



*Official Journal of the
Malaysian Medical Association*

The Medical Journal of Malaysia

**30th International Congress of the
Obstetrical & Gynaecological Society of
Malaysia (OGSM 2023)**

**20-23 July 2023
Setia SPICE Convention Centre,
Penang, Malaysia**

July 2023

Volume: 78

Supplement: 1



MJM

*Official Journal of the
Malaysian Medical Association*

Volume 77 Supplement 1 July 2023

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PP 2121/01/2013 (031329)

MCI (P) 124/1/91

ISSN 0300-5283

The Medical Journal of Malaysia is published six times a year.
MJM is published bimonthly ie. January, March, May, July, September and November.

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The *Medical Journal of Malaysia (MJM)* welcomes articles of interest on all aspects of medicine in the form of original papers, review articles, short communications, continuing medical education, case reports, commentaries and letter to Editor. Articles are accepted for publication on condition that they are contributed solely to *The Medical Journal of Malaysia*.

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Manuscripts should be submitted in English (British English). Manuscripts should be submitted online through *MJM Editorial Manager*, <http://www.editorialmanager.com/mjm>.

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2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Original Articles are reports on findings from original unpublished research. Preference

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Original articles of cross-sectional and cohort design should follow the corresponding STROBE check-lists; clinical trials should follow the CONSORT check-list.

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These are articles written by the editor or editorial team concerning the *MJM* or about issues relevant to the journal.

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Articles describing Original Research should consist of the following sections (IMRAD format): Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgment and References. Each section should begin on a fresh page. Scientific names, foreign words and Greek symbols should be in italic.

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A structured abstract is required for Original and Review Articles. It should be limited to 500 words and provided immediately after the title page. Below the abstract provide and identify three (3) to 10 key words or short phrases that will assist indexers in cross-indexing your article. Use terms from the medical subject headings (MeSH) list from Index Medicus for the key words where possible. Key words are not required for Short Communications, CME articles, Case Reports, Commentaries and Letter to Editors.

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Clearly state the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent references, and do not review the subject extensively.

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Identify precisely all drugs and chemicals used, including generic name(s), dosage(s) and route(s) of administration. Do not use patients' names, initials or hospital numbers. Include numbers of observation and the statistical significance of the findings when appropriate.

When appropriate, particularly in the case of clinical trials, state clearly that the experimental design has received the approval of the relevant ethical committee.

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Emphasise the new and important aspects of the study and conclusions that follow from them. Do not repeat in detail data given in the Results section. Include in the Discussion the implications of the findings and their limitations and relate the observations to other relevant studies.

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Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by your data. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgements:

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

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The Medical Journal of Malaysia, follows the Vancouver numbered referencing style. Citations to someone else's work in the text, should be indicated by the use of a number. In citing more than one article in the same sentence, you will need to include the citation number for each article. A hyphen should be used to link numbers which are inclusive, and a comma used where numbers are not consecutive. The following is an example where works 1,3,4,5, have been cited in the same place in the text.

Several effective drugs are available at fairly low cost for treating patients with hypertension and reducing the risk of its sequelae.^{1,3-5}

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Example references Journals:

Standard Journal Article

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

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

NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. Lancet 2021; 11; 398(10304): 957-80.

Books and Other Monographs:

Personal Author(s)

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

Chapter in Book

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

Corporate Author

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

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

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

Online articles

Webpage: Webpage are referenced with their URL and access date, and as much other information as is available. Cited date is important as webpage can be updated and URLs change. The "cited" should contain the month and year accessed.

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

Other Articles:

Newspaper Article

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

Magazine Article

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

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Relationship between maternal serum iron and pre-eclampsia: A case-control study

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ABSTRACT

Introduction: It is postulated that excess ferritin and iron, which are generated from a hypoperfused placenta, produce free radicals and promote lipid peroxidase activity, leading to vascular endothelial cell damage and the development of pre-eclampsia. The aim of this study is to assess the association between maternal iron parameters and pre-eclampsia. **Methods:** This case-control study was conducted in Sibu Hospital, Sarawak from November 2020 to May 2023. Cases were pregnant women with pre-eclampsia, whereas controls were healthy pregnant women. Thirty-three cases and 33 controls were recruited. Blood samples of both case and control groups were collected for serum ferritin and serum iron levels. **Results:** Mean serum ferritin concentrations were significantly higher in the pre-eclamptic than in the healthy pregnant women (118.8 ng/ml versus 62.4 ng/ml, $p=0.03$). Serum iron levels were similar in both groups. Serum ferritin >15 ng/ml was significantly associated with the risk of developing pre-eclampsia (OR=5.81; 95% CI: 1.15-29.44, $p=0.033$). **Conclusions:** Elevated serum ferritin is associated with the risk of pre-eclampsia. Therefore, all pregnant women should have a serum ferritin blood test as part of their routine investigations during antenatal booking visits. It is also relevant to avoid oral iron supplementation in non-anaemic pregnant women with risk factors of pre-eclampsia.

Echogenic cardiac foci during second-trimester detail scan: Clinical characteristic and pregnancy outcome

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ABSTRACT

Objective: To determine the prevalence and clinical characteristics of echogenic intracardiac foci (EIF) found during a second-trimester detail scan, as well as the pregnancy outcome at a tertiary care hospital. **Method:** The findings of an EIF detail scan performed during the second trimester (18-28 weeks) at Hospital Canselor Tuanku Mukhriz (HCTM) over a 2-year period were analyzed. Maternal clinical characteristics, the antenatal course of EIF, and the immediate pregnancy outcome were evaluated. **Results:** During the study period, 1,317 patients had a second-trimester detailed scan. 198 (15.0%) fetuses had EIF. Most mothers were over the age of 35. 160/198 (80.8%) were single echogenic foci, with the left ventricle being the predominant location of EIF (96.0%). EIF was isolated in 75.8% of cases, followed by association with a non-cardiac abnormality (21.2%). During prenatal imaging, only 10.1% of EIF disappeared in the late third trimester. The majority of pregnancies with EIF delivered at HCTM reached term (84.7%), with a mean gestational age at delivery of 37.54 (± 2.00) weeks and a mean birth weight of 2.92 (± 0.46). Approximately two-thirds of pregnancies with EIF experienced spontaneous labor onset (59.2%), with only half achieving a normal delivery (51.6%). Most newborns had a good Apgar score. **Conclusion:** The prevalence of EIF during the detail scan in HCTM was high, and this had no predilection with advanced maternal age. The sonographic characteristics of EIF were similar to those found in the international study. Favorable pregnancy outcomes were observed in both isolated and non-isolated EIF cases.

Comparing emergency and planned peripartum hysterectomy in a tertiary centre

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ABSTRACT

Introduction: Our study was aimed to evaluate the incidence, risk factors and to compare the indications, outcomes, and complications between peripartum emergency hysterectomy (EH) and peripartum planned hysterectomy (PH). **Methods:** A retrospective cross-sectional study was conducted over a 6-year period, from 1 January 2016, to 31 December 2021. All cases of peripartum hysterectomy were included. Data including patient characteristics, peri-operative complications, and maternal/neonatal outcomes were analyzed and compared between the two groups. **Results:** Of the 100,567 deliveries, 65 cases of peripartum hysterectomy were identified, yielding a prevalence rate of 0.06%. The majority of patients were multiparous (96.9%) with a history of previous caesarean section (73.8%) or diagnosed with placenta previa (75.4%). More than half of the patients (61.5%) had both previous caesarean scar and concomitant placenta previa. Emergency hysterectomy (EH) was performed in 60% of the patients, while 40% underwent planned hysterectomy (PH). Abnormal placentation was the sole indication for PH (100%), whereas postpartum haemorrhage resulting from abnormal placentation was the most common indication for EH (53.8%). Patients who underwent EH were more likely to experience massive blood loss and require ICU admission compared to patients with PH. In the EH group, non-placental causes of EH required significantly more red blood cell transfusion than placental causes. Complication rates indicated more cases of postoperative fever and re-laparotomy in the EH group (18.4% vs. 7.6%), while urinary tract injuries were exclusive to the PH group (9.4% vs. 0%). **Conclusion:** Patients who underwent emergency hysterectomy demonstrated higher risks and complications, compared to those with planned hysterectomy.

OP-04

Factors associated with the knowledge of COVID-19 and perception of vaccination among pregnant women in Hospital Tunku Azizah, Kuala Lumpur

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ABSTRACT

Introduction: Pregnant women were at a higher risk during the pandemic. Understanding their knowledge of the infection risk can influence their medication use and perception of the COVID-19 vaccine's safety and effectiveness. Our study was aimed to determine the perception and health concerns related to COVID-19 among pregnant women including infection risk and vaccination during pregnancy. **Methods:** A questionnaire-based, cross-sectional study was conducted with pregnant women aged 18 years and older, attending the Obstetrics & Gynaecology (O&G) clinic in Hospital Tunku Azizah, Kuala Lumpur. The questionnaire covered pregnancy status, demographics, perception of the risk of COVID-19 infection during pregnancy, and perception of COVID-19 vaccination. Pearson Chi-Square test and univariate logistic regression were performed to determine the factors associated with adequate knowledge and good practice. **Results:** The study involved 349 participants, with an average age of 32.1 years. Pregnant women with lower education levels (diploma or lower) were less likely to have a satisfactory level of COVID-19 knowledge (odds ratio, OR 0.63, 95% CI 0.4-0.99, p=0.04). Pregnant women with a satisfactory knowledge of infection risk were also more likely to believe in the effectiveness (OR: 3.12, 95% CI 1.98-4.9, p<0.001) and safety (OR: 2.1, 95% CI 1.34-3.3, p=0.002) of COVID-19 vaccination during pregnancy. **Conclusion:** The study highlights a significant association between pregnant women's education level, knowledge of COVID-19 infection risk, and perception regarding the effectiveness and safety of COVID-19 vaccines. Enhancing knowledge among pregnant women can positively impact their health-related decisions during the pandemic, including medication use and vaccine acceptance.

A 10-year review on prophylactic prophylactic McDonald's McDonald's cervical cerclage as prevention of recurrent second trimester loss and pre-term birth in Hospital Sultanah Bahiyah, Alor Setar, Kedah

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ABSTRACT

Introduction: We aimed to study the effectiveness of prophylactic McDonald's cervical cerclage and associated risk factors in preventing recurrent second-trimester loss and pre-term birth. **Methods:** A retrospective cohort study was performed in O&G Department, Hospital Sultanah Bahiyah (HSB) from 2013 until 2022. Inclusion criteria were: 1) patients with history of second-trimester loss or pre-term birth, 2) prophylactic cerclage, 3) McDonald's suturing technique, and 4) delivery in HSB. **Results:** A total of 224 patients were included. 92.8% (n=208) had less than three episodes of second-trimester loss or preterm birth. 62.9% (n=141) history-indicated cerclage and 33.5% (n=75) were both history and ultrasound-indicated cerclage. 65.6% (n=147) vs 31.3% (n=70) had vaginal delivery and caesarean section respectively. 82.1% (n=184) of babies born vigorous while 13.4% (n=30) resulted in fetal demise. 52.6% (n=118) successfully delivered at term and pregnancies were significantly prolonged as compared to the average gestational age of previous second-trimester pregnancy loss or preterm birth ($p < 0.001$). Advanced maternal age (RR=1.33, 95% CI=1.02-1.76, $p=0.038$), grand-multiparity (RR=1.32, 95% CI=1.01-1.74, $p=0.043$), and peripartum infection (RR=1.33, 95% CI=1.02-1.77, $p=0.036$) were significantly associated with recurrence. Pre-operative cervical length, obesity, history of cervical trauma or surgery, use of micronized vaginal progesterone, oral progesterone, period of gestation when cerclage was performed and pre-existing medical co-morbidities were not statistically significant in determining the outcome of pregnancy. **Conclusion:** Prophylactic McDonald's cervical cerclage is still a beneficial procedure in the prevention of recurrent second-trimester loss and preterm birth. However, for patients with advanced maternal age and grand-multiparity, adjuvant non-invasive treatment should be considered.

OP-06

Prospective double-blinded trial of transabdominal versus transvaginal cervical length screening for prevention of preterm births

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ABSTRACT

Introduction: This study aimed to determine the feasibility of transabdominal sonography as a primary modality for screening of short cervix in place of transvaginal sonography. **Methods:** Cervical length was measured prospectively in women attending the mid-trimester morphology screening by transabdominal (TA) followed by transvaginal (TV) sonography. Measurements were performed by credentialed maternal-fetal medicine specialists or fellows using the Fetal Medicine Foundation criteria and each was blinded to the other's findings. TA measurements were performed both pre- and post-void. **Results:** 222 women with a singleton pregnancy between 18-24 weeks were included in the study. Six women declined transvaginal sonography. Twelve women had TV measurements of less than 25 mm giving an incidence of the short cervix of 5.6%. Of these, three women already had a dilated cervical os on speculum examination (1.4%), requiring an emergency cerclage. Using 32 mm cut-off (TV) as a surrogate for 25 mm (TA), the sensitivity was 83.3% (51.6%-98.0%), specificity 70.0% (63.1%-76.2%) and the negative predictive value was 98.6% (95.1%-99.8%). Using a 36 mm the negative predictive value was 97.9%. Bladder filling and body habitus did not have a significant effect on the feasibility of TA measurements. **Conclusion:** TA ultrasound is a sensitive method to screen for short cervix in the mid-trimester using a cut-off of 32 mm, with a high negative predictive value. TV ultrasound can be avoided in almost 3 out of 4 women at this threshold. This will likely improve acceptance of routine mid-trimester cervical length screening in women.

Maternal to neonatal transmission of antibody against COVID-19 study – The TRAB CoV-19

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ABSTRACT

Introduction: This study aims to consolidate evidence of transplacental antibody transfer post-maternal vaccination aiming for neonatal protection. **Methods:** A prospective study was conducted with vaccinated pregnant women with or without a history of COVID-19 infection, admitted for delivery at term, were included. Maternal and umbilical cord blood samples were collected within 30 minutes of delivery for quantification of antibodies via ImmuSAFE® kits, and tested for nucleocapsid (N) protein (recent infection) and spike (S) protein (current vaccination) antibodies. Results were considered positive if the levels were Anti-N >4,634 and Anti-S >3,648, based on the manufacturer's instructions. **Result:** A total of 200 mother-baby dyads were included with a mean maternal age of 31.3 years. Almost all (93.9%) of our women received the mRNA vaccine (Pfizer®). Around 13.2% (n=26) of women had a history of COVID-19 infection. The Anti-S antibody following vaccination was noted to be higher (>3,648) in both groups (mother: 17,535, range 13,533-23,000; baby 18,349, range 13,982-23,139). Significant transplacental transmission of antibodies from mother to fetus was found (p<0.06). Otherwise, either mRNA or live inactivated vaccine had no significant effect with regard to antibody formation (p>0.05). **Conclusion:** Mothers with past or recent COVID-19 or a history of COVID-19 vaccination demonstrated transplacental antibody transmission to the fetus.

Association of gestational weight gain (GWG) in obese pregnant women with pregnancy outcomes in Hospital Seremban: A retrospective study

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ABSTRACT

Introduction: We aimed to study the association between the GWG groups below, within, and above Institute of Medicine (IOM) 2009 recommendation among obese pregnant women with selected outcomes: gestational diabetes mellitus (GDM), pregnancy-induced hypertension (PIH), caesarean section (CS), small for gestational age (SGA) and large for gestational age (LGA). **Methods:** This retrospective study involved 658 obese women from Hospital Seremban, Negeri Sembilan, who were stratified into class I, II, and III obesity according to WHO classification. **Results:** The results revealed that obese women and those in class I obesity who gain beyond IOM 2009 recommendation, specifically >10 kg have a higher risk of LGA. While those gaining less than 5 kg and losing weight, have an increased risk of GDM. Increased risk for CS is observed in both, those gaining lesser and higher than IOM 2009 recommendation with proportionate trend for GWG >10 kg. Data analysis from class II and III obesity was unable to demonstrate any statistical significance. **Conclusion:** This study supports the current IOM recommendation (5-9 kg), and considers the recommendation is still relevant in balancing the risks and aiming for optimal maternal and neonatal outcomes for obese class I and obese women as a whole. Future studies involving classes II and III require bigger data to evaluate this group of obesity better. Tertiary centres should improve on documentation of booking weight and BMI in order for this kind of study to be conducted with a good sample size.

Defect specific posterior repair vs posterior colporrhaphy (PC): Medium-term outcomes

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ABSTRACT

Introduction: We aimed to compare the objective and subjective outcomes of defect-specific posterior repair (DSPR) versus posterior colporrhaphy (PR). **Methods:** This was an ancillary analysis of an ethics-approved cross-sectional study involving 120 women who had surgery for FPOP between 2007-2023. All women underwent a clinical assessment including a non-validated clinical interview, ICS-POPQ assessment followed by a 4-dimensional translabial pelvic floor ultrasound (US). The primary outcome measure was sonographically diagnosed recurrent rectocele. Secondary outcome measures were subjective and clinically diagnosed objective recurrence. Offline assessment of archived ultrasound volumes for primary outcome measures was performed using a proprietary software, blinded against all clinical data. **Results:** Mean post-operative interval was 53.8 (SD 42.5, range 3.1-173.5) months. 19.6% (n=19) underwent DSPR. Subjective and clinical recurrence rate was 22.7% and 13.4%, respectively. 14.4% (n=14) had recurrent rectocele on US at a mean depth of 14.3 (SD 3.8) mm. No difference in the rate of subjective and clinical recurrence between the two groups (p=0.12-0.85). Rectal ampulla position was higher i.e., 9.4 mm above the SP in DSPR group versus 0.03 mm below in PC group (p=0.02). None in the DSPR group had recurrent rectocele diagnosed sonographically, compared to 17.9% in PC group (p=0.046). Levator avulsion seemed to be the predictor for sonographic rectocele recurrence (p=0.01) on binary logistic regression test. **Conclusions:** No difference in the subjective and clinical recurrence rate following DSPR versus PC. DSPR seemed to be associated with a lower rate of sonographically diagnosed recurrent rectocele compared to PC. Levator avulsion is a strong predictor of recurrence.

OP-10

Effects of co-treatment of GnRH-analog alone or in combination with aromatase inhibitor or progestin on endometrial $\alpha\beta3$ integrin expressions in women with recurrent miscarriage

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ABSTRACT

Introduction: Recurrent miscarriage (RM) has been linked to endometrium receptivity. We aimed to assess the expression of $\alpha\beta3$ integrin in endometrium tissue during the window of implantation (WOI) following administration of GnRH analog alone or in combination with either aromatase inhibitor (AI) or progestin (PrG). **Methods:** A randomized control trial (RCT) was conducted in Hospital Canselor Tuanku Muhriz (HCTM). Women with RM were divided into three Group I-GnRH_a, Group II-GnRH_a + AI, and Group III-GnRH_a + PrG. The endometrial tissue biopsy was taken during the luteal phase (pre-treatment) and post-treatment, to evaluate the $\alpha\beta3$ integrin expression. The intensity and distribution in endometrial glands were assessed using HSCORE system. **Results:** 39 women with RM were included with 13 in each group. The mean age was older in Group I; 38.00 ± 4.9 years old with a mean BMI of 25.7 ± 2.44 kg/m². Group II had the greatest intensity and distribution of $\alpha\beta3$ integrin expression > 50 following the treatment; from 28.6% to 42.9% (p<0.05), and a significant increase in HSCORE following the treatment from 1.82 ± 0.70 to 2.36 ± 0.56 (p < 0.05). Both HSCORE of Group I and Group III demonstrated an increase, although the results were statistically non-significant (Group I: 1.90 ± 0.91 to 2.29 ± 0.77, and Group III: 1.67 ± 0.77 to 1.90 ± 0.87). **Conclusion:** The $\alpha\beta3$ integrin expression can be significantly elevated with GnRH_a and AI as pre-treatment, thus aiming for better implantation results among women with RM.

Variable expression of IGF-1 mRNA isoforms in endometrioid endometrial cancer (EEC)

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ABSTRACT

Introduction: The diverse expression pattern of IGF-1 isoforms shown by in vitro models demonstrates that pro-peptides have a unique and distinct role in different types of cancer; however, their expression is not extensively reported in clinical studies. The study aimed to determine the mRNA expression patterns of IGF-1 and its isoforms in endometrioid endometrial carcinoma (EEC) patients. **Methods:** 75 participants were involved in a case-control study conducted at Universiti Kebangsaan Malaysia Medical Centre (UKMMC); endometrial biopsies were collected from 45 women diagnosed with EEC and 30 with non-cancerous endometrium (as the control group). The mRNA expression levels of IGF1 and its isoforms (IGF-1Ea, IGF-1Eb, and IGF-1Ec) in endometrial samples were analyzed using the quantitative polymerase chain reaction (qPCR) method. **Results:** IGF1, IGF-1Ea and IGF-1Ec mRNA expression were found to be significantly upregulated in EEC compared to the control group ($p < 0.05$). In contrast, IGF-1Ec mRNA was substantially downregulated in EEC ($p < 0.05$). In addition, the study reported that most clinicopathological characteristics (including EEC staging and grading) are linked with mRNA expression of IGF-1 isoforms ($P < 0.05$). Therefore, we postulate that variations in local IGF-1 isoforms mRNA expression could influence endometrial function and lead to adverse outcomes in EEC. **Conclusion:** The study indicated that IGF-1 isoforms are differentially expressed and may play distinct roles in the development of endometrial cancer. These findings warrant further in vitro studies to determine the roles and mechanisms of IGF-1 isoforms in EEC.

OP-12

The effectiveness of vaginal hygiene wash as an adjunct treatment in women with vulvovaginal candidiasis: A randomized double-blind controlled trial

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ABSTRACT

Introduction: Vulvovaginal candidiasis (VVC) remains the highest burden of all fungal infections. Dysbiosis has been proven to be the leading cause when opportunistic pathogens colonized the vagina against the Lactobacillus genus species. We aimed to compare the cure rate and maintenance effect in women with VVC treated with specially formulated vaginal hygiene wash which contains chemicals (Lactic Acid, Sodium Pyrrolidone Carboxylic Acid, Caproyl/Lauroyl Lactylate, Alpha-Glucan Oligosaccharide, and Lactococcus Ferment Lysate) that behave as probiotics and prebiotics. **Methods:** Women diagnosed with VVC were randomized into two groups. Participants were treated with a single dose of Clotrimazole pessary 500 mg and were asked to use vaginal hygiene wash for 14 days. Both microbiological and clinical evaluations were performed on visit 1 (day 0), visit 2 (day 14), and visit 3 (day 42) to observe the cure and maintenance rate. Both symptoms of the abnormal vaginal microbiota and adverse effects were also assessed throughout the study. **Results:** Eighty-eight participants were recruited with fifteen patients dropping out. The cure rate (76.4% versus 60.0%) was not statistically significant. However, the maintenance rate (66.7% versus 32.5%) was superior in the treatment group and was statistically significant. Women in the treatment group reported significant improvement in their symptoms compared to the placebo group. **Conclusions:** The administration of vaginal hygiene wash that behaves as a probiotic and prebiotic amplify the effectiveness of anti-fungal treatment of VVC.

Menstrual pattern among high body mass index (BMI) women. Does exercise improve menstrual heaviness?

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ABSTRACT

Introduction: The epidemic of obesity is a growing worldwide public health concern. In Malaysia, the prevalence of obesity has increased rapidly in the last decade and women are more obese than men. Obesity is among the factors affecting menstruation while the effect of physical exercise on menstrual patterns is not widely explored. We aimed to assess the association between menstrual pattern and obesity as well as physical exercise. **Methods:** We conducted a cross-sectional study involving women aged 15-49 years who attended an open health screening programme. The women were neither pregnant nor on any hormonal therapy and without gynaecological pathology or metabolic syndrome. Natural or surgical menopausal women were excluded from this study. Anthropometric measurements including height (cm), weight (kg), waist circumference (cm) and hip circumference (cm) were taken by trained personnel. A one-to-one interview was conducted to complete a questionnaire which comprised of sociodemographic data and a validated menstrual bleeding questionnaire (MBQ). **Results:** A total of 153 women were recruited in this study. The mean age of respondents was 28 years old, and the majority was nulliparous (84.3%). Most of them were Malay (92.8%) and non-smokers (98.7%). There was a significant difference in the bleeding heaviness related to BMI. Patients with high BMI had a minimal flow of bleeding. There was no significant association between BMI and bleeding irregularity, dysmenorrhea, and quality of life. Exercise did not show an effect on the menstrual pattern among women with high BMI. **Conclusion:** Obesity may cause menstrual irregularity and physical exercise may not improve menstrual heaviness.

Painful bladder syndrome/interstitial cystitis like symptoms among Malaysian women

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ABSTRACT

Introduction: Painful bladder syndrome/interstitial cystitis (PBS/IC) also known as bladder pain syndrome (BPS) is a chronic bladder pain condition with significant negative impact on the quality of life. We aimed to determine the prevalence of painful bladder syndrome/interstitial cystitis-like symptoms among Malaysian women. **Methods:** This was an ethics-approved cross-sectional study conducted among women in the community between 1 Nov 2022 to 25 January 2023. A validated, self-administered O'Leary-Sant Interstitial Cystitis Symptom and Problem Index (OSPI) questionnaire was distributed through convenient sampling via a social media platform. "Probable PBS/IC" was defined as patients without urinary tract infections within the previous month but had severe symptom and problem index scores (each ≥ 12) including nocturia ≥ 2 and pain ≥ 2 . **Results:** A total of 903 women were included in the analysis. The majority had minimal or no symptoms i.e., 77.2% (n=697), which seemed to affect all age groups. 14.4% (n=130), 7.2% (n=65) and 1.2% (n=11) had mild, moderate and severe symptoms. Women aged between 31-40 years seemed to be the most in reporting minimal to moderate symptoms. The majority of women 80.6% (n=728) experienced minimal or no symptoms, 12.8% (n=116) had mild problems, 5.9% (n=53) had moderate and only 0.7% (n=6) with severe problems. Women aged 61-70 seemed to be the majority in severe problem scores (≥ 12). Only three out of the whole population (0.33%) fulfilled the criteria for probable PBS/IC. **Conclusion:** The prevalence of PBS/IC-like symptoms in this study was low i.e., 0.33% similar to 0.26%-0.57% reported in previous studies involving Asian, European, and United States women, respectively.

Impact of COVID-19 pandemic towards family planning in Malaysia

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ABSTRACT

Introduction: COVID-19 pandemic had a significant impact on the health service including that of family planning. Our study was to evaluate the effect of COVID-19 pandemic on family planning among women of reproductive age. **Methods:** This prospective cross-sectional study was conducted between January and April 2022. Self-administered questionnaires were distributed among eligible participants, which contained demographic and clinical details. Four domains were evaluated: 1) type of contraception and its reason, 2) practice of contraception during the pandemic, 3) reason for not using contraception, and 4) perception of accessibility of contraception. The psychological impact was assessed using the validated Malay version of Impact of Event Scale-Revised (IES-R). **Results:** A total of 381 women were recruited. The mean age was 32.8 (SD 5.5) years with 78.7% of participants practiced contraception. There was a change seen in the preferred method of contraception to intrauterine device (21%), birth control pills (14.7%) and implant (13.3%) due to better efficacy. The majority of respondents (66.6%) planned to defer their pregnancy. Women who did not practice contraception were worried about the side effects (52.8%) and demonstrated inadequate knowledge of fertility (40.4%). The contraceptive service was less available, due to the movement control order (MCO) and unclear SOP given by the authorities. Although a majority of respondents (81.4%) expressed concern for post-traumatic stress disorder, there was no significant association with the practice of contraception ($p=0.752$). **Conclusion:** COVID-19 pandemic had an impact on women's family planning practice. Action should be taken to improve contraceptive services to reduce the number of unplanned pregnancies.

The effectiveness of transvaginal ultrasound (TVS) in the detection of occult anal sphincter injury: The convenient and accessible way

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ABSTRACT

Introduction and Hypothesis: The defect of the anal sphincter as a result of obstetric anal sphincter injury (OASIS) is a powerful marker for the subsequent risk of anal incontinence. Up to 40 % of perineal injuries were undiagnosed, leading to the possibility of occult anal sphincter defects. The gold standard in diagnosing anal sphincter injury is via Endoanal ultrasound (EAUS). However, it is costly and inaccessible. The readily available transvaginal ultrasound (TVS) probe is utilized to examine the presence of OASIS compared to EAUS. **Methods:** A cross-sectional study of 44 parous antenatal women was examined for detection of residual OASIS using TVS followed by EAUS. A TVS probe was positioned in the vaginal introitus, with the tip directed towards the pelvic floor. Defects of the anal sphincter found by TVS were compared with EAUS. **Results:** Out of 44 women, occult anal sphincter defects were detected in 25 (56.8%) women. TVS detected positive occult OASIS in 19 cases which was further confirmed by EAUS. Six were found negative on TVS but detected positive on EAUS. The sensitivity of TVS in the detection of occult OASIS is 76% (CI 54.4-89.8), with a specificity of 100 (CI 79.1-100). Good strength of agreement between TVS and EAUS is demonstrated with Kappa Value 0.73 (CI 0.54-0.92). **Conclusions:** TVS is a reliable, and accessible screening tool to detect occult OASIS comparable to the gold standard Endoanal Ultrasound Scan.

“En Caul” caesarean delivery for multiple pregnancy

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ABSTRACT

Introduction: Caesarean delivery of a severely premature fetus came with a risk of traumatic delivery due to drastic uterine contraction upon rupture of the membrane, the so called “hug-me-tight-uterine” condition. Added by the fragile fetal skin and the surgeon’s anxious hands. It is imagined to be worse with two babies. **Case Description:** This is a video presentation of a case series for multiple pregnancies delivered through “En Caul” caesarean that managed to prevent traumatic delivery to the premature babies. First case of a 33-week gestation, MCMA twin. Second case of MCDA twin at 26 weeks gestation and last case DCDA twin at 32 weeks of gestation. The MCMA and MCDA were delivered by full “En Caul” and DCDA case delivered with partial (first twin) and full (second twin) “En Caul” caesarean. The drastic uterine contraction was not seen in all three deliveries. Mothers were all under spinal anaesthesia and did not require uterine relaxant agent. Post deliveries all babies did not sustain any trauma and mothers had no post-partum haemorrhage or extended uterine tear. **Conclusion:** “En Caul” caesarean delivery is a safe procedure for pre-term multiple pregnancies and that one should consider especially for the MCMA.

VP-02

Amniotic band syndrome (ABS) – A deadly trap in utero

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ABSTRACT

Introduction: Amniotic band syndrome (ABS) is rare and outcomes depend on the anatomic location of the band. Successful in utero treatment has been reported, however, experience is limited. We present our very first experience in attempting fetal therapy in a case of ABS with cord strangulation. **Case Description:** A 38-year-old, G3P2 was diagnosed with ABS involving the lower limb and umbilical cord at 24 weeks. TAS showed significant oedema with areas of constriction at both lower limbs. Multiple loops of cord appeared to be entangled near the constriction ring of the limb which raised suspicion of cord strangulation. Rapid progression with FGR, severe oligohydramnios, and Doppler abnormality raised the concern of cord strangulation. Thus, the fetoscopic release of the amniotic band was discussed and agreed upon with the couple. Fetoscopic release of the amniotic band was attempted at 26 weeks. However, the procedure was abandoned due to technical difficulties with the placenta position and oligohydramnios. The fetus further deteriorated and demised at 28 weeks. **Discussion:** Fetoscopy may be offered in ABS with limb constriction and cord involvement in the absence of other major malformations. The success rate for release of the amniotic band in utero was reported between 50-75%, and the ability to achieve a functional limb was around 40-50%. ABS can be a deadly trap causing loss of limbs and in rare cases, fetal demise. Early diagnosis and referral to a fetal therapy centre are indicated so that a thorough evaluation regarding the suitability of fetal therapy can be done.

Ex Utero Intrapartum Treatment (EXIT) procedure in a fetus with left neck macrocystic lymphatic malformation: A case report

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ABSTRACT

Introduction: Fetal lymphatic malformations are congenital anomalies characterized by aberrant growth of dilated lymphatic channels disconnected from the normal lymphatic system. Those involving the head and neck region cause life-threatening airway obstruction at delivery. **Case Description:** A 42-year-old, Gravida 5 Para 3+1 had her first antenatal booking at 30 weeks of gestation, being unaware of her pregnancy earlier on. She had underlying chronic hypertension requiring a single antihypertensive. During the first transabdominal scan at 30 weeks of gestation, the fetus was noted to have a large multicystic left neck mass suspected to cause airway obstruction and significant right-sided head tilt. The mass measured 7 x 7 cm during this scan. We proceeded with MRI after the case was reviewed by the Paediatric ENT team. It reported a large multicystic left neck mass measuring 7 x 6 x 10 cm causing airway obstruction. In view of these findings and recurrent admissions for unstable blood pressure, the mother underwent a caesarean section with EXIT procedure at 35 weeks gestation, after accelerating fetal lung maturity with corticosteroids. The baby was started on oral Sirolimus post-delivery. **Discussion:** A multidisciplinary team approach and careful planning of an elective EXIT procedure is essential to prevent catastrophic life-threatening airway obstruction at delivery. It is also important to recognize the need to perform this type of procedure at more tertiary centers.

