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Acknowledgements:

Acknowledgements of general support, grants, technical assistance, etc., should be indicated. Authors are responsible for obtaining the consent of those being acknowledged.

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Example references Journals:

Standard Journal Article

Rampal L and Liew BS. Coronavirus disease (COVID-19) pandemic. Med J Malaysia 2020; 75(2): 95-7.

Rampal L, Liew BS, Choolani M, Ganasegeran K, Pramanick A, Vallibhakara SA, et al. Battling COVID-19 pandemic waves in six South-East Asian countries: A real-time consensus review. Med J Malaysia 2020; 75(6): 613-25.

NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. Lancet 2021; 398(10304): 957-80.

Books and Other Monographs:

Personal Author(s)

Goodman NW, Edwards MB. 2014. Medical Writing: A Prescription for Clarity. 4 th Edition. Cambridge University Press.

Chapter in Book

McFarland D, Holland JC. Distress, adjustments, and anxiety disorders. In: Watson M, Kissane D, Editors. Management of clinical depression and anxiety. Oxford University Press; 2017: 1-22.

Corporate Author

World Health Organization, Geneva. 2019. WHO Study Group on Tobacco Product Regulation. Report on the scientific basis of tobacco product regulation: seventh report of a WHO study group. WHO Technical Report Series, No. 1015.

NCD Risk Factor Collaboration (NCD-RisC). Rising rural body-mass index is the main driver of the global obesity epidemic in adults. Nature 2019; 569: 260-64.

World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 85, April 14, 2020. [cited April 2020] Accessed from: <https://www.who.int/docs/default-source/coronaviruse/situationreports/20200414-sitrep-85-covid-19>.

Online articles

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Ministry of Health Malaysia. Press Release: Status of preparedness and response by the ministry of health in and event of outbreak of Ebola in Malaysia 2014 [cited Dec 2014]. Available from: http://www.moh.gov.my/english.php/database_stores/store_view_page/21/437.

Other Articles:

Newspaper Article

Panirhellvum V. 'No outdoor activities if weather too hot'. the Sun. 2016; March 18: 9(col. 1-3).

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Rampal L. World No Tobacco Day 2021 -Tobacco Control in Malaysia. Berita MMA. 2021; May: 21-22.

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Acute unilateral retinal artery thrombosis in pregnancy – A case report

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ABSTRACT

Introduction: Ocular vascular occlusion (OVO) in pregnancy and peripartum is rare and is associated with spontaneous abortion, eclampsia, or maternal thrombosis. We describe a case of unilateral left retinal artery occlusion (URAO) in a young pregnant mother. **Case Description:** A 31-year-old, Chinese lady, G3P2 at 28 weeks gestation was referred urgently from a private ophthalmologist for systemic evaluation of acute left URAO. She presented with left eye scotoma for 3 weeks without systemic symptoms. Patient consulted an ophthalmologist as symptoms were not resolving. Patient was euthyroid, had no clinical signs of connective tissue disease nor vasculitis, had no history of thrombotic events, did not consume traditional medications, and had no significant family history. Eye assessment review showed left RAPD, pale optic disc, cotton wool spot with attenuated retinal artery at superior and infranasal areas. Her blood count, coagulation studies, ESR and CRP were normal. ANA=1:80, ENA and initial antiphospholipid screening were negative. ECG was sinus rhythm, Echocardiogram showed no intracardiac clot nor septal defects. Ultrasound doppler carotid and axilla excluded active vasculitis. Obstetric scan revealed SGA fetus with unhealthy placental. LMWH and antiplatelet treatment was commenced. She is closely monitored for pre-eclampsia and eclampsia and asked to report any new thrombotic events. **Discussion:** OVO during pregnancy confers increase thrombotic risk to mother and adverse pregnancy outcomes. It is reported to be associated to familial or acquired thrombophilia. Thrombophilia and systemic evaluation should be carried out promptly. Institution of thromboprophylaxis and close monitoring of complications are essential during peripartum period.

Ruptured pregnancy in a rudimentary uterine horn

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ABSTRACT

Introduction: Rupture of a rudimentary horn is a life-threatening complication in pregnancy. **Case Description:** A case of noncommunicating rudimentary uterine horn pregnancy is described. The pregnancy proceeded to twenty gestational weeks when patient presented with signs and symptoms of massive hemoperitoneum and mis-diagnosed as ruptured ectopic pregnancy. Emergency exploratory laparotomy revealed complete rupture of left non-communicating gravid rudimentary horn of uterus. A non-viable female infant found in abdominal cavity. The rudimentary horn with cervical agenesis had no communication with uterine cavity of right unicornuate uterus. Hemi-hysterectomy and left salpingectomy performed. Immunohistochemical examination showed hemorrhagic spongy serosa filling the uterine cavity and fallopian tube with mature chorionic villi and trophoblastic cells, infiltrating myometrium. **Discussion:** The diagnosis and management of rudimentary uterine horn continues to be challenging, needs high degree of alertness to prevent morbidity.

Cortical blindness in a perimortem caesarean section survivor

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ABSTRACT

Introduction: Perimortem caesarean section is performed during maternal cardiac arrest objectively to help in maternal resuscitation. In this case report, we discuss a complication that occur in a mother who survived this eventful perimortem caesarean section. **Case Description:** We describe a case of a 33-year-old lady, gravida 6 para 4 + 1 at 29 weeks of gestation with antenatal issue of pre-eclampsia being treated with Oral Labetalol 200 mg TDS. She has had 2 caesarean sections in the past and is noticeably obese. She presented with severe respiratory distress as a result of acute pulmonary oedema which was secondary to severe pre-eclampsia, requiring intubation and assisted ventilation. She suffered cardiac arrest hence CPR and resuscitative hysterotomy was performed. She required critical care and assisted ventilation for 13 days in the ICU. She woke up with visual loss of both eyes with preserved perception of light but no other neurological deficit. CT Brain revealed no significant abnormality. She was diagnosed with cortical blindness and her condition remained the same at 3 months postpartum. **Discussion:** Cortical blindness is a visual impairment with normal pupillary response and normal ocular fundus. It is a rare complication in postpartum period in which can be due to pre-eclampsia and eclampsia which account for 15% of cases, postpartum haemorrhage or hypercoagulable state associated with pregnancy. However, in most cases it is usually transient and treating underlying cause will usually resolve the cortical blindness.

Ovarian sex cord stromal tumour presenting as severe oligomenorrhoea and secondary subfertility

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ABSTRACT

Introduction: Ovarian sex cord stromal tumour is a rare cause of oligomenorrhoea and subfertility. **Case Description:** We describe a case of a 42-year-old lady, Para 1, who had her last childbirth 10 years ago and was keen to have another child. She gave a history of severe oligomenorrhoea for past three years but there were otherwise no signs of hyperandrogenism. She has been having recurring left iliac fossa pain which did not resolve with conservative treatment. Clinical examination revealed no remarkable abnormalities. Pelvic ultrasound showed a bulky and slightly hyperechogenic left ovary. Diagnostic laparoscopy and biopsy showed elements of an androgenizing left ovarian tumour which was later confirmed to be a left ovarian Sertoli Leydig cell tumour and surgically removed. The right ovary was normal. She resumed regular menstruation post-operation and was able to achieve spontaneous conception and gave birth to a healthy baby in 2019 by Caesarean section. **Discussion:** It is important to bear in mind rare diagnoses. It does make a significant difference to our patients.

Obstetrics & Gynaecology specialist training in Malaysia during Covid-19 pandemic: Trainees' perspective

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ABSTRACT

Introduction: The Covid-19 pandemic that struck the world had changed the global health system and caused changes in clinical practice and practitioners' exposure. The aim of this research is to study the perception of UKM Obstetrics and Gynaecology postgraduate students about the impact of Covid-19 pandemic on their specialist training. **Methods:** The survey had been carried out through Google Form among students enrolled in Doctor of Obstetrics & Gynaecology (DROG) program in UKM and consist of three sections: socio-demographic information, changes in role during Covid-19 and perception towards training. Quantitative analysis performed using Statistical Package for the Social Sciences (SPSS). **Results:** Out of 47 respondents, 13 were working in MOH hospitals, 17 in UKM Hospital and 17 in both MOH and UKM hospitals. 32 students (68.1%) felt increment in seeing obstetric patients and 31 students (65.9%) performed more obstetric procedures during Covid-19 pandemic. 29 students (61.7%) claimed had been seeing less gynaecological patients and 40 students (85.1%) performed less gynaecological surgeries. Total of 35 students (74.5%) agreed that Covid-19 pandemic had affected their mental well-being and 42 students (89.4%) agreed their social well-being had been affected. 43 trainees (91.5%) agreed that Covid-19 pandemic had negatively impacted their surgical skills in gynaecology. Mean for training perception score is 52.53 and there is no significant difference in mean score among students according to difference in study year and training hospitals. **Conclusion:** Covid-19 pandemic had caused negative impact to the specialty training among Obstetrics & Gynaecology postgraduate students in UKM.

Omental feeding fetus: A rare phenomenon

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ABSTRACT

Introduction: Ectopic pregnancy comprises 1-2% of overall pregnancy and abdominal pregnancy's incidence is 1:10,000. Identification of such pregnancy is crucial due to high mortality and morbidity rate. We describe a case to instill insights of such condition and enhancing clinical skills in tackling this potentially life-threatening condition. **Case Description:** A 30-year-old, G2P1 at undetermined period of gestation presented to the Emergency Department with persistent abdominal pain for 4 days with syncopal attack. Examination reveals a pale, hypotensive and tachycardic women with guarded and distended abdomen. There was an abdominal mass palpable which was equivalent to an 18-weeks gravid uterus size. Transabdominal ultrasound reveals empty uterus with thin endometrium. Gestational sac seen anterior to the uterus with CRL measuring 5.67 cm (consistent with a 12 weeks' fetal gestation). Fetal heart pulsation was seen. Free fluid noted at Morrison pouch. Patient underwent an emergency laparotomy and there was 3L hemoperitoneum, adhesion of uterus to bilateral pelvic wall and a rupture of the left fallopian tube. A mass covered by omentum containing gestational sac measuring 10x8 cm was seen. Left salpingectomy and adhesiolysis were done. Total blood loss was 6 liters. **Discussion:** Abdominal pregnancy can be primary or secondary. Based on the histopathological examination the latter is proven – an undiagnosed tubal pregnancy which ruptured and implanted onto the omentum. Diagnosis was concluded via ultrasound by the demonstration of gestational sac outside the uterus with fetus surrounded by abdominal wall material (bowel). Major concern intraoperatively is to separate the implantation from highly vascularised omentum.

Maternal mortality due to postpartum cardiogenic shock, the infant reveals his late mother's systemic lupus erythematosus carditis

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ABSTRACT

Introduction: We report a maternal mortality case of a woman with no known medical illnesses who passed away on day 23 postpartum due to cardiogenic shock. **Case Description:** The patient was a 33-year-old, Para 4, on day 23 post spontaneous vaginal delivery, brought to Emergency Department with a presyncope attack at home. The antenatal period and delivery were uneventful, and she was well at discharge. She became unwell since day 11 postpartum, where she developed generalized rashes and was diagnosed to have measles. She continued to have malaise, lethargy, and feeling unwell until the day she developed a pre-syncope attack. She arrived at the ED in cardiogenic shock, with a bedside echocardiogram revealing poor left ventricular contractility with ejection fraction < 30% and global hypokinesia. Chest radiograph revealed features suggestive of cardiogenic pulmonary oedema. She eventually developed ventricular tachycardia. Cardioversion was not successful and cardiopulmonary resuscitation was commenced when she went into asystole. Unfortunately, there was no return of spontaneous circulation and demise was confirmed. Family members did not consent for postmortem. The baby developed rashes on day 24 of life, and investigations revealed neonatal lupus. **Discussion:** Systemic lupus erythematosus is one of the commonest autoimmune diseases with a higher risk of flare during antenatal and postnatal periods. Neonatal lupus is not true lupus. The neonatal lupus is always from the mother; thus, the child revealed the cause of death of his late mother.

A-008

Obstructive hemivagina and ipsilateral renal agenesis

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ABSTRACT

Introduction: OHVIRA syndrome is a rare Mullerian anomaly with triad of uterine didelphys, obstructive hemivagina and absent ipsilateral kidney presenting with different symptoms and ages. We report an unusual presentation of the syndrome and discuss variation of its clinical symptoms and management. **Case Description:** A 14-year-old girl, presented with difficulty in emptying bladder intermittently for over a year along with urinary hesitancy, unassociated with menstruation. There was no other significant history, and general physical and abdominal examinations were unremarkable. Vulva appeared normal. Digital examination revealed a soft bulge on right side in vagina. CT abdomen and pelvis showed bicornuate uterus with hematocolpos, vaginal septum and absent right kidney. MRI pelvis and abdomen showed two separate uterine horns representing uterine didelphys, right sided hematometocolpos and absent right kidney confirming OHVIRA. Resection of vaginal septum with cystoscopy and vaginoscopy was performed. A twenty-four-gauge Foley's catheter tamponade was inserted into the vagina and vagina was packed with gel gauze. Recovery was uneventful. 6 months later, she came to clinic with urinary hesitancy but regular cycles. Ultrasound was normal with nil post residual volume hence patient was reassured. One year follow-up in clinic was unremarkable and she had regular cycles. **Discussion:** OHVIRA has a variety of clinical presentations thus can be missed easily. Recurrent urinary symptoms in a young adolescent female should elicit a high suspicion of OHVIRA. MRI is the gold standard investigation. Surgical correction at its earliest should be performed to relieve the symptoms and prevent long term complications.

The quality of life and body image disturbances of Turner syndrome patients in Malaysia: A cross-sectional study

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ABSTRACT

Introduction: There is limited data on Turner's syndrome (TS) patients in Malaysia. This study aimed to investigate the QoL and body image disturbances among adult population with TS in comparison to age-matched controls in a tertiary hospital in Kuala Lumpur. **Methods:** This was a cross-sectional study carried out in HCTM, UKM, Kuala Lumpur. TS participants who attended clinic in HCTM, UKM and controls who were hospital staffs were recruited via purposive sampling. TS participants' sociodemographic and medical profiles were retrieved from medical records. Two validated, translated questionnaires; World Health Organization Quality of Life (WHOQOL-BREF) questionnaire and Body Image Disturbances Questionnaires (BIDQ) were completed by participants. **Results:** A total of 34 TS patients were approached and 24 (70.5%) of them participated in this study. Their median (IQR) age was 24.0 (7.0) years, and their responses were compared to 60 age-matched healthy females as controls [median age (IQR) = 24.0 (8.0) years]. Most common medical problem in TS participants was premature ovarian insufficiency (n=23; 95.8%). There were no significant differences between TS and control groups' median scores in different WHOQOL-BREF domains. However, TS participants scored lower than control group (p<0.05) in social relationship domain. Comparatively, body image concerns among TS respondents were significantly higher in impairment in the mainly social areas of functioning (p<0.05). **Conclusions:** The study showed that the overall QoL of TS participants was good and almost similar to the controls. However, TS group had significantly lower scores for social domain and greater concerns in social interactions, thus affecting their social life.

Fetus papyraceus in twin pregnancy: A rare case report

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ABSTRACT

Introduction: Fetus papyraceus is a rare condition characterized by the intrauterine death of fetus, which is then becoming mummified and takes a parchment-like appearance. We report a case of fetus papyraceus diagnosed during caesarean section for breech presentation not suitable for External Cephalic Version (ECV). **Case Description:** A 23-year-old Malay primigravida was admitted to Hospital Pulau Pinang for ECV due to breech presentation at a gestation of 37+4 weeks. However, transabdominal ultrasound revealed reduced liquor with amniotic fluid index of 6 cm. Patient was re-counselled regarding low successful rate of ECV thus advised for caesarean section as mode of delivery. Intraoperative findings during the Caesarean Section revealed twin gestation. The first twin was a male baby in breech presentation, weighing 2450 grams with good Apgar score. During examination of placenta, noted there was another mummified fetal head attached within the chorionic membrane of the placenta which confirmed findings of fetus papyraceus. The surgery was uneventful. Both the mother and the baby were well and discharged home. **Discussion:** Fetus papyraceus is known as intrauterine death of fetus which is failed to completely reabsorb during second or third trimesters. In this patient, a mummified fetus only found during caesarean section for breech presentation not suitable for ECV. The presence of mummified fetal head possibly causing the growing twin unable to turn into cephalic presentation and the reduced of AFI secondary to resorption of amniotic fluid with mummification of the fetal parts leading to low successful rate of ECV.

Fetal cystic hygroma: Prenatal diagnosis and postnatal outcome

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ABSTRACT

Introduction: Cystic Hygroma occurs due to lymphatic malformation in different parts of the fetus. We present a case of late detection of huge multiseptated cystic hygroma with hydrops fetalis at 28 weeks gestation and intrapartum outcome. Late detection of cystic hygroma may give rise to a dilemma in decision-making due to considerations of cephalopelvic disproportion and unnecessary caesarean sections. **Case Description:** We report a case of a 32-year-old, Gravida 5, Para 2 at 28 weeks who presented in preterm labour. At 18 weeks gestation, the fetus was suspected to have a fetal neck mass. However, she defaulted follow-ups and had no further assessment until she presented in labour. Ultrasonography revealed a fetus in breech presentation, with generalized oedema and hydrops fetalis features. There was a cystic hygroma measuring 13.2 x 10.2 cm. There was no fetal heart pulsation and an intrauterine demise was diagnosed. Induction of labour was performed with an anticipation of head entrapment in the second stage due to the presence of cystic hygroma. The head entrapment that eventually occurred was resolved with Mauriceau manoeuvre technique, and a stillborn baby boy weighing 1900 gram was delivered. **Discussion:** An alternative method to aid delivery of the head in the presence of a large cystic hygroma is by an ultrasound-guided decompression of the cystic mass using a spinal needle, should the usual manoeuvre to deliver the aftercoming head fails. Early detection of cystic hygroma and hydrops fetalis during the prenatal period may allow for proper intrapartum management and parental counselling.

A-012

Omphalocele and umbilical cord cyst: A case report and review of literature

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ABSTRACT

Introduction: Omphalocele is a midline defect with evisceration of abdominal contents covered by a protective sac. The lack of knowledge about the prenatal diagnosis of omphalocele and umbilical cord cyst may lead to missed diagnosis by practitioners. For proper intrapartum management and parental counselling, associated anomalies should be confidently ruled out during the prenatal period. **Case Description:** We report a case of a 41-year-old, Gravida 6, Para 2 + 2 at 24 weeks with prenatal ultrasonography findings of huge umbilical cord cyst measuring 6.5 x 6.3 cm, an omphalocele with liver content with cord insertion at the omphalocele measuring 4.5 x 4.5 cm, a choroid plexus cyst and a small thorax with hypoplastic left ventricle and bilateral lungs. Given a guarded fetal prognosis, the pregnancy was terminated after careful discussion with the parents. A 500-gram male fetus was delivered and expired immediately. The fetus has a substantial anterior abdominal wall defect with liver content within the omphalocele, a uniloculated umbilical cord cyst containing Wharton Jelly and straw-coloured fluid, bilateral clenched fists and micrognathia. A clinical diagnosis of Edward Syndrome was made, however, there was no karyotyping done to confirm the diagnosis. **Discussion:** Omphalocele with umbilical cord cyst is rare. Clinical providers should have a high suspicion of aneuploidy with the presence of multiple fetal anomalies in advanced maternal age. Prenatal detection and diagnosis are crucial to aid counselling with consideration of an early termination of pregnancy.

