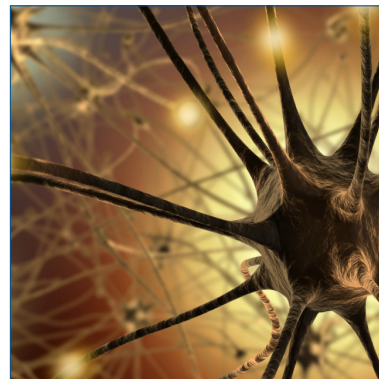
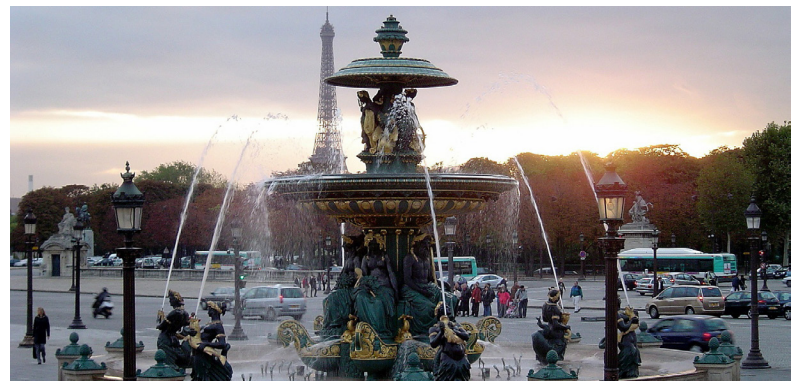

Poster Presentation

Palliative 2019 *Gynecology 2019*



International Conference on
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&
International Conference on
Stroke and Clinical Trials
February 28 - March 01, 2019 | Paris, France

To determine risk of infertility index in female with Polycystic ovarian syndrome (WHO group 2 ovarian dysfunction)

Munazzah Rafique

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Background: Prognostic factors are predictive of future fertility, specified investigation focused management, and selection of ART and IVF outcomes. PCOS is widely prevalent in KSA and is easily diagnosed based on certain criteria, but has not been classified in the current literature into at risk categories. Our aim is to construct a scoring system for females with WHO type 2 anovulation (PCOS) that can be used to assess the prognostic factors for conception and categorize them in mild, moderate and high risk groups. This grouping will provide recommendations on how these prognostic factors may be used to assess high-risk subgroups in different clinical situations and craft the ART treatment strategy according to risk assessment.

Objectives: To develop a risk of infertility index (RII) in women with Polycystic ovarian syndrome WHO group 2 ovarian dysfunction (PCOS-G2) in order to have pretreatment risk assessment that will help in unifying the ART treatment approach.

Methodology: A retrospective cohort study was done for a period of 1 year from 2017 to 2018 at REIMD of KFMC. There were 50 women presented as PCOS that were selected randomly. After initial scrutiny 39 women who have all clinical, biochemical and sonographic criteria were included

and patients with amenorrhea, CAH and POI were excluded. RII scale was used to assess the score in women with PCOS-G2 and to classify them into different risk categories like mild= score ≤ 7 , moderate = score 8-10 and severe = > 10 .

Result: In our study, majority of the cases 24 (61.5%) had a moderate score of 8-10, whereas 13 (33.3%) had severe score of >10 . Although there was no significant correlation between score and outcome, majority of our cases had no pregnancy 34 (89.8%).

Conclusion: Majority of our patients had mild to moderate score (low risk group) than severe score (high risk group). Furthermore, the chances of pregnancy after infertility treatment including interventions are low.

Speaker Biography

Munazzah Rafique is currently working as clinical research specialist in health information standardization department at King Fahad Medical City. She has worked as physician managing highly complex cases in King Fahad Medical City Riyadh with big patient population and diverse problems in Obstetrics and Gynecology. She has worked as dedicated Ob/Gyn Resident with accomplished background with sound knowledge in the field of Obstetrics and gynecology and worked with the team of professional which enhanced her teaching skills. She is an active participant of research work currently engaged in research processes having visionary leadership style with the ability to inspire confidence and creatively solve problems, remove obstacle and achieve breakthrough results.

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Notes:

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Successful vaginal delivery after surgical evacuation of caesarean scar ectopic pregnancy: A case report

Suchana Dhital, Beena Subba and Abha Govind
North Middlesex University Hospital, UK

This case study aims to review timing and mode of delivery in women in subsequent pregnancy following caesarean scar ectopic pregnancy. Caesarean Scar Ectopic Pregnancy (CSP) is a rare form of ectopic pregnancy. Subsequent pregnancy following CSP is usually associated with complications such as miscarriage, placenta previa or accreta, life threatening haemorrhage leading to hysterectomy and uterine rupture threatening lives of mother and fetus. Given the low incidence of CSP, even lower rate of successful conception rate following CSP, lack of consensus on treatment modalities of CSP and subsequent pregnancy and risk of complications, delivery of women with subsequent pregnancies following CSP is usually carried out by caesarean section at term. We report on a case describing uncomplicated pregnancy course and successful vaginal delivery of a woman who had had caesarean scar ectopic pregnancy previously.


The case of 38-year-old, Gravida 7 P2+4, who was diagnosed with a CSP in her 5th pregnancy and managed by evacuation of caesarean scar ectopic pregnancy, was followed up from

7+6 weeks of pregnancy till postpartum period. She was induced with dinoprostone at 37+3 weeks of pregnancy. Labour was conducted under epidural analgesia, blood was readily available and the fetus was continuously monitored throughout labour. Healthy baby of birth weight 3.19kg was delivered without complications with second degree perineal tear. Obstetric management was largely based upon current literature and professional experience as there are not specific guidelines for the management in subsequent pregnancy after CSP. Although, subsequent pregnancy following caesarean scar pregnancy is associated with significant morbidity at all stages of pregnancy, hence, is recommended to deliver women by caesarean section at term, this case demonstrates that vaginal delivery can be an option with careful case selection, close monitoring and informed consent from patient.

Speaker Biography

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Economic perspective of evaluating fertility treatment in obese and overweight infertile women

Munazzah Rafique

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Background: Excess body weight is associated with adverse effects on longevity, disability-free life-years, quality-of-life, and productivity. The higher the proportion of the population that is overweight and obese, the commanding is the use of health services, which is followed by a higher treatment costs for the obesity-related diseases than in normal weight population. Moreover, rapidly expanding evidence suggests that excess body weight is linked to many additional disorders, including infertility, contributing to the cost burden. Therefore, we are working towards vision 2030 to decrease the cost of the infertility services provided to the patient and increase the effectiveness of the ART procedures in Saudi Arabia.

Objectives: Since infertility is associated with obesity and leads to economic burden in the form of failed ART, we aimed to evaluate the economic consequences of overweight and obese infertile women regarding successful fertility treatment and associated higher costs. We will assess the impact of overweight and obesity on the ART outcomes that may increase the cumulative cost.

Methodology: Retrospective cohort study for analysis of infertility patients receiving IVF. Utilities were taken from collected data. Cost were estimated from the type and number of intervention used. The analysis was performed from research department. For IVF, the costs and clinical outcomes associated were compared with different weight groups (obese, overweight and normal weight). The incremental cost for each cohort of clinical outcome were


calculated as Incremental Cost-Effectiveness Ratios (ICER). The incremental cost-effectiveness ratios for various cohorts were ranked to assess funding priorities. All parameters and observable variables were taken into account and then probabilistic sensitivity analysis by means of Bayesian method was used for health economic assessment. Multivariate analyses by putting all of the inputs at the same time across their plausibility ranges was done. The extent of uncertainty in sensitivity analyses was minimized by deriving cost from actual clinical data, and it was representing the 95% CIs around various point estimates.

Conclusion: The statistically significant relationship of obesity to the IVF outcomes, direct us to have introduced lifestyle measures before starting affluent IVF treatment. It will help us to develop a framework within which the consequences of fertility treatment and outcomes of resultant pregnancy can be evaluated simultaneously for infertile women in different body weight categories.

