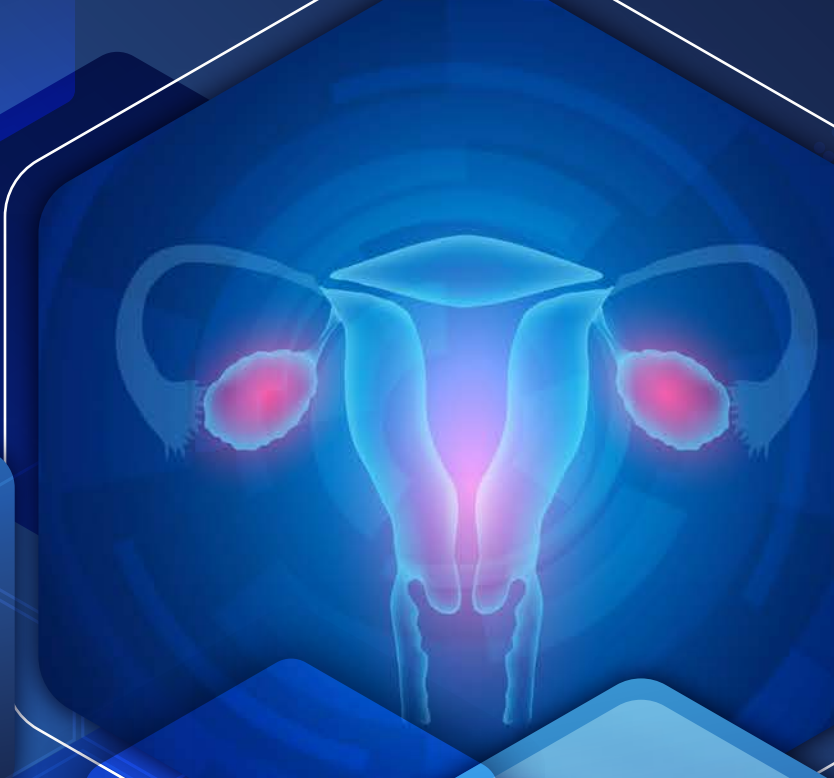




TAJEV

TÜRK ALMAN JİNEKOLOJİ
EĞİTİM, ARAŞTIRMA ve HİZMET VAKFI



TAJEV OBSTETRİK ve JİNEKOLOJİDE GÜNCEL YAKLAŞIMLAR SEMPOZYUMU

31 Mayıs - 1 Haziran 2024

CVK Park Bosphorus Hotel, İstanbul

Bilimsel Program ve
Bildiri Özetleri Kitabı

www.tajevguncelyaklasimler.org



Değerli Meslektaşlarımız,

Sizleri **TAJEV Obstetrik ve Jinekolojide Güncel Yaklaşımlar Sempozyumu**’na davet etmekten büyük bir onur ve mutluluk duymaktayız. Bu sempozyumda temel amacımız kadın hastalıkları ve doğum alanında güncel bilgilerin işlenmesi, bütüncül değerlendirilmesi ve bilim insanlarının yeni çalışmalarını, bilgi birikimlerini paylaşmalarını sağlayacak etkileşimli bir ortam yaratmaktır.

Sempozyumda ilk günü “Obstetrikte Güncel Gelişmeler”e, ikinci günü ise “Jinekolojide Güncel Gelişmeler”e ayırmış olup, bu alanlarda bilgilerimizi gözden geçirmek, yenilikleri ve deneyimlerimizi birbirimizle paylaşmak, sahada karşılaştığımız problemleri dile getirmek ve çözüm önerileri oluşturmayı hedefleyerek, özlem gidermeği amaçlıyoruz.

31 Mayıs - 1 Haziran 2024 tarihlerinde, CVK Park Bosphorus Hotel İstanbul’da gerçekleşecek olan TAJEV Obstetrik ve Jinekolojide Güncel Yaklaşımlar Sempozyumu’nda sizleri aramızda görmeyi umuyor, değerli katılımlarınızı bekliyoruz.

Saygılarımızla,

Prof. Dr. Cihat Ünlü
Sempozyum ve TAJEV Başkanı

Prof. Dr. Yaprak Üstün
Sempozyum Başkanı



KONGRE DÜZENLEME KOMİTESİ

Sempozyum Başkanları

Cihat Ünlü

Yaprak Üstün

KONGRE DÜZENLEME KOMİTESİ

L. Cem Demirel

Mete Güngör

M. Faruk Köse

M. Murat Naki

U. Fırat Ortaç

Batuhan Özmen

Özlem Pata

Erol Tavmergen

Yusuf Üstün



31 MAYIS 2024, CUMA

A-SALONU

08:45-09:00 AÇILIŞ KONUŞMALARI

Yaprak Üstün, Cihat Ünlü

09:00-10:30 OBSTETRİK ULTRASONOGRAFİ

Oturum Başkanları: *Ruşen Aytaç, Özlem Pata*

09:00-09:20 İlk Üç Ayda Kaçırılmaması Gereken Anomaliler? NIPT İlk Üç Ay
Ultrasonografisinin Yerini Alabilir mi?

Recep Has

09:20-09:40 Erken Fetal Ekokardiyografi: 11-13 Haftada Kalp Anomalilerini Nasıl Tespit
Edelim?

Fehmi Yazıcıoğlu

09:40-10:00 İkinci Üçay Temel Ultrasonografik Değerlendirme

İbrahim Bildirici

10:00-10:30 Tartışma

10:30-11:00 KAHVE MOLASI

11:00-11:30 UYDU SEMPOZYUMU

Gebelikte Gizli Açlık: Mikrobesein Eksikliğini Önlemede Yeni Stratejiler

Moderatör: *Salih Taşkın*

Konuşmacı: *Yusuf Üstün*



11:30-13:00 OBSTETRİKTE YENİLİKLER

Oturum Başkanları: *Gülay Kurtay, Batuhan Özmen*

11:30-11:50 Yeni Üçüncü Trimester Obstetrik Ultrasonografi; ISUOG Kılavuzu

Asma Khalil

11:50-12:10 Prenatal Dönemde Genetik Testler; Perinatoloji Uzmanı Yaklaşımı

Atıl Yüksel

12:10-12:30 Fetal Tıpta Danışmanlık: Konjenital Sitomegalovirüs Enfeksiyonu

Asma Khalil

12:30-13:00 Tartışma

13:00-14:00 ÖĞLE YEMEĞİ

14:00-15:50 OBSTETRİKTE GÜNCEL YAKLAŞIMLAR

Oturum Başkanları: *İbrahim Polat, Hülya Dede*

14:00-14:20 Gebelikte Aşı Uygulamaları; Güncel Bir Gözden Geçirme

Yaprak Üstün

14:20-14:40 Geç Fetal Gelişim Kısıtlılığı Yönetimi

Rıza Madazlı

14:40-15:00 Obstetrikte Progesteron Kullanımına İlişkin Güncel Yaklaşım

Özlem Pata

15:00-15:20 Klinik Obstetrikten İnciler: Antikoagülasyondaki Zorluklar

Eray Çalışkan

15:20-15:50 Tartışma

15:50-16:20 KAHVE MOLASI

16:20-16:50 UYDU SEMPOZYUMU

Östrojen Dominansı

Moderatör: *Yaprak Üstün*

Konuşmacı: *Pınar Yalçın Bahat*



16:50-18:10 JİNEKOLOJİDE YENİLİKLER, GELİŞMELER, CİNSEL SAĞLIK

Oturum Başkanları: *Salih Taşkın, Resul Karakuş*

16:50-17:10 Kozmetik Jinekolojide Durulması Gereken Sınır Nedir?

Ozan Doğan

17:10-17:40 Seksin 5. Şartı: 'Fonksiyonel ve Bütüncül Seks'

Cem Keçe

17:40-18:00 Jinekoloji ve Kadın Cinsel Sağlığında Longevity

Fatma Coşar

18:00-18:10 Tartışma



31 MAYIS 2024, CUMA

B-SALONU

11:30-13:00 SÖZLÜ BİLDİRİLER - 1

Oturum Başkanları: Mehmet Ferdi Kıncı, Ülkü Mete Ural

SS-01	Management and surveillance of a patient developing secondary intestinal obstruction due to tuboovarian abscess (TOA) in conjunction with endometriosis and endometrioma: Presentation of a rare case	Ramazan Erda Pay
SS-03	Laparoscopic management of cervical endometriosis: A case report	Müge Selçuk
SS-04	A rare cause of chronic pelvic pain: Coexistence of may-thurner and nutcracker syndrome	Mine Başkır
SS-05	"The effect of Emotional Freedom Technique intervention on infertility stress in women undergoing infertility treatment"	Gonca Karataş Baran
SS-06	AI-Enhanced HPV vaccination strategies: Innovative approaches to preventing HPV-related cancers	Ayşe Konac
SS-07	Uterine hydatid cyst incidentally found in pregnant patient: A case report	Büşra Ünal
SS-08	Prenatal diagnosis of beckwith-wiedemann syndrome in two rare cases	Sebile Güler Çekiç
SS-09	Can cornelia de lange syndrome be detected during the intrauterine period?	Çağla Ezgi Uğuz Candemir

14:00-15:30 SÖZLÜ BİLDİRİLER - 2

Oturum Başkanları: Süheyla Aydoğmuş, Caner Köse

SS-10	A rare lung lesion diagnosed by prenatal diagnosis: Hybrid lesion	Ece Türkbaşarır
SS-11	Analysis of 2 cases with short fetal femur in the third trimester	Ramazan Erda Pay
SS-12	Uterocervical and posterior cervical angle versus cervical length and Bishop's score as a predictor of term labour induction in singleton pregnancy: Prospective observational study	Ayşe Gizem Yıldız
SS-13	The syndrome of left isomerism	Evrin Cavıldak
SS-14	Prenatal fetal hidronefroz tanısı alan gebeliklerin sonuçlarının değerlendirilmesi	Esra Nuhoğlu Bilgin
SS-15	A rare case; Absent pulmonary valve syndrome with tetralogy of fallot	Ecem Simsek
SS-16	A case report on the diagnostic challenges of isolated cleft lip in prenatal ultrasonography	Reşat Mısırlıoğlu
SS-17	Evaluation of cytogenetic analysis outcomes of pregnancies resulting in stillbirth	Yıldız Akdaş Reis



31 MAYIS 2024, CUMA

B-SALONU

16:50-18:20 SÖZLÜ BİLDİRİLER - 3

Oturum Başkanları: Funda Aybar Susur, Ramazan Erda Pay

SS-19	Prenatal diagnosis of cantrell pentalogy in first trimester screening: 2 Case reports and review of literatüre	<i>Birsen Konukcu</i>
SS-20	An umbilical cord cyst presenting together with an omphalocele in a normal karyotyped fetus	<i>Ece Çalık</i>
SS-21	Azerbaycan popülasyonunda böbrek nakli sonrası gebelik vakalarının retrospektif analizi: Tek merkezin deneyimi	<i>Vüsale Medetova</i>
SS-23	Management of invasive molar pregnancy detected after recurrent molar pregnancies	<i>Uygar Tanyeri</i>
SS-24	Systemic inflammatory index assessment in unexplained recurrent pregnancy losses	<i>Elif Yaman</i>
SS-25	Comparison of maternal deaths during periods of omicron and delta predominance in the capital city of Türkiye	<i>Gonca Karataş Baran</i>
SS-26	Effects of magnesium supplementation on pain and edema in the lower extremities during pregnancy	<i>Ayşe Kavasoglu Kaya</i>



1 HAZİRAN 2024, CUMARTESİ

A-SALONU

09:00-10:00 PANEL: ÜÇÜNCÜ BİNYILDA KONTRASEPSİYON, OLGU SUNUMLARIYLA

Moderatör: Cihat Ünlü

Panelistler: Fatih Durmuşoğlu, Sezai Şahmay, Erkut Attar

10:00-11:40 JİNEKOLOJİDE ULTRASONOGRAFİ, ADNEKSİYEL KİTLELER

Oturum Başkanları: Cem Demirel, M. Faruk Köse

10:00-10:20	Uluslararası Over Tümör Analizi (IOTA) Terimleri ve Tanımları	Ayşe Seyhan
10:20-10:40	Bir Over Kitlesinin Benign mi Malign mi Olduğunu Anlamak için IOTA Stratejileri	Stefano Guerriero
10:40-11:00	Over Tümörlerinin Ameliyat Öncesi Değerlendirilmesinde IOTA Basit Kurallar Modelinin ACOR Orads Modeli ile Karşılaştırılması	Ece Ceylan
11:00-11:20	IDEA (Uluslararası Derin Endometriozis Analizi) Grubu Tarafından DIE İçin Sonografik Yaklaşım	Stefano Guerriero

11:20-11:40 Tartışma

11:40-12:00 KAHVE MOLASI

12:00-12:30 UYDU SEMPOZYUMU

Her Kadın Farklıdır: Olgular Üzerinden Modern Kontraseptif Yöntem Sunumları

Moderatör: Nafiye Yılmaz

Konuşmacı: Ali Akdemir



12:30-13:30 ÖĞLE YEMEĞİ

13:30-14:00 UYDU SEMPOZYUMU

PKOS Tedavisinde İnositolün Yeri

Konuşmacı: Hüseyin Görkemli



14:00-16:00 ÜREME SAĞLIĞINDA YENİLİKLER

Oturum Başkanları: Erdoğan Ertüngealp, Yaşam Kemal Akpak

14:00-14:20	Kadınlar Endometriozise Nasıl Yakalanır?	Sezcan Mümmüşoğlu
14:20-14:40	Endometriozis Tanısının "Kapsamı" Değişiyor mu? Non-İnvaziv Belirteçler	Gürkan Uncu
14:40-15:00	Maternal Polikistik Over Sendromu: Gelecek Nesilleri Neler Bekliyor?	Gürkan Bozdağ
15:00-15:20	Tekrarlayan Gebelik Kaybı İle İlgili Mevcut Uluslararası Kılavuzlar ve Tavsiyeler Ne Ölçüde Farklılık Göstermektedir?	Nuray Bozkurt
15:20-15:40	YÜT'de Ovarian Stimülasyon Sırasında Hormon Monitörizasyonu Nasıl Yapılmalı?	Yavuz Emre Şükür
15:40-16:00	Tartışma	

16:00-16:30 KAHVE MOLASI

16:30-18:20 JİNEKOLOJİDE SON GELİŞMELER

Oturum Başkanları: Mete Güngör, Özgüç Takmaz

16:30-16:50	Servikal Preinvaziv Lezyonlar: Aşırı mı Tedavi Ediyoruz?	U. Fırat Ortaç
16:50-17:10	Jinekolojik Malignansi Yönetimimizi Değiştiren Son Klinik Araştırmalar	M. Faruk Köse
17:10-17:30	Anti İnkontinans Cerrahisinde Yeni Bir Teknik	Akın Sivaslıoğlu
17:30-17:50	Vajinal Histerektomide İp Uçları	Gülin Feykan Yeğin
17:50-18:20	Tartışma ve Kapanış	



1 HAZİRAN 2024, CUMARTESİ

B-SALONU

10:00-11:50 SÖZLÜ BİLDİRİLER - 4

Oturum Başkanları: *Dilek Benk Şilfeler, Funda Cevher Akdulum*

SS-27	Long way to go in anemia	<i>İsmail Demir</i>
SS-28	Examining the effects of body mass index on urinary incontinence complaints in the menopausal period, tertiary center experiences	<i>Betül Gelen</i>
SS-29	Evaluation of quality of life of patients diabetes mellitus with urinary incontinence, tertiary center experiences	<i>Fatma Betül Aşar</i>
SS-30	The role of inflammatory markers in distinguishing endometrial polyp: Single center results	<i>Büşra Şahin</i>
SS-31	Huge leiomyoma on round ligament of a mayer-rokitansky-küster-hauser syndrome patient causing urinary incontinence	<i>Sebile Güler Çekiç</i>
SS-32	The role of inflammation indexes between premalignant and malignant endometrial pathologies in perimenapausal patients	<i>Ayşe Gizem Yıldız</i>
SS-33	The effect of estradiol levels on sperm parameters	<i>Mustafa Kurt</i>
SS-34	İnfertilitede hemogram parametrelerinin değerlendirilmesi	<i>Pınar Birol İlter</i>
SS-35	The place of hysterosalpingography (HSG) in primary infertility, tertiary center experiences	<i>Büşra Seçilir</i>
SS-36	Evaluation of antimüllerian hormone levels according to phenotypic characteristics in polycystic ovary syndrome	<i>Serkan Polat</i>
SS-37	The relationship between menstrual irregularities and body mass index (BMI) in adolescents	<i>Nurana Mammadova</i>
SS-38	Relationship between phenotypes and SIRI in polycystic ovary syndrome	<i>Elif Ece Özen</i>



1 HAZİRAN 2024, CUMARTESİ

B-SALONU

14:00-16:00 SÖZLÜ BİLDİRİLER - 5

Oturum Başkanları: *Sultan Seren Karakuş, Anıl Ertürk*

SS-39	The effect of tranexamic acid use on estimated blood loss and transfusion requirements in postpartum hemorrhage	<i>Mustafa Canbulut</i>
SS-40	Evaluation of intrauterine balloon application in postpartum hemorrhage (PPH) tertiary center experiences	<i>Ramazan Erda Pay</i>
SS-41	Intrauterin fetal injury and premature rupture of membranes resulting from stabbing of a drug-addicted pregnant woman: A rare case report	<i>Yasemin Eser Boz</i>
SS-42	Vulvar leiomyoma: A case report	<i>Duygu Nur Çetinkaya Oral</i>
SS-43	Evaluation of inflammatory markers and HPV (human papillomavirus) status in patients with recurrent vulvovaginal infections	<i>Zeliha Öcal</i>
SS-44	The role of the screening tests, prevention with vaccines and cervical cancer management in pregnancy	<i>Ramazan Erda Pay</i>
SS-45	Success of immature granulocyte and delta neutrophil index in predicting cancer recurrence in recurrent gynecological cancers	<i>İlayda Deniz Cengiz</i>
SS-46	Nabothian cyst suspicious for malignancy: A case report	<i>Tolga Çiftçınar</i>
SS-47	'Evaluation of knowledge and awareness level about HPV vaccine among women aged 18-45'	<i>Müfide İclal Altıntaş</i>
SS-48	A case of sirenomelia in a twin pregnancy of diabetic women detected in the first trimester	<i>Zeliha Öcal</i>
SS-49	Tubo-ovarian abscess in early pregnancy: A case report	<i>Zeliha Ocal</i>
SS-50	Ruptured ovarian ectopic pregnancy and laparoscopic management: Case report	<i>Fatmanur Ceylan</i>



SÖZEL BİLDİRİLER



SS-01

Management and Surveillance of a Patient Developing Secondary Intestinal Obstruction Due to Tuboovarian Abscess (TOA) in Conjunction with Endometriosis and Endometrioma: Presentation of a Rare Case

Tural Ismayılov¹, Emine Öngüç¹, Zeynep Yavas Yucel¹, Sundus

Zeynep Kucuksumer Ertek³, Ramazan Erda Pay²

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AIM: Endometriosis can develop due to multifactorial reasons. Endometrioma is considered a cystic formation secondary to endometriosis developing in ovarian tissue. In cases where pelvic inflammatory diseases accompany endometrioma and endometriosis, a multidisciplinary approach may be necessary for patients. TOA usually occurs as a result of recurrent infection on a damaged adnexal tissue. Secondary intestinal obstruction due to TOA has been rarely presented in the literature. We found 16 case presentations (except for obstructions secondary to endometriosis) with TOA-induced intestinal obstruction in the PubMed and Google Scholar databases. We aimed to contribute to the literature by presenting a case of ileocecal resection secondary to TOA.

CASE: A 27-year-old G2P1A1 patient with a history of cesarean section two months ago presented to our emergency department with intermittent abdominal pain persisting for two months postpartum, worsening severe cramps over the last 24 hours, nausea, and vomiting. Physical examination revealed diffuse tenderness, defense in the lower abdomen, positive rebound, leukocytosis at admission (WBC: 17,000/L), elevated CRP (363 mg/L) and Procalcitonin (17.2 µg/L) levels, and anemia (Hb: 7.5 g/dL). The abdominal CT scan showed findings consistent with ileus, including air-fluid levels and distended loops of small bowel, prompting an urgent decision for exploratory laparotomy by the General Surgery team. Upon opening the peritoneum, abundant, thick, purulent pus was encountered in the abdomen, and extensive adhesions were observed intra-abdominally, especially involving the small intestines. It was noted that the adhesion in the ileocecal region obstructed the passage, making simple bridectomy unfeasible, leading to the decision of ileocecal resection due to the absence of passage. After the completion of General Surgery exploration, the gynecology team was called in. Intraoperative evaluation revealed bilateral adnexal masses measuring 60x85 mm consistent with TOA, and the tubes were filled with purulent material. Following ileocecal resection and freeing of the intestines from the Douglas pouch, no defects were observed in the uterine serosa. Considering the patient's age, fertility status, and intra-abdominal septic condition, 60% of the left ovarian tissue was cleared from the abscess. The surgery concluded with ileocecal resection, end ileostomy, mucous fistula, right salpingo-oophorectomy, left salpingectomy, and left ovarian cystectomy. Postoperatively, vancomycin and meropenem were initiated intravenously, and the patient was transferred to the Intensive Care Unit with the General Surgery team for monitoring. On postoperative day 10, with oral intake restored, drains removed, and ostomy functioning, the patient was discharged.

CONCLUSION: Especially in patients with comorbidities predisposing to complications (e.g., glycemic control, immunodeficiency, poor nutri-

tional status, etc.), a more aggressive approach may be appropriate in treatment, considering that anatomically close organs including the small and large intestines may be affected. The cecum is particularly prone to perforation due to its own wall structure and the proximity of the ileocecal valve, which impedes retrograde gas flow. It can potentially lead to fatal sequels by obstructing anatomically close structures such as the ureters and small and large intestines. In young women presenting with ileus, TOA should not be forgotten in the differential diagnosis, especially when there is a history of endometriosis, chronic pelvic pain, purulent vaginal discharge.

Keywords: endometriosis, tuboovarian abscess, intestinal obstruction, chronic pelvic pain

Figure 1



Preoperative X-ray findings at intervals of 10 hours.

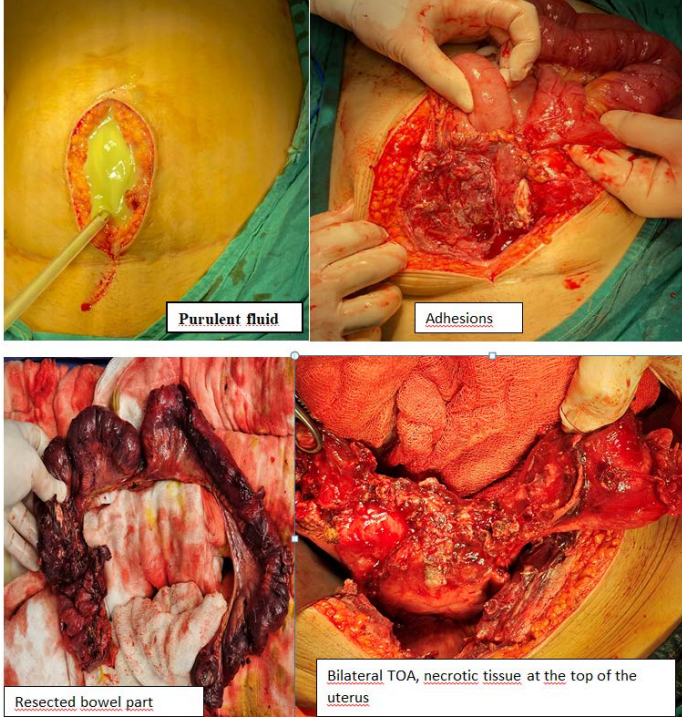
Figure 2



Preoperative CT findings.