What are the predictors for the severity of obstetrics anal sphincter injuries? A preliminary report with binary and multinomial logistic regression analyses

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ABSTRACT

Introduction: Obstetric anal sphincter injuries (OASIS) complicate around 1-2% of deliveries in low- and middle-income countries. Asians are twice more likely to suffer this complication. 3rd and 4th degree perineal tears that involve the internal anal sphincter muscle and the anal mucosa have been reported to have a poorer outcome and higher risk of recurrence compared to less severe tears. This study aims to establish the risk factors that may be used to predict the severity of OASIS. **Methodology:** A retrospective 10-year analysis for 3rd and 4th degree perineal tears in a tertiary centre. Maternal, and neonatal factors were examined and compared for each grade of OASIS. **Results:** 520 patients with OASIS were included into the study. From our multinomial logistic regression analysis, the birthweight of ≥ 3.5 kg had an increased risk for fourth degree perineal tears compared to the grades 3a (OR 8.29, 95% CI 1.88-36.67, p-value 0.005), 3b (OR 12.89, 95% CI 3.17-52.45, p-value <0.001), and 3c (OR 7.38, 95% CI 1.62-33.66, p-value 0.01) perineal tears. There was no significant association showing increased risk for 4th degree tear from instrumental deliveries, the use of epidural analgesia, prolong labour, shoulder dystocia, diabetes in pregnancy and maternal height. **Conclusion:** The neonatal birthweight (≥ 3.5 kg) was the most significant factor in predicting the incidence of 4th degree perineal tear in OASIS for this study population. This predictor should therefore be used in combination with other established risk factors for predicting the incidence of 4th degree perineal tears in vaginal deliveries.

Squamous cell carcinoma from mature cystic ovarian teratoma in a young patient: A rare transformation

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ABSTRACT

Introduction: Malignant transformation of mature cystic ovarian teratoma (MCTO) is rare (3%) with most common transformation of squamous cell carcinoma (SCC) – 80%. It normally occurs at older age. We report a case of SCC arising from MCTO in a 31-year-old lady. **Case Description:** Patient presented with complained of abdominal pain and distension for 3 months. Abdominal examination showed presence of cystic mass correspond to 24 weeks size of gravid uterus. Ultrasound and CT performed showed a complex solid-cystic pelvic mass suggestive of ovarian teratoma. She underwent laparotomy and right salphingo-oophorectomy with intraoperative findings of a twisted ovarian cyst measuring 20 cm x 20 cm, fat and hair components seen within the cyst content. Histopathology examination reported a well-differentiated squamous cell carcinoma in the background of a MCTO. She completed 6 cycles of chemotherapy (carboplatin/paclitaxel). PET scan done after chemotherapy showed disease progression with bowel involvement. **Discussion:** Malignant transformation of MCTO can occur in young patient with known poor prognostic outcome.

Small bowel perforation due to migrated intrauterine copper device (IUCD)

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ABSTRACT

Introduction: Uterine perforation due to an IUCD is seen in 0.05 to 13 cases out of 1,000 IUCD placements. Following the uterine perforation, an IUCD may potentially migrate to the pelvis or intra-abdominal cavity causing several other complications. We report a case of IUCD migration causing small bowel perforation. **Case Description:** A 48-year-old Para 9+1 had the IUCD inserted in 2018. She was referred from local healthcare clinic for IUCD removal following a difficult attempt causing the IUCD string to snap. Speculum examination showed no visible IUCD string. Following an ultrasound scan, the tip of the IUCD was seen at the serosa layer of the uterus and no free fluid seen. Diagnosis of uterine perforation was made and a diagnostic laparoscopy followed. Intraoperatively, there were loops of small bowel adhered to the posterior uterine fundus. Adhesiolysis performed and uterine perforation seen at posterior part of the fundus and a pinpoint perforation at the small bowel by the IUCD with the horizontal aerial inside the bowel lumen. There was no faecal contamination. The IUCD was removed and primary repair of the perforated small bowel performed. **Discussion:** Uterine perforation is one of the serious complications of an IUCD insertion. An IUCD may potentially migrate or perforate through the uterine wall into the adjacent organs, including gynaecology, urinary or gastrointestinal system, and cause several issues. Uterine perforation can be managed conservatively, however if complications arise and adjacent organ injury is suspected, a surgical approach is more appropriate.

Comparing outcomes of labor induction at 40 versus 41 weeks of gestation

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ABSTRACT

Introduction: Most guidelines advocate labour should be induced at 41 weeks of gestation because induction of labour at 41 weeks is associated with fewer adverse perinatal outcome and fewer Caesarean sections. EDD (40 weeks) is known to be safe timing of delivery, so what are the advantages of induction at 41 weeks over (EDD). Therefore, we aim to compare the outcomes of induction between 40 versus 41 weeks; also rate of CS was documented from two groups. **Methods:** A prospective study was carried out in ZHSMCH since January 2020 to January 2022. Women with singleton pregnancy between 40 to 41 weeks of pregnancy were enrolled, A=70 women at 40 weeks & B=50 women at 41 completed weeks were induced by Misoprostol/Oxytocin according to Bishop score. Duration of labour (both 1st stage + 2nd stage), mode of delivery, maternal outcome and perinatal outcome were measured. **Results:** Duration Mean = SD (9'7+1'6) hours. Group A and (7'9+1'4), Range (min-max) (5'0-13'0) and Group B (5'-11'0), p = 0.001. Mode of delivery, for Group A vaginal 39, LUCS 30, Ventouse 1 and for Group B, vaginal 37, LUCS 13, Ventouse 0. Neonatal outcome, Apgar score <7 = 45, between 7-10 = 25, for Group A, <7 = 10, 8-10 = 40 for Group B. **Conclusion:** Outcomes of induction at 40 weeks differ from induction at 41 weeks by having more prolonged labor, higher incidences of LUCS and lower Apgar score of neonates. Therefore, induction at 41 weeks has better outcome and is justified.

Emergency caesarean section reviews

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ABSTRACT

Introduction: Emergency caesarean sections should be reviewed by consultant other than the one making decision for learning and reviewing caesarean section indications. We had daily reviews of all emergency caesarean sections to look at the compliance with this. **Methods:** Daily reviews data was collected and analysed prospectively. **Results:** Only 30% of total caesarean sections were reviewed. Of the reviewed ones 32% were inappropriate, reasons being CTG was normal and inadequate use of Syntocinon. 50% of all the inappropriate caesarean sections were being done overnight with no consultant supervision. 50% of the inappropriate category 1 caesarean sections were instrumental delivery related. **Conclusions:** Current method of reviews was not working effectively. Revised the method of caesarean section reviews. Changed to a weekly multidisciplinary meeting with midwives, doctors and students led by a consultant. Personalised feedback given to the people involved in inappropriate caesarean sections, interesting CTGs picked up from this meeting and presented at weekly CTG meeting. Consultant rota changed and about to start overnight resident consultant on call for more supervision and teaching.

Spontaneous bladder neck and urethral injury following normal vaginal delivery: A rare case report

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ABSTRACT

Introduction: Spontaneous bladder rupture during labor and postpartum is extremely rare condition and represents a surgical emergency. The reported the rate of bladder or urethral injury is 10.3 per 1,000 women for spontaneous vaginal delivery (SVD) and 4.8 per 1,000 women with operative vaginal delivery (OVD), attributed due to the high frequency of simple periurethral laceration at vaginal delivery. We report a case of a spontaneous urinary bladder neck and urethral injury in a healthy female diagnosed immediately following a spontaneous vaginal delivery. **Case Description:** A 32-year-old female, 2nd gravida, known case gestational diabetes admitted for induction of labor at 39 weeks. She delivered via spontaneous vaginal delivery with 2nd degree tear. Soon after delivery, bulb of Foley catheter was visible in the vagina 2.5 cm above the urethral opening on anterior vaginal wall. Examination under anesthesia showed a 3 cm rent identified on anterior vaginal wall extending up to bladder neck. Cystourethroscopy showed a 4 cm rent extending from mid urethra to bladder neck at 6 o'clock. Bladder neck and urethra was reconstructed. Patient remained well postoperatively. Micturating cystourethrogram was done before catheter removal. **Discussion:** The anatomic proximity of lower urinary tract and reproductive tract predisposes them to iatrogenic injury. Few cases of spontaneous bladder rupture have been reported in the literature, those were with bladder distention during labor or postnatally patient went to retention leading to intraperitoneal rupture of bladder that was diagnosed later in puerperium, however we could not find a similar case to ours in literature.

Embryo development of follicular and luteal phase stimulation in the same menstrual cycle

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ABSTRACT

Introduction: Double stimulation (duo-stim) strategy involves ovarian stimulation in the follicular and luteal phase from a single menstrual cycle. Compared to conventional protocol, duo-stim allows recovery of an increased number of oocytes and opportunity to produce more transferable embryos without needing to delay the start of a new stimulation cycle. We aim to assess the embryo quality derived from follicular phase stimulation (FPS) and luteal phase stimulation (LPS) using duo-stim protocol. **Methods:** Twenty-four patients (mean age: 37.6; age range: 28.0–46.0) underwent duo-stim protocol between January 2019 to December 2021. FPS was achieved with the administration of GnRH-antagonist, including recombinant-FSH and menotropin if required. LPS was executed similarly following the first retrieval (day range: 5-11). Oocytes were inseminated and cultured up to 7 days. Embryos were evaluated based on Gardner's Grading. **Results:** LPS showed higher number of oocytes retrieved than FPS (92 vs 73). The maturation, fertilization, blastulation and utilization of FPS and LPS were 83.6% vs. 72.8%; 70.5% vs. 77.6%; 83.7% vs. 82.7% and 65.1% vs. 57.7% respectively. These results showed no significant differences ($p>0.05$). FPS and LPS produced 48.8% vs. 38.5% of Group I, 7.0% vs. 3.9% of Group II and 9.3% vs. 15.3% of Group III respectively. No statistical significances were found between the grading of FPS and LPS derived blastocysts ($p>0.05$). **Conclusions:** Duo-stim strategy can be recommended to accumulate more transferable embryos within a shorter period of time as LPS is not inferior to FPS in terms of embryo development.

Routine bladder catheterization prior oocyte retrieval: Is it a must?

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ABSTRACT

Background: Bladder catheterization was routinely performed before the gynaecological procedures, but such an established practice is not evidence based and may lead to an increase in postoperative urinary symptoms and urinary tract infection. We aim to observe routine urethral catheterization before oocyte retrieval with respect to residual urine volume which may affect oocyte collection technically. **Methods:** This was a prospective observational study. All women undergoing oocyte retrieval were observed in the study. Cases are patients who undergone oocyte retrieval from October 2020 until July 2021. All patients were asked to void her urine before the procedure and routine bladder catheterization was performed prior the oocyte retrieval. Timing of voiding urine, timing and urine volume of bladder catheterization was documented. **Results:** 101 women were involved in this study. The interval between voiding urine and bladder catheterization were between 5~60 mins with catheterized urine volume between 5-80 cc recorded. **Conclusions:** There is no need for routine bladder catheterization prior oocyte retrieval, provided routine voiding of urine is carried out prior to the procedure.

Huge cornual pregnancy beyond second trimester: A case report

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ABSTRACT

Introduction: Cornual pregnancy accounts for 1.5-2% of ectopic pregnancies. The diagnosis and management remain challenging due to the rarity of the case which lead to high maternal mortality. Our objective of this case report is to evaluate the precise diagnosis and its management. This is a case of a 27-year-old, G3P1+1 at 30 weeks with signs of hypovolemic shock. **Case Description:** Patient was admitted for acute dyspepsia and been managed accordingly. She was planned for MRI pelvis due to abnormality of her placenta location and the suspicion of a mass over the lower segment of uterus. Unfortunately, she developed acute abdomen with signs of hypovolemic shock. She required emergency exploratory laparotomy with suspecting placenta abruptio and differential diagnosis of perforated viscus. Intra-operatively showing ruptured right cornual ectopic pregnancy and delivered a baby girl with birth weight of 1.5 kg. She ended with massive PPH and required ICU care. **Discussion:** A cornual pregnancy incidence that continues beyond the second trimester is a rare phenomenon. To avoid this catastrophic event, ectopic pregnancy is ideally diagnosed and terminated as soon as diagnosis had been made. In view of the difficulty of making a diagnosis, management is generally surgery and our patient required hysterectomy as a lifesaving procedure due to massive obstetric hemorrhage.

Live birth from intracytoplasmic sperm injection (ICSI) with laser-assisted sperm selection (LAISS) for absolute asthenozoospermia: A case report

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ABSTRACT

Introduction: Absolute asthenozoospermia affects 1 in 5,000 men where the ejaculate has 100% immotile sperm, a condition resulting in poor fertility outcomes even with ICSI. As an alternative to the Hypo-osmotic swelling (HOS) test, laser-assisted immotile sperm selection (LAISS) can be used for the selection of viable sperm. LAISS procedure involves firing a laser pulse to the tip of the sperm tail. Coil sperm tail following laser application indicates sperm viability. LAISS is an easy and efficient way to distinguish between viable and non-viable sperm. **Case Description:** We report a case of a 34-year-old, Malay gentleman in August 2018 who presented with absolute asthenozoospermia during semen analysis. Viable sperm were observed with the HOS test. His wife, a 33-year-old, Malay woman underwent oocyte pick up in October 2018. During ICSI, viable sperm were chosen via LAISS. Eight oocytes were successfully fertilized out of nineteen mature oocytes. A total of six embryos were frozen. The wife had a frozen embryo transfer (FET) with single day five blastocyst in 2019 and delivered a healthy baby girl in 2020 with a birth weight of 2.89 kg with no complications. The second FET was done in February 2022, and she is currently 16 weeks pregnant. **Discussion:** ICSI with LAISS allow embryologists to overcome the challenge of selecting viable sperm in the absolute asthenozoospermia cases. Not only simple and efficient, our findings and multiple studies have proven that ICSI with LAISS also results in good perinatal and neonatal outcomes.

Myxoid leiomyosarcoma of uterus in young age women: A case report

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ABSTRACT

Introduction: Uterine sarcoma comprises about 3-8% of uterine malignancy. The commonest variants of sarcoma are carcinosarcoma and leiomyosarcoma. Myxoid leiomyosarcoma is a rare variant with highly malignant behaviour. To date, very few cases were reported. **Case Description:** A 28-year-old, Malay lady, married for 6 years, nulliparous with no comorbidity. She presented to hospital with anaemic symptoms and progressive abdominal distension for the past 6 months. She appeared pale, thin, and had gross abdominal distension with palpable lobulated hard mass from the lower abdomen up to xiphisternum. Speculum examination revealed the bulge of the mass felt at the introitus. Ultrasonography and computed tomography scan showed huge abdomino-pelvic mass with non-visualization of uterus and ovaries. Pre-operative serum ca125 was 17. Exploratory laparotomy followed by tumour debulking and total abdominal hysterectomy, unilateral oophorectomy and bilateral salpingectomy performed. The uterine mass weighed 11,625 gram (460 x 375 x 195 mm), microscopically the lobulated tumour exhibiting vague fascicular, nodular growth with variable myxoid stroma. **Discussion:** Myxoid leiomyosarcoma is uncommon and has poor prognosis. To date, there is no established guideline to specifically address its management, however surgery remains the established treatment option. Recurrence is common but the effect of adjuvant therapy to prevent the recurrence is still undetermined.

A-024

The perspectives and psychological impact in subfertility couples as a consequence of postponement of fertility treatment due to Covid-19 pandemic: A cross-sectional study

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ABSTRACT

Introduction: Coronavirus disease 2019 (Covid-19) brought forth an unprecedented suspension of fertility treatment worldwide as a result of reallocation of hospital staffs and resources. We aim to establish patient's perspective on how Covid-19 pandemic had affected their fertility treatment and to ascertain their psychological status. **Methods:** This is a cross-sectional study performed in a single academic center in Malaysia between July to December 2021. Patient and partner with any causes of infertility and who are planned for fertility treatment were approached and asked to answer an anonymous electronic survey. **Results:** 165 patients were recruited to answer the survey. 66% of patients did not agree with the Ministry of Health Malaysia's recommendation to postpone fertility treatment. 97.6%, if given a choice, would want to continue with treatment. 75.8% of patients' main concern about delaying treatment would be advancing age and 11.5% cite concerns about reducing ovarian reserve if their treatment was disrupted. Patient's psychological status assessment showed findings of mild, moderate, severe and extremely severe level of psychological disorders in our patients. From multivariate logistic regression, mild level of stress was significant amongst 20-30 years old with $p=0.000$ (OR 1.3E⁷, 95% CI 2.2E⁶-8.0E⁷). Patients from this age group also suffer from significant moderate level of stress with $p=0.000$ (OR 2.7E⁷, 95% CI 4.9E⁶-1.4E⁸). Other variables showed no significant findings. **Conclusion:** Disruption of fertility treatment during the Covid-19 pandemic was associated with a significant psychological impact on patient's mental health.

Gender bias and impact of HPV-related disease awareness on vaccine uptake among health and medical sciences undergraduates

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ABSTRACT

Introduction: Malaysia's human papilloma virus (HPV) immunization programme targets secondary school-aged females only although the vaccine is highly effective in preventing both male and female genital and oropharyngeal cancers. This study aims to explore the perception of HPV vaccine among health and medical sciences students and to identify differences based on gender and knowledge regarding HPV infection. **Methods:** A survey of 356 medical, biomedical science and pharmacology undergraduates was conducted. The 16-item questionnaire explored the perception and knowledge of HPV infection and vaccination. Chi-squared test was used to compare responses between groups. **Results:** Fifty-eight percent (58%) of female students and 9.3% of male students had been vaccinated against HPV. Fewer male students had heard of the HPV vaccine (82.9% vs. 68.4%, $p = 0.004$). Vaccination rates were similar among medical and non-medical students (41.2% vs. 46.9%, $p > 0.05$) although medical students demonstrated better knowledge about HPV infection. Unvaccinated male students who were aware of the HPV diseases in men were more willing to be vaccinated compared to those who were unaware (100% vs. 81.5%, $p = 0.013$). Among unvaccinated females, awareness of HPV diseases was not associated with willingness to be vaccinated (11% vs. 22%, $p = 0.18$), suggesting that there may be other factors for their decision. **Conclusions:** Current national HPV immunization programme that does not target males has led to remarkably low rate of HPV vaccination in male students. Improving HPV knowledge could increase vaccine uptake among male students.

Laparoscopic uterine niche repair with a successful fertility outcome

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ABSTRACT

Introduction: Niche, synonymously known as caesarean scar defect (CSD) or isthmocele, is a late complication from prior caesarean section with the formation of a reservoir at the anterior uterine wall. 'Niche' is a classical sonographic description of hypoechoic area within the lower uterine myometrium which describes a discontinuity of the myometrium. Diagnostic modalities such as sonography, hysterosalpingography and hysteroscopy have been compared in its efficacy to diagnose CSD. Corrective measures of CSD with hysteroscopy or laparoscopic surgery is debatable. Some showed that hysteroscopic repair corrects the scar however it did not strengthen the uterine wall whereas laparoscopic surgery potentially increases the uterine wall endurance. Our patient had undergone laparoscopic repair as she is still in the childbearing age and we do believe that it could potentially increase her uterine wall endurance for subsequent pregnancies. **Case Description:** We are reporting a rare case of CSD in Malaysia via sonographic, MRI findings and laparoscopic repair. After 11 years of subfertility, our patient conceived via IVF and had a successful delivery by caesarean section. **Discussion:** As CSD is not regarded as a common pathology for patients presenting with menorrhagia and infertility, it could potentially be missed or overlooked on routine assessment. Hence, we hope by presenting this case we can raise awareness of CSD as a potential pathology to look for in menorrhagia and infertility cases especially in those patients who have had previous surgery or instrumentation.