Speaker Biography

Munazzah Rafique is currently working as clinical research specialist in health information standardization department at King Fahad Medical City. She has worked as physician managing highly complex cases in King Fahad Medical City Riyadh with big patient population and diverse problems in Obstetrics and Gynecology. She has worked as dedicated Ob/Gyn Resident with accomplished background with sound knowledge in the field of Obstetrics and gynecology and worked with the team of professional which enhanced her teaching skills. She is an active participant of research work currently engaged in research processes having visionary leadership style with the ability to inspire confidence and creatively solve problems, remove obstacle and achieve breakthrough results.

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Effect of substance abuse on sports (personnel) in Uganda

Kiyemba Ronald
Sports Coach, Uganda

Statement of the Problem: Substance abuse is popular on the increase in our low income setting today for various reasons and is associated with poverty as a major risk factor. In Uganda mental illness has become common in sports and is often associated with substance enhancement from alcohol and marijuana intake. Some of the factors that have promoted this rise include physical pain, chronic injuries and pressure to produce results. The overall effect of this problem has led to addiction, low productivity, social dissociation and finally failure to perform in sports.

Method: We reviewed articles and references of related topics finding those relevant to the scope of the subject. Objectively closed ended questioners were given to 380 sports participants chosen from 12 sports centers (Pilot) areas under random distribution in 4 different regional urban setting in Uganda. They were assessed on modified additional and productivity scales.

Findings: Northern region (n=60) 12 normal 48 (80%)


addiction low productivity 0.83 (83.3%), Eastern region (n=100) 20 normal subjects, addiction 40 (40%) low productivity 47 (47%). Western region (n=90) addiction 23 (25.5%) low productivity 52 (57.7%) Central region (n=130) addiction 68 (52.3%) low productivity 39 (30%) urban region e.g. central have highest rates of addiction with low productivity due availability of drugs and cheap alcohol/spirits on the market. Restrictions on alcohol is not observed within the local communities in the rural region's sports men have highest low productivity due to poor social support, unemployment and no formal infrastructure.

Conclusion: Addiction and low productivity have affected the sports industry in Uganda leading to poor performance in sports

Speaker Biography

Kiyemba Ronald is a Coach for Uganda Cycling National teams. He holds a Degree in Sports Science.

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 Notes:

Structure-function properties of *Kytococcus sedentarius* WhiB1

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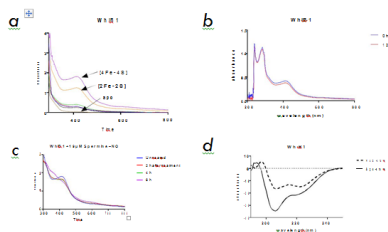
Kytococcus sedentarius (Ks) is an opportunistic bacterium involved in pitted keratolysis, cerebral cyst infections, endocarditis and bacteraemia. WhiB-like (Wbl) proteins are a family of proteins that are only located in actinomycetes and play important role in developmental processes. The C-terminal regions are rich in positively charged amino acids, suggesting a role in DNA-binding. The N-terminal regions possess four conserved cysteine residues that act as anchors for iron-sulfur clusters, which respond to redox stress. This study shows that: (i) the cluster can be isolated in three forms. (ii) The cluster is important to structure the protein. (iii) The cluster is sensitive to spermine nitric oxide (NO) but not oxygen (O₂). Significance: the iron-sulfure cluster of WhiB1 is a key factor in the protein function. The cluster modulates the conformation of the protein, changes the DNA-binding properties and allows the protein to respond to NO but not O₂. These facts suggest that WhiB1 has a role as an NO-responsive gene regulator that could be important for survival and persistence in human macrophages.

on the oligomeric state of *K. sedentarius* MBB WhiB1. (a) Isolation of WhiB1 in three forms (indicated in black arrows). (b) UV-visible spectra were obtained before and after exposing the WhiB1 [4Fe-4S] cluster to air, the absorbance at 420nm indicates that the iron-sulfur cluster did not degrade under aerobic conditions. (c) UV-visible spectral changes upon reaction of holo-WhiB1 with NO. (d) Far-UV circular dichroism (CD) spectroscopy analysis of apo- and holo-WhiB1, indicating that apo forms a feature at 204nm, while holo forms two features at 218-222nm.


Speaker Biography

Meshari A Alhadlaq has received his BSs and MSs in Molecular biology from Qassim and Bangor universities in Saudi Arabia and United Kingdom in 2007 and 2013 respectively. Then he joined the molecular biology and biotechnology department at the University of Sheffield as a PhD candidate in 2015, to study the structure and biochemistry of protein. Since then his studies focus on the characterisation and role of WhiB proteins of *Kytococcus sedentarius*.

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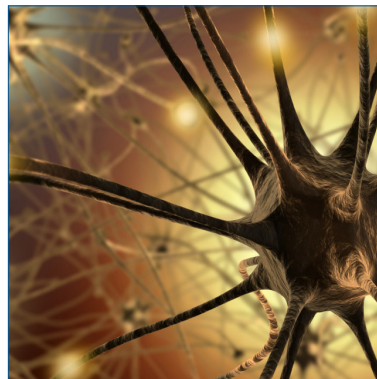


The study figure. Isolation and effect of [4Fe-4S] cluster

 Notes:

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Recovery of acetaminophen-induced fulminant hepatic failure and encephalopathy after ten days of intravenous N-acetylcysteine administration in twin boys

Abdullah Altamimi, Ahmed Abusibah, Ali Almajed, Faisal Al Ghamdi, Saleh Al Manea and Barrak Al Dosary
KFMC, Saudi Arabia

Acetaminophen is considered a safe medication and is a favored analgesic and antipyretic [1-7]. Despite this, frequent use of unintended inappropriate dosing or failure to recognize the risks associated with standard dosing can contribute to acetaminophen toxicity. Twins aged 10 months were admitted to a primary hospital due to a viral infection lasting for five days and were treated with acetaminophen and antibiotics. Their condition worsened and they were transferred to tertiary hospitals. Twin 2 was brought to KFMC, and twin 1 was admitted to another hospital. As per medical report, twin 1 received 160 mg acetaminophen orally (120 mg/kg/day) and twin 2 was (96 mg/kg/day) for five days, after which the patients' conditions did not improve. Despite acetaminophen therapy, the fevers continued, and they developed diarrhoea and vomiting. Treatment twin 1 acetaminophen levels of 80 $\mu\text{mol/L}$, an intravenous loading dose of N-acetylcysteine was initiated at 150 mg/kg over 1 h, followed by a second dose of N-acetylcysteine of 50 mg/kg over 4 h, and finally 100 mg/kg N-acetylcysteine over 16 h per day for three days. Treatment twin 2 a loading dose of NAC was initiated at 150 mg/kg over 1 h, followed by a second iv dose of 50 mg/kg NAC over 4 h. Then, 300 ml


of fresh frozen plasma and 5 mg of vitamin K was given by the i.v, followed immediately by 100 mg/kg NAC over 16 h and continued at 10 mg/kg/hour thereafter. The rate was reduced to 6.25 mg/kg/hour after three consecutive ALT level results of <1000 IU/L and normalization of INR. There was no further bleeding after 48 h of NAC administration. Both patients were discharged, after one-month check –up both infants were fine.

Conclusions: Although paracetamol toxicity is uncommon, it is important that physicians need to provide adequate counseling to parents regarding its use in the management of fever during viral illnesses.

Speaker Biography

Abdullah Altamimi is a medical consultant with an expertise in Paediatric emergency and medical toxicology. He earned his medical degree at King Saud University Medical College. He completed his paediatric residency program at King Saud Medical City and completed his fellowship in paediatric emergency program at King Abdulaziz Medical City. He attended and joined several fellowship trainings in Paediatric emergency at University of Toronto and in medical toxicology at Emory University Georgia USA. He was a member of Arab Board general paediatric at Damascus Syria and Saudi Board Paediatric Emergency. He has authored numerous journals related to toxicology and acetaminophen.

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 Notes:

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Altered gene expression of remodelling proteins after IVF/ICSI explain increased pregnancy complications

Özlem Gün Eryılmaz

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Introduction: In IVF/ICSI pregnancies, placental adaptation that favors fetal development may be disrupted due to the unnatural pathways induced by in vitro interventions. This may be reason why the incidence of placental complications such as abnormally adhesive placenta and preeclampsia/placental ablation are increased in these patients.

