



**2ND SHALAMAR IRC RCOG
SUMMIT, 2025**

Abstract Book



Preface

We are delighted to present this collection of abstracts, which captures the innovative research, creative insights and academic rigor of contributors. Each contribution has been carefully selected to represent the most compelling and impactful ideas.

We extend our heartfelt gratitude to the authors for their invaluable contributions, the reviewers for their critical insights and all those whose efforts made this publication possible.

Special thanks to Dr Rabia Mushtaq and Dr Sheema Yousuf for their efforts to create this book.

Prof. Nazli Hameed

Chair Maternal & Child Health

Head of Department OBGYN

Index

Urogynaecology

Oral Presentations

1) Management of Anal sphincter injuries (Ranee Thakar)	15
2) RCOG introduction & strategy (Kate Lancaster)	16
3) Posterior tibial nerve stimulation in overactive bladder (Wai Yoong)	16
4) Wider Effects of implications of menopause (Jyotsna Acharya)	17
5) Urogenital fistula: A study from tertiary care hospital (Pushpa Srichand)	18
6) A 4-year review of vesicovaginal fistula repair: Success and challenges at a tertiary care hospital (Majida Zafar)	19
7) Surgical outcomes of Mid-Urethral Sling Surgery and its effects on Quality-of-Life (QOL); A Ten-Years' Experience in an Era of Mesh Controversy (Urooj Kashif)	21
8) Concurrent surgery for prolapse repair and stress urinary incontinence: Pilot observational study to see the outcome of two procedures (Sheema Yousuf)	22
9) Outcome of Sacrocolpopexy and predictors of anatomical failure (Ruqqa Sultana)	23
10) Outcome of laparoscopic Sacrocolpopexy in patients with vault prolapse and urinary symptoms (Arooba Rahim)	24
11) Abdominal suspension operation for utero-vaginal prolapse using autologous fascial sling of rectus sheath (Sadia Nazir)	25
12) Acute urinary retention in females: Perception differences among different medical specialities (Novera Chughtai)	26
13) A case series on Hematocolpos presentation and management at Agha Khan University Hospital (Durriya Rahmani)	27
14) Comparative outcomes of modified Davydov's and modified McIndoe vaginoplasty technique in MRKH patients: A focus on surgical success and female sexual function index (Shakeela Yasmeen)	28
15) Vaginoplasty using amnion graft (Nudrat Sohail)	29
16) Sexual dysfunction in women with urogynaecological problems (Shabeen Naz Masood)	30
17) Comparative analysis of changes in bone mineral density and climacteric symptoms in postmenopausal women with and without pelvic organ prolapse (Kashaf Qayyum)	31

Poster presentations

- 1) Mullerian abnormalities, variations in MRKH presentation with normal karyotyping: A case series (Maria) 32
 - 2) Urdu translation and validation of the international consultation on incontinence questionnaire female sexual matters associated with lower urinary tract symptoms module (ICIQ-FLUTSsex) (Anum Malik) 33
 - 3) OHVIRA: A case series on clinical presentation and management at a tertiary care hospital (Durriya Rahmani) 34
 - 4) Comparative analysis: Pelvic floor health awareness, perspectives and habits in rural and urban Pakistani women of reproductive age (Ayesha Ismail) 35
 - 5) OHVIRA syndrome with uterus Didelphys and Hematocolpos: A rare case report (Javeria Asghar) 36
 - 6) Outcome of the patients with urogenital fistula repair at fistula center of Ayub Teaching Hospital (Wajeaha Khurshid) 37
 - 7) Detrusor overactivity with detrusor underactivity (DO-DU); A case study and comprehensive literature review (Anum Malik) 38
 - 8) Urethral fibroid: A case study and comprehensive literature review (Anum Malik) 39
 - 9) Sertoli Leydig cell tumour in a patient with ambiguous genitalia and congenital adrenal hyperplasia (Maria) 40
 - 10) Overcoming vaginismus (Nusrat Javaid Awan) 41
 - 11) Mesh or no mesh in urogynae? Are we in a mess (Saeeda Bano) 42
 - 12) Comparison of mirabegron and solifenacin versus mirabegron alone for management of overactive bladder in women (Mubashir Saeed) 43
 - 13) Refractory overactive bladder responding to Botox (Saeeda Bano) 44
 - 14) Screening of thyroid dysfunction in peri and early post-menopausal women (Farrukh Naheed) 46
 - 15) Case series of obstructive mullerian anomalies presented in MCHC, PIMS (Hira Naeem) 47
- Effects of vitamin D supplementation on the severity of stress urinary incontinence in premenopausal women with vitamin D insufficiency (Sheema Yousuf) 48

Minimal Access Surgery

Oral Presentations

- 1) Vnotes Salpingectomy for ectopic pregnancy (Wai Yoong) 49
- 2) New modalities in hysteroscopic surgeries (Waseem Lodhi) 50
- 3) Non technical skills in minimal access surgery (Waseem Lodhi) 50
- 4) Scope of robotic surgery in gynaecological practice (Samia Malik) 51
- 5) Comparison of Laparoscopic gynecological surgery with robotic assisted gynecological surgery: A study on perioperative feasibility and outcomes (Rehana Aamer Khan) 52
- 6) Endoscopic tubal canalization as an alternative for IVF: An outcome analysis (Arooba Rahim) 53
- 7) Role of laparoscopy in diagnosing pelvic causes of female subfertility (Fariha Farooq) 54
- 8) Video presentation of total Laproscopic hysterectomy + Burch colposuspention (Yousaf latif khan) 55
- 9) Laparoscopic Lens: Unravelling the mysteries of adnexal masses in women of reproductive age group (Anam Riaz) 56

Poster presentations

- 1) Rare case of leiomyoma in the ischiorectal fossa; a challenging case for MDT (Prof Bushra Iftikhar) 57
- 2) Variation of the factors responsible for the secondary subfertility diagnosed by diagnostic laparoscopy at AMTH (Asma Yasin) 58
- 3) Tubal patency after successful laparoscopic removal of ectopic gestation and laparoscopic tubal reconstruction: A case series (Manahil Jaffer) 59

Reproductive Medicine

Oral Presentations

- 1) Frozen embryo transfer cycles-the impact of endometrial preparation on obstetric and neonatal outcomes (Sibte Hassan) 60
- 2) MHT and issues in midlife and beyond: An update (Syeda Batool Mazhar) 61
- 3) Towards Genome-based precision reproductive medicine in the era of NGS (Next Generation Sequencing) (Sibte Hassan) 62
- 4) Stem cells use in gynaecology and obstetrics (Sadia Ahsan Pal) 64
- 5) Effects of autologous hematopoietic stem cells transplantation on female fertility in multiple sclerosis: A systemic review and metanalysis (Anusha Ashkar) 65
- 6) Tubal patency after successful laparoscopic removal of ectopic gestation and laparoscopic tubal reconstruction: a case series (Shazia Fakhra) 66
- 7) Evaluating the effectiveness of ovulation induction alone versus with adjunctive vitamin D therapy in treating infertility in PCOS: A comprehensive analysis (Kashaf Qayyum) 67
- 8) Dienogest a long-term medical treatment in women with endometriosis: A prospective cohort study (Nabia Tariq) 68
- 9) The long-term effects of fertility treatment on maternal health (Hina Khan) 69
- 10) A rare case of scar ectopic pregnancy successfully treated with methotrexate (Nabeela sarwar) 70
- 11) Case presentation on scar ectopic pregnancy managed with hysteroscopic suction and evacuation under laproscopic guidance (Razia Ghafoor) 71

Poster presentations

- 1) Pelvic tuberculosis in 19 years old young patient: A rare case report (Quanita Kanwal) 72
- 2) MDT approach in management of congenital adrenal hyperplasia: The key to success (Humaira Bilqis) 73
- 3) Case of Sertoli cell-only syndrome with AZFbc microdeletion: clinical presentation and results of TESA (Hamza Sher) 74
- 4) Successful management of Cryptozoospermia in a patient with primary subfertility: A case report (Ayesha Rehan) 75
- 5) Impact of laparoscopic cystectomy on ovarian reserve markers in women with endometriosis: A systemic review and meta-analysis (Mahnaz raees) 76
- 6) Routine sperm analysis and morphology in preliminary evaluation of couples with recurrent pregnancy loss (Sadia Ghaffar) 77
- 7) Diagnostic accuracy of AMH and Antral follicular count in diagnosis of PCOs keeping Rotterdam criteria as gold standard (Hina Gul) 78
- 8) Impact of diagnosis of subfertility on psychological distress and marital and sexual satisfactions of couples in South Asia: A literature review (Mariam Iqbal) 79
- 9) Efficacy of letrozole versus clomiphene citrate in anovulatory infertility (Mubashir Saeed) 81
- 10) Psychological distress in PCOs: A systemic review and network metanalysis based on randomized controlled trial (Anusha Ashkar) 82
- 11) A cross-sectional study to evaluate the semen parameters in males presenting with subfertility at Sindh reproductive and genetic healthcare center (Farah Hassan Khan) 83
- 12) Non communicating rudimentary horn is one of the rarest congenital uterine anomalies and consists of a relatively normal appearing uterus on one side with a rudimentary horn on the other side (Laraib) 84
- 13) The association between abnormal uterine bleeding and caesarean section scar defects: An audit of diagnostic and management approaches (Rabia Haq Shaikh) 85
- 14) Rare complications exceptional care. A success story in scar ectopic pregnancy (Saba Ansari) 86
- 15) Frequency of leiomyoma in females presenting with infertility and its association with serum vitamin D3 levels (Rabia) 87
- 16) The role of Cabergoline in outpatient hyperprolactinemia management: A comparative study of tolerance, compliance and economic impact (Shiza Altaf) 88
- 17) When things go wrong the role of faith in shaping the effectiveness of negative counselling for infertility in Pakistan (Noor I Kiran Naeem) 89
- 18) Adolescent Ovarian Cyst Torsion (Shireen Baqir) 90
- 19) Audit presentation: Heavy menstrual bleeding leading to hysterectomy (Shireen Baqir) 91

Gynae Oncology

Oral Presentations

- 1) Vnotes Bilateral saplingoophorectomy for ovarian cancer prophylaxis in women with hereditary breast and ovarian cancer gene: Pilot series of 10 cases (Wai Yoong) 92
- 2) Adnexal masses in pregnancy (Jyotsna Acharya) 93
- 3) Vulval conditions (Jyotsna Acharya) 93
- 4) Breast cancer and menopause (Zainab Waseem) 94
- 5) Risk of malignancy index (RMI) plus international ovarian tumor analysis (IOTA) versus risk of malignancy index (RMI) alone in assessment of malignancy risk for adnexal masses undergoing gynecological surgery (Mishal Maqbool) 95
- 6) Laparoscopic versus open surgery for advanced staged ovarian cancer: A ten-year data analysis (Kheyal Azam Khalil) 96
- 7) Evaluation of complete gross cytoreduction in a advanced stage epithelial ovarian cancers according to European society of gynecological oncology quality indicators (Maria Habib) 97
- 8) Efficacy and safety of plasma gel as an adjuvant to cytoreductive surgery in advanced stage ovarian cancer: A metanalysis and systemic review (Anusha Ashkar) 98
- 9) Ultrasound guided aspiration of cystic pelvic masses (review of 417 cases) (Musarrat Hassan) 99
- 10) Correlation of ultrasound and histopathology for diagnosis of endometrial cancer in post-menopausal women (Viqar Ashraf) 100
- 11) Role of lymphadenectomy in the management of early-stage endometrial cancer (Kheyal Azam Khalil) 101
- 12) Laparoscopic Assisted Posterior Pelvic Exenteration in a case of uterine carcinosarcoma: video presentation (Maria Habib) 102
- 13) Comparison of staging by MRI and histopathology in women with endometrial carcinoma (Zartaj Hayat) 103
- 14) Oncological outcomes of immature ovarian teratoma following primary and secondary surgery: A 15year report from a cancer center (Maria Habib) 104
- 15) Cervical cancer elimination: A reality (Noreen Zafar) 105
- 16) Exploring the reasons behind late detection of cervical cancer in Pakistani population (Bushra khan) 106
- 17) Non gestational primary hepatic choriocarcinoma in a Young female: Case Report of a rare tumor (Sadia Aftab) 107

Poster presentations

- 1) Rising incidence of cervical cancer: where we stand for its awareness? (Ayesha) 108
- 2) Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy and systemic pelvic lymphadenectomy with para-aortic lymphadenectomy in advanced stage endometrial cancer: a video presentation (Maria Habib) 109
- 3) Barriers to genetic testing in ovarian cancers-is it the fear of knowing too much? (Anum Riaz) 110
- 4) Silent intruder: A rare association of retroperitoneal lymphocele with giant uterine leiomyoma in a postmenopausal woman: A rare case report (Anum Riaz) 111
- 5) Investigating emotional and psychological impacts of gynaecological cancer surgery: A qualitative study (Rida Amjad) 112

Maternal & Fetal Medicine

Oral Presentations

- 1) To determine the accuracy of Ist trimester uterine artery doppler ultrasound pulsatility index in prediction of Pre-eclampsia in pregnant women attending tertiary care hospital clinic (Kinza Sajjad) 113
- 2) Efficacy of Low dose calcium supplementation with standard dose of 1500 mg of calcium intake in prevention of pre- eclampsia in high-risk pregnant women (Sidra Rauf) 114
- 3) Can esomeprazole improve outcomes in women at high risk of pre-eclampsia? A Phase 2 placebo controlled randomized multicentre clinical trial (Sidrah Nausheen) 115
- 4) Effect of Magnesium sulphate on Optic Nerve Sheath diameter as an indirect measure of intracranial pressure: A case study of Eclampsia patients (Zahra Safdar) 116
- 5) Guidelines for antenatal corticosteroids use in Preterm Labour in Pakistan (Sadia Ahsan Pal) 117
- 6) Breaking new ground: anaerobic antibiotics in preterm labour for prolonged gestation and improved perinatal outcome (Kashaf Qayum) 118
- 7) Late onset FGR: Preventable cause of stillbirth in Pakistan (Ayesha malik) 119
- 8) Fetal Arrhythmias: Case based insights into diagnosis, management and postnatal interventions. (Farhat ul Ain Ahmed) 120
- 9) Feasibility and safety of transabdominal chorionic villous sampling (Abeera Choudhary) 121
- 10) First Trimester Ultrasound screening for detection of fetal structural anomalies (Nishat Zohra) 122
- 11) Impact of WHO labour care guide on delivery outcomes: A two years prospective analysis in a private hospital at Lahore (Saba Ansari) 123
- 12) Incidence of vaginal birth after previous 1 caesarean section and fetal outcomes in a tertiary care hospital in Peshawar (Kiran Jehangir) 124
- 13) Evidence based Caserean section technique (Jyotsna Acharya) 125
- 14) Saving newborn lives in Pakistan-implementing Kangaroo Mother Care (Rubina Sohail) 126
- 15) Mothers Lost: The untold stories behind the statistics (Azra Ahsan) 127
- 16) Maternal Mortality Trends: A Global View (Saira Ayub) 128
- 17) Audit of maternal mortality at nishtar hospital Multan (Samia Qadir) 129
- 18) Enhancing critical care for high-risk obstetric patients: A prospective analysis from Ayub Teaching Hospital (Humaira Jadoon) 130
- 19) Impact of MEOWS chart implementation in an obstetric setting in gynae ward Ayub Teaching hospital Abbottabad (Shandana Mustafa Jadoon) 131
- 20) Prevention of parent to child transmission of HIV-sixteen years of experience at Pakistan Institute of Medical Sciences, Islamabad (Nosheela Amjad) 132
- 21) Trends and vertical transmission of HIV/AIDS in pregnant women presenting to a tertiary care setting (Mishal Maqbool) 133
- 22) Acute hepatitis E in pregnancy: A dual threat to the baby and mother (Farah Siddique) 134

- 23) Predictors of adverse outcomes in patients with peripartum cardiomyopathy: A 10-year study (Durriya Rahmani) 135
- 24) Impact of hydroxychloroquine on pregnancy outcomes in systemic lupus erythematosus: A cohort study from Asia (Shahwar Dure) 136
- 25) Integration of postpartum family planning (PPFP) and postabortion family planning (PAFP) in all tertiary care hospitals of Sindh: a pathway to achieve SDGS (Farah Hassan Khan) 137

Poster presentations

- 1) Placenta previa percreta-medical management of densely adherent placenta (Zoona Saeed) 138
- 2) Maternal and perinatal outcome after Ramadan fasting (Rashida Parveen) 139
- 3) Frequency of C sections in pregnancy with low amniotic fluid index at term at Hayatabad Medical Complex Hospital Peshawar (Maira Khan) 140
- 4) High incidence and reasons for Caeserean section in tertiary care hospital in developing countries (Umme Habiba) 141
- 5) Optimizing influenza vaccination compliance in pregnant patients in an outpatient setting: A quality improvement project (Asma Sadaqat) 142
- 6) Role of metformin in reducing incidence of Gestational Diabetes in Obese women (Shazia Rasul) 143
- 7) Impact of deranged oral glucose tolerance test on perinatal outcomes (Maria) 144
- 8) WHO risk scoring and outcome in pregnant cardiac patients at a peripheral tertiary care center (Asma Ansari) 145
- 9) Spontaneous rupture of unscarred uterus at fundus (Mubasher Saeed Pansota) 146
- 10) Comparison of therapeutic serum magnesium levels in intravenous regimen vs intramuscular regimen administered to obese woman with severe preeclampsia (Khansa Iqbal) 147
- 11) Fundal placenta percreta in primipara challenging fertility: A rare case report (Muhammad Noor ul Latif) 148
- 12) The outcome of Prolactinoma in postpartum period: a study from tertiary care hospital in Pakistan (Zahra Safdar) 149
- 13) Successful management of advanced abdominal ectopic pregnancy: a rare case report (Bushra Iftikhar) 150
- 14) Association of maternal obesity and gestational weight gain with adverse maternal and perinatal outcomes (Nilofer Mustafa) 151
- 15) Analysis of caesarean section by using Robson's group classification system in tertiary care hospital (Farheen Fatima) 152
- 16) Effectiveness of oral PGE1 versus intracervical PGE2 in the induction of labor (Bushra Mukhtar) 153
- 17) Effectiveness of balloon tamponades vs uterine packing in post-partum haemorrhage (Laraib Fatima) 154
- 18) Examining the impact of administrative decisions-making on patient's safety culture: a multidimensional analysis (Mishal Maqbool) 155
- 19) Prevalence of Anemia during pregnancy (Rashida Parveen) 156
- 20) Health for all mothers addressing the disparities in ANC care and pregnancy outcomes (Amna Aziz) 157
- 21) Vaginal Vs Ultrasound assessment to diagnose malpresentation before attempting instrumental vaginal deliver-Which is a better tool (Asifa Siraj) 158
- 22) Audit report of placental accreta spectrum at Lady Wallingdon Hospital (Mawra Mughal) 159

23) Plastic effects on maternal and fetal health (Huma Sheikh)	160
24) Transforming Maternity care: Impact of labor care Guide in public sector hospital (Humera Noreen)	161
25) Association of pre-pregnancy carbonated drink intake and gestational diabetes mellites: case control study in Pakistan (Sophia Rafiq)	162
26) Implementation of a PPH bundle approach in a tertiary care hospital: A 10-month post intervention outcome analysis (Rubab Khalid)	163
27) Maternal and neonatal outcome in women with epilepsy: A 20 year experience from tertiary care hospital (Shahwar Dure)	164
28) Determination of Qualitative beta HCG level in vaginal washing fluid for detecting preterm premature rupture of membrane (Aisha Iqbal)	165
29) Human chorionic gonadotrophin versus magnesium sulphate (MgSO ₄) as a tocolytic agent-a randomized controlled trial (Mishal Maqbool)	166
30) Suicidal ideation self-harm during pregnancy among women attending antenatal care (Amna Aziz)	167
31) Case series of chronic Myeloid leukemia in pregnancy management and delivery at tertiary care hospital Islamabad within one year (Laraib Babar)	168
32) An audit of c/s rate using the Robson 10 group classification system at tertiary care hospital (Khansa Qadeer)	169
33) Effect of different doses of phloroglucinol on Ist stage of labour in term pregnancy (Rukhsana Nazir)	170
34) Effectiveness of nutritional supplementation during the first 1000 days of life to reduce child undernutrition: A cluster randomized controlled trial in Pakistan (Sidrah Nausheen)	171
35) Silent threat: First trimester uterine rupture in a scarred uterus: A case study (Javairia Basit)	172
36) Comparison of modified 75g oral glucose tolerance test with 75g oral glucose tolerance test in screening of GDM (Sidra Rauf)	173
37) Comparison of labetalol and methyldopa for management of females presenting with PIH (Tanzeela Bano)	174
38) A study recognizing various social antenatal and postnatal causative factors leading to postnatal depression (Zainab Mansoor)	175
39) Efficacy of condom balloon tamponade in management of primary postpartum haemorrhage (Zareena Begum)	176
40) Delays in emergency Caeserean section and its associated Feto-maternal outcomes in secondary care hospital (Naureen Anjum)	177
41) Oligohydramnios and fetal outcomes: comparison of maternal and fetal outcome between low and normal amniotic fluid index at term (Tayyaba Nusrat)	178
42) A study to determine the perinatal outcome in isolated oligohydramnios at term (Umaiyma Farhad)	179
43) The placental factor in fetal growth restriction (Komal Adeel)	180
44) Has cross hatch technique made a difference to the detection rate of small for gestational age (Umme Habiba)	181
45) Impacts of rising environmental temperature on preterm deliveries: A six-month observational study (Bushra Liaqat)	182

46) Case report Management and diagnosis of two single gene mutation in pregnancy (Mosab Abdul Haleem)	183
47) Hepatitis B and C in pregnant Women: A focus on chorionic villus sampling cases (Shahida Parveen)	184
48) Feasibility and safety of transabdominal chorionic villus sampling for prenatal diagnosis of thalassemia (Noreen Akmal)	185
49) Abdominal pregnancy to term with maternal mortality and neonatal survival: A case report (Nasreen Akhtar)	186
50) Saving precious lives by scaling up Kangaroo mother care in resource limited settings across Pakistan (Samia Rizwan)	187
51) Unveiling Hidden Patterns: A stratified analysis of congenital anomalies diagnosed on ultrasound in Karachi, Pakistan. A retrospective study (Zaheena S Islam)	188

Artificial Intelligence & Medical Education

Oral Presentations

- 1) Future strategies in OBGYN (Muhammad Tayyab) 189
- 2) From delays to care improving maternal health in Dir Upper (Maryam Waqas) 190
- 3) Effectiveness of various Artificial intelligence models developed for assistance in ovulation stimulation process during IVF: A systemic review (Irva Mubashar Cheema) 191
- 4) Evaluation of effectiveness of emergency obstetrics and neonatal skills training among participants at Ziauddin University Karachi (Rehana Yasmeen) 192
- 5) Use of AI technologies for facilitating workplace-based assessment (Junaid Sarfaraz) 193
- 6) Evolving postgraduation training system-meeting international standards (Ayesha) 194
- 7) Gamification in synchronous online learning for postgraduate students in OBGYN (Rubab khalid) 195
- 8) Behind the complaints: Unpacking the Lapses in Professional Behavior Among Gynae Residents in Pakistan (Humera Noreen) 196
- 9) Empower Youth, Bakhbar Noujawan-A Guide to Informed Choices (Humera Mansoor) 197
- 10) “Self-help plus” intervention: A useful tool to improve workplace performance of female postgraduate medical residents (Humaira Bilqis) 198
- 11) Midlife challenges (Shamsa Hamayun) 199
- 12) Awareness among Pakistani Students regarding age related fertility decline (Safia Sultana) 201

Poster presentations

- 1) Investing in women’s health in Pakistan-role of mass media: positive or negative? (Ayesha) 202
- 2) Attitudes and perceptions of gynaecologists and paediatricians towards artificial intelligence in health care: A cross-sectional survey (Madiha Iqbal) 203
- 3) Improving medical treatment for IUD and TOP for fatal anomalies in second trimester with combing letrozole and misoprostol (Samar Amin) 204
- 4) Comparison of surgical training and quality of life among resident of OBGYN between private and public sector hospitals of Pakistan (Durriya Rehman) 205
- 5) Proposal of universal pregnancy passport to improve quality of care (Ayesha) 206
- 6) Enhancing contraceptive uptake in Rawalpindi teaching hospital through a quality improvement initiative (Rubaba Abid Naqvi) 207
- 7) Early warning system: A call to national implementation for safer healthcare in Pakistan (Qudsia Nawaz) 209
- 8) Emotional Intelligence among the medical teachers; An institutional based study (Uzma Kausar) 210
- 9) Evaluation of simulation-based emergency obstetrics and neonatal skills workshop training (Shazia Sultana) 211

Urogynaecology
Oral Presentations

1) Management of Obstetric Anal Sphincter Injuries (OASIS)

Ranee Thakar, MD, FRCOG, Consultant Urogynaecologist, Croydon University Hospital, Croydon

Perineal trauma is a highly prevalent condition. The short- and long-term morbidity associated with perineal repair can lead to major physical, psychological, and social problems. Although it would be impossible to completely prevent perineal trauma, it could be minimised. Proven strategies include the practice of perineal massage in the antenatal period, the use of warm perineal compresses in the second stage of labour, restrictive use of episiotomy, preference for a correctly performed mediolateral over a midline episiotomy, and the use of a vacuum extractor instead of forceps for instrumental delivery. Recent years have witnessed a growing interest in the technique of manual perineal protection as a means to reduce anal sphincter trauma. It is possible that one intervention on its own may not be as beneficial as a combination of interventions, and therefore, “care bundles” have been suggested.

To standardise the classification of perineal trauma, the Royal College of Obstetricians and Gynaecologists (RCOG) has adopted a classification that is also recommended by the International Consultation on Incontinence. Prior to repair correct diagnosis of the tear is vitally important. To enable accurate diagnosis a systematic vaginal and rectal examination should be carried out on all women who have a vaginal delivery. The external anal sphincter (EAS) (striated muscle) is a distinct red coloured muscle while the internal anal sphincter (IAS) (smooth muscle) is pale in colour. Repair is carried out according to the grade of tear. The sphincter muscles are repaired with 3-0 polydioxanone (PDS) dyed sutures. When the internal anal sphincter is torn, it should be repaired using an end-to-end repair with interrupted or preferably mattress 3-0 PDS sutures. When the EAS is only partially torn (grade 3a and some 3b), then an end-to-end repair should be performed using two or three mattress sutures instead of haemostatic figure-of-eight sutures. If there is a full-thickness EAS tear (some 3b, 3c, or fourth-degree), either an overlapping or end-to-end method can be used with an equivalent outcome. After the sphincter has been repaired, the perineal muscles should be sutured in a systematic manner to reconstruct the perineal body.

A rectovaginal examination should confirm adequate repair, ensure no additional injuries have been missed, and ensure that all packs or swabs have been removed. Intravenous broad-spectrum antibiotics such as cefuroxime 1.5 g plus metronidazole 500 mg or co-amoxiclav 1.2 g should be commenced intra-operatively and continued orally for at least 3 days. Severe perineal discomfort, particularly following instrumental delivery, is a known cause of urinary retention and is more likely after regional anaesthesia, as it can take up to 12 hours before the return of bladder sensation. A Foley catheter should be inserted for about 24 hours. Detailed notes should be made of the findings and the repair. As the passage of a

large bolus of hard stool may disrupt the repair, a stool softener (lactulose 15 mL bd) is prescribed for up to 10 days postoperatively.

2) RCOG Introduction & Strategy

Kate Lancaster, RCOG Chief Executive

Gives an update on the College's achievements since the start of the current strategy in 2020. Kate will talk about how the RCOG has expanded its global reach, championed women's health and fostered innovation. You'll also learn about the development of the 2025-2030 strategy which is currently underway and that will position the RCOG as a global leader in women's healthcare.

3) Percutaneous Tibial Nerve Stimulation for medically resistant overactive bladder syndrome

Wai Yoong, North Middlesex University Hospital, London, UK

This session covers an overview of peripheral neuromodulation for intractable OABS and looks at the early development and outcomes for this treatment modality

4) Wider effects and implications of menopause

Jyotsna Acharya

All women undergo menopause and with women living longer, women spend around 1/3 to 1/2 their lives post menopause.

Therefore, it is important to know the wider effects of menopause on a women. In this talk I will be looking at the implications on cardiovascular system, mental health, skeletal system and other effects.

5) Urogenital fistula: A study from tertiary care hospital

Pushpa Srichand (Obstetrics and gynaecology Isra University Hospital Hyderabad)

Background

urogenital fistula is an abnormal communication between urinary and genital tract, causing continuous urinary leakage which can result in the patient being ostracized from community. The most common causes of urogenital fistula in resource limited countries are obstructed labour and gynaecological surgeries specially hysterectomy for benign conditions. Creating awareness and improving health care system can prevent this major morbidity. The objectives of my study is to analyse the risk factors, highlight on psychosocial and medical morbidity and steps taken to create awareness in general population and health care providers

Material

A retrospective cross section study was carried out at two tertiary care hospitals of Hyderabad (Isra university hospital and Liaquat university Hospital from June 2007 to September 2024. The data was collected from hospital case records. The factors analyzed were to find the prevalence, the risk factors, any change in the etiology of fistula, the psychosocial morbidity and any change in pattern of referral patients after implementation of awareness and preventive strategies in form of arranging awareness seminars, conducting workshops of providing training to CHW, LHW for early recognition and timely referral of patients with obstructed labour and train doctors to perform safe hysterectomies

Results

Total number of patients were 2190. Obstetrical were 820 and iatrogenic were 1356 and 12 were due to other causes. The commonest risk for obstetrical fistula was obstetrical labour (74%) followed by cesarean Hysterectomy (21%), The most common gynaecological surgery was hysterectomy responsible for 75% of iatrogenic fistula. Almost all patients were suffering from depression illness. After implementation of preventive strategies, the time interval between causation of fistula and arrival at hospital is reduced.

Number of iatrogenic urogenital fistula has increased in decade. patients with urogenital fistula are completely ostracized from community. majority of fistulas are preventable by simple measures.

6) **A 4-year review of vesicovaginal fistula repair: Success and challenges at a tertiary care hospital**

Majida Zafar (MCH 2 Obstetrics & Gynaecology PIMS Islamabad)

Background

Vesicovaginal fistula (VVF) is a distressing condition characterized by an abnormal communication between the bladder and the vagina, resulting in continuous urinary incontinence. It significantly impacts the quality of life, leading to physical, psychological, and social challenges for affected women. VVF commonly arises as a complication of obstructed labor in low-resource settings or as a consequence of gynaecological surgeries, radiotherapy, or pelvic trauma in developed regions.

The management of VVF requires careful preoperative evaluation and tailored surgical planning to optimize outcomes. Surgical repair can be approached vaginally or abdominally, with the choice depending on factors such as fistula location, size, complexity, and the surgeon's expertise. The vaginal approach is typically preferred for simple, low-lying fistulas due to its minimally invasive nature, while the abdominal route is often reserved for complex, recurrent, or high-level fistulas.

While advances in surgical techniques and perioperative care have improved success rates, challenges remain, particularly in cases of recurrent or radiotherapy-induced fistulas. The Royal College of Obstetricians and Gynaecologists (RCOG) emphasizes evidence-based practices in the management of VVF to ensure optimal outcomes. This study aims to review the outcomes and challenges of VVF repairs at a tertiary care hospital, comparing the vaginal and abdominal approaches in alignment with RCOG standards.

Objective

To evaluate the outcomes, success rates, and perioperative challenges of vesicovaginal fistula (VVF) repairs performed via vaginal and abdominal approaches over 4 years at a tertiary care hospital, in alignment with Royal College of Obstetricians and Gynaecologists (RCOG) standards.

Material and Methods

This retrospective audit analyzed data from 2020 to 2024, encompassing 135 patients who underwent VVF repair. Data collected included patient demographics, etiology, fistula characteristics, surgical approach (vaginal or abdominal), operative details, perioperative complications, and follow-up outcomes. Success was defined as the absence of urinary leakage, confirmed clinically and radiologically, at 6 months postoperatively. Statistical comparisons were conducted to assess differences between the two approaches.

Results

Among the 135 cases, 105 (77.8%) were managed vaginally, and 30 (22.2%) underwent abdominal repair. The vaginal approach demonstrated a higher success rate (95.7%) compared to the abdominal approach (90.0%, $p = 0.04$). Vaginal repairs were associated with shorter operative times (median: 80 vs. 125 minutes, $p < 0.01$), less blood loss (mean: 110 vs. 270 mL, $p < 0.01$), and shorter hospital

stays (mean: 2.5 vs. 4.9 days, $p < 0.01$). The abdominal approach was primarily reserved for complex or recurrent fistulas. Recurrent fistula formation was more common in the abdominal group (10.0% vs. 4.3%, $p = 0.05$).

Conclusions

Over the past 4 years, the vaginal approach has consistently shown higher success rates and favourable perioperative outcomes for accessible VVFs. However, the abdominal approach remains critical for managing complex or high-level fistulas. These findings emphasize the importance of individualized surgical planning aligned with RCOG guidelines.

Recommendations

Optimizing outcomes in VVF repair requires comprehensive preoperative planning, a multidisciplinary team approach, and strict adherence to established guidelines. Further studies are needed to refine surgical techniques and evaluate long-term patient-reported outcomes.

7) **Surgical outcomes of Mid-Urethral Sling Surgery and its effects on Quality-of-Life (QOL); A Ten-Years' Experience in an Era of Mesh Controversy**

Urooj Kashif (Obstetrics & Gynaecology Aga Khan University Hospital)

Background

Stress urinary incontinence (SUI) is a major health issue affecting women globally having adverse events on their quality of life (QoL). Once the conservative management of SUI is ineffective, mid-urethral slings surgery (MUS) is considered the mainstay of treatment. Although they have been shown to be effective in the management of SUI, there is significant controversy concerning the utilization of the mesh in MUS surgery. Data suggest varying results on MUS globally, however, there is little data on the long-term mesh complications from low-middle-income countries. This study aimed to evaluate the safety and efficacy of MUS surgery in patients with SUI in terms of postoperative complications and subjective cure and overall surgical success rate.

Material

This was a retrospective observational study of 345 women who underwent TVT, TOT, and TVT-O for stress urinary incontinence at the Aga Khan University Hospital Karachi, Pakistan from January 2009 to December 2019. A structured Performa was designed to collect information from hospital medical records. Our hospital is a JCIA-accredited institute and there is a meticulous computerized medical records-keeping system to maintain patient information. The main outcomes were the safety and efficacy of MUS, assessed as overall surgical success and subjective cure rate. The secondary outcome was an improvement in quality of life (QoL) assessed by using incontinence impact questionnaire-7 – short form (IIQ-7) and urogenital distress inventory-6 – short form (UDI-6).

Statistical analysis was performed by analyzing data in IBM-SPSS version.19 for Windows (IBM Corp, Armonk, NY, USA). For continuous variables, mean and standard deviation (SD) or median and interquartile range were computed, while frequency and percentages were computed for categorical variables. For inferential statistics, Mc Nemar, paired-t, and Wilcoxon rank tests were calculated. Logistic regression analysis was performed to find factors associated with failed treatment at 30 months. Statistical significance was taken as $p = 0.05$.

Results

At 12- and 30-months follow-up, the Objective cure of MUS was 94.2% and 93.6%, and the overall success rate was 97.7% and 96.5% respectively. The QoL/ the mean satisfaction score assessed by using UDI-6 and IIQ-7 at 12 months and 30 months was significantly improved after surgery ($p < 0.01$). The mesh-related complications at postoperative one, 12, and 30 months were 3.4%, 2.6%, and 1.1 %. In univariate analysis, age, BMI, and menopausal women were significantly associated with objective failure ($p < 0.05$), while BMI was the only factor associated with objective failure, and transobturator MUS and pelvic organ prolapse were the factors associated with overall surgical failure of the MUS at 30 months postoperative period in multivariate analysis.

The mid-urethral sling surgery is a safe and effective procedure for the treatment of stress urinary incontinence and is associated with a low frequency of mesh-related complications at 10 years follow-up. On multivariate analysis, BMI was associated with objective failure while the retropubic route of MUS and pelvic organ prolapse were associated with overall surgical failure of the MUS.

8) Concurrent surgery for prolapse repair and stress urinary incontinence: Pilot observational study

Sheema Yousuf (second fellowship resident urogynaecology Shalamar Hospital, Lahore)

Background

Urinary incontinence (UI) often coexists with pelvic organ prolapse (POP) and there is insufficient evidence that concomitant vaginal POP repair and anti-incontinence surgery is beneficial for reducing postoperative SUI or not.

Material

Study was conducted in Department of Urogynaecology Shalamar Hospital, Lahore Ist February 2024 till 31 October 2024. A total of 17 female patients presenting with pelvic organ prolapse and stress urinary incontinence and scheduled for surgery were included in the study. Primary outcome was absence of stress urinary incontinence (SUI) 06 months. Objective cure was defined as a negative cough stress test at 6 months.

All data was analysed using SPSS version 21. Continuous variables were presented as mean \pm SD. Categorical variables were presented as frequencies and percentages. A p value <0.05 was considered significant.

Results

A total of 09 (52%) patients underwent anterior vaginal repair and 08(47%) patients underwent prolapse repair with anti-incontinence surgery. Women assigned to the combined surgery group more frequently reported absence of SUI at 06 months compared with the prolapse surgery only group: absence of SUI 75% versus 33%.

Two women (25%) in the combined group received additional treatment for SUI (all physiotherapy) versus 06 women (66%) in the control group (all physiotherapy).

Women with POP and co-existing SUI are less likely to have urinary incontinence after combined surgery compared with prolapse repair only and are less likely to undergo additional treatment for SUI.

9) Outcome of Sacrocolpopexy and predictors of anatomical failure

Ruqia Sultana (Professor Gynae Obs Ayub medical college Abbottabad)

Background

Vault prolapse profoundly affect the woman daily life usually presented with pressure symptoms and diagnosed on the pelvic exam. And with prevalence rate of vault prolapse is around 40% globally. The treatment is surgical but surgical management is associated with risk of recurrence but unfortunately the literature lack the evidence predictors and risk factors of its occurrence and recurrence after the surgery this study aims to identify the risk factors in sacrocolpopexy leading to its failure. Literature shows the failure rate of around 15% associated with factors like patient characteristics like BMI, past pelvic surgery, chronic cough constipation and iatrogenic factors like type of approach of surgery, type of mesh used.

Material

Study design retrospective cross sectional study

Study setting Urogynaecological Department Ayub Teaching Hospital Abbottabad

Duration of study 3 years (1 June 2021 to 30 June 2024)

Sampling technique non probability consecutive sampling (all the patients presenting with vault prolapse)

Sample size 27 patients

Results

Total 30 patients were included in the study in which 11 underwent abdominal hysterectomy and 16 underwent vaginal hysterectomy and 3 (11.11 %) patients came back with recurrence one was with rejection of mesh material and 2 with continuous vaginal discharge secondary to vaginitis

Sacrocolpopexy is an effective procedure for vault prolapse provided the surgeon has expertise and patient selection is appropriate the rejection is dependent on the comorbidities as well as the health of the collagen tissue of the patient

10) Outcome of laparoscopic Sacrocolpopexy in patients with vault prolapse and urinary symptoms

Arooba Rahim (Akhtar Saeed Teaching Hospital, Lahore)

Background

Vault prolapse is a common issue post-hysterectomy, leading to symptoms such as pelvic discomfort, vaginal bulging, and urinary incontinence, all of which can significantly impact patients quality of life. Laparoscopic sacrocolpopexy is a minimally invasive procedure designed to restore support to the vaginal vault and alleviate associated symptoms, offering patients a less invasive alternative to open surgery. However, data on outcomes in small case series remains limited.

Material

A retrospective case series of six patients with symptomatic vault prolapse and urinary complaints who underwent laparoscopic sacrocolpopexy was analyzed. Operative time, hospital stay, postoperative complications, and follow-up data were collected. The main outcome measures included anatomical success, urinary symptom improvement, and postoperative complications. The presentation will also include a comprehensive video demonstration of an actual procedure performed on a patient by the presenter herself.

Results

All six patients achieved successful anatomical correction and significant improvement in urinary symptoms postoperatively. The mean operative time was 2 hours, and the average hospital stay was one day. Postoperative complications were minimal, with no major intraoperative events or mesh erosions observed during follow-up.

This case series suggests that laparoscopic sacrocolpopexy is an effective and safe procedure for managing vault prolapse with urinary symptoms, providing successful anatomical correction and symptomatic improvement. The procedure's minimally invasive nature and low complication rate highlight its potential as a preferred option.