VP-04

A safe indocyanine green dye (ICG) injection into the ureters (EP Method) in 3D-laparoscopic complex gynaecologic surgery

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ABSTRACT

Introduction: We aimed to showcase the safety & feasibility of a simplified ICG injection into the ureters by the gynaecologist using an epidural catheter (EP Method) as an alternative to conventional ureteric stenting. **Methods:** Prospective analysis of the first 15 case series of simplified ICG injection into the ureter laparoscopic complex gynaecological procedures operated from Oct 2022-April 2023. A cystoscopy was done to identify the ureteric opening, an epidural catheter was introduced into the bladder through the cystoscope and advanced into the ureteric orifices up to about 15 cm mark from the ureteric opening. Approximately 2-4 ml of ICG was injected from the distal end of the catheter into each of the ureters, respectively, and the catheter was withdrawn completely under direct vision. The laparoscopic gynaecologic procedures were carried out according to the plan. **Result:** Preliminary results showed that out of 15 complex cases, 10 were endometriomas with deeply infiltrating endometriosis, 7 were frozen pelvis, and 5 were complicated uterine fibroid. The mean age of the patient was 41.6 years, with a mean BMI of 23.6. The mean duration of surgery is 132 mins, and the mean Estimated blood loss (EBL) is 158 ml. Almost 99% of the ICG injection into the ureter was done by the operating gynaecologist. There were no immediate or latent adverse outcomes recorded in all the cases. **Conclusion:** Our preliminary data supported that the simplified ICG injection into the ureter using an epidural catheter via cystoscopy by the gynaecologist is safe and not associated with any adverse outcome.

Intrauterine exchange transfusion of the fetus with severe fetal anaemia: A case report

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ABSTRACT

Introduction: Severe fetal anaemia is a critical condition that can lead to significant morbidity and mortality in the unborn fetus. Intrauterine exchange transfusion (IUT) has emerged as a potentially life-saving intervention for managing severe fetal anaemia. **Case Description:** A 26-year-old woman, G2P1 at 24 weeks of gestation was referred to our department for hydrops fetalis. During the initial assessment, we detected gross hydropic changes in the fetus, with pericardial effusion, hydrothorax, and fetal ascites. No structural abnormalities were detected. Middle cerebral artery (MCA) Doppler was done with the PSV values being more than 1.5 MoM, suggestive of severe fetal anaemia. Fetal heart rate was around 80-90 beats per mins with poor contractility suggestive of a preterminal event. Intrauterine exchange transfusion was performed with +150/-90 ml of irradiated packed cells. The patient was subsequently followed-up weekly during which we noticed a complete reversal of hydropic changes and the MCA PSV values returning to normal. At 34 weeks, a cardiotocograph showed signs of fetal anaemia. The baby was delivered via EMLSCS and subsequently required three exchange transfusions and intense phototherapy. The baby was diagnosed with SEA ovalocytosis postnatally. **Discussion:** In conclusion, intrauterine exchange transfusion represents a valuable therapeutic option for severe fetal anaemia. While it carries inherent risks, its benefits in preventing fetal demise and improving neonatal outcomes cannot be overlooked. Further research is warranted to refine patient selection criteria, optimize procedural techniques, and explore potential adjunctive therapies to enhance the effectiveness and safety of IUT.

A case of an ultrasound-guided laparoscopic excision of a scar ectopic pregnancy in Hospital Sungai Buloh

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ABSTRACT

Introduction: Caesarean scar ectopic pregnancy is a rare form of ectopic involving either partial or complete implantation of the gestational sac within a previous caesarean scar. Despite the rising incidence, treatment remains a challenge due to the lack of consensus on the optimal mode of management. **Case Description:** A 34-year-old lady at 5 weeks POA with a history of 2 previous caesarean scar, presented with per vaginal spotting. She was otherwise well. Her vitals were stable, and examinations were unremarkable. Transvaginal ultrasound revealed a small gestational sac over the lower pole of the uterus within the myometrium with a myometrial thickness of 4 mm. She was subjected to MRI imaging in addition to serial beta-hCG monitoring; and findings were indicative of a scar ectopic pregnancy. Hence, a trial of intramuscular Methotrexate was given at a hCG level of 14,000 iu/l however the levels continued to rise. The patient then underwent a diagnostic laparoscopy. Intraoperatively, there was only a vague bulge over the anterior aspect of the uterus; hence, a transvaginal ultrasound was used to locate the pregnancy and thus guide the site of the uterine incision. A POC of 1.5 cm in diameter along with pieces of placental tissues were extruded from the defect and repaired. **Discussion:** In this case, we describe the approach of laparoscopic resection under the ultrasound guidance for an early exogenous scar ectopic. This case is consistent with the current evidence of an increased likelihood of failed medical management with a beta-hCG level greater than 5,000 iu/l.

Innovation in surgical training: Anterior colporrhaphy simulator

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ABSTRACT

Introduction: To demonstrate the construction of an anterior colporrhaphy simulator, determine the associated costs and its feasibility as a surgical trainer. **Methods:** In this technical video, the construction of an anterior colporrhaphy (AR) simulator is documented, using easily assembled and widely accessible low-cost materials. Construction costs and preparation time were calculated, followed by filming of assembly steps and simulated anterior colporrhaphy. **Results:** Materials involved included a plastic glass, a sock, water-filled balloon, cling film, glue, double-sided adhesive tape, a box and a cardboard platform at a total cost of approximately USD2.81 i.e., cost-effective and ideal for training especially in resource-limited regions. Relevant surgical landmarks such as the anterior vaginal wall, urethral meatus, bladder (cystocoele), vesicovaginal fascia and vagina were represented. **Conclusions:** An AR simulator can be constructed using cost-effective and widely available materials. Although it may not substitute for surgical training on real-life patients or cadavers, it may be an ideal training modality for novice surgeon-in-training prior to embarking into actual surgery. Its acceptability, feasibility, and efficacy as a surgical training simulator should be further assessed.

Laparoscopic pelvic sentinel node mapping with indocyanine green for early-stage uterine cancer

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ABSTRACT

Introduction: Sentinel node mapping for endometrial cancer is currently the preferred alternative to a full lymphadenectomy in apparent early-stage uterine cancer. This is now becoming a useful technique for the identification of lymph nodes that are at high risk of metastases in early-stage disease. It benefits the patients as they avoid the morbidity of a standard lymphadenectomy. **Case Description:** This video demonstrates the method of cervical dye injection and laparoscopic sentinel node dissection through image guidance. **Conclusion:** Close adherence to the NCCN (National Comprehensive Cancer Network) algorithm was found to result in an accuracy of prediction in pelvic lymph nodes with a less than 5% false negative rate. Its promising results in high-risk histology also serve as a potential alternative to complete lymphadenectomy in such cases.

Microwave ablation – A safety examination

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ABSTRACT

Introduction: Microwave ablation is a minimally invasive procedure that has been used for the treatment of uterine fibroids. During the procedure, microwave energy is used to heat and destroy the fibroid tissue. Potential complications: Like any medical procedure, microwave ablation can have certain risks. Possible complications include infection, bleeding, damage to surrounding organs or tissues, pain, and skin burns. **Methods:** A study was done by microwaving 20 cow uteruses. We looked for the temperature changes at a distance of 3 cm from below, lateral, and above the microwave antenna with separate thermometers at 30-second intervals for a total of 7.5 minutes. **Results:** The results were obtained and placed in a graphical manner. The results showed that there was no increase in temperature anterior to the antenna. There was an expected temperature increase 3 cm lateral to the antenna. However, it was noted that there was a 20-40% increase in temperature posteriorly compare to the lateral temperature. This required a modification of the recommendation charts. **Conclusion:** We have recommended a change in the standard charts using these safety profiles. We further recommend that a further study with a larger number of specimens to be used. A better choice would be uterus samples with actual fibroids to be analysed soon after a hysterectomy, which has been performed as a treatment procedure.

A successful management of abdominal pregnancy: A rare case report

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ABSTRACT

Introduction: Abdominal pregnancy is a rare, life-threatening condition defined as pregnancy in the peritoneal cavity exclusive of tubal, ovarian, or intra-ligament. It has a significant risk of morbidity and mortality to the mother due to intra-peritoneal haemorrhage. Surgical management is most preferred. However, due to the complexity and size of the mass, a combination of surgical and medical approaches may be considered to minimise the morbidity to the mother. We report a successful management of abdominal pregnancy in our centre. **Case Description:** A 29-year-old Malay lady in her third pregnancy, presented to the emergency department with unstable hypovolaemic shock. Her urine pregnancy test was positive and bedside ultrasound showed an adnexal mass with free fluid in the Pouch of Douglas. A diagnosis of ruptured ectopic pregnancy was made and she underwent an emergency laparotomy. Intra-operatively, there was a fetus at about 15 weeks size and the placenta was adherent in between the rectum and the posterior part of the uterus with a hemoperitoneum of 1500 ml. The placenta was left in-situ and she was managed in ICU. Post-operative, a dose of Methotrexate was given along with antibiotics, and serial MRI of the abdomen and pelvis was done to monitor the regression of the placenta bulk. After 6 months of follow-up in the clinic, the placenta had completely regressed and her last serum β HCG was normal. **Conclusion:** In cases of abdominal pregnancy, multiple approaches of treatment and imaging modalities are required to ensure the success of treatment with the least morbidity to the mother.

PP-02

A case report on Dichorionic Diamniotic (DCDA) twin: Outcome after spontaneous rupture of membrane of twin 1

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ABSTRACT

Objective: Premature rupture of membrane of Twin 1 in DCDA twin, before 24 weeks, is rare and poses a management dilemma. This is a case of a DCDA twin with pre-viable preterm premature rupture of membrane (PV-PPROM) in Twin 1 and successful prolongation of gestation for Twin 2 until delivery. **Description:** A 36-year-old G3P2 (IVF pregnancies) presented at 20 weeks with spontaneous rupture of membrane. She was vitally stable with no uterine contraction and normal-level inflammatory markers. Speculum examination revealed an open cervical os. The Amnioquick test was positive. Steroids, IV antibiotics, bed rest at Trendelenburg position, and monitoring of inflammatory markers were started as treatment. As CRP was increased, two days following admission, we delivered Twin 1 with signs of life. Unfortunately, the baby passed away after a few minutes of its delivery. The umbilical cord was shortened. As the chance of infection for twin 2 was high, the dilemma was whether we should continue the pregnancy or not, and the possible outcome. With continuous fetal medicine specialist support, special position of patient, intravenous antibiotic until CRP settled, nifedipine as tocolytics, and serial fetal growth scan, at 24 weeks we found the cervical os was closed. At 27 weeks, she delivered the Twin 2 at a tertiary hospital and she went home with the baby. **Discussion:** PV-PPROM is defined as the rupture of membranes prior to 24 weeks, a rare situation with an estimated prevalence of 0.5% of all pregnancies. This condition is even rare in patients with dichorionic diamniotic (DCDA) twin pregnancies with a higher risk of perinatal morbidity and mortality.

Pituitary adenoma in pregnancy with progression of visual disturbance

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ABSTRACT

Introduction: The diagnosis of pituitary adenoma in pregnancy is rare, with prolactinoma being the commonest type. We report a case of a progressive pituitary tumour in pregnancy that required surgical intervention. **Case Description:** A 24-year-old, primigravida presented with persistent blurring of vision since 20 weeks of gestation. MRI brain reported evidence of an enlarged pituitary tumour (15 x 24 x 30 mm) with intrasellar, and suprasellar component and compression of the optic chiasma. Ophthalmology assessment demonstrated bilateral hemianopia. Hyperprolactinemia was present (2,048 ng/mL). She was seen by us at 28 weeks of gestation and was initially managed conservatively without dopamine agonist therapy. Her visual symptoms deteriorated and urgent delivery was recommended to avoid tumour progression. She underwent caesarean section after receiving a course of antenatal corticosteroids, and delivered a baby boy weighing 1.43 kg. At four weeks postpartum, the patient underwent trans-sphenoidal surgical resection of the prolactinoma that resulted in an improvement of her vision. **Discussion:** The available data for dopamine agonist therapy portrayed a safety profile for treatment in pregnancy particularly for cabergoline and bromocriptine. The growth of adenoma with compression to optic chiasma in the case of macroadenoma will lead to significant visual disturbance or loss, as demonstrated in this case. Surgical intervention for macroadenoma may be indicated in symptomatic cases with increased tumour volume. A multi-disciplinary approach in a centre with expert pituitary team is essential. Currently, there is no clear evidence suggesting an association between breastfeeding with an increment of prolactin level and enlargement of pituitary tumour.

PP-04

Oculogyric crisis in pregnancy: A case review

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ABSTRACT

Introduction: Oculogyric crisis (OGC) is a form of acute dystonia characterised by sustained dystonic, conjugate, and involuntary deviation of the eyes. Precipitating factors include postencephalitic parkinsonism, neuroleptic agents, metabolic disorders, and focal brain lesions. Metoclopramide is an antiemetic agent which improves gut motility through its antagonistic action on dopamine which has an inhibitory effect on the gut. However, because it disrupts central dopaminergic signalling, metoclopramide may produce rare movement disorders, such as dystonic reaction, oculogyric crisis. **Case Description:** A 22-year-old, primigravida at seven weeks gestation was admitted to a district hospital for hyperemesis gravidarum complicated with electrolyte imbalance. She was given IV metoclopramide 10 mg TDS, electrolyte correction with rehydration. In the ward, she developed up rolling of eyeballs associated with bilateral limb stiffness. It lasted for 15 minutes and was aborted with IV Diazepam 5 mg. Diagnosis of oculogyric crisis was considered and she was transferred to a tertiary hospital. Neurological examination showed hyperreflexia of bilateral limbs. Metoclopramide was then discontinued, and she was treated with IV Thiamine, tablet pyridoxine, and IV Prochlorperazine. She developed three further episodes of oculogyric crisis in the ward which were aborted with IV Diazepam. Neuro-medical team prescribed IV Procycline. She was subsequently discharged well with no recurrence. **Discussion:** Brain imaging (CT/MRI) may be necessary to exclude cerebral lesions. Caution is required when prescribing metoclopramide.

Coexisting pathology of unruptured ectopic pregnancy with concurrent ipsilateral dermoid cyst: A rare occurrence

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ABSTRACT

Case Description: A 29-year-old, Gravida 1 Para 0 presented at the hospital with a 5-week history of amenorrhea, abdominal pain, and vaginal bleeding. Transvaginal ultrasound revealed 3 pathologic findings: Tubo-ovarian complex on the right adnexa, a complex mass indicative of an unruptured ectopic pregnancy, and right ovarian new growth probably endometrioma. A pelvic laparotomy was done and histopathologic findings revealed a tubal pregnancy and mature cystic teratoma of the right ovary. **Discussion:** This case report demonstrates the importance of considering the coexistence of different gynecologic pathologies in the same patient and the clinical importance of an accurate diagnostic evaluation.

Atypical presentation and delayed diagnosis of Herlyn-Werner-Wunderlich syndrome: A case report and literature review

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ABSTRACT

Background: Mullerian duct abnormalities are not uncommon. However, Herlyn-Werner-Wunderlich syndrome (HWWS) is a rare and complex abnormality that proves to be a diagnostic challenge. It is characterized by the classical triad of uterine didelphys, obstructed hemivagina, and ipsilateral renal anomaly, also known as OHVIRA syndrome. **Case Description:** A 25-year-old lady presented with prolonged foul-smelling vaginal discharge. Menses was regular with normal flow. A vaginal examination revealed fullness in the left adnexa. The cervix was normal. Ultrasound showed a left adnexal mass. Computed tomography imaging of the abdomen and pelvis revealed two uterine cavities. There was a large cystic lesion at the level of the cervix with communication to the uterine cavity, raising the possibility of obstruction. A single right kidney was present. HWWS was diagnosed. The patient underwent diagnostic laparoscopy, examination under anaesthesia and excision of vaginal septum. She was well at 6 weeks and 3 months follow-up. **Discussion:** HWWS is due to the absence or injury to one of the mesonephric ducts during embryogenesis. The inducing function of the normal mesonephric duct is responsible for uterine fusion, development of the vagina, and formation of the upper urinary tract. Patients present after menarche with diverse symptoms. Consequently, diagnosis and treatment are often delayed. Awareness of Mullerian duct abnormalities and a high index of suspicion are vital. Magnetic resonance imaging is the gold standard for the evaluation of HWWS. Surgical excision of the septum is the mainstay of treatment. Timely treatment reduces complications that can impair fertility.

A case series of caesarean scar pregnancy (CSP) in Hospital Tengku Ampuan Rahimah

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ABSTRACT

Introduction: Caesarean scar pregnancy (CSP) is a special form of ectopic pregnancy characterized by the implantation of a gestational sac into the myometrium at the location of a caesarean scar. The incidence is low, but the increment of cases is seen in parallel with a rise in the incidence of caesarean section. **Case Description:** We present a series of three clinical cases of CSP managed in our Maternal-Fetal Unit, successfully treated via a minimally invasive technique. All three patients presented by 6 weeks of pregnancy with a similar complaint of painless per vaginal spotting. In two of the cases, a misdiagnosis of aborting pregnancy was made which was eventually revised to CSP. Once the diagnosis of CSP was established, they were treated with ultrasound-guided transvaginal intra-gestational injection of potassium chloride and methotrexate. Regular β -HCG monitoring complemented with imaging was done during each follow-up as scheduled. By week 12 post-treatment their β -HCG returned to normal limits proving a success in treatment. **Discussion:** With the rising incidence of CSP, a high index of suspicion should be present in patients with a previous scar and a gestational sac visualized at the lower pole of the uterus adjacent to the scar. If the diagnosis of CSP is achieved before 8 weeks of pregnancy, minimally invasive treatment can be considered as a treatment option as it offers fertility preservation in an asymptomatic patient.

Steroid cell tumour of the ovary: A rare case report

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ABSTRACT

Introduction: Ovarian steroid cell tumours are very rare functioning sex-cord stromal tumours, accounting for only 0.1% of all ovarian tumours. They are usually unilateral, benign with only 25-45% malignant cases. Most steroid cell tumours secrete steroid hormones, and only about 10-15% of patients are asymptomatic. **Case Description:** This case involved a 30-year-old female who presented to our Gynaecology outpatient clinic with a 2-year history of subfertility, hirsutism, virilization, and amenorrhea. Ultrasonography revealed a solid right ovarian mass. She was diagnosed with a right ovarian tumour, and underwent right salpingo-oophorectomy & omentectomy. Histopathology revealed a diagnosis of steroid cell tumour. This case is reported due to its rarity and its unusual presentation. We also included a brief review of the current literature. **Discussion:** Steroid cell tumour is a very rare condition in reproductive-age women, the presentation may lead to polycystic ovarian syndrome (PCOS) diagnosis, which is a more common condition. Thorough history-taking and clinical examination with the support of biochemical values and imaging studies are important, to ensure the correct diagnosis and management. As we know, one-third of the tumours may turn out to be malignant, and prediction of malignant behaviour on pathological features is difficult. In this case, we learned that the proper diagnosis may need input from an experienced pathologist for a better direction of care.

Amniotic fluid embolism: A successful outcome

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ABSTRACT

Introduction: Amniotic fluid embolism (AFE), characterized by sudden cardiorespiratory collapse and disseminated intravascular coagulation, is a rare obstetric emergency with a high maternal mortality rate. An estimated 2-6/100,000 pregnancies are affected by amniotic fluid embolism and comprise of 10% of maternal deaths. **Case Description:** A 37-year-old, G7P6 at 37 weeks of gestation, was admitted for expectant management of asymptomatic major placenta praevia since 34 weeks. She was diagnosed with asymptomatic sinus arrhythmia with resolved bradycardia in 2020. Her last echocardiogram in September 2020 was reported as normal. She also had chronic hypertension not on treatment, and a history of macrosomia with an uneventful vaginal delivery. The patient developed contractions and vaginal bleeding prior to her planned operation hence emergency caesarean section was performed. During the delivery, patient developed: 1) cardiac arrest requiring intubation and cardioversion, and 2) primary postpartum haemorrhage secondary to disseminated intravascular insemination requiring massive blood transfusion. Hysterectomy and bilateral internal iliac artery ligation were then performed. The baby weighed 3.7 kg and was admitted to the Neonatal Ward for transient tachypnoea of the newborn with a good Apgar score. Post-operatively, she was nursed in the Intensive Care Unit, and extubated the day after. On day 3, she developed intra-abdominal bleeding from the bladder base and retroperitoneal areas, requiring re-laparotomy and haemostatic sutures. **Discussion:** Studies vary depending on how the data is collected, but the mortality rate is as high as 60%. Prompt management and treatment of patients with AFE will improve survival. Survivors may have long-term physical or psychological side effects.

A case series of successful aspirin desensitization in acetylsalicylic acid-sensitive pregnant women

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ABSTRACT

Introduction: Low-dose acetylsalicylic acid (ASA) is an essential drug used in pregnancy to prevent pre-eclampsia and to treat anti-phospholipid syndrome (APS). However, some pregnant women who are indicated for low-dose ASA cannot benefit from it because of ASA hypersensitivity. We described three cases of successful ASA desensitization in pregnancy for which they were able to continue daily ASA throughout their pregnancy. **Case Description:** The first case was a 44-year-old, G4P3 at 15 weeks gestation with underlying systemic lupus erythematosus (SLE) and hypersensitivity to ASA and non-steroidal anti-inflammatory drugs (NSAIDs) who required low-dose ASA to prevent pre-eclampsia. The second case was a 24-year-old primigravida at 12 weeks gestation with SLE, chronic hypertension, and positivity of triple antiphospholipid antibodies. She was allergic to ASA but required it to prevent pre-eclampsia and thrombosis. The third case was a 35-year-old G4P0+3 at 6 weeks gestation with primary obstetric APS and ASA-sensitive. In her third pregnancy, she was treated with therapeutic low-molecular weight heparin without ASA, but the pregnancy ended up a pregnancy loss at 19 weeks gestation. All three patients underwent successful ASA desensitization for which they received incremental doses of ASA up to 150 mg over 3.5 hours and were monitored for signs and symptoms of allergic reactions. **Discussion:** ASA desensitisation procedure, which involves gradually increasing exposure to ASA, eliminates immunological reactions. It is the most viable option for ASA-sensitive pregnant women who have obstetric complications preventable by daily ASA prophylaxis.

It is just another GERD

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ABSTRACT

Introduction: Acute pancreatitis is rare, occurring in 3 in 10,000 pregnancies, but with an increasing prevalence. Therefore, it is vital, to be well-versed in this condition. **Case Description:** A 35-year-old, G3P2, non-alcohol drinker, presented at 30 weeks of gestation with vomiting and epigastric pain which radiates to the back. Examination showed a gravid uterus at 28 weeks, with epigastric tenderness. Serum amylase, liver enzyme and infective parameters were raised, with persistent metabolic acidosis and hypokalaemia. Ultrasound Hepato-biliary (HBS)/abdomen and (MRCP) found features of pancreatitis. She was treated conservatively in ICU. The pancreatitis resolved after six weeks, evident by blood parameters and radiological imaging. She delivered a healthy baby at 36 weeks of gestation. **Discussion:** An early recognition of pancreatitis in pregnancy can improve the clinical outcome. Performing surgery in pregnancy carries its own risks. However, with multidisciplinary team (MDT) consultation, a simple cholecystectomy or ERCP are safe in managing pancreatitis in pregnancy.

PP-12

Cervical mass in pregnancy – is this cancer or false alarm? A case report

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ABSTRACT

Introduction: Cervical cancer is the third most common cancer among women. Diagnosis and treatment of cervical cancer should not be delayed due to pregnancy. We report a case of cervical mass in pregnancy. **Case Description:** A 34-year-old, nulliparous, presented at 26 weeks gestation with prolonged per vaginal discharge. The pregnancy was conceived via in-vitro fertilization (IVF) due to unexplained subfertility. Pap smear showed atypical glandular cells and she was referred for urgent colposcopy. Colposcopy revealed a 3 x 3 cm fungating mass arising from the anterior cervix with abnormal vessels and contact bleeding. Clinically, the mass resembled cervical cancer stage 1B2, however, its punch biopsy showed microglandular hyperplasia. A repeat biopsy was performed due to a high clinical suspicion of malignancy and confirmed benign endocervical polyp with microglandular adenosis. Postnatally, the mass persisted. Loop excision of the transformation zone (LETZ) showed endocervical hyperplasia with microglandular adenosis. The patient remained well and was discharged. **Discussion:** Microglandular hyperplasia of the cervix is a benign condition involving endocervical glandular proliferation. It is common in women of reproductive age and is associated with hormonal exposure such as pregnancy and IVF. Clinically, it may mimic cervical and endometrial adenocarcinomas. Diagnosis is via biopsy and microscopy examination and it does not require treatment. In this case, physiological changes associated with pregnancy and exposure to hormonal treatments used in IVF might have increased her risk of developing this condition. Our case highlights this benign condition, that mimics cervical cancer but with an excellent prognosis.

Misoprostol toxicity in second trimester pregnancy: A case review

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ABSTRACT

Introduction: Misoprostol, a synthetic prostaglandin E1 analogue, is commonly used for various obstetric and gynaecological indications. While it has proven efficacy in these settings, there is a growing concern regarding the potential for misoprostol toxicity in second-trimester pregnancy. This case study review aims to summarize the current understanding of misoprostol toxicity and its implications in second-trimester pregnancy. **Case Description:** A 20-year-old primigravida presented to the emergency department with a history of recurrent seizures at home. Her partner reported that she took six tablets of misoprostol (200 mcg each) orally and one tablet per vaginally. Clinical examination showed a gravid uterus of 29 weeks gestation with no fetal heart activity. She was admitted to ICU for supportive therapy and subsequently recovered well. **Discussion:** Misoprostol administration during the second trimester carries potential risks, including uterine hyperstimulation, which can lead to fetal distress, uterine rupture, and maternal haemorrhage. Additionally, misoprostol exposure during this critical period of fetal development may be associated with adverse outcomes, such as congenital malformations, fetal demise, and maternal morbidity. In summary, misoprostol toxicity in second-trimester pregnancy poses significant challenges and potential risks for both mother and fetus. This review concludes with future directions for research and clinical practice. It emphasizes the need for further studies to better understand the risks and benefits of misoprostol administration in second-trimester pregnancy, as well as the development of standardized protocols for its use.

Placenta accreta spectrum in unscarred uterus.

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ABSTRACT

Introduction: Placenta accreta spectrum (PAS) is a term to describe abnormal trophoblast invasion into the myometrium and serosal layer. Diagnosis is via ultrasound and magnetic resonance imaging (MRI). The pathogenesis is thought to be placental implantation at an area of defective decidualization caused by pre-existing damage to the endometrial-myometrial interface. However, PAS in a non-scarred uterus and in a normally located placenta does occur but is exceedingly rare. **Case Description:** We report two cases that occurred on the same day. Both were multipara in their early thirties with no prior history of uterine surgery. Both presented with labour symptoms but their third stage of labour was complicated with retained placenta resulting in massive primary postpartum haemorrhage. One patient required cardiopulmonary resuscitation prior to a subtotal hysterectomy. Both received massive transfusions of blood products but recovered well subsequently. Diagnosis of placenta accreta spectrum was confirmed histologically in both cases. **Discussion:** Difficulty in delivering the placenta in the third stage of labour is a red flag for PAS in a normally-located placenta with an unscarred uterus. Rapid availability of blood products and early recourse to surgery is mandatory as the bleeding could be life-threatening. Antenatally, the presence of suspicious lacunae; multiple large, irregular intra-placental sonolucent spaces in between a lobule or cotyledon which give a 'moth-eaten' appearance, during ultrasound scan must raise suspicion. Thus, an ultrasound scan is a useful diagnostic modality in recognising the depth and topography of the placental invasion of PAS.

Mismatch nightmare!

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ABSTRACT

Introduction: Mismatched transfusion of blood in women in the reproductive age group poses a risk of intravascular hemolysis to the woman and hemolytic disease of fetus and newborn (HDFN) in subsequent pregnancies. We present 2 cases of mismatched transfusion for learning purposes for all. **Case Description:** Two RhD-negative patients with ruptured ectopic pregnancy were unstable, and required transfusion of Rh-D-positive blood for emergency resuscitation, as immediate procurement of rhesus-negative blood was impossible. Both patients received anti-D immunoglobulin and were monitored closely for hemolysis. Both recovered well post-surgery without any signs of severe intravascular hemolysis or multiorgan failure. Short-course steroids, erythropoietin stimulating agent, and parenteral iron were prescribed for the second patient post-surgery. Monthly out-patient reviews with monitoring of full blood count, liver function, and antibody titres were arranged for 6 months. There was no delayed hemolysis for both patients at 3 months post-event. **Discussion:** Mismatched transfusion should be a "never event". However, with the shortage of rhesus-negative blood, we will face situations whereby mismatched transfusion would be required as a lifesaving measure. It is important to have a protocol for the management of inadvertent mismatch transfusion and immediate and long-term follow-up involving multidisciplinary teams. The dose and timing of anti-D immunoglobulin are crucial in ensuring adequate removal of D-positive red cells while monitoring for complications of intravascular hemolysis. The couple must also be made aware of the risk of Hemolytic Disease of the fetus and newborn (HDFN) in subsequent pregnancies with the possibility of requiring in-utero transfusion and iatrogenic premature delivery. All future pregnancies are deemed high risk and require Maternal Fetal Medicine follow-up.

Bilateral tubal ectopic pregnancies: A rare phenomena

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ABSTRACT

Introduction: Ectopic pregnancy is common in the general population. Conversely, bilateral tubal ectopic pregnancy (BTP) is the rarest form of extra-uterine pregnancy. The occurrence has increased with most cases being associated with assisted reproduction techniques (ART), pelvic inflammatory disease and a history of previous ectopic pregnancy or tubal surgeries. In this report, we discuss a patient with spontaneous BTP diagnosed intra-operatively. **Case Description:** A 30-year-old lady, Gravida 2 Para 1 with previous caesarean section with unknown gestation period, presented to the Emergency Department with abdominal pain associated with per vaginal bleeding. She was pale, hypotensive, and tachycardic. A full clinical examination and abdominal ultrasound were performed. Hence, a diagnosis of ruptured ectopic pregnancy in hypovolaemic shock was made. She was resuscitated and had an emergency laparotomy. Intra-operatively there were two liters of hemoperitoneum with ruptured left tubal pregnancy, and right tubal pregnancy which was adhered to the omentum. Other pelvic structures were normal. Left salpingectomy and right salpingotomy were performed. The patient made a complete recovery post-operatively and histology examination confirmed BTP. During follow-up, a serial beta-hCG measurement was performed until complete resolution. A tubal patency test done 6 months later showed a patent right fallopian tube. **Discussion:** Diagnosis of BTP is challenging as the presentations are similar in unilateral involvement. Serum beta-hCG level and ultrasonography have a limited role in making the diagnosis pre-operatively. Therefore, a careful inspection of the adnexa at the time of surgery should be the standard of care in any ectopic case.

Utilizing cardiac MRI in a ST elevation myocardial infarction (STEMI) mimic for clinical decision making in pregnancy: A case report

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ABSTRACT

Introduction: Direct access to percutaneous coronary intervention (PCI) in ST elevation myocardial infarction (STEMI) in pregnancy will improve indirect maternal death statistics. However, the direction of treatment is challenging when no coronary abnormality is present. We reported a case of STEMI mimics who benefited from a cardiac MRI (CMRI) and discussed its role in pregnancy. **Case Description:** A 32-year-old, G2P1 at 12 weeks gestation was rushed to the cardiac catheterization laboratory for acute chest pain, with STEMI changes on ECG, and Troponin I >10,000 ng/L. She was admitted earlier for hyperemesis gravidarum, transaminitis, and a T4 level of 58 pmol/L. The cardiac angiogram was normal. Her cardiac function deteriorated with an ejection fraction of 15%, and elevated transaminitis. Her condition worsened, and a CMRI showed acute fulminant myocarditis. She received methylprednisolone, immunoglobulin, anti-failure medication, and plasmapheresis. Unfortunately, her cardiac function did not improve, which necessitated the termination of pregnancy (TOP). Her biochemical markers remarkably improved following the TOP. Repeated CMRI one week later showed improvement in cardiac function. Implanon was subsequently inserted for contraception. **Discussion:** Myocarditis is a rare condition that mimics the clinical features of myocardial infarction. A definitive diagnosis during pregnancy is challenging as it involves a myocardial cardiac biopsy. In our case, CMRI played a crucial role in providing a timely diagnosis through a non-invasive method. CMRI provides comprehensive information about the heart, including the inflammatory changes, and temporal myocardial tissue injury changes during and after diagnosis. CMRI should be considered in complex cardiac cases during pregnancy.