Matrix metalloproteinases (MMPs) are proteolytic enzymes that break up extracellular matrix (ECM) to remodel the tissues via angiogenic and apoptotic pathways. So called the tissue inhibitors of metalloproteinases (TIMPs) inhibit MMP actions and both of them are in balance during healthy tissue functions. Disturbed balance between MMP and TIMPs in favor of increased degradative activity during implantation, placentation and remodelling of the growing placenta may cause gestational problems which are more common in the pregnancies conceived via IVF/ICSI. The ADAMTS (A Disintegrin and Metalloproteinase with Thrombospondin motifs) enzymes are similar extracellular enzymes like MMPs. They cleave or modify the ECM, similar to their relatives. Increased expression is associated with uncontrolled tissue proliferation and behaviours of metastatic invasion in cancer and inflammatory diseases. ADAMTS 1, being the first identified member of this family, has an additional anti-angiogenic effect.

The aim of this study was to measure gene expression levels of MMP2, MMP9, TIMP 1 and ADAMTS 1 in placentas of IVF/ICSI conceptions and compare them to the gene expression

levels of placentas obtained from control patients who had conceived spontaneously.

Material Methods: A total of eighteen tissue samples of placenta from IVF/ICSI (n=9) and spontaneous (n=9) pregnancies were obtained. We measured the gene expression levels of ADAMTS1, MMP2, MMP9 and TIMP1 by real-time polymerase chain reaction. Expression levels were analysed using the delta threshold cycle method.


Results: The levels of ADAMTS1, MMP2, MMP9 were increased in placentas obtained from IVF/ICSI pregnancies compared to controls (p<0.05 for all). TIMP1 values were not different.

Conclusions: Gene expression of MMP2, MMP9 and ADAMTS 1 were increased in the placentas of the pregnancies conceived via IVF/ICSI compared to those conceived spontaneously. Disturbed placental architecture as a result of the increased destructive actions of MMP and ADAMTS may be one of the reasons why IVF/ICSI pregnancies are more prone to gestational complications.

Speaker Biography

Özlem Gün Eryılmaz has completed her PhD at the age of 24 years from Hacettepe University and Ob&Gyn Education and Research Hospital, Turkey. She has been working as a gynecologist for 22 years and for the last 8 years she has been interested in IVF and endometriosis. Her publications are mostly over these topics. Since 2013, she has been working as an associate professor in a government hospital in Ankara.

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Resection hymenal surgery

Ibrahim Elsaeid Mashal
El Mahalla General Hospital, Egypt

Hymen is the symbol of virginity in all Islamic and Arabian countries and for many millions of families all over the world. So, it is very important to be saved and respected in all hymenal surgery such as imperforate cribriform and microperforated hymen. The surgery can be performed only by using a syringe and a scissor. We can leave behind us a normal shaped intact respectable hymen without any kind of complications.

Speaker Biography

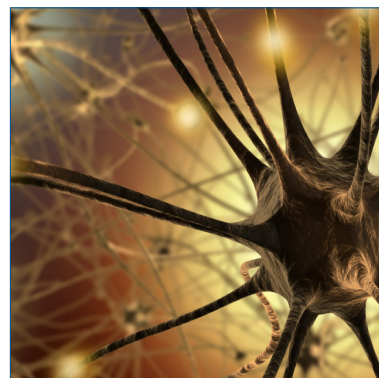
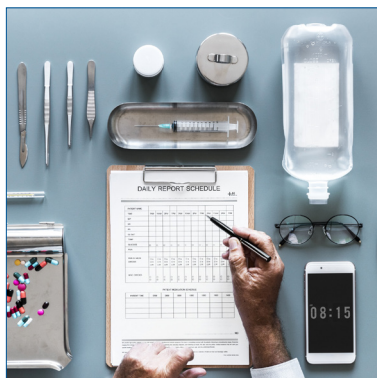
Ibrahim Elsaeid Mashal is 59 years old. He completed his graduation at Tanta school of medicine. He is working as a Consultant in the department of Obstetrics and Gynecology at El Mahalla General Hospital, Egypt. He is a member of Clinical Society of Obstetrics and Gynecology at Mansoura, Egypt. Currently, he is the President of El Mahalla El Kubra and Sammanoud Society of Obstetrics and Gynecology.

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 Notes:

E-Poster

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Advanced care planning in elderly patients admitted with neck of femur fractures – are standards being met?

Georgia Lamb and Jenna Bhimani
St Mary's Hospital, UK

Background: A fractured neck of femur is the leading cause of injury-related mortality in elderly patients, with around one third of patients dying within 1 year. The Gold Standards Framework recommend that advance care planning (ACP) should be carried out for patients with general frailty and co-existing conditions that mean they are expected to die within 12 months.

Methodology: We assessed the standards of ACP in patients over 65 admitted to a surgical rehabilitation ward with neck of femur fractures over a 3-month period. 57 patients were included in this study. Patient notes were analyzed for documentation of a discussion regarding patient wishes, resuscitation status including ceilings of care and communication of advanced care plans in discharge summaries. In order to identify those patients most in need of ACP, frailty scores were calculated using the Rockwood frailty score.

Results: Out of 57 patients, 30 were classified as frail and 9 as severely frail. 33 patients had a documented resuscitation status, of who three were for full escalation. 77% of


patients with DNAR decisions had further ceilings of care documented and 30% had ACP discussions. Of those without recorded resuscitation statuses, 40% were classified as frail and 78% had more than 3 comorbidities. Only 2 patients in this cohort had ACP. Of those patients that did have ACP, 63% received inpatient palliative. 81% of the patients who had ACP subsequently had this documented on their discharge summary.

Conclusions: Complete ACP is only being undertaken in 11% of patients in a cohort with an expected 1-year mortality of 30%. Frail patients at increased risk of mortality did not have resuscitation decisions documented. On admission with a neck of femur fracture, frail multimorbid patients should be recognized and this injury act as a prompt for ACP in the elderly.

Speaker Biography

Georgia Lamb is a junior doctor working in Care of the Elderly Medicine at St Mary's Hospital, London, UK. Her research interest is Care of the Elderly Medicine.

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Oral antifungals in dermatology safety

Macarena Morales Conde

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Oral antifungals are drugs frequently used in dermatology. They are indicated as the first line of treatment in infections such as tinea capitis or advanced onychomycosis. In addition, they may be indicated for dermatophyte or yeast infections when they are resistant to topical treatments, such as extended pityriasis versicolor. The objective of this work is to review the safety of the use of these drugs, focusing also on special situations such as pregnancy, lactation, childhood or patients with multiple pathologies.

Methods: To do this, we will review the literature in the PubMed database using the keywords “oral antifungal drugs”

and “safety”. We will limit the search to the last 10 years and to those publications that are available for full reading

Speaker Biography

Macarena Morales Conde completed her university studies at the faculty of medicine of Seville in 2013 and finished her speciality in surgical dermatology and venereology in 2018 at the Virgen Macarena Hospital in Seville. She completed her master's degree in clinical medical research and another in clinical dermatology. She has dozens of publications in national and international congresses, book chapters and articles in international journals. She is a member of the Spanish Academy of Dermatology and Venereology.

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Notes:

Quality of the end of life care for adult inpatient with advanced cancer in Saudi Arabia

Abdullah Algarni

National Guard Hospital, Saudi Arabia

Background: End-of-life care is one of the principle components of cancer care. Measuring quality of life is an important issue for monitoring clinical practice and improving outcome. This study is aiming to assess the quality of care provided by oncology department to adult in patients with advanced cancer in the last month of their life.

Methodology: Retrospective chart review of adult cancer inpatients for 6 months. Review of data include cancer patients in the last month of their lives. The primary outcome to assess the quality of end of life care provided by oncology department to inpatient with advanced cancer using The Cancer Quality-ASSIST.12 criteria were selected in this study to assess different aspects of care at the end of life.

