakness (44%), headache & dizziness (24%) and noticing baby became irritable (8%). Majority of them fasted because they felt it is an obligation to them, and they felt they could fast. There was significant association between perception and number of fasting days. Those with good perceptions tend to fast more days compared to poor perceptions. **Conclusions:** Majority of breastfeeding women in Putrajaya fasted in Ramadan and the knowledge level did not influence the practice of Ramadan fasting.

Keywords: Ramadan fasting, lactating, breastfeeding

Megarectum in pregnancy: A case of vaginal penetration failure during coitus

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ABSTRACT

Introduction: Megarectum refers to extreme dilation of the rectum as a result of underlying nerve supply abnormalities or muscle dysfunction. We report a rare case of megarectum diagnosed during early pregnancy presenting with failure of vaginal penetration during coitus. **Case Description:** A 23-year-old lady in her first pregnancy at 11 weeks gestation presented with failure of vaginal penetration during coitus. Since 1 month prior, sexual intercourse was not possible and attempted coitus had resulted in severe pain. There was no history of abdominal pain or per-vaginal bleed. She did notice a change in bowel habit where only a small amount of constipated stool was passed out during defecation. Clinical examination revealed an indentable 18 weeks size mass over the suprapubic area and another firm mass at the left iliac fossa region. Patient refused vaginal and rectal examination due to fear of pain. Imaging studies revealed gross dilatation of a faecal-loaded rectosigmoid colon measuring 19.2 cm x 8.4 cm, causing elongation of vagina and displacement of a bulky uterus superiorly to the left iliac fossa. A collapsed empty gestational sac measuring 3.16 cm was seen, suggestive of missed miscarriage. She subsequently progressed to spontaneous complete miscarriage. At the time this report is written, the patient has yet to agree on any surgery or rectal biopsy. **Discussion:** We wish to highlight this rare case and discuss the impact, outcome and management of megarectum in different clinical scenarios during pregnancy.

Obstetrical dilemma – Pregnancy after myocardial infarction: Safe or unsafe?

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ABSTRACT

Introduction: Although there has been growing evidence in managing cardiac events in pregnancy, management of pregnancies following an acute coronary event is lacking. **Case Description:** We report a case of a 35-year-old who suffered a myocardial infarct (MI) five months following her delivery. Her antenatal care was relatively straightforward, apart from hypertension and obesity. She defaulted treatment subsequently and presented with hypertensive crisis and chest pain. She suffered total occlusion over right coronary and left anterior descending artery and her ejection fraction was 30%. Stents were placed and she was started on dual antiplatelet therapy, ACE-inhibitors, beta blockers and statins, which she took for a year. She was not referred for contraception/pre-pregnancy counselling. Patient then defaulted treatment and conceived again 14 months after her cardiac event. She was then managed by a multidisciplinary team and remained asymptomatic with aspirin and beta blockers. As repeated echo showed good ejection fraction, an elective date for vaginal delivery was planned at 37 weeks. **Discussion:** This case illustrates the ambiguity of managing pregnant women with history of MI. There is lack of literature in recommendations on safe inter-delivery space, management, and prognostic differences with involvement of single / multiple vessel disease and different revascularization interventions, such as coronary artery bypass graft surgery versus percutaneous coronary intervention. This case also highlights the importance of following up women post-coronary events. More research is required to identify additional obstetric risk factors that contribute to lifetime cardiovascular risks. Pregnancy after a myocardial infarct in patients who are asymptomatic with preserved ejection fraction appears to be safe. However, more evidence-based recommendations are needed to develop guidelines in managing these women.

100% Post-warmed survival rate for 6059 embryos in Alpha IVF

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ABSTRACT

Introduction: Cryopreservation of embryos is commonly carried out in human assisted reproduction. The survival of cryopreserved embryos after they have been thawed has become an important factor in achieving a good clinical outcome. Alpha IVF adopted the Cryotec Method for embryo vitrification and warming since July 2013. This study demonstrates the post-warmed survival rate for 6,059 embryos in 4,394 vitrified/warmed embryo cycles. **Methods:** Since Alpha IVF commence the use of Cryotec Method in July 2013 till now (April 2021), Alpha IVF had vitrified and warmed 6,059 embryos using the Cryotec Method for 4,394 vitrified/warmed embryo cycles. The embryo vitrification and warming protocols were conducted according to manufacturer's protocols (Cryotech, Japan). The number of cycles for each age group was 2,524 (<35 years old), 936 (35-37 years old), 423 (38-39 years old), 217 (40-41 years old) and 109 (≥42 years old). The number of embryos vitrified and warmed for each age group was 3,436, 1,182, 504, 258 and 131 respectively. **Results:** Of the 6,059 embryos warmed, all embryos survived. **Conclusion:** This study shows that by using the Cryotec Method, we consistently achieved 100.0% (6,059/6,059) post-warmed survival rate in embryos.

Insemination of vitrified-warmed oocytes with delayed maturation leads to successful live birth following frozen embryo transfer: A case report

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ABSTRACT

Introduction: Insemination and cryopreservation of oocytes are usually done on Day0 mature oocytes (MII). Salvaging Day1-MII oocytes can increase the number of utilizable embryos. A 31-year-old patient presented with PCOS underwent IVF treatment at Alpha IVF in November 2018. She had 40 oocytes retrieved, of which only 20 MII oocytes were subjected to insemination (PIEZO-ICSI). This led to an unsuccessful pregnancy following FET of a euploid blastocyst. The remaining 15 Day0-MII oocytes were vitrified using Cryotec method (Cryotech, Japan) while 5 immature oocytes were left to mature overnight. On the following day, 3 matured oocytes (Day1-MII) were subsequently vitrified. **Case Description:** This case report describes a successful live birth following FET of a blastocyst derived from vitrified-warmed oocytes with delayed maturation. All cryopreserved MII-oocytes were warmed and inseminated in a subsequent cycle. Utilizable blastocysts (Gardner's Grading) were biopsied and vitrified. Biopsied cells were subjected to PGT-A using next generation sequencing (Ion Torrent, USA) and euploid blastocysts were transferred. All MII oocytes (15x Day0, 3x Day1) survived post-warmed and 10 fertilized (8 from Day0-MII, 2 from Day1-MII) post-PIEZO-ICSI. Two good-graded blastocysts were vitrified (1 from Day0-MII, 1 from Day1-MII). Both blastocysts were euploid. Patient had elective double blastocyst transfer in October 2019 which resulted in a twin pregnancy. Patient had an uneventful delivery at 38 weeks. **Discussion:** Post-warmed Day1-MII oocytes have potential to develop into euploid blastocyst and live birth. Therefore, the salvaging of immature oocytes on Day 0 should be considered to increase the number of blastocysts available for embryo transfer.

Ongoing pregnancy following frozen embryo transfer of a blastocyst with inner cell mass of C grade after preimplantation genetic testing for aneuploidy (PGT-A): A case report

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ABSTRACT

Introduction: Blastocyst morphology is conventionally evaluated by IVF centers worldwide to predict pregnancy. Blastocysts with insufficient cells forming the inner cell mass (ICM) or trophoctoderm (TE) are considered as poor quality (C grade) and are mostly not selected for embryo transfer due to poor clinical outcomes. This case report describes a successful pregnancy following frozen embryo transfer (FET) of a blastocyst with C grade ICM after preimplantation genetic testing for aneuploidy (PGT-A). **Case Description:** A 36-year-old woman with secondary infertility underwent IVF treatment at Alpha IVF & Women's Specialists Centre in August 2020. Following oocyte retrieval, 17 oocytes were inseminated using PIEZO-ICSI (Japan). The embryos were cultured to blastocysts and their morphologies were assessed (Gardner's grading, 1999). Six blastocysts had their TE biopsied for PGT-A, including one blastocyst with C grade ICM and B grade TE. Vitrification was by the Cryotec Method (Japan). PGT-A was performed using Next Generation Sequencing (Ion Torrent, USA). Euploidy was confirmed in only two blastocysts (2/6), of which one was the blastocyst with C grade ICM. This grade C blastocyst was thawed and transferred, resulting in pregnancy. At the time of writing, she is 12 weeks pregnant with one gestational sac seen. **Discussion:** This case report demonstrated that euploid blastocysts with C grade ICM can result in clinical pregnancy. Therefore, such embryos should not be discarded and instead considered for transfer to increase the chance to conceive.

A-068

Calcium ionophore activates cell division in a patient with previous history of cell cleavage failure: A case report

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ABSTRACT

Introduction: This case report describes the resumption of cell mitosis following calcium ionophore treatment. **Case Description:** In 2013, a 35-year-old patient had 13 MII-oocytes cryopreserved in Alpha IVF & Women's Specialists. She was clinically normal, had regular menstrual cycles and complaints of dysmenorrhea. Her husband, aged 39, had normal semen parameters and no other significant history. Eight years later, eight frozen MII-oocytes were warmed, six survived and underwent insemination. Four oocytes fertilized normally (2PN) while 2 fertilized abnormally (3PN). Unfortunately, all zygotes including 3PNs remained at 1-cell stage throughout incubation. Calcium ionophore was introduced to activate the remaining vitrified-warmed oocytes in the subsequent cycle. Following the first cycle attempt with cleavage failure, the remaining 5 MII-oocytes were warmed using Cryotec (Japan) for insemination using PIEZO-ICSI. The oocytes were incubated in calcium ionophore (GM508 CultActive, Germany) immediately after ICSI for 15 minutes prior to culture. All embryos were cultured up to Day 7 and blastocysts with at least 3BB were vitrified. In the subsequent cycle, all five MII-oocytes were inseminated post-warmed. Following the use of calcium ionophore in this cycle, all oocytes fertilized normally (2PN), of which 1 developed into a second grade Day 5 blastocyst and was vitrified. **Discussion:** Calcium ionophore treatment appears to help the resumption of cell mitosis in patients with history of cleavage failure.

