

International Journal of  
**GYNECOLOGY  
&  
OBSTETRICS**

Abstracts

XXI FIGO World Congress of Gynecology and Obstetrics

Vancouver, Canada, 4–9 October, 2015



Official publication of FIGO  
The International Federation  
of Gynecology and Obstetrics



International Journal of  
**GYNECOLOGY**  
& **OBSTETRICS**

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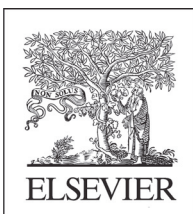
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International Journal of  
**GYNECOLOGY  
& OBSTETRICS**

Volume 131, Supplement 5 (2015)



Amsterdam • Boston • London • New York • Oxford • Paris • Philadelphia • San Diego • St. Louis

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**Supplement to**

**International Journal of Gynecology & Obstetrics**

Volume 131, Supplement 5

**Abstracts of FIGO 2015**

**XXI FIGO World Congress of Gynecology & Obstetrics**

Vancouver, Canada, October 4–9, 2015

Congress abstracts are published as submitted or with minor editing only.

The *International Journal of Gynecology & Obstetrics* (IJGO) is not responsible for errors or omissions in the abstracts.

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October 2015

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**Method:** Early diagnosis and initial management of Diabetes Insipidus that unmasked during a cesarean delivery at a secondary care Health facility in rural India, followed by appropriate referral and further management in a super speciality tertiary care Hospital.

**Results:** A 32 year old G3P1A1 with an unremarkable antenatal course underwent emergency cesarean delivery due to protracted descent in active phase of labor. She had severe atonic postpartum hemorrhage which responded to uterotonics. However, she developed intense thirst and polyuria in the postoperative period which lead to further evaluation that confirmed the diagnosis of Diabetes Insipidus. She responded well to Desmopressin nasal spray for 3 months, following which the patient self-discontinued medication. Four years following the diagnosis, she continues to have mildly elevated serum osmolality with reduced urine osmolality, although asymptomatic.

**Conclusions:** Awareness and prior knowledge of this rare medical disorder may lead to early recognition and appropriate management thereby avoiding serious maternal morbidity and even mortality.

### P0730

#### 5 YEARS REVIEW OF MATERNAL NEONATAL OUTCOME ON ECLAMPSIA IN PROF KANDOU PROVINCIAL HOSPITAL MANADO, INDONESIA

J. Wantania, D. Utama, S. Mongan. Faculty of Medicine Sam Ratulangi University, Manado, Indonesia

**Objectives:** Aims of the study is to evaluate maternal and neonatal outcome in patient with eclampsia and the factors affecting the outcome.

**Method:** A retrospective epidemiological study was undertaken in the department of obstetrics and gynaecology Prof Kandou Hospital Manado, Indonesia during the period of January 2010 to December 2014. Patient who is diagnosed with eclampsia or developed eclampsia during hospital stay were included in the study. Statistic analysis using Pearson Chi square and Fisher exact test.

**Results:** During this period the incidence was 38 per 18576 deliveries (0.2%). Most (81.6%) has already developed eclampsia before reach the hospital. Eclampsia happened most frequently on primigravida and most in the age range of 20–35 years old (71%), the gestational age 37–42 weeks (52.6%). The highest blood pressure reach 260/140 mmHg. The most complication was HELLP syndrome (10.5%) with the mortality was 7.9%. Most was delivered by cesarean section (68.4%), with the neonatal outcome was 9 fetal death and 29 life birth. There's no statistical difference in age, parity and blood pressure ( $p > 0.05$ ) between eclampsia with and without additional complication.

**Conclusions:** Eclampsia still had poor maternal neonatal outcome and unpredictable.

### P0731

#### PREVALENCE OF CANDIDIASIS, TRICHOMONIASIS AND BACTERIAL VAGINOSIS AMONG PREGNANT WOMEN WITH VAGINAL DISCHARGE

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**Objectives:** The current study was conducted with the objectives to find out the occurrence of candidiasis, bacterial vaginosis and trichomoniasis in abnormal vaginal discharge of pregnant woman, to co-relate between the clinical findings of abnormal vaginal discharge and presence of actual pathology.