Results: Total of 180 patient were included. 90% of patients were screened for pain. 98.7% of patients with dyspnea offered symptomatic management. 47% of patients were assessed for fatigue. 70% were assessed for nausea and vomiting. 95.6% of patients receiving chemotherapy were informed about the risks and benefits of treatment. 78.3% of patients with expected death been referred for palliative care prior to death. 86.7% of the patients were properly assessed for the need of PEG tube feeding. 71.1% (32/45) of patients

treated with chemo, they received chemotherapy during the last two weeks. 36.7% (66) patients visited ER once, 7.2% (13) twice. 26.1% (47) of patients were admitted to ICU once and one patient admitted twice. Mean time from palliative care referral to death was 78 days with median of 18 days. Social Support documented in 58.3% (105) of patients while Spiritual care documented in one patient only.


Discussion: Overall adherence to standards of physical care was good, however, more patients still receiving chemo in the last two weeks which is a poor-quality indicator. More attention is needed to psychosocial and spiritual care in order to improve the quality of care.

Conclusion: This set of quality indicators can evaluate the quality of supportive and end-of-life care provided to inpatients dying with advanced cancer and identify aspects of care that need improvement.

Speaker Biography

Abdullah Algarni is a Consultant and section head of Palliative medicine for the department of Oncology at King Abdulaziz Medical City. He was an Assistant professor at King Saud bin Abdulaziz University for Health Sciences at Riyadh, Saudi Arabia.

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Perceptions of aging and becoming ill: A study with elderly people in palliative care

Mariana dos Santos Ribeiro and Moema da Silva Borges
University of Brasilia, Brazil

According to Erik Erikson's theory of the life cycle, in old age, internal conflicts can emphasize suffering. Elderly look back over their past and may feel a sense of despair due to the non-recognition of meaning in life or they may feel a sense of integrity when they attribute meaning to their achievements and losses, including illness.

Objective: To understand the perceptions of elderly people in palliative care when facing the processes of aging and illness.

Method: Exploratory, descriptive, qualitative study. We interviewed 11 elderly in palliative care due to oncologic disease. The interviews were analyzed through ALCESTE Software.

Results: From the content analysis, we identified two axes. 1) Resist to survive and live, covers two categories: Resilient development, which mentioned the challenges throughout their lives trajectories, including few opportunities in accessing studies, financial difficulties, child labor, precarious living conditions, lack of basic sanitation and loss of parents and spouses; and the category Aging with integrity, which

portrays the coping strategies used to deal with aging and illness, including cognitive restructuring used to change the vision of a stressful situation in order to see it under a positive light, the spiritual support, which included faith, reading sacred books and the practice of prayer, and, finally, they also used acceptance as a coping strategy. The second axis: 2) Resisting to die well, covers a single category Stress in illness that emphasized the elderly's perceptions of stress related to illness, highlighting, the difficulty in accessing treatment.

Conclusions: Despite the adverse experiences along life trajectory and illness, the participants adopted a positive posture toward aging and becoming ill. They were able to live with integrity by using resilient coping strategies.

Speaker Biography

Mariana dos Santos Ribeiro is a nurse. She is specialized in aging by the Federal University of São Paulo, Brazil and holds a master's degree in nursing from the University of Brasilia, Brazil. She has publications in geriatrics and in palliative care and participates to international conferences in the area.

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 Notes:

Chronic itching unmasking extra mammary Paget disease in a celibate patient

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Background: Paget's disease, described by Sir James Paget in 1874 is classified as mammary and extra mammary. This later has been described initially by Crocker in 1889 and confirmed by Dubreuil in 1901, characterized by the presence of intra epithelial mucin producing neoplastic cells or apocrine gland bearing skin cells especially those located in the perineum of both sexes, axilla, groin, thigh, eyelid, external ear and umbilicus. It accounts for 10 % of Paget disease. It occurs mostly in postmenopausal Caucasian women without excluding men whom are mostly touched by the disease in Asian countries. It could be primary or secondary to intestinal and urogenital malignancy. Extra mammary Paget's disease is often multifocal, and in many cases, it has been demonstrated extending beyond the visible lesion. Diagnosis is based on having high clinical index of suspicion, confirmed by the presence of Paget cell on histopathology study and immunohistochemistry staining. Herein, we report a case of extra mammary Paget disease associated with urogenital malignancy discovered at the invasive stage in a celibate patient.

Case Report: This 86-year-old celibate lady was referred to tertiary care with a chronic complain of pruritus. She was known to have chronic arterial hypertension, chronic coronary artery disease treated by percutaneous angioplasty and recurrent pulmonary embolism without evidence of deep vein thrombosis. She denied any history of tobacco smoking, alcohol, or using illicit drugs. The sole treatment over the counter she used to take is pain killer. She reported a history of erythematous lesion appearing on the external part of her labia majors evolving into scaring and super imposed eczematous scale. She had previously been treated empirically with oral and topical antibiotics, topical antifungal agents and topical glucocorticoids without improvement. She was celibate and has never had any sexual activity. She was afebrile and stable hemodynamically. The rest of physical examination was not contributory. Patient has had a full radiological investigation including upper and lower gastro intestinal endoscopy that was without abnormal finding apart of sigmoid diverticulosis. Chest x-ray was showing mild cardiomegaly with free costo-phrenic angles and ultrasound of the breast was normal. However, ultrasound of the abdomen and pelvis showed a polypoid bladder mass with variable echogenicity and thickened wall of the bladder and three hypo echogenic liver masses evoking metastasis.

Kidney sizes were appropriate to the age of the patient without stone formation or dilation. There was no post voiding residual volume on ultrasonography. Patient was referred to urology clinic for evaluation and TDM and MRI abdomen and pelvis confirmed the previous findings with extension to lymph nodes in the retroperitoneal space and groins. Urinary cytology didn't show any neoplastic cell; however, cystoscopy confirmed a neoplastic nature of the tumor. Laboratory investigation was marked by grade I inflammatory anemia with high erythrocyte sedimentation rate at 114, CRP at 55.4mg/L (N<5) and increased ferritin level at 1413 ug/l (N<150). There was abnormal liver function tests in favor of cholestatic hepatitis (GGT =579 U/L and alkaline phosphatase at 442 U/L) and impaired kidney function test characterized by a creatinine clearance at 41 ml/min/1.73m² with tubular proteinuria at 740 mg/24hours. TSH mildly elevated and lactic dehydrogenase = 695 U/l. Plasma protein electrophoresis showed monoclonal gammopathy of undetermined significance and tumor markers were positive for CEA = 683(N<5), CA19.9 at 129, 5 (N <39). The rest of laboratory data was non-significant. Cystoscopy with biopsy of both lesions showed picture of Paget cells and immunohistochemistry stained for CK7, CEA, GATA -3 and negative for CK20, PS100 and MeIA. Histology of bladder confirmed the presence of infiltrate carcinomatous proliferation with focus of necrosis and embolism of lymph node. The retained diagnosis was infiltrating urothelial carcinoma of the bladder with high-grade invasion (pT2 of UICC).

Discussion: Mammary and extra mammary Paget's disease (EMPD) is uncommon intra epithelial adenocarcinomas. Both conditions have similar clinical features and they are characterized by the presence of large oval or polyhedral intra epithelial cells that have pale cytoplasm and large nuclei with prominent nucleoli. They can be visualized using hematoxylin and eosin staining. The most common presenting symptom in extra mammary Paget's disease is pruritus. In many circumstances it can be asymptomatic slowly progressive, presenting as plaque, patch or just a red lesion or complicated appearance justifying ruling out eczema, chronic local infection, inflammatory conditions and tumors. Lesions occasionally showed hyperpigmentation or hypopigmentation. Unfortunately, our patient was having longstanding pruritus and failed many therapeutic attempts associated with chronic


complicated vulvar patches in the absence of further clinical examination. We never expect the nature of the disease until receiving the histopathological and immunohistochemistry. Herein, EMPD was found to be secondary urogenital malignancy with distal invasion, classified as type III according to reported authors. Treatment options include surgery, radiotherapy, photodynamic therapy, topical immunomodulator (Imiquimod 5%) with or without Trastuzumab. Our patient was unfit for these trials as long as the disease was extended, preferring symptomatic treatment.