Rare complication of a common disease: Case report of malignant transformation of endometriosis post surgical menopause presented as challenging presacral mass

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ABSTRACT

Introduction: Malignant transformation is an infrequent but reported complication of endometriosis. Extragonadal endometriosis account for only 20% of cases. Among the malignant transformation, endometrioid carcinoma is the commonest and had been reported to arise from colonic, parametrial, rectovaginal are, but presacral mass as a primary site for those transformation is extremely rare, and its diagnosis remain a challenge. **Case Description:** We report a case of presacral adenocarcinoma, which is a possible malignant transformation of an endometriotic lesion, several years after hysterectomy and bilateral salpingo-oophorectomy. The patient underwent surgical resection of the presacral mass and histopathological examination revealed adenocarcinoma with immunohistopathological staining suggestive of genital tract origin. In view of previous TAHBSO specimen containing endometriotic tissue, we treated her as having malignant transformation of endometriosis. Adjuvant chemotherapy with carboplatin and paclitaxel regime was given for 6 cycles and she has remained well throughout. Tumour marker & radiological assessment showed she is responding to the treatment. We are following her up currently. **Discussion:** We want to discuss the challenges in making the diagnosis based on the radiological imaging and histopathological examination after reviewing literature review of the previous reported cases. With only few reported cases to date, there is opportunity for further research and detailed evaluation of mechanism of malignant transformation, biomarkers, radiological features and developing a guide to treatment options for such rare cases.

A-070

An atypical presentation of congenital pulmonary airway malformation (CPAM) subtype

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ABSTRACT

Introduction: Congenital pulmonary airway malformation (CPAM) is a rare congenital lung anomaly with a wide range of ultrasound features. Antenatal ultrasound is safe and indispensable in the prenatal diagnosis of CPAM. **Case Description:** A 33-year-old, gravida-2 at 22 weeks gestation was referred for a cystic lesion in the fetal chest. Ultrasound scan showed a huge, isolated, anechoic mass measuring 32 x 23 x 40 mm within the right hemithorax with minimal lung tissue. There was a mediastinal shift to the left with no features suggestive of hydrops fetalis or other abnormalities. The mass increased in size to 56 x 35 x 40 mm with subsequent development of polyhydramnios at 36 weeks gestation. Fetal thoracocentesis was not feasible due to unfavourable fetal position. The patient had a successful vaginal delivery after induction of labour at 37 weeks gestation. A baby girl weighed 2.94 kg, developed acute respiratory distress at 15 minutes of life required high ventilation setting. Computed tomography scan of the thorax showed huge multiseptated air and fluid right lung cystic lesion causing significant mass effect. Emergency right thoracotomy and right middle lobectomy were done. The baby recovered well and was discharged home on post-operation day-10. The histopathological report showed a dominant large cyst and surrounding multiple cystic spaces with an absence of mucous secreting cells – Type II CPAM. **Discussion:** CPAM is hamartomatous lesions with cystic and adenomatous components. It is divided into 5 types histologically and Type II CPAM typically appeared as multiple small cysts of 0.5-2.0 cm which is in contrast with the findings of this case. Asymptomatic neonates can be managed conservatively while surgical resection is shown to increase survival rates and curative.

Am I pregnant or am I having cancer? Confusion between pregnancy, miscarriage, cervical cancer & endometrial cancer in the same patient

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ABSTRACT

Introduction: Diagnosis of a gynaecological malignancy can be challenging, and sometimes multiple other diagnosis preceded the definitive one. **Case Description:** A 36-year-old nulliparous lady, suspected to be pregnant after incidental finding of “intrauterine gestational sac” during ultrasound of renal system done to investigate for the cause of hypertension. Pregnancy test was not done. She was known to have PCOS and has been having oligomenorrhoea for the past one year. Ultrasound revealed a rounded hypochoic fluid-echogenicity inside the uterine cavity sized 4 x 3 cm with small elongated hyperechoic mass at the bottom, which was measured as CRL of 11 mm. No “fetal heart activity” was observed, so she was diagnosed with missed miscarriage & subjected to suction & curettage. However, during the procedure, it was found that she has bulky cervix, with growth towards the centre and the cervical os was not identified. The impression was changed to cervical cancer and biopsy was done, revealed adenocarcinoma with positive Vimentin and negative for P16 on immunohistochemistry. Patient was then subjected for dilatation & curettage by a gynae-oncologist and it was performed under ultrasound guidance. “POC” and endometrial tissue histopathological examination confirmed there was no POC and the tissue favour endometrioid adenocarcinoma. CT scan showed enlarged pelvic nodes apart from intrauterine tumour with cervical involvement and the current diagnosis is endometrioid adenocarcinoma of endometrium, stage 3c. She is currently undergoing neoadjuvant chemotherapy, carboplatin & paclitaxel 3-weekly regime while waiting for debulking surgery. **Discussion:** Thorough clinical history and examination with complement of radiological and pathological assessment is important to reach the final diagnosis.

Laparoscopy sacrocolpopexy: Step-by-step

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ABSTRACT

Introduction: Laparoscopy sacrocolpopexy (LSC) is currently a gold-standard surgery for vaginal vault prolapse. Although this surgery is established worldwide, it remains relatively new in Malaysia. Benefits of LSC include a remarkably lesser recurrence rate than native tissue repair surgeries. The laparoscopic approach is also associated with lesser intraoperative blood loss, shorter hospital stays, and faster recovery than an open technique. **Objectives:** To demonstrate the surgical procedure of LSC step-by-step to simplify a complex surgery. **Methods:** This video presentation demonstrates the surgical steps during LSC. The patient is positioned in a supine Trendelenburg position. Then, introduce the primary and secondary ports, and ensure a good exposure of the surgical field. Subsequently, the steps of LSC are as the following: 1) Dissect the sacral promontory to expose the anterior longitudinal ligament, 2) open the retroperitoneal space and dissect both pararectal space, 3) subtotal hysterectomy (in a patient with uterus in-situ), 4) posterior dissection to expose bilateral levator ani muscle (LAM), 5) suturing the posterior mesh onto the LAM, 6) dissect the bladder away from the anterior vaginal wall, 7) suturing the anterior mesh, 8) unification of both meshes and attach it on the cervical stump, 9) close the pelvic peritoneum, and 10) suturing the cephalic end of the mesh onto the anterior longitudinal ligament. Finally, close the peritoneum to ensure all part of the mesh is covered completely to avoid contact with the bowel. **Conclusions:** Understanding a complex surgery is easier by breaking the whole process into a step-by-step approach.

Tubal endometriosis with pseudocarcinomatous hyperplasia and incidental finding of adenomatoid tumour of fallopian tube: A rare case report

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ABSTRACT

Introduction: Tubal endometriosis, pseudocarcinomatous hyperplasia and adenomatoid tumour of fallopian tube are relatively rare but benign disease, usually found incidentally during operation. The diagnoses are confirmed by histopathological examination. We present a case of tubal endometriosis with focal pseudocarcinomatous hyperplasia, and incidental findings of adenomatoid tumour of Fallopian tube, in a patient who was suspected of ectopic pregnancy. **Case Description:** A 41-year-old lady, primigravida at 6 weeks POA, presented with per vaginal bleeding for 4 days duration. Clinically suspected of ectopic pregnancy, she underwent diagnostic laparoscopic, adhesiolysis and left salpingectomy for swollen left fallopian tube. Blood test β hCG at 0 hour was 69.6 iu/L, β hCG at 48 hours (taken post-operatively) was 16.2 iu/L. Histopathological examination (HPE) revealed tubal endometriosis, with focal pseudocarcinomatous hyperplasia and adenomatoid tumour of left fallopian tube, no nuclear atypia or malignancy seen, no decidual alteration or products of conception noted. **Discussion:** These 3 conditions are very difficult to diagnose clinically or intraoperatively, they are often being diagnosed incidentally during histopathological examination. Thus, the combination of these 3 diagnoses in same patient is extremely rare. More studies are needed to explore the clinical significance and correlation of pseudocarcinomatous hyperplasia and adenomatoid tumour of fallopian tube with other diseases.

Epidemiology of ectopic pregnancy year 2018-2020: A retrospective cross-sectional study in Hospital Kulim, Kedah

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ABSTRACT

Introduction: Ectopic pregnancy is a potentially life-threatening condition occurring in 1-2 % of all pregnancies. The objective of this study was to calculate the incidence of ectopic pregnancy and to evaluate the clinical presentation, USG findings and the risk factors associated with ectopic pregnancy in Hospital Kulim. **Method:** A retrospective study. Patients with intrauterine pregnancy were excluded from the study. A total of 146 patients were studied. Data were analysed using statistical package for social science version 26. Descriptive statistics were performed for all variables. **Results:** The incidence of ectopic pregnancy in Hospital Kulim was calculated to be 8.95 per 1,000 pregnancies per year. It happened most commonly in multigravida (77.4%) with mean age of 31.0 + 5.1-years. The majority of patients (71.2%) presented as acute (ruptured) ectopic pregnancy with fallopian tube (89.7%) as the commonest site, with no difference whether right or left side (51.4% versus 48.6%). Commonest presentation was abdominal pain (81.5%), and commonest therapeutic procedure performed was laparoscopic salpingectomy (58.9%). History of previous abdominal surgery (11.6%) followed by previous history of ectopic pregnancy (6.8%) were the risk factors identified in this study group. **Conclusions:** The incidence of ectopic pregnancies are on the rise, as evident by the findings of this study. All the cases were diagnosed with a high index of clinical suspicion with the USG findings added to the diagnosis.