**Method:** This cross sectional study was done in the Out Patient Department of Obstetrics and Gynecology of a tertiary Hospital, Dhaka from July to December 2009. All the pregnant women with the complaints of vaginal discharge were included. Data were collected by in-

terviewing, examining and laboratory investigations. Three consecutive samples of vaginal discharge were collected at the same time from each patient for laboratory investigation. With the 1st sample microscopic examination was done to detect *Trichomonas vaginalis*, pus cells, budding yeast cells and clue cells. With the 2nd sample Whiff test and with the 3rd sample gram staining and microscopy was undertaken.

**Results:** One hundred pregnant women with vaginal discharge were enrolled in this study and majority were in the age group of less than or equal to 25 years (77.0%) with a mean of  $24.69 \pm 6.48$  years (range 18–43 years). Vaginal itching was present in 55%, no foul smelling discharge in 68%, homogenous vaginal discharge in 28%, granular vaginal discharge in 59%, mucoid in 13%, thick fluid like vaginal discharge in 46% and curd like discharge in 35%. Whiff test for *Gardnerella vaginalis* was positive in 38% cases and in 39% cases pseudo-hyphae of *Candida albicans* were found.

**Conclusions:** The prevalence of bacterial vaginosis, trichomoniasis and vaginal Candidiasis was found to be quite common in pregnant women. Proper diagnosis and treatment of vaginal discharge in pregnant women should be done to prevent adverse pregnancy outcomes.

### P0732

#### IMPACT OF MATERNAL THYROID DISORDER ON NEONATAL THYROID FUNCTION

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**Objectives:** To present the neonatal thyroid status of mothers on thyroid replacement in a multi speciality children's hospital.

**Method:** Retrospective review of case records of neonates with TSH  $\geq 6$  mIU/ml born to mothers who are on thyroid replacement.

**Results:** Case records of 27 babies were reviewed. The median neonatal TSH was 15.6 mIU/ml; None with clinical symptoms; median birth weight 2.2 kg.

The thyroid disorders in the mothers include pre pregnancy Hashimoto's thyroiditis (n=7), pregnancy hypothyroidism (n=18), Graves disease (n=1) and Post thyroidectomy (n=1). To establish the etiology, antibody testing was performed in three babies, positive in two. The median maternal TSH was 4.3 mIU/ml and 13.3 mIU/ml in mothers with pregnancy hypothyroidism and Hashimoto's thyroiditis. The elevated TSH was picked up on repeat thyroid screening in 7 babies. There was no correlation between maternal and neonatal TSH.

**Conclusions:** Further research is needed to determine the impact of maternal thyroid status on neonatal thyroid function in the light of the new maternal TSH screening guidelines. Also, whether, direct venous sampling is preferable to neonatal screen in neonates with maternal thyroid disorders needs to be ascertained on a larger sample.

### P0733

#### METABOLOMICS STUDY OF PLASMA PROFILES OF PREGNANT WOMEN WITH PRETERM LABOR

B. Ramotowska, J. Teul, K. Charkiewicz, A. Cepowicz, P. Kuczynska, D. Wojcik, P. Kuc, A. Lemancewicz, W. Milytyk, P. Laudanski. Medical University of Bialystok, Bialystok, Poland

**Objectives:** Preterm labour is defined as birth at less than 37 completed weeks of gestation. According to WHO (November, 2014) every year, an estimated 15 million babies are born preterm and this number is rising. Metabolomics fingerprinting is a semi quantitative approach to find metabolic changes in biological samples and it has proven its potential of finding novel biomarkers of under diagnosed diseases. Recently metabolomic approach has become very popular in clinical research. The aim of the study was to analyze metabolic plasma profiles of pregnant women and to find changes of metabolites concentrations which could identify women with preterm labor.