Rare case of an adult granulosa cell tumor in a young girl: A case report

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ABSTRACT

Introduction: Ovarian granulosa cell tumors are rare gynaecological cancer that arises from the sex-cord stromal cells of the ovary and represents 2% to 3% of all ovarian cancer. The adult type is the most common type and usually occurs during the perimenopausal period while the juvenile type mostly affects young women. **Case Description:** A 29-year-old woman, sexually naive, presented with a four-month history of progressive abdominal distension associated with reduced effort tolerance and orthopnea for one week. She had a history of irregular menstruation since 18 years of age. Physical examination revealed a grossly distended abdomen without tenderness. The Computed Tomography of the Thorax, Abdomen, and Pelvis reported a large cystic mass occupying the whole entire abdomen and false pelvis measuring 22.3 x 30.8 x 35.2 cm in size, likely arising from the right ovary. The left Fallopian tube and ovary were normal with free fluid seen within the pelvis and right iliac fossa. During exploratory laparotomy, there was 50 cc of turbid straw-colored ascites fluid with 30 x 30 cm right ovarian cyst. Right salpingo-oophorectomy was done. The histopathological examination reported an adult granulosa cell tumor of the right ovary. **Discussion:** Most adult granulosa cell tumors (AGCT) follow a benign course and surgery is the primary treatment. Stage 1 is the most common presentation and surgery is mostly curative as in this case. A female patient presenting with irregular menstruation and progressive distension of the abdomen should raise suspicion about the possibility of AGCT and needs immediate surgical treatment.

Management of pregnancy of unknown location (PUL): Validation of M6p protocol

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ABSTRACT

Introduction: The main challenge in the management of pregnancy of unknown location (PUL) is differentiating ectopic pregnancy (EP) from other form of pregnancies; the intrauterine pregnancy and failed PUL (fPUL). Numerous methodologies had been investigated and the best to date is the M6 protocol, a logistic regression model based of hCG ratio which classify the PUL into low and high-risk cases, allowing appropriate monitoring plan. This study aims to confirm the validity of M6p protocol in our centre and compare the M6p monitoring protocol with the standard practice in PUL management. **Methodology:** The M6p (M6 using hCG ratio without serum progesterone) was retrospectively applied to 71 cases of PUL managed in 2021. **Results:** The analysis showed 9.9% of the cases were EP while fPUL made up of 56%. M6p protocol could retrospectively identified EP with 100% sensitivity. The sensitivity and negative predictive value for fPUL was modest at 60.0% and 54.3% respectively. Using M6p model, 30.6% and 45.7% of the low and high-risk cases respectively, did not receive appropriate follow up. **Conclusion:** M6p protocol could safely classified PUL into appropriate risk groups, thus allowing optimal follow up and management.

Ex-utero intrapartum treatment (EXIT) in a fetus with massive orofacial teratoma: A case study

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ABSTRACT

Introduction: Teratomas are benign tumors formed by pluripotent cells of all three germ cell layers. When occurring in the neck or oropharynx, it may cause significant airway obstruction. An EXIT (ex-utero intrapartum treatment) procedure allows fetal airway to be secured in such cases before completion of delivery, while maintaining uteroplacental perfusion. **Case Description:** A 31-year-old lady at 31 weeks gestation of her third pregnancy had symptomatic polyhydramnios related to fetal orofacial masses of mixed echogenicity suggestive of teratomas. Fetal MRI showed two distinct lesions arising from both nostrils and lower lip, with extension to the upper airway causing narrowing. She required weekly amnioreduction to relieve her symptoms. An elective delivery with EXIT was scheduled at 36 weeks gestation. However, she went into spontaneous labour at 35 weeks and emergency delivery was executed. EXIT provided 31 minutes of uteroplacental perfusion leading to successful securing of fetal airway. Regrettably, the newborn succumbed two days later to pulmonary hypoplasia. **Discussion:** Early planning with multidisciplinary participation is essential for optimal communication between the teams and to lay out care plans and backup plans in case of emergency. Intrapartum fetal heart rate monitoring using real-time ultrasound gives reassurance of fetal well-being while EXIT is ongoing. Despite extensive planning, actual securing of fetal airway can be challenging. Even with an established airway, fitness of the newborn to undergo surgical correction cannot be guaranteed. Post-event debriefing is important for reflective learning, especially so for procedures that are performed infrequently.

Abruptio placentae or splenic vein rupture? A case report

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ABSTRACT

Introduction: Spontaneous spleen vessel rupture in pregnancy is a very rare and carries a very high maternal and fetal mortality rate. This report presents a case of spontaneous splenic vein rupture in a pregnant woman with underlying thrombocytopenia and splenomegaly. **Case Description:** A 30-year-old, gravida 4 at 29 weeks of gestation was admitted complaining of dull left-sided abdominal pain. She was not in labour and was haemodynamically stable. Her platelet count was low, and her spleen enlarged. Arrays of haematological investigations were performed but did not reveal any abnormality. A few days later, she complained of tense and tender abdomen, and went into hypovolaemic shock with fetal bradycardia. An emergency laparotomy and Caesarean Section was done for possible abruptio placenta. There was massive hemoperitoneum but no abruptio placenta found. Exploration of the abdomen revealed an enlarged spleen with some ruptured tortuous and dilated splenic veins. She had a total splenectomy and recovered fully following the correction of anaemia and coagulopathy. Her baby succumbed the next day due to severe prematurity and perinatal asphyxia. Histopathological examination showed splenomegaly with splenic vein thrombosis. Eighteen months later, she conceived again with an expected due date at the end of June 2022. **Discussion:** Splenic vessel rupture in pregnancy is uncommon but a life-threatening complication. Aetiology remains vague; hence, making timely diagnosis difficult. Training of medical personnel to recognise early clinical manifestation, usage of medical advances and aggressive surgical intervention may be the key to improve maternal and perinatal outcomes.

Giving birth to half a body: A case report

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ABSTRACT

Introduction: Body Stalk Syndrome is a rare lethal malformation resulting in the evisceration of thoracic and/or abdomen contents in a sac adherent to the placenta, absent/very short umbilical cord (<10 cm), often with limb abnormalities and severe kyphoscoliosis. Prevalence ranges from 0.4-3.2 per 100,000 live births. **Case Description:** This is a case of a 20-year-old, nulliparous lady, referred to our MFM clinic at 24 weeks of pregnancy, due to difficulty obtaining an abdominal circumference of the fetus. Obtained images of our detailed scan revealed the fetus' spine was formed only until the thoracic region, bowel, liver and kidneys were floating outside the abdominal cavity, with abnormal orientation of short limbs, and marginal cord insertion with no doppler uptake. These findings were consistent with body stalk anomaly. Patient opted to terminate the pregnancy. Neonatal examination confirmed our ultrasound findings along with only half of the body formed, ambiguous genitalia, and inability to identify the umbilical cord. **Discussion:** The 3 major theories regarding pathogenesis are possible early amnion rupture before obliteration of coelom, failure of embryonic body folding during the transformation of the trilaminar embryo, and vascular compromise in early gestational weeks causing inadequate closure of the abdominal wall. Differential diagnosis includes amniotic band syndrome, Caudal regression syndrome and Pentalogy of Cantrell. Karyotyping of fetuses affected are typically normal. Body Stalk Syndrome is a lethal disease, and priority would be placed on early detection via ultrasound, careful maternal counseling with consideration for early termination of pregnancy.

Shoulder dystocia: A review on incidence, perinatal risk factors and outcome

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ABSTRACT

Introduction: Shoulder dystocia (SD) is one of the suspenseful obstetric emergencies that requires skillful obstetric team to manage. We aim to determine the incidence rate of SD cases, describe the neonatal and maternal outcome of SD, determine the association of selected measures with maternal diabetic status, and determine the predictive risk factors of developing maternal complications following SD. **Methods:** All SD cases delivered at Hospital Tuanku Fauziah, Perlis from 1 January 2016 till 31 December 2021 were identified and analysed. Descriptive statistics were employed for selected variables, presence of association was determined with independent t-test, and multivariate analysis with logistic regression was performed to determine the predictive factors to maternal complications following SD. **Results:** A total of 82 clinical records were analysed. Annual incidence of SD ranged between 0.26-0.55%. Mean maternal age was 30.2±5.23 years old and mean gestational age was 39.0±1.04 weeks at delivery. The babies' mean weight was 3.75±0.37 kg. Majority of the cases had no associated maternal complications (78.1%), followed by uterine atony (13.4%), 3rd/4th degree perineal tear (6.1%) and extended perineal tear (2.4%). Similarly, majority of the babies had no complications following SD (91.5%). We found that gestational age at delivery ($p<0.001$), maternal weight at booking ($p=0.001$), and previous baby weight ($p=0.008$) were significantly associated with maternal diabetic status. However, we did not observe any predictive factors to maternal complications following SD. **Conclusions:** The SD incidence rate in our centre was comparable to other healthcare facilities. Timely management of SD is important to avert complications.

Comparing the oocyte retrieval, maturation, fertilization, degeneration and total blastocyst utilization rate in urinary, urinary and recombinant and recombinant drug stimulated cycles for patients with advanced maternal age

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ABSTRACT

Introduction: Urinary follicle stimulating hormone (FSH) drugs have been shown to improve stimulation outcomes in older women with comparable Oocyte Retrieval Rate (ORR) and embryo formation to recombinant FSH drugs usage. We aim to determine the effectiveness of different stimulation protocols on laboratory parameters in women 35 years and older. **Methods:** In this retrospective study, 471 patients (total follicle number=5,068) with mean age of 38.4 and mean AMH of 17.39 pmol/l were recruited to study the ORR and Oocyte Maturation Rate (OMR). 10,284 and 6,836 Metaphase II oocytes (mean oocyte age of 38.8) recruited were tabulated for outcomes in Fertilization (FR) and Degeneration (DR) Rate and Total Blastocyst Utilization (TBUR) Rate, respectively. These 3 cohorts of oocytes were categorized into 3 groups – Urinary drugs only (UO), Urinary + Recombinant drugs (U+R) and Recombinant drugs only (RO) stimulated cycles. The z test was adopted to analyse statistical significance. **Results:** UO group is observed to have the lowest ORR among the 3 groups ($p<0.01$). OMR is similar across all groups ($p>0.05$). FR is significantly higher in the UO and RO groups (both at ~76%) when compared to U+R ($p<0.01$) while the RO group shows the lowest DR ($p<0.05$). UO has the highest TBUR (54%) when compared to other groups ($p<0.01$). **Conclusions:** The UO stimulation protocol show a higher proportion of utilizable blastocyst from a single fresh ICSI stimulated cycle in older women, with statistically higher FR and TBUR – albeit ORR and DR outcomes are poorer compared to the RO group.

Laparoscopic hysterectomy for deep infiltrating endometriosis: Tailoring radicality

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ABSTRACT

Introduction: Endometriosis affects 6% of patients in the reproductive age group and 40% of them feature deep infiltrating endometriosis (DIE), characterized by invasion of non-gynaecological organs surrounding the uterus. This causes severe dysmenorrhea, chronic debilitating pelvic pain and/or rectal tenesmus. The disease is increasingly seen in the younger age group and at times they opt for extirpative surgery to alleviate their pain. DIE surgery is challenging as its associated with pelvic adhesions and fibrosis. Laparoscopic route appears to be the best approach in the management of DIE. **Case Description:** We describe a case of a married young nulliparous lady with subfertility for 5 years who presented with adenomyosis and DIE. She underwent fertility enhancing surgery followed by 2 failed IVF cycles. She presented with recurrent adenomyosis 2 years post-surgery, suffering from debilitating chronic pelvic pain with a reduced quality of life. She opted for total laparoscopic hysterectomy with ovarian conservation. This video demonstrates that definitive surgery for DIE should include excision of all deep lesions which may involve non-gynaecological organs such as ureters, rectum or bladder. Laparoscopic nerve (inferior hypogastric) identification, recto-vaginal nodule excision and bowel shaving technique is shown. **Discussion:** Laparoscopy with improved optics allows us better visualization of recto-peritoneal structures and makes access to these structures easier. This allows for a radical approach in excision of these lesions. The same degree of radicality may not be achieved by laparotomy, making laparoscopy the preferred technique in the management of this disease process.

Serum uric acid and adverse outcomes in preeclampsia: A case study

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ABSTRACT

Introduction: Preeclampsia is a multisystem disorder which can result in maternal and fetal complications. Uric acid is a marker of oxidative stress, tissue injury and renal dysfunction, resulting from placental ischemia and reduced maternal glomerular filtration rate. Therefore, serum uric acid might be helpful in the prediction of complications of preeclampsia. **Case Description:** A 32-year-old grand multipara with gestational hypertension was admitted at 28 weeks gestation for hypertensive crisis. Her serum uric acid was increasing in trend from 251 to 305 and 422 $\mu\text{mol/L}$. She was readmitted 9 days later for severe preeclampsia complicated with abruptio placenta and intrauterine demise. She also developed acute kidney injury and disseminated intravascular coagulopathy (DIC). Fortunately, she delivered vaginally and was discharged well. **Discussion:** The role of serum uric acid in the management of preeclampsia remains debatable. Some studies reported raised uric acid levels to be positively correlated with adverse maternal and fetal outcomes, others found it a poor predictor. Nevertheless, the test is widely performed routinely in the standard investigative workup of preeclampsia to assess disease severity and guide management. International guidelines recommend that uric acid is not a diagnostic criterion for preeclampsia and should not be used to determine the timing of delivery. However, uric acid has significant association with preeclampsia progression and poor maternal and perinatal outcomes. We propose that hospitals systematically review their data on the correlation of hyperuricemia and outcomes in preeclampsia and set a local policy of uric acid threshold that warrants inpatient care for increased surveillance.

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Thyroid storm in pregnancy: A case study

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ABSTRACT

Introduction: Inadequately treated maternal hyperthyroidism increases the risk of severe preeclampsia, heart failure, and thyroid storm. Thyroid storm is a life-threatening endocrine emergency characterized by multiple organ failure due to severe thyrotoxicosis. A storm can be triggered by precipitating events such as trauma, surgery, infection, delivery; even pregnancy itself. **Case Description:** A 35-year-old lady presented to the emergency department with complete miscarriage. She had underlying hyperthyroidism for six years but defaulted her follow-ups and medications since the beginning of the Covid-19 pandemic. She complained of palpitations despite minimal vaginal blood loss. ECG showed sinus tachycardia with a heart rate of 190 beats per minute. Her hemoglobin level was stable, but thyroid function test showed hyperthyroidism with raised free T4 (60 pmol/L) and low TSH (< 0.01 mIU/L). Her Burch-Wartofsky score was 35, implying an impending thyroid storm. IV Verapamil was given immediately and her heart rate improved to 140-150 bpm. She was transferred to a high dependency ward for close monitoring and started on oral Propylthiouracil and Propranolol. Regrettably, when she began to improve, she requested for discharge against medical advice. **Discussion:** The diagnosis of thyroid storm is clinical, with laboratory tests consistent with overt hyperthyroidism. Clinical scoring systems such as the Burch-Wartofsky Score helps to confirm diagnosis and triage disease severity. Treatment is multimodal using medications (thioamides, iodide, beta-blockers, corticosteroids, antipyretics), oxygen, volume resuscitation, and correction of electrolyte imbalance. A high index of suspicion, rapid recognition, prompt treatment and intensive monitoring are key elements of management.

Novel peritoneal vaginoplasty by Luohu II technique performed by paediatric adolescent gynaecology centre in Malaysia: A video presentation

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ABSTRACT

Introduction: Various surgical and non-surgical techniques have been proposed for the creation of a neovagina in women suffering from Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome. **Case Description:** A 25-year-old, single nulliparous woman with primary amenorrhea and normal secondary sexual characteristics had a late diagnosis of MRKH Type 1 at the age of 24 despite seeking medical attention from an early age. Although she had a stable sexual partner for many years, vaginal penetration during sexual intercourse was painful and impossible. Self-vaginal dilatation was also unsuccessful. The patient eventually underwent peritoneal vaginoplasty by Luohu II technique after being seen at a Paediatric Adolescent Gynaecology Centre in Kuala Lumpur, Malaysia. The surgery was uncomplicated and successful. The patient was discharged home 5 days post-operatively with a vagina length of 8 cm. The patient continued self-vaginal dilatation for a month post-operatively and subsequently was able to have normal pain-free sexual intercourse with her partner. **Discussion:** This case introduces and describes the novel peritoneal vaginoplasty by Luohu II technique first established in Luohu, Shenzhen, China for the creation of neovagina in women in MRKH which is minimally-invasive and results in good anatomical and functional outcomes.

Metastatic choriocarcinoma presenting with cauda equina syndrome: A case study

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ABSTRACT

Introduction: Gestational choriocarcinoma is an infrequent malignant trophoblastic tumor whose characteristic is hypersecretion of Beta-hCG. Some choriocarcinomas have been reported to metastasize to the spine. **Case Description:** A 17-year-old lady, Para 0+1, presented with history of bilateral lower limb weakness, back pain, and urinary incontinence for one-week. Ultrasonography of pelvis was unremarkable. Her Beta-hCG was elevated (282,972 IU/mL). CECT showed small uterine anterior myometrial lesion with distant metastases to mediastinum, lumbar, lungs and brain. MRI showed posterior lumbar vertebrae mass from L1-L5, measuring 4.5 x 5.2 x 13.7 cm (APxWxCC). **Discussion:** Modes of treatment and prognosis is discussed.

A multidisciplinary approach on managing Haemophilia A patient: A case report

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ABSTRACT

Introduction: Hemophilia is an inherited disorder and is caused by the deficiency of clotting factors in the blood. Both Hemophilia A and B are inherited via an X-linked recessive pattern, therefore Haemophiliac carrier mothers have a 50% chance of having affected males and a 50% chance of having carrier females. **Case Description:** We describe the case of a 32-year-old, female Haemophilia carrier in her first pregnancy. With strong family history of Haemophilia A in the wife's family with her father, paternal uncles and maternal cousins affected, the couple was well informed, empowered and determined to seek prenatal diagnosis for their fetus. We performed focus genome examination for genetic mutation testing to identify pathogenic gene in this patient. This then allowed prenatal diagnosis for Haemophilia A to be carried out with amniocentesis and results showed that the male fetus did not carry the gene mutation. Pregnancy was monitored as per protocol and a healthy baby boy was delivered. **Discussion:** Recent advancement in genome testing has helped to diagnose the fetus free of genetic mutation and was reassuring to the parents. Prenatal diagnosis has enabled parents to make informed decision and prepared them mentally as well as to what to expect. The importance of multidisciplinary approach including ethics consultation cannot be stressed enough as there was concern regarding quality of life should the fetus be Haemophiliac A, with possible issue of possible termination of pregnancy. We believed this was a first prenatal diagnosis for Haemophilia A in a fetus in Malaysia.

Post-menopausal lady with huge symptomatic uterine leiomyoma: A case report

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ABSTRACT

Introduction: Uterine leiomyoma is the most common benign gynaecological condition that arises from the overgrowth of smooth muscle and connective tissue in the uterus. It is estimated to be present in 20-40 % of women over the age of 30. The prevalence increases during the reproductive age and decreases after menopause. **Case Description:** We describe a case of a 51-year-old nulliparous, who attained menopause three years prior to presentation. She presented with progressive distension of the abdomen associated with weight loss of 11 kg in a year. The Computed Tomography of Thorax, Abdomen, and Pelvis reported as the uterus and both ovaries are not visualized and large ill-defined heterogeneous enhancing mass with cystic regions noted within the central abdomen measuring 23.2 x 30.0 x 26.7 cm (AP x W x H) suggesting a mass of ovarian origin. The ultrasound-guided biopsy and histopathological examination of the mass confirmed benign leiomyoma. Total abdominal hysterectomy and bilateral salphingo-oophorectomy was done. The histological report of the post-operative specimen confirmed the diagnosis of uterine leiomyoma. **Discussion:** The exact cause of uterine leiomyoma is not clearly understood. It is estrogen-dependent and associated with low parity, obesity, family history of a first-degree relative and reproductive age. In this case, the patient is nulliparous but not obese and in a state of menopause. Therefore, the huge symptomatic uterine leiomyoma is a rare occurrence after menopause. The size of the mass at presentation posed a diagnostic dilemma because of the possibility of intra-abdominal malignancy.