Primary myeloproliferative neoplasm in pregnancy: Maternal and fetal outcomes. A case report.

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ABSTRACT

Introduction: Primary myeloproliferative disorder or myeloproliferative neoplasm (MPN) is a group of blood cancers in which the bone marrow overproduces one/more types of blood cells. Pregnancy in the context of MPN is rare and poses significant challenges. **Case Description:** A 37-year-old Gravida 3 para 1+1 at 18 weeks diagnosed with MPN just before her 3rd pregnancy. Her first pregnancy was uneventful. She had a complete spontaneous first-trimester miscarriage at 8 weeks four years later and it was noted that her platelet counts ranged from 900-1100 x 10⁹/L and white cells ranged from 15-54 x 10⁹/l. Her full blood pictures (FBP) was noted to have thrombocytosis with leukocytosis. Bone marrow trephine biopsy was performed and confirmed as MPN. She was positive for(CALRL) mutation and had no history of thrombotic events. She was started on low-dose aspirin and Low Molecular Weight Heparin (LMWH) A decision to commence cytoreduction was made after lengthy counselling during the multidisciplinary meeting as there was progressive and persistent leukocytosis and extreme thrombocytosis. Interferon (IFN) was started from 22 weeks, 180 mcg weekly until 34 weeks. Her platelet level was normalized with a marked reduction of her leukocytosis. She had a vaginal delivery of a healthy baby of 2.7 kg following induction at 36 weeks gestation. **Discussion:** Existing knowledge on the management of MPN in pregnancy and its outcome remains ed variable due to its rarity. The use of aspirin, LMWH, and INF must be cautiously undertaken after Multidisciplinary Treatment (MDT) discussion with careful risk and benefit evaluation. Additionally, the optimal timing of treatment, dose, and schedule of cytoreductive treatment warrants further research.

Surprises in both tubes: A case report of spontaneous bilateral tubal ectopic pregnancy

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ABSTRACT

Introduction: Ectopic pregnancy, also known as extrauterine pregnancy, is commonly implanted commonly in the fallopian tube followed by interstitium, ovary and abdomen. We report a case of bilateral tubal pregnancy, in which ectopic pregnancy occurred in one of the fallopian tubes followed by another tubal pregnancy on the opposite side within weeks. **Case Description:** This 35-year-old lady, gravida 3 para 2, with spontaneous conception, presented with painless vaginal bleeding. She was found to have a right adnexal mass on ultrasonography. She was managed conservatively as an outpatient with gradually dropping serial beta human chorionic gonadotrophin (β -hCG) levels within the expected range in one month. Nevertheless, two weeks later β -hCG level rebounded with high levels and with new findings of a left adnexal mass on ultrasonography. A diagnostic laparoscopy further revealed ectopic masses located at the left fallopian tube and the right cornua of uterus. Laparotomy followed with right cornuectomy and bilateral salpingectomy were done. Histopathological examination confirmed that both ectopic pregnancies were indeed implanted on bilateral fallopian tubes. **Discussion:** Bilateral tubal pregnancy is extremely rare with a reported incidence of 1 in 200,000 spontaneous pregnancies and 1 in 725-1,580 ectopic pregnancies. Nevertheless, the recurrence risk of ectopic pregnancy is high approximating 15%. Hence, a high index of suspicion with thorough examination is paramount to detect recurrent ectopic pregnancy for timely intervention.

PP-20

High grade endometrial stromal sarcoma: A case report

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ABSTRACT

Introduction: Endometrial stromal sarcoma (ESS) is a subset of uterine mesenchymal neoplasms, accounting for less than 10% of uterine sarcomas. These tumours are diagnosed by histopathological examination following hysterectomy, hence pre-operative misdiagnosis often occurs. **Case Description:** Madam R, is a 39-year-old, Para 0+2, with no significant past medical history. She presented with acute urinary retention and was referred by the Urology team for an incidental finding of cervical fibroid. She underwent bilateral ureteric stenting, total hysterectomy, and bilateral salpingectomy under the general gynaecology team. Intra-operatively, the cervical fibroid was removed in pieces. Her post-operative recovery was complicated by pulmonary embolism. Histopathology examination showed high-grade ESS. A post-operative CT scan done demonstrated a lobulated mass at the vaginal stumps with no clear plane with the rectum, and multiple enlarged abdominal and iliac lymph nodes. She was seen by the oncology team and planned for adjuvant chemo and radiotherapy. **Discussion:** ESS is occasionally diagnosed in a patient with leiomyoma of the uterus. The rate of sarcoma in patients with a symptomatic uterine mass such as abnormal uterine bleeding, compressive symptoms, infertility, and recurrent pregnancy loss is higher than those who are asymptomatic. Differentiating uterine sarcoma from benign leiomyoma is difficult and may require an additional pre-operative diagnostic procedure such as ultrasound-guided needle biopsy, other than ultrasonography or MRI. High-grade ESS is a rare aggressive type of uterine malignancy. The prognosis is generally poor, with a high risk of recurrence and metastasis as seen in this case.

Is it a prolapsed uterus... or is it a tumour?

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ABSTRACT

Introduction: Uterovaginal prolapse and prolapsed vaginal fibroid are two different benign gynaecological conditions commonly presented among the elderly. **Case Description:** A 65-year-old, postmenopausal Indian lady with 5 previous vaginal deliveries was brought to a local health clinic for a large, protruding mass per vagina. She gave a history of having the mass for more than 10 years and noticed that the size was previously much smaller. The mass had slowly moved down but she could still easily push it in. It started to catch her attention when the mass had grown bigger, totally prolapsed out from her vagina, and became irreducible. This caused her to have significant discomfort and troublesome urine leakage because the mass was hanging and pulling at her genital all the time. At the clinic, the mass was successfully replaced back in her vagina and a support vaginal ring pessary was fitted in situ. She was diagnosed to have procidentia and was given a referral letter to a district hospital with visiting specialist. **Discussion:** This case highlights the importance of understanding the fundamentals in clinical examination as a guide towards a correct diagnosis. Though we frequently assume that we can precisely spot the pathological condition staring in front of us, unfortunately, our naked eyes could easily be fooled when a basic pelvic examination failed to be carried out accordingly.

PP-22

Case series of Endoscopic Retrograde Cholangio-Pancreatography (ERCP) in pregnancy in a single Centre in Kuala Lumpur

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ABSTRACT

Introduction: Hormonal changes in pregnancy promotes a hypercholesterolemic state and increases the risk of developing gallstones by 3-12%. ERCP is the standard treatment for choledocholithiasis and is safe in pregnancy. This procedure is however rarely undertaken in local centres, due to concerns on fetal safety, overexposure to radiation, and risk of maternal aspiration. We analysed the pregnancy outcomes in cases of ERCP performed in our centre. **Case Description:** A retrospective analysis of ERCP performed on pregnant women in a single centre in Kuala Lumpur, between May 2021-July 2022. A total of 17 pregnant women with biliary disorders were identified. 12 cases were suspected with choledocholithiasis after trans-abdominal ultrasound. 11 cases were confirmed on endoscopic ultrasound, and had ERCP performed. 10 patients had ERCP under general anaesthesia, and one under sedation, all done in the left lateral position. Each ERCP took between 15-50 minutes, with minimal radiation exposure. 2 patients required repeat ERCP – one for migrated stent and ascending cholangitis, while the other for difficult Common Bile Duct (CBD) stenting which required percutaneous transhepatic biliary drainage (PTBD). The total radiation exposure for these 2 cases was 0.17 mGy (15s). The number of cases according to gestation was ; 3 in the first trimester, 6 in the second trimester, and 2 in the third trimester. Three patients had non-pregnancy-related complications viz : 1 moderate transaminitis, 1 gallbladder empyema (managed conservatively), and 1 migrated stent with cholangitis. No fetal or pregnancy-related complications were identified. All patients had term deliveries including three caesarean births for obstetric indications. **Discussion:** ERCP is safe in pregnancy and should be offered as the standard therapy.

Amniotic band sequence: A case report

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ABSTRACT

Introduction: Amniotic band sequence (ABS) is a rare disorder consisting of a spectrum of congenital anomalies that occur in association with strands of the amniotic sac that separate and entangle the limbs, digits, or parts of the body. The prevalence of ABS ranges from 1:1,200 to 1:15,000 live births and 1:70 stillbirths, affecting both genders equally. The aim of this report was to highlight the diagnostic difficulties of this rare pathology and therapeutic approach in newborns with ABS. **Case Description:** We report a case of a postnatal diagnosis of amniotic band sequence in a 26-year-old female patient at 38+1 weeks gestation with an uncomplicated pregnancy, who had an elective lower segment caesarean section for breech presentation. Examination of the newborn showed multiple constrictive rings over the fingers of both hands. **Discussion:** The etiology of ABS is widely unknown in most cases. There are 2 leading theories proposed for the pathogenesis of ABS – intrinsic and extrinsic models. The intrinsic theory, proposed by Streeter in 1930 – suggested that the anomalies and the fibrous bands are caused by an intrinsic defect in the embryo and perturbation of the developing germinal disc. Torpin described the extrinsic theory in 1965 – proposed that birth defects were caused by rupture of the amnion in early pregnancy. ABS can be diagnosed prenatally by ultrasound and postnatally by physical examination. The mainstay of ABS therapy is primarily surgical with individualized approach to every case depending on the severity of the fetal abnormalities.

PP-24

A dubiety cord and its dilemma

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ABSTRACT

Introduction: Umbilical cord haemangioma is a rare benign vascular tumour. It has been reported to have association with congenital anomalies, intrauterine death, and increased perinatal mortality. Therefore, detection during antenatal scan is important to assist in fetal well-being monitoring and decision for delivery. **Case Description:** We report a case of a 26-year-old, primigravida with umbilical cord mass detected at 26 weeks of gestation. During antenatal scan, there was a hypoechogenic mass measuring around 4 cm in length, surrounding umbilical arteries. Fetal parameters were otherwise appropriate for gestational age, with no other fetal structural abnormalities seen. Caesarean section was planned at 34 weeks, in view of the risk of intrauterine death. However, delivery was delayed to 35 weeks as the patient contracted COVID-19 infection. A healthy baby weighing 2.55 kg was born via caesarean section. Inspection of the umbilical cord revealed a 4 cm mass at the proximal part of the cord, with dilatation seen distal to the mass. On day 1 of life, the baby underwent umbilical cord exploration, excision of giant umbilical cord and umbilicoplasty. Histopathological examination was reported as umbilical cord haemangioma. The baby is well at 3 months old. **Discussion:** Prenatal suspicion of umbilical cord haemangioma is crucial in order to reduce the risk of perinatal morbidity and mortality. Timing of delivery remains a dilemma, as there is lack of consensus on its optimal management.

Neuroendocrine tumour of the pancreas in pregnancy: A case report

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ABSTRACT

Introduction: Pancreatic cancer in pregnancy is rarely reported and diagnosis is delayed and challenging due to controversies over imaging safety in pregnancy. It is associated with high maternal mortality and morbidity if untreated. **Case Description:** A 22-year-old primigravida at 18 weeks gestation, non-smoker or alcoholic with gestational diabetes presented with left hypochondriac pain, gastrointestinal symptoms (loss of appetite, indigestion, and loss of weight) for one week. Blood investigations revealed severe anaemia (Hb 7.9), and deranged LFT. Contrast imaging revealed a likely malignant pancreatic lesion. A multidisciplinary team discussion was held to discuss further treatment and management options. A detailed scan of the fetus revealed no structural abnormality. Subsequently, the patient underwent laparotomy distal pancreatectomy and splenectomy at 23 weeks of gestation. Intra-operatively there was a huge distal pancreatic encapsulated cystic mass measured 15 x 15 cm. Histopathology revealed a large well differentiated neuroendocrine tumour of the pancreas (T3 Mx Nx) and subsequently referred to Institute Kanser Negara (IKN) for systemic Somatostatin analogue therapy. However, the patient had preterm delivery at 30 weeks of gestation. Unfortunately, the baby succumbed on day seven of life due to prematurity complications. Subsequently, the patient defaulted treatment. **Conclusion:** Pancreatic malignancy in pregnancy poses diagnostic challenges due to the limitation of imaging modalities that are safe in pregnancy. This may result in the avoidance of functional diagnostic tests and delay in management and treatment. A multidisciplinary approach is vital to provide comprehensive clinical management and individualised treatment for patient and the developing fetus.

Right angular pregnancy with impending uterine rupture on a previous caesarean scarred uterus – “A single in a lifetime”

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ABSTRACT

Introduction: Angular pregnancy is when the embryo is implanted in the lateral angle of the uterine cavity, medial to the utero-tubal junction and round ligament. This condition can cause complications during the antenatal, intrapartum, and postnatal periods. **Case Description:** We report a case of a 30-year-old lady, Gravida 2 Para 1 at 22 weeks 5 days of gestation with a history of previous lower segment caesarean section. She presented with complaints of leaking clear liquor. Abdominal examination revealed a palpable uterus at 28 weeks' size. Trans-abdominal ultrasound showed an amniotic sac with a viable fetus outside of the uterine cavity with parameters corresponding to 21 weeks of gestation and reduced liquor. MRI pelvis was reported as an impending uterine rupture with an intrauterine pregnancy. The patient underwent a midline laparotomy, wedge resection, and right salpingectomy. She recovered after 5 days and was discharged home. **Discussion:** An angular pregnancy remains as one of the rarest forms of ectopic pregnancy following a history of previous caesarean section with high maternal mortality. Diagnosis can be challenging, but significant delays in treatment can result in catastrophic consequences.

Swyer syndrome with dysgerminoma: A case report

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ABSTRACT

Introduction: Swyer syndrome is a 46, XY karyotype but phenotypically female condition with primordial Mullerian structures, and it usually presents with primary amenorrhea in outpatient settings. The risk of gonadal neoplasia is high, necessitating early prophylactic removal of these dysgenetic gonads. Approximately 5% of dysgerminomas have been reported to be associated with Swyer syndrome. **Case Description:** We present a case of a 15-year-old girl diagnosed with Swyer syndrome associated with left ovarian dysgerminoma. She sought assistance for primary amenorrhea at the gynaecological clinic of Hospital Tuanku Fauziah, Kangar. Physical examination revealed that her secondary sexual characteristics were at Tanner stage 3. The abdominal examination noted the presence of a vague pelvic mass. There were no facial dysmorphisms or signs of hyperandrogenism. An ultrasound showed a solid pelvic mass with a small uterus. Her tumour marker CA 125 was elevated, and hormonal profiling revealed hypergonadotrophic hypogonadism with XY karyotyping. Primary surgery was performed, and histopathological examination reported a left ovarian dysgerminoma at FIGO stage 1A. **Discussion:** Swyer syndrome belongs to a group of pure gonadal dysgenesis disorders. Early diagnosis is crucial as prophylactic gonadectomy in these cases reduces the risk of developing germ cell tumours..

Ovotesticular disorder of sex development with 46 XY – Rare and out of the ordinary

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ABSTRACT

Introduction: Ovotesticular disorders of sex development (ovotesticular DSD) is a very rare condition that an individual has both ovarian and testicular tissue. It is among the rarest disorders of sex development in humans. **Case Description:** We would like to share a case of ovotesticular DSD patient who presented to Hospital Taiping with the chief complaint of primary amenorrhea. There was no abdominal mass palpable during examination and she had normal female external genitalia. Abdominal ultrasound was not able to visualise a uterus or adnexal masses but able to visualise a vaginal plate. Abdomen and pelvic MRI reported the absence of uterus with hypoplastic ovaries and a blind end vaginal plate. Biochemical investigations showed there was raised FSH and estradiol. Karyotyping was reported 46, XY. Tumour markers were normal. Diagnostic laparoscopy and bilateral gonadectomy were performed. Intra-operatively, the absence of a uterus with the presence of bilateral gonads was noted. Her post-operative recovery was uneventful. Histopathology reported the presence of unencapsulated nodules composed of immature infantile seminiferous tubules, with Sertoli cells and Leydig cells in between the tubules. The report also showed ovarian parenchyma but no cellular atypia or malignancy. **Discussion:** The presence of both ovarian and testicular tissue in an individual with a karyotype of 46 XY is very rare even among the cases of ovotesticular DSD. A multidisciplinary team should be involved in the management of patients with ovotesticular DSD.

Wernicke's encephalopathy secondary to hyperemesis gravidarum: A case report

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ABSTRACT

Introduction: Wernicke's Encephalopathy is a reversible acute neurological disorder which is a rare but known complication of Hyperemesis gravidarum due to thiamine deficiency. The non-alcoholic prevalence varies from 0.04% to 0.13%. **Case Description:** A 31-year-old, primigravida at 15 weeks of gestation presented with confusion and vomiting for the past three months. During admission, the patient was giving incoherent history and not orientated to time, place, and person. The patient was diagnosed with Wernicke encephalopathy as evidenced by confusion, ocular abnormalities, and dysmetria. The diagnosis was further supported by MRI scan, which shows fairly symmetrical T2W / FLAIR hyperintensities at bilateral dorsomedial thalami, tectal plate and periaqueductal area, likely due to toxic-metabolic causes. She received ICU care, aggressive thiamine administration, and electrolyte correction, and was discharged with oral thiamine. **Discussion:** Wernicke's encephalopathy is characterised by a triad of cerebellar sign, confusion, and ophthalmoparesis with nystagmus, giving a sensitivity of 23%. European Federation of Neurological Societies (EFNS) suggested that by taking into consideration dietary deficiencies in addition to the classical triad, patients who had at least two of the four features would have an increased sensitivity of 85%. EFNS also recommended that 200 mg thiamine should be given three times daily via intravenous route before the commencement of the diet. Complete remission occurred in only 29% of patients and permanent residual impairment is common. There is also an increased risk of miscarriage, preterm birth, and intrauterine growth restriction. Overall pregnancy loss rate including fetal loss and termination was 48%. If left untreated, Wernicke's encephalopathy could worsen to Korsakoff syndrome.

Combined pre-implantation genetic testing for aneuploidy (PGT-A) and pre-implantation genetic testing for monogenic disorder (PGT-M) analysis from a single embryo biopsy: A Malaysian case with de novo mutation in the CACNA1S gene

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ABSTRACT

Introduction: A couple was subjected to in-vitro fertilization with PGT-M treatment at our centre. The male partner was tested to carry a *de novo* CACNA1S mutation and was diagnosed with Hypokalemic Periodic Paralysis, an autosomal dominant disorder. The parents and the siblings of the male partner are not affected, and this couple has not had any children. Therefore, there is no genetic reference available. PGT-M testing without reference is very difficult and requires tedious and technically complex molecular procedures to perform the test. We used targeted amplification and next-generation sequencing (NGS) technology with specialized probes designed specific to the mutation site. **Methods:** Through using mutational site analysis, we were able to identify affected and unaffected embryos without the use of a reference. The results were further verified with SNP analysis. After screening with PGT-M, the samples from identified unaffected embryos were further subjected to PGT-A without the need for a re-biopsy. **Results:** A Euploid and unaffected embryo was transferred and a successful pregnancy was achieved, with a gestational sac and fetal heart activity detected during the ultrasound scanning at 5 weeks gestation. **Conclusion:** We successfully performed PGT-M and PGT-A from a single biopsy for a couple with *de novo* mutation in the CACNA1S gene without a reference. The combined analysis from a single embryo biopsy reduces the risk to the embryo, as well as optimizes the workflow of PGT in ART.

Partial Hemolysis, Elevated Liver Enzyme and Low Platelets (HELLP) syndrome – dilemma in delivery

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ABSTRACT

Introduction: HELLP syndrome is a known complication of pre-eclampsia, with an incidence of around 0.5-0.9% of all pregnancies. It mostly occurs during the 3rd trimester, in the multiparous and advanced maternal age group. **Case Description:** A 38-year-old lady, G5P4 at 28 weeks of gestation, with the following risk factors: 1) gestational hypertension on treatment, 2) one previous caesarean section followed by three Vaginal Birth After Caesarean Sections (VBAC0 and 3) maternal obesity. She presented with symptoms of acute gastritis and possible gestational thrombocytopenia. Her symptoms persisted despite regular antacids and analgesia. Serial blood investigations showed a down-going trend of the platelet count and a marginal rise of liver enzymes, with no evidence of haemolysis on the peripheral smear. A working diagnosis of partial HELLP syndrome was made following a multidisciplinary discussion. She received dexamethasone for fetal lung maturation and was closely monitored in the high-dependency unit. Unfortunately, her condition worsened, and she developed a complete HELLP syndrome. Thus, she was delivered by emergency caesarean section. Post-delivery, her blood parameters slowly returned to normal. She was discharged home well on day seven postpartum. **Discussion:** HELLP syndrome is associated with haemolysis, elevated liver enzymes and thrombocytopenia. Diagnosis of the complete form of HELLP syndrome requires all three major components. In contrast, partial HELLP syndrome consists of only 1 or 2 elements of the triad and develops fewer complications than those with the complete form. The definitive management is delivery, but timing and delivery mode are paramount for balancing the pro and cons of prematurity and patient safety.

Uterine arteriovenous malformation during pregnancy

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ABSTRACT

Introduction: Arteriovenous malformation (AVM) is an abnormal connection between an artery and a vein that bypasses the capillary system. It is usually asymptomatic but can cause massive bleeding or severe pain. Uterine AVM is classified as a congenital or acquired lesion. **Case Description:** A 24-year-old primigravida at 35 weeks of gestation presented with per vaginal bleeding for a day associated with contraction pain. A diagnosis of major placenta praevia was made and we performed an emergency caesarean section for fetal distress. Intra-operatively, there was a presence of major placenta praevia posterior and uterine AVM, with multiple and severely tortuous engorged vessels involving the intrauterine cavity and right posterolateral aspect of the uterus. Multiple haemostatic sutures were applied at the placental bed and bilateral internal iliac artery ligation was performed. Bakri Balloon was inserted intrauterine cavity to create a tamponade, and we applied Taff compression over the posterior aspect of the uterus. She had a massive Post-partum Haemorrhage (PPH) with an estimated blood loss of 3 litres, requiring multiple blood transfusions. She was closely monitored in the High Dependency Unit (HDU) post-operatively, and Bakri Balloon was removed on the following day. She was discharged home on day seven post-delivery. **Discussion:** Uterine AVM is an extremely rare and potentially life-threatening condition, which can cause massive bleeding and lead to maternal death. Treatment options include hysterectomy and endovascular embolization. Massive transfusion, Bakri Balloon tamponade, and internal iliac artery ligation are part of the measures to control bleeding. Hemodynamic stabilization of the patient is the main consideration.

Lymphoma in pregnancy – devastating decision of delivery and treatment

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ABSTRACT

Introduction: Non-Hodgkin's Lymphoma (NHL) in pregnancy is rare. B-cell lymphomas may be either indolent or aggressive type. Once NHL is diagnosed during pregnancy, it tends to be a fast-growing and high-grade type. **Case Description:** A 28-year-old, G2P1 was diagnosed with diffuse large B-cell lymphoma (DLBCL) stage IVB at 26 weeks POA. She presented with B symptoms, multiple cervical lymphadenopathies, and markedly elevation of lactate dehydrogenase. CT neck and Thorax showed the presence of a huge mediastinal mass with multiple bilateral cervical and upper abdomen lymphadenopathy. The diagnosis was confirmed by the cervical lymph node biopsy. She received tumour debulking therapy followed by combination chemotherapy which led to remission of the disease. She had undergone an elective caesarean section and bilateral tubal ligation after 2nd cycle of chemotherapy at 32 weeks, and a healthy girl was born without congenital abnormalities. She recovered well and resumed further chemotherapy treatment three weeks post-operative. She had repeated CT neck and thorax at mid-cycle chemotherapy, showing excellent response to treatment. She is planning for a PET scan after the completion of the chemotherapy. **Discussion:** DLBCL is a fast-growing and aggressive form of NHL; it leads to fatality if left untreated. With timely and appropriate treatment with combination chemotherapy of 21-day cycles even in pregnancy, the overall cure rates are approximately two-thirds in the general population. It should not delay in administration of chemotherapy in a pregnant lady. Decision timing and mode of delivery are crucial and require a multidisciplinary approach.

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Not the usual abdominal pain – Case report on spontaneous intraabdominal bleeding in pregnancy

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ABSTRACT

Introduction: Spontaneous hemoperitoneum in pregnancy is defined as unprovoked intra-abdominal bleeding in pregnancy and up to 42 days postpartum. Common causes include spontaneous rupture of vessels or direct bleeding of endometriosis implants which can be associated with severe adverse pregnancy outcomes. **Case Description:** We report a case of spontaneous intraabdominal bleeding in a patient who presented with labour symptoms. A 36-year-old, gravida 4 para 3 presented at 39 weeks 2 days with strong contraction pain for one day. Upon assessment, the patient was restless and tachycardic with abdominal tenderness and guarding. Vaginal examination showed os 4 cm. She also had hyperglycemia with metabolic acidosis. Cardiotocography showed poor variability with contraction more than 5 in 10 minutes. She was sent to the labor room for amniotomy and delivery. However, shortly after amniotomy, there was fetal bradycardia and decision was made for an emergency lower segment caesarean section to rule out placenta abruptio. During the surgery, there was hemoperitoneum of 1.3 L and no other obvious bleeding or uterine rupture was identified besides oozing from the endometriosis spots over posterior fundus of the uterus. She then had uterine atony which was stopped with uterotonics and compression sutures with total estimated blood loss was 4 L. Baby was delivered with low Apgar 2,5. Patient and baby were then discharged in stable condition after an uneventful recovery. **Discussion:** Spontaneous hemoperitoneum in a pregnancy is a rare but life-threatening event. Prompt diagnosis and management are essential to prevent maternal and fetal mortality and morbidity.

Hemolysis, Elevated Liver Enzyme and Low Platelets (HELLP) syndrome in postpartum woman – A sudden death

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ABSTRACT

Introduction: The HELLP syndrome in pregnant and postpartum patients is commonly diagnosed with the presence of hemolysis, elevated liver enzymes, and low platelets level. The HELLP syndrome occurs in 15-30% of postpartum patients, however sudden maternal death is rarely encountered. **Case Description:** A 32-year-old, was brought unconscious to our hospital on Day 8 post spontaneous vertex delivery. Pre-eclampsia and significant amounts of proteinuria were absent except for low platelet levels. Other laboratory test results were not available to support HELLP syndrome. The patient was pronounced dead after an hour of failed resuscitation. Postmortem showed haemorrhage of the liver and third space fluid loss. Histological examination revealed HELLP characteristics; 1) microthrombi suggestive of disseminated intravascular coagulation (DIC), 2) FBC result suggestive of hemolytic anaemia, and 3) thrombocytopenia, hence the cause of death was diagnosed as HELLP Syndrome. **Discussion:** Recent evidence has shown that the classical signs of HELLP syndrome such as preceding hypertension and proteinuria are absent in at least 15 to 20% of the patients. Hence, it is a challenge to diagnose this patient as having HELLP syndrome without definitive laboratory test results. Early postnatal care monitoring with early diagnosis of HELLP syndrome may have prevented unnecessary death. The cause of the syndrome is currently unknown; however, the preventive management is well established.

Cervical ectopic pregnancy successfully treated with single dose intramuscular methotrexate: A case report

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ABSTRACT

Introduction: Cervical ectopic is an extremely rare but dangerous form of ectopic pregnancy as it is associated with high morbidity. Cervical ectopic is defined as the implantation of the blastocyst in the endocervix below the internal os. **Case Description:** A 31-year-old Malay, G2P1 with one previous caesarean scar (at 5⁺ weeks POA), was presented with a five-day history of worsening per vaginal bleeding, associated with intermittent suprapubic pain. Her vital signs were stable. Abdominal and speculum examinations were unremarkable. Transvaginal ultrasound revealed an anteverted uterus with an Endometrial Thickness (ET) of 8 mm. The cervix was bulky and contained a gestational sac below the internal os, measuring 1.2 x 1.4 cm with an hourglass appearance. There was a non-viable fetus with a CRL of 12.3 mm (7-week 3-day). There was no adnexal mass or free fluid in the pelvis, and the sliding sign was negative. Her haemoglobin level was 11.1 g/dl. Her renal and coagulation profile were normal. The initial β HCG level was 3,490.7 mIU/ml. She was given intramuscular Methotrexate (50 mg/m²) following counselling. A repeat level of β HCG after 72 hours showed a significant, 91%, reduction to 305.4 mIU/ml. Post-treatment, β HCG level on day-7 was 83.2 mIU/ml. She remained asymptomatic and was subsequently discharged from the follow-up. **Discussion:** Management options for cervical ectopic range from conservative medical treatment to radical surgical procedures. Medical treatment (intramuscular methotrexate) is offered only to those with uncomplicated cervical ectopic which is diagnosed at an early stage of pregnancy.

Dilemma in managing pelvic mass from the uterus

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ABSTRACT

Introduction: Differentiating pelvic mass from the uterus is diagnostically challenging due to overlapping clinical and imaging features. Uterine leiomyomas are common benign tumours, while endometrial stromal sarcoma (ESS) is a rare aggressive malignancy. Accurate discrimination is crucial for appropriate clinical management, as ESS requires aggressive treatment. **Case Description:** Madam T, a 56-year-old woman, had a history of uterine fibroids since the age of 45. Recently, she started experiencing pressure symptoms and increased urinary frequency. Despite her postmenopausal status, she experienced PV spotting. Physical examination revealed a palpable abdominal mass, growing rapidly from 16 to 22 weeks in less than three weeks. Transabdominal ultrasound showed a 10 x 10 cm uterus with an 8 x 7 cm anterior fibroid. CT scan indicated a large fibroid with minimal mass effect and clear fat planes around adjacent organs. During the total abdominal hysterectomy, exploration revealed a bulky uterus with breached serosa at the fundus. Necrotic tissue was adhered to the sigmoid colon. The cervix was soft and had lost its plane. The mass was soft with no distinct plane, unlike leiomyomas. Histopathological examination confirmed ESS. The patient was referred to the gynaecology team for further management. **Discussion:** Distinguishing uterine fibroids from ESS poses a diagnostic challenge due to overlapping symptoms. Imaging techniques provide information but have limitations. Histopathological examination remains the gold standard. Collaboration between clinicians, radiologists, and pathologists is crucial.

Heterotopic pregnancy incidence in Hospital Banting in year 2022

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ABSTRACT

Introduction: Heterotopic pregnancy is a simultaneous presence of intrauterine pregnancy and ectopic pregnancy which is very rare but a potential life-threatening condition. We aimed to study the common clinical presentation of heterotopic pregnancy cases and identify the outcome and prognosis of the heterotopic pregnancy case. **Case Description:** Out of 49 total ectopic pregnancies managed at Hospital Banting in 2022, there are 2 cases of heterotopic pregnancies (4.08%). They presented with non-specific symptoms; abdominal pain and per vaginal bleeding and was revealed with routine ultrasonography. Diagnostic laparoscopic and salpingectomy were done. Pregnancy outcomes following surgery; 1 out of 2 patients of heterotopic pregnancies successfully gave birth at term while the other 1 patient ended up with spontaneous miscarriage. **Discussion:** Pregnancy outcome and prognosis following surgery for heterotopic pregnancy are guarded and are at high risk for miscarriage.

Recurrent haemoptysis in pregnancy secondary to aneurysmal dilatation of right proximal bronchial artery with unilateral absence of right pulmonary artery: A case report

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ABSTRACT

Introduction: Haemoptysis in pregnancy is uncommon and can be life-threatening. Differential diagnosis is similar to non-pregnant patients which includes infection, pulmonary embolism, haematological dysfunction, bronchial neoplasm, and bronchiectasis. **Case Description:** A 28-year-old, Gravida 2 Para 1 at 29 weeks of gestation with DCDA twin referred for shortness of breath, palpitation and tachycardia. Investigations were unremarkable but CTPA revealed an incidental finding of isolated unilateral absence of right pulmonary artery. A week later she had multiple episodes of haemoptysis. Her haemoglobin level dropped from 10.4 to 8.4 g/dL. Repeated CTPA revealed aneurysmal dilatation at the right proximal bronchial artery with a filling defect in the proximal right main bronchus likely a blood clot or site of bleeding. Multidisciplinary teams were involved. She was treated with anti-fibrinolytic agents and blood products. She had emergency caesarean section for preterm labour, and subsequently the embolization of the right bronchial artery. Embolization was only partially done due to the difficult cannulation of the affected artery. She was discharged on day-4 postpartum and presented on day-18 postpartum with similar symptoms. Repeated CT Pulmonary Angiogram (CTPA) showed unchanged aneurysmal dilatation of the right proximal bronchial artery, with no evidence of active bleeding. The patient was managed conservatively and the symptom self-resolved. **Discussion:** Haemoptysis in pregnancy poses diagnostic and therapeutic challenges and is associated with a high mortality rate hence it requires a multidisciplinary approach to provide the optimum care and management for the patient.