Conclusion: chronic rebel itching may arise from multifactorial possibility including tumoral etiology that included extra mammary local or invaded Paget 's disease. High clinical index of suspicion with a thorough work up should be undertaken to rule out secondary.

Speaker Biography

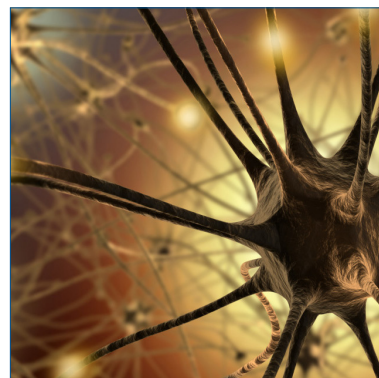
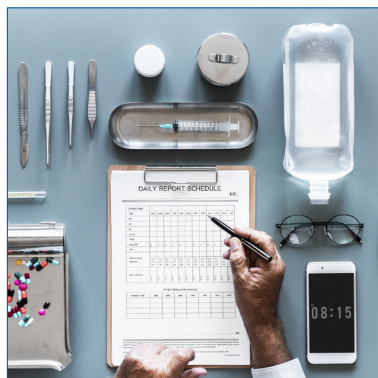
H Y Fanomezantsoa is currently working in the department of Secondary Care in Louis Jaillon General Hospital, Saint Claude, France. Her research work includes Paget disease associated with urogenital malignancy discovered at the invasive stage in a celibate patient

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 Notes:

Accepted Abstracts

Palliative 2019 *Gynecology 2019*



International Conference on
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The critical role of integrating spiritual care in palliative goals of care

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As part of a broader aim toward greater patient-centered care, an increasing number of medical leaders are urging health care systems and providers to offer more meaningful attention to patients' spiritual concerns. According to the National Consensus Project for Quality Palliative Care, palliative medicine promotes comprehensive care in a holistic (mind, body, and spirit) context. Further, the goal of palliative care is to prevent and relieve suffering while supporting the best possible quality of life for patients and their families, regardless of the stage of their disease or their desire for additional therapies. Dame Cicely Saunders expanded the definition of suffering, or total pain, to include physical, psychological, social, and spiritual dimensions. Palliative care has thus emerged as an area of medicine where matters of spirituality have an increasingly important role in whole-patient care. The demonstrated benefits of addressing spiritual and existential questions to end-of-life discussions

and decision-making include increased scores on patient satisfaction surveys, higher rates of hospice enrollment, and significant reports of better quality of life. There also appears to be a strong association between integrating spiritual care services and significantly lower rates of hospital deaths, decreased medical costs, fewer aggressive high-cost, life-sustaining medical interventions at the end of life, and a patient is much more likely to recommend the hospital system. The speaker will attempt to make the case that clinicians and providers should consider patients' spiritual beliefs when a life-challenging prognosis is rendered, and a subsequent Goals of Care plan is discussed. The opportunity for integrating spiritual care from the very first palliative medicine Goals of Care conversation is significant in that it might better address a truer sense of holistic palliative care.

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Promoting excellence in neutral, compassionate care approaches for unique families

Dixie K Weber

Family to Family Support Network, USA

Pregnancy is complex. The need for unique family care for vulnerable populations such as pregnant incarcerated patients, those planning adoptions, surrogates, and those pregnant with substance use issues is evolving at an incredible pace. The healthcare workers are having a difficult time keeping up with changing dynamics and care needs for unique families. While doctors and nurses in women's health, obstetric and neonatal facilities are well prepared to serve the "traditional" family, many admit they feel ill-equipped to care for the unique families. Standardized healthcare models tailored to care for unique families do not exist. Neutral compassionate care should be the approach utilized to appropriately serve the needs of patients and families in vulnerable situations. Families are frequently left to navigate the complexities of their unique scenario alone which can lead to adverse, unintended outcomes. Pregnant women and their families need neutral compassionate care. Neutral, compassionate care requires caretakers to set aside their personal biases and provide the

woman to have a neutral space to make decisions about her care which are right for her. Pregnant women and their families need to be empowered to make decisions for themselves and their unborn child without outside pressures based on opinions. Too often, a pregnant person, they lose their autonomy and sense of self. Self-identity can become fractured. Pregnancy can lead to empowering to change. This session highlights the unique needs of many under-served and under-supported patient populations including pregnant women with substance use disorder, women who are incarcerated and families who are growing after through surrogacy and adoption. Incorporating the concepts of neutral compassionate care in a partnership with the woman and family is imperative. This session will provide innovative ideas and proven approaches to serve these populations best and increase patient satisfaction while helping this new generation of Unique Families.

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 Notes:

Palliative care - A global perspective

Darcy J Hostetter-Lewis

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Despite current ease of travel and improved access to information due to technological advances and global access to the internet, extreme disparities remain with regard to the accessibility and availability of healthcare and healthcare related technology throughout the global community. Throughout the world, people who suffer from chronic or debilitating illness. Find themselves in need of care that is appropriate to their condition, cost effective, and readily available.

In the developed world, nations such as the United States find that 5% of the population are responsible for more than half of the health care dollars spent. In this area of the world, the goal of palliative care is to find effective ways to provide care that meets the needs of the individual in a manner that reduces the financial burden on society. The initiation of palliative care programs that utilize mid-level providers and provide care at home or through the use of outpatient clinics has been a technique used by almost every state in the Union.

In the developing world, countries such as Nigeria have

seen a decrease in the support individuals receive from their families. This lack of support, coupled with the pay-for-service model that often requires individuals to receive financial support to pay for healthcare, has left many patients without access to adequate care. The focus of palliative care in Nigeria, and similar nations, has been to attempt to set up programs that follow the Public Health Approach to Palliative Care model set out by the World Health Organization (WHO) and to find ways for those with chronic illness to receive the care they need, despite any problems with payment or any lack of family support.

A literature review was conducted in order to explore the international need for palliative care systems, and to compare and contrast palliative care needs and resources associated with countries of varying socioeconomic standings. This presentation will discuss the challenges faced by the global community and will explore the etiology of disparities that exist within and between select nations.

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Can non-absorbable sutures prevent complete vaginal cuff dehiscence?

Louise van der Does

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Objective: To compare the risk of complete vaginal cuff dehiscence (VCD) within the first 90 days of hysterectomy using absorbable versus non-absorbable sutures for vaginal cuff closure.


Methods: IRB approved, retrospective chart review of patients undergoing laparoscopic hysterectomy for benign disease between October 2013 and April 2018 by two gynecological surgical specialists in an ambulatory surgery center in suburban Maryland, USA. Transvaginal cuff closure was performed using either absorbable (Vicryl) or non-absorbable (Ethibond) sutures. Non-absorbable sutures were surgically removed at 90 days post-op.

Results: Non-absorbable n=574; Absorbable n=881. No statistically significant difference in age, race, weight, BMI, parity, uterine weight, number of previous abdominal surgeries, or number of comorbidities between the non-

absorbable and absorbable groups. We defined vaginal cuff dehiscence as complete separation of the vaginal cuff with or without abdominal or pelvic organ evisceration through the opening. At 90 days, 0 (0.0%) patients in the non-absorbable and 11 (1.2%) in the absorbable group had spontaneous complete cuff separation that required repair (P=.004). The mean time between the initial hysterectomy and VCD in the non-absorbable group was 72 days.

Conclusion: Our data suggest that using a stronger, non-absorbable suture may be an effective approach to prevent spontaneous and complete vaginal cuff dehiscence in an uncontrolled setting. The benefits of a non-absorbable suture should be weighed against the inconvenience, but low risk associated with removal of sutures in a controlled setting. Non-absorbable sutures should be further explored as a mechanism to prevent complete VCD.