Maternal euglycemia in gestational diabetes mellitus and intrauterine fetal death: A case report

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ABSTRACT

Introduction: Prevalence of diabetes in pregnancy world-wide is 1% to 28% and it is 27% in Malaysia. Since 1909, evidence showed that diabetes in pregnancy had high perinatal mortality. **Case Description:** A 35-year-old Gravida 2 Parity1 booked antenatal care at 9 weeks of pregnancy. Previous pregnancy was delivered by caesarean section indicated with unstable lie. Her booking antenatal investigations were normal as well as protein and sugar were absent in her urine protein. Her BMI was 21.2 Kg/m². Ultrasound scan at 15-week pregnancy showed fetal biometry measurements consistent with gestational age. At 25 weeks of pregnancy, she was diagnosed with gestational diabetes mellitus as modified oral glucose tolerance test result showed 5.4 mmol/L and 8.5 mmol/L at fasting and 2 hours post prandial respectively. Her 7 points blood sugar monitoring results were satisfactory. At 28 weeks of pregnancy, fetal movement was lost, and intrauterine fetal death was confirmed by ultrasound scan. She was referred to Sarawak General Hospital for further management. **Discussion:** Maintenance of normal blood sugar level is accepted as a key modifiable factor to reduce adverse perinatal outcomes. Evidence showed that the intrauterine fetal death in diabetes in pregnancy is associated with antenatal risks high body mass index, weight gain during pregnancy and advanced maternal age. But this pregnant lady didn't have those factors except her age. Causes of intrauterine fetal death in diabetes in pregnancy was still unclear and even in antenatal euglycemia, it would be possible.

45,X/46,X,idic(Y)(q11.2) in a phenotypically normal male with infertility: A case report

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ABSTRACT

Introduction: Testicular biopsy is done for men with azoospermia to determine whether the cause is due to blockage or primary testicular failure. Primary testicular failure affects 1% of the population and 10.7% of these men have chromosomal abnormalities. **Case Description:** We report a case of a 34-yr-old phenotypically normal male with primary infertility with chromosomal abnormalities of 45,X/46,X,idic(Y)(q11.2). At 31 years old, he was referred to our hospital's fertility unit for azoospermia. He has below average height for a Malaysian man (155 cm) but with normal body weight (59 kg). Genital examination showed no abnormalities. Testicular size on the right was 8 mls and on the left was 10 mls. The results of his blood investigation are as follows: FSH 23.0 mIU/ml, LH 10.0 mIU/ml, testosterone 4.87 ng/ml. Biopsy from his testicular tissue showed that only Sertoli cells were present but no germ cells. Chromosomal analysis of his blood revealed 2 cell lines, that is, 46,X,idic(Y)(q11.2) and monosomy X. SRY gene was detected present via PCR analysis. **Discussion:** This case provides new insights regarding genetic causes for non-obstructive azoospermia (NOA) and emphasized the importance for chromosomal analysis for these group of patients. There are reported cases of successful sperm retrieval by microdissection-testicular sperm extraction (MD-TESE) in men with presumed Sertoli Cells Only Syndrome (SCOS), but on men with presumed SCOS with 45,X/46,X,idic(Y)(q11.2). The question remains: Should we proceed with MD-TESE in these group of patients so that they can have hope to have their own biological children?

Prolapsed inversion of uterine adenosarcoma in a young lady: A rare case report

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ABSTRACT

Introduction: Uterine adenosarcoma is rarely observed and diagnosed in clinical setting, even more so when presented with prolapsed, non-puerperal uterine inversion. **Case Description:** We present a case of a 31-year-old lady with a history of irregular menstruation, post-coital bleeding, constitutional symptoms and a gradual protrusion of polypoidal mass per vagina. There was a palpable uterine mass at 18-week which was firm-to-hard in consistency. Pelvic examination revealed an elongated fleshy mass per vagina measuring 5 x 5 cm, protruding through the cervical os with irregular border, highly vascularized, cystic-to-hard in consistency. Rectal examination noted an anterior mass. Biopsy suggested an endometrial stromal sarcoma or a rhabdomyosarcoma. Patient subsequently had a massive prolapsed of the mass. Computed tomography of the thorax, abdomen and pelvis found a uterine prolapse with mass lesion. Staging laparotomy, total abdominal hysterectomy and bilateral salpingo-oophorectomy, resection of prolapsed endometrial sarcoma, omentectomy, pelvic lymph node biopsy and bilateral internal iliac artery ligation were performed. Histopathological examination revealed uterine adenosarcoma stage 1b with sarcomatous overgrowth. She remained healthy and well to date, six months post-surgery. **Discussion:** Clinicians should embody high suspicion of malignancy in a bleeding polypoidal mass per vagina in the presence of constitutional symptoms, even in a young patient. To the best of our knowledge, this is the first reported case of uterine malignancy in a 31-year-old lady manifesting with prolapsed inversion per vagina. Given the rarity of the case, challenges in therapeutic and surgical approaches warrant for skilled and expert deliberations on the best treatment options.

Role of Gabapentine in treatment of Wernicke's encephalopathy following hyperemesis gravidarum: A case report

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ABSTRACT

Introduction: Wernicke's encephalopathy (WE) is a medical emergency resulting from the depletion of Vitamin B1 (Thiamine) that requires prompt diagnosis and timely administration of thiamine. A pregnant lady with refractory hyperemesis gravidarum is at risk developing WE as a result of depletion in thiamine. **Case Description:** A case of 34-year-old pregnant lady at 12 weeks gestation presented with a triad of confusion, ocular sign, and ataxia which previously has multiple inpatient admission for hyperemesis gravidarum. Her WE was diagnosed clinically and confirmed with MRI imaging. Clinically her mental status improved after receiving parenteral thiamine however she continued to experience ataxia with blurring vision. Oral Gabapentine was started which showed marked improvement in her gait and vision. **Discussion:** Timely administration of thiamine upon diagnosis is the mainstay treatment for WE. Ocular symptoms and altered mental status will show significant improvement after thiamine administration however gait abnormality usually gradually recovered and some patients may have residual gait disturbances. Gabapentine is mostly used in the treatment of epilepsy and neuropathic pain. A proposed mechanism of Gabapentin's role in neurological recovery within damaged cell brain is mainly by its actions on neural receptor protein alpha2delta2. Furthermore, Gabapentine may help in refractory hyperemesis gravidarum by acting on enteral nervous system. Hence, Gabapentine may has significant role as an adjunct treatment in treating refractory hyperemesis gravidarum and WE together with thiamine.

Pseudomyxoma peritonei (PMP), primary mucinous adenocarcinoma of the lung: A case report

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ABSTRACT

Introduction: Pseudomyxoma peritonei (PMP) is a rare clinical entity which is characterized by mucinous ascites involving the peritoneal surface and omentum. The true origin of PMP remains controversial, however appendix or ovary is still the dominant origin associated with PMP. Origins other than ovary and appendix are rare. To date, the following case was the first case to our knowledge where PMP was of lung origin. **Case Description:** A 58-year-old Chinese lady, diagnosed with right lung adenocarcinoma in February 2021 and underwent wedge resection of the right upper lobe of lung. Histopathological examination (HPE) reported moderately differentiated adenocarcinoma with focal mucinous variant. Post operatively, she was given Gefitinib 250 mg daily, of which she was compliant to. She was referred to the gynaecological team for evaluation of progressive abdominal distension. The abdomen was found to be distended with palpable vague mass over the upper abdomen. Ultrasonography and computed tomography revealed gross ascites, thickening peritoneal lining with multiple peritoneal masses, scalloping of liver margin and omental caking. Peritoneal drainage was done followed by ultrasound guided biopsy of omental cake. HPE report showed hemorrhagic fibrocollagenous tissue strips with abundant free lying extracellular mucin pools suggestive PMP. **Discussion:** In most of cases, PMP is associated with ovarian or appendiceal tumour which produces abundant of mucinous material. The clinical course of PMP is uncertain, however extraperitoneal metastasize extremely rare. The case reported here had common clinical findings excepts for its origin.

Pioneering home quarantine for obstetric Covid-19 patients in Malaysia using a mobile application-based home assessment tool

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ABSTRACT

Introduction: Obstetric Covid-19 patients are considered high risk and were admitted to healthcare facilities regardless of gestational age or disease severity. Pioneering home quarantine with mobile application-based home monitoring promised the potential reduction of bed and human-resource burden without compromising patient safety. The safety of home quarantine for obstetric Covid-19 patients and their acceptance of mobile application-based monitoring were studied. **Methods:** This prospective descriptive study involved obstetric Covid-19 patients who underwent home quarantine from PKRC MAEPS 2.0 (Covid-19 Low Risk Quarantine & Treatment Centre) and Covid-19 Assessment Centres (CAC) in Hulu Langat, Selangor between April 2019 to September 2020. They were monitored throughout their quarantine period twice daily using a mobile application-based home assessment tool. Red flag symptoms or two consecutively missed assessments automatically triggered a consideration of whether escalation of care was indicated. **Results:** A total of 100 women were recruited. 6 chose not to proceed due to logistic reasons. 89 (94.7%) patients who proceeded had an uneventful home quarantine. 5 (5.3%) were admitted to hospital as red flag symptoms were detected (4 had worsening Covid-19 symptoms, 1 had antepartum haemorrhage). 87 (92.6%) patients completed their post quarantine feedback. Overall, patient satisfaction was excellent with 75 (86.2%) very satisfied with the home quarantine and monitoring process. The majority (81.6%/71) found the application-based home assessment tool very easy to use. **Conclusion:** This study proved the safety of obstetric Covid-19 home quarantine. Its data was subsequently used to make new recommendations to allow home quarantine for obstetric Covid-19 patients.

Preventive measures to reduce incidence of massive postpartum haemorrhage in Keningau Hospital

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ABSTRACT

Introduction: Postpartum haemorrhage remains one of the leading causes of maternal mortality and morbidity in Malaysia and both developed as well as developing countries. Massive Postpartum Haemorrhage (PPH) is defined as haemorrhage >1.5 litres and in the year 2020, Obstetrics and Gynaecology Department in Hospital Keningau experienced a spike in cases of massive PPH. Since then, we have adopted several methods to curb this to achieve an incidence of massive PPH to be <0.5%. We aim to review the effectiveness of preventive measures adopted by the Obstetrics and Gynaecology Department, Hospital Keningau in reducing the incidence of massive Postpartum Haemorrhage in cases delivered in Hospital Keningau. **Methods:** Data of the incidence of massive postpartum haemorrhage in total deliveries in Hospital Keningau from patient clinical records were analysed from the years 2015-2021. **Results:** Incidence of massive PPH in the year 2021 was 0.47 compared to 2020 which was 0.86 reflecting significant reduction in cases. Efforts included identifying women at significant risk of haemorrhage, adopting quantitative methods in estimating blood loss, utilization of red alert drill, early involvement of obstetrician, increased number of medical officers on call per day, prophylactic use of uterotonic drugs and early use of anti-fibrinolytic agent. **Conclusion:** Implementation of preventive measures proved successful in reducing the incidence of massive PPH for obstetric patients in Keningau Hospital.

A rare case of morbidly adherent placenta in an unscarred uterus: A case report

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ABSTRACT

Introduction: Morbidly adherent placenta (MAP) refers to any placental implantation with abnormally firm adherence to myometrium. The American College of Obstetricians and Gynecologists cites the incidence be as high as 1 in 533 deliveries. There are three degrees of morbidly adherent placenta: placenta accreta, increta and percreta. The rate of morbidly adherent placenta with previous caesarean section scar and unscarred uterus also increased significantly. Previous caesarean section and co-existing placenta previa remained the major risk factors. We report a case of an adherent placenta in the absent of prior risk factors and discuss modalities of management options available. **Case Description:** A 46-years-old female patient without history of scarred uterus, gravida 8, para 7, pregnant at 39 weeks admitted for Covid-19 positive in active phase of labour with foetal distress, hence the indication for an emergency caesarean section. The diagnosis of adherent placenta is made during the caesarean. She was successfully managed surgically with subtotal hysterectomy in view of age and parity of the patient. **Discussion:** Morbidly adherent placenta often associated with severe maternal morbidity and mortality. Hence, early detection, high index of clinical suspicion and timely decision may reduce patient morbidity as the surgeon strategizes on the best management of the case, mainly in anticipating the difficulty that may be encountered during surgery.

Herlyn-Werner-Wunderlich syndrome (HWWS) – An anomaly of mullerian and mesonephric duct handled at a low resource setting

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ABSTRACT

Introduction: Herlyn-Werner-Wunderlich syndrome (HWWS), commonly known as OHVIRA syndrome, is a characteristic triad of obstructed hemivagina, uterus didelphys, and ipsilateral renal agenesis. The condition was first described in 1922, with a reported incidence of 0.1 to 3.8% throughout the world. **Case Description:** We report a case of a 14-year-old girl who attained menarche at 12 years and presented with severe abdominal pain, urinary retention, and amenorrhea. Pelvic ultrasound scan revealed a didelphic uterus with a vague mass within the vagina. CT Urogram revealed ipsilateral renal agenesis with normal bladder. MRI pelvic performed revealed a didelphic uterus with obstructed hemivagina. The patient underwent a diagnostic vaginoscopy, whereby the hemivagina septum was incised and the opening was made for the flow of menses. A cystoscopy was performed to rule out vesicovaginal bulge or fistula. A diagnostic laparoscopy was performed to confirm the uterine didelphys and rule out other anomalies.

A-050

Delivery outcome with intrapartum epidural analgesia – 3 years review in a tertiary district hospital in Sabah

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ABSTRACT

Introduction: Epidural analgesia is considered one of the most effective methods for pain relief during labor. However, there is high-level evidence that epidural analgesia is associated with a prolonged second stage of labor and increased instrumental delivery rates, therefore the outcome remains debatable. We aim to audit an association of epidural analgesia during the intrapartum period on the mode of delivery and neonatal outcome. **Method:** This was a retrospective case study of women enrolled in epidural service delivered in Hospital Keningau from 2019 to 2021. We aim to study the relationship between epidural analgesia on the mode of delivery and neonatal outcome. **Result:** In our study, we found no significant increment risk of instrumental vaginal delivery and cesarean delivery following epidural analgesia. A total of 10,814 terms, vaginal deliveries at Hospital Keningau from January 2019 to December 2021 were included. 528 patients (4.88%) received epidural analgesia as the preferred mode of analgesia during labor. The majority of parturient who received epidural delivered vaginally. Meanwhile, 100 parturient (18.93%) requiring vacuum-assisted deliveries and 171 parturient (32.39%) delivered via emergency cesarean section, mainly for fetal distress. 5.3% of newborns delivered were admitted to NICU for various reasons. Fetal morbidity namely hypoxic-ischemic encephalopathy incident is very low. **Conclusion:** Labor epidural analgesia is a preferred option for pain management in labor as it neither increases the incidence of instrumental assisted delivery nor cesarean section and it does not influence the neonatal outcome.

External cephalic version in singleton term pregnancies: A 5-years retrospective analysis

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ABSTRACT

Introduction: Breech presentation complicates 3-4% of term deliveries and is more common in nulliparous women and in preterm deliveries. External cephalic version (ECV) is the manipulation of the fetus, through the maternal abdomen, to a cephalic presentation. The outcomes of ECV performed in Keningau Cluster Hospital in Sabah were analysed to determine to what extent the caesarean section rate can be reduced by an ECV procedure, and to compare the success rate of ECV among multiparous and nulliparous women. **Methods:** All women who were referred to the Hospital Keningau with breech presentation at 37 weeks or later and underwent an attempt of ECV between 2017 and 2021 were recorded and retrospectively analysed. **Results:** Of 249 cases 80% were successful. Among these, the caesarean section rate was 13%. The caesarean section rate among the unsuccessful cases was 98% as spontaneous reversion happened in 2 % of the cases. The successful cases which remained in cephalic presentation, 92% were delivered vaginally and 15 were delivered by caesarean section mainly due to fetal distress. The success rate of ECV among nulliparous women was 58%; and among multiparous women was 85%. Neither severe maternal and fetal complications nor side effects occurred. **Conclusions:** Successful ECV beyond 37 weeks of gestation significantly decreases the incidence of caesarean section and therefore, it's sequelae. ECV also reduces the rate of vaginal breech delivery and hence, it's complications. Success rate of ECV among multiparous women is also significantly higher than nulliparous women.

Heterotopic pregnancy in spontaneous conception: A report of two cases and literature review

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ABSTRACT

Introduction: Heterotopic pregnancy is defined as simultaneous intrauterine and ectopic gestation with at least 2 pregnancies in different implantation site. The incidence of heterotopic pregnancy has increased with the advent of assisted reproductive therapy. Heterotopic pregnancy is extremely rare among women who conceive naturally. **Case Description:** We present a report of two cases discussing heterotopic pregnancy in a spontaneous conception. The first case was a 42-year-old lady in her 6th pregnancy who was asymptomatic, and the clinical examination was unremarkable. Transabdominal scan showed thickened endometrium lining, left adnexal mass and free fluid with serum BHCG 3,006 mIU. Intraoperative confirmed left tubal pregnancy and removed, therefore proceeded with suction and curettage resulting in 30 cc product of conception evacuated. The second case was a 30-year-old lady in her 3rd pregnancy, presented with lower abdominal pain, pervaginal spotting for one day but denied passed out product of conception. Upon assessment, non-remarkable clinical findings and vital signs was stable. Transvaginal ultrasound showed an intrauterine gestational sac with CRL measuring 10.1 mm ~ 7 weeks, significant left adnexal mass with organized clot measuring 6 cm x 4 cm and free fluid at pouch of Douglas. Diagnostic laparoscopic revealed left leaking fimbriae pregnancy, therefore left salpingectomy and suction and curettage performed with 20cc product of conception evacuated. In both cases, histopathological examination confirmed heterotopic pregnancy. **Discussion:** As heterotopic pregnancy is a rare occurrence especially in spontaneous conception; thus a thorough clinical examination and radiological examination is important.

A rapid review of delivery outcome among pregnant women infected with Covid-19 in Keningau Hospital from April 2020 to April 2022

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ABSTRACT

Introduction: Our objective is to report the outcomes of delivery in pregnant women with Covid-19. **Methods:** Retrospective review of data from standardized clinical reports of 187 pregnant women confirmed with Covid-19 confirmed infection delivered in Keningau Hospital between April 2020 to April 2022. **Results:** A total of 664 pregnant mothers were diagnosed to have Covid-19 infection and 187 (28.99%) were enrolled to the study as they delivered during the stipulated duration of review. 43 (23%) delivered vaginally and 144 (77%) delivered via caesarean section. All women who delivered vaginally presented in advanced labour and almost 30% of the cases were delivered through instrumental delivery. All Covid-19 infected mothers were discharged well except one who succumbed to death due to complications of Covid-19 stage 5 but baby was well and alive. One neonate delivered by caesarian section was diagnosed to be Covid-19 positive. There was also one case delivered as breech assisted delivery, later succumbs to death due to lethal congenital abnormality (Covid negative). No staff were infected from handling Covid cases in this cohort. **Conclusions:** Pregnant women infected with Covid-19 had more interventions to ensure no cross contamination from mother to baby and to minimize exposure of medical staff involved. It is known that vaginal delivery cause more risk of airborne transmission towards newborn and medical staff involved while caesarian section offer more controlled environment but an increased risks of surgical and anaesthesia complications to the mother.