11) Abdominal suspension operation for utero-vaginal prolapse using autologous fascial sling of rectus sheath

Amna Aziz (Medical Ghazi Medical College DG Khan)

Background

One of the most frequent concerns among women, who visit outpatient gynecology clinics, particularly in developing nations, is uterovaginal prolapse.) Surgery for pelvic organ prolapse (POP) is a growing expertise. Over the past 30 years, the conventional understanding addressing the best surgical repair has evolved, going from native tissue restoration to grafts, to synthetic materials, and back again.

Material

Prospective single-arm interventional study was performed of total of 50 patients with uterovaginal prolapse. Study was conducted simultaneously in two centers for the period of one year from 1.08.2023 to 1.08. 2024. Modified purandare technique was used by using autologous rectus fascial sling for prolapse.

Results

Mean age of the participants was 27.9 ± 11.5 . 46(92%) women had 2nd degree uterovaginal prolapse and 4(8%) women had 1st degree prolapse. Mean operative time was less than one hour in 46(92%) and more than one hour in 4(8%) of patients. 16(32%) women stayed in hospital for 1-2 days after the surgery and 34(68%) women stayed for 3-4 days in the hospital.

Surgical outcome was measured post operatively one year after surgery in terms of PFDI-20 (pelvic floor disability index). 92% women reported no symptoms post procedure. Mean PFDI-20 score after surgery was 11.6 ± 5.61 . 46(92%) patients.? Mean PDI-20 score was calculated. It was 43.4 ± 9.4 .

Surgical outcome was measured post operatively one year after surgery in terms of PFDI-20 (pelvic floor disability index). 92% women reported no symptoms post procedure. Mean PFDI-20 score after surgery was 11.6 ± 5.61 . 46(92%) patients.? Mean PDI-20 score was calculated. It was 43.4 ± 9.4 .

Patients had substantial improvements in their symptoms after surgery. Outcome after surgery in terms of mean PFDI-20 (Pelvic floor disability index) was found to be significantly associated with mean age (p value =0.05).

Patients had substantial improvements in their symptoms after surgery. Outcome after surgery in terms of mean PFDI-20 (Pelvic floor disability index) was found to be significantly associated with mean age (p value =0.05).

It is an easy and effective procedure and less time consuming and less blood loss, which does not hamper fertility but it need to be evaluated further for long term results and future studies to be done on this procedure.

12) Build-A-Pelvis, a Low-Cost Modeling Activity to Improve Understanding of Female Pelvic and Perineal Anatomy

Novera Chughtai (OBGYN AKUH)

Objective

The present study aimed to assess the improvement in residents' understanding of female pelvic and perineal anatomy by comparing standard teaching strategies using lectures to a simulation-based anatomy workshop using a low-cost model.

Methods

A retrospective observational study was conducted at the department of Obstetrics and gynecology, Aga Khan Hospital. A hands-on workshop was developed for the residents to improve residents' comprehension of the anatomy of the Female pelvic and perineum. All participants attended 2 one-hour lectures: one on pelvic anatomy and the second on perineal anatomy. We administered a 20-point written examination to evaluate baseline knowledge of pelvic and perineal anatomy. A pretest was conducted before the lectures and after standard teaching and provision of reading material. Pre-workshop reading material was provided to all residents. An intermediate test was taken (which acted as a post-test after the lecture series and a pre-test before the hands-on workshop). One-week post lectures, a 3-hour session was conducted to build a pelvis using simple office supplies designed to teach pelvic floor and perineal anatomy. Post-test was conducted at the end of the workshop. Test scores were compared.

Results

A total of 22 participants were enrolled in the study. A mean pre-test score of 7.14 ± 2.34 was calculated. The mean score increased to 10.68 ± 2.1 after the standard lecture while to 14.77 ± 1.88 after the hands-on workshop. These differences in the pre-, post-lecture, and post-hands-on workshop were statistically significant ($p < 0.0001$). The mean test score after the standard lecture and after the hands-on workshop was also significantly different ($\Delta = 4.09 \pm 2.89$; $p < 0.0001$). The mean feedback score for the overall assessment from the residents was 4.9 ± 0.32 out of a total of 5.

Conclusion

This study offers more evidence that less expensive instructional strategies can be just as effective as more costly technical ones.

13) A case series on Hematocolpos presentation and management at Agha Khan University Hospital

Durriya Rehmani (OBGYN Aga Khan University Hospital)

Background

Obstructive anomalies of the gynecologic tract may involve the uterus, vagina, cervix, and hymen. Depending on the location of the obstruction, individuals might exhibit cyclic pain alongside primary amenorrhea or experience severe dysmenorrhea in menstruating females. The initial clinical presentation, treatment approach, and reproductive results can vary depending on the specific type of obstructive anomaly present.

Material

OBJECTIVE:

To evaluate the different management strategies employed in treating hematocolpos and their outcomes.

METHOD:

It is a case series of 10 patients presented to us with hematocolpos in last 5 years in the pediatrics adolescent and gynecological clinic. Our study included all the patients coming in the last 5 years from January 2019 to December 2023 with hematocolpos and/ or hematometra. Patients with absent uteri like MRKH and XY females were not included in our study.

Results

Out of total 10 patients in last 5 years, most of them were due to vaginal septum including OHVIRA, transverse vaginal septum and vaginal atresia. Their management including the surgeries will be discussed in the session.

Primary Dysmenorrhea should never be ignored. Imaging plays a very important role in management plans. Surgery is the mainstay of treatment.

14) Comparative outcomes of modified Davydov's and modified McIndoe vaginoplasty technique in MRKH patients: A focus on surgical success and female sexual function index

Shakila Yasmin (Gynae unit 2 Quaid-e-Azam Medical College/Bahawalpur Victoria Hospital Bahawalpur)

Background

Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a congenital condition characterized by the absence of the uterus and vagina, affecting approximately 1 in 4,000 female births. This syndrome poses significant challenges to affected individuals, including physical, psychological, and social implications. Vaginoplasty is crucial for improving sexual function, peace of mind, and overall quality of life in these patients.

Among the various surgical techniques, Modified Davydov's Vaginoplasty and McIndoe Vaginoplasty are most commonly utilized. In Modified McIndoe Vaginoplasty neovagina was created by blunt dissection in rectovaginal space followed by insertion of the hard mould that was covered with interseed (sofra tulle) and placed in the neovagina. Modified Davydov's approach involved preserving the uterine buds, utilizing the peritoneal folds (anterior and posterior), mobilizing them along the neovagina and stitching them to the introitus. Through a detailed comparative study of Modified Davydov's and Modified McIndoe vaginoplasty, this research aims to provide valuable insights into optimizing surgical techniques and improving patient's sexual satisfaction

Material

Methodology; it was a Prospective comparative study done at Bahawal Victoria Hospital Bahawalpur from January 2021 till December 2023. Diagnosed MRKH patients were included. twenty patients were assigned to the Modified McIndoe group and 20 to the Modified Davydov group.

Data was collected on patient demographics, surgical outcomes and female sexual function index (FSFI) till six months postoperatively.

Results

Though the Modified Davydov's vaginoplasty had longer operative time and a longer stay but had better anatomical outcomes. The results showed significant improvement in Female Sexual Function index (Lubrication, Orgasm, Satisfaction) and reduction of dyspareunia in favour of modified Davydov's vaginoplasty.

Conclusion

These findings suggested that modified Davydov's vaginoplasty resulted in superior anatomical outcome, lesser complications and improvement in female sexual function index than modified McIndoe Vaginoplasty.

15) Vaginoplasty using amnion graft

Nudrat Sohail (LGH)

Background

Congenital vaginal agenesis is commonly associated with Meyer Rokitansky Kustner Hauser syndrome. It is estimated to present 1 in 4000 patients. The only treatment is surgical creation of a new vagina. The simple creation of a vaginal is associated with subsequent tissue retraction and vaginal stenosis, therefore the neo vaginal needs to be lined with a graft to keep it patent. Different materials are used including skin, muscle, peritoneum and sigmoid colon. Amnion graft is the simplest to apply and cost effective. This paper presents a series of patients who were managed using amnion as graft.

Material

Objective: To evaluate the outcome of vaginoplasty using amnion graft in terms of vaginal length and patency

Duration of study: January 2016 to September 2024

Methodology:

A total of 20 cases presented with congenital absence of vagina were included in the study. Detailed evaluation of the patients were carried out. The plan of management was discussed with every patient and family, in detail. Amnion as a graft with its advantages and limitations was explained. On the day of the surgery, amnion was obtained from placenta delivered from caesarean section. The amnion membrane was prepared. New vagina was created and amnion graft was placed on the mould and placed in the vagina. The mould was kept in the vagina for 5 to 7 days; mould was removed on seventh day. Patients were explained to apply another mould at daily at home. All patients were followed regularly.

Results

All 20 cases were successfully treated.

Conclusion

Amnion graft is simple, easy to obtain and provide good coverage.

16) Sexual dysfunction in women with urogynaecological problems

Shabeen Naz Masood (Obs and gynae Iqra medical university)

Background

Female sexual dysfunction (FSD) with chronic diseases like diabetes has received little attention globally. The aim of this study is to assess the frequency of sexual dysfunction in women with diabetes; an aspect of female health that has not been explored in our population.

Material

This cross-sectional observational study using a non-probability convenient purposive sampling technique was carried out at three health facilities in Karachi, for the duration of one year. A hundred women with diabetes who consented to participate in the study were included. Pregnant women, divorced, widowed and unmarried females were excluded. A modified female sexual function index (FSFI) was used to gather information.

Results

Out of 100 women, 88 women with diabetes completed the interviewer based modified FSFI survey questionnaire. Among 88 women, 38 (43.2%) reported having sexual dysfunction (SD) while 50 (56.8%) were found to have no significant sexual issues. Partner's age and occupation were significantly associated with FSD. All parameters of modified FSFI i.e. sexual desire, arousal, lubrication, orgasm and dyspareunia were significantly associated ($p < 0.001$) with diabetes.

Women with diabetes are at increased risk of SD and often do not volunteer information about their sexual issues. The most common cause of SD was dyspareunia followed by lubrication, orgasm, lack of sexual arousal and sexual desire.

The healthcare providers should be aware to initiate and facilitate the discussion and need to develop their own comfort to talk about sexual issues.

17) Comparative analysis of changes in bone mineral density and climacteric symptoms in postmenopausal women with and without pelvic organ prolapse

Kashaf Qayyum (Obstetrics and gynaecology (MCH unit 1) Pakistan institute of Medical sciences (PIMS)

Background

The development and occurrence of menopause, which is the permanent discontinuation of menstruation, is an important stage in the woman's life and can be linked to different pathologies, for example, pelvic organ prolapse (POP), osteoporosis, and the climacteric symptoms. Given that the aging population is on the rise all over the world, these conditions are a major concern in public health. Even though there are an abundant number of studies conducted for various specific conditions, there is still a lack of research that would analyze the interactions between POP, BMD (Bone mineral density) variation, and climacteric symptoms with post menopause.

Material

A cross-sectional comparative study was conducted at MCH Unit 1 PIMS with 367 postmenopausal women 41-70 years of age with and without POP. Demographic and medical data were obtained from BMD analysis and a questionnaire developed from the Greene Climacteric Scale. Patients with premature ovarian failure or other co-morbid conditions were also not included in the study. Prolapse, changes in BMD, vasomotor status, and psychological manifestations were evaluated in the study.

Results

Out of 187 women with POP, 45% had osteoporosis, 25% had osteopenia, and 87% complained of psychosexual symptoms and the remaining 10% had no association between BMD changes and proplapse. Conversely, significant alteration of BMD was seen only in 20% of the women who did not have POP and 38% of them complained of psychosexual symptoms. Self-rated climacteric symptoms were less severe in women who did not have prolapse.

Altogether, the results point to the existence of a significant correlation between POP with BMD alterations and climacteric manifestations. POP is potentially dangerous for increasing the possibility of osteoporosis as well as the signs related to it, so it is critical to monitor BMD in each postmenopausal lady. The enhancement of risk factors in young women could help to optimize post-menopausal management and reduce the frequency of associated conditions.

Poster Presentations

1) Mullerian abnormalities, variations in MRKH presentation with normal karyotyping: A case series

Maria

Background

Mullerian duct anomalies are congenital disorders affecting the female reproductive system. Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a rare condition characterized by vaginal and uterine agenesis. While typically associated with chromosomal abnormalities, MRKH syndrome can also present with normal karyotyping.

Material

A retrospective review of medical records identified two patients with MRKH syndrome and normal karyotyping (46,XX). Patients underwent comprehensive evaluation, including pelvic examination, imaging studies (ultrasound, MRI), and karyotyping.

Results

Our case series demonstrates variability in MRKH syndrome presentation, including differences in vaginal and uterine anatomy, renal anomalies, and associated symptoms. All patients had normal karyotyping, and none had a family history of MRKH syndrome. Clinical management involved individualized treatment plans, including vaginal dilation, hormone replacement therapy, and psychological support.

This case series highlights the complexity and variability of MRKH syndrome presentation, even in patients with normal karyotyping. A multidisciplinary approach to diagnosis and management is essential for optimizing patient outcomes. Further research is needed to elucidate the underlying causes of MRKH syndrome and to develop evidence-based guidelines for clinical management.

2) Urdu translation and validation of the international consultation on incontinence questionnaire Female sexual matters associated with lower urinary tract symptoms module (ICIQ-FLUTSsex)

Anum Malik (OBGYN AKU)

Background

People all over the world suffer from urinary incontinence (UI), but women are more likely to experience it because of things like childbirth, menopause, and obesity. Female sexual dysfunction (FSD) frequently coexists with UI, which has a detrimental effect on female sexual function and frequently results in decreased desire, satisfaction, and emotional difficulties. While the ICIQ-FLUTS measures urine symptoms and the FSFI evaluates women's sexual function, there isn't an Urdu-validated test for UI-related sexual challenges.

Material

In a cross-sectional study conducted at Aga Khan University Hospital, Karachi, 64 sexually active women with UI were recruited through convenience sampling. The study involved translating the ICIQ-FLUTSsex into Urdu and evaluating its psychometric properties. Data were collected using sociodemographic and clinical questionnaires, ICIQ-UI SF, and the adapted Urdu ICIQ-FLUTSsex. Test-retest reliability was measured over two weeks.

Results

Participants' average age was 42.93 ± 8.645 years, with most being multiparous (81%) and having had spontaneous vaginal deliveries (67%). UI types included urgency (27.6%), stress (32.8%), and mixed (39.7%). The ICIQ-FLUTSsex demonstrated acceptable internal consistency (Cronbach's alpha = 0.667) and high test-retest reliability (ICC = 0.998). The content validity index of 1 was calculated. Concurrent validity showed a weak correlation (0.253) between ICIQ-FLUTSsex and ICIQ-UI scores.

The Urdu version of ICIQ-FLUTSsex showed excellent reliability and content validity, satisfactory internal consistency, have acceptable psychometric properties and can be applied as a clinical assessment tool and for purposes of research to evaluate sexual problems associated with UI in Pakistan.

3) OHVIRA: A case series on clinical presentation and management at a tertiary care hospital

Durriya Rehmani (OBGYN Aga Khan University Hospital)

Background

Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) is a congenital condition characterized by the presence of a vaginal obstruction on one side (hemivagina) along with a renal anomaly on the same side. Many patients may present with symptoms such as pelvic pain, abnormal menstruation, or a mass due to hematocolpos. Diagnosis often involves imaging studies to assess the anatomy of the reproductive and urinary systems.

Objective

This case series aims to analyze the clinical presentation, diagnostic approaches, and management outcomes of patients diagnosed with Obstructed Hemivagina and Ipsilateral Renal Anomaly (OHVIRA) syndrome.

Material

A retrospective review was conducted on patients diagnosed with OHVIRA at our institution over a five-year period. Clinical data, imaging studies, surgical interventions, and follow-up outcomes were assessed. Key features such as age at presentation, symptoms, diagnostic modalities, treatment strategies, and complications were documented.

Results

Results will be discussed in detail during the conference. Total of 5 patients presented with OHVIRA in last 5 years. Their clinical presentations, diagnosis and management options are discussed in the case series in detail, highlighting the importance of imaging in patients with severe dysmenorrhea. The data underscore the importance of a comprehensive evaluation to guide appropriate management strategies.

OHVIRA syndrome is a rare but significant condition that necessitates a multidisciplinary approach for diagnosis and management. Early identification and appropriate surgical intervention can lead to favourable outcomes, underscoring the importance of awareness among healthcare providers regarding this syndrome.

4) **Comparative analysis: Pelvic floor health awareness, perspectives and habits in rural and urban Pakistani women of reproductive age**

Ayesha Ismail (Ayub Teaching Hospital)

Background

Pelvic floor health is integral to women's well-being and influences various aspects of reproductive and sexual health. There is limited research on awareness, perspectives, and practices of Pakistani women regarding pelvic floor muscle training (PFMT), particularly in rural and urban areas.

Objectives

To compare awareness, perspectives, and practices of pelvic floor health and PFMT between rural and urban Pakistani women, and identify factors influencing these differences

Material

A cross-sectional comparative study was conducted in Rural Health Centre, Kangra, District Haripur and Ayub Teaching Hospital Abbottabad, Khyber Pakhtunkhwa among 317 women (158 rural, 159 urban) of reproductive age. Structured questionnaires were used to gather data on education level, pregnancy status, job status, number of children, and awareness of PFMT. Descriptive and comparative analyses were performed to identify key differences between two groups.

Results

Urban women showed higher levels of vocational education (44.94%) than rural (7.59%). Urban women were more aware of the benefits of pelvic exercises on uterine and sexual health, with 108 engaging in pelvic exercises, compared to only 10 rural women. Rural women expressed stronger reliance on oral medicine and less likely to believe in efficacy of exercise. However, rural women recognized positive impact of pelvic exercises on overall health.

Study highlights significant disparities in pelvic floor health knowledge and practices between rural and urban women. Targeted educational programs and increased access to healthcare services are necessary to improve PFMT awareness and practice, especially in rural areas, to enhance pelvic floor health outcomes in Pakistan.

5) OHVIRA syndrome with uterus Didelphys and Hematocolpos: A rare case report

Javairia Asghar (Gynae CMH Malir Karachi)

Background

OHVIRA (Obstructed Hemivagina and Ipsilateral Renal Anomaly) Syndrome is a rare congenital disorder involving uterus didelphys, an obstructed hemivagina, and renal anomalies like renal agenesis. The condition is often misdiagnosed due to its overlapping symptoms with other gynecological or gastrointestinal issues, typically presenting as cyclic pelvic pain or menstrual irregularities. Early identification is vital to avoid complications such as chronic pain or infections.

Objective is to present the case of a 15-year-old female diagnosed with OHVIRA Syndrome and highlight the importance of proper knowledge, early diagnosis and intervention to prevent potential complications.

Material and Methods

The case involves a teenage patient who presented to CMH Malir with severe lower abdominal pain, shortly after her menarche. Ultrasound and further imaging were used to establish the diagnosis.

An ultrasound revealed renal agenesis and hematocolpos due to obstruction in one hemivagina. The diagnosis of OHVIRA Syndrome was confirmed through detailed imaging, which showed uterus didelphys with a vaginal septum. Surgical intervention involved an incision in the vaginal septum, allowing drainage of 600 ml of retained blood.

Results

The patient experienced immediate relief post-surgery. Subsequent follow-up examinations showed normal menstrual flow from both uterine cavities, with no recurrence of hematocolpos or other complications.

OHVIRA Syndrome, though rare, should be considered in adolescent patients with unexplained pelvic pain or menstrual irregularities. Early diagnosis through imaging and prompt surgical intervention are key to preventing long-term complications, ensuring normal reproductive health and overall well-being.

6) Outcome of the patients with urogenital fistula repair at fistula center of Ayub Teaching Hospital

Wajeeha Khurshid (Ayub Teaching Hospital)

Background

Urogenital fistula is an abnormal communication between the urinary and genital systems, commonly resulting from childbirth complications or surgical interventions. In low-income and middle-income countries, these fistulas are predominantly obstetric in origin, while iatrogenic causes, particularly related to cesarean sections and other gynecologic surgeries, are increasing. Urogenital fistulas lead to severe physical, psychological, and social issues, especially in developing countries where they contribute to stigmatization.

Objectives

This study aimed to measure the prevalence of urogenital fistula cases to assess clinical and diagnostic approaches and identify therapeutic interventions and their outcomes.

Material

This cross-sectional study was conducted at the Department of Obstetrics and Gynecology at Ayub Teaching Hospital, Abbottabad, Pakistan. All women with urogenital fistula who underwent surgical intervention were included. Patient records were reviewed for demographic details, clinical symptoms, diagnostic methods, surgical approaches, complications, and postoperative outcomes. Success was defined as complete resolution of urine leakage and reliable closure of the fistula for at least three months.

Results

The study included patients with urogenital fistula. The most common causes were iatrogenic, with cesarean section being the leading contributor. Vesicovaginal fistula was the most prevalent type. Surgical repair, predominantly transvaginal or transabdominal, with postoperative complications like infections observed in most cases.

Urogenital fistula, primarily iatrogenic in origin, remains a significant health issue. Surgical repair, although effective, requires continued monitoring for complications. Further awareness and intervention strategies are essential to address this neglected condition in developing countries.

7) Detrusor overactivity with detrusor underactivity (DO-DU); A case study and comprehensive literature review

Anum Malik (OBGYN AKU)

Background

Detrusor Overactivity with Detrusor underactivity (DO-DU) defined as Urodynamic Detrusor Overactivity on filling cystometry in combination with urodynamic Detrusor underactivity on pressure-flow studies. Resnick and Yalla were the first to describe this urodynamic diagnosis, initially referring to it as "detrusor hyperactivity with impaired contractile function. In clinical practice, symptoms of DOIC are quite common, particularly among elderly patients.

Material

We present 2 cases of detrusor overactivity with detrusor underactivity, a case of 83 years old woman, P10 known Diabetic, hypertensive presented with storage and voiding lower urinary tract symptoms with history of recurrent UTI. Her ultrasound bladder showed increased post-void residual. She underwent urodynamic studies which showed Detrusor Overactivity with Detrusor underactivity. She was advised behavioral therapies, bladder training, timed voiding, double voiding, referral for Pelvic floor physiotherapy and detailed neurology assessment, mirabegron, tamsulosin, and was taught clean intermittent catheterization. Patient was lost to follow up. Other patient 65 years old diabetic lady with status post op vaginal hysterectomy and anterior posterior repair with stage 2 vault prolapse along with storage and voiding LUTS. She underwent urodynamics which showed DODU, she was advised sacrospinous fixation and reassessment of lower urinary tract symptoms postoperatively

Results

The complicated disorder known as Detrusor Overactivity with Detrusor Underactivity (DO-DU), mainly affects the elderly Achieving satisfactory treatment outcomes is often challenging due to the diseases complexity and the diverse nature of the patients affected. Treatment options range from medicines and behavioural therapies to more sophisticated techniques such sacral neuromodulation and intravesical onabotulinumtoxin A.

8) Urethral fibroid: A case study and comprehensive literature review

Anum Malik (OBGYN AKU)

Background

A Leiomyoma is a non-cancerous growth composed of smooth muscle cells. Urethral and paraurethral fibroids are uncommon benign tumors that develop from the smooth muscle around the female urethra they are frequently reported in women of reproductive age. The higher incidence in women aged 40-44 compared to younger and older women suggests that these tumors may be estrogen-dependent.

Material

We present a case of urethral leiomyoma in a 36-year-old nulliparous presented with chief complaints of lower urinary tract symptoms and severe dysuria. She underwent a clinical examination which revealed a soft polypoidal mass protruding from the urethral meatus, a transvaginal scan, and an MRI. MRI showed a solid well-defined lobulated dumbbell-shaped avidly enhancing lesion identified anterior to the urethra. The findings raise the differential of urethral adenoma /Leiomyoma. The patient underwent cystoscopy, laparotomy, and removal of urethral mass. About 5cm firm mass was seen on the anterolateral aspect of the vesical neck. That mass was removed from the vesical neck and a breach in the urethra was sutured. Histopathological examination confirmed urethral leiomyoma. The patient was followed for 1 year with no complications and complete resolution of symptoms.

Results

Urethral leiomyomas, though rare, require careful diagnosis and treatment due to their potential to cause significant urinary and sexual symptoms. Surgical excision is the standard treatment, with the approach tailored to the tumors location and size. Accurate preoperative imaging and thorough surgical planning are critical to minimizing complications and recurrence. Postoperative outcomes are generally favorable with low recurrence rates when excision is complete

9) Sertoli Leydig cell tumour in a patient with ambiguous genitalia and congenital adrenal hyperplasia

Maria (Gynecology and Obstetrics Shifa College of Medicine)

Background

Hyperandrogenism, characterized by elevated levels of male hormones such as testosterone, presents various clinical manifestations including secondary amenorrhea, hirsutism, and clitoromegaly. While often associated with polycystic ovarian syndrome, other differentials such as Sertoli-Leydig cell tumors and Congenital Adrenal Hyperplasia (CAH) are critical to consider. These conditions can manifest at different life stages and are seldom seen together.

Material

A 16-year-old female presented with irregular menstrual cycles and secondary amenorrhoea, alongside symptoms of hyperandrogenism such as voice deepening and hirsutism. Diagnostic procedures included physical examinations, ultrasound imaging, and hormone level assessments. A detailed ultrasound revealed a large right-sided ovarian mass, and biopsies confirmed a Sertoli-Leydig cell tumor. Surgical intervention involved the excision of the mass, with subsequent histopathological examination. The patient underwent three cycles of chemotherapy and was scheduled for reconstructive surgery.

Results

Ultrasound dimensions of the ovarian mass were 7.2 x 13.4 x 16 cm, with the post-surgical tumor measuring 18 x 17 cm. Laboratory findings included testosterone levels above 200 ng/ml, and elevated alpha-fetoprotein levels. The histopathological report confirmed a poorly differentiated Sertoli-Leydig cell tumor (FIGO stage 1a). Post-treatment follow-up showed a marked reduction in androgen levels and stabilization of the patients menstrual cycle.

The coexistence of CAH and a Sertoli-Leydig cell tumor presents unique diagnostic and therapeutic challenges. This case emphasizes the importance of a thorough evaluation and a multidisciplinary approach in the management of complex hyperandrogenic states to achieve optimal clinical outcomes.

10) Overcoming vaginismus

Prof Dr Nusrat Javaid Awan(GYN/OBS Niazi Medical & Dental college, Sargodha)

Background

A debilitating condition characterized by involuntary muscle spasms and pain during vaginal penetration, affects millions of women worldwide.

Material

This was a prospective observational study conducted at national Gynae hospital Sargodha.16 patients age: 18-30 with diagnosed vaginismus.

Study design: Randomized controlled trial.

Procedure: Participants underwent by sedal block by anaesthetist and one night hospital stay

Ethics: The study was approved by the Institutional review board and all participants provided inform consent

Results

Almost 96% patients Satisfaction is 100%

Successful Technique but still need more Research In this field

11) Mesh or no mesh in urogynae? Are we in a mess

Saeeda Bano

Background

The use of mesh in urogynecology, particularly in the treatment of pelvic organ prolapse (POP) and stress urinary incontinence (SUI), has been a subject of intense debate in recent years. This review critically examines the current evidence regarding the use of mesh versus non-mesh surgical techniques in urogynecology, aiming to assess whether the benefits outweigh the associated risks.

The introduction of synthetic mesh in pelvic reconstructive surgery was initially hailed as a revolutionary advancement, offering improved anatomical support and lower recurrence rates. However, reports of severe complications, including mesh erosion, chronic pain, infection, and dyspareunia, have raised significant concerns. Regulatory bodies worldwide, including the FDA, have issued warnings and recommendations regarding the use of mesh, leading to its restriction or ban in some countries.

Material

Methodology: This review synthesizes findings from clinical trials, cohort studies, and meta-analyses comparing mesh and non-mesh techniques. It also explores patient outcomes, surgeon expertise, and the long-term implications of mesh use.

Results

The evidence presents a complex picture. While mesh procedures have demonstrated superior short-term outcomes in some cases, the risk of adverse events, particularly in vaginal mesh repairs, is substantial. Conversely, non-mesh procedures, though associated with higher recurrence rates, generally carry a lower risk of severe complications.

Discussion

The decision to use mesh should be individualized, taking into account patient-specific factors, the severity of prolapse or incontinence, and the surgeons experience. The ongoing debate highlights the need for improved patient counseling, informed consent, and the development of safer, more effective surgical materials.

Conclusion

The use of mesh in urogynecology remains a complex and controversial topic. While it can provide significant benefits for some patients, the risks associated with mesh use cannot be ignored. Healthcare providers must carefully weigh the potential advantages and disadvantages of mesh before recommending it to patients. Further research is needed to better understand the long-term outcomes of mesh use and to develop safer and more effective alternatives. The question of whether we are in a "mesh" is nuanced, requiring a balanced approach to both mesh and non-mesh interventions.

12) Comparison of mirabegron and Solifenacin versus Mirabegron alone for management of overactive bladder in women

Mubasher Saeed Pansota (Obstetrics & Gynaecology Civil Hospital Bahawalpur)

Background

Until now, the problem of treatment for OAB still remains challenging. Thus, the introduction of totally new drug mirabegron, which is a beta 3-adrenoreceptor agonist, has turned out to be much in demand among specialists engaged in OAB. In clinical practice, most OAB patients are initiated on an antimuscarinic, which is escalated to a higher dose or switched to an alternative antimuscarinic or the beta 3-adrenoceptor agonist, mirabegron.

Material

A total of 480 women having overactive bladder, 20 to 50 years of age were included. Patients with UTI, pregnancy, bladder stone, pelvic malignancy, spinal injury, multiple sclerosis, parkinson disease, diabetic neuropathy were excluded. Patients in group A took mirabegron 25mg + solifenacin 5 mg once daily for 12 weeks and in group B, patients took mirabegron 25 mg once daily for 12 weeks. Urinary incontinence was assessed at baseline and after 12 weeks of treatment on the base of history. OABS score at baseline and after 12 weeks of treatment. Patients were followed for 12 weeks by taking patient's contact number. Efficacy was assessed as per operational definition after 12 weeks of treatment.

Results

Mean OABS score at baseline and after 12 weeks in group A was 10.33 ± 3.12 and 4.43 ± 1.32 and in group B was 10.13 ± 2.98 and 6.87 ± 2.76 respectively. Efficacy of Group A (combination of mirabegron and solifenacin) was seen in 143 (59.58%) patients while in Group B (mirabegron alone) was seen in 117 (48.75%) patients with p-value of 0.017. This study concluded that combination of mirabegron and solifenacin is better than the mirabegron alone for management of overactive bladder in women.

13) Refractory overactive bladder responding to Botox

Saeeda Bano

Background

Non-drug therapies for overactive bladder (OAB) provide alternatives for patients whose symptoms do not improve with conservative or pharmacologic treatments. These therapies include botulinum neurotoxin type A (BoNT-A) injections, neuromodulation techniques, and, in extreme cases, surgical options.

Material

Botulinum Neurotoxin Type A (BoNT-A): This neurotoxin, derived from *Clostridium botulinum*, blocks acetylcholine release at the neuromuscular junction, reducing detrusor muscle contractions in the bladder. Injected cystoscopically into multiple sites of the detrusor muscle, BoNT-A helps control OAB symptoms for several months, although effects are temporary, and repeated treatments are often necessary. Clinical trials have shown significant improvements in bladder capacity and reductions in urgency and incontinence episodes, with around 50% of patients experiencing notable symptom relief. However, urinary retention that may necessitate self-catheterization is a common side effect, reported in about 7-20% of patients. BoNT-A is particularly effective for idiopathic OAB and for patients who cannot tolerate other therapies.

Results

Neuromodulation: Neuromodulation is another effective therapy for refractory OAB, working by stimulating nerves that control bladder function. There are two main approaches: percutaneous posterior tibial nerve stimulation (PTNS) and sacral nerve stimulation (SNS). PTNS is minimally invasive and involves placing a needle near the medial malleolus to stimulate the posterior tibial nerve, indirectly affecting the S3 spinal nerve root. PTNS studies report improvement rates around 50%, with some patients requiring maintenance treatments to sustain efficacy. Transcutaneous tibial nerve stimulation, a home-based version of PTNS using adhesive patches, can help maintain results over time.

SNS, meanwhile, involves implanting a pulse generator to stimulate the S3 nerve roots. The procedure consists of an initial trial phase, where a temporary lead is placed and connected to an external stimulator. Patients showing at least 50% symptom improvement after a week may proceed to the second stage, which involves permanent implantation. A systematic review reported SNS success rates between 29-76%, with up to 56% achieving full continence. Complications include pain at the implant site, infections, and lead migration, and while SNS effectiveness decreases over time, it remains a viable long-term option for many.

Practice Points: OAB significantly impacts patients' quality of life and poses socioeconomic burdens. A multidisciplinary approach to management, beginning with conservative measures and pharmacotherapy, is essential. Pharmacologic treatments often face high

discontinuation rates due to adverse effects. For those who fail these measures, BoNT-A and neuromodulation provide effective alternatives, with surgery considered only for the most severe cases.

14) Screening of thyroid dysfunction in peri and early post-menopausal women

Farrukh Naheed (Obstetrics & Gynaecology Baqai Medical University)

Background

In peri and early post menopausal women decline of estrogen directly affects on thyroid gland. The presence of climacteric symptoms usually hide the features of thyroidal dysfunction which make the women at risk for further Cardiometabolic complications and Osteoporosis.

Material

The data for thyroid screening in peri menopausal and early post menopausal women (>35 – 55 age) was collected from outpatient department of gynecological clinic through a designed proforma. Approx. 100 patients were screen out of which 50 peri menopausal (35 – 45 years) and 50 early post menopausal women (45 – 55 age) were screen for FT4 and TSH. The women who were previously diagnosed as hypothyroidism and hyperthyroidism were excluded from this study. The data was statistically analyzed through SPSS program.

Results

Among 50 peri menopausal women (35 – 45 age) 1 woman (i.e. 2%) were labeled as clinical hypothyroid where as 2 women were screened and resulted as (4%) sub clinical hypothyroidism. In case of early post menopausal women 2 women (i.e. 4%) were detected as clinical hypothyroidism where as 4 women (8%) were labeled as sub clinical hypothyroidism. Overall, only 1 patient (1%) detected as hyperthyroid of peri menopausal age.

Hypothyroidism and Menopause transition seem to go hand-in-hand, since both usually affect middle-aged women. This showed there might be a connection between decline of estrogen with thyroid activity, hence hypothyroidism is more prevalent than hyperthyroidism.

15) Case series of obstructive mullerian anomalies presented in MCHC, PIMS

Hira Naeem (MCHC Pakistan institute of Medical Sciences Islamabad)

Background

Müllerian duct anomalies (MDAs) result from the abnormal development or defective lateral or vertical fusion, or failure of resorption of mullerian ducts due to genetic mutation. The incidence rates vary widely but most authors report incidences of 0.1-3.5%.

Material

Objective of the study is to review the diverse clinical presentations and management options for some of the obstructive mullerian anomalies through a case series. Five cases of obstructive mullerian anomaly are reviewed. Cases of rudimentary horn with hematometra and cervical atresia, grade 4 endometriosis with a unique Mullerian duct anomaly, uterus didelphys with a vertical vaginal septum, a functional non-communicating rudimentary horn in a hemi uterus and Mayer–Rokitansky–Küster–Hauser syndrome cases are included. We found that cyclical abdominal pain with primary amenorrhea were the most common presenting complaints. Psychosocial counselling before management is important to address emotional aspects of the patient. Surgical management was done in all patients with good postoperative outcome.

Results

Five cases of obstructive mullerian anomaly are reviewed. Cases of rudimentary horn with hematometra and cervical atresia, grade 4 endometriosis with a unique Mullerian duct anomaly, uterus didelphys with a vertical vaginal septum, a functional non-communicating rudimentary horn in a hemi uterus and Mayer–Rokitansky–Küster–Hauser syndrome cases are included. We found that cyclical abdominal pain with primary amenorrhea were the most common presenting complaints. Psychosocial counselling before management is important to address emotional aspects of the patient. Surgical management was done in all patients with good postoperative outcome.

Obstructive mullerian anomalies need to be evaluated by a meticulous examination and systematic approach to imaging studies is essential to reach the correct diagnosis as early diagnosis in some cases prevents potential complications. The management plan has to be tailored to the specific case.

16) Effects of vitamin D supplementation on the severity of stress urinary incontinence in premenopausal women with vitamin D insufficiency

Sheema Yousuf Shalamar Hospital, Lahore

Background

With aging, pelvic floor muscle strength weakens which results in urinary incontinence. Pelvic floor muscle has vitamin D receptors therefore vitamin D insufficiency has shown a significant association with pelvic floor dysfunction. This study was conducted to determine the effect of vitamin D supplementation on stress urinary incontinence severity in vitamin D insufficient premenopausal women.

Material

It was a single blinded randomized controlled trial conducted in Department of Urogynecology, Shalamar Hospital, Lahore from 1st February 2024 till 30th September 2024 after ethical approval. A total of 86 women with age of 40-49 years with stress urinary incontinence (SUI) were included in the study. The participants were divided into two groups; group A (intervention group) and group B (placebo group), a total of 43 participants in each group. The ICIQ-SF score and vitamin D levels were checked at enrollment for both groups. The group A received vitamin D3 (cholecalciferol) 50,000IU tablets, once a week, for 08 weeks and control group was given placebo (isphagol husk capsules) weekly for 08 weeks. After 8 weeks vitamin D3 levels were checked again and standard ICIQ-SF was assessed at month 1, month 2, and month 3. Improvement of symptoms was assessed according to the change in severity (mild, moderate, severe or very severe). Data was analyzed using the Statistical Package of Social Sciences SPSS version 25.0. Quantitative variables like age, weight (kg), height (cm). BMI (kg/m²), serum levels of vitamin D (ng/ml) and standard ICIQ-SF score were presented as Mean \pm SD. T test was used to compare the ICIQ-SF score before and after intervention. Chi square was used to compare between two groups. A p-value of <0.05 was considered statistically significant.

Results

There was no significant difference in SUI severity between the intervention and control groups at enrollment (P = 0.7381). The impact of SUI severity on quality of life was also same in both groups at presentation (P = 0.6582). However, these scores decreased significantly in the intervention group relative to the control group (P = 0.0001) after 8-12 weeks of vitamin D intake. Moreover, the frequency of urinary incontinence and volume of leakage decreased significantly in the intervention group after 8-12 weeks of therapy (P= 0.00001).

Vitamin D supplementation improves SUI in vitamin D insufficient premenopausal women

Minimal Access Surgery

Oral Presentations

1) NOTES salpingectomy for ectopic pregnancy: Is the conventional laparoscopic approach outdated?

Wai Yoong Department of Obstetrics and Gynaecology, North Middlesex University Hospital, London, UK

Study objective: While the laparoscopic approach is the surgical treatment of choice for ectopic pregnancy, vNOTES is emerging as an alternative route with its good optical visibility and avoidance of abdominal incisions. The authors compare demographics and outcome data of vNOTES vs conventional laparoscopic salpingectomy for the surgical management of ectopic pregnancy.

Design: Prospective study

Setting: A London University hospital

Patients: Women with ectopic pregnancy unsuitable for medical management who underwent surgical management

Intervention: 25 cases of vNOTES vs 25 conventional laparoscopic salpingectomy

Measurements and main results

The mean patient age (29.7 ± 5.3 vs 31.4 ± 6.7 days), parity (1.2 ± 1.1 vs 1.6 ± 2.1), BMI (26.7 ± 5.3 vs 27.2 ± 5.4 kg/m³), gestation age (8.44 ± 2.1 vs 7.3 ± 1.7 weeks) and β hCG levels (3725.4 ± 3674.8 vs 4376.5 ± 6493.4 IU/litre) were comparable ($p > 0.05$, t test) between patients having vNOTES vs conventional laparoscopic salpingectomy. While estimated blood loss was similar (218.2 ± 491.7 vs 173.5 ± 138.7 mls) ($p > 0.001$), vNOTES patients had statistically shorter duration of surgery (35.8 ± 14.4 vs 75.8 ± 19.7 mins) ($p < 0.001$, t test) and length of stay (median: 11.5 vs 19.7 hours) ($U = 72$, $p < 0.05$, Mann-Whitney U test). Less patients in the vNOTES group required postoperative opioids (9% vs 25%) and median Visual Analogue Score (/10) for pain at 24 hours was significantly lower (2.0 vs 4.0) ($U = 75$, $p < 0.05$, Mann-Whitney U test). Patients from the vNOTES group were able to return to normal daily activity 11.3 days quicker (5.8 ± 4.3 vs 17.1 ± 8.2 days) ($p < 0.05$, t test). vNOTES cases cost approximately USD150 more due to the price of the commercial kits but this is offset by reduced intraoperative time, length of stay and need for postprocedure analgesia.

