



*Official Journal of the
Malaysian Medical Association*

The Medical Journal of Malaysia

**31st Congress of the
Obstetrical and Gynaecological
Society of Malaysia (OGSM 2024)**

4-7 July 2024

**Sabah International Convention Centre,
Kota Kinabalu, Sabah, Malaysia**

July 2024

Volume: 79

Supplement: 3



MJM

*Official Journal of the
Malaysian Medical Association*

Volume 79 Supplement 3 July 2024

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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.

**All articles which are published, including editorials, letters and book reviews
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Printed by: Digital Perspective Sdn. Bhd.
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Original Articles are reports on findings from original unpublished research. Preference

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Papers on case reports (one to five cases) must follow these rules: Case reports should not exceed 2,000 words; with a maximum of two (2) tables; three (3) photographs; and up to ten (10) references. It shall consist of a Summary and the Main Text. The summary should be limited to 250 words and provided immediately after the title page. Having a unique lesson in the diagnosis, pathology or management of the case is more valuable than mere finding of a rare entity. Being able to report the outcome and length of survival of a rare problem is more valuable than merely describing what treatment was rendered at the time of diagnosis. There should be no more than seven (7) authors.

Please note that all Case Reports will be published in the new MJM Case Reports Journal (www.mjmcasereports.org).

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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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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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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.

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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/coronavirus/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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All tables and figures should have a concise title and should not occupy more than one printed page. The title should concisely and clearly explain the content of the table or figure. They should be numbered consecutively with Roman numerals (e.g Table I) and figures with Arabic numerals (e.g. Figure 1), and placed after the sections of the manuscript which they reflect, particularly the results which they describe on separate pages. Cite tables in the text in consecutive order. Indicate table footnotes with lower-case letters in superscript font. Place the information for the footnote beneath the body of the table. If a table will be submitted as a separate document, the filename should contain the surname of the first author and match its label in the manuscript (e.g., SMITH Table 1). Vertical lines should not be used when constructing the tables. All tables and figures should also be sent in electronic format on submission of the manuscript as supplementary files through the journal management platform. Clinical Photographs should conceal the subject's identity. Tables and flow-charts should be submitted as Microsoft Word documents. Images should be submitted as separate JPEG files (minimum resolution of 300 dpi).

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Talking out the taboo: Unraveling sex and how it evolves during pregnancy

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ABSTRACT

Introduction: In the strive to amend inequalities, the sustainable developmental goals (SDG) and declared objective of leaving no one behind are praised for their paradigm-shifting potential, particularly concerning sexual reproductive health (SRH), SDG Number 3.7. However, in-depth questions of bedrock origins that perpetuate this unbalanced progress are sparse and superficial at best, especially in Southeast Asian (SEA) communities. It was clear throughout research into peripartum and postpartum high-risk Human Papilloma Virus (hrHPV) infection, that sex-related questions are avoided, despite the clinical setting. **Objective:** The study aimed to identify a perceptible manner to talk about how and why sex evolved around pregnancy. **Materials and Methods:** Postnatal women in Sarawak General were privately interviewed from September to December 2023 (n=416) regarding intercourse frequency before and during pregnancy and asked a reason for these changes. Their facial expressions, answers or lack thereof and body language were noted. **Results:** Questions were met with embarrassed or avoidant behaviour, dismissive replies and an urgency to move on; similarly, the postpartum resumption of sex and contraception discussion. The data showed a significant reduction in intercourse during pregnancy, citing fear for the fetus as the main reason and the husband feeling pity for the pregnant wife as a close second. Rarely are the woman's needs mentioned, highlighting that female libido is still unspoken of in Asian cultures. **Conclusion:** It is taboo enough to talk about sex with married multiparous women, what more the stigmatised and marginalised groups. This paper dives into safe sexual relationships in pregnancy and how SRH topics can be perceptibly discussed in religious and conservative communities.

The impact of the COVID-19 pandemic on maternal mortality rates in Indonesia

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ABSTRACT

Introduction: The COVID-19 pandemic has a significant impact on healthcare systems worldwide, including in Indonesia. One aspect affected is maternal mortality rates. Restrictions on access to healthcare services, changes in health policies and the risk of COVID-19 infection in pregnant women may affect maternal mortality rates. **Objectives:** The study aimed to understand the impact of the Covid-19 pandemic on maternal mortality rates in Indonesia and identify the factors contributing to changes in maternal mortality rates during the pandemic. **Materials and Methods:** This study uses a retrospective method by collecting data from Indonesia's Health Profile before and during the Covid-19 (2019 and 2020). The data includes maternal mortality rates, causes of death, access to healthcare services, availability of facilities and health policies. Statistical analysis was conducted to compare the increase in maternal mortality rates before and during the COVID-19 and identify the factors influencing them. **Results:** Through the analysis, the increase in maternal mortality rates in Indonesia during the COVID-19 pandemic is caused by several factors. Limited access to healthcare services, including movement restrictions and concerns about infection, led many pregnant women to avoid routine check-ups and necessary care hindering early detection of complications. The risk of COVID-19 infection in pregnant women also caused serious complications during pregnancy. **Conclusions:** The COVID-19 pandemic has had a negative impact on maternal mortality rates in Indonesia. The increase in maternal mortality rates highlights the need for better management of maternal health. Further research is required to understand the contributing factors and develop effective interventions.

Risk factors of vitamin D deficiency and its influence on maternal and neonatal outcomes among Malaysian pregnant women

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ABSTRACT

Introduction: Vitamin D deficiency (VDD) affects more than half of pregnant women in Malaysia despite being situated near the equator. It has been linked to several maternal and neonatal complications. However, research on its impact among Malaysian pregnant women are limited. **Objective:** This study aimed to determine the risk factors of VDD and its impact on maternal and neonatal outcome. **Materials and Methods:** A prospective cross-sectional study was conducted at the Obstetrics and Gynaecology Department of HSAAS Selangor, Malaysia. A purposive sampling strategy was utilized to recruit 414 pregnant women. Data was collected using a structured interviewer questionnaire involving sociodemographic and anthropometric characteristics, vitamin D risk factor assessment and participants were followed up throughout pregnancy until delivery. Serum 25(OH)D3 level was analyzed using electrochemiluminescence immunoassay (ECLIA). **Results:** VDD was found to be associated with age, level of education, ethnicity, household income, work status, parity, types of dress worn and physical activity. The prevalence of vitamin D deficiency and insufficiency was 64.7% and 29%, respectively. Pregnant mothers with VDD are one time more likely to develop hypertensive disorders in pregnancy (HdIP) (aOR=1.0 (0.0-1.0 at 95% CI); p=0.008) and having caesarean section (aOR=1.0 (0.0-1.0) 95% CI; p=0.035) as compared to subjects with normal vitamin D level. There was no significant association between vitamin D deficiency with neonatal outcomes (NICU admission, respiratory distress, fetal distress, stillbirth). **Conclusions:** The study identified VDD as a significant determinant of HdIP and caesarean section. As both HdIP and caesarean section are associated with higher maternal morbidity and mortality, prevention of these and its precursor is essential. Thus, implementing policies such as vitamin D supplementation to enhance maternal and neonatal health outcomes could be considered.

Association of vitamin D receptor gene polymorphisms with hypertensive disorder in pregnancy: A quest for novel biomarkers

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ABSTRACT

Introduction: Hypertensive disorders in pregnancy (HDiP) accounted for approximately 14% of maternal and neonatal mortalities worldwide. Inheritance of defective vitamin D receptor (VDR) gene is thought to significantly affect vitamin D molecular signaling, thereby contributing to the development of HDiP. **Objective:** This study aimed to determine the association of VDR gene polymorphisms and the risk of developing HDiP among Malay pregnant women. **Materials and Methods:** This case-control study involved 88 HDiP and 139 normotensive pregnant women with inadequate vitamin D level. Blood was collected for vitamin D status and genetic studies. Deoxyribonucleic acid (DNA) was extracted from peripheral blood monocytes. Serum 25(OH)D3 level was analysed using electrochemiluminescence immunoassay while VDR variants (FokI, BsmI, and TaqI) were determined using polymerase chain reaction-high-resolution melting (PCR-HRM) and Sanger sequencing. **Results:** FokI FF homozygous wild-type genotype and FokI Ff heterozygous were found to be more common among normotensive subjects. In comparison, subjects carrying the ff homozygous mutant genotype was higher in the HDiP cohort (91%) than in the normotensive cohort (9.0%). The F allele exhibited a protective effect against HDiP (61.7% vs. 38.3%). Similarly, homozygous wild-type BsmI BB genotype and heterozygous Bb genotype were higher in normotensive subjects as compared to BsmI bb homozygous mutant which was found to be higher in HDiP subjects. TaqI TT homozygous wild type was also found to be higher in normotensive subjects, while higher tt homozygous mutant in HDiP subjects was seen. **Conclusions:** The present study provides evidence on the role of vitamin D receptor genetic and the risk of developing HDiP among Malay population. Hence, there is a need to consider policies such as VDR gene variant screening and personalised vitamin D supplementation strategies during early pregnancy.

Efficacy and safety of RSV vaccines for maternal immunization: A systematic review

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ABSTRACT

Introduction: Respiratory syncytial virus (RSV) is a significant cause of severe respiratory infections in infants, leading to increased hospitalizations. Maternal immunization with RSV vaccines has emerged as a promising strategy to protect newborns during their early vulnerable months and reduce hospital admissions. Currently, RSV vaccination is not administered to pregnant women in Malaysia. The current preventive treatment involves the expensive and limited monoclonal antibody palivizumab, given to infants for direct passive immunity. Treatment of affected infants primarily involves symptomatic care and antivirals like Ribavirin. **Objectives:** This systematic review evaluated the efficacy and safety of RSV vaccines administered during pregnancy in preventing RSV-associated lower respiratory tract infections (LRTIs) in infants. **Materials and Methods:** A comprehensive search of PubMed, Cochrane Library, Embase, and Malaysian Health Technology Assessment Section publications was conducted using keywords like "RSV vaccine", "maternal immunization", "pregnancy", "efficacy" and "safety". Studies were included if they reported on the efficacy or safety of RSV vaccines in pregnant women and their infants. Data extraction and quality assessment were performed using standardized tools and results were synthesized qualitatively and quantitatively where applicable. **Results:** • **Efficacy:** The RSVpreF vaccine (ABRYSSVO™) demonstrated significant efficacy in preventing severe RSV-related LRTI in infants, with an efficacy of 69.4% against severe LRTI and 56.8% against RSV hospitalizations within the first 180 days of life (SMFM, 2024) (CDC, 2023). • **Safety:** Common maternal adverse events included injection site pain, headache and muscle pain, which were mild to moderate. Infant adverse outcomes such as low birth weight and jaundice showed no significant increase compared to placebo groups (European Commission, 2023) (FDA, 2023). • **Global Impact:** Maternal immunization has the potential to significantly reduce RSV-related morbidity and mortality, especially in low- and middle-income countries where the burden is highest (Readying the World for Maternal RSV Vaccine, 2019). **Conclusions:** Maternal immunization with the RSVpreF vaccine effectively reduces the incidence of severe RSV-related LRTIs and hospitalizations in infants up to six months old. The safety profile is favourable, supporting its use in maternal immunization programs globally. Further research should monitor the long-term outcomes and evaluate seasonal against universal administration for pregnant women.