Anaplastic large cell lymphoma in pregnancy: A case report

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ABSTRACT

Introduction: Anaplastic large cell lymphoma (ALCL) is rarely diagnosed during pregnancy. ALCL is a type of non-Hodgkin's lymphoma with various non-specific clinical manifestation. Pregnancy with gastrointestinal symptoms causes dilemma in the diagnosis of ALCL. The objective of this case report is to share the knowledge and experience in the care of a pregnant woman presented with gastrointestinal symptoms who was diagnosed with ALCL. **Case Description:** We report a case of a 34-year-old woman at 23 weeks gestation, presented with epigastric pain, vomiting, reduced oral intake and lethargy. Initially she was treated symptomatically. However, she did not respond to treatment. Further investigation which includes blood tests, imaging and histopathological examination were carried out. Diagnosis of ALCL was made after multidisciplinary team discussion involving obstetricians, surgeons, hematologists, and physicians. The woman and pregnancy were monitored closely by multidisciplinary team. Chemotherapy consisting of rituximab, cyclophosphamide, hydroxydaunorubicin, oncovin and prednisone (R-CHOP regime) were given. Patient's symptoms improved significantly after the first cycle of chemotherapy. Surveillance of fetal wellbeing was carried out and revealed fetal growth restriction with normal umbilical artery Doppler. The pregnancy progressed up to 29 weeks 4 days, but she developed preterm contraction and went into a spontaneous preterm labour. **Discussion:** ALCL is a rare condition in pregnancy with various symptomatology. There is little information on the effect of ALCL to pregnancy and vice versa. Early involvement of multidisciplinary team and close monitoring of patient may mitigate potential complications related to treatment and the disease.

A-076

Non-previa placenta accreta: A rare case report

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ABSTRACT

Introduction: Placenta accreta is mostly associated with previous history of caesarean section and placenta previa. Rarely, it is encountered in an unscarred uterus. **Case Description:** We report a case of a 37-year-old, lady, G4P2+1 at 36 weeks of gestation. She had history of dilatation and curettage following incomplete miscarriage and manual removal of placenta in her second pregnancy. The first and second stage of labour were uneventful. Unfortunately, the third stage was complicated by retained placenta which resulted in primary postpartum haemorrhage. She was given uterotonic agents and resuscitated with packed cells transfusion while preparing for examination under anaesthesia and manual removal of placenta in the Operation Theatre. The placental bulk was at the posterior-fundal aspect of the uterus. There was difficulty in removing the placenta, thus raising the suspicion of placenta accreta. This was later confirmed by histopathological report following total hysterectomy. The patient was nursed in intensive care unit for a day and had an excellent recovery. **Discussion:** Obstetricians should be prepared to encounter undiagnosed placenta accreta even in the absence of placenta previa or previous caesarean section. High index of suspicion and early intervention will reduce the risk of maternal morbidity and mortality.

Spontaneous and complete uterine scar rupture 26 days after caesarean section: A case report

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ABSTRACT

Introduction: Caesarean section rates have increased worldwide. Following this, the rate of uterine scar dehiscence or rupture has also increased in pregnancy. Rupture of lower uterine segment incision at post-partum is an extremely rare clinical condition. **Case Description:** We report a case of a 25-year-old patient, Para 1, at day 26 post caesarean section, who presented with lower abdominal pain with copious vaginal discharge. The examination was unremarkable. On pelvic ultrasound and Computerized Tomography, an anterior hyperechoic mass with fat attenuation within the mass was visible, measuring 3.3 x 7.2 x 7.7 cm and an anterior uterine wall defect was also noted. Based on the characteristic appearance, a diagnosis of scar dehiscence with lower segment haematoma was made. The patient underwent an exploratory laparotomy. There was a spontaneous and complete rupture of the lower uterine segment with omentum enclosing the defect. The debris, clot and fluids were evacuated, followed by repair of the defects in 2 layers with polyglactin suture material size 1. The patient's post-operative recovery was uneventful. Histopathology confirmed acute on chronic with granulation tissue formation. **Discussion:** This case illustrates that post-partum caesarean scar dehiscence or rupture is difficult to diagnose clinically, but radiological modality is essential to establish the diagnosis. As this patient is young, primiparous and with future reproduction function in mind, an exploratory laparotomy was performed as it is both diagnostic and therapeutic in this rare case.

Tuberculous meningoencephalitis in pregnancy: A case report

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ABSTRACT

Introduction: Tuberculous meningitis is a severe form of tuberculosis with high morbidity and mortality in pregnancy attributing to delayed diagnosis and initiation of therapy. **Case Description:** We report a case of a 27-year-old, Gravida 4 Para 2 at 25 weeks of gestation who presented with severe headache and vomiting. She gave a history of herpes zoster infection involving anterolateral aspect of the neck fourteen days prior to current presentation. Her father was diagnosed with pulmonary tuberculosis and has completed treatment one year ago. Neurological examination was unremarkable. MRI brain was normal. She progressed to have high grade fever associated with altered behavior. Empirical antibiotics and antiviral were started covering for meningoencephalitis as family declined lumbar puncture. Blood, urine, and high vaginal culture were negative. ECHO showed preserved ejection fraction with no evidence of vegetation. Connective tissue screening was negative. Despite escalation of empirical antibiotics and antiviral therapy there was no resolution of fever. Consent for lumbar puncture was obtained after repeated counselling. Empirical treatment for tuberculous meningoencephalitis was initiated. Cerebrospinal fluid TB PCR gene expert was positive. Marked improvement in behavioral and afebrile state was achieved within five days of anti TB therapy. Patient was discharged well from the ward at 32 weeks of gestation to complete antituberculosis treatment. She was induced at 38 weeks for gestational diabetes mellitus on treatment and had an uncomplicated vaginal delivery. **Discussion:** Early diagnosis of tuberculous meningitis requires high index of suspicion especially in women with relevant clinical manifestation and epidemiological factors. Lumbar puncture is valuable in establishing diagnosis.

Successful uterine artery embolisation in life-threatening bleeding cervical fibroid

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ABSTRACT

Introduction: Uterine artery embolization (UAE) has emerged as an effective minimally invasive method to control uterine bleeding. It causes devascularization of the fibroid, which leads to infarction and subsequently shrinkage of the fibroid. In the setting of an acute bleeding from a pelvic mass, UAE may obviate the need for an emergency surgery, thereby decreasing morbidity and mortality, and allows for proper reassessment and planning for a definitive surgery. **Case Description:** We present a case of a 49-year-old lady with torrential per vaginal bleeding from a cervical fibroid successfully managed with UAE, complicated by complete fibroid expulsion two months after UAE. The patient reported complete resolution of her symptoms following the expulsion of the fibroid and was well during follow-up. **Discussion:** Fibroid expulsion (FE) is a recognised complication after UAE where following embolization, necrotic fibroid material form inside the uterine cavity will be expelled from the uterus. FE is generally tolerated well with approximately half needing no operative intervention. Risk of needing surgical intervention after FE – hysteroscopy, transvaginal myomectomy, or even urgent hysterectomy depends on numerous factors – the ability of the tissue to pass out by itself, whether there are signs of systemic infection and response to antibiotics. This case report shows that UAE can potentially be useful in life-threatening bleeding situations. Involvement of a multidisciplinary team - gynaecologist and interventional radiologist is essential in managing the acute situation and the long-term sequelae, especially in managing FE.

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A moving retroperitoneal mass in pregnancy

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ABSTRACT

Introduction: Retroperitoneal mass may resemble uterine adnexal mass on antenatal sonography. **Case Description:** In this video, we present a case of a 29-year-old lady in her second pregnancy who came to us with lower abdominal pain and lower urinary tract symptoms at 9 weeks of gestation. Examination revealed a tender pelvic mass. Ultrasonography showed a viable intrauterine pregnancy and a right adnexal mass. The diagnosis of right ovarian cyst accident was made, and an emergency laparoscopy was performed. Intra-operatively, a retroperitoneal mass with peristaltic movement was seen. Both uterine adnexa were normal. The procedure was abandoned, and a repeat abdominal ultrasonography was performed. It revealed an ectopic right pelvic kidney with moderate hydronephrosis and hydroureter. Her symptoms of lower abdominal pain resolved after antibiotic treatment for urinary tract infection. Her pregnancy progressed well to term and a healthy baby was born vaginally. **Discussion:** The incidence of renal ectopy is approximately 1 in 1,000. It may be diagnosed incidentally for the first-time during pregnancy. It is associated with urinary tract infection, obstruction, and renal calculi. A patient with such complications may present with lower abdominal pain, fever, and lower urinary tract symptoms. Dilated renal calyces, pelvis and ureter of a pelvic kidney may appear as an adnexal mass posterior to the uterus on ultrasonography. The finding of an empty renal fossa may clinch the diagnosis of an ectopic pelvic kidney. Diagnosis of ectopic pelvic kidney should be considered when evaluating pregnant ladies with symptomatic pelvic mass.

A pilot study on near-miss audit in a tertiary centre in Malaysia

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ABSTRACT

Introduction: Improving maternal and child healthcare have always been a priority in the field of obstetrics and gynaecology. Apart from the traditionally focused maternal and child mortality, there has been an increasing interest internationally in life-threatening conditions during pregnancy-related situations, in other words, near-miss cases, to complement the mortality audit. **Objectives:** To analyse the care given to the patients and identify deficiencies in the provision of care, ultimately to aid in improving healthcare for both mother and child. **Methods:** Data collection forms, which contained a pre-determined list of trigger events along with evaluation form, were handed out to all obstetric units to capture near-miss cases. An audit committee met regularly to follow-up, review cases and produce reports to stakeholders. **Results:** A total of 87 cases were captured over the first 3 months of the audit, which is from February till April 2021 with the breakdown of number of cases per month are 33, 32 and 22, respectively. Out of the 87 cases, 72 of them are Malaysians whereas 15 of them are non-Malaysians with 10 of them are without any documents. In overall, up to 95.8% of mothers were discharged well without any morbidity. **Conclusions:** The audit helped to enhance awareness among fellow doctors in identifying near-miss cases and improving the quality of care. However, there were some teething issues such as inclusion criteria was too broad leading to over-reporting, and staff resistance in completing the audit.