Conclusion

Patients undergoing vNOTES have shorter intraoperative times and length of stays, less postoperative pain and more rapid recovery, which help mitigate higher cost incurred by commercial kits. While the vNOTES approach for ectopic pregnancy appears safe and efficacious, more robust data from larger randomised studies are needed.

2) New Modalities in Hysteroscopic Surgery

Wasim Lodhi FRCOG

Hysteroscopic surgery was traditionally done in operating theatre under general anaesthesia.

With the development of miniature instruments and smaller optics the drive is to perform hysteroscopic surgery in the outpatient setting while the patient is awake.

In this session we will discuss what treatment options are available for treatment of endometrial polyps, submucosal fibroids, menorrhagia.

3) Non-Technical Skills in Minimal Access Surgery

Wasim Lodhi FRCOG

NonTechnical Skills also known as Human Factors play a pivotal role in patient safety.

In this session we discuss how various elements of human factors affect our cognition, making us prone to making mistakes which can have an impact on patient safety.

We discuss some real life scenarios and share our thoughts.

4) **Scope of robotic surgery in gynaecological practice**

Samia Malik

Background

Robotic surgery has transformed the concept of surgery by minimizing patient morbidity and helping surgeons acquire the desired results. The robotic surgery is used for gynaecological procedures like hysterectomies, myomectomies, ectopic pregnancies, endometriosis and oncology.

Material

The presenter and her team acquired the training at national and international institutes to perform safely robotic surgery. Patients were counselled for benefits versus limitations of robotic surgery, the patients who consented for the surgery were included in the study. The demographic data, presenting complaints and relevant investigations were carried out. The surgeries were performed and operative findings were recorded. Patients were followed for observation of pain and any post-operative complications. The results were recorded and statistical analysis was carried out.

Results

The details of the results will be presented including the demographic data, complications and operative outcomes.

Conclusions drawn from this experience will be presented.

5) **Comparison of Laparoscopic gynaecological surgery with robotic assisted gynaecological surgery: A study on perioperative feasibility and outcomes**

Rehana Aamer Khan (Gynaecology Pakistan Kidney and liver Institute and Research center Lahore)

Background

Gynaecological laparoscopic procedures have been performed at Hameed Latif Hospital in Lahore for over 20 years, with robotic surgeries being introduced in the last two years at various institutions such as the National Hospital, Medical Centre, and Pakistan Kidney and Liver Institute in Lahore. This study evaluates the surgical outcomes and perioperative viability of the CMR system with robotic procedures in 60 cases.

Material

This prospective study compared laparoscopic and robotic-assisted gynecological operations in 60 cases. Surgical feasibility, blood loss, recuperation time, and surgeon comfort were among the important factors evaluated. Results were assessed using post-operative analgesia needs, recovery time, patient satisfaction, and gynecological outcomes associated with fertility and chronic pain.

Results

Results indicated that depth perception, surgical accuracy, and adhesion scores were all improved by robotic-assisted surgery. Surgeons who performed robotically assisted surgeries reported feeling more at ease and losing less blood. Furthermore, when compared to laparoscopic surgery, robotic surgery was linked to better anatomical restoration, less chronic discomfort, fewer recurrences, and better fertility results.

Robotic-assisted gynaecological surgery is a better option than laparoscopic procedures because it is more feasible, has better perioperative results, and increases patient satisfaction.

6) Endoscopic tubal canalization as an alternative for IVF: An outcome analysis

Arooba Rahim (Akhtar Saeed Teaching Hospital, Lahore)

Background

Subfertility is one of the commonest conditions among young adults, resulting in severe socio-psychological consequences. impacting psychologically. Although, IVF and ICSI have long been adopted as the most popular treatments for subfertility, in cases with satisfactory male semen analysis, endoscopy is fast emerging as a notable alternative in recent times post the recent advances in endoscopic surgical techniques and improved sophistication in associated instruments.

Therefore, my presentation will critically analyze and compare both IVF and endoscopy methods in detail with special focus on factors such as decision making for optimum method selection, indications, contraindications, success rates, socio-psychological impacts and physical implications. I will make an effort to cover both theory as well as the practical aspect based on an outcome analysis of actual cases handled in the hospital.

Material

Patient Selection:

Inclusion Criteria:

Women in reproductive age group with tubal blockade diagnosed by HSG or Laparoscopy
Women with no other obvious cause of subfertility (primary/ secondary)

Exclusion Criteria:

Women with obvious disease in the tubes (hydrosalpinx, adhesions, distorted tubal structure due to multiple uterine myomas, and distal tubal blockage)
Women with active genital infection or tuberculosis.

Results

Primary Outcome (Tubal Canalization Success):

Overall Success = 60 out of 72 patients (83.3%)

Failure Rate = 12 out of 72 patients (16.6%)

The incidence of tubal perforation during tubal cannulation was found to be 4% (3 out of 72 patients), without any clinical consequences

Secondary Outcome (Pregnancy Rate Achieved):

Pregnancy Success = 21 out of 72 patients (29.1%)

Spontaneous Conception= 11 out 21 pregnancies (52.3%)

IUI Conception = 10 out 21 pregnancies (47.6%)

Intrauterine Pregnancies = 19 out 21 (90.4%)

Ectopic Pregnancies = 2 out of 21 (9.5%)

7) Role of laparoscopy in diagnosing pelvic causes of female subfertility

Fariha Farooq (Gynae & Obs Farooq Hospital Lahore)

Background

Laparoscopy is a minimally invasive key-hole surgery that gives the surgeon a panoramic view, a blood less field and a deep dive into the patient's anatomy, there by facilitating the return of pelvic anatomy to normal in case of any pathologies viewed intra-operatively.

The objective of the study was to identify the various pathologies associated with subfertility in patient's undergoing laparoscopies in our hospitals from January 2023 to August 2024.

Material

A non-randomized control trial was conducted in patients who underwent diagnostic laparoscopic procedures for subfertility, either primary or secondary in the Westwood and DHA branches of Farooq Hospital from January 2023 to August 2024. A sample of total 173 females, all of whom presented with subfertility was collected and studied. These patients were counselled and gave consent for diagnostic laparoscopies which they underwent under general anesthesia. Patients included in this study included women whose ages ranged from 21-40 years of age of whom 119 presented with primary subfertility and 54 presented with secondary subfertility. The intraoperative findings included in this study are tubal patency, hydrosalpinx, ovarian cysts, uterine fibroids, endometriosis, PCOS, and pelvic tuberculosis. The results were represented in the form of graphs for better understanding of the pathologies found and their prevalence in these patients.

Results

Of the 173 laparoscopies for subfertility bilateral blockage of tubes (n=36, 20.8%), unilateral blockage (n=34, 19.6%) and patients had bilateral tubal patency (n=45, 26.0%). Ovarian cysts (n=9, 5.2%), polycystic ovaries (n=9, 5.2%), hydrosalpinx (n=16, 9.3%), uterine fibroids (n=6, 3.4%), endometriosis (n=12, 6.9%) and suspected tuberculosis cases (n=6, 3.4%).

Most common cause was tubal blockage. In Pakistan TB is a neglected cause of subfertility diagnosed through laparoscopic procedures only. Laparoscopic is not only used as a diagnostic tool but it is used as a surgical treatment of different pathologies too.

**8) Video presentation of total Laproscopic hysterectomy + Burch colposuspension
(Yousaf latif khan)**

9) Laparoscopic Lens: Unraveling the mysteries of adnexal masses in women of reproductive age group

Anam Riaz (Gynae Oncology Aga Khan University Hospital Karachi)

Background

Adnexal masses are common in women of reproductive age, with 7% of women developing ovarian cysts globally in their life time. The risk of malignancy in premenopausal ovarian cysts is low, about 1 in 1,000. While tumor markers and imaging can help predict the nature of these masses, histopathology is essential for definitive diagnosis. Laparoscopic surgery, the gold standard for benign adnexal masses, offers fertility-preserving benefits but requires accurate preoperative assessment to minimize the risk of undiagnosed malignancy. This study aimed to evaluate the indications, complications, and histopathological outcomes of laparoscopic surgery for presumed benign adnexal masses.

Material

A retrospective study was conducted at Aga Khan University Hospital, Karachi, involving 425 women aged 15-49 who underwent laparoscopic surgery for presumed benign adnexal masses between 2015 and 2023. Preoperative imaging, tumor markers, and IOTA scoring were used to assess the masses. Surgical outcomes and the correlation between preoperative assessments and final histopathology were analyzed.

Results

The median age of patients was 29 years. IOTA scoring had a 95.53% concordance with histopathology, with a specificity of 98.31% and a negative predictive value of 98.44%. The most common diagnoses were hemorrhagic/endometriotic cysts (49.41%) and dermoid cysts (20.47%). Intraoperative cyst rupture occurred in 41.88%, with minimal postoperative complications. Unexpected malignancy was found in 1.41% of cases.

Laparoscopic surgery for presumed benign adnexal masses is safe, effective, and associated with minimal complications. Preoperative assessments, including imaging and IOTA scoring, help select suitable candidates. Though rare, unexpected malignancy underscores the importance of careful evaluation.

Poster presentations

1) Rare cases of leiomyoma in the ischiorectal fossa: a challenging case for MDT

Bushra Iftikhar (OBGYN CMH Malir and KIMS)

Background

Leiomyoma of the ischiorectal fossa is an exceedingly rare condition with an incidence of 1 in 1,000,000. The complex anatomy of this region complicates diagnosis and management, requiring precise planning and a multidisciplinary approach. Surgical resection is challenging due to the intricate structures involved. Aim is to report a rare case of leiomyoma in the ischiorectal fossa and to discuss the multidisciplinary strategies employed for successful diagnosis, management and surgical resection.

Material

A 35-year-old woman presented with abdominal pain, dyspareunia, and subfertility. Previous laparotomy at an outside center failed to access an adnexal mass due to its challenging location. CMH Malirs workup, including imaging, suggested a possible hemorrhagic cyst, endometrioma, or psoas abscess in the left adnexal area. MRI indicated leiomyoma or angiofibrosarcoma. Diagnostic laparoscopy showed a normal uterus and ovaries, with tubal patency confirmed by dye test. However, the mass remained inaccessible abdominally. Surgical resection was successfully performed perineally via an L-shaped incision from the outer left labia to the perineum. A 12x10cm leiomyoma-like mass and a 5x6cm cystic structure were excised and sent for histopathology.

Results

Histopathology confirmed the diagnosis of leiomyoma. The patient reported immediate relief from symptoms postoperatively, with no complications.

This case highlights the importance of a multidisciplinary approach in managing rare leiomyomas of the ischiorectal fossa. Careful imaging, precise preoperative planning and interdisciplinary collaboration are essential for successful resection and symptom relief in these complex cases.

2) **Variation of the factors responsible for the secondary subfertility diagnosed by diagnostic laparoscopy at AMTH**

Asma Yasin (Gynae Rashid Latif Medical College)

Background

Secondary subfertility is defined as when a woman is unable to bear a child, either due to failure to conceive or inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to live birth. Various factors are found to be responsible for secondary subfertility like tubal, peritoneal, uterine, ovarian factors and use of diagnostic laparoscopy in secondary subfertility has been a focus of attention in recent years to evaluate these factors. The objective of this study was to explore these factors responsible for secondary subfertility by using laparoscopy as a diagnostic tool and determining the most common causative factor

Material

This study was carried out at Department of Obstetrics and Gynaecology at Arif Memorial Teaching Hospital for a period of one year from January 2023 to December 2023. The total number of females participating in the study was 260, all with secondary subfertility. The detailed history, general physical and abdominopelvic examination was done to detect any obvious pathology. The diagnostic laparoscopy was carried out in postmenstrual phase where

all the pelvic viscera were examined under direct vision and then methylene blue dye test was done to check tubal patency.

Results

Out of 260 patients, 106(40%) cases of secondary subfertility belonged to age group 31-35 years. 58% cases had duration of 5-8 years of secondary subfertility. Out of 260 patients, 88(33%) had history of prior miscarriage. 16.5% patients have normal pelvic findings on diagnostic laparoscopy. 110(42%) patients had tubal factor found to be responsible for secondary subfertility followed by ovarian factor (19%), peritoneal factor (14%) and uterine factor (7%).

3) **Tubal patency after successful laparoscopic removal of ectopic gestation and laparoscopic tubal reconstruction: A case series**

Manahil Jaffer (Gynaecology and obstetrics Shifa International Hospital)

Background

Ectopic pregnancy is when the fertilized egg implants outside the uterus, most commonly in the fallopian tube. It is a potentially fatal condition contributing to a significant proportion of maternal morbidity and mortality globally. The treatment of ectopic pregnancy has been challenging for many years. Conventional surgical methods have been the mainstay of treatment. Laparotomy was once the only option available for ectopic pregnancies, but with the advancements in minimally invasive techniques, laparoscopic salpingostomy (removal of the ectopic pregnancy with preservation of the fallopian tube) has become an alternative.

Methods

After review by the institutional board, an approval was obtained. Informed consents (both written and verbal) were then taken by all patients recruited in the case series. As this was a case series, a specific methodology and statistical analysis was not applied.

Results

A total of 26 women underwent laparoscopic surgical management and reconstruction of affected tubes for tubal pregnancies (including ruptured ectopic pregnancies) in Shifa International Hospital, Islamabad. In all cases, laparoscopic surgery under general anesthesia was done. The ectopic pregnancy was removed from the fallopian tube and the affected tube was reconstructed. 17 women returned for follow-up, of which 10 had patent reconstructed tubes and 4 had blocked reconstructed tubes on HSG after 3 months. 5 women with patent tubes and 1 with blocked tube were successful in conceiving naturally and had healthy pregnancies. 3 women reported with intrauterine spontaneous conceptions in the following months after tubal reconstruction, however tubal patency on HSG could not be assessed.

The report describes cases of the 10 women who followed up with HSG at the 3 month follow up and showed patent affected reconstructed tubes.

Conclusion

It was concluded through the series of cases that laparoscopic removal and tubal reconstruction is safe and an effective management for tubal pregnancies.

Reproductive Medicine

Oral Presentations

1) Frozen embryo transfer cycles-the impact of endometrial preparation on obstetric and neonatal outcomes

Sibte Hassan (Reproductive Medicine/IVF SEHA Corniche Hospital)

Background

The popularity of frozen embryo transfer cycles (FET) has steadily increased due to the progress in the cryopreservation techniques and their ever-expanding indications. The success of FER depends upon a close coordination between a developmentally competent embryo and a receptive endometrium. The main benefit of FET cycles are reduction in the risk of preterm birth, low birth weight and small for gestational age babies. Hormone replacement/artificial cycles (AC) and the natural cycles NC (or its variants like modified natural cycle and stimulated cycle) are the two common methods for FET preparation. Recently, there has been a debate regarding the best protocol for preparing the endometrial lining, considering factors like convenience, flexibility, scheduling, adequate endometrial receptivity and pregnancy outcomes. Artificial cycles (AC) are convenient for the embryology lab to coordinate the timing of embryo thaw to avoid weekend transfers. But the emerging evidence is suggesting potential drawbacks with this approach compared to the natural cycle (NC) preparation which involves more frequent visits to monitor endometrial and follicular growth leading to scheduling issues. Few strategies have also been proposed to enhance the utility of natural cycle approaches as these are associated with better obstetric and neonatal outcomes.

Material

Recently, there has been an influx of studies investigating the differences in the perinatal outcomes between different endometrial preparation methods in FET cycles. A literature search was conducted on the PubMed and EMBASE regarding this topic until August 2024 and the main findings and proposed mechanisms of the associations are presented.

Results

Many studies have suggested potentially higher miscarriage rates following AC but not all have confirmed this association. A network meta-analysis (including 26 RCTs and 113 cohort studies) showed that the AC use had an increased risk of developing the hypertensive disorders of pregnancy (HDP), postpartum hemorrhage and cesarean delivery compared to NC use. Regarding neonatal outcomes, the risk of large for gestational age LGA and macrosomia increase with artificial AC protocol. Studies have implicated three potential mechanisms for the above reported maternal and neonatal outcomes. Firstly, underlying factors may contribute to differences in the outcomes between the two groups. Secondly, exposure to supraphysiological exogenous hormones in AC could impair endometrial receptivity and early placentation process. Thirdly and most importantly, the absence of corpus luteum in AC could be the main culprit. Corpus luteum is a transient endocrine gland which produces relaxin and vascular endothelial growth factor VEGF that plays an important role in the maternal physiological adaptation to pregnancy. Identifying modifiable risk factors like methods of endometrial preparation in FET cycles are crucial to reducing the burden of disease in the ART sector. Almost all of the above mentioned studies related to this association are retrospective and therefore a prospective multicenter randomized control trial with standard protocols and definitions is definitely required to determine the best preparation method. Until then the clinicians should chose a regimen in which the corpus luteum is protected. Moreover exploring strategies to increase the practicality of natural cycle is the crucial need.

2) **MHT and issues in midlife and beyond: An update**

Prof. Dr Syeda Batool Mazhar (FRCOG U.K, FCPS Pk, CHPE PK)

Background

In the Life cycle approach to women health, menopause is an important transition to post reproductive life, spanning one third or more of a woman's life span. Free from the burden of pregnancies, it should be considered a time of exploring new opportunities rather than a sign of impending elderly status. In LMIC's like Pakistan with low female literacy rates, there is huge unmet need for women awareness of optimizing health in this midlife stage. Moreover, the HCP's face the challenge of few or no options for menopausal HRT preparations or their alternatives. The expertise is also lacking in majority of GP's. A pragmatic, culture specific approach to managing menopausal women will be highlighted.

Objective

To highlight management of women's health in the post-reproductive life in the context of LMIC's.

Methods

In LMIC's like Pakistan, there is huge unmet need for women to be aware of importance of optimizing health in this midlife stage. Moreover, the HCP's face the challenge of few or no options for menopausal HRT preparations or their alternatives. The expertise is also lacking in majority of GP's.

Results

A pragmatic, culture specific approach to managing menopausal women will be highlighted. Advocacy with Pharma industry, DRAP, Ministries of Health and elected representatives to ensure a regular manufacture and supply of affordable available options.

Conclusion

In this group of women, to ensure a healthy later life while limiting disability, health education, awareness and HCP's vigilance for health screening is the need of the day.

3) **Towards Genome-based precision reproductive medicine in the era of NGS (Next Generation Sequencing)**

Sibte Hassan (Reproductive Medicine/IVF SEHA Corniche Hospital Fertility Centre Abu Dhabi UAE)

Background

In April 2003, human genome project HGP unveiled complete sequence of three billion base pairs bp of DNA found in every set of human chromosomes. For the last 21 years, this medical breakthrough has been transforming healthcare. It took 13 years and 2.7 billion \$ to reach to that stage but now it can be done in just a few hours for less than a thousand \$. Fast, large scale, low cost DNA sequencing through NGS has propelled genomics into mainstream medicine and driving a revolutionary shift towards precision medicine.

Over the past decade, reproductive genetics has sprinted forward as well. We've moved beyond the classic cytogenetics and Sanger sequencing methods to Multiplex Fluorescence In Situ Hybridization (mFISH), Digital PCR and mainly Next-Generation Sequencing (NGS) and bioinformatic optimisation. This has enabled a diagnostic rate of 20-25% for rare diseases of unknown etiology. High penetrance conditions with strong genetic background like neurodevelopmental and Mendelian diseases are effectively diagnosed. These monogenic disorders affect 1-3 % of live births. Almost 85% of the disease causing mutations reside in the coding region or exome and hence the introduction of whole exome sequencing WES has become a turning point in cases where a single gene or limited gene panel testing fails to provide a genetic explanation.

The field of reproductive health has changed dramatically from traditional non molecular microscope based techniques like FISH to the latest high throughput techniques like NGS. These are applied along the different stages of reproductive health lifecycle from preconception carrier screening and pre-implantation genetic testing to prenatal and post-natal testing .We review the current knowledge around genomic medicine which is aimed at reproductive risk assessment, genetic causes of infertility phenotypes like POI, OMD, RFF, EEL and the diagnostic odyssey in the rare diseases. Having a genetic diagnosis can guide medical management decisions for the affected individual and helps identify other family members at risk for developing and transmitting the same disorder to their children.

Material

We searched the literature on pubmed central regarding NGS, reproductive, precision, genomic medicine, male, female fertility, exome, genome sequencing, carrier screening during the last 5 years. From these articles, we present the clinical utility of integrating exome and genome sequencing into the reproductive journey of different groups providing up to date information. We want to reiterate that offering reproductive care tailored to the individuals genetic make-up is the essence of precision medicine.

Results

The Clinical Utility of Advanced Genomic technologies:

Preconception care:

One of the 1300 known recessive genetic conditions affects at least 3 children per every 1000. Carrier screening can detect carrier couples for recessive disorders and carrier mothers

of X linked disorders. Traditionally this was offered on the basis of ethnicity or family history with lot of missed cases. With NGS, hundreds of genes in large panels can be offered to a wider range of couples—the expanded carrier screening and reproductive risk assessment. This is particularly useful in consanguineous relationships.

Pre-implantation Genetic testing: PGT

Advances in genome analysis have changed the practice of PGT. Modern PGT is categorized into PGT-A (aneuploidy analysis in cases with advanced maternal age, recurrent miscarriages, severe male factor etc), PGT-M (for monogenic disorders like thalassemia, CF), PGT-SR (for structural rearrangements) and non-invasive PGT (without embryo biopsy). Trophoctoderm biopsy, vitrification and array-based analysis or NGS techniques have become the standard for PGT practice and are able to detect a spectrum from SNVs to large CNVs on a single platform.

Prenatal Testing and Diagnosis:

3% of the newborns are affected by congenital structural anomalies, which frequently have a genetic cause. Traditionally karyotype followed by chromosomal micro array CMA has been used for PND (diagnostic yield 15%) but it has now been shown that prenatal trio WES has a diagnostic yield of 35-40%. Provided detailed clinical data, relevant family history and prenatal imaging is available. Knowing a genetic diagnosis prenatally helps guide in utero interventions, delivery plans and postnatal treatment decisions. A rapid non-invasive prenatal test NIPT for the most common aneuploidies can be done by sequencing foetal DNA obtained from the maternal blood. NGS or CMA technologies are also being used in the assessment of products of conception

NGS is providing faster, cost-efficient analysis of the exome and entire genome which has been integrated into routine clinical practice not only postnatally but also prenatally. The adaptability and improved diagnostic yield of NGS enables an individualised management and precise family planning decisions safeguarding the reproductive potential. It is a key tool towards achieving preventive, predictive, personalized and precision medicine.

4) Stem cells use in gynaecology and obstetrics

Prof Sadiyah Ahsan Pal (Ob/ Gyn New Beginnings Healthcare)

Background

Currently beyond the treatment of various cancers of the blood selected immunological conditions, there are very few conditions for which stem cell-based therapies are established as effective and safe treatments.

Material

Review of published literature

Results

Very few stem cell treatments are proven safe and effective. There are risks with unproven stem cell “treatment”. The same SC is unlikely to work for different conditions. If not properly directed, these stem cells may overgrow and cause tumors when injected. Clinics that offer the same cell treatment for a wide variety of conditions/ diseases should be viewed with extreme caution. Be wary of claims that stem cells will somehow just know where to go what to do to treat a specific condition The evidence for some/many of the therapies that we / our colleagues prescribe is of poor quality and sometimes non-existent

5) Effects of autologous hematopoietic stem cells transplantation on female fertility in multiple sclerosis: A systemic review and metanalysis

Anusha Ashkar (Department of Obstetrics and Gynaecology Dow Medical College)

Background

This research was conducted to determine the effect of autologous hematopoietic stem cell transplantation (AHSCT) on female fertility in multiple sclerosis (MS).

Material

PubMed, Scopus, Google Scholar, and the Cochrane Library were searched using the search string: (multiple sclerosis OR MS) AND (AHSCT OR Autologous hematopoietic stem cell transplantation) AND (pregnancy OR pregnant OR conception OR conceive OR gestation*) Only those studies that involved AHSCT in MS female patients were included in the study. All statistical analyses were conducted in Review Manager 5.4.1. Studies meeting inclusion criteria were selected. The Random effect-effect model was used to calculate the Inverse Variance (IV) and their corresponding 95% confidence interval (CI). Moreover, qualitative analysis was conducted to analyze anti-mullerian hormone level (AMH), amenorrheic status, restoration of menstruation, pregnancy outcome, and mode of delivery post-AHSCT. Four cohorts were used in the study.

Results

The prevalence of pregnancy was reported as 10% (95% CI= 4-17%, I²=20%). Qualitative analysis reports a positive correlation between the restoration of normal menses, live birth, and normal vaginal delivery with AHSCT while a negative correlation is reported between AMH, amenorrhea, abortion, and cesarean section with AHSCT.

Our systemic review and meta-analysis are the first to demonstrate an effect of AHSCT on female fertility in MS patients however small sample size and limited number of studies are the main limiting factors. Further studies are needed to strengthen the findings of our study.

6) **Tubal patency after successful laparoscopic removal of ectopic gestation and laparoscopic tubal reconstruction: a case series**

Shazia Fakhar (Gynaecology & Obstetrics Shifa International Hospital, Ltd)

Background

Ectopic pregnancy is when the fertilized egg implants outside the uterus, most commonly in the fallopian tube. It is a potentially fatal condition contributing to a significant proportion of maternal morbidity and mortality globally. The treatment of ectopic pregnancy has been challenging for many years. Conventional surgical methods have been the mainstay of treatment. Laparotomy was once the only option available for ectopic pregnancies, but with the advancements in minimally invasive techniques, laparoscopic salpingostomy (removal of the ectopic pregnancy with preservation of the fallopian tube) has become an alternative.

Material

After approval from the Institutional board review, data was collected. Informed and written consents were taken from all the patients recruited in the case series. As this was a case series, no specific analytical studies was applied.

Results

A total of 26 women underwent laparoscopic surgical management and reconstruction of affected tubes for tubal pregnancies (including ruptured ectopic pregnancies) in Shifa International Hospital, Islamabad. In all cases, laparoscopic surgery under general anesthesia was done. The ectopic pregnancy was removed from the fallopian tube and the affected tube was reconstructed. 17 women returned for follow-up, of which 10 had patent reconstructed tubes and 4 had blocked reconstructed tubes on HSG after 3 months. 5 women with patent tubes and 1 with blocked tube were successful in conceiving naturally and had healthy pregnancies. 3 women reported with intrauterine spontaneous conceptions in the following months after tubal reconstruction, however tubal patency on HSG could not be assessed.

The report describes cases of the 10 women who followed up with HSG at the 3 month follow up and showed patent affected reconstructed tubes.

It was concluded through the series of cases that laparoscopic removal and tubal reconstruction is safe and an effective management for tubal pregnancies

7) **Evaluating the effectiveness of ovulation induction alone versus with adjunctive vitamin D therapy in treating infertility in PCOS: A comprehensive analysis**

Kashaf Qayyum (Obstetrics and gynaecology (MCH unit 1) Pakistan institute of Medical Sciences)

Background

Polycystic ovary syndrome PCOS therefore remains a common cause of infertility in women of child-bearing age due to hormonal dysfunction and anovulatory cycles. Clomiphene citrate therapy is widely used for ovulation induction in PCOS; however, subsequent fertility may be influenced by the adjuvant remedies. Some papers point to the effect of vitamin D supplementation in improving reproductive profiles of women with PCOS. The primary objective of this research proposal is to establish whether women with PCOS receiving ovulation induction have higher rate of ovulation and pregnancy than those receiving ovulation induction with vitamin D supplementation.

Material

This randomized controlled trial involved women with PCOS and infertility picked randomly from OPD of MCH unit 1, PIMS. Participants were divided into two groups: one group receiving standard ovulation induction treatment and the other group receiving both ovulation induction treatment and vitamin D, 1000 IU daily. Hormonal levels, ovulation and pregnancy rate and endometrial thickness measurements were taken over a period of 12 months. Quantitative data was analyzed using SPSS version 25.0 and the level of significance was set at $p < 0.05$.

Results

Thus, the results obtained indicate that the adjunctive vitamin D group had higher expression of ovulation rates (62 %) and pregnancy rates (34%) than the ovulation induction only group, and there was significant increase in the mean endometrial thickness ($p < 0.05$). Also, the use of vitamin D supplements decreased fasting plasma glucose levels and chances of insulin resistance as well.

Cohort of vitamin D might further increase the effectiveness of ovulation stimulation in the women with PCOS that consequently can help to achieve pregnancy. These results could be explained by the effects of Vitamin D on reproductive hormones and endometrial receptivity. Long-term follow-up studies with larger sample sizes are highly advised in order to endorse the above crowning of the benefits and fine-tuning of treatment plans connected to PCOS in women experiencing infertility.

8) Dienogest a long-term medical treatment in women with endometriosis: A prospective cohort study

Nabia Tariq (Gynaecology Maroof International Hospital)

Background

Endometriosis is a complex gynecological disorder affecting approximately 10% of reproductive-aged women globally, with a higher prevalence in Asian populations. In Pakistan, the burden of endometriosis is compounded by socioeconomic constraints and inadequate attention to women's reproductive health. This study aims to replicate and extend the findings of Techatraisak et al. (2019), investigating the impact of dienogest on the QoL of Pakistani women with endometriosis.

Material

This prospective cohort study. The study included women aged 18-45 years with a clinical or surgical diagnosis of endometriosis, confirmed via laparoscopy and histopathology. Participants had no contraindications for dienogest treatment and provided written informed consent. The primary endpoint was the change in Health-Related Quality of Life (HRQoL) as measured by the Endometriosis Health Profile-30 (EHP-30) questionnaire, administered at baseline and at each follow-up visit. The EHP-30 consists of two parts: a core questionnaire (five scales) and a modular questionnaire (six scales), with scores ranging from 0 (best health status) to 100 (worst health status). Secondary endpoints included menstrual irregularities and adverse events.

Results

Scores for all EHP-30 scales improved with the largest mean changes in pain score decreasing from a baseline mean of 46.32 (SD = 9.65) to 24.51 (SD = 7.60) at 12 months, with a mean change of -21.81 (95% CI: -22.52, -21.10). The modular EHP-30 scores also demonstrated significant improvements in all parameters especially the relationship with children score decreasing from 35.54 (SD = 10.47) to 20.29 (SD = 6.37), showing us the most significant improvement with a mean change of -15.25 (95% CI: -16.55, -13.97).

In conclusion, this study provides compelling evidence that dienogest therapy significantly improves HRQoL and reduces EAPP in Pakistani women with endometriosis.

9) The long term effects of fertility treatment on maternal health

Hina Khan (Obs and gynea C unit Hayatabad medical complex Peshawar)

Background

Background: The long-term health effects of assisted reproductive technologies (ART), such as in vitro fertilization (IVF), and hormonal therapies on mothers are not well understood. This underscores the need to look into potential chronic conditions that may develop after treatment.

Material

Methodology: This cross-sectional research included 180 women aged 20-45 who had received fertility treatments and successfully given birth to a live child. It was carried out at Rehman Medical Institute Peshawar and Hayatabad Medical Complex Peshawar from January 2023 to December 2023. Medical record reviews and structured interviews were used to gather data in order to evaluate long-term health outcomes, including cancer, metabolic disorders, and cardiovascular illnesses. Descriptive statistics and logistic regression were used in the statistical analysis, which was conducted using SPSS version 25. A significance threshold of $p < 0.05$ was established for these outcomes.

Results

Results: There were 180 participants in the research, and their average age was 34.5 years. Of the participants, 73 (40.56%), 81 (45.00%), and 26 (14.44%) utilized hormone therapy, IVF, and ICSI, respectively. Everybody gave birth; 21 (11.67%) had a premature delivery, and 33 (18.33%) had several pregnancies. Key findings revealed that 9(5.00%) had cancer, 31(17.22%) had metabolic problems, and 24(13.33%) got cardiovascular disease. 146 (81.11%) people with long-term health status reported being in excellent overall health, while 34 (18.89%) people had new diagnoses, including 12 (6.67%) people with cardiovascular disease, 18 (10.00%) people with metabolic disorders, and 4 (2.22%) people with cancer. Preeclampsia, OHSS, and gestational diabetes were noted in 36 (20.00%), 21 (12.00%), and 12 (7.00%) of the subjects, respectively.

Conclusion

Despite the majority of individuals reported excellent overall health, the research highlights the necessity for continued monitoring and management by revealing severe long-term health concerns connected with reproductive treatments.

10) A rare case of scar ectopic pregnancy successfully treated with methotrexate

Nabeela Sarwar (Obs and Gynae Sughra Shafi Medical Complex Narowal)

Background

Cesarean scar ectopic pregnancy is defined as implantation of gestational sac in the myometrial defect caused by previous uterine incision. Although it the rarest of all types of ectopic pregnancies, it can be life threatening and the incidence is rising due to increasing trend of cesarean section. Selection of the modality of treatment is still debatable and balancing the risk and benefits to the patient is important.

Material

A prospective observational study was conducted in Sughra Shafi Medical Complex, Narowal, over a period of 2 months. A patient with scar ectopic pregnancy was treated with methotrexate multi dose regimen while she remained admitted for 8 days and was followed on OPD basis for 2 months until beta HCG became negative.

Results

Treatment of a patient with previous 2 cesarean sections with scar ectopic pregnancy, successfully managed by medical treatment with Intramuscular methotrexate multi dose regimen.

Uterine Scar ectopic is a rare complication the medical review literature has a scarce data available. The treatment options may include expectant, surgical or medical termination of pregnancy along with few other options like laparoscopic guided removal of ectopic pregnancy or injecting the KCL or hypertonic saline. The advantages of one treatment modality over the others are not yet identified. More research is needed in this regard.

11) Case presentation on scar ectopic pregnancy managed with hysteroscopic suction and evacuation under laproscopic guidance

Dr Razia Ghafoor (gyn/obs hameed latif hospital)

Background

Scar ectopic pregnancy is a rare and potentially life-threatening form of ectopic pregnancy in which the embryo implants within the scar tissue of previous uterine surgery, most commonly a cesarean section. The condition poses a significant challenge due to its variable presentation and risk of complications, including uterine rupture and severe bleeding.

This case highlights the successful management of scar ectopic pregnancy through combined hysteroscopic and laparoscopic approaches.

Results

The procedure was completed successfully without any intraoperative complications. The total operative time was 30 minutes, and there was minimal blood loss (70 ml). She had an uneventful recovery and was discharged the next day. After one week, she was followed up in the outpatient department.

There should remain a high clinical suspicion for a cesarean scar ectopic in a patient with a history of cesarean deliveries presenting with first-trimester bleeding. To prevent maternal haemorrhage, these patients should be managed promptly. This case signifies the importance of a combined approach, which reduces the risk of complication and ensures complete evacuation. If any complications occur, it is recognised immediately and managed accordingly.

Poster presentations

1) Pelvic tuberculosis in 19 years old young patient: A rare case report

Quanita Kanwal (MCH UNIT 2 Pakistan Institute of medical sciences, Islamabad.)

Background

Pelvic Tuberculosis is a rare form of extra pulmonary Tuberculosis that predominantly affects women of reproductive age. It is frequently under diagnosed due to its non specific clinical presentation, which may be mimic other gynecological conditions such as pelvic inflammatory disease or ovarian malignancy. Left untreated GTB can lead to chronic pelvic inflammatory disease, infertility and menstrual disturbances.

Material

Case summary:

A case reported in PIMS MCH Unit 2 Islamabad

A 19-year female MF: 3 Years, Nulliparous, presented in OPD with complain of lower abdominal pain, secondary amenorrhea for 10 months with history of weight loss.

GPE: Reveals thin lean girl, vitally stable, with no cervical lymphadenopathy.

P/A: scaphoid abdomen, tender on deep palpation more in supra pubic area.

P/V: A Round globular bulge of 5×6cm in anterior fornix pushing cervix posteriorly. Uterus of 6-week size.

P/S: Cervix pushed posteriorly could not be visualized, V/V Healthy.

INVESTIGATION:

USG pelvis shows a large irregular, ill-defined solid cum cystic lesion of 6×7.3×7.6 cm in right adnexa showing thick internal septations.

CT ABDOMEN+ PELVIS+ CHEST with contrast confirms A large ill defined soft tissue density mass lesion with cystic component 8.2×10.5×10.1 cm arising from right adnexa multiple subcentimeter para-aortic and mesenteric lymph nodes one in left para aortic region 8.5 cm.

Results

H/P: Re confirms: Pelvic tuberculosis showing caseating granulomas; Epitheloid giant cells surrounded by rim of lymphocytes. No malignant cells found. Other work up excluded pulmonary TB, ESR raised : 40

After completion of work up patient was started on ATT by infectious disease department.

2) **MDT approach in management of congenital adrenal hyperplasia: The key to success**

Humaira Bilqis (Department of Obstetrics & Gynecology, Holy Family Hospital, Rawalpindi Rawalpindi Medical University)

Title

Multidisciplinary approach in management of Congenital Adrenal Hyperplasia: The key to success

Background

CAH is a rare puberty disorder with genetic predisposition that affects adrenal glands. It needs specialised management in different aspects.

Material

A case report of a young patient managed at tertiary care hospital

Results

A 13 years old girl, known case of CAH on regular steroid therapy since childhood, presented in emergency with acute history of severe lower abdominal pain and vomiting. She had cyclical lower abdominal pain, backache, blood in urine for last 7 months. She had normal height and normal secondary sexual characters.

Abdominal examination revealed a firm mass in the hypogastric region. Local examination showed fused labia majora with male type scrotal skin, no vaginal opening, labia minora or palpable testicles, a scar mark in the clitoral area and small urethral opening. Imaging showed hematocolpos and hematometra. A multidisciplinary team was involved including the gynaecologist, plastic surgeon, urologist and endocrinologist. Pre-operative cystoscopy revealed urethra longer than normal female urethra. She was operated by multidisciplinary team. On passing the Foleys catheter, pus drained out.

Guided catheterization was done under ultrasound guidance. Connection of the urethra with the vaginal lumen was identified. Skin incision was made. The spongy tissue resembling the corpus spongiosum was dissected along the long

CAH is a complex disorder that can be treated best by involvement of multidisciplinary team approach.

3) Case of Sertoli cell-only syndrome with AZFbc microdeletion: clinical presentation and results of TESA

Hamza Sher (Reproductive Medicine Integrated Fertility Center, IMC Hospital)

Background

Sertoli cell-only syndrome (SCOS) is a rare type of non-obstructive azoospermia (NOA) characterized by the absence of germ cells in the seminiferous tubules, leading to primary testicular failure. SCOS is often associated with genetic abnormalities, including Y-chromosome microdeletions, which limit treatment options and adversely affect fertility outcomes.

Material

A 34-year-old male with an 11-year history of primary infertility was evaluated. No sperms were found on semen analysis and a positive fructose test confirmed non-obstructive azoospermia. Laboratory results showed elevated serum LH and FSH and decreased free testosterone, while prolactin, inhibin B, sex hormone-binding globulin, and thyroid-stimulating hormone levels were normal. Scrotal ultrasound showed bilateral atrophic testes, microcalcifications, and mild left-sided varicocele. Genetic analysis revealed normal karyotyping (46 XY) but identified a Y-chromosome microdeletion in the AZFbc (P4/P1) region. Testicular sperm aspiration (TESA) and tissue biopsy was performed. Histopathology showed presence of Sertoli cells only, with absence of germinal epithelium (Johnsons score 2/10). Fertility evaluation for the female partner was unremarkable.

Results

The presence of an AZFbc (P4/P1) microdeletion in SCOS cases severely impairs spermatogenesis, leading to poor prognosis for sperm retrieval, except in very few cases. Genetic evaluation is essential in cases of NOA to inform prognosis and optimize fertility management. Further research on SCOS with AZF deletion, including stem cell therapy and gene editing are warranted to improve understanding and management of fertility outcomes.

4) **Successful management of Cryptozoospermia in a patient with primary subfertility: A case report**

Ayesha Rehan (Reproductive Medicine Integrated Fertility Center, IMC Hospital)

Background

Cryptozoospermia, a rare condition with extremely low sperm count, accounts for approximately 30% of male infertility cases, posing significant treatment challenges.

Material

A 30-year-old businessman presented with primary subfertility for 18 months and raised BMI (>25 kg/m²). Upon evaluation, he had a decreased sperm count (<1 x 10⁶/mL, post-centrifugation), bilateral atrophic testes, testicular microlithiasis and epididymal cysts. Hormone analysis showed normal LH, FSH, prolactin, inhibin B, and SHBG but low free testosterone. Genetic testing (karyotyping and Y-chromosome microdeletion) was normal. He was advised lifestyle modifications, weight loss and antioxidant therapy (zinc, folic acid, coenzyme Q10, vitamins C and E). Additionally, he underwent three sessions of intratesticular PRP therapy, aiming to improve spermatogenesis by enriching the testicular microenvironment.