Impact of WHO Labor Care Guide on reducing caesarean sections at a tertiary center

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ABSTRACT

Introduction: The World Health Organization Labor Care Guide was introduced to implement World Health Organization (WHO) guidelines on intra-partum care for a positive childbirth experience. This study aimed to determine the effect of the WHO Labor Care Guide on labor outcomes, especially in reducing primary cesarean deliveries. **Materials and Methods:** This was a case control study conducted at Kharadar General Hospital from 1st October 2023 to 30th November 2023 on 560 low-risk antenatal women admitted for delivery. After getting their informed consent, women were allocated into the study and control groups. Labor monitoring was performed using the WHO Labor Care Guide in the study group and the World Health Organization-modified partograph in the control group. Women who underwent a caesarean delivery in the latent phase of labor were excluded. The primary outcome was mode of delivery, whereas the secondary outcomes were duration of active labor, maternal complications (postpartum hemorrhage and puerperal sepsis), duration of hospital stay, Apgar score at 5 minutes, and neonatal intensive care unit admission. The labor outcomes in both groups were compared. SPSS software (version 21.0; IBM Corporation, Chicago, IL) was used for statistical analysis. **Results:** After excluding women who underwent caesarean delivery in the latent phase, 272 women in the study group and 270 women in the control group were observed for labor outcomes. The caesarean delivery rate was 5.9% in the study group vs 18.1% in the control group ($P=0.0001$). The duration of the active phase of labor was significantly shorter in the study group than in the control group ($P<0.001$). Both groups were similar in terms of maternal complications, duration of hospital stay and Apgar score. **Conclusion:** The WHO Labor Care Guide is a simple labor monitoring tool for reducing primary caesarean delivery rate without increasing the duration of hospital stay and fetomaternal complications.

Gene expression profiling of hyaluronic acid synthetase 2 (HAS2), prostaglandin-endoperoxide synthase 2 (PTGS2) and gremlin 1 (GREM1) in cumulus cells among women with diminished ovarian reserved (DOR)

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ABSTRACT

Introduction: The management of women with diminished ovarian reserve (DOR) in the field of in-vitro fertilization (IVF) is challenging. Elevated cycle cancellation due to poor ovarian response to stimulation with failure of fertilization is often observed. Thus, molecular insight of cumulus cell (CCs) gene expression reflecting oocyte quality should be elucidated to enhance the understanding and propose an improved management strategy. **Materials and Methods:** The prospective cohort study was conducted in a university hospital setting, considering non-invasive CC gene expression for GREM1, HAS2 and PTGS2. Quantitative polymerase chain reaction with normalization was performed using housekeeping genes, specifically RRS18 and GAPDH. **Results:** A total of 40 women were recruited: 20 for normal ovarian reserve and 20 for the DOR group. The women with DOR are older than those with NOR (37.5 ± 5.021 vs. 32.5 ± 3.873) and with anti-Mullerian hormone levels of 4.64 (2.13-6.59) compared with that of NOR at 22.09 (15.94-26.75). The majority of women in both groups had unexplained infertility (NOR; 35%, DOR; 45%). Age was found to be significantly associated with the level of ovarian reserve ($p < 0.05$). All the genes amplified with single melting curves were observed. The expression of all genes was consistently downregulated in women with DOR compared with that with NOR. The expression levels of GREM1 and HAS2 were significantly downregulated ($p = 0.0061$) compared with that of PTGS2 ($p = 0.4286$). **Conclusion:** Overall, our finding was consistent with the current evidence, indicating lower expression of GREM1, HAS2 and PTGS2 genes in CCs among women with DOR. Thus, a new strategy, namely, adjuvant supplementation, specific media formulation, or new stimulant regime can be developed to achieve improved IVF outcomes among women with DOR in the future.

Rescue in-vitro maturation (rIVM) outcome: The single center experience

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ABSTRACT

Introduction: In-vitro Maturation (IVM) is not new but its implementation and high specialization are needed to be improved for consistent and optimum outcomes. Rescue IVM (rIVM) is preferred as an adjunct for standard IVF to cater the desynchronized follicle development as well as in women with diminished ovarian reserve. However, it's not popular due to its potential interference by triggering agents on oocyte maturation. New evidence is needed for appropriate rIVM utilization. **Objective:** This study aimed to delineate the demographic profile of rIVM women and its outcome following rIVM-IVF regarding the type of fertility and its correlation with oocyte maturation and quality. **Materials and Methods:** A three-year retrospective data of 215 women who underwent rIVM-IVF in the Advanced Reproductive Centre of Hospital Canselor Tuanku Mukhriz from January 2021 to December 2023 were traced and included. Demographic data and IVM outcomes were recorded and analyzed. The association of patient factors and variables to oocyte maturation rate was calculated. **Result:** About 261 out of 628 mature oocytes were yielded via rIVM, thus the oocytes maturation rates (OMR) were 41.6%. Following that, 89 oocytes were successfully fertilized (2PN) – fertilization rate 34%. Surprisingly, only the hCG trigger was found to have better OMR compared to dual trigger or Decapeptyl agent (p-value 0.027, OR 2.021, CI 1.085-3.766). Otherwise, no significant association between patient factors with OMR. **Conclusion:** The OMR was similar in our center was comparable to the current global data. Otherwise, hCG was found to be a good trigger agent in improving the OMR in rIVM.

Attitudes and usage of thermocoagulation in Sarawak. Same-day high-risk human papillomavirus (hrHPV) testing and thermoablation in early detection and treatment of cervical pre-cancer: A case series

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ABSTRACT

Introduction: The WHO now recommends same-day hrHPV screening and thermoablation for cervical pre-cancer screening and treatment. However, robust real-world data is lacking to validate this strategy in remote rural Sarawak. **Objective:** This study examined the viability of same-day high-risk human papillomavirus (hrHPV) screening and thermoablation treatment for cervical pre-cancer in remote rural Sarawak. **Materials and Methods:** Through a retrospective case series conducted in Long Bedian, a remote health clinic, we assessed the feasibility of point-of-care testing (POCT) for hrHPV, thermoablation practice and the awareness and attitudes surrounding its usage. **Results:** Among the 81 recruited women between February 7th and November 19th, 2023 a 12.34% incidence of hrHPV infection was revealed. Most participants (87.65%) tested negative, while 12.34% tested positive for oncogenic HPV types. Acceptance of the same-day screening and treatment protocol was high among both clinic staff and patients. Among hrHPV-positive women, 50% underwent result-day treatment, 40% were referred for further hospital review and 10% defaulted, primarily due to cultural beliefs. No adverse events were reported among those treated, indicating the safety of the procedure. **Conclusion:** This study highlights the effectiveness, acceptability and safety of the same-day POC testing and result-day treatment strategy in rural Sarawak. These findings support the implementation and expansion of HPV screening and treatment programs to combat cervical cancer in low- and middle-income countries, aligning with WHO recommendations.

Study on the relationship between 5-factor modified frailty index and perioperative outcomes of benign total hysterectomy

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ABSTRACT

Introduction: The 5-factor modified frailty index (5-mFI) has been validated in gynecologic oncology patient populations, however its utility has not been evaluated in benign total hysterectomy. **Objective:** This study aimed to determine the impact of 5-mFI on perioperative outcome among patients undergoing laparoscopic benign total hysterectomy, explore its application value in the evaluation and prediction of clinical practice. **Materials and Methods:** The clinical data of 219 cases who underwent laparoscopic total hysterectomy for benign diseases from January 2020 to December 2022 were retrospectively analysed. The patients were divided into three groups: 0, 1 and ≥ 2 score according to 5-mFI score criteria. The indicators of age, BMI, operation time, blood loss during operation, postoperative complications, length of stay, cost of hospitalization were analyzed. **Results:** The age of participants with a frailty score of ≥ 2 (67.0 ± 7.6) was higher than the age of participants with a frailty score of 1 (61.2 ± 6.6) and the age of participants with a frailty score of 0 (60.7 ± 6.5). The BMI of participants with a frailty score of 1 (24.6 ± 3.7) and the BMI of participants with a frailty score of ≥ 2 (24.0 ± 4.0) were relatively higher compared with the BMI of participants with a frailty score of 0 (23.1 ± 2.9), indicating that the patients were more vulnerable to frailty with increased age and BMI. Compared with the operative time with a frailty score of 0 (105 minutes), the operative time with a frailty score of 1 (120 minutes) and the operative time with a frailty score of ≥ 2 (107.5 minutes) were prolonged; the difference of intraoperative blood loss was statistically significant among different frailty groups and the intraoperative blood loss (12.5 litres) with frailty score ≥ 2 was greater than that with frailty score of 1 (12.0 litres) and 0 (9.0 litres), indicating that with the increase of frailty score, the operation time could be prolonged and the intraoperative blood loss could be increased. Patients with a frailty score of ≥ 2 and 1 had significantly longer hospital stays and higher total costs than patients with a frailty score of 0, suggesting that more frailty patients may require longer recovery time and higher medical costs. There was no significant difference in the incidence of complications among the three groups ($\chi^2=1.595$, $p=0.45$), which may be due to insufficient data. **Conclusions:** 5-mFI screening before total hysterectomy may assist patients' selection and improve the postoperative outcome.

IGF-1Ea influence on cell proliferation, apoptosis and migration in endometrioid endometrial cancer (EEC)

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ABSTRACT

Introduction: IGF-1 isoforms exhibit varying activities in different types of malignancies, as evidenced by their diverse expression patterns in in-vitro models. Their expression has not been thoroughly studied clinically. **Objective:** This study aimed to determine the IGF-1Ea isoform in endometrioid endometrial carcinoma (EEC) patients, we also investigated the roles of IGF-1Ea through in-vitro approaches. **Materials and Methods:** A case-control study was carried out at Universiti Kebangsaan Malaysia Medical Centre (UKMMC); where endometrial samples were collected from 45 women with EEC and 30 with non-cancerous endometrium (control group) to investigate the local expression of IGF-1Ea transcripts. Additionally, EEC cell lines were functionally studied by silencing IGF-1Ea; we then measured cell proliferation, apoptosis and migration after siRNA-mediated IGF-1Ea knockdown. **Results:** EEC demonstrated an enormous rise in IGF-1Ea mRNA transcript levels compared to the control group ($P < 0.05$). Additionally, certain clinicopathological features were observed to be associated ($P < 0.05$). IGF-1Ea silencing in in-vitro studies diminished cancer cell proliferation and migration while raising cell death substantially ($P < 0.05$). The data indicated that the expression of IGF-1Ea at the local level could impact endometrial function and lead to adverse outcomes in EEC. **Conclusions:** The study emphasises the notable presence of the IGF-1Ea isoform in EEC and its possible involvement in cancer progression. Comprehending these molecular pathways could lead to the development of specific treatments and enhanced patient outcomes.