Acute transfusion reaction in pregnancy due to anti-M antibodies – A case study

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ABSTRACT

Introduction: Acute hemolytic transfusion reaction (AHTR) causes significant morbidity and mortality, usually results from recipient plasma antibodies reacting to donor RBC antigens. ABO incompatibility is the most common cause of AHTR. Less commonly heard of is anti-M transfusion reaction. **Case Description:** We present a case of a 26-year-old primigravida with post-partum hemorrhage due to uterine atony and extended perineal tear, requiring blood transfusion. In her pre-transfusion serum screening, she was found to have anti-M and anti-Leb antibodies thus was transfused with standard group-compatible packed-cell. However, she developed acute transfusion reaction and transfusion was halted immediately. She was then supplied with M-antigen negative blood, which was transfused uneventfully. Her baby had mild physiological jaundice but was otherwise well. **Discussion:** We report a rare occurrence of M-antibody immune-mediated acute transfusion reaction. M-antibody is a naturally occurring (non-transfusion-induced) and clinically insignificant antibody. For transfusion purposes, reaction testing at 37°C is generally used to select safe blood for supply to recipients. However, this patient developed an unusual reaction, thus she would require M-antibody negative blood products in her future transfusions. Her neonate also required surveillance for neonatal jaundice which could result from hemolysis attributed to transplacental transfer of M-antibody IgG in-utero.

Congenital diaphragmatic hernia: A case series

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ABSTRACT

Introduction: Congenital diaphragmatic hernia (CDH) is a birth defect characterised by an abnormal opening in the diaphragm causing protrusion of the abdominal content into the thoracic cavity preventing normal lung development. Although its incidence is only 1 in 2,000 to 1 in 4,000 live births, it carries significant morbidity and mortality to the neonates. **Objective:** To review the prenatal diagnosis, management, obstetrics complications and outcome of 4 cases of CDH presented to our centre. **Method:** 4 cases of CDH presented between March to April 2021 were reviewed with regards to presenting features, prenatal sonographic findings, management, and subsequent neonatal outcomes. **Result:** All four cases of CDH were diagnosed within 21 to 32 weeks of gestation. Three cases were referred for CDH and one case was initially referred for LGA and polyhydramnios. All cases shared similar sonographic findings of polyhydramnios, mediastinal displacement, and the presence of abdominal content in the thoracic cavity. Three of them were delivered by emergency Caesarean section whereas one was delivered electively by Caesarean section. Two babies survived well and underwent corrective surgery while the remaining two succumbed within the first day of life. **Conclusion:** Antenatal sonography is well-established for diagnosing CDH and could help in prognostication of neonatal outcome. The management of CDH is a multidisciplinary one involving the obstetrician, neonatologist paediatric surgeon and specialist nurses. Careful planning of delivery and resource management will favour better outcomes for patients.

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Extremely rare primary central nervous system lymphoma in pregnancy

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ABSTRACT

Introduction: Primary Central Nervous System Lymphoma (PCNSL) is extremely rare with an incidence of 0.8 per 100,000 women and is highly aggressive. **Case Description:** A 32-year-old lady presented with blurring of vision in November 2020 and on ophthalmology assessment revealed bilateral vitritis with no abnormalities seen on MRI of brain. Patient conceived subsequently in February 2021 and had multiple presentations to hospital for nausea and vomiting. At 18-week gestation, she presented with drowsiness and unable to walk, however she was not keen for further interventions. At 25-week gestation, she presented with generalised tonic-clonic seizure with worsening neurological symptoms and Glasgow Coma Scale of 11/15. MRI brain revealed a large mass over the right frontal lobe and right cerebellar hemisphere. She was given intravenous Rituximab, dexamethasone and underwent decompression craniotomy and tumour resection. Histopathological report showed diffuse large B-cell lymphoma, a subtype of PCNSL. After a multidisciplinary discussion, she underwent emergency hysterotomy at 27-week gestation and delivered a baby boy weighed 1.0 kg. She is scheduled to have chemotherapy later. **Discussion:** The presentation of PCNSL can be masked by normal pregnancy symptoms. Vitritis, one of the manifestations of primary vitreoretinal lymphoma can occur in patients with PCNSL. MRI is frequently used as a staging modality for lymphoma during pregnancy. Ophthalmologic and cerebro-spinal fluid evaluation are recommended to assess the extent of disease. Due to the aggressive nature of this disease, it is imperative to reach a prompt diagnosis and embark on appropriate treatment to ensure optimal outcome for both the woman and the fetus.

First successful pregnancy following frozen embryo transfer of a blastocyst selected using artificial intelligence (AI): A case report

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ABSTRACT

Introduction: Recent studies demonstrated that selecting embryos using AI can increase the likelihood of choosing the embryo most likely to result in pregnancy in an unbiased and non-invasive manner. This case report describes the first successful pregnancy (at the time of writing) following the use of an AI-enhanced embryo selection tool. **Case Description:** The patient (35-year-old) who presented with PCOS underwent IVF treatment at Alpha IVF in December 2020. Following PIEZO-ICSI (Japan), the oocytes were cultured in time-lapse Embryoscope for 7 days. Blastocysts with 3BB or better were vitrified for elective FET in view of the risk of OHSS. The final image of each utilized blastocyst obtained was uploaded into the AI browser (Life Whisperer, Australia) and a score was generated for each blastocyst. Forty oocytes were retrieved, of which 32 were inseminated, 31 fertilized and 23 blastocysts were vitrified on Day 5 (21) and Day 6 (2). Gardner's Score/KIDScoreD5/AI Score for all 23 blastocysts were 4AA/9.7/8.9; 5BA/9.6/8.0; 5AA/9.6/9.8; 5AA/9.4/8.4; 4AA/9.5/9.4; 4AA/8.0/9.7; 5AB/7.6/9.7; 5AB/8.1/8.0; 5AA/8.9/8.0; 4AA/7.6/7.3; 5AB/7.4/9.7; 4AB/7.3/9.3; 4AB/6.7/9.4; 5AB/6.3/8.4; 5BB/8.1/7.7; 4BB/7.7/9.7; 4BB/7.6/9.3; 4AB/7.5/9.7; 4BB>C/5.8/8.2; 4BB>C/5.6/9.1; 4AB>C/5.7/9.4; 4BB/2.5/8.5 and 5BB/5.9/9.1 respectively. Instead of selecting blastocyst based on the highest KIDScoreD5, blastocyst with the highest AI Score (9.8) was selected in the same morphological score cohort for elective SBT in February 2021 and resulted in a twin pregnancy at week 8+3 at the time of writing. **Discussion:** This is our first attempt on using AI-enhanced embryo selection. The outcome was a clinical pregnancy.

Primary abdominal pregnancy: A rare presentation

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ABSTRACT

Introduction: Abdominal pregnancy is a rare diagnosis, constituting only 1% of all ectopic pregnancies. The diagnosis is difficult to establish, leading to staggering percentage of fetomaternal morbidity and mortality, particularly in an acute setting. This case report aims to highlight the importance of high clinical suspicion and the use of transabdominal ultrasonography (TAS) in patients with atypical and vague presentation of abdominal pregnancy especially in secondary medical center in Malaysia. **Case Description:** We report a case of a 32-year-old woman, G2P0+1 presented at 10 weeks of amenorrhea with only a vague complaint of intermittent lower abdominal pain for 1 week, with no per vaginal loss. She had a positive urinary pregnancy test without a prior TAS. Initial assessment by emergency department arrived at a diagnosis of bicornuate uterus. Upon gynaecological team review, the diagnosis was revised to ectopic pregnancy. Vaginal examination revealed an 8-week size uterus with mild tenderness over the Pouch of Douglas (POD). TAS showed an empty uterus with an extrauterine gestational sac containing a viable fetus with crown-rump length of 2.41 cm corresponding to 9 weeks 1 day of gestation. No free fluid was visualized. On laparotomy, diagnosis of primary abdominal pregnancy at the POD was confirmed and she was managed accordingly. **Discussion:** Abdominal pregnancy is no doubt a difficult to establish diagnosis but with a higher detection rate in case of increased awareness complemented by TAS use. A high index of clinical suspicion for abdominal pregnancy is to be kept in all medical practitioner minds due to its various and possible vague presentation.

The postpartum urinary retention (PPUR) after vaginal delivery: Assessment of the prevalence and associated factors

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ABSTRACT

Objective: We sought to determine the prevalence of PPUR and the association between maternal, obstetrics and fetal factors with PPUR. **Method:** This is a prospective observational study involving women who delivered vaginally at gestational age of 37 weeks and beyond in Hospital Raja Perempuan Zainab II from November 2019 till February 2020. The first void urine volume and symptoms at 6 hours of delivery were gathered. Post void residual bladder volume (PVRBV) was measured using standard ultrasound scan machine if the void urine volume less than 200 ml. **Result:** There were 1,017 cases recruited into the study. 40 cases were identified as PPUR with PVRBV of more than 150 ml giving the prevalence of PPUR 3.9%. 12 out of 40 (1.2%) were overt PPUR with symptoms such as urinary frequency (5.0%), dysuria (7.5%), abdominal distension (10%) and combination of symptoms (7.5%). 2 cases of overt were concurrently noted to have positive nitrite on urine analysis. 27 cases were asymptomatic giving the prevalence of covert PPUR 2.7%. In this study, forceps assisted delivery (Adjusted OR 14.020, 95%CI 3.297-59.618, $p < 0.0001$), episiotomy (Adjusted OR 3.201, 95% CI 1.330-7.701, $p = 0.009$), and pain score of moderate to severe (Adjusted OR 46.433, 95% CI 7.456-289.169, $p < 0.0001$) were independent factors associated with PPUR. **Conclusion:** PPUR is a common obstetrics condition during immediate postpartum period. Covert PPUR is at most risk due to having no symptoms. Among the risk factors putting a woman at higher risk to develop PPUR are those delivered via forceps assisted delivery, sustained episiotomy and having moderate to severe pain score during review at 6 hours post-delivery.

