VIDEO PRESENTATIONS

V 1.01
Postpartum Haemorrhage – Still a Catastroph in Rural India
Prophylactic B-Lynch Suture During LSCS – A Boon for High Risk Patients.
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Introduction: Postpartum Haemorrhage is an Obstetric Emergency Which Causes Significant Maternal Mortality and Morbidity Globally Especially in Developing Countries Like India. Recently focus is on prevention of Postpartum Haemorrhage. Active management of third stage of labour with oxytocics is come into practise. If Postpartum Haemorrhage is anticipated Conservative surgical procedures like B-Lynch suture is being applied to control bleeding. In this study prophylactic B-Lynch suture was applied in women undergoing emergency caesarean section who had high-risk factors for uterine atony. The aim of the study was To evaluate the effect of elective B-Lynch suture in preventing atonic Postpartum Haemorrhage during emergency caesarean section with high-risk factors for atonicity.

Materials and Methods: 80 antenatal women undergoing emergency caesarean section with risk factors for atony of the uterus were selected in our study. Seventy women were selected before starting caesarean section with risk factors like general anaesthesia, chorio-amnionitis, preeclampsia, prolonged labour, second stage arrest, multiple gestation and use of magnesium sulphate. Ten women were selected during the caesarean section where uterus remained atonic despite of oxytocics. During LSCS, B-Lynch suture was applied. Need for additional intervention or use of blood transfusion was evaluated. The results were analysed by using appropriate statistical method.

Results: 75% of the patients were in the age group of 18–23 years. None of them were above 30 yrs of age. 90% of the women were nulliparous, 10% were parous. Risk factors involved were Eclampsia in 40/80 (50%), multiple gestation in 12/80 (15%), hydramnios in 12/80 (15%), prolonged second stage of labour in 8/80 (10%), Chorio-amnionitis in 4/80 (5%) and use of magnesium sulphate in 4/80 (5%) patients causing uterine atony post delivery. The average haemoglobin level was 9.8 g/dl. None of the women required any other means of surgical, additional pharmacological intervention and blood transfusion. Pre and post operative haemoglobin levels differed by 0.4 to 1.8 g/dl. Majority of the patients were in the younger age group, nulliparous and had eclampsia. All patients were discharged on oral iron without any complications during the procedure and three months there after. All women resumed normal menstruation within 40 days after delivery.

Conclusion: In conclusion elective B-Lynch suture is cheap, quick and effective in preventing atonic Postpartum Haemorrhage in women undergoing Emergency caesarian section who are at high risk for haemorrhage.

V 1.02
A Novel Technique to Remove Tumour Deposits on Bowel, Mesentry, Bladder and Peritoneal Surface to Achieve Optimal Cytoreductive Surgery in Cases of Advance Ovarian Cancer.
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Ovarian cancer carries the highest mortality among all gynaecological malignancies. This is due to the fact, most patients present with advance disease. Thus in these cases optimal debulking of the tumour becomes absolutely essential for the survival of these patients, as the size of residual tumour after surgery has been shown to be an important prognostic factor. In advance ovarian cancer, we often encounter tumour deposits on bowel, mesentry, bladder and peritoneum. Thus to achieve optimal cytoreduction, these tumour deposits need to be removed. The risk of injury to these organs is always a concern to the surgeon. Thus we would like to introduce a technique of removing these deposits with ease and without compromising the organ’s integrity or vascular supply. In a prospective observational study of 3 patients with advanced ovarian cancer, we have used this technique to achieve optimal cytoreductive surgery. The technique uses a colposcopy loop used in cervical excision procedures. By using monopolar current at 30 watts, superficial excision of tumour deposits over the bowel, mesentry and peritoneum can be performed. The beauty of the loop is that it’s a fine thin wire, allowing us to remove the tumour with adequate tissue margin without compromising the vasculature and tissue integrity below. The risk of injuring blood vessels or breaching the mucosa of tissues beneath the tumour is remote. The energy current that we use is also safe and does not increase the risk of thermal injury. The procedure is quick, highly effective, and easy to teach and learn with minimal complications. Primary
optimal cytoreductive surgery followed by adjuvant therapy would definitely improve a patient’s prognosis, outcome and survival. The Gynaecologic Oncology group currently defines ‘optimal’ as having residual tumour nodules each measuring 1 cm or less in maximum diameter, with complete cytoreduction being the ideal surgical outcome. To achieve this, we must endeavour to ensure all tumour nodules are removed even if its location is unfavourable such as those attached to the bowel, bladder or mesentry. By using this technique, almost all tumour nodules can be removed with ease without any injury or complications.

**V 1.03.**

**Case Study: Caesarean Scar Pregnancy.**

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This video illustrates the diagnosis and management of this rare Caesarean Scar Pregnancy.

**Case Description:** This patient presented with lower abdominal pain with 6 weeks of period of amenorrhea. Transvaginal ultrasound scan and office hysteroscopy clinched the diagnosis. Surgical management was done to treat the condition with success.