Figure 3



Intraoperative findings.

Figure 4



X-ray findings before discharged.

Figure 5

Rapor Bilgisi
<p>MAKROSKOPİK BULGULAR:</p> <ul style="list-style-type: none"> - İleocekal rezeksiyon materyali: Üzerinde 50 cm uzunlukta, 3,5 cm çapta ileum, 6 cm uzunlukta 4 cm çapta sağ kolon izlenen, apendiks yapısı çevre yağ dokuya yapışıklıktan dolayı net seçilemeyen ileocekal rezeksiyon materyali. Materyal dış yüzü geniş alanlarda kanamalı, kahverenkli görünümde olup, üzerinde krem renkli membranöz yapılar izlenmektedir. Ayrıca distal cerrahi sınır 6 cm, proksimal cerrahi sınır 5 cm uzaklıkta 10x6x3,5 cm'lik alanda çevre yağ dokuyu kendine çeken, elastik kıvamlı, krem kahverenkli, üzerine krem renkli membranöz yapılar bulunan düzensizlik izlenmiştir. Bununla beraber ileum segmenti boyunca yer yer serozada sert kıvamlı düzensizlik alanları izlenmiştir. Düzensizlik alanı kesitlerinde 3 cm uzunlukta 0,9 cm çapta apendiks izlenmiştir. Apendiks çevresinde büyüğü 0,8 cm çapta 2 adet lenf nodu izlenmiştir. 1: Cerrahi sınır 2: Apendiks 3: Apendiks çevresi lenf nodu 4P2LN 4-6: Tariflenen düzensiz alanı +mukoza 7: Barsak diğer alanlar - Omentum: 16x3x2 cm ölçülerinde, krem-kahverenkli, kendi içerisinde yapışık görünümde omentum materyali. Kesitleri krem kahverenkli, kanamalı görünümündedir. 8-9: 2V2K - Sağ tuba: 7x5,5x4 cm ölçülerinde, elastik kıvamlı, krem kahverenkli doku parçası. Üzerinde 4,5x3x1 cm'lik alanda sarı-kahverenkli granüler görünümde yapı izlendi. Materyal kesitlerinde içerisinde püç boşalan, 5x4x3 cm ölçülerinde kist yapısı izlendi. Kist iç ve dış yüzü kanamalı görünümde olup, cidar kalınlığı 0,4-0,9 cm'dir. Bununla beraber gönderilen 7x4,5x2 cm ölçülerinde krem kahverenkli düzensiz doku parçası. Dış yüzlerinde yer yer krem beyaz renkli membranöz yapı izlendi. 10: Tariflenen granüler alan 11: Kist çevresi 12-13: Kist cidarı 14: Sağ tuba kayıtlı düzensiz doku parçası - Sol tuba: En büyüğü 5,5x2,5x1,3 cm, en küçüğü 2x0,9x0,8 cm ölçülerinde, 3 adet, krem kahverenkli, dış yüzleri konjesiyone görünümde rezeksiyon materyali. Tariflenen büyük materyalin bir ucunda fimbria benzeri parmaklı çıkıntılar izlenmiştir. Kesitlerinde 6,5 cm uzunlukta 0,7 cm çapta tuba? izlenmiştir. Diğer materyal kesitlerinde 3,3x2,5x1,4 cm ölçülerinde yer yer kistik görünümde krem beyaz renkli yapı izlendi. 15: Fimbria 16: Tuba diğer alanlar 17: Tariflenen kist içeren yapı <p>TANI:</p> <ul style="list-style-type: none"> 1- İLEOCEKAL REZEKSİYON KODLU MATERYAL: AKUT PERİTONİT, BARSAK ÇEVRESİ YAĞ DOKUDA APSELEŞEN KRONİK AKTİF İLTİHAP, 2 ADET REAKTİF LENF NÖDÜ. - APENDİKS: PERİAPENDİSİT, APENDİKS SEROZASINA YAPIŞIK KONJESİYON BULGULARI GÖSTEREN OVER DOKUSU. 2- OMENTUM, REZEKSİYON: APSELEŞEN AKTİF KRONİK İNFLAMASYON, YAĞ NEKROZİS, FİBRÖZİS. 3- SAĞ TUBA, SALPENJEKTOMİ: TUBAL APSE, APSELEŞEN İLTİHAP, FOKAL ALANDA İZLENEN REZİDÜ OVER DOKUSUNDA DÜZENLİ GÖRÜNÜM. 4- SOL TUBAOVARYAN APSE KAYITLI MATERYAL, EKŞİZYONEL BİYOPSİ: NONSPESİFİK KRONİK AKTİF SALPENJİT, OVER DOKUSUNDA FOLİKÜL KİSTLERİ, KORPUS ALBIKANSLAR.

Final pathology results.



SS-03

Laparoscopic Management of Cervical Endometriosis: A Case Report

Müge Selçuk, Ahkam Göksel Kanmaz, Ece Türkbaşarır
Department of Obstetrics and Gynecology, İzmir City Hospital, İzmir, Turkey

INTRODUCTION: Cervical endometriosis, although rare, poses significant challenges in clinical management due to its diverse symptomatology and potential complications. This case report sheds light on the successful laparoscopic management of cervical endometriosis, emphasizing the importance of comprehensive surgical intervention and interdisciplinary collaboration in achieving optimal patient outcomes.

OBJECTIVE: Our objective is to present a rare case of cervical endometriosis, characterized by pelvic pain and menstrual irregularity, alongside endometrioma and adenomyosis, and detail its surgical management through total laparoscopic hysterectomy and salpingoophorectomy. Additionally, we aim to highlight the successful resolution of associated complications, including peritoneal endometriotic implant excision and laparoscopic repair of bladder perforation, underscoring the efficacy of laparoscopic intervention in addressing complex cases of endometriosis.

MATERIAL-METHODS: We report a case of cervical endometriosis with pelvic pain and menstrual irregularity, alongside endometrioma and adenomyosis, treated with total laparoscopic hysterectomy and salpingoophorectomy at İzmir City Hospital. Additionally, we detail the management of a concurrent peritoneal endometriotic implant and bladder perforation encountered during surgery, with repair performed laparoscopically and confirmed via diagnostic cystoscopy.

RESULTS: The patient experienced significant postoperative pain resolution and smooth recovery.

CONCLUSIONS: Laparoscopic interventions of endometriosis, particularly in specialized centers, yields favorable outcomes, particularly for patients with severe symptoms. Optimal results necessitate meticulous surgical technique and interdisciplinary collaboration.

Keywords: cervical, endometriosis, laparoscopy

SS-04

A Rare Cause of Chronic Pelvic Pain: Coexistence of May-Thurner and Nutcracker Syndrome

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Ankara Etlik City Hospital

OBJECTIVES: May-Thurner Syndrome, also known as iliac vein compression syndrome, Cockett Syndrome, iliocaval compression syndrome, is caused by compression of the left main iliac vein by the right common iliac artery. This obstruction can lead to serious complications such as deep vein thrombosis in the left leg, chronic venous stasis ulcers or pulmonary embolism. Computed tomography (CT) and iliac venography can be used to visualize iliac vein compression. The main aim of treatment is to reduce the risk of complications and to relieve the main symptoms such as chronic pelvic pain. Nutcracker syndrome is an anatomical pathology in which the left renal vein is compressed between the abdominal aorta and superior mesenteric artery. It is clinically difficult to diagnose and usually presents with hematuria, proteinuria, renal venous hypertension, left flank pain and pelvic congestion. It can be diagnosed with imaging modalities such as computed tomography and color Doppler ultrasonography. In this case report, we aimed to evoke consideration of May-Thurner and Nutcracker syndromes, which have progressive and long-term complications, in the etiology of chronic pelvic pain.

METHODS: A 26-year-old female patient presented to the gynecology outpatient clinic of Etlik City Hospital with complaints of chronic pelvic pain and left leg pain persisting for one year. On transvaginal ultrasonography, the uterus and bilateral ovaries were observed to be normal. Following the observation of dilation in pelvic vessels, further investigations were conducted to assess for pelvic congestion syndrome.

FINDINGS: Bilateral lower extremity venous Doppler ultrasonography revealed normal findings for the patient's right lower extremity. However, with the Valsalva maneuver, a short-term reflux measuring 2.5 mm at the saphenofemoral junction was observed, indicating insufficiency for the patient's left lower extremity. Abdominopelvic CT angiography scan demonstrated that the left common iliac vein was compressed posteriorly by the right common iliac artery just before the level of its insertion into the inferior vena cava and its diameter was markedly thinner than proximally at this level. Also, the left renal vein was markedly thin calibre in the branching region of the superior mesenteric artery (SMA) and wider proximal to this level. The distal part of the left ovarian vein is dilated. On pelvic color Doppler ultrasonography, the diameter of the left iliac vein decreased markedly at the point of intersection with the right iliac artery and a marked increase in flow velocity was observed at this point (275 cm/s). The findings were significant in favor of May-Thurner syndrome. Venous structures draining into the left iliac vein in the pelvis appeared dilated. The diameter of the left renal vein was markedly decreased in the segment between the SMA and the aorta and a marked flow increase was observed at this point (300 cm/s). The left renal vein appeared dilated from the origin to the segment with stenosis. The findings were significant in favor of Nutcracker syndrome.

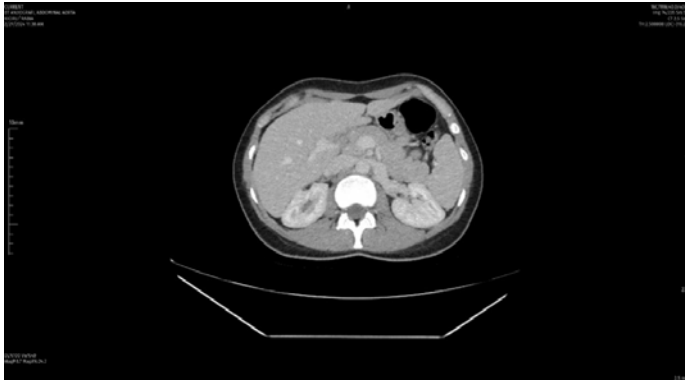
CONCLUSIONS: In conclusion, May-Thurner syndrome and Nutcracker syndrome should be taken into consideration if there is chronic pelvic pain, especially in young women. The mechanical compression should be recognized prior to the onset of deep venous thrombosis and venous insufficiency symptoms. Endovascular treatment with stent placement and direct surgical repair yields excellent short-term results.



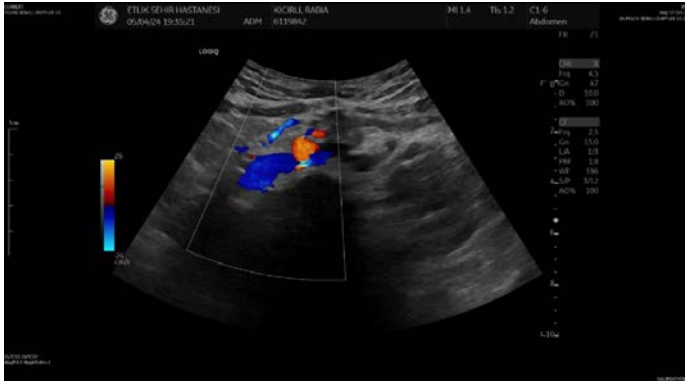
In our case, medical follow-up and conservative treatment were decided to be performed since there were no findings that would require interventional treatment.

Keywords: May-Thurner syndrome, Nutcracker syndrome, chronic pelvic pain

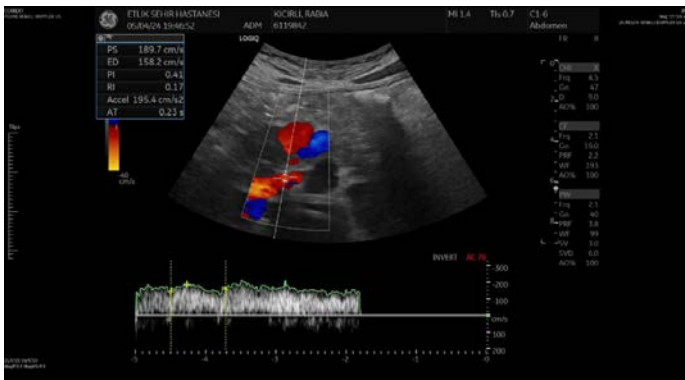
CT angiography-Nutcracker Syndrome



Pelvic Doppler Ultrasonography



Pelvic Doppler Ultrasonography



SS-05

“The effect of Emotional Freedom Technique intervention on infertility stress in women undergoing infertility treatment”

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OBJECTIVE: Emotional Freedom Technique (EFT) is an energy psychology technique used to cope with emotional difficulties and stress by balancing energy flow. This study was done to investigate the effect of EFT on fertility problem stress, subjective disturbance and pregnancy success in women undergoing In Vitro Fertilization (IVF) treatment.

METHODS: A prospective randomized controlled study was done at the IVF unit of a obstetrics and gynecology hospital with 69 women (35 intervention, 34 control) over a 15-month period. Five sessions of EFT were applied to the study group and the effects of EFT on The COMPI Fertility Problem Stress Scale, Subjective Units of Disturbance Scale (SUD-S) and pregnancy success were evaluated. In the analysis of the data, significance was determined as $p < 0.05$ at 95% confidence interval.

RESULT: The mean age of the participants was 31.01 ± 4.89 years. According to the COMPI Fertility Problem Stress Scale and subscale dimensions, a decrease in stress was found in the study group ($p \leq 0.001$), while no change was observed in the control group ($p > 0.05$). It was determined that the SUD-S score was statistically significantly lower in the study group compared to the control group after the intervention ($p < 0.001$). In the study group, the SUD-S score after each intervention was found to be statistically significantly lower than before ($p < 0.001$).

CONCLUSION: EFT was found to be an effective method in reducing infertility related stress and subject disturbance perception; however, it had no effect on pregnancy success. Further studies are needed to evaluate the effectiveness of EFT.

Keywords: Emotional Freedom Technique, infertility, Stress, Emotional Stress, Emotional Disturbances



SS-06

AI-Enhanced HPV Vaccination Strategies: Innovative Approaches to Preventing HPV-Related Cancers

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INTRODUCTION: Human Papillomavirus (HPV) is a significant public health concern, known as the causative agent of various cancers, including cervical, anal, and oropharyngeal cancers. These cancers impose a considerable health burden worldwide, necessitating effective preventive measures such as vaccination. Artificial Intelligence (AI) is increasingly being recognized as a transformative force in healthcare, capable of optimizing diagnostics, personalizing treatments, and enhancing patient care management. In HPV vaccination, AI demonstrates immense potential to streamline vaccine distribution logistics, analyze epidemiological data, and refine public health strategies to more effectively target at-risk populations. This research aims to delve into the role of AI in bolstering the efficacy of HPV vaccination programs, focusing on how technology can support precise and impactful health interventions and contribute to a significant reduction in HPV-related cancer incidences.

OBJECTIVE: This study explores how AI technologies can serve as an effective tool in the planning, implementation, and monitoring of Human Papillomavirus (HPV) vaccination programs. It examines the contribution of AI-based models to developing vaccination strategies aimed at reducing the incidence of HPV-related cancers. The paper addresses the potential of AI technologies to enhance the targeting and personalization capabilities of vaccination campaigns.

METHODOLOGY: The methodology of this study is based on a literature review conducted on HPV vaccination. The literature review serves as a fundamental source to examine the significant role of artificial intelligence (AI) technologies in the planning, implementation, and monitoring of HPV vaccination programs. Relevant academic and scientific studies have been reviewed to assess the contribution of AI-based models in developing vaccination strategies aimed at reducing the incidence of HPV-related cancers. In this context, the literature review has highlighted the potential of AI technologies to optimize vaccine distribution logistics, analyze epidemiological data, and develop more effectively targeted public health strategies for at-risk populations. The methodology of this study aims to evaluate the potential of AI in enhancing the effectiveness of HPV vaccination programs based on existing scientific evidence.

FINDINGS: The findings reveal that AI-supported data analysis has notably increased the efficiency of vaccine distribution and improved the identification of target groups. Additionally, AI has enhanced vaccine tracking and the decision-making processes in public health management, leading to better overall health outcomes.

CONCLUSION: AI holds transformative potential for HPV vaccination strategies, enhancing their effectiveness and aiding in the achievement of global health goals. The expansion of AI in healthcare requires the development of comprehensive policies and strategies to maximize benefits while mitigating potential risks and inequalities.

Keywords: Artificial Intelligence, HPV Vaccination, Public Health Strategy, Vaccine Optimization, Health Policy, Epidemiology.

SS-07

Uterine Hydatid Cyst Incidentally Found in Pregnant Patient: A Case Report

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INTRODUCTION: Hydatid Cyst (HC), transmitted from animals to humans, is one of the most commonly seen zoonoses in communities engaged in agriculture and livestock. It is transmitted via the faecal-oral route. The infectious agent of the disease is Echinococcus with Echinococcus granulosus being the prevailing infection cause in humans. While it can be observed across all organs it most frequently resides in liver (%75) and lungs (%15). The parasite's spread can also happen by primary cyst rupture or plantation to other organs through intraperitoneal fluid. In this case, we will be reporting uterine HC detected during labor in a full-term pregnant patient presenting with pain.

CASE: A 23-year-old female full-term pregnant patient (Gravida 6 Parity 5) with a history of spontaneous vaginal delivery consulted us with complaints of pain. In ultrasonographic examination, cephalic presentation was found to be compatible with full-term singleton pregnancy. Upon detecting 5 centimeters of dilation during physical examination of the vagina the patient was admitted to the delivery room for follow-up. Sequential to finding a mobile, well-circumscribed mass in Douglas pouch during control physical examination a vaginal USG was done to the patient. A well-circumscribed mass with 5 cm diameter containing septations was detected.(figure 1)

During medical history taking it was learned that the patient had been working as a waste collector and had left treatment for liver HC unfinished a year ago. A cesarean section was determined for the patient in consultation with general surgery to avoid a possible cyst rupture. 5 to 6 well-circumscribed unruptured cystic masses were observed on omentum and posterior wall of uterus upon entering into the abdomen.(figure 2-3) The patient preliminary diagnosed with Hydatid cyst was consulted with perioperative general surgery. The cyst completely excised was opened and determined to be stage 2-3 HC. The cysts were excised fully for the final pathology. The patient, consulted with post-operative infectious diseases was started on Albendazole 400 mg 2.1, had her thorax and brain CT taken and indirect hemagglutination assay (IHA) was requested. Thorax and brain CT didn't show any pathologies. The IHA results came out to be 1/2560.

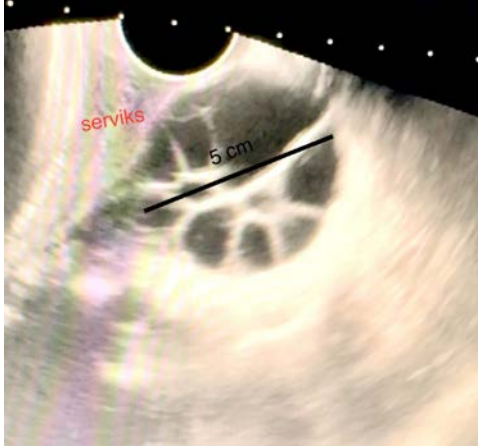
DISCUSSION: E. Granulosus causes encapsulated, non-invasive cystic lesions in the organ it resides. The pelvic region is rarely involved with an incidence ranging between %0.2-0.9. The uterus is less affected by it than ovariums in the pelvic region. Başgöl et al. defined a case of uterine HC following formation of hepatic HC. The amount of cases involving HC during pregnancy is limited in the literature. Şahin et al. reported a case of a 19-week pregnant patient treated during her pregnancy with laparotomy for hepatic and pelvic HC. Suat et al. reported a case of hepatic and pelvic HC detected at 38 weeks pregnant. The gold standard therapy for HC is surgical excision. Albendazol is post-operatively used to prevent contamination and recurrence.

CONCLUSION: Specifically in endemic regions HC should be considered as a differential diagnosis regarding pelvic cysts. The usage of imaging methods and serological assays has facilitated making a diagnosis.



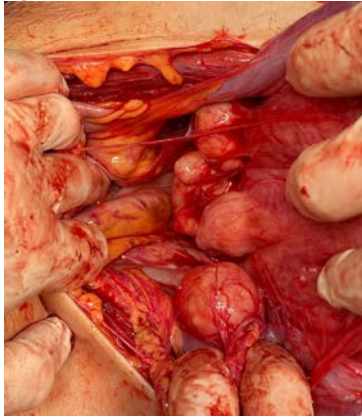
Keywords: Hydatid Cyst, IHA, pelvic mass, pregnancy, serology

figure 1



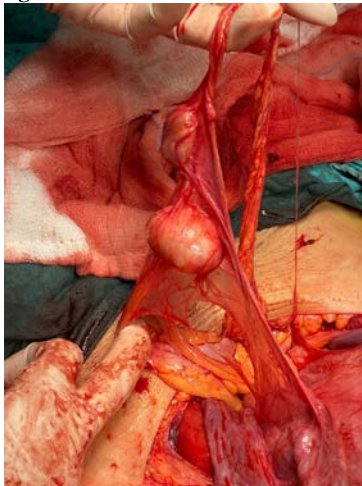
vaginal usg

figure 2



cyst in during operation

figure 3



cyst in operation

SS-08

Prenatal diagnosis of Beckwith-Wiedemann Syndrome in two rare cases

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INTRODUCTION: Beckwith-Wiedemann Syndrome (BWS) is a rare genetic disease with a diverse spectrum due to methylation differences on the 11p15 chromosome. Diagnosis usually made in the neonatal period. The spectrum changes from isolated lateralized overgrowth to generalised macrosomia, abdominal wall defects, macroglossia, increased risk of embryonal tumors like Wilm's tumor, hyperinsulinemia, adrenal cortex cytomegaly, pancreatic adenomatosis, or placental mesenchymal dysplasia. The prenatal diagnosis of BWS is challenging due to clinical heterogeneity. Most reported ultrasound findings are omphalocele, macrosomia, macroglossia and placental abnormalities. In one of the largest case series it was shown that most suspected cases had omphalocele (83.3%), macroglossia (25.0%) and visceromegaly (25.0%).

METHODS: In this presentation 2 prenatally diagnosed cases of BWS without any fetal anatomic abnormalities will be evaluated with the review of literature.

