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All About Women's Health

Congress Program

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Free Communications: Oral Presentation

Hall D

Friday, May 8; 12:40-14:10

Chairperson **Mark Brincat, Malta**

Primary amenorrhoea -solving the diagnostic and management dilemma an audit of primary amenorrhoea cases that presented at an Indian tertiary care hospital over six years
Sapna Vinit Amin, India

Treatment analysis of transcervical resection of endometrium (TCRE) in heavy menstrual bleeding (HMB): a prospective therapeutic study in Indian scenario
Vidya V Bhat, India

Retrospective analysis of outcomes of hysteroscopic morcellation and conventional resectoscopy of uterine submucous myomas in Indian subcontinent -a comparative study
Vidya V Bha, India

Retrospective study of induction of labour- reappraisal of protocol
Chandrakala Magudapathi, India

Novel combinational protocol for endometriosis management; a survey on medical and laparoscopic treatment
Abo Taleb Saremi, Iran

New method of improving of embryo implantation to the endometrium during IVF program
Mikhail Schneiderman, Russia

Microna profile in decidua and the role of MIR-199-5p and SGK1 in miscarriage
Yu Wang, China

Friday, May 8; 16:30-18:00

Chairpersons **Gary Ventolini, USA**
Chang Ping Zou, China

Outcome analysis of day 3 frozen embryo transfer v/s day 3 fresh embryo transfer in infertility: A prospective therapeutic study in Indian scenario
Vidya V Bhat, India

Social egg freezing: the gulf cooperative council states perspectives
Hamza Ali Eskandarani, Saudi Arabia

Investigation of the association between IL-17a & IL-17f and susceptibility to preeclampsia (PE) in Iranian women
Behrouz Gharesi-Fard, Iran

Preconception blood pressure and risk of low birthweight: A large historical cohort study in Chinese rural population
Qian Li, China

The associations between the codon 72 polymorphism of TP53 gene and the risk of recurrent implantation failure: A comprehensive meta-analysis
Yuan-Yuan Wu, China

Laser thermo therapy for vulvo-vaginal atrophy: Is it real?
Adrian Gaspar, Slovenia

induced irrespective of any indications with Prostaglandins PGE1 or PGE2 or by mechanical dilatation or oxytocin were included in the study. The statistical data were analysed using Fischer's exact test.

Results: Labour was induced in 409 patients out of which Primigravida were 299 and multigravidas were 110 in number. Majority of pregnant women fell into the age group between 20-34 years (n=382). Inductions according to gestational age were 28-32 weeks n=12; 33-36 weeks n=139 and more than 37 weeks n=258. The main indication for induction noted was oligoamnios followed by Intrauterine growth restriction with associated oligoamnios. Among 409 patient all except 3 patient delivered vaginally. 101 patients required only a single dose of prostaglandin whereas 9 doses of combination of PGE1 and PGE2 was required in one patient. The induction to delivery time was more than 24 hours in 226 patients with a maximum of 80 hours in one patient. The most common indication for instrumental delivery was fetal distress (n=299). All the patients had instrumental delivery with forceps delivery (n =100). Only 3 patients had caesarean section. 3 patients had 3 A Perineal tear with no post sequelae. One patient had blood transfusion secondary to PPH. No maternal mortalities. Perinatal outcome was as follows, take home birth rate was 99% (n= 2, Moderate hydrocephalus, Septicemia with lower lung consolidation went Against medical advise – hence outcome not known. Preterm NICU admissions were 54, with 100% take home rate. Babies admitted for Respiratory distress were 25, requiring only O2 support and observation for few days. Babies who received IV antibiotics were 58 in view of PROM and prolonged labour. Low APGAR (< 7/10) were for 7 babies, off which one was a skeletal dysplasia, one 34 weeks preterm IUGR, four term babies with respiratory distress. Only one required invasive ventilation – diagnosed HIE 2, but discharged home well.

Conclusion: Induction of labour need not be restricted to only two doses of prostaglandins alone, maximum dose protocol is an effective mode and dose of induction in achieving vaginal delivery. The safety is as equal to spontaneous labour and so is the maternal and perinatal outcome.

Disclosure of Interest: None Declared

O10

NOVEL COMBINATIONAL PROTOCOL FOR ENDOMETRIOSIS MANAGEMENT; A SURVEY ON MEDICAL & LAPAROSCOPIC TREATMENT

Abo Taleb Saremi¹

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Problem Statement: Endometriosis is the third reason for women to be hospitalized and one of the reasons for hysterectomy. Endometriosis with medication, surgery treatment or the combination of both is effectively curable. Many studies were conducted about surgery as well as medication treatment but their results were still under discussion. Laparoscopy is acceptable as the standard golden treatment method for endometriosis. There is no explanation for ineffectiveness of medication treatment before removing endometriomal cysts. So, we performed a study to survey the effect of the combination treatment in various grades.