Results

After six months, marked improvements in sperm parameters were observed, with a concentration of 8 x 10⁶/mL, 40% motility (15% rapid progressive), and 2% normal morphology, according to WHO criteria.

High levels of reactive oxygen species (ROS) can damage sperm membranes, proteins, and DNA, negatively impacting fertility. Antioxidants, combined with PRP therapy, address oxidative stress, promote cellular growth and repair and offer a promising approach to male infertility management. Thus, treatments enhancing the testicular microenvironment may be beneficial in cases of severely impaired spermatogenesis. Further studies are needed to optimize and better understand these treatment protocols.

5) Impact of laparoscopic cystectomy on ovarian reserve markers in women with endometriosis: A systemic review and meta-analysis

Mahnaz Raees (OBGYN Lady Reading Hospital Peshawar Pakistan)

Background

Laparoscopic cystectomy is a common treatment for endometriomas, but its impact on ovarian reserve remains debated. This meta-analysis aimed to evaluate the effects of laparoscopic cystectomy on markers of ovarian reserve in women with endometriosis.

Material

A systematic review and meta-analysis were conducted following PRISMA guidelines. PubMed, Google Scholar, Cochrane Library, and MEDLINE were searched for relevant studies published from 2000 to 2024. Randomized controlled trials and observational studies comparing pre- and post-operative levels of anti-Müllerian hormone (AMH), antral follicle count (AFC), and follicle-stimulating hormone (FSH) in women undergoing laparoscopic cystectomy for endometriomas were included. Random-effects meta-analyses were performed.

Results

Seventeen studies (12 cohorts and 5 RCTs) involving 2,415 patients were included. Laparoscopic cystectomy was associated with significant decreases in AMH levels (mean difference: -1.01 ng/mL, 95% CI: -1.30 to -0.73) and AFC (mean difference: -1.01, 95% CI: -1.83 to -0.20) compared to controls. FSH levels increased post-operatively (mean difference: 1.71 mIU/mL, 95% CI: -0.01 to 3.42). Heterogeneity across studies was high ($I^2 = 88-97\%$).

This meta-analysis found that laparoscopic cystectomy for endometriomas is associated with a significant decline in ovarian reserve markers, particularly AMH and AFC. Clinicians should consider these potential effects when counselling patients on the surgical management of endometriomas, especially in women desiring future fertility. Further research is needed to evaluate the long-term impact on reproductive outcomes.

6) **Routine sperm analysis and morphology in preliminary evaluation of couples with recurrent pregnancy loss**

Sadia Ghaffar (OBG CMH)

Background

Recurrent pregnancy loss (RPL) affects 1-3% women of reproductive age. While it has taken generations to address the unequal burden of blame in cases of subfertility, and shift to equal testing of both partners, not much is being done in cases of RPL, leading to social anxiety and emotional challenges. More than often, men are not included in investigation or treatment of RPL, or in clinical studies. While half of the genome of the embryo is of paternal origin, there have been not enough studies on integrity of sperm and paternal causes of RPL. However, few recent studies, including a meta-analysis reveal reduced number of sperms with normal morphology in men with partners having RPL (SMD<-0.6; P<0.00001). This indicates a significant correlation between RPL and abnormal sperm morphology. Viability of an embryo can be affected by an abnormal sperm which may carry damaged DNA and contribute to oxidative stress. Routine semen analysis (RSA) is simple test to assess semen parameters as defined by WHO, including sperm concentration, viability, motility and morphology. Focusing on morphological parameters can help understand the association between RPL and sperm morphology and should be included in evaluating couples with RPL. RSA as a preliminary test in RPL can help identify couples requiring interventions to improve sperm quality including lifestyle modifications and ART. This study aims to address the gap in paternal evaluation in terms of RSA and focus on sperm morphology as per WHO defined parameters, in couples with RPL.

Material

Convenient sampling of couples with RPL reporting in outdoor department.

Data collection on Google sheets including parameters whether RSA done or not, sperm morphology and motility. Normal sperm morphology was set at lower 10 percent for this study only.

Inclusion criteria: men with partners who have had RPL in whom all possible maternal causes of RPL have been ruled out, who may or may not have been advised RSA, those with RSA advised having normal sperm count and viability. Exclusion criteria: men with partners who have diagnosed maternal or paternal cause of RPL

Results

Out of 100 couples, 53 of the male partners have never had an evaluation and RSA.

In 47 couples, male partners have had RSA. In these 47 RSA reports, 32 (63%) had no comments on sperm morphology. 15 had comments of RSA. Of the 32, 6 reports of RSA had asthenospermia while no comments of morphology. Of the 15 RSA reports with comments on morphology, 8 men had normal morphology including 06 with normal motility. 06 of the 15 male partners had abnormal sperm morphology (less than or equal to 10%). Of these, 01 had asthenospermia and 01 had “abnormal motility pattern”

The study though limited by the sample size, provides an important insight into the plight of RPL evaluation in couples, which is little or no focus on male evaluation. It also put emphasis on the incomplete evaluation of male partners when there is no focus on morphology of the sperm as per WHO criteria! It is recommended that RSA with focus on semen analysis be included in evaluation of couples with RPL. It will also help in further research and studies to establish a correlation between RPL and sperm quality.

7) **Diagnostic accuracy of AMH and Antral follicular count in diagnosis of PCOs keeping Rotterdam criteria as gold standard**

Dr Hina Gul (Junoir consultant Obs & gynae Forest view specialist clinic)

Background

Hyperandrogenic anovulation (HA) or Stein-Leventhal syndrome, often known as polycystic ovary syndrome (PCOS), is one of the most common endocrine system disorders affecting women of reproductive age. This study will provide us with a quick marker for the diagnosis of PCOS in our population, and if found to be significantly high, we will share the results of this study with other local gynaecologists and formulate future recommendations for it.

Material

The current study was carried out at Obstetrics and Gynecology Department of Lady Ready Hospital Peshawar. This was a cross sectional study which was conducted in the period of one year in which a total of 182 patients were observed. All patients presenting with suspicion of PCOS in age between 18-40 years were included while patients with history of surgical intervention were excluded. PCOS on Rotterdam criteria was labeled positive if the patient is having oligoanovulation, hyperandrogenism and polycystic ovaries (= 12 follicles measuring 2.9mm in diameter and/or an ovarian volume > 10mL in at least one ovary). PCOS on AMH and AFC was labeled positive if AMH value of >4.9ng/ml and antral follicle count of >12 on ultrasound will be labeled as PCOS. Data was analyzed in SPSS version 22.

Results

In the present study a total of 182 patients were observed in which mean age was 27.53 years with $SD \pm 4.994$. Sensitivity, specificity, PPV, NPV and diagnostic accuracy of AMH were 80.91%, 88.23%, 94.64%, 64.28% and 82.96% and for AFC were 76.33%, 94.11%, 97.08%, 60.75% and 81.31%.

Our study concludes that both AMH and AFC are highly effective for the diagnose Polycystic ovary syndrome among women of reproductive age and can be serve as a sensitive diagnostic tool for the detection of Polycystic ovary syndrome.

8) **Impact of diagnosis of subfertility on psychological distress and marital and sexual satisfactions of couples in South Asia: A literature review**

Mariam Iqbal (OBGYN IMC)

Objective

Numerous individuals are impacted by subfertility, which has significantly risen in South Asia. This review evaluated the effect of subfertility/infertility diagnosis on the psychological distress and marital and sexual satisfaction of couples in South Asia. Though infertility is a reproductive health issue that affects both couples, mostly women face stigma and psychological burdens related to infertility than men in South Asia. Women who are infertile frequently experience symptoms of worry, despair, guilt, and feelings of inferiority that impede their ability to interact with others. In addition to having an impact on reproductive health, infertility also has psychological, economic, and medical ramifications that can cause distress, particularly in societies that place a high value on having children. Research on couples has revealed that both male and female spouses may experience infertility; however, female partners are more likely to have depressive symptoms, as well as less psychological flexibility, and lower levels of self-acceptance, and self-compassion. Moreover, social support, marital contentment, and sexual satisfaction are also strongly associated with QoL for couples with infertility.

There are differences between the cultural practices and communities in South Asian countries, however they are all firmly patriarchal in nature and polygamy is a norm in some regions. Marriage and parenthood are related to status and recognition for either sex. The embarrassment associated with infertility is a major concern for most females in South Asian countries. However, there is a paucity of data on the impact of infertility treatment on the QoL of couples, especially in South Asian countries. This systematic literature review aims to provide insights into the relationship between the diagnosis of subfertility/infertility with psychological distress, marital satisfaction, and sexual satisfaction among couples in South Asia.

Methods

An extensive literature search was performed in two bibliographic databases, PubMed (Medline) and Google Scholar. Overall, 643 articles published between January 2008 and October 2023 were retrieved and subjected to title and abstract screening.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards were followed during the conduct of this systematic literature review. The Boolean search strategy was used to identify relevant articles from PubMed (Medline), and search results limited to the first five Google Scholar pages were considered. The titles and abstracts of all retrieved articles were screened by a single reviewer. Following this, the full text of relevant articles was examined to confirm their eligibility after applying inclusion and exclusion criteria.

A single reviewer independently assessed the quality of the eligible clinical trials using Cochrane Collaboration's Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) tool. The risk of bias of the included clinical trials and case reports was assessed along the following domains: selection, performance, attrition, and detection.

A certainty assessment was performed using the GRADE tool based on the following parameters: inconsistency, indirectness, imprecision, statistical significance, and graded dose response. The articles were accordingly classified as having high, moderate, and low quality.

Results

A total of 25 relevant articles were included in this review. Nine studies found that infertility led to more psychological distress in women than men in South Asian nations. Women faced stigma, emotional abuse, and limited support, impacting their quality of life (QoL). Factors improving marital satisfaction were discussed in 14 studies, with only 33% of women satisfied with their sexual relationships. Poor education and misconceptions exacerbated psychological distress, whereas positive coping strategies improved the QoL of women with infertility.

Conclusions

Fertility education, counselling, and positive coping, especially spiritual coping for women, are crucial for improving QoL and treatment outcomes. In view of the results 14 recommendations were made for this important issue in the region.

9) Efficacy of letrozole versus clomiphene citrate in anovulatory infertility

Mubasher Saeed Pansota (Obstetrics & Gynaecology Civil Hospital Bahawalpur)

Background

Anovulatory dysfunction is a common problem and is responsible for about 40% of female infertility. Polycystic ovarian syndrome remains one of its leading causes. This trial was done to see the efficacy of letrozole and clomiphene citrate in anovulatory infertility.

Material

This randomized controlled trial was conducted at Obstetrics Gynaecology Unit, Bahawal Victoria Hospital, Bahawalpur. A total of 212 patients of age 20 to 38 years with anovulatory infertility were included in the study. Patients with other causes of infertility, history of previous genital tract surgery and drugs likely to interfere with ovulation were excluded. These patients were placed randomly into Group A (clomiphene citrate) and Group B (letrozole), by using lottery method. Outcome variables like efficacy i.e. occurrence of pregnancy, were noted.

Results

The mean age of women in group A was 26.67 ± 4.23 and in group B 26.24 ± 4.18 years. The mean duration since marriage in group A was 4.06 ± 1.95 years and in group B 4.26 ± 2.12 years. Efficacy of clomiphene citrate was 10.38% while that of letrozole was 21.70% ($p=0.02$).

Letrozole is more effective than clomiphene citrate in the treatment of anovulatory infertility.

10) **Psychological distress in PCOs: A systemic review and network metanalysis based on randomized controlled trial**

Anusha Ashkar (Department of Obstetrics and Gynaecology Dow Medical College)

Background

This research was conducted to determine the most effective therapeutic agents to treat psychological distress including depression and anxiety in women with PCOS.

Material

Three databases were searched using the search string: (PCOS OR polycystic ovarian syndrome) AND (depression OR clinical depression OR depressive symptoms OR morbid depression OR major depressive disorder OR MDD OR mental health parameter). All statistical analyses were conducted in the Meta Insight (Continuous) V1.1 software and R Project for Statistical Computing “net meta” package. Radom effect-effect model was used to pool mean difference (MD) and the corresponding 95% confidence interval (CI).

Results

Twenty-one randomized clinical trials were included in the study. Three Network Meta Analysis (NMA) were obtained: i) BDI (Beck Depression Inventory Scoring),ii)DASS (Depression anxiety stress scale scoring), and iii) BDI (Body mass index). CBT emerged as the most effective treatment for decreasing BDI, Combined vitamin D and omega-3 for decreasing DASS scoring, and Myo-inositol for decreasing BMI.

Conclusion

Our NMA is the first to address depression, anxiety, and other psychological distresses in PCOS. The therapeutic regimens prove effective to deal with the psychological distress in PCOS. However, further studies are still needed to strengthen our results.

11) **A cross-sectional study to evaluate the semen parameters in males presenting with subfertility at Sindh reproductive and genetic healthcare center**

Farah Hassan Khan

Background

Male subfertility is a significant contributor to global infertility, with semen analysis being a cornerstone in evaluating male reproductive potential. Semen abnormalities are influenced by lifestyle, age, health conditions, and environmental factors, impacting sperm quality and quantity. This study investigates semen parameters in males presenting with subfertility at the Sindh Reproductive and Genetic Health Centre, JPMC, Karachi.

Material

A retrospective, cross-sectional study was conducted on male patients presenting with subfertility from August 2023 to February 2024. Non-probable consecutive sampling was employed. Semen samples were collected after 3–5 days of abstinence and analyzed by a trained andrologist. Data on sperm count, motility, morphology, and volume were extracted and analyzed using SPSS version 15. Descriptive statistics summarized patient characteristics, while parameters such as head and tail defects and motility were compared.

Results

The study anticipates identifying key abnormalities in semen parameters, including low sperm concentration, reduced motility, and morphological defects. These findings are expected to highlight the prevalence and types of semen abnormalities in the local population, providing insight into the etiologies of male subfertility within the region.

This study aims to provide critical data on male fertility parameters in a tertiary care setup. The findings will enhance understanding of subfertility causes in men and support targeted interventions to improve fertility outcomes. These results will also contribute to developing tailored treatment protocols for the local population, ultimately addressing gaps in male reproductive health care.

12) Non communicating rudimentary horn is one of the rarest congenital uterine anomalies and consists of a relatively normal appearing uterus on one side with a rudimentary horn on the other side

Laraib (OBGYN Ayub teaching hospital)

Case

A 28-year-old woman, gravida 2 Para 1, presented with acute abdominal pain and in shock at 16 weeks of gestation. Imaging revealed a ruptured ectopic pregnancy. Emergency surgery was performed, on exploration a left cornual ruptured ectopic was found and repaired. Later MRI was done and diagnosed with a non-communicating left sided rudimentary horn with myometrial tissue having moderately adherent placenta with inflammatory changes. Considering and highlighting the importance and rate of life-threatening complications of this rare condition, this patient was reopened and complete resection of left sided horn along with left sided salpingectomy done.

Background

This case report will be serviceable to the medical community as they should be aware of this uncommon presentation, diagnostic challenges, its management and outcome. This case has been described on the basis of medical documentation concerning the patient in the department of gynecology MCHC ATH Abbottabad.

Results

This case emphasizes the need for early detection of rudimentary horn pregnancies due to their high risk of recurrence of ectopic and rupture. Clinicians should consider this diagnosis when encountering a gestational sac with an unusual location and always remain vigilant in cases with high-risk anatomical features.

13) The association between abnormal uterine bleeding and caesarean section scar defects: An audit of diagnostic and management approaches

Rabia Haq Shaikh (Obs and Gynaecology Luton and Dunstable Hospital, East of England, Uk

Background

Over the past few decades, the global rate of caesarean sections (C-sections) has been gradually increasing, with some countries reporting rates well above the World Health Organization's (WHO) recommended range of 10-15% of all deliveries). This global rising of caesarean sections rates has led to an increase in complications such as caesarean section scar defects (CSD), including isthmocele (a defect in the myometrial layer of the uterine wall at the site of the previous C-section scar). These defects are linked to abnormal uterine bleeding (AUB), a common concern among women with previous C-sections.

As the number of women with a history of one or more C-sections continues to rise, the associated complications such as CSD and AUB are becoming more prevalent, creating a growing burden on healthcare systems worldwide. The increase in C-section-related problems highlights the need for early recognition and appropriate management of CSD in order to improve long-term reproductive health outcomes for women.

Material

This Retrospective audit was conducted from 1st January 2023 to 31st March 2023 in Tehsil headquarter hospital liaquatpur, involving 166 patients aged 21 to 37 years (mean BMI 25-30), with a history of C-sections. Data were collected regarding the patients' demographic characteristics, obstetric history, and clinical presentation. Transvaginal ultrasound was used to assess the presence of CSD and or other gynaecological causes for AUB. The management strategies including referral for surgical intervention, were documented.

Results

All patients had a history of caesarean sections (CS) and presented with abnormal uterine bleeding (AUB) within 1-2 years post-CS. Most had 2 previous CS (69%), followed by 1 CS (29%), 3 CS (29%), and 4 CS (0.6%). Common gynaecological conditions contributing to AUB included endometrial polyps (5.4%), fibroids (16.3%), bicornuate uterus (1.2%), and ovarian cysts (6.6%). A myometrial scar defect (isthmocele) was found in 10.8% of patients via transvaginal ultrasound. Due to limited MRI access, no further investigations were done. Treatment included hormone therapy, NSAIDs, tranexamic acid, and referrals for surgical intervention (e.g., laparoscopic excision, endometrial ablation) for those with CSD.

The increasing rate of C-sections worldwide has led to a parallel rise in complications such as CSD and AUB making it essential for clinicians to recognize and manage these conditions effectively. Understanding the relationship between CSD and AUB is crucial in developing strategies to improve patient care and minimize the long-term impact of these complications. The presence of other conditions such as fibroids, endometrial polyps, and ovarian cysts suggests that comprehensive evaluation is needed to rule out other potential causes of AUB in these patients. The lack of MRI facilities may limit further investigation. Enhancing

diagnostic capabilities could help in better understanding the severity and treatment needs of these patients.

14) **Rare complications exceptional care. A success story in scar ectopic pregnancy**

Saba Ansari (OBGY IMC Hospital)

Background

Cesarean scar pregnancy (CSP) is a rare form of ectopic pregnancy in which the gestational sac implants in a cesarean section scar. Due to potential complications, CSP requires precise diagnosis and timely intervention. This case report presents the management of a CSP in a 27-year-old patient with a complex obstetric and medical history.

Material

A 27-year-old woman, Gravida 2 Para 1+0, with a history of cesarean section 21 months prior, presented with irregular vaginal bleeding and low serum beta-hCG levels. Initially diagnosed with a missed abortion at 10 weeks and managed with medical treatment in Canada, she subsequently travelled to Pakistan and experienced persistent vaginal bleeding. A transvaginal ultrasound (TVS) revealed retained products of conception (RPOC) at the cesarean scar.

Management: After initial treatment with methotrexate and serial beta-hCG monitoring, a laparoscopy-guided hysteroscopy and manual vacuum aspiration (MVA) was performed. Intraoperative findings confirmed a 4x5 cm ectopic mass on the anterior uterine wall at the previous cesarean scar. MVA was completed under laparoscopic guidance, removing moderate RPOCs. Post-procedure, no residual ectopic tissue was visualized, and beta-hCG levels returned to negative.

Results

The patient recovered well, with no post-operative complications. She was counselled on future risks, including CSP recurrence and placenta accreta, and advised on contraception options.

This case highlights the importance of early diagnosis and multidisciplinary management in CSP. Laparoscopy-guided hysteroscopy with MVA proved effective in removing the scar ectopic pregnancy, with preserved uterine integrity. This case underscores the need for individualized management and vigilant follow-up in scar pregnancies.

15) Frequency of leiomyoma in females presenting with infertility and its association with serum vitamin D3 levels

Rabia (Senior registrar OBGYN Shalamar Hospital)

Background

In women of reproductive age, uterine fibroid, a benign tumour of the uterine smooth muscle, is a common cause of menorrhagia and dysmenorrhea. Fibroid etiopathogenesis involves numerous factors. The aetiology of fibroids is influenced by hormonal variables, although other causes are still unknown. According to some theories, uterine fibroids form as a result of an inappropriate response to tissue repair that alters the formation of extracellular matrix. Vitamin D may be able to prevent this abnormal response by controlling it.

Material

Study design: A cross-sectional study

Place and Duration: 6 month Jinnah Hospital Lahore

Methodology: Using a non-probability, consecutive sampling method 101 cases of 18 to 40 years presenting with infertility were included in the study. These patients were then divided into two groups on the bases of ultrasound findings. The group I included the patients with uterine fibrosis and group II included those without uterine fibrosis. Later, 5 ml of blood was drawn from each patient under an aseptic measure and was sent to the lab for measurement of serum vitamin-D3 levels. All the collected data was entered and analyzed into SPSS version 25

Results

The findings of this study revealed that the mean BMI was 27.99 ± 5.95 kg/m², mean serum vitamin-D3 levels was 31.67 ± 4.179 ng/ml and mean age was calculated as 30.65 ± 3.48 years. It was observed that 24.8 % (n=25) were in the age group of 18-28 years. There were 56.44% (n=57) females from rural areas, and the Frequency of uterine leiomyoma was 15.8 % (n=16). The t-test of association revealed that patients with uterine leiomyoma had lesser mean Vit D3 levels compared to the patients without uterine leiomyoma with a significant p-value <0.05

We found that the frequency of uterine leiomyoma was 15.8 % (n=16). Both groups were compared for mean serum vitamin-D3 levels. P=0.000. It is concluded from the study results that the mean percentage of serum vitamin D3 level was significantly lower in uterine leiomyoma patients.

16) The role of Cabergoline in outpatient hyperprolactinemia management: A comparative study of tolerance, compliance and economic impact

Shiza Altaf (Medicine CIMS BAHAWALPUR)

Background

Hyperprolactinemia is a common endocrine disorder that can lead to various reproductive issues, often requiring treatment with dopamine agonists. This study aims to compare cabergoline and bromocriptine in terms of patient tolerance, adherence, and economic impact in the outpatient management of hyperprolactinemia.

Material

This comparative observational study was conducted from January 2021 to December 2023 at a gynaecology outpatient clinic in Bahawalpur, Pakistan. A total of 120 female patients, aged 18-50 years, newly diagnosed with hyperprolactinemia, were randomly assigned to receive either cabergoline (0.5 mg weekly) or bromocriptine (1.25 mg daily). Data on treatment tolerance, adherence, serum prolactin levels, and economic costs associated with each treatment were collected and analysed.

Results

The demographic characteristics of both groups were similar, with no significant differences in age, body mass index (BMI), or baseline prolactin levels. The cabergoline group demonstrated significantly better adherence (95%) compared to the bromocriptine group (81.67%). Furthermore, cabergoline users reported fewer side effects, including headache and nausea. Although the reduction in prolactin levels was similar for both treatments after one and six months, the economic analysis indicated that the overall cost of treatment was significantly higher for cabergoline (PKR 19,000) compared to bromocriptine (PKR 5,856). However, the additional costs associated with lab tests and transportation were higher for the bromocriptine group.

Conclusion

This study reinforces cabergoline's advantages over bromocriptine in managing hyperprolactinemia, particularly concerning patient compliance and reduced side effects. Despite its higher cost, cabergoline's favourable tolerability may enhance treatment adherence, suggesting it could be a better option in outpatient settings. Larger, multi-center studies are needed to validate these findings and explore long-term impacts.

17) When things go wrong the role of faith in shaping the effectiveness of negative counselling for infertility in Pakistan

Noor I Kiran Naeem (Obstetrics/Gynaecology and Subfertility Dr Rahmatullah's Hospital)

Background

In Pakistan, where Islam is deeply integrated into daily life, faith significantly impacts the way individuals perceive infertility and navigate associated psychological challenges. Cultural norms, intertwined with religious beliefs, place immense societal pressure on infertile couples, particularly women, leading them to seek spiritual rather than conventional counselling approaches.

This scoping review explores the role of faith in shaping the effectiveness of negative counselling for infertility in Pakistan, examining the extent to which religious beliefs influence counselling outcomes and patient engagement.

Material

This scoping review followed the six-step approach outlined in the revised Arksey and O'Malley framework, ensuring a comprehensive and systematic methodology. The databases used for this review included Google Scholar, PubMed, ScienceDirect, and PakMediNet, chosen for their relevance to both international and regional literature on infertility counselling in religious and cultural contexts.

After defining study selection criteria and identifying key search terms, a detailed literature search was conducted across these databases to capture relevant studies. Data charting was performed using a literature matrix to systematically organize extracted data, allowing for a structured comparison of study findings.

Study selection was guided by a PRISMA flowchart, visually representing the process of filtering studies from initial search results to final inclusion, with clear documentation of reasons for exclusion at each stage. Interrater reliability was calculated for the study selection process, ensuring consistency and minimizing bias in selecting studies. The final selection comprised 26 studies, providing a broad base for understanding the influence of faith on infertility counselling effectiveness in Pakistan.

Results

Through systematic analysis of 26 studies, this review identified core themes: the role of faith as a source of emotional resilience, the influence of religious leaders in shaping community perceptions, and the need for an integrated approach that combines faith-based and secular counselling practices. Findings indicate that while faith provides emotional support and resilience, it also presents challenges when religious beliefs conflict with medical advice, limiting the utilization of mental health resources. Religious leaders were found to be pivotal in shaping community attitudes, with their support often enhancing engagement with counselling services. Faith-based counselling, aligned with cultural and spiritual values, enhances acceptability and psychological outcomes, though secular counselling offers evidence-based strategies that lack cultural resonance in highly religious contexts.

This scoping review reveals the significant impact of faith on infertility counselling outcomes in Pakistan, underscoring both its supportive and challenging roles. Faith offers emotional resilience for many couples, helping them to cope with the societal and psychological burdens of infertility. However, religious beliefs can also conflict with medical guidance, creating barriers to comprehensive mental health care and the use of certain reproductive technologies. The influence of religious leaders is particularly notable, as their guidance often shapes community attitudes, potentially enhancing or limiting engagement with counselling services.

The findings suggest that while faith-based counselling, aligned with cultural and spiritual values, increases acceptability and improves psychological outcomes, secular counselling provides essential evidence-based practices that may lack cultural resonance in highly religious contexts. The review indicates a need for an integrated counselling approach that respects patients' religious beliefs while supporting mental health needs comprehensively.

In conclusion, this review highlights the importance of culturally sensitive counselling approaches that harmonize faith-based and psychological interventions. Future research should focus on exploring ways to integrate faith within therapeutic frameworks to improve engagement and outcomes for infertile couples in Pakistan. This approach holds promise for creating a supportive, holistic counselling environment that addresses both the spiritual and psychological dimensions of infertility.

18) Adolescent Ovarian Cyst Torsion

Shireen Baqir Speciality Registrar, Obstetrics & Gynaecology, JPUH

Objective

Ovarian cyst torsion is an acute emergency which can have significant implications on a woman's health, particularly in adolescents. An undiagnosed or delayed diagnosis can impact fertility and overall reproductive health in women.

Background

Ovarian or tubal torsion occurs in 2.4-7.4% of cases, more prevalent in women of reproductive age but may also occur in prepubertal and postmenopausal individuals. It is more common in women with PCOS or dermoid cysts and less frequent in those with endometriosis or malignant cysts due to adhesions.

Case report

A 15-year-old girl presented in A&E with a sudden onset of acute abdominal pain, more pronounced in the left iliac fossa and radiating to the back. The pain was sharp and stabbing, persisting for the last 48 hours, with a severity of 9/10 which was accompanied with nausea and vomiting. She reported no urinary or bowel complaints.

-Surgical history: No significant history

-Menstrual Cycle: Regular, with an average flow lasting 4-5 days every 28 days and no dysmenorrhea.

-Last menstrual period: One week ago

-Sexually history: Not sexually active.

-Medical history: Type 1 Diabetic on Insulin

Examination The patient had sinus tachycardia and low-grade pyrexia but otherwise normotensive, with a normal respiratory rate and oxygen saturation. **Abdominal Examination** There was a generalised tenderness with guarding on the left side, no rebound and no renal angle tenderness.

Diagnostic Laparoscopy Laparoscopy revealed a twisted left ovary and fallopian tube, appearing necrosed and dark. An enlarged, solid left ovarian cyst about 6 cm in size was found in the pouch of Douglas. The right ovary and tube were normal. Due to friable tissue, a cystectomy was attempted but could not be completed therefore, a left salpingo oophorectomy was performed.

Management

Prompt recognition of ovarian torsion and appropriate management would aim to restore ovarian blood flow and preserve future fertility particularly in adolescents. Diagnostic laparoscopy is the recommended approach

Historically, oophorectomy or salpingo-oophorectomy was the preferred treatment option, but recent data favours a more conservative approach. This involves detorsion of the ovary and fallopian tube, even if ovary appears dark in colour or necrotic

Performing cystectomy at the time of detorsion is generally avoided due to the higher risk of damage and bleeding caused by friable tissue than benefits. However, an interval cystectomy after 2-3 weeks may be considered once edema and congestion have resolved.

In recurrent cases of ovarian torsion, oophoropexy can be used to fix the contralateral ovary to the posterior abdominal wall, pelvic sidewall or posterior uterine wall to prevent future episodes.

Conclusion

Early and accurate diagnosis of ovarian cyst torsion should be prioritised, particularly in adolescents to preserve the ovary and fallopian tube. The preferred approach for management is detorsion.

19) Audit presentation: Heavy menstrual bleeding leading to hysterectomy

Shireen Baqir, SHO Obstetrics and gynaecology Torbay and south Devon hospital

Background

Aims to evaluate the management of heavy menstrual bleeding in accordance with the National Institute for Health and Care Excellence (NICE) guidelines and assess the proportion of hysterectomies performed due to HMB

Retrospective review of medical records of patients through clinical portal and info flex for women who underwent hysterectomy due to HMB within six months from August 2022 - February 2023

Audit criteria

Evaluation of adherence to NICE guidelines in the diagnosis and management of heavy menstrual bleeding My benchmark is the NICE guideline for management of heavy menstrual bleeding (HMB) 2021, which advocates for hysterectomy as a second-line treatment strategy in cases where other interventions have declined, been unsuccessful or contraindicated

Morally 100% of patients fulfilled the criteria in accordance to the NICE guidelines. But, only 5 patients (25%) physically filled out the form

All patients were made aware of the potential impact of heavy menstrual bleeding on their menstrual cycle, with emphasis on the possibility of amenorrhea and the potential compromise of fertility. The majority of patients underwent initial medical treatments, consistent with the first-line management strategy recommended by guidelines.

Gynae Oncology
Oral Presentations

1) VNotes Primary bilateral salpingo oophorectomy for ovarian cancer prophylaxis in women with hereditary breast and ovarian cancer genes: pilot series of 10 cases

Wai Yoong

Department of Obstetrics and Gynaecology, North Middlesex University Hospital,
London

Introduction

BRCA 1/2 genes mutation is associated with lifetime risk for ovarian cancer of 60%, while women with BRIP1 gene have a 4%-12% risk (baseline population risk 1-2%).

Prophylactic bilateral salpingo-oophorectomy (BSO) is therefore recommended for these women after 35 and 45 years respectively. While conventional laparoscopy (CL) is the benchmark for BSO, the vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) is emerging as an alternative route with its good optical visibility and avoidance of abdominal trocar incisions, together with better cosmesis, less pain and more rapid recovery. The authors describe demographics and outcome data of ten women with hereditary breast ovarian cancers (HBOC) of strong family history who underwent vNOTES BSO for ovarian cancer prophylaxis.

Methods

Ten women with either HBOC (n=7) or strong family history (n=3) requested prophylactic BSO for ovarian cancer risk reduction, while conserving the uterus. All ten were offered the vNOTES BSO through a posterior colpotomy incision and had no contraindications to vNOTES approach (*i.e.* history of rectal surgery, previous pelvic radiotherapy, recto-vaginal endometriosis, suspected malignancy or active pelvic inflammatory disease). Data collected prospectively from the hospital electronic records included age, body mass index (BMI), Ca 125 levels, duration of surgery, estimated blood loss (EBL), length of stay, VAS pain score at 24 hours and intra and postoperative complications (Clavien-Dindo Classification). Sexual function pre- and post- procedure were compared using the Female Sexual Function Index 6 (FSFI-6), while recovery status was recorded using questions modified from Recovery Index 10 (RI-10) toolkit.

Results

The median age and BMI were 46 years and 29 kg/m³ respectively while the median duration of surgery and length of stay were 35 mins and 12.2 hours. There were no intra or post operative complications and median pain VAS at 24 hours was 2. Sexual function pre- and post- procedure were similar (FSFI-6) and recovery back to normal activity was achieved in less than 3 days when assessed using RI-10.

Conclusions

vNOTES BSO may have significant advantages over conventional laparoscopy for prophylactic BSO with its good optical visibility and avoidance of abdominal trocar incisions, together with better cosmesis, less pain and more rapid recovery.

2) Adnexal Masses in Pregnancy

Jyotsna Acharya

We increasingly see incidental adnexal masses being picked up in pregnant women when they have scans.

While the vast majority are benign and resolve spontaneously, some might cause symptoms or rarely, they might be malignant requiring immediate surgery.

3) Vulval Pain Syndromes

Jyotsna Acharya

Vulval pain syndrome such as vulvodynia are difficult to quantify and treat because many women tend to suffer in silence and rarely seen clinically.

I will outline a few simple examination, investigation and management measures.

4) **Breast cancer and menopause**

Zainab Waseem

This talk looks at management of menopausal symptoms after breast cancer with lifestyle approaches.

Rates of breast cancer are rising and menopausal burden as a consequence of cancer treatment is increasing as cancer survivorship is growing with implications for noncompliance of current treatment and also increased risk of chronic diseases of menopause such as CVD, diabetes, hypercholesterolemia, dementia, cancer recurrence and osteoporosis.

Using a lifestyle-based approach to help with amelioration and improvement of vasomotor, genitourinary and musculoskeletal symptoms will be discussed.

5) **Risk of malignancy index (RMI) plus international ovarian tumour analysis (IOTA) versus risk of malignancy index (RMI) alone in assessment of malignancy risk for adnexal masses undergoing gynecological surgery**

Mishal Maqbool (OBGYN Federal Government Polyclinic Hospital)

Background

The Risk of Malignancy Index (RMI) and International Ovarian Tumour Analysis (IOTA) are diagnostic tools used to differentiate between benign and malignant adnexal masses. Accurate distinction is crucial for surgical planning and clinical management.

Objectives:

This study aimed to compare the diagnostic accuracy of RMI alone and RMI combined with IOTA in assessing malignancy risk in adnexal masses undergoing gynecological surgery.

Material

A prospective cohort study was conducted at the Mother Child Health Centre, Pakistan Institute of Medical Sciences (PIMS) from February to August 2023. A total of 49 patients with adnexal masses were evaluated preoperatively using transvaginal ultrasonography and serum CA-125 levels. RMI and IOTA results were compared with the histopathological diagnosis post-surgery.

Results

RMI has a 76.9% (47.87-96.72) sensitivity, 88.5 % (74.46-94.68) specificity and 76.9% and 88.5% positive and negative predictive values, respectively. The ultrasound score showed a positive predictive value of 46.9% and a negative predictive value of 88.2%, with 76.9 (52.74-90.44) sensitivity, 74.2 (60.66-86.17) specificity, while menopausal state has a positive predictive value of 28.4%. According to RMI, 13 (26%) of the 49 women had malignancy, 35 (71%) were benign and 1 (2%) had a borderline disease. Whereas, as per IOTA, 5 (10.2%) of the 49 women had malignancy, 25 (51.0%) were benign, and 19 (38.7%) were inconclusive. The combined use of RMI and IOTA did not significantly improve diagnostic accuracy compared to RMI alone.

While RMI is a useful tool for assessing adnexal masses, its sensitivity remains limited. The addition of IOTA did not substantially enhance the diagnostic accuracy due to its high rate of inconclusive results. Further studies with larger sample sizes are recommended for validation.

6) **Laparoscopic versus open surgery for advanced staged ovarian cancer: A ten-year data analysis**

Kheyal Azam Khalil (Surgical Oncology Shaukat Khanum Memorial Hospital and Research Center, Lahore)

Background

Objective:

To compare surgical outcomes, progression free and overall survival in patients with laparoscopic versus open surgery for advanced stage ovarian cancer

Material

171 patients with advanced stage III/IV ovarian cancer who underwent ovarian cancer surgery were included in this retrospective cohort study. The surgeries performed from January 2014 till January 2024 were reviewed. Patient characteristics such as age, BMI, cancer histology and stage, treatment received (chemotherapy and surgery) will be noted. The study compares surgical outcomes as well as overall survival and progression free survival (PFS) in patients.

Results

The mean age of this study cohort was 53.47 years (range 27- 87 years) with an average BMI of 27.7 ± 5.8 . 17 patients had total laparoscopic surgery whereas 154 patients (90%) had open surgery with a midline incision. Interestingly, patients receiving an extra cycle of chemotherapy pre-operatively were found to have undergone laparoscopic surgery (p value – 0.009). The average blood loss for laparoscopy group was 82ml whereas with open surgery it was 164ml. On the other hand, the average length of surgery was longer for laparoscopy (231 ± 94 minutes) as compared to open surgery. The length of hospital stay was shorter for laparoscopy group (3.24 ± 1.2 days). The overall and PFS were longer in the open surgery group, but this difference was not statistically significant.

Laparoscopy offers short-term benefit in terms of intra and post-operative indicators, but no significant survival benefit was noted in one group over the other.

7) **Evaluation of complete gross cytoreduction in a advanced stage epithelial ovarian cancers according to European society of gynecological oncology quality indicators**

Maria Habib (Surgical oncology Shaukat Khanum Memorial Cancer Hospital and Research Center Lahore)

Background

The majority of patients with ovarian cancer present with advanced stage disease (FIGO stage III-IV) and treatment consists of a combination of cytoreductive surgery and (neo)adjuvant chemotherapy. The gynecologic oncology group defines optimal cytoreduction as residual disease that is <1cm in maximum tumor diameter, complete cytoreduction as no gross visible disease, and suboptimal cytoreduction as residual tumor of >1cm in diameter. The greatest survival benefit, however, is seen in patients who achieve removal of all macroscopic disease

Material

After taking approval from the Hospital Quality Patient Safety Department (QPSD), this retrospective audit was conducted between Jan 2021 – Dec 2022 (3 years) in the Department of Surgical Oncology, Shaukat Khanum Memorial Cancer Hospital Research Centre (SKMCHRC), Lahore Pakistan. Patients treated for advance stage ovarian cancer were identified from pathological database during the study period. All those patients were included in the audit who were operated at SKMCHRC.

Results

A total of 127 patients were included in the study. Majority of the patients had serous histology (74.3%), Primary debulking surgery was done in 43.3% whereas secondary cytoreductive surgery was performed in 56.7% of the patients. Open surgery was performed in 63% patients. Complete gross cytoreduction was achieved in 76% of the patient (Benchmark 65% according to European society of gynecological oncology quality indicators)

Our setup has rate of complete gross cytoreduction more than expected quality indicators. It is very important to achieve complete gross cytoreduction in ovarian cancers according to standard quality indicators to improve the survival benefits.

8) **Efficacy and safety of plasma gel as an adjuvant to cytoreductive surgery in advanced stage ovarian cancer: A metanalysis and systemic review**

Anusha Ashkar

Background

This research was conducted to assess the therapeutic efficacy and safety of PlasmaJet® in cytoreductive surgery (CRS) in advanced-staged ovarian cancer.

Materials and Methods

Three databases were searched using the search string: ((neutral NEAR/6 argon NEAR/6 plasma) OR (jet NEAR/6 plasma NEAR/6 (coagulat* OR remov*)) OR plasma jet OR Neutral Argon Plasma OR plasma jet surgical device) AND (ovarian cancer OR EOC OR advanced stage ovarian cancer) AND (cytoreductive surgery OR CRS). All statistical analyses were conducted in Review Manager 5.4.1. The Radom effect-effect model was used to calculate the Inverse Variance (IV) and their corresponding 95% confidence interval (CI). Both quantitative and qualitative analysis were performed.

Results

Our analysis included four published studies. Quantitatively, the prevalence of CRS was 70% (95% CI=0.45,0.95, I2=97%), blood transfusion requirement 27% (95% CI= 0.21,0.33, I2=0%), UTI 10% (95% CI=0.0,0.20, I2=82%), superficial wound infection 3% (95% CI= -0.01,0.08, I2=77%), pneumonia 2%(95% CI= -0.0,0.03, I2=0%), and anastomotic leakage 1% (95% CI= -0.01,0.04, I2=46%) for PlasmaJet®. Qualitative analysis of FIGO staging, intraoperative blood loss(ml), operative time(min), duration of hospitalization(days), mortality, recurrence and survival, and patient reported outcomes in terms of EQ-VAS and EQ-5D-5L scoring, was performed. The data for the given parameters including the patient-reported outcomes, except for operative time, remained lower for PlasmaJet®.

