The 14th World Congress on Controversies in Obstetrics, Gynecology & Infertility

All about Women’s Health

Paris, France, November 17-20, 2011

Congress Program

A comprehensive Congress fully devoted to clinical Controversies, debates and consensus on a wide spectrum of topics in Obstetrics, Gynecology and Infertility

www.congressmed.com/paris2011
paris2011@congressmed.com
# Timetable

## Thursday, November 17, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>15:30-17:45</td>
<td>Pre-congress workshop Brazilian French collaboration</td>
</tr>
<tr>
<td>18:00-19:30</td>
<td>OPENING SESSION &amp; COCKTAIL: Supporting institutions</td>
</tr>
<tr>
<td>19:45-21:00</td>
<td>Welcome reception - Cocktail</td>
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## Friday, November 18, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:30-10:00</td>
<td>IN-VITRO MATURATION (IVM); REPLACEMENT FOR IVF OR A NICHE PROCEDURE?</td>
</tr>
<tr>
<td>10:00-10:20</td>
<td>PRIMARY PREVENTION OF ANOMALIES DURING PREGNANCY; ARE WE MISSING SOMETHING? Supported by Merck</td>
</tr>
<tr>
<td>10:20-11:50</td>
<td>LUTEAL SUPPORT Supported in part by an unrestricted grant from IBSA &amp; Abbott</td>
</tr>
<tr>
<td>11:50-12:10</td>
<td>Exhibition visit &amp; Posters' viewing</td>
</tr>
<tr>
<td>12:10-13:40</td>
<td>CONTROVERSIAL TOPICS IN ART: A CONVERSATION WITH THE AUDIENCE Supported by Merck-Serono</td>
</tr>
<tr>
<td>13:40-14:30</td>
<td>LUNCH BREAK</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>CONTROVERSIES IN PREIMPLANTATION GENETIC DIAGNOSIS AND SCREENING Supported in part by an unrestricted grant from IBSA</td>
</tr>
<tr>
<td>16:00-16:30</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:30-18:00</td>
<td>ONCOPROFOERTY: THE PRESERVATION OF FUTURE GENERATIONS Supported in part by an unrestricted grant from Fujirebio</td>
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## Saturday, November 19, 2011

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<th>Time</th>
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<tbody>
<tr>
<td>08:30-10:00</td>
<td>MANAGEMENT AND LONG TERM RISKS OF PCOS PATIENTS Supported in part by an unrestricted grant from Abbott</td>
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<tr>
<td>10:00-10:20</td>
<td>Coffee break</td>
</tr>
<tr>
<td>10:20-11:50</td>
<td>PROGESTERONE TO PREVENT PREMATURE LABOR AND ABORTIONS? Supported in part by an unrestricted grant from IBSA</td>
</tr>
<tr>
<td>11:50-12:10</td>
<td>Exhibition visit &amp; Posters' viewing</td>
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<tr>
<td>12:10-13:40</td>
<td>ASSESSMENT AND TREATMENT OF DECREASED OVARIAN RESERVE Supported in part by an unrestricted grant from Abbott</td>
</tr>
<tr>
<td>13:40-14:30</td>
<td>LUNCH BREAK</td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>NEW TECHNOLOGIES IN LABORATORY PRACTICE Organized by GEFF-BLEFCO France Societies</td>
</tr>
<tr>
<td>16:00-16:30</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:30-18:00</td>
<td>LOW-COST IVF Supported in part by an unrestricted grant from Besins Healthcare</td>
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## Sunday, November 20, 2011

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<tr>
<td>08:30-10:00</td>
<td>IMPACT OF NUTRITION ON GAMETE Organized by GEFF-BLEFCO France Societies</td>
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<tr>
<td>10:00-10:30</td>
<td>Coffee break</td>
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<tr>
<td>10:30-12:30</td>
<td>BASIC ASPECTS OF LABORATORY WORK IN ART WHAT AGENTS ARE SAFEST FOR LABOR INDUCTION?</td>
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The 14th World Congress on
Controversies in
Obstetrics, Gynecology &
Infertility
All about Women's Health

Congress Program
Listen to the oocyte

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Merck Serono Fertility: Tailored Solutions for individualized treatment options

Merck Serono Fertility | You. Us. We’re the parents of fertility
Welcome letter

Dear Friends and Colleagues,

It is our honor and pleasure to welcome you at the 14th World Congress on Controversies in Obstetrics, Gynecology & Infertility in Paris, France.

The groundbreaking series of these Congresses provide a unique platform to discuss Controversial issues in all fields of Obstetrics, Gynecology and Infertility. The ability to discuss only controversial topics with emphasis on clinical solutions in cases where no agreed-upon answers or consensus exist, provides clinicians with an insight and a take-home message that ameliorates treatment in the most difficult situations.

The meeting promises the finest scientific program, with heated discussions and more durable material, for the benefit of all participating physicians and industry alike. Last but not least, a Position Paper on the treatment of women with low bone-mineral density and fracture risk who are younger than 70 years old was composed by KOLs in the field and will be presented during the Congress and on the website.

The high level of discussions has already placed this Congress as a gathering site for experts from various subdisciplines, and a forum where physicians with clinical interest in several fields may find solutions that would otherwise require many monothematic congresses.

We believe that by joining this Congress you will obtain new insight and skills that will enhance your capability as clinicians, and we are already looking forward to welcoming you again at 2012 in Singapore and Lisbon.

The contribution of our sponsors with generous educational grants is very much appreciated.

Sincerely,

Prof. Zion Ben-Rafael
Prof. Bart C.J.M. Fauser
Prof. Rene Frydman

Congress Co-Chairpersons
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- **Bart C.J.M. Fauser**
- **Rene Frydman**

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- Gian Carlo Di Renzo, Italy

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  - Johannes Bitzer, Switzerland
  - F. Xavier Bosch, Spain
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  - Ludwig Kiesel, Germany
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  - Santiago Palacios, Spain
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- Changping Zou, China
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European Society of Gynecology

World Association of Perinatal Medicine (WAPM)

The European Menopause and Andropause Society (EMAS)

International Society for Mild Approaches in Assisted Reproduction (ISMAAR)

Groupe d'Etude de la Fiv en France (the study group on IVF in France)

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2010 Berlin, Germany
K. Diedrich
B.C.J.M. Fauser

2009 Beijing, China
K. Shen
T. Duan
Q. Yu

2008 Paris, France
R. Frydman

2007 Shanghi, China
J.H. Lang – Honorary President
D. Duan
Q. Yu

2007 Barcelona, Spain
S. Dexeus – Honorary President
P.N. Barri
R. Aurell

2005 Athens, Greece
G. Creatsas

2004 Bangkok, Thailand
C.A. Kamheang

2004 Las Vegas, USA
R. Lobo
R. Berkowitz
M. D'Alton
A.H. DeCherney
P.E. Schwartz

2003 Berlin, Germany
K. Diedrich
J-W. Dudenhausen
I. Mettler
H.P.G. Schneider

2002 Washington DC, USA
R. Lobo
M. D’Alton
A.H. DeCherney
J. Rock
P.E. Schwartz

2001 Paris, France
R. Frydman

1999 Prague, Czech Republic
J. Horejsi
P. Mardesic
P. Ventruba
The 17th World Congress on Controversies in Obstetrics, Gynecology & Infertility
All about Women’s Health

Lisbon, 8-11 November, 2012
Held Jointly with the Portuguese Federation of Obstetrics & Gynecology (FSPOG)

A comprehensive Congress fully devoted to clinical Controversies, debates and consensus on a wide spectrum of topics in Obstetrics, Gynecology and Infertility

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* into the biologically active folate form
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PLATINUM

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6915 Pambio-Noranco, Lugano, Switzerland
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Fax: +41 58 360 16 47
Email: info@ibsa.ch
Website: www.ibsa-international.com
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Merck Consumer Healthcare GmbH
Feldbergstrasse. 78
64293 Darmstadt, Germany
Website: www.merck-consumer-health-care.com
Merck is a global pharmaceutical and chemical company that is based in Darmstadt, Germany with a history that began in 1668 and a success characterized by innovations which effectively improve patients’ lives. The Consumer Health Care Division offers high-quality over-the-counter products to enhance the quality of life of men, women and children all over the world. Our portfolio consists of scientifically based brands that people trust. Our core products include Femibion Healthy Pregnancy, the n°1 pregnancy supplement in Europe. It contains Metafolin®, a patented natural form of folic acid from Merck to optimally support the healthy development of babies and the health of the mother.

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Merck Serono is the biopharmaceutical division of Merck KGaA, Darmstadt, Germany, a global pharmaceutical and chemical company. Merck Serono is the world leader in fertility treatments, and the only company to offer a full portfolio of fertility drugs for every stage of the reproductive cycle and recombinant versions of the three hormones needed to treat infertility: GONAL-f® (folitropin alfa), to stimulate the ovaries and produce eggs in women and spermatogenesis induction in men; Luveris® (lutropin alfa), to stimulate follicular development in women who are profoundly LH deficient; Cetrotide® (cetrorelix acetate) to prevent a premature ovulation; Ovitrelle® (choriogonadotropin alfa), to help follicles mature and release eggs; and Crinone® (progesterone gel), to help establish and maintain a pregnancy.

GOLD

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Besins Healthcare is a pharmaceutical company specialized in the development and worldwide diffusion of innovative drugs and nutritional supplements for the well-being of men and women throughout their life.
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Visit our site to understand why Innovating for Well-Being is our claim www.besins-healthcare.com

Fujirebio Diagnostics, Inc. (FDI)
201 Great Valley Parkway
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Website: www.fdi.com
Fujirebio Diagnostics, Inc. (FDI) is a premier diagnostics company and the industry leader in the development of oncology biomarkers. Fujirebio Diagnostic's primary focus is the development, manufacture, and commercialization of in vitro diagnostic oncology products. Our core products include CA 125II a biomarker considered the gold standard for ovarian cancer. The Fujirebio Diagnostics HE4 biomarker is now CE-marked in Europe as an aid in estimating the risk of EOC in premenopausal or postmenopausal women presenting with pelvic mass.
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Hologic is committed to enhancing women’s lives through earlier detection, improved diagnosis and less invasive treatments. Core business units are focused on mammography and breast biopsy, radiation treatment for early-stage breast cancer, cervical cancer screening, treatment for menorrhagia, osteoporosis assessment, preterm birth screening, and mini C-arm and extremity MRI imaging for orthopedic applications.
Please link to: www.hologic.com

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Pantarhei Bioscience (PRB)
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Pantarhei Bioscience (PRB) is a Pharma Company, founded in 2001 which specialises in clinical development of innovative, patent protected new medical uses of existing biologicals, hormones, drugs and combinations thereof in the area of Women’s Health and Endocrine Cancer. The Company operates as a virtual clinical research and project management organisation. Pantarhei’s management team combines extensive and outstanding expertise in the areas of management, drug development and business development with many years of experience in relevant pharmaceutical and biotechnology industries. Pantarhei’s offices, which encompass the Company’s administrative and business operations, are located in Zeist, The Netherlands.
QIAGEN

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QIAGEN employs more than 3,500 people in over 35 locations worldwide.

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Richard Wolf is a world leading manufacturer of endoscopes and electronic equipment in gynecology. With our extensive high-quality gynecological endoscopy products R. Wolf highlight at this year’s ESGE: the PRINCESS minisized hybrid Resectoscope. Welcome to Paris! We are very pleased to see you at our booth no. 6!

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European Menopause and Andropause Society (EMAS)
c/o Kenes International
P.O. Box 1726, 1-3, rue de Chantepoulet
CH-1211 Geneva 1, Switzerland
Telephone: +41 22 906 91 74 Fax: +41 732 26 07
E-mail: info@emasonline.org
Website: www.emasonline.org

The European Menopause and Andropause Society (EMAS) encourage the study of Menopause and Andropause while promoting the exchange of research and professional experience between members through its journal, congresses and website. The society also provides articles, patient information, web resources, and referrals for healthcare providers in the field to keep its members up-to-date with all aspects of the climacteric in men and women.

The New European Surgical Academy (NESA)
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Website: www.nesacademy.org
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Conbriza® Film-Coated Tablets, bazedoxifene acetate. Before prescribing Conbriza please refer to full Summary of Product Characteristics (SmPC).

Presentation: Conbriza 20 mg Film-Coated Tablets. Each tablet contains 20 mg bazedoxifene (as acetate).

Indications: For the treatment of postmenopausal osteoporosis in women at increased risk of fracture. Dosage: Adults - for Oral use only. One 20 mg tablet daily, at any time of day, with or without food. Doses higher than 20 mg are not recommended. Calcium and/or vitamin D should be added to the diet if daily intake is not adequate. Dosage adjustments are not required in elderly patients or for mild/moderately renal impaired patients. However caution should be used in patients with severe renal impairment and use is not recommended in patients with hepatic impairment. Children - not indicated for use in paediatric patients. Contra-indications: Hypersensitivity to any of the ingredients; active or past history of venous thromboembolic events, deep vein thrombosis, pulmonary embolism and retinal vein thrombosis; patients with unexplained uterine bleeding; patients with signs or symptoms of endometrial cancer. Conbriza is only for use in postmenopausal women and must not be taken by women of child bearing potential. Warnings and Precautions: Conbriza is not recommended for use by women at an increased risk for venous thromboembolic events and should be discontinued prior to and during prolonged immobilisation (e.g., post surgical recovery, prolonged bed rest). Women taking Conbriza should also be advised to move about periodically during prolonged travel. Conbriza is not recommended for use in premenopausal women and any uterine bleeding during Conbriza therapy is unexpected and should be investigated. Conbriza is also not recommended for use in patients with hepatic impairment or in the treatment or prevention of breast cancer. Caution is advised in patients with known hypertriglyceridaemia, as Conbriza may increase serum triglyceride levels, and also in patients with severe renal impairment. Conbriza tablet contains lactose and should not be administered to patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose galactose malabsorption. Pregnancy & Lactation: Conbriza is not recommended in pregnant or breast-feeding women. Undesirable Effects: Very common reported side-effects are hot flushes and muscle spasms. The following common side effects have also been reported; hypersensitivity reactions, somnolence, dry mouth, urticaria, peripheral oedema and increases in blood triglycerides, alanine and aspartate aminotransferases. Uncommon and rare reported side-effects include retinal and deep vein thrombosis and superficial thrombophlebitis. Legal Category: S2B. Package Quantities and Marketing Authorisation Numbers: Conbriza 20 mg (28 tablets) EU/1/09/011/002, Conbriza 20 mg (84 tablets) EU/1/09/511/004. Product Authorisation Holders: Pfizer Limited, Ramagthe Road, Sandwich, Kent, CT13 9NJ, United Kingdom. Telephone: 01 4493500. Further Information is available on request from: Medical Information, Pfizer Limited, Walton Oaks, Dorning Road, Tadworth, Surrey, KT20 7NS, United Kingdom. Date of revision: April 2011. Company Reference: CON/2011/007. Date of preparation: September 2011. References. 1. Conbriza Summary of Product Characteristics.
General Information

Congress Venue
Pullman Paris Montparnasse
19 Rue du Commandant Mouchotte
Paris 75014, France
Tel: +33-1-44 364436
Fax. +33-1-44364700
Metro Stations: Line 13, Station GAITE, Line 4, 6, 12 and 13, Station MONTPARNASSE

Language
English is the official language of the Congress

Registration Desk
The registration desk at the Pullman Paris Montparnasse will operate during the following hours:
Thursday, November 17  12:00-20:00
Friday, November 18  07:30-18:00
Saturday, November 19  07:30-18:00
Sunday, November 20  08:00-12:30

Congress Kit and Nametag
The congress kit you have received contains your nametag. Please wear your nametag to all sessions and events.

Certificate of Attendance
The Certificate of Attendance has been inserted in your registration kit. If you wish to make changes please apply to the staff of the Congress at the Registration Desk from Saturday, November 19, 2011 at 12:00.

Internet and E-Mail
Free Internet and email facilities will be available at the Internet Area during the Congress hours.

Refreshments
Coffee will be served in the exhibition area and in the 2nd floor during the coffee breaks. Lunch will be available for participants of the Congress on Friday, November 18 and Saturday, November 19. Entrance will be with name tags.

Exhibition Opening Hours
Thursday, November 17  17:00-21:00
Friday, November 18  08:30-18:00
Saturday, November 19  08:30-18:00
Sunday, November 20  08:30-12:30

Speakers’ Preview Room
Invited Speakers are invited to visit the Speakers’ Preview Room to upload their presentations at the following times:
Thursday, November 17  12:00 to 20:00
Friday, November 18  07:30 to 18:00
Saturday, November 19  07:30 to 18:00
Sunday, November 20  08:00 to 10:30

E-Posters
Posters can be viewed at any time during the Congress. Simply use one of the computers located in the e-poster area at a time convenient to you. You will be able to view all electronic posters as frequently, and as often as you wish.
If you have paid registration fee and did not receive an uploading password, please approach our team for assistance.

Safety and Security
Please do not leave any bags or suitcases unattended at any time, whether inside or outside session halls.

Liability
The Congress Secretariat and Organizers cannot accept liability for personal accidents or loss or damage to private property of participants either during or directly arising from The World Congress on Controversies in Obstetrics, Gynecology and Infertility. Participants should make their own arrangements with respect to health and travel insurance.
Help her achieve the body balance she needs through safe, effective and natural micronized progesterone support. Utrogestan supports her to achieve the dream of a family.
Serono Symposia International Foundation (http://www.seronosymposia.org) has submitted the main congress program of the “14th world Congress on controversies in Obstetrics, Gynecology and Infertility” (Paris France, November 17-19, 2011) for accreditation by the European Accreditation Council for Continuing Medical Education (EACCME).

The “14th world Congress on controversies in Obstetrics, Gynecology and Infertility” (Paris France, November 17-19, 2011) is designated for a maximum of 18 (eighteen) hours of European external CME credits. Each medical specialist should claim only those credits that he/she actually spent in the educational activity. EACCME credits are recognized by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, please contact the AMA.

Serono Symposia International Foundation (www.seronosymposia.org) has submitted, in compliance with the procedures indicated by the Italian Ministry of Health, the main congress program of this event n. 15353 – 11018766 entitled “14th world Congress on controversies in Obstetrics, Gynecology and Infertility” (Paris France, November 17-19, 2011) to the Italian National Commission for Continuing Medical Education.

The CME accreditation is valid for the main congress program only and does not cover the company-sponsored symposia.

ISO 9001 Certification: Serono Symposia International Foundation has received the ISO 9001 Certification of Quality Management Systems. This Quality certification requires all participants to fill in a scientific questionnaire and to evaluate the overall quality of the event. Questionnaires will be distributed onsite during the congress.
CA125 + HE4

The new formula for diagnostic clarity of ovarian cancer

From the company that brought you CA125, Fujirebio Diagnostics introduces HE4, the first new biomarker in 25 years for ovarian cancer management.1

• Adding HE4 to CA125 is proven to be a more accurate predictor of disease than either marker alone 2
• Improved specificity: taken together, CA125 + HE4 differentiates ovarian tumors from endometriosis 3,4,5
• Better assessment of adnexal masses: Risk of Ovarian Malignancy Algorithm (ROMA) improves stratification of women with epithelial ovarian cancer and women with benign disease 6,7
  • Peer-reviewed and published clinical evidence supports the use of HE4 8

To better assess pelvic mass and monitor for recurrent ovarian cancer, CA125 + HE4 adds up to increased diagnostic clarity.

For more information visit: www.he4test.com


FDI-335 Rev. 11/11
Accompanying Persons Program

All registered accompanying persons are invited to the Welcome Reception of the Congress on Thursday, November 17 at 19:45, as well as to the below two half-day tours.

Friday, November 18, 2011
By bus
Pick up at 09:00 from the lobby of the Pullman Montparnasse Hotel
Tour will end at 13:00

Paris City Tour
4-hour city tour will take you through Paris past the city’s most famous monuments. You will experience both French history as well as everyday Parisian life. Driving through the city’s famous locations, you will get to the heart of the city’s secrets: the Sun King, the French revolution, Napoleon Bonaparte and more. During the tour at least one stop will be arranged for taking pictures and stretching legs.
Main monuments and attractions that will be seen: Arc de Triomphe, Champs Elysées, Grand Palais, Invalides, Luxembourg gardens, Panthéon, Latin quarter, Bastille, Louvre museum, the Tuileries gardens, Île de la Cité, Boulevard Haussmann, Opéra, Vendôme place, La Madeleine, Concorde place, Eiffel Tower, and the Trocadéro.

Saturday, November 19, 2011
Walking tour
Pick up at 09:00 from the lobby of the Pullman Montparnasse Hotel
Tour will end at 13:00

Tour of the Marais
Once the most elegant districts in Paris with more than 1500 lavish townhouses belonging to the finest French aristocracy, the Marais was abandoned by its residents during the 18th century. It was only in 1962 with its classification as a national landmark that this area saw a revival. Many of the buildings which had been altered are once again taking on their original appearance and now serve as private houses or museums.
Position Paper

The Congress is particularly proud of the work of the KOLs in the field of osteoporosis and thanks them for composing a consensus paper on the treatment of women with low bone mineral density and fracture risk who are younger than 70 years.

Chairpersons
- Santiago Palacios, Spain
- Cluas Christiansen, Denmark

Members
- Marco Gambacciani, Italy
- Peyman Hadji, Germany
- Morten Karsdal, Denmark
- Irene Lambrinoudaki, Greece
- Barbara Obeirne, Ireland
- Fatima Romao, Portugal
- Serge Rozenberg, Belgium
- Rafael Sanchez Borrego, Spain
- Lello Stefano, Italy
- Zion Ben-Rafael, Israel
- John C. Stevenson, UK

The Position Paper will be presented on Saturday, November 19, 2011 in the session POSTMENOPAUSAL OSTEOPOROSIS at 12:10-13:40 by Prof. Santiago Palacios.
Scientific Program
Thursday, November 17, 2011

Pre-congress workshop Brazilian French collaboration  HALL E

15:30-17:45  HOT CONTROVERSIES: WHAT DID WE LEARN FROM TREATING THE TRANSSEXUALS?

Capsule  
Dealing with transsexuals presents a pronounced surgical, endocrinological and medico legal challenge. The ability to reproduce following such surgery presents another level of complexity and requires a multidisciplinary approach to formulate the optimal solution. What kinds of skills are required to embark into such complex treatments?

Part I:  Surgical, medical and medico legal considerations

Moderators
K. Morais, Brazil  
M. Lachowsky, France  
R. Frydman, France

15:30-15:50  Planning for transsexual surgery: Which approach should be offered?
S. Pinho, Brazil

15:50-16:10  Which hormonal treatment should be formulated following surgery?
R. Andrade, Brazil

16:10-16:30  Transsexuals who are opting to conceive: What are the medico-legal aspects?
Á. Petracco, Brazil

16:30-16:45  RTD - Discussants
S. Pinho, R. Andrade, Á. Petracco

Part II:  Clinical experience

Moderators
J.M. Ayoubi, France  
B. Cordier, France  
A. Petracco, Brazil

16:45-17:00  Psychological aspects: Follow up on 150 patients from female to male
J.M. Ayoubi, L. Karpel, France

17:00-17:15  Androgens and ovary: What can we learn?
J-N. Hugues, France

17:15-17:30  Donor insemination in the transsexuals
P. Jouannet, France

17:30-17:45  RTD – Discussants
J-N. Hugues, B. Cordier, P. Jouannet, L. Karpel

Objective
Upon completion of this session, the audience will have acquired knowledge about the surgical, hormonal, medico legal, psychological and infertility treatments of the transsexuals.
18:00-19:30  KEYNOTE LECTURES
Honoring Prof. Rene Frydman for life time contribution to the field of ART

Chairpersons  Z. Ben Rafael, Israel
              V. Gomel, Canada
              B.C.J.M. Fauser, Netherlands

18:15-19:00  Regenerative medicine: New approaches to healthcare
A. Atala, USA

Patients with diseased or injured organs may be treated with transplanted organs. There is a severe shortage of donor organs which is worsening yearly due to the aging population. Regenerative medicine and tissue engineering apply the principles of cell transplantation, material sciences, and bioengineering to construct biological substitutes that may restore and maintain normal function in diseased and injured tissues. Stem cells may offer a potentially limitless source of cells for tissue engineering applications and are opening new options for therapy. Recent advances that have occurred in regenerative medicine will be reviewed and applications of these new technologies that may offer novel therapies for patients with end-stage tissue and organ failure will be described.

19:00-19:30  The challenges of developing a human artificial ovary
S.A. Carson, USA

Modern cancer therapy has resulted in an impressive cure rate. It is not surprising that cancer patients want to preserve their fertility so they can conceive after cure. Three dimensional oocyte cultures have been promising in the maturation of immature cryopreserved oocytes. However, pregnancy results have been disappointing. A human artificial ovary which is a 3 dimensional construct may provide the ideal environment for such cultures. This discussion presents the many challenges in development in this novel model.

19:45-21:00  WELCOME RECEPTION COCKTAIL
**INFERTILITY & ART**

**08:30-10:00 IN-VITRO MATURATION (IVM): REPLACEMENT FOR IVF OR A NICH PROCEDURE?**

**Capsule**

IVM is an experimental procedure that makes it possible to undergo IVF without the need for stimulation and the risk of hyperstimulation syndrome. IVM may be useful in PCOS patients who are very sensitive to stimulation, provided that in RCT it will prove to be more advantageous than different forms of milder stimulation. IVM also provides an obvious advantage of immediate aspiration, maturation and eggs fertilization or freezing without stimulation before chemo- or radiotherapy. However, despite being effective with results almost comparable with IVF, the long-term risks are still unknown. The question is, what advantage does IVM provide to all other patients?

**Chairpersons**

R. Frydman, France  
P. Patrizio, USA

**08:30-09:15 Debate**

**This house believes that IVM is a niche procedure that does not offer any real advantage compared with a milder form of stimulation in most patients, including in PCOS patients!**

No: IVM results are comparable to standard IVF, and it has obvious advantages over standard IVF  
T. Child, UK

Yes: IVM does not offer any advantage over current IVF practice and yet the risk is unknown  
S. Hamamah, France

**Discussion**

**09:15-09:40 Discussants**

T. Child, UK  
S. Fishel, UK  
S. Hamamah, France

**Tricks of the trade; Expert Panel on:**

1. Mild stimulation or no stimulation for IVM?  
2. HCG: Dose timing?  
3. What are the essentials for laboratory success?

**09:40-10:00 Luteal phase support: Is IVM different than IVF?**

M. De Vos, Belgium

**Objectives**

Upon completion of this session, the audience will have acquired:

- Understanding of the current place of IVM in ART practice  
- Understanding of the clinical, laboratory procedures  
- The definition of IVM

**10:00-10:20 Coffee break**

**10:20-11:50 LUTEAL PHASE SUPPORT AND ET**

**Capsule**

It is generally accepted that stimulated IVF cycles are associated with defective luteal phase in almost all cases, probably due to disruptions in the pituitary drive (LH) to the corpus luteum. While support of the implantation processes with Progesterone (P) is largely practiced, all the other aspects of treatment, such as the dose of P, the start and stop times, the route of administration, the compound vis-a-vis its effects on the immune system and implantation are still in debate.

**Chairperson**

T. Child, UK

**10:20-10:50 Progesterone for luteal phase support**

H. Pai, India

**10:50-11:20 Progesterone: Can we tell what tomorrow brings?**

D. De Ziegler, France

**11:20-11:50 Improving ET outcome and newer strategies in luteal phase adjuvant therapies following ART**

N. Palshetkar, India

**Objectives**

Upon completion of this session, the audience will have acquired:

- Knowledge about luteal support and the effect of various progesterone on the immune system  
- New expected players

**11:50-12:10 Exhibition visit & Poster viewing**
### 12:10-13:40 CONTROVERSIAL TOPICS IN ART: A CONVERSATION WITH THE AUDIENCE

**Supported by Merck Serono**

**Chairperson**

F. Olivennes, France

**12:10-12:40** Utilization of antagonists in normal responders: Useful or not?

G. Griesinger, Germany

**12:40-13:10** Evaluation of different systems for progesterone supplementation in ART: Are all the sources the same?

E. Papanikolau, Greece

**13:10-13:40** Defining the optimal number of oocytes and embryos produced to increase the cumulative chances of pregnancy: What is better, more or less?

N. Garrido, Spain

**13:40-14:30** Lunch break

### 14:30-16:00 CONTROVERSIES IN PREIMPLANTATION GENETIC DIAGNOSIS (PGD) AND SCREENING (PGS)

**Supported by an unrestricted grant from IBSA Institut Biochimique SA**

**Capsule**

The proposed goal of PGS was to improve pregnancy rates in IVF, and reduce spontaneous abortion rates, by selecting the best embryos for transfer, but so far studies have failed to prove the concept. The question is whether or not we should continue to refine the technique, or declare that PGS for detection of aneuploidy is a risky procedure that should be avoided. Similarly, PGD for mitochondrial DNA disorders is a new and controversial procedure that in many situations may serve to reduce, and not eliminate, the genetic risk. What are the Pros and Cons to its clinical application?

**Chairpersons**

B.C.J.M. Fauser, Netherlands

P. Patrizio, USA

**14:30-15:30** Debate

**PGS remains an experimental tool!**

**Proposition:** PGS should be banned from routine clinical use due to inferior results and higher embryonic risk

N. Gleicher, USA

**Opposition:** The ability to prevent fetal aneuploidy by preimplantation genetic diagnosis supports extensive clinical applications

S. Fishel, UK

**Discussion**

**15:30-16:00** PGD for mitochondrial DNA (mtDNA) disorders: The pros and cons to reduce reproductive risks in such cases

J. Steffann, France

**Objectives**

Upon completion of this debate, the audience will have learned:

- The hypothesis that makes PGS an attractive proposition
- Reasons why PGS failed to meet expectations
- New technologies and techniques that, potentially, may positively affect PGS results (CGH)
- PGD for mtDNA and its ethical reservations

**16:00-16:30** Coffee break

### 16:30-18:00 ONCOFERTILITY: THE PRESERVATION OF FUTURE GENERATIONS

**Supported in part by an unrestricted grant from Fujirebio Diagnostics Inc.**

**Capsule**

About 75% of children treated for cancer are expected to be long term survivors, and hence fertility preservation is one of the aims of the treatment that allows also normal life experience. The multiple modalities of treatment which include modified surgery, alternative modalities of chemotherapies, can help preserve fertility. Newer techniques, even if still experimental like gamete freezing, in vitro maturation (IVM) and IVF, expand the choices. Fertility saving surgery can be performed in certain cancer cases, however, no clear guidelines on limit are set, and the age in which these procedures should be offered is controversial

**Chairpersons**

R.G. Moore, USA

J. Dor, Israel

M. Grynberg, France

**16:30-17:00** Should fertility be saved in the infants and adolescents with malignancies?

S.A. Carson, USA

**17:00-17:30** Prophylactic surgery in BRCA gene patients: What should be done and when?

A. Rosenthal, UK

**17:30-18:00** Should fertility be spared in women with ovarian malignancies?

C.O. Granai, USA

**Objectives**

Upon completion of this session, the audience will have learned:

- When and what kind of fertility preservation can be offered to infants and adolescents
- What are the arguments for preserving or not preserving fertility in adults?
- Arguments to when and what should be offered to BRCA carriers
FETOMATERNAL MEDICINE

08:30-10:20 GESTATIONAL DIABETES MELLITUS (GDM)
Capsule
The association of milder forms of GDM with perinatal morbidity and mortality remains unclear, primarily because the condition is often confounded with other risk factors such as maternal obesity, age, and parity which increase risks of adverse pregnancy outcomes. The implementation of the HAPO results increases the number of patients labeled as GDM from 4% to 16%. While many would welcome the doubling of their patient load the question is: Will increased expenditure improve the outcome?

Chairpersons
D. Farine, Canada
F.A. Chervenak, USA

08:30-09:30 Debate
Proposition: HAPO increases the number of patients labeled as GDM, but this does not improve pregnancy outcome
G.H.A. Visser, Netherlands
Opposition: Implementation of HAPO study into official recommendations will increase the safety of pregnancy follow up
H. Berger, USA
Discussion

09:30-10:00 Questions to the panel:
1. Should women with obesity and DM try to lose weight while pregnant?
2. Long term effects of GDM on neonate
3. Fetal origin of maternal diseases
4. Can we prevent delivery complications of the macrosomic fetus?

Objectives
To acquire knowledge on the following:
• The disadvantages of HAPO study implementation
• Long term effects and complications of GDM
• Risks of obesity in GDM

10:00-10:20 Coffee break

10:20-11:50 PRIMARY PREVENTION OF ANOMALIES DURING PREGNANCY: ARE WE MISSING SOMETHING?
Capsule
Folate (vitamin B9) is the natural occurring and biologically active vitamin which is needed in the human body to synthesize, repair and methylate DNA. It is especially important when rapid cell division and growth such as in infancy and pregnancy takes place. Folate deficiency increases the risk of several health problems during pregnancy, the most notable being neural tube defects (NTD) in developing embryos. Recommendations in this regards are clear and assumed to be followed. But why are there still around 300,000 newborns worldwide born with NTDs and why has the prevalence rate of NTDs not decreased significantly in Europe?

Chairperson
D. Luton, France

10:20-10:42 What is the importance of 5-Methyltetrahydrofolate during pregnancy?
K. Pietrzik, Germany

10:42-11:05 How can new ultrasonographic markers affect the diagnosis of Neural Tube Defects?
W. Henrich, Germany

11:05-11:27 Awareness and use of folic acid prior and during pregnancy: What is the trend?
E. Derbyshire, UK

11:27-11:50 Use of and attitude towards folic acid supplementation among women during and shortly after pregnancy: A prospective study
F. Chen, Germany

Objectives
To acquire knowledge on the following:
• Nutritional aspects prior and during pregnancy
• Difference between folic acid and 5-Methyltetrahydrofolate
• Folate supply vs. folate requirements across Europe
• Risk of anomalies, diagnosis and primary prevention
• Reconciliation between recommendations, awareness and compliance

11:50-12:10 Poster viewing

12:10-13:40 NEW DEVELOPMENTS IN THE MANAGEMENT OF PRETERM LABOUR
Supported by an unrestricted grant from Hologic (UK) Limited
Capsule
Preterm labor (PTL) is a leading cause of neonatal morbidity including RDS, bronchopulmonary dysplasia, neurologic deficit and mortality. Cervical length measurements and detection of Fibronectin in cervicovaginal secretions are considered highly sensitive in the detection and early diagnosis of PTL. Can all this lead to effective preventive methods?
Chairpersons

A. Shennan, UK  
B. Jacobsson, Sweden

12:10-12:25  
Does quantification of fetal fibronectin by the 10Q System add clinical value?  
A. Shennan, UK

12:25-12:40  
Fetal Fibronectin and cervical length measurement: How can it improve management of symptomatic patients?  
W. Henrich, Germany

12:40-12:55  
Can assessment of fetal fibronectin testing improve preterm management? (The AFFIRM UK Study)  
M. Chandiramani, UK

12:55-13:25  
The relationship of intra-amniotic infection and spontaneous preterm birth  
B. Jacobsson, Sweden

13:25-13:40  
Questions to the Panel

Objectives  
Upon completion of this session, the audience will have learned:  
• The role of Infection in preterm labour  
• The role of Fibronectin and cervical measurement in preterm labour management

13:40-14:30  
Lunch break

14:30-16:00  
PROGESTERONE TO PREVENT PREMATURE LABOR AND ABORTIONS?

Capsule  
Progesterone support for early and late pregnancy has been used for over half a century. Recent publications on the safety of prophylactic administration of progesterone to reduce preterm labor, and the ever-growing list of indications, such as previous abortion, premature labor, PROM, dilatation of cervix, uterine anomalies, infertility, multiple pregnancy, post-cerclage, and following various complications such as PIH, and abruption, raise the question as to why not use it prophylactically for all pregnancies?

Chairpersons  
L.P. Shulman, USA  
H. Berger, USA

14:30-15:30  
Debate  
Should we use Progesterone (P) prophylactically for all pregnancies?  
No: P, like every drug, should only be used when indicated and in cases when its levels are expected to be low and in the right dosage  
D. Farine, Canada  
Yes: P is safe, inexpensive and can help reduce preterm labor!  
I. Blickstein, Israel

Discussion

15:30-16:00  
Premature labor should not be stopped for more than two days  
G.H.A. Visser, Netherlands

Objectives  
To acquire knowledge on the following:  
• Premature labor: Diagnosis and treatment  
• Evidence of efficacy and safety of P  
• The indications for prophylactic P  
• The advantages of current compounds

16:00-16:30  
Coffee break

16:30-18:00  
SEVERE ANTEPARTUM AND INTRAPARTUM BLEEDINGS

Capsule  
Severe bleeding after birth is due to many reasons and is associated with immediate or delayed uterine atony which represents a challenge even for the experienced physician. Postpartum hemorrhage is a major cause of maternal death and must be treated promptly. A new long acting oxytocin analogue (Carbetocin) can cause the uterus to contract even in extreme situations thus preventing complication. When and how it should be used?

Chairpersons  
D. Farine, Canada  
D. Benhamou, France

16:30-16:52  
Can we reduce the risks of abnormal placentaion (previa & accreta) intractable operative bleeding?  
I. Blickstein, Israel

16:52-17:15  
Consumption coagulopathy: More than just blood replacement?  
D. Blickstein, Israel

17:15-17:37  
Uterine atony: What can be done before hysterectomy?  
D. Farine, Canada

17:37-18:00  
Inherited vs. acquired thrombophilia and pregnancy complications and losses  
D. Blickstein, Israel

Objectives  
To acquire knowledge on the following:  
• Preventive measures to deal with Placenta previa or accreta  
• New methods to treat PPH  
• How to treat DIC and uterine atony
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<tr>
<th>Time</th>
<th>Session</th>
<th>Details</th>
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<tbody>
<tr>
<td>08:30-10:00</td>
<td><strong>STANDARDS OF CARE FOR EPITHELIAL OVARIAN CANCER</strong></td>
<td>Capsule</td>
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<td><strong>Adjuvant chemotherapy is a mainstay of ovarian cancer treatment. Recent data suggests that intraperitoneal or neoadjuvant (primary) chemotherapy might be superior to standard i.v. chemotherapy following cytoreductive surgery</strong></td>
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<td>Chairpersons: C.O. Granai, USA</td>
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<td>A. Rosenthal, UK</td>
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<td>08:30-09:15</td>
<td><strong>Debate</strong></td>
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<td><strong>What should be the first choice for epithelial ovarian cancer?</strong></td>
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<td>Intraperitoneal chemotherapy should be first choice for adjuvant treatment for epithelial ovarian cancer R.G. Moore, USA</td>
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<td>Intravenous chemotherapy should be the first choice for adjuvant treatment for epithelial ovarian cancer D.S. Dizon, USA</td>
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<td>09:15-09:37</td>
<td>Avastin and other biologics for the treatment of ovarian cancer</td>
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<td>D.S. Dizon, USA</td>
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<td>09:37-10:00</td>
<td><strong>Is ovarian cancer a tubal disease?</strong></td>
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<td>V. Gomel, Canada</td>
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<td><strong>Objectives</strong></td>
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<td>Upon completion of this debate, the audience will learn:</td>
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<td></td>
<td>• The advantages and disadvantages of intraperitoneal chemotherapy for ovarian cancer compared to i.v. application</td>
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<td>• The place of neoadjuvant (primary) chemotherapy followed by interval cytoreductive compared to surgery followed by chemotherapy</td>
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<td>• Patient selection for each treatment</td>
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<td>10:00-10:20</td>
<td><strong>Coffee break</strong></td>
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<td>10:20-11:50</td>
<td><strong>SCREENING FOR OVARIAN CANCER</strong></td>
<td>Capsule</td>
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<td><strong>Can survival for epithelial ovarian cancer be improved through early detection and triage?</strong></td>
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<td>Chairpersons: C.O. Granai, USA</td>
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<td>R.G. Moore, USA</td>
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<td>D.S. Dizon, USA</td>
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<td>10:20-10:50</td>
<td>Ovarian cancer screening in the general population: The use of biomarkers and imaging</td>
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<td>R.G. Moore, USA</td>
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<td>10:50-11:20</td>
<td>Ovarian cancer screening in the BRCA and familial ovarian cancer patients</td>
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<td>A. Rosenthal, UK</td>
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<td>11:20-11:50</td>
<td>Identifying women at high risk for epithelial ovarian cancer with ovarian cysts or pelvic masses</td>
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<td>R.G. Moore, USA</td>
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<td><strong>Objectives</strong></td>
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<td>Upon completion of this debate, the audience will learn:</td>
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<td>• Screening strategies for ovarian cancer</td>
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<td>• Screening strategies for women at high risk for ovarian cancer</td>
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<td>11:50-12:10</td>
<td><strong>Poster viewing</strong></td>
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<td>12:10-13:40</td>
<td><strong>CONTRACEPTION: WHICH ESTROGEN, WHICH PROGESTOGENS?</strong></td>
<td>Capsule</td>
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<td><strong>Supported by an unrestricted grant from Theramex-Teva Pharmaceuticals</strong></td>
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<td><strong>Natural Estrogens were recently introduced to OCs as less potent than the synthetic versions that are currently used in formulations; new progestogens claim to have different pharmacological properties than existing ones. Overall there are advantages and disadvantages to every formulation chosen for OCs and there is an ongoing controversy in selecting the formulation for OCs</strong></td>
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<td>Chairpersons: A. Graziottin, Italy</td>
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<td>A.R. Genazzani, Italy</td>
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<td>12:10-12:55</td>
<td><strong>Debate</strong></td>
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<td>Are all estrogens the same?</td>
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<td>Yes: J. Bitzer, Switzerland</td>
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<td>No: L.P. Shulman, USA</td>
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<td><strong>Discussion</strong></td>
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<td>12:55-13:40</td>
<td><strong>Debate</strong></td>
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<td>Are all progestogens the same?</td>
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<td>Yes: S.O. Skouby, Denmark</td>
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<td>No: L.P. Shulman, USA</td>
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<td>13:40-14:30</td>
<td><strong>Lunch break</strong></td>
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</table>
14:30-16:00 Workshop: ROBOTICS IN GYNECOLOGICAL SURGERY
Will the robot replace the surgeon’s assistant?

Supported in part by Intuitive Surgical

Capsule
Is Robotic Surgery being used more frequently? What advantage do they offer?
How difficult are robotics to master?

Join and tell us your impression, starting with a pre-workshop hands-on, then direct transmission, followed by more examples of various surgical procedure and finally discussion

Moderators
H. Fernandez, France
V. Gomel, Canada
R.G. Moore, USA

14:30-15:30 Direct transmission
Benign hysterectomy with da-Vinci assistance
J.M. Ayoubi, France
Q & A

15:30-16:00 Benefits and standardizing da Vinci surgery for hysterectomy
E. Lambaudie, France

16:00-16:30 Coffee break

16:30-18:00 NOVEL ROBOTIC SURGICAL APPROACHES TO COMPLEX GYNECOLOGIC DISEASES

16:30-16:55 Does robotic surgery provide benefits for endometriosis resections?
M. Nisolle, Belgium

16:55-17:20 Robotic surgical approaches for sacrocolpopexy
P. Monod, France

17:20-17:45 Robotic surgical approaches for lymphadenectomy
F. Narducci, France

17:45-18:00 Discussion

Objectives
To acquire knowledge of the following:
• The current and future role of robotics in gynecological surgery
• Understanding the advantages and difficulties by experiencing hands-on and live surgical transmission
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
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<tr>
<td>08:30-10:00</td>
<td><strong>HORMONE THERAPY (HT) AND CANCER RISK (ESG)</strong></td>
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<td>08:30-09:30</td>
<td>Debate</td>
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<td>09:30-10:00</td>
<td>Panel Discussion:</td>
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<td>10:00-10:20</td>
<td>Coffee break</td>
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<td>10:20-11:50</td>
<td><strong>NEW APPROACHES IN GYNECOLOGICAL ENDOSCOPY</strong></td>
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<td>12:10-13:40</td>
<td><strong>CONTROVERSIES IN PEDIATRIC AND ADOLESCENT GYNECOLOGY</strong></td>
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**GYNECOLOGY II Family Planning & Oncology Endoscopy, Menopause**

**HORMONE THERAPY (HT) AND CANCER RISK (ESG)**

*Under the auspice of the European Society of Gynecology*

*The fear of cancer still dominates the decisions of physicians and patients regarding initiation and continuation of HT. While HT, the central means to treat symptomatic menopausal women, is being condemned, patients remain helpless as physicians are lacking effective tools to respond to their needs. Where do we go from here?*

**Chairpersons**
- D. Serfaty, France
- C. Pélissier, France
- M.P. Brincat, Malta

**08:30-09:30 Debate**

**Proposition**: Breast cancer risk is related to the recommended HT dose and regimen!

**J-M. Foidart**, Belgium

**Opposition**: It is impossible to predict in which women HT will not increase the risk for breast cancer, and in any event it is unrelated to the dose and regimen!

**S. Rozenberg**, Belgium

**Discussion**

**Questions to the panel:**
1. Should HT be considered as the first choice for all climacteric symptoms?
2. Should all women with early menopause be offered treatment with HT?
3. Should androgens be added to HT? To whom? What are the perils?
4. Can we combine selective estrogen receptor modulators (SERMs) and HT?

**Objectives**

Upon completion of this session, the audience will learn:

- The real risk of breast cancer after HT treatment
- About the critical window, and what proof there is of its existence
- Whether it is still customary to prescribe HT, and to whom?
- If HT is a must in premature menopause
- The place of androgens and combination of SERMs and HT

**10:20-10:50 TROPHY's choice: New generation of hysteroscopy**

**R. Campo**, Belgium

**10:50-11:20 Which endoscope for which indication?**

**J. Hamou**, France

**11:20-11:50 Possibilities of minilaparoscopy in gynecology**

**F. Ghezzi**, Italy

**12:10-13:40 CONTROVERSIES IN PEDIATRIC AND ADOLESCENT GYNECOLOGY**

*The most important questions in the field of Pediatric and Adolescent Gynecology (PAG) are the current management of neonatal ambiguous genitalia, the increased incidence of precocious puberty in girls, the effect on adult disorders and cancer, and the impact of environmental pollution on ovarian function*

**Chairpersons**
- C. Sultan, France
- E. Burgio, Italy
- R. Sitruk-Ware, USA

**12:10-12:30 Is neonatal ambiguous genitalia an emergency?**

**C. Sultan**, France

**12:30-12:55 Impact of environmental endocrine disruptors on the ovary**

**P. Bouchard**, France
12:55-13:20 Why there is a high incidence of precocious puberty in girls?  
C. Sultan, France

13:20 -13:40 Obesity, precocious puberty and increased breast cancer incidence  
E. Burgio, Italy

Objectives  
To acquire knowledge regarding the following:  
• How and when to treat ambiguous genitalia  
• The impact of environmental pollution on young girls  
• Why precocious puberty is common and the impact on the incidence of breast cancer

13:40-14:00 Lunch break

14:30–16:00 INNOVATIONS AND NEW HORIZONS IN FAMILY PLANNING  
(Invited speakers by HRA-Pharma, Pantarhei Bioscience B.V.)

Capsule  
The field of family planning is constantly evolving in an effort to provide the right solution to most women and situations. What is new and what can be expected soon?

Chairpersons  
A.R. Genazzani, Italy  
S.O. Skouby, Denmark

14:30-15:00 Clinical effects of restoring testosterone levels during oral contraception by adding DHEA  
Y. Zimmerman, Netherlands  
H.J.T. Coelingh Bennink, Netherlands

15:00-15:30 Efficacy and safety of ulipristal acetate for emergency contraception: Results from pooled phase III trials  
J. Trussell, USA

15:30-16:00 Contraceptive research: Meeting the unmet needs for the future  
R. Sitruk-Ware, USA

Objectives  
To acquire knowledge regarding the following:  
• The importance of androgens in OC’s user and how we can normalize them  
• The efficacy and value of emergency contraception  
• What is still missing in family planning medical capabilities?

16:00-16:30 Coffee break

16:30-18:00 ALTERNATIVE MEDICINES FOR IVF: "DON’T ASK, DON’T TELL"?  
Capsule  
Complementary and alternative medicines (CAMs) are being used frequently during IVF, however most (99%) physicians don’t ask and 40% of patients don’t tell if they use it altogether, since these practices are perceived as risk-free! Randomized controlled trials (RCT) have shown anything between benefit and harm, but little information is available on live birth rate as the final outcome. IVF practitioners know too little and pay marginal attention to these controversial adjuvant practices in ART. Are we losing more by not knowing?

Chairpersons  
S. Daya, Canada  
S. Alvarez, France

16:30-17:30 Debate  
Complementary and Alternative Medicines (CAMs) in ART: Is it time to reconsider the physician’s stance?  
Cons: Certain forms of CAM’s can increase success rates in IVF  
A. Malpani, India  
Pros: The use of alternative medicine has adverse effects on pregnancy rates!  
E. Stener-Victorin, Sweden  
Discussion

17:30-18:00 Male infertility factor and microsurgery  
G. Tritto, Hungary

Objectives  
To acquire knowledge regarding the following:  
• NIH definition of alternative and complementary medicines  
• Quality of previous studies  
• Possible adverse effect of CAMs  
• Is it mandatory to be informed?
Oral Presentations

08:30-10:00  FETOMATERNAL MEDICINE
Chairperson  I. Blickstein, Israel

08:30  THE EFFECT OF EDUCATION ON THE LEVEL OF READINESS POSTPARTUM HOSPITAL DISCHARGE DURING THE THIRD TRIMESTER OF PREGNANCY
B. Akın, R. Burucu, Turkey

08:37  AN INTERDISCIPLINARY ANALYSIS OF EMOTIONS IN THE CONTEXT OF PRENATAL DIAGNOSIS OF DOWN SYNDROME AND CHOICE OF MEDICAL TERMINATION OF PREGNANCY: THE PERSPECTIVE OF COUPLES AND HEALTH CARE PROFESSIONALS
A. Broussin Ducoa, Canada

08:44  THE DETERMINATION OF THE EFFECT OF MOTHERS SELF-CARE COMPETENCES ON THEIR READINESS TO BE DISCHARGED FROM HOSPITAL
H. Bicakcı, E. Ege, Turkey

09:05  ANXIETY AND DETERIORATION OF QUALITY OF LIFE FACTORS ASSOCIATED WITH RECURRENT MISCARRIAGES IN AN OBSERVATIONAL STUDY
N. Mevorach-Zussman, A. Bolotin, H. Shalev, N. Blilienko, A. Bashiri, M. Mazor, Israel

09:09  THE DETERMINATION OF THE EFFECT OF MOTHERS SELF-CARE COMPETENCES ON THEIR READINESS TO BE DISCHARGED FROM HOSPITAL
H. Bicakcı, E. Ege, Turkey

09:33  PRIMARY VERSUS SECONDARY RECURRENT PREGNANCY LOSS – EPIDEMIOLOGY CHARACTERISTICS, ETIOLOGY AND NEXT PREGNANCY OUTCOME
E. Shapira, R. Ratzon, S. Amar, R. Serjenko, M. Mazor, I. Shoham-Vardi, Israel

09:40  DETECTION OF CHROMOSOMAL ANOMALIES FROM MICRODISSECTED AMNIOTIC CELLS BY QUANTITATIVE FLUORESCENT-POLYMERASE CHAIN REACTION (QF-PCR)
R. Drouin, J. Lamoureux, A. Emad, E. Ben David, K. Chun, C. Bouffard, Canada

10:20-11:50  GYNECOLOGY
Chairperson  M.P. Brincat, Malta

10:20  A META-ANALYSIS OF THE IMPACT OF CYSTECTOMY FOR OVARIAN ENDOMETRIOMAS ON OVARIAN RESERVE
F. Raffi, M. Metwally, S. Amer, United Kingdom

10:27  CONTROVERSY IN DECEPTIVE AND UNETHICAL COSMETIC-PLASTIC GYNECOLOGIC PROCEDURES: RESTRUCTURING PRACTICE TO PROTECT MEDICAL LICENSE
M. Scheinberg, USA

10:34  SINGLE SITE LAPAROSCOPIC SURGERY FOR COMPLEX CASES IN BENIGN GYNECOLOGY
J. Ybanez-Morano, USA

10:41  THE USE OF ALTERNATIVE METHODS IN REDUCING MENOPAUSAL COMPLAINTS
K. Altuntug, E. Ege, H.E. Kal, Turkey

10:48  CAN WE TRUST EPIDEMIOLOGICAL DATA?
P-A. Mardh, Sweden

10:55  GENDER PREFERENCE OF OBSTETRICIANS AND GYNECOLOGISTS BY ISRAELI DRUZE WOMEN
J. Amer-Adshiek, Israel

11:02  THE ROLE OF MESH REPAIR IN THE MANAGEMENT OF VAGINAL PROLAPSE
R. Singh, New Zealand
11:09  MENOPAUSE HORMONE REPLACEMENT THERAPY AND METABOLIC SYNDROME
A. Mealha, C. Goncalves, A. Esteves Santos, I. Amaral, I. Marques, Portugal

11:16  CAN PROMESTRIENE BE USED EVEN IN ONCOLOGY PATIENTS?
L. Del Pup, Italy

11:23  COMPARATIVE STUDY OF DEMOGRAPHIC CHARACTERS OF NATURAL FAMILY PLANNING METHOD AND ORAL CONTRACEPTION PILL USERS IN WOMEN 15-49 YEARS OLD
P. Shahr, Islamic Republic of Iran

12:10-13:40  GYNECOLOGY

Chairperson  S. Rozenberg, Belgium

12:10  ABORTION AND CAESAREAN SECTION IN PEACE AND WAR
K. Agnaeber, Z. Bodala, Libya Arab Jamahiriya

12:17  A COMPARISON BETWEEN OSTRZENSKI’S TECHNIQUE OF FENESTRATION LABIOPLASTY WITH TRANSPOSITION AND MUNHOZ’S TECHNIQUE OF INFERIOR WEDGE RESECTION; PRELIMINARY RESULTS
A. Barwijuk, Poland

12:24  POSTPARTUM ECHOCARDIOGRAM DIAGNOSIS OF CANCER - CASE REPORT
G. Eremina, Y. Boykova, A. Gus, E. Shifman, I. Shevelev, V. Korolishin, Russian Federation

12:31  MARKETING OF LASER VAGINAL REJUVENATION™ AND DESIGNER LASER VAGINOPLASTY™
T. Hailparn, USA

12:38  IMPROVEMENT OF POSTOPERATIVE CARE AFTER MAJOR ABDOMINAL GYNECOLOGIC SURGERY
E. Kaif, G. Hyska, E Belaj, A. Delilaj, S. Xinco, V. Gorn, V. Muliq, F. Lauszus, O. Gliozheni, Denmark

12:45  SEXUAL AND FUNCTIONAL RESULTS AFTER NONSURGICAL OR SURGICAL CREATION OF A NEOVAGINA IN WOMEN WITH MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME: A COMPARATIVE STUDY
K. Morcel, V. Lavoue, F. Jaffre, M-C. Voltenogel, B-J. Paniel, R. Rouzier, France

12:52  LARGE GARTNER CYST
G. Inocencio, Portugal

12:59  COMPARISON OF CLINICAL OUTCOMES AND SURGEON LEARNING CURVE FOR ENDOMETRIAL CANCER STAGING VIA LAPAROSCOPIC AND ROBOTIC TECHNIQUES
M. Frey, USA

13:06  THE SIGNIFICANCE OF URODYNAMIC ANALYSIS IN THE PATIENTS WITH RECENT VOIDING DYSFUNCTION AFTER RADICAL HYSTERECTOMY
X. Chen, China

13:13  ADNEXAL MASSES: RETROSPECTIVE STUDY OF 28 MONTHS AT CHTS
A. Cubal, J. Ferreira Carvalho, L. Mota, F. Costa, Portugal

13:20  LEARNING CURVE FOR THE FIRST 100 ROBOTIC ASSISTED HYSTERECTOMIES
J.Q. Huang, M. Frey, J. Kofinas, USA

13:27  INTRA-ABORTION CONTRACEPTION WITH ETONOGESTREL SUBDERMAL IMPLANT
I. de Barros Pereira, R. Carvalho, L. Mendes Graca, Portugal

14:30-16:00  FETOMATERNAL MEDICINE

Chairperson  A. Grunebaum, USA

14:30  THE ANALYSIS OF THERAPEUTIC EFFICACY AND FAILURE FACTORS OF UTERINE ARTERY CHEMO-EMBOLIZATION IN TREATMENT OF CAESAREAN SCAR PREGNANCY
X. An, J. Wang, G. Zhang, China

14:37  MATERNAL TACHYCARDIA AS A PREDICTOR OF CAESAREAN SCAR COMPLICATIONS IN TRIAL OF LABOR AFTER CAESAREAN (TOLAC)
A. Banerjee, India

14:44  PREGNANCY AFTER BARIATRIC SURGERY IN A DANISH NATIONAL COHORT
M.M. Kaer, B.M. Breum, L. Nilas, Denmark

14:51  EMERGENCY CERVICAL CERCLAGE - RETROSPECTIVE ANALYSIS OF 18 CASES
I. Rais, J. Barros, N. Clode, L. Mendes da Graca, Portugal

14:58  A NOVEL Hysteroscopic Technique for the Accurate Biopsy of Decidua Parietalis and Basalis: Implications for Progress in Research on the Early Events of Human Placentation
V. Sinai Talaulikar, United Kingdom

15:05  EFFECTIVENESS OF EMERGENCY CERVICAL CERCLAGE
D. Davarashvili, T. Nikolashvili, Georgia

15:12  DETERMINATION OF THE EARLY IMMUNOLOGICAL CHANGES IN PATIENTS WITH PREGNANCY LOSS
A. Amirova, F. Aliyeva, A. Poletayev, N. Shahbazova, X. Tahmazi, Azerbaijan
**FORM AND PRESENTATION:** Active film-coated tablets: white, round and coded 'ne' on both sides. Placebo film-coated tablets: yellow, round and coded 'p' on both sides. QUALITATIVE AND QUANTITATIVE COMPOSITION*: White active film-coated tablets: 2.5 mg nomegestrol acetate and 1.5 mg estradiol (as hemihydrate). Yellow placebo film-coated tablets: no active substances. Tablet core (white active and yellow placebo tablets): Lactose monohydrate, Cellulose microcrystalline (E460), Crospovidone (E1201), Talc (E553b), Magnesium stearate (E572), Silica colloidal anhydrous. Tablet coating (white active tablets): Poly(vinyl alcohol) (E1203), Titanium dioxide (E171), Macrogol 3350, Talc (E553b). Tablet coating (yellow placebo tablets): Poly(vinyl alcohol) (E1203), Titanium dioxide (E171), Macrogol 3350, Talc (E553b), Ferric oxide yellow (E172), Iron oxide black (E172). THERAPEUTIC INDICATIONS: Oral contraception. POSOLOGY AND METHOD OF ADMINISTRATION*: Posology: One tablet is to be taken daily for 28 consecutive days. Each pack starts with 24 white active tablets, followed by 4 yellow placebo tablets. A subsequent pack is started immediately after finishing the previous pack. CONTRAINDICATIONS: COCs should not be used in the presence of any of the conditions listed below. As no epidemiological data are yet available with 17ß-estradiol containing COCs, the contraindications for ethinylestradiol containing COCs are considered applicable to the use of Zoely®. Should any of the conditions appear for the first time during Zoely® use, the medicinal product should be stopped immediately. • Hypersensitivity to the active substances or to any of the excipients of Zoely®. • Presence or history of venous thrombosis (deep venous thrombosis, pulmonary embolism). • Presence or history of arterial thrombosis (e.g. myocardial infarction) or prodromal conditions (e.g. transient ischaemic attack, angina pectoris). • Presence or history of cerebrovascular accident. • Presence or history of migraine with focal neurological symptoms. • The presence of a severe or multiple risk factor(s) for venous or arterial thrombosis such as: - diabetes mellitus with vascular symptoms; - severe hypertension; - severe dyslipoproteinemia. • Hereditary or acquired predisposition for venous or arterial thrombosis, such as activated protein C (APC) resistance, antithrombin III deficiency, protein C deficiency, protein S deficiency, hyperhomocystinaemia and antiphospholipid antibodies (antiphospholipid antibodies, lupus anticoagulant). • Pancreatitis or a history there of if associated with severe hypertriglyceridaemia. • Presence or history of severe hepatic disease as long as liver function values have not returned to normal. • Presence or history of liver tumours (benign or malignant). • Known or suspected sex steroid-influenced malignancies (e.g. of the genital organs or the breasts). • Undiagnosed vaginal bleeding. SPECIAL WARNINGS AND PRECAUTIONS FOR USE*: Warnings If any of the conditions/risk factors mentioned below is present, the benefits of the use of Zoely® should be weighed against the possible risks for each individual woman and discussed with the woman before she decides to start using Zoely®. In the event of aggravation, exacerbation or first appearance of any of these conditions or risk factors, the woman should contact her physician. The physician should then decide on whether the use of Zoely® should be discontinued. Circulatory disorders* - Tumours* - Other conditions*: INTERACTIONS WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION*: FERTILITY, PREGNANCY AND LACTATION*: UNDESIRABLE EFFECTS*: OVERDOSE*: PHARMACOLOGICAL PROPERTIES*: Pharmacodynamic properties*: Pharmacotherapeutic group*: Sex hormones and modulators of the genital system, progestogens and estrogens, fixed combinations*: ATC code: G03AA14. Pharmacokinetic properties*: EU NUMBERS: EU/1/11/690/001. Blister (PVC – Alu) 28 tablets (24 active + 4 placebo), EU/1/11/690/002. Blister (PVC – Alu) 3 x 28 tablets (24 active + 4 placebo). MARKETING AUTHORIZATION HOLDER: MERCK Serono Europe Limited. 56 Marsh Wall, LONDON E14 0TP. UNITED KINGDOM. MARKETING AUTHORIZATION DATE: 27/07/2011. * Full product information is available on http://ec.europa.eu/health/documents/community-register/index_en.htm.
15:19  MULTIPLE SQUARE SUTURES FOR POST PARTUM HEMORRHAGE: RESULTS AND HYSTEROSSCOPII ASSESSMENT
S. Alouini, France

15:26  HEART RATE VARIABILITY IN NEONATES OF TYPE 1 DIABETIC PREGNANCY
N. Russell, M. Higgins, F. McAuliffe, Ireland

15:33  THE OBSTETRIC OUTCOME FOLLOWING TREATMENT IN A COHORT OF PATIENTS WITH ANTIPHOSPHOLIPID ANTIBODY SYNDROME
V. Dadhwal, A.K Sharma, B. Gupta, D. Deka, S. Mittal, India

15:40  TYPES OF FISTULA AND THIER MANAGEMENT IN A REFERRAL CENTER IN SAUDI ARABIA
A. Al-Badr, G Al-Shaikh, K. Perveen, Saudi Arabia

15:47  CAUSES OF STILLBIRTH: AN ANALYSIS OF 92 CASES OF STILLBIRTH
A.P. Reis, D. Almeida, A.I. Rodrigues, A.S. Cardoso, A. Lebre, A. Cunha, Portugal

16:30-18:00  INFERTILITY

Chairperson  L. Kiesel, Germany

16:30  CORRELATION OF ANGIOPETIN CYTOKINES-LEPTIN AND IL-8 IN STAGE, TYPE AND PRESENTATION OF ENDOMETRIOSIS
D. Karmakar, India

16:37  HORMONAL LEVELS, OBESE TISSUE MORPHOLOGY AND FERTILITY IN OBESE WOMEN WITH BODY WEIGHT LOSS
N. Artyukh, O. Tachkova, Russian Federation

16:44  EVALUATION OF HYSTEROSALPINGOSCINTIGRAPHY (HSSG) AS A TOOL FOR TUBAL PATENCY TEST IN INFERTILE PATIENTS
R. Bhathia, India

16:51  A NOVEL APPROACH FOR TREATING INFERTILE PATIENTS WITH DIMINISHED OVARIAN RESERVE (DOR)
G. Carlomagno, V. Unfer, S. Rosell, S. Harter, S. Murphy Cohen, USA

16:58  NATURAL PREGNANCY PROGNOSIS FOR IVF/ICSI CANDIDATES USING DUOFERTILITY: ASSESSMENT OF PREGNANCY RATE RESULTING FROM COMBINED USE OF A MEDICAL DEVICE AND CONSULTANCY SERVICE TO ASSIST INFERTILE COUPLES IN ACHIEVING PREGNANCY
O. Chausiaux, J. Hayes, C. Long, S. Morris, G. Williams, S. Husheer, United Kingdom

17:06  THE INFLUENCE OF BODY MASS INDEX (BMI) ON OVARIAN STIMULATION IN YOUNG OOCYTE DONORS
P. Diaz Spindola, J.I. Obeso Montoya, E.L. Lara Rangel, A.E. Aguilar Melgar, R. Santos Haliscak, P. Patrizio, USA

17:13  OVARIAN ELECTROCAUTERIZATION BY LAPAROSCOPY VERSUS CLOMIPHENE CITRATE - GONADOTRONS IN POLYCYSTIC OVARIAN SYNDROME PATIENTS RESISTANT TO CLOMIPHENE CITRATE
M. Ghafarnejad, Islamic Republic of Iran

17:20  THE EFFECT OF COTININE LEVELS IN SEMINAL PLASMA AND FOLLICULAR FLUID ON THE PREGNANCY RATE OF SMOKER, NON-SMOKER AND PASSIVE SMOKER INFERTILE COUPLES
C. Yucel, F. Terzioglu, S. Dilbaz, B. Karahalil, R. Turk, L. Taskin, O. Cinar, Turkey

17:27  ACCESS TO FERTILITY TREATMENTS FOR HOMOSEXUAL, TRANS-SEXUAL AND UNMARRIED PERSONS: AN ISLAMIC PERSPECTIVE
R. Omani Samani, Islamic Republic of Iran

17:34  DEPRESSION AND ANXIETY AMONG INFERTILE WOMEN AND RELATED FACTORS
S. Benlik, Turkey

17:41  SERUM ESTRADIOL AS A PREDICTOR OF SUCCESS OF IN VITRO FERTILIZATION
P. Gupta, S. Mittal, N. Singh, N. Malhotra, India
## Saturday, November 19, 2011

### INFERTILITY & ART  -  HALL A

**08:30-10:00 MANAGEMENT AND LONG TERM RISKS OF PCOS PATIENTS**  
_Endorsed and organized by the International Society for Mild Approaches in Assisted Reproduction (ISMAAR)_

**Capsule**  
Controversy over the management of Polycystic Ovarian Syndrome (PCOS) patients and the long term risks of the syndrome continues. These patients tend to have ovarian hyperstimulation syndrome (OHSS and multiple pregnancies when stimulated). The debate here is on the best way in which to achieve a pregnancy in PCOS patients while minimizing risks. Also, as the relationships among PCOS patients, glucose intolerance, insulin resistance, obesity and metabolic syndrome are deciphered, the need for the gynecologists to be updated increases. The long-term consequences and perils of patients with PCOS are in continuous debate and the role the primary gynecologist will play in limiting future risks must be established.

**Chairpersons**  
G. Nargund, UK  
S. Daya, Canada

**08:30-09:00 Metabolic Syndrome in PCOS**  
P. Bouchard, France

**09:00-10:00 Debate**  
**Mild stimulation for IVF or IVM: What direction, if any, is preferable?**

- **Proposition**: Mild stimulation in PCOS patients will decrease OHSS without compromising the result of treatment  
  B.C.J.M. Fauser, Netherlands

- **Opposition**: IVM provides a safer, and less expensive alternative  
  R. Frydman, France

**Discussion**

**Objectives**  
Upon completion of this debate, the audience will learn about:
- Mild stimulation and how it should be applied
- IVM and its place as an alternative to IVF
- Long term risks of PCOS
- Prevention of long term risks

**10:00-10:20 Coffee break**

**10:20-11:50 PROGESTERONE ROLES IN LUTEAL PHASE AND RECURRENT ABORTIONS**  
_Supported in part by Nordic Pharma UK LTD_  

**Capsule**  
The controversy around the increased use of Progesterone in gynecology is still on. While there are no doubts about the need to support the luteal phase in IVF treatments, the question remains until when? The role of Progesterone in recurrent abortions is even more complex and is based on expert opinion rather than on level 1 proof. When should we support, with what and for how long?

**Chairpersons**  
R. Frydman, France  
Z. Ben-Rafael, Israel

**10:20-10:50 Corpus luteum supplementation and pregnancy**  
K. Diedrich, Germany

**10:50-11:20 Gestone and other forms of progesterone in IVF**  
F. Lamazou, France

**11:20-11:50 Recurrent miscarriage: The role of progesterone**  
G.C. Di Renzo, Italy

**Objectives**  
- Understanding what is luteal phase deficiency
- The potential of Progesterone to prevent abortions in different settings

**11:50-12:10 Exhibition visit & Poster viewing**
ASSESSMENT AND TREATMENT OF OVARIAN RESERVE

Supported in part by an unrestricted grant from Besins Healthcare

Capsule

Diminished ovarian reserve (DOR) remains a common, frustrating and under-diagnosed condition. Lack of criteria for diagnosis of DOR makes it difficult to assess and compare prevalence of diagnosis and results of treatments. Indeed, it is the most frustrating condition of all ART treatments which is often diagnosed retrospectively by the response to treatments. Questions have been raised of the value of anti-müllerian hormone (AMH) in the prospective evaluation of IVF results.

Chairpersons

B.C.J.M. Fauser, Netherlands
P.N. Barri, Spain

12:10-13:10 Debate

Is measurement of anti-müllerian hormone (AMH) essential?

Proposition: AMH is not essential in assessing ovarian reserve - response to stimulation. Follicular ovarian count and FSH levels are sufficient

N. Gleicher, USA

Opposition: Anti-müllerian hormone (AMH) is essential in evaluation prior to stimulation, and as a follow-up measure

P. Cohen-Bacrie, France

13:10-13:40 Panel Discussion:

Discussants

N. Gleicher, USA
P. Cohen-Bacrie, France
S. Christin-Maitre, France
P. Patrizio, USA

Tricks of the trade; Expert panel on:
1. What is the best stimulation protocol for DOR patients?
2. Is IVM a better option?
3. When and how would DHEA be used?

Objectives

Upon completion of these debates, the audience will have learned the following:

• The best methodologies for diagnosing DOR
• The place of AMH and how essential it is in improving evaluation of DOR
• Whether DHEA, IVM, or anything helps

13:40-14:30 Lunch break

14:30-16:00 NEW TECHNOLOGIES IN LABORATORY PRACTICE

A joint session of the GEFF-BLEFCO France Societies

Capsule

Many of the clinical and laboratory "standard" procedures remain elusive and controversial despite the fact that they are affecting clinical results and might have long term impact. What do we know, and what do we think we know? Should we keep ART as simple as possible, or evolve as quickly as it is needed and let the outcome guide our decisions, or should we progress only based on sound scientific foundation?

Chairpersons

J. Belaisch Allart, France
R. Levy, France
R. Aurell, Spain

14:30-14:50 IMSI / ICSI: Toward the gold standard or looking for the relevant indications?

J. Pfeffer, France

14:50-15:15 Embryo morphology / "omics": Should we forget embryology and pray for molecular biology?

R. Leandri, France

15:15-16:00 Debate

Is there an age limit for the man in an IVF program?

Yes: S. Hamamah, France
No: P. Patrizio, USA

Discussion

Objectives

Upon completion of this debate, the audience will learn about:

• The controversy of intracytoplasmic morphologically-selected sperm injection (IMSI)
• State of the art in embryo selection
• How male age might affect the results

16:00-16:30 Coffee break
LOW-COST IVF

IVF is an expensive procedure with a modest success rate. Even in the most affluent countries, the population is under served partly because of the high cost involved. Certainly the cost can be reduced, and needs to be reduced especially in nations with lower resources. The entire procedure can be made more affordable by limiting the diagnostic test, monitoring and cost of stimulation and using cheaper stimulation. The question is to what extent can this be carried out without affecting results or increasing risks?

Chairpersons
P. Patrizio, USA
W. Omblet, Belgium

16:30-16:55 Progesterone for luteal phase support: A systematic review of different types of medications used
H. Al-Inany, Egypt

16:55-17:15 Over 20,000 cycles a year and yet without any stimulation: Facts or fictions?
H. Osada, Japan

Debate
This house believes that the cost of IVF can be reduced substantially without compromising safety or increasing the risks

Proposition: The cost of preparation for treatment, monitoring and stimulation can be reduced without compromising the results or increasing the risk
K. Diedrich, Germany

Opposition: Minimal monitoring and cheaper stimulation may affect results and increase the risks
P.N. Barri, Spain

Discussion

Objectives
Upon completion of this session, the audience will learn:
• Lower cost of monitoring and ovarian stimulation
• Selection of a less expensive combinations
• Natural cycles
• Luteal support
• The limits of cost reduction in IVF

FETOMATERNAL MEDICINE

08:30-10:00 "INTRAPARTUM ULTRASOUND": A GIMMICK OR A WITNESS TO THE BIRTH OF A NEW FIELD

Capsule
The availability of high resolution 3D-4D instruments in most delivery rooms coupled with the loss of some clinical skills due to the increase in the Caesarean section rate as a primary solution for every kind of dystocia, has brought about the emergence of an entirely new field "Intrapartum Ultrasound". Do we really need it? Can it assist imaging labor and reduce morbidity?

Chairpersons
Y. Ville, France
D. Arabin, Germany

08:30-08:55 "Check-In" sonography in the delivery room
R. Achiron, Israel

08:55-09:15 Sonopelvimetry: Evaluation of pelvic anatomy before labor
Y. Gilboa, Israel

09:15-09:35 Intrapartum sonography to determine fetal occiput position and its changes during labor
V. Mazza, Italy

09:35-10:00 Ultrasonographic methods for evaluation prolonged second stage of labor
Y. Gilboa, Israel

Objectives
Upon completion of this session, the audience will have learned:
• What do we mean by "Intrapartum Ultrasound"?
• What is the checklist that can be offered?
• How to evaluate possible CPD?
• Dynamic evaluation of labor

10:00-10:20 Coffee break
10:20-11:50 ULTRASOUND SCREENING FOR ANOMALIES

Chairpersons
D. Farine, Canada
A. Kurjak, Croatia

Discussants
S.T. Chasen, USA
R. Achiron, Israel
E. Ville, France
W. Henrich, Germany

Hot Controversies; Expert Opinions on:
1. Early (14-16 weeks) or late (18-22 weeks) screening
2. What can be gained by combining transvaginal screening (TVS) with transabdominal screening (TAS) in late (24 weeks) sonographic screening?
3. Screening for chromosomal abnormalities: Is there a role for second-trimester chemistry (i.e. sequential testing)?
4. First-trimester evaluation of fetal anatomy: Can this replace second-trimester ultrasound?
5. Elective fetal reduction: In the early or late first trimester?
6. Determination of fetal head station and position during labor
7. A new technique that combines US and Position-Tracking system
8. Route of delivery for the IUGR fetus

11:50-12:10 Poster viewing

12:10-13:40 EARLY AND LATE ABORTIONS

Supported in part by an unrestricted grant from Abbott

Capsule
What can be done to prevent abortions? Is cerclage, that is being used in increasing frequency despite lack of RCT, effective?

Chairpersons
Y. Ville, France
F.A. Chervenak, USA
R. Pai, India

12:10-12:30 Recurrent pregnancy loss: The role of immunomodulation in treatment and pregnancy outcomes
N. Tetruashvili, Russia

12:30-13:15 Debate

Does cervical cerclage with bulging membranes extend pregnancy beyond conservative treatment? What is the evidence?

No Evidence: Conservative treatment will achieve similar results. The risk of infection is too high to keep experimenting
D. Arabin, Germany
Selection of patients and meticulous technique is the key to success in emergency cerclage
D. Farine, Canada

Discussion

13:15-13:40 Panel discussion:

Discussants
D. Farine, Canada
D. Arabin, Germany
I. Blickstein, Israel

Tricks of the trade:
1. Is the technique different for early, late and emergency cerclage?
2. Is cerclage indicated for short cervix?
3. Should cerclage be removed after PROM in all gestational ages?

Objectives

Upon completion of this session, the audience will have learned:
* Management of early and late abortions
* The place of late cerclage in the management of bulging membranes
* Technique, indication and contraindications of late cerclage
* Cerclage with short cervix

13:40-14:30 Lunch break
HIGH RISK PREGNANCIES IN ART: A PRICE TO PAY
(Bilateral encounter of Perinatologists and Infertility Specialists)

Capsule
It seems as if there are two monologues going on simultaneously. ART-specialists are opting for the highest pregnancy rates, defying the limitations on reproduction set by nature on male and female fertility. On the other hand, age, female chronic diseases, multiple pregnancies, and parental genetic deficiencies have opened a whole new field of "ART high risk pregnancies" opting to secure the safest delivery and perinatal outcome in these extreme situations. Conversely, an open dialogue, which will allow the perinatologists to influence the "point of entry" to ART treatments, might result in higher barriers on personal rights to peruse their plans. What kind of dialogue should we develop?

Moderator
F.A. Chervenak, USA

14:30-15:00 Medical complications of pregnancy resulting from IVF: What do we know and what don't we know?
D.W. Skupski, USA

15:00-16:00 Debate
Preconception counseling for ART: Who should inform the women about the risks?

Proposition: Patients are ready to take the many risk in their journey to parenthood and ART specialists are fully trained to weigh the risk/benefit in most situations, hence they should be the primary physicians to provide counseling

N. Gleicher, USA

Opposition: ART specialists might be in conflict when counseling women on the plethora of perinatal risks that they might face

I. Blickstein, Israel

Discussion: What kind of dialogue should we develop?

Objectives
Upon completion of this session, the audience will have learned:
• The plethora of risks involved in ART pregnancies
• The conflicts facing the preconception counselor
• The mounting price of multiple pregnancies

16:00-16:30 Coffee break

16:30-18:00 WHEN DOES HUMAN LIFE BEGIN?
(Bilateral encounter of Perinatologists and Infertility Specialists)

Capsule
The question as to when human life begins has challenged perinatal medicine for centuries. Today a clear distinction has been made between when the fetus is a person and when it can be classified as a patient. What is the difference between the two and why should we care?

Chairpersons
A. Kurjak, Croatia
P. Atlan, France
S.T. Chassen, USA

16:30-17:30 Debate
When is the fetus a person and when is it a patient? Why should we care about the differences in "status"?

Controversy surrounding when the fetus is a mass of cells
A. Kurjak, Croatia

Controversy surrounding when the fetus is a person
F.A. Chervenak, USA

Discussion

17:30-18:00 CS on demand: Lesser or greater ethical challenge to the doctor?
S.T. Chasen, USA

Objectives
To acquire knowledge on the following:
• The status of the fetus
• The Pitfalls of CS on demand
• When to intervene and when not to in preterm labor

OBESITY AND INFERTILITY
08:30–10:00

Capsule
This debate is likely to persist for a protracted period. Should we exclude obese women from treatment based on the notion that they might have a lower success rate and more complications during pregnancy? Or should we accept the notion that women in our society are becoming more obese, that they will have difficulties implementing weight restriction policy, and they are more likely to need help for infertility?

Chairpersons
D. De Ziegler, Switzerland
S. Daya, Canada

08:30-09:00 Losing weight: The role of the Ob/Gyn specialist
S. Pandey, UK
Debate
Obesity is associated with lower success rate of infertility treatments and higher risks and complications during pregnancy hence, access to fertility treatments should be determined by female body mass index (BMI)
Yes: S. Daya, Canada
No: S. Pandey, UK

Discussion

Objectives
Upon completion of this session, the audience will have learned:
• Arguments for restricting access to fertility treatments based on BMI
• Arguments for not restricting access to fertility in high BMI
• Poor success associated with interventions for weight loss
• The conflict between BMI and age

10:00-10:20 Coffee break

10:20-11:50 CERVICAL CANCER AND HUMAN PAPILLOMA VIRUS (HPV): (I) SCREENING
Supported by an unrestricted grant from QIAGEN - Sample & Assay Technologies

Capsule
Genital HPV infections are the most common sexually-transmitted disease

Moderator
F.X. Bosch, Spain

Discussants
C. Bergeron, France
J. Paavonen, Finland

Discussion
Does 10 years of HPV screening trials mark the end of cytology?

Questions to the panel
1. The results of the HPV / cytology trials
2. Novel options in cytology
3. Implementing HPV testing in practice
4. Self-sampling in screening
5. Whether the Pap smear is obsolete in immunized patients
6. Routine inclusion of colposcopy in a pelvic examination. If so, how often?

11:50–12:10 Posters viewing

12:10-13:40 POSTMENOPAUSAL OSTEOPOROSIS
Supported in part by an unrestricted grant from Pfizer

Capsule
The usual patients with low bone mineral density and fracture risk that are seen by a gynecologist are often younger than 70 years, while research on drugs is undertaken on women over this age

Chairpersons
R. Sitruk-Ware, USA
M. Gambacciani, Italy
J.C. Stevenson, UK

12:10-13:10 Debate
Should we treat women with low bone mineral density who are younger than 70 years, and how?

Proposition: Evidence for the effectiveness of drugs at this age is lacking, and treatment is not cost-effective
D.H. Barlow, UK

Opposition: There is enough experience to manage these patients, but therapy should be individualized
J.C. Stevenson, UK

Discussion

13:10-13:40 Recommendations on the management of fragility risk fracture in women that are younger than 70 years
S. Palacios, Spain

Objectives
To acquire knowledge of the following:
• Risk factors and prevalence of osteoporotic fractures in women over 70 years
• FRAX index in this age group, DEXA indication
• Older and newer methods to prevent fractures

13:40-14:30 Lunch break
14:30-16:00  CERVICAL CANCER AND HUMAN PAPILLOMA VIRUS (HPV): (II) VACCINATION

Capsule  
Vaccination has the potential to save lives from cervical cancer as well as reduce the need for biopsies and invasive procedures associated with abnormal Pap Tests.

Moderator  
F.X. Bosch, Spain

Discussants  
C. Bergeron, France  
J. Paavonen, Finland

Discussion  
Does vaccination mark the end of cervical cancer?

Questions to the panel:
1. The results of the HPV vaccination trials
2. Time to achieve the promises of vaccination
3. Screening vaccinated women
4. Vaccine safety
5. Whether there is concern that migration to other types of HPV will become the main cause of HPV-related cervical cancer
6. Whether males should be vaccinated

16:00-16:30  Coffee break

16:30-18:00  ENDOMETRIOSIS

Capsule  
No simple method is available for diagnosis of endometriosis! Poor correlation involving visible implants, symptoms and treatment creates a constant need for new research and refinement of our methods, diagnosis and therapy. Deep endometriosis deserves special attention and thorough understanding as special types of endometriosis.

Chairpersons  
V. Gomel, Canada  
L. Adamyan, Russia

14:30-15:15  Debate  
Is resection of deep-infiltrating endometriosis required prior to IVF?  
Yes: L. Kiesel, Germany  
No: S. Daya, Canada

Discussion

15:15-15:35  Limitations of current diagnostic tools in endometriosis and future perspectives  
F. Petraglia, Italy

15:35-16:00  Alternatives in medical treatment of endometriosis  
L. Kiesel, Germany

08:30-10:00  ALTERNATIVES TO HT FOR CLIMACTERIC SYMPTOMS AND MENOPAUSE

Capsule  
The sharp decline in the use of HT/HRT created a need for a safe and effective alternative to treat climacteric and menopausal symptoms, especially debilitating hot flushes. However, to gain the confidence of physicians and patients alike, each alternative should show a high efficacy and good safety profile. Isoflavones and Phyto-Soya were recently marketed as the "next thing" for peril and postmenopausal symptoms. What evidence do we have for such a claim?

Chairpersons  
M. Gambacciani, Italy  
S. Rozenberg, Belgium  
O. Gokmen, Turkey

08:30-09:30  Debate  
HT, Isoflavones or Phyto-Soya for climacteric symptoms and menopause?  
HT should remain the treatment of choice for climacteric and menopausal symptoms!  
S. Palacios, Spain  
Phyto-Soya was proven efficacious and with a very good safety profile  
A.R. Genazzani, Italy

Discussion

09:30-10:00  Estetrol - the New Natural Estrogen for HT?  
H.J.T. Coelingh Bennink, Netherlands

Objectives  
Upon completion of this session, the audience will learn:
- Why HT is still a valid treatment and at what price
- The role of isoflavones in symptomatic and non-symptomatic postmenopausal women
- What future does estetrol offer for women’s health?
10:00-10:20 Coffee break

10:20-11:50 CORRECTION OF PELVIC ORGAN PROLAPSE (POP)

Capsule
The best method to correct POP remains elusive. POP affects half of the parous women and the life time risk for surgery for POP is over 10%. 1 in 3 women require more than one surgical repair which might reflect the age dependent progression, but also the wide variety of the surgical techniques used which indicates lack of consensus on the optimal treatment. While good anatomical restoration does not necessarily imply restoration of normal function of bladder, bowel and sexual function, the impact of surgery can sometimes be unpredictable and symptoms can worsen or new ones like urine leakage might appear. The awareness that there are multiple defects, and the recurrences in unrepaired compartments, have led to wide use of more comprehensive operations. Synthetic meshes and biological grafts in pelvic reconstructive surgery have increased considerably in recent years with success rates ranging from 70-100%. However, these procedures are not free of adverse effects which leave the issue of the best solution unsettled

Chairpersons
H. Fernandez, France
I. Mete, Turkey

10:20-11:20 Debate
To Mesh or not to Mesh - that is the question?

Proposition: Mesh augmentation of POP reconstruction provides the best solution
R. Franciolo, Italy

Opposition: Conservative non-Mesh POP reconstruction is the option with a high success rate and a low complication rate
M. Neuman, Israel

Discussion

11:20-11:50 Panel discussion:
Discussants TBA
M. Neuman, Israel

Tricks of the trade; Expert opinion on:
1. Choosing the operation for the different pathology
2. Is there a place for conservative management in POP?
3. My operation is better, cure vs. complications, comparison, neck to neck, of needle-guided mesh vs. single incision meshes operation!

Objectives
To acquire knowledge regarding the following:
• Mesh complications
• Pathophysiology & POP Q staging
• Conservative non-Mesh POP reconstruction: Options & outcome
• Mesh augmentation POP reconstruction: Milestones & principals
• Cure vs. complications

11:50-12:10 Poster viewing

12:10-13:40 OPERATIVE PROCEDURES

Capsule
Results of surgery depend on choosing the right procedure for the right patient, and recognizing the pitfalls and risks of the operation. Good results also depend on meticulous technique. How can all these be improved?

Chairpersons
V. Gomel, Canada
H. Fernandez, France
I. Mete, Turkey

12:10-12:40 Clinico-morphological classification of utero-vaginal malformations
L. Adamyan, Russia

12:40-13:10 “Designer Vagina”: Female sexual expression and enjoyment or exploitative procedure?
A. Ostrzenski, USA

13:10-13:40 Reducing massive adenomyoma while conserving the uterus: Is it feasible? Techniques and pitfalls
H. Osada, Japan

Objectives
Upon completion of this session, the audience will learn:
• A new technique for creation of a Neovagina
• The new surge in popularity of cosmetic genital surgery
• How to achieve effective surgical reduction of massive adenomyoma
13:40-14:30 Lunch break

14:30-16:00 WHAT IS IN THE PIPELINE FOR HYPOACTIVE SEXUAL DESIRE DISORDERS (HSDD)?

Capsule
The complexity of female sexual response probably explains why HSDD, which includes physical, psychological and hormonal factors, was found to be so common. Despite being common, controversy on diagnosis and treatment continues. According to the 1999 AMA survey, over 40% of women are affected, complaining mainly of low sexual desire, difficulty reaching orgasm, insufficient lubrication and painful coitus. While local lubricants, estrogens, systemic estrogens and androgens may be helpful in certain situations, the need to develop the armamentarium to cover other causes of HSDD is clear. What can we expect in coming years?

Chairpersons
S. Palacios, Spain
E. Sedbon, France
F. Romao, Portugal

14:30-15:15 Debate
Should HSDD be medically treated?
Proposition: Sexuality of women is complex, diagnosis is unclear, and treatments fail to meet expectations
M. Lachowsky, France
Opposition: Treatments should be individualized when symptoms cause distress
A. Graziottin, Italy
Discussion

15:15-15:40 Testosterone always with estrogens?
A.R. Genazzani, Italy

15:40-16:00 New combinations for women with HSDD: What does the future hold?
J. Bitzer, Switzerland

Objectives
To acquire knowledge about the following:
• Classification and prevalence of HSDD
• The differences in etiology of SD
• Clinical efficacy and safety of testosterone
• New SERM's desvenlafaxine bazedoxifene, lasofoxifene, SSRI's

16:00-16:30 Coffee break

16:30-18:00 INNOVATIONS IN OBSTETRICS AND GYNECOLOGY
Organized by NESA Academy

Capsule
The New European Surgical Academy (NESA) is an international, interdisciplinary association which optimizes existing surgical methods and introduces new ones like natural orifice procedures

Chairpersons
M. Stark, Germany
G.C. Di Renzo, Italy

16:30-16:45 Novelties in Endoscopy: What are our expectations?
L. Mettler, Germany

16:45-17:00 The future of gynecological surgery: The Telelap ALF-X: Tele-surgery with haptic sensation
M. Stark, Germany
E. Ruiz Morales, Italy

17:00-17:15 The unmet needs in maternal fetal medicine and how to meet them
G.C. Di Renzo, Italy

17:15-17:30 Natural orifice and single port surgery: A fashion or surgical future?
E. Zupi, Italy

17:30-17:45 The future of humanity born with caesarean section
M. Odent, UK

17:45-18:00 Discussion

Objectives
The NESA session will try to predict:
• The future of obstetrics and gynecology, including endoscopy
• The tele-surgical system with haptic sensation
• The surveillance of pregnancy and the future of generations born by C-section
Oral Presentations

08:30-10:00 INFERTILITY
Chairperson: J. Dor, Israel

08:30 UPPER AGE LIMIT FOR ACCESS TO ART: NEVER-ENDING DISCUSSIONS?
H. Konecna, T. Kucera, S. Suda, Czech Republic

08:37 INTERNATIONAL POLICY HETEROGENEITY AND VARIABILITY IN THE USE OF ASSISTED REPRODUCTION WITH DONATED OOCYTES
A. Levine, H. Alberta, R. Berry, USA

08:44 A TARGETED MASS SPECTROMETRY-BASED METABOLOMICS STRATEGY OF HUMAN BLASTOCOELE FLUID: A PROMISING TOOL IN FERTILITY RESEARCH
S. Palini, S. De Stefani, P. Rocchi, C. Bulletti, Italy

08:51 EVALUATION OF INTRA OPERATOR AND INTER OPERATOR REPRODUCIBILITY FOR ASSESSMENT OF OVARIAN FOLLICLE BY ULTRASOUND
V. Sklyarova, Ukraine

08:58 ULTRASOUND EXAMINATION OF ALL ORGANS AND SYSTEMS IN ROUTINE EXAMINATION OF PATIENTS WITH INFERTILITY
V. Sklyarova, Ukraine

09:05 PREGNANCY RATE RELATED TO NORMAL RANGE THYROID STIMULATING HORMONE IN PATIENTS UNDERGOING IN VITRO FERTILIZATION (IVF)

09:12 PRENATAL AND PERINATAL COMPLICATIONS OF IN VITRO FERTILIZATION
A. Zarkali, Greece

09:19 INFERTILITY DUE TO VARICOCELE: IS SURGERY THE ANSWER??
A. Mishra, A. K. Sarda, India

09:26 UTILISING OOCYTES AT METAPHASE I AT THE TIME OF DENUDING BENEFITS ART PATIENTS
D.M. Tharmalingam, E.B. Prasath, S.F. Loh, Singapore

09:33 PREIMPLANTATION GENETIC SCREENING FOR ANEUPLOIDIES: A SYSTEMATIC REVIEW AND META-ANALYSIS
A. Wahba, A.M. Abou-Setta, W. Madkour, K. Sharif, H.G. Al-Inany, Egypt

09:40 ASSOCIATION BETWEEN SEXUAL BEHAVIOUR AND CERVICAL SCREENING
J. Shelley, A. Smith, M. Pitts, W. Heywood, R. Ryall, J. Richters, J. Simpson, K. Patrick, Australia

09:47 DRAMATIC DECREASE OF BIOLOGICAL AND CLINICAL OUTCOMES AFTER 1 DAY OF COASTING
M. Khrouf, M. Brahem, A. Fadhlaoui, H. Elloumi, S. Fourati, G. Merdassi, A. Zhioua, F. Zhioua, Tunisia

09:54 THE EFFECT OF THE LIFE STYLE ON LIFE QUALITY OF COUPLES RECEIVING INFERTILITY TREATMENT
S. Oncel, G. Teskereci, Turkey

10:20-11:50 GYNECOLOGY
Chairperson: F. Petraglia, Italy

10:20 THE GLOBAL ONLINE SEXUALITY SURVEY (GOSS): SEXUAL DYSFUNCTION AMONG FEMALES IN THE REPRODUCTIVE AGE GROUP IN THE MIDDLE EAST
E. Shaeer, O. Shaeer, K. Shaeer, Egypt

10:27 ASSOCIATION BETWEEN SEXUAL BEHAVIOUR AND CERVICAL SCREENING
J. Shelley, A. Smith, M. Pitts, W. Heywood, R. Ryall, J. Richters, J. Simpson, K. Patrick, Australia

10:34 IMPACT OF HYPOESTROGENISM ON PELVIC FLOOR MUSCLE STRENGTH AMONG POSTMENOPAUSAL WOMEN
A. Tavares, M.C. Ribeiro, K.H. Coelho Vilaca, D.A. Goncalves da Silva Gomes, G.F. Bernardelli Cipriano, G. Ferreira Melo, Brazil

10:41 THE SIGNIFICANCE OF PERINEURAL INVASION IN EARLY-STAGE CERVICAL CANCER
K. Elsahwi, USA

10:48 HPV TESTING ALONE WITH PAP TRIAGE FOR SCREENING CERVICAL CANCER AND PRECURSORS IN ROUTINE PRACTICE (VASCAR): SAY GOODBYE TO CYTOLOGY
A. Ferenczy, J. Portnoy, A. Spatz, Canada

10:55 BIOLOGICAL ROLE OF LRIG3 (LEUCINE-RICH IMMUNOGLOBULIN-LIKE REPEATS) IN CIN AND CERVICAL CANCER
D. Hellberg, A. Lindstrom, Sweden

11:02 SENSITIZATION OF OVARIAN CARCINOMA CELLS WITH ZOLEDRONATE RESTORES CYTOTOXIC CAPACITY OF VGAMMA9DELTA2 T CELLS IMPAIRED BY PROSTAGLANDIN E2: IMPLICATIONS FOR IMMUNOTHERAPY
V. Lavoue, F. Cabillic, O. Toutrais, T. Aurelie, S. Henno, F. Foucher, J. Leveque, C. Veronique, F. Bouet, France

11:09 KNOWLEDGE, Attitudes AND PRACTICES REGARDING EMERGENCY CONTRACEPTIVE PILLS AMONG FEMALE UNDERGRADUATE STUDENTS OF MAKERERE UNIVERSITY-UGANDA
S.K. Kivila, Uganda
Musculoskeletal diseases, such as osteoarthritis, osteoporosis and rheumatoid arthritis affect the entire joint, including bone, cartilage and the supporting muscles. This has produced a need for transformation of a scientific forum that will

**Partial List of Sessions & Debates**

**OSTEOPOROSIS**
- Do we need to stimulate bone formation to obtain an anabolic condition?
- What is the controversy regarding the possible intervention strategy for postmenopausal OP?
- Should we treat women with low BMD who are under 65 years of age, and how?