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 Notes:

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Schwartz center rounds: Fostering compassion, communication, and teamwork

Richard Penson

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Shortly before his death in 1995, Kenneth B. Schwartz, a cancer patient at Massachusetts General Hospital (MGH), founded the Kenneth B. Schwartz Center®, a non-profit organization dedicated to supporting and advancing compassionate health care. The Center sponsors Schwartz Rounds®, a multidisciplinary forum where doctors, nurses, chaplains, social workers, and other staff reflect on important psychosocial issues that arise in caring for patients. Attendees participate in an interactive discussion about issues anchored in a case presentation and share their experiences, thoughts and feelings. The patient narratives may center on wonderful events and transcendent experiences, or awful stories, where staff can only bear witness

to the suffering. The Rounds focus on caregivers' experiences, and encourage staff to share insights, own their vulnerabilities, and support each other. The primary objective is to foster healing relationships and provide support to professional caregivers, enhance communication among caregivers, and improve the connection between patients and caregivers. Currently, more than 50,000 clinicians attend monthly Schwartz Rounds at 182 sites in 30 states, numbers that are rapidly growing. We will review the reasons that contribute to the success of this model of multidisciplinary reflection.

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Specialist palliative care: Quo vadis – back to the future or time to change our spots?

Amy Proffitt

Association For Palliative Medicine of Great Britain and Ireland, UK

The demography of dying is changing and so must specialist palliative care. We were a niche market managing selected people dying with single diseases such as cancer, and a few others like motor neurone disease, or amongst progressive services, a multisystem problem such as AIDS or single organ failures. And we are good at it, but too many people with equivalent suffering, but the wrong diseases cannot access services because they are not there. Data show that more of the same is unaffordable and probably will not work anyway because the population is different. Now, growing numbers of people have partially treatable constellations of comorbidities or are just old and their bodies are wearing out. They may not be

dying of anything specifically but together their comorbidities are killing them. This is palliative care's emerging epidemic. Is the way in which we have always managed the dying as specialists fit for this new future? Yes and no. We propose in this session to explore these challenges. We will use two different approaches that are developing for just such populations: one for people with far advanced heart failure and an approach known as 'age-attuned palliative care' services so that they can accommodate the frail and elderly. The approach is different although our core values to help people conclude their lives well remain and early data show that they are successful.

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Notes:

A narrative review of the literature on equity as it pertains to end of life care

Linda S McEnhill

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Introduction: A number of studies and publications over the past decade have described powerfully the relative inequities in access to palliative, specialist palliative and hospice care for disenfranchised individuals and groups. Recent public health analyses have offered useful insights but despite a range of interventions the multifactorial barriers have been worryingly impervious to change.

Aim: A narrative review of the literature on equity as it pertains to end of life care will demonstrate cross cutting themes that impact individuals and groups who do not routinely access palliative care and a four level analysis of access will be undertaken with suggestions for addressing the operational barriers of each level.

Method: A wide ranging narrative review of the literature on equity as it relates to end of life care has been undertaken the conclusions of which inform practice in addressing the barriers to access of palliative care for individuals and groups across a spectrum of potential users.

Conclusions: The barriers to access for individuals and groups can be characterised into distinct groups/themes which are useful for devising both proactive and reactive interventions to address the same ensuring all those who need palliative care are able to receive it in a way which affirms their personhood and in the place(s) of their choosing, irrespective of which condition occasions their dying.

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Talking about end-of-life: The last taboo topic

Austin-Crowe Z

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It used to be taboo to talk about contraception and same sex relationships, but not so today. Yet when it comes to talking about preferences for end-of-life care people squirm and change the subject. By not planning, discussing and making known one's preferences, people are risking having the very ending they can't bear thinking about. Health Issues Centre (HIC) is an Australian consumer health peak-body and aims to ensure consumers have a voice in healthcare decision-making and the information they require to make informed health decisions. In particular, HIC seeks to hear the voices of the marginalized, diverse and vulnerable through a Model of Consumer Influence.

Using a social listening methodology (eight focus groups), HIC identified that a consumer awareness campaign around end-of-life decision making was going to need a re-envisioned

approach. More posters, brochures and even a better form weren't going to encourage people to have the important conversation about end-of-life care preferences, let alone develop an advance care plan. In response, HIC has developed innovative ways of engaging with consumers using art, performance, Vox-pop videos and workshops to create a safe, humorous and contemplative environment to encourage end-of-life conversations.

Incorporating videos, this presentation will explore two such interventions: Unspoken: What will become of me? (a touring art and performance event which has travelled to over ten locations in 2018); and Is this what I would want in the end? (a wax model of an elderly lady requiring intensive care).

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Notes:

19q12 amplified and non-amplified subsets of high grade serous ovarian cancer with overexpression of cyclin E1 differ in their molecular drivers and clinical outcomes

Paul Waring

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Objectives: Readily apparent cyclin E1 expression occurs in 50% of HGSOC, but only half are linked to 19q12 locus amplification. The amplified/cyclin E1hi subset has intact BRCA1/2, unfavourable outcome and is potentially therapeutically targetable. We studied whether non-amplified/cyclin E1hi HGSOC has similar characteristics. We also assessed the expression of cyclin E1 degradation-associated proteins, FBXW7 and USP28, as potential drivers of high cyclin E1 expression in both subsets.

Methods: 262 HGSOC cases were analysed by in situ hybridization for 19q12 locus amplification and immunohistochemistry for cyclin E1, URI1 (another protein encoded by the 19q12 locus), FBXW7 and USP28 expression. Tumours were classified by 19q12 amplification status and correlated to cyclin E1 and URI1 expression, (CHECK FOR SPACING), BRCA1/2 germline mutation, FBXW7 and USP28 expression, and clinical outcomes. Additionally, we assessed the relative genomic instability of amplified/cyclin E1hi and non-amplified/cyclin E1hi groups of HGSOC datasets from The Cancer Genome Atlas.

Results: Of the 82 cyclin E1hi cases, 43 (52%) were amplified and 39 (48%) were non-amplified. Unlike amplified tumours, non-amplified/cyclin E1hi tumour status was not mutually exclusive with gBRCA1/2 mutation. The non-amplified/cyclin E1hi group had significantly increased USP28, while the amplified/cyclin E1hi cancers had significantly lower FBXW7 expression consistent with a role for both in stabilizing cyclin E1. Notably, only the amplified/cyclin E1hi subset was associated with genomic instability and had a worse outcome than nonamplified/cyclin E1hi group.

Conclusions: Amplified/cyclin E1hi and non-amplified/cyclin E1hi tumours have different pathological and biological characteristics and clinical outcomes indicating that they are separate subsets of cyclin E1hi HGSOC.

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Treatment of pain in cancer: Towards personalised medicine

Marieke van den Beuken-van Everdingen
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Despite increased attention to cancer pain, pain prevalence in patients with cancer has not improved over the last decade. One third of cancer patients on anti-cancer therapy and half of patients with advanced disease still suffer from moderate to severe pain. In this lecture the possible reasons for this lack of improvement will be discussed: barriers for patients to discuss pain with clinicians spontaneously; pain measurement instruments are not routinely used in daily practice; limited knowledge concerning assessment of under treatment; changes in patients characteristics,

including ageing of the population; limitations of available pharmacological treatment, lack of robust literature on effectiveness and a one-opioid-fits-all mentality. This lecture will elaborate on future perspectives and the development of personalised medicine in cancer pain. Based on recent research two ways to personalised medicine in pain treatment will be explored: the search for predictors “which patient-pain characteristics combination will benefit from what medication” and the advances in pharmacogenetics.

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Notes:

Stress perception and stress causes in adolescence. How to apply positive psychology approach in palliative care context

Javier Fiz Perez

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Stress is no longer a phenomenon that concerns adults exclusively. For this reason, we have decided to include teenage stress in our research. We have been submitting a survey on stress to a group of 671 teenagers with an average age of 16 years and 7 months. The survey was focused on two different aspects: stress perception and stress causes. Family Support Coping Questionnaire was also submitted. The main finding of this study is that 38% of the sample defines them as stressed, with no gender related differences. Subjects that consider themselves stressed indicate as causes lack of time (31%) and excessive commitments (23%). Almost all the subjects say school (48%), family (21%) and sentimental relationships (8%) are the main sources of stress. From the analysis of the open answers, it is clear that family and school expectations are the greatest sources of stress – even if significantly more so for females than for males. Subjects were asked to assess the level of stressed originated by finishing school and the need of choosing and planning their future. This finding is meaningful when measured up to the percentage of subjects that has stated to have already made the decision of what to do

when they finish studying. As it is seen in the graphic (we asked the subjects to state if they had already decided what to do after school) the greatest levels of uncertainty are found in year IV. The intersection of these data does not seem, however, enough to explain levels of stress, as the high percentage of students who have decided should cause a significant reduction of stress in year V. Most likely, stress concerning the post high school choice is the non linear combination of two factors: on one hand, uncertainty regarding the choice, on the other hand, the immediacy of the event. Comparing stress levels amongst subjects that count on strong family support and subjects that count on scant family support there are significant differences. The subjects that count on strong family support seem to register lower average stress levels, regarding their post high school choices. Furthermore, this kind of support seems to reduce stress as the event comes nearer, facilitating the decision-making. Today it's possible to think about the applications of this positive approach in Palliative Care context.