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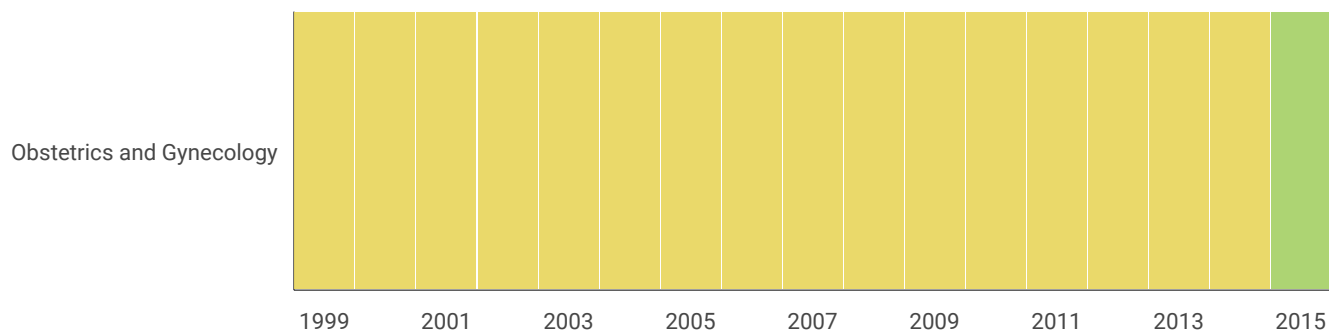
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<b>Subject Area and Category</b>	Medicine Obstetrics and Gynecology		
<b>Publisher</b>	Elsevier BV		
<b>Publication type</b>	Journals		
<b>ISSN</b>	00207292		
<b>Coverage</b>	1973-ongoing		
<b>Scope</b>	The International Journal of Gynecology & Obstetrics publishes articles on all aspects of basic and clinical research in the fields of obstetrics and gynecology and related subjects, with emphasis on matters of worldwide interest. Features: Editorials; Articles; Case Reports; Brief Communications; International Calendar; SOGC Clinical Practice Guidelines; Review Articles; Contemporary Issues in Womens Health; Averting Maternal Death and Disability. New: Surgery and Technology. ( <a href="#">source</a> )		