Mitral mechanical heart valve in pregnancy – anticoagulant management during peripartum period and complication: A case series

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ABSTRACT

Introduction: The incidence of childbearing-age women with mechanical heart valve replacement is unknown. However, due to advances in our healthcare, we are seeing more such patients in antenatal care. The true challenge in managing this high-risk pregnancy is to have a balance between the prevention of thrombotic events and avoiding haemorrhagic events, especially during delivery and post-delivery. **Case Description:** In this case series, we are presenting 3 cases of pregnant women who had mechanical mitral heart valve replacement. All of the patients were delivered in our centre. We will highlight the challenges during intrapartum care and any postpartum complications. **Discussion:** Mechanical heart valves in pregnancy are associated with high morbidity and mortality. International and local guidelines address antenatal anticoagulant management. However, there are no proper or specific protocols for intrapartum anticoagulant choice and monitoring. Anticoagulants during delivery are highly associated with the risk of haemorrhage, and intraoperative and anaesthetic complications.

Acquired Haemophilia A in pregnancy: A case report

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ABSTRACT

Introduction: Haemophilia is a genetic disorder caused by a mutation in one of the genes responsible for blood clotting factors production. There are several types of haemophilia, the most common ones being Haemophilia A and Haemophilia B. Haemophilia A is caused by a mutation in the F8 gene, which is responsible for producing a protein called factor VIII. These clotting factors are essential for the coagulation cascade. In rare cases, haemophilia can occur due to spontaneous genetic mutations. Acquired haemophilia can affect reproductive-aged women during pregnancy and the postpartum period. Patients with acquired factor VIII deficiency, experience severe or life-threatening bleeding episodes, even in the absence of a previous bleeding predisposition. **Case Presentation:** A 26-year-old, gravida 3 para 2 initially presented with sudden onset of iliopsoas hematoma at 6 weeks of pregnancy. A series of investigations was performed and confirmed the diagnosis of acquired haemophilia. She was referred to our tertiary hospital for delivery. **Discussion:** The cause of acquired factor VIII deficiency during pregnancy is unclear, but it is speculated to be related to the complex immunological changes that occur during pregnancy. Sensitization of the mother's immune system to fetal factor VIII during previous pregnancies has been suggested as a possible cause, although inhibitors can also develop in the first pregnancy. Determining the severity of bleeding in patients with factor inhibitors based solely on titre levels is challenging, as inhibitors to factor VIII are cleared in a non-linear manner, underestimating bleeding risk in some cases.

46 XY partial gonadal dysgenesis with gonadoblastoma and dysgerminoma following laparoscopy prophylactic bilateral gonadectomy: A case report

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ABSTRACT

Introduction: 46 XY partial gonadal dysgenesis is a disorder categorized under differences in sex development (DSD) which occurs following abnormal gonadal development. There is a disproportion between one's genotype, phenotype, and gonadal development which influences the wide range of presentation and clinical appearance of 46 XY females. **Case Description:** This is a case of a 46 XY female who presented with primary amenorrhea and delayed puberty at the age of 18 years old. She has ambiguous genitalia with both breast and pubic hair at Tanner stage 2. Transabdominal ultrasound found a small uterus with a vagina but was unable to locate the gonads. MRI abdomen and pelvis showed a 20 mm right gonad located extra-pelvis near the right iliac vessels while the 9 mm streak left gonad was at the normal location next to the sigmoid colon. All her tumour markers were normal except LDH (332). She was given estrogen therapy for pubertal induction and underwent laparoscopy prophylactic bilateral gonadectomy after three years of postponement due to financial restrictions and the COVID-19 pandemic. The intraoperative findings were similar to the MRI findings and the histopathology results showed left gonadoblastoma and right dysgerminoma FIGO stage 1A. She did not require any further surgery or adjuvant chemotherapy based on a discussion with the gynae-oncology team. She continued taking estrogen therapy until she had withdrawal bleeding and oral progesterone was added. **Discussion:** 46 XY DSDs are at high risk of developing germ cell tumour and require prophylactic gonadectomy as soon as the diagnosis is established. However, delay in presentation and surgery may affect the outcomes and prognosis.

Clear cell adenocarcinoma of the cervix in adolescence: An extremely rare case

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ABSTRACT

Introduction: Clear cell adenocarcinoma of the cervix is uncommon, and occurs in 1% of cervical cancers. Cervical clear cell carcinoma in adolescence is exceedingly rare, less than 50 cases have been reported thus far. It is usually associated with diethylstilbestrol (DES) exposure in-utero, which is not identified in this case. **Case Description:** An 18-year-old sexually naïve girl presented with a 2-year history of vaginal discharge and abnormal uterine bleeding. She noticed some tissue prolapse out of her vagina during exertion occasionally. Transabdominal ultrasound revealed an anteverted uterus with a huge cervical mass measuring 7 x 7 x 7 cm. CT scan revealed no local infiltration or distant metastasis. Examination under anesthesia revealed a cervical growth measuring 3 x 4 cm with thickened left parametrium, conferring to clinical staging FIGO Stage 2B. Cervical biopsy HPE showed cervical clear cell adenocarcinoma. She had no maternal history of DES exposure in-utero, no known medical illness, and does not smoke. She was planned for concurrent chemotherapy and radiotherapy. **Discussion:** Cervical clear cell carcinoma in adolescence is extremely rare and often diagnosed at a later stage. Its etiopathogenesis is unclear and no management guideline is available. It is linked to in-utero DES exposure interfering with the Mullerian duct development. Heavy menses in teenagers is often attributed to the anovulatory cycle and speculum examination is deferred in sexually naïve patients causing a delay in diagnosis. Surgery is deferred in the advanced stage and chemoradiotherapy has many negative impacts on fertility with poorer prognosis. This report increases awareness about cervical cancer in non-DES exposure, sexually naïve adolescents.

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Case report on the conservative management of a prepubertal girl with urethral prolapse

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ABSTRACT

Introduction: Urethral prolapse (UP) is a rare, benign condition that often goes misdiagnosed and mismanaged. It consists of the eversion of the distal urethral mucosa through the outer urethral meatus, leading to vascular obstruction and prolapsed tissue edema. It can be worrying to the parents as it often causes vaginal bleeding. Its cause is still unclear. However, estrogen deficiency may play a role. No investigation is necessary as its diagnosis is essentially clinical. Treatment of urethral prolapse ranges from conservative therapy to various surgical techniques. **Case Description:** A six-year-old girl presented with vaginal bleeding associated with dysuria. There were no other urinary symptoms. Genital examination showed a hyperemic circular mass above the vaginal introitus covering the urinary meatus with a size of 0.5 cm diameter and length with no active bleeding. After confirming the diagnosis of UP, conservative treatment was decided using a daily application of estrogen cream. The examination after 2 months showed normal vaginal mucosa with no evidence of relapse. **Discussion:** UP is a rare condition occurring in prepubertal girls evidenced by a urethral mass and bleeding. Increased physician awareness and early recognition of UP avoids unnecessary examinations and treatment. Conservative management is an effective option. It aims to reduce mucosal oedema, improve local hygiene and counteracts the lack of estrogen by using estrogen cream. This treatment is also effective in reducing patients' and their parents' anxiety. Surgical management can be reserved for failed conservative management.

Osmotic demyelination syndrome in pregnancy: A case report

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ABSTRACT

Introduction: Osmotic demyelination syndrome (ODS) is a severe, uncommon complication that is thought to be caused by rapid correction or over-correction of hyponatremia, although the exact pathogenesis remains unknown. It usually presents with central pontine myelinolysis (CPM), in which the focus of demyelination is in the pontine region. The other form is extrapontine myelinolysis (EPM), in which demyelination occurs in the white matter of the cerebral hemispheres. Alcoholics, liver transplant recipients, hypokalemia, hypophosphatemia, diabetes mellitus, anorexia nervosa, hyperemesis gravidarum, and severe burns have been typically found in ODS patients. **Case Description:** A 23-year-old multipara, presented at 13 weeks gestation with vomiting, abdominal pain, fever, and cough for two weeks. Her serum electrolytes were grossly abnormal with severe hypokalaemia (K⁺ 1.6 mmol/L) and hyponatremia (Na⁺ 130). She received rapid correction of electrolytes. 24 hours later, she was found unresponsive and required intubation for airway protection. MRI brain high signal intensity at the pons on T2W/FLAIR with restriction diffusion. T2W/FLAIR high signal intensity at the bilateral external capsule, however, showed no restricted diffusion. These features were suggestive of osmotic demyelination syndrome with extrapontine myelinolysis. She miscarried spontaneously at 13 weeks 4 days of gestation. She stayed in ICU for 22 days. There was a slow but gradual neurological improvement in her motor and cognitive functions. She was subsequently transferred to a rehabilitation ward for further care. **Discussion:** Diagnosis of ODS should be considered in the differential diagnoses in pregnant women with acute neurological symptoms and a history of hyperemesis or hyponatremia.

End stage renal disease (ESRD) in pregnancy undergoing hybrid dialysis during the second trimester of pregnancy: A case report

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ABSTRACT

Introduction: Live birth rates are increasing over time in women on hemodialysis, whereas they remain lower and static on peritoneal dialysis. With the progress made in maternal, fetal care, and dialysis systems, the rate of successful pregnancies with delivery of surviving infants is 70%. **Case Report:** We describe the case of a 27-year-old, primigravida, a young hypertensive with ESRD secondary to crescentic IgA nephropathy. She had been on continuous ambulatory peritoneal dialysis (CAPD) since January 2023. She was found to be 18 weeks pregnant around three months after the initiation of CAPD. Her baseline urea and creatinine levels were 7.8 mmol/L and 603 mg/dl respectively. She decided to continue with the pregnancy after detailed counselling of the potential complications associated with ESRD. She had two admissions (at 19 and 25 weeks of gestation) for uncontrolled hypertension, which was successfully managed with a treatment combination of labetalol, nifedipine, and prazosin. After an MDT discussion, she was started on a hybrid dialysis regime (HD 2 days/week and CAPD 5 days/week), from 25 weeks of gestation. She received erythropoietin 80 mcg every 2 weeks and her haemoglobin levels ranged between 8 to 9 g/L throughout the second trimester. **Discussion:** Hemodialysis is the preferred dialysis modality in pregnancy. However, a successful pregnancy is possible in patients who received a combination of PD and HD. The choice of dialysis modality is based on availability, local expertise, anticipated dialysis efficiency, residual renal function, gestation, infection risk, and patient choice.

Successful live birth in a woman with premature ovarian insufficiency and male factor infertility: A case report and management strategies

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ABSTRACT

Introduction: Premature ovarian insufficiency (POI) is the loss of normal ovarian function before the age of 40 years, which affects approximately 1% of women. It is characterized by amenorrhea with hypogonadotropic and hypergonadotropic conditions, causing infertility. **Case Description:** A 36-year-old woman, was referred for secondary subfertility. Her first spontaneous pregnancy was 9 years ago. She has been having irregular menses for a year. There were raised follicular stimulating hormone and luteinizing hormone, 30.94 IU/L and 15.6 IU/L, respectively; low oestradiol level of 18.35 pmol/L. The anti-Mullerian hormone (AMH) was 0.336 pmol/L. Semen analysis was severe oligoasthenoteratozoospermia (OAT). Hormone replacement treatment (HRT) was initiated, followed by natural and mild stimulation IVF cycles. On the fifth IVF cycle, two oocytes were retrieved and fertilized. Cleavage-stage embryos were transferred. The pregnancy progressed well and she had induction of labour at 38 weeks gestation for gestational diabetes mellitus on metformin. She delivered a 2.7 kg baby girl. **Discussion:** POI is rare and the majority of cases were of unknown aetiology. Some causes include genetic predisposition, autoimmune and enzymatic disorders, infections, and iatrogenic. Reduced fecundity in POI is due to a premature decrease in the follicle number, an increase in follicle destruction, or poor follicular response to gonadotropins. Besides oocyte donation, the management strategies include HRT, ovulation induction, ovariectomy for ovarian tissue cryopreservation, followed by *in vitro* activation (IVA), and immediate ovarian stimulation and *in vitro* fertilization. Therefore, pregnancy is possible in some POI patients in which ovarian stimulation with hormone replacement should be considered.

A case of complex mullerian anomaly

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ABSTRACT

Introduction: Mullerian anomaly is a rare congenital condition resulting from malformation of the female genital tract. We present a case of a complex Mullerian anomaly managed in our center. **Case Description:** A 23-year-old, nulliparous, Rungus lady with no medical problem, came to us with a complaint of abnormal menses and primary infertility for two years. Pelvic ultrasound revealed a septate uterus with a broad fundus and bilateral polycystic ovaries. Both kidneys were normal. External genitalia were unremarkable with a normal vagina and a single cervix. MRI showed a complete septate uterus which extended from the fundus to the internal os. Diagnostic laparoscopy and hysteroscopy revealed an endocervical septum which was resected. However, there was no access to both uterine cavities. The uterus was broad at the fundus. Both fallopian tubes and ovaries were normal. Her hysterosalpingogram showed 2 uterine cavities of equal sizes with patent bilateral fallopian tubes. The patient was counselled for corrective surgery via a minimal approach technique, to improve her fertility chances and to allow a proper endometrial assessment. Laparoscopy-guided metroplasty using resectoscope was performed successfully and IUCD was inserted to ensure patency. **Discussion:** Due to the wide variety of possible Mullerian anomalies, there is no standardized one-for-all management. Diagnosis requires a multi-modalities approach. Surgical plans are challenging and usually tailored to an individual's condition based on the clinician's experience. This makes reporting such cases paramount for others' reference.

Metachronous uterine cancer following pelvic irradiation therapy for cervical cancer: A case report

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ABSTRACT

Introduction: A metachronous uterine cancer after radiation therapy for cervical cancer is rare. Metachronous uterine malignancy is more likely to be a non-endometrioid type and presented at advanced stage with a decreased overall survival. We report a case of uterine carcinosarcoma for a patient with a previous of cervical cancer which was treated with pelvic irradiation therapy. **Case Description:** A 56-year-old Malay Lady, Para 6 was diagnosed with squamous cell carcinoma of cervix FIGO Stage 1B2 in 2018. She received 25# EBRT + 3# Brachytherapy and completed the treatment in June 2018. She was disease-free for 4 years and subsequently presented with abdominal pain during her surveillance follow-up. She was found to have an abdominal mass which corresponded to 22 weeks size of uterus. Speculum examination showed no evidence of recurrence and the vault smear was normal. The transabdominal scan showed her uterus was enlarged with a solid cystic mass within it. CT scan showed enhancing mass at the cervix with a huge pyometra and multiple lung metastases. The first impression was recurrent cervical carcinoma with a differential diagnosis of possible secondary malignancy. She underwent exploratory laparotomy, total abdominal hysterectomy, and bilateral salpingo-oophorectomy. Intra-operative findings showed an enlarged uterus with pyometra and huge tumour bulk within the uterus. The histopathology confirmed carcinosarcoma of the uterus. **Discussion:** Radiation therapy-related metachronous uterine malignancy rarely occurs. The presentation would give rise to the suspicion of cervical cancer recurrence. Therefore, histopathological confirmation is essential to confirm the diagnosis of metachronous uterine malignancy and exclude the diagnosis of cervical cancer recurrence.

Infective subcutaneous endometrioma following caesarean section: A case report and review of the literature

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ABSTRACT

Introduction: Endometriosis is a common gynaecological condition and can occur after any surgery. In most cases pelvic sites such as ovaries, peritoneal, and bowel are involved. Due to the increasing number of caesarean sections worldwide, more cases of subcutaneous endometrioma following gynaecology or obstetric surgery are being reported with emphasis on the challenge in diagnosis and management. Cases of infective subcutaneous endometrioma are still rarely reported. **Case Description:** We report a pathology-confirmed case of infective subcutaneous endometrioma at an obstetric surgical site. A 34-year-old lady, Para 2 presented with a high-grade fever, classical symptoms of endometriosis, and a painful local mass, with cyclical pain that exacerbates during menstruation. Sonographic ultrasound, a standard imaging tool shows an appearance suggestive of endometrioma at the subcutaneous area. A standard surgical treatment of excision of the mass with antibiotic coverage, followed-by adjuvant GnRH analogue treatment post-operative has shown to be effective treatment. **Discussion:** We have included a discussion of pathogenesis, diagnosis, and treatment of this condition along with a compressive literature review in this report that hopefully will increase awareness of this often-misdiagnosed rare condition.

Acute abdomen due to twisted immature ovarian teratoma in a 7-year-old girl: A case report and literature review

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ABSTRACT

Introduction: Managing acute abdomen in young girls can be challenging. Although ovarian tumour in the pre-menarche group is rare, early detection is vital especially when torsion is suspected as it can affect fertility. Immature ovarian teratomas are uncommon, and represents only about 1% of ovarian teratomas. They are the third most common primitive germ cell tumour. Generally, they are congenital lesions and present mainly during the first two decades of life. **Case Description:** We report a case of 7-year-old girl presented to Emergency Department with acute abdominal pain, constipation, and vomiting. Abdominal examination revealed a palpable mass equivalent to 20 weeks uterus, firm to hard in consistency. The ultrasound showed a 10 x 8 cm well-defined lobulated pelvic mass with a majority solid area, suggestive of an ovarian tumour. We performed an emergency lower midline laparotomy. Intraoperatively, there was a large left ovarian tumour with torsion. Oophorectomy with omentectomy was performed. The tumour measured 10 x 8 x 4 cm with multilobulated glistening nodular surfaces. Histopathological examination confirmed immature teratoma Grade 1. She was subsequently referred to the gynaecology team at a tertiary centre. **Conclusion:** Ovarian tumour in the pre-menarche group is rare but need to be considered in a young patient with acute abdomen and obstructive symptoms. Early diagnosis and intervention will improve disease outcome, quality of life, and long-term survival of the patient.

Central nervous system tumour in pregnancy: A case report

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ABSTRACT

Introduction: Central nervous system (CNS) tumour in pregnancy is rare. We report two cases with different challenges. **Case Description:** Case 1: A 40-year-old at 8 weeks gestation with one-year hands and feet numbness was suspected to have cervical myelopathy. At 20 weeks, she had a right-sided weakness, bilateral upper limbs hypertonia, and hyperreflexia raising suspicion of demyelinating disease. Magnetic resonance imaging (MRI) was withheld due to an incompatible right knee implant. There was no progressive impairment until 35 weeks gestation when she had a left-sided weakness. She had caesarean section under general anaesthesia. MRI later revealed spine compressing mass from cervico-medullary junction to C3. Seven days postpartum, she had tumour debulking surgery with subsequent neurological improvement. Histopathologic examination (HPE) showed meningioma. Case 2: A 36-year-old lady with a four-month headache presented at 23 weeks gestation with vomiting, blurred vision, left-sided imbalance, and positive cerebellar signs. MRI revealed a left cerebellar tumour with hydrocephalus. For pregnancy prolongation, hydrocephalus was relieved with daily cerebrospinal fluid aspiration through Ommaya catheter. At 26 weeks, her symptoms worsened despite additional intravenous steroids. She had caesarean section and delivered a healthy 1.17 kg baby. Subsequently, a tumour excision was done and one month later she was asymptomatic with no residual tumour or hydrocephalus on MRI. HPE showed hemangioma. **Discussion:** Early recognition of a CNS tumour is as delayed diagnosis compounded with pregnancy-related rapid tumour growth increases morbidity. A timely intervention is imperative for optimal maternal and fetal outcomes.

Primary ovarian choriocarcinoma: A rare entity

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ABSTRACT

Introduction: Primary ovarian choriocarcinomas are extremely rare yet are aggressive malignancies. There are two types; 1) *gestational* which may arise from an ectopic ovarian pregnancy or present as a metastasis from uterine or tubal choriocarcinoma, or 2) *non-gestational* which is a rare germ cell tumour with trophoblastic differentiation. Herein, we present a case of primary ovarian choriocarcinoma of gestational origin. **Case Description:** A 34-year-old, Indian lady, G6P5, unsure of date, presented with an acute abdomen. Clinical assessment showed a guarded abdomen and enlarged right adnexal mass, with free fluid on pelvic sonography. A working diagnosis of leaking ectopic pregnancy was made and the patient was subjected to surgery. The intra-operative finding was suggestive of a right ovarian ectopic pregnancy with a sac containing the product of conception. We performed a wedge resection and reconstruction of the ovary. The histopathological report confirmed gestational choriocarcinoma. CT scan imaging showed no evidence of residual tumour, which was confirmed during the subsequent laparotomy and right oophorectomy. Serial serum β hCG demonstrated a rapid downward trend and reached a normal level within six weeks of the initial operation. **Discussion:** In view of the rarity of the disease, pre-operative diagnosis is not feasible due to the nonspecific clinical presentation. Information on the clinicopathologic features and serum β hCG level are essential not only for diagnostic purposes but also to monitor response to treatment during follow-up. Appropriate differentiation between the two forms is the key to determining the course of treatment and different types of chemotherapy regimens.

The silent enigma: Unveiling the monstrous ovarian mass

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ABSTRACT

Introduction: Ovarian tumour, benign or malignant, present a myriad of challenges. Among the diverse range of neoplasms, cases involving long-standing, massive tumours are exceedingly rare and warrant special attention. The human body occasionally presents astonishing and captivating phenomena. This is an exceptional case of a very longstanding, huge ovarian tumour with 15 years history. For years, she carried within her a burden too heavy to bear, a colossal tumour growing silently. **Case Description:** A 58-year-old, Para 2 post-menopausal with underlying diabetes mellitus and hypertension, presented with painless, enormous abdominal mass for the past fifteen years. The assessment showed the abdomen to be hugely distended and she was emaciated with signs of cachexia. In this report, a comprehensive diagnostic approach is employed to evaluate the tumour's origin, histopathology, and potential malignancy. Additionally, we describe the intricate surgical procedure undertaken to remove the tumour successfully, highlighting the challenges faced and its outcome. Histopathology confirmed a low-grade serous tumour. **Discussion:** This exceptional case of a long-standing, huge tumour serves as a reminder of the diverse presentations encountered in gynaecological oncology and underscores the significance of multidisciplinary collaboration and timely intervention.

Role of parental iron sucrose in pregnant women with non-transfusion-dependent thalassaemia and concurrent iron deficiency anaemia: A case series

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ABSTRACT

Introduction: Maternal iron deficiency anaemia (IDA), is defined as serum haemoglobin <110 g/L in the first trimester or <105 g/L in the second and third trimesters. IDA has been associated with adverse maternal and perinatal outcomes. Concurrent non-transfusion-dependent thalassaemia and maternal IDA are not uncommon in our population. Both oral and parenteral iron replacement therapies are available with variable efficacies, side effects, and tolerability to patients. We report five cases of pregnant women with non-transfusion-dependent thalassaemia with concurrent IDA from our centre, who received parenteral iron sucrose (Venofer) and their outcomes. **Case Description:** Their median age was 34 (9.5) years, a median haemoglobin (Hb) count of 81 (3) g/L and serum ferritin of 9 (12.5) µg/dL. Three of them were diagnosed with alpha-thalassaemia traits, one with beta-thalassaemia trait and another one with HbE trait. A median dosage of 880 (1.3) mg of Venofer was administered. None has experienced adverse events from the replacement therapy. Venofer treatment had successfully improved their Hb from baseline to at 96 (14.8) g/L after a two week period and before delivery at 102 (11.6) g/L (p<0.01). The serum Hb was maintained after delivery with 98 (4.8) g/L as compared to baseline (p<0.001). None of the patients had a postpartum haemorrhage. None required blood transfusions. All mothers and their neonates were discharged well. **Discussion:** Parenteral Venofer is safe and effective in treating pregnant women with non-transfusion-dependent thalassaemia with concurrent IDA. It increases the haemoglobin level rapidly and replenishes iron stores effectively. It is readily available in our centre and administered by trained healthcare professionals.

Complete hydatidiform molar pregnancy mimicking malignancy

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ABSTRACT

Introduction: Hydatidiform mole (HM) is part of a group of genetically abnormal conceptions known as gestational trophoblastic diseases (GTD). This report describes the case of a 54-year-old woman with complete hydatidiform mole (CHM) mimicking malignancy. **Case Description:** A 54-year-old woman presented with early pregnancy symptoms and a seven-day history of vaginal bleeding. The gynaecologic examination of vulva and vagina was normal, and the size of the uterus was appropriate for 18 weeks of gestation. Transabdominal pelvic ultrasound showed a bulky uterus with cystic and honeycomb appearance occupying the whole uterine cavity. Laboratory tests showed a sky-high serum B-HCG levels which required gynaecology consultation. CT TAP showed features of a highly vascular uterine mass suspicious of choriocarcinoma. TAHBSO and bilateral PLND were performed. Cross-section macroscopic examination revealed large edematous villi with multiple grape-like vesicles. Microscopic examination was compatible with features of a complete hydatidiform mole. Post-operative serum B-HCG followed a progressive reduction to the normal range. **Discussion:** HM can further be subdivided into two separate entities, complete hydatidiform mole (CHM) and partial hydatidiform mole (PHM). The most common presentation of CHM are vaginal bleeding, uterine enlargement, abdominal pain, nausea, and vomiting with elevated serum BHCG. Ultrasound findings may mimic malignant features of GTDs. Thus, choriocarcinoma should be included in the differential diagnosis. Treatment modalities that are available are – suction and curettage, chemotherapy, or hysterectomy. Owing to the high rate (56.3%) of malignant sequelae after evacuation of molar tissue in women age over 50 years, a primary hysterectomy is recommended, as in this case.

Xanthogranulomatous (pseudoxanthomatous) salpingitis masquerading malignancy

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ABSTRACT

Introduction: Xanthogranulomatous inflammation (XI) is a rare form of chronic inflammation that can affect various organs. XI of the female genital tract is uncommon. We report a case of xanthogranulomatous(pseudoxanthomatous) salpingitis (XGS) masquerading as malignancy. **Case Description:** A 50-year-old woman presented with abnormal vaginal discharge. Pelvic examination showed Pouch of Douglas (POD) fullness with mass without vaginal or cervical pathology, and per-rectal examination done with external compression. USG revealed a cystic-like complex mass of bilateral adnexae, with adenomyoma of the posterior uterus. CT TAP showed features of benign ovarian and tubal pathology, however, was unable to rule out malignancy in view of the high level of CA-125. Pre-operative cervical smear consistent with bacterial vaginosis infection. TAHBSO, omentectomy, and bilateral PLND? was performed. During the exploratory laparotomy, we observed foul-smelling, greenish pus and severe adhesion to the posterior uterine wall, lateral pelvic wall, and rectum. The final pathology showed xanthogranulomatous (pseudoxanthomatous) salpingitis. However, no organism was isolated from the pus culture. Our patient received a two-week course of antibiotic treatment and was discharged thereafter. **Discussion:** Xanthogranulomatous inflammation (XI) has been described in several organs, including those of the genital tract. Pelvic endometriosis, pelvic inflammatory disease (PID), chronic endometritis, and a history of intrauterine device (IUD) use have all been suggested among benign causes of this uncommon tubal pathology. Xanthogranulomatous salpingitis (XGS) can further differentiate into pseudoxanthomatous salpingitis or granulomatous salpingitis. Pseudoxanthoma portrays acute and chronic inflammatory infiltrates with brown cytoplasmic lipofuscin pigment, as in this case. Meanwhile, in granulomatous salpingitis, a well-developed granulomas should be seen histopathologically.

From snow storm to thyroid storm: A challenge in management

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ABSTRACT

Introduction: Gestational trophoblastic disease causes exaggerated elevation of beta-human chorionic gonadotropin level. In molar pregnancy, it can lead to thyrotoxicosis. It is difficult to differentiate thyroid storm from primary hyperthyroidism as no specific laboratory parameter is available. Early diagnosis is important and immediate initiation of anti-thyroid medications, intensive care monitoring, and prevention of multi-organ failure is paramount. Medical management of thyroid storm prior to surgical intervention is crucial to prevent adverse maternal outcomes. Here, we report a rare case of thyroid storm induced by molar pregnancy. **Case Description:** A 28-year-old Myanmarese in her fourth pregnancy was diagnosed with molar pregnancy. Due to financial constraints, she presented 3 months later with hyperthyroid symptoms associated with fever and vaginal bleeding with 20 weeks' size uterus that demonstrated a snowstorm appearance on the transabdominal scan. Beta-human chorionic gonadotropin hormone (β hCG) was 1.25 million IU/ml, TSH was <0.01 IU/mL, and thyroxine level was 51.8 pmol/L. Burch-Wartofsky point scale was 55. Propranolol, Dexamethasone, Propylthiouracil, and Lugol's iodine were started immediately to control her thyroid function. Repeat thyroid function test after 2 weeks showed significant improvement. Following the surgical evacuation, she had plateauing of BhCG level and was diagnosed with an invasive mole. She made a good recovery after a total of 8 cycles of Methotrexate, Etoposide, and Actinomycin-D. **Conclusion:** Gestational trophoblastic neoplasia is not only associated with hyperthyroidism but can induce thyroid storms. A high index of suspicion and prompt recognition is important to prevent catastrophic events from thyroid storms.

Caesarean scar pregnancy – the dilemma in management

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ABSTRACT

Introduction: Caesarean scar pregnancy has an incidence of 1 in 1,800-2,500 pregnancies. Its increasing rate is a reflection of the rising cases of caesarean delivery and better ultrasound diagnosis. However, there is no one size fits all in management or follow-up. Various management protocols have been reported with varied outcomes. **Case Description:** Hospital Sultan Abdul Halim recorded 5 cases of caesarean scar pregnancy from November 2022 till date, with different treatment approaches and outcomes for each pregnancy. Four cases were detected during the first trimester and one during the second trimester. The latter was then managed conservatively till the third trimester as the patient insist on keeping her pregnancy. In the other four cases, either intracardiac potassium chloride (KCL) or intravenous Methotrexate was given, except for one case, whereby the initial diagnosis warranted a surgical biopsy which confirmed a caesarean scar pregnancy. The patients were then followed-up with serial serum beta human chorionic gonadotrophin (BHCG) level and the remaining 3 patients were subjected to surgical intervention subsequently. Postoperatively, BHCG monitoring was continued. The diagnosis of these patients was confirmed through histopathological examination. **Discussion:** Caesarean scar pregnancy carries a high risk of morbidity and mortality. Thus, a definite diagnosis should be established early for the best outcome in the management of the patient. Diagnosis and management of caesarean scar pregnancy needs skilled expertise and a multimodality approach to reduce complications. The difference in approach of medical and surgical or combination management must be considered, taking into view the age, parity, and fertility concerns to achieve the best outcome for the patients.

“Scar pregnancy – big dilemma” Hospital Sultan Abdul Halim experience

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ABSTRACT

Introduction: The incidence of caesarean scar pregnancy is rising due to the increasing rate of caesarean deliveries and better ultrasound diagnosis. However, there are various management protocols with variable outcomes reported. The treatment approach will depend on age, parity, and fertility concern to achieve the best outcomes for the patients. **Case Description:** A 31-year-old, G5P2+2 at 9 weeks with a history of caesarean section for fetal growth restriction and maternal obesity. She was asymptomatic and referred for confirmation of pregnancy and viability. Scan findings revealed a gestational sac implanted close to the scar with thinning of the myometrium and the presence of placenta lacuna with increased Doppler uptake. There was a viable Viable singleton fetus corresponding to 8 weeks gestation. She was diagnosed to have a scar pregnancy requiring termination of pregnancy with intracardiac potassium chloride (KCL). She received a one week course of intravenous Methotrexate (MTX). Serial beta-human chorionic gonadotropin (B-HCG) monitoring showed significant reduction initially, however plateauing after week 4. She underwent uterine evacuation under laparoscopic guidance. Bilateral ascending and descending uterine arteries were ligated prior to uterine evacuation. She required blood transfusion intra-operatively. She was discharged well on day 2 post-procedure. **Discussion:** Caesarean scar pregnancy carries a high risk of morbidity and mortality. Thus, a definite diagnosis should be established early and managed at a tertiary centre for the best patient outcome. Upholding a patient’s wish for uterine preservation is challenging for the surgeon who is dealing with complicated surgery.