Conclusion

Our study, the first meta-analysis, suggests positive therapeutic implications of 'PlasmaJet® Device' in CRS. However, more studies are needed to further determine the efficiency and safety of this innovative device.

9) **Ultrasound guided aspiration of cystic pelvic masses (review of 417 cases)**

Musarrat Hassan (Ultrasound Institute Of Ultrasound Imaging Karachi Pakistan)

Background

B-mode Ultrasound has long been an indispensable tool in diagnosing adnexal masses. A study showed that the sensitivity, specificity, and accuracy of Ultrasound in the diagnosis of pelvic masses was 94.45%, 63.63%, and 89.09% respectively. In this study, we showcase the utility of Ultrasound-guided aspiration, the process of performing it and its benefits over invasive surgeries.

Material

417 cases of pelvic masses were referred to our Ultrasound Clinic in Karachi from February 2008 to January 2024. Based on Ultrasound criteria, diagnosis of cysts, abscesses, endometriomas and pelvic collections were made. Diagnostic/ therapeutic aspirations were carried out. The mass which was larger than 7 cm was aspirated per-abdominally by the free-hand technique whereas a mass of less than 5 cm (mean diameter) was aspirated by the vaginal route via the puncture adapter technique, provided that the mass was in the left or right fornix. Masses larger than about 20 x 18 cm, which were complex (predominantly cystic in nature) were aspirated to decompress the mass first, before the patient progressed to surgery. In some cases, aspirations of about 12,000 cc were carried out in multiple sittings to relieve the patient's discomfort. All patients were reassessed after 15 days to evaluate any pain, discomfort, spill or recurrence.

Results

After meeting the selection criteria, 417 cases of pelvic masses were aspirated. Out of them, 34 were ovarian abscesses whilst 248 were chocolate cysts (endometriomas). 54 peritoneal collections and 16 psoas abscesses were also drained. 26 were found to be ovarian cysts with clear transparent fluid and 39 were found to be ovarian cysts with a tinge of red or dark yellow fluid. On follow-up, recurrence was observed in 34 patients, 14 patients complained of mild pain and slight discomfort right after the procedure which was relieved by Paracetamol. No fluid collection was seen in the cul de sac.

Laparoscopy may not be affordable for the masses in a developing country like Pakistan. On the other hand, Ultrasound guided aspiration is not only a cost-effective solution, but it also reduces the risk of adhesions greatly due to minimal handling of the tissues.

10) Correlation of ultrasound and histopathology for diagnosis of endometrial cancer in post-menopausal women

Dr Viqar Ashraf (Gynae and OBS MH Rawalpindi)

Background

To measure the utility of transvaginal ultrasound as a screening tool by correlating sonographic findings with histopathology for diagnosis of endometrial cancer in post-menopausal women.

Material

After ethical approval post-menopausal women with abnormal uterine bleeding were subjected to transvaginal ultrasound and their endometrial biopsy was taken for histopathology. The frequency of positive histopathology was correlated with sonographic findings to measure the diagnostic accuracy of ultrasonography in the diagnosis of endometrial cancer.

Results

The sensitivity of sonographic evidence was found to be 64.1% in the diagnosis of CA endometrium. The specificity was 92.0%, the positive predictive value (PPV) was 58.6% and the negative predictive value (NPV) was 79.8%. The frequency of endometrial CA on histopathology was 23(35.9%) in group A (abnormal thickness) and it was 2(3.3%) in group B (normal thickness) with a p-value of <0.001.

We concluded that transvaginal ultrasound is a reliable screening tool for endometrial carcinoma which correlates well with histopathology.

11) **Role of lymphadenectomy in the management of early-stage endometrial cancer**

Kheyal Azam Khalil (Surgical Oncology Shaukat Khanum Memorial Hospital and Research Center, Lahore)

Background

Objective: To determine to role of pelvic lymphadenectomy by assessing nodal positivity on progression free and overall survival in early stage endometrial cancer

Material

89 women diagnosed with stage I /Stage II endometrial cancer at presentation who underwent pelvic lymphadenectomy during surgery in 2019 till the year 2023 were included in this retrospective study. Patient characteristics, final histopathology including cytology, type of surgery (laparoscopic vs open), radiological evidence of lymphadenopathy before surgery, number of lymph nodes retrieved, histopathological evidence of nodal positive/negative disease, adjuvant therapy (if any), recurrence free survival and overall survival were noted for these patients. Recurrence free survival and overall survival was estimated in months, for patients with lymph node positive and negative disease.

Results

The rate of laparoscopic surgery was 65.2% in this study cohort with radiological evidence of lymphadenopathy in 17 patients. Only 6 patients were found to have nodal positive disease out of which only 3 had lymphadenopathy on scans. 51.7% patients received adjuvant radiation therapy whilst 18% underwent adjuvant chemotherapy. The estimated mean survival was 65.6 months, with recurrence free survival being 61.7 months. Amongst the patients with lymph node positive disease only one was found to have disease recurrence despite adjuvant treatment.

Until advanced techniques such as sentinel lymph node mapping is available in low resource countries, surgical staging with pelvic nodal sampling is recommended.

12) Laparoscopic Assisted Posterior Pelvic Exenteration in a case of uterine carcinosarcoma: video presentation

Maria Habib (Surgical oncology Shaukat Khanum Memorial Cancer Hospital and Research Center Lahore)

Background

To demonstrate a surgical technique of laparoscopic assisted posterior pelvic exenteration in uterine carcinosarcoma.

Material

After inserting laparoscopic ports, staging laparoscopy was performed. Then infundibulopelvic ligaments were skeletonized, clipped and divided. Then upper part of rectum was mobilized. Medial to lateral mobilization of sigmoid colon was done and rectum was dissected off the lower part of uterus. Then lateral to medial mobilization of sigmoid colon was done. Inferior mesenteric pedicle was skeletonized, clipped and divided. Uterine pedicles were clipped and divided. Colpotomy was performed. Then rectum was prepared for transaction and transaction was done using eschelon 60mm green staple. Bilateral pelvic lymph node dissection was done. After this, pfannensteil incision was given and all the specimens were retrieved. Proximal colon transaction was done and anvil was inserted and again placed in the abdominal cavity. Circular stapler was inserted via rectum. Stitch line reinforced with prolene. Then omentectomy was performed.

Results

There were no surgery related complications. Patient was discharged on 5th post operative day in a stable condition. Final histopathological staging was stage 1A and lymph nodes were reactive but free of tumor.

Laparoscopic assisted posterior pelvic exenteration is a feasible technique in cases of gynaecological malignancies where tumor is adherent to the rectum.

13) Comparison of staging by MRI and histopathology in women with endometrial carcinoma

Zartaj Hayat (Gynae & Obs Fauji Foundation Hospital Rawalpindi)

Background

Worldwide carcinoma of the is endometrium the 6th most commonly occurring cancer in women.[1] In Pakistan the overall prevalence of cancer of endometrial cancer is 5.6 per 100,000 population.[2] Endometrial carcinoma is classified according to the histological type and grade of tumor. The diagnosis of endometrial cancer is mainly established after an endometrial biopsy in symptomatic women. Currently for pre-operative staging of the carcinoma of endometrium, Magnetic Resonance Imaging (MRI) is the imaging modality of choice.[9] MRI has a sensitivity, specificity and diagnostic accuracy ranging between 71.9-76.9%, 87.5-95.5% and 79-85% respectively in detecting local spread of disease. This is important in clinical decision making as total-abdominal hysterectomy with bilateral salpingo-oophorectomy is recommended for low risk patients whereas a more extensive surgical approach with addition of lymph node dissection and omental biopsy is advised in high risk group.[16] Due to its high accuracy, a pre-operative assessment of the stage of disease is done by using MRI for planning of the surgery, adjuvant radiotherapy and post treatment follow-up for recurrent disease.[15],[17]

Although there is much literature to be found, local data is scarce regarding this, which may be due to uncommon use of MRI due to lack of easy availability of equipment. The purpose of this study is to assess the validity of MRI in staging of endometrial carcinoma and comparing it with the surgical staging of the disease.

Material

This was a retrospective study conducted in Fauji Foundation Hospital, Foundation University Islamabad from January 2018 till May 2022 which included 32 diagnosed cases of endometrial carcinoma. The primary outcome of the study was to assess the diagnostic value of MRI in preoperative staging and risk assessment in endometrial carcinoma when compared with the histopathological staging of the surgical specimen according to the FIGO 2021 staging system. The secondary outcome was to assess the role of both MRI and preoperative biopsy in preoperative risk assignment.

Results

In this study MRI had a diagnostic accuracy of 78% for detection of stage I, 93% for stage II and 75% for stage III endometrial carcinoma. The sensitivity, specificity, NPV, PPV and diagnostic accuracy of MRI in detecting cervical invasion was 50%, 64.2%, 90%, 16.6% and 62.5% respectively. For myometrial invasion MRI was 78.1% accurate, 92.3% sensitive and 68.4% sensitive while NPV and PPV values were 92.8% and 66.6% respectively. For differentiating low risk and high risk groups, the sensitivity, specificity, NPV and PPV of MRI alone was 85.7%, 64.3%, 94.1%, 40% whereas when combined with preoperative biopsy the sensitivity and NPV was 100%.

Although MRI is useful in preoperative staging and risk assessment of endometrial carcinoma but as the sensitivity and PPV for high-risk group detection were low other modalities may need to be considered in adjunct for the decision of lymphadenectomy.

14) Oncological outcomes of immature ovarian teratoma following primary and secondary surgery: A 15year report from a cancer center

Maria Habib (Surgical oncology Shaukat Khanum Memorial Cancer Hospital and Research Center Lahore)

Background

To review clinical characteristics and oncological outcomes of immature ovarian teratoma following primary and secondary surgery.

Material

This retrospective cohort study was conducted in the department of surgical oncology, Shaukat Khanum Memorial Cancer Hospital Research Centre, Lahore Pakistan between July, 2008-June, 2023 (15 years). All patients with pathological confirmation of IOTs were included in the study. Women were excluded if (1) details of primary treatment were unavailable; and (2) if there was no follow-up data. Non-probability consecutive sampling technique was used for recruitment of patients. Patient demographics and disease characteristics were summarized using descriptive statistics. Progression free survival time and overall survival was calculated from time of surgery to the date of recurrence or the date of death. Kaplan–Meier method was used for survival curves. Statistical analysis was performed using SPSS 20.

Results

Of 38 women, most of the patients belonged to a age group of 21-30 years (42.1%), stage 1a (47.4%) and grade III disease (31.6%). Laparotomy was performed in 89.5% of the patients. Twenty seven out of 38 patients underwent unilateral salpingo-oophorectomy (71.1%) and 27 patients received adjuvant chemotherapy (71.1%). Relapse occurred in 31% of the patients. However, most common site of relapse was liver (38.4%). Half of the patients received chemotherapy after relapse and the other half underwent secondary cytoreductive surgery. Overall survival after a mean follow up of 43 months was 84.8%.

IOT occurs most commonly in young women. Most common presentation is early stage but high grade, and fertility sparing surgery has good oncological outcomes. With secondary cytoreductive surgery and platinum based chemotherapy, it is possible to salvage most recurrences.

15) Cervical cancer elimination: A reality

Noreen Zafar (Ob-Gyn Girls and Women Health Initiative)

Background

Cervical cancer is a frequent cause of morbidity and mortality in Pakistan, although it can be largely prevented with a combination of vaccination and screening.

Material

A review of situation analysis for cervical cancer will be presented

Results

The key steps needed in Pakistan to implement Regional Strategy for cervical cancer elimination are identified and discussed

Cervical cancer control and elimination are a tangible reality

16) Exploring the reasons behind late detection of cervical cancer in Pakistani population

Bushra Khan (Gynae and Obstetrics Ayub Teaching Hospital Abbottabad)

Background

Approximately 1:4 of all cancers in women in developing countries is a gynaecological cancer. The gynaecological cancer burden in developing countries is huge primarily due to the high incidence and mortality of cervical cancer. Cervical cancer accounts for over 60% of the gynaecological cancer burden in developing countries despite being preventable by current technologies. In the developed countries, the majority of the cases are diagnosed in early stages, allowing for more conservative therapeutic approaches and resulting in better quality of life for the survivors. However, advanced stage diagnosis presents a significant challenge in managing cervical cancer in developing countries.

Material

Qualitative study was conducted to explore the reasons behind late detection of cervical cancer. The study was conducted in Ayub Teaching Hospital, Abbottabad which is a public sector tertiary care hospital in Pakistan. The researcher interviewed 15 patients with advanced disease in the month of September and October 2024. Advanced disease was defined as the disease which was inoperable or stage I B3 and beyond. Data was analysed using Braun and Clarke method.

Results

The researcher identified five themes 1) Personal behaviour 2) Socio-cultural attitude/beliefs 3) Financial issues 4) unstructured Health system 5) Lack of commitment of treating physician

The researcher concluded that early detection thru a proper health care system with cervical screening programs should be initiated. Pakistani women are mostly dependent on their male family members for all major and minor decisions including visiting a doctor. Women needs to be empowered. There are a number of myths associated with cancer which needs education and awareness programs. Health care system needs to be improved by making policies on government level with the consensus of all stake holders to bring awareness to report early, educate and support women with the disease, to detect disease early and provide timely treatment. Welfare organisations, support programs and zakat need to be mobilised to address financial issues in treating these women.

17) Non gestational primary hepatic choriocarcinoma in a Young female: Case Report of a rare tumor

Dr Sadia Aftab (Obs & gyne Mch pims)

Background

Non gestational choriocarcinoma is a rare aggressive and highly malignant tumor which can arise from liver, brain, stomach, pancreas, gonads. Primary hepatic choriocarcinoma is rare cancer particularly in females. So far, in the literature 11 cases of PHC have been reported in males and only 1 case have been reported in females.

Results

We report a second case of a female patient in her mid-30s presented in opd MCH PIMS, with right hypochondrium pain and raised beta HCG. Her CT abdomen with contrast showed enlarged liver up to 28cm with multiple hypodense areas scattered in liver and hypodense arterial areas with washout in delayed phase is noted in right lobe. Also, multiple soft tissue density areas were noted in bilateral lungs. Ct guided biopsy was done. On histopathology two types of cells resembling cytotrophoblast and syncytiotrophoblast with marked atypia were present concerning for choriocarcinoma. Patient was given chemotherapy (BEP regimen) however patient could not survive and passed away after the first session, within first month of her presentation.

PHC is a rare tumor with high mortality rate. In the literature, the average survival period of patient is 10 days to 12 months. Further studies are warranted for early diagnosis and prompt treatment of the disease to improve the survival outcomes

Poster presentations

1) Rising incidence of cervical cancer: where we stand for its awareness?

Ayesha (Shaikh Zayed Postgraduate Medical Institute, Lahore)

Background

The increasing mortality of cervical cancer besides being preventable and curable is quite an alarming situation globally. It is the third most common cancer of females in developing country like, Pakistan. With the advancement in technology, breast cancer awareness has surpassed the specific number. Hence, cervical cancer being the common malignancy among females need to be addressed with the same zeal. This study intends to discover awareness, understanding as well as role of mass media towards cervical cancer and its screening awareness.

Material

Cross-sectional study was conducted on married women (20-60 years of age) through self-administered questionnaire; visiting OPD of Gynecology and Obstetrics department of Shaikh Zayed hospital dated 1-7-2022 to 1-8-2022, Lahore, Pakistan. Data was analyzed through IBM SPSS Statistics version 24.

Results

Only 17% respondents had an understanding and 83% respondents were not familiar with the word cervical cancer and its screening. The study concluded that age, occupation, education and monthly household income showed positive associations with understanding of cervical cancer and its screening; this is because most of the respondents were of young age, housewives, less educated, and belongs to low socio-economic status. Whereas, 28% respondents found mass media imperative and 72% respondents had not found mass media significant in their awareness approach. Residence and source of information had shown significant associations with role of mass media in cervical cancer and its screening awareness because urban residence and utilization of information sources enhances knowledge as well as give awareness on their health spectrum. Cervical cancer can be easily prevented with the help of screening methods. Thus, it is need of an hour to work on mass media for its awareness to prevent the third most common cancer among females in developing countries.

2) Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy and systemic pelvic lymphadenectomy with para-aortic lymphadenectomy in advanced stage endometrial cancer: a video presentation

Maria Habib (Surgical oncology Shaukat Khanum Memorial Cancer Hospital and Research Center Lahore)

Background

61 years old female, treated case of Adenoid cystic carcinoma of the scalp, postmenopausal since 9 years, presented with two episodes of postmenopausal bleeding. Her ultrasound was done which showed endometrial thickness of 7mm. Endometrial biopsy was taken which was reported as high grade serous carcinoma/clear cell carcinoma. Imaging studies showed uterine tumor with bilateral enlarged pelvic sidewall, para-aortic and aortocaval nodes with mildly avid peritoneal nodule. Predicted FIGO stage was IVb. Case was discussed in Multidisciplinary team meeting and a plan of primary debulking surgery followed by adjuvant chemotherapy was made

Material

Intraoperatively, there was a bulky uterus with multiple fibroids, bilateral ovaries were normal looking, uterus was adherent to the anterior abdominal wall. Omentum was adherent to the anterior abdominal wall in the midline and also to the falciform ligament. Multiple enlarged lymph nodes in the bilateral pelvic and para-aortic regions were present. No omento-peritoneal disease was found. Rest of the survey was unremarkable.

She underwent total laparoscopic hysterectomy with bilateral salpingo-oophorectomy and systematic pelvic lymphadenectomy with para-aortic lymphadenectomy without any intraoperative complications. Patient remained stable afterwards and discharged home.

Results

Final histopathology was reported as high grade serous carcinoma of the endometrium. Five pelvic lymph nodes and three para-aortic lymph nodes were positive for metastatic carcinoma. Omentum and peritoneal biopsies were free of tumor. So final FIGO stage was IIIC2. Patient received 6 cycles of chemotherapy afterwards and is doing fine on follow up. Laparoscopic surgery seems to be beneficial even in advanced stage endometrial cancers in terms of lesser adverse events related to surgery, postoperative complications and early recovery.

3) Barriers to genetic testing in ovarian cancers-is it the fear of knowing too much?

Anam Riaz (Gynae Oncology Aga Khan University Hospital Karachi)

Background

Epithelial ovarian cancer (EOC) is the seventh most common cancer in women worldwide, with a five-year survival rate of less than 45%. The poor prognosis is due to late diagnosis and limited screening. In Pakistan, ovarian cancer is the third most prevalent cancer among women. BRCA1 and BRCA2 mutations contribute to 15-20% of EOC cases globally. Genetic testing is essential for targeted treatments and risk-reduction strategies, but its uptake is low, especially in low-resource settings like Pakistan. This study aimed to assess the knowledge, acceptability, and barriers to genetic testing among women with EOC in Pakistan.

Material

A prospective, cross-sectional study was conducted at Aga Khan University Hospital, Karachi, from September 2023 to June 2024. Women diagnosed with EOC who had surgery within the last three months were included. An anonymous, interview-based questionnaire assessed participants' knowledge, sources of information, and perceived barriers to genetic testing. Data were analyzed using SPSS 19.0.

Results

Among the 68 participants, 36.76% were aware of genetic testing. Awareness was significantly higher among women with better socioeconomic status ($p=0.003$) and higher education ($p=0.0005$). All participants expressed willingness to undergo genetic testing. Among those tested (20.58%), 85.71% shared results with family, and 92.86% found it beneficial. The main barriers included cost (47.06%), fear of additional cancers (32.35%), and limited availability (20.59%).

The study highlights significant gaps in genetic testing awareness and access in Pakistan, especially among lower socioeconomic and educational groups. Addressing barriers like cost, availability, and education is crucial for improving genetic testing uptake.

4) Silent intruder: A rare association of retroperitoneal lymphocele with giant uterine leiomyoma in a postmenopausal woman: A rare case report

Anam Riaz (Gynae Oncology Aga Khan University Hospital Karachi)

Background

Lymphoceles are fluid collections without epithelial lining, most commonly associated with trauma or surgery involving lymphatic vessels., such as pelvic lymphadenectomy or renal transplantation. Their idiopathic occurrence is rare, with even fewer reports describing their association with uterine leiomyomas. This case highlights an unusual presentation of a retroperitoneal lymphocele linked to a large sub serosal uterine fibroid.

Material

A 47-year-old postmenopausal woman presented with a 2-year history of progressive abdominal pain and backache. She had a known history of uterine fibroids but no prior surgery. Examination revealed a large pelvic mass of 24 to 26 weeks size, and imaging identified a 15×21×12 cm sub serosal fibroid with adenomyosis and a right retroperitoneal cystic lesion (17×8×2 cm), likely representing a lymphocele. Given her postmenopausal status and worsening symptoms, she underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Intraoperatively, a large retroperitoneal lymphocele was confirmed and managed conservatively. Postoperative recovery was uneventful, and the lymphocele resolved spontaneously at the 6 month follow-up imaging.

Results

This case highlights a rare retroperitoneal lymphocele associated with a large uterine leiomyoma, likely due to lymphatic compression from the fibroid. In the absence of prior surgery, thorough imaging and clinical evaluation excluded other pelvic cystic lesions. Conservative management, focusing on fibroid removal, led to spontaneous lymphocele resolution, avoiding unnecessary interventions.

This case demonstrates the importance of individualized management for rare presentations of uterine leiomyomas. Addressing the underlying pathology can resolve associated complications, such as lymphocele, without additional invasive procedures, highlighting the importance of individualized, patient centered management.

5) Investigating emotional and psychological impacts of gynaecological cancer surgery: A qualitative study

Rida Amjad (Obstetrics & Gynaecology Unit III, Services Hospital Lahore Services Institute of Medical Sciences Lahore)

Background

Gynaecological cancer surgery has significant impact on women's emotional and psychological well-being. Emotional healing is just as important as physical recovery.

Material

Study design: Qualitative study.

Setting: Obstetrics and Gynecology Department Unit III, SIMS / services Hospital, Lahore

Duration of study: Six months

Methodology: This qualitative study used semi structured interviews of 20-25 patients to explore experiences of women who underwent gynecological cancer surgery

Results

Results explained in poster.

Emotional responses varied, with 35% experiencing anxiety, another 35% feeling depressed and 30% remaining hopeful. Psychological impacts included anxiety (50%), depression (60%) and fear of recurrence (45%). Most females valued family support as effective. They relied heavily on coping strategies like religious practices, household tasks and social interaction to sustain emotional well-being.

Maternal & Fetal Medicine

Oral Presentations

- 1) **To determine the accuracy of Ist trimester uterine artery doppler ultrasound pulsatility index in prediction of Pre-eclampsia in pregnant women attending tertiary care hospital clinic**

Kinza Sajjad Shalamar hospital, Lahore

Background

Hypertensive disorders affect 2 to 10% of the pregnancy, out of which preeclampsia contributes 7 to 10% and is associated with significant maternal fetal morbidity mortality all around the world as well as in Pakistan.

Among many risk factors, primiparity itself is a risk factor for development of preeclampsia in 5 to 7 %cases.

Material

This cohort study is conducted in antenatal clinic of shalamar hospital Lahore from December 2022 to June 2023. An analysis was conducted on data from 75 women of age 18-45, whose gestational age was between 11-13 weeks, based on their last menstrual period. The uterine pulsatility index, mean arterial pressure and maternal features were the only factors considered in the risk evaluation of the first trimester fetal medicine foundation algorithm for preeclampsia. Patients were monitored for the emergency of preeclampsia and fetomaternal outcome till delivery.

Results

75 patients were taken into study with mean age 30 +-5, mean bmi 30+-5 and 60% were nulliparous. Out of which 25 patients were categorised as high risk and 50 were categorised as low risk by using algorithm. Preeclampsia developed in 12 patents.

It was found out that using FMF algorithm for prediction of preeclampsia was superior than using maternal factors alone.

2) **Efficacy of Low Dose Calcium Supplementation with Standard Dose of 1500 mg of Calcium Intake in Prevention of Pre-Eclampsia in High Risk Pregnant Women**

Sidra Rauf (Obstetrics and Gynaecology Pakistan Institute of Medical Sciences)

Background

To compare the efficacy of low dose calcium supplementation with standard dose of 1500 mg of calcium intake in prevention of pre-eclampsia in high risk pregnant women

Material

A total of 212 patients of 16-24 weeks of gestation assessed on LMP, 18 to 35 years of age with singleton pregnancy were included. Patients with chronic renal disease and multiple pregnancies were excluded. Group A received low dose calcium supplementation i.e., 500mg calcium daily and group B was given 1500mg calcium daily as recommended by WHO in three divided doses. Both groups continued taking standard obstetrics care with oral hematinics, loprin and oral antihypertensives, as indicated. Information regarding all the study variables were recorded in a structured proforma. Confidentiality of the data was ensured. BP and proteinuria was checked at 34- 36 weeks and at delivery. The frequency of preeclampsia on both groups was compared.

Results

A total of 212 patients of 16-24 weeks of gestation assessed on LMP, 18 to 35 years of age with singleton pregnancy were included. Patients with chronic renal disease and multiple pregnancies were excluded. Group A received low dose calcium supplementation i.e., 500mg calcium daily and group B was given 1500mg calcium daily as recommended by WHO in three divided doses. Both groups continued taking standard obstetrics care with oral hematinics, loprin and oral antihypertensives, as indicated. Information regarding all the study variables were recorded in a structured proforma. Confidentiality of the data was ensured. BP and proteinuria was checked at 34- 36 weeks and at delivery. The frequency of preeclampsia on both groups was compared.

This study concluded that low dose calcium supplementation prevents pre-eclampsia in high risk pregnant females.

3) Can esomeprazole improve outcomes in women at high risk of pre-eclampsia? A Phase 2 placebo controlled randomized multicentre clinical trial

Sidrah Nausheen (Obs/gyn Aga Khan University)

Background

Pre-eclampsia is a serious pregnancy complication; affects 3-8% pregnant women; 60,000 maternal deaths globally. 2 pathological stages: • Early onset (<37wk) rare, but serious consequences for the preterm infant

– Fetal Medicine Foundation (FMF) algorithm predicts risk of early onset pre-eclampsia

– ASPRE trial: 150mg aspirin nocte reduces risk of delivery <37 wks

Rationale for ESPRESSO:

- 1st trimester prediction models (FMF algorithm) effective at identifying high-risk cohort
- Current standard of care (aspirin) reduces prevalence of early onset pre-eclampsia... but not late onset
- PPIs may attenuate later pathological stage, further reducing prevalence of pre-eclampsia (particularly late onset)

Material

Pregnant women having >1% (i.e. 1 in 100) risk of pre-eclampsia at 11+0 – 13+6 wks, based on FMF algorithm are enrolled. risk is calculated on basis of maternal history, mean arterial blood pressure, uterine artery doppler PI at 11-13 wks, PAPP-A results.

Enrolled subjects are randomised into 2 groups, one receiving esomeprazole 40 mg once a day and other receiving placebo until delivery. both groups are receiving Aspirin 150mg nocte as standard treatment until 36 weeks.

Results

Primary Objective

- To demonstrate a reduction of ≈ 3 mmHg in 24hr ambulatory mean arterial pressure at 36 wks gestation

Secondary objectives: To compare at 36 wks unless otherwise indicated:

- MoM mean arterial pressure
- Translational biomarkers, incl. sFlt-1, sENG, PLGF and sFlt-1/PLGF ratio
- Severity of proteinuria
- Combined prevalence of pre-eclampsia, hypertension or new treatment for hypertension at any time
- Neonatal objectives, incl. GA at delivery, birth weight, Apgar scores, NICU/SCN admission, length of stay and survival

Study is still ongoing

I will present protocol and need for first trimester screening.

4) Effect of Magnesium sulphate on Optic Nerve Sheath diameter as an indirect measure of intracranial pressure: A case study of Eclampsia patients

Zahra Safdar (Obstetrics and gynaecology Avicenna Medical college)

Background

Eclampsia is associated with increased intracranial pressure (ICP). Magnesium sulphate (MgSO₄) is the usual treatment and is linked to a significant decrease in cerebral perfusion pressure (CPP) as well as the avoidance of brain injury. There are various invasive procedures which are still the gold standard for monitoring intracranial pressure (ICP), however, they are not always practical or easily available choices. Therefore, a non-invasive promising tool can be used to reflect variations in the intracranial pressure are optic nerve sheath diameter (ONSD) ultrasonography.

Objective

This study aims to measure changes in the Optic nerve sheath diameter in order to identify the impact of magnesium sulphate treatment; a proxy for elevated intracranial pressure in eclampsia patients.

Material

In this pilot study the data was collected from sixty pregnant female patients with all signs and symptoms of eclampsia. The analysis of optic nerve sheath diameter was done using ultrasound prior to the start of magnesium sulphate treatment and then was measured after 01, 06 and 24 hours.

Results

The mean diameter of optic nerve sheath in women was high at baseline time point and they were presented with hypertension and disturbed vision. At one, six and twenty-four hours of taking magnesium sulphate, there was a statistically significant decrease in the mean optic nerve sheath diameter values. However, there is insignificant relationship between mean arterial pressure and optic nerve sheath diameter.

This study concludes that a high optic nerve sheath diameter value, indicative of elevated intracranial pressure, was present in the majority of study participants who were significantly eclamptic. This condition was significantly impacted by magnesium sulphate medication. Thus, ultrasound can be used as a convenient, affordable, point-of-care bedside technology to indirectly measure intracranial pressure in this high-risk group.

5) Guidelines for antenatal corticosteroids use in Preterm Labour in Pakistan

Sadiah Ahsan Pal (Ob/ Gyn New Beginnings Healthcare)

Background

Preterm Birth (PTB) is a major contributor to Perinatal mortality in Pakistan. Evidence based management of preterm labour (PTL) with ACS is cost-effective, implementable, can have a major impact in reducing mortality from PTB.

Material

Stakeholders collaborated to develop these guidelines. Literature search was followed by expert consultations and edits, with TAG members.

ACS use in PTL and PTB, Tocolysis, Antibiotic use, and Magnesium Sulphate (for Neuroprotection of the newborn), in line with the current evidence based WHO and other international guidelines.

Results

ACS therapy is recommended from 24 to 34 weeks gestation with a high likelihood of PTB in the next 7 days, even if the full course of corticosteroids may not be completed; for single or multiple gestation; for preterm pre-labour rupture of membranes with no signs of infection, hypertension in Pregnancy with likelihood of PTB; high likelihood of PTB of a growth-restricted fetus; pre-gestational and gestational diabetes when there is a high likelihood of PTB (optimize maternal blood sugar)

Either 4 doses of IM dexamethasone, 6 mg 12 hours apart

OR 2 doses of IM betamethasone, 12 mg 24 hours apart.

A single repeat course of ACS is recommended for women who have received a single course of ACS at least 7 days prior and have a high likelihood of giving birth preterm in next 7 days

Administering ACS and managing PTB can significantly reduce neonatal mortality, morbidity and long term complications

6) **Breaking new ground: anaerobic antibiotics in preterm labour for prolonged gestation and improved perinatal outcome**

Kashaf Qayyum (Obstetrics and gynaecology (MCH unit 1) Pakistan institute of Medical sciences)

Background

Preterm birth (PTB) represents a rising global concern, with 13.4 million preterm births reported in 2020, affecting more than 1 in 10 infants. PTB is a complex, multifactorial condition. Despite extensive literature on its pathophysiology, PTB incidence and associated perinatal morbidity and mortality remain significantly high. Infections, including those by anaerobic bacteria, are known contributors to PTB, especially when associated with intrauterine inflammation. While numerous studies address PTB treatment, few focus on the role of anaerobic antibiotic coverage in preventing PTB in cases with intact membranes, potentially reducing infection-related preterm contractions and prolonging gestation.

Material

A randomized controlled study was conducted at the Maternal and Child Health (MCH) Unit-1, Pakistan Institute of Medical Sciences (PIMS), with 97 patients in established preterm labour (defined per RCOG guidelines) between 28-34 weeks of gestation and singleton uncomplicated pregnancies. Women with multiple or complicated pregnancies and comorbidities were excluded. The case group received the specified antibiotics for 5 days, while the control group received none. Both groups underwent 24-48 hours of tocolysis and received two doses of dexamethasone to promote fetal lung maturity.

Results

The case group showed significantly extended pregnancy duration, with a median extension of 15 days compared to 3 days in the control group. Only 22 patients in the case group delivered within 4 days of admission, versus 33 in the control group. Additionally, fewer infants in the case group developed necrotizing enterocolitis (0 vs. 2), and major perinatal complications occurred at a ratio of 8:15 in favor of the case group.

The findings indicate that combining metronidazole with ampicillin significantly prolongs pregnancy and improves perinatal outcomes. Further research is necessary, as this approach holds considerable potential for low- and middle-income countries (LMICs) with limited neonatal care resources.

7) Late onset FGR: Preventable cause of stillbirth in Pakistan (Ayesha malik)

8) Fetal Arrhythmias: Case based insights into diagnosis, management and postnatal interventions

Farhat Ul Ain Ahmed (MFMU FMH)

Background

Fetal arrhythmias, particularly congenital heart block (CHB), represent a critical subset of fetal cardiovascular conditions with significant implications for perinatal and postnatal outcomes. Early identification and precise management of these conditions are crucial in mitigating adverse events, including fetal hydrops and perinatal mortality. This talk will explore the pathophysiology, diagnostic pathways, and contemporary management strategies for fetal arrhythmias and CHB, with a specific focus on autoantibody-mediated heart block in Anti-Ro/SSA and Anti-La/SSB positive pregnancies.

Material

The discussion will present a detailed analysis of five clinical cases of fetal arrhythmias, each with varying degrees of severity. These cases will focus on the diagnostic journey, from abnormal fetal heart rate detection via routine ultrasound to advanced fetal echocardiography and Doppler studies, confirming heart block. All cases involve maternal autoimmune positivity for Anti-Ro/SSA and Anti-La/SSB antibodies, highlighting the association between maternal autoimmunity and fetal cardiac conduction disturbances. The therapeutic interventions, clinical decision-making process, and perinatal outcomes in each case will be critically analyzed.

Results

Prenatal Management:

The management of fetal arrhythmias, particularly autoimmune-mediated CHB, necessitates a multidisciplinary approach. Current evidence supports the use of maternal corticosteroids, such as dexamethasone, in specific cases of incomplete heart block to mitigate progression to CHB. Furthermore, the emerging role of hydroxychloroquine (HCQ) in preventing recurrence of CHB in subsequent pregnancies of Anti-Ro/La-positive mothers will be discussed, supported by recent studies demonstrating a reduction in risk with early initiation of HCQ. The talk will also explore the use of intravenous immunoglobulins (IVIG), plasmapheresis, and the evolving landscape of pharmacological interventions aimed at improving fetal outcomes.

Timely Referral and Delivery Planning:

Timely referral to tertiary care centers equipped with fetal cardiology and maternal-fetal medicine expertise is imperative. This section will focus on the criteria for when and how to refer high-risk pregnancies, as well as the role of coordinated care between obstetricians, fetal cardiologists, and neonatologists. Decision-making surrounding optimal timing of delivery, particularly in cases of fetal deterioration, and the use of fetal therapies or intrauterine pacing will be examined.

Conclusion

Fetal arrhythmias, especially autoimmune-mediated CHB, represent a high-risk condition with complex diagnostic and therapeutic challenges. Through a case-based approach, this talk will underscore the importance of early diagnosis, the role of maternal-fetal treatment strategies, and the necessity of multidisciplinary care for optimizing both fetal and postnatal outcomes. Special attention will be given to the preventative role of HCQ in reducing recurrence risk in future pregnancies, alongside a discussion on novel therapeutic approaches under investigation.

9) Feasibility and safety of transabdominal chorionic villous sampling

Abeera Choudhary (Gynae Nazeer Hospital)

Background

To determine the feasibility and pattern of complications including fetal loss following first trimester transabdominal chorionic villus sampling. This was a descriptive study conducted in the Obstetrics and Gynaecology department Pak Emirates Military Hospital (PEMH) Rawalpindi between Jan 2007 to July 2024

Material

Couples at risk of giving birth to a child with genetic/chromosomal disorder were identified and counselled. Transabdominal Chorionic Villus Sampling was done following verbal consent (written in last 5 years using) double needle technique under ultrasound guidance. Immediate and late complications were followed up.

Results

A total of 1807 chorionic villus sampling were done as an outdoor procedure. Most common indication was thalassemia trait 1350 (37.5%). Most procedures were done between 11-13 weeks. All placental positions including 936 (52%) posterior and 839 (46%) anterior and 32(1.7%) were central low lying, were approachable. Most aspirations were easy, however, in 30 (15%) the aspiration was difficult. Overall success rate was 100%. In 158 (79%) of the cases sample yield was good. Two (0.5%) patient had vaginal bleeding and six (1.5%) had placental hematoma formation. Most patients (84%) experienced mild pain during the procedure. Time taken for CVS was 5 minutes in 1651(92%), and in 1654(93%), CVS yielded a successful sample with single aspiration. The procedure related miscarriage occurred in two patients (0.2%) while another patient developed this complication at six weeks (0.1%).

First trimester trans abdominal chorionic villus sampling (TA-CVS) is an accurate and safe invasive prenatal diagnostic procedure. Placentas in almost any position can be approached without any significant risk to the mother and the foetus.

10) First Trimester Ultrasound screening for detection of fetal structural anomalies

Nishat Zohra (Obstetrics and Gynecology Isra University Hyderabad)

Background

Routine ultrasound examination is an established part of antenatal care. Advantages of 1st trimester anomaly scan include early detection and exclusion of many major anomalies, early reassurance to at-risk mothers, and easier pregnancy termination if appropriate.

Material

The first-trimester ultrasound examination is performed at 11 to 14 weeks of gestation, when the crown rump length is between 45-84 mm. At this time screening for chromosomal anomalies is undertaken by measurement of fetal nuchal translucency (NT). With technological advancements and availability of high-frequency transvaginal scanning, early fetal development can also be assessed in detail and fetal structural defects can be detected. There is a shift in diagnosis of major structural anomalies from 2nd to 1st trimester of pregnancy.

Results

Detection rates of first-trimester fetal anomalies ranged from 32% in low-risk groups to more than 60% in high-risk groups, demonstrating that first-trimester ultrasound has the potential to identify a large proportion of fetuses affected with structural anomalies.

Due to the ongoing development of some organ systems, some anomalies will not be evident until later in the pregnancy, therefore combination of a first- and second-trimester scan increases the detection rate.

The use of a standardized protocol improves the sensitivity of first-trimester ultrasound screening for structural anomalies.

11) Impact of WHO labour care guide on delivery outcomes: A two years prospective analysis in a private hospital at Lahore

Saba Ansari (OBGY IMC Hospital)

Background

The WHO Labour Care Guide (LCG) is designed to standardize labor monitoring and enhance decision-making for intrapartum care. This study aimed to assess maternal and neonatal outcomes following the adoption of the LCG over a two-year period in a private hospital.

Material

This prospective observational study included all labouring women admitted to the delivery ward from February 2022 to January 2024. Data were recorded for demographic characteristics, obstetric history, labour onset, Robson classification, mode of delivery, and maternal and neonatal outcomes. The LCG was implemented at admission, with initial cervical dilation documented to facilitate structured monitoring and timely interventions. Descriptive analysis focused on outcomes such as spontaneous vaginal delivery rates, cesarean section rates within specific Robson groups, neonatal Apgar scores, and early breastfeeding initiation times. Key indicators of adherence to the LCG, such as companion support and standardized PPH prevention, were also analyzed.

Results

Among the [N] women included in the study: The rate of spontaneous vaginal delivery was [X%], with caesarean section rates documented across Robson groups. Companion support during labour was observed in [Y%] of cases, showing strong patient and family engagement. Maternal outcomes indicated effective intrapartum management, with a PPH prevention protocol followed in [Z%] of cases, contributing to low maternal morbidity rates. Neonatal outcomes were favourable, with [X%] of newborns achieving Apgar scores >7 at 5 minutes, and early breastfeeding initiated within the first hour in [Y%] of cases. The structured approach promoted by the LCG contributes to timely, evidence-based decisions, improved patient satisfaction, and increased companion support. Further research could explore the long-term impact and scalability of the LCG in varied healthcare settings.

12) Incidence of vaginal birth after previous 1 caesarean section and fetal outcomes in a tertiary care hospital in Peshawar

Dr Kiran Jehangir (Obs and gynae C ward Hayatabad Medical complex Peshawar)

Background

With the established safety of vaginal birth after cesarean section (VBAC) and the associated risks of maternal complications from repeat cesarean sections, trial of labor has emerged as a preferred approach for specific patient populations. This study aims to determine the frequency of successful vaginal births and fetal outcomes in patients with a history of one cesarean section.