**OSTEOARTHRITIS**
- Do we have effective mode of treatment or prevention of OA?
- Can an effective treatment for OP or RA also be effective in a selected patient population with OA?
- Can we devise an optimal treatment for OA-related pain? Should pain be controlled centrally, peripherally, or both?

**RHEUMATOID ARTHRITIS**
- Imaging, biochemical biomarkers, or both: Can they provide information on the progression or remission of OP, OA and RA?
- With so many choices of treatment in RA, and no head-to-head comparisons, how can we select the optimal treatment for a specific patient?

**MUSCLE DISEASES**
- Is muscle wasting the cause or the consequence of frailty?
- Are there positive secondary effects of preventing sarcopenia?
- Muscles - are they central players in healthy aging?

**Contact Information**
- [www.congressmed.com/bmjd](http://www.congressmed.com/bmjd)
- [bmjd@congressmed.com](mailto:bmjd@congressmed.com)
- [www.facebook.com/bmjd](http://www.facebook.com/bmjd)
11:16 ANDROGENIC HORMONES AND MENOPAUSE
A. Peyman, Z. Abbasi, F. Shishegar, Islamic Republic of Iran

11:23 SERUM ENDOGLIN (CD105) AND HEPATOCYTE GROWTH FACTOR (HGF): CORRELATION WITH THE CLINICAL PRESENTATION OF BREAST CANCER
H. Al Inany, M. Kamal, A. El-Kashif, M. Fathy, W. El-Sherbiny, Egypt

11:30 ROBOT-ASSISTED COELIOSCOPY IN SIMPLE HYSTERECTOMY: PROSPECTIVE 1-YEAR STUDY OF VAGINAL HYSTERECTOMIES VS. ROBOT-ASSISTED COELIO-HYSTERECTOMIES
M. Carbonnel, S. Roy, H.T. Nguyen, H. Abbou, J.M. Ayoubi, France

11:37 EFFECTS OF SELENIUM INTREATMENT OF OSTEOPOROSIS INDUCED BY OVARIECTOMY
A. Shams, A. Eidi, F. Aghaee, Islamic Republic of Iran

11:44 REASONS FOR DISCONTINUATION OF CONTRACEPTIVE METHODS
A. Elisa, Egypt

12:10-13:40 FETOMATERNAL MEDICINE
Chairperson S.W. Skupski, USA

12:10 THROMBOCYTOPENIA IN PREGNANCY LEADING TO UNUSUAL DIAGNOSIS
L. Thomas, D. Culligan, M. Mathur, United Kingdom

12:12 GLIBENCLAMIDE VERSUS INSULIN THERAPY IN WOMEN WITH DIABETES DURING PREGNANCY
N. Agarwal, R.P. Menon, A. Kriplani, R. Khadgawat, N. Bhatla, V. Kulshrestha, India

12:14 OUR EXPERIENCE IN MANAGEMENT OF SEVERE PREECLAMPSIA
N. Ofir, A. Elisa, A. Bimbashi, Albania

12:18 ASSESSMENT OF LABOR PREINDUCTION BY MIFEPRISTONE ON BIRTH OUTCOMES
V. Novikova, G. Penzhojan, Russian Federation

12:20 HIGH SERUM URIC ACID IN EARLY PREGNANCY AND SUBSEQUENT DEVELOPMENT OF GESTATIONAL DIABETES AMONG LOW RISK WOMEN
M. Rocca, Egypt

12:25 EFFICACY AND SAFETY OF ANTEPARTUM BED REST TREATMENT/ACTIVITY RESTRICTION
J. Maloni, Israel

12:28 IMPACT OF INTERPREGNANCY INTERVAL ON LOW BIRTH WEIGHT AND OTHER PREGNANCY OUTCOMES
A. Bener, Qatar

12:30 DECREASED ARGINSINE AND INCREASED NITRIC OXIDE LEVELS IN CORD BLOOD OF NEONATES WITH MECONIUM STAINED AMNIOTIC FLUID SUPPORT THE IN-UTERO HYPOXIA
O. Gun Eryilmaz, Turkey

12:34 COMPARING DAILY INTAKES OF PROTEINS, CARBOHYDRATES AND SOME MICRONUTRIENTS WITH DRI (DIETARY REFERENCE INTAKES) IN THE FIRST HALF OF PREGNANCY AND THEIR RELATIONSHIPS WITH EDUCATIONAL LEVELS OF PREGNANT WOMEN
L. Moghaddam Bnaem, M. Babaei, S. Soltanmoradi, M. Lamyian, Islamic republic of Iran

12:40 UMBILICAL CORD PROLAPSE: A SERIES OF 30 CASES
J. Ferreira Carvalho, A. Cubal, S. Torres, Portugal

12:42 FETUSES VS. NEWBORNS: WHY ARE WE USING DIFFERENT STANDARDS FOR GROWTH CENTILES?

12:45 INDUCTION OF LABOR FOR THE TERM SMALL-FOR-GESTATIONAL AGE FETUS – IMPACT ON NEONATAL OUTCOME

14:30-16:00 INFERTILITY / GYNECOLOGY
Chairperson S. Daya, Canada

14:30 THE EFFECTIVENESS OF IMMUNOTHERAPY WITH PATERNAL LYMPHOCYTES IN PATIENTS WITH AT LEAST TWO IN-VITRO FERTILIZATION (IVF) CYCLES
R. Bartel, I. Machado, Y. Klimesch, L. Souza Lima, M. Vicentini, Brazil

14:33 INHIBITORY EFFECT OF CETRORELIX ON THIOTEPA INDUSED FOLLICULOCETY CLINICAL FEATURES AND PROLACTIN LEVELS IN WOMEN OF REPRODUCTIVE AGE WITH HYPERPROLACTINEMIA
L. Suturina, P. Larisa, Russian Federation
Committed to eliminating cervical cancer

The *digene* HPV Test

Rely on proven detection with the *digene* HPV Test, when used with the Pap:

- 100% sensitivity for CIN 3+
- 98% sensitivity for CIN 2+
- Published clinical data covering almost 1 million women
- FDA approved and CE marked

14:58 DIFFERENTIAL GENE EXPRESSION PROFILING IN IN VITRO FERTILIZATION AND EMBRYO TRANSFER PLACENTAE
H. Bai, China

15:05 THE EFFECT OF ANXIETY, DEPRESSION AND LIFE SATISFACTION ON THE OUTCOME OF ASSISTED REPRODUCTIVE TECHNIQUES
F. Terzioglu, R. Turk, C. Yucel, L. Taskin, S. Dilbaz, O. Cinar, B. Karahalil, Turkey

15:12 THE DIFFERENT EXPRESSIONS OF AROMATASE P450 BETWEEN FERTILE WOMEN AND INFERTILE WOMEN WITH ENDOMETRIOSIS COMPLICATING ENDOMETRIAL POLYPS
W. Qiushi, Yu Tao, W. Huang, China

15:19 CO-OCCURRENCE OF POLYCYSTIC OVARY SYNDROME WITH DEPRESSION AND ANXIETY SYMPTOMS
L. Xin, China

15:26 CAN SERUM MARKERS PREDICT THE CHANCE OF SUCCESSFULL EPIDIDYMAL/TESTICULAR SPERM ASPIRATION FOLLOWING VASECTOMY?
A.K. Datta, K. Nayini, S. Barlow, G. Lockwood, United Kingdom

15:33 AN EXPLORATIVE STUDY UPON FACTORS THAT CONTRIBUTE TO CONTRACEPTIVE-SEEKING BEHAVIOUR AMONG MARRIED SUDANESE WOMEN IN KHARTOUM, SUDAN
T. Parekh, J. Parr, United Kingdom

15:40 VAGINAL REJUVENATION BY MEANS OF OSTRZENSKI’S VAGINAL RUGATION REJUVENATION (O-VRR)
A. Ostrzenski, M. Scheinberg, USA

15:47 VAGINAL REJUVENATION BY: OSTRZENSKI’S URETHROVAGINAL SPINDCTER MUSCLE RECONSTRUCTION (O-UVSMR)
A. Ostrzenski, M. Scheinberg, USA

15:54 OSTRZENSKI’S FENESTRATION LABIOPLASTY WITH TRANSPOSITION FOR MEDICAL INDICATION AND AESTHETIC MOTIVES
A. Ostrzenski, T. Hailparn, USA
Sunday, November 20, 2011

INFERTILITY & ART

08:30-10:00 IMPACT OF NUTRITION ON GAMETE
A joint session of the GEFF-BLEFCO France Societies

Capsule
What is the impact of nutrition on gamete quality, embryo development, pregnancy and long term consequences (imprinting)?

Chairpersons
S. Fishel, UK
R. Levy, France

08:30-09:00 The female aspect
J.E. Chavarro, USA

09:00-09:30 The male aspect
R. Levy, France

09:30-10:00 Weight and pregnancy
J. Belaisch-Allart, France

10:00-10:30 Coffee break

10:30-12:30 BASIC ASPECTS OF LABORATORY WORK IN ART

Capsule
How to improve efficiency in order to avoid mistakes in an IVF laboratory

Chairpersons
S. Fishel, UK
P. Patrizio, USA

Laboratory expert opinions and audience interaction on basic aspects of laboratory work in ART and what a clinician should understand

Discussants
R. Levy, France
J. Pfeffer, France
N. Frydman, France
S. Hamamah, France

Round Table Discussion:
1. New technologies for embryo selection
2. Single vs. multiple embryo cultures?
3. Media, single, sequential, new trends
4. How to avoid mistakes in an IVF laboratory?
5. Oocyte and embryo markers of viability
6. Selecting the best embryos: Genomics, proteomics and time lapses?
7. Vitrification: Has it killed the need for expensive freezing machines?
8. Vitrification: Heralded the era of successful egg freezing for medical therapy and social liberation?
9. Oocyte freezing: Are babies born healthy?

Objectives
Upon completion of this session, the audience will acquire:
* Strategies for minimizing risk, especially that of mixed gametes and ET
* Strategies for robust, reliable, informative and objective markers of oocyte and embryo viability
* Strategies for optimizing cost-effective cryopreservation of oocytes and embryos
FETOMATERNAL MEDICINE

08:30-10:00 PRENATAL DIAGNOSIS

Capsule

Prenatal diagnosis is evolving fast, and soon we’ll be able to get full non-invasive screening. Meanwhile micro-array techniques can detect single gene disease and smaller poorly defined defects, which is more costly and requires extensive counseling, generating a new debate deletion.

Chairpersons
L.P. Shulman, USA
D. Farine, Canada
P. Atlan, France

08:30-09:00 Noninvasive prenatal diagnosis from maternal blood: Is it ready for clinical practice?
G.C. Di Renzo, Italy

09:00-09:30 Amniocentesis vs. CVS: What is the true risk?
A. Antsaklis, Greece

09:30-10:00 Micro-array for prenatal diagnosis: Is there a controversy?
L.P. Shulman, USA

Objectives:
To acquire knowledge on the following:
- Different diagnostic methods and their limitation
- Noninvasive diagnosis on peripheral maternal blood

10:00-10:30 Coffee break

10:30-12:30 WHAT AGENTS ARE SAFEST FOR LABOR INDUCTION?

Capsule

Induction of labor has become even more important either with or without medical indications. Both oxytocin and misoprostol have been associated with potentially adverse outcomes and both have been used for decades in many different protocols and dosages. More recently, research has shown that using a uniform protocol at an institution may be safer. Which protocol is best and should an institution use only one uniform protocol? Are the advantages and the effectiveness of misoprostol worth the potential risks such as tachycardia or uterine rupture?

Moderators
F.A. Chervenak, USA
D.W. Skupski, USA

10:30-11:00 Minimizing risks of oxytocin: The safest possible uniform protocol
A. Grunebaum, USA

11:00-12:00 Debate

Misoprostol is a legitimate or a dangerous drug?
Misoprostol is safe effective and cheap for labor induction
P. Rozenberg, France
Misoprostol should be banned from labor & delivery units
A. Grunebaum, USA

Discussion

12:00-12:30 The Foley catheter is effective in inducing labor
S.T. Chasen, USA

Objective
To acquire knowledge on the following:
- The various options for induction of labor
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The role of progesterone in luteal phase support and recurrent miscarriage

Saturday, November 19, 2011
Hall A 10:20-11:50

The controversy around the use of progesterone in gynecology continues. While there is no doubt about the need to support the luteal phase in IVF treatments, the question remains: for how long should progesterone be used? The role of progesterone in recurrent miscarriage is even more complex and is based on expert opinion rather than on level 1 proof. When should we support, with what and for how long?

Session Chairs: R. Frydman, France and Z. Ben-Rafael, Israel

Corpus luteum supplementation and pregnancy
K. Diedrich, Germany

Gestone and other forms of progesterone in IVF
F. Lamazou, France

Recurrent miscarriage: The role of progesterone
G.C. Di Renzo, Italy

GESTONE (PROGESTERONE) 50MG/ML

Presentation: Ampoules containing a pale yellow oily sterile solution of Progesterone BP for injection. USES: Treatment of dysfunctional uterine bleeding. Maintenance of early pregnancy in cases of documented history of 3 or more prior consecutive unexplained miscarriages. In selected cases as adjunct to successful treatment of infertility with in-vitro fertilisation (IVF) or gamete intra-fallopian transfer (GIFT) in order to facilitate uterine implantation of the fertilised ovum. Dosage and Administration: Dysfunctional uterine bleeding - 5-10mg daily for 5 - 10 days until 2 days before anticipated onset of menstruation. Maintenance of pregnancy - Twice weekly or more frequent (maximum daily) injections of 25-100mg from approximately day 15, or day of transfer of embryo or gametes usually until 8 - 16 weeks of pregnancy. Daily dosage can be increased to 200mg at the discretion of the physician. Dosage recommendations for children and the elderly are not appropriate. By intramuscular injection, deep into the buttock using a 1.5 inch (3.8cm) needle. Contraindications: Hypersensitivity to progestins, undiagnosed vaginal bleeding, missed or incomplete abortion, maimary or genital tract carcinoma, thrombopelitis, cerebral haemorrhage, marked hepatic dysfunction. Contraindicated as a diagnostic test for pregnancy. Warnings and Precautions: Caution in patients with conditions that might be aggravated by fluid retention (e.g. hypertension, cardiac disease, renal disease, epilepsy), history of mental depression, diabetes, mild to moderate hepatic dysfunction, acute intermittent porphyria, migraine or photosensitivity. If unexplained, sudden or gradual, partial or complete loss of vision, proptosis or diplopia, papilledema, retinal vascular lesions or migraine occur during therapy, discontinue therapy and institute appropriate diagnostic and therapeutic measures. Undesirable Effects: Breakthrough bleeding, change in menstrual flow, amenorrhoea, changes in cervical erosion and secretions, breast changes, oedema, weight gain, catatolism, cholestatic jaundice, allergic reactions and rashes, acne, chloasma, mental depression, pyrexia, insomnia, somnolence, nausea, alopecia, hirsutism, local reactions at site of injection. Marketing Authorisation Numbers and Cost: 50mg/ml PL 05827/0012 (8 x 1ml ampoules £45.00). Marketing Authorisation Holder: Nordic Pharma Limited. Further Information is available from Nordic Pharma, Abbey House, 1650 Arlington Business Park, Theale, Reading, RG7 4SA. Date of Prescribing Information: July 2008.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Nordic Pharma on 0800 121 8924.

Date of Preparation: September 2011   GES/11/003
Abstracts
Paris
LUTEAL PHASE SUPPORT: IS IVM DIFFERENT THAN IVF?
M. De Vos
Centre for Reproductive Medicine, UZ Brussels, Brussels, Belgium

Despite recent technical advances to the clinical and laboratory protocols of in vitro maturation of oocytes (IVM), implantation rates after IVM are still lower than in conventional ART. The abrogated follicular phase of the IVM cycle and the function of corpora lutea development of the endometrium. Suboptimal endometrial priming may cause dys synchrony between the phase of the endometrium and the cleaved embryo and this may, at least partly, underlie implantation failure. We identified a high incidence of secretory delay of the endometrial development in spite of luteal phase support (LPS) with transdermal estradiol gel (Oestrogel®, Besins Healthcare, Paris, France), starting on the day before oocyte retrieval, and 600 mg daily vaginal progesterone (Utrogestan®, Besins Healthcare, Paris, France) started on the day of oocyte retrieval onwards. We found improved endometrial receptivity when this LPS scheme was supplemented with low-dose hCG, although the addition of hCG in the luteal phase did not improve clinical outcomes. Significantly improved endometrial receptivity and superior clinical outcomes were obtained when Oestrogel® was administered from day 2 onwards in IVM cycle onwards, and Utrogestan® was started on the day of ICSI. After validation in a larger series, this endometrium priming protocol could obviate the need for a “freeze-all strategy” in IVM and could be proposed as a standard protocol for non-hCG-primed IVM. Ultimately, further optimization of the IVM culture system should result in a prospective, randomized study comparing the outcomes and cost-efficiency of IVM with those of standard ovarian stimulation with ICSI in a PCOS population.

NOVEL AGENTS IN OVARIAN CANCER: WHERE ARE WE?
D.S. Dizon
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Epithelial ovarian cancer is the second most common gynecologic malignancy but the leading cause of gynecologic cancer-related mortality, with 21,860 new cases and 13,850 deaths estimated in the United States for 2010. With the rare exception of truly localized stage I (A-B) disease, for which there is a high likelihood of cure with surgery alone, systemic chemotherapy is recommended. Standard treatment consists of cytoreductive surgery followed in most cases by intravenous or intraperitoneal platinum-based chemotherapy, depending on the success of surgery. While inducing an objective response with first-line taxane/platinum doublet is often feasible, it is the infrequency of durable remission that poses the major barrier to improving survival. Although epithelial ovarian cancer responds well to chemotherapy, most patients are not cured and ultimately succumb to their disease. This is particularly true of women presenting with advanced disease, which unfortunately, represents the vast majority of patients at diagnosis. Novel treatments are needed to improve the durability of response and long-term outcomes and fortunately a number of promising agents have been identified. The literature has consistently demonstrated that angiogenesis has predictive/prognostic value in ovarian cancer. A series of studies looking at intratumoral microvesSEL density (MVD) in ovarian cancer have supported its prognostic potential. In a 1995 analysis of 43 patients with stage III/IV ovarian cancer who were treated at the United States National Cancer Institute, high MVD was associated with poor disease-free survival and OS, determined to be the best predictor of disease-free survival on multivariate analysis. These results were replicated in a separate Italian study, showing that MVD was the strongest independent prognostic variable for both progression-free survivals (PFS) and OS in patients with epithelial ovarian cancer. In 2007, a large randomized study compared patients receiving second line chemotherapy as bevacizumab/nab-paclitaxel to nab-paclitaxel alone, showing a significantly prolonged progression-free survival with the addition of bevacizumab, demonstrating a progression-free survival benefit when used in combination with taxanes/paclitaxel. Other antiangiogenic agents such as avastin, nilotinib, pazopanib, or bevacizumab have been shown to have potential but need further study. Although bevacizumab has shown a significant benefit in improving progression-free survival, the overall survival benefit has not been demonstrated. This remains one of the challenges in the treatment landscape for ovarian cancer.

WHAT IS THE IMPORTANCE OF L-5-METHYLTETRAHYDROFOLATE DURING PREGNANCY?
K. Pietrzik
Department of Pathophysiology of Human Nutrition, Institute of Nutritional Science, Rheinische Friedrich-Wilhelms University, Bonn, Germany

Numerous studies have confirmed that a sufficient supply of folate/folic acid during the critical phase of neural tube closure (22nd to 28th day after conception) can reduce the risk of NTD such as spina bifida and anencephaly. To ensure effective prevention of NTDs, an erythrocyte folate level > 906 nmol/l must be built up before pregnancy (Daly 1995). Depending on the dose of folic acid, it takes up to three months to reach protective levels. Definition of terms: Folic acid is synthetically manufactured but does not exist in nature. As it has no intrinsic vitamin function it must be converted to the protective level.

Definition of terms: Folic acid is synthetically manufactured but does not exist in nature. As it has no intrinsic vitamin function it must be converted to the protective level. Different metabolites of folic acid – including L-5-methyltetrahydrofolate – are important for DNA synthesis, which occur during cell division in pregnancy. L-5-MTHF is the primary active form and the main transport and storage form of folic acid. The key enzyme that catalyzes the conversion of folic acid to L-5-MTHF is 5,10-methylenetetrahydrofolate reductase (MTHFR). A point mutation in the MTHFR leads to restricted enzyme activity. In Europe, 40–51% of all women are heterozygous, while a further 10–18% are homzygous. In homzygous women, this is associated with a 75% reduction in enzymatic activity. Thus, the quantitatively most important metabolite of the folate metabolism, the L-5-MTHF, cannot be synthesized in sufficient quantities. To replace the folate supply, it is useful to substitute L-5-MTHF directly. L-5-MTHF can be synthetically manufactured in the form of calcium-L-methylfolate.
CAN NEW ULTRASONOGRAPHIC MARKERS AFFECT THE DIAGNOSIS OF NEURAL TUBE DEFECTS? W. Henrich Vice Director of the Department of Obstetrics, Charité Campus Virchow Clinical Centre, Head of the Ultrasound Unit for Prenatal Diagnosis and Therapy, Berlin, Germany

Types of neural tube defects: The neural tube represents a structure of very early embryogenesis and is the precursor to the central nervous system. The upper third of the neural tube develops into the brain, the lower two thirds into the spinal cord and nerves. This process takes place in the very early gestational phase: The neural tube closes approximately between day 22 and day 28 of embryonic development. Improper closure can result, for example, in spina bifida ("split spine") or anencephaly (absence of the scalp associated with loss of brain tissue). Anencephaly is caused by severe disturbance of scalp ossification resulting in secondary autolysis of brain tissue. In spina bifida, the vertebral arches do not fuse and close properly resulting in the exposure of neural tissue. As with anencephaly, the amniotic fluid irreversibly damages nerves and the spinal cord.

Prevalence of neural tube defects: Each year approx. 300,000 newborns worldwide are born with a neural tube defect (NTD). The prevalence of NTDs varies considerably from country to country. While the rate is 7.6 defects per 1,000 births in Wales, the ratio is 0.9 per 1,000 in Japan. This means that environmental and genetic factors are involved in the etiology of NTD, as well as nutrition, socioeconomic status and ethnicity. Spina bifida and anencephaly account for 95% of all NTDs and are thus the most frequent defects. In Europe, the total prevalence rate of NTDs has not decreased significantly overall, although the birth prevalence has fallen over the years as a consequence of prenatal diagnosis and subsequent termination of pregnancy.

Causes and risk factors of neural tube defects: The causes of neural tube defects are manifold. They include, among others, chromosomal disorders, individual gene mutations, maternal diabetes and obesity, intake of teratogenic agents (e.g. antiepileptic drugs) and insufficient folic acid supply.

Ultrasound diagnosis: Nowadays, the modern diagnostic tools offer potential to detect embryonic fetal malformations at an early stage. Prenatal diagnosis of spina bifida comprises systematic examination of the spine in several planes. The spine is examined in coronal, sagittal and transverse sections. In transverse section, the fused vertebral arches make the closed neural tube appear as a ring shape with a covering membrane. In neural tube defects, the vertebral arch structure appears as a U shape. Frequently, a thin-walled cystic protrusion (a sac filled with cerebrospinal fluid) covers the defect. Under acceptable examination conditions, both, two- and three-dimensional sonography enable visualization of the exterior of the osseous defect and, thus, estimation of the degree of neurological damage. Signs indicating spina bifida may be detected upon scanning the fetal head and brain structures. At the beginning of the second trimester, microcephaly (reduced cranial circumference) with a lemon-shaped head is a common finding. Later, the head eventually develops into macrocephaly (enlarged cranial circumference). Prenatal diagnosis performed by experienced physicians using high-resolution ultrasound units in the second trimester is capable of detecting anencephaly as early as in the 12th gestational week. At this time, cerebral tissue may still be captured by sonography. During the course of pregnancy, however, amniotic liquor irreversibly damages these cerebral structures.

A current prospective multicenter study initiated by the Department of Obstetrics of the Charité University of Berlin (Germany) and sponsored by Merck is investigating new ultrasound markers for early diagnosis of neural tube defects within the scope of first-trimester screening. This involves the evaluation of the posterior cranial fossa and of the fourth ventricle (intracranial translucency), which potentially present conspicuous appearance at a very early time, indicating NTD. Anencephaly and spina bifida and clinical outcome: Children born with anencephaly usually die within a few hours after birth. The neurologic and motor deficits resulting from spina bifida generally depend on the location of the defect. The prognosis regarding paralysis and urinary and fecal incontinence is the more favorable the lower the defect is located in the spinal area. The extent of neurologic impairment is also determined by the severity of progressing hydrocephalus and on the resultant necessity of a ventriculoperitoneal shunt for drainage of cerebrospinal fluid.

Termination of pregnancy (TOP) after a diagnosed NTD: Affected pregnant women may seek TOP due to personally unacceptable physical or mental stress. Ample time needs to be allowed prior to making such a far-reaching decision. Currently, it is not possible to accurately predict the severity of paralysis affecting the affected lower extremity, urinary bladder and rectal dysfunction and mental retardation resulting from spina
When studying FA use between studies, varying time-periods used to factors are strong predictors of low FA use. The inability to speak and western ethnicity and unplanned pregnancies (one of the strongest risk when looking at factors affecting FA use. Low education levels, non-appointment.

Once delivered, the child receives initial neonatal care under aseptic conditions and is prepared for surgery. The aim of postnatal surgery is to protect any protruding neural structure against further damage, cover the defect and prevent neural infection.

Preventive measures and outcome: There are very limited prophylactic measures to prevent neural tube defects. Folate deficiency may potentially also be responsible for congenital heart defects. Reducing the rate of NTDs and heart defects through adequate folic acid/folate supplementation would result in immense ethical and medical benefits. After all, prevention would also be beneficial in terms of health costs. The cost of medical care for patients with an NTD in the United States was estimated to be USD 185,000 per year. From a moral, medical and financial point of view, the primary prevention of NTDs by folic acid supplementation is clearly much better than the termination of pregnancy following prenatal diagnosis.

AWARENESS AND USE OF FOLIC ACID PRIOR AND DURING PREGNANCY: WHAT IS THE TREND?  E. Derbyshire Manchester Metropolitan University, Hospitality Management Department, Hollings Campus, Manchester, UK

Women do appear to have some notion that folic acid (FA) should be taken when pregnant but awareness does not necessarily translate into use. Equally, women appear to be taking folic acid at the wrong time intervals i.e. after neural tube closure rather than before and in the very early stages of pregnancy.

Background: In order to prevent neural tube defects (NTD) most European countries have policies advising supplementation of FA taken daily 3 months prior to conception and for the first 3 months of pregnancy. The issue of timing of FA usage is critical to preventing pregnancies affected to conceive should pay attention to healthy nutrition and lifestyle. Optimum supply of folic acid or folate plays a central role in the prevention of neural tube defects. Folate deficiency may potentially also be responsible for congenital heart defects. Reducing the rate of NTDs and heart defects through adequate folic acid/folate supplementation would result in immense ethical and medical benefits. After all, prevention would also be beneficial in terms of health costs. The cost of medical care for patients with an NTD in the United States was estimated to be USD 185,000 per year. From a moral, medical and financial point of view, the primary prevention of NTDs by folic acid supplementation is clearly much better than the termination of pregnancy following prenatal diagnosis.

A high proportion of women appear to be taking FA at inappropriate time points i.e. only after neural tube closure. It is essential to encourage a high FA uptake prior to and during of pregnancy. Women also need to understand why FA is needed and how it will be of benefit to them and their babies.

Concluding points: To conclude, although women may be aware of the need to use FA in this does not necessarily translate into use. Equally, a high proportion of women appear to be taking FA at inappropriate time points i.e. only after neural tube closure. It is essential to encourage a high FA uptake prior to and during of pregnancy. Women also need to understand why FA is needed and how it will be of benefit to them and their babies.


USE OF AND ATTITUDE TOWARDS FOLIC ACID SUPPLEMENTATION AMONG WOMEN DURING AND SHORTLY AFTER PREGNANCY: A PROSPECTIVE STUDY F. Chen, J. Gerhardt, W. Henrich Department of Gynecology and Obstetrics, Charité Campus Virchow Clinical Centre, Berlin, Germany

Folic acid is widely accepted as effective preventive measure against neural tube defects. But, there is only few data about the actual rate of pregnant women who use folic acid supplementation, about the time in and before pregnancy when this supplementation is begun and about knowledge of and attitudes towards folic acid supplementation of pregnant women.

Background: Although the incidence of neural tube defects in Germany is above the international average of industrialized countries, there is no national policy of enrichment of flour by folic acid. So, pregnant women or women who plan to become pregnant have to provide themselves with dietary supplements such as multi-vitamin formula. It was the objective of our study to gain data about the actual use of folic acid and what women concerned think of and know about folic acid supplementation.

Material and Methods: A prospective study has been performed and is still ongoing by means of a survey using a standardized questionnaire with 25 items consisting of demographic, obstetric parameters and questions about folic acid supplementation. To prevent any influence of the survey on their dietary habits, women were only included after the first trimester. So, pregnant women who came to our department to seek for medical advice or medical help or postpartum women after they were delivered at our department were included in our study. Following their answers to questions about school and professional/university education, women were classified in three classes of education as well as in 5 groups of total income of household. Demographic and obstetrical data were correlated to parameters related to folic acid intake at first trimester of pregnancy.

Results: Preliminary data of an ongoing study are presented. By September 11th 2011, 309 women were included in our study with a
median age of 31 years (range 14-48 years). Among altogether 308 women, 199 women were questioned before delivery, 109 women were questioned within days after delivery. Of all women, 53 % gave birth to their first child, 37 % were multiparous. 81 % women were German by nationality, 19 % came from foreign countries. Of all women who answered this question, 26 % admitted that the pregnancy was not planned. Among those who planned their pregnancy, only 46 % stated to have had folic acid supplementation before conception, 48 % only when they got the diagnosis of pregnancy. On the other hand, 44 % reported to have talked about their planned pregnancy to their gynecologists. 71 % stated they had sought for information about nutrition in pregnancy. About one quarter of all women did not know anything at all about folic acid. Nevertheless, 93 % of all women had taken a medication containing any form of folic acid, 36 % even before conception and more than 90 % of women with folic acid supplementation had taken this medication daily. The higher the education the more did the women know about folic acid, the higher the rate of folic acid supplementation and the more was the pregnancy planned in advance. The same tendencies could be observed the higher the household income of the women was with the group of a total monthly income of > 2000 € giving almost the same answers as the group with the highest education (only 3 % in both groups did not take any folic acid medication). German and foreign women did not show significant differences in their knowledge and use of folic acid. Also, we did not observe relevant differences between primiparous and multiparous women. On the contrary, age did have an influence on folic acid supplementation. The younger the women, the higher the rate of unplanned pregnancy and the less information was gained before pregnancy and during pregnancy on nutrition and the lower the rate of folic acid supplementation. Especially women beyond the age of 29 were significantly worse informed and had taken folic acid significantly less frequently than elder women. Women above the age of 35 years showed characteristics in their answers like the groups with best education and highest income. As to duration of folic acid use, median length of folic acid supplementation in pregnancy was 32 weeks. The higher the education, the longer the period of supplementation (median of 25 with low level of education, of 29 weeks for intermediate level of education and 33 weeks for high level of education). In all cases of unplanned pregnancy, the lowest rate of folic acid supplementation was 27.5 % which was a significantly lower rate than for planned pregnancies. The younger the women, the higher the rate of folic acid supplementation. In women who expected their first child, used folic acid significantly shorter than women who experienced already their second or more pregnancy (30 weeks versus 34 weeks).

Discussion: Low educational status, low income and young age are predisposing factors of an inadequate intake of folic acid during first trimester of pregnancy. More than 90 % of the women asked did use folic acid during pregnancy although more than 50 % of all women do not know what for. In general, information about folic acid can be improved in younger women and in women with low educational status and low income. Marketing strategies of drug companies and health care organizations should focus on these target groups.

OBESEITY, PRECOCIOUS PUBERTY IN FEMALES AND INCREASED BREAST CANCER INCIDENCE IN THE LIGHT OF DOHA
(Developmental Origins of Health and Diseases Hypothesis)
E. Burgo
Palermo, Italy

Summary: (Female) precocious puberty, obesity and breast cancers are all diseases that have had a significant increase in recent decades. The increase of these pathologies has been explained in various ways, usually using a horizontal model: that is to say scientists tried to understand how precocious puberty can enhance obesity and/or breast cancer or, on the contrary, in which way obesity could promote precocious puberty or a neoplastic transformation of breast tissue (or other tissues). Less frequently scientists tried to use a vertical pattern: i.e. the search for a common origin, a single cause favouring the occurrence of the three pathologies. In general the scientists connect the origin of these diseases to a "hormonal imbalance". In many cases scientists recognize an activation of the hypothalamic-pituitary-gonad axis as the origin of "true" (central) precocious puberty. Various and complex hormonal problems (internal and external to adipose tissue) appear to be crucial in most cases of obesity and at the origins of the "pandemic" of obesity + diabetes which is becoming a major public health problem in so-called "developed" countries (and not only in these): peripheral leptin-resistance and insulin-resistance are certainly two key mechanisms, but even in this case the role of the hypothalamus appears to be essential. Prolonged exposure to estrogens, both endogenous (related to the anticipation of puberty and prostration of menopause) and exogenous (synthetic and "imitetic" equivalents) is a recognized key factor in the increase of mammary tumours. If all is true, the most important questions we must ask to ourselves are the following: what are the most likely causes of alteration in such delicate and complex self-regulating circuits that are a product of millions of years of biological evolution? What are the consequences of this, which appears in individuals as a disturbance (more or less severe) of homeo-mechanical mechanisms, but in a biologic / bio-evolutionary breath could have far more serious consequences? An interesting answer to these questions may come from using a "vertical", diachronic, model: based not on an analysis of common (immanent) mechanisms of different pathologies, rather on a "diachronic" analysis of the underlying physiopathological processes, both at the individual level, and within the different species. At the individual level the three above-mentioned pathological conditions could be seen as the product of an altered ontogenetic path (more precisely of a defective fetal/epi-genetic programming of the endocrine-metabolic tissues); at the collective and developmental level, we might see here the sign of a failure (stress) of adaptation, determined by a too rapid change in lifestyle or in the molecular composition of the ecosphere (in particular of food chains). The hypothesis of a role played by rapid chemical and physical transformation of the ecosphere and resulting molecular and "signalling" mismatch is particularly interesting and, at the same time, worrying: as a matter of fact it potentially provides a unique interpretation of what is happening at the human level (individual and collective) and in other species. As demonstrated by a number of dramatic episodes in human health, by numerous epidemiological and toxicological studies (in animals), by the more and more consistent reports of similar problems in wildlife. Especially since the chemicals and drugs most frequently associated, both in epidemiological and in toxicological studies with these diseases (Endocrine Disrupturs: DES and other synthetic estrogens, BPA and phthalates, pesticides...) are able to interfere with the fetal (epigenetic) programming of these tissues and organs.

1 - Precocious puberty and pseudo-precocious puberty
2 - EDCs and Precocious puberty
3 - Genotoxic, Epigenetics and the Environment as determinants in obesity.
4 - Early puberty and breast cancer
5 - Overweight, obesity, and cancer risk
6 - DOHA - Developmental origin of adult diseases
7 - The role of environmental factors in perinatal development as a window on breast cancer etiology
8 - Fetal Origins of Breast Cancer. (of Precocious Puberty. of Obesity etc.)

EDCs and DOHA ; Diethylstilbestrol (DES) ; Bisphenol A

THE CHALLENGE OF PRECONCEPTIONAL, PREIMPLANTATION, AND PRENATAL GENETIC DIAGNOSES OF MITOCHONDRIAL DNA DISORDERS
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Mitochondrial DNA (mtDNA) mutations cause a wide range of serious diseases with high transmission risk, due to their maternal inheritance. Because there is no efficient therapy for these disorders, "at risk" couples often ask for preconceptional (PCD), preimplantation (PGD) and/or prenatal diagnosis (PND). All these procedures are based on mutant load (heteroplasmy) assessment in i) polar bodies (PCD), ii) blastomeres (PGD), or iii) fetal tissues (PND) respectively. The potential variations of mutant loads among cells or tissues, and through the pregnancy have however limited the use of such procedures. Here we report our experience in PCD, PGD and PND for pathogenic mtDNA mutations in MT-ATP6 (m.8993T>G, m.9185T>C), MT-ND3 (m.10197G>A), MT-ND4 (m.14459G>A), MT-ND1 (m.2343A>G), and MT-TK (m.6344A>G). Mutant loads were quantified in 46 polar bodies, 19 oocytes, 52 preimplantation embryos (7 PGD cycles), and 35 fetuses from carrier females. PCD was not a relevant procedure due to the potential variations of mutant loads between first polar bodies and their counterparts. On the contrary, PGD was shown to be a reliable reflection of the whole embryo because mutant loads were stable in various blastomeres from 42 embryos. Similarly, our
The use of combined oral contraceptives (COCs) by women reduces androgen levels, especially testosterone (T), with up to 50% by inhibiting ovarian androgen synthesis (van der Vange et al., 1990; Coenen et al., 1996; Wiegartz et al., 2003; Panzer et al., 2006; Greco et al., 2007; Sänger et al., 2008). The clinical consequences of this androgen loss during COC use have not been studied specifically. In general, subjective complaints thought to be related to T loss are mood disturbances such as tension, irritation, restlessness, irritability, moodiness, depression, worsening of PMS (Pre-Menstrual Syndrome) and others. Also sexual dysfunction may occur. Furthermore T loss may affect muscle and bone mass. The very high discontinuation rate of COC users, especially in the first year of use (30-60%) may be partly related to this loss of androgen activity.

No efforts have been made to restore T levels during COC use. A major problem when considering normalisation of T levels in COC users is the lack of oral bioavailability of T due to the immediate metabolic conversion and inactivation by the liver. We have solved this problem by the use of dehydroepiandrosterone (DHEA), since DHEA is partly metabolised into T after oral administration. Using the correct formulation of oral DHEA also allows the development of a new triple hormone COC tablet containing the estrogen, the progestogen and DHEA, avoiding the need to use a T-gel or T-patch. The endocrinological and clinical effects of adding 50 mg DHEA per day to a COC have been investigated in two large prospective, randomised, double-blind, placebo-controlled studies in unselected COC users without specific complaints (the Androgen Restored Contraception (ARC) project).

The results of these studies show that:
1) Testosterone levels, especially free T, are decreased by COCs for 75-100%.
2) Oral use of 50 mg DHEA per day restores total T and free T levels.
3) COCs affect sexual function.
4) The normalisation of T levels significantly improves mood and sexual function in unselected COC users.

It is speculated that both the continuation rate and the compliance of COCs may improve when T levels are normalised.

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- Contraception 2003; 76: 8-17.

Although a steady increase in contraceptive use has been observed both in developed and less-developed countries over the past decades, the contraceptive needs of a significant percent of couples have not yet been met, with an increase in unscheduled pregnancies.

The contraceptive efficacy of long-acting methods such as implants, rings and transdermal patches is the highest among contraceptives as these methods do not rely on daily compliance. The single implant Implanon® and the transdermal patch Evra® has an overall annual pregnancy rate of 0.8%. While implants require a health care provider for a proper insertion and removal, vaginal rings and patches have the advantage for women of being under their own control. A semi long-acting method made of a one-year vaginal ring delivering Nestorone®, a non-androgenic progestin and ethinyl-estradiol should also ensure better compliance as the woman will have her prescription for a full year.

New methods have been developed to meet the objectives of expanding contraceptive choices for both women and men and, research on new contraceptives targets not only the prevention of pregnancies but also additional medical benefits to the users. Dual protection methods are also tested as vaginal gels or rings delivering both a contraceptive and an agent active against HIV transmission. In addition, the potential of progesterone receptor modulators to prevent breast cell proliferation or the neuroprotective effects of progesterone and similar molecules are new areas of research supporting the development of new contraceptives with added health benefits. As far as methods for men are concerned,
simplicity, reversibility, and effectiveness are the desired features of a male contraceptive. New tissue-selective androgen without action on the prostate delivered from a one-year implant is developed in that direction. Non-hormonal methods are farther on the Horizon but new promising targets specific to the male reproductive system are identified. Further research is needed to design methods for men and women, with additional medical benefits, in order to meet their needs at the different times of their reproductive life.

ALTERNATIVE MEDICINES FOR IVF: DON’T ASK, DON’T TELL

A. Malpani

Why does Western ‘modern’ medicine pejoratively label other systems as being complementary or alternative? This smacks of cultural arrogance – after all, Ayurvedic medicine and Chinese medicine boast of a far longer track record than western medicine! And Western medicine does not have a monopoly on knowledge! Patients simply want to get better. Most do not really care how. Then why have this silly demarcation and unnecessary mud-slinging? Instead, we can use all this enrich (let) us learn from each other!

Personally, I hold the opinion that there are only two types of medicine – effective and ineffective! The dirty little secret is that lots of accepted ‘treatments’ in western mainstream/scientific medicine are ineffective and have never been proven to cure. These include billion dollar interventions, such as cholesterol reducing drugs, disc surgery for back pain, and bypass surgery!

While it’s true that IVF is one of modern medicine’s success stories, many infertile couples are unhappy with mainstream medicine. They increasingly feel that medicine has become excessively commercial. They are unhappy with the impersonal nature of the treatment, especially when the doctor spends more time looking at their reports rather than with them. While it is true that patients need technology, they also need tender, loving care; after all, doctors need to look after not only their medical problems, but also their emotional needs!

Alternative medicine, on the other hand, offers a markedly different perspective. Rather than focusing on a person’s medical problems in isolation, alternative medicine treats the patient as a whole; hence the popular term, holistic medicine. Doctors practicing alternative medicine sit down and talk to the patient; they add the element of personal touch, and ask many questions. Such attention feels good, and is in refreshing contrast to the modern doctor who rarely has even 15 minutes to spend with the patient. (Often, tender loving care and personal attention are all that alternative medicine practitioners have to offer, but they offer it very well indeed!). There is no doubt of the efficacy of the placebo effect, and many ailments will get better when the patient has someone he can talk to. Moreover, the simple act of a comforting touch can have a therapeutic effect. Alternative medicine doctors are very good at reassuring patients, which is in sharp contrast to the cold scientific approach of western medicine.

Unfortunately, the practice of alternative medicine leaves a lot to be desired. For one, such medicine does not have a universally accepted scientific basis; hence, it is difficult to rigorously analyze its claims. Since there is no need for formal publication or peer review in alternative systems of medicine, there is little scientific documentation available about their efficacy or side-effects, making it difficult to confirm or dispute claims. Consequently, one has to blindly trust the doctor. Authoritative journals or texts are difficult to find. Most publications use little scientific rigour and are based mostly on anecdotal case reports, with little documentation or proof. Since there is no official monitoring of the practitioners of alternative medicine, anyone can make tall claims and get away with them. Also, there are few formal training requirements, and anyone can practice alternative medicine, with minimal skills or qualifications. This has led to the mushrooming of unscrupulous practitioners or ‘quacks’, who are out to make a quick buck. Alternative medicine practitioners need to be made accountable for their actions to ensure that they are up to date with their education. Also, some type of peer review mechanism needs to be put in place to ensure the safety of the public. Otherwise, there is a grave danger that medicine can become a ‘bystardised’ system (for example, there are homeopathic practitioners in India who prescribe allopathic antibiotics for coughs and colds).

The combined knowledge of both old and new healing modalities is ultimately superior than a single-model approach to health and well-being. After all, no system of medicine can claim to have a monopoly on knowledge! What is needed today is a clinically responsible balance between the science of modern medicine and the comfort of alternative medicine. We need to combine the best of both worlds, much like fusion music does, and physicians from both ends of the spectrum can learn from each other!

How do we separate the good from the bad and the ugly? Information Therapy can come to the rescue! The goal of effective Information Therapy is not to label treatments, disparage them or make judgments. It has an uncomplicated mission - provide authentic reliable information, and allowing patients to make well-informed decisions. Then whether they head to an MD physician or one with a degree in alternative medicine or consult both is entirely up to them. The reassuring factor will be that they will at least make their decisions based on knowledge and facts, and not whim or fancy!

MARS - MALE REPRODUCTIVE SURGERY and MICROSURGERY

G. Tritto


Background. 1. The First International Symposium on Andrology, Medical Bioengineering and Sexual Rehabilitation – AMBER ’95, endorsed by IEEE EMBS, at Le Louvre, Paris, July 5-7, 1995, attempted to put the bases for Andrology as a Clinical and Surgical discipline, focusing on Male Health Reproduction and Sexuality, linking for the first time the clinical and surgical procedures with innovative technologies in bioengineering and in rehabilitation engineering for reproductive and sexually impaired patients.

2. In 2004 the World Academy of Biomedical Sciences and Technology organized the First World Congress on Men’s Health Medicine in UNESCO Palace in Paris. April 5-8, inviting all the specialists in different disciplines working on Male Gender Identity and Specificity. This “Premier Congrès Mondial de la Médecine de l’Homme” identified Main Themes of Male Medicine, describing the specific clinical and surgical procedures and offering new avenues and international guidelines for world-wide research and clinical applications. On both conferences great attention was given to the extensive application of Microsurgical and Reconstructive Techniques in the male genital area and in the gender reassignment procedures.

The state of the art: In Male Infertility new principles in Microsurgery and new discoveries in the functional mechanisms of male reproduction and sexuality have permitted to identify and to define four majors surgical areas in Men’s Health Medicine: Sexual Surgery and Male Sexual Surgery-MAS, GERS and GERMS ( Genital Reconstructive Surgery / Gender Reassignment Surgery, Gender Reassignment Male Surgery), MARS (Male Reproductive Surgery), MIMIS (Male Infertility Micro Surgery), MIREs (Male Infertility Reconstructive Surgery) MaRS – Male Reproductive Surgery is using Surgery in the field of Male Reproductive Medicine. It can be used for contraception too, as in reversible vasectomy, but is used plentifully in assisted reproductive technology, especially for sperm retrieval, in vasectomy reversal or in vas deferens obstruction. While Female Reproductive Surgery on ovary and fallopian tubes has reduced in the last years, due to the great progresses of ART techniques, Male Reproductive Surgery has largely increased the indications, due to the introduction of Microsurgery and Microsurgical Technologies and Techniques, launching the new areas of MIMIS and MireS.

MIMiS – Male Infertility Micro Surgery is using Microsurgical Techniques and Technologies in the Field of Male Reproductive Medicine. The fundamental requirement is the Operative Microscope and the Microsurgical Tools that permit to work at high magnification on the gonads and the annexes, as epididymides, vasa deferentia, and spermatic cords.

After the period of simplified vaso-epididymostomies and epididymo-vasostomies, our MIMIS Team has extensively applied 1a. the microsurgical tubule-vasostomy procedure, with the different variations, end-to-end, side-to-end, side-to-side and 1b. the special techniques of pull-through end-to-end tubule-vasostomy, and the intraepididymal tubulo-
LUSTT—Lobular Unrolling Spermatic Tubule Trimming, from prof. G. Tritto. Tubulostomy, described, refined and standardized by prof. G. Tritto, 2. the end-to-end vaso-vasostomy on three layers, 4. the Microsurgical correction of bilateral varicocele through subinguinal and scrotal approaches with microthermic and infrared monitoring with a double regular and micro-infrared cameras on operative microscope.

MiReS — Micro Reconstructive Surgery is using a combination of Microsurgical Techniques with Plastic Reconstructive Techniques, not only to recovery the spermatic function, but also the restore a correct functional shape of the testes-scrotum complex in congenital and / or acquired malformations.

Our MiReS Team has introduced 1. Innovative Techniques of GeRS-Genital Plastic Reconstructive Surgery to correct the visible asymmetries of the scrotum, using scrotum reshaping techniques, called Scrotoplasties, including ROP (Raphe Oscheo-Plasty) augmentation scrotoplasties and sculptured intrascrotal lipectomies (LIPS—Lipectomy of the Scrotum) 2. the elongation techniques with spermatic cord suspension for high, malpositioned and malpositioned testes (SPECS — Spermatic Cord Suspension).

These techniques are associated in the infertility cases with severe OATS to selective microsurgical correction of the microvenous compartments, sparing artery branches, lymphatics and nerves, assuring a metabolic and thermoregulatory recovery of the testes-scrotal complex with a real improvement of the quality of sperm.

All These techniques have been realized in Microsurgery with the assistance of Microinfrared Technology (MIR Tech) in azoospermia or severe OATS with or without varicocele to perform in the same time MESA, TESE and Micro-TESE for specific ARTs, including ICSI and IMSI. The improvements on the Morphology of Sperm have been evaluated through Kruger morphology score and through Bartov (MSOME) and Cassuto (SICSI) high magnification criteria in selection of spermatozoa for IMSI.

A WABT portal for Male Factor,

Institutions for Men’s Health Medicine

I-MHM

This network is a member of Human Health Medicine Platform (Alliance, Circle I-HHM) founded by WABT (World Academy of Biomedical Sciences and Technologies).

I-MHM is launching the connecting Portal for Male Infertility and MicroSurgery (MIMIS) Connecting MIMIS Hubs belonging to MIR Network

MIMIS Portal ———— MIMIS Hubs ———— MIMIS Hubs

MHM Clinics

The role of MIMIS Portal is to connect the MIMIS Hubs in a virtual environment for collecting data on the real impact of the correction of the Male Factor on ARTs outcome, linking microsurgical results with morphology and quality parameters of sperm, according international standards.

A MIMIS Hub is an operational research and clinical environment dedicated to Male Infertility evaluation, Micro Lab analysis on human sperm and Microsurgery solutions for sperm retrieval, IMSI procedures and spermatogenesis improvement.

Concluding Remarks: The introduction of Microsurgical Procedures has greatly influenced the strategies to improve the Male Factor for ARTs, not only to permit to retrieve sperm in azoospermia, directly from the testes and the epididymes, but really improving the spermatogenetic process where the metabolic and biophysical thermic parameters were completely disregulated: the great efforts of bioengineers working on implantable metabolic and thermic microsensors and on infrared and microinfrared probes have increased the efficiency of the microsurgical procedures, on the other side biologists and biotechnologists have helped the Microsurgical Andrologist to verify the efficiency of the microsurgical procedures, offering appropriate scoring methods to evaluate the morphology of sperm, as Kruger and MSOME criteria.

Today the time is in male infertility for new biotechnologies based on retrieval of germ stem cells, their manipulation in vitro and transplant and on tests transplant, if the ethical conditions can be accomplished on international cooperative effort and convergence.

On these perspectives, and on a more general approach to Men’s Health Medicine, at the event ANDROCON 2011, Ludhiana, India, WABT has launched the foundation of the World Andrology Society — WAS in partnership with the SIA — Society of Andrology India.

SONOPELVIMETRY: EVALUATION OF PELVIC ANATOMY BEFORE LABOR

Y. Gilboa, Israel

Objective: To study the feasibility of a new device, LaborPro system, to perform Sonopelvimetry and to predict obstructed labor (OL).

Methods: In a prospective study conducted in 2 centers using LaborPro device. Sonopelvimetry was performed on nulliparous not in labor at 39 - 42 weeks gestation. Maternal pelvic parameters that were evaluated included: Inter-iliac Transverse diameter (TD), Obstetric Conjugate (OC) and Interspinous diameter (ISD). The fetal parameters included Head station, bipartial diameter and occipitofrontal diameter. The results obtained by the laborPro device were blinded to the delivery room staff.

The course of labor and the outcome of delivery was collected from electronic file and was compared with the data obtained by Sonopelvimetry.

Results: One hundred fifty four patients were evaluated using Labor Pro devise. Thirty eight patients delivered by cesarean section among them 30 patients were diagnosed as OL. Twenty had operative vaginal delivery by vacuum extraction (VE) and 96 delivered by normal vaginal delivery (NVD). Only maternal ISD and fetal head station were found to differ significantly between the CS (OL group) and normal (p=0.0268, p=0.0321 respectively). The combination of ISD, station and OC for Receiver operator characteristic curve provided 73% sensitivity and of 87% specificity in predicting OL, with an area under the curve of 0.84.

Conclusion: Patients having CS due to OL had significantly different ISD and fetal head station in comparison with patients with NVD. Combining with other pelvic parameters obtained by LaborPro devise we could predict obstructed labor in women at term before onset of labor.

INTRAPARTUM SONOGRAPHY TO DETERMINE FETAL OCCIPUT POSITION AND ITS CHANGE DURING LABOUR

V. Mazza

Prenatal Medicine Unit, Department of Obstetrics and Gynecology, Modena and Reggio Emilia University, Italy

Intrapartum sonography is the gold standard for the diagnosis of occiput position during second stage of labor. Occiput posterior position is the most frequent malposition during labor. The frequency of occiput posterior position is 15-32% at the onset of labor, 5-8% at delivery and 13% in primigravida with epidural analgesia. Our study suggested that the position of the fetal head and the spine, during the second stage of labor, could be useful landmarks for predicting the occiput posterior position at delivery. In conclusion when the occiput and the spine position on ultrasound examination at the second stage of labor are considered together: if the fetal head is in occiput anterior position, it will always be present in anterior position at delivery, if the fetal head is in occiput posterior position, the probability that it will be in the same position at delivery.
delivery is 26%. The position of the spine during the second stage of labor can be considered to be a milestone in predicting the OP position at delivery. So if you wish to predict occiput posterior position at delivery, look at the fetal spine position in the second stage of labor with ultrasonography.

ULTRASONOGRAPHIC METHODS FOR EVALUATION PROLONGED SECOND STAGE OF LABOR
Y. Gilboa, Israel

The important role of transperineal ultrasound, in the management of labor and delivery, is an ever growing issue. Failure to progress in the second stage of labor, requires operative interventions. Cesarean section after failure of the operative delivery increases the risk for maternal, fetal morbidity and mortality.

In the following lecture I will present:
- Additive information of transperineal ultrasound at prolonged 2nd stage of labor
- A prospective study that evaluated the best transperineal ultrasound parameters for the prediction of successful vaginal delivery at prolonged second stage.

A new insight for evaluation of protracted second stage of labor.

LOSING WEIGHT: THE ROLE OF THE OB/GYN SPECIALIST
S. Pandey
Aberdeen Maternity Hospital, University of Aberdeen, Aberdeen, UK

The prevalence of obesity is increasing globally among women and adolescent girls. In some western countries over half the female population is overweight or obese. Obesity is associated with a life cycle of risks. Maternal obesity results in intergenerational programming of the fetus in utero resulting in increased risk of obesity and chronic disease in later life. Childhood obesity has been associated with early onset of puberty, menstrual irregularities and polycystic ovarian syndrome during adolescence. During the reproductive years obesity is associated with anovulatory infertility and fertility treatments in these women have suboptimal outcomes. Obese women who conceive spontaneously or following fertility treatment face increased risk of early pregnancy loss, congenital malformations, obstetric complications of pregnancy induced hypertension, gestational diabetes and operative deliveries. Strategies for fertility control can be complex as the efficacy and safety of hormonal contraceptives is reduced in these women. In a middle-aged woman obesity increases the risk of menstrual irregularities, fibroids and endometrial polyps. Menopause in these women is associated with increased weight gain, which can aggravate symptoms of pelvic organ prolapse and stress urinary incontinence. Increase the risk of endometrial hyperplasia and carcinoma. Even a 5-10% weight loss results in improvement of fertility, reduces risks of obstetric complications and co-morbidities associated with obesity.

This presentation will review the current practice of the obstetrician and gynaecologists with regards to management of overweight and obese women.

The American College of Obstetrician and Gynaecologists recommends that body mass index (BMI) can be used for all women attending for a gynaecological consultation. This measure will help in identifying overweight and obese women. After addressing the chief complaint, patients are sensitively made aware of weight concerns and their consequences. If they are interested in losing weight, weight focused counseling, behavioral intervention and advice regarding diet and exercise are offered. This is backed up by an educational handout and a realistic and achievable goal of 5-10% weight loss set over a six month period. Follow-up visits are offered to monitor progress. Women with BMI>30kg/m2 or BMI>27kg/m2 but with co-morbidities are prescribed anti-obesity medication. Bariatric surgery is an option for women with BMI>40kg/m2 or women with BMI>35kg/m2 with co-morbidities. Advice regarding contraception weight control is offered to overweight and obese women contemplating pregnancy. Women who have undergone bariatric surgery are advised to delay pregnancy for 12-18 months following surgery so that the weight loss has stabilised. Women who have undergone bariatric surgery are evaluated for nutritional deficiencies of iron, Vitamin B12, folate and calcium. Folic acid supplementation is recommended for all obese women planning a pregnancy and iron, vitamin B12, folate and calcium supplementation is recommended for women who have undergone bariatric surgery, during pregnancy. Specific information regarding maternal and fetal risks of obesity is provided to these women.

Overweight or obese pregnant women are advised regarding appropriate weight gain during pregnancy. They are screened for gestational diabetes in third trimester which is repeated later in pregnancy. Preconception advice and exercise recommendations are made. Appropriate screening is organised for detecting congenital malformations for these women. Further consultation is organised with an anaesthesiologist and the women are assessed for risk of thromboembolism during the antenatal period. Postnatal these women are encouraged to lose weight before attempting another pregnancy and offered adequate contraception.

BMI should also be assessed for adolescent females presenting with irregular periods or PCOS, however care should be taken to avoid the term obesity due to the negative connotation associated with it. Girls with BMI>95th percentile for age are considered overweight and those with BMI between 85th to 95th percentile considered at risk of becoming overweight. Adolescents with BMI>95th centile should have dietary and health assessment for psychosocial morbidity and future cardiovascular risk. Lifestyle modification is the first line of management. Parents can help their children to decrease consumption of saturated fats and added sugars and increase the consumption of fruits, vegetables and whole grains and participate in 60 minutes of physical activity daily. Decrease in sedentary activities such as television viewing is recommended. Caution is exercised while prescribing hormonal contraception due to high failure rates due to increased weight.

Losing weight is a slow process fraught with hurdles. Obstetricians and gynaecologists can motivate and support women through this difficult journey.

OBEITY IS ASSOCIATED WITH LOWER SUCCESS RATE OF INFERTILITY TREATMENTS AND HIGHER RISKS AND COMPLICATIONS DURING PREGNANCY HENCE, ACCESS TO FERTILITY TREATMENTS SHOULD BE DETERMINED BY FEMALE BODY MASS INDEX (BMI) – NO
S. Pandey
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Equitable access to publically funded fertility treatment has been widely debated. Financial constraint and prioritisation have prompted health care providers to adopt a variety of ‘access’ criteria for publically funded treatment, including Body Mass Index (BMI). Poor success rates coupled with increased risk of pregnancy complications are cited as reasons for restricting, access of obese women to fertility treatments. In this debate I will critically appraise the current evidence supporting this, and highlight the irreconcilable of such policy.

Obesity is commonplace in women of reproductive age, currently affecting 33% women in the USA and 28% women in the UK in 2010. If you include ‘overweight’ women in this calculation, over half the total population of women in several western countries are considered at risk of becoming obese. Alarming, it has been projected that by 2010, in the UK, 22% of girls aged between 5-10 years will be obese, subsequently increasing the burden of obesity among women of reproductive age. Obesity is further associated with anovulatory infertility, consequently requiring medical intervention to conceive. However, rationing fertility treatment based on BMI translates to denying treatment to over half the eligible population and is in conflict with the ethical principles of beneficence (doing good) and non-maleficence (doing no harm).

Poor success rates have often been quoted as a reason for denying fertility treatment to obese women. This is unsubstantiated, as most studies have looked at surrogate outcomes: dose of gonadotrophins required for ovulation induction or ovarian stimulation - number of follicles; eggs or embryos obtained; and embryo quality - rather than the definitive outcome of live birth. Moreover, most of these results are also influenced by confounding factors of age and polycystic ovarian syndrome (PCOS) etc. Increased risk of miscarriage further fuels the argument for denying fertility treatment, yet this is increased even in obese women who conceive spontaneously and not notably increased in those who access fertility treatment.

Obesity is associated with obstetric complications including pre-eclampsia, gestational diabetes, induction of labour and caesarean section however, this is more likely in the morbidly obese women and the absolute risks are low in women who are overweight or obese class I (BMI<35kg/m2). It has been argued that fertility treatment is not cost-effective due to poor chance of success and increased prenatal care costs, however this argument is not factual, as a recent study failed to demonstrate any significant differences in costs per live birth following infertility treatment in overweight and obese women compared with women with normal BMI. Some argue that obesity increases the risk of congenital malformations, however, the incidence is far more significant risk of congenital malformation, but their care is optimised by preconception counseling, and obese women are denied of choice.
There is no doubt that weight reduction improves the fertility, obstetric and long-term perinatal outcomes, however conventional weight loss strategies have limited success and take time resulting in long delays in accessing treatment. Thus, time lost can jeopardise the chances of conception for many women. As far as fertility and its treatments are concerned, there is no doubt that advancing female age has more profound consequence, and it has been argued that beyond the age of 36, female age rather than BMI is a greater predictor of outcome. Furthermore, in other areas of health care, it is at the discretion of the surgeon and anaesthetist in providing medical or surgical treatment to obese and overweight women, rather than strict BMI criteria dictating medical management. Restricting fertility treatment on the grounds of BMI can also lead to a devastatingly low self-esteem and social injustice, infringe on the ethical principle of autonomy, subsequently leading to inequity and social tension which would be detrimental to the larger society. It may also have implications for the psychological well-being and increase risk of depression and obesity related morbidities. The charter of fundamental rights of European Union guarantees ‘the right to marry to found a family’. Placing BMI restriction on fertility treatment - in the absence of national policy - infringes on these rights. Futhermore, the deontological principles of ‘doing the right thing’ for an individual are overlooked by such policy which is simply based on the utilitarian principle of health economics.

DEBATE: HT, ISOFLAVONES OR PHYTO-SOYA FOR CLIMACTERIC SYMPTOMS AND MENOPAUSE – ALTERNATIVES TO HT FOR CLIMACTERIC SYMPTOMS AND THE MENOPAUSE.

S. Palacios

Palacios Institute of Woman’s Health, Madrid - Spain

For decades, estrogen, either alone or in combination with gestagens, has been the therapy of choice for the relief of menopausal symptoms, as well as for the longer-term prevention of postmenopausal osteoporosis (1) The results of two large studies on HT (HERS and WHI) [2,3] have modified the risk/benefit perception on HRT. This situation has been analysed by different scientific societies [4,5] suggesting the necessity of its use in younger recently menopausal women for symptomatic complaints (vasomotor and vaginal symptoms) and for primary prevention of postmenopausal osteoporosis. Another issue is to use the lower effective doses of hormones to achieve the desired objectives with the appropriate gestagen. Treatment with androgens for women with hypoactive sexual desire disorder should be considered. The standard HRT doses, although being effective, can be associated with some adverse effects: breast cancer, venous thromboembolism and stroke being the most important. Several papers have indicated a dose dependency for HRT [6]. It is logical to evaluate the effectiveness, the tolerability and the adverse effects of low doses of HRT [7]. The effectiveness of HRT for the relief of vasomotor symptoms in postmenopausal women is well established [8]. Several short-term studies have demonstrated a similar effectiveness for low doses compared to standard doses in order to alleviate hot flashes, [9,10]. These promising initial results, suggesting the effectiveness of low doses was confirmed by the HOPE study (Women’s Health, Osteoporosis, Progestin, Estrogen study). This study evaluated conjugated equine estrogen CEE (0.3 or 0.45 mg/d) combined with medroxyprogesterone acetate MPA (1.5 or 2.5 mg/d) and demonstrated that low doses were effective in diminishing the number and the intensity of hot flashes and that those low doses seem to be as effective as the same association at standard doses [11]. We can summarize that low dose and ultra-low dose have shown to alleviate menopausal symptoms and have maintained or improved bone density with fewer side-effects than standard dose therapy, but further research is required to determine what effect the low and ultra-low dose therapy will have on fracture, cardiovascular and breast disease.

REFERENCES


Table 1:

<table>
<thead>
<tr>
<th>KEY DIFFERENCES BETWEEN THE WHI AND OBSERVATIONAL HRT STUDIES</th>
<th>OBSERVATIONAL STUDIES</th>
<th>WHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE AT HRT INITIATION (MEAN)</td>
<td>52 yrs</td>
<td>63 yrs</td>
</tr>
<tr>
<td>TIME SINCE MENOPAUSE (MEAN)</td>
<td>1.5 yrs</td>
<td>12 yrs</td>
</tr>
<tr>
<td>VASOMOTOR SYMPTOMS</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>HRT FORMULATIONS</td>
<td>DIVERSES</td>
<td>CEE+MPA</td>
</tr>
<tr>
<td>DURATION OF HRT USE</td>
<td>LONG</td>
<td>SHORT</td>
</tr>
</tbody>
</table>

Table 2:

<p>| ABSOLUTE RISK (CASES PER 10,000 PYRS) BY AGE IN THE COMBINED TRIALS (E+P AND E ALONE) OF THE WHI |
|-----------------------------|-----------------|</p>
<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD</td>
<td>50-59</td>
</tr>
<tr>
<td>TOTAL MORTALITY</td>
<td>-2</td>
</tr>
<tr>
<td>Modified Risks</td>
<td>-10</td>
</tr>
</tbody>
</table>
Pharmacology: Estetrol (E4) alleviates hot flushes in an experimental rat model and has estrogenic effects on the vagina, the uterus and bone in ovariectomised (OVX) rats. Contrary to these estrogen agonistic effects, in vitro studies in human cells demonstrated a significant decrease of ER-alpha receptors in the tumor cells and a trend to the clinical and metabolic needs of the patient at any given moment. The drug treatment should be designed to meet the same requirements. It is necessary to keep in mind the advantages and disadvantages of the drugs and cost. This way, establishing the risks and benefits of a drug is possible for each patient. Furthermore, it is important to take into consideration how to improve adherence. Osteoporosis, being a chronic disease that requires treatment over many years, makes it necessary to use individualized measures and sequential treatments. Sequential treatment consists of designing a strategy that uses a drug for a sufficiently long time to reap the benefits with minimal risk and maximum adherence. Thus, it will be possible later on to change to another or other drugs that meet the same requirements. It is necessary to keep in mind the undesired effects of the drugs and their potential use for fracture desired, and data from clinical studies that support its use, such as efficacy for the age of the patient. The drug treatment should be static, but should change during the life of the patient, so as to adapt itself to the clinical and metabolic needs of the patient at any given moment. In theory, treatment in the first few postmenopausal years could start with the use of drugs aimed at the physiopathology of the rapid loss of bone mass produced by the increase in bone resorption as a result of the decrease in estrogens. The most appropriate drugs for symptomatic women are those of hormone substitution therapy (HST), and for asymptomatic women, SERMs. Another possibility would be to first use HST for two or three years, followed by SERMs. Afterwards, there is a period where there is an increase in the resorption and a decrease in formation. This coincides with <10 years postmenopause and with a greater risk for hip fracture. This is when drugs such as the bisphosphonates and strontium ranelate have clearly shown their effectiveness. Finally, and in women older than 70-75 years of age, there is an important decrease in formation. It is when PTH might be indicated in cases of very high risk for fracture.

CLINICO-MORPHOLOGICAL CLASSIFICATION OF UTERO-VAGINAL MALFORMATIONS

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Gynecology and Perinatology Named V.I. Kulakov, Moscow, Russian Federation

We had analysis our experience since 1992 to 2011, about surgical correction of 1452 patient with various female genital malformations: (312) patients with utero-vaginal aplasia (MRKH syndrome), uterus duplex (246), bicornuate (210) and unicornuate (145) uterus, partial vaginal aplasia (230), cervico-vaginal atresia (64), septate uterus (285). RESULTS: All the existing contemporary classifications were analyzed. Our experience of clinico-morphological classification considers to upgrade the anatomical classification to optimize the appropriate surgical correction and treatment of female patient with various uro-vaginal malformations. According to our opinion, the optimal surgical treatment depends on clinical data and exactly diagnosed anatomical defects. We proposed an update clinico-morphological classification, allows to optimize surgical

Table 3: Comparison of the biological activities of progestrone and drospirenone with other progestogens (28)

<table>
<thead>
<tr>
<th>Progestogens</th>
<th>Biological activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progesterone</td>
<td>+ - ± + + - + ± -</td>
</tr>
<tr>
<td>Drospirenone</td>
<td>+ - ± + + - ±</td>
</tr>
<tr>
<td>Cyproterone acetate</td>
<td>+ - + + - ±</td>
</tr>
<tr>
<td>Dienogest</td>
<td>+ - ± - - ±</td>
</tr>
<tr>
<td>Levonorgestr el</td>
<td>+ - ± - - -</td>
</tr>
<tr>
<td>Medroxyprog esterone acetate</td>
<td>+ - ± - - ±</td>
</tr>
<tr>
<td>Noretisterone</td>
<td>+ - ± - - -</td>
</tr>
<tr>
<td>Trimegestone</td>
<td>+ - ± - - ±</td>
</tr>
<tr>
<td>Norgestimate</td>
<td>+ - ± - - -</td>
</tr>
</tbody>
</table>

Clinically relevant activity (+); activity not clinically relevant (±); no activity (-)

ESTETROL: THE NEW NATURAL ESTROGEN FOR HT

H.J.T. Coel lingh Bennink
Pantarhei Bioscience, ZieId, Netherlands

Pharmacology: Estetrol (E4) alleviates hot flushes in an experimental rat model and has estrogenic effects on the vagina, the uterus and bone in ovariectomised (OVX) rats. Contrary to these estrogen agonistic effects, in MCF7 and T47D breast tumor cell lines and in DMBa tumor models E4 acts as an estrogen antagonist with potency comparable to tamoxifen and ovariec
tomy. Studies in women: In the human E4 is orally bioavailable with an elimination half-life of 28 hrs. Multiple dose studies were performed in early postmenopausal women for 28-day treatment periods with doses up to 40 mg E4 per day. The effect of a single daily dose of 2 mg E4 on vaginal cytology was comparable to 2 mg E2. A daily dose of 10 mg E4 in women with frequent hot flushes showed efficacy. Biochemical bone formation and resorption parameters demonstrated a significant and dose-dependent decrease of bone turn-over, even during short treatment periods of 4 weeks.

In contraceptive studies, E4 appeared to inhibit ovulation and had significantly less impact on liver function compared to EE, including a significantly decrease of bone turnover, even during short treatment periods. It is there when PTH might be the doctor's obligation to foment changes in patient lifestyles, predict which health resources to use and carry out a minimal cost/utility analysis for the intervention alternatives for the disease. The need to treat osteoporosis is justified by the reduction in the risk for fracture by increasing the bone strength with this intervention. There are no fixed rules or established protocols about which drug or model to use. The decision to initiate and the type of treatment should be based on the necessity to reduce the risk for fracture. In each case, and aside from the BMD and other more important risks, the following factors should be taken into account: renal function, drug allergies, comorbidities, previous treatments, contraindications, secondary effects of drugs and cost. This way, establishing the risks and benefits of a drug is possible for each patient. Furthermore, it is important to take into consideration how to improve adherence. Osteoporosis, being a chronic disease that requires treatment over many years, makes it necessary to use individualized measures and sequential treatments. Sequential treatment consists of designing a strategy that uses a drug for a sufficiently long time to reap the benefits with minimal risk and maximum adherence. Thus, it will be possible later on to change to another or other drugs that meet the same requirements. It is necessary to keep in mind the undesired effects of the drugs and their potential use for fracture desired, and data from clinical studies that support its use, such as efficacy for the age of the patient. The drug treatment should be static, but should change during the life of the patient, so as to adapt itself to the clinical and metabolic needs of the patient at any given moment. In theory, treatment in the first few postmenopausal years could start with the use of drugs aimed at the physiopathology of the rapid loss of bone mass produced by the increase in bone resorption as a result of the decrease in estrogens. The most appropriate drugs for symptomatic women are those of hormone substitution therapy (HST), and for asymptomatic women, SERMs. Another possibility would be to first use HST for two or three years, followed by SERMs. Afterwards, there is a period where there is an increase in the resorption and a decrease in formation. This coincides with <10 years postmenopause and with a greater risk for hip fracture. This is when drugs such as the bisphosphonates and strontium ranelate have clearly shown their effectiveness. Finally, and in women older than 70-75 years of age, there is an important decrease in formation. It is when PTH might be indicated in cases of very high risk for fracture.

"DESIGNER VAGINA": FOR FEMALE SEXUAL EXPRESSION AND ENJOYMENT OR IS IT AN EXPLOSIVE PROCEDURE? A. Ostrenski

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Background: "Designer Vagina", "Laser Vaginal Rejuvenation™", "Designer Laser Vaginoplasty™", and "G-spot Amplification™" terms became popular and responsible for very controversial viewpoints about the cosmetic-plastic gynecology field around the globe.

Objectives: To identify deceptive and unethical terms in cosmetic-plastic gynecology.

Methods: Electronic and manual searches of the scientific, congress proceedings, journals, as well as searching literatures of cosmetic-plastic gynecology were conducted and analyzed.

Results: In early 2000, the phrase "Laser Vaginal Rejuvenation", "LVR" and "Designer Laser Vaginoplasty" (DLV) had been marketed. In 2004, the "Designer Vagina" term was introduced. In September 2007, the American College of Obstetricians and Gynecologists determined that "Laser Vaginal Rejuvenation™" and "Designer Laser Vaginoplasty™" are deceptive, unethical, and nonmedical terms without description of surgical procedures, even though they are still being practiced, taught, and marketed. In April 2011, the true surgical and medical nature of "Laser Vaginal Rejuvenation" and "Designer Laser Vaginoplasty" was disclosed and documented that they were traditional gynecologic procedures. New surgical cosmetic-plastic gynecologic interventions have been developed without adaption from traditional gynecology.

Conclusion: "Designer Vagina", "Laser Vaginal Rejuvenation™", and "Designer Laser Vaginoplasty™":

- This terminology cannot be practiced, taught and marketed as modern cosmetic-plastic gynecologic procedures because these terms are deceptive, unethical, meaningless, exploitative, and nonmedical marketing phrases.
- The advents of new and honest cosmetic gynecologic surgical interventions based upon well-designed and well-executed clinical trials, will confirm these deceptive and unethical procedures.
- These cannot be practiced, taught, and marketed as modern cosmetic-plastic gynecologic procedures as modern cosmetic-plastic gynecologic procedures and must be abandoned.

Keywords: Vaginal rejuvenation; cosmetic gynecology; G-Spotplasty Wide vagina; Smooth vagina; Labioplasty; Clitoral Hoodoplasty.

Introduction: A woman's expression of her individuality includes, among other things, changing her physical appearance to meet her own image perception. In the U.S.A., the Patient's Bill of Rights provided the opportunity to make choices about individual medical decision-making which includes the transformation of female external genitalia for body image and aesthetic purposes. The desire of improving a woman's overall look cannot be restricted to a particular social-economic class or race, or to a particular part of her body. All women enjoy being sexually irresistible which may require application of cosmetic-plastic gynecology to fulfill their desires. Historically, the social standard of acceptable sexuality has changed at a very slow pace. The condom was developed over three thousand years ago in ancient Egypt and formally came out of closet for the management of dysmenorrhea and hypermenorrhea. This classification consist seven classes, and 23 basic groups of: 1. Vaginal aplasia: utero-vaginal aplasia (MRKH syndrome), complete cervico-vaginal aplasia and partial vaginal aplasia. 2. Unicominate uterus: with functional uterine horn, nonfunctional uterine horn, without horn. 3. Uterus duplex: symmetric form with duplication of vagina, asymmetric with aplasia of hemivagina. 4. Bicornuate uterus: complete, incomplete and complex forms. 5. Septate uterus: complete septum with vaginal duplication, incomplete septum. 6. Fallopian tubes anomaly: absence of tube/adenexa, additional fimbria. 7. Complex and postherniary anomalies: renal aplasia, renal and uterine duplication, nephrophtosis. Correct classification of uterovaginal malformations necessary for adequate treatment, allows us to perform optimal surgical correction and improves reproductive results.

The objective of this presentation was to examine the relevant scientific, congressional proceedings, and marketing literatures related to "Designer Vagina" for female sexual expression and enjoyment or is it an explosive procedure?

REDUCING MASSIVE ADENOMYSIS WHILE CONSERVING THE UTERUS: IS IT FEASIBLE? TECHNIQUES AND PITFALLS H. Osada

Shinjuku ART Clinic, Tokyo, Japan; Nihon University School of Medicine

Introduction: Severe case of adenomyosis is not only a cause of infertility, but may include severe dysmenorrhea, thus may interfere with a woman's well-being. Routine conservative surgery for adenomyosis involves a wedge resection of myometrium uterine tissue, followed a scalpel to form the remaining myometrium and serosa. However, this method may retain unexcised affected tissue, and thus result in an unsatisfactory post- surgical prognosis such as being incapable of sustaining a normal pregnancy. Our proposed treatment for severe cases of adenomyosis involves wide complete excision of affected tissues to reduce post-surgical dysmenorrhea, followed by a triple-flap reconstruction of the uterine wall to prevent ruptures in subsequent pregnancies.

Methods: 1. Resection and removal of all adenomyosis-affected myometrium: The affected tissue is vertically incised, to split the area to be excised in two, the incision extended to the uterine cavity, the tissue to be excised is grasped and placed under tension with Martin forceps. The tissue is adequately dissected free with scissors, with care taken to maintain a serosal flap with a layer of myometrium, as well as a medial flap containing both endometrium and myometrium. The tissue flaps, both medial and distal must be more than 5 mm in thickness to assure adequate material for the reconstruction of the uterine wall. It is essential to ensure the endometrium and myometrium of adequate thickness. Special care must be taken to prevent damage to the Fallopian tubes.

2. Reconstruction of the uterine cavity. Care must be taken to retain sufficient endometrium to allow reconstruction of an adequate uterine cavity. In cases of an overabundance of endometrial tissue, excess amount must be removed to secure a more physiological uterine cavity.

3. Reconstruction of the uterine wall. Reconstruction of the middle portion of the uterine wall involves approximation of the myometrial musculature to ablate the space created by the excision of diseased tissue. The serosa including adequate myometrial tissues is sutured into a scalpel to form the third flap. The serosal or distal and third flap is then approximated to form the reconstruction.

4. Hemostasis and application of hemostatic barriers for prevention of adhesion: The last step of this method is to apply TachoComb®, a Fibrin adhesive in sheet form, to the uterine surface for the control of oozing. The applied TachoComb® is firmly anchored and works as physical barriers, thus contributing to the reduction of post-surgical adhesions. Results: Clinical post-surgical evaluation was performed using the Visual Analog Scale (VAS) to assess dysmenorrhea and hypermenorrhea at 3, 6, 12, 24 months after surgery. The performed the procedures on 104 patients during the period between June 1998 and August 2008. Of the 26 women desired to conceive, 16 (61.5%) subsequently conceived. Of the 4 women conceived spontaneously and 12 underwent in vitro fertilization and embryo transfer (IVF-ET). The women had IVF-ET experienced a spontaneous abortion; 14 went to term and all were delivered by elective Caesarean section. There were no cases of uterine complications to the pregnancies. The triple-flap reconstruction of the uterine wall following wide adequate excision of adenomyosis tissue in women with hypermenorrhea and/or dysmenorrhea resulted in a dramatic reduction in both menstrual cramping and menstrual blood volume post-surgically and gave women chances to become pregnant.

Conclusion: The triple-flap method offers the following advantages: First, it permits the excision of the affected tissues more widely and thoroughly than the conventional wedge resection. As a result, it is extremely effective for the management of dysmenorrhea and hypermenorrhea. Second, the massive tissue defects created by the wide excision of the lesion can be reconstructed into a uterine wall of adequate thickness by the three-flap technique, thereby the reconstructed uterus will be capable of sustaining a normal pregnancy without the risk of uterine rupture. Thirdly, we have not encountered any severe post-surgical complications. Although recurrence of the condition may occur because adenomyosis is a progressive disorder, we have experienced only 4 cases of recurrence. Even if recurrence occurs, the method will at least temporarily alleviate patient’s clinical symptoms, including severe menorrhagia, and give her a chance to become pregnant. On these grounds, we believe this method to be of great benefit to women suffering from severe adenomyosis.
Severe Cases of Adenomyosis Surgically Treated by the Triple-flap Method

IMSI/ICSI: TOWARD THE GOLD STANDARD OR LOOKING FOR THE RELEVANT INDICATIONS?

J. Pfeffer
Lab ZTP – DHUYS IVF Center, Bagnolet, France

Since 2002, the development of a modified Intracytoplasmic sperm injection called ICSI (Intracytoplasmic Morphologically Selected Sperm Injection) has changed the subjective visual approach in the selection of spermatozoa for injection. The evaluation of the fine nuclear morphology of motile spermatozoa (MSOME) in real time at high magnification (×6000) seems to enable outcome improvement. Although IMSI is now gradually replacing ICSI in many centers around the world, it seems premature to suggest that this technical improvement should become the gold standard in case of severe male infertility.

IMSI is no longer a new technology. It has been used by some centers in routine for over 8 years. Current literature is enriched by many publications showing the benefits of this technology. The selection a « top » spermatozoa with MSOME is now well documented for some indications. IMSI is associated:

- with better pregnancy rates in case of repeated ICSI failure (Baartov et al., 2002)
- with the obtention of higher blastocyst rate (Vanderzwalmen et al., 2008 - Cassuto et al., 2009)
- with the reduction in the abortion rates (Baartov et al., 2002 – Souza Setti et al., 2010) specifically in case with severe teratozoospermia. (Cohen Bacrie et al., 2009)
- with better clinical outcome in patients with an elevated degree of fragmented DNA spermatozoa. (Garolla et al., 2008)
- with lower incidence of aneuploidy in derived embryo after preimplantation genetic screening for advanced maternal age. (Figueras et al., 2011)
- with lower rate of major congenital abnormalities (Baartov et al., 2008)

The biological mechanism to improve IVP results are not clear but it seems that the most important preoperative criteria of spermatozoa quality is the presence of multiple or large vacuoles. (Perdrix et al., 2011). The presence of vacuoles may reflect molecular defects responsible for failure of chromatin condensation during sperm maturation and might render sperm cells more vulnerable to DNA damage. (Franco et al., 2008 - Boitrelle et al., 2011). In France, in 2008, the proportion of ICSI was 61.5% (37.3%-87.5%) of all IVF attempts, (over 100 IVF Centers) (Rapport 2008 - Agence BioMédecine (ABM)). IMSI representing 6% of microneedle techniques. (2007- ABM Data). Today in France 40% of IVF centers provide IMSI. (40/100 - WebFiv Data). Only several prospective randomized study on large numbers could provide scientific evidence on the place given to IMSI according to the management of male infertility. Considering the interesting results already published, it is legitimate to consider the application of IMSI in first intention in case of (severe) male infertility. Some have already applied IMSI to unfertilized unselected population, especially in countries where the patient pays the whole process. (Balaban et al., 2011). IMSI and ICSI results are in this situation comparable. However in the same study, IMSI in first intention shows significantly higher implantation in a selected group of patients: when sperm concentration is less than 1.107/ml in the ejaculate. Studies still need to be undertaken to determine if IMSI should be the gold standard or applied to selected indications of infertility.

Embryo morphology / ‘omics’?: Should we forget embryology and pray for molecular biology?

R. Leandri

In 2003, the overall proportion of twins and triplets deliveries from IVF and ICSI in the world was 24.8% and 2.0%, respectively. Due to the increase of preterm deliveries and their risk of lifelong disabilities linked to these multiple births, new methods aiming to select the best competent embryo for transfer are looking for. The classical selection method based on embryo morphology is indeed limited and hardly allows achieving implantation rates above 50%. Among these methods, two technologies emerge: the methods evaluating the embryo itself and those evaluating the oocyte/cumulus cells (CC) as surrogates for the embryo. Among the former, invasive techniques encompass PGS while non-invasive techniques mainly encompass spare embryo supernatant analysis (carbohydrates consumption, amino-acid turnover, metabolomic, proteomic). Among the later, invasive technique is polar body PGS, while the transcriptomic analysis of cumulus cells appears as the most advanced non-invasive approach. This lecture is voluntary focused to non-invasive techniques since i) a recent meta-analysis has shown lower rates of ongoing pregnancy and live birth rates after FISH-based PGS methods (Checa et al, J Assist Reprod Genet, 2009, 26:273–283), ii) although the combination of comprehensive chromosome analysis (array-CGH, SNP array) + blastocyst biopsy and vitrification seems to improve PGS performances, there is no randomised-control trial demonstrating its interest yet and iii) polar body PGS is still in its infancy. Among the non invasive methods, the transcriptomic analysis of CC to detect biomarkers for embryo quality or pregnancy outcome is based on the highly coordinated and mutually dependent growth of oocyte and CC. Several groups have shown that certain CC transcripts signatures are linked with embryo quality and/or pregnancy. Prospective controlled trial comparing embryo morphology at Day 3 with CC transcripts signature (45 classes of proteins, 283), ii) the presence of multiple or large vacuoles. (Perdrix et al., 2011) specially in case with severe teratozoospermia. (Cohen Bacrie et al., 2009)

Another way to non-invasively assess the embryo is to analyse its metabolism either by evaluating changes in specific key nutrients in the culture medium (glucose, pyruvate, amino-acids) or by analysing the whole profile of metabolites present in the medium thanks to metabolomics. While the data on the relationship between pyruvate uptake and development ability are contradictory, those on glucose uptake using near-infrared spectroscopy (NIRS) for its non-invasive feature and development to the blastocyst stage (Gardner et al, Fertil Steril, 2001;66:1175–1180.) and by D4 and D5 embryos able to achieve implantation after single blastocyst transfer (Gardner et al, Hum Reprod., 2011, Aug;26(8):1981-6). Although embryo morphological score does not seem to influence glucose uptake, no RCT has been performed yet. In the same manner, measurements of amino-acid turn over in spare culture media using HPLC have been presented as a way to predict both embryo development and implantation, but a RCT is still lacking. Metabolomic enter intensively the field of non-invasive embryo selection mainly due to...
the possibility to use on-the-bench easy-to-use platforms such as Near InfraRead (NIR) or RAMAN spectroscopy. Several publications showed that a significant percutivity score (VS, based on an algorithm designed on the informative spectral regions between embryos with failed and embryos with successful implantation) is statistically different between implanted and non-implanted embryo after single embryo transfer at D2, D3 or D5. This was validated on blinded transfers and it was shown that VS. was independent of the morphological score. However in all these studies, the culture media were first freezeed before retrospective analysis. Two independent RCT have been presented at the last ESHRE congress. In the first one, the comparison was performed between morphology alone (86 patients) vs. morphology + VS (39 patients) at the day of transfer (D2, D3 or D5). Although implantation rate was superior in the second group (25.7 vs. 37.3; p=0.04), the fact that one to 4 embryos were transferred in each respective group greatly put the conclusion into perspective (Siontouris et al, Hum. Reprod., 2011, 26 (suppl 1): i86-i89, O-215). The second study was a double blind RCT using SET at D2 or D5 also comparing morphology alone vs morphology + VS. This RCT was stopped at the interim analysis (268 patients recruited, ratio 1:1) since it shows a difference inferior to 3 % in on-going pregnancy rates between the two harms (Hardarson et al, Hum. Reprod., 2011, 26 (suppl 1): i86-i89, O-219). Clearly, metabolomic analysis of embryo viability needs further investigation.

In conclusion, it should be emphasised that, as any diagnostic tool, a method dedicated to determine which is the best competent embryo in a cohort should first be validated in terms of repeatability and reproducibility before conducting clinical trials. Very often, whatever the technique this very first step has been omitted (or not published). Finally, to be largely accepted, such a method will have to fulfil at least three unavoidable criteria: i) an indisputable validation ii) an easy and fast methodology and iii) an acceptable cost-effectiveness. It is obvious that such a method does not exist yet: it is too early to forget embryology.

WHAT IS IN THE PIPELINE FOR HYPOACTIVE SEXUAL DESIRE DISORDER
J. Bitzer

Regarding medical treatment of HSDD two major therapeutic strategies have been developed namely hormonal and non-hormonal medications. Some of these treatments have been proven to be effective in randomized controlled trials, some have given controversial results and some have not been approved by the authorities.

Hormonal treatment: Estradiol treatment has been shown to improve sexual function in postmenopausal women through its central and peripheral action. The central action can be described as increasing percutivity to sexual stimuli and a more general psychotropic effect. Peripheral action is characterized by improving the structure and vitality of the vaginal mucosa thus improving lubrication and reducing eventual pain during intercourse. This action has then an indirect effect on desire and arousal.

Androgenes are known to increase spontaneous desire in men but also in women. This seems to be a central action which is not mediated by the metabolic change of testosterone to estradiol but by a specific action with androgen receptors in the brain. Testosterone has been used in the treatment of low sexual desire since the 1930s; however, systematic study of it is only relatively recent. Studies in surgically menopausal estrogen-replete women who reported a decline in their desire for sex since BSO have found a benefit of testosterone administered via a 300 μg/day patch. Similar effects were found among naturally menopausal, estrogen replete women who reported a decline in their desire for sex since BSO. For surgical menopause, fibanserin showed a significant improvement over placebo on all FSFI domains, sexually satisfying events, with generalized, acquired HSDD, fibanserin showed a significant improvement over placebo on all FSFI domains, sexually satisfying events, and daily diary measures of desire. Additional studies have shown inconsistent results. FDA has asked for more studies which were not yet performed.

PROGESTERONE FOR LUTEAL PHASE SUPPORT: A SYSTEMATIC REVIEW OF DIFFERENT TYPES OF MEDICATIONS USED
H. Al-Inany
Cairo University, Department of Obstetrics and Gynecology, Cairo, Egypt

Objective: Administration of progesterone to women after IVF for luteal phase support (LPS) is essential regardless of ovarian stimulation protocol. It is not clear whether different types, preparations and modes of delivery of progesterone affect the clinical outcomes following embryo transfer (ET). The aim of study was to evaluate the pregnancy and live-birth rates following different preparations of progesterone.

Methods: We performed a meticulous systematic review and meta-analysis of all properly randomized controlled trials comparing different preparations of progesterone in LPS following ET. Literature searching and screening, data collection and analysis were conducted in accordance with the Cochrane Handbook for Systematic Reviews of Interventions. Randomization was considered to be adequate if any random method (e.g. computer-generated randomization) was described. All analyses were conducted using a random-effects model and the relative risk and 95% confidence intervals evaluated.

Results: We identified 34 randomized trials (3 excluded because they were quasi-randomized) recruiting more than five thousands women. There was no significant difference in clinical pregnancy rates, ongoing pregnancy or live birth rates regarding different preparations or routes of administration of progesterone (Table). Statistical heterogeneity was found to be insignificant in all analyses.

Conclusions: There is no evidence of superiority of one type of progesterone or mode of administration. Decisions on which preparation to use will depend on availability, patient preference and comparative side-effects profiles.

<table>
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<tr>
<th>Outcome or Subgroup</th>
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<th>Participants</th>
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<td>Clinical pregnancy rate</td>
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<td><strong>Vaginal progesterone vs. Crinone 8% gel</strong></td>
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<td>Live-birth rate</td>
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OVER 20,000 CYCLES A YEAR AND YET WITHOUT ANY STIMULATION: FACTS OR FICTIONS? H. Osada1, O. Kato2
1) Shinjuku ART Clinic, Tokyo, Japan, 2) Kato Ladies Clinic, Tokyo, Japan

During the some thirty years since Steptoe and Edwards delivered Louise Brown in 1978, in vitro fertilization and embryo transfer (IVF-ET) have come to be practiced all over the world. At the same time, Assisted Reproductive Technology has continued to make progress by leaps and bounds with brilliant results, and various revolutionary techniques have been developed, solving even those problems which had been thought impossible to remedy. However, as regards the ovulation stimulation method, the protocols for Controlled Ovarian Hyperstimulation (COH) have not been extended to the use of the new approach.

There are 568 IVF clinics in Japan with a total of 161,164 IVF cycles carried out in a year (2007), which means that the clinics are under severe scrutiny of the patients for their quality. Under such tough conditions, Kato Ladies Clinic (KLC), which opened in 1993 in Tokyo, shifted the IVF procedure based on COH cycles to mild stimulation and natural cycles. The procedures have been well accepted by patients and as a result, KLC has become the single biggest IVF clinic in the world, with 24,000 IVF cycles per year (2011).

KLC has opened a new clinic, Shinjuku ART Clinic, in September 2011, due to the increase in the number of patients. In order to achieve low-cost IVF, the treatment fees are charged on a success-fee basis in the new clinic. Patients are charged approximately 500 USD for oocyte retrieval, fertilization, and culture, as well as approximately 200 USD for embryo transfer as expenses. These 700 USD are the only fee they have to pay in case pregnancy was not achieved. Only when the pregnancy has progressed to week 9, will patients be charged additional 3500 USD.

For the first few years from its inception, however, KLC used the conventional COH method just like any other clinic. Advantages of the conventional stimulation method include the ease of obtaining multiple oocytes as well as no risk of spontaneous ovulation. On the other hand, it has its disadvantages, including many side effects and complications, due to the large amount of hMG administered. In particular, there are the risks of OHSS (Ovarian Hyperstimulation Syndrome) and multiple gestations which can result in not only medical but also social problems. KLC did experience one case of cerebral thrombosis even though the patient’s serum haematocrit level was normal. This incident led the clinic in 1996 to decrease the intensity of ovarian stimulation. Reduced daily doses of gonadotropins are used in young normoresponders combined with short courses of Gn-RH antagonists in the context of the so-called “Minimal or Mild Stimulation” with the goal of obtaining no more than 6-8 oocytes, situation clearly different to the conventional stimulation with long protocols of Gn-RH agonists and higher doses of gonadotropins. Results obtained with this new approach are similar to those achieved with conventional protocols of ovarian stimulation when cumulative results, fresh plus frozen cycles, are considered. The risks of OHSS are reduced in this scenario and in this strategy are also common to follow policies of selectively reducing the number of embryos to be transferred. It is easy to understand that costs are significantly reduced if these strategies are followed. Traditional monitoring of ovarian stimulation has included serial ultrasoundography plus measurements of plasmatic estradiol concentrations. There is a general consensus on the routine use of ultrasound for monitoring follicular growth however the use of systematic measurements of estradiol is not general. A recent article suggest that a semi-automated endovaginal telemonitoring (SOET) can be used in order to move to a more patient-centred ART. There are different studies showing that a single US scan could be enough to properly monitoring ovarian response to stimulation while others propose more sophisticated systems of automated volumetric measurements of multiple growing follicles. A recent Cochrane systematic review conclude that there is no evidence from randomised trials to support cycle monitoring by ultrasound plus serum estradiol as more efficacious than cycle monitoring by ultrasound only on outcomes of live birth and pregnancy rates.

In our opinion, we believe that by using “mild” protocols of ovarian stimulation we can reduce costs and normal pregnancy rates can be obtained. However we are afraid of unexpected or uncontrolled cases of OHSS if monitoring is significantly reduced. Some author have published satisfactory pregnancy and delivery rates in properly selected patients with a minimal monitoring protocol limited to a single scanner the end of a fixed stimulation regimen. We consider that serial ultrasound scans are mandatory and neither a single control nor need more complex systems of ultrasound equipment using software programmes that identify and quantify hypoechoic regions within a 3D data set and might provide an objective and reliable measurement. More recently, new systems such as VOCAL and Sonov Vince have proved their efficiency and a reliability that is probably superior to classical diameter measurements, can be used interchangeably with traditional 2D, can save time and provide a method of quality control making possible monitoring patients from a distance and allowing the development of criteria for HCG administration based not in size but on follicular volume.