**Conclusion:** Ultrasound scan and office hysteroscopy are valuable and important diagnostic tools to diagnose this condition. Surgical management is safe and effective in properly evaluated cases.

**V 1.04**

**Case Study: Laparoscopic Myomectomy of a Huge Uterine Fibroid with Uterine Preservation Intention.**

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**Background:** A 40-year old nulliparous, ‘virgo intacha’ presents with abdominal distension and pain for two months. Ultrasound and MRI pelvis revealed a large 10 × 10 cm uterine myoma which cannot be defined as submucosal or intramural. She has been advised for an abdominal hysterectomy. Patient has no desire for pregnancy however wishes to conserve her uterus for personal reasons. She sought second opinion.

**Case Presentation:** The uterus was enlarged clinically 16 weeks gestational size. HIFU and Uterine Artery Embolisation was deemed unsuitable in view of the size. Decision was made to attempt laparoscopic myomectomy with option to convert to open surgery if deemed inaccessible.

Intraoperatively: Lee-Huang point used as camera port to give more space for scope instrument manoeuvring. Large 10×10cm intramural posterior wall fibroid identified. An oblique incision made across the fibroid, enucleated successfully. No uterine artery ligation or vasopressin was used. Barbed sutures were used to reconstruct the large uterine wall defect. Opposition and haemostasis was achieved well. Morcellation done for fibroid removal, with no complications.

**Conclusions:**

1. Laparoscopic myomectomy can still be attempted safely with calculated steps and good planning.
2. Placement of ports and usage of Lee-Huang point helps to assist in performing a successful laparoscopic myomectomy.
3. Barbed sutures help to achieve good opposition of uterine wall defect as well as good haemostasis level.
4. Although usage of morcellator is controversial now, it is still a valuable instrument if used carefully with high safety precaution.

**V 1.05**

**Laparoscopic Sacrocolpoplexy for Severe Vaginal Vault Prolapse.**

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**Background:** This video illustrates the method of performing laparoscopic sacrocolpoplexy for vaginal vault prolapse.

**Case Description:** This 46 year old lady underwent a total abdominal hysterectomy 8 years ago. She presented with severe vaginal vault prolapse. She had a large cystocele and a rectocele. She underwent a sacrocolpoplexy. The peritoneum overlying the sacral promontory is opened This incision is then extended inferiorly lateral to the sigmoid colon. At the vaginal vault the incision is extended to the left. The bladder and rectum is dissected away from the vaginal vault. The pararectal areas are entered bilaterally and the puborectalis muscles were isolated. A mesh was attached bilaterally to the puborectalis muscles. This mesh is then sutured the posterior part of the vaginal vault. Another mesh is attached to the vaginal vault anteriorly. Both meshes were sutured together and to the uterosacral ligaments bilaterally. The excess part of the anterior mesh is excised. A peritoneal suture is placed to cover the mesh as well as lifting the bladder over the mesh by including the bladder pillars. The other end of the posterior mesh is sutured to the anterior longitudinal ligament of the sacral promontory. Peritonization is then completed to completely bury the mesh.
V 1.06.
**Simoid Vaginoplasty: Our Experience.**
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**Introduction:** Reconstruction in vaginal agenesis presents a challenge to the surgeon who wishes long term functional and cosmetic results with low morbidity. Of the several surgical treatments sigmoid vaginoplasty is among the few that provide a self lubricating neovagina. We report here the experience and outcome of 6 female patients who under went sigmoid vaginoplasty.

**Material Methods:** 6 females (16–22 yrs) with vaginal agenesis underwent sigmoid vaginoplasty. Out of them five were having Mayer-Rokitansky-Kuster-Hauser syndrome. 10–15 cms of sigmoid colonic segment based on sigmoideal artery used for reconstruction. All patients were taught daily self vaginal cleaning. The post operative was uneventful in all cases. Functional result and compliance were assessed.

**Result:** 4 out of 6 patients are married and sexually active with no problem related to sexual intercourse. 2 patients are unmarried and doing self dilatation of neovaginal introitus.

**Conclusion:** Sigmoid neovaginoplasty for vaginal agenesis has excellent short term and long term results in our experience.

V 1.07.
**The Impact of Lymph Node Density on Outcome in Pelvic Lymph Node-Positive Cervical Cancer Patients.**
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**Objective:** To investigate the prognostic value of lymph node density (LND) in patients with lymph node (LN) positive cervical cancer.

**Methods:** Through a review of medical records, the cervical cancer patients with LN positive and excised LN more than 10 were enrolled. LND was defined the ratio of positive lymph nodes to the total number of excised lymph nodes. To determine the cutoff value of LND to best discriminate the prognosis, time-dependent receiver operating characteristic (ROC) curve was used. Survival rate was calculated using the Kaplan-Meier method, and Cox regression model was used to evaluate the prognostic significance of LND on the progression free survival (PFS).