RESULTS: The first case is a 32 years old gravida 3 parity 1 woman with early onset of inutero growth restriction (IUGR) at 23 gestational weeks. The anatomic screening of the fetus was unremarkable only with mild bilateral pyelectasies. After consultation with genetics department fetal karyotype and whole genome sequencing were performed which resulted as BWS. The second case is a 39 years old primiparous women who referred for first trimester screening. The fetus had normal anatomical screening. The placenta had ambiguous cystic appearance so she was consulted to genetics for suspicion of placental mesenchymal dysplasia and genetic testing revealed BWS.

DISCUSSION: Our two cases are unique in the literature; one with isolated IUGR without any anatomical defects and the other had first trimester diagnosis made with suspicion of placental abnormality. As BWS mostly involves visceromegaly cases with IUGR are scarce. There are 2 reports with fetuses with short femur length, yet they have additional anomalies as such one had omphalocele -which is the most common phenotypic feature- and the other had carpus callosus agenesis. Placentomegaly is one of the frequent features of BWS however there are no cases with isolated placental mesenchymal dysplasia. Even in the largest case series with ultrasound findings of placental mesenchymal dysplasia didn't turn out as BWS. Considering diagnosis of BWS in the first trimester from chorion villus sampling is also compelling due to mosaicism of the placenta our case becomes inimitable.

Keywords: Beckwith-Wiedemann Syndrome, prenatal diagnosis, placental mesenchymal dysplasia



SS-09

Can Cornelia de Lange syndrome be detected during the intrauterine period?

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PURPOSE: To report the findings and clinical approaches for the intra-uterine detection of fetuses with a rare syndrome.

METHOD: The patient, who presented for a detailed second-trimester ultrasound scan at Izmir City Hospital Perinatology Clinic, was evaluated.

RESULTS: A 25-year-old gravida 1 para 0 patient with a gestational age of 20 weeks based on her last menstrual period presented for a detailed second-trimester ultrasound scan. The patient was not consanguineous with her partner, and there was no family history of genetic disease. There was no history of systemic illness, teratogenic drug use, fever, alcohol, or smoking. Chorionic villus sampling was performed at an outside center due to increased nuchal translucency thickness (>3.5 mm) in the first trimester, with a normal karyotype result. A detailed ultrasound revealed shortening of the femur and humerus (<5th percentile), right pleural effusion, leftward displacement of the heart, partial atrioventricular septal defect (AVSD), and micrognathia. Genetic consultation was requested. Microarray analysis was planned on fetal DNA, which yielded normal results. Consequently, clinical exon sequencing (CES) targeting the NIPBL gene exon 10 was performed, revealing a heterozygous mutation (c.2965dup p.Ile989AsnTer5) consistent with the classical CdLS phenotype. The patient was counseled regarding the potential fetal prognosis, and upon the patient's request, abortion induction was performed.

CONCLUSION: Cornelia de Lange syndrome (CdLS) is a rare (1/10,000-1/30,000) genetically heterogeneous and sporadic disorder. Prenatal ultrasound findings such as growth restriction, limb abnormalities, diaphragmatic hernia, hypoplastic forearms, underdeveloped hands, and typical facial features (long philtrum, micrognathia, anteriorly rotated nasal nares), and heart defects support the diagnosis of CdLS. Congenital anomalies may occur in isolation or manifest as combinations affecting one or more organ systems. As the number of detected defects increases, the risk of syndromic involvement in the fetus also increases. Exome sequencing significantly aids in the identification of rare diseases.

Keywords: Cornelia de Lange, genetic diagnosis, fetal anomaly, clinical exon sequencing

figure 1



Pleural effusion at transverse thoracic level

figure 2



atrioventricular septal defect(AVSD)



SS-10

A rare lung lesion diagnosed by prenatal diagnosis: hybrid lesion

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INTRODUCTION: Among congenital lung masses, bronchopulmonary sequestration (BPS), congenital pulmonary airway malformation (CPAM), congenital lobar overinflation, bronchogenic cyst, and bronchial atresia are included. BPS constitutes a small portion of congenital lung lesions. Suspicion of BPS arises upon observing a solid-appearing, triangular, echogenic chest mass typically located adjacent to the diaphragm in the lower hemithorax. Hybrid lesions (BPS and CPAM) have both solid and cystic components. The mass is usually unilateral, mostly on the left, although bilateral cases have also been described. Diagnosis is confirmed by identifying a systemic artery supplying the mass. The feeding vessel most commonly arises from the thoracic aorta but can also originate from the abdominal aorta or its branches.

Objective and METHOD: We planned to describe the coexistence and differential diagnosis of lesions through the results of prenatal imaging methods and invasive procedures in a patient followed up in our clinic with a preliminary diagnosis of pulmonary sequestration and hybrid lesion.

FINDINGS: A 37-year-old, G2P1Y2 (C/S TWIN) patient with a gestational age of 24+3 weeks based on the last menstrual period presented to our clinic for fetal anomaly screening. There was no significant medical history or history of medication use. Fetal biometry consistent with 22 weeks showed a live female fetus with a hyperechoic area measuring 25x17 mm, containing cystic areas in places, supplied by the aorta in the fetal lower left lung lobe (Figures 1, 2). Fetal pulmonary sequestration was considered as a hybrid lesion. Amniocentesis was performed for fetal karyotyping. The genetic result came back as a normal constitutional karyotype. There were no changes observed in the size or appearance of the mass on the patient's follow-up ultrasound scans. Fetal hydrops did not develop, and the pregnancy continued into the 28th week.

CONCLUSION: Pulmonary sequestration as a hybrid and cystic formation in the prenatal period is a rare lesion, and its prenatal course depends on the size of the mass, the amount of mediastinal shift, fetal hemodynamics, and associated anomalies. Additional imaging methods and invasive procedures may be required for a differential diagnosis. A definitive conclusion is reached with postnatal imaging methods and invasive procedures.

Keywords: congenital pulmonary sequestration, congenital pulmonary airway malformation, hybrid lung lesion

Figure 1



Figure 1: Hyperechoic mass containing cystic and solid areas in the lower left lung lobe of the patient's ultrasound image.

Figure 2

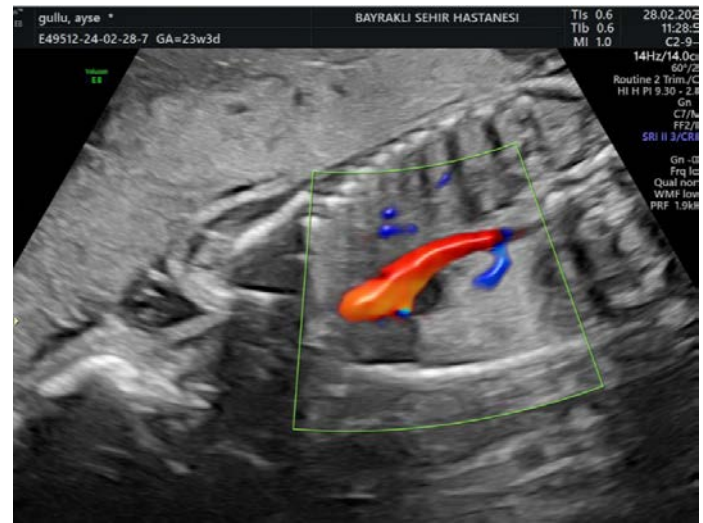


Figure 2: Doppler ultrasound of the patient showing vascularization of the mass originating from the fetal aorta.



SS-11

Analysis of 2 Cases with Short Fetal Femur in the Third Trimester

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OBJECTIVE: To analyze the clinical features and to explore the etiology of short fetal femur during the third trimester.

Case Report 1: A 25-year-old, G1P0 woman, with an LMP of April 11, 2023, referred from an external center with suspicion of achondroplasia. There were no peculiarities in her medical history. Following examinations, short femur was detected according to gestational age. Routine tests and OGTT were within normal limits. The patient's mother had DM, and her spouse and in-laws had a history of cardiac disease (not specified). The verbal result of the first-trimester combined screening test indicated low risk (no written report); there were no second-trimester obstetric ultrasound, triple, quadruple, or cfDNA screening tests. Consultation with Perinatology revealed Complete AVSD, Left atrial isomerism. Trisomy 21 was primarily suspected, with a low probability of fetal skeletal system anomaly, and the family was informed and followed up. At 39w1d gestational age, delivery was performed via C-section due to fetal distress. Postpartum neonatal examination revealed Down syndrome phenotype. Cranial and abdominal ultrasound were within normal limits. Transthoracic echocardiography indicated 'Complete AVSD, small PDA, AV valve insufficiency (mild), isthmus hypoplasia'. FGFR3-G380R Variant Analysis was negative, and cord blood and peripheral karyotype analysis were consistent with regular type Down Syndrome.

Case report 2: A 26-year-old, G2P1 woman, with unknown LMP, presented to the emergency department due to pelvic pain. Following examinations, she was determined to be at 20 weeks of gestation. There were no first-trimester screening ultrasound, nor triple, quadruple, or cfDNA screening tests. She was discharged from the emergency department after being referred for second-trimester obstetric ultrasound. Upon returning at 32 weeks of gestation, it was noted that she had not undergone the 18-23 week ultrasound and OGTT. Ultrasound revealed a macrosomic fetus and short femur, prompting admission for further evaluation considering achondroplasia and GDM. During follow-up, at 40w5d gestation, she was admitted for labor induction due to cervical dilation of 3-4 cm, 40% effacement, and membrane rupture. Delivery was performed via C-section due to cephalopelvic disproportion. Postpartum neonatal examination suggested achondroplasia, and the requested genetic test FGFR3-G380R Variant Analysis resulted positive.

CONCLUSION: Ren Y et al(2017) analyzed in their article 21 fetuses, 11 had abnormal genetic test results (52%, 11/21), including 9 cases of achondroplasia, 1 case of Ellis-van Creveld Syndrome and 1 case of Pallister-Killian syndrome. In the 10 isolated short femur (ISF, in the absence of associated structure abnormality or genetic abnormality) fetuses (48%, 10/21), 3 cases were fetal growth restriction, 1 was normal small for gestational age infant and 6 cases were unexplained. In the first case, the absence of a family history, fetal cardiac anomaly, and gestational DM directed us more towards the probability of Trisomy 21. In the second case, the lack of additional anomalies being detected

and factors such as increased risk of diabetes in achondroplasia led us to interpret the parameters in favor of a skeletal system anomaly. The follow-up of both cases has been confirmed by the pediatric team based on the results of genetic tests.

Keywords: achondroplasia, isolated short femur, small for gestational age, Down Syndrome

Figure 1



Clinical features in neonates with DS.

Figure 2



Achondroplasia. (The permission of the patients has been obtained)



SS-12

Uterocervical and posterior cervical angle versus cervical length and Bishop's score as a predictor of term labour induction in singleton pregnancy: prospective observational study

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AIM: To investigate the efficacy of uterocervical angle, posterior cervical angle, bishop score and cervical length in predicting labor induction success in nulliparous patients at term.

METHODS: Our study was conducted prospectively in patients who were admitted to our hospital between November 2022 and June 2023 and decided for induction of labor. Maternal age was between 18-40 years, nulliparous and carrying a singleton live vertex-presenting fetus in term of gestation. 140 patients who met the criteria were evaluated by sonography and digital examination. Cervical length, uterocervical angle and posterior cervical angle, which are the angles between the uterus and cervix, were measured by sonography and Bishop score was recorded. After labour induction, patients were divided into two groups as successful and unsuccessful vaginal delivery. Uterocervical angle and posterior cervical angle were compared with Bishop's score and cervical length.

RESULTS: Out of 140 pregnant women who participated in our study, 14 pregnant women were excluded from the study due to Category III NST or active vaginal bleeding. 61 of the patients delivered vaginally, but 65 of them were delivered by C/S. There was no significant difference between the two groups in terms of age and gestational week, but weight and BMI were significantly higher in the unsuccessful group. (AUC=0.645, p value=0.003 and cut-off value=77; AUC=0.650, p value=0.002 and cut-off value=29.3) In the regression analysis, an increase of 10 kilograms in the patient's weight increases the rate of unsuccessful vaginal delivery attempt 1.4 times. (OR=1.038, p=0.01). Cervical length was significantly shorter in the group with successful induction (p=0.008). The cut-off value found according to the ROC analysis curve data was 18.8 mm. While UCA and Bishop score were similar in both groups, the success of vaginal delivery was higher in patients in whom dilatation and effacement were more advanced before induction (p=0.005). Although PCA was quite high in the successful group, it was not statistically significant, but when the PCA value was classified as >100 and <100 in accordance with the literature, only in the group of patients who were administered oxytocin and did not use cervical ripeners, an angle of 100 degrees or more predicted vaginal delivery (p=0.022). Birth weight was also statistically associated with unsuccessful vaginal delivery attempts. (p=0.001) According to the ROC analysis, unsuccessful delivery attempts increased in fetuses weighing 3260 g and above. A hundred gram increase in birth weight increased the risk of unsuccessful vaginal delivery attempt by 1.176 times (OR=1.176, p<0.001).

CONCLUSION: In nulliparous pregnant women evaluated at term, uterocervical angle and Bishop score measurements were not successful in predicting the success of labor induction. However, cervical length, PCA, dilatation and effacement are successful predictors for labor induction. A patient's weight of 77 kg or more and a BMI greater than 29.3 increase the risk of a failed vaginal delivery attempt.

Keywords: Nulliparous, labor induction, posterior cervical angle, uterocervical angle, cervical length

uteroservikal açı





SS-13

The syndrome of left isomerism

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Objectives Prenatal diagnosis of left isomerism cases and examination of the findings

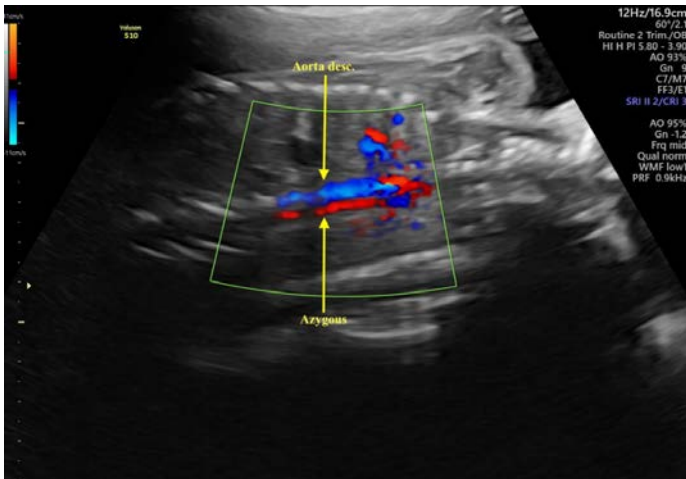
METHODS: 18-year-old patient with her first pregnancy applied for examination at 20 weeks of gestation. The patient with normal first trimester screening tests underwent an ultrasound examination.

RESULTS: During the fetal anatomical screening, it was observed that the fetal heart was situated on the right side, while the fetal stomach was situated on the left side. The vena azygos and aorta were observed on the right side. Additionally, it was noted that the inferior vena cava was interrupted and continued with the azygos vein. Subsequently, the patient underwent karyotype analysis, and the result was reported as normal.

CONCLUSION: Left atrial isomerism is a variant of heterotaxy syndrome, characterized by complex cardiac malformations. Typical findings include bilateral morphologic left atrial appendages, multiple cardiac anomalies, viscerocardiac heterotaxy, bilateral morphologic left lungs, polysplenia, interruption of the inferior vena cava with azygos continuation, and intestinal malrotation. While its mortality rate is lower compared to right isomerism, mortality and morbidity in the neonatal period depend on the severity of the heart defect and visceral anomalies. Fetuses developing heart block and hydrops tend to have higher mortality rates. In this case, no adverse prognostic criteria were observed; however, pregnancy follow-ups are ongoing. Diagnosing left atrial isomerism requires systematic evaluation of the fetal heart in the first or second trimester. Careful assessment of the fetal heart is crucial in this context.

Keywords: Isomerism, heterotaxy, cardiac malformation

Descending aorta and azygous, coronal plane



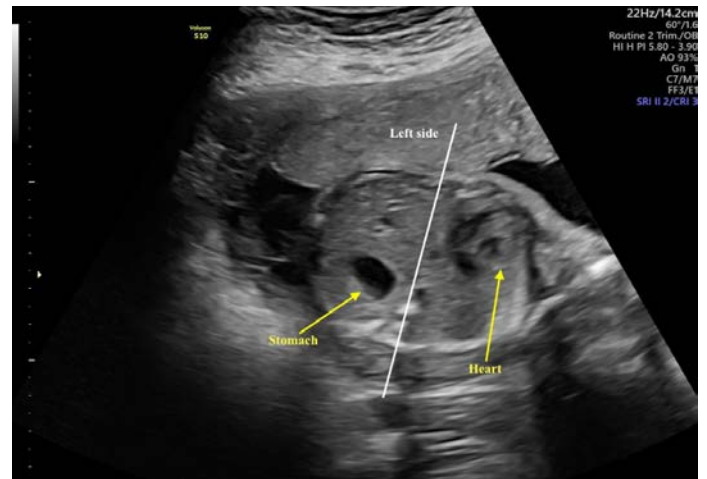
Double vessel on the coronal plane, descending aorta and dilated azygous vein.

Double vessel sign



Left isomerism with interruption of the inferior vena cava and azygous vein continuation.

Heart and stomach locations



The heart is located in the right hemithorax with the heart axis directed to the right. The stomach is located in the left side of the abdomen.



SS-14

Prenatal Fetal Hidronefroz Tanısı Alan Gebeliklerin Sonuçlarının Değerlendirilmesi

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Fetal hidronefroz (renal pelvis dilatasyonu), tamamen benign olabilen veya çeşitli üriner sistem anomalileri ve genetik anomaliler ile birlikte gösterebilen sık görülen bir antenatal ultrasonografik bulgudur. Hidronefroz tanısı için kriterlerin değişkenlik göstermesi nedeniyle sıklığının %0.6 -4.5 arasında olduğu düşünülmektedir. Orta düzeydeki hidronefroz, Down Sendromu ve diğer genetik anomalilerin bir bulgusu olabileceği gibi tamamen izole bir bulgu da olabilir. Erkek fetüslerde 2 kat daha fazla görülmekle birlikte unilateral veya bilateral olarak görülebilmektedir.

Bu çalışmada amacımız antenatal renal pelvis dilatasyonu tanısı alan gebeliklerde postnatal üriner girişim gereken hasta popülasyonunu ve bunların gebelik sonuçlarını değerlendirmektir.

Bu amaçla 2018-2023 yılları arasında kliniğimizde 18-22 gebelik haftaları arasında ayrıntılı ultrasonografi ile değerlendirilen hastaların verileri retrospektif olarak taranmıştır. Antenatal dönemde hidronefroz tanısı alan 45 hastanın verileri kaydedilmiştir. Hidronefroz tanısı ve sınıflandırılmasında Blachar sınıflama sistemi kullanılmış olup, renal pelvis anteroposterior çapın 4mm altında olması normal, 4-9 mm arası Grade I, 10-15 mm arası Grade II, 15 mm üzeri ise Grade III olarak kabul edilmiştir. Hidronefroz tanısı alan gebelerin merkezimizde doğum yapmış olanları çalışmaya dahil edilmiş olup postnatal dönemdeki takiplerine hastanemizin merkezi bilgi yönetim sisteminden ulaşılmıştır. Bulgulara bakıldığında 42 fetüste Grade I, 1 fetüste Grade II ve 2 fetüste Grade III hidronefroz olduğu tespit edilmiştir. Bu fetüslerden %67 si erkek, %33 ü ise kız fetüştür. Ayrıntılı ultrasonografik değerlendirmede %2 hastaya eşlik eden anomali mevcut olup bunlar; intrakardiyak hiperektojen odak, hiperektojen barsak, koroid pleksus kisti, interhemisferik kist, perikardiyal efüzyon, nazal kemik hipoplazisi ve nuchal fold kalınlık artışıdır. Renal pelviyektazi tespit edilen hastalar yakın takibe alınmıştır. Hastaların %87 si 38-40. gebelik haftası arasında termde doğum yapmış olup, 34. gebelik haftası altında doğum yapan yalnızca 1 hasta mevcuttu. Postnatal izlemde ise 18-22 hafta arasında Grade II hidronefroz olarak değerlendirilen 1 yenidoğana postnatal dönemde sol pyeloplasti ve bilateral Double J stent uygulanması yapılmış olup diğer tüm hastalar konservatif olarak izlenmiştir. Girişim yapılmış olan hasta şu an normal renal fonksiyonlar ile takip edilmektedir.

Postnatal değerlendirmede amaç gereksiz girişimlerden kaçınıp, ciddi üriner sistem anomalisi olan hasta grubuna uygun zamanda tedavi ve girişimde bulunmaktır. Antenatal dönemde hidronefroz tanısı alan olguların sınırlı bir kısmında postnatal dönemde cerrahi müdahale gerekliliği olmaktadır. Buna karşın hidronefroz tanısı alan hastaların postnatal dönemde böbrek fonksiyonlarının korunması ve postnatal müdahalesi bu bebeklerin ileri dönemdeki böbrek fonksiyonlarının korunması açısından önem arz etmektedir. Sonuç olarak antenatal dönemdeki ultrasonografik belirteçlerin postnatal dönemde cerrahi ihtiyacını öngörmekte değerli olduğu bilinmeli ve tersiyer merkezlere refere edilmesi gereken hasta grubunun tanımlanması önem taşımaktadır.

Anahtar Kelimeler: Üriner girişim, gebelik, hidronefroz

SS-15

A rare case; Absent pulmonary valve syndrome with Tetralogy of Fallot

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OBJECTIVES: APVS (Absent pulmonary valve syndrome), is a rare congenital heart disease with an incidence of 0.2%–0.4% in all live birth with congenital heart disease, characterized by absence or severe dysplasia of pulmonary valve leaflets. TOF (Tetralogy of Fallot) may occur at a rate of 1-3 cases per 1000 live births. TOF with absent pulmonary valve is a severe congenital heart disease found in only 3% to 6% of TOF patients. Here, we present a case of TOF that occurs together with pulmonary valve absence syndrome a rare anomaly that we detected in the fetal echo examination performed at the 20th week of gestation.

METHOD: The patient is 30-year-old primigravida who has 20-week pregnancy and without consanguineous history. Fetal Ultrasonographic examination and echocardiography were performed and evaluated.

RESULT: In fetal echocardiography, the superior and inferior vena cava were draining normally into the right atrium. Both atriums were observed to appear normal. Atrioventricular compliance was recorded. Tricuspid and mitral valves were observed to be normal. Subaortic outlet ventricular septal defect [Figure 1]. It was observed that the aorta was 50% dextroposed and had the appearance of a overriding aorta [Figure 1]. In the pulmonary annulus of the pulmonary artery originating from the right ventricle showed no pulmonary valve (p-valve) echoes [Figure 2]. It was observed stenosis of pulmonary valve annulus and post-narrow expansion of pulmonary artery and its branches [Figure 2]. There was back-and-forth flow along the right ventricle and dilated pulmonary artery during systole and diastole of the right ventricle. As a result of these findings, our patient was diagnosed with TOF with absence of pulmonary valve. We did not observe any other anomaly. Chromosomal examination was recommended, but the family did not accept it. Our patient was informed about the possibility of intrauterine and neonatal complications and the necessity of multi-stage surgery.