MINIMAL MONITORING AND CHEAPER STIMULATION MAY AFFECT RESULTS AND INCREASE THE RISKS P.N. Barri, B. Coroleu, O. Carreras, M. Devesa
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Controlled ovarian stimulation for IVF is now routinely applied in all cases of ART although in the last years we have observed a clear trend to decrease the intensity of ovarian stimulation. Reduced daily doses of gonadotropins are used in young normoresponders combined with short courses of Gn-RH antagonists in the context of the so-called “Minimal or Mild Stimulation” with the goal of obtaining no more than 6-8 oocytes, situation clearly different to the conventional stimulation with long protocols of Gn-RH agonists and higher doses of gonadotropins. Results obtained with this new approach are similar to those achieved with conventional protocols of ovarian stimulation when cumulative results, fresh plus frozen cycles, are considered. The risks of OHSS are reduced in this scenario and in this strategy are also common to follow policies of selectively reducing the number of embryos to be transferred. It is easy to understand that costs are significantly reduced if these strategies are followed. Traditional monitoring of ovarian stimulation has included serial ultrasoundography plus measurements of plasmatic estradiol concentrations. There is a general consensus on the routine use of ultrasound for monitoring follicular growth however the use of systematic measurements of estradiol is not general. A recent article suggest that a semi-automated endovaginal telemonitoring (SOET) can be used in order to move to a more patient-centred ART. There are different studies showing that a single US scan could be enough to properly monitoring ovarian response to stimulation while others propose more sophisticated systems of automated volumetric measurements of multiple growing follicles. A recent Cochrane systematic review conclude that there is no evidence from randomised trials to support cycle monitoring by ultrasound plus serum estradiol as more efficacious than cycle monitoring by ultrasound only on outcomes of live birth and pregnancy rates.

In our opinion, we believe that by using “mild” protocols of ovarian stimulation we can reduce costs and normal pregnancy rates can be obtained. However we are afraid of unexpected or uncontrolled cases of OHSS if monitoring is significantly reduced. Some author have published satisfactory pregnancy and delivery rates in properly selected patients with a minimal monitoring protocol limited to a single scanner the end of a fixed stimulation regimen. We consider that serial ultrasound scans are mandatory and neither a single control nor need more complex systems of ultrasound equipment using software programmes that identify and quantify hypoechoic regions within a 3D data set and might provide an objective and reliable measurement. More recently, new systems such as VOCAL and Sonov Vince have proved their efficiency and a reliability that is probably superior to classical diameter measurements, can be used interchangeably with traditional 2D, can save time and provide a method of quality control making possible monitoring patients from a distance and allowing the development of criteria for HCG administration based not in size but on follicular volume.

NOVELTIES IN ENDOSCOPY - WHAT ARE OUR EXPECTATIONS? L. Mettler
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Novelties in gynecologic endoscopic surgery - what are our expectations? Technical developments and a better understanding of a combination of surgical and imaging techniques revolutionized the 20th century. The first laparoscopic surgery in the world was performed by Georg Kelling from Dresden (Germany) in 1901, when performing a test-tube fertilization in the 21st century robotic endoscopic surgery with for example the da Vinci Surgical System or the telelap ALF-X and an increasing number of new instruments with multiple degrees of liberty, articulation and new
hemostatic effects have enriched surgical endoscopic possibilities. Cameras with a range of settings from 0 degrees to 120 degrees (Endocameleon TM, Karl Storz, Tuttingen, Germany) and improved optical systems (high-definition television; HDTV) give brilliant pictures. Today we differentiate the following techniques for imaging surgery in gynecology:

- Laparoscopy (conservative operative, robotic), natural orifice surgery (NOS), natural orifice transluminal endoscopic surgery (NOTES) and single port entries (laparoscopic single port surgery);
- Hysteroscopy: endoscopy inside the uterus;
- Transvaginal hydrolaparoscopy + fertiloscopy
- Transvaginal pelvic tumor biopsy under ultrasound control;
- Magnetic resonance-guided focused ultrasound surgery (MRgFUS);
- Uterine arterial embolization (UAE) for fibroids;
- Follicular puncture for IVF, intracytoplasmatic sperm injection (ICSI) and embryo transfer (ET); embroyscope
- Transvaginal ovarian cyst or peritoneal cyst puncture: aspiration;
- Endometrial ablation under ultrasound control;
- Saline perfusion hysterosonography for fibroid location (better than vaginal sonographic evaluation alone);
- Hysterosalpingo contrast sonography.

The first robotic camera assistant used in endoscopic surgery was the “automated endoscopic system for optimal positioning” (AESOP; Computer Motion, CA, USA). This hand-, foot- or voice-controlled arm allowed the surgeon to perform complex laparoscopic surgery faster than with an assistant holding the camera. The next surgical robot was a voice-controlled robot ZEUS (Computer Motion), that consists of an AESOP to hold the camera and two additional AESOP-like units, which have been modified to hold the surgical instruments. The modern robot generation named Da Vinci Surgical System has further advanced technologies of Computer Motion (Intuitive Surgical (CA, USA). The da Vinci Surgical System was approved by the FDA in May 2005 for clinical use in gynecology.

New robotic instruments and tools as well as systems are developed worldwide (TELELAP.ALF-X) from Italy, TERUMO instruments and the Tübingen system (art 2 Drive “Tübingen scientific”). They give the surgeon with multiple articulated instruments, force feedback and controlled tracking of instruments, in a three dimensional field better working possibilities.

WHAT IS THE FUTURE OF A HUMANITY BORN BY CAESAREAN SECTION?

M. Odent

In the age of simplified fast techniques of caesarean section, we must start raising questions about a humanity born by the abdominal route. What kind of possible effects should we consider regarding the evolution of our species?

- There are reasons to consider morphologic effects. As long as human beings could only be born by the vaginal route, the tendency towards an increased head circumference could not be transmitted from generation to generation. Similar questions can be raised regarding the morphology of the shoulders.
- Since there are strong connections between birth physiology and lactation physiology, one can raise questions about the capacity to breastfeed and the future of infant feeding in general?
- A humanity born by caesarean implies that the oxytocin system is not used during a critical period of human life (and probably less useful for infant feeding as well). When an organ or a system becomes less useful, it tends to weaken from generation to generation (e.g. evolution of the brain of domesticated mammals). There are new ways to interpret these transgenerational effects in the age of epigenetics. What is the future of the human oxytocin system? This question must be raised in terms of civilisation at a time when the importance of the behavioural effects of oxytocin is recognized.
- From a bacteriological perspective, there is an inescapable difference between a birth via the perineal route and a birth via the abdominal route. We must therefore give a great importance to studies in progress suggesting that the gut flora is to a certain extent established during the early neonatal period. Since an increased importance is currently given to the gut flora, one can consider plausible changes in the incidence of certain pathological conditions when most births occur by caesarean sections.

A shift towards a humanity born by caesarean section will undoubtedly be a turning point in the history of our species. When facing an unprecedented situation, the priority is to phrase appropriate questions.
**Infertility**

**O1**

**GENETIC MALE INFERTILITY FIELD: ROLE OF CLASSICAL CYTOGENETIC TECHNIQUES AT THE ERA OF GENOMICS AND PROTEOMICS NEW TOOLS**

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Background: Male infertility is a major reproductive health problem and spermatogenesis defects seem to be multifactorial involving many environmental, nutritional, behavioral, genetic and epigenetic factors. Despite spermatogenesis being among the most finely regulated processes, few genes are known to contribute to male infertility. Methods: We investigated cytogenetically 755 infertile men with azoospermia and oligospermia. Results: Excluding the cases of X and Y chromosomal abnormalities, only 1.32% infertile men were found to have reciprocal translocations: 1.07% among azoospermic men and 1.58% among oligospermic patients. In patients with azoospermia, chromosome 6 and chromosome 4 were the most involved chromosomes with recurrent translocation t(4;6), whereas in oligospermic men, chromosome 11 and 22 were the most involved chromosomes. Translocations and genomic region including breakpoints will be shown and discussed at the genetic level. New tools of investigation of these translocations will be exposed. Conclusion: Although, low frequency of reciprocal translocations, routine cytogenetic analysis of infertile men should be performed to explain infertility and to counsel couples before assisted reproductive techniques. Studies of recurrent break points of these translocations offer a precious opportunity at the scientific level and help molecular biologist to target specific genomic regions and candidate genes.

**O2**

**HORMONAL LEVELS, OBESE TISSUE MORPHOLOGY AND FERTILITY IN OBESE WOMEN WITH BODY WEIGHT LOSS**

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Obesity is a very serious problem for reproductive health. The rate of obesity is increasing fast and today in Russia there are more than 25% of obese and 30% overweight women. The aim of this study was to make a research of hormonal levels, obese tissue morphology, menstrual and reproductive disorders in obese women in the course of treatment. Materials and methods. This research involved 96 women of reproductive age with obesity. These patients have been administered “life-style modification program” and pharmacological therapy during 12 months. They had baseline body weight – 100.9 kg. BMI - 37.4 kg/m², waist circumference - 105.6 cm. We used clinical methods, ultrasonography. Hormonal levels were determined by Immunoassay method. Obese tissue was extracted by biopsy and its morphology was evaluated. Results. The results of this research showed that 12 months later patients had a body weight loss 12.3±6.2 kg. We found out evident increase of FSH and progesterone levels and decrease of LH, testosterone, estrone, estradiol, insulin and leptin levels. The ovarian volume was statistically significantly reduced. The rate of menstrual disturbance before treatment was 66.7%, after body weight loss – 16.7% (p<0.001), infertility rate - 33.3% and 18.7% correspondently (p=0.04). Correlation adiposites/stroma of obese tissue decreased after body weight loss. The adiposity volume before treatment was 435.8mm³, after treatment – 246.4 mm³ (p<0.001). Women with female type of obesity had the best results. Thus, body weight loss in obese women contributes to normalization of the hormonal levels, adiposites/stroma correlation and improvement of menstrual and reproductive disorders.

**O3**

**DIFFERENTIAL GENE EXPRESSION PROFILING IN VITRO FERTILIZATION AND EMBRYO TRANSFER PLACENTAE**

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The aim of this study was to identify differentially expressed genes by suppression subtractive hybridization (SSH) in placental tissues derived from IVF-ET and normal pregnancy. Two cDNA libraries were constructed: forward subtractive library (IVF-ET subtracted induced or upregulated) and reverse subtractive library (IVF-ET subtracted suppressed or downregulated). Total of 1,536 unique clones were randomly picked from the forward and reverse libraries. And then one hundred and fifteen differentially expressed genes were screened by reverse dot blotting. Sequencing and BLAST search results demonstrated that the 115 clones belong to 57 known genes (23 up-regulated, 34 down-regulated), and 22 new ESTs (13 up-regulated, 9 down-regulated); the GenBank accession No. HO211948 to HO211969). The above differently expressed genes with known function can be classified based on their function, including development/metabolism, transcription regulation, cell differentiation, membrane transportation, and stress response. Four Differential expressed genes were further confirmed by the RT-PCR, showing that ITGB1 and GNB4 expression were increased while STEAP4 and PPP1CB were decreased in the IVF-ET placentae. Our study reveals that differential RNA transcript abundance related to various functions in placental tissues was evident in IVF pregnancy, and suggests that some of these genes might be potential markers in IVF-ET placentae (Supported by a grant from the National Basic Research Program of China (973 program, No. 2007CB948101)).

**O4**

**THE EFFECTIVENESS OF IMMUNOTHERAPY WITH PATERNAL LYMPHOCYTES IN PATIENTS WITH AT LEAST TWO IN-VITRO FERTILIZATION (IVF) CYCLES**

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Objective: To describe our experience with the immunotherapy with paternal lymphocytes (IPL) for couples with implantation failure in at two previous cycles of IVF. Methods and materials: The study included 25 couples who undergone at least two previously failed IVF cycles before the IPL seemed to benefit with this immunotherapy, suggesting that IPL is a valuable adjuvant therapy for them.

**O5**

**DEPRESSION AND ANXIETY AMONG INFERTILE WOMEN AND RELATED FACTORS**

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Objectives: Infertility is a significant challenge leading to stress, anxiety and depression, influencing the relationships between the couples, sexual lives and economic status of fertile women, and giving rise to important personal and familial problems in them. Methods: The study was carried out to investigate the depression and anxiety experiences, and associated factors in infertile women. To the sampling group of the study, 143 women with infertility problems and applying them to The Department of Gynaecological Diseases of The Research and Education Hospital of Meram Medical School, Selcuk University and 100 women with no infertility and applying with other complaints were enrolled in the study. Accumulated data was evaluated using the data pooling questionnaire formed by the researcher, Beck’s Depression Inventory (BDI) to assess the depression rates and
Beck's Anxiety Inventory (BAI) to assess anxiety results. Data were accumulated via face-to-face interviewing method. In the analysis of the data, in order to evaluate the correlations between dependent and independent variables, and percentile and mean calculations in descriptive statistics, chi-square, Student’s t and Mann-Whitney U test, One Way Variance Analysis (One Way Anova), Pearson’s correlation analysis and multiple regression analysis were used. Results: In the study, no difference was determined between fertile and infertile women in terms of depression and anxiety total scores (p>0.05). In those with poor perception of income level, previous gynaecological diseases and the history of depression, the depression and anxiety scores were found to be negatively higher (p<0.05).

The depression and anxiety total scores of those with negative opinion related to treatment period in infertile women and considering that infertility affects their lives negatively and has an especially high rate of depression, that lacking of support during the treatment period were detected to be higher in a negative way (p<0.05). Conclusions: Upon experiencing depression and anxiety in the women with infertility problem, being treated with vaccination, thinking that infertility influences quality life, having negative opinion on treatment period and lacking of partner's support during the treatment may be suggested to be among important risk factors. In the light of these findings, it should be suggested that women at high risk be followed closely so as to solve the problem.

O6 EVALUATION OF HYSTEROsalpingoscintigraphy (HSSG) AS A TOOL FOR TubAL PATENCY TEST IN INFERTILE PATIENTS

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Aim: To evaluate the role of hysterosalpingoscintigraphy as a tubal patency test and compare it with hysterosalpingography in infertile patients. Methods: This was a prospective study conducted in the University Hospital Setting; Manipal. HSSG was performed on 30 patients with 1 mCi technetium 99m labeled sulphur colloid. Serial dynamic scintigraphy was performed at 0, 15 minutes, 30 minutes and 90 minutes. The results were compared to findings of hysterosalpingography. Results: Out of the 30 cases evaluated, 50% had bilateral patent tubes, 33.33% had unilateral patent tube, and 16.67% had bilateral blocked tubes. Time taken for sulphur colloid to reach uterus was 3 minutes 45 seconds; tubes 10 minutes 32 seconds; ovaries 25 minutes 48 seconds. All patients marked 0 on pain scale after HSSG, 16 patients marked 3 and 14 marked 4 on pain scale. The sensitivity of HSSG was calculated to be 69.64%, specificity 75%, positive predictive value 97.5% and negative predictive value 15%. Conclusion: Hysterosalpingoscintigraphy is easy to perform, with no premedication requirement and no pain in procedure with high positive predictive value (97.5%), but a poor negative predictive value (15%). This test can be used as compliment to other tubal patency test in the work up of infertility.

O7 A NOVEL APPROACH FOR TREATING INFERTILE PATIENTS WITH DIMINISHED OVARIAN RESERVE (DOR)

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Ovarian reserve (OR) decreases throughout life and has a physiological limit around the age of 50. The diagnosis of DOR is based on menstrual cycle day 2-4 follicle-stimulating hormone (FSH) and estradiol levels, antral follicle count and Anti-Mullerian hormone (AMH) titers. In particular, FSH levels increase and AMH levels decrease with age, providing diagnostic criteria across the reproductive spectrum. In clinical IVF practice, it is crucial to evaluate the effect of two well-known compounds, MYO-inositol and melatonin, on serum AMH levels.

Ovulation induction (OI) is considered to be an essential component of the treatment of patients with diminished ovarian reserve. In the present study, we aimed to evaluate the effect of OI on AMH levels. Indeed, several studies suggested that AMH is a predictor of IVF outcome. 11 patients (35.40± 5.1 years old, mean±SD) diagnosed with DOR were selected and treated with a combination of 4g of MYO-inositol and 3mg of melatonin (Infollic® Plus, Lo.Li. pharma, Roma, Italy) once daily for one month. AMH baseline levels were evaluated before treatment using a standard ELISA blood assay; blood sampling was repeated and analyzed after 30 days of treatment. After treatment patients showed a significant increase in AMH levels. AMH levels increased from 0.58±0.16 ng/ml at baseline, to 1.24±0.25ng/ml (p<0.05).

Obtaining high quality oocytes is essential for a positive IVF outcome. In the present study, we showed that daily administration of a combination of 2g of myo-inositol and 3mg of melatonin can positively impact serum AMH levels. This, in turn, might result in more positive IVF outcomes.

O8 NATURAL PREGNANCY PROGNOSIS FOR IVF/ICSI CANDIDATES USING DUOFERTILITY: ASSESSMENT OF PREGNANCY RATE RESULTING FROM COMBINED USE OF A MEDICAL DEVICE AND CONSULTANCY SERVICE TO ASSIST INFERTILE COUPLES IN ACHIEVING PREGNANCY

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A retrospective cohort study of the first 500 couples on the DuoFertility programme, compared to UK national statistics on in-vitro fertilization (IVF). Of the first 500 couples on the DuoFertility programme, 242 qualified for or had previously undergone IVF or ICSI and were studied to establish pregnancy prognosis for this patient group. The DuoFertility programme resulted in an average clinical pregnancy rate of 39 % after 12 months of use, which is significantly higher than both UK (25.6 %) and European (27.9 %) in vitro fertilization clinical pregnancy rates as well as the European intrauterine insemination clinical pregnancy rate (8.2 %) at the 95 % confidence level. Women who are eligible for IVF/ICSI under the NICE guidelines (39 years of age or younger) have a significantly higher chance (48%) of getting pregnant compared with older women with a similar fertility history (over 39 years of age, 18%). Scarce IVF resources to be more tightly focused. Numerous studies have demonstrated that expectant management can be as or more successful than IVF for specific groups of patients. IVF may therefore be considered over-prescribed in some countries, and is the subject of significant public debate given the physical and financial costs to patients and their healthcare providers. This analysis of pregnancy outcomes confirms findings from previous work and suggests broad applicability of the DuoFertility programme in many cases of infertility (as opposed to fertility).
INTRODUCTION: There are reports of impaired spermatogenesis following vasectomy. This study was P. P. to investigate if serum markers could predict the success of epididymal/ testicular sperm aspiration (PESA/TESA) and ICSI outcome. DESIGN: Retrospective analysis of 45 consecutive PESA/ TESA procedures (h/ICSI treatment) over 2 ½ years. POPULATION: Vasectomised men seeking assisted conception. OUTCOME MEASURED: Recovery of motile sperm by PESA/TESA and ICSI outcome. RESULT: Motile sperm were recovered from 73.3% of PESA/TESA. Trend of higher motile sperm recovery was apparent with serum Inh-B cut-off levels 165 pg/ml (85% vs. 57.9%; p=0.07) at 60.7% sensitivity, 72.7% specificity (AUC=0.64). Serum LH level predicted even better (AUC=0.86; 83.3% sensitivity, 50.0% specificity), with 80.6% successful sperm recovery when LH <5.0 mU/l vs. 45.4% when ≥5.0ml (p=0.04). There was a modest trend of higher PESA/TESA success with serum testosterone level (>15 nmol/l) compared to ≤15 nmol/l (61.2% vs. 60.8%; p=0.2) at this cut-off, AUC 0.61 (sensitivity 48.1%, specificity 83.3%). Serum FSH level, men’s age, time- gap since vasectomy did not correlate with motile sperm retrieval, though vasectomy within 10 years tended to give higher sperm recovery rate compared to those done between 10-15 years (100% vs. 61.9%; p=0.05). No predicting factor was found for ICSI outcome. CONCLUSION: Serum Inh-B, LH and testosterone levels may be of clinical importance in predicting successful recovery of motile sperm by TESA/PESA. Large scale study is required to confirm our findings.

O11 OVARIAN ELECTROCAUTERIZATION BY LAPAROSCOPY VERSUS IN VITRO VERTILIZATION: A CASE STUDY OF IVF -CENTERED ONLINE COMMUNITY

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Background: Polycystic ovary syndrome (PCOS) is a common cause of ovulation insufficiency and then infertility. Therapeutic options to induce ovulation in anovulatory PCOS patients are clomiphene citrate, metformin, tamofoxine, dopamine agonists (bromocriptine), Gonadotrophin and laparoscopic ovarian electrocautery (LOE). Gonadotrophin and LOE are important options in anovulatory clomiphene citrate-resistant patients with PCOS. Literature data regarding the comparison of the efficacy of these two treatments are few. Therefore, we aimed to study the pregnancy rates of these treatments in infertile clomiphene citrate-resistant patients with PCOS. Method: A randomized clinical trial study was carried out in infertile clomiphene citrate-resistant patients with PCOS, referred to infertility clinic of Mirza Kouchackhan Hospital of Tehran University of Medical Science in Tehran, Iran, between 2003 and 2008. Results: A total of 100 women patients were randomly allocated in two groups. There were no differences in age and primary and secondary infertility duration. In LOE treatment group, embryo transfer rate (51%) was higher than in LOE group (33%) and delivered at term. In gonadotrophin treatment 14 cases (28%) were pregnant, 10 cases (20%) delivered at term but four cases aborted. The cost in gonadotrophin treatment was significantly more than the cost of clomiphene ovarian diathermy (<0.001). In logistic regression analysis, age, BMI, cost and kind of treatment had no significant effect on pregnancy rate. Conclusions: Pregnancy and abortion rate in gonadotrophin treatment was more than LOE, but the difference was not significant. More studies are needed.
exploring both the angiogenic cytokines, leptin and IL-8 for a possible role in its pathophysiology. OBJECTIVE: To compare levels of both leptin and IL-8 in patients with endometriosis reflecting inflammation and dysregulated immunomodulation. Higher levels of leptin were seen in early stages; IL-8 seems to stimulate the disease in a dose-dependent manner.

METHODS: PF from 58 women with endometriosis and 28 women undergoing tubal ligation was collected at laparoscopy and leptin and IL-8 levels were measured using ELISA. RESULTS showed significantly higher levels of both cytokines in women with endometriosis. Significantly higher leptin and IL-8 levels were demonstrated in patients with early peritoneal (ASRM stage I and II) and advancing disease (ASRM stage III and IV), respectively. Levels of leptin and IL-8 in women with endometriosis (4.8 ng/mL/32 pg/mL) vs. implants (13.0 ng/mL/88 pg/mL). There was no correlation of infertility or chronic pelvic pain with these levels. CONCLUSION: Both leptin and IL-8 levels are raised in PF of women with endometriosis reflecting inflammation and dysregulated immunomodulation.

O13 EMOTIONS AND MEDICAL CONCERNS OF WOMEN GOING THROUGH IN VITRO FERTILIZATION: A CASE STUDY OF IVF-CENTERED ONLINE MEDICAL COMMUNITIES

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Women who suffer from fertility issues often use in vitro fertilization (IVF) to realize their wish to have children. However, IVF has its own set of strict administration rules that leave the women physically and emotionally exhausted. Feeling alienated, anxious and frustrated, women who go through IVF in many cases also deal with certain societal taboos surrounding infertility, which makes it difficult for them to receive proper support and understanding from their social circle. For many IVF users, participating in internet IVF-centered message boards (forums) is a good way to share their stories and to find information and support. Based on the observation of Dutch and Greek IVF forums and a selection of 109 questionnaires from Dutch and Greek IVF forum users, we investigate the reasons why users of IVF participate in online communities centered on IVF, their need for emotional expression and support, and how they experience and use the information and support they receive through their participation in the online community. We argue that the emotional concerns expressed in such forums should be taken into account by medical professionals in order to promote more patient-oriented care and psychological support for women going through IVF, as well as proposing that doctors performing IVF should be encouraged to offer clear information to their patients and being more transparent during the IVF process.

O14 CORRELATION OF ANGIOGENIC CYTOKINES-LEPTIN AND IL-8 IN STAGE, TYPE AND PRESENTATION OF ENDOMETRIOSIS

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Pelvic endometriosis is a chronic inflammatory disease with an immunological background. Yet there is paucity of contemporary research exploring both the angiogenic cytokines, leptin and IL-8 for a possible role in its pathophysiology. OBJECTIVE: To compare levels of both leptin and IL-8 in periuteal fluid (PF) in women with endometriosis vs. fertile controls and correlate with disease stage, type and symptoms. MATERIALS AND
In vitro fertilization with donated oocytes is an important option for many infertile patients. Indeed, the technique is one of the few options available to infertile women seeking to have children but unable to produce healthy oocytes and is crucial to the reproductive efforts of homosexual male couples. Despite the importance of the technique for some patients, egg donation remains controversial and countries around the world have adopted a wide range of policies to oversee the practice of this medical technique. This policy heterogeneity is reflective of an ongoing controversy surrounding the use of donated eggs broadly and the set of conditions under which the technique is or is not acceptable more specifically. In this research we examined how specific policy choices for these two issues affect the use of egg donation on a national level. Our preliminary findings suggest that anonymization policy has less of a relationship with use of the technology. We conclude by considering how these preliminary findings affect our assessment of the various policies and inform our thinking about which policies should be preferred.

O18 INFERTILITY DUE TO VARICOCELE: IS SURGERY THE ANSWER??
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Aim: To evaluate the effect of varicocele on semen and its changes following varicocelectomy. Methods: A study included 112 subjects of which 71 subjects were of varicocele (46 with and 25 without infertility) and 41 subjects were controls (20 fertile adults and 21 adults with infertility without varicocele). All subjects underwent detailed semen analysis (including volume, pH, sperm counts, motility, morphology and sperm function test), FNAC of bilateral testes and hormonal analysis (LH, FSH, Testosterone). Bilateral low ligation (under local magnification) of varicocele was done in Doppler confirmed cases and changes in above parameters were recorded post operatively. The subjects were followed up for a period of 6 months. The parameters were compared and analyzed among the four groups and also with post-operative values in subjects of varicocele undergoing bilateral varicocelectomy. The Student’s t-test or Chi-square test as applicable. Some data showed wide variation, so Mann Whitney’s test also was used where applicable. Statistical significance was defined if the p value was <0.05.

Results: On-pre-operative evaluation, subjects with varicocele were found to have significantly low sperm counts, low sperm motility, deranged sperm function and higher proportion of sperms with abnormal morphology in semen as compared to controls. The semen parameters improved markedly within 1-3.5 months after bilateral varicocele ligation with significant increase in sperm counts, motility and also functional capacity of sperm (morphology and sperm function test). There was significant improvement in the subjects’ hormonal status and grade of testicular history after surgery. The extent of impairment and post-operative improvement of all parameters was related to the grade of varicocele. Conclusion: Varicocele has an adverse effect on male fertility by affecting semen parameters. Bilateral varicocele ligation causes a progressive and significant improvement of semen parameters and thus increases the chances of conception. Therefore, though the indication of surgery for symptomatic varicocele is well established, microsurgical surgery in all cases of varicocele associated with infertility or oligospermia.

O20 THE EFFECT OF THE LIFE STYLE ON LIFE QUALITY OF COUPLES RECEIVING INFERTILITY TREATMENT
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Aim: This study was conducted in order to examine the effect of the life style on quality of life in couples receiving infertility treatment. Methods: The study was performed in the Centre for Assisted Reproduction Techniques of Akdeniz University Faculty of Medicine between September 2008 and March 2009. Two hundred couples were included in the survey. The data were collected by using “Personal Information Form”, “SF-36 Quality of Life Scale” and “Healthy Promotion and Lifestyle Profile”. Results: The average age of receiving fertility treatment was 31.4 ± 5.26 for women and 34.52 ± 6.08 for men. 40.5% of women and 39.5% of men were primary school graduates, and the average income level was $9,059.44 ± 2,185.23. It has been determined that the life quality of women was low compared to men, however, no difference was found between healthy lifestyle behaviors by gender. The variables such as advanced age, low education level, low income level, longer infertility duration, higher body mass index, history of andrological surgery, implementation of three or more assisted reproductive techniques, have been identified to reduce the healthy lifestyle behaviors of couples. Also, the life quality of couples was increased with increasing the healthy lifestyle behaviors. Conclusions: This study revealed that healthy lifestyle behaviors and life quality of infertile couples were affected by many factors. Exhibition of positive health behaviors of couples receiving fertility treatment will increase their life quality. According to needs of infertile couples, the nurses should be a consultant to the couples for positive health behaviors.

O21 A TARGETED MASS SPECTROMETRY-BASED META-BOLONICS STRATEGIC HUMAN UBA VASCULAR TISSUE FLUID: A PROMISING TOOL IN FERTILITY RESEARCH
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While the number of assisted reproduction cycles increases worldwide, the introduction of actual technological improvements in the ability to quickly and non-invasively identify the best embryos for transfer still represents a critical goal for reproductive medicine. Indeed, embryo assessment is currently performed through the analysis of morphology and cleavage rate. Recent studies have sought to identify a correlation between qualitative and quantitative profiles of small molecules of metabolic interest and the outcome of embryo transfer. Some of these molecules seem to be best suited for this purpose, including glucose, lactate, pyruvate or amino acid levels. Approaches relying on both optical and non-optical spectroscopy have been proposed to non-invasively monitor the embryo culture media. However, the non-invasive approach only offers an indirect strategy to monitor embryos and a turn-around solution to bypass the limits of detection of these analytical techniques. In this paper we pave the way for direct assessment of embryos through the mass spectrometry-based analysis of blastocoele fluid, which is withdraw from the blastocoele cavity prior to cryostorage of blastocoeles in volumes as low as 0.5 nl. We show how it is possible to detect most of the already documented metabolites of interest right at the very heart of the blastocyst, without disrupting the workflow of a classic laboratory pipeline. Our method allowed detection and quantification of glutamate and ketoglutarate down to picomole quantities (1.35 and 13.70 injected pmol, respectively).
Objective: To compare the expressions of aromatase P450 in eutopic (endometrial polyps (EP) and endometrium adjoining EP) and ovarian ectopic endometrium between fertile women and infertile women with endometriosis (EMs) complicated with EP, and to explore the role of aromatase P450 in the pathogenesis of infertility. Patients and Methods: Ninety six Paraffin-embedded tissue samples from 48 premenopausal patients were submitted for study. For measurement of aromatase P450 expressions, 25 cases of infertile women and 23 cases of fertile women were included. Results analyses were carried out using software Image-pro plus 6.0 and SPSS 17.0. Results: The presence of aromatase P450 expression was significantly higher in the infertile eutopic endometrium (both EP and endometrium adjoining the EP) than the fertile endometrium in luteal phase (P=0.015 for EP and P=0.027 for endometrium adjoining the EP). But there were no statistically significant differences in aromatase expressions of the ectopic endometrium and proliferative endometrium between infertility and fertility. Conclusion: Aromatase P450 highly expressed in ovarian ectopic endometrium, EP tissue and endometrium adjoining the polyps, and the expression was higher in infertile eutopic endometrium than the fertility in the luteal phase, indicating that high level of aromatase expression affect the implantation and slowdown the pregnant probability by affecting the function of secretory endometrium.

O23 INHIBITORY EFFECT OF CETRORELIX ON THIOTEPA INDUSED FOLLICULOCONEGENESIS DISTURBANCES

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Blood expansion of Natural Killer (NK) cells (CD3-CD56+/CD16+) has been described in women with recurrent miscarriages (RM) and implantation failures (IF) compared to fertile women. NK cells play a key role in embryo implantation and pregnancy success when NK expansions are involved in the pathophysiology of recurrent pregnancy loss (RPL). Objective: To study the association of circulating %NK cells in women with RPL Patients and Methods: 152 women with RPL, 152 women with RM (62 with RM and 90 with IF) (mean age, 34.98±5.50 years) were consecutively studied. NK cell subsets (CD3-CD56dim+, CD16+CD56+, CD16+CD56-) were analyzed using multimparametric flow-cytometry from patients and 32 healthy fertile women at day 1-3 and 14 (ovulation) of regular menstrual cycles. Results: NK cells did not vary across the menstrual cycle. NK were significantly higher in women with RPL (p=0.001), and with RM (p=0.001) and with IF (p=0.001) than those in controls, respectively. Using Receiver Operating Characteristic (ROC) curves, the cutoff value for blood NK cells was 12%, with 54.8% and 54.8% sensitivity; and 76.4% and 76.4% specificity for RM and IF, respectively. Women with NK±12% developed RM or IF than those with NK<12% (p<0.001). Multivariate analysis disclosed that age (p=0.001) and baseline %NK (p=0.044) were two independent risk factors of RPL. Conclusions and discussion: We show for the first time that NK is an independent risk factor for RPL. A cut-off of 12% baseline NK defines a subgroup of RPL women of putative immune alterations.

O26 ULTRASOUND EXAMINATION OF ALL ORGANS AND SYSTEMS IN ROUTINE EXAMINATION OF PATIENTS WITH INFERTILITY

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Examination of infertile couples according to standard protocol recommendations are not always for a gynecologist to evaluate overall health of women. Patients do not always apply to the survey to family doctors, and especially to the highly specialized gynecologists. We introduced the practice of complex ultrasound examinations of women with infertility. We have since 2008 used a comprehensive ultrasound screening of all patients with infertile who turned in Lviv City Center for Family Planning and Human Reproduction. Review conducted by 7-10 day cycle after pre-treatment to evaluate intestinal. Thyroid glands, breast, gall bladder, liver, pancreas, spleen, kidney, adrenal gland, ovarian and uterus were investigated. During 3 years, we examined 118 patients, and found the frequency of detection of autoimmune thyroiditis (16%), fibrous cystic breast (34%), biliary tract dyskinesia (32%), and chronic pancreatitis (14%). Ultrasound is particularly marked changes in the form of chronic liver intoxication combined with features of autoimmune thyroiditis. All patients with ultrasound signs of liver damage were recommended screening for parasitic infections and hepatitis viruses B and C. Patients with ultrasound features of autoimmune thyroiditis were directed to investigate not only TSH, free T4 and T3 but also thyroid antibodies (TPO-Ab and Tg-Ab). In the process was found a combination of ovarian pathology, affecting the structure of the breast and gravel bladder in 21% of women. This approach greatly speeds up treatment of infertility, details the following algorithm more specific investigation and consultation of professionals.
Introduction: Recently, it has been postulated that even subtle alterations in thyroid function may adversely affect the outcome of patients undergoing in vitro fertilization (IVF). Thyroid stimulating hormone (TSH) concentrations in serum are known to have a significant impact on follicular development, ovulation, and embryonic implantation in women undergoing assisted reproductive technologies (ART). The aim of this study was to investigate the relationship between serum TSH levels and in vitro fertilization (IVF) outcomes in patients undergoing ART.

Methods: A total of 223 patients undergoing IVF in our center between 2007 and 2008 were included in the study. Laboratory tests were reviewed and patients with a TSH level of 2.5 mU/L or higher were included in the study. Pregnancy rates were 35.4% and 46.5%, respectively. In patients with TSH level below 2.5 mU/L, pregnancy rates were 27.5% and 16.8%, respectively. A statistically significant difference was found in the egg donor patients. (P < 0.1).

Conclusions: Levels of thyroid stimulating hormone greater than 2.5 mU/L, but within normal range were associated with a lower pregnancy rate in patients undergoing in vitro fertilization. This is particularly significant in patients who received an egg donation, so we can suspect a possible altered endometrial function.

O28 COMPARATIVE ANALYSIS OF BROMOCRIPTINE AND CYCLODINOME Influence on Clinical Features and Prolactin Levels in Women of Reproductive Age with Hyperprolactinemia

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Table 1: Analysis of Bromocriptine and Cyclodine in Women of Reproductive Age

<table>
<thead>
<tr>
<th>Group (hr)</th>
<th>1 (1-2)</th>
<th>2 (2-3)</th>
<th>3 (3-4)</th>
<th>4 (4-5)</th>
<th>Federation</th>
</tr>
</thead>
<tbody>
<tr>
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<td>160</td>
<td>69</td>
<td>45</td>
<td>2 PN</td>
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<tr>
<td>Embryos (provide)</td>
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<tr>
<td>Embryos (provide)</td>
<td>50</td>
<td>50</td>
<td>19</td>
<td>45.5</td>
<td>5 (100)</td>
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<td>25.4</td>
<td>13.6</td>
<td>22.7</td>
<td>5 (100)</td>
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<td>Embryos (% of MI)</td>
<td>25.4</td>
<td>13.6</td>
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<td>Embryos (% of MI)</td>
<td>33.3</td>
<td>33.3</td>
<td>25.4</td>
<td>22.7</td>
<td>5 (100)</td>
</tr>
</tbody>
</table>

Table 1: Analysis of Bromocriptine and Cyclodine in Women of Reproductive Age

Analysis of results: The highest number of embryos was provided by definite hormone therapy. A statistically significant difference was found in the egg donor patients. (P < 0.1).

Conclusions: Levels of thyroid stimulating hormone greater than 2.5 mU/L, but within normal range were associated with a lower pregnancy rate in patients undergoing in vitro fertilization. This is particularly significant in patients who received an egg donation, so we can suspect a possible altered endometrial function.

O29 The Effects of Anxiety, Depression and Life Satisfaction on the Outcome of Assisted Reproductive Techniques

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Introduction: Anxiety, depression and life satisfaction of couples not only affect their physical, social and psychological lives but also affect outcome of ART. This study was performed as comparative to determine the effects of anxiety, depression and life satisfaction on outcome of ART. The survey sample was composed of 217 couples. Data of the study were collected using a semi-structured questionnaire form aimed to determine the socio-demographic characteristics of couples, and inventory of anxiety, depression and life satisfaction were applied to couples who initiated ART treatment. Post embryo transfer data collection form and a state anxiety inventory were applied in order to determine the problems experienced by couples during the treatment process. Data were analyzed with Pearson and Fisher chi-square tests, means and standard deviations, ANOVA and student t test. Comparing the results for women with positive pregnancy test results to that of women with negative test results, it was found that the state anxiety level was higher and the trait anxiety level was lower (p<0.05).

The depression level (p>0.05) and the quality of life level were also lower. For men whose wives had negative pregnancy test results, it was determined that the state and trait anxiety levels were higher (p<0.05), the depression level was lower and the quality of life level was higher. As a conclusion, the findings from this study are important to be helpful in education and counseling service planning, provided to infertile couples on health status improvement by health personnel at ART units.

O30 Utilising Oocytes at Metaphase I at the Time of Denuding Benefits ART Patients

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Introduction: Immature oocytes are also collected during Ovum Pick Up (OPU), in IVF/ICSI cycles which may mature at different time. Aim: This paper elucidates the usability of oocytes which are MI at denuding and MI at ICSI in terms of fertilization and usable embryos. Method: Patients undergoing ICSI cycles between November 2009 and February 2010 were included, without their identity, in this retrospective study. Oocyte maturity was assessed at denuding and fertilized 30 min after OPU and MI oocytes kept separately but in similar culture conditions as other oocytes. They were assessed before ICSI and injected if mature. Fertilization, embryo formation and usable embryos (transferred and frozen) from these oocytes were observed, grouped based on time interval between denuding and ICSI and subjected to One-way ANOVA for statistical significance. Results:

Values with the same superscript are not statistically different within the same row. The proportion of mature oocytes increased significantly (p<0.01) beyond 2 hr after denuding. However, proportion of 2 PN eggs, embryos formed and usable embryos was same between groups. Conclusion: Oocytes that are MI stage at denuding should be kept in culture beyond 2hr to mature before ICSI is performed. This would increase the chances of a patient having more usable embryos.

O31 Preimplantation Genetic Screening for Aneuploidies: A Systematic Review

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Objective: To evaluate whether preimplantation genetic screening (PGS) can improve the clinical outcomes of IVF/ICSI compared with no intervention. Materials and Methods: Extensive searches were conducted for randomized controlled trials (RCTs) as full-text manuscripts, abstracts, congresses and unpublished trials that compared PGS in patients undergoing IVF/ICSI with no intervention. The primary outcome was the live-birth rate.
(LBR). Secondary outcomes were the proportion of women reaching the embryo transfer stage, clinical pregnancy rate (CPR), miscarriage rate (MR), ongoing pregnancy rate (OPR), proportion of women reaching embryo transfer after cryopreservation, and proportion of children born with congenital malformations or chromosomal aberrations. Results: A total of 15 RCTs were identified. Seven trials were excluded because they compared PGs with assisted zona honching or randomized cycles instead of women. In the remaining eight trials, including 1,504 women, data were retrieved. Meta-analysis showed that the use of PGs did not increase the LBR (R.R = 0.79, 95% CI: 0.54 to 1.15), CPR (R.R = 0.89, 95% CI: 0.67 to 1.17) or MR (R.R = 0.75, 95% CI: 0.23 to 2.45) or other outcomes. Conclusion: To date, there is no evidence from trials to support the use of PGs in women undergoing IVF/ICSI. More RCTs are needed to determine if there is a role for PGs in specific patient populations or using different investigative techniques.

O32
CO-OCURRENCE OF POLYCYSTIC OVARY SYNDROME WITH DEPRESSION AND ANXIETY SYMPTOMS
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Objective: We studied the psychological characteristics in polycystic ovary syndrome women and whether its endocrinometabolic profiles are associated with depressive and anxiety symptoms. Methods: 100 PCOS aged 19-40 years were recruited in and performed anthropometric measurements, Endocrinometabolic profiles, self-Rating Depression Scale and self-Rating Anxiety Scale. Results: The SDS and the SAS scores of the PCOS women were both significantly higher than norm (46.0±9.9 vs41.88±10.5, 40.72±9.22vs37.23±12.59, p<0.000, 0.27%±0.27% PCOS women were ascertained depressive symptoms and 15% (15/100) PCOS women were ascertained anxiety symptoms. 14% (14/100) PCOS women had both depression and anxiety symptoms. They demonstrated significantly increased SDS and SAS scores, Serum concentrations of PRL and F than those had either depression or anxiety symptoms, p<0.05. However, no relationship was found between the SDS or SAS scores with body mass index, HOMA-IR and free antigen index (p>0.05). Conclusion: Although no clear association was found of depression and anxiety symptoms with endocrinometabolic profiles, mild to midrange depression and anxiety symptoms distinguished women with PCOS. Clinicians should be aware of the increased psychological risks in PCOS women.

O33
THE EFFECT OF COTinine LEVELS IN SEMINAL PLASMA AND FOLLICULAR FLUID ON THE PREGNANCY RATE OF SMOKER, NON-SMOKER AND PASSIVE SMOKER INFERTILE COUPLES
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It has been shown in many studies that smoking or being exposed to smoke has negative effects on reproductive functions of couples, causing failure in ART treatment process. This study was performed as comparative and experimental to determine the effects of cotinine levels in seminal plasma (SP) and follicular fluid (FF) of couples on the outcome of ART. The survey sample was composed of 217 couples. A semi structured data collection form was used to collect the data. Cotinine levels were analyzed in SP and FF of couples and the relationship between cotinine levels and pregnancy rate was determined. It was found that couples who achieved pregnancy were mainly non-smokers and their cotinine levels were under 50. Couples who had negative pregnancy test results mainly smoked between 5 to 10 cigarettes a day and their cotinine levels were within the range of 25 to 100. The difference in cotinine levels between couples with positive pregnancy test results and couples with negative pregnancy test results was statistically insignificant (p<0.05). Multiple adjustment analysis showed that women who never smoked, aged between 31 and 35, who had their first ART attempt, never had any women's disease, who are underweight or normal in terms of body mass index had greater chances of pregnancy than other groups; while women who are smokers, had any type of women's disease and are overweight had lower chances of pregnancy than other groups. In conclusion, quitting smoking must be the prerequisite for couples who will undergo ART.

O34
PRENatal AND PERINatal COMPLICATIONS OF IN VITRO FERTILIZATION
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IVF is a significant option for infertile couples who want to reproduce, however, its use is not without complications. This article attempts a review of the literature to examine whether IVF pregnancies possess a higher ratio of complications during the pregnancy or the perinatal period. Recent research shows that IVF pregnancies are associated with more complications, higher obstetric risk and poor perinatal results. Some complications may lead to the termination of the pregnancy, like miscarriages and ectopic pregnancy. Others may increase the maternal risk, like placenta previa, placental abruption, gestational diabetes and preeclampsia. But hazards threaten the embryo as well. A higher risk of prematurity, LBW and caesarean section have been demonstrated. Another serious complication is multiple pregnancies. The established way of prevention is Double Embryo Transfer but another option has been proposed: elective Single Embryo Transfer, with lower rates of prematurity and LBW. IVF, as any medical intervention, has risks. IVF patients are more probable to endanger the mother during the pregnancy and to lead to the birth of a premature or LBW newborn not only, as formerly believed, in multiple pregnancies but also in singletons.

Fetomaternal
O35
Glibenclamide Versus Insulin Therapy in Women with Diabetes during Pregnancy
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Department of Gynecology and Obstetrics, All India Institute of Medical Sciences, New Delhi, India

Background: Insulin is standard therapy in diabetes mellitus (DM) during pregnancy with failed diet therapy, but it is injectable, inconvenient and costly. Objective: To assess glycemic control and obstetrical outcome with glibenclamide versus insulin in DM during pregnancy with failed diet therapy. Design: Randomized clinical study. Method: Total 40 cases of DM during pregnancy with failed diet therapy (>12 weeks period of gestation) were randomized in two groups. Group-I (n=20): Glibenclamide was started at 1.25–2.5 mg/day (maximum up to 20 mg/day) and increased weekly till desired glycemic control was achieved; Group-II (n=20): insulin therapy. Results: Overall better glycemic-control was achieved in group-I as HbA1C before delivery was 5.3%±0.5 in group-I and 5.8%±0.5 in group-II (p=0.01). Mean dose required was 4.3±2.3 mg and 20.9±6.3 units (8–30)units in group-I and II respectively. Fastening blood sugar was similar (p=0.3), but bilirubin was lesser in group-I (p=0.02),
Purpose: Babies and mothers are discharged early after the delivery in our country and the world alike, and they cannot benefit from postpartum care adequately. The aim of the study is to examine the effect of education on postpartum care and maternal-fetal health. Materials and Methods: A retrospective posttest control experimental study performed in Konya, Turkey. The study group included 82 pregnant women as 41 experiments and 41 controls who applied to the hospital for routine postpartum follow-up. Those in the study group were educated, but the ones from the control group were involved only in hospital routines without being educated. The education subjects for experimental group were delivery process, newborn care and self-care of mother after delivery. A questionnaire and readiness for hospital discharge- new mother form (RHD-NMF) were used to collect data. The data were collected by researcher face-to-face interview. For statistical analyses t test, anova and X2 were used. Results: The level of readiness for postpartum discharge was more positive in experimental group (149.9±24.1) than control group (128.7±31.8) (p<0.05). The education had an important effect on mother's readiness for hospital discharge. It is important that the education of pregnant women who are in their third trimester increased the awareness and readiness of postpartum discharge.

O37 TRENDS OF FISTULA AND THIER MANAGEMENT IN A REFERRAL CENTER IN SAUDI ARABIA
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2Department of Obstetrics and Gynecology, Centre Hospitalier Regional d'Orleans, Orleans, France

Objective: To review all cases of genitourinary fistula, their causes, management and outcome. Materials and Methods: A retrospective chart review of all fistula cases referred to the urogynecology department, King Fahad Medical City, Riyadh, Saudi Arabia, from January 2005 to July 2011. Medical records were reviewed and analyzed. Results: Fourteen genitourinary fistula cases were identified, 8 (57.1%) vesico-vaginal fistula (VVF) cases, 3 (21.4%) vesico-uterine fistula (VUF) cases, and 3 (21.4%) vesico-cervical fistula (VCF) cases. Mean age was 41 (±9.5) and mean parity was 7 (±4). Out of the 14 cases, 10 (71.4%) were obstetrical surgical complications, of which 8 (57.1%) were complications of cesarean sections (CS). Of the VVF cases, 3 caused by CS and one by cervical cerclage, the other cases were due to obstructed labor. Five cases underwent hysteroscopy, 2 had moderate IUAD resected. One patient had vaginal repair. Conclusion: Most of the genitourinary fistula were of obstetric origin. There was no neonatal hypoglycemia or malformations in either group. There is no increased risk of maternal-fetal hypoglycemia.

O38 MULTIPLE SUTURE SUTURES FOR POST PARTUM HEMORRHAGE: RESULTS AND HYSTEROSCOPIC ASSESSMENT
S. Alouini
Gynecological and Obstetric Department, Centre Hospitalier Regional d'Orleans, Orleans, France

Objective: To evaluate the efficacy and morbidity of multiple square sutures in severe postpartum hemorrhage (PPH). Methods: A retrospective study encompassing thirty multiple square sutures (MSS) performed for severe PPH in 26,605 deliveries in a tertiary maternity center. The main outcome measures were the ability to stop hemorrhage and the assessment of the uterine cavity by hysteroscopy at 3 months. Results: MSS stopped PPH in 28 of 30 cases (93%). Twenty women underwent hysteroscopy after MSS. Eight women (40%) did not have intrauterine adhesions (IUAD). Nine (45%) had thin and localized IUAD that were easily removed by the tip of the hysteroscope, 2 had moderate IUAD resected. One patient had endometritis followed by severe IUAD. Four women had a new pregnancy and delivered after multiple square sutures. Conclusion. The use of multiple square sutures is a conservative, safe, and efficient technique for controlling PPH and preserving fertility. Although some patients had moderate or severe adhesions, a normal uterine cavity or minimal intrauterine adhesions that were easily removed were the most frequent findings at hysteroscopy. Subsequent hysteroscopy is recommended for the possibility of intrauterine adhesions, which are easily removed in most cases. Women in whom multiple square sutures were used for severe PPH achieved subsequent pregnancy and delivery.

O39 DETERMINATION OF THE EARLY IMMUNOLOGICAL CHANGES IN PATIENTS WITH PREGNANCY LOSS
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At this time pregnancy loss is very actual problem. It is very difficult to know the main reason of pregnancy loss and this pathology could be repeated during next pregnancy in the future. Also it is not easy to determine other factors of this condition, the effectiveness of the carried out treatment to the patients. The statistic information about the rate of repeated pregnancy loss after two loss cases is 24%, after three – 30%, after four – 40%. ELIP-test 12 is the method for determination of the concentration of embriotoc autoantibodies in the blood. It is possible to evaluate the condition of general and reproductive health at the early stage of diseases before any clinical signs will have a place. The main aim of the study was to determine the immunological changes of the level of auto antibodies in blood at the 3rd trimester of pregnancy and delivery.

O40 THE ANALYSIS OF THERAPEUTIC EFFICACY AND FAILURE FACTORS OF UTERINE ARtery CHEMO-EMBOLIZATION IN TREATMENT OF CESAREAN SCAR PREGNANCY
X. An1, J. Wang2, G. Zhang2
1Department of Radiology; 2Shanghai JiaoTong University affiliated First People's Hospital, Shanghai, China

Twenty one patients with Cesarean Scar Pregnancy (CSP) were treated with interventional therapy, mainly transcatheter arterial chemo-embolization and followed subsequent cesarean section. The uterine arteries were super-selectively catheterized during arteriography, and obtain enough adequate devascularization. The third, conventional bilateral ovarian artery embolization, was performed for those whose uterine arteries were still too much dilated. The fourth, additional cervical artery embolization was performed when the uterine arteries were still something important to be noticed. In this study, several factors are
believed to result in failure of interventional treatment. Firstly a single dose of systemic MTX 50-75mg based on body weight was given intramuscularly before the UAE in 7 cases, so in the operation chemotherapy dose was intended to reduce by considering toxic and side-effect. Secondly in order to preserve those women’s fertility as much as possible, gelatin sponge was chosen which is considered as temporary arterial embolization and hard to obtain enough adequate devascularization. The third, conventional bilateral uterine arteries are super-selectively catheterized during arteriography, and contour of embryos are shown clearly. However, due to recanalization and collateral circulation of the embryos, sometimes ovarian arteries even superior epigastric arteries also feed the embryo on the scar which should be not neglected. Better outcomes might be achieved by paying attention to these questions mentioned above.

O41 MATERNAL TACHYCARDIA AS A PREDICTOR OF CAESAREAN SCAR COMPLICATIONS IN TRIAL OF LABOR AFTER CAESAREAN (TOLAC) A. Banerjee
Department of Obstetrics and Gynecology, Saifajung Hospital and Vardhaman Mahavir Medical College, New Delhi, India

OBJECTIVE: The objective of the study was to determine whether intrapartum maternal tachycardia (>100 beats per min) can be incorporated as a predictor of caesarean scar complications associated with a trial of labor after Caesarean (TOLAC). Materials and Methods: This is a retrospective audit of 152 women with previous one Caesarean section selected for TOLAC in a tertiary care hospital of urban India. The maternal heart rate details in relation to stage of labour and perinatal outcome were retrieved from case records containing partograms of these 152 patients. Patients with fever, prolonged leaking, anemia, receiving tocolytics and heart disease were excluded. RESULTS: VBAC rate was 66.45% (101 out of 152). Of the failed TOLACs, 4 women had a uterine rupture of which 2 were detected only at Caesarean Section. 16 were found to have scar dehiscence on Caesarean section. Of these, 12 women had intrapartum tachycardia. On the other hand overall 36 out of 152 had intrapartum tachycardia and 14 out of these had scar complications: dehiscence (12) or rupture (2). 4 women had dehiscence and 2 had rupture without recorded maternal tachycardia. Thus sensitivity and specificity of maternal tachycardia for scar dehiscence (excluding rupture) is 75% and 36% respectively. Positive and negative predictive values for scar dehiscence is 36% and 94.83%. CONCLUSION: Isolated maternal tachycardia as a screening tool during monitoring of TOLAC fails to predict scar complications with sufficient accuracy. However it has high negative predictive value. It should be remembered as a useful clinical sign to detect scar rupture.

O42 TWO VS. THREE PRIMARY RECURRENT PREG- ANCY LOSSES – ARE THERE ANY DIFFERENCES IN EPIDEMIOLOGIC CHARACTERISTICS AND INDEX PREGNANCY OUTCOME? A. Bashiri1, R. Ratzon1, S. Amir1, R. Serjenko1, M. Mazor1, I. Shoham-Vardi2
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Objective: To compare obstetric characteristics and pregnancy outcomes of patients with primary recurrent pregnancy loss (RPL) following 2 vs. 3 RPL. Study design: A retrospective cohort study including 168 patients with primary RPL followed by subsequent (index) pregnancy, 124 patients with three or more consecutive RPL, and 80 patients with two consecutive RPL.

O43 CHALLENGES IN IMPLEMENTING HUMANIZATION OF BIRTH PRACTICES IN A HIGHLY SPECIALIZED AND UNIVERSITY AFFILIATED HOSPITAL R. Behruz1, M. Haten2, L. Goulet1, W. Fraser2
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While the literature is abundant regarding the humanization of birth in low risk pregnancies, this concept in a highly specialized hospitals where most pregnancies are at high obstetric risk is less often addressed. The aim of this study was to explore the organizational and cultural dimensions, which act as barriers or facilitators in the provision of humanized obstetrical care in a highly specialized, university-affiliated hospital in Quebec, Canada. A single case study design was chosen over a structured interviews, field notes, participant observations, a self-administered questionnaire, documents, and archives. Both descriptive qualitative and quantitative data were collected and analyzed. The aim of this study was to investigate the relationship between interpregnancy interval and low birth weight and other pregnancy outcomes. Design: This was a matched case-control study. Setting: The survey was carried out in Women’s hospital and Al-Khor Hospital, Hamad Medical Corporation. Subjects and Methods: The study group included the mothers of newborns with low birth weight <2500gm as “cases” and an equal number of mothers of infants with normal birth weight >2500gm as “controls”. Face to face interviews were conducted during the study period with mothers of newborn babies using the standardized questionnaire covering the variables related to socio-demographic factors, maternal characteristics and neonatal outcome. For cases, mothers of 1216 newborns with birth weight <2500 gm were approached and 854 mothers gave consent to take part in the study with a response rate of 70.2%. Also for controls, mothers of 1158 newborns with >2500gm were approached and 854 mothers agreed to participate in this study (73.7%).

Results: Of the newborn babies with low birth weight, the risk was higher among mothers with short interpregnancy interval of less than 6-12 months (40.3%), whereas for infants with normal birth weight, majority of the mothers had a good margin of interpregnancy interval of 24 months and above (44.7%). Short interpregnancy interval of 6-12 months was more common among women of who were younger <25 years (49.4%) and dilatate (13.1%) with higher risk of low birth weight as compared to controls. Pre-natal care during the 1st trimester was lower in women of low birth weight children; especially those with short birth intervals did not even
attend antenatal clinics (70.9%). Normal delivery was observed less in women with short birth interval for cases (58.7%) as compared to controls (73%). Similar previous studies, a J shaped association was observed between the low birth weight and interpregnancy interval.

Conclusion: The study findings revealed that short interpregnancy interval is associated with an increased risk of low birth weight and other pregnancy outcomes. The risk of low birth weight was higher in younger and illiterate women with short birth intervals compared to normal weight newborns.

O45 CONGENITAL ABDOMINAL WALL DEFECTS: 6-YEAR EXPERIENCE OF A PRENATAL DIAGNOSIS UNIT
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Congenital abdominal wall defects are malformations of variable severity and prognosis. The aim of this study was to evaluate clinical features and perinatal outcome. A retrospective analysis was performed, between January 2005 and December 2010, in Prenatal Diagnosis Unit of a tertiary hospital, with diagnosis of 13 cases of omphalocele, 25 gastrochisis and two large abdominal wall defects (n=40). Ten of 13 omphalocles had structural or chromosomal abnormalities. Four had termination of pregnancy (TOP) and there was one intrauterine death and one infant death (with features of Pentalogy of Cantrel). Regarding gastrochisis, TOP occurred in two cases and 15 were delivered before 37 weeks. Two had intestinal stenosis and three had complications: one superior vena cava thrombosis and two massive intestinal necrosis, with one neonatal death. This strengthens association of omphalocele with structural and chromosomal abnormalities. Gastrochisis, despite considered of good prognosis, presents risk or preterm delivery and complications.

O46 THE DETERMINATION OF THE EFFECT OF MOTHERS SELF-CARE COMPETENCES ON THEIR READINESS TO BE DISCHARGED FROM HOSPITAL
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Purpose: This study was undertaken to find out the effect of self-care competence in post-partum period - which is regarded as a developmental crisis in a woman's life - on hospital discharge readiness of women. Methods: The sample of the research is composed of 224 women in Faculty of Nursing, Sultan Sihirli and Child Hospital in the city center, Konya. In this study, the data was collected with a questionnaire with fifty-seven questions which include data about women's socio-demographic, obstetric, pregnancy, post-partum prepared by the researcher, self-care competence scale, Hospital Discharge Readiness Scale- Newborn Mother form (HDRS-NBMF) with face-to-face interviews with the research at the hospital. In the analysis of data, Mann-Whitney U Test, Kruskal-Wallis Variance Analysis, Spearman Correlation Analysis was used to find out the relations between dependent and independent variables. Multiple-regression analysis was carried out to determine risk factors in self-care competence and readiness to discharge from hospital. Results: The self-care competence score mean was found to be 96.93±36.22. Readiness to discharge from hospital was found to be 154.83±43.94. It was found out that there is a statistically significant relation between women's self-care competences score means and HDRS-NBMF’s score means (r = 0.870) high, in positive direction, non-linear relation (p<0.001). Conclusion: As a result, women's self-care competence in post-partum period affects their level of readiness to discharge from hospital. Therefore, to increase mothers' self-care competences, it can be suggested that nurses be given training programs and arrange health education and guidance programs for mothers.

O47 AN INTERDISCIPLINARY ANALYSIS OF EMOTIONS IN THE CONTEXT OF PREGNANT WOMEN’S CHOICE OF MEDICAL TERMINATION OF PREGNANCY: THE PERSPECTIVE OF COUPLES AND HEALTH CARE PROFESSIONALS
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The prenatal diagnosis (PND) is used to identify the fetal anomalies. In the case of a PND of Down’s syndrome (DS), health professionals (HPs) announce the irreversible nature of the anomaly. The couples are faced with the options to terminate or not the pregnancy and confronted with negative emotions. If couples choose the abortion (A), they and the HPs are here confronted with the symbolic violence of feticide. A review on the various aspects of the PND of DS & emotions felt by the French, Canadian American couples/HPs concerned allowed me to develop a conceptual grid analysis which served me to identify the emotions, their role and consequences on the well-being of couples/HPs concerned by a preterm PND/A. Results from various perspectives: Psychological: These PND of DS/A generates various emotions: guilt, shame, anger, hate, regret, fear, anguish, remorse, denial and sadness which cause psychological and emotional damages in the context of their over-expression. Clinical: A categorization grids containing the emotions and personalities who experience them should help psychologists to identify those who run a significant risk of developing depression. Sociopolitical: A comparative analysis of the emotions experienced by couples/HPs from different countries demonstrates that the emotions and their intensity differ according to sociocultural values and public health policies. Ethical: These emotions disinvest emotionally the fetuses for decision-making. The feticide causes the emergence of hidden feelings, generates trauma, casts doubts on the well-founded of the A’s decision, undermining the well-being. The DPN/A allows to grasp how it’s important to consider the emotions during the decision-processes and the importance of compassion/empathy.

O48 FROM MATERNAL CMV INFECTION TO CONGENITAL ABNORMALITIES: A 10-YEAR EXPERIENCE
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CMV is the most common congenital infection and the leading infectious cause of mental retardation and neurosensory hearing loss. We reviewed clinical data from 33 pregnant women who were referred to the Prenatal Diagnostic Center due to CMV serological findings, in the last 10 years. Serological investigation including IgG avidity confirmed seroconversion in 12 women (12 at 1 trimester and 1 at 3 trimester). Microdissection center was performed in 15 cases, with a positive DNA-CMV in 3 (20%), but ultrasound (US) abnormalities were found on only 2 of these cases and both had an adverse outcome (pregnancy termination, mental retardation). There were no adverse outcome in normal US cases, regardless serological or DNA-CMV results. Although routine serological CMV screening is not recommended, obstetricians should be able to deal with serological findings to identify those who need further investigation. DNA-CMV detection in amniotic fluid and US screening are the main key in detecting fetal compromise.

O49 THE OBSTETRIC OUTCOME FOLLOWING TREATMENT IN A COHORT OF PATIENTS WITH ANTPHOSPHOLIPID ANTIBODY SYNDROME
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Objective: To study pregnancy outcome in patients with antiphospholipid antibody syndrome (APAS) treated with heparin as a co-anticoagulant. Materials and Method: This was a retrospective, case-control study. Case records of 48 diagnosed cases of APAS with pregnancy were studied. 100 low risk pregnant women constituted control group. In APAS group pregnancy outcome was compared before and after treatment in terms of abortions, intrauterine deaths and live birth rate. The outcome of the pregnancy in terms of fetal and maternal complications was compared to controls. Results: The mean age and parity of women with APAS were 28.4 years and 3.7 respectively. Compared to controls, women with APAS treated with heparin and aspirin had significantly higher incidence of hypertensive disorders (8% vs. 27.1%, p=0.002), intrauterine growth restriction (3% vs. 18.75%, p<0.001), abortion (0% vs. 6.25%) and preterm deliveries (3% vs. 58.3%, p<0.001). Women with APAS had a live birth rate of 6.7% before and 87.5% after treatment (p<0.001). Similarly fetal losses before and after 12 weeks gestation decreased significantly after treatment (68.6% vs. 8.3%; p<0.001 and 18.3% vs. 4.1%; p<0.05) respectively. Conclusion: Treatment of pregnant women with APAS results in marked improvement in live birth rate. However, complications like pre-eclampsia and IUGR occur even after treatment, requiring strict monitoring and timely delivery.

14th World Congress on Controversies in Obstetrics, Gynecology & Infertility • Paris, France, November 17-20, 2011
O50 EFFECTIVENESS OF EMERGENCY CERCLAGE CERVICAL D. Davarashvili1, J. Ferreira Carvalho1
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Objectives: Evolution of the effectiveness of emergency cerclage for prolongation of pregnancy. Materials & Methods: 54 patients with advanced cervical effacement and dilatation without signs of active contraction between 18 to 29 weeks underwent urgent cerclage by McDonald’s technique during the period 2000 to July 2011. Intervention was done under general anesthesia and deep Trendelenburg position using cotton tape. The bag of membranes was placed back in uterus using special device or an inflated Foley’s catheter. Decompression amnioncensis was done in eight cases before procedure. In one case the procedure was done after delivering a first triplet at 20 weeks. Per- and postoperative tocolysis, broad spectrum antibiotic, indomethacin per rectum, progesterone, bed rest were used. Results: The average duration of pregnancy after cerclage in 52 patients were prolonged on 78 days (range 5 day to 112 days). The mean birth weight was 1852.5 gr (range 950 to 3450 gr). 24 patients delivered after 32 weeks (46.1%), 14 (26.9%) patients delivered after 37 weeks, 4 (7.7%) patients delivered until 27 weeks, 6 (11.5%) until 32 w. In two cases, rupture of membrane during procedure had taken place, two (3.9%) had premature rupture of membranes and intensive uterus contraction that was reason of removing of stitch. Vaginal deliveries 43 (82.7%), caesarian section 11 (20.4%). Fetal survival rate was 40 (76.9%). There was no maternal postpartum morbidity, two cases of injure of cervix demanding repair. Conclusions: In cases of advanced cervical changes and protruding membranes in the second trimester using of emergency cerclage might be offer whenever possible. It gives a chance for prolongation of pregnancy and improves fetal survival in majority of patients. Factors associated with success of emergent second-trimester cerclage must be discussed with the patient during counseling.

O51 DETECTION OF CHROMOSOMAL ANOMALIES FROM MICRODISSECTED AMNIOTIC CELLS BY QUANTITATIVE FLUORESCENT-POLYMERASE CHAIN REACTION (QF-PCR) R. Drouin1, J. Lamoureux1, A. Emad1, E. Ben David1, K. Chun2, C. Bouffard1
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QF-PCR (Quantitative Fluorescent-Polymerase Chain Reaction) allows for the targeted detection of aneuploidies using fluorescently labelled primers. In prenatal diagnosis, QF-PCR is an excellent alternative to fluorescence in situ hybridization (FISH) for rapid aneuploidy diagnosis (RAD) of chromosomes 13, 18, 21, X and Y, particularly in terms of cost and rapid turnaround time. In this project, we show that QF-PCR can be performed using the DNA of five microdissected amniotic cells. Cultured fetal cells from amniotic liquid sampling were split in two: one aliquot for standard DNA extraction and another one for laser microdissection. Five fetal cells were recovered by laser microdissection and whole genome amplification (WGA) was performed using extracted DNA from the microdissected cells. PCR amplification of short tandem repeats specific for chromosomes 13, 18 and 21 as well as the sex chromosomes was performed on DNA from both aliquots. Allele dosage and sexing were quantitatively analyzed following separation by capillary electrophoresis. Although results with WGA-DNA from microdissected cells showed weaker signals of amplification, allele dosage and sexing were correlated between control and WGA-DNA samples. To date, we have carried out studies on 20 samples with various chromosome constitutions. These results confirm that QF-PCR can be performed successfully on a small number of fetal cells. In addition to giving rapid, inexpensive and accurate results on amniotic fluid cells, QF-PCR is an efficient technique that could be used in non-invasive prenatal diagnosis where a very small number of fetal cells would be available.

O52 UMBILICAL CORD PROLAPSE: A SERIES OF 30 CASES J. Ferreira Carvalho1, A. Cubal1, S. Torres1
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Introduction: Umbilical cord prolapse is a rare obstetrical emergency that occurs when the umbilical cord descends onto the presenting fetal part during labor. The reported incidence of this emergency varies between 0.14 and 0.62%. Objectives: Identify the role of cord prolapse in our department analyzing its frequency, conditions of occurrence, management and neonatal outcomes. Methods: Retrospective review of clinical records of all cases of umbilical cord prolapse that occurred in our department, from January 2000 to December 2010. Descriptive statistical analysis and comparison of results with those reported in the literature. Results: During the study period there were 32,400 deliveries with 30 cases of cord prolapse, representing a frequency of 0.09%. Mean maternal age was 28.5 years and mean gestational age was 38 weeks. 57% of women were primiparous. The main predisposing factors for umbilical cord prolapse were amnioncensis performed during labor (14/30), premature rupture of membranes (9/30), induction of labor (8/30), prematurity (5/30), low birth weight (4/30), hydramnios (3/30) and multiple pregnancy (2/30). Caesarean section was carried out in 20/30, in 1 case it was used the vacuum device. Mean decision-delivery interval was 17 minutes. Manual elevation of the fetal presenting part was the method used in all cases for alleviating cord compression until delivery. There were no maternal neither neonatal major complications in the majority of births. Conclusions: Umbilical cord prolapse is an obstetric emergency associated with high perinatal morbidity and mortality, unless prompt delivery by the fastest and safest route is carried out.

O53 DECREASED ARGINASE AND INCREASED NITRIC OXIDE LEVELS IN CORD BLOOD OF NEONATES WITH MECONIUM STAINED AMNIOTIC FLUID SUPPORT THE IN-UTERO HYPOXIA C. Gun Erzilmaz
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Objective: A controversy exists about in utero meconium passage regarding whether intraterine hypoxia is the pathology or it is a normal maturational event in the fetal gastrointestinal system (1-3). Arginine metabolism has important effects on vascular function via the key enzymes nitric oxide synthase (NOS) and arginase (4). A vascular bed with insufficient nitric oxide (NO) production is prone to endothelial dysfunction, hypertension, and an insufficient protective response to hypoxia. We aimed to determine the relationship between the hypoxia and meconium leakage, and we studied the arginase and nitric oxide synthase pathways in meconium passage. Material Method: Cord blood samples from 20 term newborns with meconium stained amniotic fluid and 23 term newborns with clear amniotic fluid were collected. Cord blood pH, arginine, nitric oxide synthase, nitric oxide levels, and the relative placental size were compared between the groups. Results: The difference between the arginase and nitric oxide measurements of the newborns with meconium stained amniotic fluid and the newborns with clear amniotic fluid were significant p=0.007 and p=0.032, respectively. The relative placental sizes was also significant between the two groups, p=0.009. Conclusion: Our study supports the involvement of hypoxia in the pathogenesis of meconium passage due to decreased arginase and increased NO levels. In line with these results, increasing the bioavailability of arginine by administering it before or during labor in patients with a high risk for meconium leakage may prevent meconium passage and/or decrease the risk for harmful and irreversible fetal organ damage.

O54 PREGNANCY AFTER BARIATRIC SURGERY IN A DANISH NATIONAL COHORT M.M. Kær1, B. M. Breum2, L. Nilas1
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Background: In Denmark there has been a 10-fold increase in bariatric surgery over the last decade. As most operations are performed on women, many in their reproductive years, the incidence of pregnancies after maternal bariatric surgery is increasing. The first choice operation in Denmark is Roux-en-Y Gastric Bypass (RYGB), which results in weight loss through a combination of restriction of food and malabsorption. There is conflicting evidence on the impact of bariatric surgery on obstetric and neonatal outcome. Aim: To describe the risk of adverse obstetric and neonatal outcome after bariatric surgery in Denmark. Methods: Nationwide register based study covering all Danish deliveries after bariatric surgery from 2004-2010. Data was extracted from The Danish National Patient Registry and The Medical Birth Register. Results: 352 women had one or more births after bariatric surgery and the operative method was RYGB in 308 (87.5%) cases. The first postoperative birth occurred after a mean of 2.0 years and there were 12 (3.4%) cases of twins and 340 (96.6%) of singletones. In the singletons Danish mean section was performed in 112 (32.9%), preeclampsia was diagnosed in 10 (2.9%), and postpartum hemorrhage >500 ml was found in 25 (7.3%). The children had a mean birth weight of 3312 gram and a mean gestational age of 39+1. There were no maternal or neonatal deaths among singletones. Conclusions: Pregnancy
after bariatric surgery seems to be safe but the results need to be compared to a control group matched on BMI, age, and parity.

**O55**

**EFFICACY AND SAFETY OF ANTEPARTUM BED REST TREATMENT/ACTIVITY RESTRICTION**

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Antepartum bed rest treatment, which is prescribed by the majority of US and Canadian physicians, is based upon two assumptions, that it is both effective and safe. Research however which compares ambulatory and bed rest treated high risk pregnant women and Cochrane data base meta-analyses conclude that bed rest treatment is ineffective for preventing preterm birth and fetal growth restriction, and for increasing gestational age at birth and infant birth weight. Antepartum bed rest treatment is also not benign. Research has also identified numerous side effects of bed rest or activity restriction including muscle atrophy, bone loss, antepartum weight loss, decreased infant birth weight in singleton gestations and gestational age at birth, and mental health issues. Bed rest treatments with Dietary Reference Intakes. Results: The prevalence of receiving the studied nutrients above daily DRI amounts were: more than 60% for iron, folate, vitamins E and D, 74% for zinc, 46% for protein, 41% for vitamin A, 33% for vitamin C, 52% for vitamin K, 60% for calcium, 24% for vitamin B12, and 12% for carbohydrates. There was a significant direct relationship between the level of education and daily intakes of proteins, vitamins A and D. Conclusion: Overall, most mothers in this study, had not received adequate amounts of proteins, carbohydrates, and most micronutrients, which necessitates more attention for maternal nutrition during pregnancy. Also, considering the direct relations between educational levels of pregnant women and intakes of some nutrients, the education of girls and women should be more emphasized too.

**O56**

**ANXIETY AND DETERIORATION OF QUALITY OF LIFE FACTORS ASSOCIATED WITH RECURRENT MISCARRIAGES IN AN OBSERVATIONAL STUDY**

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OBJECTIVES: The main objective of the presented study was to examine the relationship of anxiety and qualities of life and sleep variables to recurrent miscarriages (RM) in patients during two stages of their treatment in a RM-dedicated clinic – before and after the evaluation – and determine what factors could aggravate anxiety and worsen global well-being outcomes. STUDY DESIGN: Thirty-nine women who had experienced two or more RM were measured before and after their evaluation and investigation in the RM clinic. For the analysis, a battery of questionnaires including the STAI scale and various instruments were administrated to record anxiety, mental and physical components of quality of life and sleep quality. Pearson and Spearman correlations, t-test, ANOVA test, Wilcoxon-Mann-Whitney test, multiple regression models, and canonical correlation were performed. RESULTS: All the patients revealed a mild to moderate level of anxiety, low numbers of physical and mental health, but reasonably normal values of the global quality of sleep. The evaluation in the RM clinic and investigation for possible causes accounting for RM did not change significantly anxiety levels. The introduced into the analysis children to pregnancies ratio proved to correlate significantly with the sleep quality and the mental health. The study demonstrated that summarized anxiety in a group of patients could be predicted by the variables characterizing the woman’s reproductive status and her psychological health. CONCLUSIONS: This study establishes anxiety as a common response in women with recurrent miscarriages that predict it. Knowing the factors may help clinicians to identify more accurately those RM patients who would be prone to the high level of anxiety and therefore needed more attention and reassurance.

**O57**

**COMPARING DAILY INTAKES OF PROTEINS, CARBOHYDRATES AND SOME MICRONUTRIENTS WITH DRI (DIETARY REFERENCE INTAKES) IN THE FIRST HALF OF PREGNANCY AND THEIR RELATIONSHIPS WITH EDUCATIONAL LEVELS OF PREGNANT WOMEN**

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Objectives: This study was conducted to compare the dietary intakes of pregnant women, with Dietary Reference Intakes, and their relationships with educational levels of the subjects. Methods: This cross sectional study was performed on 698, 18-35 year-old pregnant women with; gestational age equal to, or less than 20 weeks, and singletons, in the prenatal care centers of Tehran Medical Universities in 2010. All subjects completed a demographic questionnaire and food frequency questionnaire (FFQ). In addition, the subjects were asked about consumption of any supplements during pregnancy. Nutritional software; Ns, and SPSS software v.16, were used to compare daily intakes of proteins, carbohydrates, calcium, folate, zinc, iron, and vitamins E, D, K, C, A, B12, of the pregnant women with Dietary Reference Intakes. Results: The prevalence of receiving the studied nutrients above daily DRI amounts were: more than 60% for iron, folate, vitamins E and D, 74% for zinc, 46% for protein, 41% for vitamin A, 33% for vitamin C, 52% for vitamin K, 60% for calcium, 24% for vitamin B12, and 12% for carbohydrates. There was a significant direct relationship between the level of education and daily intakes of proteins, vitamins A and D. Conclusion: Overall, most mothers in this study, had not received adequate amounts of proteins, carbohydrates, and most micronutrients, which necessitates more attention for maternal nutrition during pregnancy. Also, considering the direct relations between educational levels of pregnant women and intakes of some nutrients, the education of girls and women should be more emphasized too.

**O58**

**ANTENATAL SCREENING FOR HIV: KNOWLEDGE, ATTITUDES, BELEIFS AND PRACTICES OF PREGNANT WOMEN. ANALYSIS OF CURRENT PRACTICES AND THE IMPACT OF SETTING UP AN INFORMATIVE BROCHURE**

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Objectives: To assess the impact of an information leaflet on the behavior and knowledge of pregnant women about the risks of HIV infection during pregnancy. Materials and methods: Comparative prospective study conducted in two phases from March 1 to September 30, 2007 on patients presenting for the first time in antenatal care at the Maternity Hospital of Tours (n=539). During the first phase, only a self-questionnaire was given during the second an informative brochure has been attached to the questionnaire. Results: Currently 25.1% of pregnant women have not had a test done during their pregnancy. This rate decreases to 12.8% when the test is routinely offered. It falls to 9.2% with the introduction of an informative brochure. The test was imposed in 28.7% of patients. Some risk of transmission of HIV, including those specific to pregnancy, are undervalued. A negative test before the pregnancy is the main reason for refusal of antenatal screening. A high level of education was the only risk factor identified for refusal. They are better informed as shown by the higher rate of correct answers about the risks of HIV transmission and antenatal screening. We hypothesize that the women who pursued graduate studies evaluate the risk of infection before accepting or refusing the test. Conclusion: The study shows that the distribution of an informative brochure on advanced prenatal care can help the number of women performing the test and improved their knowledge about risks of transmission, especially from mother to the child.

**O59**

**OUR EXPERIENCE IN MANAGEMENT OF SEVERE PREECLAMPSIA**

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Objective: To evaluate the maternal and perinatal outcome in expectant versus immediate management in severe pre eclampsia. Materials and methods: In this study were included 52 patients with severe pre eclampsia in 27-34 weeks’ gestation, hospitalized in UHOG “Koco Gliozhen”. 26 patients were treated immediately (use of corticosteroids followed by delivery after 48h), and 26 patient were managed expectantly (use of
corticosteroids followed by delivery only for specific maternal and fetal indications). We analyzed maternal and perinatal outcome. Results: In the group managed immediately, we had these results regarding the maternal outcome: 6 cases (23%) with HELP syndrome, 1 case with renal insufficiency, 3 cases (11.5%) with eclampsia, 4 cases (15.4%) with postpartum hemorrhage. In expectant management group, from a total of 26 cases resulted 2 cases (7.7%) with HELP syndrome, 2 cases (7.7%) with eclampsia, 2 cases (7.7%) with placental abruption. Perinatal outcome in immediate management resulted: mean birth weight at delivery was 1608g; perinatal mortality was 30%, IUGR fetuses 57%, and respiratory distress was notice in 16 cases (61.5%), neonatal jaundice in 16 cases (61.5%) and IVH in 2 cases (7.7%). In expectant management: mean birth weight at delivery was 1600g; perinatal mortality was 30%, IUGR fetuses 57%, respiratory distress syndrome was notice in 12 cases (46%), neonatal jaundice in 21 cases (80%) and IVH in 3 cases (11.5%). Conclusion: No statistically significant differences in relation to maternal outcome were found between two groups, but we found a statistically significant decrease of perinatal mortality (p=0.026) in expectant management group.

O60 ASSESSMENT OF LABOR PREINDUCTION BY MIFEPRISTONE ON BIRTH OUTCOMES

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Objective: to evaluate the effect of preinduction of labor by Mifepristone on birth outcomes for mother and fetus. 52 females aged 23.52 ± 4.45 years; gestational age was 39.64 ± 1.79 weeks were examined. The indication for labor preinduction: mild preeclampsia in 6 women, preeclampsia moderate in 4, increase in transaminase level in 4, progressive placental insufficiency at 4, the trend toward postdate pregnancy in 34 women. The dose of Mifepristone was 320 ± 113 mg in 1.6 ± 0.6 stages. The initial CTG-score was 7.16 points on a scale of Fisher, after the mifepristone 6.5 points, with the beginning of labor 6.83 points. Birth vaginally occurred in 42 women, during stage of labor of 17.23 ± 1.36 hours. Start a regular labor activity was observed at about 26.25 hours from the last receiving of mifepristone. In 10 women delivery performed by cesarean section: secondary weakness with a large fetus in 2 cases, meconial amniotic fluid and gestational age 42-43 weeks in 2 cases, progressive placental insufficiency in 6 cases. Status of neonatal Apgar scale is estimated at 1st minute to 6.96 ± 0.35 points on 5-th minute - to 7.88 ± 0.52 points. In the early neonatal period only 4 infants had been diagnosed asphyxia, 4 neonatal jaundice, 44 neonates declared healthy.

O61 INDUCTION OF LABOR FOR THE TERM SMALL-FOR-GESTATIONAL AGE FETUS – IMPACT ON NEONATAL OUTCOME

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Aim: To evaluate whether induction of labor for intrauterine growth restriction at early term (weeks 37-39) improves neonatal outcome. Materials and methods: A retrospective cohort analysis was performed on all term (37-42 weeks gestation) growth restricted singleton pregnancies between 2004-2008. Women giving birth after induction of labor for SGA (small-for gestational age,<10 th percentile for gestational age and gender) fetuses between 37-39 weeks gestation were termed "early induction SGA group", while women who gave birth to term SGA neonates without induction were considered 'non-early induction SGA group'. Maternal characteristics, fetal gender, gestational age, birth weight, Apgar score, mode of delivery and neonatal complications were compared between the two groups. Results: During the study period 37.342 women gave birth to singleton neonates >37+3 weeks and 2376 of them were SGA's. Of these 445 were in the early induced group and 1933 in the non- early induced group. Mean birth weight and gestational age were, as expected, lower for early induced compared with non-early induced SGA's. Maternal age was similar. The rate of cesarean sections was higher for early induced SGA pregnancies compared with non-early induced SGA pregnancies (28.8% vs.19.1%, p<0.0001), with only 65.2% of early induced SGA pregnancies culminating in spontaneous vaginal deliveries. Furthermore, neonatal complications, including hyperbilirubinemia necessitating phototherapy, hypoglycemia, RDS and mechanical ventilation were all significantly more prevalent in the early induction SGA group, compared with the non-early induction SGA group. Conclusions: Early term induction for SGA results in an increased risk of cesarean deliveries, without apparent neonatal benefit. Moreover, early induced term SGA infants are at an increased risk for metabolic and respiratory complications after delivery.

O62 CAUSES OF STILLBIRTH: AN ANALYSIS OF 92 CASES OF STILLBIRTH

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INTRODUCTION: Despite improvements in antenatal care, stillbirth remains one of the largest contributors to perinatal mortality. Although several conditions have been linked to stillbirth, many fetal deaths remain unexplained. Many classification systems for perinatal mortality are available, all with their own strengths and weaknesses. The authors sought to identify risk factors, variations of data examination, and causes of death of stillborn infants using a combination of two classification systems: ReCoDe and Tulip. METHODS: We conducted a retrospective study of the 92 stillbirths that occurred from January 2003 to December 2010 in our Hospital. Stillbirth was defined as fetal death occurring from 24 weeks onwards and late fetal death beyond 28 weeks. RESULTS: Between 2003 and 2010 there were 26.758 births. The overall stillbirth rate was 3.4 per 1.000 or 0.7% per pregnancy. While the rate of late stillbirth was 2.7 per 1.000 births. Medium maternal age was 28 years, with 14 (15.6%) women with 35 years old or more; 50% were primigravidae. Twelve deaths (13.04%) occurred intrapartum and eighty-two deaths (86.96%) occurred antepartum. There were 72.8% preterm stillborn infants and 19 cases occurred before 28 weeks of gestation. Seventeen stillborns (18.5%) were twins. Fifty (54.3%) were male. Most prevalent risk factors were smoking (21.1%), pre-pregnancy obesity (17.8%), hypertensive diseases (13.3%), thrombophila (8.9%), no prenatal care (6.7%), and previous stillbirth (5.6%). The exams that yielded the most information were placental investigation that was performed in all cases and fetal autopsy done in 84.8% cases. These exams were abnormal in respectively 71.7% and 29.3% of cases. When ReCoDe classification was used, the major clinical conditions that were related to stillbirths were fetal (57.6%), placental (43.5%), umbilical cord (22.8%) and mother conditions (21.7%). According to Tulip classification there were only 10 (10.9%) unexplained deaths despite thorough investigations. DISCUSSION: The causes of stillbirth are many and varied, which turns it into an event of difficult prevention. From our point of view analysis of stillbirths should include the moment of death, the conditions associated with death, and the underlying cause of death. The Tulip classification allows an unambiguous classification of underlying cause and mechanism of perinatal mortality and gives a good inter-rater agreement, with a low percentage of unknown causes.

O63 EMERGENCY CERVICAL CERCLAGE - RETROSPECTIVE ANALYSIS OF 18 CASES

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Overview and Aims: Cervical insufficiency represents an important cause of second trimester pregnancy losses. Emergency cerclage has been proposed in women with mid-trimester cervical dilation. The aim of this study was to evaluate the efficacy of this procedure concerning perinatal outcome. Study Design: Retrospective observational study. Population: All pregnant women submitted to emergency cervical cerclage, from January 2005 to January 2011. Methods: Emergency cerclage was performed when dilated external cervical os (>2cm) and visible membranes were seen between the 16 and 24 weeks of gestation. Major fetal malformations, uterine contractions, rupture of membranes, choioamnionitis and significant vaginal bleeding were excluded before the procedure. Results: A total of 18 emergency cerclages were performed. We report a mean prolongation of pregnancy of 7.56±7.7 weeks, a neonatal survival rate of 78.6% and an admission rate to neonatal intensive care unit of 69.2%. The late abortion rate was 27.8% and the preterm birth rate less than 32 weeks was 58.3%. No major maternal complications were observed. Conclusions: Emergency cervical cerclage can be a safe alternative to bed rest in women with mid-trimester cervical dilation and prolapsed membranes.
O64

HIGH SERUM URIC ACID IN EARLY PREGNANCY AND SUBSEQUENT DEVELOPMENT OF GESTATIONAL DIABETES AMONG LOW RISK WOMEN

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Aim of the work: To study the association between elevated first trimester serum uric acid and the development of gestational diabetes later on in pregnancy. Material and methods: Three hundred women pregnant at <35 years old and had a singleton pregnancy. They all had normal fasting blood sugar and their body mass index ranged from 25-35 Kg/m². The women were divided into 3 equal groups according to their serum uric acid level: Group A (<3 mg/dl), Group B (3-4 mg/dl) and Group C (>4 mg/dl). All women were subjected to O'Sullivan test at 24-28 weeks and if negative the test was repeated at 34-36 weeks. Cases with positive O’Sullivan test were subjected to 3 hour oral glucose tolerance test to confirm the diagnosis of gestational diabetes. Results: At 24-28 weeks, 32 patients had positive O’Sullivan test; 6 in group A, 7 in group B and 19 in group C. At 34-36 weeks, three other patients had positive O’Sullivan test; one in group B and 2 in group C. All cases with positive O’Sullivan test (35) were proved to have gestational diabetes by the 3 hour oral glucose tolerance test. Conclusion: Low risk women with serum uric acid level > 4 mg/dl at early pregnancy are 3 times more likely to develop gestational diabetes later in pregnancy than those with levels < 4 mg/dl.

O65

HEART RATE VARIABILITY IN NEONATES OF TYPE 1 DIABETIC PREGNANCY

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Aims: Adult diabetic patients demonstrate increased rates of abnormalities in heart rate variability, due to hyperglycemia. Whether in-utero exposure to hyperglycemia affects fetal or neonatal heart rate variability is not known. We therefore aimed to determine if neonatal heart rate variability differs between normal and pre-gestational diabetic pregnancy. Methods: Thirty-eight patients with pre-gestational type 1 diabetes mellitus and 26 healthy controls were recruited to this prospective observational study. All neonates had heart rate variability assessment using ARChival Data Acquisition and Analysis Software (ADInstruments Ltd) and cord blood sampling for arterial and venous pH and glucose. Results: Differences were found between the two cohorts with increased overall power and increased LF:HF ratio (p < 0.05) in the diabetic population. A significant association was also noted between neonatal heart rate variability and fetal acidemia (p = 0.01) and maternal HbA1c in the second and third trimester (p < 0.05). There was also a significant relationship between cord glucose and neonatal heart rate variability (p = 0.019). Conclusion: Neonates of pregestational diabetic pregnancy display differences in heart rate variability which are associated with maternal hyperglycemia. In addition heart rate variability is also influenced by fetal acidosis and fetal hyperglycemia at the time of delivery. Exposure of the developing heart to maternal hyperglycemia with subsequent alterations in heart rate variability may explain why infants of diabetic mothers are at greater risk of cardiovascular disease in later life.

O66

FEATURES VS. NEWBORN'S: WHY ARE WE USING DIFFERENT STANDARDS FOR GROWTH CENTILES?

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Introduction: Since the seminal work by Lubchenco et al, dozens of fetal growth/birth weight references and standards were created to define normal or abnormal growth. By their nature, it is not possible to recommend a universal standard/reference, as fetal growth is governed by multiple variables. Methods: Observational, descriptive, cross-sectional study. We randomly selected 20 hospitals with over 1500 births per year from each of 17 European countries (n=241). We contacted the Neonatology and Obstetrics departments in each hospital to answer a short online survey. Results: We received a response rate of 15.3% to 20%, respectively for Neonatology and obstetrics. Most specialists (98-100%) use birth weight references charts and centiles, while 25-30% use references produced for or validated in the local population. Neonatologists and obstetricians often do not use the same tables, and this the case between all Portuguese respondents (25). Conclusion: There is a wide variation of reference tables in applied throughout Europe and between countries, with the exception of Sweden and Denmark. The lack of validation and adjustment of important variable, such as sex, is the rule, added to the fact neonatologists and obstetricians often use importantly different tables may lead to confusion and misdiagnosing.

O67

PRIMARY VERSUS SECONDARY RECURRENT PREGNANCY LOSS – EPIDEMIOLOGY CHARACTERISTICS, ETIOLOGY AND NEXT PREGNANCY OUTCOME

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Objective: To compare epidemiological and obstetric characteristics, etiology and pregnancy outcomes of patients with primary versus secondary recurrent pregnancy loss (RPL). Study design: A retrospective cohort study including 420 patients with 2 and more consecutive pregnancy losses followed by a subsequent (index) pregnancy of whom 162 had only unsuccessful pregnancies (primary RPL) and 258 had at least one live birth prior to the consecutive pregnancy losses (secondary RPL). All patients were evaluated and treated in the RPL clinic in the Soroka University Medical Center. Results: Socio-demographic and medical characteristics of the two study groups were similar. Women with secondary RPL had higher number of miscarriages prior to the index pregnancy compared to women with primary RPL (mean ± SD; 3.6± 1.55 and 3.05± 1.35 respectively, P <0.001). The live birth rate in the index pregnancy was not statistically different between primary and secondary RPL women (75.9% and 70.9% respectively). The only significant differences found in the etiology evaluation were in prolacin levels (abnormal result was found among 14.1% of the primary RPL group and 1.4% of the secondary RPL group, P <0.001), and fertility problems: higher rate was found in the primary RPL group compared with the secondary RPL group (13% and 5.8% respectively, P= 0.011). Women with primary RPL had, at the index pregnancy, significantly higher rates of preterm delivery (PTD), fetal growth restriction and gestational diabetes mellitus (GDM) than in the secondary RPL women. In a multivariable logistic regression analysis primary RPL , adjusted for gravidity, was found to be an independent risk factor for preterm delivery compared with secondary RPL (Adjusted Odds Ratio 2.516, C.I (95%) 1.302-5.257). Conclusions: The prognosis of the two groups was found to be similar regarding the live birth rate at the index pregnancy; however, women with primary RPL were more prone than women with secondary RPL to adverse obstetric and neonatal outcomes, particularly higher risk for preterm delivery. Key words: primary and secondary recurrent pregnancy loss, etiology, index pregnancy, pregnancy outcome, obstetric complications, preterm delivery.

O68

A NOVEL HYSTEROSCOPIC TECHNIQUE FOR THE ACCURATE BIOPSY OF DECIDUAL PARIETALIS AND BASALIS: IMPLICATIONS FOR PROGRESS IN RESEARCH ON THE EARLY EVENTS OF HUMAN PLACENTATION

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Background: A better understanding of the biology of human implantation and early placentation is not only desirable from a purely scientific point of view, but it could shed light on a number of disorders of pregnancy that include miscarriage, intrauterine growth restriction and preeclampsia. Discrepancies in the results from studies of early events in human trophoblast invasion of decidua have been acknowledged and research into such early pregnancy events is hampered by ethical constraints, poor access and the accuracy of biopsy material. We describe a novel technique of biopsy that overcomes the issue of accuracy of biopsy. Methods & Results: The technique is applicable to pregnancies undergoing first trimester surgical termination. Following cervical dilatation, a rigid hysteroscope is introduced into the cervical canal. The pressure of the saline distending medium shears the membranes of the gestation sac away from the decidua parietalis, leaving the trophoblast in the decidua of the early placenta. Under direct vision a biopsy forceps is used to sample
the decidua parietalis, and then the forceps in introduced beneath the
gestation sac to sample the decidua basalis (Fig. 1). Morphological and
immunohistochemical studies with anti-cytokeratin antibodies have
confirmed the accuracy, purity and adequacy of the samples, with a high
(40%) myometrial spiral artery presence. Conclusion: This is a simple and
safe novel technique of decidual biopsy under direct vision which allows for
high accuracy of biopsy material, and therefore has the potential to
revolutionize research on trophoblast-decidual interactions during the critical
early stages of human pregnancy.

O69 THROMBOCYTOPENIA IN PREGNANCY LEADING TO UNUSUAL
DIAGNOSIS
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We present an unusual diagnosis initiated by the identification of
thrombocytopenia in pregnancy. A 29 year, Caucasian female, P0+2 , was
reviewed at 19 weeks into her ongoing pregnancy by haematologists after a
routine Full Blood Count showed a thrombocytopenia of 115 x 10^9/l,
haemoglobin of 10.5g/dl with a normal white cell count and normochromic
normocytic red cell indices. Blood film showed red cell tear drops and red
cell fragments WITH normal platelet morphology. She was asymptomatic.
She had no significant past, personal or medical history. Examination was
unremarkable but splenomegaly at 14cms was discovered on ultrasound
scan. After discussion about the possible diagnosis which included
myelofibrosis, the patient declined a bone marrow examination antenatally.
The pregnancy was therefore closely monitored. Her full blood count was
unchanged and platelets were maintained around 110-120x10^9/l antenatally.
She delivered a baby by caesarean section for breech presentation at 38
weeks. Two months postnatally the red cell anisopoikilocytosis and tear
drop forms persisted. The patient consented to bone marrow aspirate.