Obstructive uropathy in severe pelvic organ prolapse: Incidence, risk factors, effect and outcome – An experience in a tertiary hospital in Malaysia

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ABSTRACT

Introduction: Obstructive uropathy among patient with pelvic organ prolapse (POP) is not rare, with prevalence ranging from 7% to 17%. **Objective:** This study aimed to determine the prevalence of obstructive uropathy in severe POP, identify the risk factors, effect and look at the resolution of hydroureter (HU) following POP intervention. **Materials and Methods:** This study retrospectively reviewed 342 patients in Hospital Tunku Azizah (HTA) with severe POP from 1st October 2019 until 31st December 2023 who underwent intervention for POP – vaginal packing and/or pessary insertion, prolapse surgery, or both. Pre-intervention renal ultrasonography and renal function tests were performed for all patients. Renal ultrasonography was repeated during first month post intervention to look for the resolution of obstructive uropathy. **Results:** Total of 342 patients were diagnosed with severe POP – 27% (n=93) diagnosed at stage 3 while remaining 73% (n=48) had stage 4 POP. The overall prevalence of HU in severe POP was 14% (n=48 patients), 54.2% (n=26) had unilateral HU and 45.8% (n=22) had bilateral HU. Severe POP with increased number of compartments affected (two compartments and all three compartments) was significantly associated with the presence of hydronephrosis. Following treatment, 85% had complete resolution of HU. Only remaining 15% had persistent HU. However, the severity of obstructive uropathy in all of them improved. **Conclusion:** POP is one of the reversible aetiologies of obstructive uropathy in women. If left untreated, renal function may deteriorate and the damage can be irreversible. Therefore, timely intervention by clinicians are needed to prevent end-stage renal failure among women with POP.

Look ma, no hands! A 3D-prototype proof-of-concept ultrasound probe holder for hands-free therapeutic hysteroscopic

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ABSTRACT

Introduction: Therapeutic hysteroscopy is the gold standard in managing intrauterine growths and abnormalities. An assistant usually needs to hold the ultrasound probe during procedure for the operator to visualize the surgery and avoid complications/perforations. **Case Description:** We presented in OGSM before, a simple, cost-effective “self-retaining-hands-free probe method fashioned out of simple daily materials such as water bottles and elastic bands to place the ultrasound probe in the centre on the abdomen. We have now taken the step in realizing this goal by collaborating with Biomedical Engineering to design and manufacture our first physical 3D prototype of self-retaining ultrasound probe holder. **Discussion:** With a very low complication rate of 0.15% amongst the 2,680 cases done with the makeshift prototype, we believe that with this upcoming 3D prototype, the complication rate will be further minimized and this device may facilitate efficient and safe ‘single handed’ therapeutic hysteroscopic surgeries; which is very apt in the current situation affecting our country: lack of healthcare staff.

Sexual satisfaction and quality of life among late premenopausal and newly menopausal Malaysian women

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ABSTRACT

Introduction: Sexual satisfaction and quality of life (QoL) differences between late premenopausal (LP) to newly menopausal (NM) Malaysian women regarding have not been well-explored. A high prevalence of female sexual dysfunction (FSD) in menopausal women affecting their QoL has been reported. **Objectives:** This study aimed to assess sexual satisfaction, QoL and their correlation among LP and NM Malaysian women aged 45-60 years. **Materials and Methods:** Ethics-approved cross-sectional study utilising bilingual Female Sexual Function Index (FSFI) and menopause-specific QoL of the Women's Health Questionnaire (WHQ) was disseminated through the social media. **Result:** A total of 208 women, primarily Malays (95.2%) at a mean age of 49.96±2.93 years responded. 17.9% were affected by FSD, with higher prevalence in NM compared to LP women (28.9% vs. 15.3%), notably in arousal (26.3% vs 18.2%), satisfaction (28.9% vs 17.6%), lubrication (21.1% vs 9.4%), and orgasm (15.8 vs 8.2%) domains (all $p<0.05$). Both groups portrayed good QoL (WHQ subscale scores between 0 to 0.5). Memory/concentration subscale score was higher in NM women (0.56 vs. 0.46) but not statistically significant. Six WHQ subscales showed significant negative correlations with FSFI scores ($p<0.05$). Women without FSD found themselves attractive i.e. positive correlation between the WHQ subscale and FSFI score ($p<0.01$). LP women with FSD experienced insomnia, depression, and vasomotor symptoms ($p<0.05$), while NM women were affected by vasomotor and menstrual symptoms ($p<0.05$). **Conclusion:** Although NM women were more likely to suffer from certain aspects of FSD, the overall QoL did not significantly differ between LP and NM women. FSD affects women's QoL negatively.

Microwave ablation of a subrectus abdominal wall endometrioma: A case report

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ABSTRACT

Introduction: Abdominal wall endometriosis (AWE) is a rare form of extrapelvic endometriosis, commonly associated with surgical procedures. Traditionally, excision of the lesion is the treatment of choice but subrectus AWE present a challenge as surgical removal may require extensive fascial repair or mesh application. Non-surgical methods including microwave ablation (MWA) had been used with excellent results. **Case Description:** A 41-year-old lady who had 2 previous caesarean deliveries presented with disturbing cyclical abdominal wall pain and tenderness, 2 years after the last delivery. Hormonal treatments failed to adequately control the symptoms. Ultrasound examination revealed hypoechoic mass 3x3 cm located below the anterior rectus sheath giving the diagnosis of a subrectus abdominal wall endometrioma. Ultrasound guided MWA was performed using a 10 cm length 16G MWA antennae with 3 mm active tip using Helios Microwave Ablation System H-1 (Canyon Medical Inc, Nanjing, Jiangsu, China) generator. The ablation was performed at 50 W for 43-90 seconds (total of 4 passes) with peritoneal insufflation at the pressure of 10 mmHg to create a safe distance from the abdominal viscera. The improvement was dramatic with complete disappearance of the cyclical symptom on the subsequent menstrual cycles. **Discussion:** MWA offers another option of nonsurgical treatment for AWE, especially useful for subrectus lesion. It is highly effective with minimal and transient complication profile.

In-bag power morcellation for laparoscopic myomectomy: Our safe, reusable & cost-effective method

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ABSTRACT

Introduction: Morcellation of a gynaecological mass has been associated with the potential risk of intraperitoneal dissemination of malignant cells and injury to adjacent organs via the conventional approach. Many centres have discontinued usage of power morcellation in light of these apprehensions and scare. Alternative methods of removal have been devised, however none are as convenient and as quick as the power morcellator. A method that resolves the intraperitoneal-tissue-dissemination-dilemma yet allowing continued usage of power morcellation would be ideal! **Case Description:** A 42-year-old patient, para 0+1, was referred for laparoscopic myomectomy in view of underlying secondary subfertility with uterine fibroid prior to assisted reproductive technology (ART). CT abdomen/pelvis done reveals multiple large lobulated pelvic masses originating from both uterine and cervical regions measuring 8x8 cm and 3x4 cm respectively. **Discussion:** Many power morcellators in the market provide an in-bag morcellation solution, unfortunately they are one-time use-only, non-reusable and expensive. We present a case in which we performed using a reusable power morcellation that provides the safety of in-bag morcellation. Our video recommends this setup for centres which require cost-effective, safe and effective methods to continue performing laparoscopic myomectomies.

Successful pregnancy outcome following in-utero embolization of symptomatic giant placental chorioangioma

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ABSTRACT

Introduction: Chorioangiomas are hamartomas of the primitive chorionic mesenchyme, being the most common tumour of the placenta. Small chorioangioma tends to remain asymptomatic. Large chorioangioma tend to complicate pregnancy. Giant chorioangioma may cause maternal and fetal complications. The principle of treating symptomatic placental tumour is mainly aimed at occluding the tumour of its blood supply. Key points to decide on the best treatment modality includes the site of tumour, accessibility, size and number of feeder vessels, operator expertise with modality and risk of iatrogenic pre-labour rupture of membranes. **Case Description:** A 27-year-old Malay lady, in her first pregnancy was referred to us at 26 weeks of gestation for a large mass in the placenta. It had complicated the pregnancy causing polyhydramnions, fetal anemia and imminent fetal cardiac failure. Under ultrasound guidance, Histoacryl tissue glue was used to embolise the tumour feeder vessel. Serial ultrasound assessment of the fetus showed resolution of fetal anemia, polyhydramnions and fetal cardiac failure. We successfully delivered the fetus at 37 weeks with a good neonatal outcome. **Discussion:** Endovascular embolization with Histoacryl tissue glue provides a safe and minimally invasive modality of treating a symptomatic chorioangioma.

Outcome of radiofrequency ablation (RFA) using cool tip ablation system in twin reversed arterial perfusion (TRAP) sequence – A single centre experience

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ABSTRACT

Introduction: Twin reversed arterial perfusion (TRAP) sequence is a unique complication affecting around 1% of monochorionic pregnancy where the acardiac twin is perfused by the pump twin via arterio-arterial and veno-venous anastomosis. In cases with continuing reverse arterial flow, the perinatal outcome is poor as it may lead to high output cardiac failure of the pump twin resulting in hydrops fetalis and/or intrauterine fetal death (IUFD). Various fetal interventions have been developed to cease the perfusion of the acardiac twin including the recent minimally invasive technique – intrafetal radiofrequency ablation (RFA). **Case Series:** We present a case series analysing the outcome of RFA done for MCDA twin with TRAP sequence in Hospital Tunku Azizah from May 2023 till April 2024. RFA was offered when there is significant risk of death towards the pump twin evidence by presence of either large acardiac mass, polyhydramnios, or/and cardiac strain in the pump twin. A total of 7 patients underwent RFA using cool tip ablation series between 19-26 weeks gestation. All procedures were successful and able to cease the perfusion to the acardiac twin. Overall outcome is excellent with 100% live birth rate of the pump twin. 50% delivered preterm at 30-32 weeks. Mean gestational age at delivery is 34 weeks with mean birthweight of 2.1 kg. Mean NICU stay is 25 days. **Conclusion:** RFA is effective in managing MCDA twin complicated with TRAP sequence resulting in a good outcome of the pump twin. Early diagnosis and referral to a fetal therapy centre is indicated so that therapeutic intervention can be offered.