CONCLUSION: APVS has been described to have three subtypes; two of these are rare and include APVS with an intact septum and APVS with tricuspid atresia. APVS with TOF is the most common subtype, accounting for over 80% of the cases. Despite having different morphology, they share common features, namely – rudimentary, dysplastic, or absent pulmonary valve; dilated main pulmonary artery with or without dilatation of its branches; to-and-fro flow at the site of the absent pulmonary valve and systolic pressure gradient across narrowed pulmonary valve(4). We observed similar findings in our case. The clinical manifestations are also important. Accompanying extracardiac malformations and/or chromosomal abnormalities also adversely affect prognosis. Although we did not know the result of chromosomal analysis, we did not observe any extracardiac anomaly in our patient. The total mortality of APVS was 75%, including intrauterine death and postnatal death, only 25% were alive after postnatal surgery; therefore, prenatal diagnosis of APVS is significant. Although the postoperative survival rate has improved in recent years, the heart surgery is still complicated. So intrauterine diagnosis of APVS in utero is important.

Keywords: Absent pulmonary valve syndrome, Tetralogy of Fallot, Fetal echocardiography

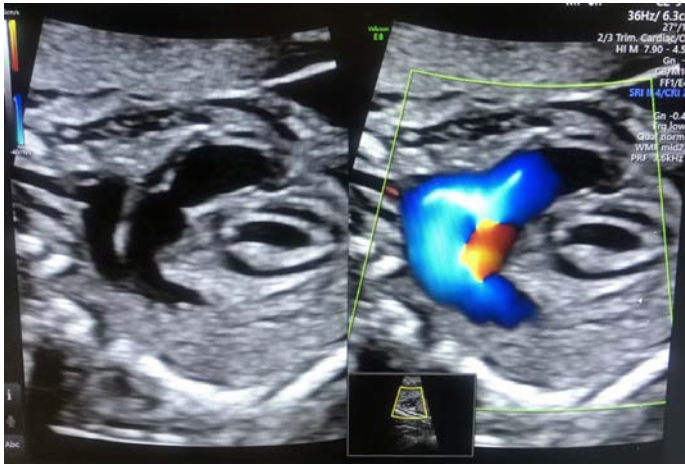


Figure 1



Ventricular septal defect and overriding aorta

Figure 2



In the pulmonary annulus of the pulmonary artery showed no pulmonary valve and poststenotic dilatation

SS-16

A Case Report on the Diagnostic Challenges of Isolated Cleft Lip in Prenatal Ultrasonography

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Introduction

Isolated cleft lip is observed in 25% of cases with facial clefts. The majority of cases, 64%, are unilateral, with 69% of unilateral clefts occurring on the left side. The majority of cases are idiopathic. Isolated cleft lip minimally increases the risk of chromosomal abnormalities. The rate of concomitant anomaly is 9.8%. Diagnosis varies considerably, from 16% to 93%.

Case presentation

27 years old, gravida 2, abortion 1. BP: 100/60 mm Hg. No history of drug use. She had first trimester screening and triple tests done at a private clinic and reported as normal. Midtrimester ultrasonography was performed at a private clinic and reported as unilateral pelviectasis. Prenatal ultrasonography performed in our clinic was consistent with a biometry of 25 weeks and 3 days. Amniotic fluid volume was normal. The placenta was located posteriorly and the estimated fetal weight was 829 grams. Fetal left renal pelvis was 7.4 mm. Left unilateral cleft lip was observed. Coanal atresia was suspected on the same side. Ultrasonography performed at 36 weeks showed fetal biometry consistent with 35 weeks. BPD and HC were less than 1 percentile. Right renal pelvis was 9 mm. Left renal pelvis was 13 mm. The patient received genetic counseling and decided to continue her pregnancy without genetic testing. She was delivered at 39 weeks.

Discussion

The fetal face should be systematically evaluated in three orthogonal planes. The integrity of the fetal lips and nostrils should be evaluated in the coronal plane. Any disruption in the integrity of the lips indicates cleft lip. This cleft may extend to the nostrils, which may appear as asymmetry, enlargement, or angulation. A transverse section is the most reliable approach to confirm whether the cleft lip has reached the alveolus or primary palate or even the secondary palate. The contour of the nose and lips is evaluated in the sagittal plane. In bilateral or midline cleft lip, a protrusion called premaxillary protrusion can be observed at the level of theiltrum. Unilateral cleft lip may not show any findings other than a hook-shaped nose in the midline sagittal view. Images obtained with 3D ultrasonography does not enhance diagnostic acuity. The location, laterality, and soft tissue extension of the cleft lip identified in the ultrasound evaluation must be specified. The appearance of the nostrils, palate involvement, and other facial features should also be described. Premaxillary tissue protrusion may be observed in the midsagittal profile in the first trimester.

CONCLUSION: Isolated cleft lip may not be detected on midtrimester ultrasonographic screening. Therefore, any abnormality in the contour of the lips, an additional protrusion at the level of theiltrum or a hook-shaped nose in the midline sagittal view should be regarded as a potential indicator when examining the fetal face.

Keywords: Cleft, Isolated, Lip, Prenatal, Ultrasonography



2D Ultrasonography hook nose and irregular contour of upper lip



3D Ultrasonography normal fake appearance of the face in isolate cleft lip



Isolated cleft lip after birth



SS-17

Evaluation of cytogenetic analysis outcomes of pregnancies resulting in stillbirth

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AIM: Stillbirth affects approximately 1 in 200 pregnancies and is the only major cause of perinatal death. Stillbirth investigation is necessary to provide information that will help reduce the risk of recurrent stillbirth, as well as advice on family planning and future pregnancies, cytogenetic examinations in the postnatal period are one of these investigations, especially in cases of stillbirth. This study aims to reach the results obtained from cytogenetic analysis in pregnancies resulting in stillbirth.

METHOD: In this study, the data of pregnancies that resulted in stillbirth at Etlik Zübeyde Hanım Gynecology Training and Research Hospital between January 2015 and January 2021 will be examined retrospectively. Stillbirth cases were identified retrospectively from the delivery room registration system, and singleton pregnancies older than the 24th week of gestation, for which cytogenetic analysis was performed, were included in the study. Stillbirths with a gestational age of fewer than 24 weeks, cases in which fetocide was performed due to termination, stillbirth cases in which cytogenetic analysis was not performed, multiple pregnancies, cases in which fetal death was detected after birth, pregnancies terminated due to cytogenetic analysis results in the prenatal period, and cases with missing data were excluded from the study. Age, obstetric and demographic characteristics, gestational age, fetal gender, fetal weight, and cytogenetic results of cases were evaluated.

RESULTS: Between January 2015 and January 2021, a total of 247 stillbirth cases were included in the study according to the eligibility criteria. The mean age of the cases was 28.84 (SD:6.33), the body mass index was 28.89(4.55), the gravida was 2.67(1.61), the parity was 1.30 (1.33) and the number of previous abortions was 0.32 (0.73). Vaginal birth was found in 68.8% (n=170) of the cases and cesarean delivery was found in 31.2% (n=77). The mean gestational age was found to be 32.4 (4.63) weeks. Of the cases, 50.6% (n=125) were male and 49.4% (n=122) were female. The mean birth weight was found to be 1841 (1018) grams. Chromosome analysis reports could not be provided for 61 (24.6%) cases due to no progress in cell development was achieved. The cytogenetic analysis results of cases are presented in Table 1. Although 165 (66.8%) cases were detected with normal karyotype, chromosomal abnormalities were detected in 21(8.5%) cases. Numerical chromosome abnormalities were detected more frequently than structural chromosome abnormalities (n=18 vs. n=3). In this study, trisomies (4.4%, n=11) were found to be the most common chromosomal abnormalities in all cases and the most common chromosome abnormality was trisomy 21 (3.2%, n=8).

CONCLUSION: The pathophysiology of stillbirth, particularly the prevalence of chromosomal abnormalities detected in stillbirth cases, is still not fully clarified. Although the majority of stillbirth cases had a normal karyotype in this study, numerical chromosomal abnormalities, mostly trisomy 21, were the most common cytogenetic abnormalities. Early detection of fetal aneuploidy is valuable to reduce stillbirths.



Keywords: Cytogenetic analysis, Chromosomal abnormalities, Still-birth, Trisomy

Table 1

Results of cytogenetic analysis	Number (%)
Total cases	247 (100)
Normal karyotype	165 (66.8)
No progress in cell development was achieved	61 (24.6)
Chromosomal abnormality	21 (8.5)
Numerical abnormality	18 (7.2)
Trisomy	11 (4.4)
Trisomy 21 (47,xx,+21 or 47,xy,+21)	8 (3.2)
Trisomy 18 (47,xy,+18)	1 (0.4)
Trisomy 16 (47,xy,+16)	1 (0.4)
Trisomy +mar (47,xx,+mar)	1 (0.4)
Monosomy	2 (0.8)
Turner syndrome (45,x)	1 (0.4)
Turner mosaicism (45,x[5]/46,xx[45] level 1)	1 (0.4)
Tetraploidy	5 (2.0)
92,xxxx[27]/46,xx(10)	2 (0.8)
92,xyyy[16]/46,xx[16]	1 (0.4)
92,xyyy[7]/46,xx[6]	2 (0.8)
Structural abnormality	3 (1.2)
46,xx, inv (9)(p11p13)	1 (0.4)
46,xx,der(6)	1 (0.4)
46,xx,t(4;21)(q21;q24.1)[2]/46,xx[25]	1 (0.4)

The cytogenetic analysis results of stillbirth cases

SS-19

Prenatal diagnosis of Cantrell pentalogy in first trimester screening: 2 Case reports and review of literature

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OBJECTIVE: Cantrell pentalogy is a rare and heterogeneous thoraco-abdominal wall closure defect, characterized by five primary features: diaphragmatic, sternal, pericardial, and cardiac abnormalities, along with an omphalocele. Its prevalence is estimated at 1 in 65,000 to 1 in 200,000 births, with a male predominance. Although sporadic cases predominate, some familial occurrences suggest possible genetic involvement. The syndrome's etiology remains incompletely understood, with hypotheses implicating disruptions in lateral mesoderm development during embryogenesis.

CASE: Early antenatal diagnosis is paramount, as postnatal outcomes are often unfavorable. We present two cases of Cantrell pentalogy, both undergoing medical termination due to poor fetal prognosis. The first case involved a 35-year-old gravida 3, para 2, presenting at 13 weeks with a fetus displaying multiple anomalies, including ectopia cordis and anencephaly. The second case, a 32-year-old gravida 1, presented at 14 weeks with similar anomalies. Despite offering medical termination, the family declined initially due to religious beliefs.

DISCUSSION: Cantrell pentalogy's diagnosis relies on a multidisciplinary approach combining clinical examination, ultrasound, MRI, fetal echocardiography, and genetic testing. Ultrasonography can detect anomalies as early as the first trimester. Management options vary depending on the severity, with termination recommended in severe cases. Postnatal survival and quality of life are generally poor, especially in full-form pentalogy cases. Conclusions The emotional and psychological toll on affected families underscores the importance of comprehensive counseling and supportive care. Healthcare professionals must be aware of Cantrell pentalogy's complexities to provide optimal management and support. Early recognition and skilled antenatal care are crucial for informed decision-making and timely intervention, emphasizing the need for increased awareness among healthcare providers.

Keywords: Ectopia kordis, pentalogy of cantrell, anencephaly

Image 1



Image of ectopia cordis in a fetus at 14 weeks gestation in transverse section.



Image 2



At 14 weeks, fetal abortion material shows defects in the chest and abdominal anterior wall, as well as cleft palate and lip.

Image 3



Image of ectopia cordis and anterior abdominal wall defect in a fetus at 14 weeks gestation in sagittal section

Image 4



Image of ectopia cordis and anterior abdominal wall defect in a fetus at 14 weeks gestation in sagittal section

Image 5



In the 12-week abortion material, defects in the abdominal anterior wall, ectopia cordis, and anencephaly are observed.



SS-20

an umbilical cord cyst presenting together with an omphalocele in a normal karyotyped fetus

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OBJECTIVES: It is aimed to emphasize the importance of detailed sonographic scanning of the cord insertion in fetuses with an umbilical cyst due to its possible relationship with omphalocele.

METHODS: 21-year-old gravida 2, para 1 woman patient consulted to our perinatology clinic for fetal umbilical cyst at 24 weeks of gestation. Fetal ultrasonographic examinations were performed using Voluson E8 (GE Healthcare, Wauwatosa, Wisconsin).

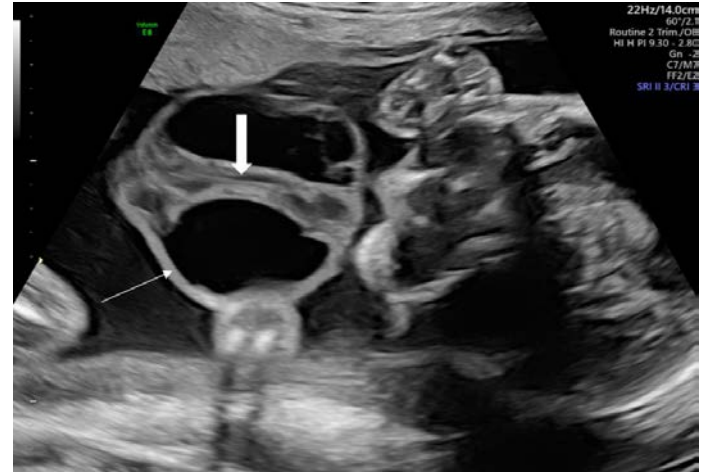
RESULTS: Sonographic examination revealed a single fetus with biparietal diameter, femur length, and abdominal circumference measurements consistent with 25 weeks' gestation. The amniotic fluid volume was normal. A cord cyst sized 46x44 mm was noted located on the free-floating loop of the umbilical cord. Along with but noncontiguous with the cyst, a 30x40 mm sized omphalocele sac containing herniated bowels was detected. There was no additional sonographic abnormality. Genetic counseling and amniocentesis were offered. Cytogenetic analysis revealed a normal constitutional karyotype. Close perinatological follow-up was recommended.

CONCLUSION: The umbilical cord cysts may be classified as true cysts or pseudocysts. True umbilical cord cysts originate from amniotic inclusions such as remnants of the omphalomesenteric duct, allantois, or vascular malformations. Pseudocyst, known as a Wharton's jelly cyst, does not have an epithelial lining and results from liquefaction, mucoid degeneration, or focal edema of Wharton's jelly. The umbilical cord cysts may be associated with omphaloceles, especially pseudocysts and allantoic cysts. These umbilical cord pseudocysts coexisting with omphalocele have rarely been reported and may present as simple or multiple. Both omphaloceles and umbilical cord pseudocysts are often associated with chromosomal aneuploidies. If there is a sonographic finding of umbilical cord cyst, it should be evaluated for omphaloceles and invasive fetal karyotyping should be offered.

It is recommended to encourage parents to continue the pregnancy when the fetus has an umbilical cord pseudocyst on an omphalocele with a normal karyotype, because it is easy to resect the umbilical cord pseudocyst just after birth without injuring the hernia sac.

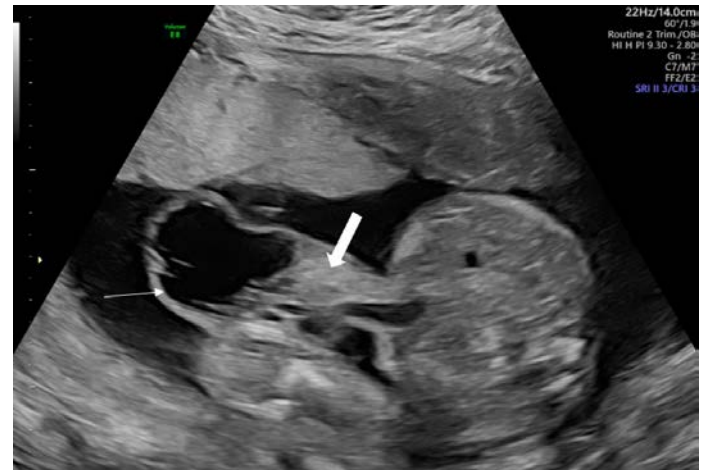
Keywords: Umbilical cord cyst, pseudocyst, omphalocele, prenatal sonography.

figure 1



The umbilical cord cyst sized 46x44 mm is seen on the image located on the free-floating loop of the umbilical cord (Thick arrow points the umbilical cord in the middle of the cyst and thin arrow points the wall of the cyst).

figure 2



The omphalocele sac sized 30x40 mm containing herniated bowels (thick arrow) is seen on the image and thin arrow points the omphalocele sac.



SS-21

Azerbaycan popülasyonunda böbrek nakli sonrası gebelik vakalarının retrospektif analizi: tek merkezin deneyimi

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GİRİŞ: Böbrek nakli yapılan kadınlarda gebelik kontrendike değildir, ancak anne ve fetusta komplikasyon riskleri taşır. Transplantasyon yapılan kadınlarda üç ana durum gebelik sonucunu etkileyebilir: gebelik öncesi danışmanlık, anneye yönelik tıbbi yönetim ve fetal toksisiteyi önlemek için ilaçların doğru kullanımı.

AMAÇ: Bu çalışmada amacımız hastanemizin “Böbrek Hastalıkları ve Orqan Nakli” departmanı tarafından uygulanan 8 böbrek nakli olgusunun posttransplant gebelik ve perinatal özelliklerinin araştırılması olmuştur.

GEREÇ VE YÖNTEM: Bu amaçla 2017-2023 yılları arasında uygulanan 188 böbrek nakli olgusu arasında posttransplant dönemde gebe kalan hastaların demografik verileri, gebelik öncesi ve sonrası kreatinin değeri, rejeksiyon, komplikasyon oranları kaydedilmiştir. Ayrıca kullanılan immunosüpresif ilaçların özellikleri ve canlı doğum oranı gözden geçirilmiştir.

BULGULAR: 188 böbrek nakli olgusunun 8-de gebelik kaydedilmiştir. Gebe kalan tüm kadınlar kliniğimizin nefroloji ve kadın doğum mütehassısları tarafından düzenli takip programına alındılar. Böbrek nakilli 8 gebe kadının ortalama yaşı 28.6(20-36) olarak hesaplandı. Böbrek naklinden gebeliye kadar geçen sürenin 30.5 ay (20-48 ay) olduğu izlendi. Hamilelik öncesi kadınların ortalama kreatinin değeri 1.15 ± 0.24 olarak kaydedildi. Hamilelikten 6 hafta önce tüm posstransplant gebelerde immünsüpresif tedavilerden mikofenolat mofetil tedavisi kesildiği halde takrolimus ve prednizolon tedavisine devam edildi. Ayrıca takrolimusun kandaki düzeyi 3.5-4±0.5 ng/ml olacak seviyede sağlandı. Posttransplant gebelerin 2 de (%25) 22 ve 24 cü haftalarda klinik anlamlı idrar yolu enfeksiyonu görüldü. Bu nedenle her iki hasta uygun antibiyotik seçimi ile tedavi edildiler. Bununla beraber iki gebede (%25) sorun oluşturmayacak hidronefroz (grade 2) izlendi. Hiçbir gebe kadında hipertansiyon, rejeksiyon ve klinik anlamlı proteinüri görülmedi. Gebeliklerin % 87.5-de (7 gebede) canlı doğum gerçekleşti. Prematür doğum (< 37 hafta) 5 kadında (%62.5) izlendi. Tüm gebelerde doğum sezaryenle sağlandı. Gebelikten 3 ay sonra kadınlarda ortalama kreatinin değeri 1.24 ± 0.53 mg/dl olarak ölçüldü.

SONUÇ: Bu çalışmada gebeliğin hasta ve greft sağkalımı üzerinde doğrudan olumsuz bir etkisi olmadığı sonucuna vardık.

Anahtar Kelimeler: posttransplant gebelik, böbrek nakli, rejeksiyon

SS-23

Management of invasive molar pregnancy detected after recurrent molar pregnancies

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Hydatiform mole, also called molar pregnancy, is a subgroup of diseases in the gestational trophoblastic disease (GTD) spectrum that derives from the placenta and has the ability to metastasize. The feature of this tumor is that it originates from pregnancy tissue, not from the mother's tissue (1). Hydatiform mole is premalignant. It can be categorized as complete mole or partial mole, which differs according to gross morphology, histopathology, karyotype, and malignancy risk (2).

A 42-year-old patient, who applied to the endocrinology outpatient clinic due to existing type 2 diabetes, was referred to the gynecology department and admitted to the service as a result of the B-hCG level measured as 833000 in the requested tests. In TV USG, the dimensions of the uterus were 168*154*135 mm and a cystic area of 11*78 mm was detected that completely covered the cavity. No pathology was detected in bilateral adnexa. The patient, whose B-hCG levels decreased after curettage, was discharged a week later with the recommendation of outpatient clinic check-up. As a result of pathology, decidua bleeding, fibrin and a small number of endometrial gland structures were detected.

Since an increase in B-hCG levels was observed in the control examination, it was decided to get a pelvic MRI and gynecology oncology consultation for the patient. No focus was detected in the imaging performed for metastasis screening and repeat curettage was planned. As a result of pathology, a definitive diagnosis could not be reached, but some atypical and pleomorphic trophoblastic cells, villus structure showing hydropic degeneration and trophoblastic cell proliferation were detected. Clinical correlation was suggested and the patient with progression was referred to the gynecology oncology council and a hysterectomy was planned. As a result of the hysterectomy material pathology, an area compatible with a complete hydatiform mole was observed in the endometrium, but no invasion was detected. The patient, who had a significant decrease in b-hCG levels in the postoperative period, was monitored.

Although GTD is rare, it is important because it is observed especially in the young population of childbearing age and has mortality consequences if not treated quickly. In patients with complete hydatiform mole; In addition to bleeding, high B-hCG levels and uterine size incompatible with the gestational age, the inability to hear the fetal heart sound in these patients and the spontaneous reduction of the grape-shaped hydropic villi characteristic of mole should be a warning to the clinician for molar pregnancy. The pathology result is incompatible with the clinic, recurrence of molar pregnancy, invasive It should be suspicious in terms of mole and metastasis.

We think that the possibility of invasive molar pregnancy may increase with the increase in the number of recurrent molar pregnancies. Balci et al. In his study, a 35-year-old woman with gravida 11 and parity 0 had 6 molar pregnancy diagnoses and 5 missed abortions. In this study,



NLRP7 gene mutation was detected and we think that gene analysis may be useful in women with a history of recurrent molar pregnancy.

Keywords: invasive mole, molar pregnancy, Hydatidiform mole

Figure 1



Ultrasonographic finding

Figure 2



MRI finding

Figure 3



Macroscopic Apperance



SS-24

Systemic Inflammatory Index Assessment In Unexplained Recurrent Pregnancy Losses

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PURPOSE: Recurrent pregnancy loss is an important health problem with a frequency of 1-2%. It is thought that the systemic inflammatory process has an impact on the etiology of unexplained TKG. Studies have shown that the inflammatory process is affected in psychological state disorders. Accordingly, we aimed to determine the effects of the inflammatory process by evaluating the systemic inflammatory index (SII) in female patients with unexplained RPL.