Material

A cross-sectional research study was conducted in the Gynecology and Obstetrics Department of Hayatabad Medical Complex from January 2024 to July 2024. A total of 149 patients with a prior cesarean section were included in the study. Data was collected using a structured questionnaire to evaluate VBAC outcomes.

Results

Among the 149 patients, 93 (62.4%) achieved successful vaginal births, while 56 (37.6%) experienced unsuccessful vaginal births. The gestational age distribution showed that 107 patients were between 37-39 weeks, and 33 patients were between 40-41 weeks. The average duration of VBAC was 8.95 hours (SD \pm 7.2). The average fetal weight at birth was 3.4 kg (SD \pm 0.3). APGAR scores at 1 minute averaged 7.8 (SD \pm 1.1), while at 5 minutes, the average score was 9.8 (SD \pm 1.4).

The findings highlight a significant rate of successful vaginal births following a single cesarean section, accompanied by favorable fetal outcomes. This underscores the potential benefits of trial of labor in appropriate patient populations. Further studies are warranted to explore the long-term implications of VBAC on maternal and neonatal health.

13) Evidence based Caesarean Section Techniques

Jyotsna Acharya

Although caesarean section is one of the most commonly performed procedures worldwide, there are differences in how it is performed.

In this presentation, I have done a literature review and collected evidence-based methods to perform the procedure.

14) Saving newborn lives in Pakistan-implementing Kangaroo Mother Care

Rubina Sohail (OB/GYN Hameed Latif Hospital, Lahore)

Background

Kangaroo mother care (KMC) represents an intervention in preterm/low birth weight infants for resource-limited settings which aims to reduce mortality rates by thermoregulation, supporting breastfeeding, and promoting early hospital discharge. In terms of cost and impact on neonatal survival, it has comparative advantages over the conventional method of care (CMC). Substantial progress has been made in its implementation in many developing countries including Pakistan where facility-based KMC has been institutionalized

Material

Despite the cost-effectiveness of KMC in neonatal care, its global implementation is confounded with country-specific, multifaceted challenges. In developed countries, there is an implementation gap due to easy accessibility to technology-based care. Nevertheless, many developing countries have initiated national policies to scale up KMC services. Given the major constraints to program implementation specific to these resource-limited countries, it has become crucial to increase caregiver confidence and experience using dedicated spaces in the hospital, as well as dedicated staff meant for adequate ambulatory follow-up and continuous health education. Capacity building of health care providers and provision of space, and necessary infrastructure thus constitute the basic elements which could be supported to scale up the program in these settings.

Results

This paper is going to discuss implementation of KMC in Pakistan since 2016, its challenges and constraints and neonatal outcomes. It will also share the process of institutionalization of KMC and its progress.

15) Mothers Lost: The untold stories behind the statistics

Azra Ahsan (Maternal & Neonatal Health National Committee for Maternal and Neonatal Health (NCMNH))

Background

In 2019, the Pakistan Maternal Mortality Survey (PMMS) evaluated the MMR among ever-married women aged 15-49 over the previous three years, revealing a decrease from 276 to 186 per 100,000 live births. Despite this progress, significant efforts are needed to meet the SDG target of 70. NCMNH reviewed maternal deaths reported in PMMS - 19, focusing on causes, delays, and psycho-socio-cultural factors contributing to fatalities.

Material

Among 1,177 reported female deaths, 259 were identified as maternal deaths, prompting a detailed analysis of the VAQs by province and region.

Results

Findings indicated that most maternal deaths occurred in Sindh, predominantly among women in their thirties, who had experienced multiple pregnancies. While many had normal births, 16% underwent cesarean sections, especially in Punjab and KP as compared to Balochistan (4%) and GB (5%), where many women died at home, enroute to facilities, or in smaller healthcare centres lacking surgical capabilities.

The primary factors contributing to disenfranchisement were poverty, challenging geographical conditions, restricted access to healthcare, and a shortage of medical professionals. Emotional issues (low self-esteem, depression and superstitions), cultural beliefs favouring spiritual treatments, domestic violence, and gender discrimination further impeded timely medical assistance.

The analysis reveals a public health crisis intertwined with socio-economic and cultural challenges, emphasizing the need for societal commitment to address these injustices and improve women's health outcomes.

16) Maternal Mortality Trends: A Global View

Saira Ayub (Gynecology Nishtar Medical University)

Background

The global maternal mortality ratio (MMR) has been declining over the past two decades, but progress is slow and uneven. According to the World Health Organization (WHO), the global MMR dropped by about 34% between 2000 and 2020, from 390 deaths per 100,000 live births to 223 deaths per 100,000 live births.

Material

Regional Variations

- Sub-Saharan Africa: 534 deaths per 100,000 live births (2020)
- Southern Asia: 157 deaths per 100,000 live births (2020)
- Europe: 16 deaths per 100,000 live births (2020)
- North America: 17 deaths per 100,000 live births (2020)

Causes of Maternal Mortality

- Severe bleeding: 27% of maternal deaths
- Infections: 17% of maternal deaths
- High blood pressure: 14% of maternal deaths
- Complications from delivery: 12% of maternal deaths

Results

Challenges and Opportunities

- Strengthening health systems
- Improving access to quality maternal health services
- Addressing social determinants of health
- Enhancing accountability and transparency
- Increasing funding for maternal health programs
- Improving data collection and analysis to track progress
- Maternal Perinatal Death Surveillance Report (MPDSR)

To accelerate progress in reducing maternal mortality, it is essential to:

- Improve access to quality maternal health services
- Strengthen health systems
- Address social determinants of health
- Enhance accountability and transparency

Maternal mortality can be reduced starting from the root cause including primary secondary tertiary care services through MPDSR.

17) Audit of maternal mortality at Nishtar hospital Multan

Saima Qadir (obstetrics & gynae Nishtar medical university Multan)

Background

The objective of this audit is to evaluate effectiveness of previously implemented recommendations following an analysis of maternal mortality and its causes.

Material

Study design: Comparative retrospective study

Duration of study: This study was conducted at department of obstetrics gynaecology at Nishtar Hospital Multan over a period of 3 years from January 2021 to December 2023.

Methods: A comparative retrospective study was conducted reviewing maternal deaths at department of Obstetrics Gynaecology at Nishtar Hospital Multan. Data on maternal deaths causes and contributing factors were collected and analyzed.

Results

Results: Total number of deliveries were 39986 and total live births were 38880. Total maternal deaths were 203 with MMR of 522/100000 live births. After the implementation of recommendations, the MMR decreased from 995/100000 to 522/100000 live births. This highest maternal mortality age group was between 28-33 years. Majority of the patients were between P2 to P4. Obstetrical haemorrhage remained the most frequent cause followed by hypertensive disorders in pregnancies which was the same as previous study but the 3rd most frequent cause turn to be septicemia. No death observed due to blood transfusion. Operative complications leading to internal haemorrhage was the 4th most common cause of death with almost the same percentage. Rest of the deaths due to cardiac diseases, thromboembolic events, ruptured uterus, hepatic failure and ectopic pregnancies have markedly reduced. Improvements were noted in antenatal care up take and the timely management of obstetrical emergencies. However, challenges persists particularly in addressing indirect causes such as pre-existing conditions.

Conclusion

The implementation of targeted recommendations has led to a measurable reduction in maternal mortality at Nishtar Hospital Multan. Continued efforts to strengthen healthcare delivering systems and address indirect causes are essential for sustaining progress and further reducing MMR. Regular audits remain crucial for monitoring trends and improving maternal health outcomes

18) Enhancing critical care for high-risk obstetric patients: A prospective analysis from Ayub Teaching Hospital

Dr Humaira Jadoon (Obstetrics & Gynecology Ayub Medical Teaching Institute)

Background

Rising maternal morbidity and mortality rates are increasingly linked to a more complex obstetric population. Up to 3% of obstetric patients in the U.S. require intensive care unit (ICU) admission, highlighting the urgent need for timely, specialized critical care. Recognizing this, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine have developed levels of maternity care to ensure critical care resources are available as needed. This study, conducted at Ayub Teaching Hospital (ATH), seeks to address the critical care needs of high-risk obstetric patients by analyzing outcomes, common diagnoses, and the performance of ICU scoring systems.

Objectives

To evaluate the outcomes of high-risk obstetric patients admitted to ICU. To identify the common diagnoses leading to ICU admissions and associated risk factors. To assess the predictive value of ICU severity indices (APACHE II and SAPS II) in maternal mortality.

Material

A prospective study is underway involving 100 obstetric ICU admissions at ATH. Data collection includes ICU discharge and mortality rates, and identification of primary diagnoses necessitating ICU care, such as cardiac failure, pregnancy-induced hypertension, sepsis, and acute respiratory distress syndrome. APACHE II and SAPS II scores will be evaluated for predictive value in maternal outcomes.

Key Interventions

The study highlights the role of high-yield critical care interventions, particularly point-of-care ultrasonography, and advocates for training programs that equip obstetric care providers with necessary skills. Emphasis is on the early identification and management of high-risk conditions to reduce morbidity and mortality in obstetric patients.

Results

Demographics: Age: Mean = 30.5 years (SD = 6.8, Range = 17-45 years). Gestational Age at Admission: Mean = 34.7 weeks (SD = 2.9, Range = 28-40 weeks). ICU Admissions: 25% of cases required ICU intervention. Patient Outcomes: Improvement at Discharge: 95% showed improvement, with 5% needing prolonged care. Mode of Delivery: Caesarean Section (C-Section): 65% of cases, often in emergency settings. Vaginal Delivery: 20%, with mostly uncomplicated cases. Complications: Eclampsia: Present in 35% of cases. Severe Bleeding: Observed in 28%, frequently managed surgically. Placental Abnormalities (e.g., Previa, accrete): 15%. Associated Morbidities: Acute Kidney Injury (AKI): 10%. Cardiomyopathy and Severe Fits: Present in 15%, indicating severe risk factors for maternal mortality.

This study underscores the critical need for specialized obstetric ICU care, especially for patients presenting with eclampsia, haemorrhage, and placental complications. By implementing evidence-based interventions and providing targeted provider training, ATH aims to improve maternal outcomes in complex obstetric cases. The findings from this research will inform a framework for enhanced critical care resources in high-risk obstetric settings, contributing to improved healthcare capacity and patient care quality in similar international contexts.

19) Impact of MEOWS chart implementation in an obstetric setting in gynae ward Ayub Teaching hospital Abbottabad

Dr Shandana Mustafa Jadoon (Obstetrics and gynae Ayub teaching hospital)

Background

The Modified Early Warning Score (MEOWS) chart is a widely recognized tool for the early detection of clinical deterioration. Its implementation in obstetrics aims to improve maternal outcomes by facilitating timely intervention in high-risk situations, where subtle changes in a patient's condition might otherwise go unnoticed. Unlike general MEOWS systems, obstetric MEOWS charts are tailored to the physiological parameters unique to pregnancy, enhancing their accuracy and effectiveness in this population.

Material

A prospective analysis was conducted over 6 months in gynae ward Ayub teaching hospital Abbottabad which is a tertiary care hospital. Baseline data were collected three months prior to MEOWS chart implementation, comparing maternal outcomes and intervention rates before and after its use. Clinical staff including PGs and consultants were trained in interpreting MEOWS charts, with a focus on identifying deviations in parameters such as heart rate, respiratory rate, blood pressure, and temperature.

Results

Post-implementation, there was a significant improvement in the early recognition and management of maternal clinical deterioration. The use of the obstetric MEOWS chart led to an increase in timely interventions, reduced escalation time, and better coordination of care teams. The data demonstrated a decrease in the rates of severe maternal morbidity, including cases requiring ICU admission.

Implementing the MEOWS chart in obstetric care has proven to be an effective strategy for enhancing maternal safety by promoting early detection and timely management of clinical deterioration. Obstetric-specific modifications to the MEOWS parameters ensure its applicability and accuracy, underscoring the need for continuous education and regular audits to sustain the benefits of this intervention. Further research into long-term outcomes and expanded settings is recommended to validate these findings.

20) Prevention of parent to child transmission of HIV-sixteen years of experience at Pakistan Institute of Medical Sciences, Islamabad

Dr Nosheela Amjad (Gynae PIMS Islamabad)

Background

Mother-to-child transmission is the major route of HIV infection. Integration of Prevention of parent to child transmission of HIV programme into routine health services reduces child mortality and improves maternal health.

The objective of this study was to assess the fetomaternal outcomes in pregnancies booked at PPTCT Center, PIMS

Material

It is a descriptive retrospective study. All the pregnant women referred from March 2007-December 2023 were included in the study. The demographic and obstetric data, antiretroviral regimen, pregnancy complications, mode of delivery, pregnancy outcome, perinatal transmission were recorded and analyzed.

Results

Total 237 pregnancies in 167 women were managed, two were twin gestations, forty-four ended in miscarriage and two were molar pregnancies, nine patients were lost to follow up. The patients received obstetric care and antiretroviral regime according to the national guidelines in the dedicated PPTCT center. Counselling regarding infant feeding was done. Total 193 babies were delivered, fifteen were preterm, twenty-seven babies were admitted in nursery/NICU. All the pregnant women referred from March 2007- December 2023 were included in the study. The demographic and obstetric data, antiretroviral regimen, pregnancy complications, mode of delivery, pregnancy outcome, perinatal transmission were recorded and analyzed, and 189 infants survived into infancy. One hundred maternities were delivered by caesarean section, ninety-three delivered vaginally. Only two babies have tested positive for HIV, born to mother who did not take antiretroviral drugs.

Though Pakistan has limited PPTCT experience, availability of antiretroviral drugs has proved effective, and gives hope to people living with HIV to wish for and have HIV negative babies.

21) Trends and vertical transmission of HIV/AIDS in pregnant women presenting to a tertiary care setting

Mishal Maqbool (OBGYN Federal Government Polyclinic Hospital)

Background

Background: HIV/AIDS remains a global public health concern, with a significant number of infections among pregnant women. Vertical transmission of HIV from mother to child is a critical issue, and preventing it is essential. This study aimed to assess trends and vertical transmission rates of HIV among pregnant women presenting to a tertiary care setting.

Objectives: To evaluate the vertical transmission rate and observe trends in HIV/AIDS cases among pregnant women from 2008 to 2022 at the Maternal and Child Health (MCH) Center, PIMS, Islamabad.

Material

Materials and Methods: A retrospective review of hospital records of 197 HIV-positive pregnant women from 2008 to 2022 was conducted. Data on demographics, clinical outcomes, and viral load were extracted. SPSS v.22.0 was used for analysis, with significance set at $p < 0.05$.

Results

The mean age of the women was 29.5 ± 6.4 years, with 57.6% aged 21–30. Over the study period, a linear increase in HIV prevalence was observed, rising from 3.0% in 2008 to 15.7% in 2022 ($p < 0.001$). Vertical transmission occurred in 1.0% (2/197) of cases. Most women (65.8%) had detectable viral loads at delivery, but the use of HAART therapy likely contributed to the low transmission rate.

An increasing trend in HIV among pregnant women was noted, but vertical transmission rates remain low at 1%, highlighting the effectiveness of HAART. Continued surveillance and preventive strategies are critical to controlling mother-to-child transmission in Pakistan.

22) Acute hepatitis E in pregnancy: A dual threat to the baby and mother

Farah Siddique (Gynae Unit 2 Allama Iqbal Medical College/Jinnah Hospital, Lahore)

Background

Background: Acute hepatitis E is the most common cause of acute hepatitis in Pakistan. It poses a dual threat to the mother and baby and maternal mortality rate exceeds 20%.

Objective: To determine the outcomes of acute hepatitis E in pregnant patients in terms of mortality and obstetric complications.

Material

This prospective study with a descriptive design was conducted in Gynae Department of Jinnah Hospital Lahore from March 2023 to August 2024. It included total 47 pregnant patients diagnosed with acute hepatitis E during pregnancy. Patients were monitored for disease progression, delivery timing and mode, peri-partum complications, fetal outcomes, and mortality. All patients received treatment and monitoring during hospitalization. Data analysis was performed using SPSS version 22.

Results

Results: A total of 47 patients with a mean age of 25.95 (± 3.93 years) were included. Of these, 21 (44.7%) were admitted through outpatient clinics, while 26 (55.3%) required emergency admission. Primigravida patients accounted for 22 (46.8%), while 25 (53.2%) were multigravida. Delivery occurred at or beyond 36 weeks in 24 (51.06%) patients, while 23 (48.94%) delivered before 36 weeks of gestation. Spontaneous vaginal delivery was achieved in 30 (63.8%) cases, while 17 (36.2%) underwent cesarean sections.

Live births were recorded in 34 (72.38%) cases, while intrauterine deaths occurred in 13 (27.62%) cases. Additionally, 8 (17%) neonates experienced early neonatal deaths, 4 (8.51%) from meconium aspiration and 4 (8.51%) from neonatal pneumonia leading to respiratory failure. Maternal mortality was 23.4% (11 patients), with 6 (12.8%) deaths attributed to acute liver failure, 2 (4.26%) to postpartum hemorrhage, and 3 (6.38%) to maternal sepsis. Intensive care admission was required for 19 (40.4%) patients, and 31 (66%) were hospitalized for more than seven days.

Acute hepatitis E in pregnancy carries a maternal mortality rate of 23.4% and a perinatal mortality rate of 61.7%. Major contributors to neonatal mortality were intrauterine death, meconium aspiration, and neonatal pneumonia.

23) Predictors of adverse outcomes in patients with peripartum cardiomyopathy: A 10-year study

Duriya Rehmani (Obgyn Aga Khan University Hospital)

Background

Peripartum cardiomyopathy (PPCM) is one of the major causes of heart failure in pregnancy. The European Society of Cardiology (ESC) defined PPCM as cardiomyopathy as heart failure presenting toward the end of pregnancy or in the months after delivery in a woman without previously known structural heart disease.

Our study aims to determine the predictors of poor outcomes including maternal mortality in patients with peripartum cardiomyopathy in a tertiary care center.

Material

This retrospective research was undertaken at Aga Khan University Hospital on the 10-year records of patients with peripartum cardiomyopathy (PPCM) from 2013 to 2022. Patients with any adverse outcome were explored in terms of demographic factors, clinical and cardiac factors and place of admission within the hospital like ICU, CCU or special care unit (SCU).

Results

The study comprised 129 participants with peripartum cardiomyopathy (PPCM).

Overall adverse maternal outcomes are shown in Fig 1. Univariate analysis showed that pre-eclampsia was associated with a 2-fold increased risk of poor. Eclampsia had an 11-fold greater risk of a bad outcome. Distribution of adverse outcomes is shown in Fig 2.

Out of 129 patients, 50 patients with NYHA 3 or 4 went to ICU and 6 died which makes 12 % of mortality, 32 went to CCU and 1 died only (3% mortality) and 15 went to SCU and 2 died (13.3% of mortality).

Patients with PPCM should be managed in CCU under the supervision of a cardiologist in a multidisciplinary setting. Place of management also has a great impact on the survival of the patients.

24) Impact of hydroxychloroquine on pregnancy outcomes in systemic lupus erythematosus: A cohort study from Asia

Shahwar Dure (Obstetrics and Gynaecology Aga Khan university Hospital)

Background

HCQ is a widely used antimalarial drug among SLE patients but its effects are still controversial on pregnancy outcomes

This study aims to determine the effect of HCQ on feto-maternal outcomes among Pregnant women with SLE.

Material

It is a retrospective cohort study over the past 20 years at Aga Khan University Hospital, Karachi. The patients were divided into two groups. HCQ group had been taking HCQ throughout pregnancy. Non-HCQ group hadn't been using HCQ. All statistical analysis was performed using SPSS version 19.0. For all tests, $p= 0.05$ was considered statistically significant.

Results

Total 125 pregnant women with SLE were reviewed. The majority had conception in the remission period. There were 7(20.6%) babies with fetal heart block in non-HCQ group. The overall flare-up of disease was found in 68.8% (86/125), mostly in third trimester. Positive IgG antibodies were considerably high in HCQ groups (47.25% vs. 26.47%; $p=0.036$).

The study emphasizes the protective effect of HCQ in reducing the risk of fetal heart block in lupus pregnancies and justifies its continued use despite the lack of direct benefits in certain pregnancy outcomes.

25) Integration of postpartum family planning (PPFP) and postabortion family planning (PAFP) in all tertiary care hospitals of Sindh: a pathway to achieve SDGS

Farah Hassan Khan

Background

The World Health Organization estimates that 257 million women globally lack the use of modern-day contraceptives which has caused 74 million unplanned pregnancies. Maternal death rates are 211 for every 100,000 live births worldwide, 186 in Pakistan, and 224 in Sindh. In Pakistan, contraceptive prevalence is standing at 34% and is 31% in Sindh province, emphasizing the need of improved family planning services to achieve Sustainable Development Goals.

Material

This is a cross-sectional study, and it has been found that SBC counselling was instrumental in enhancing the provision of family planning services using digital health promotion. The hospital records on PFPF and PAFP services were analyzed over a period of 12 months and interviews identified integration constraining and facilitating factors.

Results

Prompt Post-Pregnancy Family Planning (PPFP) is very essential in satisfying the unmet need of contraception and giving empower to women's reproductive health choices. Tertiary Care Hospitals in Sindh have recorded integrated measures undertaken to strengthen the PFPF services. Out of 55,285 deliveries, 20,066 women who were 36 % accepted family planning methods in the immediate postpartum period. Likewise, from the reported cases of abortion of 3318, 2238 women or 67% went for family planning methods. These figures showcase the significance of coordinating efforts aimed at improving the use of contraceptive methods and supporting sexual and reproductive health.

In conclusion, these findings show that the digital health strategy and the SBC counselling method leads to an increase in PFPF and PAFP uptake among the respondents. But there are still barriers like human resources and cultural resistance that need more policy support to move forward.

Poster presentations

1) Placenta previa percreta-medical management of densely adherent placenta

Zoona Saeed (Obstetrics and Gynaecology OBGY HOSPITAL)

Background

Placenta percreta (PA) is a condition in which there is abnormal implantation of the placenta to the uterine wall and surrounding tissues. The incidence of placenta percreta is one in 7000 pregnancies (1). It is a major Obstetric emergency and can lead to life threatening bleeding and emergency hysterectomy. This condition is associated with increased maternal morbidity and mortality.

Material

We present a case of a 28 years old woman gravida 4, para 2 with Asian ethnicity. Her diagnosis of placenta percreta was confirmed at 34 weeks scan. She was managed by an alternative approach- at the time of delivery, the placenta was left in situ, methotrexate and folinic acid were administered for 7 days against a set protocol and at 6 weeks post-partum, complete placental involution took place without the need for any further intervention.

Results

Covered in conclusion. Medical management of placenta percreta with methotrexate and folinic acid injections after leaving the placenta in situ at the time of surgery is a safe option in selected cohort of patients. However more studies are needed to formulate effective management plan for such high risk cases.

2) Maternal and perinatal outcome after Ramadan fasting

Dr Rashida Parveen (Obstetrics and gynaecology departments DG Khan Medical College DG Khan)

Background

Muslims fast during the month of Ramadan and fasting is compulsory in their religion.¹ They fast from sunrise to sunset during the month of Ramadan which is the 9th lunar month, so the duration of fast can vary from 13 to 18 hours per day. During fast, they avoid drinking and eating anything.² Although fasting is difficult during pregnancy but many pregnant Muslim women choose to fast during the month of Ramadan.³

Maternal malnutrition and fasting can affect maternal metabolism.⁴ If a woman fasts for 13 hours or more, corticotrophin releasing hormone is increased in maternal serum as compared with those women who fast for less than 13 hours. Corticotropin releasing hormone is a stress hormone and associated with preterm delivery and fetal growth restriction.⁵ Due to fasting blood sugar levels can decline leading to changes in lipid metabolism and subsequent increasing levels of blood ketones.⁵ This can result in decreased blood pH or Ketoacidosis.⁶ In all the studies about Ramadan fasting during pregnancy, the results are contradictory but most of them have concluded that Ramadan fasting does not have significant effect on Perinatal outcomes.⁷

Many Muslim women seek advice from health practitioners regarding the safety of Ramadan fasting in pregnancy.⁸ However the current information available lacks clear guidelines and we do not have such studies in our region. Here in Multan, the climate in month of Ramadan is hot and duration of fast is long.⁹ In a study, 38.7% of women completed fasting for the entire Ramadan period and fasting during the second trimester of pregnancy with decrease in the risk of gestational diabetes.¹⁰ By keeping in mind the controversies, the aim of this study was to determine maternal and perinatal outcome after Ramadan fasting during pregnancy so that we can guide our pregnant women about Ramadan fasting.

Material

This cross sectional study was conducted at The Department of Obstetrics and Gynaecology, Nishtar Hospital, Multan from May to October 2019. A total of 226 women attending labour room, aged 18–35 years, having gestational amenorrhoea 15–40 weeks of gestation were included. Women who fasted for more than 15 days were compared with those who did not fast or fasted for less than 15 days in the month of Ramadan. Demographical profile along with maternal and perinatal outcomes were compared between the study groups considering p value less than 0.05 as significant.

Results

Out of 226 women, 58 (25.7%) fulfilled the criteria to be included in the fasting group while remaining 168 (74.3%) were slotted in the non-fasting group. There was no difference (p value > 0.05) in between the both group with respect to demographical characteristics except significantly less women were employed in the fasting group (p value=0.0246). No

statistical difference was found in terms of maternal or perinatal outcomes between both the study groups.

Fasting women were not found to have poor maternal and fetal outcomes when compared to non-fasting women

3) **Frequency of C sections in pregnancy with low amniotic fluid index at term at Hayatabad Medical**

Maira Khan (Obstetrics & Gynaecology MTI/Hayatabad Medical Complex, Peshawar)

Background

A cesarean section (C-section) is childbirth that involves an open abdominal surgery and a uterine incision. Low amniotic fluid index (AFI) for gestational age is known as oligohydramnios. Women experiencing oligohydramnios are much more prone to have a non-reactive FHR tracing, raised the risk for fetal distress which leads to an increased rate of c-section.

Material

This descriptive study was conducted on 162 pregnant patients having Age range (18-35) Years with pregnancy >38 weeks with AFI <5 cm. Hypertensive, diabetic patients, patients with prior perinatal loss and patients with missed abortion were excluded. Frequency of caesarean section was determined.

Results

This study was conducted on 162 pregnant patients presenting with low amniotic fluid at term. The mean age of the patients was 25.27 ± 5.06 years. The frequency of caesarean section in our study was 43 (26.5%).

The frequency of C-sections in pregnancies with low AFI at term in our study was 43 (26.5%).

4) **High incidence and reasons for Caeserean section in tertiary care hospital in developing countries**

Umme Habiba (Department of Gynaecology and obstetrics University of Birmingham)

Background

Caesarean section (C-section) rates have risen significantly worldwide, particularly in developing countries. While the World Health Organization (WHO) recommends that C-sections should not exceed 10-15% of all births, many tertiary care hospitals in developing regions report rates far above this threshold. This surge in C-section rates is driven by multiple factors, including both medical and non-medical reasons, often reflecting systemic healthcare challenges in these countries.

Material

A comprehensive review of hospital data from tertiary care center was conducted over the last 5 year time period 2020 to 2024. Data sources included hospital records and patient surveys. Statistical analysis was employed to assess the correlation between socio-demographic variables and the likelihood of C-section deliveries.

Results

The incidence of C-sections in our tertiary care hospital was 56 %. The leading reasons for the high C-section rates were in our study population were :

Medical indications: Complicated pregnancies 15%, fetal distress 65%, maternal health conditions (e.g., hypertension, diabetes) 25 % and previous C-sections 35%

Healthcare infrastructure challenges: increased litigation risks, leading physicians to opt for C-sections i.e 20%

The high incidence of C-sections in tertiary care hospitals in developing countries is driven by a complex interplay of medical, socio-cultural, and healthcare system factors. Strategies to address this issue should include public health education to promote vaginal birth, better training for healthcare professionals in labor management, and policy initiatives aimed at reducing unnecessary C-sections without compromising maternal or neonatal outcomes.

5) **Optimizing influenza vaccination compliance in pregnant patients in an outpatient setting: A quality improvement project**

Asma Sadaqat

Background

Pregnancy is an immunosuppressive condition that increases susceptibility to severe influenza infections. Regardless of the age of the patient and comorbidities, influenza vaccination has been shown to lower morbidity and mortality from influenza pneumonia in patients with pregnancy. Nonetheless, vaccination compliance in this population remains below par. This effort aimed to increase compliance of pregnant patients with flu vaccinations outpatient.

Material

This study included 150 pregnant patients visiting the outpatient Obstetrics clinic. Patients with first trimester abortions were excluded. During their visits, the patients received educational materials. A survey was then conducted in the fall of 2024 to assess the perceived knowledge and the impact of educational material on patients decisions to vaccinate. The influenza vaccination rate for 2023 was also compared to that of 2024.

Results

Following the educational intervention, the influenza vaccination rate increased from 58% in 2023 to 71% in 2024. According to the survey conducted on 58 patients (39% response rate), 37% of patients felt their knowledge about influenza, influenza pneumonia and the vaccine improved after reviewing the educational material; before that, only 6% of patients were previously highly familiar with the vaccine. Additionally, after reading the instructional materials, 60% of participants said they were more likely to get the vaccination. This showed that targeted educational interventions can significantly improve influenza vaccine compliance in pregnant patients. Educating patients about the risks of vaccination can effectively reduce barriers to compliance, helping to mitigate the impact of influenza in this high-risk population.

6) **Role of metformin in reducing incidence of Gestational Diabetes in Obese women**
Shazia Rasul

Background

To determine whether metformin administration reduces the incidence of gestational diabetes mellitus in obese women, and to assess the maternal and neonatal outcomes of maternal Metformin intake

Material

Methods: This is an experimental study conducted at Shalamar Hospital/Shalamar Medical Dental College in Lahore, Pakistan, Total of 150 women who were having BMI = 30kg/m² without preexisting diabetes, aged 18-40 years, between 11 to 14 weeks, having singleton pregnancy were included in the study, however women with contraindications to metformin, pre-existing diabetes, renal impairment, or other co morbid medical disorder and with multiple gestation or fetus with abnormalities were excluded. The enrolled participants were divided in two groups :one receiving metformin 250mg three times daily in addition to standard care and the other a control group with only standard care. The oral glucose tolerance test was performed between 24 to 28 weeks and then 32 to weeks to label as case of GDM. The participants were followed till delivery to record preeclampsia, neonatal birth weight and APGAR score.

Results

The mean age was 31.35 and 32.37 years, gestational age was 11.27weeks and 11.37weeks whereas BMI was 32.3kg/m², 32.37kg/m² in Group A and B respectively. The study found the incidence of GDM, and preeclampsia was 10%, 13% in metformin group as compared to 27% and 87% in control group respectively which is statistically significant with p value 0.000 however there was no statistically significant difference in birth weight and APGAR score in both groups.

The administration of metformin reduces the incidence of GDM and preeclampsia in obese women when started at 11 to 14 weeks of gestation, however it does not affect birth weight and APGAR score of neonates

7) **Impact of deranged oral glucose tolerance test on perinatal outcomes**

Maria (Gynecology and Obstetrics Shifa College of Medicine)

Background

Gestational diabetes is one of the most common and increasing emergency diseases in pregnant women nowadays. Asian countries have a high prevalence of 11.5% compared to Western, leading to bad maternal and fetal outcomes where maternal face hypertensive disorders on another hand fetuses with prematurity and its consequences have bad outcomes. A lot of studies were conducted in Western countries but have limited data for Asian ones, so the purpose of this study is to assess maternal and fetal outcomes with deranged OGTT.

Material

This study was conducted from 1st January 2022 to 1st January 2023 in our tertiary care hospitals Outpatient Department (OPD). One hundred and seventy-five pregnant women fulfilling the inclusion criteria of the study were selected from outpatient clinics. Demographic data of study participants were recorded on the devised proforma and based on OGTT results the participants were divided into two groups.

Perinatal outcomes were compared between the groups. The distribution showed a normal reshaped curve hence, a paired sample student t-test was used to study the results. P value was calculated to assess the significance of the difference seen between groups.

Results

Among these 200 patients 140 had normal OGTT (group 1) results while 35 had deranged OGTT (group 2). Mean parity was 1.70 +/- 0.453, in group 1 and 1.80 +/- 0.406, Booking Body mass index (BMI) in group 1 was 1.85 +/- 0.641 while in group 2 was 2.28 +/- 0.621. BMI at the time of booking was statistically greater in women with the deranged OGTT group. Group 1 had a significantly lower incidence of previous GDM 1.57 +/- 0.502 in comparison to group 2 where the mean value was 1.95 +/- 0.2 The mean gestational age at delivery was 38.5 +/- 1.02 in group 1 and 38.1 +/- 0.993 in group 2. Neonatal birth weights varied significantly between groups with babies with greater mean birth weight of 2.1 +/- 0.663 in group 2 and lower mean neonatal weight of 1.9 +/- 0.467 in patients group 1.

Increased BMI is associated with deranged OGTT which in turn results in poor perinatal outcomes.

8) WHO risk scoring and outcome in pregnant cardiac patients at a peripheral tertiary care center

Asma Ansari (OBGYN PEMH Rawalpindi)

Background

To determine types of cardiac lesions in pregnant patients according to World Health Organization (WHO) cardiac risk score and to observe frequency of fetomaternal complications.

Material

All consecutive diagnosed pregnant cardiac patients and also recently diagnosed patients were enrolled. Estimation of maternal risk associated with pregnancy was done by classifying the patients according to the modified World Health Organization scoring system. Primary outcome was frequency of patients identified by risk scoring systems and types of lesions. Patients were followed up for the duration of pregnancy and puerperium for fetomaternal complications. Frequency of maternal morbidity and mortality due to cardiac complications was calculated.

Results

A total of 52 patients were enrolled. Mean age was 28.9 ± 4.9 years. Cardiac events complicated (38.8%) of pregnancies and there were 11(6.4%) obstetric and (37%) neonatal complications. The aetiology of maternal cardiac lesions was acquired, 30 (57.6%), congenital 12 (23.0%) and rhythm disorders in 10 (19.2%) Cardiac maternal deaths were 03 (2.4%) and there were no obstetric deaths. Prediction of cardiac complications by the scoring systems was significant as in WHO I risk was 12% rising to 100% in WHO IV. The modified WHO risks score is well adjusted to predict cardiac complications. Triage of the patients according to this standardized score in peripheral hospitals will lead to timely referral of patients who score high and likewise giving confidence to deliver low risk cardiac patients at mid-level hospitals.

9) Spontaneous rupture of unscarred uterus at fundus

Mubasher Saeed Pansota (Obstetrics & Gynaecology Civil Hospital Bahawalpur)

Background

Spontaneous rupture of an unscarred uterus at fundus is a very rare occurrence.

Aim is to present a case of spontaneous uterine rupture at fundus in an unscarred uterus where risk factor was history of uterine curettage for endometrial poly one year back.

Material

25 years old G3P2 with two previous vaginal births and now pregnant at 35 weeks and 01-day gestation presented with mild abdominal pains of sudden onset. After conservative management for 10 hours in hospital she suddenly developed severe abdominal pains with per vaginal bleeding. On ultrasound scan, uterine rupture was diagnosed, and an emergency laparotomy was performed. Amniotic sac with dead baby and placenta were found in the peritoneal cavity with rupture of the uterine fundus. Uterus was conserved and bilateral tubal ligation was done. History included uterine curettage for removal of endometrial polyp one year back.

Results

Spontaneous rupture of uterine fundus can occur when there is an upper segment uterine scar. This case report shows that history of uterine curettage is a risk factor for the presence of uterine scar.

Uterine rupture occurring on an unknown scarred uterus is sometimes an unpredictable event. It is associated with poor maternal and fetal outcome. Usually, it occurs during labour but as in our case it can occur antenatally as well. Our case report showed that history of uterine curettage should be considered as a risk factor for uterine rupture even during antenatal period because there could be an unnoticed uterine perforation or uterine weakening by the curettage. This case report shows that abdominal pain in a pregnant woman with a previous history of uterine curettage should be managed with careful observation. Ultrasound examination and external electronic fetal monitoring should be carried out rapidly to diagnose a uterine rupture as early as possible.

10) Comparison of therapeutic serum magnesium levels in intravenous regimen vs intramuscular regimen administered to obese woman with severe preeclampsia

Khansa Iqbal (Gynaecology Holy Family Hospital, Rawalpindi)

Background

Preeclampsia is a pregnancy complication that can lead to poor outcomes for both mother and baby. It is a leading cause of maternal death and illness worldwide, affecting 10% of pregnancies and responsible for 14% of maternal deaths. Obesity is a significant risk factor, as women with high BMI may have lower serum magnesium levels due to a larger blood volume. The aim of the study was to compare the effectiveness of intravenous (IV) and intramuscular (IM) magnesium sulphate in achieving therapeutic serum magnesium levels in obese women with severe preeclampsia.

Material

Study design: Randomized Controlled study

Study place and duration: Department of Obstetrics Gynaecology, Unit II, Holy Family Hospital, Rawalpindi, Pakistan from 1st January 2023 - 30th June 2023

Patients and methods: 60 females were enrolled and were divided into two groups. Group 1: Females received Intramuscular Regimen. Group 2: Females received Intravenous Regimen. A cut-off value of 2.0 mg/dl of serum magnesium levels was considered as the limit between therapeutic and sub-therapeutic levels of serum magnesium.

Results

The intramuscular magnesium sulphate group had a mean age of 29.60 ± 7.54 years, while the intravenous group had a mean age of 26.73 ± 6.48 years. The mean BMI was 34.20 ± 3.19 kg/m² in the intramuscular group and 35.03 ± 3.21 kg/m² in the intravenous group. Preeclampsia was the primary indication for magnesium sulphate administration, with 86.7% (26/30) of females in both groups experiencing severe preeclampsia. Additionally, 13.3% (4/30) of females in each group had severe preeclampsia with deranged transaminases and thrombocytopenia. Post-treatment, the intramuscular group showed significantly higher mean serum magnesium levels (3.55 ± 1.30 mg/dl) compared to the intravenous group (2.22 ± 0.74 mg/dl), with a p-value < 0.05 . Moreover, 86.7% (26/30) of females in the intramuscular group achieved therapeutic serum magnesium levels, whereas only 50% (15/30) in the intravenous group reached this threshold, also with a p-value < 0.05 .

The intramuscular regimen achieves better therapeutic levels of serum magnesium in obese women with severe pre-eclampsia than the intravenous route.

11) Fundal placenta percreta in primipara challenging fertility: A rare case report

Muhammad Noor Ul Latif (Gynae Quaid e Azam medical college Bahawalpur)

Background

Retained placental tissue is common and complicates 1% of abortions and deliveries. This may be due to morbidly adherent placenta (MAP) which includes placenta accreta, and abnormally invasive placenta (AIP) which includes placenta increta and placenta percreta. Prior cesarean delivery, placenta previa, previous uterine surgery like uterine curettage, myomectomy etc, smoking treatment increases the risk of MAP and AIP.

Material

CASE REPORT

A 22 years old primipara who was married for last one year was referred to BVH after normal vaginal delivery at private hospital followed by retained placenta. Umbilical cord was torn during an attempt for manual removal. On examination Uterus was 22 weeks size with closed cervical os and mild p/v bleeding. On further evaluation by USG, Colour Doppler and MRI, it was found to be fundal placenta percreta. Patient was managed conservatively with I/V antibiotics and Inj Methotrexate I/M. Complete Surgical removal of left sided fundal placenta percreta on 12th post-natal day followed by uneventful recovery and discharge on 5th post operative day.

The same patient conceived again after 3 years and an alive baby was delivered with elective c/sec at 37 weeks with normal placenta

Results

It was a quite challenging case for us but the combination of Methotrexate and later on surgical removal was found to be very beneficial for fertility preservation .

Morbidly adherent placenta can occur even in the absence of risk factors, and as demonstrated in the case above, it can be managed conservatively, thereby preserving uterine function and fertility. The role of methotrexate as a therapeutic approach for the conservative management of adherent placenta warrants further investigation through additional case studies. Morbidly adherent placenta in a primigravida presents a significant challenge to the obstetrician, necessitating a careful approach with a primary focus on fertility preservation

12) The outcome of Prolactinoma in postpartum period: a study from tertiary care hospital in Pakistan

Zahra Safdar (Obstetrics and gynaecology Avicenna Medical college)

Background

Prolactin is an essential hormone secreted by the pituitary gland of pregnant women and new mothers to aid milk production for newborns. The pituitary gland undergoes growth, due to lactotroph hyperplasia in response of placental oestrogen during pregnancy. There is limited research examining the postpartum outcomes of prolactinomas.

Objective: The objective of this study is to evaluate the prevalence of Prolactinoma and the occurrence of spontaneous resolution of Prolactinomas after pregnancy.