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Complete response of stage IV pancreatic cancer combining low-dose checkpoint inhibitors with interleukin-2 (IL-2) and fever range hyperthermia

Ralf Kleef, Robert Nagy, Arthur Bohdjalian, Viktor Bacher, Alina Wychera, Susanna Kekic, Dwight McKee, Hans Bojar and Ralph Moss
Immunology & Integrative Oncology, Austria

Advanced stage inoperable pancreatic cancer has a poor prognosis and patients rarely enjoy durable complete response to treatment; progression free survival often is limited.

Materials and methods: The patient was a 45-year-old male newly diagnosed 05/2017 with adenocarcinoma of the pancreas with histological confirmation of primary invasive ductal adenocarcinoma of the pancreas with disseminated liver metastasis (>20 single lesions up to 2cm) and a single large peritoneal deposit (2.7×2.0×3.9 cm) close to the caecum. There was small volume malignant ascites. Histology revealed adenocarcinoma stage UICC IV T2 N2 M1 (hepar, peritoneum) with disseminated para-aortal and celiac lymph node metastasis. The patient underwent one-time neoadjuvant CHT with Gemcitabine–Abraxane prior. Therapy consisted of administration of combination protocol with Checkpoint inhibitor therapy (anti PD-1/CTLA-4) in combination with endogenous and exogenous

hyperthermia as described previously.

Results: First restaging 11/2017 three month following initiation of therapy with CT of abdomen and pelvis demonstrated major partial remission with decrease of the size of disseminated liver metastasis and no measurable primary pancreatic tumour, vanishing of the previously described lymphadenopathy. At that time the patient had started gaining weight again and was free of any cancer-related symptoms. Second restaging 05/2018 nine months following initiation of therapy with CT of the abdomen and indicated complete remission. Follow-up time now is 1½ years. Patient is healthy and free of any symptoms.

Conclusion: This is one of several cases of advanced stage cancer patients having a complete response to primary immunotherapy treatment. Clearly, this combination immune therapy warrants further clinical studies.

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Notes:

Reproductive function in female kidney transplant recipients

Anastasia Kudrytskaya

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According to population registries prevalence of chronic kidney disease (CKD) in the world is about 10%. Global trends show growth of CKD due to chronic tubulointerstitial nephritis, secondary nephropathies. Kidney transplantation (KT) is a "gold standard" in CKD treatment. It was performed 362 times in 2017 in Belarus. The aim of the study was to evaluate menstrual function and hormonal changes in female kidney transplant recipients. The study included 55 women aged 18-44 who had undergone KT within last 5 years. They had adequate graft function confirmed by serum creatinine, urea, cystatine C, glomerular filtration rate. They were administered immunosuppressive drugs (Ciclosporin, Tacrolimus, Azathioprin, Mucophenolate mofetil) in different combinations. Patient's history was collected by questionnaire, hormone testing was conducted by ELISA. Control group consisted of healthy regularly menstruating

women matched by age. 68% of women after KT have regular menstruations with confirmed ovulation, 22% show oligomenorrhea, 10% are amenorrheic. Menstrual function restored within one year after KT. LH and FSH (on 5th and 25th days) showed no differences in both groups. Oligomenorrhea was accompanied by significant decrease in progesterone level to 5.48 pmol/L, statistically significant ($p < 0.01$) increase in estradiol level (up to 2.5 nmol/L) in the follicular phase. Elevated prolactin level to 948 mME/L ($p < 0.01$) and significant decrease of testosterone level to 0.1 pg/mL ($p < 0.01$) were found in 33% of KT recipients. Antimullerian hormone was significantly ($p < 0.01$) lower (1.30-2.45 ng/mL) in regularly menstruating women after KT than in oligo- or amenorrhea. Vitamin D concentrations were comparable in two groups.

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Screening for chromosomal defects

Veronika Frisova

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There are several methods of screening for chromosomal defects. The mothers worldwide do prefer the most safe, early and accurate method of screening. Currently, the most widespread and accepted one is the first trimester screening combining maternal biochemistry with ultrasound examination of fetal nuchal translucency and eventually other ultrasound markers of Down's syndrome and other chromosomal defects. Moreover, cell-free-DNA testing methods are used as the most accurate method of screening for the most common chromosomal defects. These two methods have advantage of early screening and eventually diagnosis of chromosomal defects. Second trimester biochemistry (triple or quadruple test) is much less accurate

method of screening. Integrated test combining maternal biochemistry in the first and second trimester with fetal nuchal translucency in the first trimester has a good accuracy, however its disadvantage are late results with diagnosis in the second trimester. Genetic ultrasound in the second trimester may improve accuracy of screening for Down's syndrome, but mainly plays important role in diagnosis of other, even less frequent chromosomal defects.

This presentation gives you an overview about the methods of screening for chromosomal defects with comparison of their accuracy, advantages and disadvantages.

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A great surgeon - a big scar - Is it still true today? From laparotomy to MIGS

Mikulasek Lubomir

Center for Minimal Invasive Gynecological Operations and Center for Lecbu Myomu, Czech Republic

So, time went: In the past was regarded as a great surgeon one that made a big scar. Laparoscopy was initially neglected. Later, over the years, the laparoscopy itself as equal and respected method and, conversely, those who managed to laparoscopic surgery, was regarded as a great surgeon. This was similar in recent times to hysteroscopy. Today, hysteroscopy is a common part of gynecological surgery.

Today we find ourselves in a similar developmental phase or breakthrough: implementation of operative hysteroscopy into the spectrum of office hysteroscopy and its general recognition and use as a basic MIGS procedure. All of this, of course, requires the creation of precise rules and standards - the actual office-resectoscopy concept, on the basis of which individual specialized office-resectoscopy units can be built on a wide global scale.

However, MIGS is not just mentioned - it is, on the contrary, constantly hand in hand with rapid technological development, a growing large group of minimally invasive methods, replacing invasive approaches (e.g. urogynecology, aesthetic and reconstructive gynecology, etc.).

In this aspect, we bring you the results and recommendations from our own over 2 years of experience in building a specialized out-patient Center of Minimally Invasive Gynecological Surgery with its main focus on office resectoscopy and its successful functioning with excellent results.

Based on our experience and results, we would like to open the debate on building the concept of these specialized out-patient centers.

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Isthmocele: Problem and solution

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With the incidence of caesarean section raising worldwide, there is an emerging number of its various both short and long-term complications. One of these complications is isthmocele – a pouchlike defect in the myometrium of the anterior uterine wall at the site of the previous caesarean section. According to the available literature, the prevalence of isthmocele varies significantly, but is reported to be as high as 60-70% after a primary section, reaching 100% after three consecutive sections.

The majority of isthmoceles are asymptomatic. However, in patients with previous caesarean section and abnormal uterine bleeding, dysmenorrhoea, dyspareunia, or chronic pelvic pain – an anterior uterine wall defect is frequently encountered. Additionally, there is a correlation between secondary infertility and the presence of isthmocele. Rarely, caesarean scar ectopic pregnancy and uterine rupture present themselves as serious complications of caesarean scar defect.

The treatment of symptomatic isthmocele is surgical, the main principle being resection of the defect and reconstruction of the myometrium. In addition to the classic abdominal via laparotomy and vaginal route, both laparoscopy and hysteroscopy were recently established as safe, efficacious and less invasive approach in the surgical restoration of the uterine wall.