HELLP syndrome with abruptio placenta and intrauterine fetal demise (IUD) in a patient with a previous history of eclampsia complicated with posterior reversible encephalopathy syndrome (PRES): A case report

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ABSTRACT

Introduction: Hypertensive disorders in pregnancy cover a spectrum of conditions, including preeclampsia, chronic and gestational hypertension with sinister complications of HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome as a leading cause of fetal and maternal morbidity and mortality. **Case Description:** A 19-year-old, gravida 2 para 1 at 31 weeks period of gestation with gestational diabetes. Her first pregnancy was complicated with eclampsia with PRES syndrome on day 3 post-delivery, and she required ICU admission and assisted ventilation. She recovered well with no neurological deficit. On the 31st week of gestation of her second pregnancy she presented with painful uterine contractions and vaginal bleeding. Her blood pressure was 116/63 mmHg, heart rate was 96 beats per minute, and she was afebrile. On assessment, the uterus was larger than the date and speculum examination was unremarkable, hence diagnosed as revealed abruptio placenta. Ultrasound findings of non-viable singleton fetus with huge retroplacental clots and laboratory findings concluded the diagnosis. Intravenous magnesium sulphate was given in loading of 4 g over 15 mins followed by a maintenance dose of 1 g/h for 24 hours. An emergency cesarean performed. Intraoperatively, massive amount of retroplacental clot with Couvelaire uterus requiring blood transfusion. Postoperatively, her blood pressure was optimized with a single antihypertensive agent and she was discharged on day 5 post-operative. **Discussion:** HELLP syndrome is a severe and dreadful complication of preeclampsia and eclampsia. Timely diagnosis and prompt intervention is crucial to arrest further complications.

Ektopos invading left infundibulopelvic ligament: A case report

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ABSTRACT

Introduction: Abdominal pregnancy is considered as a recherche presentation of non-tubal ectopic pregnancy and accounted for about 1-2% of all the ectopic pregnancies. The pregnancy can be implanted at ovaries, cervix, caesarean scars or intra-abdominal structures. Although ultrasound assessment is essential in aiding diagnosis during early pregnancy, this could be challenging in advanced gestational age. **Case Description:** We present a case of term abdominal pregnancy in Cluster Keningau, Sabah involving a 25-year-old lady, currently pregnant with the 1st child of the second union. She has Gestational Diabetes Mellitus. Her 1st ultrasound done at 11 weeks gestation which reported normal findings. Patient was referred for external cephalic version (ECV) in view of breech presentation at term. Further assessment showed an SGA fetus in breech presentation and oligohydramnios. She was scheduled for caesarean section. Upon entering peritoneal cavity there was distortion of normal anatomy noted. Further exploration revealed abdominal pregnancy with the placenta attached to left infundibulopelvic ligament. Post-operatively, both baby and mother were discharged well day 2 post-operation. **Discussion:** Occurrence of abdominal pregnancy is rare especially with the outcome of term lived baby. This case heightened awareness among the practitioners to be vigilant during routine early scan in identifying normal intrauterine pregnancy as timing of diagnosis directly proportional to the possible complications to mother and fetus. In advanced gestational age, involvement of obstetrician to establish diagnosis with accurate evaluation of placenta attachment is crucial in preventing grave consequences. Undeniable, timely accurate diagnosis is imperative though it can be arduous and tricky.

A-056

Primary abdominal pregnancy: A case report

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ABSTRACT

Introduction: Abdominal pregnancy accounts for 0.6-4% of all ectopic pregnancies. Positive diagnosis is usually very difficult to establish due to the delay in case detection and the complexity of management of abdominal pregnancies, thus maternal mortality rate is significantly higher than that of other types of ectopic pregnancies. **Case Description:** A 32-year-old lady, gravida 5 para 4 who was unsure of dates was referred with a day history of abdominal pain but with no vaginal bleeding. Home UPT was positive a week ago prior to presentation. Examination revealed that she was haemodynamically unstable with left-sided abdominal tenderness. Ultrasonography was performed and confirmed diagnosis of abdominal pregnancy. An emergency laparotomy was performed which revealed an intact intraabdominal gestational sac with fetus in-situ and placenta partially adhered to large bowel. Left salpingectomy performed and she was transfused with blood and blood products. Patient recovered well and was discharged day 2 post operation. **Discussion:** Abdominal ectopic pregnancy is undeniably a challenging diagnosis which requires a high suspicion index to minimise maternal mortality and morbidity, thus a full understanding of the topic is mandatory. Ultrasonography continues to be one of the more easily available and reliable method of choice in diagnosing early pregnancy with abdominal ectopic pregnancy. This case fulfils the Studdiford criteria.

Bleeding from the unknown: Idiopathic spontaneous hemoperitoneum

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ABSTRACT

Introduction: Spontaneous hemoperitoneum in pregnancy, an unprovoked intraperitoneal bleeding in pregnancy is a rare but life-threatening condition associated with high maternal and perinatal mortality. It can occur in the second half of pregnancy, in labour and sometimes in early postpartum period. Spontaneous hemoperitoneum is considered idiopathic when the source of bleeding is not detected after abdominal exploration. **Case Description:** We present a case of a 29-year-old pregnant woman who developed spontaneous hemoperitoneum during early postpartum. Diagnostic laparoscopic followed by exploratory laparotomy was done which did not identify source of bleeding. **Discussion:** To date, only limited cases have been reported with undefined etiologies. Though rare, a high index of suspicion is of utmost importance to avoid delay in diagnosis and management.

Extraosseous Ewing sarcoma: A case report

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ABSTRACT

Introduction: Ewing sarcoma originating in the pelvis is a rare, yet highly aggressive childhood neoplasm. There are less than 20 cases reported to date in the literature for vagina origin. We present a case of extraosseous Ewing sarcoma originating in the pelvis, presented as 'menarche', a malodorous discharge and a mass protruding from the introitus. Awareness of this clinical entity allows early diagnosis and treatment, with the hope of improving the prognosis. **Case Description:** A 12-year-old girl presented with one month history of prolonged per vaginal bleeding, which was initially presumed to be her menarche. This was associated with malodorous per vaginal discharge and subsequent painful mass protruding from her vagina. Biopsy was taken. Histopathological examination (HPE) result showed Ewing sarcoma. CT thorax, abdomen and pelvis showed fungating vaginal mass measuring 4.8 x 5.1 x 8.5 cm with local infiltration and metastases to lungs. Bone scan suggested no significant features of bone metastasis. Chemotherapy was given to this patient. **Discussion:** The first episode of per vaginal bleeding in a female adolescent is often thought to be menarche, which is the first menstrual period in a female adolescent, and is often associated with the ongoing development of secondary sexual characteristics. However, when the duration of bleeding is prolonged or if it is associated with other concerning symptoms, the diagnosis needs to be re-evaluated. Ewing's sarcoma is thought to be most common malignant bone tumour of the pelvis in children and adolescent. Treatment involves neoadjuvant chemotherapy, surgical resection, and radiation.

Sacrospinous colpopexy with a Miya Hook Ligature carrier forceps for apical vault prolapse

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ABSTRACT

Introduction: Sacrospinous colpopexy is a successful treatment for apical prolapse. First established by Randall and Nichols in 1971 with the purpose of repairing and restoring vagina support in vault prolapse. **Case Description:** This video follows a 65-year-old post-menopausal woman who underwent a vaginal hysterectomy and anterior colporrhaphy for Stage 3 cystocele, Stage 3 Uterine prolapse, and Stage 2 rectocele. The vault was measured under the Pelvic Organ Prolapse Qualitative system (POP-Q) that represented 2 cm above the hymenal ring, (D-2). The decision was made to perform a sacrospinous colpopexy with the Miya Hook Ligature carrier forceps and a video was taken with the patient consent for educational purposes. **Discussion:** The motive of this video is to show how to carry out the sacrospinous ligament fixation for the treatment of post-hysterectomy vaginal vault prolapse. The video will illustrate the instruments that are required, anatomical reference points, and demonstrate how to perform the procedure.

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A case of VACTERL in primigravida: A case study

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ABSTRACT

Introduction: VACTERL which stands for vertebral defects, anal atresia, cardiac defects, tracheo-esophageal fistula, renal anomalies, and limb abnormalities is a disorder that affects many body systems. A diagnosis is made when at least three of these congenital anomalies are present. Diagnosis is difficult as many disorders have multiple features in common with VACTERL. Among the causes are abnormal or asymmetric timing of molecular oscillator, disturbance of mesoderm production and environmental agents. Risk factors include assisted reproductive techniques (ART), pre-gestational diabetes mellitus, and chronic lower obstructive pulmonary diseases. The occurrence rate is approximately 1/10,000-1/40,000 live births. **Case Description:** We describe a case which was diagnosed at 35 weeks, following ultrasound scan findings of polycystic kidneys, cystic lesions from bowel suspecting ileal atresia, short long bones, single umbilical artery, and severe oligohydromnios. Caesarean section was done for fetal distress at 35 weeks. Baby was delivered limp and required intubation and assisted ventilation. The was distended abdomen, imperforated anus and single umbilical artery. Echocardiogram showed mild PPHN with moderate PDA, moderate ASD, mild MR and AR. Ultrasound noted multicystic structures with fluid filled dilated bowels with bilateral hydronephrosis. X-Ray showed cardiomegaly with vertebral anomaly. Baby expired at 14 hours of life with the diagnosis of VACTERL. **Discussion:** The limitation of our resources may pose a hurdle to an early diagnosis of VACTERL. Approximately 90% of VACTERL occur sporadically, with an empiric recurrence risk of 1% or less. VACTREL association are heterogenous, as likely more causes will arise in future.

Evaluating the risks of adverse maternal and neonatal outcomes among unvaccinated pregnant mothers admitted with Covid-19 in Ampang Hospital, Malaysia

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ABSTRACT

Introduction: Covid-19 infection during pregnancy increases risks of maternal and neonatal adverse outcomes. We aim to evaluate the risks of Covid-19 related maternal and neonatal adverse outcomes among unvaccinated pregnant mothers in Ampang Hospital, Malaysia. **Method:** This was a retrospective cohort study of all Covid-19 positive pregnant mothers who were admitted to Ampang Hospital from January 2021 to October 2021. Data on vaccination status, Covid-19 severity, ICU admission, intubation, maternal mortality, mode of delivery, poor APGAR score at delivery (<5 at 10 minutes), and preterm delivery were analysed. **Results:** A total of 795 pregnant mothers were included. 53.46% (425) were unvaccinated. 73% (581) were admitted with Covid-19 Category 2. 88 (11.07%) eventually required intensive care while 69 (8.68%) required intubation. All 6 (0.75%) patients who died were unvaccinated. Of the 168 deliveries, 54.8% (92) had caesarean section. 4% (23) of babies had poor APGAR score. There were 58 (36.9%) preterm deliveries, majority of which were iatrogenic (42,68.9%). Unvaccinated mothers who contracted Covid-19 were at higher relative risks of severe Covid-19 (Categories 4&5) 3.92 (95% CI 2.23-6.87) and ICU admission 2.78 (95% CI 1.74-4.44). Pregnant mothers who developed severe Covid-19 had increased risks of caesarean delivery 2.44 (95% CI 1.82-3.29), preterm delivery 2.88 (95% CI 1.87-4.45) and babies born with poor APGAR score 14.46 (95% CI 3.51-59.6). **Conclusion:** Unvaccinated pregnant mothers who contract Covid-19 are at increased risks of developing severe Covid-19 requiring ICU admission, caesarean section, preterm delivery, and delivering a baby with poor APGAR score.

Free fluid in the abdomen: A rare manifestation of post-transfusion purpura (PTP) affecting small bowel in puerperium

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ABSTRACT

Introduction: Post-transfusion purpura (PTP) is an uncommon but serious complication of blood transfusion, characterised by sudden onset of severe thrombocytopenia within 5-10 days of any platelet-containing blood products transfusion. It occurs due to alloimmunization against platelet antigens, which leads to acute profound thrombocytopenia, thus putting patient at risk of significant haemorrhage. **Case Description:** A 27-year-old Para 2 with ITP presented 28 days post Caesarean section with syncopal attack and persistent lochia rubra. She had received 4-unit platelets and 2-pint packed cells transfusion intrapartum. Patient was normotensive, tachycardic, with mild tenderness at suprapubic region. Vaginal examination was unremarkable. There was anaemia and severe thrombocytopenia. CT scan findings were suggestive of ischemic small bowel with suspicion of uterine segment wall defect/ rupture. She underwent diagnostic laparoscopy with subsequent exploratory laparotomy which revealed significant hemoperitoneal fluid within peritoneal cavity and generalised petechiae of the entire small bowel. **Discussion:** PTP can present with bleeding symptoms due to severe thrombocytopenia from any site, but usually from mucous membranes, as seen in our patient. Exposure to non-autologous blood stimulates the patient's immune system to make platelet alloantibodies. A later transfusion produces an anamnestic antibody recall that peaks within 5 to 10 days, causing platelet count to drop below $10 \times 10^9/L$. The mean duration of thrombocytopenia is 4 weeks, but it can last up to 5 months. This case portrays the importance of judicious use of blood transfusion in treatment. Untreated, PTP can be fatal. Treatment options include plasmapheresis, intravenous immunoglobulin, and corticosteroids.

Placental abruption in a setting of perforated acute appendicitis: A case study

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ABSTRACT

Introduction: Placental abruption has an incidence of around 3.5 to 3.8% in Asian countries. Risk factors include medical disease such as pre-eclampsia and intrauterine infection. There are several reported cases of placental abruption that present together with acute appendicitis. However, the diagnosis of acute appendicitis in pregnancy is often limited in view of the physiological and anatomical difference in pregnant women. **Case Description:** A 27-year-old lady, gravida 3 para 2 at 30 weeks 1 day of gestation presented with generalised abdominal pain, but no per vaginal bleeding and fetal cardiotocography (CTG) was normal. She had a previous history of visiting Emergency Department one day prior for abdominal pain and was treated as gastritis. There was generalised abdominal tenderness with woody hard uterus on abdominal palpation. Ultrasound examination showed retroplacental clot around 5 x 4 cm. An emergency caesarean section was performed for placental abruption. A 50 ml retroplacental blood clot was seen and there were other abnormal findings seen in the pelvis. Post operatively, patient complained of abdominal pain, distension, with persistent tachycardia. An exploratory laparotomy was performed with a finding of perforated appendicitis with transection of body of the appendix. **Discussion:** Acute appendicitis may increase the inflammatory markers in the body and therefore may lead to placental abruption through a specific cascade, by causing the degradation of elastase and matrix metalloproteinases. Therefore, there should be a high index of suspicion of acute appendicitis in pregnant women presented with placental abruption, especially in those with no other obvious risk factors.

Reactivation of latent tuberculosis post SARS-CoV-2 infection

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ABSTRACT

Introduction: Tuberculosis (TB) is an airborne infectious disease caused by the Mycobacterium tuberculosis (MTB) complex. It attacks the lungs and other extra-pulmonary sites. It remains a major public health concern in Malaysia with incidence of 79/100,000 in 2015. **Case Description:** We report a case of a 29-year-old lady, presented with a complain of generalised abdominal pain for 2 months. Patient had Covid-19 infection in pregnancy 8 months ago and underwent lower segment caesarean section at term for fetal distress. In 2018 she had TB screening for contact tracing which turned out to be negative. In this current presentation, a Computerized-Tomography (CT) Abdomen-Pelvis scan reported a left ovarian lesion with pseudomyxoma peritonei and omental caking. Diagnostic laparoscopy showed dense adhesions between peritoneal wall and surrounding organs with multiple pockets and fluid collections seen. Whitish friable lesion seen over the peritoneum. Samples sent for histopathology, culture and sensitivity and MTB PCR. Histopathology sample returned as caseating granuloma; suggestive of extrapulmonary tuberculosis. Microscopically, acid fast bacilli seen in Ziehl-Neelsen staining. Peritoneal fluid was transudative in nature. The diagnosis of peritoneal tuberculosis was established, and patient was referred to Infectious Disease team for treatment of active TB. **Discussion:** Reactivation of latent TB may be explained by immune-suppressive state associated with Covid-19 may be implicated in the progression of latent to active TB in a similar manner to HIV. Very few cases post Covid-19 activation of latent TB have been reported. This is one such a case.

Pulmonary benign metastasizing leiomyoma (PBML) – A rare cause of lung tumor

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ABSTRACT

Introduction: Benign metastasizing leiomyoma (BML) is a rare disorder that usually occur in premenopausal women with uterine leiomyoma. The commonest metastasis site is the lungs. Diagnosis and treatment are challenging and there is no standardized treatment for BML. **Case Description:** We report a case of a 66-year-old menopausal lady who presented to Sarawak General Hospital in October 2021 for Covid-19 infection, with incidental finding of pulmonary benign metastasizing leiomyoma (PBML). She experienced one-year history of weight loss. Chest X-ray on admission revealed a solitary right lung nodule (2 x 2cm). CT thorax revealed a right perihilar lesion with multiple smaller lung nodules. Tuberculosis was excluded. The histopathology result of lung biopsy surprisingly showed spindle cell neoplasm with smooth muscle differentiation. There was no palpable abdominal mass. Ultrasound showed irregular endometrial mass about 3.9 x2 cm. Repeated CT thorax and abdomen in April 2022 showed the lung lesion has enlarged to 4 x 4 cm. Patient is planned for a hysterectomy and bilateral salpingo-oophorectomy following a multidisciplinary meeting among Respiratory Physician, Oncologist and Gynae-oncologist. **Discussion:** Benign metastasizing leiomyoma is rare and not well understood. It usually occurs in premenopausal women with history of myomectomy or hysterectomy. Only few cases have been reported among postmenopausal women without prior history of leiomyoma. Lung biopsy is crucial in excluding serious causes such as malignancy and achieving the correct diagnosis. As there is no established treatment and monitoring guideline, treatment should be individualized and guided by a multidisciplinary team.

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Vitamin D status in pelvic organ prolapse patient and the effects that occur when given vitamin D therapy: A systematic review

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ABSTRACT

Introduction: Most cases of pelvic organ prolapse still prefer the use of pessaries to surgical methods. Currently, additional therapy is needed to help treat or prevent pelvic organ prolapse because this case will significantly affect women's long-term quality of life. This paper systematically evaluates the status and effects of vitamin D on pelvic organ prolapse. **Methods:** A systematic review and meta-analysis was conducted through the PubMed, Google Scholar, Cochrane library and ScienceDirect databases using a combination of the Medical Subject Heading (MeSH) terms and relevant keywords. The arrangement follows the PRISMA guidelines. **Results:** Most studies confirm vitamin D deficiency is common in postmenopausal women and is associated with pelvic organ prolapse. Varied results were found for the association of serum 25-Hydroxyvitamin D3 with the levator ani and gastrocnemius soleus muscles. The administration of vitamin D3 were associated with a decreased risk of pelvic floor disorders. Although the doses used varied, no side effects were found. **Conclusions:** Vitamin D provides a promising effect in preventing and treating vitamin D deficiency in women with pelvic organ prolapse. This study recommends conducting further research on the appropriate dose of vitamin D in the prevention and management of pelvic organ prolapse

Preimplantation genetic testing and HLA-matching to select a healthy donor for sibling haematopoietic stem cell transplantation for a child with beta-thalassaemia major: A case report

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ABSTRACT

Introduction: A child with Beta thalassaemia major may require regular blood transfusions and iron chelation treatment leading to significant morbidity and costs. We report a case of in-vitro fertilisation (IVF) with pre-implantation genetic testing (PGT-M) for human leucocyte antigen (HLA) tissue typing to selectively transfer an embryo to have a child who may provide umbilical cord blood for transplantation to the affected sibling. **Case Description:** The patient was a 36-year-old woman who carried a beta globin gene mutation at CD26 while her husband carried a beta globin gene mutation at CD35. They have a beta thalassaemia major child that inherited both mutations from the couple. Following a standard stimulation cycle, five blastocysts were biopsied and were tested with Infinium® Karyomapping Assay (Illumina). One blastocyst was aneuploid and affected. The remaining four blastocysts were euploid. Of these, one was confirmed to be unaffected, but it was not HLA-matched with the affected child. The remaining three were heterozygous (carrier) for either mutation at CD26 or CD35 and of these, only one blastocyst was eventually found to be HLA identical with the affected child. This HLA-matched blastocyst of grade 3AB (Modified Gardner's grading) was then vitrified-warmed, transferred and a gestational sac was observed. **Discussion:** This successful outcome suggests that high-resolution PGT-M with Karyomapping is a powerful screening tool in preventing unwanted genes from being passed down to their child with an added benefit of HLA-matching in a single biopsy to assist in the search of a HLA-compatible donor to the affected child.

