

# برنامه علمی روزانه

پنجمین کنگره بین المللی  
چالش های بالینی در مامایی، زنان و نازایی

۲۵-۲۷ بهمن ماه ۱۴۰۲

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان

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روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن ابوریحان **پره ناتال ۱**

**قرآن و سرود**

۷:۴۵ - ۸:۰۰

**پانل: پره ترم لیبر**

گرداننده پانل: دکتر پریچهر پورائصاری

اعضاء پانل: دکتر صدیقه برنا، دکتر لاله اسلامیان، دکتر ندا هاشمی، دکتر مریم مشفق  
موضوعات مورد بحث:

۸:۰۰ - ۹:۰۰

پیشگیری و تشخیص پره ترم- نقش پروژسترون ( انواع دارو، میزان تاثیر، نحوه تجویز و طول مدت مصرف)، پساری در بارداری  
در موارد IUGR زودرس چه باید کرد؟

مبحث سونوگرافی در حاملگی

هیات رئیسه: دکتر پرویز قره خانی، دکتر عبدالرسول اکبریان، دکتر مرضیه وحید دستجردی  
دکتر اشرف سادات جمال، دکتر شیرین نیرومنش

۹:۰۰ - ۱۰:۰۰

اندیکاسیون- ارزش سونوگرافی در بررسی مایع آمنیوتیک و بررسی سلامت جنین

۹:۲۰ - ۹:۴۰

پست پارتوم اولتراسوند

۹:۴۰ - ۱۰:۰۰

ارزش سونوگرافی در ۳ ماهه اول بارداری

۱۰:۰۰ - ۱۰:۲۰

**استراحت و پذیرایی، بازدید از نمایشگاه**



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

**ناباروری ۱**

**روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن ابوریحان**

## پانل: حفظ باروری به دلایل اجتماعی (Social Fertility Preservation)

**گرداننده پانل: دکتر عباس افلاطونیان**

**اعضاء پانل:** دکتر اشرف آل یاسین، دکتر سید مهدی احمدی، دکتر سید اسداله کلانتری، دکتر عطااله قهیری، دکتر معرفت غفاری نوین

۱۱:۱۰ - ۱۰:۲۰

**موضوعات مورد بحث:**

سن انجام و بررسی لازم قبل از حفظ باروری، تاثیر تغذیه و دارو در بهبود تخمک و جنین، روش های نگهداری تخمک و جنین، عوارض ناشی از حفظ باروری

## پانل: بررسی ذخیره تخمدانی

**گرداننده پانل: دکتر شهرزاد زاده مدرس**

**اعضاء پانل:** دکتر محمد علی کریم زاده میبدی، دکتر مرضیه آقا حسینی، دکتر فیروزه اکبری اسبق، دکتر راضیه دهقانی فیروزآبادی

۱۲:۰۰ - ۱۱:۱۰

**موضوعات مورد بحث:**

روش های بررسی و بهبود رزرو تخمدانی، جوانسازی تخمدان، حفظ باروری در مواردی که شک به کاهش رزرو تخمدان داریم (آزمایشات و سونوگرافی)

(شرکت ارکید فارمد)

**سمپوزیوم: کاهش چسبندگی در اعمال جراحی**

**گرداننده: دکتر ساغر صالحپور**

**اعضاء:** دکتر اشرف معینی، دکتر مینو یغمایی، دکتر عاطفه مریدی، دکتر بنفشه تاج بخش

۱۳:۰۰ - ۱۲:۰۰

**ناهار و نماز، بازدید از نمایشگاه**

۱۴:۰۰ - ۱۳:۰۰



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

## روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن ابوریحان **پره ناتال ۲**

مبحث مراقبت های حین زایمان

۱۴:۰۰-۱۵:۰۰

هیات رئیسه: دکتر فخرالملوک یاسایی، دکتر مینو یغمایی، دکتر نوشین امجدی

دکتر نوشین امجدی

اندیکاسیون و متد اپیزیوتومی و اداره عوارض آن

۱۴:۰۰-۱۴:۲۰

دکتر آزاده شعبانی

اندیکاسیون القا زایمان: نحوه، نوع، دوز، زمان تجویز

۱۴:۲۰-۱۴:۴۰

دکتر شیده آریانا

توقف لیبر و اداره آن

۱۴:۴۰-۱۵:۰۰

### پانل: اداره اختلالات جفت

گرداننده پانل: دکتر زهرا نائیجی

۱۵:۰۰-۱۶:۰۰

اعضاء پانل: دکتر ترانه ارباب زاده، دکتر نیره رحمتی، دکتر محبوبه شیرازی، دکتر بهرخ صاحب دل

موضوعات مورد بحث:

غربالگری و تشخیص پرویا، دکولمان، اکرتا، پره کرتا، اینکرتا و اداره آن در بارداری و زمان و نحوه ختم بارداری

استراحت و پذیرایی، بازدید از نمایشگاه

۱۶:۰۰-۱۶:۲۰

۱۴۰۲-۲۵ بهمن ماه ۱۴۰۲  
تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان



پنجمین کنگره بین المللی جالش های بالینی در مامایی، زنان و نازایی

## روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن ابوریحان

### ارائه مقالات

هیات رئیسه:		
سرکار خانم دکتر اطره راسخ جهرمی، سرکار خانم دکتر صدیقه آیتی، سرکار خانم دکتر ترانه ارباب زاده		
Dr. Athar Rasekh Jahromi	Comparison of chlamydia infection rates in women with miscarriage or infertility compared to the control group using Real Time PCR	۱۶:۲۰-۱۸:۰۰
Dr. Sedigheh Ayati	Outpatient cervical ripening with misoprostol to prevent post-term pregnancy: a double blind randomized clinical trial	۱۶:۲۰-۱۶:۳۰
Dr. Hadi Tabesh	Investigating the effect of injectable temperature-sensitive hydrogel containing micelles loaded with clotrimazole and silver nanoparticles: towards an effective treatment of vaginal candidiasis	۱۶:۳۰-۱۶:۴۰
Dr. Atiyeh Vatanchi	Comparing the efficacy of oral, sublingual and buccal misoprostol for induction of labor in pregnant women with premature rupture of membrane	۱۶:۴۰-۱۶:۵۰
Dr. Nazli Navali	Cesarean Scar Pregnancy: A Rare and Challenging Clinical Entity	۱۶:۵۰-۱۷:۰۰
Dr. Somayeh Khanjani	Spontaneous rupture of uterine during pregnancy after laparoscopic myomectomy; a case report	۱۷:۰۰-۱۷:۱۰
Dr. Sedigheh Javaheri koupaei	The Evaluation of the Effects of Metformin plus Insulin Therapy versus Insulin Therapy Alone In Prevention of Pre-Eclampsia among Pregnant Females with Gestational Diabetes Mellitus	۱۷:۱۰-۱۷:۲۰
		۱۷:۲۰-۱۷:۳۰

توران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان  
۲۵-۲۷ بهمن ماه ۱۴۰۲



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

جراحی های کم تهاجمی

روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن علامه طباطبائی

پانل: MIS در ژنیکولوژی: دیدگاه های جدید

گرداننده پانل: دکتر ابوالفضل مهدیزاده

اعضاء پانل: دکتر شهلا چایچیان ، دکتر ملیحه عرب، دکتر زیبا ظهیری ، دکتر خدیجه شادجو  
موضوعات مورد بحث:

نکات کلیدی و جدید در رابطه با روش های کمتر تهاجمی در اداره اندومتریوز، ادنومیوز، میوم و بدخیمی های زنان

چالش های استفاده از MIS در رشته زنان

گرداننده پانل: دکتر محمد ابراهیم پارسائزاد

اعضاء پانل: دکتر بهناز نوری، دکتر علیرضا میرخشتی، دکتر ریحانه حسینی، دکتر سهیلا عارفی  
موضوعات مورد بحث:

چالش های جراحی MIS ژنیکولوژی از دید جراح و متخصص بیهوشی

استراحت و پذیرایی، بازدید از نمایشگاه

۹:۰۰ - ۸:۰۰

۱۰:۰۰ - ۹:۰۰

۱۰:۲۰ - ۱۰:۰۰

۱۴۰۲ - ۲۵ شهریور ماه ۱۴۰۲  
تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار آفریخان





پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

جنرال ۱

روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن علامه طباطبائی

پانل: خونریزی نامنظم در نوجوانی و جوانی

۱۱:۱۰ - ۱۰:۲۰

گرداننده پانل: دکتر مینو یغمایی  
اعضاء پانل: دکتر نفیسه ثقفی، دکتر فرحناز ترکستانی، دکتر زهرا حیدر، دکتر هاجر عباسی  
موضوعات مورد بحث:  
اداره خونریزی های نامنظم (پولیپ- میوم و سایر علل) در سنین نوجوانی و جوانی

پانل: تومورهای خوش خیم تخمدانی در حوالی یائسگی و بعد از آن

۱۲:۰۰ - ۱۱:۱۰

گرداننده پانل: دکتر لادن آجری  
اعضاء پانل: دکتر بهناز نوری، دکتر مریم طلایه، دکتر صفورا روح الامین  
موضوع مورد بحث:  
اداره کیست ها و توده های سولید به ظاهر خوش خیم در تخمدان و در لوله های رحم حوالی یائسگی و بعد از آن

(شرکت داروسازی روناک)

سمپوزیوم: DOR

گرداننده: دکتر زهرا حیدر

۱۲:۴۰ - ۱۲:۰۰

دکتر شهرزاد زاده مدرس، دکتر فاطمه فروزانفرد، دکتر محمدحسین نصرافهانی

(شرکت بهستان دارو)

سمپوزیوم: حمایت فاز لوتئال

دکتر صدیقه حسینی

۱۳:۰۰ - ۱۲:۴۰

ناهار و نماز، بازدید از نمایشگاه

۱۴:۰۰ - ۱۳:۰۰

توران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار بورجهان ۲۷-۲۵ بهمن ماه ۱۴۰۲



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

۳۷- ۳۵ بهمن ماه ۱۴۰۲  
تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار آبرو یحسان

## ناباروری II

روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن علامه طباطبائی

هیات رئیسه: دکتر ربابه طاهری پناه، دکتر فاطمه قلمبر، دکتر نزهت موسوی فر

۱۴:۰۰-۱۴:۲۰

دکتر نسرين سحرخیز

سخنرانی: چالش آدنومیوز در ناباروری

## جنرال II

روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن علامه طباطبائی

پانل: اندومتريوزيس

گرداننده پانل: دکتر ربابه طاهری پناه

۱۴:۲۰-۱۶:۰۰ اعضا پانل: دکتر فاطمه قلمبر، دکتر نزهت موسوی فر، دکتر نفیسه فقیه، دکتر مرضیه زمانیان

موضوعات مورد بحث:

تعریف اندومتريوز و عوارض ناشی از آن، شرایط مناسب حفظ باروری، اثر اندومتريوز بر کیفیت بارداری، کنترل درد ناشی از اندومتريوز در سنین مختلف، نقش GnRH آگونیست و آنتاگونیست در اداره اندومتريوزيس، رابطه اندومتريوز و کانسرها

استراحت و پذیرایی، بازدید از نمایشگاه

۱۶:۰۰-۱۶:۲۰





پنجمین کنگره بین المللی جاش های بالینی در مامایی، زنان و نازایی

روز اول، چهارشنبه ۱۴۰۲/۱۱/۲۵ / سالن علامه طباطبائی

### ارائه مقالات

هیات رئیسه:		۱۶:۲۰-۱۸:۰۰
سرکار خانم دکتر شیده آریانا، سرکار خانم دکتر طیبه اسفیدانی، سرکار خانم دکتا هتاو قاسمی طهرانی		
Dr. Hataav Ghasemi Tehrani	Comparison of three methods of stimulation in poor ovarian responder's women that undergo Assisted Reproductive Technology (ART), a randomized clinical trial	۱۶:۲۰-۱۶:۳۰
Dr. Marzieh Mehrafza	Assessment of the live birth rate after intrauterine insemination in women with low or very low levels of serum anti-Müllerian hormone	۱۶:۳۰-۱۶:۴۰
Dr. Roza Shahhosseini	The early versus standard administration of cabergoline to prevent ovarian hyperstimulation syndrome (OHSS) in patients with polycystic ovary syndrome (PCOS) undergoing ICSI cycles	۱۶:۴۰-۱۶:۵۰
Dr. Mohammadreza Sadeghi Bidmeshki	Using machine learning algorithms to predict live birth before the in vitro fertilization process	۱۶:۵۰-۱۷:۰۰
Dr. Sahar Hosseini	The effect of different types of sperm morphological abnormalities on ICSI outcomes in couples undergoing ART cycles	۱۷:۰۰-۱۷:۱۰
Dr. Samira Azimi	The effect of embryo transfer using abdominal and vaginal ultrasound methods on pregnancy outcome: a retrospective cohort study	۱۷:۱۰-۱۷:۲۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار اورجیان  
۲۷-۲۵ بهمن ۱۴۰۲

### ناباروری III

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن ابوریحان

#### پانل: سقط راجعه

گرداننده پانل: دکتر ساغر صالحپور

۹:۰۰ - ۸:۰۰

**اعضاء پانل:** دکتر علی اکبر طاهریان، دکتر لعلیا فرزندی، دکتر منصوره موحدین، دکتر مریم افتخار، دکتر طیبه هاشمی آرانی  
موضوعات مورد بحث: تعریف سقط راجعه، زمان و سن مناسب جهت بررسی، آزمایشات (همه با هم یا مرحله به مرحله)، درمان ها :  
سیستم ایمنی، اشکالات ساختاری رحم، تخمک، اسپرم و جنین

#### پانل: PCO

گرداننده پانل: دکتر صدیقه حسینی

۱۰:۰۰ - ۹:۰۰

**اعضاء پانل:** دکتر اطره راسخ جهرمی، دکتر آزاده اکبری، دکتر هتاقاسمی طهرانی، دکتر طیبه اسفیدانی، دکتر نازنین حاجی زاده  
**موضوعات مورد بحث:**  
پیشگیری و تشخیص PCO، اداره علائم و عوارض AUB (PCO)، ناباروری، سندروم متابولیک

استراحت و پذیرایی، بازدید از نمایشگاه

۱۰:۲۰ - ۱۰:۰۰



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

ژنیکوانکولوژی ۱

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن ابوریحان

### پانل: سرطان تخمدان

گرداننده پانل: دکتر فریبا بهنام فر

اعضاء پانل: دکتر فاطمه قائم مقامی، دکتر اعظم سادات موسوی، دکتر ملیحه عرب، دکتر سعید نصیری، دکتر ربابه انبیایی  
موضوعات مورد بحث: تازه های روش های تشخیصی بدخیمی های تخمدان (Imaging) تومور مارکرها)، اداره early stage  
کanser تخمدان، اداره kanser تخمدان در بارداری،  
آیا درگیری خارج تخمدان منع جراحی است ؟

۱۱:۱۰ - ۱۰:۲۰

### پانل: سرطان رحم

گرداننده پانل: دکتر مریم سادات حسینی

اعضاء پانل: دکتر نادره بهتاش، دکتر زهره شاهوردی، دکتر سهیلا سرمدی، دکتر علی یعقوبی جویباری  
موضوعات مورد بحث: Staging جدید و چالش های آن، مارکرهای مولکولی، درمان کنسرواتو در خانم های جوان

۱۲:۰۰ - ۱۱:۱۰

سمپوزیوم: کاربرد کولپوسکوپي در آنکولوژی زنان (شرکت تسنیم بهبودآرمان)

دکتر نفیسه فقیه  
۱۲:۲۰ - ۱۲:۰۰

سمپوزیوم: Ovarian Stimulation in Endometriosis Patients (شرکت merck)

Doctor Alberto Vaiarelli

۱۲:۴۰ - ۱۲:۲۰

سمپوزیوم: مصرف پروژسترون در بارداری (شرکت آتی فارمد)

دکتر زهرا نائیجی

۱۳:۰۰ - ۱۲:۴۰

ناهار و نماز، بازدید از نمایشگاه

۱۴:۰۰ - ۱۳:۰۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان  
۲۷-۲۵ بهمن ماه ۱۴۰۲



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن ابوریحان **پره ناتال III**

پانل: اکلامپسی - پره اکلامپسی

گرداننده پانل: دکتر معصومه میرزاملرادی

۱۴:۰۰ - ۱۵:۰۰ **اعضاء پانل:** دکتر مریم کاشانیان، دکتر پریچهر پورانصاری، دکتر نوشین امجدی، دکتر فهیمه قطبی زاده، دکتر سهراب سلیمی

**موضوعات مورد بحث:**

اهمیت و معیارهای تشخیص فشار خون بالا و پره اکلامپسی، امکان پیشگیری و درمان، چالش های بیهوشی، نکات کلیدی در زمان

ختم بارداری و مراقبت بعد از ختم زایمان

۲۷-۲۵ بهمن ماه ۱۴۰۲  
تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان



پنجمین کنگره بین المللی جالش های بالینی در مامایی، زنان و نازایی

یوروز نیکولوژی ۱

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن ابوریحان

پانل: pop

گرداننده پانل: دکتر سودابه درویش

اعضاء پانل: دکتر زینت قنبری، دکتر مریم دلدار، دکتر خدیجه ادبی، دکتر لیلا پورعلی

موضوعات مورد بحث:

چالش هایی که در جراحی های پرولاپس ارگان های لگنی در خانم ها وجود دارد از دید افراد expert

استراحت و پذیرایی، بازدید از نمایشگاه

۱۵:۰۰-۱۶:۰۰

۱۶:۰۰-۱۶:۲۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان  
۲۷-۲۵ بهمن ماه ۱۴۰۲

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن ابوریحان

ارائه مقالات

هیات رئیسه:		۱۸:۰۰-۱۶:۲۰
سرکار خانم دکتر هاجر عباسی، سرکار خانم دکتر نازنین حاجی زاده، سرکار خانم دکتر آزاده جعفری		
Dr. Hataf Ghasemi Tehrani	A Comparative Study of IVF Outcomes in Three Pre-treatment Methods (Dienogest, OCP, Decapeptyl) Following Frozen Embryo Transfer in Patients with Stage 3 and 4 Endometriosis	۱۶:۲۰-۱۶:۳۰
Dr. Nazanin Hajizadeh	Severe early ovarian hyperstimulation syndrome following GnRH agonist trigger and freeze-all strategy in GnRH antagonist protocol; case report and literature review	۱۶:۳۰-۱۶:۴۰
Dr. Hanieh Najafiarab	Validity and Reliability of the Persian Version of Uterine Fibroid Symptom and Health-related Quality of Life Questionnaire	۱۶:۴۰-۱۶:۵۰
Dr. Mania Kaveh	Superior hypo gastric plexus block as an effective treatment method for endometriosis-related chronic pelvic pain: an open-label pilot clinical trial	۱۶:۵۰-۱۷:۰۰
Dr. Sedigheh Hosseinimousa	Evaluation of Fertility Outcomes after Laparoscopic Salpingectomy for Tubal Ectopic Pregnancy	۱۷:۰۰-۱۷:۱۰
Dr. Maryam Hashemi	An Investigation of the Effect of Myomectomy on Anti-Mullerian Hormone Level in Women with Uterine Leiomyoma	۱۷:۱۰-۱۷:۲۰
Dr. Bahareh Arbabi	Comparing the Effect of platelet-rich plasma (PRP) and estrogen with estrogen alone on vulvo vaginal atrophy (VVA) and Stress urinary incontinence SUI	۱۷:۲۰-۱۷:۳۰



### جنرال III

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن علامه طباطبائی

#### پانل: HPV

گرداننده پانل: دکتر فرح فرزانه

اعضاء پانل: دکتر زینب نظری، دکتر اکرم قهقایی، دکتر لیلا نظری، دکتر شیده آریانا

موضوعات مورد بحث:

۸:۰۰- ۹:۰۰

HPV در سر و گردن، در آقایان، در آنال، در ولو واژینال،

امکان سرایت غیر از سکسوال، ضد عفونی وسایل و محیط

واکسیناسیون

HPV در نازایی و در بارداری

#### پانل: نقش لیزر در جراحی ها

گرداننده پانل: دکتر فرح فرزانه

اعضاء پانل: دکتر سید محمود رضا آقامیری، دکتر ساغر صالحپور، دکتر سودابه درویش

موضوعات مورد بحث:

۹:۰۰- ۱۰:۰۰

کاربرد لیزر در جراحی های کف لگن، انکولوژی، اندومتریوز، لاپاراسکوپی

استراحت و پذیرایی، بازدید از نمایشگاه

۱۰:۰۰- ۱۰:۲۰



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

جنرال IV

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن علامه طباطبائی

### Debate: مناظره

هیات ریسه: دکتر عباس افلاطونیان، دکتر محمد ابراهیم پارسا نژاد، دکتر اشرف معینی  
موضوع مورد بحث: آیا اندروژن در یائسگی زودرس (POF) به سبب دارویی اضافه شود؟  
موافق: دکتر شهرزاد زاده مدرس  
مخالف: دکتر صدیقه عبداللهی فرد

۱۱:۰۰ - ۱۰:۲۰

### پانل: چالش های اداره علایم و عوارض یائسگی

گرداننده پانل: دکتر نسیم سنجری  
اعضاء پانل: دکتر فخر الملوک یاسایی، دکتر لادن آجری، دکتر مهین نجفیان، دکتر آتنا بهفروز  
موضوعات مورد بحث:  
عوارض یائسگی طبیعی در مقابل POF، ریسک بدخیمی، طول درمان هورمون در POF  
حفاظت از استخوان، تاثیر ovarian Tissue implant در به تاخیر انداختن یائسگی

۱۲:۰۰ - ۱۱:۰۰

Prof. Filippo Ubaldi

"Management of poor responders in IVF"

۱۲:۳۰ - ۱۲:۰۰

(شرکت افق تولید دارو پارس)

سمپوزیوم: آنمی در حاملگی

دکتر آزاده شعبانی

۱۳:۰۰ - ۱۲:۳۰

ناهار و نماز، بازدید از نمایشگاه

۱۴:۰۰ - ۱۳:۰۰

۱۴۰۲ هجری ماه ۱۷ - ۲۵  
تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار آبرو ریحان

## یوروژنیکولوژی II

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن علامه طباطبائی

### پانل: Pelvic pain

گرداننده پانل: دکتر سودابه درویش

۱۴:۰۰-۱۵:۰۰

اعضاء پانل: دکتر طیبه جاهد بزرگان، دکتر ریحانه حسینی، دکتر طنناز احدی، دکتر مژگان فروتن  
موضوعات مورد بحث: درد مزمن لگنی که از چالش های آزار دهنده در میان بیماری های زنان می باشد.