Giant serous adenofibroma of fallopian tube: A case report

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ABSTRACT

Introduction: Serous adenofibroma of the fallopian tube is rare. It is a benign tumour with few reported cases worldwide. Most are asymptomatic, small in size, and would be an incidental finding during surgery for other gynaecological indications. **Case Description:** A 19-year-old girl presented with abdominal distension for the past 3 years which gradually increased in size but with a normal menstrual cycle. Clinical examination revealed a mobile, non-tender mass equivalent to 24 weeks gestational size uterus. A pelvic ultrasound scan revealed a cystic, anechoic, unilocular, and thin-walled mass arising from the pelvis and reaching up to the xiphisternum measuring 20 x 10 cm with no sinister features. Tumour markers were within the normal range. She underwent laparotomy and decompression of the cystic mass which drained 2.3 litre of straw-coloured fluid. Right salpingectomy was performed in view of the difficulty to identify the normal fallopian tube structure. The liquid cytology was compatible with a benign cyst. The histopathology of the specimen was reported as serous adenofibroma of the fallopian tube. **Discussion:** In view of the large size of the tumour, it will be a challenge to diagnose a tubal pathology pre-operatively as it mimics other gynaecological pathology, most commonly that of ovarian origin. The diagnosis will be distinguished during the surgical intervention and requires histopathology confirmation.

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Angular pregnancies: Different clinical courses and management

Angular pregnancies: Different clinical courses and management

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ABSTRACT

Introduction: Angular pregnancy is a rare type of pregnancy with associated life-threatening complications. However, it is largely under reported and under diagnosed. We hereby report four cases of angular pregnancies, managed in our centre since 2019. We aim to share our clinical experience of the diagnosis and management of the condition. **Case Description:** All four cases presented in the first trimester with symptoms of vaginal bleeding and lower abdominal pain. Case A: initial B-HCG level was 19,752 IU/L, diagnosed with 3-dimensional transvaginal ultrasound (3D TVS) and pregnancy was spontaneously aborted. Case B: initial B-HCG levels were also suspiciously high at 22,710 IU/L. Pregnancy was terminated with a single dose of intramuscular Methotrexate after pregnancy monitoring by 3D TVS deemed to be at high risk of rupture. MRI Pelvis reported a similar finding. Case C: The diagnosis was confirmed by 3D TVS and the gestational sac remained the same despite a significant reduction in serial B-HCG. Thus, ultrasound-guided suction and curettage was done. Case D did not benefit from 3D TVS and no B-HCG was sent. The actual diagnosis was missed until 36+4 weeks. She delivered via emergency caesarean section, allowing spontaneous resolution of the angular region to be observed following fetal delivery. None of the cases were complicated by any uterine rupture or major bleeding episode. **Discussion:** A high index of suspicion and the usage of appropriate diagnostic tools are important to reach an accurate diagnosis. Individualized management options should be discussed either for conservative or termination of pregnancy.

Disseminated Non-Hodgkin, diffuse large cell B-cell lymphoma involving the clitoris, breasts and colon: A case report

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ABSTRACT

Introduction: Non-Hodgkin lymphoma (NHL) involving the female genital tract is rare, accounting for only 1.5% of all NHLs. The prevalence is the highest in the ovary which is about 49%, uterus (29%), fallopian tube (11%), followed by the vulva (4%)¹. Among these, diffuse large cell B-cell lymphoma (DLBCL) is reported as the commonest NHL identified in the female genital tract. We report a rare case of vulvar Non-Hodgkin Lymphoma with disseminated organ involvement, Ann Arbor Stage IV. **Case Description:** A 65-year-old, para 3+2 post-menopausal lady presented to our clinic with clitoral enlargement, bilateral breast masses, and a change in bowel habits. Clinical examination revealed huge clitoromegaly measuring 5 x 3 cm, bilateral firm breast masses 10 x 8 cm, and rectal mass measuring 5 x 4 cm. Patient previously had a course of antibiotics for a clitoral abscess, which did not resolve. We performed a wide local excision of the clitoris, colonoscopy, and tissue biopsy of the clitoris, rectal, and breast mass. The histopathological examination of all the biopsies was reported as Diffuse Large Cell B-Cell Non-Hodgkin Lymphoma. The patient was subsequently referred to the Haematology unit and was immediately started on chemotherapy. **Discussion:** We found 18 case reports on NHL of the vulva from 1984 to date. Most of the cases are of the DLBCL type, which is the commonest among NHL of the female genital tract. Chemotherapy with the R-CHOP regime remains the mainstay of treatment, whilst radiotherapy or surgery is reserved for more complex or advanced cases.

Obstructed hemivagina with ipsilateral renal abnormality (OHVIRA) in a district hospital in Malaysia: A case report

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ABSTRACT

Objective: To present a case of Herlyn-Werner-Wunderlich syndrome or Obstructed Hemivagina with Ipsilateral Renal Agenesis (OHVIRA), which is a rare Mullerian duct abnormality. The true incidence of this syndrome was previously described as around 0.1-3.8%. Common presentation is abdominal pain, or abdominal mass with presenting age around the onset of puberty. This case report looks at the current practice of management of OHVIRA in Malaysia and the possibility of minimally invasive vaginoplasty in the future management of OHVIRA. **Case Description:** A 14-year-old girl with no known medical illness presented to the hospital with suprapubic pain of one-week duration. Her menstrual cycle was normal. Abdominal and perineal examination revealed a palpable mass at 14 weeks gestational size uterus and bulging at the left vaginal wall. MRI scan showed s uterine didelphys, hematocolpos, and hematometra with absence of the left kidney. Hence, a diagnosis of OHVIRA was made. Subsequently, an examination under anaesthesia and resection of the vaginal septum with drainage of hematocolpos was done under the open method. The patient was well post-operatively and no recurrence of hematometra and hematocolpos was seen during follow-up. **Discussion:** The current practice of management of OHVIRA in Malaysia is mainly via resection of the vagina septum with drainage of hematocolpos and hematometra under the open method. Multiple case reports in other countries had shown the practice of vaginoplasty under vaginoscope and resectoscope as the management of OHVIRA patients. Therefore, this may be applied in the future especially in young, unmarried women where virginity-sparing is a main concern.

Complex diagnosis of pancytopenia in pregnancy: A challenge in diagnosis and management

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ABSTRACT

Introduction: Pancytopenia in pregnancy is a very rare event and often haematological malignancy needs to be excluded with thorough and extensive investigations. Hemophagocytosis lymphistiocytosis (HLH) is a rare, cancer-like disorder in which both histiocytes and lymphocytes proliferate and damage body tissues or organs. It can be inherited or acquired due to immune suppression or infection. **Case Description:** We report a challenging case of pancytopenia in pregnancy whereby a primigravida presented at 30 week's gestation with persistent high-grade fever and full blood count showing pancytopenia features. All her cultures did not show any infection and her temperature was not settling despite multiple antibiotics. Her bone marrow aspiration confirmed the diagnosis of HLH. Her delivery was planned in a tertiary hospital with haematology specialist input and subsequent management was continued. **Discussion:** Pancytopenia in pregnancy is a challenging clinical situation to handle which is associated with high maternal and fetal morbidity and mortality. Hence, multidiscipline inputs are crucial to ensure good outcome in this mother.

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Fetus in fetu in monochorionic twins: A mass in the body – a rare entity

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ABSTRACT

Introduction: Fetus in fetu (FIF) is a rare malformation (less than 1 in 1 million birth) in which a parasitic twin within the body of its twin, often detected as abdominal mass in infancy. FIF locate in various site of the body, but commonly in retroperitoneum. **Case Description:** Here we describe two unique cases of FIF that were attached to the body of the normally formed twin. Prenatal ultrasound noted mass protruding from oropharyngeal (case 1) and anterior abdominal wall (case 2), with absence of fetal heart of the parasitic twin. Both cases delivered prematurely at 31-35 weeks. Postnatal examination noted partially formed macerated fetus attached to the normal twin. Unfortunately, both babies died after birth due to severe dysmorphic features and prematurity. **Discussion:** FIF is a rare diagnosis and prenatal ultrasound may identify rudimentary organs from early pregnancy. Detection of fetal heart beat facilitates differential diagnosis with teratomas or other mass, providing essential information for parental consulting and management.

Intra-placental choriocarcinoma: A rare malignancy following an intrauterine death

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ABSTRACT

Introduction: Choriocarcinoma is a malignant hCG-producing tumour which originates from trophoblastic tissue. It arises following a hydatiform mole, and the incidence after a normal pregnancy is extremely rare. **Case Description:** A 26-year-old lady presented with a six-week history of persistent vaginal bleeding following a caesarean section, for an intrauterine death at 30 weeks of gestation. We proceeded with the evacuation of uterus and HPE showed atypical trophoblastic proliferation with serum hCG > 200,000 IU. She was given single-agent chemotherapy but was not responding well. She had multiple admissions for persistent heavy vaginal bleeding which required a blood transfusion. Ultrasound of pelvis at eight weeks post evacuation showed an intra-uterine mass measuring 6 x 8 cm, mixed echogenicity with high color doppler uptake. She underwent evacuation of uterus, and HPE confirmed choriocarcinoma. Unfortunately, she delayed her chemotherapy and was admitted with hypovolemic shock. She was noted to have high free T4 (52.9) and very low TSH (<0.008), hence carbimazole 20 mg daily and propranolol 40 mg bd was started. She was given a second cycle of chemo EMA but developed community-acquired pneumonia requiring systemic antibiotics. We finally decided to perform a hysterectomy in view of chemo-resistance and the requirement for multiple blood transfusions. **Discussion:** Choriocarcinoma following normal pregnancy is very rare. The initial diagnosis could be difficult, but we should consider persistent trophoblastic disease or choriocarcinoma in women who present with persistent vaginal bleeding with high b-HCG postpartum. High-risk women would require multi-agent chemotherapy and with prompt diagnosis and management, the prognosis is good.

OHVIRA (Obstructed Hemivagina and Ipsilateral Renal Agenesis) syndrome – a rare anomaly: A case report

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ABSTRACT

Introduction: OHVIRA (Obstructed Hemivagina and Ipsilateral Renal Agenesis) syndrome is a rare Mullerian Ducts Anomalies (MDA), characterised by the triad of uterine didelphys, obstructed hemivagina and ipsilateral renal agenesis. Its incidence is about 2-3% of all MDAs. **Case Description:** A 16-year-old girl presented with lower abdominal pain and acute urinary retention. An indwelling catheter was inserted and she was subsequently referred for an incidental finding of ovarian cyst on ultrasound. Abdominal examination revealed a vague mass equivalent to 14 weeks gestational size uterus. Trans Abdominal Scan (TBS) showed a unilocular cystic lesion measuring 7 x 8 cm with no solid areas. She attained menarche at 13 years old, with normal flow and cycle, with mild dysmenorrhea. She underwent laparoscopy and planned for cystectomy of a suspected ovarian cyst. Intra-operatively, we noted: 1) uterine didelphys, 2) swollen left fallopian tube with bluish discoloration, 3) bulging lower part of the uterus, and 4) normal right ovary and fallopian tube. The per-rectal examination noted a bulging mass anteriorly on the left side, likely hematocolpos. Vaginal Examination was deferred due to her virgo intacta status. Post-op KUB scan noted the absence of left kidney. **Discussion:** Haematometra is not typically associated with acute urinary retention and pelvic mass in the presence of normal menses. The diagnosis of OHVIRA requires a high index of suspicion and knowledge as the condition has a wide range of clinical presentations. Ultrasonography will be helpful in making the diagnosis but MRI is the gold standard. All women with MDAs should be routinely screened for co-existing renal abnormalities.

A case of maternal mortality – meningioma in pregnancy

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ABSTRACT

Introduction: Meningioma is an intracranial benign tumour that is very rare in pregnancy but frequently associated with a life-threatening condition compared to the non-pregnant population. The diagnosis and strategic management can be challenging during pregnancy. We report a case of meningioma in pregnancy. **Case Description:** A 31-year-old, G3P2 woman presented with a severe recurring headache and vomiting in early pregnancy. An imaging study revealed a left temporal meningioma. Craniotomy was offered. However, she opted to defer surgical intervention till postpartum despite knowing its poor prognosis if left unresected. She developed progressive visual disturbance as the pregnancy advanced. Emergency caesarean delivery was done for worsening maternal symptoms. A repeated imaging study showed a huge mass at the left parietal and temporal lobes with compressive effect leading to midline shift and cerebral oedema. She had an acutely altered mental status 2 weeks postpartum and succumbed to her disease. **Discussion:** Symptoms of meningioma may overlap with common obstetric conditions like hyperemesis gravidarum and pre-eclampsia which steer away obstetricians from diagnosing intracranial tumours. Meningioma exhibits accelerated growth in pregnancy probably due to its presence of hormone-mediated-receptors. Deterioration of neurological deficits in this patient with known space-occupying lesion warrants surgical intervention. The multi-disciplinary team, shared care management may improve the counselling session to achieve a better understanding of the illness for the couple. Multiple sessions of counselling and interview are indicated for women who refuse early intervention. In the case of stable meningioma, there is a role of vigilant monitoring throughout antenatal care.

Spontaneous uterine rupture following unilateral salpingectomy: A case report

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ABSTRACT

Introduction: Uterine rupture is a rare obstetrical complication associated with a high incidence of maternal and perinatal morbidity and mortality. Salpingectomy, although rare, has been identified as a risk factor. **Case Description:** A 33-year-old primigravida at 33 weeks of gestation was admitted for preterm labour. She had previous: 1) laparoscopic right ovarian cystectomy in 2017, 2) transvaginal myomectomy in 2021, and 3) laparoscopic right salpingectomy (with no breach in the uterine cavity) for right hydrosalpinx in 2022. She was hemodynamically stable, examination, ultrasound and cardiotocography were normal. She developed a sudden onset of right-sided abdominal pain and vomiting six hours after admission. Relevant symptomatic treatment did not relieve the symptoms. Furthermore, she became tachycardic with sonographic evidence of intrauterine death, hemoperitoneum, and a two gram drop in haemoglobin levels. An emergency laparotomy was performed which confirmed uterine rupture. She was discharged well, seven days postoperatively. **Discussion:** Extra vigilance should be taken in patients with a previous history of salpingectomy due to the risk of uterine rupture. Timely diagnosis is key for good maternal and perinatal outcomes.

Pregnancy outcome post pneumonectomy in bronchiectasis: A case report

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ABSTRACT

Introduction: Bronchiectasis, a chronic condition characterized by permanent dilation of bronchi, is rarely encountered during pregnancy. Bronchiectasis when complicated by recurrent infection can lead to pneumonectomy. The absence of one lung coupled with the increased physiological demand of gestation and parturition can pose a significant risk. **Case Description:** This case report presents the management of a 32-year-old primigravida with bronchiectasis and a single lung, highlighting the successful multidisciplinary approach involving obstetrician, maternal fetal medicine specialist, pulmonologist, cardiologist, and intensivist. Ultimately, the patient underwent an assisted vaginal delivery and experienced a favourable recovery with no postpartum complications. **Discussion:** Pregnancy in patients with bronchiectasis and a history of pneumonectomy necessitates careful management and a multidisciplinary approach. This case report demonstrates the successful outcome of a pregnant patient with bronchiectasis and a single lung, emphasizing the significance of multidisciplinary approach to ensure optimal maternal and fetal well-being.

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Ultrasound-guided percutaneous microwave ablation of uterine fibroid – The way forward: A case report

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ABSTRACT

Introduction: Uterine fibroids are one of the common benign pelvic solid tumours which may cause heavy menstruation, dysmenorrhoea, and infertility. Common management options include hormonal treatment and surgery such as myomectomy and hysterectomy. Microwave ablation on the other hand is a minimally invasive procedure that has lesser complications and is used for other solid tumours besides the uterus such as the liver. **Case Description:** A 32-year-old lady, Para 1 was diagnosed as having uterine fibroid during pregnancy in 2022 measuring 7 cm. Post-delivery, the fibroid was increasing in size and the patient was symptomatic with heavy menstrual bleeding. CT abdomen and pelvis showed a fibroid measuring 10.6 x 10.3 cm. She was not keen on GnRH treatment or surgery as she was still breastfeeding and opted for a lesser invasive procedure. Laparoscopic microwave ablation was offered to her. The instruments and technology were provided by a certified manufacturer. The fibroid was ablated at 4 different areas for a total of 35 minutes. The patient was discharged home well the next day. Upon assessment 2 weeks post-procedure, the patient claimed abdominal distension was reducing and a scan showed a smaller fibroid size measuring 9 x 7 cm. **Discussion:** There was significant shrinkage of the fibroid observed over 3 to 6 months and up to 12 months postoperatively. Microwave ablation has a low rate of complications and bleeding can successfully be prevented by the use of the track ablation techniques. Although the superiority of MWA could not be established, it is a promising technique for treating uterine fibroids.

Urethral diverticulum with stone: An uncommon vaginal mass

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ABSTRACT

Introduction: Urethral diverticulum(UD)in females is a rare condition that may mimic vaginal wall cyst. Here, we presented a case of urethral diverticulum with a stone which was thought to be fibroma and underwent surgical intervention. **Case Description:** A 66-year-old, para 9+1 was referred to our clinic for persistent uterovaginal prolapse despite ring pessary. The patient reported the presence of a vaginal mass of five-year duration, that was associated with incomplete voiding. A sub-urethral mass measuring 2 x 3 cm, firm and non-tender was visualised, with an initial diagnosis of anterior vaginal wall fibroma. Examination under anaesthesia and cystoscopy confirmed a urethral diverticulum with a stone, which was excised. The urethral defect was closed and Martius flap was interposed between the repair and vaginal skin. The labial majora was closed with absorbable sutures, the dead space obliterated and radivac drain was inserted. The patient was discharged on continuous bladder drainage for 3 weeks and was planned for a micturating cystogram later. **Discussion:** UD with a stone is uncommon. Commonly it will be presented as a hard vaginal mass. The management depends on whether it is symptomatic but usually patients will undergo surgical excision rather than conservative treatment. In most patients with small defects, the most effective approach was found to be complete excisional diverticulectomy with multilayer watertight closure. For patients with larger defects, compromised tissue quality, or inadequate blood supply, the Martius flap procedure is a dependable option with a minimal rate of complications.

Dealing with surgical challenges during vaginal hysterectomy with uterine fibroid

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ABSTRACT

Introduction: Vaginal hysterectomy is considered as one of the minimally invasive forms of hysterectomies, with superior results and a low complication rate. The benefits of vaginal hysterectomy include reduced pain and quicker recovery. This procedure is typically performed for non-cancerous hysterectomies, particularly for a prolapsed uterus. The choice of the vaginal route for hysterectomy has frequently been influenced by the size of the uterus. Here we present a case of vaginal hysterectomy with a huge posterior uterine fibroid. **Case Description:** A 79-year-old lady presented with a one-year history of mass per vagina associated with incomplete voiding. Clinically, the uterus was 16 weeks in size and mobile. These were grade 2 anterior and uterovaginal and posterior vaginal wall prolapses. Ultrasound pelvis revealed a posterior intramural myoma, 8 cm in size. She underwent a vaginal hysterectomy and pelvic floor repair. Intraoperatively, a huge degenerative posterior intramural fibroid was found to be located on the left posterior wall near the fundus more on the left side. Myomectomy was performed in a piecemeal manner to aid the vaginal hysterectomy. Subsequently, the fibroid cavity was closed and the hysterectomy was carried out in the usual manner. No intraoperative complication was encountered. **Discussion:** Vaginal hysterectomy is a viable option to remove a large uterus with uterine fibroid. The challenges associated with the size can be overcome through experience and the application of different techniques such as uterine morcellation, bisection, and myomectomy. Considering all the advantages of vaginal hysterectomy, it is recommended as the preferred approach whenever feasible.

Rectus sheath hematoma post-caesarean section in patient receiving anticoagulant: A case report

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ABSTRACT

Introduction: Rectus sheath hematoma (RSH) is a potentially life-threatening bleeding complication caused by the rupture of epigastric arteries or the rectus muscle itself within the rectus sheath. It is a relatively rare clinical condition with less than 2% of patients presenting with acute abdomen. Imaging can help to diagnose the condition, differentiating an RSH and other intrabdominal pathologies. **Case Description:** We present a case of a 27-year-old primigravida diagnosed to have right lower limb deep vein thrombosis at 35 weeks of gestation and started on subcutaneous enoxaparin. She delivered at 36 weeks via emergency lower segment caesarean section due to fetal distress in the second stage. She was resumed back on subcutaneous enoxaparin and later bridging with warfarin on day 3 post-op. Unfortunately, she was admitted again to the hospital on the day of warfarin commencement with severe lower abdominal pain and distension. Ultrasound abdomen showed an extensive heterogeneous mass 24 x 4 x 4 cm anterior to the uterus suggestive of a rectus sheath hematoma. The patient underwent exploratory laparotomy in view of persistent intolerable pain, increasing abdominal distension with persistent tachycardia. Intra-operatively blood clots of 1.4 L were evacuated and the patient was transfused. **Discussion:** Physicians must be aware of the potential risk of RSH induced by enoxaparin and furthermore early bridging with warfarin in post-operative patients. Starting and bridging of anticoagulants must be discussed among managing teams as each discipline follows different guidelines. Early diagnosis and management of RSH is the key, especially in a clinically worsening patient.

Pregnancy after High Intensity Focussed Ultrasound (HIFU) in patients who had previously failed IVF: A case series

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ABSTRACT

Introduction: Adenomyosis is associated with infertility but how adenomyosis causes infertility is not fully understood. HIFU has been used to treat adenomyosis, and pregnancies after HIFU have been reported. This is the first case series showing frozen embryo transfer (FET) pregnancies after HIFU in patients who had previously failed IVF. **Case Descriptions:** Five adenomyosis patients who had failed IVF, underwent HIFU. All received Gonadotrophin releasing hormone (GnRH) analogue depot injection immediately after the HIFU. 3 months later another MRI, 3-D ultrasound, and CA 125 were performed. Frozen embryo transfer was then done and all conceived. 1 patient has already delivered and the other 4 pregnancies are ongoing. **Discussion:** Adenomyosis patients planning for IVF should have their embryos frozen. Then, HIFU should be done followed by GnRH analogue injection. When the CA 125 done is normal, they should have their embryo transfer.

Cranio-cervical junction intramural extramedullary meningotheial meningioma in pregnancy: A case report

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ABSTRACT

Introduction: Meningotheial meningioma is a primary intracranial tumour that is rare in pregnancy. **Case Description:** A 26-year-old primigravida at 9 weeks of gestation presented with worsening headache which started two months prior to her pregnancy. She reported right-sided weakness and a significant weight loss. MRI showed a well-defined intramural extramedullary lesion, compressing the spinal cord posteriorly causing cord oedema. The multidisciplinary team decided to perform a transoral tumour debulking surgery. Intra-operatively, a greyish, vascularised, and firm mass measuring 3 x 3 cm was excised. The histological examination confirmed the diagnosis of meningotheial meningioma. Post-operatively, the patient made significant motor function recovery. The patient was discharged with prophylactic Low Molecular Weight Heparin (LMWH) and is currently under antenatal follow-up. **Discussion:** Meningioma in pregnancy is estimated to be 5 to 6 cases in 100,000 pregnancies. Progesterone-induced mechanism has been postulated as there is a disease progression during pregnancy and regression of tumour size with symptoms improvement during postpartum. Clinical presentation of headache, vomiting, or seizures can be mistaken with hyperemesis gravidarum or eclampsia. The presence of neurological deficits raises the possibility of intracranial lesions and should prompt further investigation. The decision on surgery should be based on the severity of maternal neurological condition. Prophylactic LMWH should be offered due to the prothrombotic effect of meningioma. Elective caesarean section is preferred as it reduces the risk of raised intracranial pressure during the delivery. The management of meningioma in pregnancy should be tailored to the patient's condition, through a multidisciplinary team approach and regular evaluation of maternal neurological status.

Unveiling the unforeseen: Huge liver cyst masquerading as ovarian cyst in pregnancy

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ABSTRACT

Introduction: The diagnosis and management of ovarian cysts in pregnancy can be challenging, especially in the presence of other obstetric complications. We highlight a rare scenario where a huge liver cyst mimicked an ovarian cyst, with a significant impact on the patient's management. **Case Description:** A 37-year-old, primigravida at 37 weeks gestation with overt diabetes mellitus was admitted for induction of labor. The patient reported symptoms of abdominal distension and difficulty breathing for the past month. Physical examination revealed abdominal fullness over the right hypochondriac region. Abdominal ultrasound revealed a large right ovarian mass extending up to the right hypochondriac region with normal kidneys. The estimated fetal weight was 3 kg, and the amniotic fluid index measured 17 cm. An emergency caesarean section was performed due to failed induction. The baby was born vigorous, weighing 3.1 kg. The caesarean section was uneventful. A massive liver mass measuring approximately 20 x 20 cm was unexpectedly discovered. The surgical team was consulted, and liver deroofting was performed, draining approximately 6 liters of serous fluid. The patient had a smooth post-operative recovery and was discharged on the fourth day after the surgery. **Conclusion:** This case highlights the significance of considering alternative diagnoses in pregnant patients with huge adnexal masses, especially when clinical presentation and imaging findings deviate from the expected. Misdiagnosis of liver cysts as ovarian cysts, although rare, can have substantial implications for patient management. Early recognition and appropriate surgical intervention can lead to favorable outcomes for both the mother and the fetus.

When bowel motility goes awry: The mysterious condition of Ogilvie syndrome

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ABSTRACT

Introduction: Ogilvie's syndrome is a condition characterized by massive colonic distension in the absence of mechanical obstruction. It is a rare but serious post-operative condition that often went unrecognized by clinicians. We wish to highlight the many similarities of this syndrome to the commonly diagnosed post-operative paralytic ileus which may mislead clinicians and hinder correct diagnosis. **Case Description:** A clinically well lady underwent elective repeat caesarean section, complicated by intra-abdominal bleeding requiring re-laparotomy. She had extensive abdominal distension afterward. Ileus was initially suspected. However, she was able to pass flatus with an active bowel sound and a minimal amount of stool. There were no features to suggest peritonism. Blood investigations showed deranged electrolytes. CECT abdomen showed dilated small and large bowels. The surgical team was involved as soon as Ogilvie's syndrome was recognized. She was managed conservatively by keeping nil-by-mouth with nasogastric tube insertion left on free drainage for bowel decompression, rehydration, and correction of electrolytes. She was also given broad-spectrum intravenous antibiotics to cover for infection and erythromycin as prokinetics. Symptoms improved with conservative therapy. **Discussion:** Timely recognition is of utmost importance in the initial assessment of patients with Ogilvie's syndrome is to prevent further complications of caecal perforation, and conservative management is possible with early detection. Hence, it is important to maintain a high index of suspicion in the post-pelvic surgery patient presenting with progressive abdominal distension, despite the presence of falsely reassuring bowel sounds and passage of flatus.

A review on management of cervical stump prolapse.

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ABSTRACT

Introduction: Supracervical hysterectomy has the advantage of preserving vaginal apical support by maintaining the normal anatomy, though it does not prevent subsequent pelvic organ prolapse (POP). Cervical stump prolapse is a known complication of a subtotal hysterectomy with an incidence of 31.4%. We present a case of trachelectomy with pelvic floor repair (PFR) for a symptomatic Stage III cervical prolapse, after an abdominal supracervical hysterectomy. **Case Description:** A 68-year-old post-menopausal Para 4, presented with progressive symptoms of POP, after an abdominal supracervical hysterectomy 20 years ago. Clinically, there was a Stage III POP with the cervix at 2 cm below the hymenal ring with Ba and Bp at +1 and 0, respectively. Conservative management with a ring pessary failed and she opted for a trachelectomy with PFR. A circumferential incision was made at the inferior aspect of the cervical stump's apex to minimize the risk of bladder and bowel injury. Bowel adhesions to the cervical stump were identified by palpation between the stump and peritoneum. Ureteric injury during the cardinal ligament clamping was avoided by identification of the ureters at 3 and 9 o'clock positions and deflecting the bladder well. Blood loss was minimal, and the patient recovered well post-operatively. **Discussion:** Cervical stump prolapse may be managed conservatively with lifestyle modifications and a ring pessary, or surgically with sacrocervicopexy, trachelectomy and colpocleisis. A vaginal trachelectomy has risks of bladder, bowel, and ureteric injury. With meticulous preparation and surgery, trachelectomy following supracervical hysterectomy is a safe and effective procedure for cervical stump prolapse.

Double trouble combo – aggressive cervical angiomyxoma with leiomyoma: A rare entity

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ABSTRACT

Introduction: Aggressive angiomyxoma is a locally invasive neoplasm that commonly affects the perineum of a reproductive age female. It is a rare condition, with only 350 cases documented in literature worldwide. The diagnosis is clinched on histopathology assessment. Although typically benign, the recurrence rate is high. We report a case of aggressive cervical angiomyxoma. **Case Description:** A 48-year-old nulliparous presented with a two-week history of a rapidly enlarged mass per vagina associated with abnormal bleeding and sexual dysfunction. Physical examination revealed a well-circumscribed mass occupying the vagina measuring 8 x 8 cm with a stalk attached to the endocervix while ultrasound assessment showed an enlarged uterus with a subserosal fibroid at the fundus measuring 5 x 6 cm. She underwent an abdominal hysterectomy and bilateral salpingo-oophorectomy, which subsequently resolved her symptoms. Histopathological examination revealed poorly circumscribed small, monotonous spindle cells with ovoid nuclei in the background of abundant myxoid oedematous stroma. She was seen multiple times in the last six months without any specific therapy, and no recurrence was demonstrated. **Discussion:** Aggressive angiomyxoma commonly arises from the perineal area, thus, the cervix is not a typical site. Symptoms are commonly proportionate to the size of the mass similar to a leiomyoma, hence, misdiagnosis is not uncommon. Surgical resection is recommended. Its high recurrence rate post-resection (around 70%) resulted in the term "aggressive". GnRH analogue is thought to be beneficial in preventing recurrence, thus histopathological assessment is paramount to diagnose the condition and subsequent commencement of appropriate recurrent prevention therapy.

Intrauterine death with placenta praevia major: A case series

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ABSTRACT

Introduction: Placenta praevia (PP) is associated with high maternal and neonatal morbidity and mortality. It is a condition where the placenta is implanted near or covering the internal os. In the event of intrauterine death (IUD) in a patient with PP, there is a dilemma in the decision for mode of delivery. Here we report two cases of intrauterine death in patients with PP major, who managed to achieve vaginal delivery. **Case Description:** (Case 1) A 33-year-old, primigravida with IVF pregnancy, had an intrauterine death at 29 weeks of gestation. The placenta was identified as a placenta praevia major. The couple was counselled for conservative management with weekly monitoring. At 32 weeks, she was induced and subsequently delivered vaginally. (Case 2) A 40-year-old primigravida had multiple episodes of antepartum haemorrhage (APH) due to PP major since 27 weeks which was self-limiting. At 34 weeks of gestation, she was diagnosed with an IUD. The couple was counselled for conservative management before inducing the labour. However, at 35 weeks, she came with another episode of APH. In view of no active bleeding during the assessment, the labour was induced and augmented. She delivered vaginally after two hours of augmentation. **Discussion:** PP poses the risk of massive haemorrhage; hence the timing of induction plays an important role to reduce the risk of bleeding. However, delaying delivery imposes other issues like infection, sudden onset of bleeding, and mental stress on the couple. Proper case selection and good counselling enable the successful management of vaginal delivery in patients with IUD with major PP.

Cerebral venous thrombosis in postpartum: A case series

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ABSTRACT

Introduction: Cerebral venous thrombosis (CVT) is a rare neurological emergency that occurs more often in women during pregnancy and puerperium than in the general population. The symptoms of CVT include sudden onset headache, altered level of consciousness and seizure. **Case Description:** (Case 1) A 33-year-old, para 1, who underwent emergency caesarean section for placenta abruptio at 32 weeks and was treated for hypertension post-delivery. She had a prolonged hospital stay due to a wound infection. On day 9 postpartum, she complained of a severe headache which was not resolved with analgesia. Subsequently, she developed a generalised tonic clonic seizure with post-ictal drowsiness. Magnesium sulphate infusion for eclampsia was administered. CT brain was performed in view of the altered level of consciousness. The CT reported a superior sagittal sinus thrombosis complicated by a worsening venous haemorrhagic infarct. (Case 2) A 35-year-old, Para 6 underwent elective caesarean section for a transverse lie. Her BMI was 44.9 kg/m². On day 2 post-operation, she had a sudden onset of left-sided weakness and developed recurrent seizures. She was treated for eclampsia and started on magnesium sulphate. No evidence of intracranial haemorrhage was found on CT Brain. Later on, due to her worsening neurological deficit, a repeat CT brain with a CT venogram was performed, which showed superior sagittal sinus and left sinus thrombosis. **Discussion:** Different clinical manifestation of CVT makes it difficult to be diagnosed early. It usually mimics other postpartum clinical diagnoses such as eclampsia. Early diagnosis of CVT is crucial so that appropriate management can be made.