Successful rescue of bleeding in cervical pregnancy with concomitant laparoscopic uterine artery occlusion and dilatation & curettage

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ABSTRACT

Introduction: Cervical pregnancy constitutes less than one percent of ectopic pregnancy but highly associated with life-threatening condition especially when patient presented with massive hemorrhage. A prompt clinical diagnosis and treatment needed to save the patient. **Case Description:** A 35-year-old woman in her third pregnancy, presented at Early Pregnancy Assessment Centre (EPAU) at 9 weeks 4 days gestation. She complained of heavy per-vaginal bleeding with blood clots but denied abdominal pain or passing out product of conception (POC). Upon review, her vital signs were stable and no abdominal mass or tenderness elicited. A vaginal examination revealed a cervical opening, a POC felt inside the cervix, and active per-vaginal bleeding. Transvaginal ultrasound confirmed the diagnosis of a cervical pregnancy with a highly vascular trophoblastic attachment at 8 o'clock position in the upper cervical canal. Urgent surgical evacuation was decided to control the bleeding, but because substantial haemorrhage was expected, it was planned together with laparoscopic uterine artery occlusion. Right uterine artery was occluded at its origin through a laparoscopic retroperitoneal approach using a vascular clip. The procedure significantly reduces the bleeding allowing evacuation of POC to be performed safely. Patient remained asymptomatic after surgery and discharged well the following day without any complication. **Discussion:** Massive hemorrhage from cervical pregnancy can be prevented by laparoscopic uterine artery occlusion prior to surgical evacuation. Technical viability, decreased bleeding during operation and possible fertility preservation are among the clear benefits of this procedure.

Urethral diverticulum presenting as a chronic urinary leak for 10 years

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ABSTRACT

Objective: Case report – Urethral diverticulum presenting as a chronic urinary leak for 10 years. **Case Description:** A 44-year-old woman came to our hospital with small amount of urinary leak, required using pad for 10 years. She denied other lower urinary tract symptoms and previous pelvic trauma or surgeries. On examination, there was a swelling measured 3x3 cm at left anterior vaginal wall over distal third of urethra and a leak of urine, the fistula site was not demonstrable. Urinalysis showed negative findings. MRI pelvis showed multiloculated urethral cyst, cystogram and urethrogram confirmed urethral diverticulum below the bladder neck. A complete urethral diverticulectomy (horseshoe shaped) was performed under general anaesthesia after instilling methylene blue dye into the bladder; following which bladder and distal third of urethra was repaired. Histopathological examination confirmed the diagnosis of benign urethral diverticulum with metaplastic changes. Bladder catheter was retained for two weeks, subsequent cystogram revealed no leakage of urine. Six months later, she developed urethral stricture which required dilatation under local anaesthesia and now she remain well without any further leakage of urine. The video consisting of images and operative surgery will be shown. **Discussion:** In women with leakage of urine, urogynaecological evaluation including detailed clinical history, physical examination and further image studies investigating lower urinary tract is required for diagnosing rare conditions like urethral diverticulum before embarking on a corrective surgery.

The use of Er:YAG laser therapy in mild and moderate stress urinary incontinence

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ABSTRACT

Introduction: The use of vaginal laser therapy is widely known in the aesthetic field. Its clinical use is limited due to lack of robust evidence. In the field of Urogynaecology, Erbium:YAG laser is used as a treatment for stress urinary incontinence (SUI), genitourinary syndrome of menopause and less commonly pelvic organ prolapse. This video is aimed to create the awareness among general gynaecologists and urogynaecologists regarding the role of laser as an alternative option for the treatment of SUI. It demonstrates the use of Er:YAG laser in mild to moderate SUI. Early outcome of three patients who had Er:YAG laser for SUI following the completion of 3 cycles of laser is also evaluated. **Materials and Methods:** This video documents the laser procedure in a 52-year-old para 3 who had moderate SUI. The pre-procedure requirement, potential complications and treatment regime is highlighted. Evaluation of the early outcome is based on the validated Bahasa Melayu version of the Urinary Distress Inventory – Short Form (UDI-6) and Incontinence Impact Questionnaire (IIQ-7) at baseline and upon completion of treatment. **Results:** The short-term outcomes of the three patients who underwent Er:YAG laser treatment show improvement in the UDI-6 and IIQ-7 scoring. Overall, no severe adverse event is reported. One patient reported irritation and burning sensation at the vaginal introitus which improved after estrogen application. **Conclusions:** The Er:YAG laser has a role as an alternative treatment for mild and moderate SUI given a careful selection of patients and thorough discussion with patients regarding the potential outcome and complications.

From ultrasound to intervention: Indomethacin in antenatal management of Ebstein anomaly

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ABSTRACT

Introduction: Ebstein anomaly (EA) is a rare congenital heart defect characterized by the apical displacement of the tricuspid valve. The severity of EA is classified using the GOSE score. Factors associated with poorer outcomes include fetal hydrops and circular circulation, the latter of which involves pulmonary regurgitation and excessive flow across the ductus arteriosus. Indomethacin, a non-steroidal anti-inflammatory drug, is known to constrict the ductus arteriosus but may also adversely affect fetal urine production. **Case Description:** A 27-year-old woman in her second pregnancy was seen at 27 weeks gestation with an anomaly scan revealing a fetus with EA. The family history was unremarkable, and the patient was taking T. Sertraline 50 mg nightly for depression. A fetal echocardiogram performed at 29 weeks showed moderate EA with severe tricuspid regurgitation. By 33 weeks, the condition had progressed to include pulmonary regurgitation and hydrops, evidenced by pericardial effusion, ascites and polyhydramnios. Reversal of flow was noted at the ductal arch, with a large, tortuous patent ductus arteriosus. A multidisciplinary discussion involving fetal medicine and perinatal cardiologists led to the decision to start Indomethacin at 100 mg twice daily at 33 weeks, which was then tapered to 25 mg four times daily. A follow-up scan at 34 weeks showed no obvious reversal of ductal flow, resolution of ascites and a normal amniotic fluid index until delivery. The patient delivered via cesarean section at 37 weeks. **Discussion:** Prenatal Indomethacin therapy successfully constricted the ductus arteriosus, resolving the circular shunt and hydrops, thereby averting severe morbidity and mortality. Close dose adjustments were necessary to avoid anhydramnios and fetal renal injury.

Utilization of Indocyanine Green for sentinel lymph node mapping in laparoscopic hysterectomy for endometrial cancer: Report of initial two cases

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ABSTRACT

Introduction: Laparoscopic hysterectomy is a minimally invasive approach for treating endometrial cancer, offering reduced morbidity and quicker recovery. By using sentinel lymph node (SLN) identification in endometrial cancer, extensive lymphadenectomy may be avoided, reducing the risk of surgical complications such as lymphedema. However, it is still not widely performed in Malaysia. **Case Description:** We performed two cases of laparoscopic hysterectomy and sentinel lymph node mapping using Indocyanine Green (ICG) fluorescence imaging technique. First case was a 45-year-old nulliparous lady whereas the second case was a 37-year-old infertile lady, both with Grade 1 endometrioid carcinoma detected endometrial sampling. Both patients were obese and diabetic. CT scan reported as possible early (Stage 1) endometrial cancer with no evidence of local, nodal and distant metastases. During laparoscopic hysterectomy procedure, 4 ml of diluted ICG injected into the cervix (1 ml superficial and 1 ml deep injection into left and right quadrant). By using near infrared camera system (our center is using Karl Storz Rubina system), the SLN identified by fluorescence colour. The identified SLN (each right and left) then sent to Pathology Lab for frozen section. Hysterectomy was done while frozen section performed. In our cases, both were reported to be negative for metastases, thus full lymphadenectomy was not done. **Discussion:** The use of ICG fluorescence imaging for SLN mapping in laparoscopic hysterectomy for endometrial cancer offers several advantages, including improved accuracy, reduced morbidity, and enhanced intraoperative visualization. These cases highlight the feasibility and efficacy of incorporating ICG fluorescence imaging into laparoscopic procedures for endometrial cancer surgery.

A retrospective study on the evaluation and compliance of Monofer versus Venofer in postpartum women with anaemia in Hospital Seberang Jaya

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ABSTRACT

Introduction: Parenteral iron is widely used in the management of iron deficiency anemia among pregnant and postpartum women. It increases the hemoglobin level rapidly and replenish iron store better than the oral iron. This study aimed to determine the efficacy, cost effectiveness, advantages and side effects of Monofer (M) versus Venofer (V) among postpartum women. **Materials and Methods:** Data on all postpartum patients with anaemia who received M (n=25) and V (n=25) was collected from medical records HSJ. The patients who met the inclusion criteria were selected for data collection. Treatment given was based on Ganzoni formula. Selected subjects were compared according to M versus V groups. Data analysis was done using SPSS software. **Results:** Only admission day was significantly different (p=0.008). between the M and V groups. Patients in V group stayed longer in the hospital than M group, thus able to achieve targeted hemoglobin level despite losing higher volume of estimated blood loss than M group. One incidence of shortness of breath and giddiness and one incidence of extravasation were observed in M group. No adverse effect was observed in V group. Hemoglobin increment was almost similar for both M and V groups (p>0.05). **Conclusions:** Despite the convenience of shorter hospital stay and single dose, administration of M showed more adverse events than V. Bigger sample size is required for a more conclusive result.

Men in dilemma: The tale of male pseudohermaphroditism

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ABSTRACT

Introduction: The development of the reproductive system is rather complicated. The presence of the Y chromosome with sex-determining region Y protein (SRY) influence the mesonephric to evolve as a male phenotype. Otherwise, paramesonephric will continue growing and result as female phenotype. Rarely, failure of regression of paramesonephric duct may occur, despite of presence of SRY protein, as seen in cases of Persistent Müllerian Duct Syndrome (PMDS). The genetic inheritance in PMDS is attributed to the mutations in MIS or the MIS receptor. Although the incidence of PMDS is very low globally, once diagnosed, it caters complex management in improving patient health and quality of life. **Case Description:** We present a case of a 32-year-old married man with four years of subfertility presenting with an apparent strangulated inguinal hernia later discovered to have PMDS. We embarked on a multidisciplinary team approach with combined surgery in an attempt to restore his quality of life, including his future fertility outcome. **Discussion:** In our case, as he underwent orchidopexy for bilateral testis and his Johnson score was three; therefore, there is a value to repeat TESE in this patient after six months. This recommendation was postulated as his testis are placed back in the scrotum, leading to proper temperature; the testicular tissue might regain its function to produce sperm. Microsurgical TESE would be the procedure of choice for this patient. However, his chances are slim and thorough counselling should be done before the procedure. If favourable amount of sperm managed to be harvested during the repeat TESE, sperm banking can be offered and ICSI would be the next step for the hope of a successful pregnancy.