A diagnosis of Type 1 Gaucher Disease was made. Bone MRI showed
some fatty replacement of the vertebral bodies only. DEKA scan was normal
and hence bisphosphonate therapy was not instituted. There was no
indication for enzyme replacement therapy. Long term monitoring was
instituted. The interesting aspect of this case is that the platelet count
normalized following delivery and a diagnosis of gestational
thrombocytopenia was made. The patient went on to have another
successful pregnancy during which she had mild gestational
thrombocytopenia again.

O70 STROKE DURING PREGNANCY: HOW DOES THE OBSTETRICAL
MANAGEMENT INFLUENCE THE MATERNAL PROGNOSIS?
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Background: Stroke during pregnancy is rare but has a high morbidity and
mortality rate. As more women with cardiovascular risk factors get pregnant,
hospitalizations for stroke-related pregnancies are increasing. The post-
partum period has been well studied and a cesarean-section is known as an
independent risk factor for stroke. Only a few studies are focusing on the
pre-partum period. Thus, there is a lack of data concerning the appropriate
obstetrical management after stroke and its influence on the maternal
prognosis. Methods: A retrospective study was conducted in three French
tertiary centers, from 1995 to 2008. Cerebral venous thrombosis, ischemic
and hemorrhagic strokes occurring in the pre-partum period were included.
Bad prognosis was defined as death or neurological deficit at discharge.
The relationship between bad maternal prognosis and obstetrical
management was evaluated. Results: 18 cases were included. One death
occurred and 13 patients kept clinical deficit at discharge. Three patients
delivered vaginally. There was no correlation between the mode of delivery
and the maternal prognosis. Delayed delivery was possible for 11 patients,
with no consequence on the maternal prognosis. Conclusion: The mode of
delivery and its timing after the onset of stroke do not interfere with the
maternal prognosis. There is no reason to advise against vaginal delivery
after a stroke and birth should be delayed whenever possible in order to
reduce prematurity. Prospective studies are needed and a national register
is about to be created.

Gynecology

O72 ABORTION AND CAESAREAN SECTION IN PEACE AND WAR
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Aim: Studying abortion rates and cesarean birth rates in armed conflict and
civilian instability, and in peace. Methods: Data from the official records
of patients admitted to the gynecological department of AL-Jamhouria hospital
(the main maternity hospital in the largest city in eastern Libya) were used in
this study, for both informative and comparative purposes. A statistical
analysis was done using professional software, namely SPSS (through a t-
test and binomial test). It was found that there was a significant increase in
the rate of abortion (compared to the same period in the previous year).
Also, there was a significant decrease in the admission of foreign nationals.
Moreover, there was an increase in the rate of cesarean births. The possible
implications of these figures are further discussed in the paper. Conclusion:
The armed conflict had caused an increase in both the abortion rate as well
as the cesarean birth rate. Future research should deal with the long term
impact of the conflict on the general health of the people. Proper social,
psychological and medical support should be given to the mothers who had suffered from such an
abortion.
O73 THE USE OF ALTERNATIVE METHODS IN REDUCING MENOPAUSAL COMPLAINTS
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Objectives: The aim of this study is determine the rates of application of alternative methods the women applied in order to reduce their complaints related to menopause and alternative application methods. Methods: This study was carried out on 246 women at their menopausal ages. The data was obtained by the researcher through face to face meetings during the home visits between January 1 and February 28, 2010. During the collection of data, a questionnaire form that was developed by the researcher in accordance with the literature information was applied. Results: 37.4% of women were determined to use alternative methods to reduce their menopausal symptoms. Among them, the women were determined to use St. John's wort (Hypericum perforatum) about 16.3%, Achillea millefolium 26.1%, sage 23.9%, chamomile tea 12%. It was determined that 75% of the women who maintained healthy diets, 79.3% of them consumed phytoestrogen in their diets and 8.7% of them used phytoestrogen tablets. It was found that 90.2% of women applied stress-reducing executions, 26.1% of them got a massage or massaged themselves and 4.3% of them got acupuncture. In the consequence of statistical analysis, a significant relation was found between the menopausal complaints such as hot flashes, night sweats and sleeping problem and the use of all alternative methods in order to reduce their menopausal complaints (p<0.05). Conclusions: It was determined that the women at their menopausal ages experienced vasomotor complaints and sleeping problems and they used alternative methods to reduce those problems.

O74 GENDER PREFERENCE OF OBSTETRICIANS AND GYNECOLOGISTS BY ISRAELI DRUZE WOMEN
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Objectives: To investigate the gender preference of Israeli Druze women regarding obstetricians/gynecologists, and identify the characteristics of physicians that affect women’s choices. Methods: Cross-sectional study including seven different Israeli Druze villages; 196 women completed an anonymous questionnaire in the time period between January and July 2009. Most (63.8%) of the respondents preferred a female gynecologist, but regarding family physicians, 74.5% of the responders had no gender preference. Likewise, most responders preferred pelvic examination (65.3%), and pregnancy follow up (61.9%), by female gynecologist. The reasons for female preference were: embarrassment with man examination (45.4%), comfort (69.7%) and gentleness (56.6%) by women examination. Considering the factors affecting the actual selection, professional skills: experience (91.8%), ability (90.3%) and knowledge (84.7%) were the most important, rather than the physician gender (31.1%). Conclusions: Although Israeli Druze women show gender bias regarding their gynecologist/obstetrician, professional skills are considered the most important factors accounting for the actual selection. Practice implications: We suggest that the ideal obstetrician/gynecologist for these women would be female, though skilled, knowledgeable, and experienced male would be appropriate.

O75 A COMPARISON BETWEEN OSTRZENSKI’S TECHNIQUE OF FENESTRATION LABIPLASTY WITH TRANSPOSITION AND MUNHOZ’S TECHNIQUE OF INFERIOR WEDGE RESECTION: PRELIMINARY RESULTS
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BACKGROUND: Ostrzenski’s and Munhoz’s techniques reduce the size of labia minora; establish symmetry, preserve edges, and color. In addition, the Ostrzenski’s technique restores vaginal fossa navicularis integrity, preserves contours and shapes.

OBJECTIVES: To compare surgical applicability, outcomes, and potential complications of Munhoz’s and the Ostrzenski’s techniques. SETTINGS: MediFil Medical Center, Warsaw, Poland. POPULATION: Twenty subjects were allocated to two groups (10 subjects in each group) and closely matched demographically. METHODS: Clinical study was undertaken between February 1, and July 15, 2011. Women from the group I were subjected to the Ostrzenski’s fenestration with transposition labioplasty. Subjects from group II underwent Munhoz’s inferior wedge labioplasty. Comparison of surgical applicability, outcomes, potential complications and aesthetic appearances was conducted. RESULTS: Both techniques reduced the size, established symmetry, preserved color, edges and hid scars. In addition to above, the Ostrzenski’s technique revealed posterior edge of the fossa navicularis and preserves but minimized shape of the labia minora and preserves contours. The Munhoz’s technique left a gap between labia minora, does not restore the fossa navicularis, and stretches the tabial tissues. Overall, more natural aesthetic look was accomplished by the Ostrzenski’s technique. In both group, there was no intraoperative or short-term complications. Postoperatively, there was very little request for pain medication and the recovery time was short in both groups. CONCLUSIONS: Both techniques were: 1. Easy to learn, 2. applicable for medical indication and cosmetic motives, 3. overall more pleasing aesthetic-natural look was accomplished by the Ostrzenski’s technique.

O76 ROBOT-ASSISTED COELIOSCOPY IN SIMPLE HYSTERECTOMY: PROSPECTIVE 1-YEAR STUDY OF VAGINAL HYSTERECTOMIES VS. ROBOT-ASSISTED COELIO-HYSTERECTOMIES
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Objectives: This prospective study that was carried out in Foch Hospital (France) from March 2010 to March 2011 has been designed to compare two techniques for simple hysterectomy: lower (vaginal) access and robot-assisted coeloscopy. Methods: All patients undergoing simple hysterectomy were included. Patients’ characteristics, indications, anesthesia and operative times, complications, blood loss, duration of hospital stay were reported in the respective medical files. Post-operative pain assessed by visual analogue scales (VAS) and analgesic levels were documented using a questionnaire completed by the patients. Later complications, duration of work leave, return to normal daily activity, medium-term pain, sexual life and patients’ satisfaction were documented by phone questionnaire 6 weeks post-surgery. Results: 34 patients were included in the robot-assisted group and 22 in the vaginal access group. Indications and patients’ characteristics were comparable apart from parity (1.4±0.2 vs. 2.5±0.2) (p=0.006). Compared with the vaginal access group, in the robotic group, no analgesia and intervention durations were significantly longer: 208 mins.8 vs. 114.5±10.1, and 137.9 ± 73.2, respectively (p<0.0001 for both); amount of blood loss was significantly reduced: 44±8.9 vs. 135.3±30 (p<0.01), hospital stay was shorter: 3.5 d vs. 4.3 (p<0.01) and D2 and D3 VAS assessments were significantly lower. No difference between groups was found 6 weeks post-surgery regarding complications, duration of work leave, return to normal life, satisfaction and sexual life, but more pain was reported in the vaginal access group. Conclusion: Robot-assisted coeloscopy in simple hysterectomy may provide some benefits over vaginal access. Conversely, related over-costs and lengthening of the operative time remain important limitations to this method. Randomized prospective studies and definition of specific indications are necessary, however, to confirm these results.

O77 THE SIGNIFICANCE OF URODYNAMIC ANALYSIS IN THE PATIENTS WITH RECENT VOIDING DYSFUNCTION AFTER RADICAL HYSTERECTOMY
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Abstract: Objective To study the urodynamic change of the patients with recent noninfective voiding dysfunction following radical hysterectomy and assess its significance. Methods Ninety-six patients with cervical cancer in International Federation of Gynecology And Obstetrics (FIGO) stage I b1 to Ib2 hospitalized in Fujian provincial maternity and child health hospital between January 2006 and August 2009, who were not found any abnormal representation of urodynamics before the operation, were selected into the study group. Eighty-three patients in the study group without urinary infection were detected by urodynamics examination following radical hysterectomy, including cystometry, pressure-flow rate and electromyography of sphincter, in order to analyze the urodynamics reasons for the noninfective voiding dysfunction following the surgery. Results Forty-two patients were found with noninfective voiding dysfunction after the operation. The change of recent bladder function was obvious following radical hysterectomy, and there were many types of bladder dysfunction post-operative (2 patients). Low compliance bladders, clausing destrusor dysfunction and destrusor overactivity were the three leading types. And moreover, the incidence of low compliance bladder [50.0% vs. 17.1%], bladder destrusor dysfunction [58.4% vs. 14.6%] and destrusor overactivity [31.0% vs. 4.9%] in the group with higher the corresponding value in the group without voiding dysfunction.
INTRODUCTION: Adnexal masses are present in 3-8% of women; many were not of ovarian origin. Of the ovarian tumors, the majority were benign. DISCUSSION: 10.4% of women had malignant/borderline disease; 25% of these were positive for 43 cases (22.4%), mainly CA 125 (17.7%). Histology revealed 17 cases of malignancy (8.8%) and 3 borderline tumors (1.6%). Sensibility and specificity of ultrasonography for malignancy was 90% and 96.5%, respectively; for tumor markers, these were 86.6% (N=13). Low compliance bladder, Bladder destrusor dysfunction and detrusor overactivity caused by the damage of the pelvic autonomic nerve during the operation may be the main reasons for the recent noninfective voiding dysfunction after radical hysterectomy. And moreover, bladder destrusor dysfunction and detrusor overactivity may be the key points for the symptom of bladder irritation and bladder obstruction. Whereas it was not exact to assess the bladder and urethral function just depending on the patient’s symptom. The bladder destrusor dysfunction might be the major cause on the urinary retention following the surgery. Urodynamics study was important for the etiology analysis and clinical treatment of recent noninfective voiding dysfunction post-operation.

O78 ADNEXAL MASSES: RETROSPECTIVE STUDY OF 28 MONTHS AT CHTS
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INTRODUCTION: Adnexal masses are present in 3-8% of women; many were not of ovarian origin. Of the ovarian tumors, the majority were benign. DISCUSSION: 10.4% of women had malignant/borderline disease; 25% of these were positive for 43 cases (22.4%), mainly CA 125 (17.7%). Histology revealed 17 cases of malignancy (8.8%) and 3 borderline tumors (1.6%). Sensibility and specificity of ultrasonography for malignancy was 90% and 96.5%, respectively; for tumor markers, these were 86.6% (N=13). Low compliance bladder, Bladder destrusor dysfunction and detrusor overactivity caused by the damage of the pelvic autonomic nerve during the operation may be the main reasons for the recent noninfective voiding dysfunction after radical hysterectomy. And moreover, bladder destrusor dysfunction and detrusor overactivity may be the key points for the symptom of bladder irritation and bladder obstruction. Whereas it was not exact to assess the bladder and urethral function just depending on the patient’s symptom. The bladder destrusor dysfunction might be the major cause on the urinary retention following the surgery. Urodynamics study was important for the etiology analysis and clinical treatment of recent noninfective voiding dysfunction post-operation.

O79 INTRA-ABORTION CONTRACEPTION WITH ETONOGESTREL SUBDERMAL IMPLANT
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Background: Etonogestrel subdermal implant is a highly effective, reversible and safe form of contraception. Immediate placement during abortion visit could increase contraception use in women who are at high risk for unintended pregnancy. Our purpose was to evaluate patient’s acceptability and continuation rate with etonogestrel subdermal implant, inserted during the first part of medical termination of pregnancy. Methods: Retrospective analysis comparing patients who chose the subdermal implant for post-abortion contraception, inserted during the first part of medical termination of pregnancy, against patients who chose delayed placement after the termination was complete. Results: After contraceptive counseling 88 women chose the subdermal implant as their post-abortion contraceptive. In the intra-abortion implant insertion group the user continuation rate after 6 months was 72.5% (29/40). Blending was the most common reason for removal. In the delayed placement group 58.3% (28/48) missed the follow-up after abortion visit. 25% (12/48) chose another method and only 16.7% (8/48) had the implant inserted. Conclusion: Intra-abortion subdermal implant insertion significantly increases the likelihood of effective long-acting reversible contraception use following abortion. The majority of women choosing delayed placement do not return to insert the device, persisting without contraception or maintaining a previous ineffective contraceptive method.

O80 CAN PROMESTRIENE BE USED EVEN IN ONCOLOGY PATIENTS? A Review
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Background: Etonogestrel subdermal implant is a highly effective, reversible and safe form of contraception. Immediate placement during abortion visit could increase contraception use in women who are at high risk for unintended pregnancy. Our purpose was to evaluate patient’s acceptability and continuation rate with etonogestrel subdermal implant, inserted during the first part of medical termination of pregnancy. Methods: Retrospective analysis comparing patients who chose the subdermal implant for post-abortion contraception, inserted during the first part of medical termination of pregnancy, against patients who chose delayed placement after the termination was complete. Results: After contraceptive counseling 88 women chose the subdermal implant as their post-abortion contraceptive. In the intra-abortion implant insertion group the user continuation rate after 6 months was 72.5% (29/40). Blending was the most common reason for removal. In the delayed placement group 58.3% (28/48) missed the follow-up after abortion visit. 25% (12/48) chose another method and only 16.7% (8/48) had the implant inserted. Conclusion: Intra-abortion subdermal implant insertion significantly increases the likelihood of effective long-acting reversible contraception use following abortion. The majority of women choosing delayed placement do not return to insert the device, persisting without contraception or maintaining a previous ineffective contraceptive method.

Vaginal estrogens is used in controversial in gynecology oncology patients as they are more likely to suffer from severe vaginal atrophic symptoms, but, at the same time, most of them have an estrogen sensitive neoplasm. Vaginal conjugated estrogens and estradiol significantly increase systemic estrone levels. Estrone-sulfate (E1S) is the most abundant estrogen precursor, it is more stable and it has an extended half-life so that it is considered as a better marker of overall estrogenicity. In order to precisely measure the known estrogenic activity in patients with different malignancies, E1S was measured by very sensitive and precise liquid chromatography-tandem mass spectrometry (LC-MS/MS) in oncology patients suffering from severe vaginal dryness and dyspareunia referred to the gynecological oncology service of the Gynecological Oncology department of the National Cancer Institute of Aviano, Pordenone, Italy Results: Mean estrone sulfate plasma levels did not change significantly from 262 (22-1220) to 393 (81-856) pg/ml (p=0.22). Conclusion: plasma estrone sulfate levels did not change significantly using promestriene to cure vaginal dryness and dyspareunia and to restore vaginal trophin.

O81 REASONS FOR DISCONTINUATION OF CONTRACEPTIVE METHODS
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Contraceptive discontinuation is one of the recognized risks for low prevalence of contraceptive methods and an important issue in family planning service programs. All the factors associated with contraceptive discontinuation have programmatic implications. The study provided a profile of female, reversible method use among women from four urban areas in EL-Menoufiya government. This information was used to determine the key demographic, motivational, and service quality characteristics that contribute to contraceptive discontinuation. The contraceptive discontinuation rates of these women use contraception to avoid a first birth, often choosing less-effective, user-dependent methods; while the majority uses female, reversible methods for spacing after the birth of a first or second child. We found discontinuation to be strongly associated with the type of contraceptive method used. Level contraceptive prevalence and the region in which women live were all associated with contraceptive switching, failure or discontinuation while in need of family planning services. In summary, discontinuation rates of contraceptive discontinuation, even among women who want to avoid pregnancy, remain high and are increasing in some regions where family planning efforts have decreased. Characteristics have also been found to be associated with contraceptive discontinuation and failure. Women under age 30 have higher contraceptive discontinuation rates than women 30 years of age or older. Higher parity is associated with longer episodes of continuous long contraceptive methods use, and decreased risks of abandonment in need [27]. Additionally, women with children are less likely to experience method failure or discontinuation than women without children. Higher socioeconomic status and higher education has been shown to be associated with lower levels of failure and abandonment in need and higher levels of switching. Working women are less likely than non-working women. Experience of side effects was the most consistent reason women gave for discontinuation of their first method of contraception, as well as for previous episodes of discontinuation of use of oral contraceptives, injectables, or the IUD. Most bothersome to women were headaches, changes in menstrual bleeding (including irregular bleeding/spotting and the lack of menstrual bleeding), and uterine pain. Some women reported feeling worried about the use of their method, mostly due to the fear of side effects or other health concerns. Other less important factors as cost, availability, husband's disapproval and religious constraints were less important in discontinuation of contraceptive methods. RECOMMENDATIONS: The reasons for not using and discontinuation of contraceptive methods can be eliminated by: 1) Counseling regarding safe and effective use of each method, 2) Regular and earlier follow up schedule, 3) Earlier management of side effects especially menstrual changes can be an effective way to increase continuation rates, 4) Elimination of fears and misbeliefs regarding religion and contraceptive use for family planning, 5) Greater efforts need to be made to encourage women to switch to modern
methods rather than traditional methods or outright discontinuation of contraception, 6) Efforts should be made to promote male involvement in the country’s reproductive health programs. Improvement of family planning services.

O82
THE SIGNIFICANCE OF PERINEURAL INVASION IN EARLY-STAGE CERVICAL CANCER
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Introduction: Cervical cancer spreads directly and through lymphatic and vascular channels. Perineural invasion is an alternative method of spreading. Several risk factors portend poor prognosis and inform management decisions regarding adjuvant therapy. Objective: To evaluate the incidence and significance of PNI in early cervical cancer. Methods: Retrospective chart review of early-stage cervical cancer patients (IA-IIB) from 1994-2009. Results: One hundred ninetytwo patients were included, 24 with perineural invasion in the cervical stroma (cases) and 168 without (controls). The mean age of the cases was 53 years, versus 45.2 in the controls (P<0.01). PNI was associated with more adjuvant therapy (P<0.001), a higher stage (P<0.005), a larger tumor size (≥ 4 cm) (P<0.0001), lymphovascular space invasion (P=0.002), parametrial invasion (P<0.0001) and more tumor extension to the uterus (P<0.015). On multivariate analysis using an adjusted hazard ratio, risk factors for recurrence included grade (HR, 95% CI, 3.61, 1.38-9.41) and histopathology (HR, 95% CI, 2.85, 100-8.06). Similarly, risk factors for death included grade (HR, 95% CI; 3.43, 1.24-9.49) and histopathology (HR, 95% CI; 3.71, 1.03-13.33). Perineural invasion was not identified as an independent risk factor for either recurrence or death. The mean follow up time was 56 months. There was no significant difference in recurrence (P=0.601) or over-all survival (P=0.529) between cases and controls. Conclusion: While perineural invasion was found to be associated with multiple high-risk factors, it was not found to be associated with a worse prognosis in early cervical cancer.

O83
POSTPARTUM ECHOGRAPHIC DIAGNOSIS OF GANGLIO-NEUROBLASTOMA – CASE REPORT
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Ganglioneuroblastoma – is a malignant tumor of neural tissue, diagnosed in children 2-4 years and very rare in adults (only 33 cases). No publications were found about this tumor in postpartum. We present a case of 31-year old woman, who was referred to our Center at 36 weeks of gestational age because of massive vaginal bleeding. It was her second pregnancy, somatic and gynecologic history was common. An abrupt placenta was diagnosed and urgent c-section was performed, the girl, 2800 g, 7-8 Apgar – a healthy infant. Pathological autopsy revealed a large retroperitoneal tumor with uneven contours 8.7 х 5.8 х 7.1 cm (see fig.1). No other pathology of pelvic floor was found. The differential diagnosis was conduction between intraligamentary myoma, parametrial hematoma and unknown retroperitoneal tumor. Color Doppler and Power flow revealed an intensive, high resistant blood flow, with several mosaic color areas. A large retroperitoneal tumor was suspected. An additional MR-imaging with contrast was performed: it revealed a large retroperitoneal tumor – ganglioneuroblastoma in LS-S1. Neurosurgical operation was made. Pathomorphological diagnosis was ganglioneuroblastoma. In our case, pelvic MRI precise tumor localization and revealed its invasion into the spinal cord. To conclude, a color Doppler application gives much additional information in performing a differential diagnosis of unknown pelvic masses during postpartum.

O84
HPV TESTING ALONE WITH PAP TRIAGE FOR SCREENING CERVICAL CANCER AND PRECURSORS IN ROUTINE PRACTICE (VASCAR): SAY GOODBYE TO CYTOLOGY
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Objective: To evaluate and compare the performance of VASCAR with cytology alone (historical control) in our Institution. Methods: Since March 1st, 2011, all women aged 30 years and older as per VASCAR (see diagram). HC-2 is performed at an average of 264 tests/8 hrs/tech compared to 50 Pap tests read/8 hrs/tech prior to implementation of VASCAR. Results: The most important factors for clinicians’ acceptance of the new guidelines were: 1) considerable improvement in reporting test results from 6 months for cytology to 7 days for hybrid capture HPV DNA assay (HC-2) (Qiagen®); 2) as per literature, superior performance of HC-2 over cytology, and 3) expected safer screening intervals compared to cytology. Between March 1 and August 31, 2011, 8,767 women were tested with HC-2 of which 643 (7.3%) were positive. So far, triaging HC-2-positive women (234) with cytology resulted in 88 (37.6%) positive and 146 (62.3% negative results. The 88 of 8,767 (1.0%) Pap-positive women were referred to colposcopy. In comparison, positive cytology reported in 2009 and 2010 in women aged 30 years and older was 2.69% (1,158/42,976) and all Pap-positive women were subjected to colposcopy. Pap-negative women will be re-tested with HC-2Pap in one year. Data on VASCAR and historical controls by age groups and cytological/histological categories will be detailed. Conclusions: The implementation of VASCAR was well received by both clinical and laboratory staff, and its overall performance is most consistent with modern, cervical screening, particularly in laboratories with manpower shortages. To our knowledge, this is the first experience with publically-funded screening with HPV testing alone and Pap triage of high risk HPV-positive women in routine practice.
A BIOLOGICAL ROLE OF LRIG3 (LEUCINE -RICH IMMUNOGLOBULIN -LIKE REPEATS) IN CIN AND CERVICAL CANCER

D. Hellberg1, A. Lindstrom1

Introduction: LRIG3 is a member of the LRIG family (LRIG1-3). While LRIG1 has been associated with tumor suppression and LRIG2 with poor prognosis in invasive cervical cancer, little is known about the role of LRIG3.

Methods: The study population in these two prospective studies comprised 59 with low-grade CIN, 47 with high-grade CIN, 62 with early-stage invasive cervical cancer, 17 with mid-stage (stage IIB) and 40 with women with late-stage cervical cancer. Among variables included were expression of several tumor markers as well as smoking habits, hormonal contraceptive use, serum progesterone, serum estradiol and menopausal status. Results: In CIN, combined oral contraceptive use correlated to low LRIG3 expression, while progestogenic contraceptive use correlated to high expression. Expression of a number of tumor markers was associated with LRIG3 expression. Thus, a retinoblastoma protein (tumor suppressor), p53 (suppressor), p16 (suppressor) and E-Cadherin (cell-cell interaction) expression was associated with high LRIG3 expression, while CK10 (cytoskeleton) expression correlated to low LRIG3 expression. In invasive cancer there was a positive correlation between expression major tumor promoter, c-myc, and high LRIG3 expression. Conclusion: LRIG3 expression is associated with a number of tumor molecular events in CIN. Expression also correlates to hormonal contraceptive use. The results on expression of other tumor markers suggest that LRIG3 is influenced by or influences a number of parameters. Further studies will show if LRIG3 expression will have an impact on prognosis.

LEARNING CURVE FOR THE FIRST 100 ROBOTIC ASSISTED HYSTERECTOMIES

J. Q. Huang1,2, M. Frey1, J. Kofinas2

Method: Using the New York Hospital Queens surgical database, we identified the first 100 patients that underwent thyroid surgery performed by a single surgeon between 2006 and 2010 were retrospectively reviewed to compare patient demographics and peri-operative variables.

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Discussion: Robotic surgery offers a minimally invasive technique for the management of endometrial cancer with the potential to overcome the surgical limitations of conventional laparoscopy, however there is limited data available regarding clinical outcomes and surgeon learning curve. Methods: All cases of minimally invasive surgical staging of endometrial cancer performed by a single surgeon between 2006 and 2010 were reviewed to compare patient demographics and peri-operative variables. Results: Among the 119 patients undergoing laparoscopic (40) or robotic (79) surgical staging, there was no significant difference regarding estimated blood loss, surgical complications and length of hospital stay. Robotic surgery was associated with longer operative time (226.9 vs. 204.4 minutes, p = 0.05), increased likelihood of performing pelvic node dissection (59.9% vs. 80.0%, p = 0.05), and greater number of lymph nodes harvested (22.8 vs. 18.1, p = 0.02). When comparing the last 25 robotic surgeries performed to the first 25, the last 25 cases had shorter operative time (205.4 vs. 245.0 minutes, p = 0.01), more lymph nodes removed (27.9 vs. 18.6, p = 0.01) and a shorter length of hospital stay (1 day vs. 2 days, p < 0.05).

O85 #312

COMPARISON OF CLINICAL OUTCOMES AND SURGEON LEARNING CURVE FOR ENDOMETRIAL CANCER STAGING VIA LAPAROSCOPIC AND ROBOTIC TECHNIQUES

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BACKGROUND: The reproductive tract in the fetus consists in two parts: one male (Wolffian ducts) and one female (Mullerian ducts). During embryogenesis, due to hormonal influence, the Mullerian duct system develops to create the female genital tract (including the fallopian tubes, uterus and upper vagina) while the Wolffian duct system regresses, and may eventually disappear. Occasionally a part of this Wolffian system remains in women. In these cases the duct is located mainly between the vagina and cervix and consists of mucus-producing cells. Usually there is no continuity with the vagina or the uterus, making it, therefore, a closed cystic structure. In most cases, this cyst, called Gartner cyst is asymptomatic, having <2 cm, and found accidentally on routine gynecological examination. However, over time, and mucus production, the cyst may enlarge and become symptomatic and/or compressing organs like the bladder, urethra or ovary. OBJECTIVE: To report on the clinical presentation, treatment and outcome of patients with Gartner cyst.

A35

CURVE FOR ENDOMETRIAL CANCER STAGING VIA LAPAROSCOPIC BIOLOGICAL ROLE OF LRIG3 (LEUCINE -RICH IMMUNOGLOBULIN -LIKE REPEATS) IN CIN AND CERVICAL CANCER

T. Hailparn

VAGINOPLASTY™
LASER VAGINAL REJUVENATION™ AND DESIGNER LASER AND UNETHICAL PRACTICE, TEACHING, AND MARKETING OF ACOG COMMITTEE OPINION NO. 378 AND BEYOND: DECEPTIVE D. Hellberg1, A. Lindstrom1, M. Frey2, J. Kofinas2

1Dept. of Obstetrics and Gynecology, New York Hospital Queens; 2Department of OB/GYN, Weill Cornell Medical Center, New York, NY, USA

METHODS: A review of the American College of Obstetricians and Gynecologists (ACOG) that only can be clarified (verified or unverified) by physicians who participated in the Laser Vaginal Rejuvenation Institute of America ™ (LVRIA™) program. Objective: To clarify suppositions of deceptive and unethical practice, teaching and promotions of "Laser Vaginal Rejuvenation®"(LVR®) and "Designer Laser Vaginoplasty™"(DLV™) in ACOG's medical and ethics codes, LVR™ and DLV course syllabus and a search for existing scientific and marketing literatures relevant to the subject was conducted. Results: 1. It documented LVR™ is a colpoperineoplasty and DLV™ includes minoraplasty and majoraplasty procedures. 2. The LVR™ course contract legally binds physicians to non-disclosure of surgical procedures presented before the course offered by the LVRIA™. 3. ACOG established that deceptive practice and marketing has been used for some time, strongly suggesting dropping such an approach. 4. ACOG established that a business model controlling the dissemination of scientific knowledge is unethical.

O84

ACOG COMMITTEE OPINION NO. 378 AND BEYOND: DECEPTIVE AND UNETHICAL PRACTICE, TEACHING, AND MARKETING OF LASER VAGINAL REJUVENATION™ AND DESIGNER LASER VAGINASTY™

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Objective: To compare the clinical outcomes of the first 100 patients that underwent robotic - assisted hysterectomy (RAH) by a single surgeon. Method: Using the New York Hospital Queens surgical database, we identified the first 100 patients that underwent RAH by a single surgeon performed to the first quartile of patients. We then compared the patients' clinical outcomes in each subsequent quartile and found that the learning curve started to level off between the third and fourth quartile of patients.

O86

LEARNING CURVE FOR THE FIRST 100 ROBOTIC ASSISTED HYSTERECTOMIES

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BACKGROUND: There exist suppositions made by the American College of Obstetricians and Gynecologists (ACOG) that can be clarified (verified or unverified) by physicians who participated in the Laser Vaginal Rejuvenation Institute of America ™ (LVRIA™) program. Objective: To clarify suppositions of deceptive and unethical practice, teaching and promotions of "Laser Vaginal Rejuvenation®"(LVR®) and "Designer Laser Vaginoplasty™"(DLV™) made in ACOG's Opinion No.378. To understand methods which prohibit disclosure of LVR™ and DLV™ terminology and surgical definitions. Methods: A review of the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion 378, ACOG's medical and ethics codes, LVR™ and DLV course syllabus and a search for existing scientific and marketing literatures relevant to the subject was conducted. Results: 1. It documented LVR™ is a colpoperineoplasty and DLV™ includes minoraplasty and majoraplasty procedures. 2. The LVR™ course contract legally binds physicians to non-disclosure of surgical procedures presented before the course offered by the LVRIA™. 3. ACOG established that deceptive practice and marketing has been used for some time, strongly suggesting dropping such an approach. 4. ACOG established that a business model controlling the dissemination of scientific knowledge is unethical.

O87

BIOLOGICAL ROLE OF LRIG3 (LEUCINE-RICH IMMUNOGLOBULIN-LIKE REPEATS) IN CIN AND CERVICAL CANCER

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O89

LARGE GARTNER CYST

G. Incencio

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BACKGROUND: The reproductive tract in the fetus consists in two parts: one male (Wolffian ducts) and one female (Mullerian ducts). During embryogenesis, due to hormonal influence, the Mullerian duct system develops to create the female genital tract (including the fallopian tubes, uterus and upper vagina) while the Wolffian duct system regresses, and may eventually disappear. Occasionally a part of this Wolffian system remains in women. In these cases the duct is located mainly between the vagina and cervix and consists of mucus-producing cells. Usually there is no continuity with the vagina or the uterus, making it, therefore, a closed cystic structure. In most cases, this cyst, called Gartner cyst is asymptomatic, having <2 cm, and found accidentally on routine gynecological examination. However, over time, and mucus production, the cyst may enlarge and become symptomatic and/or compressing organs like the bladder, urethra or ovary. OBJECTIVE: To report on the clinical presentation, treatment and outcome of patients with Gartner cyst.
Improvement of Postoperative Care After Major Abdominal Gynecologic Surgery

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Objectives: To assess the effects of early versus delayed (traditional) initiation of oral intake of food and fluids and pain control after major abdominal gynecologic surgery. Methods: A cohort retrospective study that compared the effect of early versus delayed initiation of oral intake of food and fluids and pain control after major abdominal gynecologic surgery. The study consists of a total of 114 women, 53 from early feeding group and 61 from delayed group. Results: The mean difference of day stay in hospital is 1.52 days (CI 95% -0.23 to 3.2; p<0.05). There is a significant difference regarding the nausea and vomiting in the control group versus early intake group (respectively d=0.19 CI 95% 0.02 to 0.37 p<0.01, d=0.16 CI 95% 0.01 to 0.31 p<0.01). The difference of proportion regarding the motility <12 h is 0.71 with CI 95% from 0.59 to 0.82 P<0.05. The difference in mobilization <24 h in early intake group versus the control group is 0.55 with CI 95% from 0.43 to 0.68 p<0.05. The difference of proportion regarding the flatus in the early intake group versus the control group is 0.48 with a CI 95% from 0.34 to 0.62 P<0.05. The proportion of removal of the urethral catheter within 24 h in the early intake group is higher than in the control group (difference = 0.03 with CI 95% from -0.14 to 0.2 p=0.05). There were no significant differences in temperature, pain or abdominal distension. Conclusions: The findings from this study have demonstrated the safety of the early feeding approach in women undergoing major abdominal gynecologic surgery. There is a significant reducing of the symptoms of nausea, vomiting. This procedure accelerated the mobilization and flatus within 24 h and intestinal motility within 12 h. However, does not reduce the length of stay in hospital significantly. Control of postoperative pain with combination of Ibuprofen Arginine and Paracetamol shows that is very effective.

Sensitivity of Ovarian Carcinoma Cells with Zoledronic Restores Cytotoxic Capacity of VGAMMA9DELTA2 T CELLS IMPAIRED BY PROSTAGLANDIN E2: IMPLICATIONS FOR IMMUNOTHERAPY

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Purpose: Endometrial cancer (EOC) usually spreads into the peritoneal cavity, thereby providing an opportunity for intra-peritoneal adoptive immunotherapy with Vγ9Vδ2 T lymphocytes. However, previous studies have shown that Vγ9Vδ2 T cells fail to expand from peripheral blood mononuclear cells in one-third of cancer patients. The goal of the current study is to identify predictive markers for the successful ex vivo expansion of Vγ9Vδ2 T cells and to evaluate the cytotoxic properties of Vγ9Vδ2 T lymphocytes in an ovarian-associated cancer ascitic environment. Experimental design: Thirty-seven EOC patients were enrolled in the study. The characteristics of the expansion of the Vγ9Vδ2 T-cells were analyzed by multiple correspondence analyses (MCA). Results: The MCA identified three populations, one of which was not suitable for adoptive therapy. Interestingly, the ineligible patients were identified based on the frequency of Vγ9Vδ2 T cells in their peripheral blood. The average time to tumor recurrence was also found to be significantly different between the three populations. A dramatic decrease in the lytic properties of Vγ9Vδ2 T cells occurred following incubation with ascites supernatant and was found to be associated with reduced expression of granzyme B and perforin. Vγ9Vδ2 T cells harvested from IL-6, IL-10, VEGF or TGF-β showed immunosuppressive effects in Vγ9Vδ2 T cells. Interestingly, our results emphasize that pretreating ovarian tumor cells with zoledronic reverses the immunosuppressive effects of ascites and restores a high level of lytic activity. Conclusions: Our data provide
rationale for clinically evaluating V/VG02 T-cell adoptive immunotherapy with intra-peritoneal carcinomatosis pre-sensitization by zoledronate in EOC patients.

O94 CAN WE TRUST EPIDEMIOLOGICAL DATA? P. A. Mardh 1

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Current surveillance systems for many reportable genital infections are defective in many respects due to lack of information of the number of persons approached who did and did not accept to participate. This is of importance in calculations of prevalence figures. Likewise, it is needed to know if the surveillance system is reporting cases found at screening or not. Information that one has to include if it concerns antibiotic-treated cases, and if so if mixed with non-treated cases. Furthermore, if the cases reported at last report result not be negative at last report, the contamination of many reportable genital infections in this way may be carriers of pathogens from the upper genital tract. This questions the value of many studies performed on tubal factor infertility and other reproductive events proposed to be related to genital infections.

O95 MENOPAUSE HORMONE REPLACEMENT THERAPY AND METABOLIC SYNDROME A. Meatha1, C. Goncalves2, A. Esteves Santos3, I. Amaral1, I. Marques3

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Introduction: We conducted a case-control study to calculate the odds ratio (OR) for the influence of Hormone Replacement Therapy (HRT) on the incidence of postmenopausal SM. We analyzed medical records and made an oral questionnaire to post-menopausal women of General Gynecology. Results: It was obtained 123 questionnaires, 21 were excluded. Forty nine women had the diagnosis of MS after the age of menopause. Of these 11 receive HRT for at least 2 years. At the study sample are higher than the general population, justified by the of sample selection method. Other limitation of this study relate to the small sample size.

Conclusion: In this study the OR demonstrate a statistically significant decrease in estimated risk of MS in women who took HRT for 2 or more years.

O96 FUNCTIONAL AND RESULTS FUNCTIONAL RESULTS FOLLOWING NONSURGICAL OR SURGICAL CREATION OF A NEOVAGINA IN WOMEN WITH MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME: A COMPARATIVE STUDY K. Morcel1, L. Vavoua1, F. Jaffre1, M-C. Voltzerologie1, B-J. Panyel1, R. Rouziou1

1Department of Obstetric Gynecology, CHU de Rennes, Hopital Sud, 2Department of Obstetric Gynecology, Centre Hospitalier Intercommunal de Creteil, 3Department of Obstetric Gynecology, AP-HP, Hopital Tenon, Rennes, France

The Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is characterized by congenital utero-vaginal aplasia. Treatment consisting of creating a neovagina may be either nonsurgical or surgical. Although periporeceptive complications and anatomic results are important, the most important outcome is the functional result. The aim of the current study was to evaluate the sexual satisfaction of patients with MRKH syndrome after neovagina procedures. Method: Women were recruited via a national patient association. Functional results were assessed by the Female Sexual Function Index (FSFI) questionnaire. The control group consisted of healthy women, published in the literature. Results: Of 80 members of the patient association, 37 (46%) returned the questionnaire. The different report procedures were Frank’s method, sigmod vaginoplasty, and Davydov technique. No statistically significant difference was found between the different methods in the population characteristics. The FSFI scores of the whole population, regardless of the procedure used, were compared with the scores of the control group. The patients’ scores were significantly lower than the control group, and if so if mixed with non-treated cases. Furthermore, if the cases reported at last report result not be negative at last report, the contamination of many reportable genital infections in this way may be carriers of pathogens from the upper genital tract. This questions the value of many studies performed on tubal factor infertility and other reproductive events proposed to be related to genital infections.

O97 VAGINAL REJUVENATION BY MEANS OF OSTRZENSKI’S VAGINAL RUGATION REJUVENATION (O-VRR) A. Ostrzenski1, M. Scheinberg2

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BACKGROUND: Recently, Ostrzenski’s published “Vaginal Rugation Rejuvenation” a new surgical technique (Gynecol Obstet Invet 2011). This procedure has revitalized the use of the medical term “Vaginal Rejuvenation”. Previously, a “Laser Vaginal Rejuvenation®” slogan was popularized; however, this term was without a specific surgical procedure and the operation was adapted from a traditional gynecologic operation of colpopereineorrhapy. A colpopereineorrhaphy term was change to “Laser Vaginal Rejuvenation®” in order to use it as the market tool. “Laser Vaginal Rejuvenation®” was considered by the American College of Obstetricians and Gynecologists in the U.S. as deceptive and unethical practice. OBJECTIVE: To determine the novelty of the “Ostrzenski’s Vaginal Rugation Rejuvenation” surgical technique and to present my experience. METHODS: Electronic and manual searches were conducted. Medical Subject Headings (MeSH) were selected and used in a search on MEDLINE (1950–May 2007), ACOG online database (1990–May 2007) and the HealthSTAR (1990 – May 2007). Cochrane Library database (1995–May 2007), Ovid database. RESULTS: The study indicated that “Ostrzenski’s Vaginal Rugation Rejuvenation” is a new surgical technique. The review of scientific and marketing literature showed that many scientific or marketing description of a “Laser Vaginal Rejuvenation®” surgical technique. CONCLUSION: The Ostrzenski’s Vaginal Rugation Rejuvenation surgical technique is as a new operation in the cosmetic-plastic gynecologic field. This procedure is the truly new cosmetic method and no traditional gynecologic procedures was adopted or modified for developing this new technique.

O98 VAGINAL REJUVENATION BY: OSTRZENSKI’S URETHROVAGINAL SPINCHER MUSCULAR BURST CONSTRUCTION (O-UVSMR) A. Ostrzenski1, M. Scheinberg2

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BACKGROUND: O-UVSMR for vaginal rejuvenation is a new surgical procedure for the acquired sensation of wide/smooth vagina treatment. OBJECTIVES: To describe the specific and gross-functional anatomy of the urethrovaginal sphincter muscle and its role in an acquired sensation of wide/smooth vagina; to present step-by-step O-UVSMR and to examine the efficiency of this operation. METHODS: A review of the existing literatures related to the newest anatomic discoveries and their confirmation by MRI dynamic studies on the subject matter. A functional anatomy of the urethrovaginal sphincter muscle, complex make-ups, its topography, and relationship with the adjacent anatomic structures will be detailed. The incision is made in the midline of the periurethral raphe skin. The inferior bulbocavernous muscle was sharply separated from the superior aspect of the urethrovaginal sphincter muscle. The site-specific defect(s) of the urethrovaginal sphincter muscle was identified; scarification of the damaged edges was performed with surgical scalp. The freshly prepared edges were approximated with 0-4 PDS absorbable suture. A single type suturing technique was applied. The inferior bulbocavernous and superior surface of the urethrovaginal sphincter muscles were approximated and the periurethral wound was closed. RESULTS: Electronic and manual searches failed to find any operation for the urethrovaginal sphincter muscle reconstruction. The surgical procedure is simple operation and easy to learn. CONCLUSIONS: O-UVSMR is a new and original method for the acquired sensation of wide/smooth vagina treatment (vaginal rejuvenation).
O99
OSTRZENSKI’S FENESTRATION LABIOLAPLASY WITH TRANSPOSITION FOR MEDICAL INDICATION AND AESTHETIC MOTIVES
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BACKGROUND: “Ostrzenski’s Fenestration Labioplasty with Transposition” (O-FL) is a new surgical intervention which preserves natural color, contour, shape, symmetry, reduces the width and the length of the labia minora, and restores or rebuilds posterior free border of the vaginal fossa navicularis.

OBJECTIVE: To describe O-FL technique, to examine the medical and aesthetic outcomes. METHODS: Under the free edge of the labium minus, the incision was made and the same contour incision was made just above the base of the labium. Elliptical fenestration excision of the labium skin fold was performed. RESULTS: The transposition of the labial tissue to create the posterior border of the fossa navicularis completed the procedures. The edges were stitched. CONCLUSION: The surgical procedure resolved symptoms and provided pleasing aesthetic results.

O100
AN EXPLORATORY STUDY UPON FACTORS THAT CONTRIBUTE TO CONTRACEPTIVE-SEEKING BEHAVIOUR AMONG MARRIED SUDANESE WOMEN IN KHARTOUM, SUDAN
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Aim: The purpose of this study was to gain in-depth understanding of the use of contraceptive methods among married women, aged 16-49 years, in Khartoum. In order to achieve this, attitudes, beliefs and perceptions of married women and health workers were explored. Background: The contraceptive prevalence rate (CPR) among married Sudanese women is estimated at 7.6%, one of the lowest in the East Mediterranean region. Reports suggest that poor accessibility, religious beliefs and cost of services are major influential factors. However, contraceptive use among Sudanese populations is under-researched. This study therefore, explores and identifies key factors that contribute to contraceptive-seeking behaviour. Methods: Semi-structured interviews were carried out with health workers and married Sudanese women. A total of 30 participants were recruited in the study. Secondary data collection, participant observations and informal interviews enabled triangulation. The raw data was analysed via Thematic Content Analysis. Results: One major issue emerged from the study findings, strongly contradicting existing literature. From total study population, 83% of respondents gave importance to the role of men in the decision to use a contraceptive. Other factors did not major affect decision-making. Conclusion: Clearly, from the range of factors explored, the spouse significantly influenced contraceptive-seeking behaviour. It is apparent that further research upon the role of men in FP is required. Findings have also highlighted the need to assess existing FP services further. Interventions tailored to the specific requirement of married Sudanese women can only be implemented once these concerns are addressed.

O101
ANDROGENIC HORMONES AND MENOPAUSE
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In women, sexual function, hormones and aging are inextricably related. Some studies have been conducted to delineate the effects of testosterone on an arousal. Overall large randomized controlled trials of exogenous testosterone show benefits over placebo on sexual desire, arousal, orgasm, pleasure and satisfaction. The aspects of consideration of androgen therapy for women that continue to stimulate debate in this therapeutic area include whether female sexual dysfunction is a condition that merits pharmacotherapy, how effective is such treatment and whether testosterone therapy is safe. Methodology: This review article provided by Library and internet researches with credible articles from 1995 until 20 March 2010. Results: The Global Study on Sexual Attitudes and Behaviours among women (GSS 2003) revealed that sexual desire in over 27,000 men and women aged 40–80 years from 29 countries; the most common problem for women was a reduction in sexual desire, and over a third of women reported having at least one sexual dysfunction. Also Cultural differences are also likely to significantly affect the responses of women from different nationalities in studies of sexual function. A small number of studies report a direct relationship between serum levels of testosterone and sexual desire and coital frequency and anti-androgen therapy is associated with a loss of sexual desire A Cochrane review recently updated concluded that the addition of testosterone to postmenopausal HRT improves desire, arousal and other aspects of female sexual dysfunction. In a recent randomized, double-blind, crossover, placebo-controlled trial the effect of exogenous testosterone therapy in estrogen replete women was not impaired by concurrent aromatize inhibitor therapy. This indicates that the effects of testosterone on desire and arousal in this setting are not reliant on aromatization to estradiol. Conclusion: In females aging is associated with a reduction in endogenous androgen levels, and a parallel decline in sexual desire, yet a clear link between low testosterone levels and female sexual dysfunction has not been described. However, results of randomized placebo controlled studies consistently demonstrate that exogenous testosterone improves sexual desire and arousal in women. Whether the effects of testosterone on sexual function are direct, are mediated via conversion of testosterone to estrogenic metabolites, or are related to their positive effects on wellbeing remains to be fully determined and is worthy of further research.

O102
META-ANALYSIS OF THE IMPACT OF CYSTECTOMY FOR OVARIAN ENDOMETRIOMAS ON OVARIAN RESERVE
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Background: There has been concern over the potential damaging effect of surgical treatment of endometriomas on ovarian function. The aim of this meta-analysis was to investigate the impact of this surgery on ovarian reserve as determined by anti-Müllerian hormone (AMH). Methods: A search of MEDLINE, PubMed and Embase was conducted to identify all prospective cohort and randomised trials that analysed the effect of surgery for endometriomas on ovarian reserve as assessed by AMH. The following search terms were used: laser, laparoscopy, laparotomy, general surgery, laser, ablation techniques, cystectomy, excision, anti-müllerian hormone, endometriosis and endometrioma. Twenty-two studies were identified, of which seven were selected for meta-analysis. RevMan software was used to calculate weighted mean differences (WMD) in AMH levels and 95% confidence intervals (95% CI). Statistical heterogeneity was tested by using chi-square and I² values. Results: Pooled analysis of 194 patients showed a significant decrease in serum AMH concentrations after cystectomy (WMD -0.96; 95% CI -1.57 to -0.35), although heterogeneity was high. Sensitivity analysis for studies with a baseline serum AMH level of at least 3 ng/mL improved heterogeneity while still showing a fall in serum AMH post-operatively (WMD -1.52; 95% CI -2.01 to -1.04). Conclusion: Results of this study suggest a negative impact of ovarian cystectomy for endometriomas on ovarian reserve as evidenced by a significant fall in AMH after surgery. However, in view of the paucity of high quality, unbiased studies in the literature, these results should be viewed as preliminary until further studies allow a firm conclusion to be drawn.
CONTROVERSY IN DECEPTIVE AND UNETHICAL COSMETIC-PLASTIC GYNECOLOGIC PROCEDURES: RESTRUCTURING PRACTICE TO PROTECT MEDICAL LICENSE

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BACKGROUND: In September 2007, the American College of Obstetricians and Gynecologists (ACOG) reviewed terms of "Vaginal Rejuvenation", "Designer Vaginoplasty", "Revivirgination" and "G-Spot Amplification" and established they were used as marketing deceptive tools. These terms cannot be considered as a routine or accepted, since it a deception. A medical business model which controls the dissemination of scientific knowledge by legal trademarks was proclaimed deceptive and unethical. OBJECTIVES: To analyze the ACOG's recommendations and to present structural changes of practice to meet ACOG's cosmetic gynecologic approvals. METHODS: A search, identification, and analysis of the existing literatures were undertaken. The following terms were used: vaginal rejuvenation, designer vaginoplasty, revirginization, G-spot amplification, laser vaginal rejuvenation, designer laser vaginoplasty, design vaginoplasty, standard vaginoplasty, smooth vagina, labiaplasty, clitoral hoodplasty. RESULTS: The ACOG Opinion No. 378 presented factual materials. Searches failed to identify scientific materials of designer vaginoplasty, G-spot amplification, laser vaginal rejuvenation, designer laser vaginoplasty or designer vagina. Vaginal rejuvenation (vaginal ruggation rejuvenation) and clitoral hoodplasty (hydrodissection with reverse V-plasty for both restorative and reductive indications) scientific articles were identified (A. Ostrzenski Gynecol Obstet Invest 2011/A. Ostrzenski. J Gynecol Surg. 2010). Also, the vaginal rejuvenation classification presented numerous causes of a wide/smooth vagina and seven different procedures to use for vaginal rejuvenation (A. Ostrzenski. (EJOGRB, 2011). CONCLUSION: Restructuring cosmetic-plastic gynecology method is necessary to practice within the frame of ACOG recommendations.

OBJECTIVES: To analyze the ACOG's recommendations and to present structural changes of practice to meet ACOG's cosmetic gynecologic approvals. METHODS: A search, identification, and analysis of the existing literatures were undertaken. The following terms were used: vaginal rejuvenation, designer vaginoplasty, revirginization, G-spot amplification, laser vaginal rejuvenation, designer laser vaginoplasty, design vaginoplasty, standard vaginoplasty, smooth vagina, labiaplasty, clitoral hoodplasty. RESULTS: The ACOG Opinion No. 378 presented factual materials. Searches failed to identify scientific materials of designer vaginoplasty, G-spot amplification, laser vaginal rejuvenation, designer laser vaginoplasty or designer vagina. Vaginal rejuvenation (vaginal ruggation rejuvenation) and clitoral hoodplasty (hydrodissection with reverse V-plasty for both restorative and reductive indications) scientific articles were identified (A. Ostrzenski Gynecol Obstet Invest 2011/A. Ostrzenski. J Gynecol Surg. 2010). Also, the vaginal rejuvenation classification presented numerous causes of a wide/smooth vagina and seven different procedures to use for vaginal rejuvenation (A. Ostrzenski. (EJOGRB, 2011). CONCLUSION: Restructuring cosmetic-plastic gynecology method is necessary to practice within the frame of ACOG recommendations.
for contraception. In adjusted analyses, women in their 30s, those who lived with their partner and nonsmokers were more likely to have had a recent Pap test. Women with no sexual partners in the last year were less likely to have had a Pap test, and women who reported a previous STI diagnosis were more likely to have had a Pap test in the past 2 years. Conclusions: There are differences in Pap testing behavior among Australian women related to factors that may affect their risk of developing cervical abnormalities. Younger women and regular smokers were less likely to report a recent test. Screening programs should consider this in the planning of recruitment strategies.

### O108

**THE ROLE OF MESH REPAIR IN THE MANAGEMENT OF VAGINAL PROLAPSE**

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Introduction: 4-10% of women report prolapses, but 2% of nulliparous & up to 50% of multiparous women are affected. 34% present with anterior vaginal, 15% with posterior vaginal & 14% report posterior prolapse. There is an 11% lifetime risk of surgery, 1/3 of re-operation. Traditional repair has a 22-70% failure rate & distorts anatomy & function of the lower genital tract. Patients now have longer life spans, and are increasingly aware of options available and have a greater expectation of return to good quality of life (QOL). Mesh repairs are increasingly being advocated but their use is controversial with advocates and skeptics of the method. Materials & Methods: Retrospective analysis of 114 patients from 2004-08 at Hamilton, New Zealand. Single operative / supervisory surgeon, >6 month follow up. Subjective & Objective results & changes in their quality of life analyzed. These were compared with international data. Results: 95.6% of patients between 41-70 years of age. 22.8% of patients presented with stage 2, 68.4% with stage 3 and 7.9% with stage 4 prolapse. 36% had previous surgery, mostly hysterectomy & repair. 28% of patients had urinary stress incontinence (USI), 16.7% had urge symptoms, & 9.7% mixed urinary symptoms. 66.7% needed both ant & post mesh repair, 15.8% a Monarc sling in addition, while 14% needed only ant Gynemesh repair. Subjective cure rate: 100%, Objective cure rate: 92%. 14 patients had denovo USI – 10 were successfully treated with Physiotherapy, & 4 needed subsequent sling operation to restore urinary continence. Complications were mostly transient & minor – 6/14 with temporary buttock pain, 4/14 with temporary dyspareunia. 4 patients needed trimming of exposed mesh & 1 had long term voiding difficulty. These compare favorably with other teams worldwide. Complications decreased as our skill & expertise improved. Patients had significant improvement in their quality of life as evidenced by QOL questionnaires. A review of world literature regarding the options available and a comparison of their features, advantages & disadvantages were made. Conclusions: The use of prosthetics enables simultaneous repair of all anterior vaginal defects of POP & concomitant surgery to be faster, easier and more precise. Use of prosthesis have gained acceptance over time but challenges remain. Our Technique is a quick, safe, reliable & less expensive than Mesh systems & with fewer complications than most other techniques. Prosthetic materials should not be used as a substitute for good surgical technique.

### O109

**IMPACT OF HYPOESTROGENISM ON PELVIC FLOOR MUSCLE STRENGTH AMONG POSTMENOPAUSAL WOMEN**

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The climacteric phase and menopause make the female aging a particular challenge. The climacteric women start to struggle against the repercussions that come along with the sharp fall of sex hormones level. Among the most common symptoms of this period, the hypoestrogenism impact on the urogenital system must be highlighted, especially over the pelvic floor muscles (PFM). This study aimed to investigate the impact of hypoestrogenism on the pelvic floor muscle strength. A cross-sectional descriptive study was conducted with postmenopausal women, which have never made use of estrogen replacement therapy. Forty three postmenopausal women were ranged into three groups: Group I – 16 women, mean age of 52.4 (± 2.1) years, within postmenopausal time (PMT) between one and two years; Group II – 15 women, mean age of 59.8 (± 3.5) years, and PMT from seven to nine years; Group III – 12 women, mean age of 70.2 (± 3.6) years and PMT over 12 years. PFM strength was evaluated through a functional assessment and classification of pelvic floor (Ortiz et al., 1994) and the perineometer. Statistically significant differences were found for PFM strength results related to age (p<0.001) and PMT (p=0.001) between the three groups, as well as a negative correlation was observed between PFM strength with age and PMT. The results show the longest the PMT, the worst is the PFM strength, suggesting a cumulative impairment on the PFM function due to estrogen deficiency over the time. This may also contribute to explain the increasing frequency of urinary continence problems along with the female aging.

**O110 SINGLE SITE LAPAROSCOPIc SURGERY FOR COMPLEX CASES IN BENIGN GYNECOLOGY**

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Objective: Innovations in various laparoscopic approaches have allowed significant advances in the surgery. Using single site laparoscopic techniques in even complex cases, the advancements have been utilized to enhance anatomical access, to shorten hospital stay, to minimize convalescent time, and to provide greater patient satisfaction. Methods: Single site laparoscopic surgery using the umbilicus has been used to accomplish various procedures which previously required full abdominal laparotomy incisions. These three videos depict the ability to address three common procedures encountered in practice using this new approach. The first video reviews the management of 56 y o female with long history of adenomyosis, enlarged uterus and persistent menorrhagia. This was accomplished laparoscopically via a single umbilical incision with a one day hospital stay, minimal blood loss and 2-week convalescence. The second video highlights the ability to facilitate the lysis of dense pelvic adhesions via single site laparoscopic surgery more readily in patients with previous abdominal surgery and long history of extensive endometriosis. The single site laparoscopic approach allowed adnexal adhesions to be readily visualized and easily dissected. The third video shows management of a left ovarian complex cyst and dense pelvic adhesions as a consequence of previous PID. The LSO was completed via single site laparoscopy in a 26 y o female with a small umbilical 1.5cm aesthetically appropriate umbilical incision. Results and Conclusions: The use of single site laparoscopy has allowed the surgeon to visualize anatomical landmarks more readily, to facilitate better anatomical access, to shorten patient hospitalization and to decrease patient recovery time. The patients stayed overnight for observation and discharged to home the following day. Patients returned to work in less than two weeks and had minimal scars with the umbilical incision of less than 2 cm, well-hidden in the umbilical folds.
Infertility

P1

EFFECT OF AMINOGUANIDINE IN SPERM DNA FRAGMENTATION IN VARICOCELIZED RATS: ROLE OF NITRIC OXIDE
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Background and Purpose: The sperm of infertile men with varicocele exhibit markedly high DNA damage that appears to be related to high oxidative stress (OS). Aminoguanidine (AG) is a specific inhibitor of the nitric oxide synthase (NOS) isoforms iNOS and an antioxidant, the effects of which decrease NO and peroxynitrite production. The aim of this study was to determine the efficacy of AG on sperm DNA fragmentation in varicocele-affected rats.

Methods: Thirty male Wistar rats were divided into 5 groups: control, sham, varicocele, and AG or placebo-treated groups were evaluated in all groups, except in the treated groups. The treated groups received intraperitoneal injections of 50 mg/kg AG or placebo daily for 10 weeks and then were killed for chromatin assessment. Sperm chromatin was evaluated by aniline blue, acridine orange, toluidine blue, and chromomycin A2 staining. Results: The results of the 4 above methods of chromatin assessment in the varicocele and control (and sham) groups (sperm DNA fragmentation that is associated with infertility in varicocele-affected rats, and treatment with AG can reduce the damage to sperm DNA). AAQ. At 10 weeks after varicocele induction, sperm DNA fragmentation increased in all groups vs. baseline. The results of the DNA fragmentation tests were significantly increased P < .05. Conclusion: The findings of this study suggest that AG improves.

P2

COULD MILD OVARIAN STIMULATION STRATEGY REPLACE STANDARD HIGH DOSE GONADOTROPIN STRATEGY IN POOR RESPONDERS: A SYSTEMATIC REVIEW & META-ANALYSIS
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Background: One of the most frustrating problems in IVF today is the low pregnancy rate in women with poor ovarian response. Poor responders are estimated to comprise approximately 9-24% of IVF/ICSI patients. Most treatment comparisons include high doses of gonadotropins and only vary in their means of pituitary suppression. High doses of gonadotropins did not result in higher pregnancy rates although this treatment regime appears to be the standard treatment worldwide in poor responder patients. Such a demanding protocol is more burdensome to the patient, costly and may result in embryos of lower quality. Method and Results: A literature search was performed to find all published data on randomized controlled trials that compared treatment regimes in poor responder patients as follows: 1. Long GnRH agonist/high gonadotropin versus short GnRH agonist/high gonadotropin (3 RCTs): There were no significant differences in the days of stimulation with rFSH, total number of M2 oocytes retrieved, number of embryos transferred, clinical pregnancy rates, and cancellation rates of stimulation and embryo transfer between the three groups except for total rFSH dosage. 3. Short GnRH agonist/high gonadotropin versus natural cycle with no stimulation (1 RCT): Clinical pregnancy rate was not significantly different between patients who underwent a natural cycle and those subjected to a short GnRH agonist protocol (4 RCTs). There were no differences in the days of stimulation with rFSH, total number of M2 oocytes retrieved, number of embryos transferred, clinical pregnancy rates, and cancellation rates of stimulation and embryo transfer between the three groups except for total rFSH dosage. 5. GnRH antagonist/high gonadotropin versus long GnRH agonist/high gonadotropin (5 RCTs): Pooling the results of these four studies resulted in a significantly lower total gonadotropin dose used and a shorter duration of stimulation in the antagonist group. The number of COCs retrieved and the clinical pregnancy rate was not significantly different between both groups. 6. GnRH antagonist plus high dose of gonadotropin versus high gonadotropin dose alone (1 RCT): There were no significant differences between both protocols in the cancellation rate; number of gonadotropin ampoules required, as well as number of COCs retrieved between the two compared protocols. Conclusion: Since most studies included small numbers of patients and used different definitions of poor response, the best pituitary suppression protocol is still unknown, but it seems that mild dose of gonadotropin could be a good alternative to the standard high gonadotropin dose in poor responders, thus the need for a large randomized controlled study comparing mild stimulation with the standard stimulation is an emergency.

P3

REHABILITATION METHODS OF REPRODUCTION FOR WOMEN WITH UTERO-VAGINAL MALFORMATIONS
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To evaluate the rehabilitation methods of reproduction of 676 women with various utero-vaginal malformations. RESULTS: Hysteroscopic dissection was performed in 122 patients with septate or subseptate uterus. Removing of rudimentary uterus horn performed for all 87 patients by laparoscopy. Four women had laparoscopic Strassmann’s metroplasty and 140 had no operative treatment. Patients with bicornuate (48) and duplicated (65) uterus underwent laparoscopic correction of other infertility factors (adhesions, synchia, endometriosis, polycystic ovary). Clinico-pathogenic rehabilitation after surgical correction, allows to get pregnancy and successful delivery of 5% of patients. Women with MRKH syndrome (214) after vaginoplasty may to perform IVF in surrogate motherhood program. CONCLUSIONS: The reconstructive surgical correction, preferably with endoscopic methods, assisted reproduction methods and pathogenetic treatment appears to improve reproductive outcomes of women with uterine anomalies.

P4

THERAPEUTIC HYDROTUBATION IN THE MANAGEMENT OF NON-OCCLUSIVE DISTAL TUBAL DISEASE IN LOW RESOURCE SETTING: IS IT BENEFICIAL?
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OBJECTIVE: Accessibility to assisted reproductive technology in the developing countries remains a formidable barrier in the treatment of infertility, of which tubal aetiology ranks the highest. This study evaluated the fertility enhancing value of tubal flushing in patients with non-occlusive distal tubal disease. DESIGN: Case controlled (prospective) study carried out in a 50 bed multidisciplinary privately owned hospital. Patients with hysterosalpingographic evidence of bilateral perifimbrial adhesions with incomplete distal tubal occlusion were the only identifiable cause of infertility were studied. METHODOLOGY: The study took place from July 2009 to December 2010. Patients that underwent hydrotubation were considered as ‘cases’ and those who did not undergo the procedure were considered ‘control’. For this study, patients with non-occlusive distal tubal disease had hysterosalpingographic evidence of bilateral perifimbrial adhesions with features of bilateral distal tubal blocking and restrictive spill of contrast. The 2 groups were followed up with monthly timed intercourse for only 6 months. RESULTS: During the study period, 62 patients were diagnosed with incomplete distal tubal occlusion, of which 41(66.1%) were ‘cases’ and 21(33.9%) considered as ‘control’. The two groups were comparable in demographic characteristics. Duration of infertility was equally comparable between the 2 groups. During the 6 months follow up, 16 (39.0%) pregnancies was recorded among the ‘cases’ and 2 (4.9%) among the ‘control’. Mean time interval between tubal flushing and conception was 4.2 ± 1.8 months among the patients that conceived following tubal flushing. CONCLUSION: A statistically significant pregnancy rate was recorded among patients that had tubal flushing. However, a randomised control study preceded by laparoscopic assessment of the fallopian tubes would be appropriate using a designed machine with facility for controlled pressure flow of hydrotubation solution.
**P5**

**THE EFFECT OF AROMATASE INHIBITOR LETROZOLE IN Poor RESPONDERS Incorporating in GnRH ANTAGONIST MULTIPLE DOSE PROTOCOL in POOR RESPONDERS**

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Introduction: This study was performed to evaluate the effectiveness of letrozole incorporated in GnRH antagonist multiple dose protocol (MDP) in poor responders undergoing IVF/intracytoplasmic sperm injection (ICSI). Material and methods: In this retrospective cohort study, a total of 103 poor responders who underwent IVF/ICSI with either the letrozole/GnRH antagonist MDP (treatment group) or the GnRH antagonist MDP (control group) were included. Controlled ovarian stimulation (COS) results and IVF/ICSI outcomes were compared between the two groups. Results: Total dose and days of recombinant human FSH (rFSH) administered were significantly fewer in the letrozole group than in the control group. duration of GnRH antagonist administered was also shorter in the letrozole group. The number of oocytes retrieved was significantly higher in the letrozole group. However, clinical pregnancy rate (PR) per cycle initiated, clinical PR per embryo transfer (ET), embryo implantation rate, and miscarriage rate were similar in the two groups. Conclusions: The letrozole/GnRH antagonist MDP may be more effective because of comparable pregnancy outcomes with shorter duration and smaller dose of rFSH, when compared with the standard GnRH antagonist MDP.

**P6**

**QUALITY OF LIFE AND RELATED FACTORS AMONG INFERTILE WOMEN IN TURKEY**

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Purpose: Infertility is a significant challenge leading to quality of life problems, influencing the relationships between the couples, sexual lives and economic status of fertile women, and giving rise to important personal and familial problems in them. The study was carried out to investigate the quality of life, and associated factors in infertile women. Methods: The sample of the study was 143 women with infertility problem who apply to The University Hospital, and 100 women with no infertility who apply to the hospital with other gynecological complaints. Data were collected with face-to-face interview with a questionnaire Short Form of World Health Organization Quality of Life Scale (WHOQOL-BREF). In statistical analysis percentile and mean, student t test and one way anova were used. Results: Compared with the infertile women, the fertile women had significantly higher scores for health-related quality of life subscales in physical health and psychological health domain (p<0.05). Such significant differences were found for the other quality of life domain scores for infertile women or infertile men (p>0.05). Quality of life subscales in environment domain affected by economic situation and duration of infertility, in psychological health and social relations domain affected by satisfaction for treatment in infertile women. Conclusions: Nurses and health care professionals caring for infertile women should be aware of the factors that affect quality of life and should plan to meet their care needs accordingly.

**P7**

**TERATOZOSPERMA AND RECURRENT PREGNANCY LOSS**

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Objective: To assess the rate of teratozoospermia in a recurrent pregnancy loss (RPL) population and to examine its effect on their reproductive outcome. Material and Methods: Retrospective cohort study, in a tertiary care referral centre from July 2004 till December 2007. RPL patients were compared to fertile controls, then the RPL patients were divided in two groups according to the presence of severe teratozoospermia in both groups were compared for their reproductive outcome. Result: There were 204 patient in the RPL, and 76 patients in the fertile control group. The proportion of patients with teratozoospermia was similar in both groups (75% in RPL vs. 77% in the controls; RR 0.8, 95%CI: 0.55-1.1, p=0.8). However, 41% of the RPL population had severe teratozoospermia, compared to 19.7% of the fertile control (RR 2.1, 95% CI:1.3-3.5, p=0.001). There was no significant difference in sperm count, or sperm motility between both groups. To assess the effect of severe teratozoospermia in RPL population, obstetrical outcomes were compared according to presence of severe teratozoospermia in the RPL group. There were 56 and 118 patients with and without severe teratozoospermia, respectively. There was no significant difference in the number of losses, the proportion of patients with primary RPL and proportion of losses before positive fetal heart beat seen. Similarly, both group had similar rate of term pregnancies after treatment. Conclusion: Although severe teratozoospermia is more commonly seen in RPL, population compared to fertile population, it did not have negative impact on the reproductive performance of these patients or on their response to the treatment.

**P8**

**IN-VITRO Fertilization Pregnancy in Congenital Cervical Dysgenesis**

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**P9**

**POSTHUMOUS ASSISTED REPRODUCTION: PATIENTS' RIGHTS AND ISLAMIC VIEW**

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Rapid development in assisted reproductive techniques along with relieving the pain of childlessness has brought new ethical and policy dilemmas. Stored frozen gametes and embryos have led to situations where the surviving spouse wants to create offspring after the person’s death. Also, possibility of sperm retrieval even several hours after death, and retrieving oocytes from aborted fetus or brain dead people brought the term: “posthumous assisted reproduction”. It is the most challenging, difficult and sensitive issue to be discussed ethically and religiously. In this study the acceptability of the posthumous reproduction in Islamic contexts is evaluated and major concerns like Consent and ownership of the gametes after death, family and marriage, and welfare of the child are discussed together with some international legislation. We can conclude that upon Islamic vision to assisted reproductive techniques as treatment of families and relieving the serious problem of childlessness, posthumous assisted reproduction is unacceptable even with previously frozen gametes or embryos. Also, Islamic vision to marriage, consent and welfare of the child confirms the unacceptability. Currently, there is no legislation or law against posthumous reproduction in Iran and a number of such cases have happened before. There must be some law or legislation to ban this procedure in Islamic contexts.
Objective: The aim of this study was to investigate the effects of two vitrification protocols on mouse metaphase II (MII) oocytes and evaluate their effects on the expression of heat shock protein A1A (HSPA1A) and MnSOD genes. Materials and Methods: Groups of approximately 15 MII oocytes without cumulus complexes were collected and vitrified with 10% (v/v) ethylene glycol (EG) + 10% (v/v) dimethylsulphoxide (DMSO) + 0.5M sucrose in group A (VSI) and 14.5% (v/v) EG + 14.5% PROH + 0.5M sucrose in group B (VSIl), respectively. Thawing after vitrification was performed by placing the oocytes in 1M sucrose for 1 minute and two diluted solutions, each for 3 minutes. After thawing, the oocytes were fertilized and cultured in vitro to develop into the pronuclear stage. The survival rate of vitrified-warmed oocytes and rate of fertilization were evaluated. In addition, gene expressions (HSPA1A, MnSOD and β-actin) of vitrified oocytes were also examined by reverse transcription polymerase chain reaction (RT-PCR). Results: Survival rates of each group were separately compared to the control. The result showed significant differences between the two groups. The rate of fertilization was significantly (p<0.05) reduced in vitrified-warmed (VSI: 39% ± 5.6; VSIl: 34% ± 5.7) compared to the control (88.36% ± 2.3). The expression of MnSOD increased in the vitrified-warmed oocytes when compared to control oocytes. We also detected HSP A1A only in the control and VSI group. Conclusion: Vitrification of oocytes by cryoprotectant in high survival rate; low developmental competence and fertilization rate of vitrified-warmed oocytes were also examined by reverse transcription polymerase chain reaction (RT-PCR). Results: Survival rates of each group were separately compared to the control. The result showed significant differences between the two groups. The rate of fertilization was significantly (p<0.05) reduced in vitrified-warmed (VSI: 39% ± 5.6; VSIl: 34% ± 5.7) compared to the control (88.36% ± 2.3). The expression of MnSOD increased in the vitrified-warmed oocytes when compared to control oocytes. We also detected HSP A1A only in the control and VSI group. Conclusion: Vitrification of oocytes by cryoprotectant in high survival rate; low developmental competence and fertilization rate of vitrified-warmed oocytes which may be a result of changing expression of important genes after thawing.

P11 CARDIOVASCULAR RISK OF POLYCYSTIC OVARY SYNDROME (PCOS) PATIENTS WITH OR WITHOUT PCO ULTRASONIC MORPHOLOGY

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Introduction: Poly-cystic ovary syndrome (PCOS) is one of the most common endocrinopathies in women during their reproductive years, affecting up to 10% of the patients. The 2003 Rotterdam ESHE/ASRM consensus workshop concluded that polycystic ovarian (PCO) morphology may serve as one of the three diagnostic criteria of PCOS. Cardiovascular risk has been reported to increase in patients with PCOS compared to patients without PCO due to obesity, dyslipidemia, endothelial cell dysfunction, insulin resistance, high homocysteine levels and blood pressure and left ventricular hypertrophy. Aim: To investigate whether PCOS patients diagnoses by PCO morphology as one of the three pcos criteria are at increased risk for CAD relative to patients without PCO morphology. We analyzed any potential relationship between CAD and metabolic parameters, such as body mass index (BMI), waisthip ratio (WHR) ratio, lipid profile, insulin resistance and blood pressure in a cohort of PCOS patients with and without PCO morphology. Materials and Methods: Two hundred and eighty-six women between the ages of 17 and 41 were referred to our reproductive infertility clinic with symptoms of oligo-anovulation and/or androgen excess as hirsutism or acne. All the patients underwent clinical, endocrine and ultrasound investigations. 256 patients had pcO ultrasonic morphology as one of the criteria for the diagnosis of pcos. Results: No significant difference was found in patients’ age, BMI, WHR, fasting glucose (FG) and insulin (FI), glucose challenge test (GCT), total cholesterol (TC), low and high density lipoprotein cholesterol (LDL and HDL), triglyceride (TG) and systolic and diastolic blood pressure (SBP and DBP) in the two groups of PCOS patients. (with or without PCO morphology). (Table).

<table>
<thead>
<tr>
<th>Groups</th>
<th>Sperm count</th>
<th>Sperm Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>32.23±2.77</td>
<td>87.39±4.86</td>
</tr>
<tr>
<td>Exp 1</td>
<td>17.89±1.51</td>
<td>37.6±2.81</td>
</tr>
<tr>
<td>Exp 2</td>
<td>20.9±4.27</td>
<td>79.2±4.21</td>
</tr>
</tbody>
</table>

Conclusion: Cytarabine therapy which is one of the chemotherapy agents causes disorders in sperms mobility and quantity, but cetrorelix has a protective effect on cytarabine induced spermatogenesis. One of the drugs of chemotherapy is cetyarabine and it seems that destructive effect on gonads. This study has been based on investigating the effect of cetyarabine on sperm’s mobility and quantity, and protective effect of cetrorelix (GnRH antagonist) on mentioned parameters in cytarabine therapy. Materials & Methods: In the present study 30 adult male mice aging 6-8 weeks were used. The mice were divided into 3 equal groups as control, exp group 1 and exp group 2. In exp group 1 cytarabine were injected as ip for 5 days at 2.5 mg/kg. In exp group 2 cetrorelix injection was started one week before cytarabine treatment and continued for 3 more weeks. After 35 days from the last injection date, calculated the sperms mobility and quantity. Results: Cytarabine injection caused a significant decrease in sperms quantity (17.89±1.51) and mobility (37.6±2.81), in comparison to control group (P<0.05). Adjuvant treatment increased in sperms quantity (29.9±2.47) and mobility (79.2±4.21) in comparison to exp 1 group, respectively (P<0.05).

P12 INHIBITORY EFFECT OF CETRORELIX ON CYTARABINE INDUIDED SPERMATOGENESIS

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Introduction: Chemotherapy and radiotherapy causes lots of disorders in spermatogenesis. One of the drugs of chemotherapy is cetyarabine and it seems that destructive effect on gonads. This study has been based on investigating the effect of cetyarabine on sperm’s mobility and quantity, and protective effect of cetrorelix (GnRH antagonist) on mentioned parameters in cytarabine therapy. Materials & Methods: In the present study 30 adult male mice aging 6-8 weeks were used. The mice were divided into 3 equal groups as control, exp group 1 and exp group 2. In exp group 1 cytarabine were injected as ip for 5 days at 2.5 mg/kg. In exp group 2 cetrorelix injection was started one week before cytarabine treatment and continued for 3 more weeks. After 35 days from the last injection date, calculated the sperms mobility and quantity. Results: Cytarabine injection caused a significant decrease in sperms quantity (17.89±1.51) and mobility (37.6±2.81), in comparison to control group (P<0.05). Adjuvant treatment increased in sperms quantity (29.9±2.47) and mobility (79.2±4.21) in comparison to exp 1 group, respectively (P<0.05).

The symptoms associated with poly-cystic ovary syndrome (PCOS) have been shown to cause a reduction in quality of life. Changes in physical appearance, particularly obesity and hirsutism, as well as symptoms associated with reproductive function, infertility and menstrual disturbance have been identified as important contributors to psychosocial problems. We analyzed the psychosocial impact of PCOS by measuring the health-related quality of life and a qualitative approach to understand the women’s experience in relation to the PCOS symptoms. For the first phase, 109 women with PCOS and 104 healthy controls were evaluated with the 36-item short-form health survey (SF-36). Additionally, semi-structured interviews (n=30) were conducted to facilitate an in-depth exploration of PCOS patients’ experience. Our results showed that PCOS patients had significant reductions in almost all SF-36 domains of quality of life when compared with healthy controls (physical function 76.5±20.5 and 84.6±15.9, respectively; physical role function 58.4±43.3 and 72.6±33.3; general health 55.2±21.0 and 62.5±17.2; vitality 49.6±21.3 and 55.3±21.3; social function 53.3±32.4 and 66.2±26.7; emotional role function 34.2±39.7 and 52.9±38.2; mental health 50.6±22.8 and 59.2±20.2). Thematic analysis
revealed reports of feeling ‘abnormal’, sadness and anxiety. These feelings were related to four symptoms commonly experienced by women with PCOS: hair growth; irregular menstruation, infertility and obesity. We can conclude that PCOS impacts women both physically and psychosocially. These results reinforce that women with PCOS need not only to be treated with a reproductive, aesthetic and psychological approach to reduce the repercussions, but also the care of a multidisciplinary team, since PCOS is not just a physical condition, but also an important psychosocial problem that affects various aspects of a woman’s life.

P14 EFFECT OF 8-MERCAPTOETHANOL SUPPLEMENTS ON IN VITRO MATURATION OF BOVINE OOCYTES

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This study was aimed at determining the effect of cysteamine supplement during in vitro maturation of bovine oocytes. Cumulus-oocyte complexes (COCs) from abattoir ovaries were matured in vitro in Hepes-TCM 199 supplemented with 0.2 mM sodium pyruvate, 1 µg/mL 17ß-oestradiol, 10 µg/mL fSH and 0 (control), 0.1 or 0.5 mM of 8-mercaptoethanol for 24 hours. When COCs matured in TCM 199 supplemented with 0.5 mM/ml cysteamine, the rate of maturation were increased as compared with control group (P < 0.05). Also, the rates of degenerated oocytes in treatment groups lower than control group is not significant.

P15 OVARIAN FOLLICULAR DEGENERATION IN RATS CAUSED BY THE USE OF BENZODIAZEPINE MIDAZOLAM

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1Biotechnology Dept.; 2Health and Environment Dept., Technology and Biotechnology Institute, 3Nucleus of Biotechnology Applied to Ovarian Follicle Development, Federal University of Sao Francisco Valley; 4Technology and Research Institute, Aracaju, Brazil

Benzodiazepines are the most used anxiolytic drugs, and therefore considered to a public health problem, since they are often used indiscriminately and cause chemical dependency. Among the benzodiazepines, there is midazolam, which is widely used as pre-anesthetic and to treat sleep disorders. However, it is still not quite clear if dependency to midazolam may cause disturbances in sexual function of females. The aim of this study was to evaluate the influence of midazolam in folliculogenesis by morphological assessment of ovarian follicles from Wistar rats treated for 14 or 21 days. Twenty Wistar rats were divided into 4 experimental groups containing 5 animals each (control 14 days, control 21 days, treatment 14 days and treatment 21 days). Control groups received placebo and treatment groups received 0.2 mg/kg midazolam orally once/day for 14 or 21 days. After each period, the animals were sacrificed and the ovaries collected and fixed in 10% formalin to perform classical histology. Thirty follicles were analyzed per animal within each group and were observed morphological features related to the follicular degeneration, such as presence or absence of pyknotic nuclei, oocyte shrinkage and disorganization of the granulosa cells. When treatments were compared with their respective controls, after 14 (81.3 ± 1.8 vs. 58.7 ± 12.6%) or 21 days (81.3 ± 3.7 vs. 49.3 ± 6.4%) there was a significant follicular degeneration. Thus, use of midazolam for a period exceeding 14 days can cause significant follicular degeneration, which can alter reproductive functions in rat.

P16 USE OF GnRH ANTAGONISTS IN ART

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Introduction: There is still no consensus on paurificulotumarulation protocols. Protocols based on GnRH antagonists appear to have lower rates of pregnancy than agonists-based protocols. The main objective of this work is to update the factors influencing the results of ART when antagonists stimulation. Materials & Methods: This is a retrospective study on 440 IVF cycles. This population has been divided into 3 groups based on the stimulation protocol: group 1: agonist long protocol, group 2: agonist short protocol and group 3: antagonist protocol). Results: By comparing the 3 groups and after standardization for maternal age and FSH levels, the number of oocytes collected by puncture is lower in the antagonist group. The pregnancy rate is not significantly different between the three groups. The number of injections and the amount of gonadotropin are lower in the antagonist group. Conclusions: The stimulation by the GnRH antagonist protocol is less expensive but equal in terms of obtainment of pregnancy and should be proposed to the non-responder bad in countries with limited resources.

P17 ESTABLISHING AN OOCYTE AND SPERM DONOR REGISTRY: AN INTERNATIONAL DISCUSSION

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Introduction: With the advancement and democratization of medical genetics, knowing the medical history of his parents has become increasingly important. Children born to donated sperm and oocytes are in a situation where the access to such information turns out to be even more complex than was foreseen. Indeed, for most of these children, the donor name is unknown. To overcome this problem, several jurisdictions have forced the development of registries documenting this information. Although the idea of creating such registries has made consensus, few studies have attempted to clarify their mode of administration. Methods: Review and presentation of the literature, case studies. Results: Several strategies have been developed internationally. Some countries have established public health priority. Others leave the task to fertility clinics to keep this information on file (Sweden, Austria, Canada). Parallel to these state initiatives, we have seen the emergence of independent and voluntary registries such as the Donor Sibling Registry and the UK DonorLink. Many deficiencies persist regarding the updating of this information and access to all these genetically related persons. From this perspective, a centralized registry would appear to be the most effective way to address the lack of accurate and up-to-date amount of medical information. Conclusion: With the increase of pressure from children born from donation, developing a flexible and solidary information sharing system respectful of all stakeholders will become a public health priority.

P18 SURROGATE MOTHERS, GIFTS OF GAMETES AND EMBRYOS: ANTHROPOLOGICAL AND ETHICAL REFLECTIONS ON WHAT SHOULD BE REVEALED TO THE CHILD

C. Bouffard1, K.M. Abia2, M-A. Dubois2, V. Couture1, R. Drouin1

1Pediatrics, Division of Genetic, Universite De Sherbrooke, FMS&s(a), Sherbrooke, Canada

If there exists a few physiological contraindications as regards resorting to surrogate mothers, as well as to the donation of gametes and embryos, these practices erode the foundations of social institutions that govern reproduction (marriage, family, religion, law). To remain consistent with social values and avoid the slippery slope, several countries have developed ethical and legal standards limiting these practices. The preservation of the anonymity of the donor and of the surrogate mother remains one of the most important measures. However, in an era of personalized medicine and new forms of parenthood, depriving an individual of his genetic or filial history may be as much detrimental to the individual’s physical health as to his psychological health. From a socio-ethical perspective and of a medical anthropology one, it is important to ask if the cultural, legal and ethical bases that justified the institutionalization of the “secret” are at this time appropriate to social and medical realities. It is also important to find innovative ways of managing personal information and the subsequent transfer of such information to the child and persons involved in its conception and birth. Hence the importance of drawing from the various forms of parenting that now exist in the world and developing knowledge on social representations of motherhood, fertility, family, couple and the child.

P19 EFFECTS OF OCHRATOXIN A ON ACTIVITY OF SUPEROXIDE DISMUTASE AND GLUTATHIONE PEROXIDASE IN PORCINE OVARIAN GRANULOSA CELLS IN VITRO

M. Caparová1, A. Kolesarova1, A.V. Sirotkin2

1Animal Physiology Dept., Slovak University of Agriculture in Nitra; 2Animal Production Research Centre Nitra, Nitra, Slovakia

Ochratoxin A (OTA) as a carcinogenic of group 2B to humans is produced by several fungi, including Aspergillus and Penicillium. OTA affects the female reproductive system, and is known to induce apoptosis in granulosa cells and subsequently lower oocyte quality and play a role during folliculogenesis and oogenesis. Superoxide dismutase (SOD) and glutathione peroxidase (GPX) are antioxidant enzymes, which are associated with oocyte quality and its variations emphasize the relevance of oxidative stress in the oocyte maturation process. The present study examines the activity of SOD and glutathione peroxidase (GPX) after experimental exposure of porcine granulosa cells to ochratoxin A. Granulosa cells were isolated from follicles (3-5 mm) of Slovakian white gilts (100-120 days) and cultured for 5-7 days at 37.5°C and 5% CO₂ in humidified air until a 75% confluent monolayer was formed. Then granulosa cells were incubated with OTA for 24h: 10, 100 and 1000 ng/mL. The activity of scavenging enzymes (SOD, and GPX) was determined by spectrophotometer genocys 10. SOD activity was
Background: Transvaginal hydrolaparoscopy (THL) is a new minimal invasive technique of culdoscopy for exploration of the pelvic cavity. The procedure involves introducing an endoscope through a small needle placed beneath the cervix and using water instead of carbon dioxide as a distention medium. This allows a clearer view of the structures within the reproductive medium. This study aimed to investigate the potential of THL as an initial screening procedure for investigation of the pelvic cavity and its structures.

Material and Method: A prospective randomized study was designed to assess the effects of recombinant human FSH (rFSH) on sperm DNA fragmentation index (DFI) in men with idiopathic oligoasthenoteratozoospermia (iOAT). 129 men were enrolled with sperm count <10x10⁶ spermatozoa/mL and forward motility <25%. Normal hormone levels, no other causes of infertility. The patients were randomized to receive 40 IU rFSH on alternate days (56 men) or no antioxidants-vitamin supplements (64 men). FSH, LH, testosterone, inhibin B and DFI were evaluated at baseline and after 90 days. The DFI reduced significantly (<p<0.05) after rFSH therapy, no significant variation occurred in the control group. In the subgroup of patients with low basal DFI values (> 15%), FSH treatment significantly increased DFI (<p<0.01). No DFI significant variation occurred in the rFSH controls. rFSH administration improves sperm DNA integrity in iOAT men with increased DFI. The degree of sperm DFI might be useful to identify those iOAT patients in which rFSH treatment can be advantageous.

Introduction: Blastocyst culture (BC) is of low use in elderly women (fears of no transfer). However, it was performed in 23% of couples in our centre. The objective was to determine factors influencing BC practice and the impact on clinical pregnancy rate (PR). Material and Methods: All ART cycles performed in our private centre (2004-2009) in women ≥38 years were included (n=7276). BC (synthetic media) was performed on all cleaved embryos (group1, n=600), or on not transferred embryos (Group2, n=1046), leaving 5630 as controls (group3). Ovarian reserve (OvR) was assessed by Day3 AFC, AMH, and FSH/E2 ratio. Statistics and related variance analysis, chi-square, and multivariate logistic models. Results: Group1-BC decreased with age (10% to 6%), low AMH (2% if <1 ng/l, 11% if ≥2) and increased with cycle rank (3% to 15% from cycle 1 to 3) and if high oocyte number (33% if ≥12, 4% if <7), all with <p<0.001. Group2-BC had similar relation with age, poor OvR and oocyte number, but was not affected by cycle rank. BC practice was not related to sperm parameters or DNA alterations. All was confirmed by the multilogistic regression. PR per aspiration was 18%, 27%, 13% in groups 1, 2 and 3 (<p<0.001). In group1, PR increased to 27% for >12 oocytes. In the multilogistic regression, Group1 was associated with similar PR as Day2/3 transfers and group 2 was associated with higher chance. Conclusion: Despite age, BC is efficient when ovarian reserve is normal. It allows for single blastocyst transfer, avoiding potential multiple pregnancy.

P20
A ONE-DAY STOP OUTPATIENT ENDOVIDEO-ENDOSCOPY-BASED APPROACH IN INFERTILE WOMEN

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1Carol Davila University of Medicine; 2Department of Obstetrics and Gynecology, "Dr. I. Cantacuzeno" Hospital, Bucharest, Romania

Aims: Is the THL procedure involves introducing an endoscope through a small needle placed beneath the cervix and using water instead of carbon dioxide as a distention medium. This allows a clearer view of the structures within the reproductive medium. This work was financially supported by the VEGA scientific grant 1/0790/11.

The mean duration of the THL procedure was 11 min in the cases with a classic laparoscopy. There were no complications. The mean duration of the THL procedure represented by saline infusion 0.9% or glucose 5%. The patients received feeds and human foods could cause reproductive abnormalities. This work feeds and human foods could cause reproductive abnormalities. This work was financially supported by the VEGA scientific grant 1/0790/11.

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P22
WHY NOT EXTENDING EMBRYO CULTURE UNTIL THE BLASTOCYST STAGE IN ELDERS WOMEN?

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Introduction: Blastocyst culture (BC) is of low use in elderly women (fears of no transfer). However, it was performed in 23% of couples in our centre. The objective was to determine factors influencing BC practice and the impact on clinical pregnancy rate (PR). Material and Methods: All ART cycles performed in our private centre (2004-2009) in women ≥38 years were included (n=7276). BC (synthetic media) was performed on all cleaved embryos (group1, n=600), or on not transferred embryos (Group2, n=1046), leaving 5630 as controls (group3). Ovarian reserve (OvR) was assessed by Day3 AFC, AMH, and FSH/E2 ratio. Statistics and related variance analysis, chi-square, and multivariate logistic models. Results: Group1-BC decreased with age (10% to 6%), low AMH (2% if <1 ng/l, 11% if ≥2) and increased with cycle rank (3% to 15% from cycle 1 to 3) and if high oocyte number (33% if ≥12, 4% if <7), all with <p<0.001. Group2-BC had similar relation with age, poor OvR and oocyte number, but was not affected by cycle rank. BC practice was not related to sperm parameters or DNA alterations. All was confirmed by the multilogistic regression. PR per aspiration was 18%, 27%, 13% in groups 1, 2 and 3 (<p<0.001). In group1, PR increased to 27% for >12 oocytes. In the multilogistic regression, Group1 was associated with similar PR as Day2/3 transfers and group 2 was associated with higher chance. Conclusion: Despite age, BC is efficient when ovarian reserve is normal. It allows for single blastocyst transfer, avoiding potential multiple pregnancy.

P23
IMPACT OF REC-FSH SPERM ON DNA Fragmentation INDEX OF MEN WITH IDIOPATHIC OLIGOASTHENOTERTATOZOOSPERMA

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A prospective randomized study was designed to assess the effects of recombinant human FSH (rFSH) on sperm DNA fragmentation index (DFI) in men with idiopathic oligoasthenoteratozoospermia (iOAT). 129 men were enrolled with sperm count <10x10⁶ spermatozoa/mL and forward motility <25%. Normal hormone levels, no other causes of infertility. The patients were randomized to receive 40 IU rFSH on alternate days (56 men) or no antioxidants-vitamin supplements (64 men). FSH, LH, testosterone, inhibin B and DFI were evaluated at baseline and after 90 days. The DFI reduced significantly (<p<0.05) after rFSH therapy, no significant variation occurred in the control group. In the subgroup of patients with high basal DFI values (> 15%), FSH treatment significantly increased DFI (<p<0.01) which was not significant variation occurred in the controls. rFSH administration improves sperm DNA integrity in iOAT men with increased DFI. The degree of sperm DFI might be useful to identify those iOAT patients in which rFSH treatment can be advantageous.

P24
2-AMINOPROPIONIC ACID INCREASES SEMINAL PLASMA QUALITY AND ENHANCES PREGNANCY

G. D’Aniello1, S. Ronzani1, T. Notari1, N. Grieco1, M.A. Di Filippo1, F. Masca1, N. D’Angelo1, A. D’Aniello1

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Abstract: 2-aminopropionic acid is an endogenous amino acid present in normal undecorated tissues, involved in the regulation of the synthesis and release of GnRH from the hypothalamus, LH from the adenohypophysis and testosterone from the gonads (D’Aniello G. et al., Fertil Steril 2005;84:1444-234). Previously study demonstrated that a direct relationship between the concentration of D-Asp in human spermatozoa and their viability exists (Cohen-Bacrie F. et al., Hum Reprod 2005;14:1648-54). Here we demonstrated that food supplementation of D-aspartate increases significantly the number and the motility of spermatozoa in oligozoospermic and asthenozoospermic subjects and enhances significantly the number of pregnancy of their partners. The study was performed on 45 men (29-38 age) of which 26 were affected by oligozoospermia (first group) and 19 were affected by asthenozoospermia (second group). On the first group of patients the treatment have increased the number of spermatozoa: from a value of 7.8±5.9 mil/mi to 13.7±9.3 mil/mi, P<0.001. The rapid progressive motility of the spermatozoa increases also significantly: from a value of 7.5±6.9 to...
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D-ASPARTIC ACID INCREASES SEMINAL PLASMA QUALITY AND ENHANCES PREGNANCY RATES IN FRESH AUTOLOGOUS CYCLE OF PATIENTS UNDER 37 YEARS OLD.

Transfer in each group. Day 3 transfers fulfilled embryo quality criteria (at least 6 cells and maximum 20% of anucleate fragments). Results: Embryo transfers in patients under 37 years old. Design: Retrospective study. Patients under 37 years old were compared. Findings: percentage of exclusive breast feeding at 2 months after birth in the interventional group was 60% versus 45% in the control group (p=0.007). At the age of 4 months, it was 52.7% in the interventional group versus 40% in the control group (p=0.0001). The duration of exclusive breast feeding in the intervention group was more than control group (p<0.0001).