METHOD: A total of 51 female patients who applied to the Health Sciences University Etlik Zübeyde Hanım Gynecology Training and Research Hospital Polyclinic due to TKG between November 2021 and July 2022 (25 unexplained TKG; patient group, 26 with TKG without any other explanatory cause other than uterine septum and those who became pregnant after corrective surgery; control group) were prospectively included in the study. Systemic inflammatory index (platelet count x neutrophil count / lymphocyte count ratio) was evaluated with blood samples taken from both patient and control groups. The results were analyzed with SPSS version 20.0. Parametric t test was used because it showed normal distribution.

RESULTS: No statistically significant difference was shown between the groups in terms of age, body mass index (BMI), gravida and number of abortions ($p>0.05$). When the patient and control groups were compared in terms of SII, no statistically significant result was shown ($p>0.05$).

CONCLUSION: SII increases in unexplained recurrent pregnancy losses, but no statistically significant difference was shown. We considered that the reason for this was our low number of patients. We think that meaningful results will be obtained in studies where the sample size is increased.

Keywords: Unexplained recurrent pregnancy loss, Systemic Inflammatory Index, Systemic Inflammatory

SS-25

Comparison of maternal deaths during periods of Omicron and Delta predominance in the capital city of Türkiye

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Comparison Of Maternal Deaths During Periods Of Omicron And Delta Predominance In The Capital City Of Türkiye

OBJECTIVE: Pregnant women are more likely to get sick from COVID-19 compared to non-pregnant people. COVID-19 infection is associated with excess maternal and perinatal mortality and morbidity. The aim of the study was to define the characteristics of indirect maternal deaths due to COVID-19 infection during the COVID-19 pandemic period and to compare them according to their variants.

METHODS: Maternal deaths diagnosed with Covid-19 ($n=34$), which occurred in Ankara, the capital city of Türkiye, between April 1, 2020 and July 27, 2022, were examined. Data were collected from patient files and Maternal Mortality Committee reports. Group comparisons were made in terms of Delta (predelta and delta) ($n=26$) and Omicron ($n=8$) variants. The statistical significance level was evaluated as 0.05.

RESULTS: The mean age of the mothers was 30.56 ± 5.71 years. 50% of mothers were high risk pregnancy and 33.3% of the mothers had a body mass index value of ≥ 30 kg/m². There was no difference between the groups in terms of socio-demographic, general health and obstetric characteristics, treatment processes and COVID-19 complications ($p>0.05$). High White Blood Cell, C-reactive Protein, D-Dimer, Lactate Dehydrogenase, Alanine Aminotransferase, Aspartate Aminotransferase and Aspartate Aminotransferase to Platelet Ratio Index values were detected in both groups. The sepsis was the most common complication in both variant groups. There was delay in 23.5% ($n=8$) all of cases.

CONCLUSION: Maternal obesity and the presence of comorbidities had emerged as an important risk factor that increases the susceptibility of pregnant women to severe COVID-19 disease, and the importance of counseling and vaccination in the presence of this risk factor should be particularly taken into account. The variants were found to be similar in terms of maternal mortality characteristics.

Keywords: COVID-19, Pregnancy, Pregnancy Infectious Complications, Maternal deaths.



SS-26

Effects of magnesium supplementation on pain and edema in the lower extremities during pregnancy

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AIM: Magnesium (Mg) is an essential mineral for pregnant women. The aim of this study was to evaluate the effects of magnesium supplementation on edema and pain in the lower extremities during pregnancy.

MATERIALS-METHODS: Sixty pregnant women between 24 and 36 weeks of pregnancy were included in the study. Pregnant women were randomly divided into two groups: First group (magnesium supplementation) and second group (no magnesium supplementation). First group received 365 mg of elemental magnesium daily (magnesium citrate, magnesium malate and magnesium bisglycinate combination) and second group didn't receive magnesium supplementation daily. Pain assessment with Visual analog scale (VAS), ankle, knee, and thigh circumference measurements with tape measure were conducted.

RESULTS: While the average maternal age of the first group was 30.44±4.46, the average age of the second group 34.24±3.77. When comparing pre-treatment and post-treatment results within each group, statistically significant differences were found in both groups in terms of VAS, right/left ankle, knee, and thigh circumference measurements ($p<0.05$). When the difference measurements between the groups were compared, a statistically significant improvement in first group was detected in VAS, right/left ankle and hip circumference measurements ($p<0.05$).

CONCLUSION: The findings of this study suggest that magnesium supplementation is more effective in reducing edema and pain in pregnant women. Thus, improvement in quality of life may be observed in pregnant women using magnesium due to the reduction in pain and edema.

Keywords: pregnancy, magnesium supplementation, quality of life, lower extremity edema

SS-27

Long way to go in anemia

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Şanlıurfa Eğitim Ve Araştırma Hastanesi, Kadın hastalıkları ve doğum, Şanlıurfa

AIM: Anemia combined with physiological anemia due to hemodilution and insufficient daily iron intake is very common in pregnant women. Anemia in pregnancy is defined when the hemoglobin level remains below 11 g/dL in the 1st and 3rd trimesters and 10.5 g/dL in the 2nd trimester. We aimed to determine the representative hemoglobin level of the region by determining the incidence of the anemic pregnant population in our hospital, which has an annual number of twenty-six thousand births and is the only center for the follow-up and delivery of all risky pregnancies.

METHODS: Since our pregnant women go to work outside the province between May and October, they are away from pregnancy follow-up. Prenatal hemoglobin levels and pregnancy outcomes of pregnant women who gave birth in January 2018 and January 2024 were compared in order to understand the hemoglobin level when they returned to where they lived and how much iron stores were filled until birth. The delivery method of the pregnant women and whether there was postpartum bleeding were scanned from hospital records and the data in 2018 and 2024 were compared.

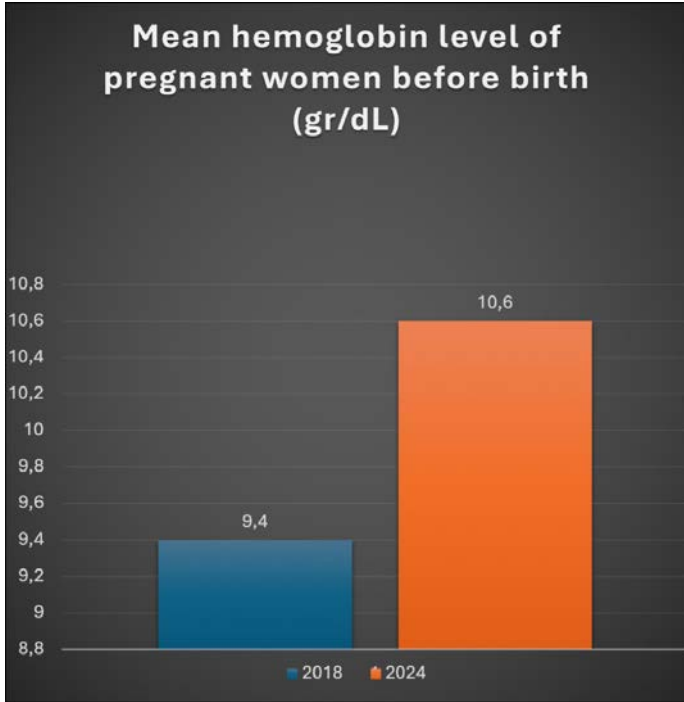
RESULTS: While the average hemoglobin of 1549 pregnant women who gave birth in January 2024 was 10.62 g/dL, 58% of them had mild (Hb 9-10.9 g/dL), 4.5% had moderate (Hb: 7-8.9 g/dL) and 0.3% of them had severe anemia (Hb: <7 g/dL). Mean hemoglobin level of pregnant women before birth in January 2018 was 9.4 g/dL. When determining the average hemoglobin levels of 1549 pregnant women who gave birth in January 2024 compared to 1784 pregnant women in January 2018, a statistically significant difference was found ($p:0.03$). While one moderately anemic pregnant woman had postpartum bleeding in January 2018, there was no pregnant woman with postpartum bleeding in January 2024. While our priority in the treatment of anemia in pregnant women is the use of oral iron preparations twice a day, after a month, if the hemoglobin level does not increase by 1 g/dL despite regular use, the patient has gastrointestinal complaints, or if patient non-compliance is detected, we switch to intravenous iron treatment. While the number of patients to whom we provided annual intravenous iron treatment was 27 in 2018, 580 vials were administered by May 2024.

CONCLUSION: In Şanlıurfa, where the crude birth rate in Turkey is the highest with 3.59 (2022), the hemoglobin levels of pregnant women are increasing over the years, but still 62% of our pregnant women go into labor anemic. Although there have been improvements over the years, there is still more work to do.

Anahtar Kelimeler: Anemia, iron treatment, labor, postpartum bleeding



Mean hemoglobin levels of pregnant women



SS-28

Examining the effects of body mass index on urinary incontinence complaints in the menopausal period, Tertiary Center Experiences

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PURPOSE: According to the definition of the International Continence Society(ICS), urinary incontinence (UI);It is a complaint of involuntary urinary leakage.Hormonal system changes seen in menopause,somatic changes in the vagina and urethra;It causes loss of closing pressure in the urethra and a change in the normal urethrovesical angle,leading to the development of UI in women.Obesity and Type 2 diabetes are associated with incontinence.Higher BMI may increase abdominal pressure,thereby increasing bladder pressure and urethral motility,revealing the association seen between BMI and incontinence.During the evaluation,attention should be paid to the extent to which the patient's symptoms affect the quality of life.Pelvic floor inventory short form-20 (PFDI-20) is a scale that examines the effects of lower urinary system,lower gastrointestinal system and pelvic organ prolapse on quality of life.In our study,we aimed to examine the data of patients diagnosed with menopausal incontinence who applied to our hospital according to their BMI values.

METHOD: 177 patients in the menopausal period who applied to the Etlik City Hospital Urogynecology clinic with complaints of urinary incontinence between June 2023 and March 2024 were included in the study.Data of group 1 control(80 patients) with BMI below 30 and group 2 obese(97 patients) with BMI above 30 were compared.After the demographic data and obstetric history of the patients were recorded,anamnesis,physical and pelvic examination were performed in the basic clinical evaluation.Pelvic floor inventory short form-20(PFDI-20) was filled in for all patients included in the study.The data were analyzed with descriptive statistics methods.

RESULTS: The average age of the patients included in the study was 57.06 ± 7.78 in group1 and 59.56 ± 7.61 in group2. The mean gravida was 3.71 ± 1.76 in group1 and 4.12 ± 1.95 in group2. The mean parity was 3.07 ± 1.60 in group1, 3.31 ± 1.25 in group2, and 3.84 ± 1.78 .The mean PFDI-20 of the patients was 27.21 ± 15.23 in group1 and 27.40 ± 14.80 in group2. Although 135 (76.3%) of the patients included in the study had comorbidities,79 patients (58.5%) had comorbidities,more in the obese group. Incontinence was observed in 160 (90.4%) of the patients included in the study.It was observed in 90 patients (92.8%) in group2 and in 70 patients (87.5%) in group1. Although mixed incontinence was most frequently observed in 94 patients (53.1%) in both groups, stress incontinence was observed more frequently in 17 patients (54.8%) in group1 and urge incontinence was observed more frequently in 22 patients (62.9%) in group 2. No significant difference was observed between the groups in terms of gravida,parity,comorbidities,presence and type of incontinence, and PFDI20 scores ($p>0.05$).

CONCLUSION: In our study, although there was no significant difference between the groups, incontinence was observed at a higher rate in the obese group. Women with high BMI or DM are more likely to be unable to empty the bladder completely, not be aware of leakage, and experience discomfort while urinating due to potential comorbidities. It is important for women's health to detect UI, which increases during menopause, at an early stage, to plan the education and guidance services to be provided correctly, and thus to create healthy life awareness in women.

Keywords: urinary incontinence (UI), Pelvic floor inventory short form-20 (PFDI-20), body mass index



SS-29

Evaluation of Quality of Life of Patients Diabetes Mellitus with Urinary Incontinence, Tertiary Center Experiences

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PURPOSE: According to the definition of the International Continence Society (ICS), urinary incontinence (UI); It is a complaint of involuntary urinary leakage. Postulated mechanisms by which diabetes causes incontinence include microvascular damage to the innervation of the bladder and urethral sphincter, detrusor muscle and sphincter dysfunction, and high post-void residual urine volume, chronic bacterial colonization, and urinary tract infections, which contribute to bladder instability, urinary retention, and overflow incontinence. In our study, we examined the patients' data by measuring the pelvic floor muscle strength of patients diagnosed with DM with the Modified Oxford Scale (MOS), the discomfort associated with urinary symptoms (Urogenital Distress Inventory) with UDI-6, and the impact of UI on quality of life (Incontinence Impact Questionnaire) with IIQ-7. We aimed.

METHOD: 44 patients who applied to the Etlik City Hospital Urogynecology outpatient clinic with complaints of urinary incontinence between May 2023 and January 2024, were diagnosed with stress, urge or mixed type urinary incontinence, and were diagnosed with Type 2 DM by the Internal Medicine outpatient clinic, and were included in the study. After the demographic and biochemical data of the patients were recorded, anamnesis, physical and pelvic examination were performed in the basic clinical evaluation. MOS, UDI-6, IIQ-7 scaling was performed on all patients included in the study. The data were analyzed with descriptive statistics methods.

RESULTS: The average age of the patients included in the study was 55.84 ± 10.40 years. The mean BMI was 32.56 ± 5.31 . The mean HbA1c was 6.95 ± 1.81 . The mean MOS was 2.22 ± 0.93 . The mean of UDI-6 was 13.47 ± 5.32 . The IIQ-7 mean was 11.15 ± 6.06 . Most of the complaints of the patients were related to mixed incontinence in 26 (59.1%). In the correlation study conducted between HbA1c, MOS, UDI – 6 and IIQ7 scores of the patients, a negative correlation was observed only between HbA1c and IIQ7 score ($p = 0.011$, $z = -0.381$).

CONCLUSION: The patients included in our study should be considered as a special patient group because they were diagnosed with type 2 DM, their MOS average was below 3, and they were mostly menopausal age group patients. Early detection of UI in these patient groups and proper planning of education, guidance and treatment services will also reduce the risk of morbidity due to UI.

Keywords: urinary incontinence (UI), Diabetes Mellitus, Modified Oxford Scale

SS-30

The role of inflammatory markers in distinguishing endometrial polyp: Single center results

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AIM: To evaluate the role of inflammatory markers in predicting the presence of endometrial polyps in patients undergoing endometrial sampling due to abnormal uterine bleeding.

METHOD: The pathology results of patients who applied to Akçakoca State Hospital with abnormal uterine bleeding and underwent endometrial sampling between May 2023 and July 2023 were retrospectively scanned. Demographic characteristics of the patients, platelet-lymphocyte, neutrophil-lymphocyte and lymphocyte-monocyte ratios, and systemic immune inflammation index were calculated. Patients were grouped according to pathological diagnosis as endometrial polyp and other benign pathologies. Malignant and premalignant lesions were not included in the study. Examination results and inflammatory markers were compared between these two groups.

RESULTS: 89 patients were included in the study. While the pathology result of 38 patients was endometrial polyp, other benign pathologies were detected in 51 patients. No significant difference was detected in terms of hemoglobin, hematocrit, lymphocyte, monocyte, platelet, neutrophil and PDW variables in patients with endometrial polyps ($p > 0.05$). PLR (platelet to lymphocyte ratio) and SII (systemic immune-inflammatory index) were found to be significantly higher in the endometrial polyp group compared to other benign pathologies ($p < 0.05$). NLR (neutrophil to lymphocyte ratio) was higher in the endometrial polyp group and was not significant ($p: 0.056$) SII was 669884.4 ± 410641.7 in the endometrial polyp group and was higher than other benign pathologies. ($p > 0.05$)

CONCLUSION: Endometrial polyp is one of the important causes of abnormal uterine bleeding. NLR, PLR and SII are systemic immune response parameters that can be easily evaluated with blood tests without requiring additional cost. SII appears to be an effective and simple test in distinguishing endometrial polyp among benign endometrial pathologies.

Keywords: Abnormal uterine bleeding, endometrial polyps, systemic immune-inflammatory index



Comparison of complete blood count parameters and inflammation indices between patients with and without coexisting endometrial polyp

	EP	No EP	p
Mean platelet volume	10,1±0,8	10,3±0,9	0,409
Platelet to lymphocyte ratio (PLR)	151,2±56,9	128,7±39,5	0,030
Neutrophil to lymphocyte ratio (NLR)	2,4±1,8	1,8±0,6	0,056
Neutrophil to monocyte ratio (NMR)	11,7±20,4	7,7±2,8	0,176
Lymphocyte to monocyte ratio (LMR)	4,2±1,6	4,2±1,2	0,947
SII*	669884,4±410641,7	516280,5±196718,7	0,022

EP: Endometrial Polyps, SII: Systemic immune-inflammatory index.

SS-31

Huge Leiomyoma on Round Ligament of a Mayer-Rokitansky-Küster-Hauser Syndrome Patient causing Urinary Incontinence

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Mayer-Rokitansky-Küster-Hauser syndrome (MRKHS) is a Mullerian abnormality presented as uterovaginal aplasia/hypoplasia caused by unsuccessful fusion of the two Mullerian ducts in the early embryological development. The prevalence of the disease is 1:4000-5000 live female births and one of the most common causes of primary amenorrhea. There can be additional congenital abnormalities of urinary, skeletal, auditory and cardiac systems associated with the disease.

There are described cases of MRKHS and leiomyoma in the literature mostly originating from the rudimentary horns of the uterus. Here we will present a case of leiomyoma on the opposite side of the rudimentary horn of a MRKHS woman, which is a rare situation. A 51 years old woman with known breast cancer and using tamoxifen presented with symptoms of mixed type urinary incontinence. She had been diagnosed with MRKHS, operated for neovagina reconstruction at her 20's, had right breast segmental resection 2 years ago and on 20 mg tamoxifen for 2 years. Vaginal examination revealed a 6 cm vagina with skin grafts where demarcation line was visible without any cervix. A 15 cm mass was observed on the transabdominal ultrasound. She had a magnetic resonance imaging reporting that this mass is compatible with leiomyoma. After her consent myomectomy via laparotomy was planned. During the operation it was observed that she had a 13 cm myoma on the left round ligament and rudimentary horn on the right side, the tubes and ovaries were normal. Myomectomy was performed cautiously with the anatomical landmarks. Rudimentary horn and both tubes were also excised. After the recovery period her incontinence was also cured. Surgical videos from head camera will be presented in the presentation with the review of the literature.

Leiomyomas in concord with MRKHS mostly occur from rudimentary horns. First described in 1977 there are about 40 reports on leiomyomas in MRKHS, yet there are only 2 on round ligament. Probably due to seldom visits of these patients to gynecologists, most reports are urgent cases or enormous pelvic masses mimicking tumours. Our patient knew the presence of the mass yet she had postponed the operation for years it until urinary incontinence started. Large leiomyomas may cause urinary incontinence by decreasing the bladder capacity and increase the bladder pressure causing sudden urinary leak. It was shown that leiomyomas bigger than 5 cm on the anterior uterus increase the chance of stress and mixed type urinary incontinence. Urodynamic studies in myomas also showed detrusor overactivity even in those with stress urinary incontinence. Also there are reports on urinary retention from leiomyomas on broad ligament. Surgery in leiomyomas as a cause of urinary incontinence is still a debate yet in our case it was a cure for the patient.

Keywords: Mullerian anomalies, huge leiomyoma, urinary incontinence



SS-32

The role of inflammation indexes between premalignant and malignant endometrial pathologies in perimenapausal patients

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OBJECTIVE: Our study aimed to investigate the role of systemic inflammatory indices (SII, SIRI, NLR, MLR) and neutrophil percentage to albumin ratio (NPAR) indicating the nutritional status of inflammation in the prediction of premalignant and malignant endometrial pathologies. Endometrial cancer is a common gynecologic malignancy with an increasing incidence. Endometrial intraepithelial neoplasia is often a preceding pathology. Commonly identified risk factors are increasing age, obesity, especially abdominal obesity, increasing body mass index (BMI), insulin resistance, diabetes, dyslipidemia and hormonal imbalance. The body's immune response plays an important role in the development of metabolic disorders. Cancer related inflammation, including endometrial cancer, plays a role in carcinogenesis and the progression of neoplastic diseases. Neutrophils induced by malignant cells can accelerate tumor metastasis. Lymphocytes are the cornerstone of the adaptive immune system and inhibit tumor cell proliferation and migration. Previous studies have shown that the number of lymphocytes is increased in patients with cancer. In addition, an increased NPAR value has been found to be associated with survival in various malignancies. Therefore, we have started to investigate the parameters of routine blood tests as predictive or prognostic factors for cancer.

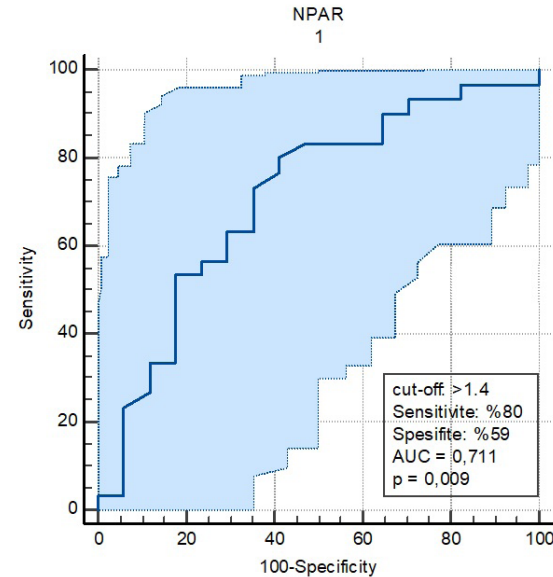
METHODS: In this retrospective study, we analyzed the results of endometrial biopsies performed in patients admitted to the Gynecology and Obstetrics Department of Ankara Etlik City Hospital due to abnormal uterine bleeding. Two groups were formed: premalignant (endometrial intraepithelial neoplasia) and malignant pathologies (endometrial cancer). The inflammatory indexes were calculated from the biochemical and hematological parameters of the patients before the endometrial biopsy. The relationship between the groups was analyzed using the Student t test and the Mann-Whitney U test. A ROC analysis was performed to determine the role and effectiveness of NPAR in differentiating between premalignant from malignant endometrial pathologies.

RESULTS: In total, data from 96 patients were analyzed. Two groups were formed from the patients whose pathologies were reported as 36 EIN and 60 endometrial cancer. The age range in the EIN group was 51 ± 9.7 years and in the endometrial cancer group 59.5 ± 10.48 years. There was no difference between the BMI values and the fertility status of the patients. Albumin and neutrophil levels were statistically different between the groups ($p < 0.05$). The calculated NPAR value was higher in the endometrial cancer group. The difference between the groups was statistically significant ($p < 0.05$). Other calculated inflammation values (SII, SIRI, PIV, NLR...) were not statistically different between the groups ($p > 0.05$).