### پانل: Female Sexual disorder

گرداننده پانل: دکتر مریم کاظمی

۱۵:۰۰-۱۶:۰۰

اعضاء پانل: دکتر منصوره یراقی، دکتر آزاده مظاهری، دکتر ناهید رادنیا، دکتر آریتا قنبرپور  
موضوعات مورد بحث:  
تشخیص و درمان اختلالات جنسی در بانوان

استراحت و پذیرایی، بازدید از نمایشگاه

۱۶:۰۰-۱۶:۲۰

روز دوم، پنجشنبه ۱۴۰۲/۱۱/۲۶ / سالن علامه طباطبائی

ارائه مقالات

هیات رئیسه:		۱۶:۲۰-۱۸:۰۰
سرکار خانم دکتر مریم طلائی، سرکار خانم دکتر زنبق پیراسته فر، سرکار خانم دکتر مریم کاظمی		
Dr. Zanbagh Pirastehfar	Evaluation of anal cytology and human papillomavirus infection in high- risk women: a cross-sectional study	۱۶:۲۰-۱۶:۳۰
Dr. Mehrdad Sheikhvatan	The value of miR-429 expression in predicting the prognosis of triple-negative breast cancer	۱۶:۳۰-۱۶:۴۰
Dr. Sima Kamkari	Survival rates in endometrial cancer patients and prognostic factors affecting it	۱۶:۴۰-۱۶:۵۰
Dr. Vajie Hazari	Bioinformatics analysis of microarray data to identify hub genes, as diagnostic biomarker of HELLP syndrome: System biology approach	۱۶:۵۰-۱۷:۰۰
Dr. Leila Pourali	Correlation of obstructive defecatory symptoms with pelvic organ prolapse and anorectal manometry	۱۷:۰۰-۱۷:۱۰
Dr. Samaneh Esmaeili	Correlation Between Discordance of Anti-Mullerian Hormone and Antral Follicle Count and Outcomes of Ovarian Stimulation Cycles	۱۷:۱۰-۱۷:۲۰
Dr. Ali Aliakbarlu	Designing an artificial neural network model to determine the type and optimal initial dose of gonadotropin during the ovulation stimulation process	۱۷:۲۰-۱۷:۳۰

۱۴۰۲ بهمن ماه ۲۵-۲۷  
تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار آبرو ریحان



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

بره نائال ۱۷

روز سوم، جمعه ۱۴۰۲/۱۱/۲۷ / سالن ابوریحان

## پانل: دیابت در بارداری

گرداننده پانل: دکتر ثریا صالح گرگری

اعضاء پانل: دکتر پریچهر پورانصاری، دکتر نوشین امجدی، دکتر آذین علوی، دکتر ریحانه پیرجانی

۹:۰۰ - ۸:۰۰

موضوعات مورد بحث:

تعریف- تشخیص Pre/gestational diabete - کنترل حین بارداری- پیشگیری عوارض جنینی- زمان و نحوه ختم بارداری

## پانل: Obesity in reproduction

گرداننده پانل: دکتر سودابه کاظمی

اعضاء پانل: دکتر معصومه میرزامرادی، دکتر ترانه ارباب زاده، دکتر نیره رحمتی، دکتر حامد طهماسبی

۱۰:۰۰ - ۹:۰۰

موضوعات مورد بحث:

تعریف اثرات چاقی بر روی مادر و جنین، کنترل چاقی حین بارداری، جراحی های قبل از بارداری، اقدامات لازم در زمان ختم

استراحت و پذیرایی، بازدید از نمایشگاه

۱۰:۲۰ - ۱۰:۰۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان  
۲۷-۲۵ بهمن ماه ۱۴۰۲

روز سوم، جمعه ۱۴۰۲/۱۱/۲۷ / سالن ابوریحان **جنرال (v)**

## پانل: چالش های تشخیص و درمان آنومالی های مولرین

گرداننده پانل: دکتر سعید البرزی

۱۱:۳۰-۱۰:۲۰

اعضاء پانل: دکتر زیبا ظهیری، دکتر الهام عسگری، دکتر طاهره پوردست

دکتر سعید البرزی	گایدلاین جدید آدنومیوزیس	۱۲:۰۰-۱۱:۳۰
پروفسور هومن سلیمانی مجد	" The involving role of laterally extended endopelvic resection in the management of gynecological malignancies in modern era"	۱۲:۳۰-۱۲:۰۰
Prof G.H.A Visser	GDM or Obesity- Which is more important for pregnancy out come ?	۱۳:۰۰-۱۲:۳۰





پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

ژنیکوانکولوژی II

روز سوم، جمعه ۱۴۰۲/۱۱/۲۷ / سالن علامه طباطبائی

## پانل: LGT neoplasia

گرداننده پانل: دکتر میترا محیط

۸:۰۰- ۹:۰۰

اعضاء پانل: دکتر افسانه تهرانیان، دکتر فریبا یارندی، دکتر مژگان کریمی زارچی، دکتر آزاده جعفری، دکتر سمیه نیکفر

موضوعات مورد بحث:

ضایعات پیش سرطانی ولو-واژن، تشخیص، افتراق، تشابهات بالینی، چالش های پاتولوژی، پیشگیری درمان و پیگیری

## پانل: GTN

گرداننده پانل: دکتر طاهره اشرف گنجویی

۹:۰۰- ۱۰:۰۰

اعضاء پانل: دکتر سهیلا امینی مقدم، دکتر شهرزاد شیخ حسنی، دکتر عاطفه مریدی، دکتر نفیسه فقیه، دکتر مرتضی طباطبائی فر

موضوعات مورد بحث:

به روز رسانی پروتکل اداره GTN، روش های تشخیص و درمان و پیگیری

استراحت و پذیرایی، بازدید از نمایشگاه

۱۰:۰۰- ۱۰:۳۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار بوهریجان  
۲۷-۲۵ بهمن ماه ۱۴۰۲



پنجمین کنگره بین المللی چالش های بالینی در مامایی، زنان و نازایی

انکوفرتیلتی

روز سوم، جمعه ۱۴۰۲/۱۱/۲۷ / سالن علامه طباطبائی

## Debate: مناظره

هیات رئیسه: دکتر اشرف آل یاسین، دکتر مرضیه آقاحسینی، دکتر مریم سادات حسینی  
موضوع مورد بحث:

۱۱:۰۰-۱۰:۲۰

حفظ باروری و یا اهدا تخمک در مبتلایان به کانسره های زنان و پستان  
موافق اهدا تخمک: دکتر اشرف معینی  
موافق حفظ باروری: دکتر ربابه طاهری پناه

## پانل: Oncofertility

گرداننده پانل: دکتر انسیه شاهرخ تهرانی نژاد  
اعضاء پانل: دکتر مهناز اشرفی، دکتر زهرا حیدر، دکتر سید محمد میر یونسی، دکتر مریم طلایه، دکتر صدیقه اسماعیل زاده  
موضوعات مورد بحث:  
در جوانان مبتلا به سرطان پستان و زنان در چه شرایطی حفظ باروری توصیه میشود از دید زنان و انکولوژیست، انواع حفظ باروری، احتمال بدخیمی در تخمک یا جنین یا بافت فریز شده.

۱۲:۰۰-۱۱:۰۰

(شرکت آرایه زیستی پیشرفته)

Dr Zeelha.Abdool

سمپوزیوم: سونو گرافی در پرولاپسهای لگن

Ultrasound Imaging of prolapse & posterior compartment

۱۲:۳۰-۱۲:۰۰

(شرکت شفا یاب گستر)

Prof. Fabio Fachinetti

سمپوزیوم: فنوتیپ های مختلف PCO

۱۳:۰۰-۱۲:۳۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار اکوریکان  
۲۷-۲۸ بهمن ماه ۱۴۰۲



پنجمین کنگره بین المللی جالش های بالینی در مامایی، زنان و نازایی

روز سوم، جمعه ۱۴۰۲/۱۱/۲۷ / سالن شیخ بهایی

## کارگاه ( ۱ ) جراحی های زیبایی Aesthetic Surgery

(شرکت تسنیم بهبود آرمان)

مسئول کارگاه: دکتر سودابه درویش

سخنران های کارگاه:

دکتر الناز آیتی (لابیا پلاستی)، دکتر فاطمه حسینی (آراف)، دکتر مریم حاج هاشمی (پرینیو پلاستی و رکتوپرینیورافی)

دکتر ترانه مهاجری (تزریق چربی و ژل)

۸:۰۰-۹:۳۰

دکتر عباس شبیری

Pelvic floor trauma and PTSD

۹:۳۰-۱۰:۰۰

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار بوررجان  
۲۷-۲۵ بهمن ماه ۱۴۰۲



# چکیده سخنرانی ها

پنجمین کنگره بین المللی  
چالش های بالینی در مامایی، زنان و نازایی

۲۷-۲۵ بهمن ماه ۱۴۰۲

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان

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## Choice of Method for Treatment of Apical Prolapse

Dr Khadijeh Adabi

Associate professor of FPMRS, Tehran university of medical sciences

Downward movement of the tip of the vagina (defined as either the cervix or the vaginal cuff) after a total hysterectomy is called apical prolapse.

Apical prolapse can be repaired through the vagina or abdomen. Vaginal route of administration includes sacrospinous ligament suspension (SSLS) or uterosacral ligament suspension (ULS). SSLS can be performed with the uterus in place (sacrospinous hysteropexy) or in a patient who has had a hysterectomy. ULS is mostly performed in conjunction with a vaginal hysterectomy to access the uterosacral ligaments. Abdominal sacrocolpopexy (ASC) has better objective anatomical results than vaginal apical support procedures. For patients who choose to avoid mesh, native vaginal tissue repairs such as SSLS and ULS are good alternatives to sacrocolpopexy because they have fewer postoperative side effects and reoperations compared to ASC. Transvaginal surgery is performed in almost 80-90 percent of prolapse surgeries. The minimally invasive nature of the procedure and the ease of anterior and posterior repair during surgery were possible explanations for the preference for transvaginal surgery. Shorter operating time and recovery from vaginal surgery are other advantages for women with increased surgical risk or who wish to avoid abdominal surgery. The laparoscopic route may be useful for patients who absolutely require evaluation pelvic cavity or removal of the adnexa. Considering the age and sexual activity of the patient can also be an important part, because SSLS deviates the vaginal axis more than ULS. Because there is no clearly superior vaginal approach, the choice of procedure must focus on patient factors and goals. As always, the training and preference of the surgeon is a strong factor in choosing surgical procedure.

## Clinical Key points of early stage ovarian cancer

Maliheh Arab

Professor of Gyneco- Oncology, Imam Hossein Medical Center, Shahid Beheshti University of Medical Sciences & Health Services

### Abstract

Early stage of ovarian cancer is defined as stage 1 (limited to ovary) and stage 2 (limited to pelvis). Ovarian cancer is diagnosed in early stage just in 25% of cases.

The best prognosis and survival is obtained by management of ovarian cancer in Gyneco-Oncology setting .

In surgery of ovarian cancer careful avoidance of rupture is very critical and if occur , would upstage the patient from 1A or B towards 1c1, which is the treshould of starting adjuvant chemotherapy.

Route of surgery is laparotomy as standard, and laparoscopy is accepted in early stage .

There are 3 concers in laparoscopy of ovarian cancer:

- 1 more chance of rupture resulting in upstage
- 2 limitation of inspection of entire abdomen including intestine and mesentrial parts

- 3 low probability of port site metastasis

Surgical staging of early stage ovarian cancer include:

- 1 peritoneal cytology of existant ascites or peritoneal washing

- 2 inspection of entire abdomen and organs

- 3 TAHBSO

- 4 pelvic and para Aortic lymphadenectomy

- 5 Infracolic or Infragastric omentectomy

Fertility preservation in young cases is possible by unilateral salpingo-oophorectomy instead of TAHBSO. In the case of conservation of uterus, endometrial biopsy is done to rule out coexistent endometrial cancer.

Chance of recurrence in fertility sparing cases is not completely investigated. Hysterectomy and oophorectomy of remaining ovary is recommended after completion of childbearing or in 35 years old age.



W/up:

Soheila Amini Moghadam

1.Evaluation in hydatidiform mole and GTN In addition to the history and examination and lab tests, screen imaging with transvaginal doppler ultrasound of the pelvis and a CXRay, which in case of lung metastasis, need further investigation in the form of chest/abd/pelvic ct with contrast & brain MRI.

2.In treatment At the time of drug resistance or relapse after the initial response and every time the patient candidate to receive a new drug, the extent of the disease must be re-evaluated for Restaging and considering the role of surgery in treatment.

3.The primary treatment in case of fertility preservation in hydatidiform mole is suction curettage under ultrasound guidance, and to reduce bleeding, the use of uterotonics such as misoprostol and metergen during the procedure and the next few hours after surgery, also, if necessary, tranexamic acid can be given during uterine evacuation. The role of oxytocin is faint Due to the possibility of negative oxytocin receptors.

4.In after treatment follow up, it is necessary to repeat the history and physical examination one month after the treatment and hcg monitoring

Every one to two weeks until normal hcg

(which is measured 3 times in a row, Normal is less than 5)

And then every 3 to 6 months.

also ocp use At least

6 months for contraception.

5.In a new study of complete hydatidiform mol

that up to 56 days after uterine evacuation still hcg

Not normalized increased risk of GTN has been reported.

4 6.after Prophylactic hysterectomy: in hydatidiform mole with complete family and age over 4050- years, the risk of postmolar Gtn rate is reduced by 80%, but still need hcg monitoring.

7.Adjuvant hysterectomy in cases of low risk gtn

who have complete fertility can reduce the number of chemotherapy cycles necessary for recovery. And In uterine confined chemoresistant tumors or in cases of bleeding requiring repeated transfusions

Or sepsis control is also considered.

8.In cases of invasive molar pregnancy who require fertility preservation, partial uterine resection and Resection of pulmonary metastatic lesion that can be the source of chemoresistance may Increase recovery rate .

9.Craniotomy can be considered in cases of brain metastases that cause brain

bleeding or increased ICP And in cases of imminent brain herniation.

10.Pstt/Ett:originate from intermediate trophoblasts and often months to years after normal pregnancy.

11.There is often involvement of the lower uterine segment and endocervix in ETTand it can be misdiagnosed with scc.

12.PSTT/ETT are metastatic in 3050%- and in contrast of otherGtn may have pelvic lymph nodes involvement.

13. In examining the samples with IHC, Mel\_CAM and hPL markers have diffuse pattern in Pstt.

Ett has P63 strong expression andCyclin E occurrence.

14.In these intermediate trophoblastic tumors

Figo prognosis scoring is not correlate well with prognosis and the factors associated with worse prognosis include:

Advanced stage,

increased interval from last pregnancy,

Deep myometrial invasion, higher mitotic index, large tumor size and presence of necrosis.

15. Survival is 5060%- in metastatic cases and 100% in non-metastatic cases in ITTs.

and Treatment in the non-metastatic group is hysterectomy, bilateral salpingectomy, and especially in larger tumors or deep invasions, pelvic lymph node biopsy.

And If there are risk factors such as more than 24- years interval from last pregnancy or the number of mitosis is more than 5 in 10 hpf or the presence of necrosis or deep invasion, adjuvant combined chemotherapy is needed.

16.Treatment in the metastatic group include hysterectomy, bilateral salpingectomy plus combined chemotherapy with platinum-based regimens such asEMA\_EP and TP/TE.

Also, metastasectomy is in the form of resection of lesions, especially pulmonary isolated leison.

17.In the follow-up of ITTs after treatment due to lower hcg , should be monitored with

imaging like PET/CT every 6 months to 3 years and after that longterm follow-up is recommended.

18. Also, in many cases of ITTs treatment with pembrolizumab,cure has been reported.

## Approach to Episiotomy and Related Complications

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Episiotomy is an incision to the posterior perineum to enlarge the birth outlet and facilitate delivery of the baby; however, it is not recommended routinely because of some adverse outcomes such as excessive blood loss, third- and fourth-degree tears, infection, dehiscence, vulvovaginal hematoma, and severe obstetric laceration in a subsequent vaginal delivery.

Currently, there is no specific situation in which episiotomy is essential, and it is considered when expedited or operative vaginal delivery is necessary. Also, it is helpful in shoulder dystocia to provide much space to complete maneuvers for delivering the posterior shoulder; however, the decision to perform episiotomy is made on a case-by-case.

There are two common types of episiotomy, median and mediolateral. Other less common incisions include J-type and T-shape. In mediolateral episiotomies, blood loss, pain, and dyspareunia are more, while the risk of anal sphincter laceration is higher in median episiotomies.

Although the incidence of obstetrical anal sphincter injuries (OASIS) is not high, it may cause long issues for women because of fecal incontinence, so it is important to identify and repair it appropriately. In other words, hemostasis and anatomic reapproximation of all disrupted tissue layers are the key principles for preventing complications and restoring fecal competence. The risk factors for OASIS include operative vaginal delivery, episiotomy, fetal macrosomia, prolonged second stage of labor, fetal occiput posterior presentation, increasing maternal age, primiparity, and prior OASIS. Asymptomatic women with one prior OASIS can have a vaginal delivery, unlike asymptomatic women with two or more prior OASIS or symptomatic women with any prior OASIS that are scheduled for cesarean delivery.

Overall, perineal care, hygiene control, pain killers, sitz bath, and stool softeners have benefits for all individuals undergoing episiotomy to experience less discomfort through the puerperium.

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## Clinical Key points of laparoscopy in adnexal mass and ovarian cancer

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### Abstract

Indications of surgery in premenopausal patients with adnexal mass:

1 Sonographic findings are suspicious for malignancy (ORADs5 /risk of malignancy more than 50%) including Ascitis, peritoneal mass, enlarged lymph nodes.

2 acute symptoms such as acute pain / torsion

3 intermediate sonographic findings (ORADs4 /risk of malignancy 10- 50%) besides CA125 of more than 200

Indications of surgery in menopausal patients with adnexal mass:

1 Sonographic findings are suspicious for malignancy (ORADs5 /risk of malignancy more than 50%) including Ascitis, peritoneal mass, enlarged lymph nodes

2 intermediate sonographic findings (ORADs4 /risk of malignancy 10- 50%) besides symptoms such as .abdominal, GI ,pain , urinary , pelvic

3 intermediate sonographic findings (ORADs4 /risk of malignancy 10- 50%) besides being high risk for ovarian cancer

4 rised tumor markers including CA125 of more than 35

5 size of adnexal mass more than 10 cm

Endometrioma is assessed for surgery in 2 points of view: first malignancy concerns , second for patient symptoms.

Indications of surgical approach in endometrioma due to malignancy concerns:

1 significant increase in size

2 nodularity , complex pattern

3 genetic mutations such as BRCA

4 family history of ovarian cancer

5 age above 50 years old

6 suspicious mass pattern

Malignancy transformation in endometriosis is possible and most common histopathologic types are clear cell and endometrioid.