Objective: To compare outcome of day 3 cleavage versus day 5 blastocyst embryo transfers in patients under 37 years old. Design: Retrospective analysis. Material and Methods: A total of 242 consecutive treatment cycles with fresh non donor embryos in patients younger than 37 years old were reviewed. Ovarian stimulation was performed with either agonist or antagonist protocol. In 132 patients the transfers were on day 3 and 110 patients on day 5 at blastocyst stage. Similar numbers of embryos were transferred in each group. Day 3 transfers fulfilled embryo quality criteria (at least 6 cells and maximum 20% of anucleate fragments). Results: Demographics and stimulation features between the two groups (day 3 vs. blastocyst day 5) were not different (P=NS) when evaluated: Age (31.4 vs. 32.1 years), time of infertility (4.94 vs. 4.61 years) type of infertility (primary 67% vs. 63% and secondary 32% vs. 37%), FSH day 3 (6.78 vs. 7.125IU); LH day 3 (4.84 vs. 5.72IU); E2 day 3 (50.23 vs. 58.65 pg/ml); total doses of FSH (2422.5 vs. 2220.0 IU) and HMG (603.5 vs. 555.0 IU); Agonist (67% vs. 60%) or antagonist (32% vs. 40%) protocol and endometrial thickness Day 10 (9.95 vs. 10.11mm). There were no significant differences between delivery rate and birth rate between day 3 group and in blastocyst day 5 embryo transfers as reported in Table 1. Conclusion: The group of patients under 37 years old with day 5 blastocyst transfer appeared more women who conceived their first baby in the interventional group compared to the control group (p=0.007). The number of live births was 52.7% in the interventional group versus 40% in the control group (p=0.0001). The duration of exclusive breast feeding in the intervention group was more than control group (p<0.0001).

Table 1. Pregnancy and Gestational Outcome Results

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<th>Group</th>
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</table>

P26

COMPARISON OF DAY 3 AND BLASTOCYST DAY 5 EMBRYO TRANSFER IN FRESH AUTOLOGOUS CYCLE OF PATIENTS UNDER 37 YEARS OLD.

Objective: To compare outcome of day 3 cleavage versus day 5 blastocyst embryo transfers in patients under 37 years old. Design: Retrospective analysis. Material and Methods: A total of 242 consecutive treatment cycles with fresh non donor embryos in patients younger than 37 years old were reviewed. Ovarian stimulation was performed with either agonist or antagonist protocol. In 132 patients the transfers were on day 3 and 110 patients on day 5 at blastocyst stage. Similar numbers of embryos were transferred in each group. Day 3 transfers fulfilled embryo quality criteria (at least 6 cells and maximum 20% of anucleate fragments). Results: Demographics and stimulation features between the two groups (day 3 vs. blastocyst day 5) were not different (P=NS) when evaluated: Age (31.4 vs. 32.1 years), time of infertility (4.94 vs. 4.61 years) type of infertility (primary 67% vs. 63% and secondary 32% vs. 37%), FSH day 3 (6.78 vs. 7.125IU); LH day 3 (4.84 vs. 5.72IU); E2 day 3 (50.23 vs. 58.65 pg/ml); total doses of FSH (2422.5 vs. 2220.0 IU) and HMG (603.5 vs. 555.0 IU); Agonist (67% vs. 60%) or antagonist (32% vs. 40%) protocol and endometrial thickness Day 10 (9.95 vs. 10.11mm). There were no significant differences between delivery rate and birth rate between day 3 group and in blastocyst day 5 embryo transfers as reported in Table 1. Conclusion: The group of patients under 37 years old with day 5 blastocyst transfer appeared more women who conceived their first baby in the interventional group compared to the control group (p=0.007). The number of live births was 52.7% in the interventional group versus 40% in the control group (p=0.0001). The duration of exclusive breast feeding in the intervention group was more than control group (p<0.0001).

Table 1. Pregnancy and Gestational Outcome Results

<table>
<thead>
<tr>
<th>Group</th>
<th>Live birth</th>
<th>Birth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 3</td>
<td>100/212</td>
<td>47.5%</td>
</tr>
<tr>
<td>Day 5</td>
<td>110/212</td>
<td>51.9%</td>
</tr>
</tbody>
</table>

P27

THE EFFECT OF BREAST FEEDING TRAINING PROGRAM ON THE KIND OF NUTRITION AND GROWTH INDEX PRETERM NEWBORN.

M. Golhami Tabar Tabari, M. Heidarzadeh

Objective: To examine the effect of breastfeeding training on the growth indexes and the kinds of nutrition in premature newborn. Materials and Methods: This Quasi –experimental study was performed on women who were exposed to preterm labor due to some reasons their preterm newborns follow up after birth and 74 premature newborns were assigned into interventional and control groups. Trainings were given to the intervention group before the delivery, but control group was just exploited from the routine consulting and trainings of the hospital. The obtained data during second and fourth months after birth were compared. Findings: percentage of exclusive breast feeding at 2 months after birth in the interventional group was 60% versus 45% in the control group (p=0.007). At the age of 4 months, it was 52.7% in the interventional group versus 40% in the control group (p=0.0001). The duration of exclusive breast feeding in the intervention group was more than control group (p<0.0001). Duration of exclusive breast feeding in the interventional group was 74% vs. 62% in the control group. In infants weighting over 1000-1499 g at 2 months of age, weight index and head circumference in interventional group was more than control group (p=0.0001 and p=0.02). Conclusion: The results showed that prenatal education and maternal counselling and support in postpartum is effective in more using of breastfeeding.

P28

CORRELATION OF TECHNICAL DIFFICULTY DURING EMBRYO TRANSFER WITH CLINICAL PREGNANCY RATE.

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BACKGROUND: Hydrosalpinx is an obstruction of the fallopian tube, Usually, it is asymptomatic, but it can cause abdominal or pelvic pain in some women. The main presentation of a hydrosalpinx is infertility. The presence of hydrosalpinx in the tubal lumen significantly decreases the pregnancy rate in IVF cycles. However, the impact of hydrosalpinx on ICSI cycles is obscure. Aim: To correlate the ease or difficulty of embryo transfer and blood at catheter tip with pregnancy rate when ET was performed by the same operator using soft catheter. Materials & Methods: A retrospective analysis of 342 patients who underwent in-vitro fertilization or ICSI cycle from January 2008 to December 2010 in a single center was done. The type of transfer was divided into two groups: ‘easy’ or ‘difficult’. Transfer was considered difficult when additional instrumentation or manipulation was required or firmer catheter was used or was time consuming or required changing of catheter. Patients undergoing cryo-preserved embryo transfer were excluded from the study. Results: On the day of transfer in 284 (83%) patients ET was easy and difficulty was encountered in 58 (17%) patients. Blood at catheter was seen in 101 (29.53%) patients. In the group of 58 difficult transfers, 10 pregnancies resulted in a clinical pregnancy rate of 17.2% while 67 pregnancies resulted in 284 cycles of easy transfer with clinical pregnancy rate of 23.6% (p value=0.045). While no significant difference was seen in pregnancies with blood on outer catheter and blood less transfer, there was significant reduction in pregnancy rate when blood was present on catheter tip compared to bloodless transfer (13.3% vs. 24.1; p value=0.032).

Conclusion: Reduction in clinical pregnancy rate is seen with difficult embryo transfers, more when blood is present at catheter tip.
INTRODUCTION: A significant family history of early menopause is found in about 5% of POF (1). To determine the underlying basis of POF Genetic causes with a range of candidate loci are currently under investigation. One out of 900 babies is born with a Robertsonian translocation (sited for the first time in 1964 by Gustavsson Ingemar) makes it the most common, significant and recurrent structural rearrangement known in human being.

CASE PRESENTATION: A 27-year-old woman, visited for evaluation of infertility, suffers from secondary amenorrhea by the age of 24. She has been treated with hormonal replacement for the past 3 years resulted in cyclical bleeding, remaining anovulatory. The karyotype of the proband showed a translocation between chromosomes 21 and 15:45,XX,t (21;15). She had experienced menstruation at the age of 13 regularly until 21. She is about 5% of POF (1). To determine the underlying basis of POF Genetic causes with a range of candidate loci are currently under investigation. One out of 900 babies is born with a Robertsonian translocation (sited for the first time in 1964 by Gustavsson Ingemar) makes it the most common, significant and recurrent structural rearrangement known in human being.

Methods: a cohort study at a university based IVF clinic. The study population was patients at high-risk for OHSS. A daily dose of 50 mg intramuscular progesterone in oil and 6 mg of oral 17β-estradiol initiated on ovum pick-up day in the FET group (n=74). In the FET group (n=40) the embryos were cryopreserved and transferred on the next cycle. Results: The live birth rate was 27.4% in the FET and 20% in the FET (P = 0.4; OR = 1.5 (0.60 -3.80)) The implantation, pregnancy and miscarriage rates were comparable in both groups. None of the patients developed OHSS. Conclusions: In this observational cohort study, we showed that triggering ovulation with GnRHa and initiating the follicular phase support is a promising new modality to prevent OHSS without the cost of cycle cancelation, ET deferral, and reduced clinical pregnancy rates.

BACKGROUND: Hydrosalpinx is an obstruction of the fallopian tube, resulting in fluid accumulation and it may affect one or both fallopian tubes. Usually, it is asymptomatic, but it can cause abdominal or pelvic pain in some women. The main presentation of a hydrosalpinx is infertility. The usual cause of a hydrosalpinx is pelvic inflammation or sexually transmitted diseases. Any sign of pelvic surgery is identified. Any positive history of smoking, chemotherapy or diseases is identified. Any positive history of smoking, chemotherapy or Radiation is presented. Results from cytogenetic and molecular studies by Polymerase Chain Reaction (PCR) techniques for fragile X mutations or permutations were negative. Serum anti-thyroid, anti-ovarian and anti-adrenal antibodies were absent. Estradiol level was 32pg/ml and serum anti mullerian hormone was 0.34ug/L. She remains of a hydrosalpinx. An ultrasound examination of the pelvis reveals a normal uterus by 68° × 29 mm, the right ovary by 24 °× 20 mm, and the left by 23 °× 21 mm and one selective antral follicle by 4.6mm. diameters. The hysterosalpingogram (the infertility center’s routine request) determines normal uterine and tubal anatomy. A hormonal evaluation showed elevated FSH (25 IU/ml) and LH (22 IU/ml) levels. Her TSH, testosterone and prolactin are in normal ranges. DISCUSSION: Premature ovarian failure is pretty common description in the context of balanced X: autosomal translocations. Chromosomal imbalance could increase oocyte atresia because after meiosis is initiated, X inactivation is not operative in germ cells (2). It remains possible that translocations like X monosomy (Turner syndrome) lead to premature ovarian failure not by interrupting specific genes important in ovarian development, but by causing aberrations in pairing or X-inactivation during folliculogenesis(2). The most common ROBs apparently have the same breakpoints and arise mainly during oogenesis predominantly in the meiosis (3). During chromosomal pairing and condensation, failure at checkpoints (specific locations along chromosomes) provokes germ cell death. Chromosome dynamics may be sensitive to structural changes, while modifying by translocations, might provoke apoptosis at meiotic checkpoints (2). Robertsonian translocation between chromosomes 13 and 14 has recently been reported in a 19 year old Japanese woman with secondary amenorrhea (4). Four autosomal translocations in women with premature ovarian failure seem to be appeared 46 XX,t (2;11), 46 XX,t (13;14)(A), 46 XX,t(2;15)(B), and mosaicism 45,XX,ROB(13;21)(q10;q10),14(46,XX). In 55% of the cells (6). An about 5 years earlier menopause is described in trisomy 21 (7), so that a critical balance of "determinant" genes within this chromosome may influence the reproductive lifespan. CONCLUSION: As the trisomy 21 is described in association with reduced ovarian reserve (8), the present translocation’s risk for such an eventuality is especially escalated. In addition, given the reduced ovarian reserve, although fertility prognosis with these karyotype gametes remains suboptimal, this feature has an increased risk of conceiving a fetus with trisomy 15 and monosomy 21 or 15. To minimize the risk of fetal aneuploidy, donor egg IVF provides a reassuring alternative. Based on our medical articles, there seems to be no previously published report identifying the Robertsonian translocation between 15 and 21 chromosomes accompanying by either early menopause or reduced fertility prognosis. This merits widespread exploration to find that the 15:21 translocation results in disruption of ovarian folliculogenesis or in follicular atresia and in an early decline in ovarian follicles. To clarify aspects of this case, completion of the human genome project must be helpful.
all men reported their weight and height and filled out an intake form that includes questions regarding factors that affect male infertility. Body mass index (BMI) was calculated for each man. Overweight (25 kg/m^2 < BMI < 30 kg/m^2), and obese (BMI ≥ 30 kg/m^2). Sperm parameters reviewed included sperm concentration and progressively motile sperm percentage. Results: The mean age of the study population was 34.8 ± 0.3 years. Among the 450 patients, 10.2% (54 of 526) were excluded because of the presence of a male factor known to affect fertility. The incidence of oligozoospermia increased with increasing BMI. The prevalence of a low progressively motile sperm count was also greater with increasing BMI. The average percentage of fat samples was 19.03%. In men with normal body fat, the highest of sperm count (10^9/ml) was seen. Men with less than normal body fat, the lowest sperm count (10^7/ml). In massively obese individuals, reduced spermatogenesis associated with severe hypotestosteronemia may favor infertility. Moreover, the frequency of erectile dysfunction increases with increasing body mass index. Conclusions: More attention should be paid to the impact of obesity on fertility in both women and men.

**P33**
**A NEW MORPHOLOGY STAINING METHOD FOR SPERM OF SOME DOMESTIC ANIMALS**
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Background: There are some methods for morphology staining of sperm. Although many different and also new methods are used in semen analysis, light microscopy is still used for routine test and morphological evaluation of semen. Herein, the used of the methods is Papanicolaou staining. This method is routinely used in Andrology laboratory for Human sperm morphology staining. In some domestic animals such as bull, ram and goat this method is not efficient for sperm staining. Purpose: Using the simple and inexpensive method for staining the sperm in domestic animals that better show sperm morphology parameters specially acrosome. Material and methods: In this article Papanicolaou method was altered by deleting Hematoxylin dye and adding giemsa dye to better showing the parameters of sperm, especially acrosome. Results and discussion: The results of the study showed that in some animals such as the goat, ram and bull the sperm is better stained by this method. Hence this method with regards to being fast and inexpensive can be used for staining in some animal sperm.

**P34**
**STUDY THE RESULT OF ART IN ZIFT AND GIFT AND COMPARE THEM TO OTHER REPRODUCTIVE METHODS**
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Introduction: This research aims to show that the combination of ZIFT or Gift to IVF have greater success rate in pregnancy in comparison to IVF alone. Material Methods: This research was the analytic type of study and it was performed on 202 complete cycles of ART at our Fertility and Infertility Center by applying ZIFT or Gift along with IVF during 1993-1999. We evaluated many factors causing infertility in the patients who participated in this research including: primary and secondary infertility, age of patients, duration of infertility, number of oocytes retrieved in each cycle, number of oocytes, number of transferred oocytes, different protocols of COH, results of applied methods such as GIFT; GIFT+IVF;ZIFT;ZIFT+IVF; and the rate of biochemical pregnancy, clinical pregnancy, delivery/ongoing pregnancy, twinning and number of cycles used in clinical pregnancy. SPSS was carried out to analyze the collected data statistically. Result: From 202 ART cycles done, 59 cases resulted in biochemical pregnancy, 32 cases in clinical pregnancy and 20 cases in delivery/ongoing pregnancy. Applying of GIFT+IVF versus GIFT alone resulted in higher rate of pregnancy. This result was statistically significant. Conclusion: Application of GIFT+IVF versus IVF alone resulted in higher rate of pregnancy.

**P35**
**THE EFFECT OF LIGHT ON MOUSE PREIMPLANTATION EMBRYO DEVELOPMENT IN VITRO**
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Background: In natural conditions, mammalian zygotes develop into blastocysts within the lightless reproductive tract of the female partner. In assisted reproductive (ART) laboratory, during the experimentation of embryos, they are exposed to light, both natural and artificial light for variable periods. The effect of light has not been studied as extensively. We have examined the effect of fluorescent light exposure, with intensity almost equal to that produced by microscopes in ART laboratory, on mouse early embryo development. Methods and materials: The embryos were assessed at the MBM stage. The mean diameter of MBM embryos were allocated randomly in HEPES buffered HTF medium of experiment and control groups. Two hundred and fifteen, 222 and 229 two pronuclei were exposed to its fluorescent light of 800 W/m^2 (group B), 10 (group C) and 30 (group D) minutes at 37°C respectively. The embryos of control group (215, group A), and also groups B (after 5 min exposure) and C (after 15 min exposure) were kept on heat plate during the time of experiment and protection from light by covering the dishes with aluminum foil. At the end of experiment, embryos were transferred to T6 medium and cultured for 96 hours. Expanding and hatching blastocyst rates were measured 6 and 22 hours after culture respectively and compared between groups using χ² test. Results: About 61.0, 61.6, 52.5 and 65.1 percent of embryos reached the blastocyst stage in A, B, C and D groups respectively with no significantly differences between the groups. Also the hatching rates and DSP+I were showing any significant differences between the groups. Conclusion: The mild intensity of artificial light has no detrimental effect on mouse embryo development in vitro.

**P36**
**SUBCLINICAL HYPOTHYROIDISM DIAGNOSED BY THYROTROPIN-RELEASING HORMONE STIMULATION TEST IN INFERTILE WOMEN WITH OVULATORY DISORDERS**
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Introduction: This study was performed to assess the prevalence of subclinical hypothyroidism (SH) after a thyrotropin-releasing hormone (TRH) stimulating test in infertile women with ovulatory disorders. Material and Methods: Thirty-nine infertile women with ovulatory disorders (group A) and 27 infertile women with male infertility only (group B, controls) had a TRH stimulating test on day 2-5 of their cycle. Serum thyroid-stimulating hormone (TSH) levels were measured before TRH injection (TSH[0]) and also measured at 20 min [TSH(1)] and 40 min [TSH(2)] after intravenous injection of 400 mcg TRH. Group 1 was composed of infertile patients with poor responder (subgroup A, n=12), polycystic ovary syndrome (PCOS)(subgroup B, n=14) and ovulatory disorders excluding poor responder or PCOS (subgroup C, n=13). Results: The prevalence of SH was significantly higher in group 1 of 48.2% compared with 7.4% in group 2 (<0.001). TSH(0), TSH(1) and TSH(2) levels were significantly lower in subgroup C than the corresponding values in group 2 (P = 0.020, P < 0.001, P < 0.001, respectively). In group 1, no significant difference was found in SH rate among subgroup A, B and C. However, TSH(1) and TSH(2) levels were significantly lower in subgroup C, as compared with those in subgroup A and B (P = 0.007, P = 0.025, respectively). Conclusions: Our results suggest that TRH stimulation test should be performed in infertile women suffering from ovulatory disorders to enable appropriate treatment in patients with abnormal results.

**P37**
**OVARIAN ALTERATIONS IN FEMALE RAT EXPOSED TO DEOXYXIVALENOL IN VITRO**
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Mycoloxins are secondary metabolites produced by fungi that are capable of causing disease and death of humans and other animals. They are natural and very stable toxins, which can contaminate grains and foodstuffs worldwide. Trichothecenes, such as deoxynivalenol (DON), are the major mycoloxins of Fusarium species which can negatively influence the reproductive functions of animals. On the other hand, ovarian functions are governed by hormones and growth factors like sex hormone, IGF-I, which through intracellular regulators, affect secretion activity, proliferation and apoptosis. Tissue and cell cultures are of increasing interest in the evaluation of toxicological risks of contaminated compounds. The aim of this in vitro study was to examine the secretion of IGF-I and the expression of regulators of apoptosis (Bcl-2, Bax and caspase-3) after DON addition. Ovaries were obtained from adult rats 4 months of age slaughtered by decapitation at follicular stage of the ovarian cycle (3 days after ovariectomy and visual inspection of the ovaries) without viable reproductive abnormalities. Ovarian fragments (n = 48; 2 mm size) of rats were incubated with DON for 24h: 10, 100 and 1500 ng/ml, while the control group received 1% DMSO. The effect of IGF-I was determined by RTA and expression of Bcl-2, Bax and caspase-3 by Western-blotting analysis. IGF-I release by ovarian fragments was not affected by DON, while the expression of Bcl-2, Bax and caspase-3

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were influenced by mycotoxin treatment. Bcl-2 expression was decreased, on the other hand Bax and caspase-3 expression was increased by DON treatment at all doses (100 and 1000 nM). In conclusion, our results suggest a direct effect of trichotheccenes - DON on (1) ovarian functions, (2) anti-apoptotic (Bcl-2) and apoptotic (Bax, caspase-3) intracellular mechanisms involved in the regulation of cell survival and apoptosis of rat ovarian cells. This work was financially supported by the VEGA scientific grant 1/0790/11.

P38

IDEAS, WISHES AND FEARS OF GAMETE DONORS AND COUPLES TREATED BY 3RD PARTY REPRODUCTION IN THE CZECH REPUBLIC

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Objective: 3rd party reproduction is well accepted in the CR, both legally and socially. There is not lack of gamete donors; therefore this method of infertility treatment is frequented. The goal of long-term study is to map the psycho-social and ethical issues from the perspective of gamete donors and patient couples. Design: Data gathering: semi-structured interviews, narrative interviews, questionnaires with a few open-ended questions. 130 respondents at this time, one half donors, one half patients, one half women, one half men. One half of the patients come from abroad. Data analysis: 1st step – qualitative contents analysis of the statements. Results: The donors had minimal preferences towards the recipients; the patients usually mentioned appearance, education and health of the donors. Foreign patients had more demands to know, more frequently than male donors, about the success of the procedure. The patients usually did not consider the decision for 3rd party reproduction difficult; only once there was fear about the quality of relationship with a child without genetic bond. Both the donors and the recipients thought absolutely exceptionally that the child should know about the fact of donation or that it should know the donor’s identity. Conclusions: The pilot study shows that both the donors and the patients (including the recipients) do not consider informative procedures for the child as exceptional. Supported by GACR P407/10/0622.

P39

A CASE OF A HETERO TOPIC PREGNANCY AFTER IN VITRO FERTILIZATION

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We report a case of a 36 year old patient with primary infertility due to a male factor, who underwent IVF. The first transvaginal scan performed 22 days after embryo transfer (ET), demonstrated a single intrauterine pregnancy and the ectopic pregnancy (EP) in the left tube was not visualized. The patient was referred to the gynecological department with a mild lower abdominal pain and a heterotopic pregnancy (HP) was diagnosed. Regarding the HP patient, an ultrasound scan confirmed a viable intrauterine 8-weeks gestation and an EP in the left tube with fetal heartbeat corresponding to a gestational age of 7 weeks (figure 1). Laparoscopy with left salpingectomy was performed and the intrauterine pregnancy proceeded uneventfully. The patient delivered by elective Cesarean section at 38 weeks of gestation due to breech presentation. Patients undergoing IVF-ET must be informed of the risk of EP and the possibility of HP should not be ignored.

P40

LUTEAL ESTRADIOL SUPPLEMENTATION IN GnRH ANTAGONIST CYCLES FOR PATIENTS WITH POLYCYSTIC OVARY SYNDROME UNDERGOING IUI/ICSI

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Introduction: This study was performed to evaluate the effectiveness of the addition of estradiol to luteal progesterone (P) supplementation in GnRH antagonist cycles for polycystic ovary syndrome (PCOS) patients undergoing IUI/ intratubal sperm injection (ICSI). Material and methods: One hundred and ten infertile patients with PCOS, aged 28-39 years, were recruited for this prospective randomized study. They were randomly assigned to Crinone vaginal gel along with 4mg estradiol valerate (group 1, n=55) or only Crinone vaginal gel (group 2, n=55) for luteal support. GnRH antagonist (MP) using recombinant human FSH (rFSH) was used for controlled ovarian stimulation (COS) in all subjects. Embryo transfer (ET) was performed 3 days after oocyte retrieval. Controlled ovarian stimulation (COS) results and pregnancy outcomes were compared between the two groups. Results: Group 1 and 2 were comparable with respect to the patient’s characteristics. COS and IVF results were also comparable between the two groups. There were no differences in clinical pregnancy rate (PR) and multiple PR between the two groups (48.1% vs 33.3%, 30.8% vs 22.2%, respectively). However, embryo implantation rate were significantly higher in group 1 than in that in group 2 (22.2% vs 13.3%, P = 0.036). The incidence of luteal vaginal bleeding (LVB) was significantly lower in group 1 (7.4% vs 27.8%, P = 0.010). Conclusions: The addition of estradiol to luteal Crinone supplementation in GnRH antagonist cycles reduces the incidence of LVB by 30% and increases embryo implantation rate in PCOS patients undergoing IUI/ICSI.

P41

IDENTIFICATION AND CHARACTERIZATION OF SDK2S, A TRUNCATED FORM OF CELL ADHESION PROTEIN SDK2 IN MOUSE OVUDICT

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In rodents, ejaculated sperm are deposited in the uterus during coitus, pass through the uterotubal junction, and are stored in the caudal isthmus region of oviduct until the onset of ovulation. The sperm are then capacitated and hyperactivated by an oviducal factor(s), enabling them to release from epithelial cells of the isthmus and migrate successfully to the site of fertilization, the ampulla. Many kinds of knockout mice lacking sperm proteins have been generated so far. Of these mutant mice, the zona pellucida-binding protein ADAM3-deficient mice exhibited male infertility owing to the failure of sperm to migrate from the uterus to oviduct. However, the molecular mechanism of the phenotypic defect remains to be uncovered. In this study, we have identified a truncated form of SDK2, termed SDK2S, as a candidate protein involved in binding to ADAM3 by affinity purification of extracts from the uterotubal junction. Mouse SDK2S was found to be a 55-kDa protein containing six Ig domains identical to that of SDK2. Immunoblot analysis indicated that SDK2S is present predominantly in the lung, uterus, and oviduct, although the brain tissue abundantly contained SDK2. When oviducal sections were immunohistochemically examined, SDK2S was localized in the epithelial cells. Moreover, GST pull-down assays revealed that the cysteine-rich domain of ADAM3 is responsible for binding to SDK2S. These data suggest that both SDK2S and SDK2 may be implicated in sperm migration from the uterus to oviduct through binding to ADAM3.

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COMBINED EFFECTS OF TWO ENVIRONMENTAL DISRUPTORS NP AND MBP ON RAT SERTOLI CELLS IN VITRO

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Nonylphenol (NP) and Monobutyl phthalate (MBP) are two environmental endocrine disruptors (EDDs) which are widespread occurrence in our life. In present study, our purpose is to analyze style of combined effects of NP and MBP on rat testicular Sertoli cell in vitro. Sertoli cells were administrated by NP (range 0.01-50µM) and MBP (range 10-20000µM) in single and combined forms. Two mathematical models were applied according to the Loewe additivity (LA) theory and the Bliss independence (BI) theory to analysis the type of the combined effect of NP and MBP, employing cell viability and lactate dehydrogenase (LDH) leakage rate as endpoints. Using the two models, a significant antagonist effect was observed both in the viability assay and in the LDH assay (at concentrations provoked LDH leakage rate>20%), but at the lower concentrations which induced LDH leakage rate<20%, the combined effect was synergism. Considering the environmental contaminants are frequently encountered simultaneously, the
result indicated that the combined effect of chemical mixture needed to be set a high value in EEDs risk assessment.

**P43**

**EFFECTS OF HYDROSALPINX ON IN VITRO HUMAN EMBRYONIC GROWTH AND DEVELOPMENT**

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Objective: To study whether the hydrosalpinx has a toxic effect on embryo. Methods: Collected the fresh discarded embryos of IVF-ET/ICSI-ET conventional treatment in the reproductive center from April 2009 to October 2009. Randomly divided into hydrosalpinx concentrations were 0%, 20%, 40%, 60%, 80%, 100% of the blastocyst culture medium, and cultured to day5-day6, daily observed the development of embryos at the same time and record the situation. Compared the cells number of day5 early blastocyst formation, day5 of blastocyst expansion, day6 of blastocyst hatching, and the total cells number of blastocyst formation, blastocyst expansion and blastocyst hatching of each different concentrations of hydrosalpinx to group understand the different concentrations of hydrosalpinx on blastocyst growth rate and on the stages of blastocyst development situation. Results: The groups of concentrations of hydrosalpinx concentrations of 0% ~ 80%, the total cell number of day5 early blastocyst formation, day6 of blastocyst expansion, day5 of blastocyst hatching were no significant difference (P<0.05); concentration of hydrosalpinx with 100%, the observation of indicators was significantly reduced than 0% to 80% group (P<0.05). The groups of concentrations of hydrosalpinx with 0% ~ 80%, the total cell number of blastocyst formation, blastocyst expansion and blastocyst hatching were no significant difference (P<0.05); concentration of hydrosalpinx with 100%, the observation of indicators was significantly reduced than 0% to 80% group (P<0.05). The groups of concentrations of hydrosalpinx with 0% ~ 80%, the total cell number of blastocyst formation, blastocyst expansion and blastocyst hatching were no significant difference (P<0.05); concentration of hydrosalpinx with 100%, the observation of indicators was significantly reduced than 0% to 80% group (P<0.05). Conclusion: Low concentration (20%~80%) of hydrosalpinx has a high concentration (100%) of hydrosalpinx can affect the development of embryonic.

**P44**

**OVULATION INDUCTION WITH RFSH OR HP-HMG AND GNRRH ANTAGONIST IN POLYCYSTIC OVARY SYNDROME PATIENTS**

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OBJECTIVES: To assess the effectiveness and safety of a protocol for ovulation induction with HP-HMG and GnRH antagonist from the first day of stimulation in intratruine insemination cycles (IUI) in patients diagnosed with Polycystic Ovarian Syndrome (PCOS). MATERIAL AND METHODS: Prospective, multicentre study involving patients diagnosed with PCOS undergoing IUI. The data obtained were compared with those of an historical cohort of patients diagnosed with PCOS and undergoing IUI with conventional stimulation using RFSH at the Virgen de las Nieves Hospital (HVN). RESULTS: 34 cycles of IUI with HP-HMG and antagonist were performed with 48 cycles of IUI with FSH. The pregnancy rate per initiated cycle was superior in the HP-HMG+antGnRHa group (29.4% vs. 11.9%) with a reduction of the miscarriage rate (0% vs. 45.5%). No hypoprolactinemia ovulation syndrome was reported in the HP-HMG+antGnRHa group. Cost per cycle in patients treated with HP-HMG was higher vs RFSH (552e vs. 427.17e). Nonetheless, the cost of ongoing pregnancy was less in the HP-HMG group (€3238.5 vs. €6578.42 by initiated cycle). COC-USG. Patell number of COC under early IUI cycle have better results in ongoing pregnancy rates in an HP-HMG+antGnRHa protocol for ovarian induction than patients treated with an RFSH standard protocol, without any safety problems, and with superior cost-effectiveness per live birth.

**P45**

**OSTEGB OUTCOMES OBTAINED BY ASSISTED REPRODUCTION TECHNOLOGIES: FIRST-RESULTS OF A REGISTRY-BASED STUDY IN TAIWAN**

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In Taiwan, the total ART treatment cycles have increased from 7,146 in 1989 to 7,941 in 2007 with a total number of 25,218 live births obtained by ART during this period, and trends in ART births are expected to increase due to fertility decline and pregnancy postponement. There were considerable disparities between the countries with respect to obstetric outcomes after ART, while registry-based and nationally-representative reports from Asia-pacific developing countries are limited. Our study aimed to compare obstetric outcomes of different procedures in ART, including IVF, ICSI, and frozen embryo transfer (FET) in Taiwan, using the 1998 to 2006 Taiwanese ART registry that the feasibility was 61.4% of total cycles. The following obstetric outcomes by type of ART are compared: clinical pregnancy rate per retrieval, multiple births, infant sex, live births, preterm birth, low birth weight, very low birth weight, pregnancy losses, obstetric complications, and malformations. We found that the outcomes were similar for ICSI and IVF groups, and our study did not show any increased risk of major malformations for ICSI group. Spem quality or sperm origin did not appear to play a role in the outcomes of IVF and ICSI children. Ideally this research should be performed in studies including control groups in ICSI, IVF and after natural conception. Our study provides an insight to help fertility specialists and health policy makers to evaluate the effectiveness of ART technologies and social, economic and psychological considerations for the treatment.

**P46**

**EFFICIENCY OF PRE-CONCEPTIONAL PREPARATION FOR IN VITRO FERTILIZATION**

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In vitro fertilization is a commonly recognized way of infertility treatment, although its efficiency is 30-35%. Many factors contribute to this figure. Purpose of study: evaluate efficiency of pre-conceptional preparation of couples who engaged in a federal in vitro fertilization program. Examination of 300 couples showed that half of them had mixed infertility factors (2 and more), prevailing tuboperitoneal factor – only 33%, adenohormesis – 53%, polycystic ovary syndrome – 4%, unexplained infertility – 0.7% of couples, prevailing male factor – 4% of patients. In the past medical history 43.7% of couples had unsuccessful attempt of in vitro fertilization, of which 25% had 2 attempts and 15% had 3 and more attempts. Majority of women (70.3%) had multiple operations on pelvic organs: 38% of patients had 2 operations and 19% had 3 and more operations. These couples (87.7%) received pre-conceptional preparation which included: antimicrobial therapy – 44.3% of patients, vitamin therapy and metabolism improvement – 51%, cyclic hormone therapy – 38%, hysterectomy – diagnostic curettage – 20.3% of women, physical therapy – 16.7%, immunocytoctherapy – 11%, psychological aid – 6.7%, physiotherapy – 6.3%, hormonal therapy.

**P47**

**EFFECTIC OF GNRRH AGONIST FOR TriggerING final OCYTE MATURATION ASSOCIATED WITH FROZEN EMBRYOS IN PATIENTS RISK OF DEVELOPING OVARIAN HYPERSTIMULATION SYNDROME**

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OBJECTIVE: To study the efficacy of GnRH agonist analog (GnRHa) to induction endogenous LH peak for final oocyte maturation in in vitro fertilization (IVF) and intracytoplasmic injection (ICSI) cycles using GnRH antagonists in patients with risk of ovarian hyperstimulation syndrome (OHSS). MATERIALS AND METHODS: A study was done of 50 patients of the Center for Human Reproduction Fertivitro, Sao Paulo, Brazil, indicated for IVP / ICSI, they had been taking leuprolide acetate (2,5mg) to start the final oocyte maturation. The parameters evaluated were age, infertility factor, and estradiol level on the leuprolide acetate day, number of retrieved oocytes and mature oocytes, fertilization rate, transferred embryos number, transfers number per patient, frozen embryos transferred per patient, the pregnancy rate and implantation. In all cases, all embryos were cryopreserved for later transfer. RESULTS: The mean age was 30.1 years, male factor was indicated in 42% of cases. The mean estradiol level was 4849.2 mg/ml, the number of aspirated oocytes per patient was 26.9 which 76.1% were mature. The fertilization rate was 82.9%, the average number of embryos transferred was 2.9 per transfer, the average number transfer per patient was 1.8. The pregnancy rate per transfer was 48.3%, the pregnancy rate per patient was 70% and the implantation rate was 32.9%. To be identified cases of OHSS. CONCLUSION: The replacement of hCG by GnRHa for oocyte maturation with cryopreservation of all embryos in cycles which uses GnRHa could avoid the risk of early and late OHSS. The
P48 RELATIONSHIP BETWEEN THE OF NUMBER OF INSEMINATION AND ALSO INFERTILITY DURATION TO RATES OF IUI SUCCESS

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BACKGROUND: Intratuterine insemination (IUI) is one of the oldest treatments and often the first starting line for infertility. OBJECTIVES: To evaluate the number of insemination and infertility duration in pregnancy success. PATIENTS AND METHODS: This study included 904 infertile couples who underwent 1294 IUI treatment cycles. The cycles of IUI were separated from 2006 to 2009 in our ART center. The following variables were studied: length of infertility and the cycle number in which the IUI were performed. Patients carried out a protocol of ovarian stimulation and follicular follow up. RESULTS: The number of pregnancy was 180 (19.91%) resulting in a pregnancy rate per cycle of 13.91%. The results showed that the length of infertility, less than 2 years was 64.17% and 2-4 years was 11.61% and more than 4 years was 1.26%. were statistically significant (p<0.05). The pregnancy rate of single insemination was 8.86% (p=0.000) and double insemination and more were 40.17% and 41.1% respectively (p = 0.83). CONCLUSIONS: The greatest success in IUI will be achieved with infertility of 2 years or less with at least 2 inseminations.

P51 LOW-DOSE LISINOPRIL IN NORMOTENSIVES WITH IDIOPATHIC OOSPERMIA AND INFERTILITY: A 5-YEAR RANDOMIZED, CONTROLLED AND CROSSOVER PILOT STUDY

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Previous studies on medical treatment of male infertility were fraught with methodological flaws that encumbered the results with interpretational difficulties. Hitherto, therefore, the choices from the ever increasing list of drug options has been a matter of conjecture. In order to help resolve this controversy we designed the current pilot study which employed a randomized, double-blind, placebo-controlled, crossover methodology, with intention-to-treat analysis. The idea emanated from a previous, albeit fortuitous observation suggesting the possible efficacy of lisinopril in azoospermic infertility. Thirty-three patients with idiopathic oospermia were divided into two groups: (1) lisinopril (PPOs); (2) placebo (PBO), the difference between the two was statistically significant higher than the baseline for as long as 186 weeks thereafter. There was no change in the mean ejaculate volume (p=0.093). The pregnancy rate was 48.5% and there was no serious adverse drug event. It is concluded, albeit cautiously, that prolonged 2.5mg per day oral lisinopril may be tolerable among normotensives and may improve sperm quantity and quality in men with idiopathic oospermia.

P52 ANALYSIS OF THE CORRELATION BETWEEN SEMEN PARAMETERS AND THE LEVELS OF RETINOL, TOCOPHEROL AND CAROTENOIDS IN HUMAN SEMINAL PLASMA AND BLOOD

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Excessive production of ROS (Reactive Oxygen Species) is a major factor affecting male fertility. Human spermatozoa are rich in polyunsaturated fatty acids and are susceptible to ROS attack. The aim of this study is to two-fold; (1) investigate the level of oxidative status in plasma from both human seminal plasma and blood and (2) draw correlations to sperm quality in terms of concentration, motility and morphology. Additionally, MDA (Malondialdehyde) and AOPP (Advanced Oxidation Protein Products) levels were analyzed as indicators to the degree of oxidation. Subsequent correlations between the oxidative status in plasma from blood and semen are also revealed. A total of 43 blood and semen samples (31 samples from patients with male infertility + 12 samples from subjects who had children in the last six months) were collected from males who have underwent assisted reproduction treatments. Liposoluble vitamins such as carotenoids (alpha-carotene, beta-carotene, lutein, lycopene), vitamin A (retinol), and vitamin E (alpha-tocopherol, gamma-tocopherol, delta-tocopherol) were evaluated in every sample. The plasma from the blood and semen samples was then analyzed for the vitamins and MDA using a standard method of HPLC (High Performance Liquid Chromatography) with UV detection. Correlation was calculated using linear regression analysis. The oxidation status demonstrated by AOPP levels in plasma is inversely correlated with concentration and morphology of the semen. Conversely, the level of the plasma antioxidants lutein, and alpha and beta carotene are positively correlated with semen parameters.

P53 FUNCTIONAL CONCENTRATIONS OF BMP4 ON DIFFERENTIATION OF MOUSE EMBRYONIC STEM CELL TO PRIMORDIAL GERM CELLS

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Background: It seems that Bone Morphogenetic Protein 4 (BMP4) has a significant role in Primordial Germ Cells (PGCs) differentiation from mouse Embryonic Stem Cell (mESC). The aim of this study was determination the best concentration of BMP4 at time period 2 days on differentiation PGCs from mESC. Material & Methods: To differentiate PGCs, Embryoid Bodies (EBs) from mESC were cultured in concentrations 0, 5 and 10 ng/ml BMP4 for 2 days. Germ cell markers Oct4 (Pou5f1), Stella (Gpap3) and Mvh (Ddx4) were analyzed by flow cytometry, Immunochemistry and RT-PCR.

Results: The data of flow cytometry demonstrated most of Mvh positive cells were observed only in treated groups. Immunochemistry of EBs in treated groups identified cells that are positive to Mvh. The result of PCR was illustrated Oct-4 was expressed in the control group and treated

P50 ETHICAL, LEGAL AND RELIGIOUS ISSUES REGARDING EMBRYO DONATION FROM FERTILE COUPLES

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The use of donated embryos has offered hope for infertile couples who have no other means to have children. In Iran, fertility centers use fertile couples as embryo donors that this procedure can be considered as “both gamete donation”. Although there are numerous frozen embryos in the nitrogen storage, as embryo donors that this procedure can be considered as “both gamete donation”. Material and Methods: Germinal vesicle (GV) oocytes were recovered from 4-6 weeks old female mice 48hr after injection of 10 IU pregnant mare serum gonadotropin (PMSG). Collected oocytes were divided into 6 groups: control, sham and five experimental groups. All-trans retinoic acid (t-RA) at concentration of 1, 2, 4, 6, 8 μM was added to oocytes maturation medium in experimental groups. The maturation rate was recorded after 24hr of culture in a humidified atmosphere of 5% CO2 at 37°C. Fertilization and developmental rates of matured oocytes were recorded after IVF and 24hr culture. Result: The rate of oocytes developed to the metaphase II stage of maturation was significantly increased with 2 and 4 μM all-trans retinoic acid (t-RA) comparing to control and sham groups (<0.05). Also, the number of fertilized oocytes were significantly higher in 4 μM retinoic acid other control (p<0.05). In comparison between the number of fertilized oocytes which developed to 2-cell stage was not significant between the (two) groups. Conclusion: The results show that all-trans retinoic acid (t-RA) enhanced mouse oocytes maturation in vitro and improved fertilization and development rate in a dose dependent manner.

P49 THE EFFECT OF RETINOIC ACID ON IN VITRO MATURATION AND FERTILIZATION RATE OF MOUSE GERMINAL VESICLE STAGE OOCYTES

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Introduction: Retinoids are recognized as important regulators of cell differentiation and tissue function. Previous studies, performed both in vivo and in vitro, indicate that retinoids influence several reproductive events. In this study, we investigated the effect of all-trans retinoic acid (t-RA) on maturation and fertilization rate of immature oocytes (Germmal vesicle). Material and Methods: Germinal vesicle (GV) oocytes were recovered from 4-6 weeks old female mice 48hr after injection of 10 IU pregnant mare serum gonadotropin (PMSG). Collected oocytes were divided into 6 groups: control, sham and five experimental groups. All-trans retinoic acid (t-RA) at concentration of 1, 2, 4, 6, 8 μM was added to oocytes maturation medium in experimental groups. The maturation rate was recorded after 24hr of culture in a humidified atmosphere of 5% CO2 at 37°C. Fertilization and developmental rates of matured oocytes were recorded after IVF and 24hr culture. Result: The rate of oocytes developed to the metaphase II stage of maturation was significantly increased with 2 and 4 μM all-trans retinoic acid (t-RA) comparing to control and sham groups (<0.05). Also, the number of fertilized oocytes were significantly higher in 4 μM retinoic acid other control (p<0.05). In comparison between the number of fertilized oocytes which developed to 2-cell stage was not significant between the (two) groups. Conclusion: The results show that all-trans retinoic acid (t-RA) enhanced mouse oocytes maturation in vitro and improved fertilization and development rate in a dose dependent manner.

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groups. Stella and Mvh were expressed only in the treated groups, but expression of these genes in the control group was not observed. Certain concentrations of BMI during 2 days had the optimal effects on differentiation of PGCs from mESC.

P54
MEN AND WOMEN ATTITUDES REGARDING STERILIZATION
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Objective(s): Different knowledge and attitudes towards Sterilization as a permanent method of contraception has a great effect on the decision for using these methods. This study aimed to clarify male and female attitudes regarding tubectomy and vasectomy. Design and methods: This community based cross - sectioned study was conducted in four provinces of Iran (Golestane, Bushehr, Kordestan and Tehran). By using systematic randomized sampling method, 200 clusters including 1200 married couples were considered as a preferable method. By interview, all married couples in men and 55.2% of women were familiar with TL, while vasectomy was known by 44% of men and 37% women. TL and vasectomy were considered as a long time contraception. Results: In this study, a total of 60.6% of men and 55.2% of women were familiar with TL, but vasectomy was known by 44% of men and 37% women. TL and vasectomy were mentioned as their method in 32.3% and 1.8% of couples respectively. TL and vasectomy were considered as a long time contraception. Men and women in compare to men (38.8% vs. 15%, p<0.001). The most common reason for not preferring vasectomy was less men tendency to do it and fear of its side effects on their sexual life. Conclusion: Gender is an important factor which has a great effect on the decision making process regarding permanent family planning. Reproductive Health education can modify negative attitudes especially in men.

P55
RELATIONSHIP OF BLOOD METABOLITES WITH REPRODUCTIVE OUTCOMES UNDER TROPICAL CONDITIONS
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The improved genetic status alters metabolic priorities of the body compared to fertility. 10 Holstein Friesian (HF), 10 Jersey, 10 Achai and 10 F1 cows were selected at Peshawar and monitored for 5 months. 65% cows reestablished estrus while 35% remained anestrous. 80% HF and 70% Jersey showed estrus. In Achai only 40% were cyclic. Blood glucose and daily milk yield (DMY) significantly affected postpartum estrus (<P=0.01) while blood protein and triglycerides did not affect it. The blood glucose levels were lower (39.93 ± 3.14 mg/dl) two months before and increased (42.99 ± 2.88) towards estrus emergence and then decreased. Ancestrous cows were deficient in blood glucose (35.74 ± 1.57 mg/dl). The anestrous cows were deficient in blood glucose concentrations. Higher blood glucose and total protein supported reproductive cyclicity in Jersey while higher triglycerides in Achai lowered fertility. In crossbred cows, the rising levels during pre-estrus period indicated greater adaptability to the environment.

P57
TREATMENT OF VAGINISMUS AFTER 20 YEARS: A CASE REPORT
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Vaginismus is involuntary spasm of the musculature of the outer third of the vagina, which interferes with intercourse. Here a case of vaginismus is presented who has been under different unsuccessful treatments for 20 years. The case is a 36-year-old woman referred to our center for infertility treatment. Treatment was focused on patient’s mood improvement, approach to her phobia, pelvic floor physiotherapy including gradual vaginal dilation along with psychological approaches. Patient’s phobia and mood disorders should be considered as most important issues.

P56
THE EFFECT OF RAW RED ONION CONSUMPTION ON HORMONAL AND METABOLIC PARAMETERS IN OVERWEIGHT OR OBESE WOMEN WITH POLYCYCTIC OVARY SYNDROME (PCOS): A RANDOMIZED CLINICAL TRIAL
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Background: To evaluate effect of raw red onion consumption on hormonal and metabolic parameters in overweight or obese PCOS patients. Methods: Two groups were considered as a parallel randomized controlled trial. One group consumed raw onion and the other group consumed placebo (500 g of raw onion). Both groups were treated with metformin, 500 mg/day. Both groups were evaluated during 12 weeks after 75g oral glucose test. Results: Insulin resistance was present in 17.2% of the patients. In high onion group, insulin resistance, levels of Tg, Cholesterol, LDL-c, HDL-c, 2h BS after 75g oral glucose test, FSH, and LH were reduced after treatment compared with baseline values. No significant changes were observed in terms of lipid profile or anthropometric measurements. In low onion group, levels of DHEAS (175.4±92.27 vs. 152.20±59.56, P<0.021) and free testosterone (1.11±0.77 vs. 2.04±1.28, P<0.011) changes were significant. Patient’s phobia and mood disorders should be considered as most important issues.

P59
DYSPLASIA, INSULIN RESISTANCE, AND POLYCYCTIC OVARY SYNDROME
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Objective: Dyslipidemia, insulin resistance and obesity all tend to cluster in polycystic ovary syndrome (PCOS). The aim of this study was to investigate the association of dyslipidemia with insulin resistance in overweight or obese patients with polycystic ovary syndrome (PCOS). Methods: In this cross-sectional study, done from December 2010 to July 2011, lipoprotein lipid profile, anthropometric measurements and the presence of insulin resistance were evaluated in 40 overweight or obese patients with PCOS. A fasting Gl ratio of 4.5 or less was defined as insulin resistance (IR). Student t-test, Mann-Whitney U test, and Pearson correlation were used for data analysis. Results: The mean age and BMI of the patients were 26.5 ± 10.0 years and 31.4 ± 10.0 kg/m², respectively. Insulin resistance was present in 27% of the patients. There was a significant positive correlation between HOMA-IR score and WC (r=0.4, P<0.02) and LDL-c (r=0.3, P<0.02). No association was observed between lipoprotein lipid profile and obesity markers such as BMI, WC, and WHR. Insulin-resistant (IR) and non-IR (NIR) PCOS patients were then evaluated separately. Anthropometric variables of BMI and WC were correlated with HOMA-IR score (r=0.4, P<0.01), cholesterol (r=0.4, P<0.01), and LDL-c (r=0.4, P<0.01) only in NIR group. When IR was present, either BMI or WHR were not correlated with dyslipidemia. Besides, there was no association between lipid profile and insulin resistance in any of the groups. When evaluated as IR and NIR subjects, no significant difference was

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observed in terms of lipid profile or anthropometric measurements. Conclusion: Dyslipidemia may occur in PCOS patients irrespective of insulin resistance, and may have different etiologies.

**P60**

**INTRAVENTOUS IMMUNOGLOBULIN INCREASES LIVE BIRTH RATE IN WOMEN WITH RECURRENT REPRODUCTIVE FAILURE AND EXPANDED CD56+ CELLS**

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Increasing evidence supports that CD3-CD56+/CD16+ natural killer (NK) and CD3+CD56+/CD16+ NKT-like cells are key factors for embryo implantation and reproductive success. On the other hand, expanded proportions of these cells have been associated to recurrent miscarriages (RM) and/or implantation failure (RIF) after in vitro fertilization (IVF). The beneficial effects of intravenous immunoglobulin (IVIG) on recurrent reproductive failure are still controversial, and the adequate group for IVIG-target patients remains to be defined. Patients & Methods: Ninety-five women with previous RM and/or RIF of unknown etiology were consecutively studied. The immunological screening included antinuclear, antiphospholipid, anti-thyroid and anti-tissue transglutaminase autoantibodies, complement factors and NK/NKT-like cells proportions in blood. Lymphocyte subsets were analysed by flow cytometry (Tru-Count®, FACSCalibur BD Biosciences). IVIG therapy protocol consisted in 200–400 mg/kg of body weight every 3 to 4 weeks up during gestation. Results: Forty-eight patients (20 with RM and 28 with RIF) out of 95 (50.5%) disclosed expanded proportion of NK (>12% of total lymphocytes) or NKT-like cells (>10% of total lymphocytes) and were assigned for IVIG therapy. Overall, the clinical pregnancy rate after IVF was 89.5%, and the live birth rate for the 40 women was 81.2% (95.0% with RM and 82.1% with RIF versus 60% and 16%, respectively, in non-IVIG treated women). After 3 cycles of IVIG, NK cell percentages decreased significantly (p=0.0001) and persisted throughout gestation. Conclusion: In this real-life observational study in a prospective cohort of women with recurrent reproductive failure and NK or NKT-like cell expansion, IVIG therapy was a safe and beneficial strategy, with high clinical pregnancies after IVF and live birth rates.

**P62**

**TO DIVIDE OR NOT – THE FERTILITY MANAGEMENT OF 2 PATIENTS WITH UTERINE SEPTUM**

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Introduction: Management of uterine septum in sub-fertility is controversial, with most clinicians reserving surgery for patients with recurrent pregnancy loss. Materials and Methods: We report the management and fertility outcomes of two patients with uterine septum. Both patients had been trying at least 3 years for spontaneous conception and their partners had normal seminal analyses. Results: Patient 1 was 35 years old and had a low antral follicle count (5) and high normal basal FSH (8.6 IU/L). She was advised IVF treatment which she underwent using 450 IU of recombinant FSH. Following transfer of the only available embryo, she had an early pregnancy loss. Subsequent 3D-ultrasound confirmed a partial uterine septum. Although pregnancy loss was attributed to embryonic development, she underwent hysteroscopic division. She conceived spontaneously within 12 months of surgery and had a live birth. Patient 2 was 28 years old and was found to have an-ovulatory polycystic ovarian syndrome. She had a complete uterine and vaginal septum. She was prescribed low-dose FSH therapy for ovulation induction and prepared sperm were injected (IUI) into the uterine cavity. An ongoing pregnancy has been confirmed. Conclusion: The two cases demonstrate differing approaches to the management of uterine abnormality based on the attribute able underlying cause of sub-fertility. Hysteroscopic division is safe and should be offered to all patients with unexplained sub-fertility or prior to expensive and invasive fertility treatment such as IVF.

**P61**

**CORRELATIONAL ANALYSIS BETWEEN SERUM ANTI-MÜLLERIAN HORMONE (AMH) AND FSH IN DAY 3 FOR THE EVALUATION OF RESPONSE TO THE CONTROLLED OVARIAN STIMULATION: THE MEXICAN EXPERIENCE.**


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Objective: Anti-Müllerian Hormone (AMH) only produced by the ovary is a biomarker for ovarian response; however we do not know mean values in our population and its relationship with stimulation. The aim of our study is to establish the correlation between the AMH and the response to the controlled ovarian stimulation, number of total oocytes and compare with FSH on day 3, in patients undergoing ART. Design: prospective correlational analysis of patients admitted to IVF cycles at IECH Fertility Center, Monterrey, Mexico. Material and Methods: A total of 52 consecutive cycles of IVF was performed serum AMH assay before the stimulation cycle from the first day of the last menstrual period. In our study we studied RDS

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**RDS IN LATE PRETERM INFANTS**

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The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists define a “preterm” infant as one who is born before the end of the 37th week (259th day of pregnancy) counting from the first day of the last menstrual period. In our study we studied RDS
on the late category of newborn premature infants. There are investigated 24 newborn late preterm with RDS from 65 newborn with RDS, hospitalized in the NICU of Cancer during the period of one year. Results: From 65 newborn, 24 were late preterm, 31 were excluded from research, because they were < 34 G.A. and > 36 G.A. The age of mothers was from minimum 18 to maximum 36. Average 21.5 standard deviation 3.51. Through Caesarian section were born 9, through vaginal way 15. From them, 14 were male, 10 ones were female. From all of them, they discharged home 14 and 10 died. Conclusions: Late preterm infants with RDS still are a risk category for the newborn and compared to late preterm infants <34 >36 G.A. are with the same risk concerning RDS and mortality.

P64 MELATONIN EFFECTS ON VITRIFIED-WARMED TESTIS AFTER GRAFTED INTO CASTRATED MATURE MICE A. Sobhani1, P. Pasbakhsh1, M. Hemadi2, M. Abbasi1, G. Hassanzadeh1, F. Abolhassani1, F. A Miranda1

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Introduction: Melatonin, besides action on different physiological processes, is an antioxidant and powerful direct free radical scavenger. This study assessed different concentration of melatonin on vitrified testis grafted into castrated mature mice. Materials and Methods: Testes from neonate (Balb/c) mice were randomly divided into 3 groups. In each group 5 testes were used. Following transplantation, melatonin (20, 50, 100, 200 mg/kg/day or saline) were applied via gavage to separate groups. Donor-specific IgM and IgG subtype antibodies, Th1 (IL-2, IFN-γ) and Th2 cytokines (IL-4 and IL-10) and melatonin in the serum of recipients were measured using ELISA analyses. The subsequent survival (days 1-8 and 42) of the grafted testes were scored morphologically. Indices of cell proliferation and apoptosis within spermatogenesis and interstitial cells of tissue grafts were determined by BrdU and TUNEL assay respectively. Results: This study showed that with increasing doses of melatonin, the graft lifespan was significantly prolonged (P<0.05). Our results also indicated that apoptosis in the spermatogenesis was dramatically increased (P<0.05). Allo-specific IgM and also IgG2a of recipients were reduced with increasing doses of melatonin (P<0.05). The level of Th1 cytokines was significantly reduced in 200 mg/kg/day of melatonin (P<0.05). No significant differences in Th2 cytokines were observed with increasing melatonin. Also, the variable regimen of melatonin caused higher peak melatonin levels in serum after transplantation. Conclusion: These findings indicate a novel therapeutic approach, based on modulation of the immune and E/R through melatonin as a possible future immunosuppressant and antioxidant in organ transplantation.

P65 SUCCESSFUL SPERM RECOVERY IN PATIENTS WITH NON-MOSAIC KLINEFELTER’S SYNDROME: A COMPARATIVE STUDY H. Terada1, T. Sugiyama1, S. Mugiya1, S. Ozono1

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Purpose: Our study investigated the preoperative factors that could predict successful microdissection sperm extraction (MD-TESE) in men with non-mosaic Klinefelter's syndrome (KS), and the influence of preoperative hormonal therapy on the sperm retrieval rate. Materials and Methods: From June 2008 to October 2010, a total 78 MD-TESE attempts were done in 16 patients with non-mosaic KS. Patients with serum follicle stimulating hormone (FSH) and luteinizing hormone (LH) levels <25 IU/mL and testosterone level >300 ng/dl received hormonal therapy with human chronic gonadotropin (HCG). We analyzed the influence of preoperative hormonal therapy and patient's age as predictive factors for successful sperm retrieval. Results: The overall success rate for retrieval was 25% (four of 16 patients), using MD-TESE with intracytoplasmic sperm injection (ICSI); three patients continued to attempt ICSI. This, along with ICSI, has led to the birth of one child. Preoperative hormonal therapy using HCG did not affect sperm retrieval rates, with normal baseline testosterone results >250 ng/dl. There was no correlation between patient’s age with 22q11 (20 years old) and without (25-42 years old) successful sperm retrieval. Our study showed that clinical parameters such as LH, FSH and testosterone were not predictive factors, patients with non-mosaic KS. Conclusions: Despite concerns regarding genetic risks, a man with non-mosaic KS has the potential to father a child. MD-TESE with ICSI is an effective technique in men with non-mosaic KS. The mean age of our patients with successful sperm retrieval was not significantly younger than that of men with unsuccessful results.

P66 RELATIONSHIP BETWEEN LH CONCENTRATIONS AND PREGNANCY OUTCOME AFTER IVF/ICSI CYCLES T. Timeva

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Introduction: The individualized approach of the treatment protocols for assisted reproduction and the introduction of new gonadotrophin products in the past 10 years are faced with the necessity of doing hormone Prof tests during controlled ovarian hyperstimulation (COH). Multiple studies were designed to determine the impact of circulating LH concentrations during COH on the outcome of IVF. The aim of our study is to continue the observations of the impact of LH levels in the late follicular phase on the pregnancy outcome after embryo transfer (ET), when different stimulation where used. Materials and Methods: Our prospective randomized study includes analysis of 181 infertile couples, underwent IVF/ICSI treatment in the last year. Two different stimulation protocols were used: long GnRH agonist and GnRH antagonist. We have tested the LH levels in all patients during the stimulation and on the day of HCG application. Depending the results after ET women were split in three group: A - with βhCG up to 400 IU/ml, classified as biochemical pregnancy; gr. B - with clinical pregnancy, terminated with abortion in the first trimester; gr. C - women with ongoing pregnancy or already delivered. Results: We observed a pregnancy rate 37% (67/181) and clinical pregnancy rate 29.3% (53/181), distributed in gr. A - 13/67 women gr. B - 12/67 women, gr. C - 42/67 women. The median LH at the day of HCG in the three groups were as follows: gr. A - 1,64 mU/ml (SD=1,71), gr. B - 1,91 mU/ml (SD=1,78); gr. C - 2,42 mU/ml (SD=1,52). The statistical analysis of the results demonstrates significant difference between the three values of gr. A and gr. C (p<0,05), while there is no such difference between gr. B and gr. C. Also there was no significant difference between the LH values while using long GnRH agonist protocol - 2,43 mU/ml (SD=1,25) and GnRH antagonist protocol - 1,96 mU/ml (SD=1,53). Conclusion: Despite the small number of cases our results show that the impact of LH in the late follicular phase most probably influence on the subsequent stages, i.e. successful implantation and development of pregnancy. In the cases of low LH levels, certain changes occur in the endometrium, making it less receptive towards the embryo. However, once the implantation has occurred, the development of a pregnancy is not influenced by the LH values. More researches in this field would support or expand this primary data.

P67 NORMAL RANGE OF AMH ACCORDING TO OVARIAN ACTIVITY DURING CONTROLLED OVARIAN HYPERSTIMULATION G. Verwoerd1, A. Goyal1, K. Elder1

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Objective: To evaluate the AMH Generation II assay to predict the potential for excessive or poor response to controlled ovarian hyperstimulation, and establish normal ranges in a population of women undergoing IVF/ICSI. Setting: Tertiary referral centre for IVF/ICSI. Methods: Analysis of 771 first treatment cycles between 1 January 2010 and 31 May 2011. Potential for excessive response was defined as retrieval of > 20 oocytes or a maximum of > 25 follicles of any size detected during the cycle. Poor response was defined as retrieval of < 5 oocytes and < 10 follicles of any size. Optimal threshold values of AMH were calculated using ROC curve analysis. Proportions of patients with potential for excessive or poor response were calculated for AMH intervals of 2 – 5 pmol/l (Fig. 1). Results: A low, medium or high risk of poor or excessive ovarian response can be expected for AMH in the ranges of 5 – 15 pmol/l (2% poor, 8-12% excessive), 2.0 – 4.9 pmol/l or 15.1 – 20 pmol/l (20% poor, 27% excessive), 2.0 pmol/l or > 20 pmol/l (47% poor, 39-68% excessive). Predicting potential for poor or excessive response, the threshold levels of AMH with the optimal balance between specificity and sensitivity were < 4.51 pmol/l (93.3%, 87.8%) for poor response and > 16.1 pmol/l (86.4%, 70.0%) for excessive response. Conclusion: Based on the predicted risk for poor or excessive ovarian response to controlled ovarian hyperstimulation, the normal range for the AMH Generation II assay was 4.5 – 16 pmol/l in our Centre.
P68 A SURVEY OF THE RELATIONSHIP BETWEEN SEXUAL SATISFACTION AND DEPRESSION AMONG INFERTILE COUPLES

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This study has been conducted as a definite study in order to determine the correlation between sexual satisfaction and depression. In a cross-sectional study, 102 infertile couples were assessed. Beck Depression Inventory (BDI) and Golombok Rust Inventory of Sexual Satisfaction (GRISS) were administered. In this study depression was found in 26.5% of the women and in 14.7% of the men. Regression analysis showed a positive meaningful correlation between the Beck Depression scores with educational status and monthly income of infertile women; and a positive meaningful correlation between the marriage, infertility, infertility treatment durations and assisted-reproduction treatment. It was also found that there was sexual dysfunction in subscales of the sexual satisfaction inventory, such as vaginismus in women (66.7%) and premature ejaculation in men (61.8%). The study also determined a positive meaningful correlation between the infrequency, dissatisfaction, non-communication, avoidance, vaginismus and anorgasmia subscales of GRISS and the total Beck depression score in infertile women. As for men, there was a positive correlation between only the dissatisfaction subscale and the total Beck depression score. Also, a positive correlation was found for both women and men, between the total GRISS scores and the total Beck depression scores. In this study, it was found that the depression was more severe in women and also there were more sexual dysfunctions in women than men. As a result it can be suggested that the couples receive proper guidance from health professionals in the course of treatment.

P69 A SURVEY OF RELATIONSHIP BETWEEN SEXUAL SATISFACTION AND DEPRESSION DURING INFERTILITY

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Background: This study has been conducted as a definite study in order to determine the correlation between sexual satisfaction and depression. More severe depression is reported in infertile women and men, compared with controls. In infertile couples, sexual satisfaction and depression were assessed in 102 infertile couples. Beck Depression Inventory (BDI) and Golombok Rust Inventory of Sexual Satisfaction (GRISS) were administered. In this study depression was found in 26.5% of the women and in 14.7% of the men. Regression analysis showed a positive meaningful correlation between the Beck Depression scores with educational status and monthly income of infertile women; and a positive meaningful correlation between the marriage, infertility, infertility treatment durations and assisted-reproduction treatment. It was also found that there was sexual dysfunction in subscales of the sexual satisfaction inventory, such as vaginismus in women (66.7%) and premature ejaculation in men (61.8%). The study also determined a positive meaningful correlation between the infrequency, dissatisfaction, non-communication, avoidance, vaginismus and anorgasmia subscales of GRISS and the total Beck depression score in infertile women. As for men, there was a positive correlation between only the dissatisfaction subscale and the total Beck depression score. Also, a positive correlation was found for both women and men, between the total GRISS scores and the total Beck depression scores. Conclusion: In this study it was found that the depression was more severe in women and also there were more sexual dysfunctions in women than men. As a result it can be suggested that the couples receive proper guidance from health professionals in the course of treatment.

P71 CLOMIPHENE CITRATE FOR POOR RESPONDERS WOMEN UNDERGOING IVF/ICSI TREATMENT CYCLES: RANDOMISED CONTROLLED STUDY

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Background: One of the most frustrating problems in IVF today is the low pregnancy rate in women with poor ovarian response. Poor responders are estimated to comprise approximately 9-24% of IVF/ICSI patients. Patient selection and treatment methods vary, and patients are usually aged 20-42 years, with a history of 1 or 2 infertility attempts included. Poor response was defined by the number of dominant follicles on HCG day and number of mature oocytes <3 or cycle cancellation due to poor ovarian response. Patients were randomized to receive either GnRH antagonist plus domophene (study group) or GnRH agonist plus HMG (Control group) using computer-generated random numbers concealed in opaque envelopes. Results: There were no significant differences between the two groups in the baseline characteristics. There was no evidence of significant differences between the two groups in the cycle cancellation rates, and the number of mature follicles, total oocytes obtained and endometrial thickness at day of HCG. There was evidence of significant difference in treatment duration (8.5 ± 2.7 vs. 12.5 ± 2.4 day, P < .0001) and the gonadotrophin consumption (25.4 ± 8.1 vs. 50 ± 4.5, P < .0001) appeared lower in the study group. The implantation rates were similar between the two groups, but the number of embryos transferred was significantly higher for the study group (2.32±0.58 versus 1.50±0.83, P < .0001). The clinical pregnancy rates per women randomized was higher in the study group (OR: 1.68, 95% CI: 0.40-6.5), but the differences were not statistically significant. Conclusion: our study demonstrates that the proposed protocol for ovulation induction can be used effectively to poor responder women to obtain a shorter duration of stimulation and lower number of gonadotropin ampoules, and more favorable implantation and pregnancy rates.

P72 EXPOSURE OF ADULT ZEBRAFISH (DANIO RERIO) TO ER-XIAN AND DECOCTION AFFECTS REPRODUCTION

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Ex-Rian Decoction (EXD), a traditional Chinese medicine, is widely used to treat menopause, osteoporosis and other aging diseases. It was reported to up-regulate serum estradiol level in 12-month-old female Sprague-Dawley rats. In this study, we exposed adult male and female zebrafish (Danio rerio) to EXD in concentrations of 0.1, 1, 10 mg/L for 6 weeks to assess the effects of EXD on steroidogenic gene expression, reproductive output, gonad morphology, circulating vitellogenin levels and early embryo development. After 6 weeks of exposure, EXD significantly increased expression levels of cyp19a and some other steroidogenic enzymes in the ovary of female zebrafish. Furthermore, the disturbed gonad morphology was accompanied by increased levels of circulating vitellogenin in females. Significant effects were observed at 10 mg/L feed. EXD exposure also increased the fertilization success but had little effect on offspring early development. Our study showed for the first time that EXD could interfere with reproduction in zebrafish, which would provide some insights to treatment of human infertility in the clinic.
**Fetomaternal**

**P73**

**ETHICAL AND LEGAL REFL ECTIONS ON THE INFLUENCE OF CULTURE IN THE FRAMEWORK OF PREIMPLANTATION DIAGNOSIS COMBINED WITH HUMAN LEUKOCYTE ANTIGEN (HLA) TYPING BABY MATCHING**

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The birth of a “designer baby” or “double hope baby” allows the transplantation of umbilical cord stem cells to a sibling suffering from a serious genetic disease, saving his (her) life. However, from an ethical point of view, the use of preimplantation genetic diagnosis (PGD) to select HLA matched embryos in order to treat a sick older sibling remains controversial. No consensus can be found in the regulation of this practice. If some countries allow the use of HLA typing matching baby for humanitarian purposes, others are strongly opposed, as they consider that it is an instrumentalization of a human being. In light of this situation, we compared the ethical basis of the normative frameworks which regulate the HLA typing baby matching in eight countries and identified the cultural factors which explain the differences noted. Methodology: Comparative analysis of ethical and legal literature on the regulatory frameworks in the United States, the United Kingdom, Spain, France, Israel, Germany, Switzerland and Quebec. Results: Disparities exist between the ethical basis and legal rules governing the use of HLA typing baby matching. Moreover, historical and cultural factors greatly influence countries’ standpoint. Conclusion: The ethical reflection which precedes the adoption of rules governing HLA typing baby matching integrates each society’s own values. Nevertheless, when individual expectations go against enacted rules, some will bypass them through reproductive tourism.

**P74**

**THE LEGAL AND SOCIOETICAL STAKES OF BROADCASTING AN INNOVATIVE NON-INVASIVE PRENATAL GENETIC TEST BASED ON A DIAGNOSIS OF FETAL CELLS CIRCULATING IN THE MOTHER’S PLASMA**

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A non-invasive prenatal genetic diagnosis (PGD), based on fetal cells in the mother’s plasma is expected to be introduced in clinics soon. Since it requires a simple blood test, its non-invasive nature has great advantages (elimination of fetal loss risk and anxiety in the pregnant woman). The reliability, quickness and low cost of such a test contribute to its favorable reception from parents-to-be. If this kind of PGD raises complicated technical and clinical questions, it also raises societal, ethical and legal fundamental issues. It is important to 1) determine what level of information is desired and 2) identify social, medical and cultural factors involved in the evaluation of needs of parents-to-be. Methodology: Interpretative synthesis of medical and social sciences literature. Comparative analysis of international literature on legal and ethical positions on this non-invasive PGD. Results: Considering the genetic and genomic analysis and advantages of a non-invasive PGD, this innovative approach requires a technology transfer respectful of the individual, its autonomy and prenatal life, both in research and clinical practice. Conclusion: Since this test will provide more than medical information, such as the gender and other characteristics of the child, elaboration of health policies aimed at limiting non-therapeutic uses must precede the broadcast of this non-invasive test.

**P75**

**HYPERHOMOCYSTEINEMIA IN UNEXPLAINED RECURRENT ABORTIONS**

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Objective: To find incidence of hyperhomocysteinemia in unexplained recurrent abortions and pregnancy outcome in hyperhomocysteinemia. Methods: Fasting homocysteine levels were obtained in 50 cases of recurrent abortions (Group-I) and 25 cases of normal delivery (Group-II) over a period of current pregnancy. Pregnancy outcomes like abortion, pre-eclampsia, IUGR, preterm labour were assessed in patients with increased homocysteine levels and normal levels in both groups. Results: Baseline homocysteine were 12.5±4.5 μmol/L in group-I and 7.8±1.6 (4.7-17) μmol/L in group-II (p=0.003). Incidence of hyperhomocysteinemia was 30% (15/50) in group-I and 12% (3/25) in group-II (p=0.001) with mean homocysteine level as 18.4±5 (15-26.3) and 0±2 (0-29) in group-I and II respectively. Conclusion: Hyperhomocysteinemia does not lead to miscarriage. It further reaffirms the need to confirm ectopic pregnancy, rupture ovarian cyst. Corpus cyst, bleeding rupture vascular but in 8/50 (16%) cases and 12/5 (4%) in group-I and II respectively. Mean homocysteine levels in 9 abortion cases where pregnancy ended as abortion were 14.3±3.6 (7.9-26.2) versus 7.4±1.5 (3.6-15.7) μmol/L in group-I and II respectively. Small number of cases may have influenced the interpretation of diagnostic test and assessment of severity of acute pancreatitis; ascites is a feature of chronic pancreatitis and rarely reported with an acute attack. An earlier recourse to cholecystectomy may have attenuated the disease course had this possible aetiological factor been considered.

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**MEDICAL ABORTION IN WOMEN WITH IMPAIREDRENAL FUNCTION**

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The use of medical methods for terminating pregnancy have revolutionized abortion care. They are particularly of value in second trimester abortion, being safer and less intrusive than surgical methods. There is a paucity of data on medical abortion in women with chronic diseases such as kidney disease, with no published papers on its safety and efficacy. Moreover, most research studies on medical abortion include renal function impairment in the exclusion criteria. Nevertheless, when advances in medical therapy, the difficulty with caesarean section ectopic pregnancy is identifying the presentation or conservative management if the hemoperitoneum is unstable vital signs with hemoperitoneum and positive pregnancy (HCG) test. The most common of misoprostol was administered vaginally (2 doses every 4 hours); in case 2, 400 μg of misoprostol was administered vaginally (3 doses every 4 hours); and, in case 3, 200 mg of mifepristone was administered orally (single dose), followed by 400 μg of misoprostol vaginally (single dose) after 48 hours. All three women aborted with no complications. Post-abortion renal function did not deteriorate significantly from baseline. Misoprostol is mainly excreted in the urine (80%). Therefore, its use is cautioned in patients with renal impairment. Although half-life, maximum plasma concentration and bioavailability may be increased, no correlation has been observed with degree of dysfunction. It is uncertain if misoprostol is removed by dialysis. Thus, its use for medical abortion in patients with renal disease has been a point of contention, with most obstetricians opting out of use. However, as the above cases show, misoprostol can be used even with a severe degree of renal impairment, although larger studies are needed to determine the optimum dose at various degrees of renal impairment.

**P77**

**AN AGGRESSIVE PRESENTATION OF POST PARTUM ACUTE NECROTIZING PANCREATITIS**

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Objectives: Acute pancreatitis is a rare event in pregnancy, occurring in approximately 3 in 10000 pregnancies. It is rarely seen in the post-partum period. We report difficulties of diagnosis an aggressive acute pancreatitis in post-partum. Case report: We report the case of a 24 years old patient, 3rd parity, allowed 20 days after the last normal childbirth for generalized abdominal pains, vomiting she was febrile but non-specific abdominal tenderness and there was no vaginal bleeding. The patient presented 10 minute after her admission a cardio respiratory failure which was recovered after measurements of reanimation. An echo tomography showed ascites was present the patient was immediately referred to ICUs and after the preoperative we discover tasks of candle on the level abdominal cavity specific of pancreatic necrosis we repositioning of the drains. Laboratory investigation showed renal failure and deranged liver function serum amylase was elevated the histopathology confirmed the diagnosis. The patient is deceased 12 hours after her admission. Conclusion: Acute pancreatitis does complicate pregnancy and the reported incidence varies from 0.01 to 0.15%. Pregnancy related alteration of the immune system may influence the interpretation of diagnostic test and assessment of severity of acute pancreatitis; ascites is a feature of chronic pancreatitis and rarely reported with an acute attack. An earlier recourse to cholecystectomy may have attenuated the disease course had this possible aetiological factor been considered.
HEMOPERITONIUM OF UNKNOWN CAUSE IN EARLY PREGNANCY

P78

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There have been various well known causes of acute abdomen associated with hemoperitoneum in early pregnancy. Notable are ruptured ectopic pregnancy, rupture ovarian cyst. Corpus cyst, bleeding rupture vascular vessel & varioclysis. Trauma associated with abdominal organ rupture especially liver and spleen. Most of these patients present with acute abdominal signs with hemoperitoneum and positive pregnancy (HCG) test. The most common practice is to proceed to diagnostic laparoscopy and laparotomy especially in situation of massive hemoperitoneum. The trend is now advocating endoscopic management as first line management of this acute presentation or conservative management if the hemoperitoneum is minimal. We present a case of 25 year old woman, Gravid a 3 Para+1 with history of secondary infertility. She was about 4 weeks into her first course of clomiphene treatment. She presented in gynaecological emergency room with severe abdominal pain, abdominal tenderness, positive pregnancy test and unstable vital signs with tachycardia. An urgent pelvic ultrasound showed a right adnexal mass 35mm in size? Ectopic pregnancy with normal right ovary and polycystic left ovary. Free fluid was also noted on scan in the right adnexa and pouch of Douglas. Endometrium thickness was 9.6mm. Urgent Laparoscopy revealed greater than 1500ml of blood in the peritoneum, normal tubes and ovaries. The other abdominal organs including liver & spleen were normal. A drain was left in the peritoneum for 24 hours with no further drainage. All the blood with blood clots were collected and sent for histology. The specimens came back negative of ectopic pregnancy tissue. A subsequent rise was noted on the monitored serum b-hcg levels over a period of time. Subsequent Ultrasound of the pelvis at week 5 & 6 confirmed intra-uterine pregnancy. She was discharged back to GP community antenatal care. She was subsequently deliver ed by forceps at forty weeks gestation after prolonged second stage of labour. The newborn was 2363 grams. Mean Apgar score in first minute was 8 and fifth minute 9. As a result of this, Cesarean delivery in multifetal pregnancy. Average weight of the newborn was 2363 grams. Mean Apgar score in first minute was 8 and fifth minute 9. Conclusions: The slight downward trend in the annual incidence of PTB in the extremes of reproductive life reflects the improvements made to reduce the cases of PTB.
It is a well-known that placental insufficiency is the main cause of the intrauterine growth restriction, stillbirth and newborn morbidity. From this point, the investigations of the genetic features of this pathology will be essential for the early prognosis. The aim of this research was to study polymorphism of estrogen metabolizing enzymes cytochrome P 450 (CYP1A1, CYP1A2, CYP19 and SULT1A1) in women with placental insufficiency.

Materials and methods: Genetic polymorphisms of estrogen metabolizing enzymes were estimated in 138 women with placental insufficiency (group I) and 101 women without placental insufficiency (group II). Genotype analysis has been conducted by RFLP analysis (restriction fragment length polymorphism). Genome DNA from buccal epithelium was performed by Salting-out Protein Method. Diagnose of placental insufficiency was retrospectively determined according to the morphological data. The study has been carried out with the support of the RF President Grant (MK-1149.2009.7.) Results: The results of this study showed no differences in the frequencies of polymorphism of cytochrome P450 and SULT in women with placental insufficiency. But the rates of mutant allele C of the CYP1A1 gene were statistically significantly different between women in the both groups (OR was 2.4, p<0.008). The replacement T>C leads to the monoatomic replacement lie on Val and contributes to increase of enzymes activity. Moreover, we found out the tendency to difference of the heterozygote genotype T/C between both groups (OR was 1.96, p=0.09). Conclusion: These results allow us to suggest that women with mutant allele C of the CYP1A1 gene have a higher risk of placental insufficiency.

Recurring pregnancy loss in Saudi Arabia: data from single centre

K.A. Awartani
King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia

Pregnancy prevalence of different factors associated with recurrent pregnancy loss (RPL) has been reported from different areas in the world. From Saudi Arabia this is the first report of comprehensive work up for these patients. In our clinic, we had 500 consecutive couples with RPL where they had complete work up, average female age was 31.5±5.4 years, median number of losses was 4 (3-25), 70% of them had primary RPL. Balanced genetic polymorphism of estrogen metabolizing enzymes cytochrome P 450 (CYP1A1, CYP1A2, CYP19 and SULT1A1) in women with placental insufficiency was not significantly different between women in the both groups (OR was 2.4, p<0.008). The replacement T>C leads to the monoatomic replacement lie on Val and contributes to increase of enzymes activity. Moreover, we found out the tendency to difference of the heterozygote genotype T/C between both groups (OR was 1.96, p=0.09). Conclusion: These results allow us to suggest that women with mutant allele C of the CYP1A1 gene have a higher risk of placental insufficiency.

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Objectives: To evaluate the relationship between vaginal infections proved by vaginal swabs (VS) and amniocentesis related fetal loss. To test the effectiveness of specific antibiotic therapy in reducing fetal loss and mortality. More common in women with endocrine diseases and in women during and after cesarean section. Case report: AFOC, 32, GII, IP (vaginal birth), Abortion D. She was received with pregnancy in the course of 38 weeks and 2 days, with moderate intensity shinning bleeding, no pain. She was admitted on 39 weeks + 6 days, due to lower abdominal pain and uterine contractions. Cesarean section performed with frimbectomia, single fetus, live, female, Aggar score 4/9. Evolved, in the obstetric ward, with episodes of bilateral vaginal bleeding, elimination of fluid, decreased temperature, abdominal distension. Treatment performed, and finding distension of the bowel and caecum in predominantly with impeding rupture.

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loss after amniocentesis. Antibiotic specific therapy after positive swabs significantly reduces miscarriage rate.

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FEASIBILITY OF EARLY CARDIAC AND EXTRACARDIAC MORPHOLOGY EVALUATION TO SCREEN FETAL ANOMALIES AT 11-13+6 WEEKS OF GESTATION

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Objective: To test the feasibility of early ultrasound screening for fetal malformations, by examining cardiac and extracardiac fetal morphology in addition to nuchal translucency (NT) measurements at 11-13+6 weeks gestation (wg). Methods: Trained obstetricians analyzed 143 consecutive patients at a 11-13+6 wg, scheduled for amniocentesis. Each fetus received complete ultrasound evaluation for extracardiac morphology according to the 2nd trimester screening criteria, in addition to NT measurements. Moreover four chambers and great vessels sections were obtained to screen cardiac anomalies. Fetuses with anomalous scans (AS) were referred to the 2nd Level Ultrasound. 1st trimester AS, fetal karyotypes, fetal and neonatal outcomes were evaluated. Results: 69/1423 (4.6%) AS were obtained. 20/66 (30.3%) were associated with chromosomal anomalies (CA). 46/1423 (3.2%) fetuses had AS but normal karyotype: in 8/46 cases, anomalies were confirmed (3 major CHD, 1 NTD, 2 nephropathies, 1 anomalous CNS); 39/1423 (2.7%) fetuses were false positive cases. Abnormal karyotype was found in 34/1423 (2.4%) fetuses and 20/34 (58,8%) CA were associated with 1st trimester AS. 38% (13 fetuses) of all CA were classified in 3 groups: Group A (IUGR, PI>2SD), Group B (IUGR, PI<2SD) and Group C of AGA (10th<EFW<90th percentile, PI<2SD). Group A have higher aIMT than the others groups and the same result is shown in amniotic microalbumin and ACR. This natural model of IUGR showed that higher aIMT of Group A have alterations which could be possible markers of preclinical atherosclerosis and glomerulosclerosis.

P90
SOCIO-DEMOGRAPHIC AND CONSANGUINITY RISK FACTORS ASSOCIATED WITH LOW BIRTHWEIGHT

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BACKGROUND: No previous study has documented the maternal socio-demographic and biological factors associated with lower birth weight in the State of Qatar. OBJECTIVE: The present study aimed to define the maternal socio-demographic and biological risk factors associated with giving birth to a LBW newborn in the State of Qatar. SETTING: The survey was carried out in the main territory Women and Al-Khor hospitals in the State of Qatar. SUBJECTS AND METHODS: The study was based on a study from 1 January 2010 to April 2011 with a total of 18,500 newborns at the Women’s Hospital in Qatar screened for LBW. LBW newborns were defined according to the International Classification of Diseases, Tenth Revision (ICD-10). Study parameters included age, gender, ethnicity, parental consanguinity, and residential area. For cases, mothers of 1216 babies with birth weight <2500g were approached and 863 mothers gave consent to take part in the study with a response rate of 70.9%. For controls, mothers of 1158 babies with birth weight >2500g were approached and 863 mothers gave consent to take part in this study with a response rate of 74.5%. RESULTS: Qatari mothers were 1.2 times more likely to have a LBW (<2500g) newborn in comparison with Arab mothers (<0.05). Mothers below the age of 18 years were 1.4 times more likely to give birth to a LBW newborn, compared to those above 25 years (p=0.007). A dose-response relationship was observed between maternal education and LBW. Mothers with a primary school education were twice as likely to have a LBW newborn (p=0.009). Consanguinity was found to be an independent risk factor for LBW. Consanguineous couples who were first degree cousins were 1.9 times more likely to have a LBW newborn (p=0.001). CONCLUSION: In conclusion, the majority of the risk factors associated with LBW were modifiable. Wide ranging education campaigns need to be targeted at the most vulnerable groups, to reduce the rates of LBW among Arabs in the State of Qatar.
Nulliparous women accounted for 32.2% of the TP. A dynamic dystocia was noted in 6.30% of cases and acute fetal distress in 2.36% of the cases. The delivery was natural in 55.55% of the cases in the first twin, with vertex presentation in 83.33% of the cases and breech in 16.66%. Two instrumental extractions by FORCEPS were performed. The internal version was performed on the second twin in 8 cases. A hysterectomy was necessary in 5 cases of the TP for postpartum hemorrhage. The second twin's mortality rate was 8.88%. The main cause of mortality and morbidity is preterm birth and low birth weight. Conclusion: Multiple pregnancies are always responsible for high rates of maternal and fetal morbidity and mortality. The prevention of these complications is based on the quality of antenatal and intrapartum management.

**P94 CONSERVATIVE MANAGEMENT OF PPROM: OUR EXPERIENCE**

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Objective: We sought to determine latency period, perinatal outcome and maternal morbidities based on gestational age (GA) at onset of PPROM between 28th/7 and 36th/7 weeks. Methods and Results: In this retrospective analysis, we compared latency period and perinatal outcome between years 2006, 2010 in patients with PPROM. At the end of 2006, we made official a new protocol regarding only speculum examination in patient with PPROM and we had also available PCR examination. We studied 38 patients in 2006 and 34 cases in 2010 with PPROM at 28th/7 to 36th/7 weeks of pregnancy. We stratified the patients in two groups according to gestational age: 28th/7 to 33th/7; 34th/7 to 36th/7. All patients received corticosteroids. Perinatal outcome and latency period were analyzed. Median of latency period for the first group was 5.6 days for 2006 vs. 5.7 days in 2010, for the second group were 3.1 for 2006 vs. 2.8 in 2010. For the first group, we had a statistically significant increase in latency period in 2010 vs. 2006 (p < 0.027). Regarding the perinatal outcome, in the first group and fetal death in 2006 vs. 22 survivals and 5 deaths in 2010; in the second group we had 18 survivals and 4 deaths in 2006 vs. 8 survivals and 2 deaths in 2010. Also, we had a significant difference in the first group regarding the fetal outcome (p < 0.041). Conclusions: There was an increase in latency period and perinatal outcome in 2010 vs. 2006 especially the group of pregnancy of 28 until 34 weeks of pregnancy. This may be due to improvement in clinical management, and NICU service.

**P95 RISK OF VAGINAL DELIVERY IN BREECH PRESENTATION**

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Objective: The purpose of this retrospective study was to evaluate the feasibility of planned vaginal delivery, the maternal morbidity and the short-term perinatal outcome in women with singleton breech presentations. Material and Methods: Singleton breech deliveries were identified from the delivery database between January 1, 2009, and December 31, 2009. A retrospective study in which we reviewed the charts of 71 pregnant women with breech presentation (92 nulliparous and 49 multiparous women). Parameters studied included the success rate of vaginal deliveries and the incidences of maternal morbidity, neonatal morbidity as a whole stratified by parity and mode of delivery. Results: 23.4% (33/141) of women delivered vaginally, and 76.6% (108/141) by caesarean section. We found a higher incidence of early neonatal morbidity after vaginal delivery than after caesarean section (6/33 vs. 4/108, p < 0.02). Conclusion: In this study we found a statistically significant increased neonatal morbidity after vaginal deliveries of breech presentations (p = 0.02). Therefore, we recommend vaginal delivery in breech presentation only after careful selection of the patients.

**P96 AMNION PROTECTIVE CESAREAN SECTION – A FORGOTTEN METHOD IN THE DELIVERY OF VERY PRETERM NEONATES**

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More than 50 per cent of preterm neonates below 28 gestational weeks (GW) in our institution are delivered by Cesarean Section (CS). Sometimes extraction of these babies during CS without amniopecectomy can lead to death. They have fragile immature skin that can be easily traumatized, thus being possible entrance for potentially harmful pathogens. The aim of this article is to present the forgotten method of delivery of immature neonates by amnion protective CS (APCS) when indicated. Materials and methods: APCS was first described by H.G. Hillermanns in “Zur Operationstechnik der Sirentinfbindung” Geburt u. Frauenheilk. 48 (1988). The technique can be used in all deliveries by CS with unruptured amniotic membranes, in all gestational ages. Results: We delivered 9 neonates by APCS whose gestation was between 26-30 weeks and birth weight between 700-1000g. Compared to matched cases delivered by conventional CS they have been less traumatized (less bruises and petechial marks), less maternal jaundice treated for neonatal jaundice, but also a longer stay in neonatal intensive care unit. Their survival rate till discharge was not statistically higher. Conclusion: APCS is promising method for delivery of very preterm neonates when indicated, although prospective studies are needed in order to prove its effectiveness compared to conventional CS.

**P97 ABNORMAL UTERINE BLEEDING ON HYPERTHYROIDISM – JAW SYNDROME CLINICAL CASE**

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Introduction: Abnormal uterine bleeding in young women can be the first sign of a complicated pregnancy, a miscarriage, a systemic pathology or dysfunctional bleeding. Uterine polyps and fibroleiomyomas are a common cause of abnormal uterine bleeding on older women. Although, they can appear in young woman in particular when associated with other pathologies, on specific syndromes. The hyperparathyroidism- jaw tumor (HPT-JT) syndrome is an autosomal dominant disorder characterized by the occurrence of parathyroid tumors and ossifying jaw fibromas. On about 75% of these women, the uterine anomalies (benign or malignant) can be present. Clinical case: female with 26 years old, with a personal history of parathyroid and mandibular surgery due to HPT-JT syndrome, was admitted at the emergency room with an exuberant abnormal uterine bleeding complicated by acute anemia. Pregnancy test was negative. The ultrasound revealed a heterogeneuos endometrium with multiple polypoid masses. She was submitted to an endometrial biopsy and directional hysteroscopy with directional biopsy that showed multiple polyps and strange images. The recommended treatment was the polypectomy by hysteroscopy surgery. The final histological result was 9 small polypoid adenomyomas. Conclusion: Uterine polyps and leiomyomas are less common etiologies in young women, but can be present when associated to a HPT-JT syndrome. The personal history is important to rule out other etiologies. Endometrial abnormalities are viewed by ultrasound, confirmed by diagnostic hysteroscopy and treated by hysteroscopy surgery.

**P98 PLACENTA PRAEVIA: OUR EXPERIENCE**

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Introduction: The incidence of placenta praevia is about 0.3-0.5%. It is an important cause of maternal hemorrhage in the third trimester of pregnancy and intrapartum hemorrhage. The purpose of this study was to analyse risk factors and complications during pregnancy and labor. Methods: Retrospective study in which we reviewed the charts of 71 pregnant women with placenta praevia that delivered in our Institution between January 2006 and December 2010. Results: The incidence of placenta praevia in our study was 0.4%. Maternal average age was 32.5±6.3 years (range 19-54). In 31.0% of cases, placenta praevia was the first pregnancy. There was prior cesarean delivery in 29.6% and prior uterus curettage in 8.5% of cases. Maternal smoking was present in 21.1% of cases. Average gestational age at time of diagnosis was at 25.4 weeks (16-36 weeks). Type of placenta praevia (total central - 31.0%, lower - 4.0%, partial - 7.0% of cases; marginal - 42.3% of cases; low lying - 19,7% of cases). Antepartum hemorrhage occurred in 78.9% of cases. Cesarean delivery in 85.9% of cases. Average gestational age at delivery was 34.8 weeks (24-40 weeks). Needed for blood transfusion intrapartum in 12,7% of cases. There was only one case of per-cesarean hysterectomy (1,4%), that referred to the only documented case of placenta accreta. Discussion: The results are similar to those in literature: placenta praevia is a common cause of hemorrhage of late pregnancy (present in 78.9 % of the cases in our study) with increased risk for preterm delivery (53.5% in our series).

**P99 TFα CONCENTRATION IN MATERNAIL AND UMBILICAL CORD PLASMA AND THE PERINATAL OUTCOME**

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Objective: The aim of our study was to evaluate the diagnostic value of umbilical cord and maternal plasma TFα concentrations in the presence or absence of the early onset neonatal infection and other severe complications of inflammation. Study design: 80 mothers and their neonates were enrolled to our study. Maternal blood was collected during the active phase of labor and umbilical cord blood was collected immediately after...
delivered. Prospectively antepartum and intrapartum data were collected. We collect also all information concerning neonatal outcomes. Results: Higher level of TNF-α in delivering women blood was associated with neonatal infection (130,1 vs. 78,75 pg/ml; p=0,0462). This correlation was even more significant in term deliveries (156,34 pg/ml vs. 79,91 pg/ml; p=0,0378). There were no significant differences in TNF-α levels in umbilical cord plasma between healthy and infected neonates in both preterm and term neonates. Nevertheless markedly higher level of TNF-α in umbilical blood was correlated with severe early onset infection and other perinatal disorders. All (seven) neonates with level of TNF-α in umbilical cord plasma higher than 750 pg/ml had severe perinatal complications, including periventricular leukomalacia. Conclusions: High level of TNF-α in maternal plasma correlates with severity of neonatal infection. High level of TNF-α in umbilical cord plasma correlates with the presence of other severe perinatal disorders. More investigations are needed to prove the role of maternal and umbilical cord blood level of TNF-α in prediction of perinatal complications.

P010 MOLECULAR PRENATAL DIAGNOSIS IN TUNISIA: THERE ARE SEVERAL DIFFICULTIES TO ANSWER PARENTAL ANXIETY AND REDUCE FAMILIAL SUFFERING

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Background: In Tunisia, a vast number of parents with a first child harboring genetic disease or congenital malformations want reassurance that their next child will not be affected genetically. Couples whose prenatal diagnosis is to be done in order to prepare themselves for abortion or the birth of a child with the same disorder, so that they can continue the pregnancy with reduced anxiety. This study was to report on our experience over 1 year in genetic counseling and to highlight strategic and technical difficulties of this practice in our country. Methods: Among, 600 couples seen at our consultation, a genetic disorder was suspected for 50% of couples. We were able to precise molecular defect for 12% of couples. Results: We succeeded in offering accurate prenatal genetic testing, using amniotic fluid samples, for only 2% of cases. Opposite to screening tests and chromosomal prenatal diagnosis, accuracy depends on postnatal genetic explorations done for the parents or the first affected baby. The goal was reached for only a few couples because of different reasons, particularly technical unfeasibility or accessibility and expensive costs of molecular genetic testing carried, generally, abroad. Conclusion: Helping individuals and couples to achieve their parenting goals, with reduced anxiety, is essential. For this, application of exome sequencing and CGH array, as well as PCR real time, should be introduced in our country as soon as possible to resolve problems of birth defects and genetic disorders of unknown cause.

P011 THE IMPORTANCE OF UREAPLASMAL INFECTION ON PREGNANCY OUTCOME

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Objective: The aim of our study was to assess the correlation between the asymptomatic bacteriuma and preterm delivery and possibly the identification of the most common microorganisms involved in such event. Materials and Methods: In our study we included a group of 197 women between the 10th and 20th week of gestation. We chose randomly from the patients of our Clinic. None of the patients chosen had taken antibiotics days before the study was conducted. We excluded from the study all the patients that had other risk factors for a preterm delivery (3/197). The remaining 194 patients were screened for the presence of asymptomatic bacteriuma by strip analysis, midstream sample, and uroculture. Results: The prevalence of asymptomatic bacteriuma in the group of 194 we studied resulted 10%, meaning 19 patients. The microorganism found in 62.8% (11 patients) of the patients tested positive for asymptomatic bacteriuma was E.Coll. In 27% (5 patients) the microorganism found was St. Aureus and the remaining 10.2% (3 patients) resulted positive for St. Epidermidis. The group of 19 patients that resulted positive for asymptomatic bacteriuma was followed during the entire gestational period. 8 (42 %) of these women had preterm delivery, while none of the women in the group resulting negative for asymptomatic bacteriuma had this complication. Conclusion: The data gathered from this study, show an important correlation between the presence of asymptomatic bacteriuma and preterm delivery. Therefore, we consider screening for asymptomatic bacteriuma an important predicting factor in high risk for preterm delivery.