CONCLUSION: Our results show that NPAR calculated at the time of endometrial biopsy is a promising prognostic biomarker for the prediction of endometrial cancer and that inflammatory and nutritional status should be considered in the prognosis of endometrial pathologies. One of the major advantages of NPAR is that it is easy and inexpensive to measure. Therefore, it should be considered as a viable biomarker for personalized treatment planning in gynecology research. Before our study results can be applied in clinical practice, they need to be validated in large, prospective multicenter studies.

Keywords: biomarker, endometrial cancer, neutrophil percentage/albumin ratio

ROC analysis for NPAR



Demographic and clinical characteristics of the study population.

	EIN n: 36	ENDOMETRIAL CA n: 60	p
Age	51 ± 9.7	59.5 ± 10.48	0.008
Weight	84.8 ± 14.06	88.8 ± 19.47	0.459
BMI (kg/m ²)	$31.6 (28.3-37.0)$	$33.7 (30.1-44.9)$	0.237
Gravida	3 (2-3)	3 (2-5)	0.752
Parity	2 (2-3)	3 (2-4)	0.644
Fasting blood sugar	93 (84-102)	107 (88-123)	0.054
Albumin (g/l)	42 ± 3.7	39 ± 4.9	0.013
Hg (g/dl)	$12.5 (11.0-13.4)$	$12.6 (11.7-13.5)$	0.717
WBC (103/ μ L)	$7.06 (6.15-8.79)$	$8.55 (7.06-10.59)$	0.020
Platelet (103/ μ L)	314 ± 74.3	285 ± 65.2	0.174
Neutrophil (103/ μ L)	4.5 ± 1.73	5.8 ± 1.81	0.025
Monocyte (103/ μ L)	0.51 ± 0.144	0.57 ± 0.121	0.122
Lymphocyte (103/ μ L)	2.19 ± 0.743	2.31 ± 0.840	0.611
Immature granulocyte	0.2 (0.1-0.3)	0.3 (0.2-0.5)	0.059
NPAR	$1.39 (1.20-1.53)$	$1.57 (1.43-1.88)$	0.016
SII (103/ μ L)	$584 (444-785)$	$746 (458-927)$	0.297
SIRI (103/ μ L)	$1024 (886-1299)$	$1298 (939-2208)$	0.053
PIV (106/ μ L ²)	$335 (217-374)$	$437 (268-568)$	0.110
NLR	$1.92 (1.43-2.45)$	$2.27 (1.83-3.46)$	0.092
MLR	$0.23 (0.10-0.27)$	$0.24 (0.19-0.34)$	0.371
PLR	$0.14 (0.10-0.17)$	$0.13 (0.10-0.16)$	0.277

EIN, endometrial intraepithelial neoplasia; CA, cancer; BMI, body-mass index; WBC, white blood cell white blood count; Hb, haemoglobin; Ig, immature granulocyte; NPAR, neutrophil percentage-to-albumin ratio; SII, systemic immune-inflammatory index; SIRI, systemic inflammation response index; PIV, pan-immune inflammation value; NLR, neutrophil-to-lymphocyte ratio; PLR, platelet-to-lymphocyte ratio; MLR, monocyte-to-lymphocyte ratio. Data are expressed as the mean \pm SD, median (Q1-Q3), or number (percentage) where appropriate. A p value of < 0.05 indicates a significant difference. Statistically significant p values are in bold.



SS-33

The Effect Of Estradiol Levels On Sperm Parameters

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OBJECTIVE: This study was conducted to determine the association between estradiol (E2) level, age body mass index (BMI) and sperm parameters including strict Kruger Criteria.

MATERIALS-METHODS: In this descriptive study, 163 patients were retrospectively evaluated. Sperm samples were obtained after three days coital abstinence and were evaluated according to Kruger's strict criteria. Additionally, sample volume, concentration, total sperm motility count, progressively motile sperm count, and immotile sperm count were evaluated. Due to measurement characteristics of our laboratory systems e2 levels lower than 24 pg/ml can not be obtained numerically. That is why we divided males into two groups which is higher and lower than this level. Mean, standard deviation and min-max were used as descriptive statistics in the analysis of the data. For comparison of groups, appropriate parametric and non-parametric methods were used according to the data characteristics. Pearson and Spearman correlation analysis were used in correlation analysis.

RESULTS: The mean age of the research group was 32.15 ±7.4 (min=19, max=57) years and BMI was 26.25 ±4.13 (min: 16, max:40) kg/m2. The mean E2 level of study grup was 31.64 ±7.02 (min: 24, max: 59) pg/ml (Table 1).

The mean semen volume (ml) was 2.67±1.58 ml (min:0, max:9), the mean sperm concentration was 81.49±77.82 (min:9, max: 155) 106/ml, the percentage of total motility was 44.99±20.68% (min:0, max: 96), the percentage of progressive motility was 32.69±20.33% (min: 0, max:84), the percentage of motile sperm was 12.06±7.25% (min: 0, max:36), the percentage immotility was 53.55±20.98% (min: 0, max:99), the proportion of sperm meeting the Strict Kruger criteria was 8.28±5.24% (min: 0, max:28), and the number of sperm with normal morphology was 19.86±25.01×106 (min: 0, max:187.20) (Table 1).

No statistically significant difference was detected in the sperm parameters between two different groups having E2 levels <24 and ≥24 pg/ml (P>.05) (Table 2).

In the correlation analyzes among E2 level, age, BMI and sperm parameters, a weak negative statistically significant correlation was found between age and the percentage of total motile sperm and progressive motile sperm (P<.05). A very weakly significant, negative correlation was detected between age and the percentages of sperm meeting Kruger's criteria (P<.05), and no statistically significant correlation was detected in other correlations (P>.05) (Table 3).

CONCLUSION: No association was found between sperm parameters

and E2 level and BMI, but a weak negative correlation was found between age and the percentage of total motile sperm and the percentage of progressive motile sperm. Analysis with more samples is needed.

Limitations: Our study also has the limitations of any retrospective study. Another limitation was that it was impossible to reach numerically the E2 value lower than 24 pg/ml.

Keywords: Sperm analysis, infertility, male factor.

SS-34

İnfertilitede hemogram parametrelerinin değerlendirilmesi

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GİRİŞ: İnfertilite patogeneğinde sistemik ve lokal inflamasyonun kritik rol oynadığı bilinmektedir ancak venöz kandaki inflamatuvar parametreler ile infertilite ilişkisi belirsizliğini korumaktadır (1, 2). Sistemik inflamatuvar yanıt indeksi (SIRI), Nötrofil/Lenfosit oranı (NLR) ve Platelet/lenfosit oranı (PLR) gibi parametreler periferik kan sayımından hesaplanan hastalıkların durumu veya prognoz tahmini için kullanılan inflamatuvar belirteçlerden bazılarıdır (1). Bu çalışmamızın amacı tam kan sayımı ile elde edilecek olan inflamatuvar parametreler ile infertilite arasındaki ilişkiyi göstermektir.

MATERYAL VE METOD: Hastanemizin infertilite polikliniğine 1 Şubat – 1 Nisan 2024 tarihlerinde başvuran 20-45 yaş arasındaki infertilite tanısı kesinleşmiş hastalar vaka grubu olarak, aynı sayıdaki aile planlama odamıza başvuran doğum yapmış kadınlar ise kontrol grubu dahil edildi. Hematolojik hastalık - kronik inflamatuvar hastalık (artrit vb.) anamnezi, anti-inflamatuvar ve glikokortikoid kullanım öyküsü gibi tam kan sayımı parametrelerini etkileyebilecek hastalığı olanlar çalışma dışında bırakıldı. Hastaların tam kan sayımı parametreleri ve bu parametrelerden elde edilen Nötrofil/Lenfosit oranı (NLR), Platelet/lenfosit oranı (PLR), Eozinofil/lenfosit oranı (ELR), sistemik inflamatuvar yanıt indeksi (SIRI), Eozinofil*nötrofil/lenfosit oranı (ENLR) hesaplanarak iki grup arası farklılık student T test kullanılarak SPSS programı ile analiz edildi.

BULGULAR: Hastanemizin infertilite polikliniğine 1 Şubat – 1 Nisan 2024 tarihlerinde başvuran 20-45 yaş arasındaki infertilite tanısı kesinleşmiş 68 hasta vaka grubu olarak dahil edildi. 68 hasta ise aile planlama odamıza başvuran doğum yapmış 20-45 yaş arası kadınlar dahil edildi. İki grup arasında yaş (p=0.704) ve komorbidite (p=0.452) açısından anlamlı fark tespit edilmedi. Gruplar arası tam kan sayımı parametreleri ve NLR, PLR, SIRI, ELR, ENLR değerleri Tablo-1'de verilmiştir. Tüm oranlar ve parametrelerde gruplar arası istatistiksel anlamlı fark saptanmamıştır.

TARTIŞMA: Düşük maliyetli, hızlı ve kolay kan işleme süreçleri nedeniyle, tam kan hücreleri sayımından türetilen inflamatuvar göstergelerin değerini belirlemeyi amaçlayan araştırmalara ilgi artıyor.

Chen ve arkadaşları infertilitede SIRI ve PLR arasından negatif ilişki olduğunu yani bu değerlerdeki artış eğiliminin daha düşük infertilite riski ile ilişkilendirdiler. NLR ile infertilite arasında ise anlamlı bir ilişki tespit etmediler (1). Tola ise invitro fertilizasyon sonuçları ile tam kan sayımı inflamatuvar parametreleri (PLR, NLR, MPV, WBC) arasında negatif ilişki olabileceğini belirtmiştir (2). Ancak biz çalışmamızda infertil



hasta ve kontrol grubu arasında tam kan sayımı inflamatuvar parametreleri açısından farklılık tespit etmedik. Bu konuyla ilgili daha geniş popülasyon üzerinde çalışmaların yapılmasına ihtiyaç duyulmaktadır.

Yüksek ELR ve ENLR ise endometrium kanserinde kötü prognostik faktör olarak tespit edilmiş olup infertilitede kullanımı ile ilgili yapılmış çalışma literatürde bulunmamaktadır (3). ELR ve ENLR değerlerini infertil hastalarda araştırarak kontrol grubu ile benzer olduğunu tespit ettik. Bu konu da yapılmış ilk çalışma olması güçlü yanlarımızdandır.

Anahtar Kelimeler: İnfertilite, hemogram, Nötrofil/Lenfosit oranı, sistemik inflamatuvar yanıt indeksi

Tablo 1- İnfertil hasta ve kontrol hasta grubunun yaş, hemogloblin, nötrofil, platelet, lenfosit ve eozinofil değerleri ile NLR, PLR, SIRI, ELR, ENLR değerleri *

	İnfertil Grup (n=68)	Kontrol Grubu (n=68)	p
Yaş (yıl)	35.20±4.66	34.92±3.79	0.704
Hemoglobin (g/dl)	12.77±1.16	13.11±1.42	0.128
Nötrofil (103/ul)	4613.33±1575.22	4854.55±1710.00	0.392
Platelet (103/ul)	286860.86±76283.33	273750.00±64223.33	0.279
Lenfosit (103/ul)	2179.13±593.73	2279.26±773.65	0.396
Eozinofil (103/ul)	121.68±91.52	146.91±464.37	0.659
NLR	228.78±112.96	238.51±151.95	0.671
PLR	13826.87±5065.50	13164.28±5223.06	0.452
SIRI (N*P/L)	65425110.96±38695702.48	64110887.82±36986361.56	0.839
ELR	58.41±47.13	57.58±140.44	0.964
ENLR (E*N/L)	28773.74±34654.82	26948.68±70015.63	0.847

NLR; Nötrofil/Lenfosit oranı, PLR; Platelet/lenfosit oranı, ELR; Eozinofil/lenfosit oranı SIRI; sistemik inflamatuvar yanıt indeksi, ENLR; Eozinofil*nötrofil/lenfosit oranı, *ortalama ± Standart sapma verilmiştir.

SS-35

The place of Hysterosalpingography (HSG) in primary infertility, Tertiary Center Experiences

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PURPOSE: Uterine cavity abnormalities are detected in approximately 10-15% of patients presenting with infertility complaints. Therefore, evaluation of the uterine cavity is one of the basic steps in a couple complaining of infertility. Although hysterosalpingography (HSG) is the first preferred test to evaluate the tubes, it is also widely used after transvaginal ultrasonography in the evaluation of congenital and acquired uterine pathologies. In our study, we aimed to examine the results of Hysterosalpingographies taken in the investigation of the etiology of primary infertility.

METHOD: 100 patients who applied to the infertility polyclinic of Sbü Etlik Zübeyde Hanım Gynecology Training and Research Hospital with complaints of primary infertility between June 2023 and January 2024 were included in the study. Secondary infertile patients were not included in the study. Demographic data and obstetric history of the patients were recorded, and the data were analyzed using descriptive statistics methods.

RESULTS: The average age of the patients included in the study was 27.32 ± 4.61 years. The average infertility duration was 3.09 ± 2.60 years. The mean BMI was 28.07 ± 3.46. AMH mean was 3.86 ± 3.41. The most common causes of infertility were unexplained infertility in 48 patients (48%). Tubal filling defect was observed in 8 (8%) of the patients and uterine anomaly was observed in 4 (4%). Twelve of the patients (12%) underwent IUI and 11 patients (11%) underwent IVF. Spontaneous pregnancy was observed in 6 patients (6%). 21 more of the patients who received treatment achieved pregnancy, and 10 of the 27 pregnant women (37%) were delivered by cesarean section and 17 (63%) were delivered by normal delivery.

CONCLUSION: Hysterosalpingography is one of the most commonly used methods in the evaluation of infertile couples. It is a particularly useful method for obtaining information about tubas. Although it is preferred as a secondary method in the evaluation of the uterine cavity, it provides preliminary diagnosis of many pathologies such as cavity irregularities, polyps and myomas. In our study results, although 6 spontaneous pregnancies were observed after HSG, we attribute the low rate to the fact that our patient group consisted mostly of unexplained infertile patients. We think that our study should be supported by studies with a larger number of patients.

Keywords: Hysterosalpingography (HSG), uterine cavity, spontaneous pregnancies



SS-36

Evaluation of antimüllerian hormone levels according to phenotypic characteristics in polycystic ovary syndrome

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OBJECTIVE: The aim of this study was to determine the level of anti-müllerian hormone in relation to phenotypic characteristics in patients with polycystic ovary syndrome (PCOS).

MATERIAL-METHODS: This study was designed as a cross-sectional cohort study that included subjects attending the PCOS clinic at the University of Health Sciences Etlik Zubeyde Hanim Women's Health Training and Research Hospital. A power analysis was conducted using the G*POWER 3.1 program to determine the sample size. The power analysis used to calculate the sample size was based on the earlier study by Barrea L et al. After a one-sided t-test analysis for independent samples, the required sample size was determined as 120 patients with 95% confidence (1- α), 95% test power (1- β) and d= 0.7039765 effect size. A sample size of 30 was provided for each group.

RESULTS: The number of patients presenting to our PCOS outpatient clinic between November 2023 and March 2024 was 126, with a mean age of 23 \pm 5.6 years. The most common patient group was of reproductive age (18-40 years). The mean body mass index was 26.1 \pm 4.9 kg/m² and the mean anti-Müllerian hormone (AMH) level was 8.1 \pm 4.9 ng/ml. The most common phenotypic group was group A (47.9%). Conclusion In our study, the most common group was categorized according to the phenotypic characteristics of the included patients. Our results may shed light on the etiopathogenesis of PCOS. The development of PCOS in adolescence and adulthood could be due to different mechanisms and hormonal changes.

Keywords: anti-Müllerian hormone, adolescents, phenotype, polycystic ovary syndrome

SS-37

The relationship between menstrual irregularities and body mass index (BMI) in adolescents

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AIM: To investigate the relationship between body mass index (BMI) and gynecological complaints in adolescent patients. **METHODS:** A retrospective analysis was conducted on the patients who presented to the adolescent outpatient clinic of the SBU Ankara Etlik Zubeyde Hanim Training and Research Hospital during the previous year. The groups were divided into four categories according to body mass index (BMI). The classification of body mass index (BMI) was as follows: BMI <18.5 kg/m²: underweight, BMI 18.5-24.9 kg/m²: normal, BMI 25-29.9 kg/m²: overweight, and BMI \geq 30 kg/m²: obese. The following data were obtained from the medical records: age, height, weight, BMI, age at menarche, complaints of dysmenorrhea and menstrual irregularity, PCOS diagnosis, Ferriman-Gallwey scores, and clinical and laboratory values. Menstrual irregularities were defined as changes in the duration, time intervals between menstrual cycles, or the absence of menstruation (amenorrhea). Primary amenorrhea was defined as menarche occurring after the age of 15 years, while secondary amenorrhea was defined as the absence of regular menstruation in the present. Continuous variables were compared using the Student's t-test. Categorical variables were compared using the chi-square test. A p-value of less than 0.05 was considered statistically significant.

RESULTS: The mean age of the 344 cases was 16.9 \pm 2.1 years, and mean BMI 22.7 \pm 4.8 kg/m². The highest proportion of cases was observed in normal BMI group (60.5%), followed by the overweight group (17.2%) (Table 1). The most prevalent age at the onset of menarche among adolescents was 13 years old (31.5%). The majority of adolescents (89%) had not undergone any surgical procedure. The most common procedure was tonsillectomy (3.4%). No disease was diagnosed in 87.4%. The most prevalent disease among adolescents was depression or hyperactivity (2.8%). While 64 cases (18%) had previously been diagnosed with polycystic ovary syndrome (PCOS) and 24.7% complained of hirsutism, the average Ferriman Gallwey (FG) score was >8 in 68 cases (19.4%). A significant difference was observed in the Ferriman-Gallwey scores according to BMI (p < 0.0001). A significant difference was observed between the groups in terms of menstrual irregularity according to BMI (p < 0.0001) (Table 2). Menstrual irregularities were seen more in girls who had BMI <18.5 or \geq 30 when compared with who had normal BMI (p<0.0001). The underweight group exhibited the highest prevalence of primary amenorrhea (21.9%), while the obese group demonstrated the highest frequency of menstrual cycles exceeding 35 days (Table 2).

CONCLUSION: The neuroendocrine effects of obesity in adolescents are manifested in effects such as premature puberty and menarche, irregular menstrual periods, abnormal uterine bleeding, and amenorrhea. In our study, menstrual irregularities were seen more in girls who had BMI <18.5 and \geq 30 when compared with who had normal BMI. Maintaining a healthy weight and preventing underweight and obesity can reduce gynecological problems in adolescents.

Keywords: menstrual irregularity, obesity, adolescent



Table 1: Demographic data of groups according to BMI

Parameters	Group 1 (Underweight BMI<18.5 kg/m ²) (n=42%12.2)	Group 2 (Normal BMI 18.5-24.9kg/m ²) (n=208 %60.5)	Group 3 (Overweight BMI 25-29.9kg/m ²) (n=59 %17.2)	Group 4 (Obese BMI≥30 kg/m ²) (n=35,%10.2)	P value
Age(years)	16.79 ±2.52	16.97±2.11	16.56±1.95	17.51±1.86	0.12
Age at menarche (years)	12.97±1.12	12.42±1.87	12.35±1.21	12.71±1.08	0.08
Height SDS (cm)	162.31±8.29	161.56±6.30	161.97±5.23	162.51±6.64	0.44
Weight (kg)	44.57±5.3	55.08±6.75	70.46±5	87.71±10.65	0.0001
D3 LH (mIU/ml)	9.01±6.73	8.67±8.57	12.15±11.50	8.29±5.50	0.59
D3 FSH(mIU/ml)	5.13±2.3	5.16±2.23	7.52±13.99	5±2.06	0.20
D3 Total testosterone (pg/ml)	0.28±0.19	0.25±0.15	0.30±0.16	0.34±0.14	0.02
D3 Estradiol(pg/ml)	94.41±117.29	64.37±59.38	58.92±62.37	46.87±36.01	0.08
D3 Prolactine(ng/ml)	22.10±21.75	19.10±11.13	15.98±5.45	20.99±10.47	0.40
İnsulin(micIU/dl)	5.6±2.30	13±11.86	19.78±20.20	33.86±44.02	0.0001
Glucose (mg/dl)	81.68±9.66	83.58±9.45	87.32±16.77	85.78±10.9	0.53
D3 TSH(mIU/L)	1.99±1.10	1.87±0.86	2.20±0.86	2.23±1.12	0.07
D3 DHEAS(UG/dL)	212.22±139.60	235.96±108.06	228.50±108.06	247.72±98.08	0.46
AMH(ng/mL)	9.21±7.11	5.99±3.98	5.45±2.17	8.33±4.16	0.41
Hb (gr/dl)	13.01±1.02	13.03±1.62	13.14±0.97	13.22±1.32	0.80
BMI (kg/ m ²)	16.86±0.97	21.06±1.86	26.85±1.33	33.16±2.98	0.0001

Table 2: Comparison of menstrual period characteristics and hirsutism between groups according to BMI

		BMI Category	BMI Category	BMI Category	BMI Category	p
		Group 1 (Underweight BMI <18.5 kg/m ²) (n/%)	Group 2 (Normal BMI 18.5-24.9 kg/ m ²) (n/%)	Group 3 (Overweight BMI 25-29.9 kg/m ²) (n/%)	Group 4 (Obese BMI ≥30 kg/ m ²) (n/%)	
Menstrual pattern	Normal frequency (≥24 to ≤38)	5 (15.6)	69 (39.4)	21 (42.9)	5 (15.6)	0.0001
	Irregular Menstrual cycle interval (<24->38 days)	16 (50)	69 (39.4)	21 (42.9)	24 (75)	
	Prolonged menstrual bleeding duration (>8days)	3 (9.4)	14 (8)	2 (4.1)	0 (0)	
	Primary amenorrhea	7 (21.9)	11 (6.3)	1 (2)	0 (0)	
	Secondary amenorrhea	1 (3.1)	12 (6.9)	4 (8.2)	3 (9.4)	
Hirsutism	No complaint (n=261)	30 (71.4)	155(74.5)	52(88)	24(68.5)	0.0001
Complaining Hirsutism Ferriman Gallwey score (FG)	FG 0-8 (n=16)	30 (71.4)	155(74.5)	52(88)	24(68.5)	
	FG 8-15 (n=50)	2(0.4)	13(0.6)	1(0.1)	0(0)	
	FG >15 (n=17)	3(0.7)	3(0.1)	4(0.6)	7(20)	



SS-38

Relationship between phenotypes and SIRI in polycystic ovary syndrome

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PURPOSE: Polycystic ovary syndrome (PCOS) is a common endocrine disorder affecting women of reproductive age. It is characterized by irregular menstrual cycles, hyperandrogenism, and a polycystic appearance of the ovaries. Additionally, it is associated with some metabolic disorders. Although the complete etiology and pathophysiology of this syndrome have not been fully understood, it has been suggested that inflammatory processes also play a role in its pathophysiology. Previous studies have investigated the relationship between some complete blood count parameters and PCOS but have shown different results. It has been suggested that a new inflammatory parameter called SIRI (Systemic Inflammatory Response Index) could also be affected in PCOS. Therefore, a more detailed examination of the relationship between complete blood count parameters and PCOS is needed.

In this study, we aimed to investigate whether parameters such as hemoglobin, leukocyte count, SIRI, etc., vary according to phenotypes in patients with PCOS.