Factors influencing the success of vesicovaginal fistula repair at Dr. Soetomo Surabaya year 2018-2023

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ABSTRACT

Introduction: The Vesicovaginal Fistula is a condition where there is a connection between the bladder and the vagina, leading to urinary incontinence through the vagina. Based on etiology, vesicovaginal fistulas are divided into obstetric (prolonged labor) and non-obstetric (hysterectomy, malignancy, congenital abnormalities and radiation therapy). More than two million women in Asia and sub-Saharan Africa suffered from unresolved obstetric fistulas. Urinary incontinence caused by fistulas can result in a decrease in the patient's quality of life and affect the psychosocial and economic conditions of the patient's family. Vesicovaginal fistula repair has been proven to experience an improvement in health quality. This study aimed to determine the factors influencing the success of vesicovaginal fistula repair at Dr. Soetomo Teaching Hospital from year 2018 to 2023. **Materials and Methods:** This study is descriptive-analytical, using secondary data from medical records of vesicovaginal fistula patients who underwent repair with total sampling. **Results:** There were 32 vesicovaginal fistula patients who underwent repair, with 22 patients (68.8%) having successful repair and 10 patients (31.3%) with unsuccessful repairs. Based on bivariate analysis, no significant relationship was found between repair success and factors such as age, body mass index (BMI), fistula size and repeated repair procedures ($p > 0.005$), except for fistula etiology ($p = 0.029$) and the number of fistulas ($p = 0.034$). **Conclusion:** Etiology and the number of fistulas are factors related to the success of vesicovaginal fistula repair. Other factors such as age, body mass index (BMI), fistula size and repeated repair procedures are not significantly related to the success of vesicovaginal fistula repair.

The shrinking challenge: Evaluation of ultrasound-guided microwave ablation for the treatment of uterine fibroids

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ABSTRACT

Introduction: Uterine fibroids are the most common benign pelvic tumours in women with lifetime prevalence of 30%. Its incidence and prevalence increase with age during the reproductive years. Management options are affected by the woman's age, symptoms, desire to conceive and local resources. Microwave ablation offers a minimally invasive alternative treatment options, with faster recovery rate and fewer complications. This study aimed to evaluate the feasibility and effectiveness of ultrasound-guided microwave ablation for the treatment of uterine fibroids. **Materials and Methods:** Patients who underwent microwave ablation of fibroids at a single centre between May 2022 to December 2023 were prospectively studied to compare the volume and reduction rate of fibroids at 3, 6 and 12 months after ablation and their reintervention rate. **Results:** There was a total number of 52 patients (77 leiomyomas) with an average age of 45.5 years were involved in this study. The pre-ablation mean diameter of the myomas ranged from 2.1 to 13.8 cm (mean of 5.3 cm) and the volume ranged from 6.1 to 1366.1 cm³ (mean of 115.2 cm³). The mean reduction rate was 48.5%, 50.1% and 52.4% at 3, 6 and 12-months post-ablation respectively. The reintervention rate was 15.6% for those who completed 12-months follow-up. **Conclusions:** This study has provided valuable insight into the effectiveness of microwave ablation, demonstrating promising results in terms of fibroids volume reduction and improvement in clinical symptoms.

Healthy live births following intracytoplasmic sperm injection (ICSI) from HIV-1-seropositive men

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ABSTRACT

Introduction: We present two cases of successful conception and the delivery of a healthy, HIV-free baby through in-vitro fertilization with intracytoplasmic sperm injection (ICSI). **Case Description:** Two HIV-1-serodiscordant couples (seropositive men) sought infertility assistance at our clinic. Couple A, aged 40 (male) and 34 (female) and Couple B, both aged 39, met the criteria for IVF treatment, including ongoing antiretroviral therapy for seropositive men, a recommendation from an infectious disease specialist, undetectable viral loads and stable CD4+ T-cell counts for the past 6 months. Additionally, men usually needed at least 1×10^6 total motile sperm with good progression. Female partners were required to be seronegative. IVF treatment was provided in a manner similar to the treatment provided to conventional patients undergoing IVF-ICSI. Patients provided informed consent before each cycle, including acknowledgment of the potential infection risk. Semen sample was processed using density-gradient-centrifugation, sperm washing and swim-up. **Discussion:** Couple A had 14 retrieved oocytes; 7 underwent ICSI and 6 were vitrified. From the 7 fertilized oocytes, 2 blastocysts (5AA, 3AB) were used for a fresh embryo transfer, resulting in a detected gestational sac but a miscarriage at 9+3 weeks. The remaining 6 frozen oocytes were subsequently thawed and all survived. Four fertilized, leading to 2 blastocysts (5AB, 3AB) for another embryo transfer. A positive Beta-hCG resulted in the birth of a healthy baby boy at 40+3. Couple B had 6 retrieved oocytes, 3Day0-MII and 2Day1-MII underwent ICSI respectively. All injected oocytes fertilized resulting in 4 blastocysts (3 from Day0, 1 from Day1) for PGT-A, revealing 1 euploid, 1 high-risk-mosaic and 2 aneuploid. Since the euploid blastocyst was derived from Day1 oocyte, a second IVF cycle was attempted. With 7 retrieved oocytes, 4Day0-MII and 1Day1-MII underwent ICSI respectively, 4 Day0 oocytes fertilized and 3 blastocysts (1 euploid, 2 aneuploid) were obtained. Following an endometrial-receptivity-assay of which patient was pre-receptive, an elective frozen embryo transfer at 143-hours post-progesterone resulted in a positive Beta-hCG and the birth of a healthy baby boy at 38+6. IVF-ICSI can be an alternative for HIV-1 serodiscordant couples who wish to conceive a child of their own while minimizing the risk of viral transmission.

Case report on uterine PEComa: Diagnostic challenges

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ABSTRACT

Introduction: Perivascular epithelioid cell tumour (PEComa) are rare mesenchymal tumours originating from perivascular epithelioid cells. Common sites include gastrointestinal and uterine, with nearly 25% involving uterine corpus. The significance of distinguishing molecular classification governs the benefit from targeted therapy with mTOR inhibitor. **Case Description:** We present a case of a 55-year-old woman with postmenopausal bleeding whom was diagnosed with submucosal fibroid. Transcervical resection of myoma showed symplastic leiomyoma. Hysteroscopy and endometrial tissue sampling revealed smooth muscle tumour of uncertain malignant potential (STUMP) with high suspicion of leiomyosarcoma. The patient underwent completion surgery total abdominal hysterectomy with bilateral salphingo-oophorectomy. The tumour showed a high-grade mesenchymal neoplasm with markers positivity favouring malignant PEComa. **Discussion:** PEComas are rare tumours of female genital tract. Mostly present at fifth to sixth decades of life; signs and symptoms are usually nonspecific. Pathogenesis of PEComa remains unclear. Histopathology and immunohistochemistry play important role in establishing diagnosis. Physical examination of pelvis and pelvic ultrasound frequently yield benign entity; thus, may delay treatment for patients. Surgery remains the mainstay of treatment; while chemotherapy for malignant PEComas aim to reduce the risk of recurrence. Combining chemotherapy and radiotherapy may have a role of increasing disease-free survival. However, there is no uniform treatment regime due to lack of sufficient reports. **Conclusion:** Uterine PEComa diagnosis prove to be a challenge to clinicians by and large. The best diagnostic and management method is yet to be discovered considering the rarity of this neoplasm.

Effect of different doses of hCG as ovulation trigger on progesterone level in intrauterine insemination (IUI): HSNZ experience

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ABSTRACT

Introduction: The current study examined a cohort of women undergoing ovulation induction cycles of IUI and aimed to assess the effect of different doses of hCG. It is aimed to evaluate the effect of human chorionic gonadotropin (hCG) injection as a trigger for ovulation on corpus luteal function in producing progesterone hormone in IUI cycles. **Materials and Methods:** This retrospective cohort study included 135 IUI cycles in infertile couples during the period from September 2022 to December 2023. To control for other confounding factors, our analysis only included patients who had serum progesterone level taken 7 days after IUI. Dosages of hCG injection was selected as per clinician's preference. The evidence of ovulation on IUI day and serum Progesterone level on day 7 post IUI were measured. Progesterone values were compared between all three groups using analysis of variance (ANOVA). Further test of significance among these groups was done using least significant difference (LSD). **Results:** 89 patients were given hCG 5,000 IU (Group A), 20 injected 6,500 IU (Group B) and 26 received 10,000 IU of hCG (Group C). All groups had comparable demographic and background characteristics. Mean Progesterone levels were 59.9 in Group A, 51.39 in Group B and 38.32 in Group C. The result was statistically significant with p value of 0.015. LSD test showed hCG 5,000 IU and 6,500 IU were equivalent and more effective than 10,000 IU. **Conclusions:** HCG levels of 5,000 IU and 6,500 IU were equivalent to each other in keeping adequate corpus luteum function and better cost effective than the 10,000 IU injection.

Laparotomy vs. laparoscopic approach in managing early endometrial cancer: Comparative analysis from a single institution

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ABSTRACT

Objective: Endometrial cancer is one of the most prevalent gynecological malignancies worldwide. Surgical intervention plays a crucial role in the treatment of endometrial cancer, aiming to achieve optimal oncologic outcomes while minimizing surgical morbidity. The advantages of laparoscopic surgery are well-known in high income countries. However, laparoscopic surgery in developing countries is still variable, primarily due to economic reasons and longer learning curve. This research aims to compare between laparotomy and laparoscopic approaches for treatment in early endometrial cancer. **Materials and Methods:** We retrospectively investigated 150 patients diagnosed with Stage 1 endometrial cancer who underwent surgery in Institut Kanser Negara between 2018 and 2022. Surgical outcomes and perioperative complication were evaluated. **Results:** 97 patients (64.7%) underwent laparoscopic surgery and 53 patients underwent laparotomy surgery. The surgical procedure was converted from the laparoscopy to laparotomy in 3 cases due to bleeding and severe adhesion. Median operation time and total number of lymph nodes harvested in both groups were not statistically different ($p>0.05$). However, the length of hospital stays, 4 days (4-5) vs 7 days (6-9) ($p<0.05$) and estimated blood loss, 250 mL (100-400) vs 410 mL (250-600) ($p<0.05$) were significantly lower in the laparoscopic group. Perioperative complication rate was higher in laparotomy group consist of 6 cases (4%) and the laparotomy group was 3 cases (2%) respectively. **Conclusions:** This study reveals that laparoscopic surgery had benefit in postoperative recovery. In conclusion, laparoscopic surgery, when performed by surgeons with expertise in gynecologic oncology, has been shown to be safe and viable option for managing early-stage endometrial cancer.