P012 THE INFLUENCE OF BACTERIAL VAGINOSIS ON PRETERM RUPTURE OF MEMBRANES

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Objective: Premature rupture of membranes (PROM) still has a considerable rate and remains one of the main causes that complicate the fetal-maternal outcome. Our objective is to assess the correlation between bacterial vaginosis and PROM. Material and methods: We studied a group of 354 women which had a term delivery. 52 had PROM which preceded in hemorrhage and even days the labour. From our study we excluded patients that had one of the cardinal causes for such event: polyhydramnion, high blood pressure, multiple pregnancies, etc. The women that underwent further examinations for the study were screened for bacterial vaginosis, including Gardnerella, Chlamydia, Trichomonas, Ureaplasma-Mycoplasma with vaginal smears. Results: According to our study, 52/354 (14%) of the women had PROM, which makes it a considerable complicated event for the pregnancy outcome. 34 of 52 women with PROM (65%), had one of the mayor causes of PROM and were excluded from our study. The 18 remaining women (35%) were screened for bacterial vaginosis. Of these 13 women, meaning 74% had at least one of the microorganisms previously reported. Conclusion: Based on our study, we can affirm that there is good evidence proving the influence of bacterial vaginosis on PROM. Therefore, we strongly support the application of routine screening of bacterial vaginosis during the pregnancy, in order to foresee the risk of developing PROM.

P013 THE IMPACT OF ASYMPTOMATIC BACTERIUMA IN PRETERM DELIVERY

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Objective: The aim of our study was to assess the correlation between the asymptomatic bacteriuma and preterm delivery and possibly the identification of the most common microorganisms involved in such event. Materials and Methods: In our study we included a group of 197 women between the 10th and 20th week of gestation. We chose randomly from the patients of our Clinic. None of the patients chosen had taken antibiotics days before the study was conducted. We excluded from the study all the patients that had other risk factors for a preterm delivery (3/197). The remaining 194 patients were screened for bacterial vaginosis, including Gardnerella, Chlamydia, Trichomonas and Ureaplasma-Mycoplasma with vaginal smears. Results: According to our study, 52/354 (14%) of the women had PROM, which makes it a considerable complicated event for the pregnancy outcome. 34 of 52 women with PROM (65%), had one of the major causes of PROM and were excluded from our study. The 18 remaining women (35%) were screened for bacterial vaginosis. Of these 13 women, meaning 74% had at least one of the microorganisms previously reported. Conclusion: Based on our study, we can affirm that there is good evidence proving the influence of bacterial vaginosis on PROM. Therefore, we strongly support the application of routine screening of bacterial vaginosis during the pregnancy, in order to foresee the risk of developing PROM.

P014 POLYHYDRAMNIOS - A DIFFICULT CASE

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Introduction: Polyhydramnios is an obstetric condition present in 0, 6-2% of pregnancies, caused by multiple etiologies, where fetal malformations, genetic disorders and maternal diabetes are the main causes. Material and Methods: Consult of clinical records, complementary diagnostic exams and bibliographic research. Results: We present a case of a 28-year-old pregnant woman with a history of premature labor in mid-trimester with fetal death and another pregnancy complicated by gestational diabetes with fetal macrosomia. At 28 weeks, she was admitted for poor metabolic control associated with polyhydramnios detected at 26 weeks. During her hospitalization, metabolic control was difficult to achieve and there was concern about growth in the AFI, reaching 40, 0 cm. in multiple ultrasounds was noticed a small head (P5) and stomach not filled as expected for this AFI. The birth was at 35 weeks, with a 2655g female fetus and Apgar score of

A61
P105 MODULATORY EFFECT OF MELATONIN HORMONE ON THE OXIDATIVE METABOLISM OF COLOSTRUM PHAGOCYTES OF DIABETIC WOMEN

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BACKGROUND: Colostrum contains several components with important anti-inflammatory and protecti ve functions, such as the melatonin hormone. In spite of this, the effects of melatonin on colostral phagocytes needs further investigation, especially with respect to diabetic women. OBJECTIVE: This study was to verify the modulatory effect of melatonin hormone on the oxidative metabolism of colostrum phagocytes of diabetic women.

METHODS: Based on 100g-GTT and glucose profile analysis (GP) performed at 24-28 weeks of gestation, subjects were allocated into three groups: Non-diabetic (ND =10), non-diabetic 100g-GTT+ normal GP + risk factor for GDM, and Diabetic (DM =8) - abnormal 100g-GTT (non-gestational and gestational). GP cells were separated by FACS-Paque gradient and the oxidative metabolism was determined using the superoxide release by cytochrome C reduction. RESULTS: We observed that the oxidative metabolism from ND mothers in the presence of barrier increased the superoxide release. The colostrum phagocytes from DM mothers did not present differences in relation to the superoxide release when compared with the spontaneous release. Colostrum phagocytes from DM mothers presented an oxidative metabolism hemmed increased the superoxide release, whereas the colostrum phagocytes from ND mothers when modulated with the melatonin present lowered superoxide release. CONCLUSION: The results suggest that the melatonin hormone can modulate the oxidative metabolism of phagocytes and the effects, therefore, protecting infants against intestinal infections. FAPESPBrazil (Process 2006/04317, 2009/01188-9), FAPEMAT/Brazil (Process 735593/2008, 4533872/2009).

P106 PRO- AND ANTI-INFLAMMATORY CYTOKINES IN THREATENED MISCARRIAGES

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Objective: To evaluate circulating and intracellular levels of Th-1 and Th-2 cytokines in women presenting with threatened miscarriage (TM) and subsequent outcome. Study design: Plasma levels of TNF receptors 1 and 2, TNFα, INFγ, and interleukins IL-6 and IL-10 were measured using flow cytometric bead assays. The results were correlated with spontaneous abortion, first trimester losses, and threatened miscarriage. Results: The plasma levels of TNFα and IL-6 were significantly increased in TM compared with controls. Increased levels of TNFα and IL-6 were also observed in TM women who had spontaneous abortion. Subsequent outcome of TM was significantly related to the plasma levels of TNFα and IL-6. Conclusion: Plasma levels of TNFα and IL-6 are increased in women presenting with threatened miscarriage and are associated with subsequent miscarriage.

P107 THE EFFECT OF COELOCIC FLUID ON THE PRODUC-TION OF CYTOKINES BY THE FIRST TRIMESTER HUMAN PLACENTA

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Objective: To investigate the modulatory effects of coelemic fluid (CF) on the production of tumor necrosis factor-alpha (TNFα) and its receptors, TNF-R1 and TNF-R2, the interferon gamma (IFNγ) and interleukin (IL)-10 by placental villous explants cultured under physiological oxygen (O2) concentration. Study design: In vitro culture of placental villous explants at atmospheric and physiological (6%) O2 levels at varying concentrations of CF. Main outcome measures: Concentration of TNFα, TNF-R1, TNF-R2, IFNγ and IL-10 in culture medium and villous explant homogenates, measured using flow cytometric bead arrays. Results: The median level and interquartile range of cytokines and receptors present in CF were: TNFα 0.99pg/ml (0.65, 0.95), IFNγ 5.38 pg/ml (4.96, 6.18), IL-10 1.59pg/ml (1.45, 1.76). TNF-R1 604.65pg/ml (9061, 3687.35) and TNF-R2 3563.52pg/ml (3390.26, 3635.19). The PO2 of CF was 48.74mmHg (SEM 1.59), equivalent to 6% O2. Increasing doses of CF significantly (p<0.05) increased the levels of TNFα, TNF-R1 and TNF-R2 in the culture medium at both O2 concentrations. TNF-R1 levels measured in placental homogenate increased up to 2-fold at both O2 concentrations, but were significantly lower (1.96 fold; p<0.03) at 6% O2 compared to 20% O2. Conclusions: The coelemic cavity in humans contains high levels of both TNF-R1 and TNF-R2. The addition of CF to placental tissue explants in culture modulates the placental secretion of TNFα-receptors and TNFα at both physiological and at O2 concentrations significantly higher than that found in the CF. This may contribute to the maternal inflammatory response previously reported in normal early pregnancy.
P110 MANAGEMENT OF PREGNANCY IN WOMEN WITH PARAPLEGIA: A CASE REPORT
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Pregnancy is a rare occurrence in patients suffering from spinal cord injury (SCI). Pregancy in these patients presents unique clinical challenges to obstetric providers, who need to become familiar with the general principles of care in this setting. SCI alters the function of multiple organ systems and chronic medical conditions are extremely common in this patient population. Craniosynostosis (CS) is the premature closure of one or more cranial sutures and affects 1 in 1,500 births. Most commonly it occurs as an isolated defect. Syndromic CS typically involves multiple sutures as part of a larger constellation of associated anomalies. CS is rarely detected in utero. Most are missed during routine ultrasound (US) screening. Prenatal diagnosis relies mainly on the identification of associated anomalies. We report a case of a patient whose fetal US at 36 weeks’ gestation only revealed a marked dolichocephaly without any other associated abnormalities. Transvaginal US examination of the head and brain and the use of 3D maximum mode rendering of the cranium suggested a closed sagittal suture, with an anterior and a small posterior fontanelle both present. These findings raised the suspicion of scaphocephaly, which was confirmed postnatally by clinical examination of the toddler at 2 months of age. Prenatal diagnosis of CS is challenging, based on 2D US alone. 3D acquisition may be useful in the prenatal detection of CS.

P111 PRENATAL ULTRASOUND DIAGNOSIS OF CRANIOSYNOSTOSIS
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Craniosynostosis (CS) is the premature closure of one or more cranial sutures and affects 1 in 1,500 births. Most commonly it occurs as an isolated defect. Syndromic CS typically involves multiple sutures as part of a larger constellation of associated anomalies. CS is rarely detected in utero. Most are missed during routine ultrasound (US) screening. Prenatal diagnosis relies mainly on the identification of associated anomalies. We report a case of a patient whose fetal US at 36 weeks’ gestation only revealed a marked dolichocephaly without any other associated abnormalities. Transvaginal US examination of the head and brain and the use of 3D maximum mode rendering of the cranium suggested a closed sagittal suture, with an anterior and a small posterior fontanelle both present. These findings raised the suspicion of scaphocephaly, which was confirmed postnatally by clinical examination of the toddler at 2 months of age. Prenatal diagnosis of CS is challenging, based on 2D US alone. 3D acquisition may be useful in the prenatal detection of CS.

P112 MATERNAL AND UMBILICAL CORD BLOOD BORON LEVELS IN TERM GESTATIONS
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Objective: To investigate the impact of impaired glucose tolerance during pregnancy on various associated outcome variables. Materials and Methods: This study was a retrospective analysis of 7,513 singleton pregnancies that were screened for gestational diabetes mellitus (GDM). The pregnancy outcomes of 6 different groups with different degrees of glucose intolerance using oral glucose tolerance test (OGTT) were compared (Both National Diabetes Data Group [NDDG] and Carpenter and Coustan [C&C] criteria were used). The pregnancies were classified into the following groups: the normal group, consisting of pregnancies with a negative 50-g OGTT, and the grade-0, -1, -2, -3 and -4 groups, consisting of pregnancies with positive 50-g OGTT, and abnormal values of 0, 1, 2, 3 and 4 from the 100-g OGTT, respectively. Groups were defined according to NDDG or C&C criteria. Results: We found a significant association between increasingly abnormal OGTT values and composite neonatal morbidity or mortality. The adjusted odds ratios (95% CI) for preterm labor and composite neonatal morbidity or mortality were shown to be increased in the grade 4 groups [3.31 (1.49 -7.35) and 6.14 (3.05 -12.35) by the NDDG criteria; 4.07 (2.27 -7.28) and 5.09 (2.91 -8.91) by the C&C criteria] compared to the normal group. Conclusion: The results indicated an increased risk for preterm labor and composite neonatal morbidity as the abnormal value of the OGTT increased.

P115 INTRODUCTION OF INTEGRATED SCORING METHOD FROM SERUM MARKERS IN QUAD TEST PREDICTING ADVERSE PREGNANCY OUTCOMES
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Objective: The aim of this study was to introduce the integrated scoring method calculated by totalling the score derived from each serum markers in Quad test for prediction of adverse pregnancy outcome (APO) systematically. Method: We retrospectively reviewed 3700 obstetric patients with Quad screen data from a single medical center. APO indicated whether the patient had at least one of the following: preeclampsia (PE), preterm birth (<34 weeks of gestation), small for gestational age (SGA, ≤10 percentile), and fetal death in utero (FDIU). Logistic regression was used for analysis of predictive value of APO associated serum marker in Quad test and nomograms for each serum marker were constructed using regression coefficient. The predictive power of this new integrated scoring method for APO was determined using area under receiver operator characteristic curve (AUC) analyses. Results: The best-fit regression equation is: predicted value of APO=exp( 2.3819+0.2615*AFP+0.0329*HCG+0.3233*DIA) / [1+exp(-2.3819+0.2615*AFP+0.0329*HCG+0.3233*DIA)]. The scoring method is generated by using the nomogram in which AFP, hCG and inhibit A with value from 0 to 20, 0 to 16, 0 to 10 corresponded with score from 0 to 100, 0 to 10, 0 to 62 respectively. The area under the receiver operating characteristic (ROC) curve of this score for APO was 0.551 [95% CI: 0.523-0.578]. Integrated scoring method showed the ability to predict APO with relatively low sensitivity but with high specificity. Conclusion: Among three serum markers, AFP is the most significant impact on the APO prediction. The introduction of integrated scoring method from serum markers in Quad test can provide more organized information in counseling the pregnant women predicting adverse pregnancy outcomes.
P116  INTRODUCTION OF INTEGRATED SCORING METHOD FROM SERUM MARKERS IN QUAD TEST PREDICTING ADVERSE PREGNANCY OUTCOMES

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Objective: The aim of this study is to introduce the integrated scoring method calculated by totaling the score derived from the each serum markers in Quad test for prediction of adverse pregnancy outcome (APO) systematically. Method: We retrospectively reviewed 3700 obstetric patients with Quad screen data from a single medical center. APO indicated whether the patient had at least one of the following: preeclampsia (PE), preterm birth (<34weeks of gestation), small for gestational age (SGA, <10 percentile), and fetal death in utero (FDIU). Logistic regression was used for analysis of predictive value of APO associated serum marker in Quad test and nomograms for each serum marker were constructed using regression analysis. Result: The best-fit regression equation is: predicted APO = (2.3819x0.2615xAPF)-0.0325xHCG +0.3233x(DIA)(1+exp(2.3819x0.2615xAPF)-0.0325xHCG +0.3233x(DIA)). The scoring method is generated by using the nomogram in which APF, hCG and inhibit A with value from 0 to 20, 0 to 16, 0 to 10 corresponded with score from 0 to 100, 0 to 10, 0 to 62 respectively. The area under the receiver operating characteristic curve (AUC) analyses. Result: The best-fit regression equation is: predicted value of APO = (2.3819x0.2615xAPF)-0.0325xHCG +0.3233x(DIA). The scoring method is generated by using the nomogram in which APF, hCG and inhibit A with value from 0 to 20, 0 to 16, 0 to 10 corresponded with score from 0 to 100, 0 to 10, 0 to 62 respectively. The area under the receiver operating characteristic curve (AUC) was 0.551(95% CI: 0.523-0.578). Conclusion: Among three serum markers, APF is the most significant impact on the APO prediction. The introduction of integrated scoring method from serum marker in Quad test can provide more organized information in counseling the pregnant women predicting adverse pregnancy outcomes.

P117  PREDICTION OF FETAL BASE EXCESS VALUES THROUGHOUT LABOR USING AN ALGORITHM TO INTERPRET FETAL HEART RATE TRACINGS

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Purpose of this study was to evaluate the performance of an algorithm to predict umbilical artery base excess throughout labor on the basis of the type and duration of varying fetal heart rate (FHR) patterns. A total of 152 unselected intrapartum FHR tracings were retrospectively evaluated by two independent assessors using an algorithm proposed by Ross and Gala (Figure 1) to predict umbilical artery base excess at birth. Both observers were masked to patient identity, outcome of delivery, base excess value at birth, and the tracing assessment of the colleague on duty who provided care to women during labor. The accuracy in predicting the base excess values of newborns was expressed as the proportion of FHR tracings in which the operator was able to correctly calculate the actual base excess at birth with an approximation of ± 2 mmol/L. Inter-observer reliability was estimated using the k correlation coefficient. Intra-observer reproducibility was determined by re-submitting 60 randomly selected tracings to one assessor. The two assessors correctly predicted the umbilical artery base excess in 73.1% and 76.3% of cases, respectively. Accuracy of the algorithm was reduced when oxytocin was used for labor augmentation. Overestimation of the actual level of base excess at birth was more common than underestimation. Both inter- and intra-observer reproducibility were excellent for FHR patterns (r >0.80, respectively). Our findings suggest that the algorithm proposed by Ross and Gala may be a valuable tool to allow a good approximation of the umbilical base excess values throughout labor, with a high inter- and intra-observer reproducibility.

P118  THE ROLE OF IMMUNOLOGICAL DISTURBANCES IN THE PATHOGENESIS OF PRE- ECLAMPSIA

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It seems that abnormal activation of the immune system may play a role in the etiology of pre-eclampsia. Many authors have found a number of changes in the innate and adaptive immune system which may contribute to the development of the syndrome. The aim of our study was to estimate the prevalence of CD3+CD4+ Th lymphocytes producing IL-17, IL-2, IFN-gamma and IL-4 as well as CD4+CD25+Foxp3+ T regulatory cells (Tregs) in peripheral blood of patients with pre-eclampsia and healthy women in the third trimester of normal pregnancy. Furthermore, the purpose of our study was to assess the immunosuppressive activity of Tregs cells of pre-eclamptic patients in comparison with the controls. The percentages of T CD3+CD4+ lymphocytes producing IL-17A were significantly higher in pre-eclampsia when compared to the healthy normotensive pregnant women in the third trimester of normal pregnancy. The population of CD4+CD25+Foxp3+ Treg cells was significantly lower in the study group than in the control group. There were no changes in the proliferative response of CD3+CD4+DC25- T lymphocytes of preclamptic patients during in vitro assay without Treg cells and after the addition of autologous Tregs. In normal pregnancy the proliferative response of CD3+CD4+CD25- T lymphocytes was significantly higher without Treg cells when compared to this response after the addition of autologous Tregs. The results obtained suggest the up-regulation of Th17 immune response in pre-eclampsia. It seems that the decreased number and function of Treg cells may be responsible for the activation of inflammatory response in this disorder. The predominance of Th17 immunity can act through the modulation of Th1/Th2 immune response in pre-eclampsia.

P119  FETAL INTRACRANIAL HEMORRHAGE PREGNATAL DIAGNOSIS

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Background: Although antenatal detection of fetal intracranial hemorrhage (ICH) has become possible, its actual incidence remains unknown. Prenatal ultrasound is useful for diagnosing fetal ICH. However, ultrasonographic findings are difficult both to identify and to differentiate from other intracranial lesions. We present our experience with 6 cases of fetal ICH detected prenatally by ultrasonography. Methods: Retrospective analysis of 6 ultrasonograms prenatally diagnosed cases of fetal ICH between 2003 and August 2011. Results: 5 cases were intraventricular hemorrhages and were diagnosed in the third trimester of pregnancy (mean gestational age 34±3/7 weeks). Transabdominal ultrasound showed ventriculomegaly in all cases and hydrocephalus in two. 3 cases presented maternal pathology: one case of thrombocytopenic purpura, one of cholestasis of pregnancy and one HIV positive. Neonatal death occurred in one case associated with severe maternal preeclampsia at 25 weeks. One had axial hypotonia at 1 month and another normal neurodevelopment at 7 years. In the remaining two infants, one underwent ventriculoperitoneal shunting and both had motor difficulties. The sixth case was a cerebellar hemorrhage and was diagnosed in the second trimester. Ultrasound examination showed a hyperechogenic cerebellar mass, microcephaly; fetal growth restriction and oligoamnios. Although fetal magnetic resonance imaging did not confirm the diagnosis, the couple decided to terminate the pregnancy. Postmortem examination confirmed the cerebellar hemorrhage. Conclusion: Fetal ICH is a rare but severe complication in pregnancy associated with fetal and...
neonatal morbidity and mortality. This small series demonstrates that fetal ICH can be accurately identified by antenatal ultrasonography.

P120 THE CHANGE IN OBSTETRIC SURGICAL EXPERIENCE GAINED BY A TRAINEE BETWEEN 1993 AND 2011

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The maternity theatre register of a district general hospital for the years 1993 and 2011 was inspected. By doing so, the numbers of caesarean sections trainees undertook in 1993 could be compared with the number of caesarean trainees undertaken in 2011 in the same institution. In the United Kingdom, over the last 10 years, there have been huge reductions in the number of hours trainees are permitted to work. A consequence of this is likely to be a reduction in the practical experience a trainee has compared to 18 years ago.

P121 THE EFFECTS OF MOTHER’S COAGULATION DISORDER ON BIRTHWEIGHT AND NEONATAL COMPLICATIONS

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Objectives: This study was performed to compare birth weight and neonatal complications in mothers with coagulation disorders and normal ones. Method: This was a historical cohort study performed in Comprehensive Hemophilia Center of Iran and two health centers in Tehran and Karaj. 100 women with coagulation disorders and 200 normal women, all with at least one pregnancy history, were interviewed by a self-designed questionnaire, and after birth characteristics of the newborns were compared. Results: In linear regression analysis, mother’s coagulation disorder had a significant negative effect on birth weight (beta= -319, p< 0.001). The incidence of jaundice, and after birth jaundice, in neonates of women with coagulation disorders was more than normal ones (p<0.001). Conclusion: As some problems like pathologic jaundice and after birth, and should be monitored more closely in regard to jaundice. Also hospitalization duration, hospitalization in NICU and photo therapy (31% vs. 21%) and blood exchange (8% vs. 1.5%) were more required. 12% vs. 2% (p<0.001), 7% vs. 3% (p>0.05). For the treatment of jaundice, more efficient for cervical ripening and labor induction and decrease of contractions alterations, was significantly more common in the misoprostol present receiving attention as a cervical modifier and labor induction agent.

P122 ACUT ABDOMEN IN PREGNANCY

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Abstract: To report the occurrence of a one of the causes of acute abdomen in pregnancy at third trimester and relived by induction of labor and vaginal delivery. Patients: Libyan lady , 29 years old married since 2 years and 6 month. She is G3 P1ab1, was admitted to obstetric department of Zawia hospital in Libya, Cosever Rt liiac fossa pain since 2 days before admission then become generalized pain not associated with vomiting or urinary symptoms no constipation no diarrhea. At 35 weeks gestation, ultrasound reveals Rt ovarian cyst, 5x5 cm simple and cystic at 35-weeks pregnancy of cephalic presentation. Methods: The data were collected by history-taking, clinical examination, laboratory investigations, tran-abdominal ultrasonographic examination. Results: Many causes of acute abdomen in pregnancy need surgical intervention. In our case, a simple ovarian cyst was the cause of acute abdomen and induction of labor and vaginal delivery solve the problem. Conclusion: From the case reported, we can conclude that not all cases of acute abdomen in pregnancy need surgical intervention; also we can avoid caesarean section and exposure to anesthesia and Laparotomy.

P123 DOES PAIN MANAGEMENT IMPROVE THE SUCCESS RATE OF EXTERNAL CEPHALIC VERSION?

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Objective: To determine whether remifentanil increases the success rate of external cephalic version (ECV). Methods: Randomised, double-blind, controlled clinical trial. All 36 weeks or over pregnancies with breech presentation who met study inclusion criteria. Intervention group:1g IV paracetamol +remifentanil (continuous infusion at 0.3mcg/kg/min plus bolus required). Control group: 1g IV paracetamol. Results: The overall success rate was 48.3% (n=29). There were no differences (p=0.358) in the success rate between the control (42.9%, n=12) and the treatment group (54.8%, n=17). In the remifentanil group, the percentage of non primiparous in whom the procedure was successful was 90% (n=9), while this percentage was 27.5% (n=5) among primiparous. The pain reported on a VAS was 6.5±2.4 in the control group and 4.7±2.5 in the intervention group (p=0.005). Discussion: Remifentanil increases the success rate of ECV among non primiparous but not among nulliparous women. The reduction in pain makes it easier to perform the procedure.

P124 SURVEY AFFECT OF MISOPROSTOL AND OXYTOCIN INDUCTION ON DURATION OF LABOR

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OBJECTIVE: Misoprostol, a synthetic E1 methyl analog prostaglandin, is at present receiving attention as a cervical modifier and labor induction agent. To compare intravaginal misoprostol versus intravenous oxytocin for cervical ripening and labor induction and duration of labor in pregnant women with unripe cerises. Methods: The study was performed at mobini Hospital between 2009 and 2010. And was Randomized controlled trial. 110 pregnant women with intact membranes and indication for labor induction were selected. The women randomly received 1/8tablet of various misoprostol only once, with, oxytocin continuously if it was needed and another group only oxytocin. The main parameters measured were consist with latent phase, time of induction to vaginal delivery or cesarean, performance of vaginal delivery with time, uterine of tonus, hypoxia and neonatal morbidity and kind of delivery. The statistical method, the chi-squared, Student-t were used. RESULTS: There were no significant differences between the groups concerning conditions for labor induction, parity, initial Bishop Index and number of prenatal visits. The cesarean section rate, latent period and period from induction to vaginal delivery were significantly lower for the misoprostol group. With regard to uterine tonus (contractions) alterations, was significantly more common in the misoprostol group. CONCLUSION: 1/8 tablet of misoprostol used vaginally is safer and more efficient for cervical ripening and labor induction and decrease of duration labor than oxytocin.

P125 SINUSOIDAL CTG IN MASSIVE FETO-MATERNAL HEMORRHAGE: A CASE REPORT

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Introduction: Bidirectional passage of cells across the placenta is a physiological event. With a prevalence estimated in 0.7-4.6 per 1000 live births, massive fetomaternal hemorrhage (FMH) represents a major fetal/neonatal morbidity and mortality case. Case Report: A 19-year-old primigravida, diagnosed early in pregnancy with gestational diabetes was admitted in labor with PROM at 36 weeks gestation. Initial fetal heart rate monitoring revealed a sinusoidal pattern which prompts an emergent cesarean section. A newborn weighing 2 225 g, with Apgar score of 8/9 and mild hemorrhage was delivered. Admission to Neonatal Intensive Care Unit was based on clinical findings of pale skin and mucous membranes with blood tests revealing severe anemia (Hb 4.5g/dL). Kleihauer-Betke test estimated an erythrocyte volume of FMH of 40mL. PCR for both CMV and EBV was negative. Neonatal transfusion was performed with a good response. Conclusion: Although rare, sinusoidal pattern raises the suspicion of fetal anemia prompting further confirmation tests. Early intervention based on intrapartum fetal heart rate pattern was a key element in achieving a good neonatal outcome.
Introduction: Ectopic pregnancy occurs when the developing blastocyst becomes implanted at a site other than the endometrium of the uterine cavity. The most common extra-uterine location is the Fallopian tube, which accounts for 98% of all ectopic gestations. 70% of tubal pregnancies occur in the ampullary portion of the Fallopian tube. Embryos with cardiac activity have been identified in ultrasound (TV-US) in only one-quarter of tubal pregnancies. Case report: A case of an unruptured live tubal pregnancy of 8 gestational weeks diagnosed by ultrasonography in a virtually asymptomatic patient is reported. A 34-year-old woman presented to a routine obstetric consultation with 8 weeks amenorrhea. The patient was symptom-free and showed no abnormal findings upon vaginal examination; human chorionic gonadotrophin (hCG) was positive (51,889 mIU/mL). TV-US revealed an empty uterine cavity, a gestational sac with a live embryo within the left Fallopian tube and a small amount of fluid in the abdominal cavity. The woman was operated on via laparoscopy without delay. The intraoperative findings showed a swollen ampullary portion of the left Fallopian tube and a medium volume hemoperitoneum. We performed left salpingectomy and the patient was discharged the second day after surgery, uneventful. Conclusion: The diagnosis of ectopic pregnancy is based on confirmation of quantitative assay for hCG and findings on resolution TV-US. These tests enable its early diagnosis before tubal rupture. The essential role of TV-US in the precise diagnosis of the ectopic pregnancy and its location is emphasized.

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PUERPERAL CAVERNOUS SINUS THROMBOSIS: CASE-REPORT
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The authors relate a case of a 35-year-old puerpera, submitted to a cesarean delivery in May 2011 (intra-uterine growth restriction – unsuccessful labour induction) who begin having a headache four days after, recurring to hospital in the end of the first week. The pain is located in left fronto-orbital region with dysautonomic signs (weep, left ptosis and conjunctival hyperemia), accompanied with an episode of diplopia with less duration. The immunologic study is normal. Discharged from the hospital, medicated with warfarin. Programmed thrombophilic study in September 2011 shows significant clinical and imangiologi improvement.

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CONTROVERSIES IN THE INTRODUCTION OF ANTENATAL ULTRASONOGRAPHY IN A RURAL DISTRICT HOSPITAL IN NORTHERN TANZANIA: PREGNANT WOMEN’S BELIEFS, EXPECTATIONS AND EXPERIENCES
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Introduction: Antenatal ultrasound is increasingly being introduced in developing countries. Tanzania has drastically high maternal and neonatal mortality, and it has been hoped that ultrasound will improve clinical outcomes. However research into ultrasound acceptability remains Euro-Australian and American; very little is known about knowledge and attitudes towards ultrasound in developing countries such as Tanzania. Aim: This qualitative study explored pregnant women’s beliefs, expectations and experiences of antenatal ultrasound in Boma Ng’ombe, Tanzania, which began in 2009. Methods: During May and June 2010 25 semi-structured interviews and 41 questionnaires were completed with pregnant women aged 18 years. Thematic analysis of responses was performed. Results: Despite widespread lack of knowledge about the procedure or purpose, most women had an ultrasound scan. Some feared seeing the baby, and several believed ultrasound would increase antenatal care (ANC) attendance. However many women over-estimated the capacity of ultrasound, believing it shows anything problems, including diseases such as HIV. Significant fears of harm, to themselves or their baby, were also present. Fears included ultrasound being invasive, altering the pregnancy course, and causing disability or death. One-sixth of questionnaire respondents did not want a scan. Despite this, no woman had declined a scan. Numerous interviewees believed scans were obligatory. Recommendations: Research on attitudes towards new medical technology should be conducted at early stages of implementation. An education campaign may be necessary, and an informed consent policy is crucial to reduce fears and protect autonomy. Further research on the impact of ultrasound on ANC uptake and maternal mortality is required.
surpassing a census size of 100,000 inhabitants was found. These results are indicative of a bias in the demand of reproductive treatments associated with higher cultural and economic status.

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DATA OF USING A NEW TYPE OF PARTOGRAPH
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Objective: To assess the quality of a new type of partogram used to monitor the labour in the University Hospitals of Alexandroupolis (Greece) and Constanta (Romania). Methods: A total of 277 maternity records were audited retrospectively: 197 (71.2%) spontaneous vaginal deliveries and 80 (28.8%) emergency caesarian births according to the use of the two partograms. Results: It was additional complications. We compared the efficacy using two types of pregnancies, gestation of at least 37 completed weeks, cephalic presentation, no use of oxytocin in the first stage of labour, and cervical dilation and the position of descending head (B) (one line). The parameters that were studied were: the characteristics of the women, the time intervals (in minutes) and Aggar scores in vaginal deliveries and in caesarian births according to the use of the two partograms. Results: It was considered high to evaluate the second group statistically significant decrease of the duration between the initiation of active phase of labour and the delivery time (dt1+dt2+dt3) (p<0.001, A: median: 318,4±10,4 min, B: 246,56±10.3min). Also, we observed early initiation in acceleration stage of active phase in the first phase of labour (dt1) (p<0.001, A:10,783,3±5,29, B:9,66±4,99), shorter duration of acceleration stage of active phase in the first phase of labour (d2) (p<0.001, A: 136,93±7,9, B:91,85±4,04) and early initiation in the second phase of labour, in women who were audited with the new partogram (B). There were no statistically significant differences between the two groups, in the other parameters that were studied. Conclusion: By using the new type of partogram, we observed that is more helpful in the shorter duration of acceleration stage of active phase in the University Hospitals of Alexandroupolis (Greece) and Constanta (Romania).

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RACE-RELATED STRESSORS, INFLAMMATION AND PRETERM BIRTH IN AFRICAN AMERICAN WOMEN
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Problem statement: In 2009 in the United States, half a million infants were born prematurely and African American women had almost twice the rates of preterm birth compared to non-Hispanic white women. The cost of prematurity includes neonatal mortality and morbidity, childhood illness, and school failure. In the United States, prematurity costs $26 billion annually. Attempts to explain preterm birth disparity have focused on race-related stressors of the neighborhood environment and racial discrimination. Compared with pregnant non-Hispanic white women, pregnant African American women are more likely to live in neighborhoods with more poverty, violent crime, abandoned commercial buildings and litter, and to be exposed to racial discrimination. These stressors increase stress and are related to preterm birth. Psychological stress and its associated inflammation (e.g., interleukin (IL)-6) are also associated with preterm birth. In contrast, personal resources (e.g., social support) ameliorate stress and have protective effects on preterm birth. Guided by the Stress and Coping framework, we examined the relationships among these factors and preterm birth. Methods: Using a longitudinal descriptive correlational design, we enrolled 114 pregnant African American women. Women completed questionnaires and had blood draw at 19 and 29 weeks. Results: Women who reported higher levels of perceived neighborhood stressors also reported higher levels of psychological stress, lower levels of personal resources, and had lower levels of anti-inflammatory cytokine sTNF-RII. Women who reported higher levels of perceived racial discrimination also had lower levels of personal resources, and higher levels of psychological stress and inflammation (IL-2, IL-6, IL-8, TNF-α). IL-6 increased over pregnancy; and higher levels of IL-6 at 29 weeks were related to lower gestational age at birth. Women compared to women with full term birth, women with preterm birth had higher levels of psychological stress and a trend for higher levels of inflammation as early as 19 weeks gestation. Conclusion: These results suggest that (1) race-related stressors are related to psychological stress and inflammation; (2) increasing inflammation during pregnancy is associated with lower gestational age at birth; and (3) compared with women with full term birth, women with preterm birth have higher levels of psychological stress and inflammation early in pregnancy.

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RELATIONSHIPS AMONG PSYCHOSOCIAL FAC-TORS, BIOMARKERS, GESTATIONAL HYPERTENSION, AND PRETERM BIRTH IN AFRICAN AMERICAN WOMEN
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Objective: To explore the relationships among psychosocial factors (optimism, uncertainty, social support, coping, psychological distress), biomarkers (coriols, cytokines), gestational hypertension/preeclampsia, and preterm birth in African American women using the Stress and Coping Transactional model and the Psychoneuroimmunology (PNI) framework.

Methods: Using a cross-sectional correlational comparative design, we enrolled 40 low-risk pregnant women and 18 women diagnosed with gestational hypertension/preeclampsia. Participants completed psychosocial questionnaires and blood was collected for biomarkers at 30-35 weeks gestation. Birth outcomes were obtained from birth records. Results: Women reporting high levels of optimism had higher levels of social support and low levels of avoidance and distress; they also had higher levels of anti-inflammatory cytokine sTNF-RII. Women reporting high levels of social support reported lower levels of distress and had lower levels of pro-inflammatory cytokines (IL-2, IL-6). Surprisingly, compared with low-risk pregnant women, women with gestational hypertension/preeclampsia reported more optimism and less avoidance, and had lower levels of cytokines (IL-8, IL-10, IFN-γ, TNF-α). Low-risk pregnant women who had preterm birth had higher levels of IL-2, IL-4, IL-6, and TNF-α than low-risk pregnant women who had full term birth. The odds of preterm birth were 18 times higher for women with gestational hypertension/preeclampsia than for low-risk pregnant women. Conclusion: These findings suggest that psychosocial factors influence pregnancy outcomes through the PNI pathways. Close assessment and monitoring of psychosocial factors (e.g., social support) may contribute to improved pregnancy outcomes.

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COMPARATIVE EFFICACY OF PROBIOTIC YOGURT AND CLINDAMYCIN IN TREATMENT OF BACTERIAL VAGINOSIS IN PREGNANT WOMEN: A RANDOMIZED CLINICAL TRIAL
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Abstract Objective: This study was performed to determine the comparative efficacy of probiotic yogurt and clindamycin in the treatment of bacterial vaginosis in pregnant women in the third trimester. Methods and Materials: This randomized clinical trial was performed as an open-label study. 310 symptomatic patients with BV were recruited. Diagnosis of BV was through Amsel criteria. The patients were randomly assigned to receive either probiotic yogurt (100 gram twice a day/week) or orally administered clindamycin (300 mg twice a day/week). Results: Ten patients in probiotic group and 9 subjects in clindamycin group had symptom recurrence (P > 0.05). 132 patients in probiotic group and 105 subjects in clindamycin group had symptom relief (P < 0.05). Conclusion: These results obtained results, it may be concluded that probiotics would have a good efficacy in the treatment of bacterial vaginosis in pregnancy leading to decreased burden of subsequent preterm birth.

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INCREASED POSTPARTUM MATERNAL CONSE-QUENCES AFTER CESAREAN SECTION COMPARED WITH VAGINAL DELIVERY AND VAGINAL BIRTH AFTER CESAREAN IN 225,304 TAIWANESE WOMEN.
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Introduction: Cesarean section (CS) rate is an important index for medical quality. The CS rate in Taiwan is about 2-fold higher than the WHO’s recommended of 10%–15%. Previous studies have shown CS, vaginal delivery after cesarean (VD), and vaginal birth after cesarean (VBAC) were associated with different postpartum maternal consequences, respectively. However, the exact pattern in Taiwan was still unclear. Objective: The objective of this study is to investigate the postpartum maternal consequences after CS, VD, and VBAC in Taiwan. Methods: We used the claims database of Taiwan National Health Insurance of 225,304 women with singleton births in 2002. Outcome indexes included in-hospital hysterectomy, in-hospital blood transfusion (BT), prolonged hospital stay, out-hospital urinary tract infection (UTI), out-hospital complications of obstetrical surgical wounds, out-hospital postpartum hemorrhage, postpartum readmission, and postpartum maternal
death. Results: The incidence of all outcome indexes was higher in CS compared to UD. Furthermore, the incidence of in-hospital hysterectomy, prolonged hospital stays, out-hospital UTI and postpartum hemorrhage from maternal cause was significantly higher among women with VBAC compared to repeat CS. However, women with VBAC were less likely to have in-hospital BT, out-hospital complications of obstetrical surgical wounds, out-hospital postpartum hemorrhage from maternal cause than those undergoing repeat CS. Conclusion: Health care provider could encourage pregnant women to choose VB in Taiwan based on the evidence.

P136 CLINICAL AND LABORATORIAL MARKERS IMPLEADING THE NEED FOR TREATMENT IN PATIENTS WITH GESTATIONAL DIABETES MELLITUS

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Objective: To assess the risk factors for insulin treatment in patients with gestational diabetes mellitus (GDM). Material and Methods: In a retrospective study with 473 patients with GDM, in Hospital Femia, Brazil, we studied the need for insulin treatment. The risk factors for insulin were: maternal age, body mass index, gestational age at diagnosis, ethnicity, smoking and alcohol consumption. Logistic regression model was used to compute odds ratios and its 95% confidence intervals. RESULTS AND DISCUSSION: The higher risk according to the logistic regression was ethnicity, smoking and alcohol consumption. Our analysis shows that programs or policies designed to increase folate supplementation are likely to be cost-beneficial.

P137 PERINATAL OUTCOME AFTER A CHANGE IN ANTE-NATAL CORTICOSTEROID TREATMENT PROTOCOL: WEEKLY REPEATED COURSES COMPARED WITH DAILY TREATMENTS

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Objective: According to the recommendation from National Institutes of Health Consensus Development Conference Panel on antenatal corticosteroid (ACS) therapy, we changed the ACS treatment protocol from weekly repeated courses to single course in June 2004. The aim of this study is to investigate the effect of change in ACS treatment protocol on perinatal outcome. Methods: We retrospectively reviewed medical records of singleton pregnant women delivered at 24-34 weeks of gestation from January 1996 to December 2010. Subjects were divided into two time periods: period I (January 1996-June 2004) when we routinely prescribed weekly repeated courses of ACS to patients who still remained at risk of preterm delivery after the last course (n=528); period II (July 2004-December 2010) when we stopped the routine weekly administration of ACS (n=480). Results: Maternal baseline characteristics were similar in the two groups. The incidence of respiratory distress syndrome (30.6% vs. 44.7%, p<0.001), bronchopulmonary dysplasia (14.1% vs. 27.4%, p<0.001), intraventricular hemorrhage (1.9% vs. 4.4%, p=0.026), necrotizing colitis (1.5 vs. 5.9%, p<0.001), and composite morbidity (39.0% vs. 61.9%, p<0.001) were significantly higher in the time period II compared to the preceding period I. This was associated with increased incidence of composite morbidity (OR 3.374, 95% CI 2.277, 5.000), whereas multiple-course of ACS was associated with reduced incidence in both period I (OR 0.399, 95% CI 0.261, 0.615) and period II (OR 0.274, 95% CI 0.131, 0.571). Conclusion: A change in ACS treatment protocol was associated with increased incidences of perinatal morbidities which might be associated with less use of multiple-course of ACS.

P138 COST BENEFIT ANALYSIS OF FOLATE SUPPLEMENTATION AND ELECTIVE CS vs. VBAC IN THE UNITED STATES

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Introduction: Folate supplementation peri-conception has been demonstrated to improve birth outcomes by reducing the risk of neural tube defects (NTDs) and increasing birth weight. We sought to estimate the cost benefits of increasing folate supplementation on birth outcomes in the United States. Methods: We conducted a simulation study where folate use was higher among women with VBAC compared to repeat CS. However, women with VBAC were less likely to have in-hospital BT, out-hospital complications of obstetrical surgical wounds, out-hospital postpartum hemorrhage from maternal cause than those undergoing repeat CS. Conclusion: Health care provider could encourage pregnant women to choose VB in Taiwan based on the evidence.

P139 PRESCRIBED PRENATAL FOLATE INTAKE AMONG MEDICAID WOMEN POST ORAL CONTRACEPTIVES DISCONTINUATION

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Objective: To evaluate prescription folic acid (FA) intake among Medicaid women post oral contraceptive (OC) discontinuation and prior to their first pregnancy-related visit. Methods: Marketscan multi-state Medicaid database was used to identify women who had discontinued an OC and had a pregnancy-related visit within 12 months of discontinuation anytime during 2003-2009. The first pregnancy-related event served as the index event. Women had to be continuously enrolled in the Medicaid-sponsored plan at least 12 months prior and 1 month post index event. FA intake was measured by screening pharmacy claims for a prescription of FA containing supplement anytime during pre-pregnancy period (defined as days between last day of OC supply to index event) and up to 30 days post index event. Demographic and univariate statistics were conducted using SAS 9.2. Results: A total of 953,190 women met study criteria. FA was prescribed to 34% of women, 15-25 years of age, 55% Whites, 37% Blacks, 2% Hispanics, and 6% identified as others. The average pre-pregnancy period was 142±95.7 days. Approximately, 3% (n=19,948) women had a FA related prescription during their pre-pregnancy period of 30 days post index event only 3% (n=581) had a FA related prescription before index event. Within individual ethnic groups, prescription FA prior to index event was highest among Hispanics (3.2%, p<0.001) and lowest among Blacks (2.1%, p<0.001). Blacks also had the lowest proportion (2.1%, p<0.001) of FA-intake in the pre-pregnancy period among the youngest age-group (15-25 years). Conclusions: FA supplementation prior to first pregnancy-related visit is low among Medicaid women in this sample.

P140 MATERNAL CARRIAGE OF TLR4 (896A>G) GENE POLYMORPHISM AND THE RISK OF PREMATURITY IN THE POPULATION OF POLISH WOMEN

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Preterm birth (PTB) is a worldwide health problem responsible for the majority of fetal deaths and morbidity. Intrauterine infection is believed to be the leading cause of prematurity. Toll-like receptor 4 (TLR4) expressed on cells of immune system recognize lipopolysaccharide (LPS) - component of cell wall of Gram negative bacteria. Activation of TLR4 may lead to release of inflammatory cytokines and eventually increases production of prostaglandins that are responsible for uterine contraction and PTB. 896 A>G polymorphism in TLR4 gene has been shown to affect LPS responsiveness. The aim of present research was to evaluate the impact of maternal carriage of TLR4 (896 A>G) polymorphic allele on the risk of prematurity in the polish population. METHODOLOGY: A case-control study of 273 Caucasian women who underwent delivery in 121 case delivery controls. Case subjects delivered at less than 37 weeks of gestation while control subjects gave birth at term. Polymorphisms were determined by polymerase chain reaction-restriction fragment length polymorphism analysis (PCR-RFLP). Logistic regression model was used to compute odds ratios and its 95% confidence intervals. RESULTS AND DISCUSSION: No statistically significant relationship between maternal TLR4 (896A>G) polymorphism and the risk of preterm delivery were found (OR=0.895/CI:0.35-1.80). This data is generally consistent with results obtained by other authors; however some researches revealed increase in
the rate of PTD in carriers of examined polymorphism. CONCLUSIONS: Maternal carriage of TLRI4 (896A>G) polymorphic allele seem to have no impact on the risk of prematurity in the population of polish women.

P141
DO SERUM MARKERS OF ANGIOPENESIS AND 4G/5G VARIANT OF PAI-1 GENE HAVE A ROLE IN THE PATHOGENESIS OF PREECLAMPSIA?
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Objective: to evaluate whether serum angiopenesis markers such as angiopoietins (Ang-1, Ang-2), as well as their receptor (Tie-2), are altered in women with preeclampsia. We also performed genotyping to determine if the 4G/5G genotypes of PAI-1 gene may play a role in the pathogenesis of preeclampsia. Participants and Methods: 68 pregnant women with preeclampsia were compared to 35 normotensive pregnant women and 24 normotensive non-pregnant women, in a cross-sectional study. Using ELISA, levels of Ang-1 & 2, and Tie-2 were measured. A single base pair insertion/deletion 4G/5G polymorphism of the PAI-1 gene was determined by PCR reaction. Results: Serum levels of Ang-1 and Tie-2 were significantly different among the study groups (P= 0.01, 0.025, respectively) being lower in preeclamptic group. Positive significant correlation was found between Ang-2 and Tie-1, (r=0.26, P=0.024). The frequency of the genotypes (4G/5G, 4G/4G, 5G/5G) differed among the groups (P=0.001). Also, mean of systolic and diastolic blood pressure differed significantly according to the PAI-1 genotype being higher in those bearing 4G allele, p=0.04, 0.023, respectively. Conclusion: The angiopenesis markers as well as variants of 4G/5G genotype have positive implications in the pathogenesis of preeclampsia.

P142
“AS LONG AS YOU HAVE HOPE, THAT IS HOW I GOT THROUGH IT.”: THE ANCHORING OF HOPE IN COMMUNICATIONS MATTERS TO PARENTS AT RISK OF DELIVERING AN EXTREMELY PREMATURE INFANT
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Evidence exists of the benefits of expressing hope in conversations that must discuss negative prognostic information, but it is not clear how hope is viewed when these conversations occur between clinicians and parents of extremely premature infants. We report our findings related to the notions of hope as discussed by parents who were at risk of a preivable delivery and their clinicians. The data came from a multiple-site, case-study investigation and examined the decision-making and support needs for 40 families at risk of delivering an extremely premature infant. A total of 203 semi-structured interviews were conducted before and after delivery with parents, physicians and nurses. The data from parent and clinician accounts of hope between most clinicians and parents became evident in the initial data analysis. Results showed that clinicians often believed their communications were non-directive and supportive, but parents did not always interpret them this way. Most clinicians conceptualized hope as being related to the infant’s outcome and described culture-based factors that influenced their moral beliefs about expressing hope to parents. Parents wanted the full range of information and anchoring hope on a shared goal to help them make decisions. Future research should evaluate notions of hope and time measure how the anchoring of hope towards various perspectives might influence outcomes.

P143
QUALITATIVE INSIGHTS ON INTENTION TO ELECTIVE CESAREAN IN IRAN
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This qualitative study was conducted to explore how women decide about their mode of delivery. This study explored intention to vaginal delivery or elective cesarean among those physically able to have vaginal childbirh. Data gathered using in-depth interviews with 18 and applying focus group interviews with 35 pregnant women in health centers of Mashhad. It differed/differentiated women who select cesarean by their own decision and by circumstantial decision, and among the themes highlights, (i) health workers, family and friends involvement in decision deliveries and being a social prestige play in bringing about delivery method by circumstantial decision and (ii) the evaluation of delivery modes including short term and long term outcomes appear to play as a strong motive for deliberate cesarean, followed by having no power for vaginal delivery and motivation to fulfill the social acceptability that these 3 issues generate their own decision of cesarean and in many of cases places cesarean as a lifesaving procedure in mothers’ mind.

P144
COMPARISON OF 8-H URINE PROTEIN AND RANDOM URINARY PROTEIN-TO-CREATININE RATIO WITH 24-H URINE PROTEIN IN PREGNANCY
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Objective: Excretion and protein-to-creatinine (p/c) ratio in random urine sample, as well as determining a best cutoff for p/c ratio for accurately diagnosing significance in fifty hospitalized pregnant women who need 24 h urine protein. Methodology: Clinical records for medical complications was studied. At first, for each patient protein-to-creatinine ratio in random urine sample was done. Then 8-nd24-h urinary protein estimation was performed. The 24-h and 8-h urinary protein were there were compared to random p/c ratio in random urine samples. Results: Significant correlations (p<0.001) between protein levels of 24-h and 8-h urine collections (r=0.75), 24-h and random urine p/c ratio (r=0.97) as well as 8-h and random urine p/c ratio (r=0.79). Mean protein levels were significantly higher in group with proteinuria>300mg/24 h in these three types of urine samples (p<0.001). We found cutoff levels of 105mg for 8-h urine. This study showed that 8-h urine sample and of 0.18 for p/c ratio. Conclusions: Protein or random p/c ratio in a single voided urine can be appropriate methods for detection of proteinuria in the shorter period than 24-h urine protein.

P145
CARBETOCIN VERSUS A COMBINATION OF OXYTOCIN AND ERGOMETRINE AFTER NORMAL VAGINAL BIRTH
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Objective: The aim of the retrospective study was to compare the efficacy of carbetocin and a combination of oxytocin and ergometrine in normal vaginal birth. Methods. Analysis was performed on 100 women who administered either a single 100 µg does of carbetocin (Duratocin®, Ferring Inc.) or a combination of 10 IU oxytocin (Syntocinon®, Novartis) and 0.2 mg ergometrine (Methergin®, Novartis) after vaginal delivery from June to December 2010 at Department of Obstetrics and Gynecology, School of Medicine, Keimyung University, Dongsan Hospital, Daegu, Korea. All patients had a normal vaginal delivery, no episiotomy, and no history of pre-eclampsia, pre-existing blood disorders, or uterine anomalies. Statistical analysis was performed using SPSS 16.0 software. Results: When comparing the two groups, the incidence of postpartum hemorrhage was significantly reduced in the carbetocin group (12.3% vs. 23.5%, p=0.01). The incidence of postpartum hemorrhage (defined as blood loss>500 ml) was significantly reduced in the carbetocin group (12.3% vs. 23.5%, p=0.01). The incidence of postpartum hemorrhage (defined as blood loss>1000 ml) was significantly reduced in the carbetocin group (13.0% vs. 9.5%, p=0.02). The risk of headache, tremor, hypotension, flushing, nausea, abdominal pain, pruritus and feeling of warmth was similar in women who received carbetocin or oxytocin. Changes in other parameters such as hemoglobin level, blood pressure, pulse, uterine tone, fundal position and amount and type of lochia were similar between the two treatment groups. Conclusion: Carbetocin had a long duration of action compared with intravenous oxytocin alone and a better cardiovascular side effect profile compared with syntocinon. These results tend to be associated with a significant reduction in the risk of postpartum hemorrhage. It should be considered as a good alternative to conventional uterotonic in prevention of postpartum hemorrhage after vaginal delivery. Further research is required to assess whether prophylactic carbetocin.

P146
DETERMINE THE LEVEL OF URINARY NEPHRIN IN PREECLAMPSIA
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Objective: The urinary excretion of viable podocytes, which were identified and quantified on the basis of the expressions of podocyte-specific proteins nephrin, podocin, and synaptopodin, is present in the urine samples of pregnant women with clinically confirmed preeclampsia. Nephrin, expressed in the slit diaphragm, is involved in the maintenance of
renal filtration capacity. The objective of this study was to measure the level of urinary nephrin in preeclampsia and determine the clinical utility of urinary nephrin measurement. STUDY DESIGN: A total of 93 pregnant women were prospectively enrolled at Department of Obstetrics and Gynecology, Keimyung University between Jan 2010 and December 2010 in the following groups: health groups (n=27) hypertensive groups (n=25), proteinuric groups (n=21), preeclampsia groups (n=20). Urine samples were collected close to delivery, typically 24 hours before delivery. Urinary nephrin level measured by a sandwich enzyme immunoassay (USCN Life Science, Wuhan, China). RESULTS: Urinary nephrin levels in, health group, hypertensive groups, proteinuric group, preeclampsia groups were 0.21 ± 0.17 ng/ml, 0.47 ± 0.51ng/ml, 0.97 ± 1.12ng/ml, 3.97 ± 2.91ng/ml respectively. Urinary nephrin level was significantly increased in preeclampsia relative to all other groups. (P<0.001) Pregnant hypertensive and proteinuric group had higher level of urinary nephrin compared with healthy groups (P>0.003). There was no significant difference in gestational age and birth weight between the groups. Preeclampsia was associated with characteristic renal pathologic changes of glomerular endotheliosis, which is considered to be a hallmark of preeclampsia in humans. Its underlying mechanisms are poorly understood. In preeclampsia, urinary nephrin shedding reflecting the damage in the glomerular slit diaphragm was occurred. Urinary nephrin may be a highly sensitive and specific marker of preeclampsia and has the ability to discriminate high risk pregnancy and normal pregnancy at the time of clinical manifestation.

P147 THE CLINICAL SIGNIFICANCE OF DIGITAL EXAMINATION–DINDICATED CERCAL CERVIX IN WOMEN WITH A DILATED CERVIX AT 14 0/7 – 29 6/7 WEEKS
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Objective: This study was to compare pregnancy outcomes between cervical and expectant management in women with a dilated cervix. Design: Retrospective multicenter cohort study. Setting: Five hospitals in Catholic University Medical Center Network in Korea. Population: A total of 173 women between 14 0/7 and 29 6/7 weeks gestation with cervical dilation of 1 cm or greater by digital examination. Methods: Pregnancy outcomes were compared according to cervical or expectant management, with the use of propensity-score matching. Main Outcome Measures: Primary outcome was time from presentation until delivery (weeks). Secondary outcomes: gestational age, preterm birth, morbidity, preterm birth, and so on. Results: Of 173 women, 116 received a cerclage (cervical group), and 57 were managed expectantly without cerclage (expectant group). Cervical dilatation presentation and use of amniocentesis performed to exclude subclinical chorioamnionitis differed between two groups. In the overall matched cohort, there was significant difference in the time from presentation until delivery (cerclage vs. expectant group 10.6±6.2 vs. 2.9±3.2 weeks, p<0.0001). While there was no difference in the time from presentation until delivery (cerclage vs. expectant group). Cervical dilation at presentation, and the use of cerclage (expectant group). Incompetent internal os of cervix (1 case), cervical cerclage (2 cases), birth before 28 weeks (2 cases), vaginal/cesarean delivery (2 cases), birth before 28 weeks. Body mass index (BMI) >35 kg/m2 (2 cases), placental abruption (1 case), Incompetent internal os of cervix (1 case), combined vaginal/cesarean delivery (2 cases), birth before 28 weeks’ gestation. Body weight<1500 g (6 cases), major congenital anomaly (3 cases), preterm delivery (before 37 weeks), NICU admission, ventilator care. RDS, pneumonia, sepsis, IVH, NEC, DIC, neonatal deaths were included as comparative clinical variables. Results: In total, 196 cases, the vertex-vertex presentation was the most common presentation (48.5%) and the next was the vertex-breech presentation (31.3%). 155 twins with the vertex presentation of first baby after 28 weeks were enrolled in this study. The proportions of trial of labor groups and elective cesarean delivery groups were 46%(n=71) and 54%(n=84). Cesarean delivery was performed in 45.8%(n=43) of vertex-vertex twin and 86.9%(n=53) of vertex-non vertex twin. The success rate of vaginal delivery after TOL was 62% (n=58) in vertex-vertex twin and 18% (n=13) in vertex-non vertex twin. There were no significant differences in gestational age, nulliparity, birth weight, frequency of assisted reproduction technology among vertex-vertex and vertex-non vertex twin. Also there were no significant differences in the neonatal morbidity and mortality according to the presentation of second baby and mode of delivery. Conclusion: No significant difference between vertex-vertex and vertex-non vertex twin, neonatal morbidity and mortality are similar for vaginal and cesarean deliveries of twin pregnancy birth after 28 weeks.

P149 THE VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF SELF-EFFICACY SCALE-SHORT FORM
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The aim of the present study is to determine the level of the validity and the reliability of the childbirth Self-Efficacy Scale developed in 1993 by Lowe for the aim of self-efficacy level in the operation of birth and the Childbirth of Self-Efficacy Scale-Short Form (CBSEI-C32), which was shortened and developed by Ip and her friends, by means of adopting it into Turkish. The Sampling group in the study is 640 pregnant women, who are in the period of 26th and 40th week of their pregnancies. The Data was collected in the interviews done between the interviewer and 320 pregnant women at Antalya Atatürk State Hospital and 320 pregnant women at Akdeniz University Hospital in the waiting rooms of the hospitals. The methods of the internal consistency reliability coefficient and the item total correlation have been used in order to evaluate the reliability of the Childbirth of Self Efficacy Scale-Short Form. Cronbach’s Alpha (0.906) is over the value of 0.70, presenting reliability of the scale is as appropriate. The scale included 10 questions and 5 factors, but the reliability coefficients of the primaparous and the multiparous. To determine the validity of the scale, the scope validity has been evaluated with the validity bounded to the criterion and the construct validity. To conclude, it has been proven that the Turkish Version of the Self-Efficacy Scale-Short Form is reliable to measure the level of core validity level in the birth preparation. For the studies to be done later on, the Turkish Version of the Childbirth of Self-Efficacy Scale-Short Form is suggested to be applied on different socio-demographic groups and it is also suggested the validity and the reliability to be analyzed.

P150 MAJOR STRUCTURAL DEFECTS DETECTED DURING OBSTETRICAL ULTRASOUND PERFORMED AT THE CENTER FOR PRENATAL DIAGNOSIS (CDPN) HFF
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INTRODUCTION: The birth defects are the leading cause of infant mortality; in the USA is estimated that born 100,000 to 150,000 newborns with major congenital malformations and that approximately 8000 of these babies die in the first year of life. The obstetric uses real-time ultrasound as a method of routine assessment of fetal morphology. Its sensitivity in detecting prenatal major congenital abnormality approaches 75%, differing according to the fetal system examined, the anomaly evaluated and the actual operator. Major malformations may occur alone or in combination. The central nervous system anomalies have the highest detection rate and the anomalies of the face and the musculoskeletal system are those for which the detection rate is lower. METHODS: A retrospective study with access to the ultrasonic register in ASTRAIA software during the period between January 2008 and July 2011. RESULTS - There was an absolute value of 103 exams with major abnormalities, in 46% of cases this was an isolated malformation and in 53% cases, associated anomalies. The systems most affected were: brain / skull (47% of cases), heart (21%), urinary system (17%), musculoskeletal (15%) and digestive system (8%). CONCLUSION: Make the diagnosis of a congenital anomaly in the prenatal period, regardless of prognosis, is extremely important. Allows for more personalized pregnancy and different management: in cases of serious congenital anomalies, it is recommended to refer the mother and the baby to medical surgery, and further studies to clarify the etiology and assess risk of recurrence in the next pregnancy.

P151 GLYCEMIC CONTROL AND FETAL MALFORMATION IN PREGESTATIONAL DIABETES
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INTRODUCTION: In pregestational diabetes, it’s important to do a preconception evaluation to minimize the risk to mother and fetus. Good glycemic control is critical during the first weeks of gestation. Poor glycemic control is associated with a high incidence of congenital abnormalities. OBJECTIVE: Present a case of a pregnant woman with type I
diabetes which initial glycemic control was poor and had a fetus with major congenital abnormalities. CASE: The authors present a case of 23 years old woman with type 1 diabetes, diagnosed at 18 years old, with poor compliance to insulin. Her first pregnancy was one year later, without pre-conception counseling and initial HbA1C 6.0%. The ultrasound revealed a subarachnoid cyst with agenesis of the corpus callosum, syndactyly in the left hand and clinodactyly of the right hand. Amniocentesis disclosed a 46, XY karyotype. She had a vaginal delivery at term and the newborn was in the neonatal intensive care unit during the first month of life. The baby had no major problem at birth and his development was as the expected for the age. Her second pregnancy was at 23 years old with initial HbA1C 13.0%. The ultrasound revealed a heart defect, with right ventricular holoplasia, severe interventricular communication and pulmonary artery atresia. Amniocentesis disclosed a 46, XY karyotype. The birth was at term by caesarean. The newborn has been in the neonatal intensive care unit since the birth. CONCLUSIONS: It’s of critical importance a good glycemic control during the pregnancy. A good glycemic control is associated with higher incidence of congenital malformations and pregnancy complications.

P152 ASSISTANCE GIVEN TO COUPLES CONFRONTED WITH A SERIOUS FETAL ANOMALY: HOW OBSTETRICIANS PERCEIVE THEIR ROLE? FRANK MARISONSUR
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Introduction: The results presented here deal with the perception Quebec and French obstetricians have of their role in the treatment of couples confronted with a serious fetal pathology. Methodology: Ethnography research: 46 interviews (15 couples, 23 doctors, 8 midwives and nurses) and 303 hours of participant observation in seven hospital institutions in France and Quebec. Results: The French and Quebec doctors interviewed present common attitudes. Thus, all affirm that information must be complete, honest, popularized and delivered with a time lag. As for the final decision, on both sides of the Atlantic, it must result from an exchange between parents and the doctor; the latter’s role being that he assist the couple in weighing the pros and cons. Finally, to ensure that assistance given to couples is optimal, doctors state that they must adopt a listening mode and be available for discussions with the couples. However, the French and Quebec doctors interviewed also differ at several levels. Thus, Quebec doctors have a much more positive reaction than French doctors with regard to couples seeking further information on the Internet. French doctors indeed consider the Internet a helpful tool to improve the communication between the couple and the doctor; the latter’s role being that he assist the couples. However, the French doctors believe that the Internet could always be considered in differential diagnosis of fetal pain in pregnancy. Delaying intervention increases risk of adverse fetal-maternal outcomes.

P155 DIABETES MELLITUS AND MAJOR MALFORMATIONS – 2 YEAR REVIEW
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Introduction: Incidence of major malformations in pregnant woman with diabetes is 2-3 times higher than in general population. This risk is related with severity and length of diabetes gestational age. Objective: to evaluate the prevalence of major malformations in diabetic pregnant women. Materials and methods: Retrospective analysis of case files of pregnant women with diabetes attended in our institution in a 24 month period. Results: There were 16 cases of diabetic pregnant women, 8 with type 1 diabetes and 8 with type 2 diabetes. Medium maternal age was 31 years old. Of these pregnant women: 4 had hypertension, 2 had hyperlipidemia, 2 had dyslipidemia. Two had a preconception consultation. Medium HbA1c in the first, second and third trimester was 7.6%, 6.4% and 5.9%, respectively. There were 3 cases of Trisomy, 4 cases of leading malformations. There were 2 cases of major congenital heart defects (1 case of fallot tetralogy and 1 case of hypoplastic left heart syndrome), 1 case of multiple pterygium syndrome 1 case of single umbilical artery. Discussion: The incidence of serious congenital heart defects in this sample is 12.5% and of skeletal malformations is 6.25%. It’s necessary to maintain a good glycemic control previous to pregnancy to lower the incidence of congenital malformations. It’s important to raise the number of diabetic pregnant women that attend a preconception consultation and warn them for the benefits of achieving a good glycemic control before conception.

P156 FIRST TRIMESTER COMBINED SCREENING – A 45 MONTH REVIEW
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Objective: To examine the effectiveness of first-trimester combined screening (maternal age, nuchal translucency thickness (NT) and maternal serum biochemistry (β-hCG and PAPP-A)) in the detection of fetuses affected by trisomy 21 in a regional setting. Methods: Study over a 45 months period of 4743 women with singleton pregnancy. First trimester combined screening in a fetal medicine unit. NT, nasal bone, ductus venous flow and maternal serum biochemistry were evaluated. The risk of trisomies 21 and 13/18 was calculated and karyotyping advised when that risk was 1: 300 or greater. Subjects were followed up for pregnancy and fetal outcome. Results: 4743 women were enrolled; pregnancy outcome evaluation wasn’t possible in 327 cases. Median maternal age was 29 years; 13.1% were 35 years or older. There were 101 (2.29%) cases with increased risk for aneuploidy; five trisomy 21, one 46 X, Inv Y (p11 2112), one 46 XX (t9,11), two serious structural abnormalities, seven live births with structural abnormalities and one fetal death at 22 weeks. There was one case of trisomy 21 and two cases of trisomy 18 that had a negative screening; karyotyping was advised for abnormalities found in second trimester ultrasound. There were no cases in which trisomies 21/18 were missed and the infant was liveborn. Conclusions: Combined screening led to a reduction in invasive tests rate in 82%. It failed to identify 3 cases of aneuploidy, which were suggested by morphologic ultrasound. It is important a continuous evaluation throughout pregnancy in the matter of these aneuploidies.

P157 PREGNANCY AND HIV INFECTION – 10 YEAR EXPERIENCE OF A DISTRICT HOSPITAL CENTRE
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HIV infection during pregnancy requires multidisciplinary care to follow the recommendations to prevent mother-to-child transmission (MTCT). To report the experience of surveillance of HIV-positive pregnant women in our
hospital, it was made a retrospective observational study of 84 HIV-positive women (103 pregnancies) whose consultations or delivery occurred between 2000 and 2010. The major risk factors for HIV infection was heterosexual sex (61%) and intravenous drug use (37%). The diagnosis was made during pregnancy in 44%, Antiretroviral therapy (ART) was prescribed in 84 pregnancies and in 32% of them, women were taking ART drugs when they became pregnant. The mean CD4+ cell count and viral load were 583 cells/mm³ and 1,194 copies/mL, respectively. Cesarean delivery rate was 47%. The mean birth weight was 2.949g with 13% having low birth weight. There were 9 preterm births and 1 stillborn. Preliminary data indicates a MTCT rate of 2%. Our results emphasize the importance of antenatal HIV screening and recommendations to prevent MTCT.

**P159**

**PREGESTATIONAL DIABETES MELLITUS: A 5 YEAR AND HALF OF OUR HOSPITAL’S EXPERIENCE**

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Introduction: Pregestational diabetes mellitus (PGDM) represents glucose intolerance that begins before pregnancy (type 1 and 2 diabetes) and is associated to an increased risk of neonatal and maternal complications. Our aim: To characterize & evaluate the obstetrical, maternal and fetal outcomes of pregnancy in women with PGDM followed in our institution from January 2005 to June 2010. Methods: Retrospective study of pregnancies complicated by PGDM followed in our institution (January 2005 – June 2010). We conducted a descriptive statistical analysis. Results/Conclusions: 23 pregnancies complicated by PGDM were included in our study: 9 with type 1 and 14 with type 2, 21.7% received preconceptional care in hospital. Women with type 1 diabetes were younger, with a mean age of 26.2 ± 4.7 years (means ±SD) compared with a mean age of 34.8 ± 4.7 years in women with type 2. There was a significant decrease in the mean value of HgA1c during the pregnancy. The most common neonatal morbidity was jaundice. We had some cases of serious complications, including macrosomia, neonatal hypoglycemia and neonatal respiratory distress syndrome. The rate of admission to neonatal intensive care unit was 17.39%. The rate of stillbirth was 4.3% (one case) and there was no neonatal death. Care of women with preexisting diabetes demands careful monitoring, ideally in the preconception, prenatal, and peripartum periods.

**P159**

**CLINICAL INDICATIONS OF AMNIOCENTESIS PERFORMED IN HFF IN THE LAST 18 MONTHS**

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OBJECTIVE: To analyze the clinical indications of amniocentesis performed in HFF in the last 18 months. METHODS: Retrospective study by consulting the medical records of the Prenatal Diagnosis of HFF and analysis of the results of fetal karyotype. INTRODUCTION: The prenatal diagnosis of chromosomal abnormalities is the most common indication for invasive prenatal testing. First trimester amniocentesis is a major concern of prenatal mortality and mortality, it is estimated that 6-11% of all deaths in utero or neonatal are associated with fetal aneuploidies. Invasive tests are associated with risk of miscarriage and these tests should only be considered in pregnancies at high risk of aneuploidy, in particular, maternal age ≥ 35 years, previous pregnancy affected by trisomy of autosomes or abnormality of sex chromosomes, structural malformations detected on ultrasound during current pregnancy, any parent with a chromosomal translocation, in any case of Down or aneuploidy. RESULTS: There were performed 506 amniocenteses. In 367 cases (72%) late maternal age was the only indication for diagnostic testing. The ultrasound fetal anomaly (8%), biophysical screening positive (8%) and positive biochemical screening (3%) were among the other major indications. Other reasons such as suspicion of infection, previous affected pregnancy, history of personal or familial genetic alteration were included. We diagnosed 17 cases of chromosomal and genetic abnormalities (3.36%). CONCLUSION: In this study, and according to the literature, maternal age ≥ 35 was the main indication for amniocentesis. The advantage of screening tests significantly improves the estimated risk of fetal aneuploidy compared to based solely on maternal age, so that more recent studies have concluded if it is justified the use of maternal age as the sole criterion for assessment of its risk.

**P160**

**SUCCESSFUL HETEROTOPIC TEEN PREGNANCY – EXTRA UTERINE TUBAL PREGNANCY WITH SURGICAL TREATMENT - A CASE REPORT**

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In spontaneous conception, the incidence of heterotopic pregnancy is about 1 in 30 000 pregnancies, in case of genital infections it can rise to 1 in 3889 pregnancies. Diagnosis depends on high risk index of suspicion and after surgical procedure the intrauterine pregnancy continues in approximately 72% of cases. After UK, Portugal has the highest rate of teenage pregnancy, 15.6%. Often associated with adverse outcomes, teenage pregnancies reflect a complex interplay between sociodemographic variables, gynecological immaturity, and deficient prenatal care. A case report: successful heterotopic pregnancy during adolescence. Teenager of 16th years old, 32W pregnancy, living in an institution of adolescence care, referred to our Hospital for negligent prenatal care and ambivalent continuation of her pregnancy. She brought clinical information from other hospital: normal intrauterine pregnancy an extra uterine tube gestation during 1st trimester, followed by right salpingectomy. She refused posterior prenatal care. She came only for 2 consultations and had a vaginal delivery, about 40W, NB female, 3185g, AI 9/10. Important concerns about teen pregnancy are psychological immaturity and careless pregnancy surveillance, with subsequent adverse outcomes. This was a rare case of heterotopic pregnancy, with surgical treatment resulting in a successful gestation although no adequate prenatal care.

**P161**

**PREDICTION VALUE OF MATERNAL 1ST TRIMESTER BMI AND WAIST CIRCUMFERENCE IN GESTATIONAL COMPLICATIONS**

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Background and Objective: Studies on the association between obesity and pregnancy have mostly focused on body mass index (BMI) rather than other obesity indexes particularly abdominal obesity ones such as waist circumference (WC). This study aimed to evaluate the prediction value of maternal early pregnancy BMI and WC in relation to gestational complications and outcomes. Material and Method: In this prospective study, demographical and obstetric history as well as measurement of weight, height and waist circumference of 1140 nulliparous pregnant women delivered singleton babies were measured based on standard methods by a trained assessor at 1st trimester of pregnancy in Tabriz health care centers. BMI was estimated and obesity was defined according to WHO definition. Abdominal obesity was defined as WC equal to 88 cm and more. Delivery outcomes were recorded after delivery by following the subjects. Results: Mean BMI and WC among nulliparous women at 1st trimester of pregnancy was 24.32 (kg/m²) and 81.84 cm, respectively. Significant correlation was found between early pregnancy BMI and WC with subsequent adverse outcomes. This was a rare case of heterotopic pregnancy, with surgical treatment resulting in a successful gestation although no adequate prenatal care.

**P162**

**WAIST CIRCUMFERENCE IN RELATION TO PREDICTION OF DELIVERY OUTCOMES**

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Background and Objective: Using BMI as a simple index for predicting gestational and delivery outcomes is extensively consolidated in the whole world, but there are limited studies on the other obesity indexes particularly abdominal obesity ones such as waist circumference (WC) during pregnancy. This study was aimed to investigate and compare the prediction value of maternal early pregnancy BMI and WC in relation to delivery outcomes. Material and Method: In this prospective study, demographic and obstetric history as well as measurement of weight, height and waist circumference of 1140 nulliparous pregnant women delivered singleton babies were measured based on standard methods by a trained assessor at 1st trimester of pregnancy in Tabriz health care centers. BMI was estimated and obesity was defined based on WHO definition. Abdominal obesity was defined as WC equal to 88 cm and more. Delivery outcomes were recorded after delivery by following the subjects. Results: Mean BMI and WC among nulliparous women at 1st trimester of pregnancy was 24.32 (kg/m²) and 81.84 cm, respectively. Significant correlation was
found between early pregnancy BMI and WC (r=0.84, P<0.001). Likelihood of cesarean delivery was more common among overweight and obese women in women with abdominal obesity (BMI ≥25-29.9) or WC ≥88cm, [OR= 1.91, CI 95%: 1.36 - 2.68], [OR= 17.28, CI95%: 8.98 - 33.23] and [OR= 2.43, CI95%: 1.73 - 3.41]. Macrosomia rate was higher in the overweight, obese women and those with high WC [OR= 3.23, CI95%: 1.12 - 8.59], [OR= 12.12, CI95%: 4.64 - 31.68] and [OR= 9.28, CI95%: 2.76 - 31.21] in comparison with women who had normal BMI and WC. Obese women were more likely to have postpartum hemorrhage [OR= 4.26, CI95% 1.94 - 9.45], [OR= 2.06, CI95% 1.03 - 4.12] compared with normal weight women, respectively. Conclusion: Results of this study reveals that abdominal obesity as well high BMI of early pregnancy could predict delivery outcomes.

**P163 RISK FACTORS AND SEVERITY OF PREECLAMPSIA AT RIO GRANDE DO NORTE/BRAZIL**

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OBJECTIVE: Evaluate the risk factors and severity of pre-eclampsia at Rio Grande do Norte/Brazil. METHODOLOGY: An observational, case-control, in which we evaluated risk factors for pre-eclampsia (PE) and disease severity. The study group of 691 patients with 162 mild PE, severe PE 159,19 with eclampsia. 10 chronic hypertension with superimposed PE and 366 normotensive control group. RESULTS: Maternal age of the cases was on average 25.98 years and 24.61 years for controls (p = 0.0036).The weight before pregnancy was 63.65 kg in the first group and 58.99 kg in the second (p = 0.0037), and BMI before pregnancy 26.17 and 23.98 respectively (p = 0.0014). Concerning to maternal history of hypertension, pre-eclampsia and eclampsia there was no significance between cases and controls. DISCUSSION: In Brazil, the prevalence of pre-eclampsia is high, especially in Natal, Rio Grande do Norte, where this study was conducted. When assessed the patients BMI before pregnancy, the average was higher in obese patients group compared with normal weight women, respectively. A family history of hypertensive disorders in pregnancy as a risk factor, reinforces the hypothesis that there is a genetic component influencing the development of disease. The early form of pre-eclampsia is associated with genetic factors predisposing to severe form of disease. The later form is associated with other factors such as diabetes, cardiovascular disease and obesity leading to a milder form of the disease. CONCLUSIONS: Obese women have higher risk of PE, mainly in the form late. The maternal history of hypertension, pre-eclampsia and eclampsia contributes to the onset of the disease. Early Preeclampsia is associated with genetic factors and predisposition to serious illness.

**P164 INFLUENCE OF BODY MASS INDEX IN GESTA-CIONAL DIABETES**

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Background: Obesity is a well-known factor of adverse perinatal outcomes. In pregnant women with gestational diabetes (GD) it seems to impair glycemic control, with the consequent obstetrical implications. The aim of the study was to evaluate the influence of body mass index (BMI) in the evolution of GD. Methods: Retrospective study of the 404 singleton pregnant women, which developed GD, between January 2003 and December 2009, followed in Sao Teotonio Hospital, Viseu, Portugal. Results: Pregnant women were split in 3 groups: group 1 (G1) (BMI 20-24.9) – 40.1%, group 2 (G2) (BMI 25-29.9) – 40.6% and group 3 (G3) (BMI >30) – 19.3%. Median age was 31, 33 and 33, respectively. Gestational age for diagnosis of GD was 28 (G1), 27 (G2) and 24 weeks (G3) (>p<0.05). Insulin was need in 21.6% (G1), 38% (G2) and 45.5% (G3) (>p<0.001), started on average at3,5, 32,5 and 30,6 weeks, respectively. Mean value of HbA1C at third trimester was 5,1%(G1), 5,2%(G2) and 5,3%(G3). G1 got the highest weight gain (>p<0.05). Hypertension was higher in obese women: 2.2% vs. 12.9% vs. 21.9% (>p<0.001). There was not statistically significant difference in gestational age for delivery, occurring at 38 on average. Caeasarian rates were 31%(G1), 33.5%(G2) and 50%(G3) (>p<0.05). Mean birth weight of the newborns was 3138g (G1), 3256g (G2) and 3236g (G3). Conclusion: Obese pregnant women with GD gain more weight during pregnancy, have to start insulin therapy earlier, have higher need of insulin, have more hypertensive complications and higher caesarean rates.

**P165 VAGINAL LABOUR AFTER THE SECTION CESAREA – OUR EXPERIENCE**

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OBJECTIVE: To analyse the rate and influential factors of successful vaginal after section delivery (VBAC). METHODOLOGY: Retrospective study from 2006 until 2010 at secondary care hospital in Serbia included 118 deliveries after previous caesarean section (CS) at secundipara with term, single vertex presented fetuses. The patients were divided, according to delivery mode, in vaginal vs iterative cesarean groups. Statistical analysis was performed using chi-square and Student's t test. RESULTS: Of 118 women, initially left to vaginal labour, 89 delivered vaginally, whereas 29 suffered the CS. High statistically important difference appeared in: cervix dilatation (t=3.07, p=0.003) and hospital stay duration (t=9.78; p<0.01) for vaginal group; mothers body mass increment (t=3.61; p=0.0005), fetus weight (t=3.14; p=0.002), and diabetes mellitus complicated pregnancies (X²=11.77; p=0.01) for cesarean group. There was no statistically important difference in: age (t=1.29; p=0.199), gestation (t=0.35; p=0.727), preconception period (t=0.43; p=0.668) and pre-term membrane rupture incidence (X²=0.943; p=0.05). 1-minute Apgar score was at the boundary of statistical significance (t=1.99; p=0.045), and 5-minute Apgar score proved statistically significant (t=2.41; p=0.018) in vaginal group. The incidence of complications was 4.9% in vaginal vs. 13.7% in cesarean group, with one uterus rupture, which was surgically attended without further complications. CONCLUSION: VBAC is carried out successfully in conditions of adequate individual estimation, following the obstetric indications by dexterous and patient obstetrician and women motivation for vaginal labour. The hospital stay takes less time, which contributes not only to financial benefits, but also to the prevention of intra-hospital infections.
Background: relationship between prenatal and postnatal mental health problems have been studied in more than 90% of developed countries, but this information is very poor in developing countries and has not been performed in Iran. This prospective study aimed to investigate whether anxiety and fear of childbirth during pregnancy is an independent predictor of postpartum depressive symptoms in nulliparous women in Iran. Methods: This prospective longitudinal study contains 160 pregnant women with gestational age of 28-38 weeks from 10 prenatal care clinics in Gom, Iran. Study sample were selected by systematic random sampling. Anxiety inventory (STAI) and Childbirth Attitudes Questionnaire (CAQ) were completed at 28 and 38 weeks of gestation. They were followed up 45 days and 3 months after childbirth. Postpartum depression was defined as a score ≥ 13 on the Edinburgh Postpartum Depression Scale. Result: Antenatal state anxiety (OR = 3.2; P = 0.002 and OR = 2.91; P = 0.007 at 28 and 38 weeks of gestation, and trait anxiety (OR = 3.33; P = 0.001 and OR = 3.30; P = 0.003 at 28 and 36 weeks of gestation) were significantly increased. The risk of postpartum depression 45 days after birth and three months after childbirth (P < 0.05). On the contrary, prepartum fear of childbirth was not a significant predictor of postpartum depression symptoms (P > 0.05). Conclusions: The findings suggest that antenatal state and trait anxiety, is an important predictor of postnatal depression. Therefore, it should be routinely screened to order to develop specific preventive interventions.

P168

EVALUATION OF THE EFFECT OF IRON DEFICIENCY ANEMIA ON PREGNANCY OUTCOME

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Introduction: Iron deficiency anemia is one of the most common nutritional deficiencies in today's world. More than half of pregnant women and 15% of non-pregnant women of fertility age suffer from iron deficiency anemia. This Study is a cross - sectional study to determine the effect of iron deficiency anemia on pregnancy outcome in pregnant women who were admitted to hospital Imam Ali. 750 pregnant women admitted for delivery (intended to qualify for the study) were participated in the study. Blood samples were collected from all women. All the women were controlled for labor and delivery outcomes were recorded. These outcomes included: Apgar scores, birth weight, postpartum hemorrhage, prenatal mortality. According to blood test results, women were sharing two groups: cases (with anemia) and control (without anemia). Both groups were matched for age, height, weight, occupation, education, number of pregnancies and number of care. Results: The findings showed that iron deficiency anemia during pregnancy causes: increased frequency of low birth weight (i.e > 2000 g), increased preterm delivery (p<0.001), increased incidence of fetal distress (P<0.01). Iron deficiency anemia did not affect the prenatal mortality rate and bleeding after the birth. Conclusion: Iron deficiency anemia in pregnancy has abnormal effects on pregnancy outcome.

P175

FACTORS INFLUENCING THE CHOICE OF CESAREAN SECTION IN PREGNANT WOMEN WHO WERE REFERRED TO IMAM ALI HOSPITAL OF ANDIMESHK COUNTY 2010

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Safe delivery is one of the fundamental ways to protect child and mother's health. Use of cesarean is one of the enterprises in protection of embryo and mother's life and health. Cesarean as one of the ways of delivery is not
an exception from being done in an appropriate, economical way and with minimal psychological and physical side effects. Methods and Materials: The study was a and analytical study. 337 term and primiparous women were investigated. Sampling was performed based on objectives. Statistical analysis was based on descriptive and analytical statistic. For general effect of investigated factors, logistic regression was used. Results: Median age, educational level and proportion of employed people in the cesarean group were significantly more than vaginal delivery group (P= 0.0001). The doctor recommendation of cesarean section and fear of labor pain significantly caused to increase of cesarean choice (P= 0.0001). Method of earlier delivery had a significant impact on labor choice (P= 0.0001)). The average number of pregnancies, number of prenatal visits and baby sex in the two groups showed no significant difference. Conclusion: Fear of labor, mother age and doctor recommendation had the most influence on cesarean choice. The effects of these three factors can be decreased with appropriate decision making.

P173 THE IMPACT OF PERIODONTITIS IN THE PRETERM BIRTH AND BODY SIZE OF NEWBORNS
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Objective: The aim of our study was to assess the relation between periodontitis, preterm birth and perinatal morbidity. Materials and methods: We conducted the present observational retrospective cohort study among 230 women. Women who had other known prematurity risk factors, such as: age < 18, multiple gestations, DM, hypertension, corticosteroid use before our study etc. were left out of the study. Results: Clinical measures of periodontal disease were determined in all subjects, including sulcus/probing depth (PD), gingival recession and periodontal clinical attachment loss (CAL). S.69 (24.7%) women resulted with periodontitis. 15/57 (26%) had premature rupture of membranes vs. 6/173 (3.4%) pregnant women with normal flora. The use of H square test to determine periodontitis and premature birth correlation was 8.1 which means a high statistical significance, p < 0.004. Conclusions: Periodontitis is present in 10 to 30% of all pregnancies. In our study it was present in 26% of all women included in the study. Therefore, we can affirm that it is one of the main causes of preterm birth. Fetal and infant morbidity and mortality are decreased with appropriate decision making. In this way can reduce morbidity, mortality and financial costs due to prematurity.

P174 THE ROLE OF DYDROGESTERONE IN THREATENED ABORTION
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Objective: The aim of this study is to determine if the use of dydrogesterone can improve the pregnancy outcome in cases with threatened abortion during the first trimester of pregnancy. Material and Methods: We included pregnant women with vaginal bleeding during the first trimester of pregnancy, from January 1, 2010 until January 1, 2011. Women were randomized to receive either dydrogesterone 10 mg twice a day or conservative therapy, for at list one week or until they had 48 hours without bleeding. They were followed until delivery or abortion in UHOG “Koco Gliozhen”. Results: 76 women were randomized to have dydrogesterone (10mg twice a day) or conservative management. The treatment was considered successful if the pregnancy continued beyond 24 weeks of gestation. There were no statistically significant differences between the two groups regarding the maternal age and parity. The incidence of miscarriage was significantly lower (p=0.042) in the dydrogesterone group (8.7%) compared with the group who received conservative treatment (14.2%). Conclusion: Dydrogesterone can reduce the incidence of pregnancy loss in threatened abortion during the first trimester.

P175 EFFECT OF AROMATHERAPY ON LABOR PAIN: A RANDOMIZED CONTROL TRIAL STUDY IN BANDARABBAS, YEAR 2010
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Aromatherapy is the art and science of utilizing naturally extracted aromatic essences from plants to balance, harmonize and promote the health of body, mind and spirit and may alleviate stress, anxiety and labor pain. It can be used in the form of massage, and is especially used with an oil burner or vaporizer so that the scent is carried in the air. Aim: To evaluate effect of Rosacea and Jasminum Sambac Sol essence on labor pain and duration of active phase. Material and Methods: In this randomized control trial study, which had done in one of the Insurance hospital of Bandarabbas in south of Iran, 17-20 weeks gestation and primiparas during physiologic labor were involved. They were randomly divided into three groups (Rosacea, Jasminum Sambac Sol, and routine physiologic labor). The essences were used in the environment by lightening aromatherapy candles. The tools had no special characteristics, check list of labor control chart, and Visual Analog Scale of pain score. Results: There were no significant differences between labor pains in the three groups. There were significant differences between duration of active phase between the two intervention groups and control group. (P< 0.05) Conclusion: Aromatherapy during physiologic labor could promote clients’ satisfaction, useful for shortening of labor, which may be because of more relaxation.

P176 PREGNANCY AND CYSTIC FIBROSIS
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Introduction: Women with cystic fibrosis (CF) have a fertility rate approaching that of the general population. With the increasingly positive outcomes for people with CF, couples are faced with complex decision regarding reproduction. Careful attention to maternal weight gain, pulmonary function and exacerbations, and screening for gestational diabetes is necessary. To describe the fertility experience of our Department in the management of CF pregnant women. Methods: Retrospective evaluation of CF pregnant women surveilled at our Department between 2005 and 2010. Results: Three CF pregnant women (mean age 27 years) were surveilled at our Department, in the last six years. Pregnancy occurred in women with CF with different degrees of severity. All women had had a previous successful pregnancy. No miscarriages, terminations or neonatal mortalities occurred. Maternal deterioration in CF condition did not occur in any pregnant and none of them developed gestational diabetes. Deliveries occurred without complications: two C-sections (unrelated to the disease) and one vaginal spontaneous delivery. Of the three neonates, one was preterm (35 weeks). CF was diagnosed in one of the neonates. Conclusion: With appropriate multidisciplinary care, pregnancy in women with CF may occur without significant complications for the mother or the newborn.

P178 AUDIOVISUAL INFORMATION AFFECTS INFORMED CHOICE AND EXPERIENCE OF INFORMATION IN ANTENATAL DOWN SYNDROME SCREENING - A RANDOMIZED CONTROLLED TRIAL
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Objective: To evaluate the effects of an information film in making an informed choice regarding Down syndrome screening, and their knowledge and experiences of information. Methods: Randomized controlled trial including 184 women in the intervention group and 206
controls recruited from maternity units in Stockholm, Sweden. The intervention was an information film presented as a complement to written and verbal information. Data were collected via a questionnaire in gestational week 27. Three different measures were combined to measure informed choice: attitudes towards Down syndrome screening, knowledge about Down syndrome and Down syndrome screening, and uptake of CUB (combined antenatal biochemical screening). RESULTS: In the intervention group 71.5% made an informed choice versus 62.4% in the control group. Women in the intervention group had significantly increased knowledge, and to a greater extent than the control group, experienced the information as being sufficient, comprehensive, and correct. Conclusions: An information film tended to increase the number of women who made an informed choice about Down syndrome screening. Participants were more satisfied with the information provided. Practice implications: Access to correct, nondirective, and sufficient information is essential when making a choice about prenatal diagnostics. It is essential with equivalent information to all women.

P179
THE EFFECT OF ACUPRESSURE APPLIED TO P6 ACUPUNCTURE POINT ON NAUSEA, VOMITING AND RETCHING
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INTRODUCTION: The present research was carried out in order to determine the effect of acupressure applied to P6 (Neiguan) acupuncture point on nausea, vomiting and retching among the pregnant women with hyperemesis gravidarum receiving medical treatment to decrease nausea, vomiting and retching complaints. METHODOLOGY: The research was conducted at the Hospital located in Kayseri city center and Sivas State Hospital. A total of 129 subjects were included in the study; 64 assigned to control group and 64 to intervention group. During their hospital stay, the pregnant women in the intervention group were given wrist bands while control group did not receive any application. Nausea, vomiting and retching of the both groups were assessed using Index of Nausea, Vomiting and Retching (INVR) and Visual Analogue Scale (VAS). RESULTS: According to INVR, morning nausea scores of the intervention group were higher compared to the nausea scores of the first day while control group had higher morning scores than evening nausea scores on the first and second days. It was noted that there was not any difference in the severity of the nausea in the intervention group in terms of days whereas nausea of the intervention women in the control group gradually decreased. According to VAS, intervention group had the highest vomiting level in the morning of the first day while it was the lowest in the evening of the same day. CONCLUSION: As the result, acupressure applied to P6 acupuncture point with wrist band did not completely eliminate nausea, vomiting and retching caused by hyperemesis gravidarum but it had a decreasing effect during the certain periods of the day.

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THE VALIDITY AND RELIABILITY TESTS OF INDEX OF NAUSEA VOMITING AND RETCHING (INVR) AMONG THE PREGNANT WOMEN WITH HYPEREMESIS GRAVIDARUM
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INTRODUCTION: The research was conducted in order to determine usability of Rhodes Index of Nausea, Vomiting & Retching (INVR) in our country when assessing severity, length and amount of nausea, vomiting and retching complaints of the women with hyperemesis gravidarum. METHODOLOGY: The validity and reliability tests of INVR were performed in the present study. First, the Index was translated into Turkish. After the necessary corrections the Turkish translated index was translated again into English using back translation method. INVR was administered to 50 women who were diagnosed as hyperemesis gravidarum. Validity analysis of the INVR was performed with item-factor analysis and reliability analysis of the index was performed Cronbach alpha coefficient and item total score correlation. RESULTS: As a result of the analysis performed, Kaiser-Meyer Olkin (KMO) value was found as 0.77 and Barlett's sphericity test was found significant (p<0.01). It was noted in the factor analysis that the items of the index measured nausea, vomiting and retching by 64 %. Item total score correlation and Cronbach Alpha Reliability Coefficient was investigated in order to determine internal consistency of INVR. Cronbach Alpha Coefficient of INVR was found as α=0.86. Nausea dimension was 0.84, retching dimension was 0.80 and vomiting dimension was 0.89. Item total score was observed that correlations of the items ranged between 0.73 and 0.82 and the correlation between each item and total score was statistically significant (p<0.001). CONCLUSION: INVR is a valid and reliable index and may be conveniently used both at clinics and in fields for the assessments of nausea, retching and vomiting during pregnancy.

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DO INTRAUTERINE GROWTH RESTRICTED FETUSES OF THE HYPERTENSIVE AND NORMOTENSIVE MOTHERS DIFFER FROM EACH OTHER?
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Aim is to investigate if normotensive and hypertensive patients with intrauterine growth restriction (IUGR) fetuses were different in maternal and fetal characteristics and Doppler flow. The patients' records of who had be delivered before 34th gestational week because of fetal distress were examined. Gestational week at admission for hypertensive and normotensive groups (30±3.6 vs. 32±3.1)(p=0.057),time to delivery(7.1±2.6 vs. 4.3±2.9)(p=0.267) and gestational week at delivery(31.8±3.1 vs. 32.9±2.9)(p=0.117) was similar. Birth weight was significantly lower (1242±534 vs.1516±504 g)(p= 0.02) in the normotensive group. Increased umbilical artery resistance and redistribution in the middle cerebral artery were more common in hypertensive group (75%vs.40.5%)(p=0.000) while absence or reversal of umbilical artery blood flow and venous Doppler changes were more common in normotensive group (25% vs. 59.5%)(p=0.000). Birth weight was lower and late Doppler abnormalities were more common in the normotensive group.

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P183 INVESTIGATION OF THE OPINIONS OF PREGNANT WOMEN ABOUT ENTONOX GAS FOR PAINLESS DELIVERY
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BACKGROUND AND OBJECTIVE: With attention to different nondrug and drug methods of painless delivery such as entonox gas, but unfortunately, most people are concerned about it and have a fear of using it. The purpose of this study was to assess the opinions of pregnant women about the entonox gas for painless delivery. METHODS: In a clinical trial study, a total of 98 pregnant women in active phase of delivery were studied randomly in two group (intervention group49, control group49). Opinions of pregnant women about entonox gas compared within two groups and also in intervention group before and after using entonox gas. FINDING: Opinions of the majority of pregnant women in intervention group (before receiving gas) and control group was poor (42/1%, 64/7%). Percentage of positive opinions women had about entonox gas had increased after receiving entonox gas (p<0.05). Between opinions scores mean of intervention group before (p<0.05) and after (p<0.05) receiving entonox gas with control group had statistically significant difference. Positive opinions in intervention group had been more than the control group. Most differences in mean scores of opinions of intervention group before and after receiving the gas were: previous experience of intolerance labor pain (p<0.05), having less information about gas as painless delivery method (p<0.05), experience more effective analgesic with entonox gas (p<0.05), and more satisfaction due to using gas (p<0.05). The amount of suffering of using gas (p<0.05), having rate of less complications (p<0.05), and more painless delivery method (p<0.05), experience more effective analgesic with entonox gas grossly and negative opinions had decreased. CONCLUSION: This study had shown that using entonox gas had caused increased after receiving entonox gas and negative opinions had decreased. Percentage of positive opinions women had about entonox gas had increased after receiving entonox gas (p<0.05). Between opinions scores mean of intervention group before (p<0.05) and after (p<0.05) receiving entonox gas with control group had statistically significant difference. Positive opinions in intervention group had been more than the control group. Most differences in mean scores of opinions of intervention group before and after receiving the gas were: previous experience of intolerance labor pain (p<0.05), having less information about gas as painless delivery method (p<0.05), experience more effective analgesic with entonox gas (p<0.05), and more satisfaction due to using gas (p<0.05). The amount of suffering of using gas (p<0.05), having rate of less complications (p<0.05), and more painless delivery method (p<0.05), experience more effective analgesic with entonox gas grossly and negative opinions had decreased. CONCLUSION: This study had shown that using entonox gas had caused increased after receiving entonox gas and negative opinions had decreased. 