A prospective observational study to assess the efficacy of oral progestogen in first trimester threatened miscarriage

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ABSTRACT

Introduction: Miscarriage occurs in 15-20% of all clinically recognized pregnancies. The aim of this study was to establish the efficacy of oral progestogen (intervention group) compared to conservative management, which was bed rest (control group) in subjects with the first trimester threatened miscarriage. The primary outcome of this study was the number of miscarriages by 20 weeks of gestation. **Methods:** This prospective observational study was conducted at gynaecology ward and Early Pregnancy Assessment Unit (EPAU) of Hospital Sultanah Nur Zahirah and the Department of Obstetrics and Gynaecology, Sultan Ahmad Shah Medical Centre IIUM for ten months, from June 2019 until March 2020. A total of 217 pregnant women who presented with threatened miscarriage of less or equal to 12 weeks of gestation were recruited. In the intervention group, the subjects were given 40 mg (4 tablets) of dydrogesterone orally at once, then 10 mg (1 tablet) in the interval of every 8 h until the symptoms abate, while the subjects in the control group were advised for bed rest as conservative management. **Results:** The baseline demographic data in both studied groups were similar and there was no significant ($p>0.05$) difference in age, BMI, parity, and time interval to pregnancy in both groups. There was an insignificantly smaller number of miscarriages in the intervention group (23, 46%) compared to the control group (27, 54%). **Conclusions:** In conclusion, oral progestogen therapy was an ineffective way to reduce the number of miscarriages in patients with the first trimester threatened miscarriage.

Perception of Malaysian women towards a companion in labour and their birth experience during Covid-19

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ABSTRACT

Introduction: The coronavirus disease 2019 (Covid-19) has caused drastic changes in healthcare standard operating procedure to reduce the Covid-19 spread. This pandemic brings new norms into the society where movements to hospitals are restricted, social distancing becomes compulsory and the usage of physical protective equipment is inevitable. This has led to women's concern to have a labour companion during this pandemic. This study aims to assess women's perception towards companions in labour and their birth experience during Covid-19. **Methods:** A cross-sectional study and convenience sampling involving women who gave birth in Malaysia between March 2020 and March 2021 were conducted. Self-administrative online questionnaires were distributed via proxies. The sociodemographic factors, perception and birth experience were described using descriptive analyses. The non-parametric Pearson chi-squared test, Fisher's exact test, simple and multiple logistic regressions were used to test the association between sociodemographic factors and the perception of women towards companions in labour and their birth experience during Covid-19. **Results:** Of the 400 respondents, 86.8% of women had a positive perception towards companions in labour and 74.5% of women had a negative birth experience during Covid-19. There was no significant association between sociodemographic factors and the women's perception towards companions in labour and their birth experience during Covid-19. **Conclusion:** The number of women having a companion in labour during the Covid-19 pandemic was greatly reduced. Their perceptions towards companions in labour were positive. However, their birth experiences were negatively affected by the pandemic, regardless of their sociodemographic factors.

Knowledge, attitude and perception towards caesarean section among Malaysian women

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ABSTRACT

Introduction: Caesarean section is a common surgery performed in our field, however, there were still women who did not accept this procedure when necessary. One of the reasons may be due to a lack of knowledge on the caesarean section itself. This study aims to assess the knowledge, attitude and perception towards the caesarean section among Malaysian women and investigate the association socio-demographic factors with the level of knowledge, attitude and perception towards the caesarean section among Malaysian women. **Methods:** A cross-sectional study was conducted in Malaysia on 422 women aged 18 to 50 years old. An open and closed-ended questionnaire consisting of four sections; socio-demographic and obstetric history, knowledge and awareness, attitude and perception towards the caesarean section was used for data collection. The knowledge was grouped into good and poor using the median score as baseline whereas the attitude and perception were analysed by grouping it into positive and negative. **Results:** Majority of women in Malaysia have good knowledge and are aware of the caesarean section. There is an association between knowledge of the caesarean section with age, marital status, education level, occupation, household income, pregnancy and parity. There is also an association between the attitude towards the caesarean section with the age, marital status, education level, occupation, pregnancy and parity. However, there is no association of perceptions towards the caesarean section with the women's socio-demographic background. **Conclusions:** Most of Malaysian women have positive attitude and perception towards the caesarean section despite their socio-demographic characteristics variation.

Heart block in pregnancy, pacemaker or not: A case report

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ABSTRACT

Introduction: Heart block is rarely seen at the first presentation during pregnancy and is challenging to manage. **Case Description:** A 22-year-old primigravida was noted to have asymptomatic maternal bradycardia during antenatal follow-up at 25 weeks. She was then admitted for further evaluation in a heart centre. A temporary pacemaker was inserted while completing the evaluation. Investigation shows second degree AV heart block 2:1, but otherwise normal echocardiogram, thyroid function test, electrolytes and autoimmune disease screening. Exercise stress test and atropine test both shows improving heart rate and she remains asymptomatic. Temporary pacemaker was then removed. A multidisciplinary team involving Obstetricians, Cardiologist and Anaesthetist were involved in her care. She will have delivery at tertiary hospital with close monitoring. Mode of delivery will be depending on obstetric indication. **Discussion:** Generally, heart block does not cause pregnancy related issues during antenatal period, especially those that are asymptomatic. However, some studies reported incidence of IUGR or preterm delivery. For patients that have heart block during pregnancy, it is important to ascertain if the heart rate is able to compensate for the process of labour. Asymptomatic women who responded to exercise or atropine by an increase in heart rate were managed without pacemaker. It is however indicated in the presence of symptomatic HB (chest pain, syncope, palpitations), Q-T interval prolongation, wide QRS complex, ventricular dysfunction, or heart failure. As this patient fulfils the criteria for not requiring pacemaker, her temporary pacemaker was removed, and she was given follow up for further assessment during pregnancy.

COL3A1 rs1800255 polymorphism associated with the probability of pelvic organ prolapse case: A systematic review

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ABSTRACT

Introduction: Pelvic organ prolapse is a case that occurs in women in both developed and developing countries and is commonly found in health facilities. Many factors are considered risk factors for prolapse. The occurrence of pelvic organ prolapse is closely related to the integrity of the supporting structures of the pelvic floor. Previous studies have found that elevated levels of type III collagen occur in women with pelvic organ prolapse. This paper systematically evaluates the association of the COL3A1 rs1800255 polymorphism with the probability of pelvic organ prolapse cases. **Methods:** A systematic review was conducted through PubMed, Google Scholar, Cochrane library, and ScienceDirect databases using a combination of Medical Subject Heading (MeSH) terms and relevant keywords. The setup follows PRISMA guidelines. **Results:** The results of studies included in the review tend to vary across the study population in certain countries or races, for example, Caucasians. There is a conclusion that the probability of pelvic organ prolapse is higher in women with COL3A1 rs1800255 polymorphism. This probability increases with other risk factors such as aging, vaginal delivery, and hypoestrogenism. Nonetheless, another study concluded that the COL3A1 rs1800255 polymorphism was not associated with pelvic organ prolapse. **Conclusion:** The COL3A1 rs1800255 polymorphism may be associated with pelvic organ prolapse in certain populations. Contradictory results indicate the need for further studies on the risk of certain types of collagens in pelvic organ prolapse and then comparing different populations.

IUI wastage value at the time of insemination and its relation to pregnancy outcome

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ABSTRACT

Introduction: Intrauterine insemination (IUI) is a non-invasive method that improves pregnancy chances as it increases gamete density near the site of fertilization. Wastage of sperm during the procedure has been documented. Gradient technique is a standard practice to process semen sample prior to IUI treatment. This study is performed to investigate the wastage value of semen prepared through this technique and to reemphasize that there is a significant wastage value during sperm preparation and to assess if it impacts the pregnancy rate. **Methods:** Database during period of 2015 to 2019 at Sunway Fertility Centre were reviewed retrospectively. Data collected include sperm concentration, motility and morphology. This was categorized into 8 different groups Normozoospermia (N), Oligozoospermia (O), Asthenozoospermia (A), Teratozoospermia (T), Oligoasthenozoospermia (OA), Oligoteratozoospermia (OT), Oligoasthenoteratozoospermia (OATS), and Asthenoteratozoospermia (AT). IUI preparation method used was density gradient centrifugation (DGC). Wastage value was calculated and pregnancy rates were compared between these groups. **Results:** Wastage value among all groups were in range of 79-80%. In comparison, pregnancy rates were dramatically higher in group with normal semen parameters (66.1%) with wastage value of 79%, followed by group (A) and group (T) with 19.4% and 4.8% pregnancy rates. **Conclusions:** Our data shows that the wastage value during IUI preparation method (DGC) is in accordance to WHO standard and plays no role as a predicting factor in pregnancy outcome. Based on the results, normal semen parameters yield higher post-wash TMSC despite high wastage value, and this determines the success of IUI procedure.

A-074

Progesterone support for pregnancy

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ABSTRACT

Background: Recurrent miscarriage and preterm birth are distressing for women and contributed significantly to the perinatal mortality. Our aim is to analyse whether progesterone could reduce recurrent miscarriage, threaten miscarriage or reduces PTB. **Method:** Cochrane Pregnancy and Childbirth's Trials Register, Clinical Trials, WHO International Clinical Trials Registry, Nice Guidelines, Meta-analysis and RCT were searched for relevant trials. Two review authors assessed the trials and extracted the data and graded the body of evidence. **Result:** NICE guideline recommends progesterone to prevent early miscarriage. Optimum and Progress study did not show any significant improvement with progesterone either for miscarriage or Preterm Birth (PTB). Meta-analysis of 10 RCT showed progesterone in first trimester reduced risk for pregnancy loss. Vaginal progesterone for pregnant people with mid-trimester cervical shortening (≤ 25 mm before 24 weeks) reduces the PTB. Progress study & Cochrane Database Syst Systemic review (2018) suggested that progestogens are probably effective in the treatment of threatened miscarriage but may have little or no effect on PTB. PROLONG study for 17-hydroxyprogesterone acetate or OPPTIMUM study for vaginal progesterone did not demonstrate any efficacy of progesterone. PRISM trial showed 3% greater live birth with progesterone and benefit was greater for women with 3 or more previous miscarriages and current pregnancy bleeding. **Conclusions:** Analysis of recent meta-analysis favours the use of progesterone to support pregnancy. But the optimum dose, type, route, nature, duration, and starting time are not evaluated, so these need to be assessed by double-blind RCT for better understanding of progesterone support in pregnancy.

Lin's self-retaining abdominal ultrasound probe method for hands-free ultrasound-guided hysteroscopic procedures: A single-operator study

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ABSTRACT

Introduction: Conventionally, an assistant would be required to hold the ultrasound probe during therapeutic hysteroscopy. To manage without a skilled assistant, Lin developed a self-retaining hands-free probe method that can be used to hold an abdominal ultrasound probe. One can now perform ultrasound guided hysteroscopic procedures single-handedly. The purpose of this study is to report the successful development of a method to keep an abdominal ultrasound probe self-retained without an assistant's help. **Methods:** A technique derived from improvisation with available equipment. **Results:** The hands-free ultrasound probe was used successfully in 2680 cases needing therapeutic hysteroscopy management for various endometrial pathologies. We only encountered one case of latex allergy, which serves as a reminder to ask about latex-allergy prior to the procedure. Upon notification, the handle can be improvised to a latex-free solution. Compression indentation marks were of negligible concern as they resolved spontaneously within 1-2 hours post-surgery. We have used this method successfully and to good effect, particularly in guiding us to avoid uterine perforations during dilation of the cervix as well during the therapeutic hysteroscopy surgery itself. This device facilitates efficient and safe therapeutic hysteroscopic surgeries. Additionally, this method encourages the reuse and recycling of plastic water bottles. **Conclusions:** Usage of Lin's self-retaining ultrasound probe method is practical, cheap, and not dependent on an assistant's participation during procedures.

Postpartum intrauterine contraceptive device (PPIUD) – A retrospective study

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ABSTRACT

Introduction: Unplanned pregnancy and short interpregnancy interval have been associated with adverse maternal and perinatal outcome. Immediate postpartum intrauterine contraceptive device (PPIUD) is insertion of intrauterine contraceptive device (IUD) within 10 minutes of placental delivery up to 48 hours postpartum following vaginal birth or Caesarean section, before hospital discharge. PPIUD serves a strategic timing to provide a convenient, effective, long acting and reversible contraception to suitable women before discharge. Our aim was to study the clinical outcome of PPIUD insertion in Sarawak General Hospital (SGH) from January 2021 to May 2022. **Methods:** This is a retrospective analytical study done in SGH. 114 cases of vaginal and caesarean births with PPIUD insertions, over the 17-month period, were reviewed and compared for the outcomes to the factor of timing and route (vaginal versus caesarean) of insertion. Safety outcome examined include abnormal uterine bleeding, severe abdominal pain, and unusual vaginal discharge and infection. Efficacy outcome namely IUD expulsion, missing IUD thread, pregnancy, discontinuation is reviewed and the data is analysed using SPSS system. Chi square test is applied to calculate the various outcome in comparison to different categorical variables. **Results:** Overall PPIUD is safe. No serious complication of uterine perforation or infection or pregnancy is reported. The overall success rate is 62.3%. Post placental insertion success rate was 100%. Spontaneous expulsion occurred in 20% of cases. **Conclusion:** PPIUD provides immediate contraception and has low complication rate. PPIUD should be taught and made available in all hospitals.

The burden of neural tube defects: Why universal folate supplementation matters

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ABSTRACT

Introduction: A recent press statement from the Ministry of Health Malaysia on mandatory folic acid supplementation in wheat flour has been welcomed. The risk-benefit ratio remains favourable in countries where the policy has been implemented. We describe two cases of neural tube defects (NTDs) not uncommonly seen in our population and provide striking images to illustrate the impact of the diagnoses. **Case Description:** *Case 1:* A 22-year-old primigravida with moderate intellectual disability presented to us at 30 weeks of gestation with abnormal antenatal ultrasound findings. She did not receive pre-natal folic acid supplementation. Transabdominal ultrasound showed myelomeningocele at the level of L4 to S1 vertebra, associated with hydrocephalus and absent septum pellucidum. The baby was born prematurely, and the myelomeningocele ruptured during vaginal delivery. The myelomeningocele repair followed by an Ommaya shunt was done. *Case 2:* A 40-year-old lady with subfertility conceived spontaneously and unexpectedly. There was no history of epilepsy or use of traditional medication. She was classified under the B40 group and did not take any vitamins or folate supplementation prior to conception. She presented to us at 20 weeks of gestation with anencephaly and after counselling opted for a termination of pregnancy. **Discussion:** Mandatory folic acid fortification has helped to reduce 150,000-200,000 NTDs a year in low/medium income countries. In Malaysia, the incidence ranges from 0.09-1.09 per 1,000 livebirths and is highest amongst the indigenous population in rural Sarawak. Mandatory folic acid supplementation in wheat flour is a step in the right direction.

A-078

Pacemakers and heart blocks in pregnancy: An algorithmic approach

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ABSTRACT

Introduction: Bradycardia in pregnancy is usually transient and may be secondary to an increase in vagal tone. Pathological bradyarrhythmias however, requires an accurate electrophysiological diagnosis and in some cases, the use of a pacemaker. **Case Description:** We describe two cases of atrioventricular blocks (AVB) in pregnancy and provide a simplified decision-making algorithm on pacemaker placement. *Case 1:* A 22-year-old primigravida was found to have new onset bradycardia during routine antenatal visit at 25 weeks. Evaluation showed a second degree Mobitz Type II 2:1 AVB. A temporary transvenous pacemaker was placed. Subsequent evaluation showed an improved AV conduction during exercise and intravenous atropine, and no change to the AV conduction ratio with vagal stimulation or any ventricular standstill episodes. The temporary pacemaker was removed. *Case 2:* A 20-year-old primigravida at 12 weeks of gestation with complete congenital heart block since 2017 was evaluated because of her pregnancy. Cardiac MRI and ECHO has previously excluded structural disease. Her ventricular rate was 35-40 bpm and she remained asymptomatic. An exercise stress test with Modified Bruce Protocol showed adequate chronotropic response with a maximal heart rate of 102 bpm. It was decided that a pacemaker was not indicated. **Discussion:** 1st and 2nd degree Type I AVB are usually inconsequential and non-progressive. Placement of a pacemaker in pregnancy confers both a surgical and radiation risk therefore women who are asymptomatic, has normal ventricular function, supra His involvement, narrow QRS escape rhythm and a chronotropic response to exercise may not require immediate pacemaker insertion.

Frequency of sexually transmitted organisms in pelvic infections and their response to treatment

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ABSTRACT

Introduction: PCR tests have become commonly available in Malaysia to detect various sexually transmitted organisms. However, their significance and response to treatment remains unknown. This study is undertaken to determine the prevalence of various sexually transmitted organisms in various conditions including cervicitis, pelvic inflammatory disease and vaginitis and the response to treatment. **Method:** 500 patients attending a gynaecological clinic from 2015 to 2021 were included in the study. PCR tests were performed on cervical swabs to detect *Chlamydia trachomatis*, *Neisseria gonorrhoea*, *Trichomonas vaginalis*, *Ureaplasma urealyticum*, *Ureaplasma parvum*, *Mycoplasma genitalium* and *Mycoplasma hominis*. For each condition, the prevalence of each organism was calculated. For those given treatment and had repeat tests performed, the response to treatment was calculated. **Results:** 500 patients had 749 tests performed. 398 (53.1%) of the tests were positive with at least 1 organism detected. The most commonly found organism was *Ureaplasma parvum*. Regarding the response to antibiotics, for *Ureaplasma parvum*, 55.2 % were susceptible to moxifloxacin and 54.5% were susceptible to doxycycline. For *Ureaplasma urealyticum*, the best antibiotic to recommend would be azithromycin, to which 74.1% were susceptible. 52.9% of *Mycoplasma hominis* were susceptible to azithromycin. 100% of *Chlamydia trachomatis* were susceptible to azithromycin. Only 37.5% of *Mycoplasma genitalium* were susceptible to azithromycin. **Conclusion:** The most common organism in patients with cervicitis and pelvic inflammatory disease is *Ureaplasma urealyticum*. The recommended antibiotics are moxifloxacin and doxycycline. Azithromycin remains a useful drug against *Chlamydia trachomatis* and *Ureaplasma urealyticum*.

A-080

The role of shearwave elastography in differentiating malignant and non-malignant endometrial pathologies

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ABSTRACT

Introduction: We aimed to assess the efficacy of shearwave ultrasound elastography (SWE) in addition to conventional transvaginal ultrasound (TVUS) in differentiating between malignant and non-malignant endometrial pathologies. **Methods:** 117 participants (15 malignant, 102 non-malignant) were examined with TVUS, followed by SWE. The SWE findings on the endometrium, i.e., Emean and Emax (kPa), were correlated to the histopathological findings. The relationship between the SWE values and endometrium thickness was studied. Receiver operating characteristic (ROC) analysis was performed to determine the sensitivity, specificity, positive predictive values (PPV) and negative predictive values (NPV) of the Emean, Emax and endometrium thickness cut-off values. **Results:** Endometrium SWE in 15 patients with confirmed endometrial carcinoma showed statistically significant higher Emean and Emax than the non-malignant endometrial diseases ($p < 0.05$). The optimum cut-off values to differentiate between malignant and non-malignant endometrium were: Emean= 88.6 kPa (sensitivity 86.7%, specificity 87.3%, PPV 50%, NPV 97.8%); and Emax=100.2 kPa (sensitivity 86.7%, specificity 88.2%, PPV 52%, NPV 97.8%). There was significant correlation between Emean and endometrial thickness ($rs = 0.487$ $p < 0.05$) as well as Emax and endometrial thickness ($rs = 0.465$, $p < 0.05$). The best cut-off value of endometrium thickness to differentiate between malignant and non-malignant endometrial disease was 14.5 mm, with sensitivity of 93.3% and specificity of 69.6%. The combination of Emean and endometrial thickness showed 53.1% sensitivity and 97.1% specificity in determining endometrial malignancy. **Conclusion:** Endometrium SWE is a promising diagnostic tool to differentiate malignant and non-malignant endometrium by referring to the Emean and Emax values.