Laparoscopy is the choice approach in adnexal mass due to less bleeding, better recovery, less hospital stay, and cosmetic points.

laparoscopy is accepted in surgical staging of early stage ovarian cancer .

There are 4 concerns in laparoscopy of ovarian cancer:

1 more chance of rupture resulting in upstage

2 limitation of inspection of entire abdomen including intestine and mesentrial parts

3 low probability of port site metastasis

4 more risk of rupture which might make chemotherapy necessary , and worsen survival



## Protraction and arrest disorders:

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Approximately 20% of all labors ending in a live birth involve a protraction and /or arrest disorder.

the risk is highest in nulliparous wemon with term pregnancies.

protraction or arrest of labor is the most common reason for primary cesarean delivery.

Risk factors that have been associated with abnormal labor progress:

1-hypocontractile uterine activity

2-older maternal age

3-long cervical length at mid pregnancy

4-pregnancy complication

5-non reassuring fetal heart rate pattern

6-bandl's ring

7-neuroaxial anesthesia

8-macrosomia

9-pelvic contraction

10-non-occiput anterior position

11-nulliparity

12-short stature(less than 150cm)

13-high station at full dilation

14-chorioamnionitis

8 15-post term pregnancy

16-obesity

17-fetal anomaly resulting in cephalopelvic dystocia

18-uterine abnormality.

The diagnosis of a protracted active phase is made in women at more than 6 cm dilation who are dilating less than approximately 12- cm/hour.

Women with cervical dilation less than 6 cm are considered to be in latent phase.

Management of latent phase that extends for many hours or days can be physically and emotionally exhausting for the parturient.

In addition to education ,support, hydration and comfort measures, management options for spontaneously labouring women who are not tolerating latent phase

include:

1-Therapeutic rest

2-uterotonic drugs

3-amniotomy

Active phase arrest is diagnosed as cervical dilation more than 6 cm in a patient with ruptured membranes and :

- No cervical change for more than 4 hours despite adequate contractions

- No cervical changes for more than 6 hours with inadequate contractions.

For patients in the active phase (cervix more than 6 cm) who dilated less than 1cm over two hours, we administer oxytocin and proceed with amniotomy if there has been adequate fetal descent to a safe fetal station for amniotomy.

Women with labor arrest in the active phase of the first stage are managed by cesarean delivery.

many studies showed that oxytocin augmentation for at least four hours, rather than the historical standard of two hours, before diagnosing arrest is safe for mother and fetus and increases the chances of achieving a vaginal delivery.

Prolonged second stage:

For nulliparous women , allow three hours of pushing and for multiparous women, allow two hours of pushing prior to diagnosing arrest of labor, when maternal and fetal conditions permit.

A specific absolute maximum length of time that should be allowed in the second stage of labor has not been identified.

Management of prolonged second stage:

After 60-90 minutes of pushing ,we begin oxytocin augmentation if descent is minimal or absent and uterine contractions are less frequent than every 3 minutes.

Timing of operative delivery in prolonged second stage:

In the absence of epidural anesthesia we allow nulliparous women to push for at least three hours and multiparous women to push for at least two hours prior to considering operative intervention.

In women who have epidural anesthesia we allow an additional hour of pushing on a case -by-case basis before considering operative intervention for a prolonged second stage.



## HPV in pregnancy

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During pregnancy, changing hormone levels can make grow faster than usual. Vertical transmission can be divided into three categories according to the time of HPV infection:

1-peri conceptual: HPV DNA has been detected in different sites of the male reproductive tract, sperm cells, semen, endometrium, and ovaries.

2-prenatal : HPV DNA has been detected in amniotic fluid, placenta, and the umbilical cord. placenta can be infected through the hematogenous route and ascending route.

3-perinatal transmission : it will be considered as the result of the fetus coming into contact with infected cells of the vagina and cervix during birth.

HPV treatment in pregnancy :

1-Bi- And Tri- chloroacetic acid (BCA-TCA)

2-Cryoablation

3-Laser ablation

4-Electrocauterization

5-Small excision surgery

Elective cesarean delivery for women with anogenital warts for the sole indication of preventing JRP or vertical transmission.

Cesarean delivery is indicated if vulvar or vaginal warts obstruct the birth canal, as the lesions may avulse- hemorrhage- cause dystocia during vaginal delivery.

HPV vaccination is not recommended during pregnancy. if a person is found to be pregnant after starting the HPV vaccine series, second and third doses should be delayed until they are no longer pregnant.

If a person receives HPV vaccine and later learns that they are pregnant, there is no reason to be alarmed.

## Cervical Elongation

Maryam Deldar

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The normal length of an adult non-pregnant cervix is about 2.5 cm to 3.0 cm. Isolated cervical descent with a normally positioned uterus is found in the case of true cervical elongation, which is a form of congenital elongation of the cervix .

Most of the patients had cervical length between 3.1- 4cm (62.4%). There was no patient with cervical length less than 2 cm.

Cervical elongation is frequently associated with uterine prolapse but not always . It is possible to resuspend the cervix and uterus the uterosacral – cardinal ligament complex ( UCC ) while leaving the cervix intact.

The Manchester repair ( MR ) involves the clamping and mobilization of the UCC and their reattachment to the partially amputated cervix , usually with anterior colporrhaphy.

This would appropriate if fertility was important and further pregnancies desired.

Cervical amputation would significantly decrease the likelihood of a woman conceiving and potentially cause cervical incompetence and preterm delivery. There are potential long term risks with uterine conservation including the development of cancer. Hematometra or pyometra can result from cervical stenosis.

## Ovarian Rejuvenation

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Premature ovarian failure can be found in 1% of woman at the age of 3540-, mostly due to unknown causes.

Female gametes are extremely sensitive cells in the human body, which decrease in number from fetal period to the prepuberty when they count about 300,000.

Pregnancy and healthy fetal birth in POI and advanced age women with low AFC and low AMH indicate exist functional oocyte in the ovary that cannot be evaluated by ovarian reserve markers such as AFC and AMH.

We talk about the effect of autologous in vitro ovarian activation with stem cells and autologous growth factors on reproductive and endocrine function in patients with ovarian impairment.

We will explain PRP method, use of stem cell, physical changes in the ovaries for hippo signaling disruption and medical methods to suppress increased gonadotropin level which results in some changes in the ovary to reduce its harmful effect on the remaining follicles for rescue of already existing follicles.

- Prolonged suppression of FSH and LH by GnRH analogues for 412- wk in hyper gonadotropic amenorrhea is beneficial for ovulation and improved response to gonadotropin stimulation.

- Administration of autologous PRP can be considered a safe and tolerable alternative approach to the classical ones for ovarian rejuvenation.

- Transplanted sc are located in ovarian tissue and by secreting growth factor and cytokines increase follicular growth, ovarian vascularity, follicular and stromal cell proliferation and reduce apoptosis, stromal fibrosis and improve the environment of follicles and rescue the remaining follicles.

## ORAL AND ANAL HPV INFECTION

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### Introduction

Human papillomavirus (HPV) infection is a sexually transmitted virus that is associated with condyloma acuminatum, squamous intraepithelial lesions, and malignancy, including anogenital malignancies (cervical, vaginal, vulval, penile, and anal carcinoma) and head and neck squamous cell.

ORAL HPV infection; Two viral oncogenes (E6 and E7), which are expressed as a result of high-risk HPV infection, are mainly responsible for malignant transformation and, ultimately, an HPV associated head and neck cancer with a molecular signature distinct from non-HPV associated head and neck cancer. HPV associated head and neck cancers occur primarily in the tonsils, base of tongue, or soft palate. HPV associated malignancies account for 70 to 80 percent of oropharyngeal cancers in the United States and Western Europe. High-risk HPV infection may also be causative in some cases of other head and neck cancer sites. We routinely use immunohistochemistry (IHC) for p16 as a surrogate for HPV status, as it is highly sensitive for HPV associated tumors. If decision-making hinges on HPV status, this diagnosis can be confirmed with either in situ hybridization or polymerase chain reaction (PCR). HPV associated oropharyngeal cancer typically presents in younger patients without a history of excessive exposure to alcohol and tobacco. HPV associated oropharyngeal cancers tend to present with regional cervical lymph node metastases and smaller primary tumors. HPV associated oropharyngeal cancer has a better prognosis and response to therapy than non-HPV associated disease. Tumor testing for HPV status should be included in the evaluation of patients with oropharyngeal squamous cell carcinoma. The management of HPV associated oropharyngeal cancer follows a similar treatment approach as for non-HPV associated tumors outside the context of a clinical trial, despite the difference in prognosis. Treatment deintensification in patients with HPV associated head and neck cancer.

**HPV infection in nonoropharyngeal cancers** – HPV positivity is much less common in nonoropharyngeal cancers, and its prognostic implications remain unclear, although similar to oropharyngeal cancer, data suggest a relatively favorable prognosis Anal squamous

intraepithelial lesions (SIL) are preinvasive anal neoplasia caused by human papillomavirus (HPV) infection. Risk factors for anal SIL include sexual behavior, HIV, and iatrogenic immunosuppression (eg, solid organ transplant recipients). Rates of anal neoplasia are substantially higher among males who have sex with males (MSM), and are particularly high in MSM who are living with HIV (MSMLWH).

• For high-risk populations clinicians should discuss the risk of anal SIL and cancer and the symptoms that should lead to a consultation and digital anorectal examination. Anal low-grade SIL (LSIL) is a risk factor for the presence of anal high-grade SIL (HSIL) and/or invasive cancer, rather than a direct precursor. Anal HSIL can progress to invasive anal cancer. No clinical trials have evaluated the risk benefit ratio of screening for anal SIL; support for screening relies on the similarities between the anus and cervix, the established success of cervical cancer screening, and the demonstrated benefit of treating HSIL in reducing the rate of progression to invasive anal cancer. Cytology is used as the initial screening test. Individuals with abnormal cytology are referred for high-resolution anoscopy (HRA) to examine the anal canal and perianus and to biopsy areas of potential HSIL. We suggest screening for anal SIL in all MSMLWH. We also suggest screening for other at-risk groups, even though their risk for anal cancer is likely lower than MSMLWH. We initiate screening after age 25 in people living with HIV (PLWH) and those with other forms of immunosuppression, and after age 40 for at-risk groups without immunosuppression. At-risk individuals without HIV are typically screened every two to three years, while PLWH may be screened annually. HPV vaccination decreases the incidence of infection with the high-risk HPV types associated with cervical and anal cancer. Data from the ANCHOR trial now demonstrate efficacy of treating anal HSIL to reduce the risk of invasive anal cancer in people living with HIV aged 35 and older. The majority of participants in this study were treated with ablative therapy (hyfrecation), however the optimal treatment modality has not been clearly established. The following represents our approach to treatment. For all patients with anal HSIL, we suggest treatment rather than observation of asymptomatic LSIL is optional, given that these are not considered precancerous.



## Empty follicle syndrome following GnRH agonist stimulation, in a patient with PCOS treated with HCG rescue protocol, resulting in 3PN zygote formation: a case report

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### Abstract

Empty follicle syndrome is a rare condition characterized by failure to retrieve oocytes despite repeated careful aspiration of mature precursor follicles during controlled ovarian stimulation. This report presents a case of empty follicle syndrome in a patient with polycystic ovary syndrome using a gonadotropin-releasing hormone agonist as a trigger for final oocyte maturation. No oocytes were retrieved from the right ovary and the procedure was discontinued. The patient was administered an injection with 10,000 units of HCG and 3 oocytes were obtained after 24 hours. All oocytes were mature (MII); fertilization was performed with sperm from the patient's husband resulting in 3PN zygotes. The formation of 3PN zygotes from ICSI might be due to oocyte cytoplasmic disorders caused by long-term exposure to gonadotropins and increased duration of stimulation. Although our patient had false empty follicle syndrome and the hCG rescue protocol led to the retrieval of oocytes, the oocytes were not of good quality. As previously described, empty follicle syndrome is not a predictor of success in subsequent cycles. Our patient's next cycle was uneventful.

**Keywords:** ICSI; empty follicle syndrome; trippronuclear embryo.



## Pannel challeng of pcos: prevention of pcos

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### Abstract:

Psychological features are common and important components of PCOS that all healthcare professionals should be aware of. Funding bodies should recognize that PCOS is highly prevalent, and has significantly higher psychological disorders which should be prioritized and funded accordingly. Healthcare professionals and women should recognize the adverse impact of PCOS and/or PCOS features on quality of life in adults. Women with PCOS should be asked about their perception of PCOS related-symptoms, impact on quality of life, key concerns, and priorities for management. Healthcare professionals should be aware of the high prevalence of moderate to severe depressive symptoms and depression in adults and adolescents with PCOS and should screen for depression in all adults and adolescents with PCOS, using regionally validated screening tools. If moderate or severe depressive or anxiety symptoms are detected, practitioners should further assess, refer appropriately, or offer treatment. Lifestyle intervention (exercise alone or multicomponent diet combined with exercise and behavioural strategies) should be recommended for all women with PCOS, for improving metabolic health including central adiposity and lipid profile.

## Severe early ovarian hyperstimulation syndrome following GnRH agonist trigger and freeze-all strategy in GnRH antagonist protocol; case report and literature review

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### Abstract

Ovarian hyperstimulation syndrome (OHSS) is characterized by increased vascular permeability, hemoconcentration and fluid leakage to the third space. The vast majority of OHSS cases occur following ovarian stimulation for IVF. This potentially lethal iatrogenic condition is one of the most serious complications of assisted reproductive technologies. We report one case of severe early OHSS after GnRH agonist trigger in a GnRH antagonist protocol and freeze-all approach without the administration of any hCG for luteal-phase support in a 34-year-old case of PCO with 7 years primary infertility. After oocyte retrieval the patient was seen at the emergency unit of the hospital with abdominal distension, pain, anuria, dyspnea, and OHSS symptoms. The diagnosis was OHSS with severe ascitis. She was admitted to the Intensive care unit (ICU). She was managed with oxygen by mask, intravenous fluids, anticoagulant and albumen, we performed a two-time vaginal ascites puncture, resulting in the removal of 7800mL of clear fluid in Intensive Care Unit with full recovery. This case study presents the clinical manifestations, investigation, progress, management, outcome and preventive measures. The patient was managed with no complications. Clinicians have to be aware that even the sequential approach to ovarian stimulation with a freeze-all approach and GNRH analog triggering does not completely eliminate OHSS in all patients.

**Keywords:** GnRH agonist triggering; GnRH antagonist; freeze-all; ovarian hyperstimulation syndrome.

## Progesterone and Pregnancy

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Progesterone supplementation may reduce the risk of preterm birth by up to one-third in women with a singleton pregnancy who have had a previous spontaneous singleton preterm birth and in women with a short cervix on ultras. For women with a singleton pregnancy who have had a previous spontaneous singleton preterm birth, we suggest providers discuss the option of prophylactic progesterone supplementation in the current pregnancy. We also follow their cervical length with serial ultrasound examinations until 24 weeks of gestation and consider cerclage if cervical length is  $\leq 25$  mm. For women with midtrimester cervical shortening (defined as  $\leq 25$  mm before 24 weeks) and no prior spontaneous singleton preterm birth, we suggest daily vaginal progesterone treatment through 36 weeks of gestation. Reasonable options include a vaginal suppository (100 or 200 mg), gel (90 mg), or tablet (100 mg micronized progesterone). For multiple gestations, we recommend not administering progesterone supplementation routinely. Routine progesterone supplementation does not appear to be useful for preventing preterm birth in the setting of preterm premature rupture of membranes or after an episode of arrested preterm labor. The effect in women with a cerclage is unclear.

## Trans Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNotes)

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**Introduction:** vNOTES refers to an emerging field of surgery that allows to access the peritoneal cavity through vaginal incisions. NOTES compared to laparoscopic surgery has reduced post-operative pain, improved cosmesis, reduced physiological and immunological Responses to surgery, and the potential for quicker recovery.

It may also offer better access in patients where factors such as dense adhesions or morbid obesity.

NOTES surgery in gynecology was first used in 2012 with the removal of adnexa for benign pathology. We can use Vnotes surgery for ovarian cystectomy, salpingectomy for ectopic pregnancy, hysterectomy, and cuff suspension procedures.

**Technique:** Patients were placed in a lithotomy position. A circular incision was made around the cervix. Access to the pouch of Douglas and utero-vesical fold was created. the uterosacral ligaments were transected.

A Gel point device (Applied Medical) was set up and inserted.

A pneumoperitoneum was created and a hysterectomy.

**Keywords:** Transvaginal NOTES, Gel POINT, hysterectomy

## MANAGEMENT OF PREMONAUSAL BENIGN ADNEXAL MASSES

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**INTRODUCTION:** An adnexal mass is a common gynecologic issue and ovarian masses are the most common type (835%-).

Management of nonurgent condition may involved:

Expectant management -when the mass is not suspicious of malignancy and there are no other indications for surgery or surveillance , no further follow-up in needed.

Surveillance – Surgery is performed when ther is a high risk of malignancy is low but has not been completely excluded and includes onr or more pelvic ultrasound and /or measurement of serum tumor markers.

Surgery is performed when there is a high risk of malignancy , histologic diagnosis is desired, or the patient has persistent pain or other symptoms.

Management of patients requiring prompt intervention because of their potential for causing serious morbidity and /or loss of ovarian function include :Ectopic pregnancy, Adnexal torsion,Tubo-ovarian abscess, Ruptured or hemorrhagic ovarian cyst.

Scope of surgery – The type of surgery (ovarian cystectomy , oophorectomy ,staging) and Surgical approach laparoscopic versus open ) is based one many factors, including patient age, desire for future childbearing , degree of suspicion for malignancy , and intraoperative findings.

Key words: Premenopausal adnexal masses; Ovarian benign masses



## HPV and Infertility

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HPV is the most prevalent sexually transmitted infection among men and women of reproductive age worldwide. The role of HPV in cervical cancer is well known. HPV infections are correlated substantially with multiple reproductive system abnormalities. HPV can be a threat to the reproductive health of patients. Reproductive health refers to “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters pertaining to the reproductive system and to its functions and processes.

HPV-positive women identified some reproductive concerns such as worrying about reduced male and female fertility potential, the impact of HPV on fetal health, negative pregnancy outcomes (miscarriage and preterm delivery), and the safety of breastfeeding. HPV-positive women who had abnormal cells in their cervical cytology results were anxious that becoming pregnant or taking hormonal contraception might worsen their health condition. Most participants were reluctant to use a condom in spite of being recommended to use it. Women also asked about the potential reproductive risks of the HPV vaccine. HPV-positive women need to be better understood and informed about the impact of HPV on human reproductive in educational-consulting interventions. Women need to be better understood and informed about the impact of HPV on their reproductive health. Health care providers may lack knowledge about these specific areas, and they could benefit from additional up-to-date information to address women’s reproductive concerns.



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#### Abstract:

Obliterative surgery treats pelvic organ prolapse (POP) by removing and closing off all or a portion of the vaginal canal (colpocleisis) to reduce the vagina and viscera back into the pelvis.

Obliterative procedures are an effective option for patients who do not want, or cannot tolerate, more extensive surgery and who are not planning future vaginal intercourse.

All colpocleisis procedures remove vaginal epithelium and then appose the anterior and posterior vaginal muscularis.

•**Partial (Le Fort) colpocleisis** – In this procedure, strips of anterior and posterior vaginal epithelium are removed .The remaining lateral portions of epithelium are left in place, providing drainage tracts for uterine bleeding or discharge. Partial colpocleisis is the preferred procedure for patients with a uterus and a reasonable option for patients with vaginal vault prolapse.

•**Total colpocleisis (colpectomy)** – This procedure is typically done for vaginal vault prolapse (ie, cervix and uterus are absent) and involves removal of the majority of the vaginal epithelium.

Concomitant hysterectomy at the time of colpocleisis increases operative duration, morbidity, and complications.

Patients undergoing obliterative POP surgery often have symptomatic or occult stress urinary incontinence. Concomitant midurethral sling is appropriate in some women and does not seem to increase postoperative rates of urinary retention.

Significant postoperative complications of colpocleisis are often related to comorbidities and frailty more than chronological age. The most common complications related to the procedure itself are transfusion and pyelonephritis. Colpocleisis is highly effective for treating prolapse; success rates range from 90 to 100 percent, with long-term success rates of 78 percent. Colpocleisis does not appear to alter body image, and regret after the procedure is uncommon (ranging from 0 to 13 percent).

## Preterm Labor and Birth

Dr. Parichehr Pooransari

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The average duration of a normal human pregnancy is 267 days, counted after conception, or 280 days (40 weeks) from the first day of the last normal menstrual period. Infants born at 39 and 40 weeks of gestation have the lowest rates of adverse outcomes.

A *preterm birth* is commonly defined as one that occurs after 20 weeks' gestation and before the completion of 37 menstrual weeks of gestation regardless of birthweight.