P184 ANTERIOR DIAGNOSIS OF CLEFT LIP WITH OR WITHOUT CLEFT PALATE: REVIEW OF 21 CASES
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Introduction: Cleft lip/palate (CLP) is a common fetal abnormality. Although there is widespread concern concerning the need of an accurate diagnosis and cleft characterization for postnatal management planning, its association with other malformations and different neonatal outcomes is still not clear. Aim: To evaluate the number of cases of CLP isolated or associated with congenital structural and/or chromosomal anomalies and neonatal outcome. Methods: A retrospective observational review of all pregnancies undergoing routine ultrasound between January 2003 and August 2011, at our unit. Assessment of cleft type, associated fetal anomalies and neonatal result was performed on cases of CL/P diagnosis. Results: A total of 21 prenatal diagnosis of facial clefts were identified: 5 CL unilateral (23.8%), 2 CL bilateral (9.5%), 13 CL+P unilateral (61.9%) and 1 CL+P bilateral (4.8%). Mean maternal age was 30.7±4.8 years and CL/P was detected at a median gestational age of 25.5±5.5 weeks. Additional fetal malformations were only identified in 2 cases, one with ureteral duplication and CL+P unilateral, and one with hydrocephaly in addition to CL unilateral (both 46XX chromosomal karyotype was identified in 14 cases, however karyotype was not obtained in 7 fetus due to advanced gestational age or parental refusal. We report 1 pregnancy termination (CL and hydrocoelely case) and 1 neonatal death resulting from meconium aspiration syndrome. Conclusion: The presence of unilateral or bilateral CL/P without other structural anomalies does not appear to be associated with an underlying karyotype abnormality or a more adverse neonatal outcome.

P185 SURGICAL TREATMENT OUTCOMES IN THE TWINS REVERSED ARTERIAL PERFUSION SEQUENCE: TWO CASES REPORT
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The Okt Ob & Gyn Institute in Saint-Petersburg has significant experience in the intratruterine intravascular transfusions on severe fetal anemia as a result of red cell alloimmunization or virus infection with the fetus survival rate near 90%. Last year on the base of the Institute the fetal laser surgery center was organized. During this year first two cases of surgical treatment on the twins reversed arterial perfusion sequence were performed. The twins’ reversed arterial perfusion sequence is rare multiple pregnancy complication which is associated with high perinatal mortality in the pump twin. Pre-surgical ultrasound examinations in both cases revealed monochorionic diamniotic twins (normal and acardius acpehalus; normal and acardius amniota fetuses) with more than 50% in the twin-to-twin weight ratio, normal umbilical artery pulse index and polyhydrddnorn in the pump twin. Fetoscopical bipolar cord coagulations with amnioexudations were performed in those twins at 24-25 and 22-2 weeks of gestation. Premature rupture of membranes occurred in both cases within 5 and 9 postoperative weeks (at 29-30 and 30-31 weeks respectively). The newborn’ birth weights were 1200g and 1450g. No significant autopsiological disorders in them were noted. Both newborns had mild respiratory disorders which required surfactant and oxygen support. The typical and most common complications of the twins’ reversed arterial perfusion sequence surgical correction were demonstrated in our cases.

P186 MATERNAL SERUM DEHYDROEPIANDROSTERONE SULFATE MAY PREDICT SUCCESSFUL LABOR
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Objective(s): According to possible role of DHEAS on Connective tissue, we studied the effect maternal serum DHEAS level on labor process. Design and methods: This prospective study was conducted by measuring maternal serum DHEAS level among 90 pregnant women in 3 groups; spontaneous labor, need to augmentation and need to induction and follow their labor process. Results: Among women with spontaneous labor DHEAS level was significantly higher than inducted group (60.78±4.22 µg/dl vs. 39.49±4.56 µg/dl; respectively, p<0.001) but this difference was not significant in comparison with augmented women (n=30, 70.3±4.5 µg/dl). During succeed induction, the DHEAS level was significantly higher than unsuccessful induction (48.3±6.46 µg/dl versus 26.9±4.5 µg/dl; p=0.035). DHEAS levels, less than 60 µg/dl lead to unsuccessful induction (OR= 6.92, 95% confidence interval 1.74, 32.52, p= 0.01). Conclusion: DHEAS may be an important factor in successful labor induction and efficient labor.

P187 PREGNANCY AFTER BARIATRIC SURGERY
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Obesity has gained epidemic proportions nowadays, figuring as the second cause of death in developed countries. Obese women account for more than 20% of the female population at reproductive age, and the gestational outcomes in this population have been associated with an increased fertility rate and decreased obstetric complications in morbidly obese women previously submitted to bariatric surgery. This study aimed to analyze pregnancy outcomes in women who underwent bariatric surgery and got pregnant after the procedure. We conducted a retrospective cohort analysis of all pregnancies occurring in women with a previous bariatric procedure, followed at our Fetal-Maternal Unit, from 2005 to 2010. Data was collected from medical records. Thirteen pregnancies were identified in ten women. Eight women had a previous restrictive bariatric procedure and two had a malabsorptive procedure. The mean time between surgery and pregnancy was 3.2 years. There were thirteen viable pregnancies and no miscarriages. Three lactoraginous preterm labors were medically decided for superimposed severe pre-eclampsia (in all the same woman), which accounted for the two newborn deaths registered in this population. The average newborn weight in term pregnancies was 2990g. There were no cases of macrosomia, gestational diabetes or anemia. Cesarean section was performed in six cases. There were no maternal post-partum severe complications. Despite the evidence of an improved obstetric outcome in women submitted to bariatric surgery, our study reinforces the importance of...
a differentiated obstetric surveillance during pregnancy - in a tertiary hospital with neonatal care.

P188 MASSIVE FETOMATERNAL HEMORRHAGE
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Fetomaternal transfusion is defined as the passage of fetal red cells to the maternal circulation. This condition, frequent in pregnancy, normally occurs in small amounts without apparent clinical significance. Clinically significant hemorrhage has been estimated to occur in approximately 3 per 1000 births, with massive proportions occurring in approximately 1 per 1000 births. The clinical presentation is inconsistent, without precipitant factors in most cases. We present a case of a nulliparous woman with a low-risk pregnancy who underwent Caesarean section at 37 weeks in the emergency room in active labor. A cesarean section was immediately performed in the sequence of a pathological fetal heart rate tracing. At birth the newborn hemoglobin level was 3.1 g/dL, and the umbilical artery pH was 6.8. Despite mechanical ventilation, hypothermia therapy and blood transfusions, the newborn death occurred 12 hours after birth. The Kleihauer-Betke test performed was positive, with an estimated blood transfusion of 267mL (5.35%), indicative of a massive fetomaternal hemorrhage. In the presented case there were no previous suspicious signs of fetal anemia. Fetomaternal hemorrhage can occur without prior risk factors, and should be considered in the differential diagnosis of unexplained stillbirth, persistent maternal perception of decreased fetal activity, fetal hydrops, sinusoidal pattern, and unexplained elevated systolic velocity of the fetal middle cerebral artery. Even in low-risk pregnancies, fetomaternal hemorrhage can have serious consequences for the fetus, from neurologic injury to stillbirth or neonatal death.

P189 SINGLE UMBILICAL ARTERY - ASSOCIATED ANOMALIES AND PERINATAL OUTCOMES
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Overview and Aims: Single umbilical artery (SUA) is a prenatal diagnosis for which there is still no consensus concerning clinical relevance and management. The aim of this study was to evaluate SUA associated findings and perinatal outcomes. Methods: Retrospective observational study of all pregnancies undergoing routine anatomic survey between January 2002 and June 2011, at our unit. Evaluation of associated fetal anomalies, pregnancy course and perinatal results was performed for cases with a prenatal diagnosis of SUA. Results: A total of 48 cases of prenatal diagnosis of SUA were identified, from which 3 in twin pregnancies. Mean maternal age was 31.0±5.2 years. Additional fetal malformations were observed in 22 (45.8%), including 9 cases of renal anomalies (18.7%) and 6 of abnormal echocardiographic findings (12.2%). The 4 cases of identified karyotype abnormalities corresponded to pregnancies with associated malformations. Four cases of small for gestational age fetuses were found (8.3%), 2 of them with isolated SUA. Two fetal demises occurred in our series, both of them in fetuses with anomalies other than SUA. Conclusions: SUA seems to be associated with an increased risk of other fetal anomalies. Its prenatal diagnosis should lead to a detailed anatomic fetal evaluation with particular attention to renal and cardiac systems. In the absence of associated malformations, SUA is probably not associated with a more adverse perinatal outcome.

P190 POSTPARTUM FEVER OF UNKNOWN ORIGIN: PUEPERAL OVARIAN VEIN THROMBOSIS - CASE REPORT
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INTRODUCTION: Ovarian vein thrombosis (OVT) is a rare (incidence: 0.15 to 0.18%), and severe postpartum complication. Symptomatology typically presents within one week after delivery. It may progress to sepsis resulting in a life-threatening situation. In case of persistent postpartum fever despite antibiotic therapy differential diagnosis should considered this entity. CASE REPORT: A 30-year-old Caucasian and healthy woman presented to hospital with history of fever associated to tachycardia and right lower quadrant and flank pain, eighteen days after her second eutocic delivery without complications. Puerperal examination beside referred complaints and Murphy's sign positive on the right, was normal. Laboratory test revealed neutrophilia, increased inflammatory markers (C reactive protein: 274 mg/L) and leukocyturia. Due to suspicion of pyleonephritis, was admitted in the hospital and initiated empiric broad spectrum antibiotic.

Because of maintenance of the fever, underwent through abdominal ultrasonography who detected an image suggestive of ovarian vein and inferior cava thrombosis. CT scan of abdominopelvic region confirmed thrombosis of the vessels. After starting systemic anticoagulation showed progressive improvement of her condition. Went home at 28th day of admission treated with oral anticoagulants.CONCLUSION: Despite rarity of postpartum OVT, is necessary to consider this entity in differential diagnosis of postpartum fever of unknown origin, especially when fever starts 3 weeks after delivery and is unresponsive to broad spectrum antibiotic. Early diagnosis allows us to control OVT with antibiotic and systemic anticoagulation, relegating laparotomy for exceptional cases.

P191 OBSTETRIC OUTCOME IN UTERINE MALFORMATIONS: EXPECTANT MANAGEMENT VERSUS METROPLASTY
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Introduction: Uterine malformations are rare, occurring in 6.7% on general population. They are associated with high incidence of reproductive failure and obstetric complications. Metroplasty attempts to restore a normal uterine anatomy in some uterine malformations, improving obstetrical outcomes. This study aimed to determine the perinatal and obstetric outcome in women with uterine malformations following natural conceptions or assisted reproductive techniques (ART) with and without retrochorial detachment in both fetuses. In 20two women with a history or persistent maternal perception of preterm delivery and obstetric outcome of 54 women with uterine malformations [arcuate (n=1), bicornuate (n=21), didelphys (n=14), unicorne (n=1) and septate uterus (n=17)], 51% of spontaneous abortion occurred in septate uterus and 57.7% of preterm deliveries in bicornuate uterus. We compared non-operated patients (n=38) to those treated by abdominal (n=4) or hysteroscopic metroplasty (n=12). The main indication for surgery was recurrent abortion. Resecstopexy metroplasty was performed in 91.7% on septate uterus and all abdominal malformation on bicornuate uterus. Five patients experienced infertility without other cause than the uterine malformation and all became pregnant after ART or metroplasty. Without surgery 13% of patients achieved a pregnancy with 51.4% ending in spontaneous abortion and 10.7% in preterm birth. After metroplasty, 86.7% of patients became pregnant with an abortion and a preterm rate of 50% and 8.3%, respectively. Conclusions: Bicornuate and septate uterus have significant obstetric complications such as spontaneous abortion or premature delivery and surgical treatment is therefore advisable. Hysteroscopic resection of the uterine septum is a safe, effective and preferable surgical technique. Transabdominal metroplasty remains the only approach in bicornuate uterus.

P192 MONOZYGOTIC TWINS WITH DISCORDANT KARYOTYPES - THE DESCRIPTION OF A RARE CASE
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Introduction: Discordant karyotypes in monogyotic is a rare phenomenon and it poses serious problems to obstetricians and genetic counselors. In this article we present the cytogenetic and clinical details of a twin pregnancy that was discordant both at ultrasonographic examination and cytogenetic analysis, that showed to be monogyotic by DNA studies. Case report: Pregnant woman with 34 years, IO.2002. Monochorionic biometric twin pregnancy monitored in Hospital Garcia de Orta in which discordant fetal anomaly was identified at 12 weeks, presenting a severe cystic hygroma. Amniocentesis was performed at 16 weeks for fetal karyotyping, which revealed monosomy of the X chromosome and a marker chromosome in the fetus with ultrasound anomalies (46.XX,+mar), and the presence of normal karyotype a male fetus: 46, XY fetus in the other. We studied 20 cells (fibroblasts) of the amniotic fluid of each sac, not having found mosaicism. The couple decided to perform a selective feticide of the affected fetus. The procedure was performed, at 17+5d, by occlusion of the umbilical cord. After this procedure was detected an extensive retrochorial detachment in both fetuses. In 20 ultrasound changes were detected in the fetus with normal karyotype suggestive of arthrogryposis. Medical termination of pregnancy took place at 22+1d. Subsequent studies have excluded the presence of uniparental disomy of posterior chromosome15. The couple decided to perform another fetal study of amniocyte, identified a normal karyotype, establishing the origin of a new marker.
THE EFFECTS OF A PROGRAM OF PRENATAL EDUCATION ON ATTITUDE AND CHOOSING ELECTIVE CESAREAN OF PRIMIPAROUS MOTHERS

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This study was conducted to determine the effect of a program of prenatal education on the attitude and intention of pregnant mothers’ toward natural vaginal delivery (NVD) and elective cesarean section (CS). 237 primiparous healthy women in 27-34 week of pregnancy were randomly allocated into 2 groups. One group attended the educational classes including four sessions of weekly 2 hours classes. Usual prenatal care was received by two groups. Attitude toward delivery modes and their choice type of delivery was assessed before and after the course. They were visited again at 10th day of delivery. The rate of cesarean section was 45.5% in control and 25.5% in intervention groups. Performing preterm women with a natural educational supportive course could reduce the rate of cesarean section.

CERVICAL CERCLAGE IN A LEVEL II PORTUGUESE HOSPITAL - A REVIEW SINCE 1999

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Cervical insufficiency is an obstetrical entity characterized by painless cervical dilation in the second trimester, which can be followed by prolapse and ballooning of membranes into the vagina, and ultimately, expulsion of an immature fetus, despite minimal uterine activity. Cervical cerclage is the conventional treatment for cervical insufficiency. The aim of this study was to evaluate the outcome of pregnancies in patients submitted to cervical cerclage. We studied, retrospectively, all women who underwent placement of a cervical cerclage in our institution, a Portuguese Level II Hospital, since January 1999 until July 2011 (n=113). In all patients a McDonald cerclage was the procedure of choice. The mean maternal age was 32.5 years old. 82% were nulliparous. There was a history of second trimester loss in 45% of the cases. One of the cases was a twin pregnancy. Of those procedures, 45% were elective (n=5) and 55% were emergent (n=6). The mean gestational age at the moment of the cerclage in the elective procedures was 18.3 weeks, versus 21.9 weeks in non-elective procedures. We reported two cases of post-cerclage abortion in non-elective procedures and one case of fetal demise in 5 weeks after an elective cerclage. Overall, we reported 58% of preterm delivery and 17% of term delivery. In those cases the route of delivery was 56% by cesarean and 44% of vaginal birth. The rate of neonatal survival was 100%.

ECTOPIA CORDIS - A CASE REPORT

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Ectopia cordis is a rare congenital abnormality, with an estimated incidence inferior to 1:100,000, it was a very poor prognosis. There are four variants of ectopia cordis, with different outcomes. The thoracic, abdominal, thoracoabdominal and cervical (3%). This is case of a 22 years old woman in her first pregnancy, without relevant clinical history. In bi and three-dimensional ultrasound performed, in the 21 weeks of gestation, it was revealed a defect in the anterior thoracic wall with exteriorization of the heart; the images suggested the coexistence of structural cardiac abnormalities. There were no other anatomic abnormalities detected. After proper information of the situation by a multidisciplinary team constituted by an obstetrician, neonatologist and pediatric cardiologist, the patient and her husband opted not to perform amniocentesis or medically terminate the pregnancy. The delivery occurred at week 36 of pregnancy that underwent labor induction with Dinoprostone gel. Apgar score at 1 minute was 7 and 9 at 5 minutes, in the 1 hour of life died due to water birth. Ectopia cordis is sporadic congenital malformation of unknown etiology, without a genetic base identified and, as such, to a low risk of recurrence.

FETAL GROWTH AND BIRTH WEIGHT: THE NEED FOR CLINICAL DECISION SUPPORT SOFTWARE

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Health Information Systems (HIS) are growing. Their role is to facilitate both the processing of an ever-increasing amount of health related information and to optimize workflows, in order to provide better healthcare. This last characteristic, arguably the most important, is often neglected, with lack of planning and communication with the professionals involved in the process being changed by the HIS or its components implementation. The software must be able to better provide a (correct) task, but also to respond to healthcare professionals needs and expectations. We must start by deciding which is the best strategy for the solution. Fetal growth and birth weight is often used to classify pregnancy or newborn risk, because its extremes are often associated with pathological conditions. This classification is difficult, and multiple reference tables were created for this purpose. Several tools may be provided by software to alleviate correct risk classification, reference values and standards creation and validation. We provide a rationale to the creation of such clinical decision support software, arguably the most important step for health related software acceptance and success. We devise software architecture capable of fetal/newborn classification, but also of reference values creation and validation, alleviating some of the major problems related to this task, and allowing the adaptation to local characteristics, maternal and fetal variables, as desired.

THE ROLE OF GENETIC POLYMORPHISM OF ENDOTHELIN-1 SYSTEM IN GESTATIONAL HYPERTENSION AND PREECLAMPSIA DEVELOPMENT

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Aim of study: The aim of this study was to evaluate the correlation between ET-1 (Lys198Asn) and ECE-1 (Thr341Ile) gene polymorphisms and the risk of gestational hypertension (GH) and preeclampsia (PE). Material and methods: 69 gestational hypertensive, 41 preeclamptic and 150 healthy pregnant women were included into the study. The genetic polymorphisms were examined by PCR/RFLP assay. Results: There were no statistically significant differences in genotype frequencies of ET-1 Lys198Asn and ECE-1 Thr341Ile gene polymorphisms between GH and PE groups when compared to the controls. However, parallel presence of both Thr341Ile ECE-1 and Lys198Asn ET-1 variant localization showed a higher occurrence rate of ECE-1 CT/ET-1 GT heterozygotic genotypes in the control group (5.3%) than in the whole study or GH and PE groups (0.9%, 1.4% and 0.0% respectively, p<0.05). In preeclamptic women, the higher systolic blood pressure value was observed in GG Lys198Asn ET-1 genotype carriers (160.7 vs. 167.3 mmHg in carriers GT and TT genotypes, p<0.05). The lowest blood pressure level was observed in carriers of TT Lys198Asn ET-1 genotype. Conclusions: Results of this study suggest lack of direct correlation of Lys198Asn ET-1 and Thr341Ile ECE-1 gene polymorphisms with risk of GH and PE in studied group of Polish women. High prevalence of ECE-1 CT/ET-1 GT heterozygote genotypes of both polymorphisms in healthy pregnant subjects suggests the protective role of mutated alleles in the PE development. The carrier of mutated TT genotype of Lys198Asn ET-1 polymorphism could be connected with lower systolic blood pressure level in preeclamptic women.

LABOR INDUCTION IN PATIENTS WITH A PREVIOUS VAGINAL BIRTH AFTER CESAREAN DELIVERY

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Objective: We sought to evaluate the maternal and neonatal outcomes in women in a history of one successful vaginal birth after cesarean delivery (VBAC) that underwent labor induction with Dinoprostone gel. Method: A 1-year retrospective study that reviewed the clinical files of all patients with a history of a successful vaginal birth after cesarean delivery (N= 88), that had a term pregnancy, with no contraindication for a trial of labor. Maternal and neonatal outcomes were evaluated according to whether the women underwent spontaneous labor or labor induction. Results: Amongst the two study groups constituted, patients that underwent labor induction were less likely to have a repeat vaginal birth. Neonatal outcomes were similar in both groups. Conclusion: Induction of labor with Dinoprostone gel
P199 CORRELATION OF ANTENATAL THIGH AND UPPER ARM VOLUME MEASUREMENTS BY THREE-DIMENSIONAL ULTRASOUND WITH NEONATAL MORPHOMETRICS: PRELIMINARY RESULTS
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Our aim was to evaluate the relationship across fetal upper arm / thigh volumetry obtained by two different three-dimensional (3D) ultrasound techniques and indices of fetal growth in the infant. For this purpose, we assessed upper limb volumes with the fractional and rotational multi-planar (VOCAL) methods from acquired volume datasets of 30 term uncomplicated pregnancies at term. After incomplete ultrasound experience of 24 hours after the examination. Following birth, various morphometric parameters of the infant were obtained. Pearson’s correlation analyses were performed, and correlation coefficients (r) were calculated. Fractional limb volume of the upper arm (AVol) and the corresponding VOCAL values were both significantly correlated with neonatal upper arm circumference (r=0.59, p<0.01 and r=0.39, p=0.03, respectively) and triceps skinfold thickness (r=0.36, p=0.03, and r=0.39, p=0.03, respectively). Fractional thigh volume (TVol) was moderately correlated with neonatal thigh circumference (r=0.33, p=0.07) and skinfold thickness (r=0.35, p=0.06) measurements. VOCAL seemed unreliable for thigh circumference (p=0.11), whereas it achieved relatively good correlation for thigh skinfold thickness (r=0.42, p=0.02). AVol (but not TVol) was significantly associated (r=0.45, p=0.02) with the ponderal index. In conclusion, fetal upper arm and thigh volumetry using fractional or rotational 3D techniques seem to correlate well with various neonatal indices. However, AVol achieved better correlations and could be preferred over other 3D methods for assessing fetal growth.

P200 RISK FACTORS FOR MECONIUM ASPIRATION IN MECONIUM STAINED AMNIOTIC FLUID
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Meconium aspiration syndrome (MAS) is a life-threatening respiratory disease in infants born through meconium stained amniotic fluid (MSAF). The purpose of the present study was to determine risk factors for MAS in newborns of mothers who had meconium stained amniotic fluid in labour. A retrospective study of all full-term pregnancies with MSAF from May 2003 to October 2004 was designed at a teaching hospital. Development of MAS was the primary outcome. Maternal details, mode of delivery and neonatal details (Apgar score, reassuring or non-reassuring fetal heart rate tracing and birth weight) were evaluated. During the study period, there were 2,603 deliveries of whom 302 (11.6 %) had MSAF. MAS developed in 64 of these infants (21.1 %). Compared with healthy neonates with MSAF, those with MAS had higher rate of non-reassuring fetal heart rate (FHR) tracing, thick meconium, and lower Apgar score < 5 or > 5 at 5 min. The neonatal birth weight was lower in the MAS group, maternal age, parity, gestational age and mode of delivery were not significantly different in the two groups. We found the severity of meconium, low Apgar score at 5 min and non-reassuring FHR tracing was associated with MAS in MSAF pregnancies.

P201 THE EFFECT OF MATERNAL POSITION ON LABOR PAIN
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The optimal maternal position for the most comfortable, efficient delivery has long been a source of contention. The purpose of this study was to determine optimal maternal position for MAS. In this study 56 pregnant women that had 2-5 cm cervical dilatation and 5-10 frequency of contraction randomly assigned in two groups. Group A began with 30 min in the sitting position and group B began with 30 min supine position, followed by 30 min supine/sitting position. Therefore maternal position in group A was sitting - supine - sitting, and in group B was supine - sitting - supine - sitting. Each 30 min period the woman asked to rate the labor pain using visual analogue scale (VAS). There was no statistically significant difference between mean pain in upright and supine position in all women. We conclude that certain positions cannot provide less pain through the first stage of labor. Therefore, there is no reason to discourage patients from adopting the position of their choice in labor.

P202 RUPTURE OF THE UNSCARRED UTERUS IN LABOUR – CHALLENGE FOR MODERN DAY OBSTETRICS
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Introduction: Rupture of the gravid uterus is an obstetric emergency with life threatening potential for the mother and the fetus. While Obstetricians the workers are vigilant for signs and symptoms of uterine rupture in a scarred uterus, they may be caught unaware and unprepared for the same in a low risk pregnancy. Case history: We present the case of a 34 year old, fourth gravida with three previous full term vaginal deliveries, who presented in active labour at 9 cm dilatation. Fetal heart rate tracing was reactive with some early decelerations. She had spontaneous strong contractions. After an hour of admission, at full dilatation, when caput and moulding were noted with inadequate descent of the fetal head, a decision for emergency Caesarean section was taken. On the operating table, while the patient was being prepped, the uterine contour appeared abnormal and uterine rupture was suspected. There was uterine rupture at incision due to distorted anatomy. The lower segment was found ruptured in the shape of “+”. The baby was delivered with APGAR scores of 8 at 1 and 10 at 5 minutes, and a cord pH of 7.013. Uterus was repaired. Urologists were involved in the bladder repair. Conclusion: Suspecting, recognizing and managing rupture of unscarred uterus is a challenge for modern day Obstetrician, since the maternal and fetal outcome could be catastrophic. We were fortunate that the rupture occurred on table and we had a favorable outcome for both.

P203 THE INFLUENCE OF OXYTOCIN ON THE FETAL CEREBRAL BLOOD FLOW IN LABOR
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Introduction: Negative isotropic and chronotropic effects of oxytocin are well known. At the same time the level of its influence on the fetal cerebral blood flow (FCBF) in labor still remains unclear. Methods: After local ethic committee approval, 56 parturients were included in the study. 34 of them, age of 19-27 years (mean age 23.7±2.2) belong to the first group in which oxytocin was used to support labor in case of non-progression of parturition. The second group with natural progression of labor included 22 women, age of 18-28 years (mean age 24.7±3.1). Pearson's correlation analyses were performed, and haemodynamics parameters comparison are shown in the following table:

<table>
<thead>
<tr>
<th></th>
<th>First group (N=34)</th>
<th>Second group (N=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSV, cm/s</td>
<td>92.2±14,65</td>
<td>97.8±11,87</td>
</tr>
<tr>
<td>EDV, cm/s</td>
<td>25.7±5,87</td>
<td>37.9±8,92</td>
</tr>
<tr>
<td>TAV, cm/s</td>
<td>46.0±11,12</td>
<td>62.1±21,20</td>
</tr>
<tr>
<td>PI</td>
<td>1.6±0.62</td>
<td>1.6±0.62</td>
</tr>
<tr>
<td>RI</td>
<td>0.73±0.01</td>
<td>0.82±0.01</td>
</tr>
<tr>
<td>25,75±0,87</td>
<td>37,98±0,92</td>
<td>46,0±11,12</td>
</tr>
<tr>
<td>46,0±11,12</td>
<td>62,1±21,20</td>
<td>1.6±0.62</td>
</tr>
<tr>
<td>0.73±0.01</td>
<td>0.82±0.01</td>
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</table>

The disturbances of FCBF in the first group appeared to be oxytocin dose-dependent with the following values of Pearson’s correlation coefficient: -0.47 for PSV, -0.49 for EDV and -0.51 for TAV. Conclusion: The use of oxytocin produces negative effect on FCBF in labor. This effect is dose-dependent. Ultrasonic scanning can be recommended as an effective method of fetal cerebral haemodynamics monitoring in this clinical conditions.

P204 ANTEPARTUM FETAL DEATH - RETROSPECTIVE STUDY OF 8 YEARS (2003-2010)
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Summary: Fetal death after 20 to 24 weeks, or stillbirth, refers to the delivery of a fetus showing no signs of life. The incidence of antepartum fetal death is greater than intrapartum fetal death, with over three million cases each year worldwide, and about one-half of late fetal deaths occurring at term. The aetiology of this situation is unknown, but there are many factors that increased the risk, like hypertension, placental abruption and diabetes mellitus. Objectives and Methods: Retrospective study, through database consultation, of all cases of antepartum fetal deaths admitted in our Institution during a period of eight years (between 2003 and 2010),

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evaluating maternal and fetal determinants. Summary of Results: 16618 deliveries, 17001 newborns with 64 cases of stillbirths (3.76%), 49 of late fetal death (76.5% occurred after 28 weeks), 22 at term (34.4%). In 59 cases the pregnancy was single and in 5 cases multiple; the mean maternal age was 29 years old. Other pre-existing medical conditions included: known thrombophilia in 12 cases, hypertension in 7 cases, diabetes mellitus (7 cases of gestational diabetes and 8 cases), obesity (4 cases) and intra uterine growth restriction in 7 cases. According to Wigglesworth classification (of perinatal death causes), 37 (57.6%) of these cases were included in group 1 (fetal deaths before the beginning of labor), 25 with placental a (group 1b) and 12 in group 1a (fetal deaths before the beginning of labor, without placental abruption). Conclusions: This retrospective study demonstrates that the incidence of antenatal fetal death is similar to the other developed countries and that remains stable in the last decade. We also identified some risk factors and aetiologies for stillbirth that makes possible the use of some prevention interventions.

P205 SURGICAL TREATMENT OF ECTOPIC PREGNANCY - CASUISTIC ANALYSIS OF 24 MONTHS (2009-2010)
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Summary: Ectopic pregnancy occurs when it develops following implantation anywhere other than the endometrial cavity of the uterus. Over 95 percent of these pregnancies involve the fallopian tube. In the last decades there has been a marked increase in rate of ectopic pregnancies, mostly as a consequence of the increased prevalence of sexually transmitted tubal infection and damage, in the leading cause of maternal mortality in first trimester. Objectives and Methods: Retrospective study, through database consultation, of all cases of ectopic pregnancies admitted in our Institution between January of 2009 and December of 2010. Objectives: to describe the incidence of ectopic pregnancy, to analyze our clinical approach, and to evaluate the outcomes. Results: In the referred were admitted in our Department 69 cases of ectopic pregnancies. Of this, 39 (56.5%) required surgical intervention: 35 by laparoscopy, 3 by hysteroscopy, and 30 (43.5%) were resolved only with the administration of methotrexate. Laparotomy was the most common surgical approach (26/39), needed in the majority of cases by the presence of a rupture of ectopic pregnancy and/or hemodynamic instability. Laparoscopy was possible in 13 of the 39 cases submitted to surgery. The most common procedure was unilateral salpingectomy (36/39 cases) vs. salpingostomy (3 cases). Conclusions: This small casuistic demonstrates that laparotomy remains the most common surgery in our Institution for this clinical situation, mostly for the suspicion of ruptured pregnancy. However, the earlier diagnosis made possible the increasing use of medical treatment and a minimally invasive surgical approach with the laparoscopy, which is preferred over laparotomy in stable patients.

P206 APPENDICULAR ABSCESS DURING PREGNANCY: A CHALLENGE (CASE REPORT)
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Incidence of non-obstetric surgical interventions in pregnancy could affect the management of these complications. When these complications are present fetal loss risk is 20%. Case Report: 31-year-old healthy woman, gravida 2, para 1; she had a previous cesarean-section. The pregnancy was unremarkable until 32 weeks. She entered several times to the Emergency Service of another Hospital during the next 2 weeks because of an excruciating lumbar pain and was discharged. She was admitted at 34 weeks for the same pain at our department. She was afibrile. No tender abdomen or Murphy sign was found. Fetal evaluation was normal. Analysis revealed anemia, elevated PCR and leukocytosis. Renal and abdominal ultrasounds were normal. MRI was equaled but there was no available equipment for abdominal woman scan. Laparoscopy was performed and a retroflexion appendicolith with 1 cm was found after cesarean being performed. It was a male newborn with 2280 g. Drainage of abscess and extensive washing were done in conjunction with Surgery. Postoperative course was favorable. A case report of an rare complication of appendicitis is presented and it illustrates how challenging an appendicular pain can be. Several factors inherent to pregnancy as the anatomic alteration of the appendix, the frequent symptoms of vomiting, the physiologic changes in the response to inflammation and the limitations of some diagnostic tests and the fear of unnecessary intervention could delay the diagnosis.

P207 ADVERSE PREGNANCY OUTCOME FOR HOMOZYGOUS AND HETEROZYGOUS CARRIERS OF THE FACTOR V LEIDEN MUTATION - DOES ANTIICOAGULATION MAKE A DIFFERENCE?
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Introduction: To assess obstetric and thromboembolic complication rate in pregnant women with factor V Leiden (FVL) mutation homozygous status. Materials & Methods: This was a retrospective case-control study. Between 2004-2010, charts of all homozygous and heterozygous FVL carriers who were followed at the high risk pregnancy clinic, gave birth at Sheba medical center and received thromboprophylaxis were reviewed. Thromboprophylaxis included low molecular weight heparin (LMWH) and/or low dose aspirin (100 mg OD). FVL was detected by PCR amplification methods. Exclusion criteria included women with other concomitant thrombophilic abnormalities, and lack of peripartum thromboprophylaxis. Adverse outcomes included thromboembolic and obstetrical complications. A composite adverse obstetric outcome was defined as the presence of at least one of the following: late intrauterine fetal demise (IUFD), severe intrauterine growth restriction (IUGR, less than 5 percentile), preeclampasia (PEI) or placental abruption. Pregnancy outcomes and thromboembolic events of homozygous and heterozygous FVL carriers were compared. Results: 17 pregnancies of homozygous FVL women were compared with 86 pregnancies of heterozygous FVL carriers. 4/17 (23.5%) of homozygotes were treated by therapy, and 1/17 by LMWH dose adjustment. Compared with only 2/86 (2.3%) of heterozygote carriers (p=0.005). Gestational age and birth weight at delivery were similar. The composite adverse obstetric outcome rate was higher between homozygous and heterozygous FVL groups (17.6% vs. 11.6%), and no significant differences were noted between the groups in each individual complication. All thromboembolic events (3/86, 3.4%) occurred in the heterozygous FVL group. Conclusions: Under variable thromboprophylaxis regimens, pregnancy outcome was similar for homozygous and heterozygous FVL carriers. The overall likelihood of thromboembolic complications was low. High dose thromboprophylaxis was associated with an increased risk of thrombembolic complications in homozygous FVL patients to similar level as heterozygotes.

P208 MONOCHORIONIC DIAMNIOTIC TWINS: WHEN SHOULD THEY BE DELIVERED?
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Objective: To determine the optimal timing of delivery of uncomplicated monochorionic-diamniotic (MCDA) twins. Methods: Pregnancy data was retrospectively obtained from patients with MCDA and dichorionic-diamniotic (DCDA) twins delivered between 2000-2009. Neonatal outcomes were also analyzed. Survival curves were generated and the prospective risk of perinatal mortality was calculated. Data from a cohort of “uncomplicated” MCDA twins were also analyzed. Uncomplicated cases were those without preeclampsia, diabetes, antepartum hemorrhage, placental abruption, intrauterine growth restriction, fetal disorders and/or chorioamnionitis. The risk of severe perinatal morbidity and mortality (defined as stillbirth, neonatal death, bronchopulmonary dysplasia, > grade 3 intraventricular hemorrhage, necrotizing enterocolitis, and sepsis) was compared at weekly intervals between fetuses delivered at a specific gestational age, and fetuses remaining in utero (fetuses at risk). Results: We analyzed 5894 DCDA and 1704 MCDA twins. At 30 weeks, there was no difference in the prospective risk of total mortality between MCDA and DCDA twins (p=0.13). In the 431 “uncomplicated” MCDA twins, the risk of severe perinatal mortality was greater at each gestational week (until 36 completed weeks) in fetuses that were delivered compared to fetuses that remained in utero (p<0.05) (Figure 1). Conclusion: The prospective risk of perinatal mortality in DCDA and MCDA twins > 30 weeks gestation is low. In “uncomplicated” MCDA twins delivered between 30-37 completed weeks, the risk of severe perinatal mortality and morbidity is greater than in fetuses that remain in utero. Elective delivery of MCDA twins prior to 37 weeks is not recommended. Insert: MCDA Gestational Age table here. Figure 1: *p <0.05, **p <0.01, †p <0.001, ††p <0.0001
One of the noninvasive safe methods of Physiologic Labor Pain Management is use of birth ball, by rocking and movement of pelvic (Pelvic tilt), which can be done by client, and physicians could reduce pain during procedure. Acknowledgement: We are thankful to support of nurses and midwives to examine and assist women during the study.

P210

EFFECT OF BREAST FEEDING ON INFANT'S BEHAVIORAL PAIN SCALE DURING DPT VACCINATION

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Pain management is a challenging concept in neonatal care. Since Neonates have higher pain sensitivity in comparison to children and adults, pain management has become a crucial part of neonatal care and care. Aim: To examine the pain relieving effect of breast feeding during DPT vaccination. Materials and Methods: 76 healthy 2-4 months old term infants, in health centers of West of Tehran by randomized collection were divided to two groups. One group were breast-fed, 2 minutes before, during, and 15 seconds after the DPT vaccination, and second group according to routine of clinic lied on the examining table. Objective changes in Neonates’ appearance were assessed by Modified Behavioral Pain Scale (MBPS) during 5 second before immunization till 15 second after it. Results: Age, gender and the time of feeding prior to vaccination were equal in two groups, and there were no significant difference between them. There were significant differences in MBPS after 15 second intervention and also in each parts of it include: facial expression (4 items), cry (5 items), and movements (6 items) (P < 0.0001). Conclusion: With safe intervention of straight breast feeding during vaccination and injection, health care workers, and physicians could reduce pain during procedure. Acknowledgement: This study had been received grants from the research department of Tehran University of Medical Sciences. (2008-2009)

P211

CORTICOSTEROID EFFICACY IN LATE PRETERM BIRTH

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Objective: To analyze neonatal mortality and morbidity rate at 34, 35 and 36 weeks of gestation after corticosteroid compared with similar group without corticosteroid over the past 18 months in our tertiary hospital and to estimate the efficacy of corticosteroid on neonatal outcome. Method: We performed this study on 89 cases of late preterm birth without fetal anomaly, IUGR, hydrops fetalis. ... The cases were divided blindly into two groups. Group 1 cases were prescribed betamethasone before delivery (40 cases) and group 2 were prescribed placebo (48 cases). Neonatal outcome were compared between the two groups. Results: Late preterm mortality occurred in only one case in one group and cannot be analyzed. The rate of respiratory distress, intubation and the need for surfactant were the same for both groups, but the mean 1st min. APGAR score for group 1 was 8.3±1.04 in comparison with 7.3±1.44 for group 2. The mean of 1st min. APGAR score is significantly higher with betamethasone (P=0.039). Conclusion: Late preterm birth is responsible for 75% of all preterm births with higher neonatal mortality and morbidity rate in comparison with 39 weeks. It seems unlikely to prevent late preterm delivery but with standard neonatal care and higher levels of resource and experience in prenatal and neonatal care there is no need for corticosteroid in preterm birth after 34 weeks of gestation.

P212

SEORPREVALENCE OF CYTOMEGALOVIRUS INFECTION AMONG PREGNANT WOMEN IN SINGAPORE

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Objective: To determine the seroprevalence of Cytomegalovirus infection in pregnant women in Singapore, and to identify factors correlating with seroconversion status. Methods: A retrospective study was performed on 76 healthy 2-4 month term infants, born locally in Singapore, have not been exposed to CMV infection and are followed up in a tertiary hospital. Results: Seropositivity rates between the three groups was not statistically significant. There were 5 macrosomic newborns, 4 in group A and 1 in group C. 16% of the newborns in group C had an abnormality, compared to 2% in group A and 3% in group C. Conclusions: In our population, a superior weight gain was not related to a higher rate of caesarean deliveries, although the higher percentage of small for gestational age, and only 1% in group A and 9% in group B. There were no significant differences in birth weight, according to NHI system: very low (local clinic), low (district hospital), medium (tertiary hospital) and high (private hospital). The common causes for secondary amenorrhea are PCOS, premature ovarian failure, and maternal adversities. Patients with a previous history of postpartum exacerbation may affect the choice of therapy since some drugs used to treat MS are known teratogens. Patients with a previous history of postpartum exacerbation may affect the choice of therapy since some drugs used to treat MS are known teratogens. Cohen-Mansfield et al., found that the use of corticosteroids in pregnancy was related to early onset of labor and delivery. There were no
**P214 MULTIPLE SCLEROSIS: A NEUROLOGIC DISORDER COMPLICATING PREGNANCY—CASE REPORT**

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Introduction: Multiple Sclerosis (MS) is an immune-mediated demyelinating disease of the Central Nervous System (CNS) characterized by relapses and remissions of neurologic deficits. During an MS exacerbation (relapse), patients typically complain of a progressive neurologic deficit developing over several days. Mean rates of relapse before pregnancy, in the first trimester, in the second trimester, in the third trimester, and in the first three months postpartum are 0.7, 0.5, 0.6, 0.2, and 1.2 per woman per year, respectively. Followed by a return to the pre-pregnancy rate. Pregnancy may affect the choice of therapy since some drugs used to treat MS are known teratogens. Patients with a previous history of postpartum exacerbation may benefit from the administration of intravenous immune globulin. Case report: Female, 34 years old, previously healthy, early neurologic deficits in the postpartum period of the first pregnancy (2007) compatible with MS (confirmed by magnetic resonance imaging of the CNS), with beginning of immunomodulatory treatment (interferon beta-1a). In 2010 she offered a miscarriage (11 weeks of amenorrhea, unplanned pregnancy), self-discontinuation of specific treatment. Then again pregnant, pregnancies were uneventful, without specific therapy; normal delivery in July 2011, with newly born active and viable, female, 2785g. The patient performed human immunoglobulin treatment in the postpartum period. Conclusion: Pregnancy has a protective effect against MS relapses, but there is an increased risk of disease exacerbation in the early postpartum period. Women who are planning a pregnancy or who become pregnant must stop treatment with disease-modifying therapy for MS during pregnancy if possible.

**P215 CHORIONIC VILLUS SAMPLING: LAST TEN YEARS OF EXPERIENCE IN A PORTUGUESE CENTER**

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Department of Medical Genetics Institute of Medical Genetics Dr. Jacinto de Magalhaes, Braga, Portugal

Introduction: Chorionic villus sampling (CVS) refers to a procedure for the prenatal diagnosis of genetic disorders in which small samples of the placenta are obtained for chromosome or DNA analysis. It is generally performed during the first trimester (after 10 weeks). The most serious complications from CVS are fetal damage or loss. Other concerns relate to possible contamination of the sample. We report the experience with CVS performed at our center from 2000 to 2010. Medical records were consulted. Results: During the study period were performed 149 transcervical CVS. The indications for the technique are summarized in Table 1. Results presented as mean ± standard deviation (median): mean age - 30.35 ± 4.9 (30) years; gestational age - 11.20 ± 1.50 (11) weeks; time delay of the result - 13.17 ± 6.67 (9) days; number of attempts - 1.62 ± 0.67 (1) times. Pregnancy loss rate: 3.36%. Maternal contamination rate: 2.68%. Rate of insufficient material: 3.36%. Maternal weight gain: 2.01%.

<table>
<thead>
<tr>
<th>Indications</th>
<th>CVS</th>
<th>CASES (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familial amyloidotic polyneuropathy</td>
<td>53</td>
<td>(35.57)</td>
</tr>
<tr>
<td>Friedreich ataxia</td>
<td>6</td>
<td>(4.03)</td>
</tr>
<tr>
<td>Huntington disease</td>
<td>7</td>
<td>(4.70)</td>
</tr>
<tr>
<td>Muscular dystrophy</td>
<td>15</td>
<td>(10.07)</td>
</tr>
<tr>
<td>Leukocoria</td>
<td>6</td>
<td>(4.03)</td>
</tr>
<tr>
<td>Spinal muscle atrophy</td>
<td>7</td>
<td>(4.70)</td>
</tr>
<tr>
<td>Abnormal 1st trimester screening for aneuploidies</td>
<td>2</td>
<td>(1.34)</td>
</tr>
<tr>
<td>Advanced maternal age</td>
<td>3</td>
<td>(2.01)</td>
</tr>
<tr>
<td>Advanced maternal age + sonographic abnormality</td>
<td>3</td>
<td>(2.01)</td>
</tr>
<tr>
<td>Sonographic anomaly</td>
<td>1</td>
<td>(0.67)</td>
</tr>
<tr>
<td>Another genetic disease</td>
<td>46</td>
<td>(30.87)</td>
</tr>
</tbody>
</table>

**P216 MATERNAL WEIGHT GAIN — OUR REALITY**

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Introduction: Several studies suggest an association between weight gain during pregnancy and maternal/perinatal outcomes. We evaluated the maternal weight gain and its association with maternal/perinatal outcomes. Methods: Retrospective study of pregnancies with follow-up in our maternity, between August and September of 2011. Multifetal gestations, women without preconception BMI and final pregnancy weight information, were excluded. Three groups were considered: pregnancies with total weight gain superior (group A), equal (group B) or inferior (group C) to the recommended by the Institute of Medicine (IOM). Results: Regarding BMI classification, 3% were underweight, 65% had normal BMI, 22.5% were overweight and 9.5% obese. The median weight gain at the first trimester was 2.3 kg, and 13.5 kg near delivery. 37% had a total weight gain superior to the recommended by the IOM, and 26% had an inferior total weight gain. 9.5% had gestational diabetes and 2.5% pregnancy hypertension. The group A had 16%, group B 9.5% and group C 9.8% of prolonged pregnancies. 28.1% of all deliveries were caesarean, difference between the three groups was not statistically significant. There were 5 macromomotic newborns, 4 in group A and 1 in group B. 16% of the newborns in group C were small for gestational age, and only 1% in group A and 9% in group B. Conclusions: In our population, a superior weight gain was not related to a higher rate of caesarean deliveries, although the higher percentage of macromomotic newborns. The inferior weight gain in pregnancy increased the number of birth weights below 10th percentile.

**P217 ASSOCIATION OF HOSPITAL VOLUME WITH MATERNAL OUTCOMES IN 225,304 TAIWANESE SINGLETON PREGNANCY WOMEN WITH CESAREAN SECTION, VAGINAL DELIVERY, AND VAGINAL BIRTH AFTER CESAREAN**

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Introduction: Previous studies have showed that hospital volume (HV) was associated with mortality, surgical outcomes, and cesarean section. However, the influence on maternal outcomes was unclear. In addition, different modes of delivery were associated with different postpartum maternal consequences. Objective: To investigate the association of HV with maternal outcomes in women with cesarean section (CS), vaginal delivery (VD), and vaginal birth after cesarean (VBAC). Methods: We used the claims database of Taiwan National Health Insurance (NHI) of 225,304 singleton births in 2002. HV was expressed as four categories according to NHI system: very low (local clinic), low (district hospital), medium (regional hospital), and high (medical center). Outcome indexes includes hysterectomy, blood transfusion (BT), prolonged hospital stays, urinary tract infection (UTI), complications of obstetrical surgical wounds, postpartum hemorrhage after discharge, postpartum readmission, and postpartum maternal death. Results: After adjusting for maternal characteristics and modes of delivery, hysterectomy rate was significantly higher in high (OR: 5.18, 95% CI: 2.47-10.88) and medium (OR: 4.41, 95% CI: 2.28-8.51) compared to very low HV. BT rate was significantly higher in high (OR: 3.74, 95% CI: 1.95-7.16) and medium (OR: 4.68, 95% CI: 2.45-8.82) compared to very low HV. High HV had prolonged hospital stay (OR: 1.73, 95% CI: 1.20-2.50) compared to very low HV. Postpartum hemorrhage after discharge was lower in high (OR: 0.27, 95% CI: 0.11-0.65) and medium HV (OR: 0.36, 95% CI: 0.14-0.91) compared to very low HV. Conclusion: HV was associated with maternal outcomes in Taiwan.

**P218 SERUM ANTI-MULLERIAN HORMONE LEVELS IN KOREAN WOMEN WITH SECONDARY AMENORRHEA**

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Objective: To investigate serum AMH levels in patients affected by secondary amenorrhea and relationship between in controls and in women with secondary amenorrhea. Design: Retrospective cohort study. Material and Methods: We analyzed a total of 174 women who visited in university-based clinic at the Asan Medical Center, Seoul, South Korea. The most common causes for secondary amenorrhea are PCOS, premature ovarian failure (POF) and functional hypothalamic amenorrhea (FHA). Women with other causes of amenorrhea, such as hyperprolactinemia, thyroid, and adrenal disorders, were not included in the study. Results: There were no...
significant differences in patients’ characteristics among the groups. The serum AMH level in controls was 5.5 ± 2.3 ng/mL. Serum AMH levels were significantly higher in PCOS patients (r = 0.265, P<0.05) than in 14 of 46 patients with EOF; serum AMH was undetectable. In patients with detectable AMH levels, serum AMH levels were significantly lower in controls (0.6 ± 0.9 vs 5.5 ± 2.3 ng/mL, P<0.05). The significant difference observed in the serum AMH levels of controls and women with FHA (4.5 ± 3.5 vs 5.5 ± 2.3, P=0.26). The AMH did not correlate with FSH, E2, lipid profile, fasting glucose, and BMI in women with PCOS. A positive relationship was found between AMH and LH only in PCOS patients. Female offspring were partially autopsied at postnatal day 30 and 60. The histopathology featured evidence of malignancy. The postoperative course was uneventful. Accumulating evidence suggests that prostanoids such as PGE2 may play an important role in carcinogenesis. However, the role of prostacyclin – a well-known inhibitor of platelet aggregation and vasodilator, has not been studied in young patients. Few cases have been reported in the literature. It is a rare diagnosis, difficult to prove and difficult to predict. It is characterized by obstructed delivery of the fetus. We know a little about the effects of this syndrome on the pregnancy. Below, we are going to report a case of 30-31 weeks of pregnancy in a woman diagnosed with Alport Syndrome, treated successfully in our hospital. Name of the patient: Dashurie L. Age of the patient: 26. Obstetrical history: G2 P101. Time of hospitalisation: 11/05/2006 Diagnosis of hospitalisation: 30-31 weeks of pregnancy, Alport syndrome et amnion gravitatis. Chart of clinical appearance: Premature delivery of a girl of 31 weeks of gestation in the lower extremities and the abdomen; emphatic facial palsy; pale skin and mucus, emphatic bilateral hearing loss; BP=120/70mmHg, 17.05.06 – A+) hemotransfusion + 1 unit of plasma. 18.05.06 – Dexamethasone 1mg, 19.05.06 IV - Melotylin - 12.00 pm (19.00 p.m.). Conclusions: We suggested that AMH measurement could provide additional information during the diagnostic evaluation of secondary amenorrhea.

P219 CHRONIC VENOUS INSUFFICIENCY IN PREGNANTS
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Objective: to investigate gestational changes in diameter and blood flow in the deep veins of lower extremities and pelvic veins and renal veins in pregnant women. Methods: real-time duplex Doppler ultrasound assessments of deep veins of lower extremities and pelvic veins, and renal veins diameter, flow velocity, valve function with Valsalva maneuver in pregnant women was serially measured from the first trimester of pregnancy to one month postpartum. Results: An increase in vessel diameter and a fall in tonico-elastic characteristics of vein wall and increase of venous reflux were observed. No meaningful changes in flow velocity in the deep veins of the lower extremities and pelvic veins during pregnancy were found. Thrombogenic zones in valve sites of lower extremities veins were discovered with correlations to d-dimer sera levels. Changes of impedance Thrombogenic zones in valve sites of lower extremities and pelvic veins during pregnancy were found. The lower extremities and pelvic veins during pregnancy were found.

P220 IDENTIFICATION OF RELATED FACTORS TO ELECTIVE CESAREAN METHOD: A THEORY BASED STUDY
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Background: The rate of cesarean section has been higher than standard of WHO (15%), in many countries such as Iran. This study was carried out to identify factors related to elective cesarean method based on behavioral theories among pregnant women in Ahvaz, Iran. Material and methods: In an analytical cross-sectional study, 342 mothers referred to public health centers of Ahvaz were assessed and data were collected using a structured questionnaire. Data were analyzed through regression, chi-square and t tests. Results: Mean age of women was 23.9±5.2. There was a significant correlation between choosing delivery method with education, job and employment. Bivariate analysis has revealed that elective method to terminate pregnancy was significantly related to constructs of theories (P<0.001). Three constructs including perceived barriers, subjective norms and self-efficacy were significantly associated with elective cesarean (P<0.001). Conclusion: Promotion of perceived self-efficacy to overcome barriers such as pain can encourage pregnant women to elective vaginal delivery. However, the other and main factor is subjective norm that is influenced by husband and mothers. In this regards, researchers suggest that subjective norms should be accounted as an essential construct in future theory based studies.

P221 ALPORT SYNDROME AND PREGNANCY
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Aims: The aim was to assess the effect of prenatal bisphenol A (BPA) exposure on the ovary in rats. Methods: Pregnant SD rats were administered orally 0, 0.005, 0.05, 0.5 or 2.5 mg/kg/day BPA from D7-D20, respectively. Female offspring were partially autopsied at postnatal day (PND) 30 or 60, respectively, and the rest were administered subcutaneously 17β-oestradiol for 10 weeks, twice a week, and then autopsied at PND 130. Results: Compared with the control, there were higher hormonal serum levels and relative ovarian weight detected in all BPA-treated animals at PND 30 and 60. The histopathology featured increased number of follicles and cystic corpus luteum. 0.005-0.5 mg/kg/day BPA treated animal had low expression of vascular endothelial growth factor (VEGF) protein at PND 30 and PND 60; however, they had high expression of VEGF protein at PND 130. In contrast, 2.5 mg/kg/day BPA treated animal had high expression of VEGF protein at all tested periods. In addition, 2.5mg/kg/day BPA can induce abnormal gene changes in the ovary of the offspring. These altered gene expressions, involving cytokine-cytokine receptor interaction, Jak-STAT, chemokine and Toll-like receptor signaling pathway, are often associated with the pathway of angiogenesis, autoimmunity, inflammatory response and tumor formation. Conclusion: Prenatal exposure to BPA alters the endocrine environment and enhances the sensitive response of the ovary to the estrogen. These abnormal modifications, including increased VEGF level and altered gene pathway, may associate with the high frequency of neoplastic lesions found later in life, such as polycystic syndrome.

Gynecology

P223 UNDERGRADUATE STUDENTS’ AWARENESS OF FEMALE REPRODUCTIVE AGING AND ATTITUDE TOWARDS PARENTHOOD IN NORTHERN NIGERIA
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OBJECTIVE: There is a trend towards delaying parenthood as a result of drive towards career attainment and most especially economic hardship in deprived settings of the developing world even though reproductive behaviour is mainly fertility oriented in such societies. The study sought to
find out knowledge of undergraduates on reproductive ageing and attitude towards being future parents. METHODS: A cross-sectional self-report questionnaire based study of Nigerian undergraduates studying at Ahmadu Bello University, Zaria and Kaduna Polytechnic, Kaduna. This survey was done in the first half of year 2011. Undergraduate university medical students were excluded. RESULTS: A total of 203 students completed the survey questionnaire. All the 203 (100%) students have the desire to be parents and 198(97.5%) of the 203 view parenthood as an extremely important event in life. Mean average of children desired was 4.2. Desire to have first child was mostly between age 30 to 35 years in 181(89.2%) of the 203 respondents and desire to have the last child was mostly in the age bracket 35 to 39years in 157 (77.3%) students. Knowledge of female reproductive ageing revealed age 25 to 29years was mainly viewed as the most fertile age interval by 179(88.2%) of the 203 students surveyed, while age 40 years and above was mostly viewed as when marked fertility decline begins by 173(85.2%) students. Career attainment and good income were mostly viewed as facilitating factors towards commencing parenthood. However, other important influencing factors are job security, child welfare, entitlement, accommodation and stable relationship. CONCLUSION: Precise knowledge on female reproductive ageing is poor from this study, except for the attainment of career and good income. In preoperative we discover a giant cystic mass mimicking an ovarian tumor. In preoperative we discover a giant cystic mass mimicking an ovarian tumor. CT scan showed a cystic mass reaching the umbilicus without any other clinical symptom. CT scan showed a cystic mass reaching the umbilicus without any other clinical symptom. Conclusion: CT scan was adequate for diagnosis of the suspected giant diverticulum. The goal of study was to find optimal HRT for women with obesity. Population: 25 women with mean BMI 34.7±2.1 kg/m² who suffered from menopausal symptoms and had metabolic symptoms. Mean age in group 1 was 48.7±0.7. Methods used: index Kuppermann, metabolic profile, ultrasound examination, Papvel biopsy, histological investigation of endometrium biopsy. Results Fasting hyperglycemia had 13.3%, and 20% had disorders in glucose tolerance. Metabolic resistance was confirmed among 83.3% of patients (HOMA index 4,79±1,24).At the moment of starting HRT patients used LNG-IUD not less than 1 year, transdermal estradiol was added according to menopausal symptoms. During 6 months of HRT 96.6% women had amenorrhea, only 3.3% had spotting. Ultrasound examination showed endometrium 3,0±0.8mm. During intervention was found (p<0.05) decreasing of triglycerides levels from 2,2±0.31 mmol/l on baseline to 1,8±0.12 mmol/l after 6 months. Other parameters were not changed. Conclusion: we expected absence of influence transdermal HRT on lipid and carbohydrate metabolism. It was positive result of investigation that should be widely used in practice.
ABNORMAL PAP SMEAR IN INFERTILITY POPULATION IN SAUDI ARABIA
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Background: In our infertility population, STDs are very uncommon. No data has been published on Pap smear abnormalities in our population. Objective: Objective is to assess the rate of abnormal Pap smear in patients attending the infertility clinic compared to the general population.

Methodology: It was a retrospective case–control study. The cases were all Saudi women who consulted the infertility clinic at King Faisal Specialist Hospital from January 2004 to December 2006. The controls comprise general population Saudi women who had a pap smear in the same period at the family health clinic.

Result: Total Pap tests in the study group were 3841, and in the control group were 3760. Abnormal Pap tests were found in 5% of the study group and 6% in the control group (P=0.01). Abnormal Pap tests were found in 5% of the infertility population, and 6% in the control group (RR 0.7 (0.55-0.94). The majority of the abnormalities in the control group was ASCUS (81% vs. 70% in infertility patients; P=0.01). The more serious abnormalities like HGSIL or LSIL were seen more in infertility population (30% of the abnormal tests, vs. 19% in the control, RR 1.56, 95% CI 1.1-2.2). CMV was seen in 29% of the abnormal, amongst the infertility population, vs. 2% of the controls (P<0.05). 24% of the patients with abnormal smears required Colposcopy in the infertility population, and 7.3% needed cone biopsy while that was 6% and 0.6% respectively in the general population.

Conclusion: The rate of abnormal Pap smear is not increased in the infertility population compared to the general population. If we remove ASCUS will see more HGSIL and LSIL in the infertility population, which required more intervention. The infertility population could represent a high risk group for the more serious abnormalities, and this could be specifically targeted with more strict preventive methods.

P230 MENOPAUSAL SYMPTOMS AMONG SAUDI ARABIAN WOMEN IN AL-KHOBAR
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The current study was conducted in 2003 among Saudi Arabian women in the city of Al-Khobar in the East of Saudi Arabia. Biocultural and lifespan perspective were used to assess the prevalence of menopausal symptoms.

The objectives of the study are (1) to detect factors that might contribute significantly to a more rapid decline to ovarian function; (2) to determine the factors that significantly affect the prevalence of menopausal symptoms that Saudi Women’s experience; and (3) to assess the relationship between women’s perceptions and attitudes toward the menopausal event. This study also examined the differences in women’s attitudes toward menopause, depending on whether these women were experiencing, or had already experienced natural menopause. The finding of this study indicated that the respondent’s marital status and number of children were significantly associated with the prevalence of menopausal symptoms. Women’s attitudes toward menopause varied based on their menstrual status. And there was a significant association between these respondents’ total menopausal symptoms reported and their attitudes toward the menopausal event and the women’s educational level.

P231 ANGIOMYOFIBROBLASTOMA OF THE VULVA: CASE REPORT
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Background: Angiomyofibroblastoma is a rare, slow growing and benign mesenchymal tumor that occurs mainly in the vulvovaginal region of middle-aged women. It is an often misdiagnosed tumor that might represent a Bartholin’s gland cyst and surgical excision is the treatment of choice. Case Report: A 41-year-old female with hyperthyroidism and no relevant gynecological history, presenting a painless right vulvar mass. Local examination showed a mass on the inner side of the right labium major (5.5 x 4 x 3 cm), with elastic texture, that which was surgically excised. Histopathological and immunohistochemical analysis showed fusiform cells, scattered thin-walled vessels, light pleomorphism and low mitotic index. Cells were positive for desmin, but negative for S-100, favoring the diagnosis of angiomyofibroblastoma. Conclusion: The differential diagnosis of vulvar neoplasms represents an important challenge, being usually confused with Bartholin’s gland cysts, but it is essential to exclude aggressive angiomyxoma. The differential diagnosis is based mainly on findings of histology and immunohistochemistry, but it is not always easy to do, as they can share clinical features and microscopy is not always clarifying.

Abdominal X-ray after expulsion (left micro-insert missing)

P232 ESSURE® EXPULSION – A CASE REPORT
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Expulsion of one or both Essure® micro-inserts has been reported as one of the complications following a hysteroscopic sterilization procedure. In reviewed literature reported expulsion rates of one micro-insert at up to 42 months of follow up are less than 1%. 46 year old multiparous woman submitted to hysteroscopic sterilization - Essure® device (previous history of hypertension, 3 copper IUD expulsions and hysteroscopic polypectomy near the right tubal ostium; no other relevant medical/surgical data). Preoperative preparation consisted on estrogen-progesteron contraception for 3 months and NSAID’s before the procedure. Essure® placement was uncomplicated (optimum visualization and positioning) and under sedation. 3 month follow-up with X-ray revealed inequality in the positioning of the Essure® device; Hysterosalpingogram (HSG) showed bilateral tubal occlusion. 16 months after Essure® insertion the patient reported vaginal expulsion of one micro-insert accompanied by intense pelvic pain and vaginal bleeding. She complained of persistent pelvic pain since the Essure procedure. She was diagnosed with pelvic inflammatory disease and given antibiotics. Expulsion was confirmed by recovery of the micro-insert and abdominal X-ray. She was sent to our family planning consultation, began progesterone only pill, was evaluated by HSG (inconclusive) and is now expecting laparoscopic sterilization (as she refused other methods). Late Essure® expulsion is a rare complication. In this case it can be related to PID, previous poly resection and idiopathic spasmodic activity. Further investigation is still needed to determine risk factors/ contraindications for Essure® and the best method and timing for follow-up in borderline patients.
students was determined as 20.38±2.0. 91.4% of the students do not regard
in midwifery, 14.5% was in social services, 7.9% in health management and
elderly people should be trained; however, 87.7 of them declared that no
homes. 45.8% of students expressed that the person to look after the
students determined that elderly people should be looked after at their
person to take responsibility of elderly caring was their children. 57.6 of the
elderly caring as the duty of women. 64.2% of the students stated that the
responsibility of women (p<0.05). While the rate of girls who consider that
difference was determined between the choice of person to take the
University Vocational High School of Ceyhan. The data of the study wa s
carried out at Selcuk University, Faculty of Medical Sciences and Cukurova
sensitiveness of university students on this matter and their gaining an
the literature information. There are 26 questions in the questionnaire and
they are related to determining the view and opinion of the students about
endometriosis (Group 1) and 5 without endometriosis (Control Group), ages
between 21 and 37, all under treatment at Human Reproduction Sector in
the Federal University of Sao Paulo. Each endometrial biopsy was done on
the implantation window (LH +711), on the luteal phase. Local Ethics
Committee Approval was obtained for this study. The diagnosis of
endometriosis was visually assessed according to the revised American
Society for Reproductive Medicine classification of endometriosis. The
superoxide radicals to form ethidine that intercalates in the DNA to provide
nuclear fluorescence. To get rid of the differences in cellular densities, DAPI (4′-diamidino-2-phenylindole) was
used in all slice samples. The superoxide levels had been estimated from
confocal microscopy images, by analysis of the ratio between ethidine and
DAPI fluorescence in the total cells. Results: The analyses of the
overlapping images show much more stained cells with DHE in the group of
women with endometriosis than in the control group. Conclusion: Therefore,
our results indicate that superoxide is involved in etiopathology of
endometriosis. Support: FAPESP, CNPq, Fap-Unifesp and Centro de
Reproducao Humana Fertilitro.

= 80); high fasting glucose = 6% (n = 7); high triglycerides = 32.8% (n = 38);
low HDL-cholesterol = 77.6% (n = 90); high blood pressure = 22.4% (n = 28).
Possibilities of risk factors vary from four risk factors and five with three risk factors). All specific combinations of risk
factors that exceed the expected values included abdominal obesity and low HDL-cholesterol as a component. Our
finds suggest that the combination of abdominal obesity and low HDL-cholesterol is less and the percentage in the
PCOS and MetS phenotype. Additional studies need to confirm this assumption. (Work
supported by the Brazilian National Council for Scientific and Technological Development in CNPq, Ministerio da Saude do
Brasil, and Fundação de Apoio a Pesquisa do Estado do Rio Grande do Norte – FAPERN.
0146.00/04-CNpq/FAPERN: 673.923254).

P234
THE VIEW AND OPINIONS OF A GROUP OF UNIVERSITY STUDENTS
STUDYING MEDICINE ABOUT THE GENDER ROLES IN ELDERLY
CARE:
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Introduction: The sharing of the roles of women and men generally occurs in
relation to role patterns of gender. As for social role, the first person that
comes into mind to look after the elderly people is the woman (Karahan and
Göven 2002, Adak 2003, Apteke 2007). In the executed studies, women were
found to give the caring services most (Kong 2007, Ekwahl 2007). In
this regard, it is crucial that every segment of the society, especially
university students who are preparing for the future, is more sensitive.
Objectives: This study was conducted to determine the gender roles of
university students who study at health related departments about elderly
care. Methods: 795 students took part in this descriptive study. It was
carried out at Selcuk University, Faculty of Medical Sciences and Cukurova
University Vocational High School of Ceyhan. The data of the study was
collected via a questionnaire form developed by the researchers based on
the literature information. There are 26 questions in the questionnaire and
they are related to determining the view and opinion of the students about
the roles of gender in elderly caring. The data of research was collectively
collected in the classroom, in parallel with self-reports of the students who
are under the control of the researchers. Necessary written and oral
permits were obtained for the study. In the analysis of data, the descriptive statistics
(numbers, percentage, median and standard deviation) and chi-square
analysis were used. Findings: Among the students who take part in the study,
80.6% was girls and 19.4% was boys. It was determined that 40.6%
of the study group was the students of nursery program, 33.1% of them was
in midwifery, 14.5% was in social services, 7.9% in health management and
3.3% of them was in elderly caring program. The average age of the students was determined as 20.38±2.0, 91.4% of the students do not regard
erly caring as the duty of women. 64.2% of the students stated that the
person to take responsibility of elderly caring was their children. 57.6 of the
students determined that elderly people should be looked after at their
homes. 45.8% of students expressed that the person to look after the
elderly people should be trained; however, 87.7 of them declared that no
gender role exists. The main barriers to the Pap smear were embarrassment, non-requesting
by their physicians, and painful. CONCLUSIONS: The physician is the main
source of information about the Pap smear. However, teachers who more often attend medical visits, despite their good practice, show low adequacy of knowledge and attitudes and the usage of Pap smear, which indicates that
they are not receiving appropriate information on the test's purpose,
advantages and benefits to women's health.

P235
COMPLICATIONS OF MESHES IN COMBINATION WITH VAGINAL
HYSTERECTOMY OR MANCHESTER REPAIR
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Introduction: Uterovaginal prolapsed is common up to 35% in women over
age of 50 and can be accompanied by urine incontinence. The placement of
anterior mesh is a well-known method for cystocele grade II and III whereas
high HDL-cholesterol can be common in the PCOS patients. Low HDL=cholesterol = 77.6% (n = 90); high blood pressure = 22.4% (n = 28).

The study is continuing for more results.

P236
KNOWLEDGE, ATTITUDES, AND PRACTICES OF FEMALE SCHOOL
TEACHERS IN SARAWAK BORNEO ABOUT PAP SMEAR AND
CERVICAL CANCER

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OBJECTIVE: To assess the knowledge, attitudes and practices of female
teachers related to the Pap smear and cervical cancer and the association
between these behaviors and sociodemographic characteristics.
METHODS: We carried out a cross-sectional study with 795 teachers in
48 secondary schools in Kuching Sarawak. A total of 420 women aged 25 to
55 years, randomly selected in a stratified manner were interviewed in
September 2010. A questionnaire consisting of pre-coded, open questions
was administered and answers were described and analyzed, as for
adequacy of knowledge, attitudes, and practices of teachers regarding the
Pap smear. Tests of association were carried out between sociodemographic characteristics and behaviors studied at a 5%
significance level. RESULTS: The Pap smear rate was 57.3%. Although
75% of the teachers interviewed showed adequate knowledge about the
Pap smear, tests of association were carried out between sociodemographic characteristics and behaviors studied at a 5%
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Pap smear, tests of association were carried out between sociodemographic characteristics and behaviors studied at a 5%
significance level. RESULTS: The Pap smear rate was 57.3%.
P238
ENDOMETRIAL TUBERCULOSIS IN ADOLESCENT GIRLS WITH ECSTATIC PREGNANCY
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Predominant etiology of ectopic gestation is tubal damage such as following salpingitis, which when of tuberculous etiology usually results from endometrial tuberculosis. Objective: To compare the incidence of endometrial tuberculosis in adolescent patients undergoing surgery for ectopic pregnancy with the incidence in adolescent patients undergoing suction evacuation for spontaneous abortion. Design: Case control study. Setting: Tertiary care teaching hospital in urban India. Sample size: Sexually described as a partial labia minora amputation. Since this time, at least 6 new techniques have been published. Goal: To compare the Alter's V-plasty technique of labia minora labiaplasty to the Ostrzenski's fenestration labiaplasty technique during the "Advance the labia minora" technique. Introduction: The mature cystic teratoma of the ovary is a tumour comprising elements of all three germ layers. Background: Abortion and its complications are among the leading causes of mortality and morbidity in women of reproductive age group. The study subjects were classified into three groups: Control group, Abortion group and the Study group. Results: The incidence of endometrial tuberculosis was 35.29 % (6 out of 17) in the study group compared with 5% of the fertile (abortion) control group. Results: The incidence of endometrial tuberculosis was 35.29 % (6 out of 17) in the study group compared with 5% in the control group (1 out of 20) (Fisher exact test P = 0.03). Conclusions: Compared with pregnant control subjects, significantly more adolescent girls with ecptic pregnancies had endometrial tuberculosis. The inclusion of evaluation for genital tuberculosis in adolescent patients from low socioeconomic background may prevent further morbidity.

P239
A COMPARISON OF OSTRZENSKI’S TECHNIQUE OF FENESTRATION LABIAPLASTY TO THE ALTER’S CENTRAL V-PLASTY
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Background: Labia minora labiaplasty for aesthetic motives was first described by Hodgkinson and Hall in 1984. This operation was adopted from punches labiaplasty as a partial labia minora amputation. Since this time, at least 6 new techniques have been published. Goal: To compare the Alter’s V-plasty technique of labia minora labiaplasty to the Ostrzenski’s fenestration labiaplasty technique during the “Advance the labia minora” technique. Introduction: To present the feasibility and technical details of laparoscopic assisted extracorporeal myomectomy (LAEM). Methods: 10 women with large symptomatic fibroids underwent LAEM. Results: There were no intraoperative or short-term complications. There were no intraoperative or short-term complications related to both techniques. Postoperatively, there is very little request for a pain medication and the recovery time is shorter compared to the LAEM technique. Conclusion: 1. There is an evidence that the Ostrzenski’s technique is more technically demanding than the Alter’s technique; however, it is easy to learn. 2. The Ostrzenski’s technique provides symmetric and hidden scars, and also, it preserves the shape, color, contour and edges of the labia. Alter’s technique cannot provide or preserve these characteristics that the Ostrzenski’s technique dose. 3. The Alter’s technique should not be used in cosmetic gynecology surgery because it leaves a visible and palpable transverse scar on the longitudinal organ (the labia minora).

P240
BREAST CANCER DURING PREGNANCY AND USE OF SENTINEL LYMPHNODE: CASE REPORT
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Breast cancer association with pregnancy is defined as breast cancer diagnosed during the same till a year after delivery. It is the most commonly diagnosed malignancy during pregnancy. The incidence is between 1,000 to 1,000 pregnancies. The axillary lymph node involvement remains the main predictor of recurrence and metastasis; the staging can be accurately accomplished through the axillary lymph node dissection or sentinel node biopsy. We present a case showing the importance of use of sentinel lymph nodes during pregnancy. Multiparous, 46 years old, 14w4d of gestation, presenting a palpated node of 2.5 cm in the right breast UL, under, and elevation on physical examination during prenatal. Sonography (first month of pregnancy): 0.9 cm node with irregular contours – BI-RADS / US: 3. FNA: reactive epithelial lesion. Needle core biopsy showed normal breast tissue and the histopathology was IDC, size 1 cm, G2, nuclear grade 2 with fociuses of peritumoral DCIS, intermediate grade with surgical resection presenting compromised margins. Superficial right breast biopsy, at 25w4d, with free margins to freezing biopsy and negative sentinel lymph node. Histopathology showed intermediate grade DCIS with free resection margins and sentinel lymph node with reactive and without hyperplasia. Patient kept regular menstrual cycles using condom as contraception for 3 years, without any recurrence or metastasis. In conclusion: To our knowledge, this is the only case of breast cancer associated with pregnancy that has been reported so far. The sentinel lymph node biopsy is a safe alternative to axillary dissection, with high accuracy for predicting lymph node involvement, lower morbidity and is not contraindicated during pregnancy.

P241
PREGNANCY AFTER GIGANTIC BILATERAL OVARIAN TERATOMA
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Introduction: The mature cystic teratoma of the ovary is a tumour comprising elements of all three germ layers. They are bilateral in 10-15% of the cases, than 80% appears in fertile age and are of the most frequent benign tumours in young women. They are bilateral in 10-15% of the cases, causing therapeutic and fertility problems in younger women. Case Report: A 27-year-old woman, presented at consultation with complaints of deep dyspareunia. The sentinel lymph node biopsy is a safe alternative to axillary dissection, with high accuracy for predicting lymph node involvement, lower morbidity and is not contraindicated during pregnancy.

P242
MEIGS SYNDROME - A CASE REPORT
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Introduction: Meigs Syndrome is a rare condition characterized by the presence of a benign ovarian tumor associated with ascites and/or pleural effusion and elevated serum CA 125. Case report: A 47-year-old woman was referred to our Unit complaining of increased abdominal volume. Physical examination revealed a palpable mass in the lower abdomen and abdominal distension. Ultrason and thoraco-abdominal CT scan showed massive ascites and left adnexal solid mass of 12x11x11cm. CA 125 serum level was 2559 U/mL. The serous fluid obtained by paracentesis was consistent with an exudative process and cytology revealed reactive mesothelial process, without malignant cells. The patient underwent exploratory laparotomy. Six litters of ascitic fluid were drained. Total hysterectomy with bilateral salpingo-oophorectomy, peritoneal biopsy and omentectomy was performed. Pathological study revealed left ovarian thecoma. The specimen and ascitic fluid were without evidence of malignancy. After surgery CA 125 level decreased abruptly and ascites resolved. Conclusion: The presence of pelvic mass, ascites and peritoneal fluid levels of CA 125 is highly indicative of ovarian malignancy. However Meigs’ syndrome must be considered in the differential diagnosis.
P243 COEXISTENCE OF BREAST AND CERVICAL CANCER
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Introduction: Cervical cancer is the second most common malignancy in women worldwide. A history of breast cancer is a risk indicator for second primary cancer among women such as second breast cancer, ovarian cancer and uterine cancer. Coexistence of cervical cancer and breast cancer is statistically rare. The most important factor for cervical cancer is infection by the human papilloma virus. Epidemiological data demonstrated a clear association between cervical cancer and sexual activity: early age of first intercourse and pregnancy, multiple sexual partners and history of sexually transmitted diseases. Risk factors for breast cancer are different: gene defects, duration of exposure to endo- and exogenous estrogens, late first pregnancy. Case report: 55 year old woman (gravida 2, para 1) during TAC chemotherapy for carcinoma ductale invasivum mammae G2 had contact spotting for months. Pelvic examination revealed bloody vaginal discharge, cervical erosion (diameter: 10 mm), a normal, mobile uterus and adnexa. The result of recent cervical smear was unknown. Transvaginal ultrasound examination showed uterus size of 35 mm x 25 mm, endometrial thickness -3mm, normal ovaries. Blood and urine values were within normal limits. A chest x-ray film was normal. After diagnostic biopsy that confirmed suspicion of cervical cancer, surgical treatment was performed. Histopathological findings: stromal invasion 5,5 mm in depth and 10 mm in horizontal spread. The postoperative diagnosis was: carcinoma planoepitheliale G2 invasivum colli uteri (pT1b1,N0). Conclusion: Coexistence of breast and cervical cancers is rare. This means that other factors could be involved in the process of carcinogenesis.

P244 LAPAROSCOPIC ASSISTED EXTRACORPOREAL MYOMECTOMY (LAEM) FOR HUGE UTERINE MYOMA
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Introduction: To present the feasibility and technique of LAEM in huge uterine fibroids, we reported the operative procedures and surgical outcomes of LAEM performed by a single surgeon (HJ Roh). Material & Methods: Between February and August 2011, 12 patients eligible for huge myomas treated with LAEM were recruited for this report. A 12-mm port was inserted through the umbilicus. A 2-2.5cm horizontal incision was made in suprapubic area, where a 3-4cm fasciotomy was performed. A flexible wound retractor was inserted through the extended suprapubic wound, and homemade platform was established using 12mm trocar placed in the finger of 6½ surgical glove. An accessory 5-mm trocar was inserted through the umbilicus. A 12-mm port was inserted through the left lower quadrant. After laparoscopic enucleation of myomas treated with LAEM were recruited for this report. Additional procedures were performed in 3 cases such as incised myometrium was little by little pulled through suprapubic area, and myomas treated with LAEM were recruited for this report. Mean operative time was 93.0 minutes (range 45-155 minutes). Mean estimated blood loss and hemoglobin change were 116.7ml (range 30.0-300.0 ml) and 1.2 mg/dl (range 0.2-2.4 mg/dl). Mean postoperative hospital stay was 2.3 days (range 2-3 days). There were no perioperative complications. Conclusions: Laparoscopic assisted extracorporeal myomectomy (LAEM) is an alternative method of huge uterine myomas instead of traditional laparotomy for myomectomy. This attempt could reduce operative time, and take advantage of hemostasis, definite suturing of myometrium and cosmetic effect while retaining the advantages of laparoscopic myomectomy.

P245 THE OUTCOME OF PELVIC ORGAN PROLAPSE REPAIR USING ANTERIOR TRANSOBUTATOR MESH: A PRELIMINARY REPORT
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Objective: To investigate the effectiveness and safety of pelvic organ prolapse repair using anterior transobturator mesh (ATOM). Methods: 30 women underwent ATOM insertion for symptomatic pelvic organ prolapse of stage II and III. All patients were assessed using the pelvic organ prolapse quantification (POP-Q) system pre-, postoperatively, and 1, 3, 6 months later. Results: Preoperatively, 8 patients (26.7%) were POP-Q stage II, 19 (63.3%) were stage III, and 3 (10.0%) were stage IV. Postoperative POP-Q tests showed significant improvements in all parameters, reflecting better anatomical support of the pelvic wall. The 1-, 3-, 6-month anatomical cure rates were 86%, 85%, and 94% respectively. Intraoperative bladder perforation was detected in one patient. Other concomitant surgery on pelvic organ prolapse patients was successfully performed without any therapeutic impact or complications. Conclusion: Pelvic organ prolapse repair using ATOM is effective and safe, but larger studies with longer follow-up are needed.

Table 1. Pre- and post-operative pelvic organ prolapse quantification (POP-Q) measurements

<table>
<thead>
<tr>
<th>POP-Q</th>
<th>Pre</th>
<th>Post</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior (cystocele)</td>
<td>2 (0-3)</td>
<td>1 (0-2)</td>
<td>0.05</td>
</tr>
<tr>
<td>Stage</td>
<td>3</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>Rectovaginal (rectocele)</td>
<td>2 (1-2)</td>
<td>1 (0-1)</td>
<td>0.05</td>
</tr>
</tbody>
</table>

* Statistical comparison using Wilcoxon matched pairs test

P246 A CASE REPORT: ECTOPIC OVARY WITH A MATURE CYSTIC TERATOMA DIAGNOSED BY LAPAROSCOPY
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The ectopic ovary is a rarely reported gynecologic entity. A variety of synonymous terms have been used to describe this condition, such as supernumerary ovary, accessory ovary, and ovarian implant syndrome. The etiology of ectopic ovary is poorly understood. The ectopic ovaries may occur in two ways. First, in the embryonic theories, they are believed to result from abnormal separation of a small portion of the developing and migrating ovarian primordium. Second, the accessory ovary can occur from acquired conditions such as inflammation and operations. In this report, we describe a case of the ectopic ovary with a mature cystic teratoma autoamputated into the cul-de-sac and subsequently diagnosed by laparoscopy.
Uterine myomas are the most common gynecologic solid tumor in women, especially in women of reproductive age. Although these tumors are generally asymptomatic, they may cause heavy menstrual bleeding, dysmenorrhea, bulk-related symptoms such as pelvic pressure and bloating. For women who are affected by uterine myomas and prefer conservative management, several medical therapies are available. Most current medical therapies target myomas by manipulating their hormonal environment. The objective of this study was to compare the effect of GnRH agonist, SERM, Anti-progestosterone in the treatment of uterine myomas. Immunohistochemistry assay was used to investigate the ER, PR expression in cultured myoma cell. It showed strong positive about ER, PR on cultured myoma cell. Myoma cell viability was reduced in Leuplin, Raloxifene, Mifepristone, single-treated group, in comparison with control group (P<0.05). Myoma cell viability which was pretreated with GnRH agonist (Leuplin) was reduced in Raloxifene treated group in comparison with control group, but there was no statistical significance (P=0.06). In contrast, myoma cell viability which was pretreated with GnRH agonist (Leuplin) was increased in Mifepristone treated group in comparison with control group (P=0.16). Western blot analysis of PCNA-positive cell and BCL-2 protein in cultured myoma cell revealed same result in MTT analysis. Compared with untreated control group, treatment with Mifepristone decreased PCNA and BCL-2 expression in cultured myoma cell. Compared with pretreated with Leuplin group, treatment with Raloxifene in pretreated with Leuplin group more decreased PCNA and BCL-2 expression in cultured myoma cell. Our results indicate that Mifepristone single therapy is the most effective medical treatment in myoma, and if pretreated with GnRH agonist, Raloxifene therapy is the most effective medical treatment in myoma.

P249
UTERINE CARCINOSARCOMA AFTER PELVIC RADIATION THERAPY – A CASE STUDY
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Introduction: Carcinosarcoma, formerly known as Müllerian mixed malignant tumor is a biphasic neoplasm composed of malignant epithelial and mesenchymal elements. It was recently reclassified as a form of metastatic endometrial carcinoma, sharing the same staging system. It’s a rare neoplasm (7:100000), presenting mostly as abnormal vaginal bleeding and/or uterine enlargement. Early detection is crucial at presentation. 37% of affected women share history of pelvic irradiation. It’s a very aggressive tumor, with an overall 5 years survival rate of 30%. Surgical staging is the most important prognostic factor. Appropriate treatment includes bilateral salpingo-oophorectomy, total hysterectomy with bilateral pelvic/para-aortic lymph node excision and omentectomy. The role of adjuvant therapy is still debated, but recent studies have shown some improvement in disease-free survival rate and local control of recurrences. Case description: 54 years old female with past history of cervical squamous cell carcinoma, large cell, non-keratinized (Stadium IB), treated with external beam radiotherapy and brachytherapy 15 years ago. Attended regular oncologic-gynecology follow-up consultation. Developed postmenopausal metrorrhagia (January/2009) with ultrasound imaging suggestive of endometrial polyps. Proposed for total hysterectomy. Meanwhile, she undergoes segmental bowel resection with anastomosis end-to-top for acute intestinal perforation (August/2009). In January/2010, a polypoid formation extruding from the cervix was removed. ‘malignant mixed tumor with malignant neoplastic component conjunctive/mesenchymal high-grade sarcoma and malignant neoplastic epithelial component of adenocarcinoma (malignant mixed Mullerian tumor).’ Staging exams found that uterine damage invaded the vaginal wall and pelvis, so it was decided palliative chemotherapy (March/2010). Survival time: 8 months.

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RETROSPECTIVE STUDY OF LAPAROSCOPIC ASISTED VULVAL HYSTERECTOMY (LAVH) FOR BENIGN GYNECOLOGICAL DISORDERS
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Hysterectomy may be performed vaginally, abdominally, or with laparoscopic or robotic assistance. In general, vaginal hysterectomy is associated with better outcomes and fewer complications, but when it is not feasible, another technique should be chosen, taking in consideration the safety and the medical conditions of the patient. Our objective was to evaluate the indications, operative data and complications of LAVH for benign gynecological conditions. In a retrospective observational study, 42 patients underwent LAVH for benign disorders at our department, from January 2009 to December 2010. The patients were evaluated regarding age, vaginal deliveries, previous abdominal surgery, uterine and adnexal pathology, intra-operative and post-operative complications, uterus weight, blood loss and number of days of hospitalization. The patient mean age was 43-71 years old. 11.9% were nulliparous, 47.6% had previous abdominal surgery. The commonest indication for hysterectomy was uterine fibroids (80%), and the most frequent complaint was menorrhagia. The median operative time was 167 minutes (105 - 330). The uterine weight ranged from 69 to 500g (mean 217g). The mean hemoglobin drop was 1.48 g/dl (0 - 2.6 g/dl). There was one case of accidental incision of rectum (2%), and 3 conversions to laparotomy for technical difficulties (7%). There were no significant post-operative complications, and the mean time of hospitalization was 4.23 days (3 - 10). LAVH is a safe and efficient surgery to manage benign gynecological disorders, and an alternative to consider when vaginal hysterectomy is expected difficult.
OBESITY, TOBACCO, NUMBER OF CHILD BIRTH AND MENARCHE IN RELATION TO THE MENOPAUSE AGE, ACCORDING TO MUMENESP

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Objective: To evaluate the influence of the obesity, tabacco, number of childbirth and menarche to the menopause age in a population of menopausal women from different Spain regions. Material and methods: Epidemiological, multicenter, observational and transversal study performed by 162 gynecologists in clinical practice conditions in single visit. Included women with natural menopause, with maximum age of 69. Randomly and systematically. The instrument is a questionnaire designed specifically by MUMENESP (Spanish Menopausal Women). The variables are sociodemographic, clinical, lifestyle and perceived quality of life. The total sample of patients was 3022. Statistical analysis was performed using Chi2 function. Results: Average age: 56.7. Menopause average age: 48.7. The total sample of patients was 3022. Statistical analysis was performed using Chi2 function. Results: Average age: 56.7. Menopause average age: 48.7. Early menopause 6%, late menopause 2%. Natural menopause 85%, surgical 14% and iatrogenic 1%. 13% no children and 25% more than 2. Non-smokers 51% and ex-smokers 25%. The 42% have overweight and 10% obesity. Women with >14 menarche present late menopause in 19%, being a 10% in normal menopause. Tobacco is not significantly related with the menopause age, although it seems that non-smokers delay it one year (45%). Neither the number of children is related with menopause. There is more incidence of late menopause (55%) in overweight women. Conclusion: In our population there is a higher incidence of late menopause in overweight women and those with a menarche >14. No relation has been observed with number of children and tobacco. It is necessary to consider the high incidence of overweight and obesity, and the low incidence of smokers in the population.

THE ROLE OF OFFICE HYSTEROSCOPY

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Introduction: Office hysteroscopy is an important diagnosis tool, providing information not obtained by hysteroscopy or by blind endometrial sampling. It can also be used to treat a number of clinical conditions, avoiding more invasive procedures and anesthesia-related risks, while providing enhanced time-cost effectiveness. Objective: To analyze the hysteroscopic and anamnecopathologic findings, as well as follow-up, in the context of clinical or ultrasonographic suspicion of intrauterine pathology. Methods: We reviewed the data from 415 office hysteroscopic procedures, performed in our institution, between January 1st and December 31st 2010, on women with ages between 20 and 87 years. 352 of the procedures were conducted following suspicion of intrauterine pathology: endometrial thickening (n=178), intrauterine abnormal masses (n=139) or unexplained abnormal uterine bleeding (n=45). In 24 cases, the visualization of uterine cavity was not possible due to cervix stenosis or patient pain. In 57 cases a normal uterine cavity was observed. The remaining procedures allowed the histological diagnosis of 172 endometrial polyyps, of which 134 were completely removed, with reintervention in only 25 cases, during a follow-up period ranging from 8 to 20 months. Additionally, the following diagnoses were made: 9 submucous leiomyomas, 9 endometrial hyperplasias without atypia, and 12 endometrial polyyps associated with atypia, 2 endometrial carcinomas and 1 cervical carcinoma. Conclusion: These results emphasize the role of office hysteroscopy, which can be useful not only for diagnosis but also for treatment in selected conditions.

CYST OF THE CANAL OF NUCK: CASE REPORT AND REVIEW OF THE LITERATURE

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The canal of Nuck consists in an evagination of parietal peritoneum through the inguinal canal, which usually obliterates in the eighth month of embryonic development. When this doesn’t occur, the channel can allow the passage of liquid or abdominal viscera, forming a cyst or a hernia, respectively. This is more frequent in childhood; few cases are described in adult women. We report a case of a cyst of the canal of Nuck in a 37-year-old female. She noted the appearance of a painless mass in the region of the right labia minora, which was progressively growing. The diagnosis was made by physical examination and ultrasound. She underwent surgery removal of the cyst and histology confirmed the diagnosis. In conclusion, the cyst of the canal of Nuck should always be considered in the differential diagnosis of a groin lump in female patients.

BODY COMPOSITION IN USERS OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM

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1Department of Obstetrics and Gynecology, University of Campinas; 2Department of Radiology, University of Campinas, Campinas, Brazil

Introduction: The objective was to evaluate bodyweight and body composition (BC) in levonorgestrel-releasing IUS (LNG-IUS) users and compared to TCu380A intrauterine device (IUD) users. Methods: A prospective study was conducted with 38 users in each group. It was evaluated weight and BC (% lean mass and % fat mass) by dual-energy x-ray absorptiometry at baseline and at one year of use. Results: The mean (±SEM) age was 34.4 (±2.1) years old and 34 (±1.3) years old, and BMI was 25.1 (± 0.7) and 25.9 (± 0.7) in LNG-IUS and TCu380A/IUD users, respectively. The two groups had an increase in body weight at 12 months; however, without significance. The mean weight gain was 2.7% kg in LNG-IUS users, significantly higher when compared values at baseline and at one year of use. LNG-IUS users showed a fat percentage increased (p=0.001); notwithstanding, the TCu380A IUD users had an increase of lean mass (p=0.007), both at 12 months. Conclusions: It was observed an increase in body weight in both groups up to the 1st year of use. The LNG-IUS users presented increase of fat mass, while TCu380A IUD users presented increase of lean mass.

VAGINAL CYTOLOGY IN GYNAECOLOGIC CANCER FOLLOW UP: WHICH SAMPLING DEVICE?

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Background: Vaginal cytology detects only 1.2-6% of patients with progressive disease. The cell collection is poor due to atrophy and the vaginal vault corners can be so narrow that a bivalved spatula cannot penetrate deeply. The aim of the study is to show the better adequacy of specimens collected using the cytobrush instead of the Ayre’s spatula. Methods: 126 consecutive cancer patients were assigned alternatively to group A (spatula) or B (cytobrush) according to the order of entrance. The same gynaecologist performed all the procedures. The same cytopathologist analyzed the samples and he was blinded as to the sampling method. Results: Comparative analysis of the two groups, showed cytobrush technique to be more effective than spatula. The OR for an optimal cytology using the cytobrush was 2.8 (95% C.I. 1.3-6.2) Chi square test 0.008. Conclusions: In gynecological oncological patients, in order to obtain a more adequate sampling, vaginal vault cytology with cytobrush seems better than the traditional Ayre’s spatula.

THE EFFECTS OF PERSONALITY TRAITS ON QOL

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The aim of this study is to investigate the impact of women’s personality traits and socio-demographic variables on quality of life (QOL). The cross-sectional and correlational study was conducted among 320 Turkish women, who attended the menopause polyclinic. The data were collected at baseline and at the end of third year of use. Menopause Specific Quality of Life Questionnaire (MENQOL). The menopausal QOL was correlated with the educational status, income level, working status, chronic health problems, family/friends supports and negative life events. Logistic regression analyses have shown that the QoL in terms of vasomotor, psychological, and sexual domains were lower 6,1 times, 9,2 times, 11,4 times respectively, for neurotic women than emotional women. In addition, the QoL in terms of sexual domain were lower 9,3 times for introverted women than extraverted subject. These findings have indicated that the higher levels of introversion and neuroticism are causing the lower QoL among menopausal women.
Objective: To evaluate the proportion and reasons for non-compliance among young women or women not very experienced in the use of combined contraceptive methods. Methods: Epidemiological, cross-sectional, multicenter study. Non-compliant women were defined as those who forgot or delayed taking or placing the contraceptive method. Reasons for non-compliance, contraceptive counseling and women acceptance were collected. Results: 8,762 women (mean age: 25 years ± 4.8) were recruited by 328 gynecologists. The percentage of non-compliant women was 52.0%, and was higher in pill users (65.1%) than in patch (42.4%) or ring (26.7%) users (p = 0.000). The most common reason for non-compliance was forgetfulness (71.2%). User action included as yet taking/placing the contraceptive (65.1%), followed by consulting the gynecologist (31.4%). Change of contraceptive method was proposed to 43.2% of women (45.0% of pill users, 50.9% of patch users and 6.0% of ring users). The recommended changes were from pill or patch to ring (36.7% of women who were not pill or patch users), patch or ring to pill (3.9%) and pill or ring to idee (1.9%). Reasons for recommended changes and non-compliance were: non-compliance (53.1%) or convenience (49.0%) and acceptance rate was 80-90%. Conclusions: More than 50% of contraceptive users did not comply with the treatment regimen, generally due to forgetfulness. A high percentage among pill users and the lowest among ring users. A change of method was proposed to 43% of women to increase compliance or convenience and acceptance rate was high.