Placental site trophoblastic tumor: A case report

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ABSTRACT

Introduction: The placental site trophoblastic tumour (PSTT) is a rare form of gestational trophoblastic disease, with variable spectrum of clinical presentation. We have managed three cases of placental site trophoblastic disease since 2003, and this is the recent one. **Case Description:** A 45-year-old lady, Para 3, with latest antecedent pregnancy was a live birth, 5 years prior to presentation, delivered via caesarean section. She presented with uterine mass and abnormal prevaginal bleeding and had history of attempting an endometrial sampling via dilatation & curettage at a private centre but abandoned due to massive bleeding. With raised human chorionic gonadotrophin (HCG) and radiological assessment (computed tomography), empirical diagnosis of PSTT was made and planned for hysterectomy. She presented with massive bleeding before the planned surgery and total hysterectomy with bilateral salphingo-oophorectomy had to be performed as emergency. Intraoperatively, it was noted that the trophoblastic tissue has invaded the bladder serosa, and the tumour was located at lower half of uterus. Histopathological examination confirmed the diagnosis of PSTT. She received a total of 4 cycles of chemotherapy, bleomycin, etoposide, and platinum (cisplatin) and achieved complete clinical response. She was well and disease free for more than 6 months since completed treatment. **Discussion:** To make a diagnosis of PSTT is challenging, moreover on managing the case. Patient may present with unexpected life-threatening event, and without high index of suspicion, surgical intervention might be delayed and may result in death of a patient. A decision for the appropriate adjuvant chemotherapy regime might also be difficult due to the rarity of this condition.

Chorioadenoma destruens: A rare presentation

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ABSTRACT

Introduction: Gestational trophoblastic neoplasm refers to a group of malignant neoplasm that consists of abnormal proliferation of trophoblastic tissue. It comprises of invasive mole or chorioadenoma destruens, choriocarcinoma, placental site trophoblastic tumour and epithelioid trophoblastic tumour. **Case Description:** We report a case of a 42-year-old lady with invasive mole who presented in hypovolaemic shock due to massive bleeding secondary to uterine perforation. The invasive mole has eroded the uterus and uterine vasculature leading to perforation. This patient has fertility issues; therefore, wishes to preserve the uterus despite the bleeding incident. Uterine perforation was successfully repaired, and patient recovered well from the surgery. There were metastases to the lung and liver. She underwent chemotherapy and fortunately has complete clinical response and disease free till now.

“Block the roads, lock the doors”

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ABSTRACT

Introduction: Pseudoaneurysm of the uterine arteries is a rare cause of secondary postpartum haemorrhage (PPH), following caesarean section or vaginal delivery. Whilst uterine artery embolization serves as an important and effective treatment for most of symptomatic uterine artery pseudoaneurysm, it is not without the risk of failing. This case report was written with the objective of identifying the role of balloon tamponade as a method in managing secondary PPH secondary to uterine arteries pseudoaneurysm. We also aim to show that with colour doppler ultrasound as a basic imaging equipment in hospitals, we can spare the repercussion of a missed diagnosis of uterine artery pseudoaneurysm. **Case Description:** We report a case of near missed uterine artery pseudoaneurysm with nidus measuring 1.7 x 2.7 x 2.8 cm presented with secondary PPH 19 days post LSCS, who underwent bilateral uterine arteries embolization using PVA particles and gelfoam until near stasis. Angiogram post EUA reveals no residual pseudoaneurysm, however she rebled 2 days following the procedure. Repeated transabdominal ultrasound showed similar colour doppler uptake at uterine fundus which indicates reperfusion of the pseudoaneurysm. Block the roads, lock the doors, bleeding was managed successfully with Bakri Balloon tamponade. **Discussion:** Bakri Balloon used as tamponade may be a treatment of choice with single lesion pseudoaneurysm not involving the lower segment of the uterus. Further studies however needed to determine whether the pseudoaneurysm is amenable to obliteration using prolonged balloon tamponade.

"I thought it was a miscarriage!"

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ABSTRACT

Introduction: Cervical ectopic pregnancy (CEP) is very rare with an incidence of <1% of all ectopic pregnancies. When misdiagnosed, it results in intractable haemorrhage and even mortality. Most often, CEP is misdiagnosed as miscarriage. **Case Description:** We discuss 2 cases of misdiagnosed CEP which fortunately conservative management resulted in favourable outcomes. We managed two multiparous patients with previous history of caesarean section who presented with persistent painless per-vaginal bleeding from early pregnancy with a diagnosis of miscarriage. Speculum examination revealed opened cervical os. An attempt for evacuation resulted in torrential haemorrhage and hypovolemic shock. However, after Foley's balloon tamponade and vaginal packing, the bleeding stopped. Both the patients received methotrexate 50 mg/m². One of the patients subsequently required a second dose of MTX and re-bled. Her transvaginal doppler showed reduced in size and vascularization of the cervical mass. She was subjected to suction and curettage. It was successful. Both patients were followed up till β hCG levels normalized and discharged well. **Discussion:** CEP can be managed conservatively with MTX. Some patients may require additional dose of MTX, and timely attempt of evacuation may be done once vascularization has reduced. Future fertility and uterine conservation are factors for consideration especially in the reproductive age group. Conservative management for CEP is a valid option in patients whose bleeding is controlled. Compliance to follow up and monitoring is vital. The decision for hysterectomy should be reserved only for patients with intractable haemorrhage.

Fetal anaemia following preterm en caul delivery with velamentous cord insertion

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ABSTRACT

Introduction: En caul delivery is defined as delivery of fetus in the sac with fully intact membrane. It was recommended in preterm in estimated fetal weight < 1,500 gram during Caesarean section to reduce risk of fetal injury caused by 'hug-me-tight' uterine contraction and surgeon hands. However, in some cases en caul can be dangerous due to fetal hemorrhage. **Objectives:** This case series describes our experience in IIUM performing en caul delivery in preterm birth and its immediate sequelae with regards to fetal anemia and birth trauma. **Methods:** Case series. **Results:** Two were born with intact membrane and one in partial en caul. One reported to have severe anemia and another two without neonatal anemia. None of the babies had birth trauma. **Conclusions:** En caul delivery can be beneficial in properly selected cases and application of good surgical technique resulting in less birth injury and good fetal outcome. From our experience to make this delivery technique safe and beneficial for extreme preterm fetus, we strongly suggest that the cord insertion need to be identified prior caesarean section, in case of central cord insertion it is safe to deliver en caul. However, if velamentous or abnormally localized cord insertion was identified, immediate clamping of the cord can reduce the complication of fetal hemorrhage and anemia.

Ovarian anaplastic dysgerminoma: A case report

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ABSTRACT

Introduction: Dysgerminoma is a malignant germ cell tumour occurring in the ovary with favourable prognosis and is chemosensitive. Dysgerminoma is rather rare with incidence of less than 1%. We present a case of anaplastic dysgerminoma of the ovary – extremely rare with grave prognosis. **Case Description:** A 47-year-old woman presented with prolonged menstruation and enlarged uterus. Examination revealed a 26-weeks size pelvic mass and enlarged left supraclavicular nodes. Tumour markers showed markedly elevated LDH (3,648 u/L). Ultrasound and staging CT initially led to the suspicion of an advanced uterine malignancy with metastasis to the liver, peritoneum, and pelvic lymphadenopathy. Several biopsies were taken but all showed necrosis. Open biopsy was done and HPE confirmed anaplastic dysgerminoma. With high tumour volume, risk of tumour lysis syndrome and suboptimal performance status, patient was given single agent carboplatin. Unfortunately, she succumbed to sepsis before the second cycle of chemotherapy, about one and half months after her first presentation. **Discussion:** Anaplastic dysgerminoma represents another end of prognostic spectrum. It is extremely rare, with only two case reports ever reported. This case had diagnostic difficulty due to the atypical initial presentation. With elevated LDH and extensive lymphadenopathy, lymphoma was also a differential. HPE of multiple biopsies were all necrosis, signifying rapidly growing tumour. Due to rarity of the condition, there was also difficulty in interpretation of her biopsy. Anaplastic dysgerminoma should be considered in woman who presented with aggressive tumour and markedly elevated LDH. Multidisciplinary approach to achieving diagnosis is ideal to avoid any delays.

Placenta percreta with congenital uterine abnormality in a primigravida: A case report

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ABSTRACT

Introduction: Abnormal placentation is typically seen in patients with risk factors, usually a history of uterine surgery, and follow up for these cases would be tailored accordingly. This a case of placenta percreta in a primigravida with congenital uterine abnormality noted during surgery. **Case Description:** A 41-year-old primigravida with gestational diabetes mellitus on metformin presented at 20 weeks of pregnancy with acute abdomen without per vaginal bleeding. Physical examination revealed a distended abdomen with generalized tenderness, and bedside scan revealed a viable fetus within uterus with low lying placenta and some free fluid in the abdomen. She was normotensive but tachycardic, with a hemoglobin of 8 g/dL (her booking hemoglobin was 11.3 g/dL). Formal ultrasound was reported as perforated appendicitis. Intraoperatively placenta percreta with uterine rupture was diagnosed, with the entire amniotic sac expelled out. Noted unicornuate uterus with rudimentary horn; patient did not have left ovary and Fallopian tube. Subtotal abdominal hysterectomy was done. The fetus did not survive. HPE was reported as placenta percreta with uterine fibroid. **Discussion:** An online search revealed less than 10 similar cases being reported, and they mostly were of a younger-age group. This patient also had a history of subfertility for 5 years that was not previously investigated. Due to her age factor, she was referred for detailed scan however she presented 2 weeks before her scheduled appointment with the MFM team. Pregnant primigravida in acute abdomen with free fluid should raise suspicion for possibility of abnormally invasive placenta and congenital uterine abnormality.