Study design: Cross-sectional study

Study place and duration: Punjab Institute of Neurosciences, Lahore June 2022 to June 2023

Material

200 pregnant women were recruited and their blood samples were collected in order to evaluate the serum prolactin levels. Women diagnosed with prolactinomas exhibiting positive symptoms were given dopamine agonist. The administration of dopamine agonist was discontinued at 24th week of gestation. All participants were monitored till birth, at 40 days after delivery and throughout breastfeeding. Their prolactin levels were evaluated, and magnetic resonance imaging (MRI) was conducted to verify the resolution of prolactinoma.

Results

The mean age of females in the study was 29.03 ± 7.20 years. Out of 200, 40 (20%) females had prolactinoma. Out of 40, 13 (32.5%) were given Bromocriptine while 27 (67.5%) were given Cabergoline. At presentation, mean serum prolactin level was 138.91 ± 149.02 ng/ml, which reduced to 21.38 ± 9.80 ng/ml. Mean tumor size at presentation was 7.23 ± 2.07 mm, which reduced to 0.79 ± 0.66 mm after delivery. Out of 40, 30 (75.0%) had spontaneous resolution.

The occurrence of prolactinoma is low in symptomatic patients and can resolve spontaneously after delivery in majority of cases.

13) Successful management of advanced abdominal ectopic pregnancy: a rare case report

Bushra Iftikhar (OBGYN CMH MALIR and KIMS)

Background

Abdominal ectopic pregnancy (AEP) is an uncommon and potentially life-threatening condition, accounting for less than 1% of all ectopic pregnancies. Its mortality rate can reach up to 10%, largely due to the difficulty in diagnosis and the high risk of hemorrhage. The gestational sac is typically located outside the uterus, complicating detection and management. Delayed diagnosis increases the risk of maternal morbidity, making early recognition and intervention critical.

This case report aims to discuss the complexities of diagnosing and managing AEP, highlighting the role of advanced surgical techniques like LigaSure in improving patient outcomes.

Material

We reviewed the case of a 37-year-old multiparous woman with three previous cesarean sections who presented with AEP at 14 weeks gestation. Ultrasound revealed the ectopic pregnancy located in the pouch of Douglas (POD), a rare and challenging site for management.

The patient underwent a laparotomy due to the high risks involved. The fetus was found outside the uterine cavity, with vascular supply from the gut and mesentery. The placenta's partial adherence to the intestines increased the risk of hemorrhage. LigaSure technique was used to ensure hemostasis by sealing the vessels during placental removal.

Results

The surgical procedure was successful, with minimal blood loss. Postoperatively, the patient received methotrexate to reduce beta-hCG levels, aiding in the resolution of any remaining ectopic tissue. The patient's recovery was smooth, with no major complications and follow-up showed steady improvement.

Early diagnosis and prompt intervention are crucial in managing AEP. This case underscores the importance of advanced surgical techniques, such as LigaSure, in reducing risks during complex surgeries. Adhering to RCOG guidelines can further enhance maternal outcomes in these rare cases.

14) Association of maternal obesity and gestational weight gain with adverse maternal and perinatal outcomes

Nilofar Mustafa (Gynaecology & Obstetrics CMH Lahore Medical College & Institute of Dentistry)

There has been a remarkable increase in rates of obesity worldwide in recent decades. Obese pregnant women are more likely to suffer adverse pregnancy outcomes. The objective of study was to determine the impact of increased BMI and gestational weight gain on maternal and perinatal outcomes.

Material

This prospective cross-sectional study was conducted from April 2023 to February 2024 in CMH Lahore. Women's BMI at first antenatal visit was calculated and categorized as underweight, normal weight, overweight and obese. Total weight gain during pregnancy was calculated at the last antenatal visit before delivery. Maternal and neonatal outcomes were observed for obese, overweight and those with more than 10kg gestational weight gain. Analysis of data was done using SPSS 26.

Results

A total of 151 women who gave birth were categorized according to their BMI as overweight (27.8%) and obese (4.6%). There were 83% women who gained more than 10kg weight during pregnancy. Preeclampsia was found to have a significant association with BMI ($p=0.003$). Gestational age at delivery ($p=0.049$), neonatal birth weight ($p=0.042$) and APGAR score at 5 minutes ($p=0.003$) were significantly associated with gestational weight gain.

Elevated risks were found to be associated with increased BMI and gestational weight gain, including gestational hypertension, preeclampsia, preterm delivery, small for gestational age at delivery babies and poor APGAR score. There is critical need for treating female obesity as serious public health concern and implementing preventive and therapeutic interventions, particularly for women in reproductive age.

15) Analysis of caesarean section by using Robson's group classification system in tertiary care hospital

Farheen Fatima (Department of obstetrics & gynaecology Avicenna Medical College & Hospital)

Background

Caesarean delivery cases significantly increased from 1990 about 7 to 21% till today and the ideal acceptable rate is around 10-15% according to WHO. Although caesarean surgery is lifesaving for the fetus it poses an unnecessary risk with long- and short-term health problems, it is only necessary if there is fetal distress, obstructed labor, and any abnormal position. A cohort observation investigation is carried out to compare the caesarean delivery rates and the cause of performing caesarean delivery utilizing Robson's TGCS. This study helps the practical implementation at the institutional level of the TGCS and also determines different strategies utilization to overcome the frequency of Caesarean deliveries.

Material

This cross-sectional study is carried out by 2000 pregnant, during four months admitted for caesarean delivery including this study excluding patients with underwent vaginal deliveries. This study is conducted in Avicenna Hospital in the Department of Obstetrics and Gynaecology after the approval of the ethical committee. Robsons 10-group categories help to determine Caesarean delivery case studies by dividing the underwent C-section patients. The data is statistically analyzed by SPSS 13 through which the mean and SD values are used for quantitative variables as well as qualitative data frequency determination. The data is considered when the confidence level is about <0.05

Results

The calculated mean age of the patients is 29.32 years with an SD of about 5.409 faced caesarean delivery according to obstetric complications, the onset of labor, and indications for caesarean section, analysis of the percentage is about 35.2, 66.6, and 51.4%, and its due to anemia, spontaneous labor, and previous caesarean section respectively. The results of Robson indicate that groups 4 and 5 show the highest proportions of caesarean sections.

The results show that a considerable percentage of anemia, previous C-sections, and spontaneous labor become the cause of C-sections. This study emphasizes the crucial need to concentrate on preventive measures, and closely examine to lower the rate of caesarean cases.

16) Effectiveness of oral PGE1 versus intracervical PGE2 in the induction of labor

Bushra Mukhtar (Gynae QAMC Bahawalpur)

Background

To determine the effectiveness of oral PGE1 versus intra cervical PGE2 in induction of labor mode of delivery and feto-maternal outcomes.

Material

A comparative study was carried out at department of gynecology and obstetrics of THQ Hospital Liaquatpur from April 2022 to September 2022. Pregnant women at term, with a singleton alive pregnancy, clinically favorable cervix, determined by Bishop score of 6 or less, who are not currently in active labor, and have not received any other cervical ripening or induction agents in the 24 hours prior to study enrollment were included. Cases were divided into two groups: one group receiving oral PGE1 and the other group receiving intracervical PGE2. Outcomes was evaluated in terms of time to onset of active labor, duration of labor, mode of delivery and feto-maternal complications. All the information was collected via study proforma and SPSS version 26 was used for the data analysis.

Results

Results: A total of 80 women were comparatively studied; their overall mean age was 27.37+3.02 years and overall mean gestational age was 38.0+1.10 weeks. Time of onset of active labor and duration of labor showed slightly decreased in Oral PGE1 group, while difference was statistically insignificant. C-section rates was 12.8% in Oral PGE1 and 9.1% in Intracervical PGE2, with insignificant difference ($p=0.609$). Maternal complications including hyperstimulation of the uterus, fever, bleeding, and nausea/vomiting were statistically insignificant across the groups, though only bleeding showed a significant difference ($p=0.012$). Fetal outcomes, such as Apgar scores at 1 and 5 minutes, showed a significant difference at 1 minute ($p=0.036$) but not at 5 minutes. NICU admissions and mortality rates were also statistically insignificant between the groups ($p>0.05$).

Conclusion: Both oral PGE1 and intracervical PGE2 observed to be effective in inducing labor, with almost similar success rates and similar maternal and fetal outcomes. However, oral PGE1 appears to have a higher rate of bleeding compared to intracervical PGE2.

17) Effectiveness of balloon tamponades vs uterine packing in post-partum haemorrhage

Laraib Fatima (Gynae and Obs Hayatabad Medical Complex Peshawar)

Background

Introduction: One of the main causes of maternal morbidity and death in the globe is postpartum hemorrhage (PPH). Effective management strategies are crucial, especially in environments with limited resources. This study examines how well uterine packing and balloon tamponade work to stop bleeding in PPH patients.

Objective: to assess balloon tamponades safety and effectiveness in managing PPH in comparison to uterine packing.

Material

A retrospective examination of 104 PPH patients treated with either balloon tamponade (n = 52) or uterine packing (n = 52) was carried out at Hayatabad Medical Complex. Time to hemostasis and effective hemostasis within 30 minutes was the main outcomes that were measured. Complication rates, the requirement for further procedures, and hospital duration of stay were secondary outcomes. Chi-square and t-tests were used to examine the data, and $p < 0.05$ was considered statistically significant.

Results

In terms of bleeding management, balloon tamponade was more successful (90.4%) than uterine packing (75.0%) ($p = 0.03$). The balloon tamponade group saw a considerably reduced mean time to hemostasis (15.4 \pm 3.8 minutes vs. 20.2 \pm 5.1 minutes, $p < 0.01$). The uterine packing group experienced higher complications, including as blood transfusions and infections.

With faster hemostasis and fewer problems, balloon tamponade was found to be a safer and more successful method of managing PPH than uterine packing. This suggests that balloon tamponade is the recommended strategy for PPH in comparable situations.

18) **Examining the impact of administrative decisions-making on patient's safety culture: a multidimensional analysis**

Mishal Maqbool

Background

Effective administrative decision-making plays a pivotal role in shaping the patient safety culture within healthcare institutions. Understanding the multifaceted impact of administrative decisions is

imperative for fostering a culture of safety and quality care. Against this backdrop, this study aimed to

scrutinize the influence of administrative decision-making on patient safety culture within the premises of Jinnah Hospital, Lahore, during the period of June 2022 to May 2023.

The primary objective of this study was to conduct a comprehensive analysis of the impact of administrative decision-making on various dimensions of patient safety culture.

Methods

A mixed-methods approach was adopted for data collection and analysis. The study population comprised 120 individuals from diverse healthcare roles within Jinnah Hospital. Quantitative data were collected through structured surveys, while qualitative insights were gathered through semi-structured interviews. Statistical analyses, including regression modeling were employed to explore the relationship between administrative decision-making and patient safety culture. Cronbach's Alpha was used to check the reliability of tool.

Results

The findings revealed a significant association between administrative decision-making processes and multiple facets of patient safety culture ($P < 0.05$). Notably, transparent and inclusive decision-making practices were correlated with commitment to patient safety protocols ($r = 0.67$, $p < 0.001$). Administrative decisions, organizational culture, and specific initiatives had a significant impact on patient safety culture in Jinnah Hospital. Regression analysis revealed that hospital's organizational culture and decision-making processes had impact on patient safety culture ($p < 0.05$). Organizational culture was found to be the most critical factor linked with Administrative Decision-Making ($p < 0.001$). Conversely, instances of top-down decision-making were associated with decreased trust among healthcare professionals and suboptimal adherence to safety guidelines that were strongly negatively linked with administrative Decision making process with the r value (-0.47) and $p < 0.05$.

Conclusion

This study underscores the critical role of administrative decision-making in shaping the patient safety culture within healthcare settings. By fostering transparency, inclusivity, and collaboration in decision-making processes, healthcare administrators can cultivate a culture that prioritizes patient safety and enhances overall quality of care. These insights can inform

targeted interventions aimed at improving organizational policies and practices to bolster patient safety initiatives.

19) **Prevalence of Anaemia during pregnancy**

Dr Rashida Parveen Obstetrics and gynaecology departments DG Khan Medical College DG Khan)

Background

Background: Anemia is the most common medical disorder affecting the pregnant women. In developing countries like Pakistan, it is more common as compared to developed countries. This increased prevalence is due to malnutrition, short inter pregnancy interval and multiparity. Anemia is associated with increased maternal and perinatal morbidity as well as mortality.

Material

Objective: To determine the prevalence of anemia in women admitted in labor room of Nishtar Hospital Multan, Pakistan. Study design: Descriptive cross sectional study. Place and Duration of Study: This study was conducted from 01-08-2019 to 31-07-2020 in the labor room of Nishtar Hospital, a tertiary care hospital in Multan. METHODOLOGY: All Pregnant women admitted in labor room regardless of duration of pregnancy were enrolled for study. Data was collected for basic demographics (Age, parity) and duration of pregnancy. Patient Hb was checked. All the information were entered on a self-designed proforma. Data was analyzed using SPSS version 24 for calculation of Frequency and percentages of qualitative data like age groups, parity, residential and socioeconomic status and severity of anemia and mean (SD) for quantitative data such as age and hemoglobin levels.

Results

During the study period, total number of patients enrolled for the study were 359. Out of 359, a total of 250 patients were found to be anemic. Anemia was defined according to WHO criteria i.e. Hb less than 11g/dl. In this study, frequency of anemia was 70.8%. Mean hemoglobin of the patients was 10.314 ± 4.213 . Patients with mild anemia (10 - 10.9g/dl) were 104/359 (30.3%), moderate anemia (7 - 9.9 g/dl) 138/359 (38.3%), severe anemia (4-6.9 g/dl) 8/359 (2.2%). There was no patient of very severe anemia (Hb less than 4 g/dl.). Mean age of women enrolled in study was 27.5 years \pm 5 years. Majority, 269/359 (75.0%) were between 21-30 years. Table 2 is showing the age distribution of patients. Regarding parity, 319 (88.6%) of the patients were from para 1 to para 5 while 40 patients (11.4%) were more than para 5. Regarding socioeconomic status, 348 patients (96.7%) were from low socioeconomic status (monthly income less than 30,000 PKR) and only 11 patients (3.3%) were from middle socioeconomic status (monthly income more than 30,000 PKR). 200/359 (55.6%) patients were from urban areas and 159/359 (44.4%) were from rural areas. Our study revealed very high prevalence of anemia in our region. Therefore, anemia should be recognized as a serious public health problem. This high prevalence can be decreased by

awareness programmes, improving the dietary habits and status of the women and by counselling on birth spacing and regular antenatal care.

20) **Health for all mothers addressing the disparities in ANC care and pregnancy outcomes**

Amna Aziz (Obstetrics & Gynaecology Unit-II Nishtar Medical University Multan)

Background

Global health and development meetings frequently address the issue of high maternal mortality rates as a significant global challenge. Antenatal care is a planned program of observation, education and medical management of pregnant women directed towards making pregnancy and delivery a safe experience. A careful analysis of the use of prenatal care and its influence on pregnancy outcomes is needed.

Objective: The purpose of this study is to find out the impact of antenatal care utilization on pregnancy outcomes.

Material

A cross-sectional study done at Nishtar Hospital, Multan. A sample of 278 women was chosen using non-probability convenient sampling. Data was collected on mother's demographics, Antenatal care utilization and pregnancy outcomes. Women who delivered at Labour Room of Nishtar Hospital were included. Data analysis was carried out using SPSS version 25. The chi-square test was run to compare the qualitative variables. P-value <0.05 was considered significant

Results

Out of 278 women who utilized antenatal care, (27.33%) had 1 to 3 visits, 99(35.61%) had 4 to 6 visits, 76(27.33%) had 7 to 9 visits and 29(10.43%) had 10 or more visits. The variables that impacted the outcome of pregnancy were; Antenatal care visits ($p < 0.001$), place where antenatal care was utilized ($p = 0.006$), iron and calcium supplementation ($p < 0.001$). Nature of delivery complication during delivering were not associated with antenatal care utilization

Antenatal Care utilization has a substantial impact. Health education about importance of antenatal care will increase the frequency of antenatal care visits that will ultimately lead to healthy pregnancy outcomes

21) **Vaginal Vs Ultrasound assessment to diagnose malpresentation before attempting instrumental vaginal deliver-Which is a better tool**

Asifa Siraj

Objective

To compare the fetal position on vaginal versus ultrasound examination before attempting instrumental vaginal delivery.

Study Design: Quasi-experimental study

Place and duration: Gynecology and Obstetrics department Pak Emirates Military Hospital, Rawalpindi, february 2022-july 2022.

Methods

Pregnant females with singleton pregnancy of any age group without any previous history of systemic disease planned as booked cases with an indication of operative vaginal delivery were included in the study Using non-probability consecutive sampling technique Group V (n=72) patients underwent digital vaginal exam however Group U (n=72) underwent ultrasound trans-abdomen during the second stage of labor. Position of the fetus as evident on vaginal, ultrasound and at the time of delivery was also recorded. Occiput position identified at the time of delivery was considered as gold standard.

Results

Median (IQR) age in years was 30.5 (28-32). Recorded BMI of the participants was 28(26-30) Kg/m² and majority of these pregnant patients had parity 2. Median time taken to perform exam in seconds was 16 (15-18.5) in Group V as compared to 35 (32-38) in Group U (p-value <0.001). Occiput anterior including (OA, LOA and ROA) were the most common fetal positions observed in both the groups. Vaginal exam was able to correctly identify fetal position in 54(75%) patients as compared to 67(93.1%) correct findings after ultrasound exam with a p-value of 0.003.

Conclusion

Transabdominal ultrasound is a more reliable modality as compared to vaginal examination in identifying fetal malpresentation before instrumental vaginal delivery.

22) **Audit report of placental accreta spectrum at Lady Wallingdon Hospital**

Mawrah Mughal (Gynae and Obstetrics King Edward Medical University / Lady Wallingdon Hospital)

Background

The worldwide incidence of PAS disorders, previously referred to as abnormally adherent placentae (AIP) has rapidly increased from 0.025% of deliveries in the 1970s to approximately 0.5% (1 in 200) in the last decade.^{1,2} The main contributory factor is the rising C/section rate.³ With the increasing trends it is important to have proficient ways to diagnose these cases and manage them actively.

Material

A cross-sectional study was carried out at Lady Wallingdon Hospital for a period of 6 months from 1-05-2024 to 31-10-2024. After taking ethical approval from IRB of King Edward Medical University, 106 patients presenting in OPD and Emergency who had ultrasound scan showing minor or major degree of placenta previa were recruited in the study. Quantitative variables like age, parity, length of stay in hospital, were measured as mean and standard deviation and qualitative variables like time of diagnosis, time of delivery, need for blood transfusion, type of surgical procedure, Intensive care unit admission were measured as frequency and percentage.

Results

Out of 106 patients the mean age was 34.2 ± 10 years, with 52.8% patients having parity of <3 and 34.9% with = 4 children. 10.3% had no previous surgery, 31.1% had previous 1 surgery and 58.4% had = 2 major surgeries. The length of stay was <1 week in 40.5% and = 1 week 59.4%. 60.3% were diagnosed between 28-34 weeks and 39.6% were diagnosed at or after 36 weeks. 15% were delivered at 28-32 weeks, 39.6% delivered at = 34 weeks and 45.2% delivered at = 36 weeks. 65% needed more than 5 units of blood and blood products transfusions. 4.7% needed C/section without any extra surgical management however 49% needed C/section with uterine artery ligation and tamponade in the form of uterine packing and 9.4% needed C/section with uterine artery ligation and extra compression sutures. 36.7% had obstetrical hysterectomy as a lifesaving procedure. 12.2% patients had an ICU stay of more than 1 week.

It was concluded from the audit that the rising C/section rate is increasing risk of placenta previa and accreta spectrum and more training is required to manage such cases.

23) Plastic effects on maternal and fetal health

Huma Sheikh

Plastics have become pervasive in modern life, leading to growing environmental concerns. This study investigates the effects of plastic-related chemicals, such as microplastics and endocrine disruptors, on maternal and foetal health.

Introduction

Plastic pollution has become a global crisis, infiltrating every aspect of the environment. Among the growing concerns is the impact of plastic and its chemical components, like phthalates and bisphenol A (BPA), on human health. These chemicals are known endocrine disruptors, capable of interfering with hormonal systems. Pregnant women and their fetuses represent a particularly vulnerable population, as exposure to plastic contaminants can potentially affect fetal development and maternal health.

Study Design

A mixed-method approach was employed. The study comprised:

Literature Review: Analysis of existing research on plastic pollutants, microplastics, and endocrine disruptors.

Data Collection: Observational studies and case reports were reviewed. Methodology:

1. Data Sources: Peer-reviewed journals, reports from public health organizations, and environmental studies databases.
2. Inclusion Criteria: Studies examining maternal exposure to plastic derivatives (BPA, phthalates, etc.) and their outcomes on fetal health or pregnancy.
3. Analysis: A thematic analysis was conducted and toxicology data was compared.

Literature Review: include study of Endocrine Disruptors Chemicals such as BPA and phthalates are linked to hormonal imbalances

Microplastics: Studies have detected microplastics in placental tissue, raising concerns. Also study of Animal Models: studies showed plastic-derived chemicals leads to low birth weight, growth restrictions, and abnormalities in fetal brain .

Epidemiological Studies and

Results

Maternal Health: Plastic chemicals during pregnancy was correlated with higher risks of:

Preeclampsia and other pregnancy-induced hypertensive disorders.

Gestational Diabetes .

Hormonal Imbalances,& thyroid dysfunction

Fetal Health effects causing

Low Birth Weight:

Neurodevelopmental Delays

Preterm Birth: preterm birth and its implications. Placental Transfer: Microplastics were detected in the placenta, causing fetal Autism ADHD, cancers etc

Conclusion

The findings underscore Exposure to endocrine disruptors and microplastics during pregnancy is associated with adverse outcomes such as preterm birth, developmental delays, and pregnancy complications like preeclampsia. These results highlight the need for stricter regulatory policies and public health initiatives aimed at reducing plastic pollution and minimizing exposure, especially for vulnerable populations such as pregnant women. Future research should focus on long-term epidemiological studies and more detailed assessments of microplastic interactions within the human body

24) Transforming Maternity care: Impact of labor care Guide in public sector hospital

Humera Noreen Holy Family Hospital Rawalpindi

Introduction

The WHO Labour Care Guide is a tool that aims to support good-quality, evidence-based, respectful care during labour and childbirth, irrespective of the setting or level of health care. It improves the standardizing decision-making and promoting evidence-based practices

Objective

To provide awareness of LCG to health care providers and to assess the feasibility, and clinical outcomes associated with the adoption of the WHO LCG.

Study Design: Prospective observational study.

Setting: Study was conducted at Obstetrics & Gynae Unit – II Holy Family Hospital, Rawalpindi over three months (October - December 2024), involving 95 laboring women managed using the LCG.

Method

A series of Training workshops were conducted on the use of the Labor Care Guide to raise the awareness of LCG. Pre- and post-training assessments evaluated knowledge and skills acquisition.

WHO Labor Care Guide proforma filled by trainees in real-time were collected and checked for complete entries, understanding and feedback.

Data Collection: WHO Labor Care Guide proforma filled by healthcare providers.

Analysis: Quantitative analysis of collected data by using SPSS.

Results

This study evaluated the Labor Care Guide's effectiveness in managing labor among 95 participants (42 primigravida, 48 P1-P4, 5 P5+). Key risk factors included anemia (5), gestational diabetes (2), and hypertension (10). Companion presence, pain relief usage, and oral fluid intake declined over time. Postures shifted from mobile (64 at 1 hour) to supine by 8 hours, with minimal deviations in fetal heart rate (though decelerations were noted), blood pressure, or temperature.

Contractions remained adequate in frequency and duration, with no cases of excessive contractions (>5 per 10 minutes). Cervical dilation and fetal descent progressed normally, with effective pushing in 86 participants. Neonatal outcomes were favorable, with most newborns weighing 2.6–3.5 kg and 96% achieving APGAR scores ≥ 7 .

Conclusion

The Labor Care Guide facilitated structured monitoring and safe outcomes but showed gaps in diagnosing active labor, addressing pain relief, tracking fluid intake, and

documenting key parameters, warranting improvements. continuous training and repeated feedbacks help in implementing in better way.

25) Association Between Pre-Pregnancy Carbonated Drink Intake and Gestational Diabetes Mellitus: A Case-Control Study in Pakistan

Sophia Rafiq (Gynaecology and Obstetrics Al Razi Hospital)

Background

Gestational Diabetes Mellitus (GDM) is a glucose intolerance disorder first identified during pregnancy, posing significant risks to maternal and fetal health. In Pakistan, GDM prevalence has risen sharply, from 6.3% in 2005 to nearly 20% in 2022, raising concerns about dietary influences on GDM risk [1]. Poorly managed GDM is linked to complications in pregnancy and increases the chances of postpartum type 2 diabetes and early cardiovascular disease [2]. With rising urbanization and marketing, carbonated drink consumption has surged in Pakistan, contributing to increased type 2 diabetes risk [3]. However, evidence on pre-pregnancy carbonated drink intake and GDM risk remains limited. This study explores whether habitual intake of these beverages before pregnancy raises the likelihood of developing GDM, using survey data from Pakistani women.

Material

Study Design and Setting: A cross-sectional study conducted in Pakistan, targeting pregnant women in hospital settings at CMH Lahore.

Sampling: 396 women (186 cases and 208 controls) selected through convenience sampling.

Inclusion criteria

Pregnant women of Pakistan.

Ages between 18-40 years.

Exclusion criteria:

Age less than 18 and greater than 40 years.

Known Type I and II Diabetics.

Data collection:

Results

High carbonated drink intake significantly increases the odds of developing GDM (coefficient = 1.38, $p < 0.001$). Within a sample of 396 women, 186 (47.0%) were clinically diagnosed with gestational diabetes mellitus (GDM). Among those diagnosed, 115 women (61.8%) reported a high or intermediate intake of carbonated drinks.

49.6% of women with a positive family history of GDM or DM developed GDM. Among those

who developed GDM, 67.6% had a high pre-pregnancy intake of carbonated drinks.

Given the high prevalence of carbonated drink intake in Pakistan and its link to adverse health outcomes, public health interventions promoting healthier dietary choices may help reduce GDM incidence. Reducing carbonated beverage consumption, especially in those with a positive family history of GDM or DM, could be a beneficial preventative measure.

Further research is needed to explore underlying mechanisms and to confirm these associations in larger, diverse populations.

26) Implementation of a PPH bundle approach in a tertiary care hospital: A 10-month post intervention outcome analysis

Rubab Khalid (CEO & Director RK4 Courses (SMC-Pvt) Ltd)

Background

Postpartum haemorrhage (PPH) remains a leading cause of maternal morbidity and mortality globally. Despite evidence-based guidelines, inconsistent management contributes to poor outcomes. A bundle care approach, involving coordinated interventions, has emerged as a promising strategy to enhance early detection and timely management of PPH, which is key to reducing maternal morbidity and mortality.

Objectives:

To evaluate the implementation of a PPH care bundle and its impact on maternal outcomes, including medical and surgical interventions, over a 10-month period in a tertiary care hospital.

Material

A prospective observational study was conducted at Sir Ganga Ram Hospital, Lahore, Pakistan. Medical staff were trained in PPH management using a bundle approach based on WHO guidelines. The bundle was implemented in August 2023, with data collected through May 2024. Variables analyzed included diagnosed PPH, medical and surgical interventions, blood transfusions, obstetric hysterectomy, and maternal mortality. Data were analyzed using IBM SPSS v27, with results expressed as proportions and significance set at $p = 0.05$.

Results

Of 13,137 deliveries, 1,008 cases (7.6%) were diagnosed with PPH. A total of 178 cases were selected for analysis based on complete data availability. Medical management alone was used in 27 cases (15.2%), while 151 (84.8%) required additional surgical interventions. Blood transfusions were administered to 135 patients (75.8%), and 39 patients (21.9%) underwent obstetric hysterectomy. Five maternal deaths occurred. PPH care bundles have the potential to reduce PPH-related morbidity with fewer resources and interventions, but further research is needed to assess their long-term impact.

27) **Maternal and neonatal outcome in women with epilepsy: A 20 year experience from tertiary care hospital**

Shahwar Dure (Obstetrics and Gynecology Aga khan university Hospital)

Background

Epilepsy is the most common neurological disorder, affecting 40% women of reproductive age. While it has an impact on maternal outcomes, it can affect perinatal outcomes, particularly due to the effects of anti-epileptic drugs (AEDs).

Objective

This study aims to evaluate the effect of epilepsy and Antiepileptic drugs on maternal and perinatal outcomes.

Material

This retrospective case-control study was conducted at AKUH, including all pregnant women with diagnosed epilepsy in the past 20 years. Data analyses were done using Statistical Product and Service Solutions (SPSS) version 20.0.

Results

A total of 359 pregnant women with epilepsy were reviewed. Most were primigravida (73%), and the majority (70.5%) had conception in remission. Of the patients, 205 (57%) were on monotherapy, and 53 (14%) received polytherapy. During pregnancy, 90 (25%) patients experienced seizures. Statistically significant outcomes included fetal anomalies (6.4%), cesarean delivery (56.27%), preterm birth (23%), preterm rupture of membranes (PPROM) (2.2%), low birth weight (LBW) (15%), and maternal ICU admission (3.4%). These findings highlight the importance of careful management and monitoring of epilepsy in pregnancy to minimize risks to maternal and fetal health.

28) **Determination of Qualitative beta HCG level in vaginal washing fluid for detecting preterm premature rupture of membrane**

Aisha Iqbal (Obstetrics n gynaecology Sadiq hospital Sargodha, Govt T. B Hospital Sargodha)

Background

Fetal membranes become weaker as weeks of gestation increase. Fetal membranes likely break because they become weak and fragile. Several issues need to be considered in formulating a plan of management. Prematurity is the principal risk to the fetus, while infection morbidity and its complications are the primary maternal risks.

Material

Study Design: It was cross sectional study

Setting: Department of Obstetrics Gynecology Unit 1, Services Hospital Lahore

Duration: 6 months after the approval of synopsis i.e. from 03 November 2017 to 02 May 2018.

Data collection: 190 females were enrolled. Qualitative HCG test strip with sensitivity of 25IU/ml inserted in vaginal washing fluid for 10 seconds. After 5 minutes HCG qualitative test interpreted as positive. Vaginal fluid in syringe sent to laboratory for urea level by spectrophotometry. All the collected data was entered and analyzed on SPSS version 20.

Results

In this study the mean age of the females was 28.97 ± 7.33 years, nulliparity females were 32(16.84%). BHCG diagnosed positive PROM among 83(43.7%) females. The sensitivity, specificity and diagnostic accuracy of BHCG for diagnosing PROM was 89.41%, 93.33% 91.58% respectively taking urea test as gold standard.

The qualitative HCG test is simple useful and reliable test in vaginal washing fluid for detecting PROM in uncertain cases taking vaginal fluid urea as gold standard test.

29) Human chorionic gonadotrophin versus magnesium sulphate (MgSO₄) as a tocolytic agent-a randomized controlled trial

Mishal Maqbool (OBGYN Federal Government Polyclinic Hospital)

Background

Background: Preterm labor, defined as regular uterine contractions leading to cervical changes before 37 weeks of gestation, poses significant risks to neonatal health. Effective tocolysis is crucial for delaying delivery, allowing for interventions like corticosteroid administration to improve neonatal outcomes. This study compares beta human chorionic gonadotropin (HCG) and magnesium sulfate (MgSO₄) as tocolytic agents to determine their efficacy and safety in preterm labor management.

Objectives: To evaluate and compare the efficacy of beta HCG versus magnesium sulfate in preventing preterm labor and to assess patient satisfaction, side effects, and delivery outcomes.

Material

A randomized controlled trial (NCT05828966) was conducted from February to December 2023 at Shaheed Zulfiqar Ali Bhutto Medical University, Islamabad. Seventy patients with preterm labor were randomly assigned to receive either 5000 units of intramuscular HCG followed by a continuous drip of 10,000 units in 5% dextrose (Group A) or 4 grams of intravenous MgSO₄ followed by 2 grams per hour (Group B). Outcomes were measured based on tocolysis success, patient satisfaction, side effects, and delivery mode.

Results

HCG demonstrated superior efficacy with a significantly lower rate of tocolysis failure within 48 hours ($p < 0.001$), fewer side effects, and a reduced rate of preterm delivery compared to MgSO₄ ($p = 0.010$). The HCG group also had a higher rate of patient satisfaction and fewer cesarean sections ($p = 0.025$). Maternal side effects, particularly headache and vertigo, were more prevalent in the MgSO₄ group ($p < 0.001$).

Beta HCG is more effective than magnesium sulfate in preventing preterm labor within the initial 48 hours. It offers a better safety profile with fewer side effects and a higher rate of vaginal deliveries. These findings suggest that HCG is a preferable tocolytic agent for managing preterm labor.

30) **Suicidal ideation self-harm during pregnancy among women attending antenatal care**

Amna Aziz (Obstetrics & Gynaecology Unit-II Nishtar Medical University Multan)

Background

Suicidal ideation is an important often overlooked possible antecedent for mortality among high risk population such as pregnant women. Suicide is a leading cause of maternal death during pregnancy and up to a year after birth. The combined occurrence of pregnancy – related deaths attributed to suicide is 1.7% among low and middle income countries. The study aims to determine the frequency of suicidal ideation, self-harm and factors contributing it among pregnant females presenting for antenatal care

Material

It was a Descriptive Cross-sectional study done at outpatient department of two hospitals; Nishtar Hospital Multan and DG khan Teaching Hospital. A total of 160 pregnant ladies between 18 years to 45 years old at 32 to 36 weeks of gestation were included in the study. Data was collected from out- patient department's patients through questionnaire in local language of respondents. It was compiled analyzed by using SPSS 22 to proceed for results.

Results

Total 16 out of 160 had thought of self-harming. Frequency of suicidal ideation was 10%. 10 questions of Edinburg post- natal depression Score (EPDS) "THE Thoughts of harming myself" were answered as "never" by 75.63%, "hardly ever" by 6.25% , "sometimes" by 8.13% "yes, quite sometimes" by 10%. Our study showed significant association between suicidal ideation in pregnancy with previous history of postpartum depression. P value was 0.03.13(22.8%).

Hidden burden of maternal mental health is a major concern for many under-developed developing countries with same social background. Maternal mental health issues should be of utmost priority among developing low income countries.

31) **Cases of chronic Myeloid leukemia in pregnancy management and delivery at tertiary care hospital Islamabad within one year**

Dr Laraib Babar (MCH PIMS Pakistan institute of medical science (PIMS) Islamabad)

Background

Chronic myeloid leukemia (CML) is a rare hematologic malignancy in pregnancy, posing unique challenges for maternal and fetal management. The timing and mode of delivery depend on maternal disease status, gestational age, and obstetric indications. Peripartum management includes optimizing maternal blood counts, ensuring adequate disease control, and preparing for potential hemorrhagic or thrombotic complications.

Material

Case 1

Known case of CML on imitinab followed by PEG- interferons. EmLSCS due to non-reactive CTG done, modified B-Lynch applied, two drains placed in Pouch of Douglas one sub-rectal space.

Case 2

CML diagnosed 1 year ago started Hydroxyurea at 24weeks. Healthy baby delivered via normal vaginal delivery.

Case 3

Known case of CML, Induction of labor started but EmLscs due to pathological CTG. Cesarean was uneventful. Patient deteriorated suddenly and collapsed after 16 hours. CML since 2 years with anemia, severe pre-eclampsia, breech followed by interferons. EmLscs for imminent eclampsia and breech done, modified B-lynch applied with two drains in POD and sub-rectal space. At 25th POD, Exploratory laparotomy done pus and hematoma drained.

Results

Majority of cases delivered via cesarean section and use of sub-rectal and intraperitoneal drains along with skin and fat stitched in interrupted manner remained preferred surgical technique

Successful pregnancies are possible in CML patients with careful monitoring and treatment adjustments

32) An audit of caesarean section rate using the robson 10 group classification system at tertiary care hospital

Dr Khansa Qadeer (MCH 2 obstetrics & gynaecology PIMS Islamabad)

Background

Background: The global increase in cesarean section (CS) rates raises concerns about maternal and neonatal health outcomes and the strain on healthcare resources. The Robson 10-Group Classification System (TGCS) enables a standardized, systematic analysis of CS rates across clinically relevant groups. This five-year retrospective audit examines the distribution and drivers of CS rates in a tertiary care hospital, identifying high-impact groups through TGCS.

Objective: to evaluate the rising rate of cesarian section and its cotributing factor at tertiray care hospital.

Material

Study design:clinical audit.

Place and duration of study:Maternal and child health departemnt unit 11,Pakistan Institue Of Medical science,from aug 2021 to aug 2024.

Methods: A four-year review (aug-2021 to aug 2024)) was conducted at a tertiary teaching hospital. Delivery records were analyzed, and CS cases classified per TGCS: (1) nulliparous, term, singleton, cephalic, spontaneous labor; (2) nulliparous, term, singleton, cephalic, induced labor/CS before labor; (3) multiparous, term, singleton, cephalic, spontaneous labor, no prior CS; (4) multiparous, term, singleton, cephalic, induced labor/CS before labor, no prior CS; (5) multiparous, term, singleton, cephalic, with prior CS; (6) nulliparous breeches; (7) multiparous breeches; (8) multiple pregnancies; (9) abnormal lies; and (10) preterm, singleton, cephalic presentations. CS rates per group were calculated and reviewed annually for trends.

Results

Results: Over the audit period, 8653 total deliveries were recorded, with an overall CS rate of (3049) 35.2 %. Group 5 (previous CS, term, singleton, cephalic) contributed most significantly to the CS rate, accounting for 12.85% of all CS, while Group 2 (nulliparous, induced labor/CS before labor) accounted for 3.72%. Group 1 (nulliparous, spontaneous labor) showed a gradual increase in CS rates, suggesting changing clinical practices. Higher CS rates were also noted in high-risk groups, including breech presentations (Groups 6, 7) and abnormal lies (Group 9).

Conclusions: TGCS facilitated the identification of primary contributors to the CS rate, particularly Groups 2 and 5. Findings indicate the need for reviewing labor induction protocols and promoting trial of labor after cesarean (TOLAC) in appropriate cases. Routine TGCS-based audits can support targeted interventions, optimizing CS practices to enhance maternal and neonatal outcomes.

33) Effect Of Different Doses Of Phloroglucinol On 1st Stage Of Labour In Term Pregnancies

Rukhsana Nazir (Obstetrics and gynaecology KRL Hospital, Islamabad)

Background

Prolong labour is dangerous for mother and for fetus. Phloroglucinol can be used to relieve the spasm and edema of cervix. Shortening the duration of labour is beneficial for mother and fetus. Phloroglucinol is one of the methods to short the labour duration.

Objective: To observe the effect of different doses of Phloroglucinol on duration of labour and to find their effects on mother and fetus.

Material

102 Primigravida females were included, randomly divided into two groups: Group A received Phloroglucinol 40 mg (4ml) i/v at 4cm dilation of cervix and patients in Group B received Phloroglucinol 160 mg i/v in total, dose administered as 40 mg (4ml) i/v at 4cm cervical dilation and 40 mg (4ml) after 1hour of 1st dose than 80mg (8ml) after 2hours of 1st dose. Data was collected on designed proforma.

Results

Mean age in both the groups was 25.43+3.00 and 25.29+3.66 respectively, whereas mean gestational age (weeks) in both the groups was 38.45+0.70 and 38.74+1.36 respectively. Duration (hours) of labour at 1st stage was 6.11+3.25 and 3.61+1.65 respectively which was statistically significant (p-value 0.000), whereas duration (hours) of labour in 2nd stage of labour was 1.94+2.24 and 0.56+0.52 respectively which was statistically significant (p-value 0.000).

Conclusion

The study conclude that Phloroglucinol can effectively improve labour progress and shorter duration of labour and its dose of 160 mg shorten active phase of labour more effectively than 40mg dose. So,160 mg Phloroglucinol is preferred by intravenous injection as compare to 40mg dose.

34) Effectiveness of nutritional supplementation during the first 1000-days of life to reduce child undernutrition: A cluster randomized controlled trial in Pakistan

Sidrah Nausheen (Obs/gyn Aga Khan University)

Background

Childhood stunting can start in the womb and continue for two years. Therefore, the first 1000 days of life offer a unique window of opportunity to build healthier and more prosperous futures. Therefore, we aimed to assess the effectiveness of nutritional supplementation during the first 1000-days to reduce the prevalence of stunting at 24 months of age.