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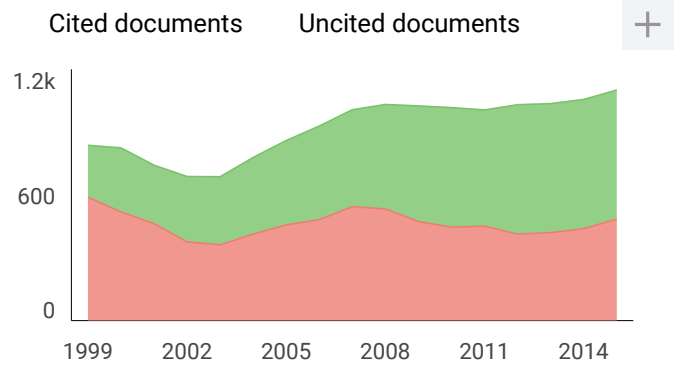
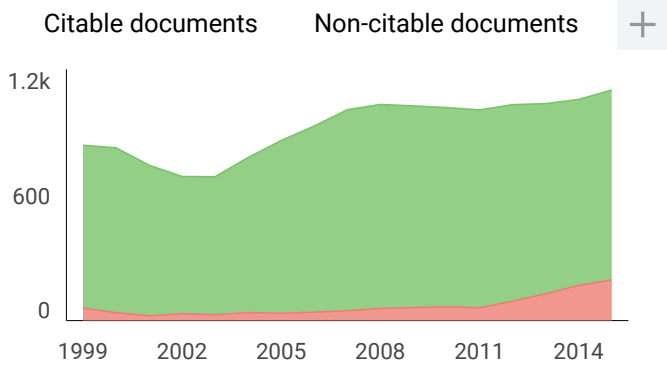
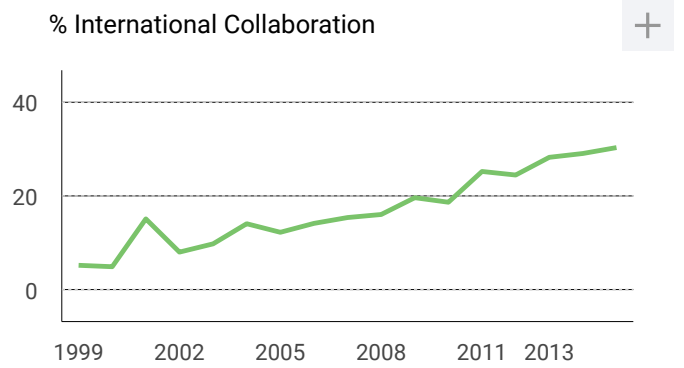
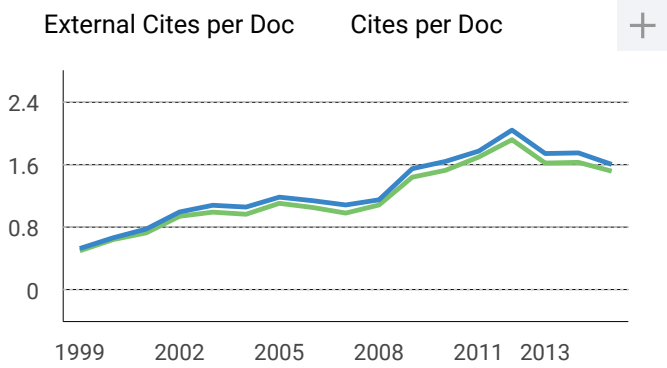
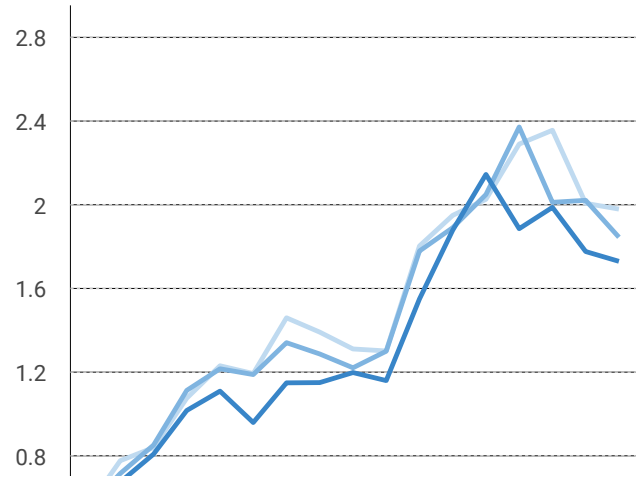
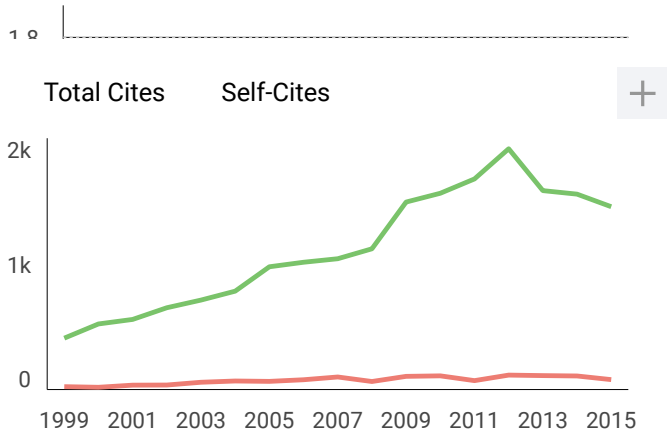


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