Interventional radiology as the first line management of vulvovaginal haematomas: A 36-month review

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ABSTRACT

Introduction: Vulvovaginal haematomas complicate 1-3 in 1000 deliveries. Conventional teaching dictates that the haematoma be drained and packed to provide additional tamponade effect. However, surgical drainage and repair can be complicated due to the increase in vascularity and friable nature of the puerperal female genitalia. The objective of this study is to ascertain the outcomes of a protocol for management of vulvovaginal and pelvic haematomas by using embolization of pelvic or perineal vessels as the primary treatment. **Methods:** All patients who delivered vaginally and required a computed tomography angiogram (CTA) to assess a significant vulvovaginal or pelvic haematoma between June 2019 to May 2022 were included in this review. Data was extracted retrospectively from the Radiology Department's registry of procedures and patient case notes. **Results:** Thirteen patients required emergency pelvic CTA after delivery during the study period. The median time from delivery to presentation was 45minutes (1-1163), mean blood loss of 1100mls (200-6500) and blood transfusion was required in 53.8% of patients. 2 out of 13 patients did not require embolization after CTA due to spontaneous cessation of bleeding and one patient had an emergency hysterectomy for broad ligament haematoma before subsequent uterine artery embolization. Obturator artery, vaginal artery or anterior trunk of the internal iliac artery were the primary targets for embolization. All patients had complete resolution of haematoma. No direct procedure-related complications were reported. **Conclusions:** Interventional radiology appears to be a safe alternative to primary surgical evacuation of obstetric pelvic haematomas and should be considered where available.

Students' satisfaction and experience of hybrid undergraduate obstetrics & gynaecology teaching during pandemic

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ABSTRACT

Introduction: Hybrid teaching method has been executed in majority of medical schools during Covid19 pandemic. With this integrated method being employed, a check and balance mechanism is required. We aim to determine the student's satisfaction and experience of hybrid undergraduate teaching in obstetrics and gynaecology posting. **Methods:** A cross-sectional study was conducted among medical students undergoing hybrid teaching during obstetrics and gynaecology posting in the year of 2020 and 2021. A total of 112 fourth and fifth year medical students whom were affected by the pandemic participated in this study. Online questionnaires consist of socio-demographic, experience and satisfaction domains were distributed through Google Forms to all eligible students. **Results:** The response rate was 75%. Up to 92% of participants own a personal computer or laptop with 61.6% own a smartphone and use them to access the online class. Majority (90.2%) of the respondents were satisfied with the hybrid teaching. Only ethnicity showed a significant association with the satisfaction of the students. **Conclusion:** Our study found that the majority of students were satisfied with hybrid teaching. Hence its practice can be continued as it can be utilized at any time as compared to traditional teaching.

Teleconsultation acceptance and its association with socio-demographic factors among women attending obstetrics & gynaecology clinic

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ABSTRACT

Introduction: The novel coronavirus disease 2019 (Covid-19) pandemic is an unexpected universal problem that has changed healthcare access across the globe. The medical field has found a way to overcome such hurdles by implementing teleconsultation as an essential component of healthcare. The Obstetrics and Gynaecology (O&G) discipline has already faced multiple barriers to quality healthcare with the additional risks that come with Covid-19, teleconsultation has been one of the main current frameworks that gives expecting mothers and females of all ages an alternative to in-office, in-person visits. Due to this issue, our O&G clinic has introduced the teleconsultation clinic for suitable patients from June 2021 to accommodate to this pandemic. We aimed to determine patients' acceptance in teleconsultation in Obstetrics and Gynaecology clinic during Covid-19 pandemic and the factors associated with it. **Method:** This is a cross-sectional study conducted among patients attended teleconsultation in Obstetrics and Gynaecology clinic HPUPM from June 2021 till May 2022. All patients were approached and invited to participate in this study via email and WhatsApp, whereby the Google Form link to our questionnaire was attached. **Results:** 111 out of 180 patients participated in this study. About half of the patients (53.2%) accepted teleconsultation as they scored above the median score. None of the socio-demographic factors has significant association with the acceptance rate. **Conclusion:** The acceptance among patients attending teleconsultation in O&G clinic in HPUPM is overall fair. Further development is required to improve the acceptance rate for better healthcare delivery in future.

Use of human umbilical cord mesenchymal stem cells for women's reproductive health: A systematic review of animal study

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ABSTRACT

Introduction: One of the goals of the Sustainable Developmental Goals is to ensure healthy lives and promote well-being for all at all ages. Stem cells are currently being developed to improve the quality of life including use in research related to women's health. This paper systematically evaluates the use of human umbilical cord mesenchymal stem cells (hUCMSCs) for women's reproductive health. **Methods:** A systematic review was conducted through four databases and compiled with PRISMA guidelines. Quality assessment using ROBINS-I. The data obtained were analyzed through a textual narrative synthesis. **Results:** A total of seven studies were included. Three articles discussed cases of pelvic floor reconstruction and 4 articles discussed Premature Ovarian Insufficiency (POI). The use of hUCMSCs is associated with better vascularity, normalized the fibromuscular structures of the vaginal wall, decreased inflammatory response, increased biocompatibility of conventional synthetic meshes, and reduce postoperative complications. In the case of POI, hUCMSCs restore ovarian function, increase the number of ovarian follicles, can repair ovarian tissue damaged by chemotherapy to a certain extent, can increase the degree of apoptosis in ovarian tissue, and can improve the endocrine function of rat ovaries. However, there is a risk of toxicity-related manifestations occurring during the next 14 days after injection. **Conclusion:** HUMSCs may have a potential role in improving POP in the future as well as providing a potential target for clinical diagnosis and treatment of POI as well as prevention. However, the need to provide appropriate dose benefits must be studied to avoid toxicity.

Primary unruptured and advanced gestational age ovarian pregnancy in a low resource setting

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ABSTRACT

Introduction: The incidence of ectopic pregnancy has been reported to be as high as 11 cases per 1,000 pregnancies. It is seen in 2-3% of women attending early pregnancy assessment unit. Even with increasing awareness of ectopic pregnancy among women, the prevalence of ectopic pregnancy is showing an increasing trend worldwide. This is especially so in developing countries. **Case Description:** We report a rare case of ectopic pregnancy which was diagnosed in the mid-trimester. She was referred to a tertiary centre where she was confirmed to have ovarian pregnancy (OP) after MRI and surgical intervention. Due to advanced gestation, total unilateral salphingoophorectomy was done. **Discussion:** This is a rare case of ovarian ectopic presenting at an advanced gestational age. From our literature review, only 12 cases have been reported from a period of 1948 till 2020. There are diagnostic challenges as transvaginal ultrasound only has 2.53% detection rate and in the majority of cases the final diagnosis was only made intraoperatively. 3D-Ultrasound has increased sensitivity in detecting OP while MRI provides excellent tissue contrast over the implantation sites and enables surgeons to strategize the operation and minimize intraoperative complications. In this modern era, ovarian pregnancy is still diagnosed mainly through surgical intervention despite the progress of transvaginal ultrasound and MRI.

Validation study of AR Gynae endotrainer

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ABSTRACT

Introduction: AR Gynae endotrainer is a mobile box trainer that was invented specifically for the practice of laparoscopic surgery in gynaecology. It is the first of its kind invented locally in Malaysia with the intention of making it available to gynaecologists at an affordable price. We aim to validate the AR Gynae endotrainer, as a comparable box trainer for gynaecology laparoscopic training, comparing it with Karl Storz SZABO-BERCI-SACKIER laparoscopic trainer. **Methods:** Participants were assigned to perform two specially designed tasks used for laparoscopic training using both endotrainers. Participants evaluated both simulators regarding design, ports placement, visibility, ergonomics, triangulation of movement, fulcrum effect, depth perception, ambidexterity, resources for training and resources for teaching and the time taken for participants to complete the tasks. 13 Obstetrics & Gynaecology trainees and 13 Surgical trainees were involved in this study. **Results:** Better performance was observed with AR Gynae compared to Karl Storz endotrainer in 5 out of 10 items evaluated. The overall score of AR Gynae endotrainer (median of 3.98) was comparable to that of Karl Storz endotrainer (median of 3.91) with $p=0.519$. For design and resources for teaching, the evaluation for AR Gynae endotrainer was significantly higher with p -values of 0.003 and 0.032, respectively. The time taken to complete both tasks were comparable on both endotrainers. Also, the AR Gynae endotrainer was cheaper. **Conclusions:** The AR Gynae endotrainer was a convenient and cost-effective laparoscopic simulator for gynaecology laparoscopic training and comparable to the established Karl Storz SZABO-BERCI-SACKIER laparoscopic trainer.

Uterine dehiscence in “unscarred uterus” at 38 weeks gestation: A case report and literature review

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ABSTRACT

Introduction: Rupture or dehiscence of unscarred pregnant uterus is a rare event which can lead to high perinatal and maternal morbidity and mortality. The estimated incidence of a rupture of the unscarred uterus is 1:8,000 to 15,000 deliveries. In most cases it is unpredictable, which makes it difficult to detect based on clinical and physical examination only. **Case Description:** We report a case of uterine dehiscence in a term pregnancy. A 40-year-old Gravida 6 Para 5 Siamese lady at 38 weeks of gestation was admitted for induction of labour for having Gestational Diabetes Mellitus. She received prostaglandin vaginal tablets to ripen the cervix before being transferred to the labour suite for further management. Six hours into labour, she complained of severe abdominal pain in between contractions. The CTG showed fetal bradycardia while cervical dilatation remained at 5 cm. She underwent emergency lower segment cesarean section and a subserosal hematoma was seen on the anterior wall of the uterus extending downwards to lower segment with uterine dehiscence about 3 cm length found underneath. Modified B-Lynch suture was done due to uterine atony. A vigorous baby boy with a weight of 3,100 grams was born. Both mother and baby were discharged well. **Conclusion:** Spontaneous rupture of unscarred uterus should be considered in a labouring patient with non-reassuring fetal heart tracing and severe abdominal pain. It is imperative for close supervision and low threshold for intervention to achieve better outcome when dealing with such cases.

A-088

Improving outcome in pregnancy after MI: A case study

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ABSTRACT

Introduction: Coronary artery disease complicates 0.01% of pregnancies. In this case study, we illustrate the successful management strategy of a pregnancy with a cardiometabolic disorder who conceived after a ST-elevation myocardial infarction (STEMI). **Case Description:** A 41-year-old woman in her third pregnancy was referred to our maternal-fetal-medicine unit at 8 weeks of gestation. She had a history of an acute inferior myocardial infarction (MI) Killip 1 with 70% occlusion of the left anterior descending artery and ectatic vessels, which was successfully thrombolysed 1 year prior. On presentation, she had uncontrolled type 2 diabetes, chronic hypertension on treatment, and was morbidly obese with a BMI of 44 kg/m². She had 2 previous lower segment caesarean sections and an umbilical hernia repair. A systematic effort involving a multidisciplinary team, both at tertiary and community level, was coordinated from the start, which successfully prevented any cardiac events during pregnancy. She recovered from Covid-19 category 4a at 28 weeks with no cardio-respiratory implications. She went on to have a lower segment caesarean section near term with tubal ligation. Post-operative recovery was uneventful, and she continued to see cardiologists and endocrinologists. **Discussion:** Specific risks such as MI recurrence, pre-eclampsia and low birth weight baby can be minimised through comprehensive antenatal and perinatal plans supported by patient compliance. Our case showed that pregnancy after MI results in good maternal-fetal outcome provided the pre-pregnancy cardiac performance status is good, early multidisciplinary management, patient-centred approach, close antenatal monitoring, adequate delivery preparation and patient compliance.

Secondary vaginal stenosis following traumatic vaginal delivery: A case report

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ABSTRACT

Introduction: Acquired vaginal stenosis is relatively rare but may occur following birth injury. Here we report a case of secondary vaginal stenosis in a patient presented one year after a traumatic vaginal delivery. **Case Description:** A 31-year-old, Malay lady, para 2 presented with complaint of one-week history of abdominal pain. She experienced similar symptoms for the past 6-7 months cyclically which resolved spontaneously but not this time. She has had a traumatic ventouse-assisted delivery one year ago and has been abstinent from sexual intercourse and has been amenorrhoeic since then. Examination revealed hematometra, hematocolpos and complete vaginal stenosis. Examination under anaesthesia, adhesiolysis and evacuation of hematometra and hematocolpos was performed. A cruciate incision was made through the fibrous band followed by dissection till a tunnel created towards the cervix. About 500 cc of altered blood was drained out. The cavity was dilated with Hegar's dilator. Vaginal packing with a roller-gauze soaked with flavine emulsion was inserted post procedure and broad-spectrum oral antibiotics was prescribed. Patient was advised to use vaginal dilator 2-3 times per day with biweekly 0.625 mg Premarin cream upon discharge. Unfortunately, she defaulted follow-up and re-presented after 3 months with recurrent hematometra and hematocolpos. Second EUA and vagina reconstruction was done. **Discussion:** The treatment of vaginal stenosis is creation of a functional vagina. Though surgical procedures are the mainstay treatment, postoperative vaginal dilation is crucial to prevent recurrence. Without frequent vaginal dilation post-operation, the reconstructed vaginal canal will collapse and stenosis will recur.

A-090

The outcomes of novel ETRF therapy on the expression of endometriosis-related pro-inflammatory markers

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ABSTRACT

Introduction: The pelvic inflammation in endometriosis affects the purpose of endometrial stromal fibroblast (eSF) cells resulting in chronic pelvic pain and subfertility. Tocotrienol-rich fraction (TRF) has powerful anti-inflammatory and antioxidant activities. An enhanced TRF (ETRF) is hypothesized to provide comparable effect in endometriotic tissues. We aim to evaluate the anti-inflammatory effects of novel ETRF on the endometrial stromal fibroblast (eSF) cells of endometriotic tissues. **Methods:** Endometrial pipelle sampling was carried out to obtain human primary eSF cells from patients with normal endometrium (NEC) as a control and endometrium of patients with endometriosis (PEC). PEC patients were samples obtained from a histology-confirmed endometriosis patient. NEC patients have normal menstrual cycles and not on any hormonal treatment within the last 6 months. The eSF cells were cultured in mixture of Dulbecco's modified Eagle's medium (DMEM)/F12, 10% fetal bovine serum (FBS), 1% antibiotic-antimycotic, and 1% L-glutamine and passed into culture up to passage ten. Both NECs and PECs were cultivated and incubated with 25 g/ml of ETRF for 24 hours, and the differential expression of pro-inflammatory genes was evaluated using real-time polymerase chain reaction (qRT-PCR). **Results:** COX-2 and IL-6 were significantly suppressed in ETRF-treated NECs (p-value 0.01, p-value 0.05, respectively), although MIF and IL-8 were not significantly altered. In ETRF-treated PECs, COX-2 (p-value 0.004), MIF (p-value 0.002), and IL-8 (p-value 0.003) genes were significantly downregulated, however IL-6 was not affected significantly. **Conclusion:** ETRF at a dose of 25 g/ml dramatically downregulates the expression of pro-inflammatory genes COX-2, MIF, and IL-8 in PECs.

Case series of 3 ports laparoscopic myomectomy with contained endobag cold knife morcellation

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ABSTRACT

Introduction: Since US FDA issued a guidance statement 29 December 2020 on laparoscopic power morcellation favoring contained morcellation with fear of dispersement of incidental leiomyosarcoma, cost and operation time had increased on top of the cost of power morcellation. Here, I am using economical contained morcellation without power morcellation for laparoscopic myomectomy. **Objectives:** This case series aim to determine the feasibility and safety of 3 ports laparoscopic myomectomy with contained endobag cold knife morcellation. **Methods:** 3 ports laparoscopic myomectomy done in usual manner and specimen retrieval by morcellating fibroid(s) within endobag from 10 mm opening after removing umbilical ports. Ten such surgeries across 3 years from 1 May 2019 to 31 May 2022 was reviewed. Length of surgery, blood loss, size of largest fibroid(s) and complications of surgery were documented down. **Results:** Diameter of largest fibroid range from 5 cm to 11 cm (mean of 8.2 cm). Operation time ranges from 1 hour 50 minutes to 5 hours 10 minutes (mean 3 hours 28.5 minutes). Estimated blood loss ranges from 100 to 500 mls (mean 205 mls). No complications and prolonged hospitalization for all surgeries. **Conclusions:** 3 ports laparoscopic myomectomy with contained endobag cold knife morcellation is feasible, safe and economical.

A rare case of massive postpartum hemorrhage secondary to inner myometrial laceration following vaginal delivery: A case report

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ABSTRACT

Introduction: Post-partum haemorrhage caused one-fifth of the total reported maternal deaths worldwide. The etiologies of post-partum haemorrhage vary. The rarely encountered cause of post-partum haemorrhage is inner myometrial laceration which is more difficult to diagnose. **Case Description:** A 29-year-old, Malay woman, primigravida at term with good controlled of Gestational Diabetes Mellitus underwent uncomplicated vaginal delivery. She gave birth to a 3,200 grams' male infant. She bled profusely after the delivery of placenta. An immediate systematic approach of massive post-partum haemorrhage ensued; however, she was unresponsive to medical therapy. No vaginal tears or retained placenta tissue was found. She went into hypovolaemic shock and disseminated intravascular coagulopathy state. During laparotomy, atonic uterus was not responsive to intramyometrial hemostate and bleeding continued. Bilateral internal iliac arteries ligation was done and proceeded with hysterectomy. She required transfusion of multiple blood products and recovered well after being nursed in Intensive Care Unit. Histopathological examination of her uterus revealed findings of a 35 mm laceration of lower uterine segment which appears hemorrhagic and edematous. **Discussion:** Following massive post-partum hemorrhage where all other causes have been excluded, inner myometrial laceration should be considered as one of the possible differential diagnoses. Prompt laparotomy and repair of the tear or peripartum hysterectomy is paramount to avert maternal mortality.

Regional anaesthesia for abdominal hysterectomy – Is it an option?

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ABSTRACT

Introduction: General anaesthesia is traditionally preferred over regional anaesthesia for abdominal surgery due to fear of intraoperative visceral pain. However, it carries a myriad of serious complications than the latter. We report a case of successful abdominal hysterectomy for a 24-week size uterus with multiple leiomyomas performed under regional anaesthesia in University Malaya Medical Centre, Kuala Lumpur. **Case Description:** A 34-year-old lady with childhood paraplegia, scoliosis (30° to the Right) and restrictive lung disease presented with multiple episodes of severe anaemia secondary to heavy menstrual bleeding requiring admissions and blood transfusions since December 2019. Due to her restrictive lung function (FVC 39%, FEV1 40%, FEV1/FVC 1 80%) and high perioperative mortality and morbidity she was counselled for abdominal hysterectomy under regional anaesthesia. Intraoperatively, she was given spinal anaesthesia, Pfannenstiel incision and the hysterectomy took 115 minutes, she was discharged well at day 2 post surgery with no complications. **Discussion:** A randomized trial (RCT) of 40 women in 2009 done in Montreal, Canada has concluded that spinal anaesthesia has lower postoperative pain score and lower morphine consumption, shorter post-operative care unit admission and shorter duration of hospital stay compared to general anaesthesia. An RCT done in 160 Swedish women in 2011 has similar findings and spinal anaesthesia was more cost-effective than general anaesthesia. Regional anaesthesia is a viable option with encouraging outcome and in line with ERAS (early recovery after surgery) recommendation in patients undergoing abdominal hysterectomy in comparison to general anaesthesia.