Although advances in neonatal care have led to increased survival and reduced short- and long-term morbidity for infants born preterm, surviving infants have increased risks of visual and hearing impairment, chronic lung disease, cerebral palsy, and delayed development in childhood. Gestational age at birth is strongly correlated with adverse pregnancy outcomes that include stillbirth (fetal death after 20 weeks' gestation), deaths of neonates (<28 days) and infants (<12 months), and long-term physical and intellectual morbidities. *Perinatal mortality* is defined as the sum of stillbirths after 20 weeks' gestation plus neonatal deaths through 28 days of life per 1000 total births (liveborn plus stillborn). Perinatal mortality increases markedly as gestational age and birthweight decline.

Common complications in premature infants include respiratory distress syndrome (RDS), intraventricular hemorrhage (IVH), bronchopulmonary dysplasia (BPD), patent ductus arteriosus (PDA), necrotizing enterocolitis (NEC), sepsis, apnea, and retinopathy of prematurity (ROP). Rates of morbidity vary primarily by gestational age .

## pregestational diabetes

DR.parichehr Pooransari

perinatologist, associate professor, sbmu, shohada hospital

Preexisting diabetes (also called pregestational diabetes) means you have diabetes before you get pregnant. This is different from gestational diabetes, which is a kind of diabetes that some women get during pregnancy. Hyperglycemia is a known teratogen whether occurring from T1DM or T2DM and can result in complex cardiac defects, CNS anomalies such as anencephaly and spina bifida, skeletal malformations, and genitourinary abnormalities. Women with a normal A1c at conception and during the first trimester have no increased risk while women with a A1c of 10-12% or a fasting blood glucose >260 mg/dl have up to a 25% risk of major malformations. There is no evidence that exposure to glyburide or metformin in first trimester are teratogenic, but both do cross the placenta, metformin substantially more than glyburide . It is recommended that women with T2DM who are actively trying to become pregnant should be switched from oral or noninsulin injectable hypoglycemic agents to insulin prior to conception if possible. This rationale is based on the fact that it may take some time to determine the ideal insulin dose prior to the critical time of embryogenesis. However, women who conceive on any oral agents should not stop them until they can be switched effectively to insulin because hyperglycemia is potentially much more dangerous than any of the current available therapies to treat diabetes .

## Evaluation of anal cytology and human papillomavirus infection in high-risk women: a cross-sectional study

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1. Zanbagh Pirastehfar

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**BACKGROUND and Aim:** Anal cancer incidence has been on the rise over the past few decades. This study aimed to assess anal Papanicolaou (Pap) smear changes in women with high risk for dysplasia and human papillomavirus (HPV) infection.

**METHODS** This cross-sectional study was conducted in 121 patients referred to the Gynecology Oncology Clinic of Imam Hossein Medical Center between 2020 and 2021 in Tehran, Iran, who had cervical and vulvar dysplasia, cervical HPV infection, and abnormal cervical cytology results and were over 21 years old. Data analysis was performed using SPSS software version 21 (IBM Corp., USA) at a significance level of 0.05.

**RESULTS** 121 women, with a mean age of 39.69 years, were included in this study. Overall, 23.1% of women had positive anal HPV results, and 35.5% were over 40 years old. Younger age was associated with an increased risk of anal HPV ( $p = 0.045$ ). 33.9% of women were single and had a higher risk of anal HPV. Multiple sexual partnerships and anal sex were the significant risk factors for anal cancer ( $p < 0.001$ ). Women with positive anal HPV results had significantly more genital warts ( $p < 0.001$ ). No significant difference was observed in smoking, educational level, and cervical Pap smear results between women with negative and positive rectal HPV results.

**CONCLUSIONS** Younger age at diagnosis, being single, multiple sexual partnerships, anal sex, and genital warts were associated with anal HPV infection in women. Abnormal anal cytology was only associated with being single and having multiple sexual partners.

**KEYWORDS** anal neoplasms, cytology, human papillomavirus, Papanicolaou test, uterine cervical neoplasms

## ***Diagnostic evaluation in female sexual pain***

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All women with sexual pain undergo a detailed history and physical examination:

1. The **history** includes a:

comprehensive review of systems,

detailed gynecologic history,

sexual pain history to characterize the patient's pain

identify potential specific causes of FSP

When does the pain occur?

Where is the pain located?

Was the onset of pain associated with a specific event?

What is the character and pattern of the pain?

first sexual experience

relationship with partner(s)?

***Additional gynecologic and medical issues:***

*Urologic, Gastrointestinal, Musculoskeletal, Dermatologic, Vascular*

Cultural factors is important.

***2. Physical examination :***

Patient comfort, to bring a support person or electronic device, a hand mirror

so she can observe the examination,

pressure-point testing, **Visual inspection**, palpation, speculum examination of the vagina and cervix

Abdominal, bimanual, and rectovaginal examination

***3. laboratory evaluation:***

vaginal pH, microscopy, and testing for sexually transmitted infections

**26** *genital ulcers* are evaluated for herpes simplex virus, syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, and erosive vulvar dermatoses

***4. Imaging studies:***

to diagnose or exclude specific causes of FSP.

*transvaginal ultrasound* to evaluate for endometriosis

*Computed tomography scan*

*Lumbosacral MRI*

***5. DIFFERENTIAL DIAGNOSIS OF FEMALE SEXUAL PAIN:***

premenopausal women

postmenopausal women

**6. When to refer:**



Endometriosis : Refer to a gynecologic specialist

Gastrointestinal pathology : Refer to a gastrointestinal specialist

Idiopathic FSP : Refer to a gynecologic specialist to confirm that no causes for the woman's symptoms can be identified.

Neurologic history or findings : Refer to a neurologist.



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placenta previa' should be used when the placenta lies directly over the internal os. The placenta should be reported as 'low lying' when the placental edge is less than 2 cm from the internal os and as normal when the placental edge is 2 cm or more from the internal os.

The incidence of placenta previa is estimated to be 5 in 1000 deliveries. The recurrence rate of placenta previa in a subsequent birth has been estimated to be around 4.8%.

The second trimester routine fetal anomaly scan should include placental localization in order to identify women at risk of persisting placenta previa.

The possibility of placenta accreta spectrum (PAS) should be excluded in all patients with placenta previa, given the strong association between the two disorders.

After the diagnosis of placenta previa in second trimester, follow-up transvaginal ultrasonography is performed at 32 weeks of gestation. If the placenta is morbidly adherent (placenta accreta spectrum), cesarean birth is planned for 340+ to 356+ weeks of gestation. If the placenta is over or <2 cm from the internal os but not morbidly adherent, transvaginal ultrasound is repeated at 36 weeks. Cesarean birth is performed at 360+ to 376+ weeks of gestation. A course of antenatal corticosteroids, 48 hours before a cesarean birth scheduled before 370+ weeks of gestation, is recommended, if not previously given.

## Neurologic Challenges in Eclampsia/Preeclampsia

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Potential cerebral complications of preeclampsia include ischemic stroke, hemorrhagic stroke, cerebral edema, and seizures. Preeclampsia has been associated with posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS).

Eclampsia occurs in 0.05% of all pregnancies, and approximately 30% of seizures occur in the postpartum period in preeclamptic mothers. Neurologic manifestations of eclampsia are similar to those of hypertensive encephalopathy. The condition can be present even in the absence

of hypertension and proteinuria. Neurologic manifestations of eclampsia are similar to

those of hypertensive encephalopathy. The condition can be present even in the absence

of hypertension and proteinuria.

Several hypotheses and pathologic mechanisms have been implicated to explain the pathogenesis of eclamptic seizures.

1. Cerebral autoregulation alterations
2. Blood-brain barrier dysfunction
3. Cerebral overregulation and vasospasm

## Lower genital tract lesions (Vulvar LSIL and differentiated VIN)

Afsaneh Tehranian

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Squamous intraepithelial lesions (**SILs**), previously named as vulvar intraepithelial neoplasia (**VIN**), are a group of premalignant diseases with no screening method for them. The new classification system, was published in 2015 by the International Society for the Study of Vulvovaginal Disease (ISSVD), is:

1. **Low-grade SIL (VLSIL)**, previously was referred to VIN1.
2. **High-grade SIL (VHSIL)**, previously was referred to VIN2,3.
3. **Differentiated VIN (dVIN)**, includes lesions are associated with vulvar dermatoses, mainly lichen sclerosus. It was previously referred to VIN simplex type.

**VSILs** are multifocal and multicentric. So, patients with **VSIL** may also have lower anogenital tract lesions.

The prevalence of HPV in **VLSIL** is 63%, most of them are 6 and 11. However, in a minority of lesions, high risk types (16, 18, 31) can be found. They usually resolve within one to two years and shouldn't be considered as neoplastic lesions.

**VLSILs** are benign lesions and except in rare cases, don't contribute to the development of carcinoma. Thus, they don't need to be treated unless symptomatic.

Histologic characteristics of **VLSIL** are cytologic atypia in the upper keratinocytes, increased mitotic activity in the basal or parabasal epithelium, and maturation in the upper two-thirds of the epithelium.

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**Differentiated VIN (dVIN)** is rare and is the precursor of keratinizing squamous cell carcinoma (KSCC) in 80% of cases. The major risk factor for **dVIN** is having an associated vulvar dermatosis, such as lichen sclerosus. It is usually placed adjacent to KSCC or in patients with a history of vulvar cancer. Surgical excision is recommended rather than ablation or medical treatment for **dVIN**.

We must remember that **dVIN** diagnosis means the patient already had vulvar cancer prior to, has it synchronous with, or will get it later at following.

## Structural Recurrent Miscarriage

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### Structural Recurrent Miscarriage (RM):

#### **Congenital Anomaly ( CA ) and Acquired uterine anomalies ( AUA )**

CA: SEPTATE, Bicornate, ARCUATE, DIDELPHUS, UNICORNE

The Commonest Anomalies across all: Septate variety, Bicornate variety Unicornate variety

AUA: Myoma, Endometrial Polyps, Uterine Adhesion

A meta-analysis has shown that the risk of sporadic first trimester miscarriage

Significantly increased risk of RM in Septate & Bicornate

But was not significantly increased miscarriage in Arcuate, Didelphys, Unicornate

***Hysteroscopy metroplasty in septate & bicornate reduce RM, RR=0.36 (2023 meta-analysis )***

Acquired Uterine Abnormalities: Myoma Figo zero ,I and II ( it may be effective

in RM ) Endometrial polyps there are no data to our knowledge specifically

effect of polyps on sporadic or recurrent miscarriage

intrauterine adhesions: Small Cohort studies showed: intrauterine adhesions

ET less than 5mm have higher sporadic miscarriage rates versus ET more than

5mm (50% versus 8.3%;  $P<0.001$ )

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**INFORMING THE PATIENT OF THE DIAGNOSIS.** The most important steps after making the diagnosis of spontaneous primary ovarian insufficiency (POI) are to inform the patient of the diagnosis in a sensitive and caring manner, provide accurate information, and offer referral to appropriate resources for emotional support. **Suggested estrogen regimens** — Theoretically, hormone replacement for young women with POI should mimic normal ovarian function as much as possible. Estradiol (17-beta-estradiol; E2) and micronized progesterone are bioidentical hormones, eg, they have the same molecular structure as the estradiol and progesterone produced by the ovary. **Goals** : Unless there is an absolute contraindication to taking estrogen therapy, all women with primary ovarian insufficiency (POI) should receive estrogen therapy to reduce the risk of osteoporosis and cardiovascular disease.



## Uterine didelphys and bicornuate

Dr. Ziba Zahiri

fellowship in infertility and IVF, advanced laparoscopic surgery and endometriosis  
. Professor of GUMS

Congenital anomalies of the female reproductive tract are of special interest because of their association with various reproductive difficulties : impaired possibility of natural or assisted conception, increased rate of first and second trimester miscarriages , preterm birth , placental abruption , lower birth weight and fetal growth retardation , malpresentation at delivery and perinatal mortality.

Congenital malformation of the female genital tract represent a heterogeneous group and have they origin in the abnormal formation , confluence , or resorption of the mullerian duct during fetal development.

Currently , there are various classification systems for the categorization of this anomalies.ASRM classification was the oldest and most commonly used . There are also the ESHRE-ESGE classification.

Anomalies can result from the failure of the mullerian ducts to fuse in the midline. Because fusion begins in the midline and extened cephalad , abnormal results are more common at the fondal portion of the uterus ( bicornuate uterus )

Complete lack of fusion of the two mullerian ducts result in duplication of the corpus , cervix and upper vagina ( didelphys uterus).

Bicornuate uterus is relatively common . It may be with high rate of early misscarriage , preterm birth , and breech delivery.

Surgical metroplasty is rarely considered . The cervical length shoud be assesed during pregnancy due to association between bicornuate uterus and cervical incompetency.

Adverse obstetrical outcomes in didelphys uterus are similar but less frequent than those seen with unicornuate uterus.

About 1520%- of women with didelphys uterus also have obsructed hemivagina often with unilateral renal agenesis (OHVIRA syndrome).early diagnosis and excision of obstructed vaginal septum will preserve fertility.





## چکیده مقالات سخنرانی

پنجمین کنگره بین المللی  
چالش های بالینی در مامایی، زنان و نازایی

۲۷-۲۵ بهمن ماه ۱۴۰۲

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابو ریحان

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### 5<sup>th</sup> DTOGI

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## Designing an artificial neural network model to determine the type and optimal initial dose of gonadotropin during the ovulation stimulation process

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dr. Nazanin Hajizade<sup>4</sup>, dr. Mitra Nemati<sup>5</sup>, dr. Sima esmaeili<sup>6</sup>, dr. Hajar abbasi<sup>7</sup>,  
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### background research:

Choosing an appropriate and personalized starting dose of gonadotropin is an essential method to determine the quality and quantity of eggs in the process of controlled ovarian stimulation in the in vitro fertilization treatment cycle. The current approach to determine the type and starting dose of gonadotropin is mainly based on the experience of a doctor, which can be considered as lacking unified standards. The purpose of this study is to use a neural network model to identify the factors affecting eggs and finally to determine the type and optimal initial dose of gonadotropin in the process of controlled ovarian stimulation.

**Design:** A total of 408 patients were examined under controlled ovulation stimulation in an infertility center. After statistical analysis and finding important factors related to immature follicles and MII eggs, a neural network model was built based on important factors. Finally, clinical application and validation were conducted to verify the effectiveness of the proposed model.

**Results:** A comprehensive evaluation of effective factors showed that factors such as patient age, AMH, body mass index, the number of primary follicles, gonadotropin dosage play the main role in relation to the number of immature follicles and MII eggs.

The proposed neural network model performed well in terms of mean square error index. It was also clinically shown that this model, in addition to maintaining the desired number of MII eggs, has the ability to recommend gonadotropin with the optimal initial dose for each patient.

**Conclusion:** Modeling with a neural network approach is possible and effective. Also, this model can be used as an educational and auxiliary tool for new doctors and as a quality control tool for experienced doctors.

**Key words:** Artificial intelligence, Gonadotropin, IVF, Machine learning, Ovarian stimulation

## Comparing the Effect of platelet-rich plasma (PRP) and estrogen with estrogen alone on vulvo vaginal atrophy (VVA) and Stress urinary incontinence SUI

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Bahareh arbabi<sup>1</sup>

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**Background and Aim :** ABSTRACT Introduction: Urogenital aging disorders such as SUI and VVA are old but newly recognized problems, which can be highly prevented upon early recognition and treatment. Although some studies report positive effects of autologous and homologous PRP in the treatment of VVA and SUI, little is known about the effects of estrogen concentration of the prepared PRP. In this study, we aimed to determine the presence of estrogen in PRP and estrogen alone in VVA and SUI treatment.

**Methods :** Method: This semi experimental study was conducted on 100 married females who applied to urogenital clinic from August to September 2022 by convenience sampling method with the inclusion criteria. The samples were divided into estrogen alone (n=50) and PRP and estrogen (n=50) groups randomly. Vulvo vaginal atrophy symptoms scale and stress urinary incontinence scale were employed for data collection in this research. Data were analyzed using spss 22 software.

**Results :** Results: findings showed meaningful statistical difference in SUI mean score of two groups one months after intervention ( $p<0/0002$ ). Also there was meaningful statistical difference in VVA mean score between two groups three months after the intervention ( $p<0/001$ ). There was no meaningful statistical difference in VVA one months and SUI three months after intervention mean scores between two groups.

**Conclusion :** Conclusion: based on this research it can be concluded that combination of PRP and estrogen is more effective than Estrogen alone in treatment of VVA and SUI signs and symptoms and combination of PRP and estrogen can be recommended for SUI and VVA treatment.

**Keywords :** Key words: PRP, Estrogen, vulvo vaginal atrophy, stress urinary incontinence

## Outpatient cervical ripening with misoprostol to prevent post-term pregnancy: a double blind randomized clinical trial

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**Background and Aim :** Outpatient use of misoprostol is assessed in few studies and usually in low doses and vaginal route. This study was performed with aim to evaluate cervical ripening by outpatient administration of misoprostol to prevent post-term pregnancy.

**Methods :** This randomized clinical trial study was performed on 140 patients that were randomly allocated in two groups: 25 µg sublingual SL (group A) and 50 µg PO misoprostol (group B). The patients were primigravid with gestational age of 40 weeks, with amniotic fluid index (AFI) of  $\geq 5$  cm, a reactive non-stress test (NST) with no evident uterine contraction, Bishop Score of  $< 8$ , and no notable past medical history. Patients who had normal vaginal delivery before 41 weeks were considered as successful delivery. Maternal age, number of misoprostol doses, vaginal examination, type of interventions before delivery, indication of hospitalization, delivery route, indication of caesarean section, delivery complications, and neonatal outcomes were compared using SPSS software.  $P < 0.05$  was considered statistically significant.

**Results :** group A had mean age of  $23.27 \pm 4.03$  years and group B had mean age of  $24.61 \pm 5.46$  years with no significant difference ( $p=0.223$ ). The number of misoprostol doses ( $p=0.001$ ), extra misoprostol, and oxytocin application were significantly lower in group B ( $p=0.003$ ). Maternal and neonatal complications showed no significant difference between the two groups ( $p>0.05$ ).

**Conclusion :** Outpatient cervical ripening with misoprostol appears to be an optimal method. More prospective studies with higher sample size are required to ensure its safety for routine recommendation for cervical ripening to prevent post-term pregnancy.

**Keywords :** Outpatient, Cervical ripening, Misoprostol, Post-term pregnancy

## The effect of embryo transfer using abdominal and vaginal ultrasound methods on pregnancy outcome: a retrospective cohort study

**Submission Author:** Samira Azimi

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**Background and Aim :** Abdominal ultrasound (TAUS) and transvaginal ultrasound (TVUS) are used in IVF/ICSI methods to transfer the embryo into the uterine cavity. Since these methods have limitations, the present study was conducted with aim to compare them and their effect on pregnancy outcome

**Methods :** This retrospective cohort study was conducted in 2018-2022 on 522 intracytoplasmic sperm injection cycles in the Fertility Unit of Mahdiah Hospital in Tehran. After reviewing the files, the patients were divided into two groups of embryo transfer with transvaginal and abdominal ultrasound. After collecting demographic information, pregnancy outcomes including chemical pregnancy and clinical pregnancy, abortion under 10 weeks, ectopic pregnancy and the duration of embryo transfer were compared in the two groups. Data analysis was done using SPSS statistical software (version 26) and Mann-Whitney and Pearson Chi-square tests.  $P < 0.05$  was considered significant

**Results :** The frequency of chemical and clinical pregnancy and abortion was higher in the TAUS group, however, the incidence of EP was higher in the TVUS group ( $p > 0.05$ ). Also, the duration of embryo transfer using TAUS was longer compared to TVUS, but it was not statistically significant ( $p > 0.05$ ). The number of transferred embryos was equal in both groups, but the number of 5-day embryos was higher in the TAUS group, which was statistically significant ( $p < 0.05$ ).

**Conclusion :** There was no difference between abdominal ultrasound and transvaginal ultrasound in terms of pregnancy outcomes

**Keywords :** Embryo, Outcome, Pregnancy, Trans Abdominal Sonography, Trans Vaginal Sonography



## Correlation Between Discordance of Anti-Mullerian Hormone and Antral Follicle Count and Outcomes of Ovarian Stimulation Cycles

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**Background and Aim :** Anti-Müllerian hormone (AMH) and antral follicle count (AFC) are ovarian reserve tests before in vitro fertilization (IVF). Discordant AMH and AFC values can lead to differing assessments of ovarian reserve. This study evaluated whether AMH/AFC mismatches compared to concordance affect ovarian stimulation and IVF outcomes, to determine the preferable marker.