Locally advanced squamous cell carcinoma of cervix: Complete response with platinum-based chemotherapy during COVID-19 pandemic

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ABSTRACT

Introduction: Concurrent chemoradiation therapy remain the mainstay of treatment of locally advanced cervical cancer. However, the unprecedented global challenge posed by the COVID-19 pandemic has caused interruption to many services including the oncology services. The patient and physician face the dilemma of having to delay primary treatment with the risk of disease spreading. In view of that, for locally advanced disease of cervical cancer, for stage 2B disease, we offered neoadjuvant chemotherapy (readily available service in our unit) with 175 mg/m² paclitaxel and 75 mg/m² cisplatin four to six cycles before proceeding with radical hysterectomy or radical pelvic radiotherapy (if not feasible for surgery) to achieve complete cure. Fortunately, among the enrolled patient into the regime treatment, there was a young lady that managed to achieve complete clinical response following chemotherapy only. **Case Description:** A 41-year-old lady, parity 3, diagnosed to have Squamous Cell Carcinoma of cervix stage 2b, received in total 6 cycles of chemotherapy every 3-weekly interval. She was then subjected for radical hysterectomy, bilateral salphingo-oophorectomy and bilateral systematic lymphadenectomy. Intraoperatively, noted residual cervical tumor measured 1.5 x 1 cm, a marked tumor mass reduction from initial size of 5 x 4 cm. Otherwise, no disease noted elsewhere including parametrium. The histopathological report of the resected specimen confirmed there was no microscopic residual tumor left, showing that she has already achieved complete response with chemotherapy only. She is so far about 3 months free from the disease. We are looking forward to review her again to see the progress.

Cellular leiomyoma with benign metastasizing leiomyoma of pelvic lymph node mimicking malignant disease: A case report

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ABSTRACT

Introduction: Cellular leiomyoma can have characteristics typical to a malignant disease and it is important to differentiate it from leiomyosarcoma. Benign metastasizing leiomyoma is an extrauterine smooth muscle deposits and lung is the most common metastatic site. Cellular leiomyoma and benign metastasizing leiomyoma are a rare clinical entity. We report a case where both conditions co-exist in a patient. **Case Description:** A 44-year-old lady, presented to us with complaints of abdominal mass with discomfort for 4 months and progressively increasing in size. Per abdomen revealed mass corresponding to 18 weeks size. Tumor marker CA125 was 50.7. CT abdomen and pelvis was done, suspected malignant uterine masses with metastasis to left ovarian vein likely leiomyosarcoma, with possible coexisting vascular leiomyosarcoma and abdomino-pelvic lymphadenopathy. She underwent total abdominal hysterectomy bilateral salpingo-oophorectomy and pelvic lymph nodes sampling and omental and bowel nodule biopsy. Intra-operatively noted left broad ligament and anterior uterine mass with bilateral enlarged pelvic lymph nodes and a sigmoid bowel nodule. Histopathology reported, uterine leiomyomata and adenomyosis with left broad ligament cellular leiomyoma with benign metastasizing leiomyoma of left pelvic lymph node and bowel endometriosis. CT thorax done subsequently to look for any metastasizing leiomyoma showed no significant finding. Patient recovered well and being monitored in our clinic.

Ovarian mature cystic teratoma associated anti-NMDAR encephalitis: A case report

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ABSTRACT

Introduction: Anti-N-methyl D-aspartate receptor (anti-NMDAR) encephalitis is a rare but potentially fatal disease. It is an autoimmune disorder, and some may be associated with a tumour. We present a case of ovarian teratoma associated anti-NMDAR-receptor encephalitis to draw attention to this condition. **Case Description:** A 21-year-old, female with no prior medical illness presented with status epilepticus and required intubation. There was history of fever, headache and increasing forgetfulness prior to the presentation. She was treated as meningoencephalitis. However, her fever persisted despite antibiotic and antiviral therapy and her conscious level decreased. There was also orofacial dyskinesia. Further evaluation demonstrated the presence of anti-NMDAR antibodies in her cerebrospinal fluid (CSF) and a computerized tomography (CT) scan detected a left ovarian teratoma. Diagnosis of ovarian teratoma associated anti-NMDAR encephalitis was made. Immunotherapy began and a laparotomy was performed to remove the teratoma. Histopathological examination (HPE) confirmed mature cystic teratoma and brain tissues were seen. She had a slow recovery but eventually survived and was able to perform activities of daily living independently. There was no recurrence of disease up to her last follow up 4 years later. **Discussion:** Mature cystic teratoma is the commonest germ cell ovarian tumour. It is a benign tumour however it can be fatal when associated with anti-NMDAR encephalitis. Identification and removal of ovarian teratoma along with immunotherapy therapy improved the outcome of this patient.

Keywords: encephalitis, autoimmune encephalitis, anti-NMDAR, teratoma

Late ovarian pregnancy – A near missed diagnosis: A case report

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ABSTRACT

Introduction: Ovarian Pregnancy is a rare condition, with an incidence of advanced ovarian pregnancy being exceptional. Establishing diagnosis of ovarian pregnancy is a challenge, especially in later trimester. **Case Description:** We report a case of a 26-year-old, Gravida 3 Para 2 Indonesian lady who was first seen at 35 weeks gestation with intrauterine demised fetus. She had previously delivered two uncomplicated vaginal birth. Unfortunately, she does not seek antenatal care throughout this pregnancy. Induction of labour was initiated to facilitate the delivery process. However, despite two cycle of prostaglandin induction, labour was not established. Reassessment revealed a normal non pregnant size uterus with a separate mass containing the demised fetus. Diagnosis of extrauterine pregnancy was made and she underwent exploratory laparotomy. A salphingo-oophorectomy was done, and a 2.37 kg baby were delivered in toto. **Discussion:** This case fulfilled all the Spielberg Criteria. As the incidence of ovarian pregnancy is on the rise, high index of suspicion is needed in establishing diagnosis.

Successful spontaneous pregnancy in a primary ovarian insufficiency patient after a failed ovulation induction

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ABSTRACT

Introduction: Primary ovarian insufficiency (POI) is defined as intermittent or permanent gonadal insufficiency before age of 40 years. The incidence is 1 in 1,000 women before the age of 30 and 1 in 100 women at 40 years. Women may present with amenorrhea or irregular menses, with highly elevated FSH above 25 IU/L. Anti-Mullerian hormone would be invariably low, with undetectable number of antral follicles on ultrasound. Although POI has many causes ranging from genetic, autoimmune, or infective, most causes are unknown. POI causes female infertility hence pregnancies are uncommon but not impossible. **Case Description:** We report a case of a POI woman who conceived spontaneously after a failed attempt at ovarian stimulation following many years on hormone replacement therapy (HRT). She had an unremarkable pregnancy and delivered a healthy baby. **Discussion:** To our knowledge, this is the first reported case of spontaneous conception in the immediate cycle after failed attempt at ovarian stimulation of ovarian activity and ovulation induction. Although unsuccessful, exogenous estrogen followed by gonadotrophins had likely exerted a significant ovarian priming activity thus increasing ovarian sensitivity to de-novo FSH and HRT to initiate follicular growth and ovulation. It is also crucial to advise patient about family planning since intermittent resumption of ovarian activities is possible yet unpredictable.

Spontaneous coronary artery dissection in pregnancy as a rare cause of maternal death: A case report and review of literature

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ABSTRACT

Introduction: Cardiac disease in pregnancy remains the commonest indirect cause of maternal mortality. Acute myocardial infarction is a rare event in women of childbearing age. However, the relative risk is 3 to 4 times higher in pregnancy. Spontaneous coronary-artery dissection (SCAD) accounts for less than 1% of acute myocardial infarctions. It is a foremost cause of heart attack among the pregnant women with high mortality rate. **Case Description:** A 34-year-old Gravida 2 who was admitted for pre-eclampsia developed a sudden onset of atypical central chest pain which spontaneously resolved. She was found collapsed 4 hours after the onset of symptoms and succumbed to death despite vigorous resuscitation which included a perimortem caesarean section from a multidiscipline team. A post-mortem revealed a histopathology finding of acute myocardial infarction secondary to coronary artery dissection. **Discussion:** The etiology of pregnancy associated SCAD is not fully understood. Some postulations include hormonal changes, haemodynamic stress, and changes in the autoimmune status. It has multiple risk factors and may appear with a wide spectrum of clinical presentation. We report a case of pregnancy associated SCAD, along with a comprehensive review of literature.

Menstrual tube for the management of PV bleeding

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ABSTRACT

Introduction: The choices of menstrual hygiene management are limited, essentially comprising sanitary pads, tampons, and menstrual cups. Each has its respective cost, user friendliness and environmental concerns. We introduce a novel reusable menstrual tube that aims to overcome such concerns. **Objectives:** To develop and demonstrate in vivo a novel intravaginal tube that can be inserted into vagina accurately, be used to divert blood outside the introitus, be occluded at will for opportune drainage of blood, be used for measuring blood loss at childbirth, be easily removed by tugging and be sanitized by boiling as per reusable menstrual cups. **Methods:** A flexible ring pessary with a membranous tube was manufactured and sterilized under ISO 11135-2014 standards. On vaginal deployment using a cylindrical applicator, the proximal ring encircled the cervix to collect blood while the distal part of the tube, which dangled outside the introitus, was twisted and untwisted to occlude and drain the blood respectively. The tube was boiled for 10 minutes. The video presents the procedures on a post ERPC patient, a post-delivery patient, and on the boiling. **Results:** The applicator ensured proper placement of the ring in the vagina. The blood readily diverted into the tube and drained exteriorly into a kidney dish, giving precise measurement of blood loss. The tube retained its original form on boiling. **Conclusions:** The menstrual tube is a simple, cheap, and user-friendly device for menstrual management. A comparative study against the existing menstrual cups will be useful to determine its acceptability amongst the public.