METHOD: Between 2022 and 2023, patients diagnosed with PCOS at Etlik Zübeyde Hanım Women's Health Education and Research Hospital were retrospectively scanned through our hospital's data system, and the demographic data and medical records of 120 patients were recorded. Ten patients with active infection or incomplete medical records were excluded from the study. Patients were classified according to their phenotypes, and descriptive statistical methods were used to analyze the patients' age, body mass index (BMI), hemoglobin, complete blood count parameters, SIRI, etc.

RESULTS: Patients were examined in 4 groups as phenotype A (n=41), B (n=15), C (n=35), and D (n=19).

* Phenotype A (Classic PCOS): Hyperandrogenism, polycystic ovarian appearance, chronic ovulation problems (anovulation)

* Phenotype B: Hyperandrogenism, ovulation problems (chronic anovulation)

* Phenotype C: Hyperandrogenism, polycystic appearance of the ovaries

* Phenotype D: Ovulation problems (chronic anovulation), polycystic appearance of the ovaries

The relationship between age, BMI, hemoglobin, lymphocyte, monocyte, neutrophil counts, and SIRI values was investigated among groups. No significant difference was found between the groups in terms of these parameters ($p>0.05$).

CONCLUSION: In our study, patients with PCOS were divided according to phenotypes and it was primarily examined whether SIRI differed according to phenotypes, but no significant relationship was found between the groups. In the light of our statistical research, we believe that if the number of patients increases, significant relationships can be

detected between the groups and hemogram parameters can be used in the diagnosis of PCOS patients. Therefore, more comprehensive studies involving more patients are needed on this subject.

Keywords: polycystic ovary syndrome, phenotype, SIRI

SS-39

The effect of tranexamic acid use on estimated blood loss and transfusion requirements in postpartum hemorrhage

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OBJECTIVE: Tranexamic acid (TA) is routinely recommended for the treatment of postpartum hemorrhage. In this study, we aimed to observe the effect of TA on estimated blood loss and transfusion requirements in postpartum hemorrhage.

MATERIAL-METHODS: Patients who delivered between 01/01/2023 and 01/02/2024 at the University of Health Sciences Etlik Zübeyde Hanım Women's Health Training and Research Hospital, a referral hospital, were studied in a retrospective chart review. In the patients who had received tranexamic acid during cesarean delivery, the extent of hemorrhage and the role of tranexamic acid in the management of adverse maternal outcomes were examined. Patients were included in the study if they had no known medical problems, had an uneventful pregnancy, were of reproductive age, had a body mass index (BMI) <29.9, and had a singleton pregnancy.

RESULTS: A retrospective review of our hospital records revealed that 250 patients were treated with tranexamic acid (TA) for postpartum hemorrhage. The mean age was 29.3 years and the mean body mass index was 28.4 ± 3.6 kg/m². Patients with a blood loss of more than 1000 ml were more likely to be treated with TA. There was no statistically significant difference between vaginal delivery and cesarean section (CS) in women with higher mean blood loss (up to two hours after delivery) who received treatment.

Conclusion The World Health Organization (WHO) recommends that women with postpartum hemorrhage receive 1 g of tranexamic acid intravenously as soon as possible after delivery, followed by a second dose if bleeding persists after 30 minutes or recurs within 24 hours of the first dose. Urgent treatment is very important as women with postpartum hemorrhage bleed rapidly and tranexamic acid is most effective when administered early. Alternative routes of administration and further research into the use of tranexamic acid to prevent postpartum hemorrhage are needed.

Keywords: blood loss, tranexamic acid, transfusion, postpartum hemorrhage.



SS-40

Evaluation of intrauterine balloon application in Postpartum hemorrhage (PPH) Tertiary Center Experiences

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PURPOSE: Postpartum hemorrhage (PPH) is still the leading cause of serious maternal morbidity and mortality worldwide. Most maternal deaths caused by PPH occur within the first 24 hours after birth. Emergency hysterectomy can be performed for PPH, but emergency hysterectomy PPH is not completely effective in controlling bleeding, approximately 50% require additional procedures to stop bleeding, and hysterectomy is associated with high morbidity. Among various conservative procedures, Bakri Balloon (IUBT) has been recommended to control PPH in second-line treatment. In our study, we aimed to examine the clinical data of patients to whom IUBT was applied as a PPH control method.

METHOD: Etlik City Hospital, Gynecology and Obstetrics Service, patients who gave birth between 2023-2024, were diagnosed with postpartum bleeding, and underwent IUBT (Bakri balloon) for bleeding control were included in the study. Risky pregnant women were not included in the study. The patients' data were examined retrospectively. Data of the patients included in the study; Age, gravida, parity, BMI, week of birth, mode of delivery, weight of the newborn, postpartum hemorrhage (PPH) etiology, Bakri balloon inflation volume, additional applications for postpartum bleeding control, preoperative and postoperative hemoglobin values and blood transfusion need were recorded.

RESULTS: Among 8104 births between 2023-2024, the data of 16 (0.2%) patients who were diagnosed with PPH and applied Bakri balloon and whose data were fully accessible were examined. The average age of the patients was 26.87 ± 4.25 years. The mean BMI of the patients was 30.12 ± 4.66 . Gravida median value was 2, parity median value was 1. 6 of 16 patients (37.5%) had a vaginal birth. The average gestational week of the patients was 39.06 ± 1.63 . The average weight of the newborns was 3364.37 ± 318.80 . The average Bakri Balloon volume of the patients was 239.37 ± 77.09 . Copper balloon failure was observed in 1 of the patients (6.2%) and uterine artery ligation was applied as an additional method. Blood and its products were transfused in 8 (50%) of the patients. The average Hb level of the patients at the entrance to the delivery room was 11.86 ± 1.61 . Postpartum 6th hour mean Hb was 9.02 ± 2.06 .

CONCLUSION: When the results of the pregnant women included in our study were examined, it was observed that the failure rate of the Bakri balloon in the management of PPH was low. The transfusion rate of blood and its products was observed to be lower than in similar studies in the literature. Our study extends the evidence for IUBT in PPH control and provides support for balloon placement in clinical practice. The effectiveness of the methods used in the management of PPH should be examined through more multicenter and patient group studies.

Anahtar Kelimeler: Postpartum hemorrhage (PPH), Bakri Balloon (IUBT), Pregnancy

SS-41

Intrauterin fetal injury and premature rupture of membranes resulting from stabbing of a drug-addicted pregnant woman: a rare case report

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Abstract INTRODUCTION: Penetrating abdominal traumas during pregnancy are even rarer, occurring in 9% of abdominal injuries in pregnancy. In this case presentation, we examine the maternal-fetal management in a 27-week pregnant woman who is a drug addict and was subjected to a stabbing attack, resulting in early membrane rupture one week later, and a fetal facial incision due to stabbing detected during cesarean section delivery.

CASE PRESENTATION: The patient is a 36-year-old, gravida 8, parity 6, with a history of 2 previous cesarean sections, who experienced a stabbing attack at 26 weeks of gestation and developed PPROM one week later. The patient reported intermittent use of Methadone (synthetic opioid) and Tetrahydrocannabinol (marijuana) for the past 2 years, with the last use being 2 weeks ago. A fetal facial laceration due to stabbing was detected during cesarean section due to active labor (figure 1, figure 2, and figure 3). The maternal/fetal follow-up and post-cesarean treatment were managed with a multidisciplinary approach considering the drug addiction background.

DISCUSSION: The priority in approaching trauma during pregnancy should always be the mother. Focused Assessment with Sonography for Trauma (FAST) is the gold standard for trauma assessment in pregnancy due to its rapid, non-invasive, and highly safe nature. After initial assessment and achieving maternal hemodynamic stability, fetal monitoring should be promptly initiated. In our case, maternal stability was evaluated first, followed by fetal examination. Trauma during pregnancy can lead to acute fetal issues but can also be associated with delayed complications. These may include delayed complications such as placental abruption, reported to occur 6 days later. In our case, PPROM developed one week after the stabbing, necessitating emergency cesarean delivery. The fetal facial incision due to stabbing, drug addiction, and withdrawal symptoms were closely monitored, and a multidisciplinary approach to treatment was applied. Indeed, managing pain or withdrawal symptoms pre and post-delivery can be challenging for patients with opioid tolerance and may require pharmacotherapeutic approaches.

CONCLUSION: As opioid use among pregnant women increases, there is a growing risk of adverse effects on newborns from maternal substance addiction and its indirect effects. While maternal stabbing due to interpersonal violence is rare, late complications can arise even a week after trauma, leading to early membrane rupture or preterm birth. It is important for healthcare providers and governments to be more knowledgeable about the bidirectional relationship between violence disrupting societies and substance abuse, and to improve research and prevention strategies related to these issues.

Keywords: Drug addiction, fetal injury, premature rupture of membranes, stab wound, violence.



Laceration due to stabbing in the anterior corpus uteri



Fetal facial wound after primary suturing



Irregularly bordered incision area showing signs of healing on the fetal face due to stabbing



Laceration due to stabbing in the anterior corpus uteri



SS-42

Vulvar Leiomyoma: A Case Report

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Leiomyoma is the most common tumor of the uterus and originates from smooth muscle cells containing varying amounts of connective tissue. Leiomyomas are mostly asymptomatic. Less than 50 percent of patients are symptomatic. Leiomyomas constitute approximately 3.8 percent of all benign tumors. Vulvar leiomyoma is a very rare soft tissue tumor. It most commonly occurs in the fourth and fifth decade of life. Surgical excision is the only curative treatment for vulvar leiomyomas. We will talk about a case in which vulvar leiomyoma was detected and treated successfully.

A 53-year-old patient with a history of gravida 4, parity 3, (normal spontaneous vaginal delivery) and 1 abortion presented to the gynecology and obstetrics outpatient clinic with swelling in the right inguinal region. Physical examination revealed a 5-6 centimeter (cm) smoothly circumscribed mobile mass in the right labium majus (figure 1). The tru cut biopsy resulted as leiomyoma. Transvaginal ultrasasonography revealed a 5 millimeter (mm) endometrial cavity and a 42x42 mm myoma uteri posterior to the uterus. Bilateral ovaries were normal. Preoperative routine blood tests showed no pathologic results. Magnetic resonance imaging (MRI) of the pelvis with intravenous contrast showed a 43x34x65 mm heterogeneously contrasting mass morphology lesion located in the right inguinal region. The mass was not associated with femoral artery and vein structures. Operation was decided with a pre-diagnosis of labial myoma. Under general anesthesia, the myoma was enucleated through a 4 cm incision in the right labium. Approximately 10 cm labial myoma was excised on observation (figure 2). The specimen was sent to pathology. Post operative examination revealed no complications and the patient was discharged with recommendations on the 2nd day of follow-up. The final pathology result was reported as leiomyoma.

Early diagnosis and treatment is imperative as the symptoms of benign and malignant conditions in the vulva are often similar. They are most commonly described as painless, well-circumscribed, solitary tumors. Since they occur in the Bartholin gland region, they can often be confused with Bartholin abscess. Biopsies to be taken from this region are very valuable. It should be kept in mind that vulvar cancers may be encountered with exactly the same findings. Although recurrence of vulvar leiomyoma is extremely rare, follow-up of all cases is recommended. Vulvar leiomyoma is a rare benign tumor. The diagnosis is made only after resection of the mass in the postoperative period. Treatment is mainly based on total excision of the mass with a good prognosis. Excisional biopsy is the preferred treatment method and also the most current procedure.

Keywords: Leiomyoma, Vulvar leiomyoma, Bartholin's cyst, Vulvar mass



figure 1



A 5-6 cm smoothly circumscribed mass in the right labium majus

Figure 2



Approximately 10 cm labial myoma

SS-43

Evaluation of inflammatory markers and HPV (human papillomavirus) status in patients with recurrent vulvovaginal infections

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OBJECTIVES: Vaginitis presents a significant challenge for women, leading to recurrent infections that result in psychosocial distress, reduced workforce productivity, elevated treatment expenses, and considerable morbidity due to persistent symptoms. This study aims to assess systemic inflammatory markers and determine the carrier status of human papillomavirus (HPV) in patients experiencing recurrent vulvovaginitis (RVV).

METHOD: This retrospective study involved 93 patients classified into the recurrent vulvovaginitis (RVV) group, characterized by experiencing three or more infections within a year, and 132 patients forming the control group, who had one or two vaginal infections annually. Demographic information, intrauterine device (IUD) usage, frequency of curettage, blood group, presence of chronic autoimmune diseases, type of vaginitis, carrier status of HPV and systemic inflammatory markers including Neutrophil-to-Lymphocyte Ratio (NLR), Platelet-to-Lymphocyte Ratio (PLR), and Mean Platelet Volume (MPV) were compared between the groups.

RESULTS: The study comprised a total of 225 patients. Patients diagnosed with RVV were found to be younger ($p < 0.0338$). No significant differences were observed between the RVV and control groups regarding the number of pregnancies, parity, number of living children, type of vaginal infection, blood types, IUD usage, and frequency of curettage ($p > 0.05$). However, a statistically significant distinction was noted in the prevalence of chronic autoimmune diseases between the two groups ($p = 0.004$), with RVV patients exhibiting a higher incidence. Both groups showed similar rates of high-risk HPV carriers (HPV HR 16 and 18) ($p > 0.05$). Furthermore, there were no significant disparities between the groups in terms of Neutrophil-to-Lymphocyte Ratio (NLR), Platelet-to-Lymphocyte Ratio (PLR), and Mean Platelet Volume (MPV) ($p > 0.05$).

DISCUSSION: This study revealed that patients experiencing recurrent vaginal infections were notably younger and exhibited a higher prevalence of autoimmune diseases. Vulvovaginal infections have been identified as potential facilitators for other sexually transmitted diseases. In our study, it was determined that HPV HR, Type 16 and 18 infections were at similar rates in patients with and without recurrence. Chronic autoimmune diseases were found to be more common in patients with RVV. In cases of chronic inflammation, inadequate immune system may increase the frequency and recurrence of microbial infections. In addition, deficiencies in the complement system may predispose to in-



fections and autoimmune diseases. In our study, hematological inflammatory markers were found to be similar in the recurrence and non-recurrence groups. This may be due to the fact that the majority of patients have mixed type vaginitis consisting of VVC and BV. Because there is no typical inflammation in BV.

CONCLUSION: RVV infection appears to be more prevalent among patients with autoimmune diseases and in younger individuals. However, systemic inflammatory markers (NLR, PLR, and MPV) did not prove to be effective in identifying patients with recurrence. Furthermore, HPV carrier status was similar between patients with and without recurrent vaginal infections. These findings underscore the complex interplay of factors contributing to recurrent vulvovaginitis and highlight the need for further research to elucidate its mechanisms and effective management strategies.

Keywords: Recurrent vulvovaginitis, human papillomavirus, intra-uterine device, systemic inflammatory markers, chronic autoimmune disease, curettage

Table 1

Table 1: Comparison of clinical and sociodemographic characteristics of RVV group and Control group

	RVV group (n=93)	Control group (n=132)	P value
Age (year)	35.0 ± 9.09	37.6 ± 8.95	0.0338
Pregnancy (n)	2.40 ± 1.82	2.70 ± 1.47	0.0538
Parity (n)	1.77 ± 1.34	2.08 ± 1.35	0.109
Living child (n)	1.75 ± 1.32	2.01 ± 1.36	0.218
Revision Curettage (n)	1.48 ± 1.50	1.35 ± 0.635	0.684
Vaginitis Type			
VVC	15 (16 %)	18 (14 %)	0.742
MVV	78 (84 %)	114 (86 %)	
IUDs			
Yes	14 (15 %)	21 (16 %)	1
No	79 (85 %)	111 (84 %)	
Autoimmune Diseases			
Yes	25 (27 %)	15 (11 %)	0.00479
No	68 (73 %)	117 (89 %)	

VVC: Vulvovaginal Candidiasis, MVV: Mix Type Vulvovaginitis, IUDs: Intrauterine Devices.

Table 2

Table 2: Comparison of systemic inflammatory markers and HPV status of RVV group and Control group patients

	RVV group (n=93)	Control group (n=132)	P value
HPV (HR or 16,18)			
Positive	15 (16 %)	17 (13 %)	0.565
Negative	58 (62 %)	89 (67 %)	
NLR	2.20 ± 1.03	2.37 ± 1.37	0.228
PLR	119 ± 32.1	133 ± 98.2	0.568
MPV	8.96 ± 1.06	9.02 ± 1.18	0.902
HB	12.5 ± 1.31	12.2 ± 1.52	0.263
HCT	37.7 ± 3.63	37.1 ± 4.06	0.4
WBC	7.88 ± 2.36	7.88 ± 1.91	0.549
NEU	4.82 ± 2.06	4.88 ± 1.74	0.477
LYM	2.29 ± 0.597	2.23 ± 0.622	0.51

HPV: Human Papilloma Virus, NLR: Neutrophil Lymphocyte rate, PLR: Platelet Lymphocyte rate, MPV: Mean Platelet Volume, HB: Hemoglobin, HCT: Hematocrit, WBC: White Blood Cell, NEU: Neutrophil, LYM: Lymphocyte

SS-44

The Role of the Screening Tests, Prevention with Vaccines and Cervical Cancer Management in Pregnancy

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Gynecological examination plays a pivotal role in Obstetrics and Gynecology practice, with cervical cancer ranking as the fourth most prevalent female cancer worldwide. In Turkey, the age-specific incidence rate is 4.3 per 100,000, and the mortality rate is 1.7 per 100,000. This case report explores the management of a 32-year-old pregnant patient presenting with vaginal bleeding, subsequently diagnosed with cervical cancer. Despite ASCPP and ACOG guidelines recommending routine screening for sexually active women from the age of 21, this patient did not seek gynecological consultation for four months. Routine gynecologic examination and screening test during pregnancy, colposcopic biopsy (except ECC) in abnormal cervical cytology positivity, and even LEEP are supported by the guidelines.

INTRODUCTION: Cervical cancer screening, employing Human Papillomavirus (HPV) tests or Pap smears, detects precancerous lesions, allowing timely intervention. In routine examinations, sexually active women over 21 should undergo a smear test every three years. For those over 30, a combined test is recommended. This case emphasizes the significance of routine screening and early intervention.

CASE REPORT: A 32-year-old, G1P0, with a history of bipolar disorder, presented with four months of continuous bleeding. On gynecologic examination, the introitus exhibited hemorrhagic features, with the left parametrium showing palpable shortening. Additionally, a delicate and hemorrhagic mass, measuring approximately 5-6 cm, was identified in the cervix. Transabdominal ultrasound (TA-US) findings were consistent with a gestational age of 15-16 weeks, confirming a singleton pregnancy. The patient was duly informed, and a simultaneous cervical punch biopsy was performed. The biopsy results revealed "squamous cell carcinoma (SCC)." Following an evaluation by the Gynecologic Oncology team at the tertiary center, the patient was clinically staged as 1B3, with additional support from MRI and PET scans. A fetocide procedure was initially carried out by a Perinatologist, followed by a Wertheim operation. The patient was discharged on the 8th postoperative day after the removal of sutures and withdrawal of the Foley catheter. The final pathology report for the patient confirmed the diagnosis of "invasive squamous cell carcinoma, stage 1B3, with endocervical localization.

DISCUSSION: In cases of cervical cancer limited to the cervix, histologically, grade 3 with focal lymphovascular invasion was observed, and the tumor diameter measured 55 mm in the horizontal plane. The deepest invasion into the cervical stroma measured 16 mm, leading to the classification of the patient as having a locally advanced stage (stage 1b3). The patient underwent a classical treatment approach with a type 3 radical hysterectomy.

CONCLUSION: Cervical cancer is preventable through vaccines and regular screening. Implementing vaccination programs and adhering to screening guidelines can significantly reduce the incidence of cervical cancer. Integrating the HPV vaccine into routine vaccination schedules is crucial for preventing this type of cancer.

In conclusion, this case report highlights the critical role of routine cervical cancer screening, especially in pregnant patients, and the importance of timely intervention. It serves as a reminder to healthcare providers and the public about the preventable nature of cervical cancer through vaccination and regular screening.

Keywords: cervical cancer, cervical cancer in pregnancy, abnormal cervical cytology, Pap smear test, colposcopic biopsy.

Figure 1

FIGO 2009	FIGO 2018	Pros and cons
Stage Description	Stage Description	
I The carcinoma is strictly confined to the cervix		
IA Invasive carcinoma diagnosed only by microscopy. Stromal invasion with a maximum depth of 5 mm measured from the base of the epithelium and a horizontal spread of no more than 7 mm. Vascular space involvement, venous or lymphatic, does not affect classification	IA Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion ≤5mm ²	Pros Clarity on depth of invasion and the relationship between the depth of stromal invasion and incidence of lymph node metastases. Rate of positive nodes of 0.1-0.2%, 0.4-1.9%, and 2.1-7.6% for tumors with depth <1 mm, 1-3 mm, and 3.1-5 mm, respectively. ¹⁹
IA1 Measured stromal invasion of no more than 3 mm in depth and no more than 7 mm in horizontal spread	IA1 Measured stromal invasion ≤3mm in depth	There was limited guidance in previous FIGO staging systems (1995 and 2009) on measuring horizontal spread ²⁰⁻²² with no correlation of the tumor width and the risk of nodal metastases. Unifocal lesions are straightforward to measure but unclear if a lesion has multiple invasive foci, which can be as high as 25% of stage IA1 carcinomas, ²³ and can be located close together or far apart. There is lack of consensus on how measurement is to be performed (adding the maximum horizontal dimension or measuring individually) which can change disease stage from IA1 up to IB. ²⁴
IA2 Measured stromal invasion of more than 3 mm but no greater than 5 mm with a horizontal spread of no more than 7 mm	IA2 Measured stromal invasion >3mm and ≤5mm in depth	Pros The classification of stage IB tumors into three sub-stages improves the discriminatory ability for outcomes. ²⁵ On multivariable analysis, stage IB2 disease is independently associated with a nearly two-fold increased risk of cervical cancer mortality compared with stage IB1 disease (adjusted HR 1.96, 95% CI 1.62 to 2.41, p<0.001). ²⁶ Survival is significantly different between 2018 FIGO stage IB1 and IB2 disease, with a nearly two-fold increased risk in cervical cancer mortality in stage IB2 disease compared with IB1 disease. ²⁷
IB Clinically visible lesion confined to the cervix or microscopic lesion greater than IA2	IB Invasive carcinoma with measured deepest invasion >5 mm (greater than stage IA) lesion limited to the cervix uteri with size measured by maximum tumor diameter ²	Cons Current staging still provides no clarification as to how tumor size should be measured either microscopically or grossly. This is particularly so for specimen demonstrating microscopic tumor in the conization specimen and subsequent additional tumor in final hysterectomy specimen
IB1 Clinically visible lesion no more than 4 cm in greatest dimension	IB1 Invasive carcinoma >5 mm depth of stromal invasion and ≤2 cm in greatest dimension	
IB2 Clinically visible lesion more than 4 cm in greatest dimension	IB2 Invasive carcinoma >2 cm and ≤4 cm in greatest dimension	
	IB3 Invasive carcinoma >4 cm in greatest dimension	

FIGO staging of cervical cancer

Figure 2



MRI findings

Figure 3

PATOLOJİK TANI:
RADİKAL HİSTEREKTOMİ (TİP 3 HİSTEREKTOMİ)+BS MATERYALI:
TUMÖR: Endo-ektoserviks yerleşimli invazyiv skuamöz hücreli **karsinom** (Epikrizis bakımı)
Histolojik tip: **Nonkeratinize** tip
Histolojik **grade**: III
Tümör boyutu: Tümörün **horizontal** çapı 5,5 cm, **vertikal** çapı 4,7 cm'dir.
İnvazyon derinliği:
a) Servikal stromal invazyonun maksimum kalınlığı: 1,6 cm
b) Maksimum invazyonun bulunduğu bölgede **serviks** kalınlığı: 1,8 cm
Multisentrik tümöral odak: Görülmedi.
In situ karsinom komponenti: Mevcut (Yüzey ve gland epitelinde high grade skuamöz intraepitelyal lezyon-insitu karsinom)
Vasküler invazyon:
Kan damarı **invazyonu:** Fokal alanda bir kan damarı lümeninde tümör hücre trombüsü mevcut
Lenfatik invazyon: Fokal alanda mevcut
Perinöral invazyon: Mevcut
Vajinal yayılım: Görülmedi
Uterus korpusuna yayılım: Görülmedi
Parametrial yayılım: Görülmedi
Cerrahi sınırlar: Parametrial ve vajinal cerrahi sınırlarda tümör görülmedi. Tümörün vajinal cerrahi sınıra uzaklığı 2,2 cm'dir.
Çevre serviks: Kronik nonspesifik servisit
VAJEN: Yüzey epitelinde fokal alanda erozyon
ENDOMETRİUM: Gestasyonel endometrium
MYOMETRİUM: Gestasyonel değişiklikler, **myometrium** yüzeyel kısımlarında trofoblastik hücreler
UTERUS SEKOZASI: Düzenli yapı
SAG VE SOL PARAMETRİUM: Tümör **invazyonu** görülmedi. 4 adet lenf düğümünde reaktif **hiperplazi** (0/4)
SAG TUBA: Paratubal kistler
SOL TUBA: Paratubal kistler

Final pathology results (IU-Cerrahpaşa)



SS-45

Success of immature granulocyte and delta neutrophil index in predicting cancer recurrence in recurrent gynecological cancers

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Gynecologic cancers can lead to serious consequences up to mortality. Recurrence in gynecologic cancers is a common problem in the post-treatment period. Being able to predict recurrence may allow for more effective management of follow-up. Recent research has focused on the effects of cancer-related inflammation. Delta neutrophil index (DNI) and immature granulocyte (IG) ratio are important markers associated with inflammation and immune response. In particular, increased neutrophils are known to play an important role in cancer metastasis processes. DNI, a parameter found in the complete blood count, represents increased IG ratio and is characterized by IG formation in inflammatory and infectious events.