Ovarian ectopic: A diagnostic dilemma

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ABSTRACT

Introduction: Ovarian ectopic pregnancy is one of the most uncommon types of ectopic pregnancy. Primary ovarian pregnancy occurs between 1/7,000 and 1/40,000 times in live births and accounts for between 0.5 and 3% of all ectopic pregnancies. The main risk factors include the intrauterine contraceptive device (IUCD), salpingitis, infertility, and assisted reproductive methods. **Case Description:** A 31-year-old, Para 0+2 (with a past history of right salpingectomy for tubal ectopic in 2011) presented with worsening acute lower abdominal pain of 3 days duration. Her last menstrual period was 6 weeks ago and was regular. Initial diagnosis of ectopic was made as tenderness was elicited on abdomen examination with scan showing an empty uterus with free fluids. Emergency diagnostic laparoscopy showed negative findings. Serial B-HCG showed a persistent rise after surgery, from 28,836.6 to 38,633.8 U/L. The transvaginal scan showed an echogenic sac with fetal cardiac activity in the right ovary. The patient underwent a second diagnostic laparoscopy. Intraoperative findings were an enlarged right ovary with a product of conception, which was expelled upon manipulation. Right oophorectomy was subsequently performed. Histopathology report confirmed fragments of ovarian tissue with deciduoid stroma and attached chorionic villi which is consistent with ectopic (ovarian) pregnancy. **Discussion:** The incidence of ovarian pregnancy is on the rise. While ultrasonography can identify ovarian ectopic in unruptured cases, it is not easy to differentiate ovarian from tubal ectopic in a ruptured state. Most patients present in a ruptured state, making medical management options largely impossible. Surgical management remains the main treatment option.

Incomplete transverse vaginal septum presenting as recurrent vulvovaginitis – A rare presentation

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ABSTRACT

Introduction: Transverse vaginal septum is a rare abnormality of the female genital tract caused by a defect in the fusion of the urogenital sinus and the müllerian structures. We present a case to showcase its relevance as a differential diagnosis of recurrent vulvovaginitis. **Case Description:** A 29-year-old female presented with persistent, yellowish, foul-smelling vaginal discharge and vulval itching for five years, worsening after her menses or sexual intercourse. There was associated superficial dyspareunia, difficulty in full vaginal penetration but no abdominal pain. Abdominal exam was normal. Vaginal exam revealed a short vaginal length of 4 cm. The cervix could not be felt or seen on speculum exam. Pelvic ultrasound revealed minimal haematocolpos. Surgical excision of the septum was done. Copious amounts of pus mixed with old blood was drained and the wound edges sutured circumferentially. The patient was doing well three months after surgery. **Discussion:** Complete transverse vaginal septum is commonly diagnosed in early adolescence with symptoms of primary amenorrhea, low abdominal pain, haematocolpos and dyspareunia. For incomplete septa, the presentation is more variable and may include secondary amenorrhea and recurrent vaginal infections. Vaginal septum in a patient with recurrent vaginitis is unlikely especially in the context of relatively normal menses. Accumulation of menstrual debris above the septum and consequent infection may explain this. The diagnostic criteria for vaginal septa were utilized. A diagnosis of incomplete transverse vaginal septum should be considered as a differential diagnosis in the management of patients with longstanding recurrent vulvovaginitis unresponsive to treatment.

Ovarian sarcoidosis, rare but true

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ABSTRACT

Introduction: Sarcoidosis is rare and of unknown etiology. Ovarian Sarcoidosis is even rarer with features that mimic ovarian malignancy. **Case Description:** A 65-year-old, para 1 presented with abdominal pain and distension for two months. Abdominal and speculum examinations were unremarkable. Transabdominal ultrasound revealed a right complex ovarian mass, measuring, 2 x 1.5 cm. Her serum CA125 level was elevated; 153.5 U/mL. A CT scan in September 2022 showed a right adnexal mass measuring 2.9 x 3.9 x 2.1 cm, with complex cystic and solid components. The mass was suspected to be a right ovarian malignancy with possible infiltration to the adjacent caecum and uterus. Mild ascites and co-existing right tubo-ovarian abscess could not be ruled out. During follow-up, she had no fever, and her white blood cell count did not suggest any infection. She was referred to the surgical team for a colonoscopy and a biopsy was taken, which revealed chronic granulomatous inflammation. She underwent an exploratory laparotomy, TAHBSO and omentectomy in November 2022. The histopathology revealed disseminated non-caseating granuloma suggestive of sarcoidosis and Ziehl-Neelsen stains were negative. A tuberculosis workout was done and tissue MTB culture and sensitivity came back positive for Mycobacterium Tuberculosis. She was started on tuberculosis treatment. **Discussion:** Ovarian sarcoidosis is a rare disease that can present with non-specific symptoms and radiological findings. The diagnosis is usually based on histological findings of non-caseating granulomas. The presence of tuberculosis should always be evaluated. The treatment is challenging, as there are no established guidelines and individualized approach is required.

A silent mitral stenosis in a pregnant lady: A case report

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ABSTRACT

Introduction: Mitral stenosis is a challenging condition to diagnose, especially in its early stage when the patient may not display any symptoms. Pregnancy may exacerbate the condition due to the physiological increase in blood volume and cardiac output. **Case Description:** A 28-year-old, G1P0 at 38 weeks of gestation presented with reduced fetal movement and contraction pain. Her antenatal follow ups was uneventful. Upon assessment, pregnancy parameters were according to gestational age and cardiotocograph was reassuring. She progressed to the active phase of labour and was subsequently augmented. After 6 hours of labour, she complained of shortness of breath and was found to be tachypneic with an oxygen saturation of 67-68% under room air. The anaesthetic team was called to co-manage the maternal respiratory distress and the decision was made to expedite the delivery. The patient was delivered via vacuum-assisted delivery and was subsequently intubated. She was admitted to the Intensive Care Unit for Acute Pulmonary Edema. An urgent echocardiogram revealed severe mitral stenosis with an ejection fraction of 49%. **Discussion:** In this case, mitral stenosis was not detected during antenatal care due to the lack of symptoms or signs. However, during the second stage of labour, the increased physical exertion and stress of delivery had likely caused a sudden increase in the strain on the heart, leading to the impending collapse. Maternal mortalities due to cardiac disease, including mitral stenosis have increased in recent years. Therefore, it is crucial to diagnose and manage these conditions early to prevent adverse outcomes.

Rupture of an intracranial arteriovenous malformation (AVM) in in-vitro fertilisation (IVF) pregnancy: A case report

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ABSTRACT

Introduction: The rupture of an intracranial AVM in pregnancy is a rare occurrence but may have fatal consequences. Here, we report a case of a pregnant woman with symptomatic ruptured cerebellar AVM that was treated with surgical excision; but unfortunately she had a miscarriage. **Case Description:** A 30-year-old Malay couple with subfertility for 6 years underwent an IVF procedure due to tubal factors. She had a successful twin pregnancy after a fresh embryo transfer. At 17 weeks of pregnancy, she presented with neck pain, slurred speech, and left hemiparesis. In view of a drop in the Glasgow Coma Scale, craniectomy was carried out with evacuation of clots and excision of AVM for ruptured left cerebellar AVM. Post-operatively, she experienced a spontaneous miscarriage. She was then discharged well after 1 month of hospitalization. Magnetic resonance angiography and magnetic resonance venography of the brain, done post-operatively 9 months later, showed no vascular anomaly. Connective tissue disease screening was normal. She was able to resume daily activities independently after regular physiotherapy. After 4 years, she underwent frozen embryo transfer with a hormonal replacement therapy cycle. She had a successful singleton pregnancy and is currently at 34 weeks of pregnancy. She has not experienced a recurrence of intracranial bleeding in this pregnancy. **Discussion:** The influence of pregnancy on AVM rupture is controversial. Surgical intervention for ruptured AVM during pregnancy could prevent re-bleeding. A multidisciplinary approach is essential.

Giant ovarian mucinous cystadenoma misdiagnosed as massive ascites

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ABSTRACT

Introduction: Mucinous cystadenoma is a benign cystic tumour of the ovary that originates from the surface epithelium. It typically presents with non-specific abdominal symptoms, and if not detected early, it can grow to a significant size and lead to complications. This case report aims to illustrate how a giant cystic ovarian tumour can mimic the diagnosis of ascites in a post-menopausal woman, emphasizing the importance of early detection and intervention to achieve a favourable prognosis. **Case Description:** We present a case of a 63-year-old multiparous woman who was referred to our centre with a pronounced abdominal distension, initially mis-diagnosed as massive ascites. A computed tomography scan revealed a cystic lesion measuring 26.5 x 30.2 x 38.1 cm, occupying the abdominal cavity. The patient underwent exploratory laparotomy with salpingo-oophorectomy, and her post-operative recovery was uneventful. Histopathological examination confirmed the diagnosis of mucinous cystadenoma. **Discussion:** Giant cystic ovarian tumours can mimic massive ascites, resulting in a misleading diagnosis and a delay in management, as demonstrated in this case. By reporting this case, we aim to raise awareness and increase suspicion of giant ovarian cysts in all women presenting with significant ascites, thereby facilitating early detection and appropriate management.

Opps! IUCD in my poop!

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ABSTRACT

Introduction: Bowel perforation due to IUD (Intrauterine device) is rare but implies serious complications. It occurs in 1.6 per 1,000 insertions. We encountered a spontaneous expulsion of IUD after laxatives. Our case highlights the conservative management of transmigration of IUD. **Case Description:** Madam A, 30-year-old, G5P4 had a pregnancy with IUD in situ. The patient underwent uncomplicated delivery. However, the IUD was not expelled. A transabdominal scan post-delivery revealed an empty uterus. Abdominal X-ray shows an IUD near the fundus of the uterus. CT pelvis noted the IUD had migrated into the rectosigmoid colon. She was referred to the surgical team and was prescribed oral Foltran in the ward prior to colonoscopy. Sigmoidoscopy revealed an empty colon. Repeated abdominal X-ray post-procedure could not visualise the IUD. **Discussion:** The most common region of perforation of IUD is at the posterior wall of the uterus to the Pouch of Douglas. Transmigration of the IUD into the bowel may be due to the enlarging gravid uterus and contractions. Different methods are practiced for removal of the transmigrated IUD such as colonoscopy, laparoscopic removal or mini-laparotomy. The patient had spontaneous expulsion of the IUD after taking laxatives. This proves that conservative management can be considered for patients before deciding on invasive procedures. **Conclusion:** IUD is a commonly used contraception but the failure rate is still 1-2%. Pregnancy with an IUD in situ possess a clinical challenge and needs meticulous examination in locating the IUD post-delivery.

Dextro-rotated uterus in benign gynaecological surgery

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ABSTRACT

Introduction: Dextro rotation of the uterus occurs when the uterus is rotated 45 degrees to its longitudinal axis. In a non-gravid uterus, the occurrence of this condition is extremely rare. We report here a case of dextro rotated uterus as an incidental finding during a total abdominal hysterectomy. **Case Description:** A 45-year-old woman who presented with abnormal uterine bleeding for the past 1 year due to adenomyosis. She was treated medically. However, her symptoms did not improve. She opted for a hysterectomy. MRI pelvis prior to surgery reported a retroverted uterus with multiple uterine fibroids, the largest measuring 3.3 x 4.2 cm. She had three caesarean sections. Intra-operatively noted dense adhesion between the right aspect of the uterus to the anterior abdominal wall and rectus muscle causing the uterus to be in a dextro-rotated position. Adhesiolysis was done followed by total abdominal hysterectomy. **Discussion:** The finding of a dextro-rotated uterus in this patient was unsuspected because the MRI scan, to investigate the nature of the fibroid, prior to the surgery showed only a retroverted uterus. Hysteroscopy +/- diagnostic laparoscopy, to investigate her symptoms, may play a role in diagnosing the dextro-rotation of the uterus. The main modality of treatment is surgery. In patients, who wish to preserve fertility, surgery to correct the position of the uterus can be performed.

Endometrial cancer in a young lady

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ABSTRACT

Introduction: Endometrial cancer is the most common gynaecological cancer in developed countries and rapidly increasing together with the development of socioeconomic status and the prevalence of metabolic diseases. It is common in post-menopausal women but the incidence among young women is about 2 to 14%. **Case Description:** A 28-year-old single lady presented with abnormal uterine bleeding for 4 months. Her body mass index was 48.3 kg/m² and investigations showed she had diabetes mellitus, hypertension, hyperlipidemia, mild ischemic heart disease, and obstructive sleep apnoea. Finally, she was diagnosed with endometrial cancer FIGO stage IA and treated with total abdominal hysterectomy, bilateral salpingo-oophorectomy, and pelvic lymph node dissection. Histopathology confirmed that it was grade 1 endometrial carcinoma, staged IA, with features of endometrial hyperplasia and atypia. **Discussion:** Endometrial cancer is usually diagnosed at the mean age of 68 years. Among many risk factors of endometrial cancer, components of metabolic syndrome are strongly associated with it. Young-aged endometrial carcinoma is not uncommon. According to the Asian data, among components of metabolic syndrome, obesity is a more prominent risk factor. Many studies showed metabolic syndrome caused the development of endometrial cancer by directly acting on tumour cells and regulating tumour environment. Some studies revealed that weight loss management could reduce the incidence of endometrial cancer and hyperplastic endometrium may be reversible. Therefore, many researchers conclude that early intervention of metabolic syndrome and a healthy lifestyle are important roles in the prevention and prognosis of endometrial cancer.

Oligohydramnios: A risk of adverse perinatal outcomes

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ABSTRACT

Introduction: Oligohydramnios is diagnosed when amniotic fluid index is less than 5. The incidence is between 1% and 4.4%. Although there are various maternal, fetal and placental contributory factors, the cause in the majority of cases is unknown. Most oligohydramnios cases warrant obstetric intervention. **Case Description:** A 22-year-old, Gravida 3 Parity 1+1 lady was diagnosed to have gestational diabetes at 15 weeks of gestation, which was well controlled with diet throughout pregnancy. At 34 weeks of gestation, ultrasound examination showed oligohydramnios. Ultrasound assessment confirmed both fetal kidneys were present, and bladder was seen. End diastolic flow was present in umbilical doppler and estimated fetal weight was 2.07 kilograms. After the administration of dexamethasone for fetal lung maturity, induction of labour was started with Cook's balloon catheter. After 5 hours, cardiotocograph showed fetal tachycardia with a non-reassuring tracing. The emergency lower segment caesarean section was performed and a baby of 2.07 kilograms was born with Apgar score 1 in 1 minute and 5 minutes. Umbilical cord blood pH of artery and vein were 7.35 and 7.338 respectively. The baby passed away the next day. **Discussion:** Pregnancy with oligohydramnios have a higher chance of g induction of labour which is beneficial. Pregnancies complicated with only oligohydramnios without underlying disorders may not be associated with adverse neonatal outcomes. But there is evidence that oligohydramnios cases with underlying disorders, their labours are likely to be associated with abnormal cardiotocographs, a higher rate of emergency caesarean sections and adverse neonatal outcomes.

Astrocytoma in pregnancy

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ABSTRACT

Introduction: Astrocytoma are tumours that originate from astrocytes and are the commonest brain tumour in adults. Physiological and hormonal changes in pregnancy such as fluid retention and increased blood volume, may influence some types of brain tumour. **Case Description:** A 28-year-old, primigravida woman at 25 weeks presented with frontal headache and persistent vomiting of a month duration, with no neurological deficit. MRI brain was performed and a brain tumour was noted with features suggestive of high-grade glioma. She subsequently underwent craniotomy and tumour excision. Histopathological examination was reported as Astrocytoma WHO histological grade 4 with IDH1 mutation detected. **Discussion:** The management of astrocytoma in pregnancy requires a multi-disciplinary approach. A consensus of management should be achieved promptly as pregnancy is known to cause clinical deterioration and tumour growth. Unanswered questions include; 1) when pregnancy should be discouraged, 2) the best monitoring schedule for both mother and fetus, 3) how therapy can be safely administered during pregnancy, and 4) what is the best mode of delivery. For high-grade glioma, the treatment should be the same as that of non-pregnant patients, as the majority of them are young women and early resection and therapy initiation could improve prognosis.

A twist in the diagnosis... but it is the uterus! Uterine torsion of a gravid uterus in a district hospital: A case report

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ABSTRACT

Introduction: Uterine torsion is defined as a rotation of the uterus more than 45 degrees on its long axis. The exact diagnosis and appropriate management of delivery were usually not achieved due to the unspecific presenting symptoms and the rare occurrence. We described a case of uterine torsion in the third trimester which presented with severe abdominal pain and intrauterine fetal death. **Case Presentation:** A 30-year-old, pregnant woman in her third pregnancy at 36 weeks 4 days gestation presented with a sudden onset severe abdominal pain, associated with vomiting. The fetal movement was good prior to admission, and she denied any history of trauma, fall, or massage. On arrival, her blood pressure was stable but she was tachycardic and in severe pain. The assessment showed the uterus corresponding to 36 weeks of pregnancy and was not tense. An ultrasound examination showed an intrauterine fetal death in a transverse lie but no evidence of retroplacental hemorrhage. The diagnosis was severe placental abruption and an immediate caesarean section was performed. Intraoperatively a 180-degree uterine torsion at the cervico-uterine angle was diagnosed. A lower segment hysterotomy was performed after a successful manual repositioning. Placental abruption was also detected with a 300 ml retroplacental clot. The patient made a full recovery and was discharged well. Retrospectively, the placenta location was noted to change from posterior to anterior on ultrasound. **Discussion:** Uterine torsion is a rare occurrence in late pregnancy, with non-specific presentation. A change in placental location should not be ignored in pregnancy.

Successful term pregnancy in a bicornuate uterus with previous caesarean section

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ABSTRACT

Introduction: Bicornuate uterus is a unification defect of the Mullerian ducts, and represents approximately 10-39% of Mullerian duct anomalies. Pregnancies in bicornuate uterus are associated with poor reproductive outcomes and hence considered as high risk. We report a case of a woman with successful consecutive pregnancies in bilateral horns of the bicornuate uterus. **Case Description:** A 29-year-old lady, gravida 2 para 1 with one previous caesarean section, was diagnosed with a bicornuate uterus during her last delivery. Her first child was delivered via caesarean section for breech presentation, with oligohydramnios at 37 weeks of gestation. The pregnancy was noted on the right side of the uterus. Her second pregnancy had been uneventful and her fetus demonstrated normal growth. She was admitted in labour at 39 weeks of gestation and she underwent an emergency caesarean section for suspected fetal distress. Intra-operatively, a bicornuate uterus was noted with the current pregnancy located on the left side of the uterus. The right horn was smaller but normal. Each horn was normally attached to its corresponding fallopian tube and ovary. **Discussion:** Successful pregnancies in bicornuate uterus have been reported without surgical correction of the anomaly. Women with congenital uterine malformation usually experience a higher incidence of complications during pregnancy and delivery. Early diagnosis and recognition of the condition may allow proper planning of treatment to ensure a favourable obstetric outcome. This case highlights the likelihood of successful term pregnancy in bilateral horns of the bicornuate uterus with a previous caesarean section.

Aggressive malignant ovarian tumour in a young patient

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ABSTRACT

Introduction: We would like to present a case of malignant ovarian tumour which rapidly grew over a period of two months in a 22-year-old female. **Case Description:** Ms. Y is a 22-year-old student with no known medical illnesses and no family history of cancer. She had a one-month history of unresolved fever, despite initial treatment by her GP. Her family brought her to a private hospital where a CT scan showed a large 23 cm ovarian mass with some solid areas.(ROMA) was normal. Emergency laparotomy was done with the initial plan of ovarian cystectomy to preserve fertility and a working diagnosis of leaking/partial torsion of a benign cyst. Intra-operatively, the tumour was solid, and had an area of necrosis with leaking, warranting a salpingo-oophorectomy and omental sampling. The abdomen was thoroughly checked for any metastases. Final HPE came back as a grade 3 malignant stromal tumour with Rhabdoid and Cartilaginous features. She was staged as FIGO 1C grade 3. **Discussion:** Fertility conservation is an important issue to consider in a young female with an ovarian mass. When the intra-operative findings favour malignancy, it is still wiser to do a full staging operation (oophorectomy and omental sampling in this case) rather than cystectomy alone.

Baffling pyometra in a poorly controlled diabetic patient with stroke

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ABSTRACT

Introduction: We present a case of patient with a distended uterus due to pyometra, in which gynaecological cancer was ruled out. **Case Description:** Madam S was a 76-year-old, Para 6, with a previous stroke six years ago, had been wheelchair-bound for 6 years, and was on blood thinners. Her other medical illnesses include NIDDM,(...) hypertension, high cholesterol, and gastritis. She presented with urinary retention and CT imaging requested by the urologist, showed a very distended uterus filled with fluid and solid material. All the lymph nodes looked normal. Her caregiver reported a history of persistent PV spotting of two months duration. She was referred to a gynaecologist who detected a pyometra, however, the Pap smear and pipelle showed no evidence of malignancy. She underwent suction and curettage under GA, where almost 500 ml of foul-smelling pus was evacuated. She was treated with intramuscular Ceftriaxone as an outpatient. A repeat scan after two weeks demonstrated complete resolution, with the final HPE reported only pyometra with no malignant cells. Her HbA1c was high at 8.6%. **Discussion:** Any episode of post-menopausal bleeding should be investigated for possible cancer (in this case through Pap smear, endometrial sampling, and suction and curettage). Ideally, this patient should undergo a hysterectomy due to possible malignancy, however, in view of all her medical problems, it is safer to proceed cautiously and choose the option with the least possible harm to the patient. Thorough counseling helps in explaining the risks to the patient and her family.

Preoperative advice and counselling on hormone replacement therapy among women undergoing surgical menopause in Hospital Seberang Jaya: A clinical audit

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ABSTRACT

Introduction: Symptoms of surgical menopause are abrupt, and more severe compared to natural menopause. Younger women are at higher risk of cardiovascular disease, cognitive decline, and osteoporosis. This audit aims to assess and improve our practice by measuring the percentage of women undergoing surgical menopause who received pre-operative counselling regarding HRT. **Methods:** Retrospective cross-sectional study involving pre-menopausal women below 50 years old who underwent elective bilateral salpingo-oophorectomy between 1st January-31st December 2022. Data on documentation of pre-operative counselling and post-operative prescription of HRT were collected. The audit was set against the standard of the Malaysian Clinical Practice Guideline on Management of Menopause: all women undergoing surgical menopause should be counselled on hormonal consequences and HRT preoperatively (100%). **Results:** 26 women met the inclusion criteria. Indications for surgery were abnormal uterine bleeding (73%), endometriosis (11.5%), ovarian cyst (11.5%), and fibroid (4%). These women were aged between 35 to 49 years old, with median age 47. Six patients were aged 45 and below. Only 38.5% of women received pre-operative counselling. Out of the women who were counselled, 40% were prescribed HRT post-operatively. **Conclusions:** A low counselling rate was attributed to inadequate awareness and a gap in knowledge of HRT, based on questionnaires done among doctors. Changes were implemented such as CME, counselling checklist, and pamphlets. A re-audit is planned to start in June 2023, with the aim of achieving an improvement towards the set target.

PP-100

A systematic review: Is surgical technique the best option in patients with vaginal agenesis?

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ABSTRACT

Introduction: Vaginal agenesis is the rudimentary or complete absence of vagina. The treatment of vaginal agenesis consists of various surgical and non-surgical techniques. This systematic review aims to describe the differences between surgical and non-surgical techniques of vaginal agenesis treatment in terms of vaginal length and sexual function. **Methods:** Electronic databases such as PubMed, Science Direct, and SCOPUS were searched for articles published between 2018-2023. Literature restricted for women with vaginal agenesis who underwent surgical or non-surgical techniques was reviewed. Cross-sectional studies, observational studies, cohort studies, and retrospective studies were included in this study. Out of 190 articles, 8 articles were analyzed. All studies that reported total vaginal length and sexual function after treatment were conducted. **Results:** The mean total vaginal length in the non-surgical technique was 7.23 cm and 8.88 cm in the surgical technique. Meanwhile, the level of sexual function, as measured using the Female Sexual Function Index (FSFI) score, showed a result of 24.40 in non-surgical techniques and 25.23 in surgical techniques. There is also one article with surgical techniques that assesses the level of sexual function objectively, resulting in sexual function within normal limits. **Conclusions:** Total vaginal length in both techniques was normal but not on the FSFI scores. However, surgical techniques showed a slightly higher outcome. Even so, non-surgical techniques are also a good treatment option considering the outcome are not much different compared to surgical techniques.

Evaluation of the effectiveness of Dienogest in long term: A retrospective study on long term treatment of Dienogest among endometriosis patients at Hospital Seberang Jaya, Pulau Pinang in seven years (Year 2016-2022)

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ABSTRACT

Introduction and Objectives: Endometriosis, a chronic disease is associated with severe, excruciating pain during menses, chronic pelvic pain, infertility etc. It affects 10% of women of reproductive age, worldwide. Current treatment with Dienogest effectively reduced pain symptoms, is devoid of androgenic properties, and glucocorticoid or mineralocorticoid activity. However, information regarding efficacy for long-term use is limited. This retrospective study is to determine and evaluate the efficacy of Dienogest in the treatment of women in the reproductive age group diagnosed with endometriosis at Hospital Seberang Jaya, Penang. **Methods:** Data on female patients in the reproductive age group, diagnosed with endometriosis and treated with Dienogest from January 2016 to December 2022 were collected and analysed. **Results:** The mean age (SD) of 100 patients (ranged from 22-50 years old) was found to be 36.2 (7.3) years old. Dienogest had successfully reduced the symptoms of endometriosis such as dysmenorrhea (80.7%) and abdominal distention (71.4%) ($p=0.001$). Longer treatment of above 3, 5, and 10 years recorded 100% positive improvement than those treated for 1-3 years (89.7%) or less than a year (48.0%) ($p=0.000$). Patients, diagnosed with endometrioma ($n=78$), uterine fibroid ($n=9$) and other ovarian cysts ($n=5$) and treated with Dienogest showed positive improvement at 75.6%, 66.7% and 40.0%, respectively ($p<0.001$). No significant findings ($p>0.05$) were recorded between Dienogest and improvement of treatment in terms of age, parity, marital status, type of employment, cyst size, infertility, and family history of endometriosis or gynae-related cancer. **Conclusion:** Long-term treatment with Dienogest successfully improved the symptoms of endometriosis.

Incidences, risk factors and management of postpartum haemorrhage among anaemic and non-anaemic patients in Hospital Seberang Jaya, Penang – A retrospective study (Year 2020)

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ABSTRACT

Introduction: Postpartum haemorrhage (PPH) remains a leading cause of maternal deaths contributing to 25% of global maternal mortality. We aimed to identify the incidence, risk factors, and management of PPH among our patients. **Methods:** We conducted a retrospective analysis of women who delivered in Hospital Seberang Jaya in the year 2020. We divided the cohort into two groups; anaemic versus non-anaemic patients. **Results:** A total of 346 cases of primary PPH out of 6,488 deliveries in year 2020 was recorded. The incidence of PPH was 5.4%. Incidence of PPH in anaemic and non-anaemic patients were 1.8% and 3.6%, respectively. Almost half (49.5%) of the patients had identifiable risk factors to PPH with induction and augmentation of labor being the main contributing risk factors in anaemic (29.6% and 24.7%) and non-anaemic (17.8% and 31%) groups. Followed by poor spacing in anaemic and non-anaemic patients at 16% and 17.8%. The major cause of PPH is Tone (37%) in anaemic and Trauma (41.9%) in non-anaemic patients. Majority of anaemic and non-anaemic PPH patients received injection of Pitocin (87.7% and 94.6%), followed by syntometrine (65.4% and 51.9%) and tranexamic (59.3% and 72.9%). **Conclusion:** The incidence of PPH in Hospital Seberang Jaya is consistently at par with population-based studies (5.0%). The commonest risk factor to PPH in Hospital Seberang Jaya is induction and augmentation of labour followed by poor spacing. Co-morbidities associated with PPH include diabetes and blood disorders. The interventions used are syntometrine, pitocin, carboprost, tranexamic followed by surgical measures.

Sustainability of telemedicine beyond COVID-19 movement control orders (MCO): HSNZKT experience

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ABSTRACT

Introduction: The movement control orders (MCO) during the COVID-19 pandemic had disrupted the IVF service. This adds to the psychological burden of the already anxious couples. Implementation of virtual consultation clinics could reduce their anxieties through counselling and advice. We aimed to provide virtual IVF counselling sessions at least 50% of patients on the IVF waiting list. **Methods:** A quality improvement (QI) approach was applied. Training and education to the staff on how to conduct a virtual clinic (VC). Various media platforms were explored ranging from voice to videoconference. Simulations (dry runs) were conducted to test and select suitable models. The team screened, offered, and educated selected patients on the VC setup. VC was conducted as scheduled. Face-to-face clinics (FTFC) resumed after MCO ended. Feedback was obtained from both patients and providers. **Results:** Following the target of 50% VC being set initially, 57% of IVF counselling consultations were done virtually during this project period and 43% were FTFC. Zoom application on iPad was used the most. The mean VC time was 83 minutes. 10% encountered VC interruption and 17% experienced delays in VC sessions. Satisfaction scores were higher among patients (9/10) than the VC team (8/10). A majority felt VC is a useful means to engage patients. However, both groups preferred FTFC over VC. **Conclusion:** Virtual consultation is sustainable to both patients and healthcare providers. Virtualisation of medical care runs risks of diminishing the quality of clinical care due to the lack of physical human touch. Hence, its current use is limited to treatment-counselling purposes.

Low level of fertility knowledge and infertility awareness among female healthcare workers (HCW): Audit of O&G HCW

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ABSTRACT

Introduction: It has been observed that delayed childbearing has led to an increasing incidence of infertility. Although there has been increasing public awareness to seek treatment, there is limited data on the level of knowledge in fertility awareness and affecting factors among healthcare workers (HCW). We seek to measure the quality of fertility knowledge and infertility awareness. **Methods:** A cross-sectional study of a cohort of HCWs in our department. Self-administered questionnaires were used. Information on age and fertility, lifestyle factors influencing fertility, and knowledge of infertility and treatments were recorded from 200 female HCWs. **Results:** Half (51.4%) of them agreed that increasing age negatively affects fertility. 40% overestimated the fertile age range and 80% underestimated the age of onset of fertility decline. Two-thirds (66.7%) of HCWs studied were aware of lifestyle factors influencing fertility. More than two-thirds (66%) demonstrated knowledge about infertility and its treatment. Less than half (44%) were aware of timely fertility assessment may be initiated. 71.5% of HCWs were overly positive about IVF success rates. **Conclusion:** There is an overall misconception of the effect of aging on fertility despite good knowledge of fertility awareness. Further knowledge update and capacity building among healthcare providers is essential to further equip them to provide quality fertility care in creating parenthood.

The uptake, outcome, and challenges of postpartum intrauterine contraceptive device: Sabah Women and Children's Hospital experience

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ABSTRACT

Introduction: Postpartum intrauterine contraceptive device (PPIUCD) is a safe long-acting reversible contraception. We aimed to assess the uptake, outcome, and challenges of PPIUCD in Sabah Women and Children's Hospital. **Methods:** This is a two-year retrospective study between 2021 and 2022. The data was obtained from Obstetrics and Gynaecology Department records and analysed with..... (SPSS). **Results:** A total of 943 PPIUCDs were inserted which accounted for 3.4% of total delivery in this hospital. Five hundred and eight (54%) PPIUCDs were placed following vaginal delivery (VD), while four hundred thirty-five (46%) were inserted intra-operatively during caesarean section. Only 463 patients turned up for follow-up. The outcome of 480 patients (51%) was unknown since the health clinic did not provide follow-up information and the patients could not be reached. During follow-up, sixty-six (14%) patients experienced spontaneous expulsion of PPIUCD during the first six weeks postpartum, with the numbers for post-vaginal delivery and intra-caesarean groups were 45 and 22 respectively. During PPIUCD insertion follow-up, reported concerns include heavy menstrual bleeding, painful sexual intercourse, abdominal cramping, infection, and pregnancy with IUCD. **Conclusion:** The uptake of PPIUCD in this hospital is encouraging. The patients' failure to return for follow-up may be due to logistical obstacles or there is no complication noted or reason to seek medical attention. Possible contributing factors to the greater spontaneous expulsion in the group of post-vaginal delivery PPIUCD insertion group should be investigated further in the future.