A clinical audit of the practice of ventouse-assisted delivery in a tertiary hospital

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ABSTRACT

Introduction: The rate of subaponeurotic haemorrhage (SAH) associated with ventouse-assisted delivery (VAD) in Tengku Ampuan Afzan Hospital had increased in 2020. Therefore, the aim of this study was to audit the practice of VAD against the departmental standard operating procedure (SOP). **Methods:** 434 VADs from 1st January 2020 to 31st December 2020 were included. Audit targets were: notifying specialists before VADs (100%), fulfilment of prerequisites (100%), avoidance of VAD below 36 weeks of gestation (100%), cup placement at a flexion point (100%), completion of VAD with maximal 3 moderate pulls (100%), discontinuation of VAD when there was no progressive fetal head descent (100%), discontinuation of VAD after two cup detachments (100%) and paediatric team's presence during VAD (100%). **Results:** Of 434 VADs, notifying specialists before procedure happened in 98.9% of cases, and 99.5% of cases fulfilled the prerequisites of VAD. VADs were performed on 12 cases with their gestational age being under 36 weeks. Completion of VAD with a maximum of 3 moderate pulls was achieved in 96.1% of cases. Of 8 cases of unsuccessful VADs, 100% of them had discontinuation of VAD because of no progressive fetal head descent or two cup detachments. Paediatric team's standby happened in 99.8% of cases. The accuracy of cup placement could not be assessed due to inadequate documentation. **Conclusion:** The overall compliance with the departmental SOP on VAD was inadequate. The key recommendations from this audit include reinforcement on adherence to the departmental SOP and documentation of cup placement post-procedure in case notes.

Challenges and improvement of obstetrics & gynaecology specialist training: A qualitative survey among UKM master students

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ABSTRACT

Introduction: The Covid-19 pandemic that struck the world had caused changes in clinical practice and practitioners' clinical exposure. This research aims to identify the challenges faced by UKM obstetrics and gynaecology postgraduate students during their specialist training during Covid-19 pandemic and to explore their suggestion on how to improve training. **Methods:** Participants were students enrolled in Doctor of Obstetrics & Gynaecology (DROG) program in UKM in 2020 and 2021. The questionnaire consist of validated open ended question on perceived challenges and suggestion for University & MOH on how to improve the training aspects. Qualitative analysis was performed using content and thematic analysis. **Results:** Out of 47 respondents, 13 were working in MOH hospitals, 17 in UKM Hospital and 17 in both MOH and UKM hospitals. Thirty-nine respondents (83%) claimed their workload had increased during this pandemic and four (8.5%) had been deployed to Covid-19 unit. Main challenges faced by students are lack of clinical skills training and lack of face-to-face teaching due to Movement Control Order (MCO). Content and thematic analysis on the suggestion to improve training during Covid-19 pandemic had highlighted four themes, namely: "diversify teaching and learning methods" (10 responds), "increase clinical exposure" (5 responds), "to be returned to Obstetrics & Gynaecology unit" (3 responds) and "institutional management" (2 responds). **Conclusion:** Covid-19 pandemic and MCO had caused negative impacts to clinical specialist training among our respondents. It is important to encourage collaborative effort and synergetic actions between the universities and health ministry to minimize negative impacts on specialist training.

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Microwave ablation of uterine fibroid – A new modality

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ABSTRACT

Introduction: Microwave ablation has been used for ablating masses by radiologists in many different organs for many years. They have started using this modality in China for several years, safely and effectively. **Case Description:** A nulliparous patient with a large intramural fibroid was avoiding surgery for fear of losing her uterus. This modality was suggested as it would be able to preserve her fertility. The procedure was done under GA with ultrasound guidance. There was only a single small needle entry point for this procedure. The manufacturer who has MDA approval suggested 100W energy for an hour to treat this fibroid. We however modified the procedure by using a single insertion but redirecting the needle for 6 times to ensure the whole fibroid was treated. Each area was treated with 40W energy for much shorter durations as the area around the needle is treated faster as compared to areas much farther away. **Discussion:** This fertility preserving procedure requires expensive machinery but has minimal side effects in the correct hands. With practice much lower doses of energy can be used to achieve optimal treatment with minimal complications. The procedure can be done as daycare. However, there is a delayed response as the tissue damage effect and the shrinking of the uterus takes time. This is because the tissue needs to break down, liquefy before it is being absorbed by the body's healing process. This will now be another option for the patient especially those averse to surgery and keen for fertility.

Breast cancer survivor and a successful IVF pregnancy

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ABSTRACT

Introduction: The most common cancers in Malaysia are breast cancer, followed by colorectal cancer, lung cancer and nasopharyngeal cancer. Young survivors likely face compromised fertility that is now recognized as among the most prevalent long-term side effects of cancer therapy. **Case Description:** Mdm KM has been diagnosed with right breast invasive carcinoma at the age of 30. She underwent six cycles of neoadjuvant chemotherapy, a right mastectomy and axillary dissection and 15 fractions of right chest wall radiotherapy. She stopped Tamoxifen after 2 years and attempted her first cycle of IVF after 5 years of diagnosis. Her AMH was 3.4 pmol/L. A recombinant FSH (follitropin alfa) 150 IU and highly purified menotrophin 150 IU were instituted for controlled ovarian stimulation. There were 6 eggs retrieved, 4 eggs fertilized. She had two fresh day 3 embryo transferred, and successfully conceive a DCDA twins' pregnancy. **Discussion:** Breast cancer survivors are generally advised to postpone pregnancy for at least 2 years after treatment and may be advised to continue tamoxifen for 5 years. However, age is a major determinant of fertility and delay with already poor ovarian function owing to chemotherapy is likely to lead to infertility. Young breast cancer patients with favorable disease characteristics and prognosis, should not be discouraged from attempting ART in order to become pregnant after the end of anticancer treatment.

Antenatal corticosteroids in preventing neonatal respiratory morbidity for elective caesarean section

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ABSTRACT

Introduction: Infants born via elective caesarean section at term are at higher risk of developing neonatal respiratory morbidity compared to those born vaginally. Previous studies suggest administration of corticosteroids to accelerate lung maturation to reduce this incidence. However, it was unclear whether this should be given to all women undergoing elective caesarean section regardless of their gestation or only women at certain gestation will benefit from corticosteroids administration. The objective of this retrospective study was to compare the effect of prophylactic corticosteroid administration in preventing neonatal respiratory morbidity at 37- and 38-weeks' gestation in Malaysian women undergoing elective caesarean section. **Methods:** Data was obtained from obstetrics ward census between August 2021 till May 2022. All women with singleton pregnancy who underwent elective caesarean section between 37 to 38+6 weeks were included. Gestation at delivery, co-morbidity, administration of corticosteroids and the fetal outcome were analysed. **Results:** Total of 54 cases which fulfilled the criteria were analysed. There was no significant difference in neonatal respiratory morbidity for both groups (37-37+6weeks, and 38-38+6 weeks) whether the mother received or did not received corticosteroids. Among 29 cases who did not received corticosteroids, 10% were admitted for NICU. In comparison to group between 37-37+6, there was a similar number of cases requiring admission for neonatal respiratory morbidity between those received and did not received corticosteroids. **Conclusions:** Our data suggest that corticosteroids may benefit women undergoing elective caesarean section between 37-37+6 weeks, but less beneficial between 38-38+6 weeks gestation.

Caudal regression syndrome: A case report

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ABSTRACT

Introduction: Caudal regression syndrome (CRS) is a rare complex congenital anomaly which is characterized by agenesis of the sacral and lumbar spine. Pelvis, lower extremity, genitourinary, cardiac anomalies, neurological and motor development deficits may accompany. Maternal insulin-dependent diabetes mellitus, genetic factors, and vascular hypoperfusion may play a role in the aetiology. **Case Description:** We report a case of caudal regression syndrome diagnosed in utero in 23-year-old primigravida with a 12-year history of type 1 diabetes mellitus. Ultra-sonographic examination revealed a singleton fetus with biometry at the lower centile. The fetal intracranial structures appear normal. The spine curvature was normal but sudden termination of the spinous process at the coccyx level. The lower limbs were in a fixed flexion position with talipes present. We present a clinical case of a prenatal diagnosis of CRS, describing the workup and management of this patient till delivery. **Discussion:** Caudal regression syndrome is a rare entity, characterized by sacrococcygeal dysgenesis with an abrupt termination of a blunt-ending spinal cord. Addressing risk factors, prompt detection and supportive treatment upon delivery is very important.

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Fetal chest tube: A life saving procedure for severe fetal hydrothorax

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ABSTRACT

Introduction: Severe fetal hydrothorax can lead to unfavourable neonatal survival because it restricts fetal lung development, compromises cardiac function and limits fetal swallowing which leads to polyhydramnios and preterm labour. Fetal chest drainage reduces the pressure effect of space occupying collection. We report a case of successful management of severe idiopathic bilateral fetal hydrothorax with a percutaneous in utero thoracoamniotic shunt. **Case Description:** A 24-year-old primigravida presented at 30 weeks of gestation with bilateral severe hydrothorax, hydrops fetalis and moderate polyhydramnios. A fetal thoracocentesis was performed to drain pleural fluid, and the analysis of pleural fluid revealed a transudative effusion. However, severe hydrothorax recurred after three days, and an insertion of right-sided fetal thoracoamniotic shunt and a concurrent amnioreduction were performed at 31 weeks of gestation. Follow-up scans revealed a reduction of right hydrothorax with a static state of mild polyhydramnios. She underwent a planned caesarean section at 36 weeks of gestation and delivered a female fetus weighing 2,560 gram with APGAR scores of 9/9. The baby required non-invasive ventilation for 3 days. Postnatal chest radiographs showed resolution of pleural effusions and good lung volumes. She was discharged well at day 14 of life and was thriving at 6-week and 3-month postpartum visits. **Discussion:** Severe fetal hydrothorax, if left untreated, can lead to serious neonatal morbidity and mortality. In this case, the fetal thoracoamniotic shunt was life-saving because it improved fetal hydrothorax and enabled the pregnancy to reach a near term gestational age.

Pregnancy outcomes in congenital heart disease with pulmonary hypertension

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ABSTRACT

Introduction: Maternal mortality in women with pulmonary arterial hypertension and heart disease (PAH-CHD) remains high in pregnancy. Reported maternal deaths for pregnant women with pulmonary arterial hypertension is 5-56%. We aim to review maternal and fetal outcomes in patients with pulmonary arterial hypertension and congenital heart disease (PAH-CHD) identified from our registry. **Methods:** Retrospective review of pregnant women with pulmonary arterial hypertension and congenital heart disease (PAH-CHD) that delivered in Hospital Sultanah Bahiyah over 8 months duration between October 2021 to May 2022. Patients with confirmed PAH-CHD based on echocardiographic assessment or right heart study were enrolled. **Results:** There were 8 patients with PAH-CHD. 7 (85%) delivered and 1 (12.5%) required termination of pregnancy. Mild pulmonary hypertension was seen in 4 patients PASP <50 mmHg (50%) while 4 patients had severe pulmonary hypertension, PASP >70 mmHg (50%). Major cardiac event like heart failure occurred in 2 patients (25%). One patient developed pulmonary embolism (12.5%). Caesarean section was performed for 6 patients (75%), 2 (25%) as elective for severe pulmonary hypertension and 4 (50%) as emergency due to fetal distress. Complications in pregnancy included preterm delivery 4 (50%). There were no miscarriages, fetal or neonatal mortality. No maternal mortality was observed. 4 infants (57%) had PDA and PFO detected. **Conclusion:** Pregnancy in patient with pulmonary arterial hypertension and congenital heart disease is possible. Our study shows favourable outcome with 85% who delivered with no maternal or neonatal mortality. Larger studies are required to determine the exact pregnancy-related risk in PAH-CHD.

Pustular Psoriasis of pregnancy occurring in the first trimester: A case report

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ABSTRACT

Background: Pustular psoriasis is a rare dermatosis of pregnancy with typical onset during the last trimester of pregnancy and rapid resolution in the postpartum period. Unlike other pregnancy dermatoses, it can be associated with constitutional symptoms, including fever, rigors, arthralgia and complications of secondary infection and sepsis. In addition, there is an increased risk of fetal anomalies and stillbirth. **Case Description:** We report a case of a 35-year-old lady in her third pregnancy who presented with generalised pustular psoriasis and presents at 12 weeks of gestation with 98% involvement of the body surface area. She had a similar episode of pustular psoriasis in the second pregnancy, which started in the third trimester and resolved three months post-partum. Patient was treated with topical steroids and required oral cyclosporin throughout her pregnancy to control her symptoms adequately. Regular fetal assessment was instituted by the MFM team. She went into spontaneous labour at 36 weeks of gestation and delivered a healthy infant. Review by the dermatology team 3 months postpartum revealed her symptoms had resolved. **Conclusion:** This case illustrates the importance of early detection and instituting appropriate treatment for patients with generalised pustular psoriasis in pregnancy. Both the fetus and mother need to be monitored closely when systemic illness occurs, as there is a risk of stillbirth. Cyclosporin, when used appropriately is effective and relatively safe.

Fimbrial cyst torsion in a term pregnancy: A rare case report

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ABSTRACT

Introduction: Adnexal torsion is a surgical emergency and requires early intervention to salvage the tissues, especially in the adolescent and reproductive age group. Nonetheless, isolated torsion of fimbrial cyst (paraovarian/paratubal) has rarely been described in the literature due to its scarce occurrence. It is even rarer to occur in term pregnancy hence making its diagnosis a conundrum. **Case Description:** We admitted a G1P0 at 38 weeks and 6 days with acute gastroenteritis and reduced fetal movements. She is known to have a left sided adnexal cyst of 5 cm but has been asymptomatic throughout the pregnancy. Whilst being medically fit to be discharged from her initial complaints, she developed a sudden onset left iliac fossa pain, with localizing tenderness over the area between the anterior superior iliac spine and the uterine border. The rest of the abdomen and uterus were soft and non-tender. Her pain did not subside despite pain relief, leading to surgical intervention via cesarean delivery and exploration of the adnexa, revealing an unsalvageable torqued fimbrial cyst needing fimbriectomy. **Discussion:** Adnexal torsion rarely occurs in term pregnancy due to space limitations. Nevertheless, an acute abdomen on the background of adnexal mass requires vigilant assessment and evaluation to ensure timely intervention and prevent further complication.

A five-year review of pregnancy outcomes in women with systemic lupus erythematosus presenting to the combined clinic of Tuanku Ja'afar Hospital, Seremban

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ABSTRACT

Introduction: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disorder that is related to adverse pregnancy outcomes, especially if the disease is still active within six months prior to embarking on pregnancy. This study aimed to evaluate pregnancy outcomes in pregnant women with SLE. **Method:** This was a retrospective observational study which recruited all pregnant women with SLE who attended combined clinic, Tuanku Ja'afar Hospital, Seremban and delivered in the same hospital between 1 January 2017 and 31 December 2021. Outpatient cards and case notes were reviewed for maternal and neonatal outcomes. **Results:** Of 38 eligible subjects, 19 (50%) had lupus nephritis, and 19 (40%) had SLE with no renal involvement. The subjects' clinical SLE Disease Activity Index 2000 (cSLEDAI-2K) scores were 0 in 33 (86.9%) women, 2 in 4 (10.5%) and 8 in 1 (2.6%). The rates of disease flare during pregnancy, pre-eclampsia, gestational diabetes mellitus and caesarean section were 18.4%, 13.2%, 23.7% and 47.4% respectively. The live birth rates were 97.4% with 8 (21.6%) babies being born prematurely. There were 3 (7.9%) cases of fetal growth restriction and 6 (16.2%) cases of fetal distress. None of the newborns had congenital heart block and neonatal lupus. **Conclusions:** Pregnancy in SLE women should be well planned because satisfactory pregnancy outcomes can be achieved if they embark on pregnancy during disease remission. Pregnant women with SLE should also be informed about maternal and fetal complications associated with SLE which put them at a higher chance of needing a caesarean section.

Idiopathic thrombocytopenic purpura: The impact on the pregnancy and delivery: A case report

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ABSTRACT

Introduction: ITP in pregnancy is rare, with the incidence estimated at 0.1-1 in 1,000 pregnancies. Most times, diagnosis is already established before pregnancy. Patients are usually asymptomatic even when the platelet count is < 20. **Case Description:** A 26-year-old primigravida with chronic ITP since 12 years old, with multiple episodes of relapses requiring pulsed steroid and high doses of oral steroid pre-conceptually, booked at 12 weeks gestation, asymptomatic with platelet count of 46 on oral Prednisolone 10 mg OD. She was admitted at 33 weeks with platelet count of 19 but remained asymptomatic. Pulse steroid followed by 40 mg oral Prednisolone were given and she was discharged with platelet count of 33. At 36 weeks gestation her platelet count dropped to 24, but there was no bleeding tendency. Pulse steroid was given, and her platelet rose to 81. Induction of labour was done at 37 weeks gestation in view of fluctuating platelet count and term gestation. She eventually had an emergency caesarean section for fetal distress. The caesarean section was complicated by uterine atony and various oxytocic, a B-Lynch suture and bilateral internal iliac ligation were needed to contract the uterus and control the bleeding. She was discharged well on day 14 with a platelet count of 140. **Discussion:** ITP has significant impact on pregnancy, labour and delivery as well as on the newborn hence multidisciplinary approach by an experienced team may improve the outcomes.

The efficacy of intra vagina culture (IVC) system in in-vitro fertilization (IVF): The INVOcell device versus conventional IVF as treatment option for infertility couples: The INVOcIVF study

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ABSTRACT

Introduction: Intravaginal culture (IVC) was proposed to reduce the overall burden of setting up the modern embryological laboratory in a low-resource setting. The IVC technique uses a "small vaginal tube" created as a gas permeable culture device called INVOcell. This device is used to culture the oocytes and sperm following the extraction. It is inserted into the vaginal cavity, acting as a "natural incubator" aiming for fertilization and supporting the subsequent embryo development. The purpose of this study is to compare the efficacy of IVC to conventional IVF incubators in a laboratory setting. The primary endpoint examined was a good quality blastocyst. Secondary endpoints included fertilization rate for oocytes and blastulation rate between IVC and conventional IVF. **Methods:** In this prospective study, 23 women aged <41 years old, and BMI <29 kg/m², were included for both IVC and conventional IVF. Controlled ovarian stimulation was administered with Urofollitropin and human menopausal gonadotrophin (HMG) in a fixed GnRH antagonist cycle. **Results:** IVC produced greater blastulation rate than conventional IVF (p<.05). There was no significant difference in fertilization rate for oocytes in IVC and conventional IVF, as well as good quality embryo in IVC and conventional IVF (both with p>.05). **Conclusions:** IVC was shown to be superior to conventional IVF in creating blastocyst. However, both IVC and conventional IVF produced similar fertilization rate and good quality embryo. IVC using vagina as a "natural incubator" do help in reducing the need for high technology embryological laboratory to implement IVF in a low resource centre.

A case of abdominal wall endometriosis in a caesarean section scar: A case report

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ABSTRACT

Introduction: Abdominal wall endometriosis in a caesarean section scar (AEC) is a rare condition of extrapelvic endometriosis. The incidence of AEC has been reported at around 1-2% in patients undergoing lower abdominal surgery. A tender and painful abdominal wall mass is considered suggestive of AEC in females of reproductive age with a previous history of caesarean section. Although AEC has typical signs and symptoms, it is often misdiagnosed due to its rarity. **Case Description:** The authors present a case of a 37-year-old, para 1 with history of lower segment caesarean section 17 years ago in the year 2005 presented with pain over her scar site in the last 5 years. Her pain worsens every time she has her menstruations. She also complained of intermittent brownish discharge from the scar site for the past 1 year. On examination, there was a palpable mass at her Pfannenstiel scar, firm in consistency and tender to palpation with no overlying skin changes. Ultrasound was done and she was initially diagnosed to have caesarean section scar fibroma. She was then planned for wound exploration and excision biopsy. However, intraoperatively, the mass looked like AEC which was then excised. Histopathological examination confirmed the diagnosis of endometriosis. Postoperatively, she was given Gonadotropin-releasing hormone (GnRH) analogue injections monthly for 3 months and was then discharge well.