The primary aim of this retrospective study is to evaluate the potential of hematologic parameters such as IG and DNI in predicting the risk of recurrence in patients with gynecologic cancer. We investigate that how are reliable these markers could be in the early diagnosis of cancer recurrence.

Patients diagnosed with gynecologic malignancies at the Gynecologic Oncology Clinic of Etlik City Hospital between September 2022 and 2023 were included in the study. Patient demographics and type of surgery, histopathological diagnosis, staging, white blood cell count (WBC), platelet count, neutrophil count, lymphocyte count, delta neutrophil index (DNI), immature granulocyte (IG), CA125, neutrophil-lymphocyte ratio (NLR), and platelet-lymphocyte ratio (PLR) were recorded. Patients were classified into different types of gynecologic cancer. In the whole blood test performed on the Sysmex XN 1000 device used in our hospital, 0.6% upper limit for DNI and 90/mL upper limit for IG were accepted as cut off values.

A total of 34 patients with a range of ages from 21 to 74 at the time of recurrence were included in the study. Of these, 12 (35.3%) had ovarian cancer, 8 (23.5%) had endometrial cancer, 9 (26.5%) had cervical cancer, 4 (11.8%) had vulvar cancer, and 1 (2.9%) had uterine sarcoma. 12 of patients underwent surgery before 2020, while 22 underwent surgery after 2020. The most common histopathological diagnosis was adenocarcinoma in 11 patients, followed by squamous cell carcinoma in 10 patients. The mean values of DNI and IG in patients were 0.7 ± 0.2 and 87.9 ± 36.1 , respectively. There was no significant difference between the inflammatory and tumor markers detected at the time of recurrence and the types of malignancies. There was a moderate positive correlation between DNI and IG parameters and CA125 at the time of recurrence ($r=0.45$ and $r=0.38$, respectively), while a strong positive correlation was found between DNI and preoperative CA125 ($r=0.80$) ($p<0.05$). The mean values of NLR and PLR were significantly higher in patients with CA125>35 compared to those with CA125 ≤35 ($p<0.05$).

In this study, when hematologic parameters including DNI and IG were examined according to malignancy types and tumor markers detected at the time of recurrence, no statistically significant difference was found. However, examinations of DNI and IG parameters with CA125 demonstrated a correlation between DNI and IG values and CA125 elevation. Although DNI and IG values alone were not diagnostic for recurrence. Prospective studies cohorts are needed to further clarify the relationship between DNI, IG and gynecologic cancer recurrence.

Keywords: Immature Granulocyte, Delta Neutrophil Index, Recurrence, Gynecologic Cancers

SS-46

Nabothian cyst suspicious for malignancy: A case report

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AIM: To increase our awareness for rare large and multiple cervical nabothian cysts

MATERIAL-METHODS: Case report and literature review

RESULTS: Nabothian cysts are small, simple and asymptomatic cervical lesions that we find during gynecological examination and do not require treatment. But large and multiple nabothian cysts tend to be located in the deep cervical stroma and they are seen less common. This appearance at the examination suggests cervical malignancy and may be confused with adenoma malignum, which is also a rare variant of cervical adenocarcinoma. Here, we present a multiple and larger than usual cervical nabothian cyst, which we evaluated as a cervical mass and could not distinguish whether it is benign or malignant preoperatively. The 51 years old patient was referred to our clinic with the preliminary diagnosis of cervical myoma. We observed a cervix larger than normal and thought it was a cervical myoma with a size of 1.5 cm on the both lips of the cervix. Palpation was hard and mobile. Transvaginal ultrasonography showed us multiple myomas at the level of the cervical internal os. Cervicovaginal smear was ASCUS (atypical squamous cells of undetermined significance) and HPV18 (human papilloma virus) was positive. The current endocervical curettage and cervical biopsy of the patient being followed for cervical intraepithelial lesion (CIN1) was normal. In the magnetic resonance imaging (MRI) of the patient, a mass lesion in polypoid form at the cervical level, suspiciously extending into the lumen, $3.4 \times 2.4 \times 1.8$ cm in size at its widest point, T2 heterogeneous hypointense was observed without diffusion restriction, and cervical carcinoma could not be ruled out radiologically. At the gynecological oncology council hysterectomy decision was made. Final pathology report was nabothian cyst and papillary type active chronic cervicitis. Follow-up of the patient continues because of the HPV positivity.

CONCLUSION: Nabothian cysts are benign formations that we see almost every day. These cysts, also called mucinous retention cysts or epithelial cysts, are more common in reproductive ages and have no clinical significance. These are glands that appear superficially at the squamocolumnar junction and contain mucus, proteinaceous material and debris. They are usually small and asymptomatic, but large ones are extremely rare and can be confused with malignancy. Multiple and large ones may progress towards the cervical stroma, causing the cervix to enlarge and cause symptoms. Although transvaginal ultrasonography and MRI are very valuable in diagnosing malignancy, the main diagnosis can only be made histopathologically. The incidence of cervical adenocarcinoma and premalignant endocervical glandular lesions has been increasing in recent years. Adenoma malignum or minimally deviated adenocarcinoma, which is a rare variant, is confused with large nabothian cysts. Differentiating an unusual cystic mass in the cervix from adenoma malignum is very important but difficult. Because adenoma malignum is very rare and difficult to diagnose with cytology or a small cervical biopsy. Although MRI can help us in this regard, excision or hysterectomy is required since pathological examination is required for definitive diagnosis.



Keywords: nabothian cyst, large nabothian cyst, multiple nabothian cyst, adenoma malignum

MRI Axial view



MRI Sagittal view



SS-47

‘Evaluation of Knowledge and Awareness Level about HPV Vaccine among Women Aged 18-45’

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OBJECTIVE: Human papillomavirus (HPV) is the most common sexually transmitted infection worldwide. Cervical cancer is the most common gynecological cancer worldwide, with HPV being positive in 99% of cervical cancer cases. Cervical cancer is almost 100% preventable with vaccination at an early age (9-12). Even in older ages (35-46), the protective efficacy is at least 75%. In our study, we aimed to evaluate the HPV and vaccine awareness level among female patients aged 18-45 who presented to our clinic.

METHODS: In the study, a survey titled ‘Evaluation of Knowledge and Awareness Level about HPV Vaccine among Women Aged 18-45’ was administered to female patients aged 18-45 who presented to the Etlik City Hospital Department of Obstetrics and Gynecology Clinic between April 15th and May 5th, 2024, and an independent sample t-test was conducted to evaluate the results.

RESULTS: In our study, it was observed that HPV and vaccine awareness significantly increased with higher education levels ($p<0.05$). 81.4% of the participants were aware of HPV and knew the connection between HPV infection and cervical cancer. 78.8% of the participants were aware of the HPV vaccine, but only 2.1% had received the vaccine. 54% of the participants who did not want to receive the vaccine refrained from doing so because they did not have sufficient information, 39% heard about the vaccine from social media, 20.3% heard about it from their physician, and it was observed that the willingness to receive the vaccine significantly increased regardless of socioeconomic status if the vaccine cost was eliminated (78%).

CONCLUSION: Cervical cancer is a disease that can be almost 100% prevented with vaccination and early diagnosis. To increase HPV awareness, more education should be provided, especially in preventive healthcare services, and most importantly, access to the vaccine should be facilitated. There is a need for more comprehensive studies on this issue.

Keywords: vaccine, hpv, servix ca



SS-48

A Case of Sirenomelia in a Twin Pregnancy of Diabetic Women Detected in the First Trimester

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OBJECTIVE: We aimed to present a case of twin pregnancy with sirenomelia in one fetus at 11 weeks of gestation with pregestational diabetes and to emphasize the importance of early detection of the condition and presenting termination option to the patient.

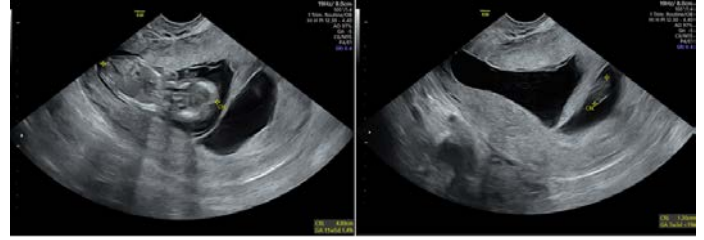
METHOD: A 34-year-old, gravida 7, parity 0, abortion 6, pregnant woman who had conception by in vitro fertilization and was referred to the Perinatology Department of Izmir City Hospital for the suspicion of fetal anomaly was examined by Voluson S10 sonography device both transabdominally and transvaginally because of the early gestational age and maternal obesity.

RESULTS: Ultrasonographic examination revealed to have a dichorionic diamniotic twin pregnancy within the intrauterine cavity, one fetus with a negative fetal heart rate for 7 weeks 3 days crown-rump length (CRL), and the other one had 11 weeks 5 days CRL measurement with positive fetal cardiac activity (Figure 1). In the second fetus which was alive, femurs were observed as fused at the midline and seen as a single femur sign in the lower extremity (Figure 2). Bilateral tibias, fibulas, and feet were noted as absent. Bilateral iliac bones were not observed. This fetus was considered to have sirenomelia. Serum HbA1C value of the women was % 9,5. Besides uncontrolled type 2 diabetes mellitus and maternal obesity, the patient had no other known medical conditions. She did not take any medications during pregnancy other than iron and folic acid supplements, and there was no consanguineous marriage in her family. The family was informed about the fetal prognosis and termination of the pregnancy was recommended. After the family accepted termination, abortion induction was done. The karyotype analysis of the aborted material, purified from maternal contamination, resulted in normal constitutional karyotype. The macroscopic examination of the aborted sirenomelic fetus was supportive of the prenatal diagnosis.

CONCLUSION: Sirenomelia, commonly referred to as mermaid syndrome, is a rare and fatal malformation. It is considered to be a rare variant of caudal regression syndromes. This sporadic defect, more frequently observed in males, manifests approximately once in every 60,000 births. While maternal diabetes stands out as the primary predisposing factor, young maternal age is also recognized as a risk factor. Typical symptoms of sirenomelia include partial or complete fusion of the lower extremities, genitourinary anomalies, and pulmonary malformations. A routine early second-trimester ultrasound examination is recommended for the diagnosis of sirenomelia. Early detection holds significant importance in preventing delays in pregnancy termination and providing the parents less traumatic psychologic process until later stages of the pregnancy.

Keywords: Sirenomelia, caudal regression syndrome, maternal diabetes, fetal anomaly.

Figure 1



Dichorionic diamniotic twin pregnancy sonographic view: Sirenomelic fetus' CRL measurement is seen on the left image and the missed aborted second fetus on the right image.

Figure 2



A transverse sonographic section at the level of the fetal bladder in abnormal appearance and localization (thin arrow) and femur image. There is only one single femur (thick arrow) view in the lower extremity and the iliac bones are not observed.

Figure 3



Macroscopic view of the aborted sirenomelic fetus. It is seen that there is only one lower half limb considered as a single fused femur.



SS-49

Tubo-ovarian Abscess In Early Pregnancy: A Case Report

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OBJECTIVES: Tubo-ovarian Abscess (TOA) is an exceptionally uncommon occurrence during pregnancy. Here, we present a case where TOA was identified in the early stages of pregnancy, regressed with appropriate treatment, enabling the pregnancy to progress without complications.

METHOD: The admission, follow-up and treatment of the patient, who came to the gynecology and obstetrics emergency department of Izmir City Hospital with complaints of abdominal pain, nausea and fever, with the preliminary diagnosis of tuboovarian abscess, were discussed.

RESULTS: A 23-year-old, gravida 1, parity 0 woman at 8 weeks of gestation presented to the emergency department with complaints of lower abdominal pain, nausea, and weakness. On physical examination, tenderness was noted in the lower right quadrant of the abdomen, with a defense and no rebound tenderness. Blood pressure was measured at 108/72 mmHg, pulse rate at 96 beats per minute, and temperature at 39.2°C. The patient, who had no known chronic diseases, underwent an ultrasound examination. Ultrasound revealed a fetal heartbeat-positive embryo with a crown-rump length (CRL) of 17 mm, compatible with 8+1 weeks. An area of approximately 14 cm was observed in the widest part of the anterior part of the uterus, which may correspond to a thick-walled abscess with dense contents. In the MRI, a dense content collection consistent with an abscess extending to the cecum neighboring the anterior aspect of the uterus, measuring 14x13.5x8 cm, with a thick wall, was observed. Additionally, a separate abscess measuring 8x3 cm at the level of the douglas pouch, with an unclear relationship to the other abscess, was identified. Laboratory findings revealed a white blood cell count (WBC) of $19,940 \times 10^3/\mu\text{L}$, C-reactive protein (CRP) of 268 mg/L. The CA125 tumor marker level checked due to the heterogeneous mass appearance was 95.9 U/mL. Following consultations with general surgery, gynecologic oncology, infectious diseases, and perinatology departments, the patient was started on antibiotic therapy with ceftriaxone (2x1 gram daily) and metronidazole (4x500 mg daily). The patient received antibiotic therapy during a 14-day hospitalization period. Following the treatment, there was a gradual reduction in the size of the tubo-ovarian abscess (TOA), accompanied by improvement in symptoms and laboratory results. She was discharged with continuation of a healthy pregnancy.

DISCUSSION: The occurrence of pelvic inflammatory disease and tubo-ovarian abscesses during pregnancy is highly uncommon. TOA typically arises from ascending genital tract infections. Pelvic infection may also result from infections in adjacent organs or exacerbation of pre-existing tubal or ovarian infections. The rarity of TOA formation in pregnant women is attributed to the presence of the cervical mucus plug and an intact amniotic membrane. Furthermore, the likelihood of pregnancy occurring concurrently with genital tract infections is low. Delayed treatment of TOA in pregnant women can potentially result in maternal mortality or fetal loss. Therefore, early diagnosis of the condition during pregnancy is crucial, and its management should be coordinated with a multidisciplinary approach.

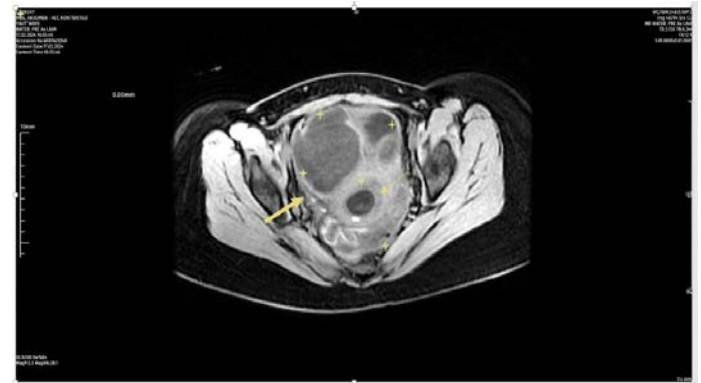
Keywords: Tubo-ovarian abscess, early pregnancy, pelvic inflammatory disease

Figure 1



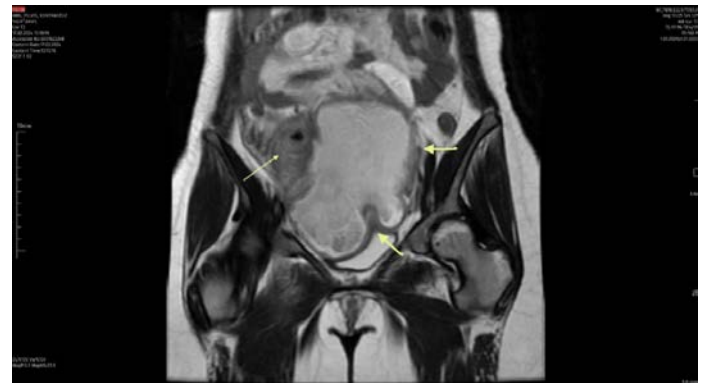
Tubo-ovarian abscess located on the anterior wall of the uterus (thick arrow) and the gestational sac in the uterine cavity (thin arrow)

Figure-2



Pelvic MRI images of a dense collection compatible with an abscess located in the anterior uterus and douglas space (thick arrow) and the gestational sac in the uterine cavity (thin arrow)

Figure-3



Gestational sac in the uterine cavity (thin arrow) and an abscess image that may be compatible with tuboovarian abscess (thick arrows)



SS-50

Ruptured Ovarian Ectopic Pregnancy and Laparoscopic Management: Case Report

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INTRODUCTION: Ovarian pregnancy is one of the rare forms of ectopic pregnancy(1). The fertilization of the ovum within the follicle or the fertilized ovum coming to the ovarian surface via the tube and implanting into the ovarian stroma plays a role in its etiopathogenesis (2). Traditional treatment of ovarian pregnancy in the past; It was oophorectomy or salpingo-oophorectomy with laparotomy. Today, conservative treatments such as wedge resection of the ovary with a laparoscopic approach, removal of only the pregnancy material and injection of chemotherapeutic agents are applied (3). In this case report, a case of ovarian ectopic pregnancy, which was operated on with the preliminary diagnosis of intra-abdominal bleeding and ruptured ectopic pregnancy, was diagnosed intraoperatively during laparoscopic surgery, and was confirmed histopathologically, is presented.

CASE REPORT: A thirty-two year old gravida 4 patient with three living children was admitted to our clinic with complaints of pelvic pain. The patient described menstrual delay for approximately 18 days and abdominal examination revealed tenderness, defense and rebound. In laboratory tests, hemoglobin was 10.1g/dl, hematocrit was 29.6%, and β -hCG was 4815 mIU/ml. In the transvaginal ultrasound examination, no intrauterine pregnancy was observed and the patient's intrauterine device for contraception was observed in the endometrial cavity. In the patient, where widespread free fluid was observed in Douglas, in front of the uterus and in both adnexal areas, a heterogeneous mass of approximately 26*20 mm in size was observed in the left adnexal area, whose border with the ovary could not be clearly determined (Figure-1). Laparoscopy was performed with a prediagnosis of ruptured ectopic pregnancy. During surgical observation, it was observed that there was free defibrinated blood in the abdomen. When the uterus and adnexa were visualized after aspiration of blood, it was seen that the uterus and both uterine tubes were normal. An ovarian mass originating from the left ovary, approximately 3 cm in size and located inside the ovary, which could be an ectopic pregnancy, was observed (Figure-2). The right ovary appeared normal. The bleeding mass in the left ovary, which could be a pregnancy, was resected laparoscopically and sent for histopathological examination. The operation was terminated after hemostasis of the remaining ovarian tissue was achieved. During the follow-up, the patient's complaints completely regressed and her β -hCG test became negative. The histopathological examination result was reported as compatible with ovarian ectopic pregnancy. Before the patient information was used in this presentation, consent was obtained by signing an informed consent form.

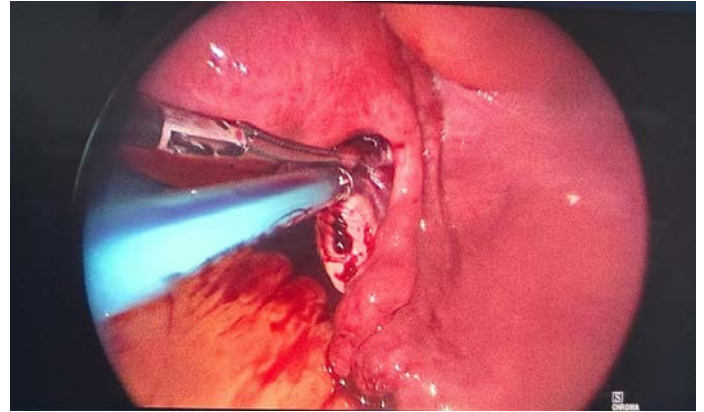
DISCUSSION: Ovarian pregnancy occurs as a result of the ovum being fertilized within the ovary or the fertilized ovum secondarily implanting into the ovary. Apart from the classical risk factors for the development of ovarian ectopic pregnancy, the use of intrauterine devices is more prominent. Symptoms in ovarian pregnancy are similar to tubal pregnancy, and pelvic pain, vaginal bleeding and amenorrhea may be observed (4). Increased β hCG values after amenorrhea and an empty cavity on TVUSG should suggest ectopic pregnancy. In the presence of high clinical suspicion, early diagnostic laparoscopy will allow for ovarian-sparing surgery.

Anahtar Kelimeler: ovarian ectopic pregnancy,rupture,laparoscopic surgery

(Figure-1)



(Figure-2)





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