**Methods :** This retrospective cohort study included 300 women aged 20-40 years with infertility undergoing IVF/ICSI at Taleghani Hospital in Iran between October 2022 and November 2023. Patients were identified through medical records review of their AMH and AFC levels. Inclusion criteria were age 20-40 years and undergoing IVF/ICSI. Those with PCOS, POI, endometriosis or significant medical conditions were excluded. Patients were categorized into four groups based on AMH (<1.1 vs ≥1.1 ng/mL) and AFC (<7 vs ≥7): 1) Normal

AMH/AFC; 2) Low AMH/Normal AFC; 3) Normal AMH/Low AFC; 4) Low AMH/AFC. Data were analyzed SPSS version 25.

**Results :** No significant differences in age, BMI, or duration of infertility were observed between groups. The number of retrieved oocytes ,fertilization rate and the number of embryos significantly correlated with antral follicle count (AFC) across all groups ( $p < 0.001$ ). Specifically, the count of intermediate follicles (7-9 mm) demonstrated the strongest association with oocyte yield ( $r = 0.72$ ,  $p < 0.001$ ), while the number of small follicles (2-6 mm) showed a weaker and non-significant correlation ( $r = 0.25$ ,  $p = 0.21$ ). The quality of embryos did not exhibit a significant association with AMH or AFC groups ( $p > 0.05$ ). The ratio of retrieved oocytes to AFC follicles (Follicular Output Rate, FORT) also positively correlated with AFC ( $p < 0.001$ )

**Conclusion :** Discordance between AMH and AFC would be a challenge in IVF cycles. Oocyte yield aligned more closely with AFC and specifically intermediate follicle number versus AMH. Determining the more reliable ovarian reserve marker could optimize protocols

**Keywords :** Anti Mullerian hormone, Antral follicle count ,IntraCytoplasmic Sperm Injection, Discrepancy

## Comparison of three methods of stimulation in poor ovarian responder's women that undergo Assisted Reproductive Technology (ART), a randomized clinical trial.

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**Background and Aim :** In this study, we decided to compare gonadotropin, GnRH antagonist and mild ovulation stimulation and stop GnRH agonist with letrozole priming in poor ovarian responders in patients that undergoing Assisted Reproductive Technology (ART).

**Methods :** This is a double blinded randomized clinical trial that was performed in 2021-2022 on 150 women with poor response in IVF. Patients were then randomized into 3 groups, Gonadotropin, GnRH antagonist mild ovarian stimulation, and stop GnRH agonist with letrozole priming. Women were evaluated and compared regarding type of embryo transfer (fresh or freeze), primary outcome include: number of follicles, number of total and mature oocytes, cancelation rate, empty follicles, total number of embryos, quality of embryos and secondary outcome include: clinical pregnancy rate ,implantation rate and ongoing pregnancy rate.

**Results :** Patients in the stop GnRH agonist with letrozole priming had significantly higher duration of stimulation ( $P < 0.001$ ), total dose of gonadotropin ( $P < 0.001$ ), number of follicles with size of more than 14 mm ( $P < 0.001$ ), number of total and mature oocytes ( $P < 0.001$ ) and number of 2 pronucleus ( $P < 0.001$ ). The numbers of follicles, oocytes and mature oocytes were significantly lower in the mild stimulation group compared to stop GnRH agonist with letrozole priming group ( $P < 0.001$  for all). These values were almost similar to Gonadotropin, GnRH antagonist group.

**Conclusion :** Patients treated with stop GnRH agonist with letrozole priming group had significantly better number of oocyte and embryo compared to other groups.

**Keywords :** infertility, ovulation, Gonadotropin-Releasing Hormone

## A Comparative Study of IVF Outcomes in Three Pre-treatment Methods (Dienogest, OCP, Decapeptyl) Following Frozen Embryo Transfer in Patients with Stage 3 and 4 Endometriosis

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**Background and Aim :** Endometriosis is a common cause of infertility in many women. Infertile women with endometriosis often require assisted reproductive technology to achieve pregnancy, and IVF can be improved with appropriate pre-treatments. This study aimed to investigate the effects of treatment with Dienogest, OCP, Decapeptyl, and the fresh embryo transfer method after oocyte retrieval in IVF candidates on pregnancy outcomes in women with endometriosis.

**Methods :** In the present clinical trial, 88 women with endometriosis in Isfahan during the years 2021-2023 were included. Three random groups of 22 individuals received three months of treatment with Dienogest, OCP, and Decapeptyl, and one group underwent fresh embryo transfer under IVF. Laboratory pregnancy, clinical pregnancy, endometrial thickness, and serum AMH levels were assessed after receiving pre-treatments.

**Results :** The prevalence of pregnancy in the Dienogest, Decapeptyl, fresh embryo transfer, and OCP groups was 36.4%, 18.2%, 4.5%, and 31.8%, respectively. Furthermore, clinical pregnancy ( $p=0.03$ ) and chemical pregnancy ( $p=0.03$ ) were significantly higher in the Dienogest and OCP groups.

**Conclusion :** Pre-treatments with Dienogest, Decapeptyl, and OCP improved the pregnancy rate with IVF compared to fresh embryo transfer; Dienogest and OCP performed better than Decapeptyl.

**Keywords :** Dienogest, OCP, Decapeptyl, Fresh Embryo Transfer, IVF, Endometriosis

## Severe early ovarian hyperstimulation syndrome following GnRH agonist trigger and freeze-all strategy in GnRH antagonist protocol; case report and literature review

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**Background and Aim :** Ovarian hyperstimulation syndrome (OHSS) is characterized by increased vascular permeability, hemoconcentration and fluid leakage to the third space. The vast majority of OHSS cases occur following ovarian stimulation for IVF. This potentially lethal iatrogenic condition is one of the most serious complications of assisted reproductive technologies.

**Methods :** We report one case of severe early OHSS after GnRH agonist trigger in a GnRH antagonist protocol and freeze-all approach without the administration of any hCG for luteal-phase support in a 34-year-old case of PCO with 7 years primary infertility. After oocyte retrieval the patient was seen at the emergency unit of the hospital with abdominal distension, pain, anuria, dyspnea, and OHSS symptoms. The diagnosis was OHSS with severe ascitis. She was admitted to the Intensive care unit (ICU).

**Results :** She was managed with oxygen by mask, intravenous fluids, anticoagulant and albumen, we performed a two-time vaginal ascites puncture, resulting in the removal of 7800mL of clear fluid in Intensive Care Unit with full recovery. This case study presents the clinical manifestations, investigation, progress, management, outcome and preventive measures. The patient was managed with no complications.

**Conclusion :** Clinicians have to be aware that even the sequential approach to ovarian stimulation with a freeze-all approach and GNRH analog triggering does not completely eliminate OHSS in all patients.

**Keywords :** GnRH agonist triggering; GnRH antagonist; freeze-all; ovarian hyperstimulation syndrome.



## An Investigation of the Effect of Myomectomy on Anti-Mullerian Hormone Level in Women with Uterine Leiomyoma

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**Background and Aim :** The findings on the effect of myomectomy on reducing anti-Müllerian hormone (AMH) are inconsistent. This study aimed to investigate the effect of myomectomy on the serum AMH level in women with uterine leiomyoma.

**Methods :** In this prospective study, 93 patients with uterine leiomyoma aged 18-45 years were enrolled and underwent open and laparoscopic myomectomy. The level of AMH was measured and recorded before and 6 months after surgery. The size, number, and type of myoma, the duration of surgery, the volume of bleeding during surgery, the need for blood transfusion, and postsurgical complications (fever, infection, and bleeding) were investigated at 6-month intervals after surgery.

**Results :** The mean age, BMI, and myoma size were 36.76 years, 26.56 kg/m<sup>2</sup>, and 6.74 cm, respectively. The results showed that the level of AMH decreased significantly after surgery compared to before surgery in both laparotomic and laparoscopic myomectomy patients ( $P<0.001$ ). The rate of AMH drop was less in the laparoscopy group than in the laparotomy group ( $P<0.001$ ). Among the studied variables, changes in AMH level showed a direct and significant correlation with myoma size and myoma type. The rates of complications after surgery were as follows: Fever rate was 12.3% in the laparotomy group and 6.1% in the laparoscopy group and pain was higher in the laparotomy group than in the laparoscopy group (21% vs. 7.3%). The surgical site infection rate was 0.9% in the laparoscopy group compared to 6.3% in the laparotomy group. The size of the myoma had no significant effect on the occurrence of these complications.

**Conclusion :** Myomectomy can lead to a significant decrease in AMH levels in patients with uterine leiomyoma undergoing open and laparoscopic myomectomy. In women with infertility and low AMH levels that are candidates for myomectomy, it can be recommended to freeze the embryo before operation.

**Keywords :** Uterine Leiomyoma, Myomectomy, Anti-mullerian Hormone

## Bioinformatics analysis of microarray data to identify hub genes, as diagnostic biomarker of HELLP syndrome: System biology approach

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**Background and Aim :** HELLP syndrome is one of the disorders characterized by hemolysis, increased liver enzymes and decreased platelet count. So far, many molecular pathways and genes have been identified in relation to the pathogenesis of this syndrome; however, the main cause of the incidence and progression of the disease has not been identified. Using the biological system approach is a way to target patients by identifying genes and molecular pathways.

**Methods :** In this study, the microarray dataset was downloaded from Gene Expression Omnibus (GEO) database and analyzed using the GEO2R online tool for identifying differentially expressed genes (DEGs). Enrichment analysis of DEGs was evaluated using the Enrichr database. Then, protein-protein interaction (PPI) networks were constructed via the STRING database; they were visualized by Cytoscape. Then the STRING database was used to construct PPI networks. The hub genes were recognized using the cytoHubba. Ultimately, the interaction of the miRNA-hub genes and drug-hub genes were also evaluated.

**Results :** After analysis, it was found that some genes with the highest degree of connectivity are involved in the pathogenesis of HELLP syndrome, which are known as the hub genes. These genes are as follows: KIT, JAK2, LEP, EP300, HIST1H4L, HIST1H4F, HIST1H4H, MMP9, THBS2, and ADAMTS3. Has-miR-34a-5p was also most associated with hub genes.

**Conclusion :** Finally, it can be said, that the identification of genes and molecular pathways in HELLP syndrome can be helpful in identifying the pathogenesis pathways of the disease, and designing therapeutic targets.

**Keywords :** HELLP syndrome, microarray data, System biology

## The effect of different types of sperm morphological abnormalities on ICSI outcomes in couples undergoing ART cycles

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**Background and Aim :** Infertility is one of the most important problems of couples in today's industrial world, which imposes a lot of costs on the health system of society and the economy of individuals. Clinical studies conducted in different parts of the world have shown that about half of infertility cases occur due to male factors. There have been many different methods to help people get pregnant, one of the most important of which is Intracytoplasmic Injection (ICSI). Various researches have investigated the dimensions and features of this method. When the normal sperm morphology is zero percent, there is an important challenge in sperm selection, and it is questionable which abnormality in sperm will have better outcomes. The aim of this thesis is to investigate the effect of different types of sperm morphological abnormalities on the outcome of ICSI (fertilization rate, quality of the resulting embryos and sperm DNA fragmentation rate, pregnancy rate).

**Methods :** A number of (99) couples with infertility problems, whose infertility was evaluated and confirmed according to who protocols, were randomly selected for infertility treatment with ICSI method, who met the inclusion criteria and exclusion criteria. After sampling, the morphological abnormalities of the sperm (head, neck and tail) of each person were evaluated and recorded in the file, and also the amount of DNA damage in each of the patients and its relationship with the existing abnormality was evaluated using the DFI kit. will be Also, 24 hours after the injection of sperm into the egg, Fertilization rate and three days later, the quality of the embryos obtained from the injection of sperm. 2 weeks after the transfer of the embryos into the uterus, chemical pregnancy is evaluated by measuring the level of b-hcg.

**Results :** Examination of sperm morphology showed that the normal morphology was 0 percent. Abnormality in the head of sperm 80.9% and in the neck 32.8% and in the tail of sperm 16%. In this study, the percentage of fertiliza-

tion rate was 36.6 percent. b-negative was seen in 24.5 percent and positive in 1.5 percent. In this study, 54.2% were frozen ..Determining the correlation between factors related to sperm physiology showed that there was a consistent relationship between motility, progression and number. And there was an inverse relationship between number and differentiation. And in no case was it related to fertility.

**Conclusion :** No significant relationship was found between sperm morphology and ICSI outcome parameters, such as fertilization rate and pregnancy rate, but there is a significant relationship between sperm head abnormalities and embryo quality. The reduction of sperm head abnormalitie

## Evaluation of Fertility Outcomes after Laparoscopic Salpingectomy for Tubal Ectopic Pregnancy

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**Background and Aim :** Ectopic pregnancy is the most common cause of death in pregnant women who are in their first trimester and definitive treatments have been identified recently. One of these treatments is laparoscopic salpingectomy, in which fallopian tube is entirely removed. Ectopic pregnancy can affect later pregnancies and focus of most treatments is reducing the future pregnancy complications. Aim of this study is to evaluate pregnancy outcomes in patients with a history of Ectopic pregnancy who received laparoscopic salpingectomy.

**Methods :** This is a retrospective observational study. Data from 164 ectopic pregnancy patients who were treated by laparoscopic salpingectomy in Shariati Hospital from 2016 to 2019 was gathered using hospital records, Phone calls and surveys. Pregnancy outcomes after laparoscopic salpingectomy were collected.

**Results :** out of 164 patients, 101 of them tried to get pregnant. Out of these 101 women, 36 (36%) used assisted reproductive technology, 13 (13%) were infertile, 83 (82%) had intrauterine pregnancy, 62 (61%) had Live birth, 20 (20%) had miscarriage, 5 (5%) had ectopic pregnancy recurrence and 1 (1%) had stillbirth. Also, having a history of infertility, live birth, second ectopic pregnancy and abortion did affect pregnancy rates.

**Conclusion :** Live birth rate (61%) was high compared to past studies. Therefore, laparoscopic salpingectomy is a suitable treatment. This study adds more data on the future pregnancy outcomes for patients treated with laparoscopic salpingectomy.

**Keywords :** Ectopic Pregnancy, Laparoscopic Salpingectomy, Pregnancy Outcome,



## The Evaluation of the Effects of Metformin plus Insulin Therapy versus Insulin Therapy Alone In Prevention of Pre-Eclampsia among Pregnant Females with Gestational Diabetes Mellitus

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**Background and Aim :** Gestational Diabetes Mellitus (GDM) is defined as glucose intolerance with onset or diagnosis for the first time during pregnancy. Mothers with GDM are associated with an increased risk of pregnancy complications. The aim of the present study was to evaluate the use of metformin along with insulin in pregnant women with GDM to prevent preeclampsia

**Methods :** This study was conducted as a randomized interventional clinical trial on 150 women with GDM referring to Al-Zahra, Shahid Beheshti and Amin medical centers in Isfahan from 2021 to 2023. Women treated with insulin were started using an intermediate-acting insulin such as NPH at a dose of 0.2 units/kg. In the group treated with metformin and insulin, in addition to insulin according to the above method, metformin was started with an initial dose of 500 mg twice a day. The results were analyzed using SPSS software Version 19

**Results :** There was a significant difference in the frequency of patients with protein excretion in studied groups according to preeclampsia ( $P=0.006$ ). So, the number of patients with protein excretion in the insulin group was significantly more than the insulin and metformin group. Also, the amount of insulin dose in the studied groups showed a significant difference according to preeclampsia ( $P=0.013$ ). So that, the dose of insulin used in the insulin with metformin group was significantly lower than insulin alone group. As well as, a significant difference was observed in the gestational age at the time of entering the study in patients with other pregnancy complications

**Conclusion :** A comprehensive view can be obtained in terms of the best way to control blood sugar, especially with the aim of preventing pregnancy and blood pressure complications. With more studies in this field, preeclampsia can be minimized in women with GDM, and as a result, maternal and fetal complications can be reduced

**Keywords :** Metformin; Insulin; Pre-Eclampsia; Pregnant Females; Gestational Diabetes Mellitus.

## Survival rates in endometrial cancer patients and prognostic factors affecting it

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**Background and Aim :** Endometrial cancer remains the most common gynecologic malignancy in Western Europe and the USA. Type I (endometrioid carcinoma) is associated with hyperoestrogenism and endometrial hyperplasia (80-90%) and Type II (non-endometrioid carcinoma) is an oestrogen-independent malignancy, usually developing from atrophic endometrial tissues (10-20%). we aimed to assess overall survival (OS) and disease free survival (DFS) of an endometrial cancer and to determine factors affecting the prognosis of patients with this cancer in a monocenter in Shiraz, Iran.

**Methods :** we reviewed medical records of all patients with definitively diagnosed uterine endometrial cancer (based on pathology results) referred to Motahari tumor clinic, Shiraz, Iran between 2014 and 2018 and were treated in a tumor clinic. Life Tables procedure were used examine the probability 1, 3, 5 years' distribution of DFS /OS times and Wilcoxon (Gehan) test was used for comparing survival distributions between categorical variables. The significance between curves by prognostic factors were estimated by the log-rank Test

**Results :** A total of 360 patients with endometrial cancer were included in this study that 39 (10.8%) were experienced relapse. The estimated probability 1, 3, 5 years DFS were 93%, 90%, 88 % respectively. The estimated probability 1, 3, 5 years OS were 92%, 89%, 89 % respectively.

**Conclusion :** In Conclusion of this study, the median 1, 3, and 5-year survival for DFS were 93%, 90%, 88 %, respectively and for OC were 92%, 89%, 89 %, respectively. FIGO Stages, Tumor Grade, Marital Status, Lymph Vascular Invasion,

deliveries, age group of patients have been identified as predictors of survival. The results of our work may contribute to better understand its clinical behavior. The results of the current study showed that the application of adjuvant brachytherapy in patients with high-intermediate and high-risk contributes to prolongation of DFS and OS.

**Keywords :** endometrial cancer, endometrial cancer survival , endometrial cancer prognosis

## Superior hypogastric plexus block as an effective treatment method for endometriosis-related chronic pelvic pain: an open-label pilot clinical trial

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**Background and Aim :** Safety and efficacy of SHP block in the treatment of CPP has been revealed in earlier investigations. However, the efficacy of SHP block for pain management in patients with refractory endometriosis has not been investigated in earlier investigations. We aimed to investigate the effect of superior hypogastric plexus (SHP) block on pain relief and quality of life of patients with refractory endometriosis pain.

**Methods :** Sixteen patients with refractory endometriosis underwent SHP block. The outcome measures included visual analogue scale (VAS) for chronic pelvic pain, VAS for dysmenorrhea, and VAS for dyspareunia. The short-form endometriosis health profile (EHP-5) was used to measure quality of life. All the outcome measures were evaluated at weeks 0, 1, 4, 12 and 24.

**Results :** The mean baseline VAS scores significantly improved after the SHP block ( $p < .001$  for all). The mean overall EHP-5 score also significantly improved from  $54.3 \pm 18.2$  to  $24.6 \pm 13.3$  ( $p < .001$ ). The positive effects of SHP were not diminished over time. No serious adverse effect was noticed in any of the patients.

**Conclusion :** the results of the present study reveal that the SHP block could be

used as an effective technique for the management of pain in refractory endometriosis positive effects led to the significant improvement of the quality of life of the affected patients.

**Keywords :** Endometriosis; pelvic pain; quality of life; refractory; superior hypogastric plexus block



## Spontaneous rupture of uterine during pregnancy after laparoscopic myomectomy; a case report

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**Background and Aim :** The possibility of future uterine rupture is a significant concern even though uterine leiomyomectomy or adenomyomectomy is a well approved operation to treat symptoms like dysmenorrhea or hypermenorrhea to improve fertility. In females of reproductive age, uterine leiomyomas (also known as myomas or fibroids) are the most prevalent type of pelvic tumor. Medical therapy, non-excisional techniques like uterine artery embolization (UAE), magnetic resonance guided focused ultrasound, and surgery (such myomectomy, radiofrequency ablation, hysterectomy...) are all available to individuals who desire treatment (1). The patient's preferences, surgical skill, and the characteristics of the myoma all play a role in the treatment decision. For patients with symptomatic intramural or sub serosal leiomyomas who want to have children in the future, laparoscopic myomectomy is typically preferred

**Methods :** A 37-year-old primigravid woman with gestational age of 34 weeks and 3 days referred to Shahid Beheshti hospital in Isfahan, Iran with an ultrasound examination that showed cystic center with maximum size of 60\*45 mm on the upper and right level of the fundus; The abovementioned cyst changes its size with the pressure of the probe and changing the position of the patient and in the examination with color doppler, liquid jet can be seen and therefore, the above case can be caused by myometrial diastasis and amnion herniation. Also, FGR was diagnosed in fetus ultrasound

**Results :** The Patients physical examination were normal and all the lab data were within normal ranges. Upon examination of the abdomen, old laparoscopy scars were observed on the skin. In our center, the patient underwent ultrasound again which confirmed the findings of previous ultrasound and confirmed the fetus FGR and rupture of the uterus. Finally, patient went through caesarian and a healthy and viable infant was born.