Objective: This study was carried out cross-sectionally in order to determine sleeping problems among menopausal women and related factors. Methods: A community-based sample of 380 community-dwelling aged 45 to 70 years who were living in Konya. The women were selected through simple random sampling method after the determination of the number of women who will be selected from health centers via proportional selection. During the collection of data, a questionnaire form of 21 questions formed by the researcher and Women’s Health Initiative Insomnia Rating Scale were used. The data was obtained by the researcher through face to face method, with the help of the ancillary staff, hospital budget and also reduce the psychological care of patients also occur. With the more advanced medical options available like untreated severe depression, it should. Objective: To review the indications of abdominal hysterectomy for treatment of patients with severe urinary stress incontinence, which was successful. Reasons were looked into as to why the TVT was no longer effective. It transpired that the percentage of non-compliant women was 52.0%, and was higher in pill users (65.1%) than in patch (42.4%) or ring (26.7%) users (p = 0.000). The most common reason for non-compliance was forgetfulness (71.2%). User action included as yet taking/placing the contraceptive (65.1%), followed by consulting the gynecologist (31.4%). Change of contraceptive method was proposed to 43.2% of women (45.0% of pill users, 50.9% of patch users and 6.0% of ring users). The recommended changes were from pill or patch to ring (36.7% of women who were not pill or patch users), patch or ring to pill (3.9%) and pill or ring to idee (1.9%). Reasons for recommended changes and non-compliance were: non-compliance (53.1%) or convenience (49.0%) and acceptance rate was 80-90%. Conclusions: More than 50% of contraceptive users did not comply with the treatment regimen, generally due to forgetfulness. A high percentage among pill users and the lowest among ring users. A change of method was proposed to 43% of women to increase compliance or convenience and acceptance rate was high.

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Carcinoma and should alert clinicians to the existence of uterine disease in the corpus. Taken into account the existence of collateral circulation with the uterus, a gastric carcinoma is able to metastasize to the female genital tract. This case illustrates a rare form of metastasis of gastric carcinoma to the uterus. A 57-year-old female presented with intermittent right flank pain associated with a large uterine leiomyoma. Ultrasound examination suggested the presence of a uterine leiomyoma and adenocarcinoma. A gynecologic consultation was requested, and a hysterectomy was performed. Pathological examination revealed a benign smooth muscle tumor with atypia and glandular structures consistent with adenocarcinoma. The hysterectomy specimen also contained a large uterine leiomyoma. Conclusion: This case illustrates a rare form of metastasis of gastric carcinoma to the uterus, highlighting the importance of considering gynecological metastasis in the differential diagnosis of pelvic masses in women with a history of gastric cancer.

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**COSMETIC-PLASTIC GYNECOLOGY: EVIDENCE-BASED LEVEL OF PUBLISHED SCIENTIFIC ARTICLES FROM SEPTEMBER 2007 TO SEPTEMBER 2011**

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BACKGROUND: Up to September 2007 the American College of Obstetricians and Gynecologists reviewed the literature and based upon its findings issued ACOG publication no. 387. Changes in evidence-based level of scientific publications related to cosmetic-plastic gynecology from September 2007 until now are evaluated. METHODS: Electronic review of literature searches for the period of September 2007 to September 2011 were conducted. All pertinent scientific articles were selected, reviewed, and methods of the study were analyzed and results were applied to the U.S. Preventive Task Force (USPSTF) for determination of the quality of evidence as used in evidence-based guidelines. RESULTS: Since 2007, 45 evidence-based publications in the field have been identified. No randomized controlled trials (Level I evidence-based) were found in the literature. Three recently published articles by Ostrzenski met evidence-based scientific criteria: one Level II-1 with an article on Vaginal Rejuvenation Classification; one Level II-2 evidence-based article on Vaginal Rugation Rejuvenation; and the level III-2 article on Hydrodissection in the treatment of symptomatic ectopic uterine adhesions. The remaining articles are in the level III of the evidence-based medicine. CONCLUSION: Significant progress has been made in scientific clinical research within the field of cosmetic gynecology since 2007 due to Ostrzenski's recent Level II-2 published articles which have presented new, truly cosmetic procedures not based on traditional gynecologic procedures and documented safety and efficacy.

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**EFFECT OF PREMARITAL HEALTH COUNSELING ON GIRLS’ KNOWLEDGE ABOUT SEXUAL HEALTH, AIDS AND HEPATITIS B**

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Premarital health counseling is very important, in premarital counseling; couples are educated in reproductive health. This helps with family health promotion. The aim of this study was to determine the effect of premarital health counseling (sexual health, prevention hepatitis B, AIDS) on girls’ knowledge after participation in premarital health counseling program. Method: This study was semi experimental. First knowledge of girls about sexual health, prevention hepatitis B and AIDS was determined. Then after their participation in premarital health counseling, their knowledge about those matters was measured again. The answers of both tests were evaluated and the mean and standard deviation was calculated. Next, changes in means of grades from first phase to second one were analyzed with paired t-test. Results: Findings showed mean and standard deviation of their grad’s knowledge on sexual health, prevention hepatitis B and AIDS was determined. Then after their participation in premarital health counseling program.  Method: This study was semi experimental. First knowledge of girls about sexual health, prevention hepatitis B and AIDS was determined. Then after their participation in premarital health counseling, their knowledge about those matters was measured again.

**P265**

**ABDOMINAL HYSTEROCTOMY PERFORMED FOR DUB: IS IT NECESSARY EVERY TIME?**

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Introduction: Abdominal hysterectomy is the second most common surgical procedure performed after Caesarean section in our hospital, with about 255 hysterectomies annually. Despite the availability of other more conservative medical and surgical options, hysterectomy continues to be used as the ultima ratio in the management of non-menstrual-related disease, mostly offered as dysfunctional uterine bleeding (DUB). Hysterectomy procedures (abdominal, vaginal, laparoscopic) for benign gynaecological disease carry some risk, with death occurring in 1 of 1300 cases. Other complications of postoperative fever, hemorrhage and injury to adjacent organs also occur. With the more advanced medical options available like Levonorgestrel containing intrauterine devices or surgical procedures, like endometrial ablative procedures, the situation is changing but not as fast as it should. Objective: To review the indications of abdominal hysterectomy for DUB in our tertiary care hospital. Materials and Methods: Cross-sectional study taking place in UHOG “Queen Geraldine” from January 2010 to July 2011. Results: Review of the indications showed that out of 378 patients undergoing abdominal hysterectomy, DUB was present in 117 patients. Conclusion: The large number of hysterectomies being performed for non-malignant lesions emphasizes the need to periodically review the indications for which hysterectomies are being performed. This will reduce the burden on the ancillary staff, hospital budget and also reduce the psychological trauma of a woman, associated with the loss of an organ. In the coming years, the gynecologist will be faced with more young women presenting with DUB requiring long-term treatment. Many of these women wish to retain their fertility and for them a hysterectomy will not be an option. Something like 9% of cases of DUB are related to abnormal coagulation. So hysterectomy in these cases is not a definite solution not the situation. It beholds the gynaecologist to consider now, more thoroughly, the other available medical and surgical options. Hysterectomy will still have a place, but let us hope it will be used more wisely in the future.

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**UTERINE METASTASIS AFTER TOTAL GASTRECTOMY: A CASE REPORT**

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Introduction: Metastasis from primary gastric cancer to the female genital tract is rare and is usually observed in young premenopausal women. Case Report: A 36-year-old woman, nulligesta, submitted to total gastrectomy and Roux-en-Y reconstruction in 2007 with adjuvant chemotherapy in 2008, for a gastric signet-ring cells adenocarcinoma, pT2N2M0. In 2011 right flank pain associated with a large uterine leiomyoma was referred for conservative treatment. Pelvic MRI revealed two large masses, one subserosal fundus and another of 5.7 cm in the left side of the uterine corpus. Taken into account the existence of collateral circulation with ovarian arteries, she was submitted to myomectomy. Histological study observed benign smooth muscle tumor and glandular structures with atypia and high mitotic index. Immunohistochemistry revealed CK7, CK19, AE1, and AE3 suggestive of uterine leiomyoma and metastatic adenocarcinoma. Conclusion: This case illustrates a rare form of metastasis of gastric carcinoma and should alert clinicians to the existence of uterine disease in this context.
Introduction: Smoking and oral contraceptive (OC) use has since several decades emerged as epidemiological risk factors for cervical neoplasia, but little is known about biological mechanisms. Aims: To: 228 women with cervical biopsies ranging from normal epithelium to carcinoma in situ (CIN III) were recruited. Introduction of fourteen tumor markers, with respect to the study presented were included. Ultralow of combined SC3 and progesterone-only contraceptives were identified, serum estradiol and progesterone were measured, and smoking habits and serum cotinine were included. Results: Hormonal contraceptives: An overexpression of Cox-2 was observed in all OC users. Interleukin 10 was under-expressed only to correspond to expression of any tumor marker. Serum hormones: In normal epithelium, low progesterone levels correlated to expression of EGFR and CD4+. High progesterone levels in normal CIN correlated to expression of retinol binding protein (Rb), p16 and COX-2. Expression of COX-2 and CD4+ correlated to serum estradiol levels in CIN. Smoking: The tumor suppressors p53, and p16, and the tumor necrosis factor interleukin-10 were under-, and Cox-2 and Ki-67 were overexpressed, in smokers with CIN. Conclusion: The study shows molecular alterations never or rarely studied previously in users of hormonal contraception. High hormone levels, and in smokers, in CIN and in normal cervical epithelium. The results show biological events that could explain previous epidemiological findings. OBJECTIVES ANALYSIS OF PATIENTS WITH ADENOSQUAMOUS CARCINOMA VERSUS ADENOCARCINOMA OF THE UTERINE CERVIX, C-Y. Huang1, J-L-Y. Chen1, J-C-H. Cheng1, S-H. Kuo1, C-A. Chen2, M-C. Lin3

1Department of Oncology; 2Department of Obstetrics and Gynecology; 3INTRAEPITHELIAL NEOPLASIA (CIN) OUTCOMES ANALYSIS OF PATIENTS WITH ADENOSQUAMOUS
Aims: To compare tumor characteristics, treatment response, failure patterns, and clinical outcome of locally advanced adenocarcinoma (AC)/adenosquamous carcinoma (ASC) and squamous cell carcinoma (SqCC) of the cervix. Methods: Medical records for 41 patients with stage IB–IVA non-metastatic histologically proven AC/SASC or 88 patients with SC3 of the cervix between 1995 and 2009 were reviewed. The patients who received definitive radiotherapy (RT) or concurrent chemoradiotherapy (CCRT) were evaluated for treatment response, recurrence pattern, and survival. Results: In order to compare SC3 with AC/ASC. Results: The mean age of patients with AC/ASC was 5 years younger than that of patients with SC3 (55 vs. 60 years, 90,029), more of them had abnormal pap smear findings (19.5% vs. 5.7%, P=0.028), and received more biologically equivalent dose to point A 16.7% vs. 6.8%, P=0.028) than did those with SC3. After a median follow-up of 51.1 months, patients with AC/ASC had earlier distant metastases (6 months after completion of treatment, 27.8% vs. 13.2%, P=0.044), a worse 5-year recurrence-free survival (RFS, 25.7% vs 15.4%, P=0.017), and a worse 5-year overall survival (OS, 35.3% vs. 56.0%, P=0.043) than those with SC3; however, in patients with AC/ASC, there were no significant differences of 5-year RFS and 5-year OS between the radiotherapy alone and concurrent chemotherapy group (RT vs. CCRT; RFS, 36.6% vs. 17.8%, P=0.735; OS, 33.3% vs. 37.1%, P=0.770). Conclusions: AC/ASC of the cervix may behave more aggressively than does SC3 of the cervix. For this subgroup of cervical cancer, more comprehensively effective treatment is warranted.
abdominal packing," a life-saving approach for such situations. Material and methods: This case series describes the retrospectively analysed outcome of 16 non-consecutive patients with advanced epithelial ovarian cancer who underwent this 'packing' procedure in view of diffuse oozing and deteriorating patient condition. Three to six povidone-iodine soaked roller gauges were used and removal was done through exit sites on abdomen, 48 hours after packing at bedside in 14 cases. Results: Operative mortality due to excessive primary hemorrhage was avoided in 14 patients (87.5%). There was no notable increase in morbidity in these cases. Conclusion: Post-operative complication rates were more or less acceptable. This method can achieve acceptable survival rates in patients with advanced ovarian malignancy having severe primary hemorrhage.

P274 EVALUATION OF THE OVARIAN MALIGNANCIES' OCCURRENCE IN PATIENTS WITH PREVIOUS IVF TREATMENT

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Introduction: Ovarian cancer affects mostly >50 years old women, with history of fatty diet, previous breast or colon cancer, subfertility, nulliparity and positive for malignancies family history. Researchers support the multiple, unsuccessful under IVF treatment, efforts to be etiologic factor for the disease. Objective: To evaluate the ovarian cancer occurrence in correlation to previous IVF exposure for the treatment of subfertility. Material and methods: We searched the web (data-warehouse, data-mining), using keywords: "ART/IVF/cancer/malignancies/borderline tumors", and found lots of interesting articles. Results: Low cancer risk was found after IVF in some studies, while other researchers observed higher malignancy rate in IVF-patients comparing to the risk in general population. Several studies attributed the increased risk to the ovarian pathology causing both infertility and malignancy, while other scientific efforts are focused on findings proving correlation to previous IVF exposure for the treatment of subfertility.

P275 HOT FLASHES APPEARANCE IN MIDDLE-AGED WOMEN IN CORRELATION WITH OESTROGEN LEVELS AND BODY MASS INDEX

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Aim: To investigate the correlation between the body mass index (BMI) and the risk of hot flash appearance in middle-aged women, being either perimenopausal or approaching the age of menopause, in connection with the levels of oestrogen hormones. Method: This study took place in "Tzanio" Hospital of Piraeus, Greece from 2005 to 2008. It is a case-control study in middle aged women in order to investigate the risk factors for hot flashes appearance. It includes 529 women 45 to 54 years of age. Cases were women (n=287) who complained experiencing hot flashes. Controls were women (n=142) who reported never had hot flashes. Women were enrolled to the study only if they reported at least 2 menstrual periods in the last 12 months and had intact uterus and ovaries. Women agreed to complete a questionnaire and to be measured in terms of weight, height, abdominal circumference, and blood pressure. They all consented to a blood test for the investigation of the oestrogen levels. Results: It was proven to premenopausal and perimenopausal middle aged women, that in those with increased BMI there was an increased risk for hot flash appearance. This risk was not remained been the same patient after 3 months of supplement, this comparison model. Conclusions: Results confirm that women with an increased BMI have an increased risk for hot flashes in relation to women with normal BMI. The oestrogen levels appear to clarify the above relationship. However, a variety of other factors might also be related to the above conclusions.

P276 EFFECT OF SOY PHYTOESTROGEN ON METABOLIC AND HORMONAL DISTURBANCE OF WOMEN WITH POLYCYSTIC OVARY SYNDROME

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Background: Phytoestrogens are a group of plant derived compounds with weekly estrogen effect that appear to have protective effects on metabolic and hormonal abnormalities of women with polycystic ovary syndrome (PCOS). The aim of this study was to investigate the effect of soy phytoestrogens on reproductive hormones and lipid profile in PCOS women. Methods: In this case control clinical trial 146 subjects with PCOS were divided into two groups, experimental group who received genistein (Bergamon, Italy) 10 mg twice a day and control group that received similar capsules with cellulose for 3months. Hormonal features and lipid profiles were measured before and after 3 months supplement therapy. Results: There were no statistically significant differences in HDL and FSH serum levels between Genistein and placebo group after 3 months of supplement therapy, while serum level of LH, TG, LDL, DHEAS and testosterone were significantly decreased in Genistein consumption group. Conclusion: Genistein consumption can prevent cardiovascular and metabolic disorders in PCOS patients by improving their hormonal and metabolic state.

P277 IMPACT OF ADJUVANT CHEMOTHERAPY AFTER COMPREHENSIVE SURGERY IN PATIENTS WITH STAGE I EPITHELIAL OVARIAN CANCER

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Background: The guidelines for the administration of adjuvant therapy in stage I ovarian cancer are controversial, and it is unclear whether stage I patients, who depend on the histological type of ovarian carcinoma, benefit from postoperative chemotherapy. This study was designed to evaluate the postoperative outcomes associated with the inclusion or exclusion of adjuvant therapy in these patients. Methods: A total of 379 patients who were treated for stage I between 1991 and 2007 were retrospectively evaluated. All of the patients had received comprehensive surgical staging and had been diagnosed by the central pathological review system. Background: Median follow-up was 68 months. There were 111, 178 and 100 in subtypes IA/IB, intraoperative capsule ruptured IC (rupture-IC), and all other IC, respectively. The 5-year recurrence-free survival (RFS) rates for subtypes were 90.9, 86.8, and 71.6%, respectively. A total of 281 patients received adjuvant chemotherapy (AC), and 107 patients did not receive AC. There was no significant survival difference in each stage group between the non-AC and AC groups in recurrence-free survival rate (stage IA 95% versus 85%, rupture-IC 87.5% versus 84.9%). The significant prognostic factor was subtype in both RFS by multivariate analysis (IA vs. rupture-IC: hazard ratio 1.57, 95% confidence intervals 0.77 – 3.21, p=0.209, IA vs. other-IC: 3.3, 1.4 – 6.36, p=0.001, Non serious vs. serious: 2.21, 1.2-4.09, p=0.011). Postoperative therapy, regimen (taxane-carbo-platin vs. other platinum-based), and chemotherapy cycles were not significantly impacted. Conclusions: This study indicates that the prognosis of patients without adjuvant chemotherapy were not poorer in stage IA or rupture-IC ovarian adenocarcinoma. Serous tumor is an independent prognostic factor on RFS in stage I ovarian cancer treated with adjuvant chemotherapy regimen following comprehensive surgical staging.

P278 CHARACTERISTICS OF FEMALE PATIENTS WITH ACUTE URINARY RETENTION TO EMERGENCY ROOM

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Purpose: Although acute urinary retention (AUR) usually occurs in male patients with benign prostatic hyperplasia, it could happen in female
patients, and also incidence will be increased according to becoming to be an aging society. This study evaluated incidence and characteristics of female patients with AUR who visited the emergency room (ER), Materials, and Methods: Among a total of 217,659 patients that visited our ER from 2003 to 2008, the number of patients with AUR was 171 cases (0.078%). The number of female patients with acute urinary retention was more than 500 was 39 cases (22.5%). Leptin activation to be effective in allaying more than 65 years- 17 cases (43.5%), 40-65 years- 19 case (48.57%), and less than 40 years- 3 cases (7.7%). The volume of urinary retention, and accompanying and caressive disease were retrospectively evaluated. Results: The mean volume of AUR was 807±325ml: 500-1,000ml- 29 cases (74.3%); more than 1,000ml- 10 cases (25.6%). The AUR by urologic disease were 21 cases (53.8%): neuphenic bladder by diabetes- 6 cases, acute urinary tract in 5 cases, and others in 1 case, after operation for bladder rupture 1 case, and chronic voiding difficulty without specific cause 10 cases. The AUR by obstructive and gynecological disease were 3 cases (7.7%). The mean age was 60.1±17.0 years: more than 40 years- 3 cases (7.7%), 20-40 years- 7 cases (17.7%), and less than 20 years- 1 case (2.5%). Leptin was shown to inhibit the growth of several human cancer cells, its mode of action suggested that jaceosidin inhibits cell growth via G2/M phase cell cycle arrest through the regulation of the ATM pathway in human endometrial cancer cells.

P279 MENSURATUR CHARACTERISTICS OF A CROSS-SECTIOINAL COMMUNITY OF KOREAN ADOLESCENTS T.H. Kim1, C. Soo2, H. Choi2, K. Kukulu2, K. Kukulu2
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Aims: To characterize the reproductive health and menstruation of Korean adolescents. Methods: A cross-sectional student health screening survey of menstrual patterns, premenstrual symptoms, dysmenorrhea, sexual behavior, depression, contraception education, and the perception of gynecological diseases was administered to 454 women from 12 to 19 years of age in one regional high school in South Korea. Results: The respondents had experienced dysmenorrhea and 31.2% of the respondents with dysmenorrhea used analgesics. The mean menstrual period was about once a month in 73.1% and the 1 to 3 days during menstruation was < 5 days in 27.0% and 5–9 days in 68.9%. Of the respondents, 55.9% had premenstrual symptoms, while 77.0% of the respondents thought they needed contraception education. There were correlations between dysmenorrhea and premenstrual symptoms (r=0.0085) and depression (r=0.0002). There was a correlation between a longer menstrual period and premenstrual symptoms (r=0.0608), but no correlation between the menopausal period and depression. Only 2.4% of the respondents had visited a clinic for dysmenorrhea. Conclusion: This study provided insight into the menstrual health status of adolescents.

P280 SLEEP DISORDERS IN PEDIATRIC GYNECOLOGY PRACTICE D. Kouznetsova1, G. Alimbayeva2, G. Dairova3, I. Kouznetsova4
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We present experience of treating various neurologic and sleep disorders, discovered among patients of pediatric gynecologist. 33 girls from 1.5 month to 10 years old presented with signs of precarious puberty with a history of perinatal cerebral system lesion, were examined. We discovered a variety of sleep and autonomic nervous system disorders. Girls were treated with courses of nootropic medications, with prominent effect. We suggest that neurologic dysfunctions and sleep disorders in these women are due to development of central nervous system dysfunction, resulting in neurologic, gynecologic and sleep disorders. We conclude that signs of precarious puberty must be an indication for consultation of neurologist, with consequent nootropic treatment. This seems to be effective in alleviating both neurologic, gynecologic and sleep disorders in girls under 10 years old.

P281 THE IMPACT OF OBESITY ON ADOLESCENCE REPRODUCTIVE HEALTH K. Kukulu1, O. Korukcu1
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Obesity is associated with early puberty and dysfunctional uterine bleeding. Obese girls frequently enter puberty at a younger age than their normal weight peers. Weight gain during adolescence carries a higher risk for adult obesity and the metabolic syndrome. One of the first potential health effects of abnormal weight gain during this period is earlier puberty, usually defined as pubertal development as the 25th percentile. This may coincide with national trend toward earlier adolescence, although the data are not as strong in relation to menarche. Leptin is a fat-derived hormone that helps regulate energy intake and expenditure. Its concentrations rise with increasing adiposity. Leptin activation of the hypothalamic-pituitary axis, combined with insulin resistance, and increased adiposity may result in the higher estrogen levels that are linked to breast development. Other important psychosocial and developmental risk factors that may contribute to a higher incidence of dependent disease in later life include polycystic ovary syndrome and breast cancer. The one impact of obesity on health unique to early adolescence is the trend toward earlier pubertal onset, as manifested by earlier menarche. There is also evidence of earlier menarche, but the evidence for the effect is strong. In this review, we aim to discuss the impact of obesity on the various aspects of female adolescence reproductive function.

P282 INFLUENCE OF SYSTEMIC PELVIC Lymphadenectomy ON THE OUTCOME OF PATIENTS WITH EARLY STAGE ENDOMETRIAL CARCINOMA H.S. Kwack1, E.Y. Ji2, K.H. Lee1, K.S. Ryu1
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The goal of this study was to evaluate the influence of surgical staging procedure, including systematic pelvic lymphadenectomy on the outcome of early stage endometrial cancer patients. From 1995 through 2005 in four clinics of the Catholic University, total 349 eligible patients who were proved histologically and thought potentially to be with FIGO stage I endometri cancer were included. Chi-square and t-test were performed for general statistical analysis. The Kaplan-Meier test and the Cox’s proportional hazard test were applied for survival analysis and logistic regression. The survival rate was significantly lower in the pelvic lymphadenectomy group. There was no significant difference regarding overall survival (HR=1.55 [95%CI:0.558-4.331]; p=0.399), disease specific survival (HR=3.36 [95%CI:1.816-6.262]; p=0.093) and disease free survival (HR=1.26 [95%CI:1.547-2.883]; p=0.592) with and without lymphadenectomy. Between BSO (bilateral salpingo-oophorectomy) group and no BSO group, overall survival (HR=2.27 [95%CI:0.935-5.390]; p=0.076) and disease free survival (HR=3.39 [95%CI:0.141-11.310]; p=0.047) was significantly shorter in patients who did not received BSO. The patients who diagnosed at 50 years old or more had shorter disease specific survival (HR=11.111 [95%CI:1.123-109.968]; p=0.039) and lymph vascular space involvement showed shorter disease free survival (HR=5.324 [95%CI:0.788-35.391]; p=0.003). Non-endometrioid type showed significantly shorter disease free survival (HR=4.620 [95%CI:1.955-9.181]; p=0.001) and disease specific survival (HR=5.106 [95%CI:1.400-18.112]; p=0.012). The operating time was significantly longer in lymphadenectomy group (140.2 ± 28.6 min vs 184.7 ± 39.6 min; p<0.001). The results showed no evidence of benefit in the overall, disease specific and disease-free survival for systemic pelvic lymphadenectomy in women with stage I endometrial cancer. Further studies with a larger number of patients are needed to confirm the efficacy of systematic lymphadenectomy in early stage endometrial cancer.

P283 QUALITY OF LIFE AND FEMALE SEXUAL FUNCTION AFTER SKINNING VULVECTOMY WITH SPLINT-THICKNESS SKIN GRAFT IN WOMEN WITH VULVAR INTRA-EPITHELIAL NEOPLASIA OR VULVAR PAGET DISEASE V. Lavoue1, A. Lemarre1, C. Morcel1, S. Henno1, M. Habiba1, E. Watier1, J. Levesque1
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Introduction: Number of Vulvar intraepithelial neoplasia (VIN) increases and is linked to the presence of Human Papilloma Virus DNA. Their management is variable between vulva conserving treatment (such as CO2 laser vaporization) and radical vulvectomy. Conserving treatment can miss invasive vulvar cancer and radical vulvectomy has severe disruption of vulvar anatomy and function. We present our results of skinning vulvectomy with split-thickness skin graft after VIN or vulvar Paget. After surgery, we performed an evaluation of quality of life and sexual function with Medical Outcome Study Short Form 36 (MOS SF 36) and Female Sexual Function Index (FSFI). Study design: It is a retrospective study. Nineteen patients were included. The mean age was 54±15 years. The mean thickness skin graft. Results: Mean age of patients was 54 ± 15 years. Three patients had a vulvar Paget disease and 9 had VIN. Three invasive vulvar cancers were diagnosed after skinning vulvectomy. The mean operating time was 77±35 months. Four patients presented a recurrence of VIN disease. The mean disease free survival was 58±44 months. The mean
time of recurrence was 19±13 months. No difference between patients with<br>skinning vulvectomy and control population was observed for MOS SF 36 (11 patients answered) and FSFI (3 patients with sexual activity at the time of surgery answered). Conclusion: Skinning vulvectomy with split-thickness skin graft is feasible and allows the diagnosis of occult invasive vulvar cancer for patients with VIN or vulvar Paget Disease. This surgical technique avoids severe disruption of vulvar anatomy and allows normal quality of life and normal sexual function.

P284
JACEOSIDIN, A FLAVONOID ISOLATED FROM ARTEMISIA PRINCEPS, INDUCES G2/M CELL CYCLE ARREST IN HUMAN ENDOMETRIAL CANCER CELLS VIA THE ATM, CHK1/2, AND CDC25C PATHWAY
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Endometrial cancer represents the most common gynecologic malignancy in more developed countries. However, many chemotherapeutic agents have been used to treat endometrial cancer without particular success. Although jac eosin, a flavonoid derived from Artemisia princeps, has been shown to inhibit the growth of several human cancer cells, its mode of action is poorly understood. This study is the first to investigate the anti-proliferative effect of jac eosin in human endometrial cancer cells. We found that jac eosin was more potent than cisplatin in inhibiting cell viability in human endometrial cancer cells Hec1A and KLE. In addition, the cytotoxicity of jac eosin was lower to cisplatin in normal endometrial cells as indicated by MTT assay. Jac eosin induced G2/M phase cell cycle arrest in a time- and dose-dependent manner, as indicated by flow cytometry analysis. Treatment with jac eosin resulted in an increase in the phosphorylation of ATM and decrease in the formation of cyclin B1/Cdc2 complex in Hec1A cells. Moreover, jac eosin modulated the phosphorylation of ERK1/2, Akt, Chk1/2, and Cdc25C. These data suggested that jac eosin inhibits cell growth via G2/M phase cell cycle arrest through the regulation of the ATM pathway in human endometrial cancer cells.

P285
EFFECT OF GROWTH HORMONE ON ENDOMETRIAL RECEPITIVITY IN SD MOUSE
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Objective: To study the effect of growth hormone (GH) on endometrial receptivity by examining the expression of osteopontin (OPN) and β3 integrin in Sprague-Dawley (SD) mouse. Methods: Fifty mice were randomly divided into two groups. The mice in the control group were subcutaneously injected with normal saline (NS) in the diestrum stage, while the mice in the experimental group received GH. The expression of OPN and β3 integrin in the endometrium was determined by immunohistochemistry and real-time fluorescence quantitative PCR (FQ-PCR) in mouse endometrium 4th day after mating. Results: A significantly (P<0.05) stronger expression of OPN and β3 integrin was found in the experimental group compared with the controls. In addition, the relative amount of OPN and β3 integrin mRNA in the GH group was also significantly (P<0.01) greater than that in the control group. Conclusion: GH enhances the expressions of OPN and β3 integrin in the endometrium of mouse at the time of implantation. GH may be used to improve endometrial receptivity and pregnancy rate.

P286
UNACCEPTABLE BLEEDING ASSOCIATED WITH THE ETONOGESTREL SUBDERMAL IMPLANT IS SIGNIFICANTLY REDUCED WITH NON-HORMONAL INTERVENTIONS
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Objectives: To determine whether reassurance, doxycycline, ibuprofen, alone or in combination improve unacceptable bleeding patterns associated with the etonogestrel subdermal implant (ESI) which are commonly cited as reasons for early removal. To determine the interval after insertion during which most removal requests occur. Methods: Medical records of 337 patients who received doxycycline requested removal. Of 7 patients receiving ibuprofen, 5 (71%) requested removal. When 21 patients receiving doxycycline and ibuprofen, 10 (48%) requested removal. Conclusions: Counseling and reassurance appear effective in the initial period after implantation for acceptable bleeding. Unlike regimens involving estrogens, both are appropriate for patients in whom estrogens are contraindicated. One half of removal requests occurred by ten months post-insertion, thus early intervention is warranted. Disclosures: This project was not supported in any way by a commercial organization. Mayo clinic does not endorse the products in this poster. PMC and MEL are certified ESI trainers.

P287
JUVENILE CYSTIC ADENOMYOMA – A CASE REPORT OF A RARE ENTITY
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Introduction: Juvenile cystic adenomyosis is a rare form of uterine adenomyosis, usually found in women aged 30 years or younger. The other criteria for diagnosis is cystic lesion 1cm or greater in diameter covered by hypertrophic myometrium and associated severe dysmenorrhea. Fewer than 30 cases were reported in literature. We describe a case of a nulliparous patient that was treated laparoscopically in our unit. Clinical case: A 28-y-old woman (gravida 0, para 0), presented with chronic pelvic pain and severe dysmenorrhea which was refractory to medical treatment. A transvaginal ultrasound showed a thick-walled echogenic lesion contiguous with the right side of the uterus. The preoperative level of β-hCG was 48 U/mL. A laparoscopy was performed and it identified a mass within the myometrium of the right uterine fundus, 4cm of diameter. In order to preserve fertility, a conservatively procedure with omission of the mass was carried out, and the cystic cavity filled with chocolate-colored fluid similar to endometrioma, was drained. It also found a peritoneal endometriosis lesion confirmed histologically. Four months later, the patient is free from symptoms of dysmenorrhea. Conclusions: Juvenile cystic adenomyoma should be included in the differential diagnosis in young girls with severe dysmenorrhea. Minor surgical procedures for therapy can significantly improve the associated symptoms and preserve future fertility.

P288
THE EFFECTS OF DEPRESSION ON CERVIX CANCER SURVIVORS’ LABOR MARKET OUTCOMES IN TAIWAN
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Over 4,000 women are diagnosed with cervix cancer in Taiwan each year, and nearly 70% of them are under the legal retirement age. Cancer-specific interventions have been established to address issues related to depression subsequent to cancer diagnosis. Our study investigated the impacts of depression subsequent to diagnosis on cervix cancer survivors’ short-term and long-term labor market outcomes (measured by binary labor force participation variable and the natural logarithm of continuous monthly wage variable), using the 2000 Longitudinal Health Insurance Database in Taiwan. Probit models and linear regression models were estimated to examine the impacts of cervix cancers on survivors’ labor market outcomes. Our analysis revealed that after controlling for other confounders, cancer survivors who developed depression subsequent to cancer diagnosis would have lower likelihood of being employed and monthly wages, suggesting that depression was a significant independent predictor of labor market outcomes of cervix cancer survivors. As Taiwan’s health priorities begin to focus on early detection, turning once life-threatening conditions into chronic conditions, a better understanding of labor market outcomes in a chronically ill population is of critical importance. This research is particularly relevant as it both fills a gap in the literature regarding labor market consequences of cancer survivors and provides the ESI on how depression disorders may affect cancer survivors’ labor market outcomes.
P289
AAV MEDIATED LOCAL DELIVERY OF LIGHT SUPPRESSES TUMORIGENESIS IN A Murine Cervical Cancer Model
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LIGHT is a tumor necrosis factor (TNF) superfamily ligand which is considered as a promising candidate for cancer therapy. It has a potent anti-tumor activity through establishing lymphoid-like tissues inside tumor sites and recruiting naive T cells into the tumor. In this study, we examined the possibility of anti-tumor activity by expressing LIGHT in cervical cancer model. A recombinant adenovirus-associated virus (rAAV) vector was chosen for the transfer, based on its transfection efficiency and lack of detectable pathology. In vitro transfer of rAAV vector expressing LIGHT (AAV-LIGHT) stimulated T-lymphocyte proliferation and activation. Adeno-associated virus mediated gene transfer of LIGHT by intratumoral injection exerted a very potent antitumor effect against pre-existing TC-1 cell cervical cancer in C57BL/6 mice. This study confirmed that AAV-LIGHT regressed tumor growth by activating cytotoxic T lymphocyte (CTL), enhancing infiltration of inflammatory cells in tumor and increasing stimulatory cytokine expression in tumor microenvironment. Therefore, AAV-LIGHT therapy might have potential utility for the treatment of cervical cancer.

P290
LEIOMYOMA OF THE ANTERIOR VAGINAL WALL, VAGINAL OR ABDOMINAL APPROACH? M. Martins1, V. Tadiní1, C. Silva2, M. Nascimento2, C. Wolko2
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Leiomyoma’s located in the vaginal walls are considered rare tumors. The authors report a case of vaginal leiomyoma in 42-years old woman, located in the anterior wall. The diagnosis was made by clinical examination, magnetic resonance image (MRI), ultrasound, and confirmed by pathological examination. The excision of the tumor was performed concurrently with total hysterectomy. The access was made by laparotomy, without complications. The authors reviewed and discussed the different technical approaches of the different locations of vaginal fibroids.

P291
THE EXPRESSION AND CHARACTERIZATION OF ENDOLGIN IN UTERINE LEIOMYOSARCOMA
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Background and aims: Endolgin (CD105), an accessory receptor of the transforming growth factor-β, is expressed in vascular endothelial cell. Recently, it was reported that endolgin expression was significantly associated with worse survival in several cancers. In this study, we evaluated the role of endolgin in uterine leiomyosarcoma. Methods: We examined the expression of endolgin in 22 uterine leiomyosarcoma and the association between their expression and outcome. Additionally, to evaluate the function of endolgin, we used SKN cells, human uterine leiomyosarcoma cell line. We generated SKN cells stably transfected with shRNA encoding endolgin (shEndolgin cells) and compared the ability of proliferation, migration and invasion to control shRNA-transfected cells (shControl cells). We compared the level of VEGF and matrix metalloproteinases (MMP) in culture supernatants of shEndolgin and shControl cells. Results: 13 patients were endolgin positive and 9 patients were negative. Endolgin positive group had a significantly worse overall survival and progression free survival than endolgin negative group. Conclusion: Endolgin is a new poor prognosis marker for uterine leiomyosarcoma.

P292
GESTATIONAL TROPHOBLASTIC NEOPLASIA – THIRTEEN YEARS EXPERIENCE
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BACKGROUND: The incidence of Gestational Trophoblastic Neoplasia (GTN) in Europe is approximately 0.6 to 1 per 1000 pregnancies. Aims: Analysis of GTN cases occurring in the last 13 years in our institution. Methods: Retrospective study of all patients having histopathologic diagnosis of GTN since January 1998 to December 2010. Results: Forty eight cases were included in the study. Gestational mean age at diagnosis was 9.2 weeks. Most frequent symptoms were vaginal bleeding (66.2%), hyperemesis gravidarum (12%) and pelvic pain (9%). Twenty nine women had evident excessive uterine size, 19 had anaemia and 8 presented theca lutein ovarian cysts. Preeclampsia, hyperthyroidism, respiratory distress occurred in 2 women. Mean β-HCG was 209 065 UI/L. Instrumental evacuation was performed in 4 patients and hysterectomy in 2. Mean time to attain a negative β-HCG was 8.4 weeks. Thirty patients completed 12 months follow-up. Conclusive women had positive β-HCG term-pregnancy. 8 had first trimester abortion and 3 had another GTN.

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A RARE CASE OF INVASIVE VAGINAL CARCINOMA ASSOCIATED WITH COMPLETE UTERINE PROLAPSE
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BACKGROUND: Primary cancer of the vagina constitutes 1-2% of all malignant genital tract cancers in women. Being a rare entity in the gynecological oncology field, a standardized therapy is not established due to lack of clinical experience even in major oncology centers. Presently, as a result of technological improvements in radiotherapy and radical surgery, more favorable prognoses are known to be achieved even in advanced cases. To our knowledge, few cases have been previously reported that assess the clinical experience of primary vaginal carcinoma associated with vaginal prolapse. CASE: We present a case report of a 81-year-old female with invasive squamous cell epidermoid carcinoma of the anterior wall of the vagina associated with long standing third degree uterovaginal prolapse. The patient was confirmed to be in an advanced stage – FIGO stage III. Radiation was the main therapy implemented on the present case. CONCLUSIONS: Vaginal ulcer associated with long standing genital prolapse need careful evaluation (including punch biopsy) for underlying carcinoma. Treatment due to the rarity of this entity was controversial previously and current review of literature suggests surgical treatment with or without radiotherapy as the optimum treatment for early stage and radiotherapy for advanced stage vaginal carcinoma associated with genital prolapse. Due to early invasion of bladder or rectum and particularly in older patients primary radiotherapy is very common. Early diagnosis with adequate treatment can minimize the morbidity and mortality associated with vaginal carcinoma.
Introduction: Laparoscopic surgery is increasingly regarded as the gold standard approach for adnexal mass, replacing the laparotomy as the dominant surgical technique in cases of benign adnexal mass. Laparoscopic surgery has advantages in respect to peritoneal morbidity, with shorter duration of hospitalization, less pain and less intra-abdominal adhesions. Although safe and effective, it requires technical expertise by the surgeons. Objective: This is a retrospective study of 4 years (2008-2011) of laparoscopic surgery for benign adnexal disease held at the Centro Hospitalar do Alto Ave, EPE, Guimarães, Portugal.

Endometrial cancer is one of the most common malignancies in women especially in the middle aged, and is the most frequent female genital cancer. In Portugal, the incidence of endometrial cancer is 10.27/100000 and mortality rate is 1.9/100000. In this retrospective study, we analyzed all clinical files of endometrial cancer cases diagnosed and treated in our institution from 2000 to 2010. Our objective was to evaluate the duration of the most frequent symptom of endometrial cancer- post menopausal vaginal bleeding and its impact in prognosis. During the last decade, we had 121 cases of endometrial cancer. The duration of postmenopausal vaginal bleeding lasted from 1 month to 4 years and about 50% had 6 months of symptomatology without ask for any healthcare service. The biopsy showed that endometrioid adenocarcinoma grade 2 was the most common histopathologic subtype. Surgical approach was used for staging except cases of inoperability. More than 86% were treated with radiotherapy and about 12 % with chemotherapy. We used the staging system of International Federation of Gynecology and Obstetrics (FIGO) 1988 for staging: 51.2 % was in stage I, 16.5% in stage II, 23.1 % in stage III, 9.9% in stage IV. This casuistic study of endometrial cancer shows that our population has a long time delay between first symptoms onset and search for medical attention. Demographic factors like lower social context, illiteracy, lack of information, embarrassment of gynecologic observation can be a reason for this delay which probably led to more advanced stages at the time of diagnosis.

The objective of this study was identify the profile of the ultrasound in patients with polycystic ovary syndrome (PCOS) diagnosed according to the Rotterdam Consensus criteria (2004). We retrospectively studied 80 patients treated at the Maternidade and Teaching Hospital, Federal University of Rio Grande do Norte, northeastern Brazil between 2004 and 2005. All patients underwent ultrasonography. Descriptive statistics were used to present the results. The data showed that 32.5% of patients had sonographic signs with diagnosis of polycystic ovary syndrome and all three criteria of Rotterdam Consensus. It was observed in these patients that 38.5% had only one ovary with increase in volume (12.9 ± 4.6) and 61.5% had both ovaries with increase in volume (13.0 ± 8.4). Comparing the data, we conclude that in more than 50% of PCO cases, sonographic changes were not present in the sample. This finding is not present in the total patients studied, the clinician should be alert to the fact that an ultrasound examination is of great significance for the diagnosis, but often cannot indicate alterations of the PCO.

A 40-years-old woman with two months history of intermenstrual spotting was referred for gynecologic check-up. Vaginal examination revealed adnexal masses bilaterally palpable. Bilateral encapsulated ovarian masses with solid and cystic components (10-cm respectively), with free fluid in the Douglas pouch was found at transvaginal sonography. Color Doppler investigation showed intense and chaotic low resistance vascularization (RI 0.6%). The mass was a main vessel with a broad base infiltrating from the periphery into the central part of the lesion was observed. Serum CA 125, carcinoembryonic antigen and all the other biochemical oncoclinic markers were within normal values. Adenovulvovaginal magnetic resonance image confirmed the ultrasound findings and the absence of lesions in other sites. Total abdominal hysterectomy, bilateral salpingo-oophorectomy, appendectomy, supracolic omentectomy, pelvic and paraaortic lymphadenectomy were performed. The preliminary histologic examination from frozen sections of both ovaries showed Krukenberg tumor with signet-ring cells. Peritoneal washing was negative for neoplastic cells. Histological findings revealed a malignant ulcerated lesion of hand consistency of approximately 2 cm in diameter over the greater curvature of the stomach. A biopsy was performed, and microscopic examination revealed diffuse-type adenocarcinoma with signet ring cells. Gastrocystomy and perigastric lymph node dissection were performed. Metastases were observed in perigastric lymph nodes. Despite of surgery and postoperative multi-agent chemotherapy, the patient died six months from the diagnosis. Although a translational sonography is an important tool in the diagnosis of ovarian lesion, it does not change the natural history of the pathology if diagnosis is not performed at early stages.

Background: It is controversial whether patients with stage I ovarian clear cell carcinoma (CCC) benefit from postoperative chemotherapy. This study aimed to evaluate the postoperative outcomes associated with the inclusion or exclusion of adjuvant therapy in patients with stage I CCC. Methods: A total of 185 patients who were treated for stage I CCC between 1991 and 2007 were retrospectively evaluated. All of the patients had received comprehensive surgical staging and had been diagnosed by the central pathological review system. Results: Median follow-up was 64 months. There were 41, 93 and 50 in subgroups IA, intraoperative capsule rupture IC (rupture-IC), and all other IC, respectively. The 5-year recurrence-free survival (RFS) rates for substages were 97.6, 87.8, and 70.4%, respectively. Among 134 patients consisting of stage IA and rupture-IC, a total of 91 patients received adjuvant chemotherapy (AC), and 43 patients did not (non-AC). There was no significant difference in survival in each subgroup between the non-AC and AC groups in recurrence-free survival rate (stage IA 100% versus 93.8%, rupture-IC 94.1 versus 86.8%). Multivariate analysis demonstrated that there was no significant prognostic factor for both recurrence and survival among IA and rupture-IC group. Postoperative therapy, regimen, and chemotherapy cycles were not significantly impacted. Conclusions: This study indicates that adjuvant chemotherapy does not contribute to the improving prognosis of stage IA or rupture-IC ovarian CCC. Whereas histological type is CCC, the routine adjuvant chemotherapy regimen following comprehensive surgical staging may be unnecessary for patients with at least stage IA.
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VALUE OF USE OF ALPHA BLOCKERS (TAMSULOSIN HYDROCHLORIDE) IN MANAGEMENT OF FEMALE URGENT INCONTINENCE

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Objective: To evaluate the value of using an alpha blocker (tamsulosin hydrochloride 0.4 mg s) on female patients suffering from urgency and urge incontinence. Patients and Methods: This study included 300 females suffering from urgency and urge incontinence, and under medical treatment. They were fully examined and investigated urological and gynecological and trained on the use of an oral and a transdermal alpha blocker for 2 weeks, localized alpha blocker therapy for 1 month. Then they were divided randomly into 2 groups to received anticholinergic therapy for 3 months (group I) or tamsulosin hydrochloride 0.4 mg once daily in addition (group II). All cases were followed up to evaluate their symptoms, urinary analyses, and cystometry after 6 months. Results: Frequency of urgency improved in 49% of group I and 68% of group II (p = 0.001). Cystometric study showed decreased uninhibited contractions by 50% in group I compared to 80% in group II (p < 0.001). Bladder volume at the first desire increased to 116.3±20.8 ml in group II compared to 92.1±16.9 ml in group I (p < 0.001). Rate of improved incontinence reached 92.1±16.9 ml in group I (p < 0.001). Conclusion: The use of the alpha blocker tamsulosin hydrochloride may be beneficial in improving symptoms and bladder reaction in females with urgency and urge incontinence.

P300

NEW ADJUSTMENT OF BURCH COLPOSUSPENSION UNDER CYSTOSCOPIC CONTROL

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Objective: To evaluate the value of cystoscopic control of bladder neck during placing and adjustment of the suspensory sutures in cases of Burch colposuspension. Patients and methods: 130 female complaining of genuine stress incontinence and subjected to Burch colposuspension in El Galaa teaching hospital where placement of the suspensory sutures on either side and adjustment of the suture were done under cystoscopic control to the bladder neck. Results: The follow up of all the patients up to 24 months revealed: no urine retention, residual urine was less than 10 ml, and Qmax was more than 20 ml / sec in all the patients. Conclusion: Cystoscopic control of the bladder neck during Burch colposuspension is of great importance as it leads to an equal suspension to both sides of the bladder neck, resulting in no postoperative complication.

P301

ADNEXAL MASSES IN PREGNANCY: CASE REPORT AND REVIEW OF LITERATURE

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Most adnexal masses in pregnancy are diagnosed during a routine obstetric ultrasound. Their incidence vary between 0.2-8%. They are functional cysts, and resolve at 1st trimester of pregnancy; the persistence of a mass beyond 16 weeks increases the risk of torsion, haemorrhage, rupture and the possibility of being malignant. The main consideration in choosing conservative management versus surgery centers on the risks to the mother and the fetus. The goal of image studies is to differentiate and characterize benign lesions that do not need treatment during pregnancy from lesions that have features suspicious for malignancy or are indeterminate and may need further intervention. The authors describe a clinical case of a 37-year-old primigravida, being diagnosed at 13 weeks with a 38mm ovarian simple cyst. Follow-up ultrasound performed at 17 weeks revealed that the mass had enlarged, being with 72mm, and having suspicious characteristics as a solid component with vascularity and thick septa. CA 125 was normal. Given the risk of malignancy, the woman underwent surgery with removal of the mass at 19 weeks. However, histological diagnosis was a benign serous cistadenoma. Pregnancy continued till term, with delivery of a healthy newborn.

P302

NEOADJUVANT CHEMOTHERAPY IN ADVANCED EPITHELIAL OVARIAN CANCER

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Background: This study was performed to determine the different outcome and contributing factors in women with advanced epithelial ovarian cancer in patients after primary debulking surgery (PDS) versus interval debulking surgery (IDS). Methods and Materials: In this longitudinal study that was performed as a retrospective cohort, 179 consecutive patients with stage 3 or 4 of ovarian cancer attending to a tertiary health care center in Tehran, Iran, since 2003 to 2009 were recruited. 144 patients underwent primary PDS, and 35 patients were treated with median of 4 cycles of platinum and taxane-based chemotherapy (range,3-7cycles) and then underwent IDS. Overall survival and progression free survival (PFS) were calculated by Kaplan-Meier curves. Univariate and COX regression analyses were performed to evaluate the surgical outcome and contributing factors in them were treated with IDS. Results: from these patients,144(81%) were treated with primary surgery and 6 cycles of platinum-taxane based chemotherapy and 35(19%) underwent IDS after neoadjuvant chemotherapy (NACT), in these patients there were 14(40%) partial response and 19(54%) stable disease and 2(5%) progressive disease after NACT. optimal cytoreductive surgery were achieved in 85% of patients underwent IDS compared with 58% in PDS (p<0.02). Operative complications such as blood transfusion, fever, organ damage, and hospitalization rates were significantly higher in PDS. In to urine analysis and vaginal swabs twice weekly and cystometry after 6 months. Results: No significant difference was observed in Progression free survival (PFS) and overall survival (OS) in the 2 groups. PFS (in NACT 18.2±2.4 vs. 21months in PDS p=0.18) and OS 38.8±1.9 vs. 32 months (p=0.41) were not significantly different. Conclusion: We are not be concluded that in patients with advanced epithelial ovarian cancer NACT followed by surgery improved the complications of surgery without impaired survival. In patients with bulky omental cake it is better to remove bulky tumor as a front line of treatment.

P303

A CLINICAL TRIAL TO COMPARE METFORMIN AND PIOGLITAZONE IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME

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Objective: The aim of this study is to compare therapeutic effects of Metformin and Pioglitazone in Polycystic ovary syndrome (PCOS). Methods: In a randomized clinical trial, 100 women with PCOS were recruited during a one year period in Alzahra Hospital of Tabriz. These patients were randomized into two groups of 50 patients receiving either Metformin pill, 500 mg TDS, or Pioglitazone pill, 15 mg BID, for six months. Clinical and laboratory findings were compared between the two groups at the baseline and at the end of the study. Results: Pregnancy frequency was higher in Metformin group. Analysis of nonparametric chemistry, hazards arising, and predictive factors for optimal surgery such as histology, size of tumor,CA125 level, pleural effusion, omental cake, tumor burden which found by imaging, only extensive omental disease and involvement of the mesentery of bowel were found to be predictive. No significant difference was observed in serum testosterone, follicle stimulating hormone, luteinizing hormone, and free testosterone in the two groups. Conclusion: According to our results, Metformin is superior to Pioglitazone due to better influence on pregnancy and lipid profile.

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PATTERN OF CONTRACEPTION IN WOMEN 35 YEARS AND OVER IN KUZZHESTAN PROVINCE, IRAN

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Background and Objectives: The prevalence of unwanted pregnancy and associated risks are higher in late reproductive years. Limited studies focused on contraceptive choices in these women. The aim of the study was to identify common contraceptive methods and related factors of it in women 35 years or older who attending health centers of Kuzzhestan were studied. We used an investigator-administered questionnaire for data collection. Women investigators were used for interview and filling of questionnaire. Participants were assured of the confidentiality of their responses. We entered and analyzed data through SPSS software. Chi square and logistic regression test were done. Results: The mean age of women was 39.8±4.2 years. The most popular contraceptive methods which used in this age group were oral contraceptive pills (31.4%), condom (28.1%) and tubal ligation (14.8%). Less effective contraceptive methods were used in 41.5% of women. A significant association was found between use of effective methods and literacy of husband (OR=0.80,95%CI: 0.74,0.87), use of emergency contraception (OR=3.76,95%CI: 2.88,4.89) and disease of women (OR=1.63,95%CI: 1.19,2.24) (p<0.01). Conclusion: This study determined that use of less effective contraceptive methods which are high due to the risks of unwanted pregnancy and maternal complications of pregnancy in this age group, family planning education and counseling to older women should be the priority in health centers.

14th World Congress on Controversies in Obstetrics, Gynecology & Infertility • Paris, France, November 17-20, 2011
A.C. Araujo 3  
A.A. Cristina 2  
G.P. Oliveira Costa 1

**FETAL COMPLICATIONS ADOLESCENT PREGNANCY IN BRAZIL AND ITS MATERNAL AND P307**

**HORMONAL CONTRACEPTION SEXUAL INITIATION IN ADOLE SCENCE AND INFORMATION ON P306**

**REPRODUCTIVE PERIOD WITH DRUG RESTORATION OF MINERAL BONE DENSITY IN WOMEN OF THE P305**

of the reproductive period with drug therapies and methods: 80 women at the reproductive period of Krasnodar territory were investigated within two years: 6 months against estrogen-suppressive therapies and 18 months after its carrying out. At therapy by agonists of gonadotropin, a significant increase in MBD in women of the reproductive age was recorded: the difference of MBD on 5% (0.855± 0.060 p<0.05); MBD (hps) on 5% (0.585± 0.060 p< 0.05). Application monophase combine oral contraceptive (drospirenone contain) within 6 months after drug prenatal care; besides encouraging and empowering them where fertility control is concerned.

**P305 SEXUAL INITIATION IN ADOLESCENCE AND INFORMATION ON HORMONAL CONTRACEPTION P306**

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**INTRODUCTION: Breast cancer is the most commonly seen malign cancer in young women in the world. Breast cancer constitutes almost 30% of all cancers and incidence age of breast cancer has been constantly falling. The most frequent risk factors for breast cancer are: age, obesity, use of hormone replacement therapy, first-degree relatives with breast cancer.**

**CONCLUSIONS:** Among the studied premenopausal women, the use of hormone replacement therapy was not found to be a risk factor for breast cancer. However, the use of oral contraceptives was associated with an increased risk of breast cancer. These findings highlight the importance of national campaigns and health education programs to raise awareness about the risk factors and early detection of breast cancer in young women.
breast cancer at an earlier period. Key Words: Young Women, Breast Cancer, Health Protection

P310 DETERMINATION OF HOME CARE NEEDS AND QUALITY OF LIVES OF WOMEN WITH BREAST CANCER
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The present research was conducted in order to determine home care needs and quality of lives of women with breast cancer who received breast cancer treatment at the Oncology Polyclinics of Acibadem Kayseri Hospital. Material and Method: The sample of this descriptive study was made up of women (n=40) who visited the Oncology Polyclinics of Acibadem Kayseri Hospital and were diagnosed as breast cancer between June 2011 and August 2011. The necessary permissions for the research were obtained. A questionnaire form that included socio demographic characteristics and disease history of the patients and Home Care Needs Questionnaire and EORTCQLQ C30 Quality of Life were filled in using a face to face interview technique. Findings: Mean age of the women was 48.6 (min-max: 24-70); 57.5% of the women told that they had powerful social supports, 50% had helpful medical support, and 80% of those who needed health personnel at home preferred nurses. Women’s Functioning Score (FS) was 60.6±16.6, Social Functioning Score (SFS) was 69.5±19.9, General Health Score was 49.8±11.9 and Symptom Score (SS) was 32.2±15.4. Conclusion: It was determined that women with breast cancer needed home care and these needs were about care and training. It was found out that quality of lives of the women was poor. It is recommended nurses should provide care and trainings related to home care needs of the women with breast cancer.

P311 PERFORMANCE OF CA125 FOR DETECTING OVARIAN CANCER IN POSTMENOPAUSAL AND PREMENOPAUSAL WOMEN: A RETROSPECTIVE CASE STUDY
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Objective – The goal of this study was to review cases of adnexal masses managed in our institution between January 2010 and December 2010. A second aim was to compare CA125 performance between premenopausal and postmenopausal women. Material and methods – This study included 60 patients (thirty-seven (61.7%) in premenopause and twenty-three (38.3%) in postmenopause) managed in our institution because of a suspicious adnexal mass and submitted to surgery. All patients were evaluated by Ca 125 prior to surgery. Definitive histopathological diagnosis was obtained in all. Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and accuracy were calculated in each group. Results – Of the 60 patients, 52 (86.7%) had benign tumors, 5 (8.3%) had primary invasive tumors and 3 (5%) had borderline malignant tumors. Histologic diagnoses were most often misclassified by CA-125 in premenopausal group. CA 125 was 100% specific in premnepausal women but it was only 50% in postmenopausal women. The CA 125 was significantly higher in the premenopausal group than in the postmenopausal group. Conclusion: High CA 125 levels are not indicative of malignant neoplasm at the time of the presentation. They are mostly benign, and malignancy has not been reported in the fewer cases described in the literature. A higher CA 125 level can be considered a marker of a benign tumor and in some cases an indicator of an increased risk of malignancy.

P312 HORMONE WITHDRAWAL-ASSOCIATED SYMPTOMS (HEADACHE AND PELVIC PAIN) IN WOMEN TAKING COMBINED ORAL CONTRACEPTIVES: COMPARISON OF ESTRADIOL VALERATE / DIENOGEST VERSUS ETHINYL Estradiol / LEVONORGESTREL
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The study aim was to show superiority of estradiol valerate/dienogest (E2/V/DNG, Qlaira®) over an ethinylestradiol/levonorgestrel (EE/LNG; Microgynon®) combined oral contraceptive (COC) in reducing the severity of hormone withdrawal-associated symptoms in women aged 18–50 y using COCs. The rationale was based on established stable E2 levels using a shorter hormone-free interval (HFI) with E2/V/DNG vs. EE/LNG. This randomized, double-blind, Phase IIIb study assessed headache/ pelvic pain severity, recorded using a visual analog scale of 100mm during cycle days 22–28/6 treatment cycles. Of 449 women randomized, 362 completed the study. Study drugs were well tolerated and AEs were typical of COC use. Co125 (26/2) reduced the most severe symptom (headache or pelvic pain) significantly more (p=0.0001) than EE/LNG (longer HFI, 21/7). Women taking E2/V/DNG used considerably less pain medication.

Figure. Mean Visual Analog Scale (VAS) scores as recorded by the participants-severity of headache and severity of pelvic pain

P313 PRIMARY BILATERAL BURKITT’S LYMPHOMA OF THE OVARY
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INTRODUCTION: Ovarian involvement as an initial manifestation of lymphoma, without detectable extras modal disease, is a rare occurrence. CASE REPORT: A 23-year-old primiparous woman presented with a two month history of painful pelvic distension, metrorrhagia, vomiting, nocturnal fever and weight loss. On observation, a 20 cm, firm and irregular abdomino-pelvic mass was noted. No lymph nodes were palpable. The MRI demonstrated intra-ovarian solid masses with 169x168x108mm (right) and 121x125x109mm (left). Blood analysis showed microcytic hypochromic anemia and thrombocytopenia, elevated C-reactive protein, lactate dehydrogenase and CA 125 levels. Colpocytology, digestive endoscopy, cervico-thoracic computerized tomography, lumbar puncture, myelogram and bone marrow biopsy failed to document hematologic disease. We performed an exploratory laparotomy. Both ovaries were substituted by fragile solid tumors weighing 1787gr (20x18x18cm) at right and 1050gr (19x15x7cm) at left side. Hysterectomy with bilateral salpingo- oophorectomy was complicated by severe hemorrhage, consumption coagulopathy and respiratory insufficiency. Residual tumor was left on colon surface. Histologically, a lymphoid proliferation of small round cells was observed, with a high mitotic index and abundant macrophages. Immunohistochemical data supported the diagnosis of Burkett’s lymphoma. Fluorescence in situ hybridization detected a break in the c-Myc gene. Having no bone marrow or central nervous system involvement, the patient started multigent chemotherapy (LMB-95 protocol) and anti-CD20 antibody (Rituximab). Due to disease progression, this regimen was changed and the patient is in remission. CONCLUSION: The diagnosis of primary ovarian lymphoma, although preoperatively suspected, needs histopathological
**P314**

**GRANULAR CELL TUMOR – A RARE HISTOLOGIC FINDING IN THE VULVA**

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**INTRODUCTION:** Granular cell tumors are rare neoplasms that originate in Schwann cells and develop in the female genital tract in 7-10% of the cases. They are considered benign tumors with a low recurrence rate (1-2%).

**CASE PRESENTATION:** A post-menopausal 55-year-old Caucasian woman, with no significant past medical history, presented with a two-year history of a slow growing vulvar mass. A 6x4 cm, non-tender, firm mass was palpable from the lateral aspect of the left labia majora to the left crural fold. The mass was firmly attached to the overlying dermis that appeared thickened and irregular. The biopsy of the lesion revealed a granular cell tumor. Pelvic magnetic resonance imaging identified a left major obturator lymph node and bilateral inguinal lymph nodes. Left inguinal node cytology was negative for granular tumor cells. A wide excision was performed with clear margins. The pathology of the surgical specimen was consistent with granular cell tumour with free margins. No atypical cells, mitotic activity or necrosis were identified. Further therapy was recommended.

**CONCLUSION:** Granular cell tumours are rare, especially in the vulva. In our Institution they represent 0.2% of all vulvar tumors treated in the past 12 years and 0.43% of all granular cell tumors diagnosed in the same time period. This case demonstrates the importance of a correct biopsy and pathology diagnosis which, for our patient, were crucial in determining a more conservative surgical approach.

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**P315**

**SAFETY OF QUINACRINE CONTRACEPTIVE PELLETS**

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Dating back to the 1970s, thousands of women worldwide have voluntarily been sterilized with transcervical insertion of quinacrine pellets. The transcervical insertion of quinacrine pellets has been proposed as a potentially safer and less expensive method of voluntary female sterilization than surgery. The safety and efficacy of the technology are still being assessed today; in particular, better estimates on the incidence of human cancers are now feasible. Methodology: This review article provided by Library and internet researches with creditable articles from 2000 until 2010. Finding: In a cohort study of 1492 women in Santiago and Valdivia, Chile, who received transcervical quinacrine pellets for contraceptive sterilization between 1977 and 1989. During 23,894 person-years of follow-up, 41 invasive cancers were identified, including 16 new cases that had occurred since the previous analysis. Ten cases of cervical cancer were observed, compared with 12.1 expected. Since the initial study's confirmation of a single case of leiomyosarcoma, no other uterine cancers have been diagnosed. One case of ovarian cancer was diagnosed, compared with 3.1 expected. Rates of cancer among women exposed to intrauterine quinacrine are similar to population-based rates. In a Observational cohort study of 2735 women in Vietnam women who had quinacrine insertions between 1989 and 1993 compared to 1623 women who received an intrauterine device. Quinacrine users had a higher incidence of ectopic pregnancy compared to IUD users but the risks of cancer, hysteroscopy, pelvic/gynecologic surgery and death were similar in the two groups. The bimodual or sepalate uterus can be a cause of failure of Quinacrine sterilization. Sonography is an advanced and useful method when performing Quinacrine sterilization by demonstrating an anomaly of the uterus, which required separate insertions of quinacrine into each horn of a sepalate uterus and helping to direct quinacrine into each horn of these anomalies. Conclusion: Use of quinacrine in this review appeared to have minimal side effects and malignancy has not been reported in the fewer cases described in the literature.

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**P316**

**CASE REPORT: TORSION OF A UTERINE LEIOMYOMA: A RARE CAUSE OF ACUTE ABDOMEN WITH BOWEL OCCLUSION**

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Uterine fibroids are very common tumors in women. They can be classified as intramural, submucosal, subserosal, cervical and extraterine (intraligamentary or intravarian). Usually they tend to stabilize with age. Rarely, they lead to situations that can cause great morbidity and set life in risk. These include thrombo-embolism, acute torsion of subserosal pedunculated leiomyoma, acute urinary retention and renal failure, acute pain, acute vaginal or intra-peritoneal hemorrhage, mesenteric vein thrombosis and intestinal gangrene. The authors describe a case of a 71 years old woman that presented to the emergency department with generalized abdominal pain and bowel occlusion. The physical examination revealed a 10 cm mass localized in left lower quadrant as well as rebound tenderness. White blood cell count was 12.510³/L. An abdominopelvic computed tomography (CT) showed a pelvic mass, measuring 12 cm in size, whose origin wasn't sure to be uterine or ovarian. An urgent exploratory laparotomy was performed and it was found a pelvic mass of uterine origin compatible with a pedunculated uterine fibroid in torsion. The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Microscopic examination revealed leiomyoma with ischismic transformation. Postoperative course was uneventful and the patient was discharged from the hospital 6 days after surgery. As a conclusion, an acute abdomen caused by torsion of a pedunculated myoma is a rare condition and can mimic other causes of peritonitis. Although imaging is an important tool, the diagnosis is often made during the surgery.
INTRODUCTION: Epithelioid sarcoma is a rare malignant soft tissue tumor. Usually asymptomatic, it simulates a variety of benign lesions, leading to diagnosis at later stages. It can be divided into distal or proximal types, occurring, respectively, at upper and lower extremities or in the trunk, abdomen and pelvis. The last type presents a more aggressive behavior.

CASE REPORT: A 55-year-old postmenopausal woman, presented with a rapid growth asymptomatic mass, in the left labia majora associated with anorexia, dyspnea for medium efforts and severe weight loss of 2 months duration. Pelvic inspection revealed an indurated massive vulvar mass (10 x 4cm) in the left labia majora with a little floating zone. Biopsy of the referred lesion presented abundant necrotic and cerebriform material drainage. Pelvic examination unmasked an indurated extensive mass occupying the right upper third vaginal wall and posterior vaginal fornix. Due to suspicion of Bartholin gland carcinoma, a CT scan of the thoracic and abdominopelvic areas was performed. It unfolded an extensive right paramedian pelvic mass invading downward Douglas cul-de-sac and extending to left labia majora. Ganglionar, pulmonary and hepatic metastasis were also present. Histologic exam revealed proximal type epithelioid sarcoma. Patient’s clinical condition suffered deterioration and she died at the 16th day of admission. CONCLUSION: Because epithelioid sarcoma presentation can be mistaken with benign lesions or carcinoma, any vulvar lesion with unusual, insidious evolution in labia majora should be investigated in order to do an accurate diagnosis and provide all treatment needed to ensure patient’s life quality.

BACKGROUND: Fast population growth in recent centuries is a threat to women's health. Pertinent topics include the effect of toxic substances produced in the course of their vital activity on female genital tracts and, as a result, development of inflammatory nonspecific manifestations of gynecologic disorders, it should be investigated in order to do an accurate diagnosis and provide all treatment needed to ensure patient’s life quality.

INTRODUCTION: Intravenous leiomyomatosis (IVL) is a rare smooth muscle tumor that is histologically benign but clinically aggressive, with less than 200 cases reported. IVL arises from the myometrium and grows into the extraperitoneal space, where it can extend into the vena cava inferior and extend to left labia majora. Ganglionar, pulmonary and hepatic metastasis were also present. Histologic exam revealed proximal type epithelioid sarcoma. Patient’s clinical condition suffered deterioration and she died at the 16th day of admission. CONCLUSION: Because epithelioid sarcoma presentation can be mistaken with benign lesions or carcinoma, any vulvar lesion with unusual, insidious evolution in labia majora should be investigated in order to do an accurate diagnosis and provide all treatment needed to ensure patient’s life quality.

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an effect on solving the problems experienced. It may be recommended that nurses should be trained in order to detect sexual problems of the individuals and to provide counseling and should direct the patients to the necessary departments.

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CARE BURDEN AND QUALITY OF LIFE LEVELS OF CARE GIVERS OF CANCER PATIENTS RECEIVING RADIOTHERAPY
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The present study was conducted in order to determine burden of care and quality of life of care givers of cancer patients receiving radiotherapy. Material and Method: This descriptive study was conducted with 84 primary care givers at a university hospital. Socio demographic questionnaire form, Burden Interview and the Rolls Royce Model Quality of Life Scale were used in order to gather the data. The data were gathered using a face to face interview technique. Written permissions of the participants and the institutions were obtained. Descriptive statistics and correlation analysis test were used for the statistical evaluation of the data. Findings: Average age of the participants was 44.19±13.675 (min-max: 18-80). 69.0% of the participants were female, 31.0% were male and 86.9 % of them were married. 41.7% were illiterate and had primary school graduate and 61.9% had a monthly income between 660 TL and 1320 TL. Mean total score of the Burden Interview was 26.48±11.711 and mean total score of the Quality of life had a monthly income between 660 TL and 1320 TL. Mean total score of the Burden Interview was 26.48±11.711 and mean total score of the Quality of life subscales of Quality of life, there was a statistically significant correlation concluded that burden of care of care givers of cancer patients receiving radiotherapy increased and their quality of life decreased.

P324
AN INTERESTING CASE OF DERMATOMYOSITIS ASSOCIATED WITH FALLOPIAN TUBE CARCINOMA
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Primary carcinoma of the fallopian tube (FTC) is the rarest cancer of the female genital tract with an incidence of 0.5% of all gynecologic tumors. It is rarely diagnosed preoperatively and is often mistaken for benign pelvic disease or ovarian cancer. Its staging and therapeutic management have been adapted to that of ovarian cancer. Dermatomyositis (DM) is an idiopathic inflammatory myopathy associated with characteristic cutaneous and extracutaneous manifestations and an increased incidence of internal malignancies, notably cancers of the female genital tract. The first documented case of DM and concurrent FTC in the United States was in 1998. During her clinical course, she had improvement in strength and function with treatment of the underlying FTC. We present a rare patient with concurrent DM and FTC. She presented with DM and Postmenopausal bleed. At Hysteroscopy a small pelvic mass was noted and biopsied. It turned out to be Fallopian tube cancer. She was subsequently managed as per protocol. The DM improved with successful management of her FTC. A worldwide review of literature follows. An association between DM and FTC may exist because of significant improvements in DM after tumor removal and chemotherapy. Increased awareness & recognition of DM followed by a search for Gynecologic cancers may help in early detection of any associated cancer & thereby help improving the outcomes for these patients.

P325
HELMINTHIASIS AS AN UNDERLYING CAUSE OF GYNECOLOGIC DISORDERS
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Lacking efficiency of treatment for non-specific gynecologic disorders may suggest helminthiasis to be the underlying cause of these pathologies, but this possibility is not uncommonly overlooked. Presence of acme-like eruptions on the chin and lower parts of the cheeks before menses, after the nervous overstrain or overeating combined with persistent or chronic gynecologic disorders should make obstetrician-gynecologist high suspicious of helminthiasis as an etiologic factor of these diseases. Parasitic infestations were determined to induce changes of endocyoology of the lower female genital tracts and, as a result, development of inflammatory processes in the vagina caused by their impact on the epithelial barrier. But most severe is the impact of helminthiasis on the status and functioning of the immune system. Presence of parasites and their eggs and especially the effect of toxic substances produced in the course of their vital activity considerably inhibit resistance of the host's organism to parasitic infestation and invasion of other bacterial agents. Helminthiasis and parasitic diseases head the list of major causes of the secondary (acquired) immunodeficiency whereas bacterial and viral infections rank second and third, respectively. Reinstating nonspecific diseases of the female genital tract mostly occur at the background of chronic immunodeficiency of the vaginal endocyoology. In the case, when conventionally pathogenic flora is concomitant with helminthiasis, this results in development of gynecologic pathology with the clinical picture of colpitis and bacterial vaginosis which present with specific manifestations, as appearance of altered vaginal discharge, itching, erythema, and discomforts in the vagina and external genitalia. By the data of Lviv Centre of family planning and human reproduction, helminthiasis was detected in about 50% female patients with relapsing colpitis and bacterial vaginosis, of them 66.7% cases were caused by pinworms and 37 % - by ascarides. Long-lasting persistence of parasites in the female genitalia tends to induce chronic inflammatory processes in the organs of the true pelvis. Proceeding from the aforementioned, we consider it reasonable that on gynecologic examination for latent infections in female patients with nonspecific manifestations of gynecologic disorders, it should be recommended that they undergo investigations for helminthiasis. In case the investigations are positive, complex therapy of gynecologic diseases with the administration of anti-helminthic preparations will contribute to improvement of the efficacy of treatment and female patients’ quality of life.

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HYSTEROCTOMY: FACTORS ASSOCIATED WITH TRANSFUSION
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Introduction: Bleeding with the need for transfusion is a complication related to hysterectomy. It is safe to perform this surgery; however, many hysterectomies are performed in small clinics and these do not usually have an infrastructure needed for transfusion especially if an emergency occurs. The aim of this study is to identify clinical conditions associated with the need for transfusion in patients undergoing hysterectomy. Material and Methods: We included 794 patients in this comparative, descriptive retrospective study. After ethics committee approval, we reviewed the clinical records of patients who underwent hysterectomy in our hospital between 2007 and 2009. We analyzed and compared the clinical characteristics of patients who underwent hysterectomy and were transfused. The chi square test was used for statistical analysis. Results: In total, 89 patients were transfused. This represented 11.2 % of the patients. An average of 2.2 units of packed red blood cells (SD ± 1.371) were transfused per patient. The factors significantly associated with transfusion were: preoperative hemoglobin level, surgical time, intra-operative bleeding and history of abnormal uterine bleeding (P < .001). Twenty-eight percent of women under 30 years of age with abnormal uterine bleeding required transfusion. Conclusions: A history of abnormal uterine bleeding is a significant issue. It should warn us about the possibility of requiring a transfusion in patients undergoing hysterectomy. This is particularly true in young patients. Awareness of the need for transfusion can help prevent a coagulation disorder. This and the preoperative hemoglobin level appear to be the only modifiable preoperative factors to prevent a transfusion.

P327
HEMATOCOLPOS WITH IMPERFORATE HYMEN
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BACKGROUND: Imperforate hymen occurs in 0.05% of women. It’s a rare cause of abdominal pain in female adolescents. If not screened for and treated early, patients will present at menarche with a history of cyclical pelvic or abdominal pain and urinary retention due to hematocolpos. CASE PRESENTATION: A premenarchal 13-year-old girl was admitted to the emergency department with a history of suprapubic abdominal pain radiating to her lower back. At examination we observed normal secondary sex characteristics. Perineal examination showed a bluish bulging hymen. Transabdominal ultrasonography revealed a didelphic uterus and a dense mass in the pelvis. We diagnosed an imperforate hymen with hematocolpos. The hymen was opened surgically and a large quantity of menstrual blood was drained from the vagina. Intraoperative exam revealed a longitudinal vaginal septum. Postoperative recovery was normal without any pain. The patient now menstruates regularly and she’s being followed up for further study. CONCLUSION: It is important to be aware of this diagnosis while examining adolescent girls with lower abdominal pain. Late discovery of an imperforate hymen may lead to serious complications such as infections, hydropneumoperitoneum, kidney failure, endometriosis and subfertility.
14th World Congress on Controversies in Obstetrics, Gynecology & Infertility • Paris, France, November 17-20, 2011

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A 1-YEAR EXPERIENCE WITH LIQUID-BASED AND CONVENTIONAL PAP SMEARS IN THAMMASAT UNIVERSITY HOSPITAL
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Objective: To evaluate the prevalence of abnormal Pap smears as detected by liquid-based (LBP) and conventional (CPP) techniques in women who were patients in the gynecologic clinic, Thammasat University Hospital. Methods: Retrospective analysis of cervical cancer screening, histopathological findings and operative procedures were done between January 2009 and December 2009. Of the 6,332 participants who underwent gynecological examination and cervical screening and had a Pap smear within the same time period, 30% of patients were comprised of unexplained significance or LSIL (low grade squamous intraepithelial lesion). The prevalence of abnormal Pap smears was 4.0 and 2.6 % in the LBP and CPP groups, respectively. The mean age of patients was 39.45 years old (14-90) and 1,550 (24.5%) women were atypical smears. Conclusion: The prevalence of abnormal Pap smears and LSIL (low grade squamous intraepithelial lesion) was 7.25%, 14.7% and ≥ 60 years. For this distribution, patient a complete suprasacral spinal cord injury (SCI) and compare these to younger patients with benign diseases and group B included 59 patients with severe symptoms than women undergoing natural menopause. The authors

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BLADDER FUNCTION PATTERN IN ELDERLY WOMEN WITH SPINAL CORD INJURY
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Purpose: To evaluate urodynamic (UDS) parameters in elderly women with complete suprasacral spinal cord injury (SCI) and compare these to younger women with the same type of injury. Materials and methods: A total of 149 medical records of women with complete suprasacral SCI were selected and divided into four groups according to age: < 20 years, 20 to 39, 40 to 59 and ≥ 60 years. For this distribution, patient age at the time of the first UDS was considered. UDS parameters were evaluated. Results: Women over 60 years old presented a mean maximum detrusor pressure of 35.1 cm H2O and an opening pressure of 27.1 cm H2O. These values were significantly decreased when compared to younger women (p=0.005 and 0.004, respectively). Otherwise, reflex volume, functional bladder capacity, cystometric capacity and bladder compliance showed slightly but not significantly higher values in elderly women when compared to younger women. Detrusor sphincter dyssynergia was noted in all patients; among them, 55% had a continuous standard of sphincter dyssynergia, although no statistical differences were observed in terms of age or level of SCI. Conclusions: Results showed that the contractility strength of the detrusor muscle and opening pressure diminished with age in women. However, no differences were observed for detrusor excitability, bladder compliance and cystometric capacity related to aging.

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ESSURE HYSTEROSCOPIC STERILIZATION: WHY PREGNANCIES OCCUR?
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The Essure® hysteroscopic procedure is a transcervical approach to permanent sterilization that involves the placement of a device causing tubal occlusion. An alternative form of contraception is required during the first three months, until bilateral occlusion confirmation. Objective: Determine the pregnancy rate and possible causes. Methods: Retrospective study of women who underwent the Essure® procedure between November 2002 and January 2011. Results: Essure® sterilization was performed in 75 women. Essure® placement failed in 6.67% (5/75), because tubal spasm (n=1), abnormal position of the tube (n=2) and occlusion (n=2). The indications were obesity (42.9%/n=30), women’s option (17.2%/n=12), oral contraception contraindication (15.7%/n=11), medical comorbidity (15.7%/n=11). Oral contraception incorrect use (7.1%/n=5) and abdominal pain (1.4%/n=1). Successful devices were inserted in 69.3% (n=51), 11.4%/n=8), due patient noncompliance. In 86.6%(62/70) was performed a pelvic X-ray, which was unsatisfying in 18 cases and a hysterosalpingogram was made. No pregnancies occurred at 6 months follow up. The pregnancy rate at 2 years follow up was 5.2%(3/58). The number of intrauterine visible coils was 3 to 8 in cases of pregnant women. The contraception level in these cases was pelvic X-ray. Posterior, partial salpingectomy was performed and a cornual perforation was noted. Conclusion: An effective correlation between operator report and radiologic test is crucial for confirmation of correct placement devices. Unintended pregnancies following Essure® may be attributed to misread X-ray. The number of visible coils isn’t a predictor of success, not excluding devices malposition. Probably hysterosalpingogram would not be safe and effective in the evaluation of tubal occlusion. Professional technical skills and patient adherence are equally important factors.

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BREAST CANCER AND HOT FLUSHES
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Breast cancer is one of the most frequent cancers worldwide. Its treatment can produce disturbing symptoms, which are an important source of morbidity and discomfort in patients with breast cancer and they may adversely affect women’s sexual functioning, body image, and overall health-related quality of life. Hormonal treatments are used to control such symptoms in postmenopausal women but for those with intact ovaries, a history of breast cancer, hormonal therapy is not recommended as they can induce cancer growth. On the other hand, hormone suppression therapies are used for the treatment or adjuvant and metastatic breast cancer. However, the hot flushes, as a side effect, are frequently reported by patients as a cause of therapy discontinuation. A Canadian study on 382 women undergoing chemotherapy for early breast cancer suffer premature menopause with more frequent and severe symptoms than women undergoing natural menopause. The authors pretend to review the treatment’s possibilities to this population with breast cancer and hormonal therapies, and define a non-hormonal therapeutic fluxograma to reduce the symptoms due to outcomes of the breast cancer treatments.

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COMPARATIVE STUDY OF THE INTRAVENOUS CHEMOPROPYLAXIS VERSUS LOCAL SULMYCIN® IMPLANT E SPONGE USE IN VAGINAL HYSTERECTOMY
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Objective: The aim of this comparative study was to ascertain the efficacy of the Sulmycin® Implant E, on the incidence of peri- and postoperative morbidity in patients subjected to vaginal hysterectomy. Material and methods: The patients were divided in two groups. Group A included 169 patients with benign diseases and group B included 59 patients with early stage endometrial cancer. Women of both groups were further divided in three subgroups: (a) receiving a single dose of intravenous cefuroxime (group A: 55; group B: 19), (b) receiving three doses of intravenous cefuroxime (2gr) (group A: 54; group B: 19), and (c) locally placed a collagen sponge containing gentamicyn (Sulmycin® Implant E) (group A: 60; group B: 21). Results: The number of postoperative infections (mainly urinary tract infections) did not differ between women of three subgroups in patients in both groups. Conclusion: The local chemoprophylaxis with Sulmycin® Implant E, a collagen sponge containing gentamicyn and, is equally effective to intravenous antibiotics.

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INFERIOR VENA CAVA D UPLICATION DETECTION DURING RETROPERITONEAL LYMPH NODE DISSECTION
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Although uncommon, inferior vena cava (IVC) anomalies must be considered when performing retroperitoneal lymph node dissection in patients with gynaecologic tumours of high metastasising potential, because of potential complications. To report our experience with congenital (IVC) anomalies found during laparoscopic retroperitoneal lymph node dissection. A 57-year-old woman presented with recurrent epigastric pain. CT of the abdomen revealed the giant tumor about 20 cm, which associated with ascites. Intraoperatively after the result of frozen section -Ovarian adenocarcinoma G2- during routine paraaortal lymph node dissection, was observed a double IVC. The left IVC was formed at the Junction of left external and internal iliac veins, drained into left renal vein, which crosses anterior the aorta and joins the right IVC in a normal fashion, uniting with the azygos vein through the azygos vein. The operation was performed with no serious immediate complications. The IVC is a retroperitoneal structure whose location and integrity is very important for the surgeons.
Introduction: Butyrylcholinesterase (BuChE) catalyzes the hydrolysis of choline esters including acetylcholine and is involved in lipid metabolism and oxidative stress. While there is no report about association between BuChE activity and phenotypes with lipid profiles, antioxidants systems and sex hormones levels during the menstrual cycle. 

Aim: The purpose of this study was to determine phenotypes and activity of BuChE and its correlation with lipid, apolipoproteins, enzymatic and nonenzymatic antioxidants mechanism and sex hormones during various phases of menstrual cycle. Methods: The study population consisted of 22 healthy women aged 19–25 years with regular menstrual cycles, 28–30 days in length. The serum levels of lipids, apolipoproteins, and BuChE activities were determined. We performed the following six phenotypic segments (follicular (days 7–8) and luteal (days 21–22) phases of the menstrual cycle; the length of menstrual cycle was (29±3 days). Results: There were significant differences in the set of serum BuChE activity during three phases of the menstrual cycle (p=0.049). The activity of serum BuChE was the highest during follicular phase (890±292 U/L), the modest during the menses phase (831±222 U/L) and the lowest during luteal phase (707±211 U/L). We found a significant positive correlation between BuChE activity with the levels of low density lipoprotein cholesterol (LDL-C; r=0.38), total cholesterol (TC; r=0.045), triacylglycerol (TG; r=0.037) and total antioxidant capacity (TAC; p<0.05) in the follicular phase. However, we observed a significant negative association, carriers of the non-UU phenotypes (low BuChE activity) had significantly higher levels of serum TC and TG, but similar lower levels of HDL-C compared to UU phenotype carriers during follicular phase and during menstrual cycle. 

Conclusions: Our results demonstrate that serum BuChE activity elevates during menstrual cycle. It is low during luteal phase and reaches to a high level in follicular phase. The lipid profiles are also affected by BuChE activity throughout the menstrual cycle in reproductive aged, regularly cycling and young healthy women. In addition, carriers of the non-UU phenotypes had higher sex hormones levels in follicular phase and lower levels of hormone during menstrual cycle. 

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SERUM BUTYRYLCOLINESTERASE ACTIVITY AND PHENOTYPE ASSOCIATIONS WITH LIPID PROFILES, SEX HORMONES, AND ANTIOXIDANTS SYSTEMS DURING VARIOUS PHASES OF MENSTRUAL CYCLE

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ENDOMETRIOSIS-ASSOCIATED OVARIAN CANCER PRESENTING WITH HYDRORRHEA: A CASE REPORT

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Hydrothorax is a rare symptom classically linked to ‘Hydrops tubae proflues’, and very rarely reported in ovary neoplasms. There is pathophysiological and epidemiological evidence linking endometriosis with ovarian cancer (endometriosis-associated ovarian cancer – EAOC). We present a case of a probable EAOC presenting with hydrothorax.

A 41 year old female patient presented with intermittent hydrothorax, pelvic pain and swelling and deep dyspareunia for one month. The patient complained of heavier menstrual bleeding since four years before. An infectious origin was discarded. CA125 was elevated. Pelvic ultrasound revealed a complex left adnexal mass, with atypical vascularization suggestive of malignancy and sparse Douglas Pouch ascites. The patient was addressed for histopathological verification and staging surgery. Histopathologically the specimens revealed endometrioid type of cystadenocarcinoma of the right ovary, papil, endometrioid type of adenocarcinoma of the surface of the left ovary, bilateral oophoritis and peritoneal implants and adherences of endometriosis. Peritoneal endometriosis was found at surgery raising the possibility of an EAOC. Furthermore EAOC generally affects women who are 10–20 years younger than those affected by ovarian cancer which is in accordance with the patient’s age. She had no significant ascites or infection so the hydrothorax probably derived from the ovary neoplasm that had adherential complexes with the fallopian tube, which has accounted for the chronic salpingitis present. This case illustrates the potential existence of a neoplasm behind an hydrothorax and draws attention to the importance of a thorough investigation and proper referral when such cases appear. Furthermore it brings about the question of malignant transformation of endometriosis.

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THE INFLUENCE OF HORMONAL CONTRACEPTION METHOD ON WOMEN’S SEXUAL FUNCTION

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Summary: Objective – to establish the relations of women’s sexual function with social factors and use of hormonal contraception. Methods: There has been performed a pilot study. Some randomly selected 20-43 women with regular menstrual cycles (22-35 days), who live in Kaunas, have been interviewed. The test group consisted of 113 women who use hormonal contraception. The control group consisted of 51 women not using hormonal contraception. During the study the women had to fill two questionnaires: a) the International Index of Erectile Function (IIEF) and b) the Female Sexual Function Index (FSFI). The statistical analysis has been carried out using the package of SPSS 13.1 suite. Results: The libido score of the women who used contraceptive agents was 3.95 (SN 1.08), their arousal score was 4.19 (SN 1.48), the lubrication score was 4.72 (SN 1.68), and respectively, the women who did not use contraceptive agents had the following scores – 4.33 (SN 0.92) (p=0.006), 4.59 (SN 1.59) 3.54 (SN 1.53) and 3.01 (0.22). The presence of sexual desire, arousal and lubrication scales of the women who used contraceptives were significantly lower. The distribution percentage of usage of different contraceptives, in accordance with the score genit of the FSFI scale, did not significantly differ. The presence of permanent sexual partners had a positive effect on the women’s sexual function. Weight is an important factor that has an impact on women’s sexual function: the slim women had less sexual arousal and orgasm disorders compared with those of bigger body constitution.

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ANGIOPOIETINS IN THE ADVANCED OVARIAN CANCER

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Angiopoietins (Ang-1 and 2) are common mediators in angiogenesis. This study investigates the prognostic values of plasma levels of Ang-1,2 in advanced ovarian cancers and correlates with plasma Ca125’s. Forty seven patients with stage 3,4 ovarian cancer who were operated (debulking with or without lymph node dissection) in The Obstetrics and Gynecology Dept. at Trakya University and undertaken chemotherapies with carboplatin and taxol were followed up at least 2 years prospectively. Ethic committee approval was taken. The plasma levels of Anp-1 and 2 and Ca-125 were measured by ELISA method (RayBio). Statistic 7.0 was used in data analysis (p<0.05, significance level). During the recurrence Ca-125 plasma levels were significantly increased, however Ang-1,2 could not follow same increases in all patients. However Ang-2 levels were found to be higher in the patients with positive lymph nodes than Ang-1 levels. In some patients, Ang-2 showed pronounced decrease under chemotherapy. The higher Ang-1,2 levels were found to be associated with decreased survival time. In conclusion, Ang-2 seems relatively to be a candidate of prognostic marker in advanced ovarian cancer.

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ASSOCIATION BETWEEN AMH GENETIC POLYMORPHISM AND PCOS

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To investigate the association of the single nucleotide polymorphism (SNP) of the Anti-Müllerian hormone (AMH) gene and the susceptibility and phenotype of polycystic ovary syndrome (PCOS). Blood samples were obtained from 354 PCOS women and 313 normally ovulating women. Baseline clinical data were recorded and serum reproductive hormone levels were measured. Total DNA was extracted by Chelex-100 from blood samples, and allele frequencies for AMH rs10407022 (Ile49Ser) polymorphism were similar in PCOS women and controls.(Table 1) There was no difference among different genotypes with regard to clinical data. Polymorphism in AMH gene do not influence PCOS susceptibility and relate to their phenotype. This study has been supported by the National Natural Science Foundation of China (30672228).
Background: Charged particle radiotherapy has a good physical dose distribution and a higher biological efficiency in tumor cell killing, and have been started to be used to treat many kinds of cancers. Recently clinical studies of carbon ion therapy for treatment of stage II-b-IVa cervical squamous cell carcinoma revealed favorable outcome of tumor control with acceptable complication rate. The aim of this study was to analyze effectiveness and safety of occurrence and treatment of complications at recurrent tumors of gynecologic cancer.

Methods: Retrospective review of experience of nine patients who underwent charged particle radiotherapy for recurrence of gynecologic cancer (one corpus, three cervical and five ovarian cancers) between 2006 and 2010 in our institute. Result: The median patients’ age was 52 years (range, 32-75years). The pattern of recurrence was both solitary (n=5) and multiple (n=4). The median tumor size was 20mm (range, 9-50mm), and the target tumor included pelvis (n=5), lung (n=1), mediastinum (n=2), liver (n=1), and abdomen (n=1). Tumor completely disappeared in five cases, and treatment related toxicities were seen in two cases: pelvic fraction and postoperative perforation. Until now, two cases are clinical disease free five cases have tumor related death. Conclusion: Charged particle radiotherapy is useful treatment for recurrent gynecologic cancer which is inoperable and chemotherapy-resistant when it is solitary local recurrence. On the other hands, there were no toxic reactions related to the therapy, and ineffective cases. Larger analysis may be required to identify the indication of this treatment in recurrent gynecologic cancer.

COSTUNOLIDE-MEDIATED GENERATION OF ROS INDUCES APOPTOSIS VIA CASPASE ACTIVATION IN PLATINUM-RESISTANCE OVARIAN CANCER CELLS

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The acquired resistance to platinum-based drugs has become an obstacle in the management of ovarian cancer. We investigated the apoptosis-inducing effect of costunolide, a natural sesquiterpene lactone, in platinum-resistant human ovarian cancer cells, along with the molecular mechanism of apoptosis. It was found that costunolide is more potent than cisplatin in inhibiting cell growth in three platinum-resistant ovarian cancer cell lines (MPSY37, A2780 72, and SKOV3 73). Costunolide induced apoptosis of platinum-resistant cells in a time- and dose-dependent manner and suppressed tumor growth in SKOV3 73-bearing mouse model. In addition, costunolide synergized with cisplatin to induce cell death in platinum-resistant ovarian cancer cells. Taken together, these data suggest that costunolide, alone or in combination with cisplatin, may be of therapeutic potential in platinum-resistant ovarian cancer.

OUR EXPERIENCE OF 158 OFFICE HYSTEROSCOPES

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Introduction: Recurrent miscarriage, infertility, menorrhagia are often connected with presence of a various intrauterine pathology. Today anomalies of development of a uterus are considered as principal causes of such medical conditions like chronic endometritis, endometrial polyps. In Russia, due to diagnostics and treatment of an intrauterine pathology hysteroscopes is applied with success. However basically, even for correction of small intrauterine lesions hysteroscopes with the big working diameter are used, demanding dilation of cervixes and, accordingly, anesthesiological assistance. Despite magnificent results of such interventions, it is necessary to pay attention to the expenses connected with such an operation on the general anesthesia, the operating room and the operating room, the hospitalization of the patient in a round-the-clock hospital. Now in «City clinical hospital №2» of Kazan (CEO – Hasanov R. Sh, MD) which is clinical base of department of obstetrics and gynecology No1 (chair-prof. Maltseva L.I.) of Kazan state medical academy works a system for office hysteroscopy Versa scope (Johnson and Johnson, the USA). To evaluate the efficacy of use of office hysteroscopy with possibility of a bipolar resection was the main goal of our research. Materials and methods: With the help of office hysteroscopy system Versa scope (Johnson and Johnson, the USA) 158 women without any anesthesia or analgesia have been surveyed. For resection of polyps of 0,2-4,5 sm in diameter we used 5 Fr. system Versa point electrodes. Results: Among the surveyed women, 51,2% were the patients with chronic endometritis, confirmed during following histologic examination. In 1,2% of women chronic endometritis was the first time diagnosis. Normal hysteroscopy picture of uterine cavity was in 10,7% of patients. Conclusion: office hysteroscopy with 3,5 mm of working diameter with bipolar electrode is possible in outpatient setting without general anesthesia. Today office hysteroscopy with combination of a leg of polyps allows avoidance of relapses of endometrial polyps within one year follow-up. It is necessary to widely include office hysteroscopy with Versa point bipolar system in algorithm of evaluation of women with suspicion on chronic endometritis.

Can Chinese herbal medicine alleviate menopausal symptoms in Hong Kong Chinese women? A pilot study on the effects of a Chinese herbal formula on menopause

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Objective: To evaluate the effectiveness of a Chinese herbal formula Er-Xian Decoction (EOD) in alleviating menopausal symptoms and improving quality of life in Hong Kong Chinese women. Methods: 108 volunteers (healthy women aged 45 to 55 years) were recruited and randomly assigned to placebo or EOD groups. At the baseline visit, all women were assessed for the Menopause Symptoms Inventory (MSI), Menopause Rating Scale (MRS) 28 or more were recruited into a 12-week randomized, double-blind, placebo-controlled trial. The initial screening visit and last visit were conducted in O&G Hospital. The treatment visits were administered in the Chinese Medicine Clinic cum Training and Research Centers of the University of Hong Kong. After a 2-week baseline period, women were randomly allocated to receive Chinese herbal medicine EOD or identical placebo granules for 12 weeks. Any woman given 4-week dosages per treatment visit and assessed the daily vasomotor symptoms, the MENQOL Questionnaire and MRS. Results: Intention-to-treat and per-protocol analyses showed statistically significant differences in mean hot flash scores, the MENQOL questionnaire and MRS between the placebo and Chinese herbal treatment groups after 12 weeks of intervention. Conclusions: This Chinese herbal formula (EOD) can be recommended to alleviate menopausal symptoms or improve quality of life.

Sexual lives and family function of women with family member with disability: Educational status and income level


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This study was conducted to determine how sexual lives and family functions of women with low educational and income status who had family members with disability were influenced. The study included subjects with disability comprising 12.29% of Turkish population who have disabilities. Using the sampling formula in which the size of universe was known, the sample included the families with 183 children with disability and women. Study was conducted in the center of the province Kayseri with children with disability in families with low socio-economic status, attending a school and with the families living in a neighborhood with low socio-economic status. Low income level determined unhealthiness and 56.8% of the participants reported to have problems in sexual relation. Sexual lives and family functions of women with low educational status and income level were determined to be negatively more affected because of an additional problem; having a member with disability in the family.
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