Ovarian microcystic stromal tumor: A rare histological entity

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ABSTRACT

Introduction: Microcystic stromal tumor (MST) of the ovary is a rare subtype of ovarian tumor. It lacks the morphologic features to be classified as either sex-cord stromal, epithelial, or other germ cell tumors. Commonly mistaken as a malignant tumor, especially if the tumor occurring in the younger female. MST is characterized by unique triad of elements and immunohistochemistry profile. **Case Description:** We present a case of a 32-year-old female presented with pelvic mass with prolonged menstrual pattern. The patient was obese with multiple medical co-morbidities. The relevant tumor markers were normal. Imaging suggested a 16 cm complex ovarian lesion with presence of ascites. Following that, we proceeded with laparotomy unilateral salphingo-oophorectomy with omentectomy. Intraoperatively, there was a 15 cm ovarian cyst, removed intact. Despite developing post-operative wound breakdown secondary to poor glycaemic control, she remained well and recovered. The histopathological report came back as Ovarian MST, a benign ovarian tumor. **Discussion:** Ovarian MST is rare subtype of sex cord stromal tumor with its distinguished triads of elements with presence of microcysts; solid cellular areas and collagenous stroma with hyaline plaques. Despite its unique histological feature and complex appearance, ovarian MST is a benign tumor.

A miracle survivor of massive pulmonary embolism post embolectomy in pregnancy

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ABSTRACT

Introduction: Pulmonary embolism (PE) is a significant acute cardiovascular event with high mortality rate. Management could be challenging, especially in pregnancy. Most patients ultimately die within the first hours of presentation, thus early diagnosis is of paramount importance. We present a miracle case of massive pulmonary embolism in early pregnancy who survived post embolectomy. **Case Description:** A 34-year-old, G4P3 at 9 weeks POA presented with gradual increase of breathlessness, reduced effort tolerance and central chest pain for 3 days. She had loss 11 kg of her body weight within 2 weeks due to her excessive nausea and vomiting in early pregnancy. Upon assessment, she was noted to be tachycardic and tachypnoeic. Her thyroid function test was deranged significantly and treatment was initiated. An urgent CTPA revealed right and left main trunk pulmonary artery embolism. ECHO showed RV was dilated with LVEF of 50%. Emergency pulmonary embolectomy was done and intra operatively, blood clots at the main vessel in pulmonary artery was removed. A week later, her pregnancy ended up with missed miscarriage and ERPOC was performed. After 40 days in the ward, she was discharge well. Investigation for APS were not significant, however thyroid storm with severe dehydration was the possible diagnosis of her pulmonary embolism. She has completed 6 months warfarinization. **Discussion:** Thyroid disorder carry risk of hypercoagulable state in pregnancy and predispose to embolism formation. Other risk factors include hyperemesis gravidarum and immobilisation. Vigilance and a high suspicion index of embolism should be emphasized in early pregnancy with hyperemesis gravidarum to expedite anti-coagulant treatment.

Comparing peri-operative outcomes in robotic assisted and 3D laparoscopic gynaecological surgery: Sharing our early experience

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ABSTRACT

Introduction: Minimally invasive gynaecological surgery is becoming popular, with the emerging laparoscopy advances tackling many of conventional laparoscopy limitations. The use of robotic in gynaecological surgery is slowly gaining popularity in Malaysia. The robotic system has the main advantage of an articulating wrist which makes it easier for suturing and accessing deep structures in addition to the 3-dimensional vision system. However, robotic surgery is much more costly compared to the cost of 3D laparoscopy surgery. **Objectives:** Comparing the perioperative complications and outcome between 3D laparoscopy surgery and robotic surgery available in our centre for benign gynaecological surgeries. **Methods:** A retrospective cohort study of all patients who had robotic or 3D laparoscopic for benign gynaecology condition between April 2019 to November 2020 at Hospital UiTM Sg Buloh and UiTM Private Specialist Centre. **Results:** A total of 13 patients underwent 3D laparoscopy and 10 underwent robotic assisted surgery. We found that there were no significant differences in peri-operative outcomes between both groups. However, with 3D laparoscopy, the estimated blood loss is higher despite shorter duration of operative time. Complexity of cases varies in between patients, which may contribute to the outcome. And the cost of robotic surgeries was significantly higher than 3D laparoscopy. **Conclusion:** There were only slight differences between the perioperative outcomes of the 2 groups. With the high cost of robotic surgery compared to 3D laparoscopy which did not include the cost of acquiring the system and training, the future of robotic surgery in gynaecology remains limited.

Fetal exsanguination: Could it be prevented?

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ABSTRACT

Introduction: Vasa praevia is rare – incidence of 1 in 2,500 pregnancy where the fetal vessels run unprotected through the free placental membranes. Undiagnosed antenatally, neonatal survival rate is poor – less than 40% as the free fetal vessels can rupture causing fetal exsanguination. Interestingly, antenatal diagnosis confers a survival rate of up to 97%. **Case Description:** *Case 1:* 39-year-old, Gravida 4 Para 3 presented with antepartum haemorrhage at 28 weeks. Transvaginal sonography (TVS) shows placenta praevia with engorged vessels at the lower segment. Repeated scan at 34 weeks shows vasa praevia. She underwent an uneventful elective caesarean section at 35 weeks and a healthy baby was delivered. *Case 2:* 25-year-old primigravida presented in labour at term with spontaneous rupture of membrane. Examination revealed liquor stained with fresh blood. Cardiotocograph tracing showed variable decelerations. She underwent an emergency caesarean section, unfortunately baby was delivered fresh stillbirth. Placental morphology showed velamentous cord insertion with a ruptured vasa praevia. **Discussion:** Risk factors for vasa praevia include the presence of a low-lying placenta, velamentous cord insertion, bilobed or succenturiate lobed placenta, and multiple gestation. Targeted screening for women with risk factors by evaluating the placental cord insertion, TVS to evaluate the internal cervical os, and a colour doppler is generally recommended. Expectant management can be offered with caesarean section at 34-36 weeks. It is important to empower health care provider to be able to detect abnormal placentation as this is the key to screen for this condition.

A survey of acceptance of immediate in hospital postpartum COVID-19 vaccination among pregnant patients at a tertiary center in Kuala Lumpur

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ABSTRACT

Background: Vaccination is an effective way to curtail the burden of COVID-19 in which success depends on the availability and acceptance of the vaccine. As Malaysia battles through its third lockdown due to increasing number of COVID-19 infections in the community, the race to ramp up the vaccination process by the setting up of mega vaccination centers has led to concerns with regards to overcrowding and ease of access for the vulnerable groups such as the old and the pregnant. This study sought to assess the acceptance and the concerns with regards to immediate postpartum COVID-19 vaccination among pregnant patients. **Methods:** 110 women were surveyed face to face. The survey questions consisted of socio-demographic characteristics, source of information regarding COVID-19, vaccination history, acceptance of immediate COVID-19 vaccination and concerns were elicited. **Results:** Majority of the respondents were Malay (72%) between the age of 25-30 years old. Social media especially Facebook was the primary source of information regarding COVID-19. Among all the participants, 94% participants were willing to receive immediate postpartum COVID-19 vaccinations if recommended. Women without tertiary education were more likely to refuse vaccination. Most refusal or hesitancy were due to concerns about side effects and safety of the vaccine especially during breastfeeding. **Conclusions:** The results indicate that postpartum women are willing to accept immediate in hospital COVID-19 vaccination. This could also be expanded to the community especially at MCH level. Thus, the Malaysian government and other related agencies should use this opportunity to ramp up its vaccination strategy. However, it remains important to also address the concerns among hesitant individuals by building trust in vaccine safety and effectiveness through adequate information regarding the vaccine.

The 'tricky' tumor – A case of huge ovarian fibroma

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ABSTRACT

Introduction: Solid ovarian tumors are most often malignant. Ovarian fibromas, however, are tricky tumors that mimic malignant neoplasm. **Case Description:** A 43-year-old lady presented with progressive abdominal distension for 3 years with sudden acceleration of tumor growth over the past 4 months associated with increased urinary frequency and lower back pain due to mass effect. Examination revealed a huge solid abdominopelvic mass arising from the right adnexa extending upwards and laterally to the xiphisternum flanks with restricted mobility. There was no evidence of Meig syndrome clinically. Sonographically, the mass showed poor acoustic effects. A CT/MRI done concluded a predominantly solid right ovarian mass measuring 36 x 19 x 31 cm with presence of internal vascularity within. Tumor markers were normal. A midline supraumbilical laparotomy was done and a 12 kg solid right ovarian tumor was removed. A preoperative retrograde ureteric stenting for ureteric delineation was done. HPE confirmed a benign ovarian fibroma. **Discussion:** Huge abdominopelvic tumors are tricky in many ways. Imaging is challenging due to poor penetration and posterior acoustic shadowing. Patients are often asymptomatic till the tumor is huge enough to cause compression effect. Normal tumor markers does not exclude malignancy. Surgery for huge tumors require multidisciplinary team approach due to high anaesthetic risks, haemorrhage, iatrogenic organ injuries and venous thromboembolic events. An initial step of adhesiolysis and salphingoophrectomy makes following steps of surgery easier. Proper surgical planning and postoperative care is crucial when dealing with huge abdominopelvic tumors regardless benign or malignant.