**Conclusion :** In light of the fact that dehiscence of the pregnant uterus can happen without showing signs of fetal distress, the authors' conclusion is that every pregnancy in women whose uteruses have already undergone surgery

should be closely monitored. An incidental case of uterine rupture following myomectomy, laparoscopic surgical procedures have several benefits. As there is a dearth of valid scientific data at this time, more research on this topic is required. However, since there appears to be a low risk of spontaneous uterine rupture during pregnancy, myomectomy should not be avoided in young women who intend to become pregnant.

**Keywords :** leiomyomectomy, adenomyomectomy, perinatology

## Assessment of the live birth rate after intrauterine insemination in women with low or very low levels of serum anti-Müllerian hormone

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**Background and Aim :** Although there is the ability to quantitatively assess ovarian reserve through the level of anti-Müllerian hormone (AMH), the reliability of its predictive value for successful live births after assisted reproductive technology (ART) procedures is still a topic of debate. The objective of this current study was to evaluate the significance of AMH regarding the occurrence of live births after intrauterine insemination (IUI) in individuals with low or extremely low ovarian reserve.

**Methods :** This retrospective cohort study included 123 patients with AMH levels  $\leq 1$  ng/ml who underwent a total of 137 IUI cycles. The objective was to assess live birth. The patients were divided into two groups based on their AMH levels: group 1 with a low level of AMH (0.4 to 1 ng/ml) (n=83, cycles: 95), and group 2 with a very low level of AMH ( $\leq 0.4$  ng/ml) (n=40, cycles: 42). The study compared the results between the two groups, with the main focus on pregnancy rates.

**Results :** Among all patients, the rates of biochemical and clinical pregnancy, and live birth were 11%, 8%, and 7.3%, respectively. There was no statistically

significant difference in the rates of biochemical (10.4% vs. 14.3%,  $p=0.3$ ) and clinical pregnancy (6.3% vs. 11.9%,  $p=0.2$ ), and live birth (6.3% vs. 9.8%,  $p=0.5$ ) between the groups with low and very low levels of AMH. Univariate regression analysis demonstrated that baseline and stimulation parameters did not have a significant association with outcomes.

**Conclusion :** The results suggest that in women with AMH levels equal to or less than 1 ng/ml, the serum levels of AMH may not be indicative of pregnancy outcomes and live births after undergoing IUI. Individuals with low or very low levels of AMH have the potential to achieve pregnancy and live births through the IUI procedure before performing intra-cytoplasmic sperm injection with or without ovum donation.

**Keywords :** anti-müllerian hormone, intrauterine insemination, live birth, assisted reproductive technology

## Validity and Reliability of the Persian Version of Uterine Fibroid Symptom and Health-related Quality of Life Questionnaire

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**Background and Aim :** Women with uterine fibroids (UFs) experience many clinical manifestations that affect their quality of life (QOL). The Uterine Fibroid Symptom and Health-related Quality of Life (UFS-QOL) questionnaire is an English instrument specifically designed to assess fibroid-related symptoms and their impact on QOL. This study aims to investigate the reliability and validity of the Persian version of the UFS-QOL questionnaire in Iranian women with UF.

**Methods :** In this descriptive study, Women with UFs who presented to Imam Hossein Hospital (Tehran, Iran) between August 2022 and January 2023 were enrolled in this study. A forward-backward approach was applied to translate the UFS-QOL questionnaire into Persian. The reliability of the UFS-QOL questionnaire was assessed by internal consistency and test-retest correlation. Confirmatory factor analysis (CFA) was used to assess convergent validity between items and subscales of the UFS-QOL questionnaire. Pearson's correlation coefficient was used to assess convergence validity between subscales of the UFS-QOL and the World Health Organization Quality of Life Brief Version 26 questionnaire (WHOQOL-BREF-26).

**Results :** Overall, we assessed 226 women with UFs. All subscales of the UFS-QOL questionnaire had acceptable internal consistency (Cronbach's alpha >0.7). Test-retest analysis indicated significant positive correlations between two measurements of all subscales of the UFS-QOL questionnaire: symptom severity ( $P<0.001$ ), concern ( $P<0.001$ ), activities ( $P<0.001$ ), energy/mood ( $P<0.001$ ), control ( $P<0.001$ ), self-consciousness ( $P=0.002$ ), and sexual function ( $P<0.001$ ). The Kaiser-Meyer-Olkin (KMO) measure value was 0.920, and the result of Bartlett's test of sphericity was significant ( $P<0.001$ ). CFA identified six factors for the health-related QOL (HRQL) questionnaire, which explained



73.827% of the total variation. Most subscales of the UFS-QOL questionnaire correlated with domains of the WHOQOL-BREF-26 questionnaire ( $P<0.05$ ).

**Conclusion :** The Persian version of the UFS-QOL questionnaire is a valid and reliable instrument to evaluate UF-related symptoms and QOL among Iranian women.

**Keywords :** Leiomyoma, Quality of life, Psychometrics, Surveys and Questionnaires

## Cesarean Scar Pregnancy: A Rare and Challenging Clinical Entity

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**Background and Aim :** Cesarean scar pregnancy is a rare yet potentially life-threatening condition that occurs when a fertilized egg implants and develops within a previous cesarean section scar. This condition poses significant risks to both the mother and the developing fetus, making early detection and appropriate management essential. This paper aims to provide a comprehensive overview of cesarean scar pregnancy, including its epidemiology, etiology, clinical presentation, diagnostic methods, and treatment options.

**Methods :** Diagnostic Methods: Transvaginal ultrasound is the mainstay for diagnosing cesarean scar pregnancies. It allows visualization of the gestational sac embedded in the cesarean scar niche and provides crucial information regarding the location, gestational age, and proximity to vital structures. Other diagnostic modalities, such as magnetic resonance imaging (MRI) and color Doppler ultrasound, can provide additional insights into the extent of invasion and vascularity.

**Results :** Management Options: Management of cesarean scar pregnancy depends on factors such as gestational age, patient's desire to preserve fertility, and hemodynamic stability. Treatment options include systemic methotrexate administration, surgical excision, or a combination of both. It is crucial to balance the need for pregnancy termination with the preservation of future reproductive function. 6. Complications and Prognosis: Cesarean scar pregnancies carry a high risk of complications, such as uterine rupture, severe hemorrhage, and maternal morbidity. These complications, combined with the potential for poor fetal outcomes, emphasize the importance of appropriate management and comprehensive follow-up care.

**Conclusion :** 7. Conclusion: Cesarean scar pregnancy is a rare but potentially life-threatening condition that deserves immediate attention and proper management. Early diagnosis, individualized treatment strategies, and close follow-up are necessary to reduce maternal morbidity, preserve fertility, and achieve optimal pregnancy outcomes. Further research is warranted to enhance our understanding of this complex clinical entity and identify more effective management approaches.

**Keywords :** Cesarean scar pregnancy, niche pregnancy, transvaginal ultrasound, methotrexate, complications, management

## Correlation of obstructive defecatory symptoms with pelvic organ prolapse and anorectal manometry

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**Background and Aim :** Defecatory dysfunction is a common problem among women who referred for urogynecological care. Pelvic organ prolapse (POP) which is a downward displacement of pelvic organs is one of the common condition among patients with defecatory problems . This study was planned to evaluate the correlation of obstructive defecatory symptoms with the site and severity of pelvic organ prolapse and the anorectal manometry results.

**Methods :** This cross-sectional study was performed between Dec 2018 and Nov 2019. About 150 women with symptoms of defecatory problems were enrolled. Patients were classified in two groups according to each compartment prolapse staging and severity; stage  $\leq 2$  and stage  $>2$ . The correlation between defecatory symptoms and pelvic organ prolapse examination, anorectal examination and anal manometry were evaluated.

**Results :** A total of 150 women were evaluated. There was a significant correlation between higher stage of anterior compartment prolapse (cystocele stage  $>2$ ) and constipation ( $P=0.035$ ). Although all the defecatory symptoms were more frequent in anterior prolapse stage  $>2$ , but the difference was not significant ( $P>0.05$ ). There was no significant correlation between defecatory symptoms and severity of posterior compartment prolapse. There was a significant correlation between stage  $>2$  of apical prolapse and all the defecatory symptoms ( $P\leq 0.05$ ). The abnormal anal resting and squeeze pressure and also abnormal balloon expulsion test were more frequent in stage  $>2$  of all compartment prolapse, but the difference was not significant ( $P>0.05$ ).

**Conclusion :** Obstructive defecatory symptoms were more frequent in patients with higher stage of anterior and apical prolapse. Abnormal manometry results were more frequent in patients with defecatory dysfunction with advanced vaginal prolapse.

**Keywords :** Pelvic organ prolapse, Defecation, Constipation, Cystocele, Rectocele, Perineum

## Evaluation of anal cytology and human papillomavirus infection in high-risk women: a cross-sectional study

Submission Author:Zanbagh Pirastehfar,<sup>1</sup>

### 1.1. Zanbagh Pirastehfar

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**BACKGROUND and Aim:** Anal cancer incidence has been on the rise over the past few decades. This study aimed to assess anal Papanicolaou (Pap) smear changes in women with high risk for dysplasia and human papillomavirus (HPV) infection.

**Methods:** This cross-sectional study was conducted in 121 patients referred to the Gynecology Oncology Clinic of Imam Hossein Medical Center between 2020 and 2021 in Tehran, Iran, who had cervical and vulvar dysplasia, cervical HPV infection, and abnormal cervical cytology results and were over 21 years old. Data analysis was performed using SPSS software version 21 (IBM Corp., USA) at a significance level of 0.05.

**Results:** 121 women, with a mean age of 39.69 years, were included in this study. Overall, 23.1% of women had positive anal HPV results, and 35.5% were over 40 years old. Younger age was associated with an increased risk of anal HPV ( $p = 0.045$ ). 33.9% of women were single and had a higher risk of anal HPV. Multiple sexual partnerships and anal sex were the significant risk factors for anal cancer ( $p < 0.001$ ). Women with positive anal HPV results had significantly more genital warts ( $p < 0.001$ ). No significant difference was observed in smoking, educational level, and cervical Pap smear results between women with negative and positive rectal HPV results.

**Conclusion:** Younger age at diagnosis, being single, multiple sexual partnerships, anal sex, and genital warts were associated with anal HPV infection in women. Abnormal anal cytology was only associated with being single and having multiple sexual partners.

**Keywords:** anal neoplasms, cytology, human papillomavirus, Papanicolaou test, uterine cervical neoplasms

## Comparison of chlamydia infection rates in women with miscarriage or infertility compared to the control group using Real Time PCR

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**Background and Aim :** Background: Chlamydia trachomatis is one of the most common sexually transmitted diseases around the world and there is widespread evidence of tubal obstruction following chlamydial infections. About 80% of women with this bacterial infection are asymptomatic, but ascending infections in the form of PID and subsequently infertility are common in women with chlamydia. Aim: The aim of the current study is screening based on the diagnosis of Chlamydia trachomatis infection using Real Time PCR considering its essential role in tubal infertility, chronic pelvic pain and abortion.

**Methods :** Using a vaginal swab, sampling was performed from 789 eligible women after completing a questionnaire and obtaining their consent. DNA was extracted from clinical sample manually and Real time PCR reaction was performed using chlamydia specific primers.

**Results :** In the current study, among 789 women who were examined in terms of the presence of chlamydia, Real time PCR results showed the chlamydia at 5% in normal group, 12.7% in the infertile group, and 12.9% in the abortion group. No significant relationship was found between patients' demographic information including history of infertility, premature birth, abortion, history of vaginitis and symptomatic vaginitis. However, in terms of chlamydia, there was a significant difference between abortion and infertile groups and control group and there was no significant difference between abortion and infertile groups.

**Conclusion :** Owing to high sensitivity of real time PCR to diagnose chlamydia trachomatis infection, this method can be used as an effective screening for routine diagnosis of this infection and infertility and abortion associated with this infection can be prevented with timely treatment.

**Keywords :** Chlamydia, PCR, infertility, abortion



## Using machine learning algorithms to predict the number of high-quality and low-quality embryos before the in vitro fertilization process

**Submission Author:** Mohammadreza Sadeghi Bidmeshki

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In vitro fertilization, as a medical solution with a high cost in infertility, does not guarantee success in fertilization. One of the most effective factors in the success of each cycle is the quality of the embryos. Also, accurately predicting the number of high-quality and low-quality embryos is a difficult task for embryologists. Therefore, considering the prevalence of infertility, there is a need for a model for Predicting the number of embryos along with the quality of each becomes more important than before, so the purpose of this study is to use artificial intelligence to determine a model to predict the number of high quality and low quality embryos before the in vitro fertilization process.

**Design:** In this study, we trained different artificial intelligence algorithms with data collected from an infertility center. Then, using meta-heuristic algorithms, we took a step towards adjusting the optimal hyperparameters of each of the constructed models. Finally, we evaluated the effectiveness of each of the models on the test data by using indicators such as mean squared error and prediction rate.

**Results :** According to the volume of training data, the role of meta-heuristic algorithms was evident in the optimization of hyperparameters related to each of the machine learning models, which led to the improvement of the performance of each of these models. Finally, after evaluating each model with the help of evaluation indicators, models with deep learning architecture performed relatively better than classic machine learning models.

**Conclusion:** This study predicted the number of high-quality and low-quality embryos through clinically relevant parameters of each couple with acceptable accuracy. Therefore, artificial intelligence is thought to play a promising role in the infertility treatment process.

**Key words:** Artificial intelligence, High quality embryo, IVF, Machine learning

## The early versus standard administration of cabergoline to prevent ovarian hyperstimulation syndrome (OHSS) in patients with polycystic ovary syndrome (PCOS) undergoing ICSI cycles.

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**Background and Aim :** The effect of cabergoline on reducing the incidence rate of OHSS has been confirmed by several studies, currently what is discussed in this regard is when should cabergoline be started to be most effective in reducing the occurrence and developing rates of OHSS?

**Methods :** This randomized clinical trial was performed in the department of infertility treatment in Arash women's Hospital from June 2023 to August 2023. Among eligible infertile women with polycystic ovary syndrome who were at risk of developing OHSS in in-vitro fertilization/intracytoplasmic sperm injection (IVF/ICSI) treatment cycle, 200 were enrolled in this study. The subjects were randomly allocated into two groups, i.e. the experimental group (n = 100) receiving cabergoline beginning on the day of the starting administration of GnRH antagonist and then continued for 15 days after injection and the control group (n = 100) receiving cabergoline daily, starting from the day of oocyte trigger for 8 days after. Three days after ovum pick-up day, hematocrit (Hct) percentage, serum creatinine (Cr), sodium (Na) and potassium (K) levels, as well as abdominal circumference were measured in all patients. The patients were followed until menstruation occurred. The primary outcomes were the occurrence rates of OHSS and its severity.

**Results :** The data analysis showed that the two groups were comparable in terms of basic characteristics. In the following, the OHSS rate in the early administration group was significantly lower than control group (14% vs. 47%,  $P < 0.001$ ). In the study group, the severity of all OHSS cases was mild, while in the control group, moderate severity of OHSS was also reported ( $P < 0.001$ ).

**Conclusion :** Earlier initiation of cabergoline from the time of administration of the GnRH antagonist compared to its initiation from the day of oocyte triggering has more effectively reduced the rate and severity of OHSS and improved patient's satisfaction.

**Keywords :** Cabergoline, Polycystic ovary syndrome, ovarian hyperstimulation syndrome, Drug Administration Schedule.

## The value of miR-429 expression in predicting the prognosis of triple-negative breast cancer

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**Background and Aim :** In recent years, the role of changes in the expression of microRNAs and their targeted genes has been emphasized as a modulator for special signaling pathways related to the aggressive behavior of cancer cells. We aimed to evaluate the expression of miR-429 in triple-negative breast cancer (TNBC) and then to assess the role of this microRNA in predicting cancer prognosis (one-year overall survival).

**Methods :** Two hundred and thirty two patients with TNBC were included into the study. The expression level of miR-429 in cancerous and paired noncancerous tissues was assessed by reverse transcription polymerase chain reaction (RT-PCR) technique. The tumor size as well as its stage and grade were also pathologically determined. The patients were followed-up after admission time by phone with regard to one-year survival.

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**Results :** The expression of this miR-429 was significantly decreased in tumor tissues as compared to paired normal tissues ( $p < 0.001$ ). The over-expression of this microRNA was closely associated with smaller tumor size and its lower stages. The one-year survival rate of the TNBC patients whose tumors expressed low levels of miR-429 was 72.3%, which was significantly lower than that of the patients whose tumors expressed high levels of miR-429 (84.9%).

**Conclusion :** The over-expression of miR-429 is associated with a decrease in the aggressive behavior of the TNBC as well as an increase in the survival of patients.

**Keywords :** triple-negative breast cancer, microRNA, miR-429, survival

## Investigating the effect of injectable temperature-sensitive hydrogel containing micelles loaded with clotrimazole and silver nanoparticles: towards an effective treatment of vaginal candidiasis

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**Background and Aim :** Vaginal candidiasis is a common female mucosal infection caused by *Candida Albicans*. Clotrimazole is effective, but its therapeutic potential is limited by low dissolvability and bioavailability. Polymeric micelles (PMs) can improve clotrimazoles solubility and bioavailability and silver nanoparticles can enhance antifungal properties, potentially increasing its therapeutic effect. Loading PM in temperature-sensitive hydrogels provides a sustained drug release in body while offering ease of use and prolonged drug remain time, thus it is a favorable method for vaginal drug delivery.

**Methods :** The study characterized PCL-PEG-PCL (LGL) and PEG-PCL-PEG (GLG) copolymers using FTIR, HNMR, and GPC. It also determined the zeta potential and size of synthesized PMs by EMSA and DLS techniques and their morphology by FESEM and TEM. DLS and LDE techniques characterized silver-bearing PMs (PMAGs). Silver nanoparticles binding to PMs were confirmed by EDX and UV-VIS spectroscopy. We used a temperature-sensitive GLG hydrogel as a carrier.

**Results :** The micelle's drug loading content and encapsulation efficiency were calculated to be 14.6% and 64.53%, respectively. After being exposed to silver, the diameter and zeta potential of PMs increased to  $197 \pm 2.29 \text{ nm} \pm \text{SD}$  and  $-5.38 \pm 0.45 \text{ mV} \pm \text{SD}$ , respectively. Prior measurements were  $166 \pm 1.73 \text{ nm} \pm \text{SD}$  and  $-6.26 \pm 0.3 \text{ mV} \pm \text{SD}$ . The MTT assay was used to examine the biocompatibility of the samples, and the findings showed that the relative cell viability percentage exceeded 80% at concentrations of 125  $\mu\text{g/mL}$ . Moreover, samples have shown an ideal antifungal activity against *C. Albicans*.

**Conclusion :** A core/shell polymeric micelle containing silver nanoparticles and clotrimazole was created for this study, and it demonstrated strong antifungal activity against *Candida albicans*. The combination was found to be cytocompatible with HEK293T cells. These findings imply that treating vaginal candidiasis may benefit from the use of a thermosensitive hydrogel system packed with silver-bearing polymeric micelles possessing advantageous characteristics.

**Keywords :** temperature-sensitive hydrogel, polymeric micelle, silver nanoparticle, vaginal drug delivery, antifungal drugs



## tion of labor in pregnant women with premature rupture of membrane

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**Background and Aim :** Induction to labor interval is a very important issue in premature rupture of membranes (PROM) and can reduce maternal and neonatal complications. For induction of labor and termination of term pregnancies, various efficacy rates have been reported for different forms of misoprostol administration, but few studies have delved into this issue in patients with PROM. The aim of this study was to compare the efficacy of oral, sublingual and buccal misoprostol in induction of term pregnancies with PROM.

**Methods :** In this randomized clinical trial, 120 pregnant mothers with confirmed PROM at 37-42 weeks of gestation were randomly assigned to one of three groups of A (50 µg oral misoprostol), B (25 µg sublingual misoprostol), or C (25 µg buccal misoprostol). Main outcomes including induction to delivery interval, the duration of latent, active, and second stage of labour, and Apgar score at the first and fifth minutes were also recorded. Data were analyzed in SPSS v.24 considering a significance level of 0.05.

**Results :** Induction to delivery interval and the duration of latent, active, and second stage of labour were significantly shorter in the buccal group compared to the other groups ( $P<0.05$ ).

**Conclusion :** Buccal misoprostol had the greatest effect in reducing the time of labour phases compared to both sublingual and oral conditions and thus is recommended for induction of labour in term pregnancies with PROM.

**Keywords :** Oral misoprostol, Sublingual misoprostol, Buccal misoprostol, Labor induction, Premature rupture of membrane





## چکیده مقالات پوستر

پنجمین کنگره بین المللی  
چالش های بالینی در مامایی، زنان و نازایی

۲۷-۲۵ بهمن ماه ۱۴۰۲

تهران، مرکز همایش های بین المللی دانشگاه شهید بهشتی، تالار ابوریحان

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### 5<sup>th</sup> DTOGI

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## Investigation of menstrual disorders in systemic lupus erythematosus Patients.