The effectiveness of Monofer in the treatment of maternal iron deficiency anemia (IDA) – Hospital Seberang Jaya experiences

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ABSTRACT

Introduction: Maternal IDA is associated with depleted iron stores and deficient iron intake. Parenteral iron replenishes iron stores, leading to a rapid increase in haemoglobin. We aimed to determine the efficacy and safety of Monofer among pregnant women with IDA. **Methods:** Retrospective data of pregnant patients with IDA who received Monofer at Hospital Seberang Jaya, in the year 2022-2023, were collected. The findings were compared to women who received Venofer and Cosmofer in 2017/2018. **Results:** A total of twenty women received Monofer. An adverse event was reported in three patients (15%). All of them experienced difficulty in breathing or shortness of breath. Similar event and percentage were reported in Cosmofer group. Monofer infusion was discontinued in two patients. A mean Monofer dose of 715 ± 33 mg was administered (n=18). Hb increment within 2 weeks of infusion was 1.01 ± 0.19 g/dL (from 9.12 ± 0.13 g/dL to 10.14 ± 0.23 g/dL). The rate of haemoglobin increment was 0.07 ± 0.01 g/dL per day, which was lower than the other types of parenteral iron. During admission for delivery, the Monofer recorded mean haemoglobin of 11.67 ± 0.25 g/dL or an increment of 2.24 ± 0.22 g/dL from the baseline. **Conclusion:** Despite the convenience of a single-dose treatment and outpatient drug administration, Monofer showed a similar number of adverse events as Cosmofer. When compared to Venofer and Cosmofer, Monofer has lesser haemoglobin increment within two weeks of infusion. However, a bigger sample size is required for future studies.

To evaluate the risk factor and outcome of obstetrics anal sphincter injuries (OASIS) in Hospital Sultanah Bahiyah: A cross-sectional study for year 2021

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ABSTRACT

Introduction: Our study aimed to evaluate the risk factors and outcome of OASIS repair in Hospital Sultanah Bahiyah in year 2021. **Method:** The study was conducted in the year 2021 from 1st January to 31st December whereby all ladies with OASIS, were referred and re-evaluated by the Colorectal team. The OASIS repair was conducted in the operating theater by the Colorectal team too. Post-repair, the patient was seen at three weeks, six weeks, three months & six months in the postnatal clinic. All of them were seen in the Colorectal clinic too & underwent endoanal ultrasound to reassess the defect from 6 months to 18 months post-delivery. **Results:** From 37 cases of OASIS, 0.4% (n=23) ladies were in the spontaneous vertex delivery group and 2.3% (n=14) ladies were from the operative vaginal delivery group. 78.4% (n=29) were primigravidae. The majority of the birth weights was within 2.5 to 3.49 kg (n=18, 81.1%). Occipito-posterior position of the fetal head and prolonged second stage did not contribute to the number of cases. All patients had no symptoms of incontinence or fistula. However, 34.8% (n=8) had abnormal endoanal ultrasound findings. **Conclusion:** Nulliparity and operative vaginal delivery were the commonest risk factors that contributed to the number of OASIS. None of the women had clinical symptoms of complications but up to 34.8% of women had abnormal endo-anal ultrasound.

Retrospective study on effectiveness of iron (III) hydroxide with sucrose complex in gynae patients with abnormal uterine bleeding (AUB) in Hospital Kepala Batas, Penang from 2018-2022

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ABSTRACT

Introduction: Parenteral iron (PI) is a treatment option for Abnormal Uterine Bleeding (AUB). PI increases Haemoglobin (Hb) level rapidly than oral iron. The study was to determine the efficacy and side effects of three different iron (III) hydroxide with sucrose complexes (venofer)[®], (hemofer)[®] and (sucrofer)[®] among AUB patients. **Methods:** We analysed the data of patients with AUB, who were treated with Venofer, Hemofer and Surofer at Hospital Kepala Batas, Penang from the year 2018 to 2022. The statistical analysis was conducted using SPSS 21. **Results:** The number of patients who received Hemofer, Venofer, and Surofer were 67, 12 and 6 respectively. The mean age (SD) of patients was 41.9 (1.0) years. The percentages of women who received a blood transfusion prior to and in the same setting as the PI treatment were 23.5% and 11.8%, respectively. The main causes of AUB were; uterine fibroid (94.1%), adenomyosis (3.5%), and ovarian mass (2.4%). The mean dosage of PI was 873 (32) mg. The mean baseline Hb was 7.2 (1.3) g/dL and increased by 2.2 (1.5) g/dL to 9.4 (1.7) g/dL after the treatment (p<0.001). There was no significant association between the type of parenteral iron and the patient's characteristics as well as the Hb levels; pre- and post-treatment. Allergic reaction was recorded in two patients; one in each Venofer and Hemofer group. **Conclusion:** Iron (III) hydroxide with sucrose complex infusion is effective in treating patients with AUB. Mild adverse effect was only reported in a small number of cases.

An overview of postpartum haemorrhage (PPH) incidence and risk factors in Kepala Batas Hospital, Penang from year 2020 to 2022: A retrospective study

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ABSTRACT

Introduction: Ministry of Health Malaysia recorded 26% maternal morbidity due to postpartum haemorrhage (PPH) in the year 2017. This retrospective study was aimed to determine the incidence, associated risks factors, management, and perinatal outcomes of postpartum haemorrhage in our centre. **Methods:** We performed a retrospective study, which included all the PPH cases delivered in Hospital Kepala Batas (HKB), Penang from 1st January 2020 to 31st December 2022. Clinical data and patients' demographics were collected and analysed using SPSS version 21. **Results:** The incidence of PPH in HKB was 3.6%. The commonest risk factors among primary PPH patients were augmentation of labor (41.8 %), followed by anemia in pregnancy (37.3 %), and induction of labour with prostin (21.8%). The leading co-morbidity among PPH patients was diabetes (32.7 %). The major cause of PPH is perineal tear (50.8%) and uterine atony (47.3 %). The most common approach in the management of PPH are blood transfusion (41.8 %), intravenous injection of hemabate (39.1 %), repeat syntometrine (19.1%), and parenteral iron, hemofer (15.5%). There were significant associations between estimated blood loss, and 1) patients age, 2) fetal distress case, 3) augmentation of labour, 4) delivery mode, 5) cause of PPH (intrapartum risk, tear), and 6) intervention (blood transfusion, uterogenic agents). All the patients survived. **Conclusions:** The incidence of PPH in HKB is lower than that of population-based studies (5%). The timely intervention resulted in no maternal mortality.

Validation and clinical case report in non-invasive prenatal testing for all chromosomes

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ABSTRACT

Introduction: Whole-Genome Sequencing (WGS)-based bioinformatics algorithms offer the potential to detect aneuploidies for all chromosomes. However, current non-invasive prenatal testing (NIPT) mainly focuses on chromosome 21, 18, 13, and sex chromosomes, leaving the need for a more accurate detection algorithm for Rare Autosomal Trisomies (RATs) that can provide insights into fetoplacental biology. **Methods:** To address this, we conducted a literature search to identify RAT cases and created artificial data for each case based on different fetal fractions. Using our in-house pipeline, we applied a z-score analysis twice to maximize sensitivity and set the threshold. Additionally, we calculated demographic statistics using clinical data. **Results:** Our results showed varying accuracy for each chromosome depending on the fetal fraction. With a fetal fraction of 10%, the proposed algorithm achieved high accuracy (>99%) for most chromosomes, and even at a fetal fraction of 5%, most chromosomes had accuracy above 95%. However, chromosome 19 displayed lower accuracy at 80%. Out of 30,364 clinical samples, we identified 187 RATs, with Trisomy 7 (n=58) being the most frequent, followed by Trisomy 16 (n=17) and Trisomy 8 (n=16). Of the 23 cases that underwent amniotic karyotyping, 6 confirmed abnormalities (mosaic or trisomy), while the other 17 cases showed normal results, suggesting confined placental mosaicism. **Conclusions:** Our algorithm, supported by well-designed artificial samples, demonstrates the ability to detect aneuploidies for all chromosomes. Comprehensive chromosome testing can provide valuable information on the presence of RATs, which may impact pregnancy outcomes through placental dysfunction, fetal growth restriction, and potential uniparental disomy.

The consent from spouse in Obstetrics & Gynaecological procedures: Is it necessary?

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ABSTRACT

Introduction: The legal position of informed consent in medical law in Malaysia is governed by various regulations and statutes. The principle that a medical practitioner must obtain consent from the patient, or their legally authorized representative is legally embedded in tort law and the Medical Act 1971. However, obtaining informed consent from a patient's spouse in Obstetrics & Gynaecological settings can be complex due to special circumstances such as emergencies, lack of capacity, general anaesthesia, or specific medical procedures. **Methods & Results:** This paper aims to examine the current legal position in Malaysia regarding spousal consent in medical procedures, particularly in Obstetrics & Gynaecological settings, using doctrinal legal research. This paper provides several recommendations to medical practitioners in ensuring compliance with current legal requirements. **Conclusions:** Medical practitioners must acquire current information with judicial decisions because legal requirements and practices may evolve according to international and national medical settings.

Comparative cross-sectional study of labour outcomes between Zhang's criteria and Friedman's criteria in a tertiary centre east coast Malaysia

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ABSTRACT

Introduction: Defining the exact cervical dilatation that represents an active phase of labour remains a challenge. The basis of the current partograph used since 2000 is Friedman's 1950s work regarding the labour curve. Various factors contribute to the outcome of labour. Maternal characteristics such as age and body mass index have changed over the years. Pitocin use for labour augmentation and epidural analgesia may influence the labour outcome. This study compares the outcome of labour in two groups: Zhang's cervical dilatation of 6 cm and Friedman's cervical dilatation of 4 cm, as the beginning of an active phase of labour. **Methods:** This is a cross-sectional study that applied a universal sampling method. The inclusion criteria were women with singleton pregnancy between 37 to 42 weeks of gestation. We included all types of labour i.e., spontaneous, induced, or augmented. **Results:** A total of 538 women were included in the analysis. The mean age was 30.8 (SD = 4.8) with majority of them being Malays. There were significantly more multiparas in our cohort than the primiparas. There was also a significant difference in the onset of labour, as most women were in spontaneous labour compared to being induced and had their labour augmented. There was no difference statistically between the two groups in mode of delivery, duration of the second stage, and baby's Apgar score. **Discussion:** Our study was limited by the COVID-19 pandemic as well as insufficient data in the electronic medical record. Further study is required to minimise bias and achieve statistically significant outcomes.

Anxiety levels in pregnant women due to maternal and fetal effects of COVID-19 vaccination: A comparative cross-sectional study

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ABSTRACT

Introduction: The obscurity and ambiguity in the literature regarding the efficacy of vaccination in pregnant women has resulted in fear and anxiety amongst mothers-to-be when opting for COVID-19 vaccination during pregnancy. This study aimed to compare the levels of anxiety in vaccinated and unvaccinated pregnant women owing to the vaccine's perceived effects on fetal and maternal health. **Methods:** An analytical comparative cross-sectional study design was employed to compare the levels of anxiety in COVID-19 vaccinated and unvaccinated pregnant women visiting the tertiary hospitals of Karachi. A purposive sampling technique was used to recruit eligible candidates attending antenatal appointments at the study sites. Multiple Cox proportional algorithm was used to identify a parsimonious model for the deduction of the prevalence and the factors associated with maternal anxiety. All analyses were performed using STATA software (version 17.0). **Results:** 210 women were recruited in the vaccinated group and 197 were recruited in the unvaccinated group. The prevalence of vaccine-related anxiety observed in the vaccinated and unvaccinated groups was 19.1% and 23.4%, respectively. Significant associations were observed between anxiety levels and vaccination status (PR=2.04 (95% CI: 1.27-3.29)). An interaction effect of anxiety due to COVID-19 infection and anxiety due to pregnancy was observed (PR=1.37 (95% CI: 1.24-1.51)) on vaccine-related anxiety. **Conclusion:** COVID-19 infection and pregnancy-related anxiety play a significant role in potentiating vaccine-related anxiety, with the unvaccinated pregnant woman experiencing greater levels of anxiety. Additional research to support the safety of vaccinations during pregnancy is needed to decrease pregnant women's concerns and enhance vaccination acceptability.

Multidisciplinary review of emergency caesarean sections

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ABSTRACT

Introduction: Multidisciplinary team reviews emergency caesarean cases on weekly basis. The reviews identify various learning points based on the CTGs as well as the labour management including syntocinon usage. The indications for caesarean section are also reviewed to identify any existing trends. **Method:** Detailed forms were filled out at the MDT meeting and then analysed over a period of one year. **Results:** About 50% of the caesarean sections were reviewed. The majority were Category 2 with the primary reason being failure to progress. About 60% were on syntocinon and only 30% were in spontaneous labour. **Conclusion:** MDT caesarean sections reviews were a good opportunity for learning and to gather trends in our emergency caesarean sections. Personalised feedback was given to individuals involved. Resident consultant cover overnight was giving better supervision and more appropriate reasons for caesarean sections.

Preoperative abdominal sliding sign to predict intraoperative adhesions in women with two or more previous caesarean sections

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ABSTRACT

Introduction: This was a pilot study to determine the feasibility of preoperative ultrasound prediction of intraoperative adhesions in women with two or more previous caesarean sections. **Methods:** Women electively admitted for repeat caesarean section after 34 weeks of gestation were evaluated for the presence of sliding sign on abdominal ultrasound, visualised as an excursion between the uterus and the inner part of the abdominal muscle fascia during deep inspiration and expiration. The surgeon performing the caesarean section was blinded from the findings and requested to obtain intraoperative images. The presence or absence of adhesion was determined based on a standardised classification (Tulandi and Lyell 2012). **Results:** 31 consecutive women were enrolled in the study, with a mean BMI of 30 kg/m² (19.7-38.5). Two patients had three or more abdominal scars. The sliding sign was absent in 10/31 patients and the absence of sliding sign was significantly associated with the presence of intraoperative adhesions ($p=0.018$). 20% of patients with absent sliding sign required modification of the surgical incision; entering the uterus via the upper segment. **Conclusions:** The absence of preoperative sliding sign is associated with intraoperative adhesions in women with previous caesarean section. This knowledge may allow planning of cutaneous and uterine incision and allows the allocation of a clinician with the appropriate surgical experience.

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The usage of intravenous iron in correcting antenatal anaemia: A pilot study

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ABSTRACT

Introduction: Iron deficiency anaemia (IDA) which is the commonest aetiology of anaemia in pregnancy, is treated with iron or blood transfusion. Parenteral iron is given instead of blood transfusion. The specific objectives were to identify mothers who have IDA and implement parenteral iron and avoid blood transfusion, with an aim to increase the level of Hb, two weeks after completing treatment. **Methods:** We conducted a cross-sectional study; collecting data via checklists from 1st January to 31st March 2022. The samples included all antenatal mothers with IDA. We excluded women with anaemia due to other causes. Paired T-Test was used to compare the Hb level pre- and post-parenteral iron therapy. **Results:** A total of forty-one women were included for analysis. There was no blood transfusion among the IDA pregnant mothers because Hb was raised significantly from 8 to 11 g/dL after parenteral iron therapy ($p<0.05$).

WHO labour care guide (2020) vs modified WHO partograph (2000): The early experience in Hospital Kemaman

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ABSTRACT

Introduction: The World Health Organization (WHO) introduced a new generation partograph, the Labour Care Guide in 2020 following recent research evidence. This study was conducted to compare the labour characteristics and outcomes before and after the adoption of this new labour monitoring tool in Hospital Kemaman, Terengganu. **Methods:** We conducted an analysis of the labour data over a three-month period, before (July to September 2022) and after (October to December 2022) the implementation of the modified WHO Labour Care Guide 2020. Labour duration, interventions, and complications were analysed and compared between the study groups. **Results:** The analysis showed that the proportion of women who were in the active phase of labour had reduced significantly (19.2% vs 31.1%; $p < 0.001$). There were also significantly fewer women who had amniotomy and labour augmentation. The mean duration of labour augmentation had also reduced by 28 minutes ($p = 0.006$). This was however associated with a higher incidence of PPH (18.6 vs 10.6%; $p < 0.011$). **Conclusion:** The introduction of the new partograph saw positive changes in labour management. Further research including the neonatal outcome is much needed.

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Failed instrumental delivery: The maternal and neonatal complications

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ABSTRACT

Introduction: Failed instrumental delivery is a known complication in intrapartum management and an incidence of up to 16% had been reported. Studies had shown that it is associated with an increased risk of maternal and neonatal morbidity. **Methods:** A retrospective case-control study was conducted on all successful and failed instrumental delivery in the Obstetrics & Gynaecology Department, Hospital Kemaman from 2020 to 2023. Maternal, neonatal, and delivery characteristics were analysed in relation to the delivery success. **Results:** The analysis showed that the instrumental delivery rate was 2.76% from a total of 11,985 deliveries. A total of 36 women had failed instrumental delivery and it was significantly associated with fetal non-occiput anterior position. There was no significant difference in maternal or neonatal complications except for lower mean umbilical cord mean pH and base excess, resulting in significantly more neonates born with acidemia. Failed instrumental delivery carries a 2-3 times higher risk of low umbilical cord pH, base excess, and acidemia. **Conclusion:** Failed instrumental delivery is significantly associated with abnormal neonatal acid-base status. The fetal position in the second stage of labour is a significant factor for successful or unsuccessful delivery with an obstetric delivery instrument.

Gene expression of immune-related markers, PD-1, PD-L1, and PD-L2 in tissue of endometrioid endometrial cancer

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ABSTRACT

Introduction: The immune checkpoint inhibitor has been actively explored as immunotherapy for cancer. Our study aims to determine the mRNA expression level of programmed cell death protein 1 (PD-1), programmed cell death ligand 1 (PD-L1), and programmed cell death ligand 2 (PD-L2) in patients with endometrial cancer. **Methods:** A prospective study was conducted in the Universiti Kebangsaan Malaysia Medical Centre (UKMMC), between the years 2021 and 2023. We collected endometrial tissues from patients who underwent hysterectomy for endometrial cancer and benign gynaecological cause (which act as controls). The mRNA gene expression of PD-1, PD-L1, and PD-L2 of the endometrium samples, was analysed using real-time PCR. GAPDH and ACTB were used for housekeeping genes. **Results:** A total of 36 patients were recruited; endometrial cancer (n=24) and controls (n=12). All cancer samples were early stage endometrioid endometrial cancer, with less than 50% myometrial invasion and no evidence of lymphovascular invasion. The mRNA expression of PD-1 was significantly higher in endometrial cancer compared to the control group (3.33-fold, p=0.003). The endometrial cancer group also reported greater mRNA expression of the PD-L1 and PD-L2 ligands; 3.00-fold (p=0.011) and 3.11-fold (p=0.003) respectively. **Conclusion:** The early-stage endometrioid endometrial cancer cells exhibited increased expression of the mRNA level of PD-1, PD-L1, and PD-L2, compared to the controls. These findings provide preliminary data on the role of these immune-related markers as cancer markers in immunotherapy. Further research is very much needed.

Fertility preservation surgery in early-stage ovarian cancer

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ABSTRACT

Introduction: Ovarian cancer is one of the most common cancers among women worldwide. Ovarian cancer risk increases with age and patients often present late. Nowadays, with increased medical awareness and screening programs, ovarian malignancy is detected early. The standard management of ovarian cancer involves radical surgery. The current trend among women delaying pregnancy has posed a medical dilemma in managing patients who wish to retain their fertility. We aimed to assess the outcome of fertility preservation surgery in women with early-stage ovarian cancer in Hospital Sultanah Bahiyah. **Methods:** A retrospective analysis was conducted involving patients who underwent fertility-sparing surgery for early-stage ovarian malignancy from January 2009 to December 2017. All these patients were followed-up for 5 years. **Results:** A total of 65 patients were included, with a median age of 24 years old. Descriptive analysis was used in this study. The majority of the patients were Malays. 32.3% (21 patients out of 65 patients) were pregnant after the surgery and from that number, eighteen patients had successful livebirths (85.7%). Out of 65 patients, 56 patients (86.2%) had disease-free interval. Seven patients (10.8%) had recurrence while two patients (3.1%) had disease progression. In terms of overall survival, 61 patients (93.8%) had five years survival. Unfortunately, four patients (6.15%) did not survive. **Conclusions:** Patients who underwent fertility-sparing surgery had very good outcomes in terms of pregnancy, oncologic outcome, and overall survival.

Effectiveness of cryotherapy for histologically confirmed cervical intraepithelial neoplasia Grade 1 (CIN I) in a centre, North Malaysia

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ABSTRACT

Introduction: To describe the outcome and effectiveness of cryotherapy for the treatment of women with cervical intraepithelial neoplasia (CIN) Grade I in Hospital Sultanah Bahiyah, Alor Setar, Kedah. **Methods:** Retrospective data collection was performed from the medical record for women who underwent colposcopy for abnormal smear and had histopathological confirmation of CIN I from a cervical biopsy. The data included was from 2018-2022. Women with CIN I were treated with cryotherapy by the doctors in outpatient settings and followed up for cure, adverse events, and complications. Repeat colposcopy and Pap smear performed at least 3 months post cryotherapy to determine cure of disease. A cure is defined by normal colposcopy and Pap smear during the follow-up visit. **Results:** 27 women were identified and diagnosed with CIN I from colposcopic examination and histologically proven from their pre-treatment biopsy. All the women underwent cryotherapy treatment with no immediate or delayed complications reported. Among the women, 25 (92.5%) attended follow-up with repeat colposcopy examination and Pap smear. The cure rate was 91.7% for CIN I. **Conclusions:** The study has shown that cryotherapy is an effective treatment for CIN I with minimal complications and is suitable for outpatient settings.

Folic acid levels among healthy pregnant women and their new-born in Sultan Ahmad Shah Medical Centre at International Islamic University Malaysia, Pahang, Malaysia (IIUM)

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ABSTRACT

Introduction: Folic acid, often known as folate, is a crucial vitamin that functions as a co-enzyme in methylation cycles to preserve the vitality of DNA and neurotransmitters as well as provide protection against neural tube defects. According to Malaysia's 2017 Recommended Nutrition Intake (RNI), pregnant and lactating women should consume 400-600 µg/ of Folic Acid a day, however, our women were prescribed with 5000 µg. Excess of folic acid led to high unmetabolized folic acid, added with flour fortification in Malaysia introduced in 2017. The objective of this research was to identify the prevalence of excess folic acid levels among pregnant women at birth and in their new-born. **Methods:** We conducted a cross-sectional study on 115 pairs of healthy pregnant women – newborns who delivered at Sultan Ahmad Shah Medical Centre @IIUM. Maternal serum was collected 24 hours before delivery, and cord blood was collected at birth. **Results:** Forty-five percent (45.5%) of mothers had excess folic acid levels with mean folic acid level of 44.5±22.9 nmol/L (normal range 4.5-45.3 nmol/L). While among the new-born, 95.7% had normal levels of folic acid, and 4.3% had folic acid deficiency (normal range 31.7-115.5 nmol/L). Data also showed there was a significant positive relationship between maternal and cord blood levels of folate [$r(94) = .711, p < .001$]. **Discussion:** The result of this study concludes that the prevalence of excess folic acid among pregnant women was high and unrecognised. With the implementation of food fortification, action must be taken by having precaution in prescribing folic acid, as for now, we keep overprescribing it.

Visual aid posters on fetal heart rate monitoring: A training tool for improving patient safety and satisfaction in KK Women's and Children's Hospital (KKH), Singapore

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ABSTRACT

Objectives: Cardiotocography (CTG) for continuous intrapartum fetal monitoring is a standard of care in Singapore. CTG misinterpretation remains a persistent problem. Failure to recognise pathological traces and delayed intervention often lead to adverse neonatal outcomes and potential medicolegal implications. CTGs should be considered together with the background and evolving risk factors in patient management. In KKH, we decided to complement our existing CTG training modalities with visual aids (posters). These allow healthcare professionals to refer to and reflect on their clinical decisions. **Methods:** We formed a committee and identified commonly misinterpreted CTG traces. We brainstormed salient learning points. We believe CTG pattern recognition is useful in enhancing CTG learning. We created 4 new CTG posters in 2022; 1) "Bad CTGs – The 'Dodgy' Dozen" – 12 dangerous CTG traces that you ought to know, 2) Pitfalls and stumbling blocks in CTG interpretation, 3) Abnormal CTGs, and 4) Special Situations – Second Stage CTG and CTG for Twins. The posters were displayed in clinical areas for quick reference. **Results:** An online survey on the usefulness of CTG posters received positive feedback. There was a high acceptance rate amongst end-users. **Conclusion:** KKH is the largest training hospital for Obstetrics and Gynaecology in Singapore. Through feedback and identification of gaps in existing CTG training, visual aid posters were created. The posters consist of CTG traces with text explanations. This has been superior to the use of text alone. Visual aids make the presentation of complicated medical information easier to understand, hence improving retention of information.

A retrospective study on pre-eclampsia in Hospital Universiti Sains Malaysia, Kelantan

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ABSTRACT

Introduction: Our study aimed to determine the prevalence of pre-eclampsia, the associated patient's socio-demographic and clinical characteristics, and the maternal and perinatal outcomes. **Methods:** A descriptive retrospective study was conducted over a ten-year period from 2006 to 2016. The following data were recorded and analysed: patients' age, parity, body mass index (BMI), medical history, gestational age, clinical symptoms, laboratory findings, mode of delivery, and maternal and fetal complications. **Results:** A total of 283 cases were analysed. The prevalence of pre-eclampsia was 1.4%. The mean age was 30.4 years. The majority of patients with pre-eclampsia (98.2%) had undergone antenatal booking, with 59% being multigravida and 41% being primigravida. The mean BMI was 30 kg/m² while the mean haemoglobin was 10.2 g/dl. Elevated levels of serum uric acid were observed in 64.7% of women, while increased alanine transaminase (ALT) and aspartate transaminase (AST) levels were recorded in 94% and 53% of patients respectively. Perinatal complications were reported in 23% of patients, with the commonest being postpartum haemorrhage (PPH) (9.5%). Maternal complications were significantly associated with platelet levels below 150 x 10⁹ (p=0.001). The mean fetal weight was 2.53 kg, and 37% of infants required admission to the neonatal intensive care unit (NICU). Patients with gestational diabetes mellitus (GDM) had significantly higher odds of delivering a low-birth-weight infant (p<0.001). **Conclusion:** The prevalence of pre-eclampsia observed in this study is notably lower compared to findings reported in other studies, although the clinical characteristics were largely similar.

Utilization of obstetric ultrasound in the diagnosis of severe fetal ocular pathology associated with familial exudative vitreoretinopathy (FEVR)

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ABSTRACT

Introduction: FEVR is a rare inherited disorder leading to severe visual impairment and blindness. The primary pathophysiology of FEVR includes poor vascular differentiation and incomplete peripheral retinal vascularization. Subsequent ischemia and hypoxia can result in neovascularization and subsequently fibrovascular proliferation, falciform retinal folds, and retinal detachment. Clinical manifestations of FEVR are variable ranging from mild visual impairment to complete blindness at birth or during the first decade of life. **Case Description:** A 34-year-old, primigravida with severe visual impairment, strong family history of FEVR, and a normal 20 weeks anomaly scan, whose fetus was later found to have ocular pathology at 36 weeks. Ocular ultrasound showed evidence of retinal detachment with persistent hyaloid artery. A baby girl was later delivered at term and underwent an ocular laser ... and is currently diagnosed with bilateral FEVR. **Discussion:** Patients with strong family history of FEVR and a normal mid-trimester anomaly scan should be reassessed for fetal ocular changes in the third trimester in view, it is an evolving process. Prenatal diagnosis of FEVR via amniocentesis and molecular analysis is also essential to determine the inheritance of the genetic mutation. Prenatal diagnosis of FEVR via amniocentesis and molecular analysis though essential in determining the inheritance of the genetic mutation, an obstetric ocular ultrasound is fundamental to predict the severity of the condition in an affected pregnancy which allows prognostication of the unborn fetus and comprehensive counselling of the future parents.

A proposed guide: Anti-Xa guided Low molecular weight heparin (LMWH dosing for pregnant mothers with mechanical heart valves as a safer option compared to the conventional weight based LMWH dosing

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ABSTRACT

Introduction: Achieving safe and effective anticoagulation among pregnant mothers with mechanical heart valves (MHV) remains challenging. Intravenous unfractionated heparin requires inpatient APTT monitoring while warfarin, especially doses beyond 5 mg is associated with a significant risk of fetal loss. Low molecular weight heparin (LMWH) has been proposed as an alternative anticoagulation although initial studies showed a significant risk of valve thrombosis among patients given weight based LMWH. **Methods:** We propose a precise strategy of Anti-Xa guided dosing of LMWH as a safer option in pregnancy, on par with some recent studies. This study retrospectively reviewed the trough and peak Anti-Xa levels of pregnant patients with MHV who were treated with weight-based dosing of LMWH in Hospital Tunku Azizah between September 2021 till April 2023 and analysed the doses required to achieve the desired Anti-Xa levels. **Results:** Eight patients were included in the study and we found that 1 mg/kg/BD dosing of LMWH was suboptimal among all of our patients (100%, n=8). The mean trough was 0.35 U/mL while the mean peak was 0.62 U/mL, far below the efficacy range. Our study showed that most patients required a mean LMWH dosing of 1.56 mg/kg/BD compared to conventional 1 mg/kg/BD dosing. Apart from being efficacious, it was also not associated with valve thrombosis, fetal loss, antepartum or postpartum haemorrhage. **Conclusion:** We propose a guide to suggest that treatment dosing of LMWH for pregnant mothers with MHV should be guided by peak and through Anti-Xa levels as a precise and safer strategy.

Procedure-related complications of amniocentesis: A 5-year-review in a maternal fetal medicine training centre

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ABSTRACT

Introduction: Amniocentesis is a common prenatal diagnostic procedure performed to assess fetal health and detect potential genetic abnormalities. While it is generally considered safe and effective, there are inherent risks associated with the procedure. This review aims to provide an overview of the complications that can arise from amniocentesis and their potential implications for both the fetus and the expectant mother. Our study evaluated the post-procedure complications in healthy and high-risk pregnancies in a Maternal-Fetal Medicine training centre, over a five-year period. **Methods:** A retrospective review of the patient's medical records was conducted. The enrolled subjects were classified into groups: 1) pregnancy with normal genetic findings and 2) pregnancy with abnormal genetic findings. The following data were collected: gravidity and parity, procedure details, maternal clinical condition before and directly after amniocentesis, and post-procedure complications and symptoms. **Results:** A total of 649 amniocentesis procedures were performed between 2018 and 2022. The number of pregnancies with normal and abnormal genetics were 590 and 59 respectively. The mean maternal age at amniocentesis was 37.50 ± 5 years. The most common complication following amniocentesis was PPRM, followed by miscarriages. These complications were significantly higher in fetuses with abnormal chromosomes. **Conclusion:** Amniocentesis is a safe procedure, by ensuring careful patient selection, appropriate procedural techniques, and diligent post-procedural care, the potential for adverse events can be minimized, contributing to safer and more effective prenatal diagnosis.

Review of 6 patients undergoing microwave ablation for uterine fibroids: A case series

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ABSTRACT

Introduction: We aimed to assess the outcomes of patients who underwent microwave ablation for uterine fibroids. **Methodology:** A retrospective analysis of the patients who underwent microwave ablation of uterine fibroids in Hospital Tuanku Ja'afar and completed follow-up for at least 3 months. Observations were done before the procedure and had follow-ups at 3-, 6-, and 12 weeks post-procedure. The symphysis pubic height was measured at each visit and documented. The patients also had an ultrasound examination at every visit. Measurements of the fibroids were made. A calculation was made for each fibroid in are (2 dimensions calculated on the transverse view) and volume ($4\pi r^3/3$ of the 3 measurements were made. **Results:** The outcome for every patient was variable. Most showed a reduction in symphysis fundal height, area, and volume of the fibroids as an objective assessment of the outcomes of the treatment. However, the actual reduction was different for each fibroid and patient. **Conclusion:** Microwave ablation is an effective alternative modality for the treatment of uterine fibroids. However, the amount of reduction cannot be anticipated and hence the patient should receive appropriate counselling prior to the procedure. As this is a very small study, a larger number of patients need to be recruited to give stronger evidence of the efficacy of this modality of treatment.