High pregnancy rates in women of different age groups following frozen blastocyst transfer without preimplantation genetic testing in Singapore

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ABSTRACT

Introduction: Frozen blastocyst transfer has been shown to significantly improve the pregnancy outcomes in IVF patients of all ages compared to fresh embryo transfer. In Singapore, preimplantation genetic testing (PGT) is not made available to all IVF patients unless certain requirements are met. This study aimed to examine the pregnancy outcomes of IVF patients with different maternal age groups undergoing frozen-thawed blastocyst transfer without PGT. **Materials and Methods:** A total of 1,026 frozen embryo transfer cycles with a total of 1,561 blastocysts transferred from January 2020 to December 2023 were retrospectively analyzed. The outcome measures were positive beta-hCG pregnancy rate and clinical pregnancy rate stratified by maternal age (i.e. ≤ 35 years, 35-39 years and ≥ 40 years). Clinical pregnancy is defined as the presence of an intrauterine gestational sac under ultrasound scanning 6 weeks after embryo transfer. **Results:** An average of 1.5 blastocysts was transferred per replacement. For all ages, positive beta-hCG pregnancy rate was 70.4% and clinical pregnancy rate was 58.3%. The positive beta hCG pregnancy rate declined from 83% for women under 35 years old to 75.5% for women 35-39 years old to 48.7% for women older than 40 years old. Comparatively, the clinical pregnancy rates of frozen blastocyst transfer for women under 35 years old, women 35-39 years old and women older than 40 years old were 70.9%, 64.8% and 34.2% respectively. **Conclusions:** Frozen blastocyst transfer can result in a high pregnancy rate in infertile IVF women without PGT.

The correlation between serum estradiol (E2) levels on day of hCG administration and oocyte utilization rate, fertilization rate, blastulation rate and blastocyst utilization rate in ART cycles

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ABSTRACT

Introduction: Serum estradiol (E2) acts as an indicator for ovarian response to the ovarian stimulation in ART cycle. Serum E2 level on day of hCG administration allow the prediction of the number of mature oocyte yield from the oocyte retrieval procedure. This study aimed to determine the correlation between serum E2 levels on day of hCG administration and oocyte utilization rate, fertilization rate, blastulation rate and blastocyst utilization rate from year 2021 to 2023 in TMC Fertility Centre, Thomson Hospital. **Materials and Methods:** This retrospective study involves 270 couples who received IVF treatment in our centre. All patients were administered with antagonist stimulation regime and hCG trigger shot given when there are at least three dominant follicles seen on transvaginal scan. Serum E2 levels on the day of hCG administration were measured. Patients were separated into two age groups (≤ 35 and 36-42 years old) and were categorised according to their serum E2 levels. The cycle outcomes were analysed using Fisher's Exact test. **Results:** The high serum E2 level was correlated with increase in oocyte utilization rate, 83.6% (929/1111) in group ≤ 35 years old with serum E2 level $>3,000$ pg/mL, $p < 0.05$. Meanwhile, fertilization rate was comparable in all categories. In addition, the blastulation and blastocyst utilization rate were also increase significantly in group 36-42 years old with serum E2 $>3,000$ pg/mL, 69.3% (262/378) and 45.0% (170/378) respectively. **Conclusions:** In conclusion, serum E2 level able to serve as an indicator for the blastocyst formation and utilization rate in difference age range especially when patient above 35 years old.

Multiplex analysis of epithelial ovarian cancer (EOC) biomarkers that differentiate benign and malignant in a patient's serum

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ABSTRACT

Introduction: The predictive value of the epithelial ovarian cancer (EOC) panel, consisting of CA-125, HE4, along other serum-based biomarkers, will demonstrate superior diagnostic capacity in discriminating between benign and malignant compared to any single marker alone. This study aimed to determine the potential biomarkers that can discriminate between EOC patients and benign ovarian mass. **Materials and Methods:** In this prospective trial, preoperative serum samples from 35 women with ovarian masses scheduled for ovarian surgery were collected. Of these, 17 patients were diagnosed with pathologically confirmed benign, while 18 had malignant ovarian tumours. Serum samples were analyzed using Luminex multiplex immunoassay analysis to measure levels of biomarkers compared through a receiver operating characteristic (ROC) curve analysis. **Results:** Serum CA-125 and HE4 were confirmed as highly accurate tumour markers in patients with EOC. Both CA-125 and HE4, along with CCL11, were found to be most significantly different in both groups (AUC > 0.8). **Conclusions:** Multiple combination biomarkers in serum levels are more effective at distinguishing between benign and malignant conditions compared to individual markers. Although they showed strong accuracy in our study, they need to be tested in a larger group of patients to confirm their reliability.

Practice of family planning: Cross-sectional study in a resource limited setting in a village of indigenous people, Sungai Kiol, Jerantut, Pahang

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ABSTRACT

Introduction: Unintended pregnancies contributed to the incidence of maternal mortality as reported by the World Health Organization (WHO). Global rates of 64 unintended pregnancies per 1,000 women aged 15-49 years are alarming figures bringing up to 121 million cases annually. Family planning programs play a vital role to reduce these figures. However, studies show that more than 65% of women with an unintended pregnancy from low and middle-income countries were either not practicing family planning methods or using traditional methods. The objective of this study was to identify the prevalence of family planning practices amongst indigenous people in Sungai Kiol and understand the determinants of their practice. **Materials and Methods:** A cross-sectional convenient sampling study using self-administered questionnaires was conducted among 63 participants. **Results:** The 63 participants were indigenous women ranging from 17 to 49 years old. 55% of participants are actively practicing family planning and a majority are users of combined oral contraceptive pills. Up to 85% of participants received their source of information on family planning from healthcare professionals and easy availability of COCPs are the major determinants of their use. **Conclusion:** This study shows a low utilization of family planning services among the indigenous people in Sungai Kiol. Healthcare professionals have the utmost important role in educating and providing information on these services in a low resource setting. Further efforts should be made to organize education programs on family planning to increase the awareness among the local indigenous people that aims to reduce morbidity and improve maternal health.

Outcome of primary repair of obstetrics anal sphincter injury: Experience in a tertiary hospital in Malaysia

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ABSTRACT

Introduction: Obstetrics anal sphincter injury (OASI) rates are increasing due to improved detection. Since 2006, repair has been led by Urogynaecologists, with follow-up in perineal clinics. We aimed to assess anal incontinence symptoms using and repair effectiveness. **Materials and Methods:** This was a retrospective study of 129 OASI patients (January 2022-December 2023) traced from medical records with documented demographics, delivery details and complications. These patients attended perineal clinics post-delivery, with referrals for physiotherapy. Bowel symptoms were assessed using St. Mark's score and transperineal ultrasonography (TPUS) was performed at 8 weeks. **Results:** Of 129 patients, 122 has 3rd degree tears and 7 had 4th degree tears. Faecal incontinence occurred in 3.1% resolving after pelvic floor exercises. One patient had flatus incontinence, also resolved with exercises. Among 98 patients who underwent TPUS, 15.3% had residual anal sphincter defects, mostly asymptomatic. **Conclusion:** Primary repair by gynaecologists is effective, with most patients experiencing good outcomes. Perineal clinic follow-up is crucial for assessing symptoms and planning for future pregnancies.

Management of first trimester miscarriage using Gemeprost – A retrospective study

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ABSTRACT

Introduction: Spontaneous miscarriage occurs in about 10% of clinically identified pregnancies. It is a pregnancy loss before viability such as none/incomplete and missed miscarriages which require intervention to ensure complete evacuation of the product of conception (POC). Gemeprost (G) is a drug used in Kepala Batas Hospital (HKB) to soften and dilates the cervix. The objective of this study was to evaluate the outcome of the management of first trimester miscarriages using G prior to surgical evacuation of POC. **Materials and Methods:** Data of all pregnant patients in first trimester diagnosed with missed miscarriage and treated with G (Cervagem®) were collected from medical record HKB from December 2022 till December 2023. Evaluation on requirement for surgical evacuation was reviewed following G insertion period, side effects and surgical evacuation. Statistical data was analysed using SPSS software. **Results:** The success rate (complete evacuation of POC) after 4 hours of G insertion was only 21.3%. Majority (78.7%) of the patients required surgical procedure due to the none (72.3%) or incomplete (6.4%) evacuations. All studied parameters (age, BMI, parity and gestational age) had no significant difference between the two studied groups ($P>0.05$). Nevertheless, G did not offer complete evacuation of POC within 4 hours of insertion. Dosage and period of G insertion may be reviewed in order to reduce surgical evacuation. **Conclusions:** The dosage of G and period of insertion was not optimal for the management of first trimester miscarriage in this study. Bigger population need to be observed for the conclusive result.

Unravelling the potential utility of three serum biomarkers (CA-125, HE4 and CCL11) in distinguishing between benign and malignant epithelial ovarian cancer (EOC)

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ABSTRACT

Introduction: The inclusion of serum immune markers in addition to CA-125 and HE4 may improve the identification of malignancy in patients with EOC over current diagnostic methods. This study aimed to determine the potential of biomarkers that can discriminate between EOC patients and benign ovarian mass. **Materials and Methods:** In this single-centre prospective trial, preoperative blood samples from 35 women undergoing ovarian surgery for ovarian masses were examined. Of these, 17 patients were diagnosed with pathologically confirmed benign tumours, while 18 had malignant ovarian tumours. Blood serum was assessed for CA-125, HE4, CCL11 and nine other biomarkers using multiplex immunoassay analysis. Each individual protein, as well as a logistic regression model incorporating all the mentioned proteins, were evaluated as preoperative predictive markers for suspicious ovarian masses. **Results:** Serum CA-125, followed closely by HE4 emerged as a highly accurate tumour marker for ovarian cancer. Significant differences in CA-125, HE4 and CCL11 were observed between benign and malignant ovarian masses. A logistic regression model incorporating CA-125, HE4 and CCL11 was developed to predict malignant ovarian tumours. With a high discriminative AUC, it proved to be a good sensitive and specific diagnostic test for malignant ovarian tumours. **Conclusions:** The derived formula, comprising the combination of serum levels, outperforms individual markers in its diagnostic accuracy for discriminating between benign and malignant ovarian tumours. While the formula yielded high accuracy in our patient population, further validation in a larger cohort is warranted.