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**Background and Aim :** Persistent menstrual disorders are relatively common in patients with SLE. The purpose of this study is to shed light on the causes and associations of menstrual disorders in SLE patients, particularly focusing on the potential influence of immunosuppressive medications.

**Methods :** This cross-sectional pilot study was performed on all the SLE patients referred to our medical department who were eligible for participation. Venous blood samples were taken for FSH, LH, and anti-mullerian hormone measurement.

**Results :** This study examined menstrual disorders and their association with disease activity on 50 SLE patients. Patients were divided into 16-35 years (n=23) and 36-51 years (n=27) groups. Medications included hydroxychloroquine (82%), prednisolone (80%), azathioprine (20%) and methotrexate (6%). Dysmenorrhea was more common in the older group but not significantly. A remarkably higher proportion of prednisolone users reported menstrual disorders versus non-users (94.7% vs 5.3%, p<0.05). No significant association was seen between polymenorrhea/menorrhagia and hydroxychloroquine, azathioprine or no medications.

72 Menstrual disorder frequency did not significantly differ by SLEDAI severity. FSH, LH and anti-mullerian hormone levels were comparable across SLEDAI groups. Eventually, prednisolone use was associated with menstrual disorders in SLE patients, but disease activity based on SLEDAI was not correlated with these disorders.

**Conclusion :** The significant association between prednisolone usage and dysmenorrhea in our study suggests that medication, rather than SLE itself, may be a contributing factor to menstrual disorders. This important finding underscores the need for healthcare providers to be aware of the potential side effects of medications commonly used in the treatment of SLE.

**Keywords :** systemic lupus erythematosus, menstrual abnormalities, amenorrhea.

## Evaluation of the effect of oral treatment with metronidazole and levofloxacin on increasing fertility after at least two failed IVFs

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**Background and Aim :** The urogenital system is one of the most common places in the body for microbial colonization, so infections in this area can be a justification for unexplained infertility. Also, in previous studies, bacterial contamination of the transmission catheter during embryo transfer has been associated with poor clinical outcomes. Antibiotics during fetal transfer may improve outcomes. Therefore, this study was designed and performed to evaluate the effect of oral therapy with metronidazole and levofloxacin on increasing fertility after at least two unsuccessful IVF sessions.

**Methods :** This is a controlled clinical trial study that evaluates the effect of oral treatment with metronidazole and levofloxacin on increasing fertility after at least two unsuccessful IVFs. The statistical population was couples who had referred to Shahid Beheshti Infertility Center of Isfahan University of Medical Sciences for the third (or more) IVF due to infertility.

**Results :** In general, in this study, 300 people with a mean age of 34.19 years (standard deviation: 3.63 and range: 20-39 years) were studied. Serum  $\beta$ HCG test was positive in 60% ( $n = 90$ ) of the intervention group and 51.33% ( $n = 77$ ) of the control group. The difference between the two groups was significant and there was a statistically significant difference between the two groups ( $P = 0.032$ ). In 56.7% (85 patients) of the case group and 43.3% (65 patients) of the control group, pregnancy sac was observed on ultrasound, which showed a significant difference between the two groups ( $P = 0.022$ ). There was no difference in mean age, duration of infertility, FSH, LH trigger, TSH, and number of antral follicles (AFC) between the two groups ( $P > 0.05$ ).

**Conclusion :** The results of this study show that oral treatment with metronidazole and levofloxacin greatly increases a woman's chances of achieving a successful pregnancy after the next IVF. These findings support the hypothesis that a certain number of fractures during IVF cycles are due to intrauterine infection, which can affect the course of pregnancy and delivery and cause complications for both mother and fetus.

**Keywords :** IVF, Infertility, Antibiotic, Metronidazole, Levofloxacin



## Empty follicle syndrome following GnRH agonist stimulation, in a PCO patient treated with HCG rescue protocol, resulting in 3PN formation

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**Background and Aim :** Empty follicle syndrome is a rare condition characterized by failure to retrieve oocytes despite repeated careful aspiration of mature precursor follicles during controlled ovarian stimulation cycles

**Methods :** we present a case of empty follicle syndrome in a polycystic ovary syndrome patient, using a gonadotropin-releasing hormone agonist as a trigger for final oocyte maturation. No oocytes were retrieved from the right ovary and the procedure was discontinued. The patient was successfully started on 10,000 unit inj. HCG and 3 oocytes were obtained after 24 hours of retrieval. All oocytes were mature (MII), then fertilization was done by the patient's husband's sperm, and finally 3PN oocytes were formed.

**Results :** The formation of the following 3PN ICSI can be due to oocyte cytoplasmic disorders caused by long-term exposure to gonadotropins and increased number of days of stimulation. Therefore, although the empty syndrome was false in this case and the hCG rescue protocol was able to recover the oocytes, the oocytes were not of good quality

**74 Conclusion :** the empty follicle syndrome cannot be a predictor of subsequent cycles, as in This patient also had the next cycle without any problems.

**Keywords :** Empty follicle syndrome, 3PN, rescue protocol, ICSI

## Pregnancy Rates of Embryo Transfer: Measuring the Uterus Length with Transvaginal Ultrasound in Art Freeze Cycles Compared with the Conventional Experimental Method

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**Background and Aim :** This study is conducted to compare the pregnancy rate among patients with embryo transfer using the conventional experimental method with those using measurement of uterine length with transvaginal ultrasound before transfer in freeze ART cycles.

**Methods :** In this cohort study, all participants were subjected to the cycle of ovulation stimulation according to the antagonist protocol; consequently, after oocyte recovery, the embryos were frozen following the next cycles. If they were ready, they were subjected to the cycle of endometrial preparation with estradiol protocol. In case of having one to three embryos of good quality (based on the patients' selection), they were placed in two groups of embryo transfer using the conventional method (clinical touch) or embryo transfer after measuring the length of the uterus with transvaginal ultrasound. Then, all patients were treated with vaginal progesterone and oral estradiol; two weeks later, a pregnancy test was performed, and if it was positive, they were followed up for ultrasound and pregnancy outcomes.

**Results :** There are no statistically significant differences between the two groups in variables such as the type of stimulation, the type of gonadotropin, the number of retrieved eggs, the number of transferred embryos, the thickness of the endometrium, the length of the uterus, and easy or difficult transfer. Although the pregnancy rate was higher in the group of ET with measuring the length of the uterus (38.5% versus 34.0%), this difference was not statistically significant ( $p=0.681$ ).

**Conclusion :** The use of the embryo transfer method using transfer guidelines which were guided by transvaginal ultrasound and determining the location of the embryo deposition by experienced doctors does not increase the fertility rate in ART cycles compared to using the traditional and blind method in Iran. At the same time, it is necessary to examine other advantages of using this method.

**Keywords :** ART freeze cycles, Conventional experimental method, Embryo transfer, Length of the uterus, Pregnancy, Transvaginal ultrasound.

## Effectiveness of healthy lifestyle in the treatment of infertility caused by low endometrial wall thickness in a 40-year-old woman after three failed IUIs

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**Background and Aim :** The endometrium is the tissue that covers the inner thickness of the uterus and for a successful implantation we need a suitable endometrium and if this wall is thin, the occurrence of pregnancy will be a problem with clinical symptoms, spotting, uncontrollable and continuous bleeding. And it is associated with infertility and abortion, and unfortunately most of the treatments so far are symptomatic treatments with the use of hormonal drugs or trying to get pregnant with drugs or IVF or IUI, which is usually not very effective.

**Methods :** A 40-year-old woman, who got married 12 years ago, had no problems and menstrual disorders before marriage, and after marriage, she had frequent spotting, and according to the tests and ultrasounds, it was determined that the thickness of the uterine wall in the middle of the period cycle is below 5. After deciding to get pregnant and taking a lot of drugs, the result was not achieved, and with several unsuccessful IUIs, pregnancy did not occur. The infertility specialist's opinion was on IVF. Finally, a year ago, she was treated with a lifestyle modification method, which includes: Teaching stress reduction techniques such as diaphragmatic breathing, exercise, massage, proper sleep pattern, proper diet including cutting off all simple sugars and preservatives, consuming vegetables and brains, reducing carbohydrate consumption, daily walking, and consuming phytoestrogenous foods.

**76 Results :** After three months of treatment without any spotting in the middle of the cycle and without any hormonal drugs, she became pregnant and is now in her 36th week of pregnancy.

**Conclusion :** Considering the very high number of women suffering from hormonal and menstrual disorders and the low thickness of the uterine wall, the lack of success of hormonal drugs in the definitive treatment of these diseases, and considering the proof of the effectiveness of lifestyle modification in the treatment of these patients, attention should be paid to the education and promotion of a healthy lifestyle from A child needs urgent treatment to prevent infection or diagnosis.

**Keywords :** sterility Thin endometrium

## Evaluation of the relationship between genital infections and embryo transfer results in infertile women who undergo frozen embryo transfer in the infertility ward of Shariati Hospital in 1399-1400

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**Background and Aim :** About 24.9% of Iranian couples experience infertility during their life. Considering that I.V.F is the first and only treatment for some couples and the last option for many, it creates costs and a severe psychological burden for families. It is tried to improve all the patient's conditions to enter the treatment cycle to get the best result. The involvement of microbial factors in reducing the pregnancy rate has been discussed for a long time and considering that the results are contradictory and that no comprehensive study has been done in our country. By conducting this study, we decided to investigate the possible negative effects of abnormal flora of the endometrium and cervix on pregnancy prognosis in I.V.F cycles in order to open further studies to treat this problem and achieve positive results in I.V.F treatment.

**Methods :** In this cross-sectional study, all patients who are candidates for frozen embryo transfer were included in the study. After transferring the frozen embryo with the appropriate grade into the uterus, the tip of the embryo transfer catheter was placed in thioglycolate medium, and a sample of the patient's cervix was taken with a swab and placed in Stewart's culture medium, and the type of microbe that grew was reported. A blood test was requested to check pregnancy two weeks after embryo transfer. If it is positive, it is called chemical pregnancy. Two weeks later, transvaginal ultrasound is performed to observe the pregnancy sac, which is called clinical pregnancy. Then the patients were divided into two culture positive and culture negative groups. Pregnancy results included chemical and clinical pregnancy rate in two groups together.

**Results :** In general, about 32% of the people included in the study had primary infertility and 57% had secondary infertility. Also, 11 patients had done more than 4 embryo transfers. 19 people had no previous disease and 9 and 3 people had PCO and fibroma, respectively. Embryo transfer catheter samples were cultured. 78 samples, i.e. 83% of the samples, had positive cultures and 16 samples, i.e. 17%, had negative cultures. There was no statistically significant difference between the groups with positive and negative beta test and with



and without gestational sac in terms of the types of microorganism cultured. But for the E-Coli organism, there was a statistically significant difference between the two groups with and without fetal heart rate, so that none of the people with fetal heart rate had a positive culture for this organism. There was no statistically significant clinical relationship.

**Conclusion :** As a result, the results of this study showed that the bacterial colonization of the embryo transfer catheter among asymptomatic women without clinical infection did not have a significant effect on the implantation success rate and the chemical and clinical pregnancy rates were comparable among culture-positive and culture-negative patients.

**Keywords :** Bacterial population, Embryo transfer catheter, Implantation, In vitro fertilization, Vaginal-cervical contamination



## Comparison of diagnostic accuracy of saline infusion sonohysterography, transvaginal sonography, and hysteroscopy in evaluating the endometrial polyps in women with abnormal uterine bleeding: a syst

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**Background and Aim :** In women with abnormal uterine bleeding (AUB), endometrial polyps are a frequent finding, and the risk of a focal (pre)malignancy in a polyp is up to 6%. Because of this reported risk, the detection of polyps in these women is important. Aim: To evaluate and compare the diagnostic accuracy of saline infusion Sono hysteroscopy, transvaginal sonography, and hysteroscopy in detecting endometrial polyps in

**Methods :** The searches were conducted by two independent researchers to find the relevant studies published from 1/1/2009 until the end of 30/06/2019. We searched for published literature in English language in MEDLINE, EMBA-SETM, The Cochrane Library, and Trip database. For literature published in other languages, we searched national databases (Magiran and SID), KoreaMed, and LILACS. The risk of bias of every article was evaluated by using QUADAS-2.

**Results :** After selection and quality assessment, 11 studies were included. Based on the random effect model the total prevalence of endometrial polyps in women with abnormal uterine bleeding was 38%. The sensitivity and specificity of saline infusion sonohysterography in diagnosis of endometrial polyps were 0.87 and 0.86, respectively. The sensitivity and specificity of transvaginal ultrasonography were 0.62 and 0.73 and the sensitivity and specificity of hysteroscopy were 0.92 and 0.85, respectively

**Conclusion :** Although that sonohysterography is a safe and relatively cheap method, which allows ruling out or confirming endometrial polyps, it cannot be replaced with hysteroscopy due to the fact that hysteroscopy combined with biopsy is the gold standard for ruling out malignancies in an endometrial polyp.

**Keywords :** sonohysterography, transvaginal sonography, saline infusion sonohysterography

## A study on the association between demographic and clinical characteristics of ectopic pregnancy cases and treatment outcomes

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**Background and Aim :** Ectopic pregnancy (EP) is a life-threatening condition and a significant cause of maternal mortality. The aim of this study was to find out association between demographic and clinical characteristics of EP patients and treatment outcomes, success rate of methotrexate (MTX) therapy and the need for surgical intervention

**Methods :** This was a retrospective study of 821 EP cases attended to Kamali Hospital, Karaj, Iran between April 2015 to March 2020. Medical records of all cases were reviewed and following parameters were extracted: sociodemographic characteristics, ultrasonography findings, treatment methods, laboratory data of  $\beta$  hCG concentrations on day 0, 4 and 7 after initiation of treatment.

**Results :** Our results indicated that  $\beta$ -hCG concentration upon EP diagnosis was the only associated factor with the degree of  $\beta$ -hCG decline during days 4-7 after treatment initiation. In addition,  $\beta$ -hCG initial concentration, presence of peritoneal effusion and size of adnexal mass had association with success of MTX treatment and predicted the need for surgery. Most of cases who experienced a  $15\% \leq$  decline in  $\beta$ -hCG during days 4-7 after treatment initiation needed no surgery. Furthermore, single-dose MTX therapy was the most successful approach and the mean time for  $\beta$ -hCG clearance was the shortest in the cases who received single dose of MTX.

**Conclusion :** Collectively, initial  $\beta$ -hCG concentration, size of adnexal mass and peritoneal effusion may be important predictors in choosing the best treatment for EP cases and to prevent unnecessary surgeries for patients who desire fertility preservation, and avoid side effects of EP.

**Keywords :** ectopic pregnancy-mtx- $\beta$  hCG

## Clear cell carcinoma of the ovary and venous thromboembolism: a systematic review and meta-analysis

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**Background and Aim :** As the second most common subtype of epithelial ovarian cancers (EOCs), ovarian clear cell carcinoma (OCCC) is associated with a high rate of cancer-associated thrombosis. Previous studies revealed the wide range prevalence (6–42%) of venous thromboembolism (VTE) among OCCC patients. This study aimed to determine the prevalence of VTE among OCCC patients as well as factors affecting it.

**Methods :** PubMed, Scopus, Embase, and Cochrane Library databases were searched up to December 12th, 2022. Studies reporting venous thromboembolic events in women with clear cell carcinoma of the ovary were included. Demographic data, clinical, and paraclinical features of the patients were independently extracted by two reviewers.

**Results :** Out of the 2254 records, 43 studies were processed for final review. The qualified studies involved 573 VTE cases among 2965 patients with OCCC. The pooled prevalence of VTE among OCCC patients was 21.32% (95%CI1?4 (17.38–25.87)). Most VTE events were reported in Japanese women (26.15%), followed by Americans (24.41%) and UK (21.57%), and Chinese (13.61%) women. VTE was more common in patients with advanced stages (37.79%) compared to those with early stages of the disease (16.54%).

**Conclusion :** Ovarian clear cell carcinoma is associated with a high rate of cancer-associated thrombosis. VTE events in OCCC patients were higher in advanced stages and Japanese women.

**Keywords :** Clear cell adenocarcinoma, venous thrombosis, thromboembolism, ovarian epithelial carcinoma, deep vein thrombosis

## Evaluation of Human Papillomavirus in the Semen of Infertile Men and Its Relationship with Semen Quality

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**Background and Aim :** The prevalence of human papillomavirus (HPV) infection in infertile men is significantly higher than that in the general population. Nevertheless, it is unclear whether the presence of HPV in semen samples is related to reduced semen quality. The present article aims to elucidate the possible association between HPV infection and semen parameters in Iranian infertile men.

**Methods :** This cross-sectional study included semen samples from 140 infertile Iranian male partners of couples seeking fertility assessment. Standard semen analysis was performed. Sperm DNA fragmentation index (DFI), sperm chromatin maturation, anti-sperm antibodies, leukocyte count, fructose concentration, and zinc concentration were also assessed. Nested polymerase chain reaction (PCR) and INNO-LiPA were used to identify HPV DNA sequences in semen samples and to determine HPV genotype, respectively. Independent samples t-tests were used to compare sperm parameters between HPV-positive and HPV-negative groups.

**Results :** Human papillomavirus DNA was detected in 18 (12.85%) out of 140 semen samples (10% high-risk genotypes, 2.14% low-risk genotypes, and one sample was excluded). Our findings revealed that HPV18 was the most prevalent type (8.57%). According to our results, the presence of HPV DNA in semen samples was associated with higher semen anti-sperm antibodies ( $P = 0.001$ ), higher white blood cell (WBC) counts ( $P = 0.02$ ), and increased DFI values ( $P = 0.03$ ).

**Conclusion :** Human papillomavirus -positive patients had higher semen anti-sperm antibodies, semen WBC counts, and sperm DFI values. These results highlight the importance of careful screening for the presence of HPV in semen samples from infertile men. It should also be noted that more studies are required.

**Keywords :** Human Papillomavirus, Male Infertility, Semen Quality, Sperm



## Menopause and other Factors Associated with Burning Mouth Syndrome (BMS) in old women: A Systematic Review and Update

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**Background and Aim :** Burning Mouth Syndrome (BMS) is a chronic pain condition of oral mucosa that is mostly observed in old women. The prevalence of BMS is 12.2% in the old age group. This syndrome is probably of multifactorial cause. In this systematic review, we aimed to have an updated overview of various factors associated with BMS.

**Methods :** The systematic search was conducted on PubMed, Web of Science, and Embase using postmenopause, menopaus\*, postmenopausal period, estrogen, reproductive, and hormone replacement therapy AND Burning Mouth Syndrome, dysesthesia, BMS, Burning Mouth disease, stomatodynia, stomatopyrosis, glossopyrosis, glossodynia, oral dysesthesia, glossalgia, for articles published from 2000 until 17th July 2022. 667 studies were identified (102 duplicates). Cross-sectional, case-control, cohort, and descriptive studies conducted on individuals with BMS included in this review. Twenty-one were qualified and their quality was assessed by Newcastle Ottawa Scale.

**Results :** Findings revealed that BMS is strongly associated with female gender, menopause, climacteric symptoms, hypothyroidism, chronic drug use, and also being old, married, unemployed, and less educated. Salivary levels of progesterone, protein, opiorphin and candida species and diabetes were not correlated with BMS. Other factors associated with BMS include urological chronic pelvic pain, higher pain sensitivity to heat stimuli, depression, anxiety, cancer phobia, stressful life events, poor sleep quality, impaired quality of life, and changes in daily activities. Oral factors such as dentures, dry mouth, periodontitis, tooth extractions, dental treatment, and para-functional habits such as tongue thrusting, pressing the tongue against teeth, diurnal and nocturnal clenching, bruxism, tongue and/or cheek biting, and lip sucking were associated with BMS as well. Smoking, alcohol, smells, citric and spicy foods was reported to worsen the BMS.



**Conclusion :** The present review identified demographics, neurologic, psychological, hormonal factors and oral and dental disorders contribute to developing BMS. Identifying correlated factors with BMS can prevent and treatment BMS in the earlier stages.

**Keywords :** Burning mouth syndrome; stomatodynia; glossalgia; menopaus; BMS; oral cavity

## Iranian HPV-positive women's sexual life

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**Background and Aim :** Human Papillomavirus (HPV) has an adverse effect on the patient's emotional and sexual health. The current study aimed to explore the sexual life of women after HPV diagnosis.

**Methods :** In this qualitative content analysis study, twenty Iranian HPV-positive heterosexual women over 18 years of age; having no serious illness (including cervical cancer), with a diverse age, marital status, education, and socio-economic status, shared their sexual life through face-to-face, semi-structured interviews, September 2018 to December 2019. the trail version of MAXQDA-10 software was applied for data management.