3D-total laparoscopic hysterectomy of a very large uterine myoma in a super morbidly obese woman of body mass index 60 kg/m²: A case report

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ABSTRACT

Introduction: We are reporting a case of total laparoscopic hysterectomy for a large uterine mass of 24 weeks gestation in a super morbidly obese woman. **Case Description:** A 40-year-old Malay nulliparous female, morbidly obese (height 161 cm, weight 158.5 kg, BMI 60.1 kg/m²) presented with a large uterine fibroid, FIGO Grade 4 with its upper border extending up to the 4 cm above the umbilicus. After 6 months of GnRH suppression, she consented to a total laparoscopic hysterectomy. Pre-operatively, bowel preparation was done with 3 days of liquid diet, a rectal enema, and antacid pre-induction. A nasogastric tube was inserted before port entry. The ports were placed higher with the primary port at the epigastric region and the working ports on the left paramedian at the level of the umbilicus and ipsilateral left lumbar. Intra-corporeal myomectomy was done prior to the total hysterectomy. The patient was stable throughout the operation, and blood loss was 900ml. The patient was fully ambulated, resumed a normal diet 24 hours after surgery, and was discharged home well on day 2 post-operation. **Discussion:** Operating a large uterine mass in a super-morbidly obese woman laparoscopically is technically far more challenging for surgical and anaesthetic management. Perioperative preparation, positioning, anaesthetic management, and ergonomic port placement are paramount to surgical outcomes. Minimally invasive surgery is feasible & it is the best option for the morbidly obese patient as it allows early mobilization and spares them from tumultuous post-operative morbidity from open surgery as proven by our case.

The surgical outcomes of robotic-assisted myomectomy versus laparoscopic myomectomy by an experienced laparoscopic surgeon

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ABSTRACT

Introduction: This study aimed to learn the learning curve pattern regarding the surgical outcome of robotic-assisted myomectomy versus conventional laparoscopic myomectomy by an experienced laparoscopic surgeon. **Methods:** A prospective non-randomized study of robotic-assisted laparoscopic (RAL) myomectomy listed for surgery from 1st March 2023. Patients with uterine fibroids suitable for a conservative surgical intervention and minimally access surgery are counseled on the surgical approach, either robotic-assisted or conventional laparoscopic myomectomy. The robotic surgery is carried out with the Intuitive da Vinci Xi system. After docking, a myomectomy is performed as usual as laparoscopic surgery. The following outcome measures were assessed: Operative time (mins), estimated blood loss (ml), rate of conversion to laparoscopy, days of pain (PS >3), rate of post-operative fever, and length of stay after surgery (days). **Result:** The preliminary result showed from the completion of training up to 15th May 2023, 10 patients had robotic myomectomies, and 18 had laparoscopic myomectomies. Both groups were matched in characteristics, with mean age (36.6 vs 37.9), BMI (21.9 vs 26.3), largest fibroid diameter (cm) (7.11 vs 8), and multiplicity. Robotic surgery had a longer mean operating time (147.5 vs 128.3 mins), significantly lesser blood loss (92 vs 228 ml), and no difference in days of post-operative pain (1.2 vs 1.1 days), and length of stay (1.6 vs 1.2 days). **Conclusion:** The surgical outcome of robotic-assisted myomectomy performed by an experienced laparoscopic surgeon is compatible with conventional laparoscopy and readily proficient soon after a period of technical training.

Laparoscopic marsupialization of a symptomatic infected pelvic lymphocele

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ABSTRACT

Introduction: Pelvic lymphocele is a common complication of pelvic or para-aortic lymphadenectomy. The incidence is small but 4-35% of them are symptomatic. Drainage by the Interventional Radiology team is feasible for large lymphoceles but for small, deep-seated lymphocele in the depth of the pelvis, a laparoscopic approach is more pragmatic. **Case Description:** We present a case of early-stage ovarian cancer which underwent complete surgical staging but this was complicated by a delayed infected lymphocele after the first cycle of chemotherapy. In view of the difficult location, a laparoscopic marsupialization of the lymphocele was done. **Discussion:** The method, adhesiolysis and identification of important landmarks are demonstrated in this video.

Turner syndrome with a missing uterus: A case report

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ABSTRACT

Introduction: Turner syndrome is a chromosomal anomaly affecting 1 in 2,500 of female births where one X chromosome is missing or partially missing. Primary amenorrhea in Turner syndrome is due to gonadal dysgenesis. Mullerian agenesis is a congenital malformation of the Mullerian ducts resulting in the absence or atresia of the vagina or uterus or both with an incidence of 1 in 4,500-5,000 females. Any association between the two would be an extremely rare occurrence. **Case Description:** We present a case of a now 26-year-old adult with Turner syndrome who was referred for gynaecology consultation at age 18 by the endocrine team for primary amenorrhea despite hormonal therapy since the age of 14. Initial pelvic imaging by ultrasound was inconclusive. She responded to hormonal therapy as evidenced by the maturation of the tanner staging of her breasts and pubic hair. However, never developed menstruation nor did pelvic scans show any growing uterus. Therefore, a pelvic MRI was performed due to suspicion of concomitant Mullerian anomaly which revealed the absence of the uterus and ovaries. Hence, it was concluded that she had two different pathologies resulting in her primary amenorrhea. **Discussion:** In this rare occurrence of Turner syndrome with Mullerian agenesis, hormonal therapy is beneficial for the development of secondary sexual characteristics, cardiovascular health, and bone protection. However, induction of menses and the possibility of carrying her own biological child would be impossible. Further management of her care would include managing any comorbidities and improving her quality of life.

Prevalence of anxiety and depression and quality of life in women with Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome in Malaysia

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ABSTRACT

Introduction: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a rare congenital disorder in which women are born with an underdeveloped or missing vagina and uterus. It has been reported that MRKH is linked to poor psychological health and quality of life. We aimed to determine the prevalence of anxiety and depression and to evaluate the quality of life in women with MRKH syndrome in Malaysia. **Methods:** We conducted a cross-sectional study involving women with MRKH in Malaysia. The following self-administered questionnaires were used to assess the women's anxiety, depression, and quality of life; 1) Generalised Anxiety Disorder-7 (GAD-7), 2) the Patient Health Questionnaire-9 (PHQ-9), and 3) World Health Organization Quality-of-Life Scale (WHOQOL-BREF). The respondents' sociodemographic and medical profiles were also recorded. **Results:** A total of seventy-seven women with MRKH were included with a response rate of 73%. The mean age of the participants (mean \pm SD) was 29.1 \pm 8.3 years old and the mean age of diagnosis was 20.5 \pm 5.0 years old. Women with MRKH syndrome had anxiety (n=29, 37.7%) and depression (n=25, 32.5%) of varying severity. Of the domains in WHOQOL-BREF, only the aspect of social relationships was poor (mean \pm SD: 54.88 \pm 20.99) in which a cut-off score of less than 60 indicates poor outcome. **Conclusion:** There was a high prevalence of anxiety and depression in Malaysian women with MRKH. In terms of their quality of life, only social aspects were adversely affected.

A peculiar case of endocervical polyp in an adolescent and a review of cervical rhabdomyosarcoma in an adolescent

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ABSTRACT

Introduction: Cervical Rhabdomyosarcoma (RMS) is a rare disease and treatment is not codified. Fertility sparing surgery followed by chemotherapy is a possible modality in well-selected cases, which is further supported by data shown in a literature review that we performed. **Case Description:** A 15-year-old girl virgo intacta with no prior medical problem presented with a tongue-like mass per vagina for 5 months associated with blood-stained, foul-smelling vaginal discharge. She attained menarche at the age of 11, with normal menses. No family history of malignancy. She was referred to a Paediatric & Adolescent Gynaecologist (PAG). The mass was not seen at the perineum during assessment. Hence, she underwent vaginoscopy under anaesthesia which revealed an irregular mass 6 x 3 cm arising from endocervix. Hysteroscopic endocervical polypectomy was performed and the histopathology showed an embryonal rhabdomyosarcoma botryoides subtype. Imaging post-operatively was suggestive of residual local disease with no distant metastasis. A multidisciplinary team (MDT) meeting was conducted and family opted for fertility sparing management. Following that, hysteroscopy targeted transcervical resection of endocervix and cone biopsy was done and fortunately, no residual malignancy reported on histopathology examination. She received 8 cycles of chemotherapy, with imaging and hysteroscopic surveillance. Literature review shows that early-stage primary cervical rhabdomyosarcoma can be managed by fertility sparing treatment with very promising outcome. **Discussion:** Polyps are rather odd in adolescence and malignancy should be suspected. Management may not be straightforward and need MDT approach. Minimally access surgery followed by chemotherapy is possible in managing selected cases to improve outcome.

Endometriosis in Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome: A case report and literature review on uterine-conserving approaches

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ABSTRACT

Introduction: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a congenital disorder characterized by agenesis or aplasia of the uterus and upper part of the vagina in females with a normal female karyotype (46, XX). In rare cases of MRKH with functioning rudimentary uterine remnants, endometriosis is common. **Case Description:** A 38-year-old, single woman known to have Type II MRKH syndrome presented with recurrent severe pelvic pain. She was first diagnosed at the age of 16 after complaining of primary amenorrhea associated with cyclical pelvic pain. Karyotyping, a diagnostic laparoscopy, and findings of conductive hearing loss and unilateral renal agenesis confirmed Type II MRKH syndrome. Magnetic resonance imaging and serial pelvic ultrasounds revealed a functioning right rudimentary uterine remnant with hematometra. Over a period of 22 years, the patient suffered from mild-to-moderate dysmenorrhea and was treated with medical therapy unsuccessfully. Finally, the patient required admission for severe pelvic pain not responding to hormonal suppression. Despite absolute uterine factor infertility and the prohibition of gestational surrogacy, the patient was still keen to conserve her functioning uterus. Diagnostic laparoscopy revealed the presence of endometriosis and a right ovarian endometrioma. **Discussion:** The mainstay of treatment for chronic pelvic pain and endometriosis associated with obstructed functioning rudimentary uterine remnants in women with MRKH is surgical resection. However, the psychological impact of having MRKH syndrome should not be underestimated. Alternatives to surgical resection must be discussed with thorough counselling, support and careful dialogue with the patient is necessary.

Haematocolpos due to imperforate hymen: Seek and you shall find

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ABSTRACT

Introduction: Imperforate hymen is a condition with an incidence of 0.05-0.1%, where the hymen obstructs the vaginal opening completely. This may lead to haematocolpos, where menstrual blood is trapped in the vagina as opposed to being expelled. Diagnosis and treatment are crucial to prevent potential sequelae including infection, urinary retention, hydronephrosis, renal failure, and subfertility. **Case Description:** A 10-year-old girl, presented to the emergency department with a three-day history of suprapubic pain. She had 2 prior visits to the emergency department within the same week and was treated for urinary tract infection and constipation colic. She was referred to us on her third visit for a suspected twisted ovarian cyst. Abdominal palpation revealed a tender mass palpable at the umbilicus level. Perineal examination showed an imperforate bulging hymen. Ultrasound showed a fluid-filled mass measuring 13 x 6 cm posterior to the bladder, inseparable from and inferior to the uterus, consistent with haematocolpos due to imperforate hymen. A cruciate hymenotomy was performed and she made a good recovery post-operatively and subsequently had normal menses. **Discussion:** Often there is a missed or delayed diagnosis of this condition attributed to its low incidence, non-specific symptoms, and infrequent genital examination. This case depicts the importance of gynaecological assessment in adolescent girls presenting with abdominal pain.

Leech bite as a potential cause of per vaginal bleeding in children: A case report

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ABSTRACT

Introduction: Per vaginal bleeding in children is a concerning symptom for parents with a range of aetiologies, and leech bite is a potential cause, following contact with or swimming in contaminated water. **Case Description:** We present two cases of vaginal bleeding in toddlers presenting to a hospital in Selangor, Malaysia, and their subsequent management. In both cases, the children had given a significant history of swimming in the river prior to onset of vaginal bleed. In the first case, examination under anaesthesia with vaginoscopy was done and compression was done to the area of bleeding with tranexamic acid and diluted adrenaline solution. In the second case, the examination was done in the emergency department by using normal saline to flush through the hymenal opening. **Discussion:** Sanguinivorous leeches represent the minority of leeches and can cause bleeding for up to 7 days, sometimes resulting in anaemia or massive bleeding. Leech bite is more common in tropical areas, and may involve human orifices, resulting in an array of bleeding issues. Caution should be practised during removal of the leech to avoid heavy bleeding, and the possible methods are discussed. Comparison is made between the cases presented and other cases found in the literature in terms of management and complications. A careful history should be elicited to exclude leech bites as a potential cause of bleeding. Leech bite causes a range of morbidities and should be managed accordingly to avoid further complications.

Prognostic factors for Intrauterine Insemination (IUI) outcomes: Hospital Sultanah Nur Zahirah (HSNZ) experience

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ABSTRACT

Objective: To determine the prognostic factors for IUI pregnancy outcome and identify the failure cause of IUI. **Method:** A retrospective descriptive study had conducted at UPR HSNZ from Jan 2022 to Dec 2022. We retrieved data from the IUI data sheet from the UPR unit. This study evaluated the association of paternal factors (paternal age and total motile sperm count), maternal factors (age, race, BMI, duration of infertility, causes of infertility) and the effect of ovarian stimulation regimens, ovulation trigger medication, number of dominant follicles, timing from ovulation to IUI, the total number of IUI cycles to pregnancy rate. **Result:** There was a total of 113 IUI in the year 2022. The overall pregnancy rate was 4.4%. The percentage of IUI patients over 35 in the population was 33.5%. The mean of maternal age vs paternal age was 33.75 vs 36.75. Among the predictive factor we evaluated, no other criteria significantly influence the clinical pregnancy rate of the IUI cycle. Linear regression revealed BMI as determining successful IUI factor with OR 1.29, CL (1.01-1.65), $p=0.042$. However, this result is contradicted by other studies. **Conclusion:** Only BMI was a significant prognostic factor influencing pregnancy rate among all the aspects. However, we noticed many patients did not fulfil the criteria to proceed with IUI during this study. Clinicians should pay more attention to patient selection to increase the success rate of IUI.

Trigger shot in assisted reproductive technology (ART). Is it time for change?

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ABSTRACT

Introduction: Our study aimed to determine the trigger medication and dosage for improvement of ART outcomes. **Method:** This retrospective cohort study was undertaken from January 2013 to March 2022 at PIVET Medical Centre, comprising 1,101 autologous antagonist ART cycles, with women aged 20-40 years. The ovarian stimulation protocols were according to the PIVET FSH dosing algorithm and patients were categorized into four groups (rHCG 250 mcg, rHCG 500 mcg, rHCG 750 mcg, Dual trigger - rHCG 500 mcg & Triptorelin 200 mcg). **Results:** The dual trigger regime had the greatest number of oocytes retrieval (11.85 ± 5.54 , $p < 0.0001$), and interestingly, GV? retrieval rate was also the highest (2.5 ± 2.6 , $p < 0.001$) among the four groups. The group of rHCG 750 mcg was reported to have the significantly lowest number of total oocytes (4.90 ± 4.06) and MII oocytes (3.23 ± 2.33) retrieved. There were no significant differences in fertilization rates observed among the groups ($p = 0.395$). The group of rHCG 750 mcg had the lowest proportion of good-quality blastocysts while the highest good-quality blastocyst rate was shown in the group of rHCG 250 mcg (5.6% vs 41.9%, $p < 0.0001$). The dual trigger group demonstrated the highest clinical pregnancy and live birth rates (85% and 65%, both $p < 0.001$), with the lowest miscarriage rate (23.5%, $p = 0.013$), whilst the group receiving rHCG 500 mcg had the second highest clinical and live birth rate (66.7% and 52.5%). **Conclusion:** Dual trigger is the most effective trigger in ART for optimizing clinical results, albeit not exhibiting the highest blastocyst quality rate.

Endometrial $\alpha\beta 3$ Integrin expression in obese women with polycystic ovarian syndrome (PCOS) following progesterone therapy

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ABSTRACT

Introduction: We aimed to determine the expression of the endometrial $\alpha\beta 3$ Integrin in women with polycystic ovarian syndrome (PCOS) during implantation window following progesterone therapy. **Methods:** A total of 40 participants aged 18-40 years old were recruited. The participants were divided into the obese PCOS, normal-weight PCOS, obese fertile and normal-weight fertile groups. The first blood collection was done before ovulation. Then, daily oral micronised progesterone (Utrogestan 200 mg) was given to the PCOS group for 10 days. The treatment was followed by a second blood collection and endometrial tissue sampling by using a Pipelle de Cornier catheter. In the fertile group, ovulation was confirmed by using ultrasound, and a second blood sample was collected on days 7 to 9 post-ovulation. The serum levels of FSH, LH, DHEA, progesterone and oestradiol were measured in all participants. **Result:** Serum FSH levels were lower in obese women in their follicular phase than in women with normal weight regardless of their PCOS status, whereas serum LH/FSH ratios and DHEA levels were higher in women with PCOS than in women without PCOS. However, endometrial $\alpha\beta 3$ Integrin expression was significantly lower in the obese group either PCOS or the control group. **Conclusions:** Different patterns of hormonal levels and endometrial $\alpha\beta 3$ Integrin expression levels were seen between the studied groups. However, further in-vitro and in-vivo studies are needed to investigate the mechanism underlying the changes in FSH, LH/FSH ratio, DHEA and Hb-EGF expression in PCOS after progesterone treatment.

Diminished ovarian reserve (DOR) women: The role of rescue-in vitro maturation (Rescue-IVM)

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ABSTRACT

Background and Objective: (Rescue-IVM) is not routinely practiced due to limited evidence. The procedure is incorporated in the IVF procedure of women with (DOR) to improve pregnancy rates. We aim to consolidate the role of Rescue-IVM in DOR women in our centre. **Methods:** A cohort study conducted between July 2021 and July 2022, consisted of two groups: 1) Normal Ovarian Reserve (NOR) and 2) DOR defined as Anti-Mullerian Hormone (AMH) <1.2 ng/mL and antral follicle count (AFC) <5, based on POSEIDON criteria. Concurrent IVF rescue IVM was performed according to the local protocol. The duration of IVM culture depending on stage of oocytes maturation. The result of oocyte maturation rate (OMR), fertilization index (FI) and number of normally cleaved embryos were analysed. **Results:** A total of 157 women underwent 164 cycle of IVF-rescue IVM (NOR 119, DOR 45). The duration of fertility and follicle oocyte index (FOI) were comparable among groups. The total number of collected oocytes for NOR and DOR groups were 975 and 89. Both the OMR (60% vs. 58.57%) ($p=0.314$) and FI (41.6% vs. 38.3%) ($p=0.477$) are higher in DOR than NOR. The number of normally cleaved embryos is statistically significant in DOR (16.6% versus 5%) ($p=0.06$) with a lower number needed to treat (NNT) in DOR group using rescue-IVM strategy (1:169) than in the NOR (1:909). **Conclusion:** With this promising outcome, rescue-IVM can be incorporated with concurrent IVF and considered a good strategy for managing DOR women.

Expression of HOXA10 in endometriotic women following modulation of gonadotropin-releasing hormone receptor

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ABSTRACT

Introduction: Homeobox A10 (HOXA10) gene plays an important role in developing endometrium. *HOXA10* gene expression is relatively lower in women with endometriosis. The aberrant regulation of the gene affects the endometrial receptivity during the implantation window among these women. Our study examined the changes in *HOXA10* messenger RNA (mRNA) and *HOXA10* protein expression in patients with endometriosis, before and after treatment with a gonadotropin-releasing hormone agonist (GnRHa) by modulating the GnRH receptor. **Methods:** A total of seventeen ($n=17$) endometriotic women aged between 25 to 45 years old were recruited at the Advanced Reproductive Centre (ARC) HCTM, Malaysia. Paired samples were collected during the luteal phase of the patients, before and after treatment with GnRHa. All thirty-four samples were assessed using real-time PCR (qPCR) and western blot. Fold-change ($\Delta\Delta Ct$) of *HOXA10* was calculated, and statistical analysis was done using Wilcoxon Signed Rank Test in SPSS. **Results:** Nine patients showed positive differences, while the other eight show negative differences in *HOXA10* expression. 65% of patients demonstrated upregulation of *HOXA10*, while the remaining 35% demonstrated downregulation of the gene. Although more patients demonstrated upregulation, but no significant difference was detected ($p>0.05$). Therefore, the median differences of *HOXA10* Ct values between before and after treatment are likely to be equal to zero. **Conclusions:** This study suggests that treatment with GnRHa will not cause *HOXA10* to be expressed differently either before or after the treatment. These results are preliminary data to see *HOXA10* mRNA and *HOXA10* protein expression and will be further validated with methylation-specific qPCR (MS-qPCR).

Retrospective analysis of the role of Clomiphene Citrate in gonadotropin stimulated cycles in *in-vitro* fertilization(IVF) in a tertiary centre

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ABSTRACT

Introduction: The objective of the research was to compare the outcome of the cycle stimulation in terms of total gonadotropin usage, number of matured oocytes obtained, fertilization rate and top-quality embryos produced between Group A which consist of Clomiphene Citrate added to Gonadotropin (intervention group – 81 patients) and Group B which only consist of Gonadotropin (control group – 141 patients). **Methods:** We retrospectively reviewed the medical notes to look into the comparison outcomes using antagonist protocol between co-administration of clomiphene citrate in gonadotropin-stimulated IVF cycles and only gonadotropin-stimulated cycles in the year 2020. A student T-test has been used to evaluate the significance of the outcome of the components analysed. **Results:** Two hundred and twenty-two patients were included in this study whereby eighty-one patients were from group A and one hundred and forty-one patients from group B. Mean patients age is 34.72±3.24 and 34.39±3.38 from groups A and B respectively. Mean ± standard error means the total usage of gonadotropins (436.42±53.05 vs 1955.32±56.39, p<0.05), Number of oocytes retrieved (8.54±0.66 vs 10.32±0.56, p<0.05), Fertilization rate (0.55±0.04 vs 0.56±0.02, p>0.05) and top-quality embryos (0.59±0.09 vs 1.29±0.16, p<0.05) from group A and B respectively. **Conclusion:** Co-administration of Clomiphene Citrate in IVF improved the number of total oocytes retrieved, obtaining top quality embryos, and reducing total amount of gonadotropins in IVF cycles. No significant change was observed in the fertilization rate of oocytes.

The efficacy of Aspirelix in prevention of premature Luteinizing Hormone (LH) surge in flexible antagonist In-Vivo Fertilisation (IVF) protocol

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ABSTRACT

Introduction: Premature LH surge has been associated with unfavorable implantation and pregnancy outcomes in IVF cycles. Hence, GnRH agonists and antagonists have been introduced to eliminate the risk. This is a retrospective analysis of the efficacy of Aspirelix 0.25 mg (certorelix) in preventing premature LH surge in flexible GnRH antagonist IVF-embryo transfer (IVF-ET) cycles, in Assisted Reproductive Centre Hospital Universiti Kebangsaan Malaysia (ARC HUKM). **Methods:** All IVF patients stimulated with flexible GnRH antagonist protocol from January 2023 to May 2023 were included in this study. Stimulation began on day 2-3 of the menstrual cycle, and dosages of FSH ± LH were adjusted according to the patient's ovarian reserve, age, and BMI. GnRH antagonist (Aspirelix 0.25 mg) daily injections were initiated once a leading follicle, measured ≥ 12 mm; was visualized on the scan. LH levels were taken on trigger day, with a level of ≥ 10 IU/L being defined as an LH surge, and evidence of premature ovulation was observed on oocyte retrieval day. Patients with incomplete data were excluded from the study. **Results:** Three out of thirty patients (10%) had a premature LH surge, with two of them having evidence of ruptured follicles during oocyte retrieval. The patient's age, the total dosage of FSH usage, total days of IVF stimulation, and size of leading follicles during the initiation of Aspirelix were not statistically significant in determining the outcomes of the premature LH surge. **Conclusion:** Aspirelix has comparable efficacy to other GnRH antagonists in preventing premature LH surge in a flexible GnRH antagonist protocol.

Better Pregnancy outcomes following implementation of elective “freeze-all” strategy: Hospital Sultanah Nur Zahirah (HSNZ) experience

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ABSTRACT

Introduction: Segmentation of IVF treatment refers to electively cryopreserving all available embryos (freeze-all) and postponing embryo transfer in later cycles. It has been proposed as a strategy to increase successful embryo transfer by avoiding the transfer of embryos to a possibly less receptive endometrium. We seek to compare IVF outcomes before and after the implementation of this approach in our centre since 2019. **Methods:** Retrospective study using secondary data from IVF case notes and laboratory worksheets was conducted as a clinical audit. Relevant data between 2012 and 2022 were recorded. A total of 186 frozen embryo transfers from freeze-all cycles (freeze-all group), and 348 fresh transfers (fresh group) were included. Background characteristics of patients, clinical pregnancy rate (CPR), ongoing pregnancy rate (OPR), live birth rate (LBR), implantation rate (IR), and miscarriage rate (MR) were analysed. **Results:** Baseline characteristics including age and body mass index (BMI) of both groups were similar. CPR (43.0% vs 18.1%), OPR (38.7% vs 14.7%), LBR (34.9% vs 14.1%), and IR (26.6% vs 8.3%) were all found to be significantly higher in the freeze-all group compared to the fresh group. MR was low in the freeze-all group, but it was not significant (10.0% in freeze-all group and 8.6% in fresh group). **Conclusion:** Freeze all policy offers a preferable approach for a favourable pregnancy outcome.

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Is delayed intracytoplasmic sperm injection (ICSI) useful for patients with poor/failed fertilisation?

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ABSTRACT

Introduction: Intracytoplasmic sperm injection (ICSI) is a procedure used to promote fertilisation in mature oocytes. Despite better fertilisation rates compared to traditional IVF, poor/failed fertilisation could still result. For such cases, immature oocytes on Day 0 (D0) which had matured overnight in culture could be subjected to delayed ICSI (D-ICSI) to potentially produce more embryos for implantation. In this study, laboratory outcomes between standard ICSI (S-ICSI) and D-ICSI were compared in poor/failed fertilisation cycles. **Methods:** Fifty-five cases of poor/failed fertilisation from September 2019 to April 2023 were analysed retrospectively. S-ICSI was performed on 48 oocytes on D0 while D-ICSI was performed on 55 oocytes on D1. Out of the 55 cases, ten patients opted for aneuploidy screening. Fertilisation Rates (FR), Blastocyst Utilisation Rates (BUR) and Euploidy Rates (ER) between both groups were compared. **Results:** The FR was significantly higher in the D-ICSI group (46.2%) compared to the S-ICSI group (18.3%), $p < 0.01$. The BUR and ER for S-ICSI and D-ICSI were 37.5% vs 29.7% and 20% vs 33.3% respectively and were not statistically significant. **Conclusion:** In this study, D-ICSI oocytes resulted in a similar BUR and ER compared to S-ICSI oocytes, showing potential as a method to increase the number of embryos the patient could utilise. With higher FR in D-ICSI cases, a potential reason for the poor/failed fertilization in these cycles is oocyte cytoplasmic immaturity. Nonetheless, due to the small number of samples in this study, a larger sample size would be required to confirm the results of this study.

Role of embolization in arterial hemorrhage following sacrospinous ligament fixation: A case report

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ABSTRACT

Introduction: Sacrospinous ligament fixation (SSF) is a transvaginal procedure aimed prevent or treat post hysterectomy vault prolapse. Vessel injury can be an associated complication and can be difficult to manage due to limited pre-rectal space. We present a case of symptomatic pelvic hematoma from arterial bleeding after an SSF procedure. **Case Description:** A 70-year-old woman, Para 4, was referred for massive uterovaginal prolapse. She underwent a vaginal hysterectomy, anterior and posterior colporrhaphy, and an open method of right sacrospinous ligament fixation with minimal bleeding intraoperatively. On the third day post-operation, she developed symptomatic pelvic hematoma with a significant drop in hemoglobin level. She underwent transvaginal re-exploration of hematoma; however, it was difficult to visualize the torn blood vessels due to a narrow surgical space. We performed a laparotomy with the aim to ligate the internal iliac artery which was unsuccessful. Following consultation with the interventional radiologist, CT angiography followed by targeted embolization of arterial bleeding from the superior gluteal artery and secondary branch of the anterior division of the right internal iliac artery was performed. Post-embolization imaging confirmed hemostasis. **Discussion:** Life-threatening arterial hemorrhage is a rare SSF complication but very difficult to manage surgically due to limited surgical space. Timely diagnosis, prompt resuscitation, treatment options, multidisciplinary team involvement, radiological recognition of surrounding vessels involved, and availability of intervention radiologist for targeted pelvic vessels embolization provides a safe and effective life-saving treatment for a difficult-to-access arterial haemorrhage following SSF procedure and alternative management for surgical re-exploration.

Obstructive uropathy following severe pelvic organ prolapse: Is it reversible?

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ABSTRACT

Introduction: Pelvic organ prolapse (POP) can cause hydroureter and leads to obstructive uropathy. Although it is not potentially fatal, it can lead to renal failure if left untreated. We aimed: 1) To identify the incidence of hydroureter among severe POP, 2) To measure the incidence of hydroureter following treatment, and 3) To evaluate the association of renal impairment in patients with hydroureter following severe POP. **Methods:** A retrospective study of patients with severe pelvic organ prolapse (Grade 3 and 4) from 1st January 2020 to 31st December 2022. **Results:** Among 248 patients, 41 (16.5%) had hydroureter. In Grade 4 prolapse, the incidence were 40 patients (22.5%) while 1 patient (4.9%) in grade 3. 17 patients had bilateral hydroureter while 24 patients had unilateral hydroureter. These patients were treated with ring pessary, vaginal packing or surgery. A total of 37 patients (90%) had complete resolution of hydroureter and only 4 patients (10%) had persistent hydroureter but the size was significantly reduced. Total 3 patients (4.5%) had moderate to severe renal failure while 1 patient (1.5%) had severe renal failure. **Conclusion:** The incidence of obstructive uropathy is high in severe POP and fortunately reversible with mechanical management or surgery. Therefore, early recognition and intervention are important to improve quality of life.

What are the predictors for transient post-operative urinary retention after pelvic floor surgeries?: An observational study

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ABSTRACT

Introduction: Transient postoperative urinary retention (POUR) is common after pelvic floor surgery. We aimed to determine the association between peri-operative variables and POUR. **Methods:** We conducted an observational cohort study of patients who underwent pelvic floor surgeries at a tertiary referral centre from 2021 to 2023. We examined the variables that could be used as significant predictors with univariate and multivariate logistic regression analyses. **Results:** A total of 148 patients satisfied our inclusion criteria. 12.2% of patients had POUR. Both arms were comparable with regard to surgical complications and co-morbidities. The multivariate analysis showed that women who were overweight and obese had a significantly higher risk of developing transient POUR (adjusted odd ratio, AOR 4.15; 95%CI 1.13-15.39, p=0.032) whilst surgery less than 90 minutes had a significantly lower risk (AOR 0.18; 95% CI 0.04-0.81, p=0.026). **Conclusion:** Urogynaecologists and pelvic floor surgeons should attempt to minimize the duration of their surgeries as well as advise overweight or obese patients to lose weight in order to reduce post-operative morbidity.

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Anterior vaginal wall cysts, mimicking anterior compartment prolapse: A case series

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ABSTRACT

Introduction: Vaginal cysts are benign, rare conditions, with a prevalence of 1 in 200 women. We report three cases of vaginal wall cysts mimicking pelvic organ prolapse. **Cases Description:** 1) A 33-year-old para 2, four months postpartum, presented with mass per vagina of five years, which increased in size during pregnancy and protruded out from the introitus. Perineal examination revealed an anterior vaginal wall cyst measuring 7 x 5 cm, non-tender and mobile. Translabial ultrasound [TLUS] showed a well-defined vaginal cyst. She underwent examination under anaesthesia, cystoscopy, and vaginal cystectomy. The histopathological examination revealed a Gartner's duct cyst. 2) A 54-year-old, para 5 presented with a two-year history of vaginal fullness and heaviness. A pelvic examination revealed a 3 x 3 cm non-tender, cystic lesion on her upper left anterior vaginal wall. The cyst was excised and histopathological examination confirmed Bartholin's cyst. 3) A 48-year-old, para 1 presented with a stage IV uterovaginal prolapse and subsequently planned for vaginal hysterectomy. Intraoperatively, we noted a cervical fibroid measuring 4 x 4 cm with serous discharge and degenerative changes. The operation was then converted to an open laparotomy hysterectomy. The mass was located between the lower uterine segment and the bladder which was enucleated as one piece. The histopathological report confirmed myopericytoma of the cervical tissue. **Discussion:** Diagnosis for rare vaginal cysts may be challenging especially when they mimic Pelvic Organ Prolapse (POP) and are often misdiagnosed as cystocele. A thorough assessment should include pre-operative imaging. TLUS permits accurate assessment and facilitates patient counselling and surgical planning.