Methods: In one year period, all clinically suspicion patients for endometriosis attending to Sarem Women's Hospital were candidate to laparoscopy procedure for final diagnosis. Total of 47 documented endometriosis patients were categorized as grade-1 to 4 of severity based on American Infertility Society guideline. For all patients from different grades, laparoscopy surgery was performed (electro-coagulation and the adhesions removing), and then they treated for monthly injection of GnRH analogues (375 mg of Decapeptyl). Second & third laparoscopy procedure was performed after 3 & 6 months respectively.

Results: In grade-1 endometriosis patients, after 3 months of treatment, 9/10 cases (90%) showed complete recovery (1 case after 6 months). 16/20 of cases from grade-2 (80%) and 5/10 cases from grade-3 (50%) showed also complete recovery after 6 months of the treatment. The remains patients had GnRH treatment for another 3 months & all of them showed complete recovery after 9 months. In grade-4, 3 out of 5 patients were candidate to laparotomy.

Conclusion: In our study, we proved that high grades endometriosis were required aggressive treatments. In grade-1, we advised to use 3 month & for grade-2 and 3, 6 months of long-acting GnRH agonist injection besides electro-

coagulation, for complete recovery. More treatment with GnRH agonist was depending on the second look laparoscopy.

Disclosure of Interest: None Declared

O11

NEW METHOD OF IMPROVING OF EMBRYO IMPLANTATION TO THE ENDOMETRIUM DURING IVF PROGRAM

Mikhail Schneiderman¹, Lev Levkov, Elena Kalinina, Aidar Abubakirov, Nona Mishieva, Elena Kulakova, Lev Kolesnikov, Veronika Smolnikova, Kamila Alieva, Stanislav Pavlovich, Natalia Aleksandrova, Gennady Sukhikh
FGBU NCAGP, Research Center for Obstetrics, Gynecology & Perinatology, Moscow, Russia

Problem Statement: Problem Statement: The implantation of embryos IVF cycle for treatment of infertility is not always provide the target pregnancy. There is no evidence of using of gas mixture (CO₂+N₂) for improving the "adhesion" of blastocyst to endometrium and enhancing of embryo implantation in IVF program.

Methods: Methods: The enhancement of embryo implantation is achieved by the injection of gas mixture of 6% CO₂ and 94% N₂ into the uterine cavity and creation of additional pressure in the cavity by making better contact of blastocyst with endometrium and by this improving it's "adhesion". After the embryo transfer in IVF cycle we insert a special catheter which has 6 side holes on the tip. Gas mixture of CO₂ and N₂ is injected in volume of 60ml with additional pressure of 1.3 atm. The gas fills uterine cavity and creates minimal pressure on it's structure. By this pressure the blastocyst is pressed to the endometrium and more close contact improves embryo adhesion and implantation. The device consists of a single used small gas flask, filled with gas mixture and a special sterile catheter. After the procedure the catheter is removed from the uterine cavity. The applied procedure is quite simple and painless. Besides of the pressure effect the gas mixture has an additional impact on the blood circulation in endometrium. In the study we included patients of 25-46 years of age with primary or secondary infertility of different type of infertility more than 5 years and who have had at least from 2 to 4 unsuccessful IVF treatment cycles in history of treatment of infertility.

Results: Results: The procedure was performed in 42 IVF and ICSI cycles. Twenty two out of 42 patients, who received the procedure of injection of gas mixture achieved a successful pregnancy. Those preliminary results suggest that the implantation of embryos was probably improved by the injection of gas mixture and creation of additional gas pressure in the uterine cavity. It is also possible that the result is explained by direct effect of CO₂ on endometrium and the correction of pH in uterine cavity.

Conclusion: Conclusion: An enhancement of embryo implantation is achieved by injecting gas mixture endometrium, thus improving its "adhesion". This method of improving adhesion of embryo to the endometrium during IVF program has been demonstrated in this study.

Disclosure of Interest: None Declared

O12

MICRORNA PROFILE IN DECIDUA AND THE ROLE OF MIR-199-5P AND SGK1 IN MISCARRIAGE

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Problem Statement: The potential roles of microRNAs (miRNAs) in spontaneous miscarriages remain unclear.

Methods: We performed in-depth sequencing of the miRNAome on human deciduas collected from pregnant women. Deciduas were obtained from 29 women who had spontaneous miscarriages and 35 women who terminated normal pregnancies at 6-8 weeks gestational age (control group); all samples were from patients who were seen between October 2011 and April 2012 at our university gynecology unit. We examined the miscarriage and normal pregnancy groups for statistically significant differences in miRNA expression. MIRNA-199b-