**Results :** "Nothing is like before" reflected women's experiences of their sexual life after HPV diagnosis. It comprised of three categories: abnormal sex life, new attitude toward sexuality, and myths and misconceptions. Many women found their sex life unusual and less satisfying. Half of the interviewees, reported that they lessened their sex frequency. Some women reporting that they had stopped having sex, mostly in the first two months of the diagnosis. They brought up two reasons related to HPV transmission uncertainty: self-protection and partner-protection. Women reported that most men had mild reactions toward HPV diagnosis of their spouse, except in a few cases, male partners still preferred not to use condoms. Disgust with sex and self-isolation was also reported by patients. Women noted that they gave up oral sex for fear of the link between oral HPV and throat cancer. A small number

of women indicated that their partners avoided having sex with them to provide self-protection. Those women said they felt that their husbands were too frightened of getting HPV and so they were distant from them. Two married women reported condom use and wearing special customs to prevent genital skin-to-skin contact.

**Conclusion :** More attention is needed to the way healthcare providers and doctors educate women about HPV-transmission and HPV-treatment because they shape women's perceptions of HPV.

**Keywords :** Human Papillomavirus Infections; Sexual Activity; Sexual Health; Qualitative Research; Iran

## Pulmonary emboli (PE) in a known case of Immune thrombocytopenic purpura (ITP) postpartum; a case report

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**Background and Aim :** Immune Thrombocytopenic Purpura (ITP) is a rare but potentially severe disorder which affects blood clotting. When combined with pregnancy or post-partum circumstance, it may pose some risks to the patients leading to adverse events such as an pulmonary emboli (PE).

**Methods :** In this case report, we delve into the intricacies of a known case of ITP who developed a pulmonary embolus after delivery. This insightful examination sheds light on the complexities surrounding ITP and the heightened vulnerability to pulmonary emboli post-delivery.

**Results :** In the presented case there were several risk factors for developing VTE including a high BMI, post-partum states, immobilization, receiving IVIg, and ITP. On the other hand, the refractory thrombocytopenia the patient had despite receiving treatment, limited us to start prophylactic anti-coagulant treatment.

**Conclusion :** Exemplifying the delicate interplay between these conditions, this case report offers valuable insights for medical professionals and researchers alike. By understanding the intersection of ITP and postpartum pulmonary emboli, we can enhance patient care, refine treatment practices, and ultimately improve outcomes for mothers dealing with these intersecting health challenges.

**Keywords :** Immune Thrombocytopenic Purpura ITP - pulmonary emboli (PE)-refractory thrombocytopenia



## Sexual dysfunction in infertile women: a review study

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**Background and Aim :** Infertility can lead to significant emotional and psychological damage for women, so that the diagnosis of infertility in women leads to negative emotions and psychological distress and may have negative effects on marital relationships and sexual activity. The purpose of this review was to examine the association between infertility and sexual dysfunction in women with infertility.

**Methods :** In this review study, information search using the keywords Infertility; Sexual dysfunctions, Sexuality, Sexual disorder, women alone or in combination with their possible combinations, in the Google Scholar search engine and PubMed, Elsevier, Scopus, web of Science Databases and Science direct was performed in the time period of the years (2000-2023). Full-text articles were then reviewed.

**Results :** The result indicated a significant association between an increase in sexual dysfunction and infertility in women. Also, infertile women have more sexual dysfunction than fertile women. However, high heterogeneity was observed between studies. The most common disorders were disorders of lubrication and desire. arousal dysfunction and Desire appeared more common in women with secondary infertility, while lubrication dysfunctions were more common in older women. In addition, some studies reported problems in the field of orgasm and sexual satisfaction. Investigating psychosocial factors in women with low libido should be considered.

**Conclusion :** Sexual dysfunction in infertile women is a complex issue. Evaluation of other factors affecting sexual performance and fertility, including men-

tal health and social issues, should be considered. Management of infertility and sexual dysfunction should include appropriate medical treatment and addressing psychosocial concerns of fertile women.

**Keywords :** Infertility; Sexual dysfunctions, Sexuality, Sexual disorder, women

## Effects of Acupressure points on labor pain reduction and create a pleasant childbirth

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**Background and Aim :** The experience of pain during childbirth is influenced by many physiological and psychosocial factors, and its intensity can vary greatly. Most women in labor need pain relief. Pain management strategies include non-pharmacological interventions and pharmacological interventions. The aim of this review study was examined evidence about the use of acupressure for pain management in labor and create a pleasant childbirth.

**Methods :** In this review study, information search using the keywords Acupressure; Labor pain; non-pharmacological pain management and delivery alone or in combination with their possible combinations, in the Google Scholar search engine and PubMed, Elsevier, Scopus, web of Science Databases and Science direct was performed in the time period of the years (2000-2023). 11 Full-text articles were then reviewed. Randomized controlled trials were included in this review. Studies were excluded if they were non-randomized or quasi-randomized and case reports.

**Results :** It seems that the use of acupressure compared to the control group probably slightly reduces the intensity of pain during first stage of labor, however, high-certainty evidence in this area is limited. Also, the use of acupressure seems to be a safe and low-risk method for the mother and fetus. LI4 and SP6 were the most commonly used acupressure points because of their specific effect of increasing uterine contractions, shortening the length of labor and reducing labor pain. There was no uncertain evidence on the use of acupressure on the use of pharmacological analgesia, satisfaction with childbirth, instrumental vaginal delivery, or cesarean section.

**Conclusion :** The use of acupressure may play a role in reducing pain, shortening the length of labor and improving women's sense of control and emotional experience of childbirth. However, there is a need for further high-quality research and conduct randomized clinical trials to definitively prove this issue.

**Keywords :** Acupressure; Labor pain; non-pharmacological pain management; delivery; review

## Comparison of normal delivery outcome with and without episiotomy in nulliparous mothers in Mobini Hospital in Sabzevar

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**Background and Aim :** Limited indication of episiotomy and selective episiotomy versus conventional episiotomy have been recommended in various studies. But according to statistics from developing countries, episiotomy is still the most common obstetric incision. The most common cause of episiotomy in low-risk mothers is maternal concern about severe perineal injuries. The aim of this study was to compare perineal injuries in normal delivery of nulliparous mothers with and without episiotomy.

**Methods :** This descriptive-analytical study was performed by reviewing 3602 files of primiparous pregnant women who had a normal delivery in Sabzevar Obstetrics and Gynecology Hospital between 2017 and 2019. The data collection tool was a researcher-made checklist. data were collected based on maternal demographic variables, active phase length, neonatal weight, neonatal head circumference, labor mobility, induction or non-induction with oxytocin, and exposure to analgesia, neonatal hospitalization in neonatal intensive care unit (NICU), neonatal death and the extent of perineal damage including grade 1, 2, 3 and 4 laceration. Data analysis was performed using SPSS software (version 21) and Chi-square and regression tests. P value was considered less than 0.05.

**Results :** In the delivery group without episiotomy, 317 patients (37.8%) had healthy perineum and 56 patients (6.6%) had second degree laceration, but in the delivery group with episiotomy, 1302 patients (99.3%) had second degree laceration. Chi-square test showed a significant difference between perineal injuries in the two groups ( $P=0.0001$ ). The rate of severe perineal injuries in



the delivery group with and without episiotomy was not significantly different ( $p > 0.05$ ). The rate of neonatal hospitalization in neonatal intensive care unit was not significantly different between the two groups ( $p > 0.05$ ).

**Conclusion :** Delivery without episiotomy in primiparous mothers who do not have risk factors for maternal diabetes, instrumental delivery and infant weight above 4000 g; does not increase severe perineal injuries

**Keywords :** Primiparity, episiotomy, perineum, injury

## Investigating the effect of ascorbic acid sustain release system on vaginal flora pH balance to suppress bacterial vaginosis

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**Background and Aim :** Bacterial vaginosis (BV) is a vaginal infection that occurs by vaginal bacteria overgrow and cause a bacterial imbalance. This imbalance leads to an increased vaginal pH level, so BV can be suppressed by lowering the vaginal pH level. Ascorbic acid (vitamin C) is a natural supplement that can discourage the growth of anaerobic bacteria by lowering the vaginal pH level. As a result, an ascorbic acid sustain release system may maintain the pH level in the desired range.

**Methods :** The study synthesized nanoparticles (NPs) with zeolite, chitosan and some composites of these materials. FTIR, XRD and TGA characterized NPs and vitamin C loading. The zeta potential and size of NPs were determined by the DLS technique and their morphology by FESEM.

**Results :** The encapsulation efficiency (EE) and vitamin C percentage (VC) of the optimum NP formulation (CH/Z2-VC) were calculated to be 89.9% and 7.4%, respectively. The size and zeta potential of the mentioned NP were 458.4 nm and +51.7 mV, which are favorable. The abovementioned sustain-released system had shown a 22-day long ascorbic acid release, and release kinetics were confirmed by Higuchi and Korsmeyer-Peppas model.

**Conclusion :** An ascorbic acid loaded zeolite/chitosan NP was created for this study, and it showed a sustained release of vitamin C for 22 days. The combination of zeolite and chitosan as NPs had shown a great opportunity for drug release improvement. According to results, sustained vitamin C release may maintain the pH level of the vaginal environment, thus overcoming BV.

**Keywords :** Bacterial vaginosis, Ascorbic acid, Nanoparticle, sustain release, zeolite, chitosan

## Design, fabrication, and characterization of a curcumin-controlled release Nano system with vaginal injection capability and its effects on ovarian cancer cells

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**Background and Aim :** In females, Ovarian cancer is the deadliest cancer in the world. Curcumin, a phenolic compound, has potential effects in cancer therapy but limited solubility. To address this, zeolites, microporous inorganic crystalline materials with a three-dimensional framework, can be used as nanocarriers for curcumin with high loading, enhancing its bioavailability and potential applications. To investigate curcumin loading in clinoptilolite, drug release in physiological pH = 7.4 and cancerous pH = 5.5 buffers, and ovarian cancer cell viability in different curcumin concentrations.

**Methods :** Clinoptilolite beads were sieved and converted into powders. To evaluate curcumin loading capacity, zeolite powders were dehydrated and incubated with a curcumin solution. A specific amount of clinoptilolite was added to a solution of different curcumin concentrations and stirred for 48 hours. The powder turned yellow, indicating curcumin loading. The encapsulation efficiency was evaluated, and the dried solid powder (CUR@CLN) was used to calculate the drug loading percentage.

**Results :** This study investigated the size, functional groups, and morphology of curcumin nanoparticles (CLN and CUR@CLN) using DLS, FTIR, and SEM analysis respectively. Results showed uniform particle sizes and successful loading of curcumin in zeolite structures. The encapsulation efficiency and drug loading of CUR@CLN were 54% and 6%, respectively. In vitro, drug release showed a three-fold increase in release amount at pH 5.5 than 7.4. MTT cell viability test revealed that the Cur@CLN sample has more potent cytotoxicity against ovarian cancer cells than free curcumin in equivalent concentrations.

**Conclusion :** Clinoptilolite is a safe, smart carrier for delivering curcumin, improving its properties and making it a suitable candidate for vaginal injection due to its small particle size.

**Keywords :** Curcumin, Drug delivery, pH sensitive, ovarian cancer, Zeolite

## The relationship between the symptoms of pelvic floor disorders and the stage of pelvic organ prolapse and quality of life

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**Background and Aim :** The aim of this study was to investigate the relationship between pelvic organ prolapse symptoms with the severity and location of pelvic organ prolapse and its effect on quality of life in women referred to the pelvic floor disorders clinic.

**Methods :** In this cross-sectional and multi-center study which conducted in the pelvic floor disorders clinic of Ghaem (AS) and Imam Reza (AS) hospitals from February 20, 2019 to April 20, 2020, about 191 women who complaint of pelvic floor disorders were studied. The pelvic floor distress index (PFDI) questionnaire were also completed. The severity of prolapse was evaluated according to the POPQ system. Finally, the relationship between the severity of pelvic floor disorders and the stage of pelvic organ prolapse and quality of life was investigated through SPSS software version 16. P value <0.05 was considered as a significant level.

**Results :** In the study, the mean age of patients was 53.23 years (31 to 89 years). Among those, 95 (49.7%) patients were menopausal. One hundred and eighty patients (94.2%) had at least one urinary symptom and 116 patients (61%) had at least one bowel symptom. There was a significant relationship between the stage of anterior and posterior compartments prolapse with the severity of stress urinary incontinence (both Pvalue < 0.001). Also, the stage of the anterior and posterior compartments prolapse was significantly associated with incomplete defecation (Pvalue 0.031 and 0.004, respectively) and fecal urgency (Pvalue < 0.001 and 0.001, respectively). All urinary and defecatory symptoms except urinary frequency, urinary incontinence during sexual intercourse and fecal incontinence, were significantly related to PFDI. There was a significant correlation between PFDI and prolapse severity ( $r = 0.334$ ).

**Conclusion :** Results of the current study showed a significant relationship between the urinary, defecatory and sexual symptoms with the severity and stage of pelvic organ prolapse and PFDI.

**Keywords :** Pelvic organ prolapse, Quality of life, Urinary stress incontinence, Fecal incontinence.



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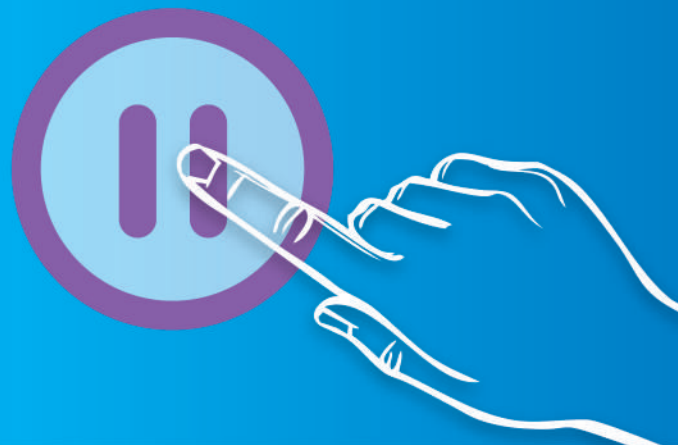
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- **3 dosages**
  - ▶ 2 to 3 weeks after the first injection
- **Long-acting**
  - ▶ 28-day formulation: Diphereline® SR 3.75 mg
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**Reversible action upon treatment discontinuation**



- ▶ Storage at a temperature  $\leq 25^{\circ}\text{C}$
- ▶ Supplied with 2 needles and 1 syringe
- ▶ Needle for injection: diameter = 0.8 mm

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- رفع مو های زائد
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- جوانسازی پوست
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Diodei	4.800W	25x8				
Blend	4.000W	25x8				
Prime V (Yagi)	2.000W	6x1				



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- و آماده سازی بافت جهت تزریق فیلر و چربی)
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- لایه برداری و روشن کردن پوست
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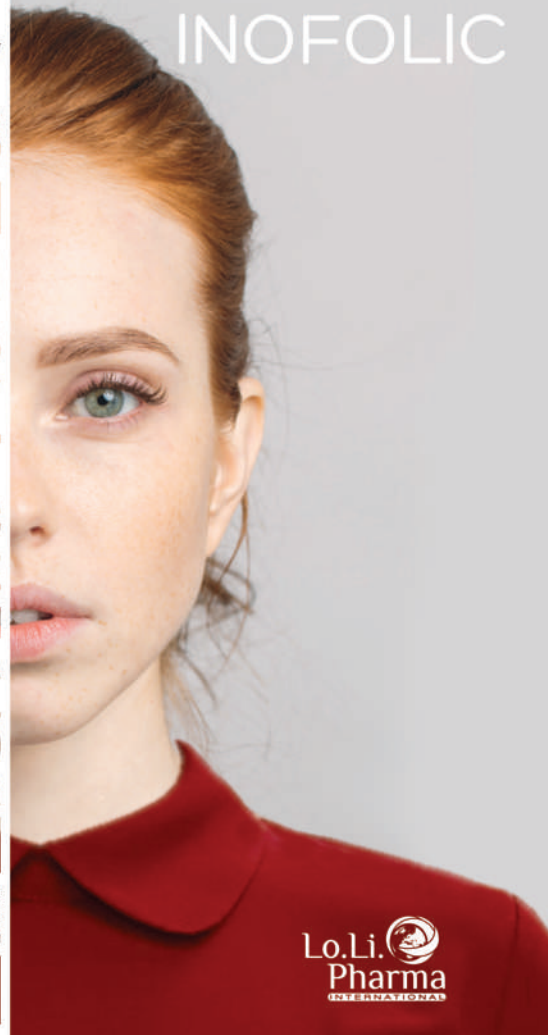
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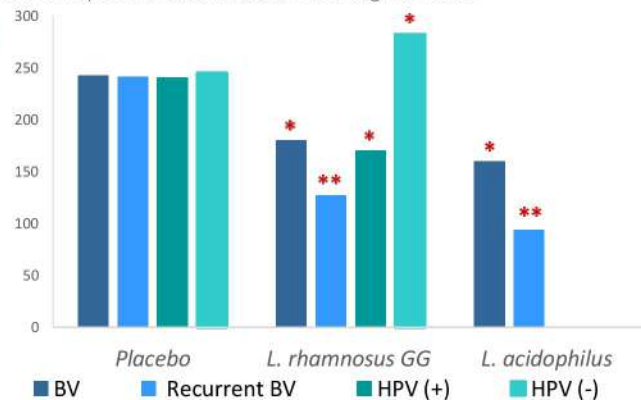
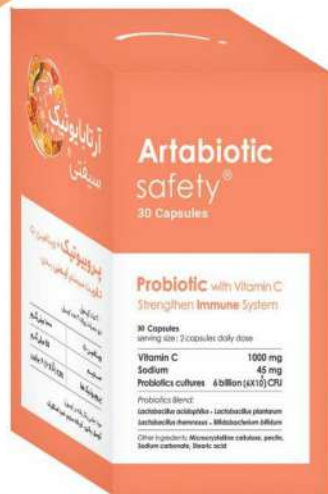
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Servings Per Container: 30

No need to refrigerate.



Active Ingredients	Per Capsule
<b>Probiotics Blend Freeze-dried</b>	<b>3 billion (3×10<sup>9</sup>) CFU</b>
<i>Lactobacillus rhamnosus</i> - GG (ATCC 53103)	
<i>Lactobacillus acidophilus</i> - LA02 (DSM 21717)	
<i>Lactobacillus plantarum</i> - LP01 (LMG P-21021)	
<i>Bifidobacterium bifidum</i> - BB01 (DSM 22892)	
<b>Vitamin C</b>	<b>500 mg</b>



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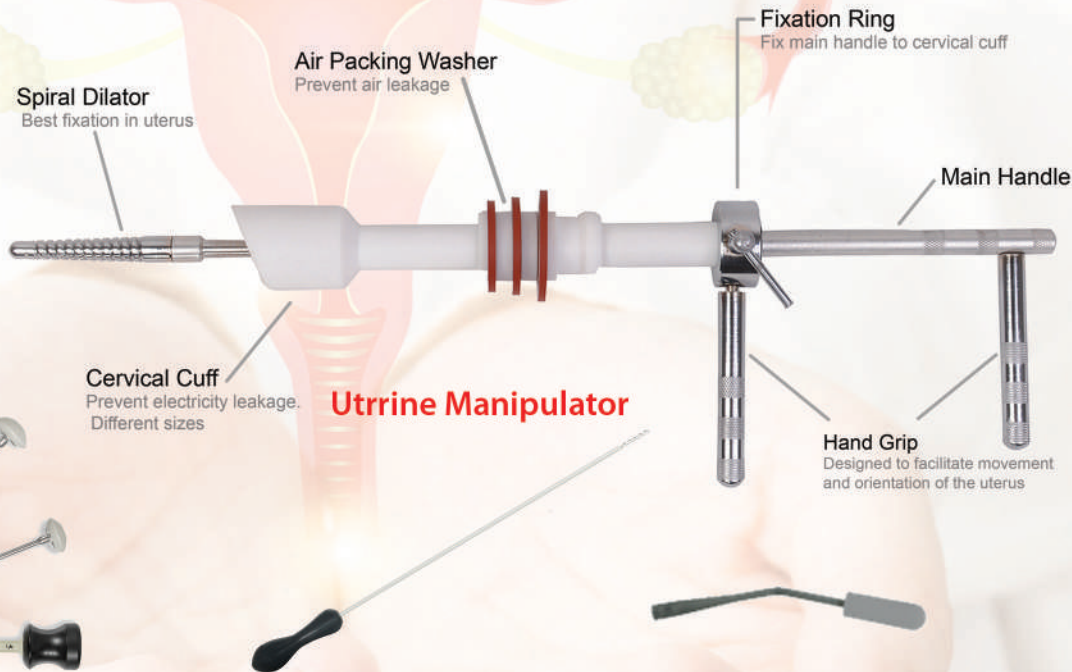
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