**Results:** A total of 140 patients were included. A cutoff of 6.3% LND was selected by time-dependent ROC curve for PFS. The median follow up time was 51.9 months (range, 3–157) and the median LND was 9.6% (range, 1.8–74). Of 140 patients, 66.4% (93/140) of patients had the LND ≥ 6.3% and the patients with LND ≥ 6.3% showed significantly higher lymph-vascular space invasion and systemic LN recurrence rate than those of the patients with LND < 6.3% (P = 0.012 and P = 0.046, respectively). In univariate analysis, LND (≤ 6.3% vs. ≥ 6.3%; 5-yr PFS rate 81.2% vs. 60.9%, P = 0.016) and histology (SCC vs. non-SCC; 5-yr PFS rate 73.7% vs. 35.2%, P < 0.0001) were significantly associated with PFS. In multivariate analysis, LND ≥ 6.3% (HR 2.6, 95% CI 1.16-5.86, P = 0.02) and histology of non-SCC (HR 4.2, 95% CI 2.20-8.25, P < 0.0001) were independent predictors for poorer PFS.

**Conclusions:** The results suggest the applicability of LND as a predictor of outcome in cervical cancer patients with nodal metastasis. LND could be assist in identifying patients with disease progression and therefore for whom more aggressive adjuvant treatment is considered.

V 1.08
**Congenital Uterine Malformations: Imaging Evaluation and Differential Diagnosis.**
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**Introduction:** The aim of this pictorial manuscript was to describe congenital uterine malformations and application of imaging methods in differentiation between classes of which.

**Methods:** A review was performed within articles published at “PubMed”, “Elsevier”, “Google Scholar”, “EBSCO”, original text books and etc. to reach the aim. Lots of unique high-quality 2D/3D sonograms, hysterosonograms and hysterosalpingograms were provided in this article, using the archive of infertile patients referred to imaging department of Royan institute, Tehran, Iran.

**Results:** Uterine malformations are a various group of congenital uterine disorders found in infertile women seeking infertility treatment. These anomalies are originated from development defects of mullerian ducts during fetal growth. They are associated with higher incidences of infertility, recurrent abortions, preterm birth, intra uterine fetal death and etc. However, manifestations and severity of the obstetric/gynecologic complications and treatment procedures vary depending on the type of anomaly. Thus, accurate diagnosis of uterine
malformations and differentiation between various types of them, have a vital role in decision making about treatment procedures and management of these patients. Several imaging modalities are used to investigate women suspected to have uterine anomalies. In this article, we described about various types of uterine malformations and imaging evaluation of them.

**Conclusion:** Congenital anomalies of the uterus are a major cause of infertility and recurrent pregnancy loss. So they should be considered in workup of infertile women seeking infertility therapy. Several imaging methods help midwives and obstetricians evaluate this group of infertile women to detect and differentiate suspected uterine anomalies.

### V 1.09

**First Trimester Complications & Emergencies: Differential Diagnosis by Transvaginal Ultrasound.**

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**Background:** The aim of this pictorial manuscript was to describe the application of transvaginal sonography (TVS) in the diagnosis of first trimester complications and emergencies.

**Method:** A review was performed within articles published at “Pub-Med”, “Elsevier”, “Google Scholar”, “EBSCO”, original text books and etc. to reach the aim. Lots of unique high-quality sonograms were provided in this article, using the archive of pregnant women who underwent TVS at imaging department of Royan institute, Tehran, Iran.

**Results:** Many pregnant women present at emergency department complaining from sudden vaginal bleeding or acute pelvic pain. Some of them may present with shock according to heavy bleeding, which is a life-threatening medical emergency. There are several obstetric or non-gynecologic problems causing emergency for pregnant women at first trimester, such as “Ectopic Pregnancy (EP)”, “Miscarriage”, “Molar Pregnancy”, “Adnexal Tortion”, “Appendicitis”, etc. Most of these complications manifest as vaginal bleeding and/or pelvic pain, but accurate administration of the patient varies depending on each problem. So, certain differential diagnosis between these problems is a key for early decision making and saving mother and fetus lives. Correct diagnosis can be made by means of sonography and laboratory tests. In experienced hands, high resolution “real-time” sonography is an accurate, non-invasive, and out-patient tool that helps midwives and obstetricians to evaluate mother and fetus health in these situations and to differentiate between various pregnancy complications in earlier stage to save the time. Therefore, every midwife, obstetrician and radiologist needs to be aware of its application for correct diagnosis and effective administration of the patients. In this article, we provided lots of sonograms to describe these conditions and sonographic findings of each problem to help practitioners for better diagnosis and manage of the patients.

**Conclusion:** A proper way for saving the time and early detection of the emergency condition is “definite diagnosis of the reason”, by means of sonography and laboratory tests. Sonographic assessment of the patient is a key step in the diagnosis of complications and management of the emergency condition to save mother’s lives.

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