Its high prevalence, potentially serious morbidity and significant impact on the quality of life, bring the spotlight to the entity of isthmocele and its related consequences. The emphasis is put on establishing its risk factors, determining prevention strategies and the most appropriate treatment methods.

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Notes:

The efficiency of intracerebral and intravenous MSCs administration in resolving diffused and neuritic Amyloid- β aggregates by recruiting bone marrow-induced Microglia M2 type in Alzheimer's disease rat model

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Background & Aim: Memory and learning disorders have been characterized by being a devastating long-term incurable diseases with a huge social and economic impact on worldwide society in addition to a diminished efficient available medical treatments with the potential for restoring and modifying memory defects onset and drawbacks. Deep brain stimulation via using neuroprotective inducers for restoring destructive degenerative brain structural diseases such as AD can be considered as being a promising successful therapy due to its various targets and underlying mechanisms for improving brain dysfunction by increasing synaptic plasticity and transmission. The main aim of this study is to suggest therapeutic medical protocol with a neuro regenerative potentials having the ability to restore normal brain mechanisms and mental functions in addition to understanding triggering pathways via which normal neurons diverse population restoration process can occur.

Method: Rats were divided randomly into nine groups, (G1) control group (G2) rats received lipopolysaccharide (LPS) injection (G3) LPS induced rats received NaHS, (G4) LPS induced rats received MSCs intracerebrally, (G5) LPS

induced rats received MSCs+NaHS, (G6) LPS induced rats received kefir+Ginko Biloba (GB), (G7) LPS induced rats received MSCs+kefir+GB, (G8) LPS induced rats received NaHS+kefir+GB and (G9) LPS induced rats received MSCs+NaHS+kefir+GB.

Result: AD induction by LPS in rats resulted in downregulation of CBS and GSH brain tissue level accompanied with overexpression in amyloid β , MAPK, Tau, ACAT and MDA brain level in addition to elevated caspase-3 serum activity level.

Conclusion: The administration of suggested medical protocol composed of MSCs and/or NaHS and/or kefir+GB resulted in relieving AD pathological deposited hallmarks with restoring the normal inflammatory brain excitatory levels by functioning as a potent neuro regenerative with the advantage of being easily implemented on human subjects as a result of its safety but with more clinical care obligations during conducting experimental design to minimize unpredictable drawbacks.

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Optimizing ICSI protocols in poor responders: Time to review the evidence

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Pregnancy is our greatest goal, researches were made all the time optimizing protocols to reach our goal, Patients with poor ovarian response (poor responders) who have typically few number of oocytes retrieved despite using an adequate induction protocol or >40 years old, these patients and their doctors suffer a lot to achieve their goal, we reviewed the available publications related to ICSI-ET protocols for poor responders which were identified using Pubmed and Medline

searching engines to assess their impact on Pregnancy outcome.

We raise the conflicts up to the surface and assess the impacts to gain the maximum benefits.

Although there is no international consensus on optimum ICSI-ET protocols in poor responders, yet we tried to converge views to keep couples smiling.

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Notes:

Effects of transvaginal electrical pelvic floor muscle stimulation in women with stress urinary incontinence

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Stress urinary incontinence (SUI) a common women health problem is an involuntary leakage of urine while sneezing, coughing or physical exertion caused by insufficient strength of the pelvic floor and sphincter muscles. Pelvic floor electrical stimulation (PFES) have been applied to improve the symptoms of the people with SUI. PFES activates afferent fibers of pudendal nerve and induces contractions of the pelvic floor muscles (PFM) such as striated periurethral muscles and striated PFM. The purpose of this study was to determine if the 8-week PFES would be effective to improve the symptoms and satisfaction of the females with SUI. Easy-K, specially designed PFES for the people with SUI, was used in this study. They have used the stimulator once a day for 20 minutes for each session at home. Outcome data was collected at the baseline, 4 weeks and 8 weeks after the intervention. Intravaginal sonography was used to measure the bladder neck angle, bladder neck movement, funneling index, thickness of an anterior rhabdosphincter and a

posterior rhabdosphincter, urethral length, and urethral width. Levator ani muscle (LAM) contraction strength was assessed by manual palpation. In addition, incontinence quality of life (IQOL) and female sexual function index (FSFI) questionnaires were used to obtain subjective information. The bladder neck angle, funneling index and urethral width were significantly decreased after intervention ($p < .05$). LAM contraction score, urethral length and anterior and posterior rhabdosphincter thickness were increased by the intervention ($p < .05$). However, no significant change was found in the bladder neck movement. Although total score of the IQOL did not improve, the score of the 'avoidance' subscale of IQOL had significant improved and FSFI had statistical difference in FSFI total score and 'desire' subscale ($p < .05$). In conclusion, 8-week use of a PFES improved mechanical structures of the PFM as well as IQOL and conjugal relationship.

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Promoting patients' rights at the end of life in a geriatric setting in France: The healthcare professionals' level of knowledge about surrogate decision-makers and advance directives

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Objective: To assess levels of knowledge about patients' rights, surrogate decision-makers, and advance directives among healthcare professionals at three hospitals in France.

Design: A multicenter, cross-sectional study.


Setting and Subjects: Acute care, post-acute care, and long-term care units in three geriatric hospitals in the Paris area (France). Between March and June 2015, all healthcare professionals in these units were invited to participate in the study.

Methods: The participants' level of knowledge was assessed via an 18-item self-questionnaire on surrogate decision-makers, advance directives, and end-of-life decision-making. Participants who correctly answered 14 or more of the 18 questions ($\geq 75\%$) were considered to have met the primary endpoint. The characteristics associated with a good level of knowledge were assessed using logistic regression.

Results: Among the 301 healthcare professionals (median \pm standard deviation age: 40.4 ± 10.2 years; women: 73.4%), only 15.0% (95% confidence interval (CI): [19.7-29.5]) correctly answered at least 75% of the questions on patients' rights. Respectively 24.6%; [19.7-29.5]), 37.5% [32.0-43.0]) and 36.5% [31.1-42.0]) had sufficient knowledge regarding "surrogate decision-maker", "advance directives" and "decision-making at the end of life". In a multivariable analysis, the only factor significantly associated with a good level of knowledge about end-of-life policy was employment in a university hospital, with a non-significant trend for status as a physician.

Conclusions: Our survey of staff working in geriatric care units highlighted the poor overall level of knowledge about healthcare surrogates and advance directives; the results suggest that additional training in these concepts is required.

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Positions and movement: Promotion of physiological labour and birth

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Objective: Analysis of management of labour and birth: use of alternative positions, duration of labour, use to episiotomy and sutures, incidence of lacerations and hematoma, maternal and fetal outcomes, use of therapeutic positions in obstructed labour.

Method: The sample consists in 100 women, from 16 to 45 years old, randomly recruited who have given birth at the Pugliese-Ciaccio Hospital, in Catanzaro, Italy. In order to improve the knowledge and skills in the labour management and to compare the results with the data collected through the interviews with women, an anonymous questionnaire was administered to the 12 midwives of the hospital working in the delivery suite.

Results: From the data collected, 75% of women use alternative positions during labour, following their instinct, the advices from the antenatal classes or from the midwife who looks after the labour. The positions used are varied and different, but the litotomic one is always present (90% of cases), especially in the second active stage, in fact less than 2% of women give

birth in a different position and even the use of episiotomy and suture is very high (about 55%). Regarding the length of labour, primips women who have used the alternative positions are having a labour of about 1 hour shorter than those who have not used them (on average 4 hours and 30 minutes versus 3 hours and 30 minutes). As for the multips, however, the labour with the alternative positions is shorter by about 1 hour and 20 minutes (on average 2 hours and 20 versus 3 hours and 40). The maternal and fetal outcome is positive.

Conclusions: Healthcare professionals should promote the use of alternative positions especially in the management of dysfunctional labour. The midwife must, first of all, let the woman understand that labour and childbirth are very instinctive. This can sometimes be particularly difficult. Women, however, do not need someone to teach them how to give birth to their child, rather than having confidence and awareness in the knowledge of their body in order to make the event a unique and unforgettable experience.

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