Future research trends in vesicovaginal fistula: A bibliometric analysis

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ABSTRACT

Introduction: Vesicovaginal fistulas are common in developing countries. Innovations in the management of vesicovaginal fistulas need to be carried out and developed along with the progress of medical science. This study aimed to provide a research trend in vesicovaginal fistula which is based on annual publication, country, author, affiliation, journal and keywords. **Materials and Methods:** We conducted a literature search from 2013 to 2024 using the Scopus database. VOS viewer was utilized to visually represent the annual publications, countries, institutions, authors, journals, keywords and references in the literature. **Results:** From 2013 to 2023, Scopus published a total of 676 publications, comprising 611 papers and 65 reviews. The largest growth of 81 publications was observed in 2020. The most research was conducted in the USA with 201 publications, followed by India with 73 articles and the United Kingdom with 52 articles. In addition to "vesicovaginal fistula", other closely related high-frequency keywords included "obstetric fistula", "rectovaginal fistula", "cervical cancer", "hysterectomy", "laparoscopy", "incontinence" and "management". Recent research has led to platelet-rich plasma, transvaginal, surgical technique, genitourinary fistula, pessary and female genital fistula. **Conclusion:** The research on vesicovaginal fistula has decreased, even though research related to this problem needs to be developed. The academic cooperation between different institutions and authors needs to be strengthened.

Eight-year review of outcomes for patients with transobturator tape (TOT) midurethral sling in Hospital Pulau Pinang

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ABSTRACT

Introduction: Transobturator tape (TOT) midurethral sling was introduced as the “gold standard” in treatment of stress urinary incontinence (SUI). The aim of the present study was to review the safety and efficacy of TOT procedure in the treatment of women with SUI. **Materials and Methods:** We performed a retrospective review of 45 patients and were clinically and investigation proven SUI, who were undergoing TOT procedure in the department of Obstetrics and Gynaecology Hospital Pulau Pinang from 2015 to June 2023 to report intraoperative outcomes, postoperative outcomes and subjective cure rates. **Results:** TOT was performed on 45 patients under spinal anaesthesia or general anaesthesia. Among these patients, 36 were followed-up for least 4 years; the remaining 9 patients could not be followed-up. The mean age of the women was 59.6±9.3 years and mean body mass index 26.8±4.7 kg/m². Eighty-two percent (37) of women underwent the TOT procedure in conjunction with other vaginal surgery and 17.8% (8) underwent TOT alone. The subjective analysis of the effect of surgery on the symptoms of GSI was that, overall, 77.8% were completely cured, 13.3% were significantly improved and 8.9% found no change in the severity of her incontinence. No major vessel or nerves injury occurred but 2 patients (4.4%) incurred bladder injury during surgery. De novo voiding urgency occurred in 10 patients (22.0%). Five patients (11.1%) developed voiding problem, of which patients had short term voiding problem. **Conclusion:** The TOT procedure is a relatively safe and effective, minimally invasive surgical technique for the treatment of female urinary stress incontinence.

Correlation between cervical length, body mass index and spontaneous preterm birth

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ABSTRACT

Introduction: Previous studies suggested a link between body mass index (BMI) with cervical length and risk of spontaneous preterm birth (sPTB). Due to the lack of evidence in the aetiology of sPTB, cervical length has been utilized as a means to predict risk of sPTB. Cervical length of <2.5 cm has been used as the cut-off point for any intervention to take place. However, studies showed that this may vary in different population. This study aimed to determine the risk of sPTB with cervical length measurement and its correlation with BMI. **Materials and Methods:** Female patients with singleton pregnancy between 18-24 weeks were recruited for cervical length measurement via transvaginal ultrasound. Those with major fetal anomaly and history of sPTB were excluded. Sociodemographic data including the parity, age, BMI and medical background were obtained. They were followed up till delivery. **Results:** Total of 153 women were included. Women in all BMI category (underweight, normal, overweight and obese) has similar mean cervical length of between 30.3 to 32.6 mm. Out of 153 women, there were nine cases of sPTB in which all were late preterm 4 women (44%) belongs to overweight/obese group while the other 5 women (56%) belongs to normal BMI group. **Conclusion:** This study found no correlation between cervical length, BMI and sPTB. A larger sample size is needed to confirm the correlation in our population to get a better AUC from the ROC curve in which a higher AUC means a better prediction of determining the outcome of preterm or term birth.

An audit: The concordance of transvaginal ultrasonographic measurement of endometrial thickness, endometrial sampling and diagnosis of endometrial malignancy in women with postmenopausal uterine bleeding

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ABSTRACT

Introduction: Postmenopausal bleed is the most prevalent non-pathognomonic symptom of endometrial cancer that warrants further investigations. Approximately 90% of patients with endometrial malignancy reported endometrial bleeding as the only presenting symptom that leads to their diagnosis. Transvaginal ultrasound (TVS) with or without biopsy are the current mainstays of investigations. Pipelle sampling is commonly practiced clinically due to its simplicity, device availability and high sensitivity while hysteroscopic sampling is often performed when pipelle sampling is unsuccessful. Current consensus suggests endometrial sampling to be performed in all postmenopausal women with ≥ 4 mm endometrial thickness. However, the invasive nature of tissue biopsy and the problem of sample inadequacy for histopathology limit the diagnostic values. Hence, our paper aim to determine a new cut-off value for endometrial thickness that justifies the necessity of endometrial sampling. This study aimed to determine the cut-off value for endometrial thickness that justifies the necessity of endometrial sampling based on local populations. **Materials and Methods:** An audit involving retrospective sampling of all cases of endometrial sampling performed in women with postmenopausal bleed in Hospital Sultanah Aminah Johor Bahru (HSAJB) from 1st January 2021 to 31st December 2022. **Results:** A total of 65 patients were analyzed (range 47-81 yearsold, median 59 years). The mean menopausal age was 51 years while the mean BMI was 30 years. 19 (29.2%) of the patients had endometrial cancer. Thicker endometrial lining ($p < 0.005$) and onset of bleeding > 5 years postmenopausal ($p = 0.013$) were both associated significantly with endometrial malignancy. Dyslipidemia ($p = 0.035$) was a significant factor associated with thicker endometrium among malignant cases. The area under the receiver-operating characteristic curve (ROC) was 0.83 (95% CI, 0.726-0.928) which indicated the very good accuracy of TVS ET in diagnosing malignancy. The cut-off value was 10.35 mm, achieving sensitivity of 74% and specificity of 83%. **Conclusion:** With a cut-off value of 10.35 mm, TVS is sensitive and specific to detecting endometrial pathology while avoiding unnecessary invasive endometrial sampling.

Characteristics of pregnancies undergoing NIPT or amniocentesis at fetal-medicine center: A review

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ABSTRACT

Introduction: Non-invasive prenatal testing (NIPT) is increasingly accepted as a second-tier aneuploidy screening method, while amniocentesis retains its role in the era of non-invasive testing. Understanding the patterns and characteristics of both tests in a local context can help integrate NIPT into standard screening practices. **Materials and Methods:** This retrospective study analyzed mother and sonogram characteristics of pregnant women who underwent NIPT or amniocentesis at Hospital Sultan Idris Shah, Serdang over two years (2022-2023). Anonymous data were collected from electronic medical records and MFM clinic records. **Results:** There were 2,274 new cases in 2022 and 1,970 in 2023, with 125 NIPTs and 162 amniocentesis performed over two years. NIPT uptake increased. Mean maternal age was 34.59 ± 5.64 years for NIPT and 31.13 ± 5.36 years for amniocentesis. Gestation at the first visit was 18.27 ± 6.24 weeks for NIPT and 24.38 ± 5.64 weeks for amniocentesis. In the NIPT group, the reasons for referral were abnormal scan (26.6%), maternal age (23.4%) and history of fetal anomaly (14.1%). In the amniocentesis group, the reasons were abnormal scan (80.4%), maternal disease (4.3%) and multiple pregnancy (3.7%). In the NIPT group, 87.5% delivered at term, 6.3% preterm and 4.7% had miscarriage/IUD. In the amniocentesis group, 46.7% delivered at term, 13.3% preterm, 17.0% had miscarriage/IUD and 15.2% had termination of pregnancy. Main sonogram abnormalities in the NIPT group included brain (30.43%), kidneys/bladder (26.09%), and long bones (17.39%). In the amniocentesis group, the main abnormalities were cardiac (43.42%), brain (26.31%), and neck (12.5%). One out of 128 NIPT cases had low fetal fraction (0.78%). Fetal fraction positively correlated with gestational age and negatively with maternal age and BMI. No correlation was found with parity. **Conclusion:** NIPT uptake increased, serving as an adjunct stratification for advanced maternal age and soft markers with low relative risk. Fetal fraction in NIPT correlates with maternal age, BMI and gestation.

A study on failed induction of labour with prostaglandin E2 in term pregnancies at Hospital Raja Permaisuri Bainun, Ipoh

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ABSTRACT

Introduction: Induction of labour is used in 20% of pregnancies worldwide. Failed induction of labour is associated with adverse maternal and neonatal outcomes. The objectives of this study were to determine the prevalence and risk factors failed induction using Prostaglandin E2 in term pregnancy in Hospital Raja Permaisuri Bainun. **Materials and Methods:** This involved a retrospective observational study of record review conducted at Obstetrics and Gynaecology Department of Hospital Raja Permaisuri Bainun, Ipoh, Perak from June 2020 to May 2021. The study population included term pregnant women (>37 weeks-42 weeks) admitted for induction of labour with prostaglandin E2. **Results:** The study found a 15% prevalence of failed induction by PGE2 among pregnant women in term pregnancy. Maternal BMI >25, nulliparity, and Bishop's score of 1-4 were significantly associated with failed induction. BMI >25, nulliparous women and Bishop score of 1-4 had risk of 2.15, 5.62 and 1.99 times chances of failed induction, respectively. **Conclusions:** Maternal BMI >25, nulliparity, and Bishop score 1-4 were significant risk factors for failed induction of labour using Prostaglandin E2 in term pregnancies at Hospital Raja Permaisuri Bainun, Ipoh, Perak. These findings can contribute to the development of a scoring system for successful induction of labour in Malaysia, enabling personalized patient counselling and potentially reducing unnecessary emergency caesarean section due to failed inductions, ultimately improving maternal and neonatal outcomes.