Incidence of coronavirus disease 2019 (COVID-19) in pregnancy

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ABSTRACT

Introduction: Despite the rapidly increasing incidence of Coronavirus disease 2019 (COVID-19), there is still limited information on COVID-19 in pregnancy. **Objectives:** To study and analyse the incidence of COVID-19 in pregnant women in tertiary centre, Sabah. **Methods:** To analyse the data collected from the admission of patients who are pregnant or up to six weeks post pregnancy, to Patient Under Investigation (PUI)/Covid ward in SWACH from April 2020 until April 2021. **Results:** According to collected data from admission on April 2020 until April 2021, there were 549 admissions to the PUI ward. Of these, 313 were asymptomatic; 277 of them tested positive Covid, 1 tested inconclusive, 29 tested false positive, and the rest 6 are ex-Covid who possibly only had remnant of infection. The other 236 patients were symptomatic; 224 tested positive Covid, 1 tested inconclusive, 4 tested false positive, and another 7 are ex-Covid; 1 had re-infection, another 6 possibly had a remnant of infection. Among those 236 symptomatic patients, 22 of them had Influenza-like illness (ILI) and the other 6 had a severe acute respiratory infection (SARI). **Conclusions:** Incidence of COVID-19 infection in pregnancy appears to be generally increasing as much as general population. Both asymptomatic and symptomatic group have high possibility of tested positive Covid if they have history of Covid exposure.

Paroxysmal nocturnal hemoglobinuria – A management dilemma in pregnancy: A case report

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ABSTRACT

Introduction: Paroxysmal Nocturnal Hemoglobinuria (PNH) is a rare acquired clonal haematopoietic disorder characterized by haemolysis, bone marrow failure and thrombosis. There are limited information regarding PNH and pregnancy in literature resulting in management dilemma. **Case Description:** A 29-year-old, diagnosed with PNH following a mesenteric artery thrombosis which was complicated with bowel gangrene and pancytopenia. Presented at 10 weeks gestation with a granulocytes zone of 96%. The couple decided to continue pregnancy after counselling. Anticoagulant was initiated. Pregnancy went well until 28 weeks gestation where she required admission for suspected acute cholecystitis which responded to antibiotic therapy. She again presented at 30 weeks gestation with mild antepartum haemorrhage and atypical chest pain. Pulmonary embolism was confirmed by CTPA. Intrauterine death was diagnosed during admission. Labour was initiated and delivery was uncomplicated. **Discussion:** Recurrent thrombosis remains the main concern. The use of anticoagulant may not suffice to prevent thrombotic complications, however, use of eculizumab may have potential to prevent PNH-associated complications.

A 13-year retrospective data analysis of infertile males with non-obstructive azoospermia – A pilot project to determine prognostic factors for successful surgical sperm retrieval with testicular sperm extraction

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ABSTRACT

Introduction: Testicular sperm extraction (TESE) is the standard surgical method for sperm retrieval in non-obstructive azoospermia (NOA) patients in Malaysia. **Objective:** The Primary objective of this study is to determine significant prognostic factors for successful sperm retrieval with TESE in infertile males diagnosed with Non-Obstructive Azoospermia (NOA). **Method:** This is a clinical retrospective study conducted through chart reviews of 91 males with azoospermia who underwent TESE between January 2006 and December 2019 at the Reproductive Medicine Unit, Hospital Tunku Azizah, Kuala Lumpur, Malaysia. Clinical, hormonal, and histopathological data was collected. **Results:** Out of the total 91 cases, 44 cases qualified for analysis. Of all the possible prognostic factors were analysed using descriptive and logistic regression (patient's age, occupation, smoking, body mass index, testicular volume, follicle stimulating hormone, luteinizing hormone, testosterone, karyotyping, Y-chromosome microdeletion, Johnson scoring, testicular histopathological patterns). There was a significant independent correlation between the Johnson scoring with successful sperm retrieval ($p=0.017$, crude odds ratio 1.67; 95% confidence interval, 1.1-2.54). The cut-off point analysed using the area under the receiver operating characteristic (ROC) plot for successful sperm retrieval was 6.5 with 72.7% sensitivity and specificity 78.6%. **Conclusion:** Our study did not provide significant prognostic factors that can determine successful sperm retrieval for infertility males with NOA prior to an attempt of TESE. However, when no sperms were retrieved on the 1st attempt of TESE, Johnson scoring is beneficial for clinicians and patients as a prognostic factor for decision regards to a repeat procedure.

Fetal sacrococcygeal teratoma: A case series

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ABSTRACT

Introduction: Sacrococcygeal teratoma (SCT) is the commonest congenital neonatal tumour, arising from embryologically multipotent cells within Hensen node, from the coccyx. SCT can be benign or malignant. The incident is rare, approximately 1:35,000-40,000 live births, and predominantly affects female. The dangers of SCT are tumour rupture and haemorrhage. **Case Description:** We report two cases of fetal SCT which were managed in our centre from antenatal till postpartum. Both cases were diagnosed during the third trimester in which both have similar sonographic finding of tumour and polyhydramnion. One case had fetal renal pyelectasis and one case had maternal gestational diabetes mellitus. Both SCTs were Type I surgical classification, cystic-solid tumour. No fetal hydrops was noted during antenatal review. Both patients developed spontaneous preterm labour at 28 weeks and 32 weeks and an attempt at tocolysis failed, leading to emergency caesarean sections. The two female babies succumbed within 6 hours of life due to severe exsanguination from tumour bleed. **Conclusion:** It is not uncommon for SCT to be diagnosed in late trimester due to variations in tumour size and no identifiable maternal risk factor. It remains a challenge in managing the intermediate risk of SCT as there is need to deal with prematurity and potential tumour complication. Morphology of SCT is an important prognostic factor. Multidisciplinary management of SCT and planned delivery is important to improve perinatal outcome.

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The effect of deferring maternal companion in HSNZ labour room as input for policy making during the COVID-19 pandemic

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ABSTRACT

Introduction: Maternal companion in labour has demonstrated the beneficial effect towards delivery outcome. In this study, we would like to determine the impact of deferring maternal companion during the Covid-19 pandemic towards the delivery outcome. **Objective:** To compare the labour outcomes in women with maternal companion and without maternal companion in the labour room HSNZ. **Methods:** In a retrospective cross-sectional study, data were collected from the delivery records in HSNZ labour room from January 2019 till May 2019, including during the Covid-19 pandemic. Data were assessed by SPSS analysis. The main outcomes of this study including the length of labour, mode of delivery, dose and duration of pitocin, mode of analgesia/anaesthesia, perineal laceration, Apgar scores as well as the admission to SCN/NICU. **Results:** A total of 1,222 women in labour was included in this study, of which, 712 women with maternal companion and 510 women without maternal companion. Significantly lesser baby were admitted to SCN/NICU and lesser perineal tear. However, the differences did not reach statistical significance in length of labour, mode of delivery, pitocin usage, mode of analgesia/anaesthesia as well as the Apgar score. **Conclusion:** The significance of delivery outcome is not influenced by maternal companionship. However, this could be due to the failure of practicing maternal companionship in labour as less exposure to couple during antenatal.

Keywords: maternal companionship, maternal outcomes, delivery outcome

Thyroid in the pelvis: A case report

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ABSTRACT

Introduction: Struma ovarii is one of the rare ovarian monodermal teratoma containing predominantly thyroid tissue. It is usually a benign condition, however, malignant transformation may be detected in some cases. The diagnosis is based on the histopathology examination which is usually made postoperatively. There is still a lack of data regarding the extent and approach of surgery as well as the prognostic factors. **Case Description:** We report a case of a young 33-year-old, who was diagnosed postoperatively with follicular variant of papillary thyroid carcinoma arising from struma ovarii. She underwent laparoscopic converted to laparotomy left salphingo-oophorectomy for acute abdomen, and intraoperatively noted twisted, gangrenous and edematous of left ovarian cyst and fallopian tube. 5 months later, total thyroidectomy was performed. Postoperatively, she remain asymptomatic. **Discussion:** Struma ovarii may vary in its clinical presentation and it is difficult to be diagnosed preoperatively. The treatment decision is individualized based on pathological and clinical findings.

Keywords: struma ovarii, papillary thyroid carcinoma

Peripartum SARS-CoV-2 infection – The maternal characteristics and neonatal PCR status: A single centre review

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ABSTRACT

Introduction: Malaysia is now battling its third wave of COVID-19 infection and globally the infections is not relenting. Vertical transmission has been proven in studies. Seropositivity of the newborns are suggestive of possible vertical transmission. We aim to study the risk of neonatal exposure in relation to maternal SARS-CoV-2 infection. **Objectives:** To evaluate possible evidence of fetal vertical transmission with maternal sero-positive SARS-CoV-2 infection and the associated maternal characteristics. **Methods:** All patients with confirmed maternal SARS-CoV-2 infection were recruited. Retrospective review of all pregnant women with active peripartum SARS-CoV-2 infection who delivered in Hospital Ampang over 6 months duration between January to June 2021. **Results:** Out of 43 confirmed maternal SARS-CoV-2 infection who delivered in our hospital, only sixteen were having active SARS-CoV-2 infection at the time of delivery. All delivered at term, except 2 late preterm delivery (34 weeks and 36 weeks). Twelve delivered via Caesarean Section (75%). The majority of maternal Covid presentations were Category 1 (8), whilst 3 were Category 2, two each in Category 3 and Category 4 and one in Category 5. All babies born to these mothers have tested negative for SARS-CoV-2 based on PCR test taken within 24 hrs of birth. **Conclusions:** None of the newborns of active peripartum SARS-CoV-2 infection mothers was tested positive for the same infection. However, we were limited by the small sample size. With time and bigger study subjects, it may be possible to detect positive vertical transmission among the newborns.

Keywords: COVID-19; pregnancy; SARS-CoV-2 infection; vertical transmission