Gene expression of estrogen receptors subtypes (ER- α and ER- β) and inflammatory markers (IL-6 and TNF- α) in the uterine tissue from primary dysmenorrhea rat model

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ABSTRACT

Introduction: Primary Dysmenorrhea (PD) is a common gynaecological disorder affecting women worldwide. The pathogenesis of PD is influenced by estrogen metabolism and chronic inflammation, which is modulated by several factors including the estrobolome. Therefore, this study aims to assess the mRNA expression levels of Estrogen Receptors (ER- α , ER- β) and inflammatory markers IL-6 and TNF- α in uterine tissue samples obtained from PD rat model via quantitative real-time PCR (qPCR). **Materials and Methods:** 28 female Sprague-Dawley rats were divided into four groups: control group (Group 1), PD-induced control (Group 2), PD treated with mefenamic acid (Group 3), and PD treated with probiotics (Group 4). The mRNA gene expressions of ER- α , ER- β , IL-6, and TNF- α in uterine samples were analyzed using qPCR, with GADPH and HRPT1 as housekeeping genes. **Results:** The ER- α expression was significantly higher (1.35-fold, $p=0.0018$) in PD-induced group compared to the control. ER- β expression was significantly lower in the PD-induced group (0.08-fold, $p=0.0003$). Meanwhile, inflammatory markers IL-6 and TNF- α were notably lower in PD groups treated with mefenamic acid and probiotics, with values of (0.88-fold, $p=0.0283$) and (0.35-fold, $p < 0.0001$), respectively, compared to PD-induced control group. **Conclusions:** These results indicated disruptions in estrogen metabolism may leads to the pathogenesis of PD. Additionally, probiotics was suggested to have promising potential as therapeutics option, comparable to mefenamic acid, in reducing PD-associated inflammation. Ultimately, these findings provided preliminary data for the development of more effective therapeutic strategies in managing PD symptoms, with further research needed in the future.

Prevalence and associated factor of female sexual dysfunction (FSD) among outpatients attending Hospital Sultan Abdul Aziz Shah (HSAAS), UPM

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ABSTRACT

Introduction: Female sexual dysfunction (FSD) is a highly prevalent disorder, which affects 11%–43% of women and has a profound negative impact on a woman's self-esteem, her relationships and overall quality of life. **Objective:** The aim of this study was to determine the prevalence of female sexual dysfunction (FSD) and its associated factors among outpatients in Hospital Sultan Abdul Aziz Shah (HSAAS), UPM. **Materials and Methods:** This cross-sectional study was conducted from 25th March 2024 to 8th April 2024 at outpatient specialist clinics of Hospital Sultan Abdul Aziz Shah, UPM. A validated Malay version of the Female Sexual Function Index (MV MSFI) was administered to eligible patients. Demographic data and clinical characteristic including parity, mode of deliveries, menopausal status, BMI and medical illness was collected. The prevalence of female sexual dysfunction summarized using descriptive statistics. The associated factors of female sexual dysfunction were analysed using the chi-square test. A total score of <26 was used as the cut-off point for the MVFSFI to differentiate between women with and without sexual dysfunction **Results:** 152 patients completed the questionnaires and 51% of them were aged between 31 to 40 years-old. Majority of them were married more than 5 years (70%), pre-menopausal (89%), parous (70%) and not using contraception (54%). The prevalence of FSD in our study population was 36.2%. The prevalence of FSD was significantly higher in women age more than 51 years old (80.0%) compared to women aged 21-30 years old (22.6%). FSD was significantly higher in menopausal women (86.7%) compared to premenopausal women (30.1%). There was no statistical difference in FSD prevalence among women with different BMI, parity, household income, husband age, length of marriage, mode of delivery, contraceptive method and presence of medical illness. **Conclusion:** The prevalence of female sexual dysfunction including desire, arousal, lubrication, orgasm, satisfaction and pain problems increases with age. Menopausal status was the most important risk factor for FSD in our respondents.

Placenta accreta spectrum, it is an issue

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ABSTRACT

Introduction: Placenta accreta spectrum (PAS) has become more common as a reflection of increasing rate of caesarean section. PAS is known to brought upon morbidity and worst, mortality. In Hospital Sultanah Bahiyah, Alor Setar, the incidence of PAS documented from January 2023 to March 2024 (15 months) were 10 cases with one case complicated with bladder cystectomy and bilateral cutaneous ureterostomy. The detection of these cases prior delivery aids in the operative management. **Objective:** The purpose of this case study was to show the alarming rate of PAS from the latest 15 months in comparison to the 5 years previous study (January 2013 till end of 2017) comprising of 36 cases. **Materials and Methods:** Data of patients undergone caesarean hysterectomy for the suspicion of placenta accreta spectrum from Hospital Sultanah Bahiyah, Alor Setar from January 2023 till March 2024 were compared to those of January 2013 till end of 2017. **Results:** Of the 12,488 cases undergoing caesarean sections from January 2023 till March 2024 (15 months), there were a total of 10 placenta accreta spectrum, with increta and percreta being the most common. The data indicated an increase in the incidence of placenta accreta spectrum (PAS) disorders from 0.06% to 0.08% over five years, which translated to 8 in 10,000 deliveries. Placenta increta and placenta percreta were diagnosed in 7 and 3 women, respectively. Hysterectomy was carried out in all 10 patients with overall mean blood loss increasing more than 50% from 2.38L to 5.83L and more than half of these women require four or more units of packed red-blood-cells and all 10 cases required additional blood product. Almost 90% (9/10) cases were emergency PAS leading to high referral of patients with a high degree of placental invasion to specialists. Of the 10 cases, one case of percreta was complicated with asystole due to massive PPH requiring CPR, relaparotomy with bladder cystectomy and patient ended-up with bilateral ureterostomy. Other major maternal complications of caesarean hysterectomy included transfusion of red blood cells (70%) and other blood products (100%), urologic injury (40%) and longer ICU admissions from 7 to 10 days and more premature babies delivered with mean gestation at 31 weeks. **Conclusions:** The alarming rate of PAS needs an urgent awareness in making diagnosis for a better plan of management to reduce maternal morbidity and to avoid mortality. If the caesarean rates continue to increase, the annual incidence of placenta previa, placenta accreta and maternal death will also rise substantially, thus it is an issue.

SaPeIH-M: Is it effective at enhancing seat belt usage in pregnancy?

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ABSTRACT

Introduction: SaPeIH-M is an educational module in the form of a video that is developed and validated as a tool to educate pregnant women regarding seat belt usage in pregnancy in Indonesia. This study aimed to determine the effects of SaPeIH-M on the on the knowledge, attitude and practice of seat belt use among pregnant women. **Materials and Methods:** This is a quasi-experiment consisting of three groups namely SaPeIH-M (intervention) with weekly reminder, SaPeIH-M (intervention) without reminder and control groups. Each group consisted of 100 pregnant women recruited in the obstetric clinics in Samarinda City, Indonesia. SaPeIH-Q (a validated questionnaire assessing knowledge, attitude and practice on seat belt during pregnancy) were given to the pregnant women at recruitment. The intervention groups were given SaPeIH-M to watch in a separate room. The intervention group with reminder were given reminder weekly for the next 6 weeks. On the 7th week all participants were given another SaPeIH-Q to fill. Data was then tabulated and analysed. All analyses using SPSS version 27. **Result:** The knowledge and the attitude scores were significantly improved following exposure to the SaPeIH-M in both intervention groups. Notably, the knowledge and attitude in the intervention groups with reminder were significantly better when compared between the two. There was also a significant difference in the practice using seat belt during pregnancy after exposure with SaPeIH-M; and the difference was significantly more than the intervention group with reminder. **Conclusion:** The SaPeIH-M is an effective tool in improving the knowledge, attitudes, and practice of seat belts usage among pregnant women, especially when pregnant women were exposed to it regularly.

Correlation between ploidy status and morphology grading

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ABSTRACT

Introduction: Morphology grading is the standard assessment by embryologist while ploidy status requires PGT-A technology. This study aimed to determine if day 5 and 6 blastocyst morphology grading correlates with ploidy status in women. **Materials and Methods:** A retrospective study that compiled morphology and ploidy status from day 5 and 6 blastocysts created from 233 women in an internationally accredited fertility centre was conducted over a 3-year period. All blastocysts were cultured in vitro to day 5 or 6 of development. When stage appropriate, trophoctoderm biopsy was performed and sent to our PGS/PGD laboratory. The inner cell mass (ICM) and trophoctoderm cells of each embryo were graded according to Gardner's grading scale. A senior embryologist assessed to lessen subjectivity and grading of blastocysts was done. **Results:** Majority of patients were Chinese and between the ages of 35 to 39 years. The euploid embryos comparing with morphological grades were categorised according to the age group. Percentage of euploid embryos was 57.7% when age group was less than 35 years, 38.1% among 35 to 39, 19.6% among 40 to 44 years of age. Chi-Square test was significant in showing the difference between the age groups and there was a positive correlation with age (Cramer V value was 0.250). **Conclusion:** There is a positive correlation between morphology and euploid status. Furthermore, as expected younger patients had significantly more euploid embryos.

Acute ischemic stroke in the first trimester of pregnancy: Is it safe for mechanical thrombectomy?

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ABSTRACT

Introduction: Acute ischemic stroke (AIS) during pregnancy is a rare but serious condition with significant maternal and fetal risks. The management of AIS in pregnant women, especially in the first trimester, presents unique challenges due to concerns about the safety of thrombolytic therapy and the potential effects of ionizing radiation from mechanical thrombectomy on the fetus. **Case Description:** We report a rare case of a young woman in her first trimester of pregnancy who presented with acute onset of right-sided weakness, slurred speech, and facial asymmetry. Non-contrast computed tomography (NCCT) of the brain ruled out intracranial haemorrhage, and subsequent magnetic resonance angiography (MRA) identified a left proximal M1 occlusion. Given that she was beyond the window for thrombolysis, mechanical thrombectomy was performed successfully with radiation protection measures in place. Post-procedure, the patient was managed by a multidisciplinary team and showed significant neurological improvement within 12 days. She continued her pregnancy without further complications and delivered a healthy baby at near term. **Discussion:** This case highlights the feasibility and safety of mechanical thrombectomy for AIS in early pregnancy. Despite limited data, current evidence suggests positive maternal and fetal outcomes with this approach. Concerns about fetal radiation exposure can be mitigated with appropriate precautions, supporting the use of mechanical thrombectomy as a viable option when thrombolysis is contraindicated.

Retrospective analysis of demographic differences among patients with euploid embryos in the local population

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ABSTRACT

Introduction: This was a retrospective study assessing the demographic pattern of patients with euploid embryos in Sunway Fertility Centre. The objective was to obtain information that would be helpful in clinical practice. **Materials and Methods:** In this retrospective study, clinical data over a three-year period was obtained from embryology records with regards to maternal age, ethnicity and PGTA report. **Results:** Among 233 patients who opted for PGT-A testing, 76% had euploid embryos. Total of 981 embryos were biopsied and 44% were euploid. Based on age range, euploid embryos were present in 99% of patients below the age of 35, 72% among those between 35 and 39, 47% in women 40 and above years. Majority of patients were Chinese followed by Indians and Malays. Only 14.6% were 40 and above years old. **Discussion:** This basic data could provide useful information for counselling of patients who are keen for PGT-A. It may help couples understand the potential outcome of PGT-A and the effect of maternal age.