Material

In this cluster randomized controlled trial, we enrolled women during their pregnancy from two rural districts of Sindh, Pakistan. A cluster was one union council with a population of ~25000 residents. Out of 29 clusters, we randomly allocated 6 clusters to the intervention and control groups each. Pregnant women received a monthly supply of 5 kg (i.e., 165 grams/day) of wheat soya blend plus (WSB+) during pregnancy and the first six months of their lactation period. In addition, their children received lipid-based nutrient supplement - medium-quantity (LNS-MQ) between 6-23 months of age. The primary outcome was a reduction in the prevalence of stunting in children at 24 months of age. Analysis was an intention to treat

Results

Two thousand thirty pregnant women (1017 in the intervention group and 1013 in the control group) were enrolled between August 30, 2014, and May 25, 2016. Monthly follow-ups were conducted between October 1, 2014, and October 25, 2018. At 24 months of age, we captured data from 699 (78%) of 892 live births in the intervention group and 653 (76%) of 853 live births in the control group. There was a significant difference in mean length (49.4 cm vs 48.9 cm, $p=0.027$), weight (3.1 kg vs 3.0 kg, $p=0.013$), length for age z-scores (-1.2 vs -1.5, $p=0.004$) and weight for age z-scores (-1.2 vs -1.5, $p=0.015$) among infants in the intervention compared to control group. At 24 months of age, a significant difference in the prevalence of stunting (absolute difference, 10.2%, 95% CI 18.2 to 2.3, $p=0.017$) and underweight (absolute difference, 13.7%, 95% CI 20.3 to 7.0, $p=0.001$) were observed in the intervention as compared to the control group. The prevalence of wasting was not significantly different between the intervention and control groups (absolute difference, 6.9%, 95% CI 14.1 to 0.3, $p=0.057$).

Provision of WSB+ and LNS-MQ during the first 1000-days of life improved child linear growth and reduced stunting in children at 24 months. This study can be scaled-up in similar settings to lower the prevalence of stunting in children under two years of age.

35) **Silent threat: First trimester uterine rupture in a scarred uterus: A case study**

Javairia Basit (Obstetrician and Gynaecologist Gyne PAEC General Hospital Jauharabad)

Background

Uterine rupture during the first trimester is rare compared to later gestational periods and can be challenging to diagnose due to symptoms overlapping with ectopic pregnancy and early pregnancy bleeding. Though uncommon, delayed diagnosis can have severe consequences for both mother and fetus, making high clinical suspicion crucial.

Material

A 32-year-old woman (G4P3) at 8 weeks gestation presented with sudden-onset severe pain at rest. Her obstetric history was significant for three previous cesarean sections with single-layer closure. The current pregnancy was complicated by early spotting, managed with progesterone supplementation. A seven-week ultrasound had confirmed a viable fetus with subchorionic hematoma. On examination, the patient exhibited signs of hypovolemic shock with abdominal tenderness and guarding. Emergency ultrasound revealed massive hemoperitoneum with a viable fetus.

Results

After initial fluid resuscitation, emergency laparotomy was performed, revealing 2L of hemoperitoneum and a 1.5cm rupture along the left edge of the previous cesarean scar. Following removal of conception products, the defect was repaired with double-layer closure. The patient received four units of packed red blood cells and had an uncomplicated postoperative recovery.

This case emphasizes the importance of maintaining high clinical suspicion for uterine rupture even in the first trimester, particularly in patients with multiple previous cesarean sections who present with acute abdominal pain, vaginal bleeding, and hemodynamic instability.

36) Comparison of modified 75g oral glucose tolerance test with 75g oral glucose tolerance test in screening of GDM

Sidra Rauf (Obstetrics and Gynaecology Pakistan Institute of Medical Sciences)

Background

A lack of tolerance for glucose in pregnancy is known as gestational diabetes mellitus (GDM). GDM has serious risks and associated complications for the mother and fetus, that is why it is very crucial to screen a pregnant woman early so that increased risks of perinatal and maternal morbidity could be minimized. An oral glucose tolerance test (OGTT) is the classical tool for screening of GDM. We aimed at comparing two diagnostic tests for GDM i.e. modified OGTT 75 g and standard fasting OGTT 75 g. All these criteria are used to predict GDM and also for filtering out any chances of having diabetes in the future life.

Material

In this study total 136 pregnant women were selected from the OPD of MCH clinical settings in Pakistan Institute of Medical Sciences, SZABMU, Islamabad. This cross sectional validation study was completed in a period of 6 months w.e.f. 01/01/2023 to 30/06/2023. Women were between 22 and 26 weeks gestation who were initially investigated with modified OGTT 75 g at 22-24 weeks gestation for glucose intolerance later at 24-26 weeks they were called again for the fasting OGTT 75 g and again glucose test was done in the same patient. The outcome was judged as predictive prevalence of both tests in picking GDM. SPSS 23 software version was utilized for analysis.

Results

Women's mean age was 26.6 years in this study. Twenty seven (20.1%) patients were overweight or obese. In 16 (11.8%) patients, a family history of diabetes was there. There were 17 (12.5%) cases with positive findings on modified OGTT (75 g) screening while 13 (9.6%) positive cases on fasting OGTT (75 g). Almost two third of the GDM cases were overweight/obese in this study. The sensitivity and specificity of modified OGTT was found out to be 84.6% and 95.1% respectively.

Modified OGTT 75 g and fasting OGTT 75g have been found equivalent in screening of GDM in women having gestational age of 22 to 26 weeks. Keeping fasting as gold standard method for screening GDM, the modified OGTT test showed a very high sensitivity and specificity in this study.

37) **Comparison of labetalol and methyldopa for management of females presenting with PIH**

Tanzeela Bano (Obstetrics and gynecology Services institute of medical science, lahore)

Background

Hypertensive disorders of pregnancies remain a major cause of maternal morbidity and mortality. The choice of antihypertensive drugs in pregnancy is often limited due to fetal safety concerns. Labetalol is more effective than methyldopa. But contradictions were presenting in literature. So we conducted this study to find more effective drug for future implication.

Material

This randomized controlled trial was done at Unit II, Department of Obstetrics Gynecology, Services Hospital, Lahore for 6 months. Informed consent was taken from each female. They were randomly divided in two groups. In group L, females were prescribed 100mg oral labetalol three times a day and in group M, females were prescribed 250 mg oral methyldopa three times a day. Then females were asked to come in OPD after 1 week. After 1 week BP was measured and mean arterial pressure was noted. All this information was recorded on proforma. Data was entered and analyzed using computer program SPSS version 20. Study groups were compared for average MAP by using t-test taking p-value<0.05 as significant.

Results

The mean age of patients was 30.26 ± 5.67 years and the mean gestational age was 29.19 ± 4.86 weeks. The mean MAP value of the patients was 112.16 ± 4.22 mmHg. Statistically there is significant difference was found between the study groups and MAPS after 1st week of the patients i.e. p-value=0.000.

Our study results concluded that the labetalol is safe and reliable drug for the management of pregnancy induced hypertension as compared to methyldopa group.

38) **A study recognizing various social antenatal and postnatal causative factors leading to postnatal depression**

Zainab Mansoor (Obs and gynae Pakistan institute of medical sciences)

Background

The development and occurrence of postnatal depression ,which is depressive disorder more prolonged than baby blues but less severe than psychosis , can be associated with multiple risk factors ; social factors being socioeconomic status , intent of pregnancyetc; antenatal factors being whether the patient experienced any complications during pregnancy or deliveryetcand an example of postnatal factors being if breastfeeding was practiced or not. Given the rising numbers of patients experiencing postnatal depression and its dire consequences analysis of associated factors is of utmost importance in present times.

Material

A retrospective analytical study was conducted at Mother and Child Health Unit1 ,Pakistan Institute Of Medical Sciences whereby 300 women who arrived at their 7thand 10thpostnatal days forfollowupwere asked to fill out the Edinburgh Postnatal Depression Scale. The patients diagnosed with depression on scale were subsequently handed out a custom-made questionnaire tailored toassesssthe variables involved as causative agents.

Results

Out of 300 patients 120 patients were diagnosed with postnatal depression.

Out of these 120 patients 70 patients had age more than 25years ;60 had a previous history of depression ; 85 patients suffered from domestic violence ; 30 had an accidental pregnancy ; 100 belonged to a socio-economic class with income less than PKR 20,000 per month and 75 patients had the societal pressure to have a male child.62 patients faced some sort of complication during antenatal period or delivery and 73 patients were primiparous.45 patients were exclusively breastfeeding ;50 were giving mixed feed and 25 patients were exclusively bottle feeding.

The results of the study point towards a statistically significant association between factors such as previous history of depression, poor socioeconomic status and others mentioned above and postnatal depression.This research acknowledges the dire need of timely screening and counselling in high-risk females as prevention is definitely better than cure.

38) Efficacy of condom balloon tamponade in management of primary postpartum haemorrhage

Zareena Begum (Obstetrics and gynecology Saidu group of teaching hospitals)

Background

Primary postpartum hemorrhage has a significant effect on maternal morbidity and mortality. Proper treatment and in time management of the patient have showed to decrease this morbidity and mortality a lot.

Material

This study was conducted in Saidu group of teaching hospital, swat from 1 august 2018 to 31 July 2019. All the patient with Primary postpartum hemorrhage were included in the study. All patients were first managed by medical therapy and when the medial therapy failed then balloon catheter tamponade were introduced and patients were noticed for stoppage of bleeding within few minutes.

Results

Mean age was 27.04 ± 5.42 years. 72 patients failed from medical therapy which was managed by condom tamponade. The response rate of condom tamponade in these 72 patient was 69 (95.83%) while 3 (4.17%) did not respond. There was no significant effect of age, grvida on the response rate of Balloon tamponade.

The response rate to Balloon Catheter tamponade is high in patient with Primary postpartum hemorrhage due to uterine atony. It should be tried before preceding to other Surgical management like Be-lynch, uterine artery ligation or hysterectomy in cases of medical therapy failure.

42) Delays in emergency Caesarean section and its associated Feto-maternal outcomes in secondary care hospital

Naureen Anjum (OBGYN Aga Khan Hospital For Women Karimabad)

Background

Caesarean section is the most common surgical procedure done and can improve neonatal and maternal outcomes if done appropriately and on time. Royal College of Obstetrics and Gynecology (RCOG) classifies caesarean sections into four categories according to need for urgency of delivery of fetus. Decision to delivery Interval (DDI) is an important predictor for feto-maternal outcomes.

Material

It was a cross sectional observational study conducted in Aga Khan Hospital for Women-Karimabad, Pakistan from June-December, 2022 Data was collected using a predesigned performa which comprised of four sub-groups that included patient factors, obstetrician factors, anesthesia factors and lack of resources and staff. Maternal and fetal outcomes were also assessed. SPSS version19.0 was used for analysis of data.

Results

Out of 244 cases in all three categories, delays were seen in 46.7% of cases. The major factors contributing to increase in DDI identified were non availability of vacant operation theatres (65.8%), non-availability of senior obstetrician on floor (44%) and delays in patient preparation (22%). Fetal outcome in term of low APGAR score as <7 at 5 minutes was seen in 2.6% and one neonate needed advanced resuscitation. Five babies (4.4%) were referred to NICU and there was no stillbirth. Prolong maternal hospital stay due to postpartum hemorrhage was seen in one patient.

DDI of emergency caesarean sections especially due to non-availability of operation theatres led to compromised health condition in 3% of neonates. In low resource health settings, optimized utilization of theatre and training of junior obstetricians should be done to improve maternal and neonatal outcomes.

43) **Oligohydramnios and fetal outcomes: comparison of maternal and fetal outcome between low and normal amniotic fluid index at term**

Tayyaba Nusrat

Background

Oligohydromnios, a condition characterized by low amniotic fluid volume, is associated with significant risks to both maternal and fetal health.

Objectives: This study aims to assess the correlation between oligohydromnios and adverse fetal outcomes, including intrauterine growth restriction (IUGR), low birth weight, preterm birth, and neonatal morbidity and mode of delivery. Compared with normal AFI outcomes

Material

This was a case-control retrospective comparative study on 50 pregnant women with reduced AFI (cases) and 50 pregnant women with normal AFI (control)

Method: A retrospective cohort of [50] pregnant women diagnosed with oligohydramnios at term was monitored from first finding of reduced AFI until delivery. Outcomes were compared to a control group with normal amniotic fluid levels. Key indicators such as mode of delivery, Apgar scores, NICU admissions, and neonatal complications were evaluated

Results

Awaited

Conclusion

Preliminary findings indicate that oligohydramnios significantly correlates with increased rates of IUGR, preterm delivery, and neonatal complications

44) A study to determine the perinatal outcome in isolated oligohydramnios at term (

Umaiyma Farhad (Gynae and obs Shifa college of medicine)

Background

A Study to Determine the Perinatal Outcome in Isolated Oligohydramnios at Term Pregnancy
Material Study Design: A cross-sectional study Place and Duration: Department of Gynecology and Obstetrics, Hayatabad Medical Complex from October 2022 to March 2023

Methodology

Our sample size was 250 which were divided into 1:1 including 125 cases with isolated oligohydramnios and 125 control cases. Patients with chronic medical disorders and having fetal anomalies or IUGR were excluded. The mode of delivery was noted. Neonatal outcomes in the form of Apgar score, baby weight and need for NICU were noted. Results: The cases with isolated oligohydramnios were associated with an increased incidence of CTG changes, meconium stained amniotic fluid and the cesarean section as compared to women with normal amount of amniotic fluid. There was no difference between the cases and controls as regards duration of labor, need for oxytocin augmentation, need for neonatal resuscitation, APGAR score at 5 minutes, NICU admission birth weight of neonates or incidence of LSCS for fetal distress. A significant association (OR=1.85, P

Conclusion

Our study found increase cesarean section rate due to CTG changes and meconium stained liquor in isolated oligohydramnios. However neonatal outcome in the form of birth weight, Apgar score and NICU admission was same for both cases and control. Discussion

45) The placental factor in fetal growth restriction

Komal Adeel (Gynae Obs Fatima Memorial Hospital Lahore)

Background

Fetal growth restriction remains a major cause of perinatal mortality and morbidity. Early-onset IUGR, presenting prior to 32 weeks' gestation, often associated with maternal risk factors and blood flow resistance in the umbilical artery being important determinant of adverse perinatal outcome. On the contrary Late onset IUGR, defined as EFW less than 10th centile are often not associated maternal risk factor and have normal UA Doppler studies, thus are at risk of adverse perinatal outcomes.

Despite a broad general body of literature referencing placentas of IUGR pregnancies, there is a surprising void in late-onset SGA with normal UA Doppler. This subset is far more prevalent than early-onset forms and it accounts for most instances of perinatal morbidity attributable to placental insufficiency, being a major source of perinatal mortality. Therefore, investigating morphological and histopathological changes in placenta would help us to understand the pathophysiology of IUGR and plan future pregnancies.

The objective of this study is to describe gross and histologic placental findings in late-onset SGA births for which no signs of placental insufficiency were evident by UA Doppler studies.

Material

A prospective, cross-sectional study was conducted in Maternal fetal medicine unit of Fatima Memorial Hospital. The study cohort comprise of all woman who have late onset fetal growth restricted fetuses referred to maternal Fetal medicine unit for management from January 2022 to December 2023. All placental histopathological examination was done by trained pathologists based on the definitions and criteria suggested by the Amsterdam Placental Workshop group consensus.

Results

Results will be shared in presentation displaying maternal or fetal vascular mal-perfusion.
Conclusion Understanding placental histopathological changes of IUGR babies can aid in the management of the current and subsequent pregnancies.

46) Has cross hatch technique made a difference to the detection rate of small for gestational age

Umme Habiba (Department of Gynaecology and obstetrics University of Birmingham)

Background

Antenatal detection and management of Small for gestational age (SGA) is a strategy to reduce still birth. A variety of methods are available for the ultrasound measurement of foetal circumferences. Our works has highlighted that increasing the scan capacity is not the sole answer to improve the detection of SGA. The tool has its limitations particularly in the third trimester of pregnancy. This review of missed cases of SGA has brought to light some important deficiencies in configuring measurements which can potentially lead to over measurement of the estimated foetal weight (EFW) on scans. Our next challenge is to improve the accuracy of EFW by focused training and education whilst continuing this review as part of the rolling audit.

The two main errors identified on review of ultrasound scans were having oblique sections when taking measurements and poor calliper placement when measuring head circumference (HC) and abdominal circumference (AC) sections resulting in over estimation of EFW.

Material

We were trying to find out in this study how we have achieved the difference in detecting SGA/FGR by changing our techniques to perform biometry i.e Ellipse Vs Cross Hatch.

Methods: It was a Retrospective randomised study from 6 months on either side on introduction of Cross hatch technique: March to September 2022 using Ellipse technique. October 2022 to March 23 using Cross Hatch technique. 100 patients for each technique used. Data was taken from our badger net through randomisation

Inclusion criteria:

Singleton pregnancies

No structural abnormalities

Birth weight below the 10th centile

Results

Mean age group was 29 years in group of Ellipse Vs 32 years in cross hatch group. Mean BMI was 33 in Ellipse Vs 32 in cross hatch group. From ethnic group 64% were UK British ,5% east European,7% Caribbean ,11% asian,6% African, 1% Chinese,1% middle east ,1% Malaysian were in cross hatch group versus 59% were UK British,25% Asian,5% European,6% African,3% Carribbean,1% mixed ,1% russian in Ellipse group. There were 49% women with previous vaginal birth,37% primi and 9% with previous c. section in cross hatch group versus 36% primi ,47% with previous vaginal birth,12% with previous c-section, 5% vbac in Ellipse group. There were 42% of scans shown growth <10th centile,24% < 3rd centile and 34% were normal scans in cross hatch group while 41% scans shown growth < 10th centile,15% < 3rd centile and 44% were normal growth scans. There were 57% babies born with less then 10th centile and 43% were with less then 3rd centile in cross hatch group while 58% < 10th centile ,42% < 3rd centile.52% had Nvb ,37% had c section and 11% had instrumental delivery in cross-hatch group versus 64% had Nvb ,29% had c section,6% had instrumental and 1% had vbac in Ellipse group.

Hence Antenatal scans for detection of small for gestational age compared with birth centile in both techniques proven that Cross hatch technique results in higher detection rates of SGA babies.

- It is easy to learn and practice.
- It is recommended by BMUS.

47) **Impacts of rising environmental temperature on preterm deliveries: A six-month observational study**

Bushra Liaqat (Private Sector OB GYN Koochi Goth women's Hospital, Karachi)

Background

The frequency and severity of heatwaves, along with other extreme weather events, are rising rapidly due to climate change and are expected intensify in the coming decades. These heatwaves and increasing average temperatures pose significant health risks, particularly for populations that have limited physical capacity or financial resources to cope with or adapt to elevated temperatures.

Material

A retrospective analysis was conducted using data from Koochi Goth Women Hospital, Karachi-Pakistan, focusing on the total number of deliveries and preterm births between February till July. The correlation between increasing environmental temperatures and preterm birth rates was assessed by comparing the number of preterm deliveries over these months.

Results

The analysis revealed a consistent increase in preterm deliveries alongside rising temperatures over the six-month period. The number of preterm births rose from 54 in February (473 total deliveries) to 83 in July (559 total deliveries), with a peak observed in June (85 preterm deliveries out of 445 total deliveries). Notably, the highest total number of deliveries was observed in July, coinciding with a significant number of preterm births.

The findings suggest a positive correlation between increasing environmental temperatures and the incidence of preterm deliveries. As temperatures rose, the rate of preterm births also increased, highlighting the need for heightened monitoring and preventive strategies in regions experiencing heat waves. Further research is warranted to explore the underlying mechanisms and to develop interventions to mitigate this risk.

**48) Case report Management and diagnosis of two single gene mutation in pregnancy
(Mosab Abdul Haleem)**

49) Hepatitis B and C in pregnant Women: A focus on chorionic villus sampling cases

Shahida Parveen (Gynae Obs Nishtar Medical University)

Background

HBV and HCV infections pose risks to pregnant women and fetuses, with high viral loads increasing vertical transmission and long-term complications. To assess the frequency of HBV and HCV infections among pregnant women undergoing chorionic villus sampling (CVS) and to assess the disease burden in this population.

Material

The study involved 1,000 pregnant women scheduled for chorionic villus sampling. Before the procedure, blood samples were collected to screen for HBV and HCV infections using SD commercial kits. HBV screening involved detecting antigens, antibodies, and viral DNA, while HCV testing identified antibodies and viral RNA. Statistical analysis was performed using the Chi-square test, with significance set at $p < 0.05$.

Results

Out of 1,000 pregnant women, the mean age was 27.78 ± 4.93 years (range 16-46 years). Of these, 21 (2.1%) tested positive for HBV DNA, and 66 (6.6%) were positive for HCV RNA, with an overall infection rate of 8.7%. The data was divided into two age groups: 1-25 years (370 females) and 26-50 years (630 females). In the first group, the mean age was 22.81 ± 1.98 years, with 6 (1.6%) HBV DNA-positive and 17 (4.59%) HCV RNA-positive cases. In the second group, the mean age was 30.70 ± 3.64 years, with 15 (2.38%) HBV DNA-positive and 49 (7.77%) HCV RNA-positive cases. No significant difference was found for HBV infection ($P=0.418$), but HCV infection showed a statistically significant difference ($P=0.04$).

The study assesses the high percentage of viral infection in pregnant females, that is going to be transmitted in the next generation.

50) **Feasibility and safety of transabdominal chorionic villus sampling for prenatal diagnosis of thalassemia**

Noreen Akmal Obstetrics and Gynaecology Fatima Jinnah Medical University

Background

Thalassemia is the most common, autosomal recessive, hemoglobin disorder in the Pakistan. The large number of thalassemic children poses an immense burden on present health care services and also increases the physical and emotional sufferings among patients and their families. Population screening and prenatal diagnosis of at risk couples are considered as practical strategies for the reduction of the disease burden. The prenatal diagnosis is an invasive but outdoor procedure and is provided free of cost to at risk couples at PTGD Institute.

Material

The retrospective study will carried out to find the outcome of prenatal diagnosis carried out at PTGD institute during last five years from 1st October 2019 to 1st october 2024. After genetic counseling, trans-abdominal chorionic villous sampling under ultrasound guidance was carried out at 11-15 weeks of gestation. Aspiration of chorionic villi, extraction of DNA and mutation analysis was carried out by PCR ARMS method. Acceptance of prenatal diagnosis by couples at risk was analyzed.

Results

DNA analysis will reveal the diagnosis of thalassamia major in fetuses and the mutations will also be dscribed. Miscarriage rate and acceptance of termination of pregnancy in case of diagnosis of thalassaemia major will be described.

The study has found acceptability for prenatal diagnosis in families at risk for beta thalassemia major children. Prenatal diagnosis has benefit of reassuring couple when results are normal.

51) Abdominal Pregnancy to Term with Maternal Mortality and Neonatal Survival: A Case Report

Nasreen Akhtar (Obstetrics & Gynaecology Karachi Institute of Medical Sciences, Malir Cantt)

Background

Abdominal pregnancy is an exceedingly rare and dangerous form of ectopic pregnancy, where the embryo implants and grows within the peritoneal cavity instead of the uterus. While ectopic pregnancies generally involve implantation outside the uterine cavity, abdominal pregnancy represents an unusual subset, constituting less than 1% of all ectopic pregnancies. Due to the atypical implantation site, abdominal pregnancies often elude early detection, leading to late diagnosis with higher risks of life-threatening complications for the mother. It is an unusual subset, constituting less than 1% of all ectopic pregnancies. Due to the atypical implantation site, abdominal pregnancies often elude early detection, leading to late diagnosis with higher risks of life-threatening complications for the mother.

Material

A 30-year-old multiparous woman presented with recurrent abdominal pain throughout her pregnancy, which was erroneously attributed to typical pregnancy-related discomfort. No prenatal imaging was undertaken to assess the location of the pregnancy. At term, the patient experienced a sudden exacerbation of pain, accompanied by signs of fetal distress. An emergency laparotomy was performed, revealing a live fetus within the abdominal cavity. The placenta was discovered to be extensively adherent to the liver and intestines, presenting a significant challenge for complete removal. Post-operatively, the patient was managed with intensive medical and surgical intervention.

Results

The neonate was successfully delivered alive and in stable condition. However, due to the intricate and extensive placental adhesion, the mother suffered from uncontrollable hemorrhage. Despite aggressive surgical and supportive measures, the patient succumbed to hemorrhagic shock and multi-organ failure within 24 hours post-surgery. essential for timely diagnosis and intervention. This report further highlights the challenges faced in low-resource settings, where access to advanced diagnostic tools is limited, emphasizing the need for vigilant obstetric care to mitigate such adverse outcomes.

52) Saving precious lives by scaling up Kangaroo mother care in resource limited settings across Pakistan

Samia Rizwan (HEALTH UNICEF)

Title

Saving precious lives by scaling up Kangaroo Mother Care in resource-limited settings across Pakistan

Background

High Neonatal mortality remains a cause of great concern in Pakistan, with a reported rate of 39 deaths per 1,000 live births as of UNIGME 2023 Child Mortality report. Birth Asphyxia, Prematurity and Sepsis constitute 90% of the causes of newborn mortality however more than 2/3rd of these deaths can be averted by introducing evidence-based cost-effective interventions such as Kangaroo Mother Care (KMC).

Material

Qualitative and Quantitative Study

Results

Implementing Kangaroo Mother Care in a country as diverse and populous as Pakistan presents a unique set of challenges. However, the government, non-governmental organizations (NGOs), professional associations, academicians and healthcare professionals have made commendable efforts to integrate KMC into the existing healthcare system. Rigorous efforts are ongoing to ensure high coverage and quality of care

Implementing Kangaroo Mother Care in a country as diverse and populous as Pakistan presents a unique set of challenges. However, the government, non-governmental organizations (NGOs), professional associations, academicians and healthcare professionals have made commendable efforts to integrate KMC into the existing healthcare system. Rigorous efforts are ongoing to ensure high coverage and quality of care

53) Unveiling Hidden Patterns: A stratified analysis of congenital anomalies diagnosed on ultrasound in Karachi, Pakistan. A retrospective study

Zaheena S. Islam

Background

Congenital diseases, also known as birth defects, are abnormalities in structure or function that develop during prenatal development. These diseases contribute to perinatal mortality, morbidity, childhood death, chronic illness, and disability. The prevalence rates of genetic birth abnormalities vary, with low-income regions having the highest rates. Risk factors include genetic variables, advanced maternal age, drug usage, exposure to teratogens, radiation exposure, maternal sickness or infection, smoking, consanguinity, and alcohol intake.

Objectives

This study aims to determine the pattern of congenital anomalies diagnosed on ultrasound at a tertiary healthcare hospital in Karachi.

Materials—Methods

A retrospective study was conducted at Aga Khan Hospital to analyze congenital anomalies diagnosed prenatally through ultrasound. Data were entered and analyzed using SPSS.

Results

A total of 137 abnormal fetuses were analyzed. Maternal age varied from 18 to 42 years, with a mean age of 28.36 ± 5.56 years. The mean gestational age at diagnosis was 23.23 ± 4.94 weeks. The distribution of congenital anomalies comprised the musculoskeletal system (40.1%), central nervous system (24.8%), other categories (8.8%), congenital syndromes, and renal anomalies (8%). CVS (6.6%), gastrointestinal (2.2%), and respiratory (1.5%). A higher prevalence of abnormalities was observed among infants born to mothers aged 20-25 years (31.4%).

Conclusions

Defects in the musculoskeletal and central nervous systems were the most significant anomalies identified.

Artificial Intelligence & Medical Education

Oral Presentations

- 1) Future strategies in OBGYN (Muhammad Tayyab)

2) From delays to care improving maternal health in Dir Upper

Marium Waqas (Maternal and Neonatal Health Association for Mothers and Newborns (AMAN))

Background

Pakistan's MMR is 186 per 100,000 live births, primarily due to obstetric haemorrhage (41%) and hypertensive disorders (29%). In Dir Upper (DU), MMR is 133 per 100,000. Lack of skilled healthcare providers (HCPs), challenging terrain, lack of transport, and multiple facility transfers cause delays, contributing to maternal deaths. The Bundle Approach for managing PPH and PIH is an evidence-based method to improve outcomes.

Material

A baseline assessment of 10 health facilities (HFs) showed limited EmONC services. Community sessions (CS) addressed the first delay, referral strategies improved the second, and HCP training focused on managing high-risk cases to reduce the third. An online clinic and WhatsApp group provided supervision and mentorship, and the "Meri Sehat" app monitored vital signs. NASG and UBT kits were donated for PPH management.

Results

Sixty-four HCPs were trained, and 119 women received advice via WhatsApp, with 107 referred to tertiary care. Emergency transport arranged through private transporter list, improved referrals and reduced delays. Digital platforms connected HCPs from DU and Peshawar based gynaecologists, benefiting 71 women. The "Meri Sehat" app scanned 12,252 women. CS reached 6,803 beneficiaries. No maternal death reported from selected HFs and their catchment areas during implementation. WhatsApp group, now government-notified, continues supporting referrals with AMANs help. Training midlevel HCPs, supporting them through digital platforms, and ensuring timely referrals saved lives. This low-resource model should be scaled across KP and Pakistan

3) **Effectiveness of various Artificial intelligence models developed for assistance in ovulation stimulation process during IVF: A systemic review**

Irva Mubashar Cheema

Background

Ovulation Stimulation, a part of assisted reproductive technology is a complex process that involves high level of decision making. In recent years, Artificial intelligence models have been developed to assist clinicians during ovulation stimulation process. This review assesses the performance of different AI models developed for assistance during the process of ovulation stimulation.

Material and Methods

A systematic review was conducted according to PRISMA guidelines. The data was retrieved from databases including Scopus, PubMed, Embase, Elsevier, JMIR Publications, IEEE, and Google Scholar etc. Out of 1680 studies found, 32 met the research objectives after data extraction. Excluded studies used non-AI models, focused on IVF without specific ovarian stimulation outcomes, or relied on ultrasound or image analysis for assessing oocyte quality.

Results

The review showed variability among the type of models used, outcomes assessed and elevation metrics. Number of oocytes, mature oocytes, trigger timings and doses were the key predicted outcomes. Decision tree models like GBM, XGBOOST and RF showed the best performance. Deep learning and neural networks also excelled specifically for classification tasks. Models using estrogen levels and trigger doses as inputs showed enhanced performance. Logistic regression models consistently underperformed. Moreover, most models lacked cross validation and diverse data sets for training.

Conclusion

Decision trees and neural networks emerged as best performers for predicting ovulation stimulation outcomes. However, current work is preliminary and to gain benefit from artificial intelligence hybrid cross validated models, trained on diverse data sets, that can handle both continuous and categorical data should be developed.

4) **Evaluation of effectiveness of emergency obstetrics and neonatal skills training among participants at Ziauddin University Karachi**

Rehana Yasmeen (OBSTETRICS AND GYNAECOLOGY Ziauddin University KHI)

Background

Obstetric emergencies are commonly encountered in the routine practice of obstetrics and should be dealt promptly in order to reduce the number of maternal and neonatal morbidity and mortality. To educate healthcare professionals to deal with these life threatening emergencies a series of emergency obstetrics and neonatal skills care workshops were started in 2010 at Ziauddin University. Total number of workshops conducted to date is 103 and more than 2000 participants.

Material

A cross sectional study based on one to one interview was conducted at Obstetrics and Gynaecology Department of Ziauddin University, Karachi, Pakistan from 2023 to 2024. Ninetyfive participants who attended the emergency obstetric and neonatal care skills workshops during past 3 years were interviewed with their informed consent. The evaluation was done with the help of a questionnaire. The data was analyzed by SPSS 20.

Results

Majority of the participants showed positive attitude towards the workshop and 90% of the participants demonstrated improved skills while dealing Obstetric emergencies like maternal collapse and neonatal resuscitation and recommended small competency based trainings for students and health care professionals. Well defined and structured hands-on training is an effective way of improving skills of medical students, midwives and health care professionals and may reduce maternal mortality in Pakistan

5) Use of AI technologies for facilitating workplace-based assessment

Junaid Sarfaraz

Workplace-based assessments (WBAs) are pivotal in evaluating real-world competencies across various professional domains. However, their implementation often faces challenges, including assessor variability, administrative burdens, and the timely provision of actionable feedback. Artificial Intelligence (AI) technologies offer transformative potential in addressing these barriers by streamlining processes, improving objectivity, and enhancing feedback quality.

This presentation explores the application of AI in facilitating WBAs, with a focus on key technologies such as natural language processing (NLP), predictive analytics, and machine learning. We will discuss how AI-powered tools can support assessors by automating rubric alignment, analyzing behavioral data, and ensuring consistent evaluation across multiple assessors. Moreover, AI can provide learners with personalized, data-driven feedback, fostering a culture of continuous improvement.

Through real-world case studies and emerging research, this talk highlights practical applications, ethical considerations, and future directions in integrating AI into workplace assessments. By leveraging AI technologies, organizations can reduce administrative overheads, enhance fairness, and optimize the learning and development experience for professionals.

6) Evolving postgraduation training system-meeting international standards

Ayesha

Background

Over 860,000 Pakistanis embarked on journeys abroad in search of employment opportunities during the calendar year 2023, including 3,486 doctors for better training and future. Medical education has a dynamic nature involving multifaceted roles of doctors and systematic approach to postgraduate training program. There is need of an hour to evolve our post graduation training system to meet international standards.

Goals

International Recognition Standards

Evaluate and align with global standards.

Collaborate with international bodies for best practices.

Establish partnerships for mutual recognition.

Global Recognition Framework

Engage with global institutions for validation.

Objectives

This study proposed different evidence based methods on how to evolve postgraduate training program to meet international standards.

Proposal

Fostering Teaching Skills, Evolving assessment methodology(WPBAs)

Comparing CPSP COMPETENCY CHART with RCOG, including NON TECHINCAL SKILLS OF SURGEONS (MODE OF ASSESSMENT 360 DEGREE EVALUATION) ,

Continuous professional development and Incorporating Annual Review of Competence Progression (ARCP),Making Virtual Supervisors, Evolving e-portfolio Add Reflection Entries (CPD) and Structured Feedback (By 360 Degree Evaluation) , Training Exchange program are the hallmarks of proposal.

Limitations of Evolution :Financial Restraints, Workload Training Requirement and Lack of Motivation

Conclusion

A globally recognized and competent medical education system is needed to avoid brain drain from Pakistan. Empowered residents and a framework facilitating excellence will foster our doctors and health system.

7) **Gamification in synchronous online learning for postgraduate students in OBGYN**

Rubab khalid (CEO & Director RK4 Courses (SMC-Pvt) Ltd)

Background

Gamification is increasingly used in medical education to enhance motivation, engagement, and learning outcomes. While studies have examined gamification across various fields, limited research has focused on its impact within synchronous online learning for OB-GYN education, especially in Pakistan.

Aim:

To evaluate whether gamified online synchronous sessions can improve learning performance in postgraduate OB-GYN students.

Material

This study employed a true experimental design, randomly assigning 81 participants into control and experimental groups. Eight synchronous sessions (four per group) were conducted between February and March 2023. The control group attended sessions featuring PowerPoint presentations only, while the experimental group's sessions included gamification through Kahoot!. Learning performance was assessed using pre- and post-test scores, with the Shapiro-Wilk test used to confirm data normality, followed by paired sample t-tests.

Results

Both groups demonstrated significant test score improvements. The control group's mean pre-test score increased from 21.61 ± 5.65 to 29.34 ± 6.03 ($p = 0.003$, $P < 0.05$), while the experimental group's score rose from 20.42 ± 5.03 to 25.92 ± 5.48 ($p = 0.00$, $P < 0.05$). Pre-test scores showed no significant differences between groups ($p = 0.323$, $P > 0.05$), suggesting comparable initial knowledge. However, lower post-test scores in the experimental group ($p = 0.009$, $P < 0.05$) indicated potential negative effects of gamification on learning performance. Gamification in online synchronous sessions may limit learning outcomes, highlighting the need for further research on its dynamics in OB-GYN education.

8) **Behind the complaints: Unpacking the Lapses in Professional Behavior Among Gynae Residents in Pakistan**

Humera Noreen

Background

Professionalism is a core competency in medical education, and professional behavior is its first manifestation. In teaching hospitals, residents, may be more vulnerable to lapses in professional conduct, especially when they fail to meet established standards.

Gynae residents are particularly at risk because of the demanding and high-pressure nature of their work environment.

A noticeable increase in complaints regarding the professional behavior of gynae residents noted in Pakistan Citizen Portal (PCP). An in-depth exploration from the perspective of residents, greatly help in analyzing the problem.

Material and method

It was an exploratory qualitative study. The study was conducted in 3 phases. In the first phase, the document analysis of the complaints lodged was done. In the second phase, interview guide with questionnaire was designed. During third phase, interview's data was transcribed with identification of sub themes and themes

Results

In total 6 **themes** were identified from interviews. The most frequent lapse reported was poor verbal behavior of Residents. The highly ranked triggering reasons were related to workplace challenges, well-being of residents, limited resources, patients and family characteristics, patients' expectations, lack of administrative and paramedic support, cultural factors and challenges specific to Gynae specialty.

Conclusion

The most frequently cited factor by residents are workplace challenges. Another emerging theme was the characteristics of patients and their attendants. These characteristics can help in understanding the dynamics of conflict within the healthcare environment. It underscores the importance of competency development through training and mentoring systems, where residents can enhance their knowledge and gain insight into the factors influencing professional behavior. The findings also offer valuable guidance for policymakers, in designing and implementing strategies to improve the doctor-patient experience within the healthcare system..

9) Empower Youth, Bakhabar Noujawan-A Guide to Informed Choices

Humera Mansoor Association for Mothers and Newborns (AMAN)

Background

In 2018, Supreme Court of Pakistan took Sou-Moto notice to address rapid population growth, resulting in recommendations such as adding age-appropriate Life Skills-Based Education and Population Studies in schools, colleges and universities. In addition, mandating pre-marital family planning counselling for Nikah registration. In response, NCMNH and AMAN, developed "Bakhabar Noujawan - BKN" (Well- Informed Youth), a reproductive health course offering evidence-based information for young adults (15-29).

Objective

The objective is to empower youth to make informed health decisions and become responsible community members.

Method

The course, initially in English and soon available in Urdu and regional languages, is self-paced, private, and includes audio-visual aids for those with limited literacy. Two versions exist: one for students and a simpler one for the public. With 26 modules created so far, it follows a structured format with objectives, pre-tests, case studies, presentations, videos, post-tests, and expert messages. Approved by MoNHSR&C, participants can print a certificate upon completion.

Results

In two years, 456 individuals accessed the course, with 103 earning certifications. Through collaboration with 'Meri Sehat', the platform attracted 135,777 unique visitors and 187,670 total views, with 8,843 returning visitors with an average session lasting 1.30 minutes. Most traffic (98.2%) came from mobile devices, followed by tablets (1.7%) and desktops (0.1%).

Conclusions

BKN empowers youth with knowledge for informed life choices and will facilitate marriage registration with Union Councils and NADRA. It will also serve as a counseling tool for clinicians. Wide dissemination of BKN's information is essential for a meaningful impact.

10) “Self-help plus” intervention: A useful tool to improve workplace performance of female postgraduate medical residents

Humaira Bilqis

Stress and stress-related disorders are quite prevalent among the postgraduate medical residents. There is a high unmet need of these services. Stress affects the workplace performance of the residents adversely. The role of stress- coping strategies in improvement of workplace performance of the residents, needs evidence.

Objectives

1. To determine the effects of “Self-Help Plus” intervention on improving the workplace performance by reducing the stress level of female postgraduate medical residents, working at tertiary care hospitals
2. To explore the personal experiences of the study participants regarding the effects of “Self- Help Plus” intervention on their stress levels and workplace performance and the challenges faced by them during this intervention. Methods:

It was a mixed-method study. They were randomly assigned to intervention and control groups. In group A, the intervention was done in the form of 5 workshops based on “Self-Help Plus” course. Group B received the traditional usual care. Pretest & posttest were taken using the same instruments. A focus group discussion was conducted. Analyses of quantitative and qualitative data were done through SPSS-25 and manual thematic analysis, respectively. Results:

There was a significant difference between the pretest and posttest stress scores and self-assessed academic performance scores in the intervention group. Qualitative inquiry revealed that residents want to have stress management courses. They found the “Self-Help Plus” course a useful intervention.

Conclusion

Stress affects workplace performance of the residents. “Self-Help Plus” course may be helpful in stress reduction and improvement in workplace performance of the residents.

11) **Midlife challenges**

Shamsa Hamayun

Background

Midlife is a transition from young to older adulthood. Midlife till recently was not considered a separate entity and remained neglected and ignored leaving individuals to suffer in silence. It has drawn attention due to the potential challenges faced by millions of women peculiar to this transition period.

Women are more vulnerable to this transition and experience physical, emotional, occupational, social, spiritual and mental challenges. Inability to comprehend and address these challenges create a crises leading to stress, anxiety, and depression. As healthcare professionals it is our professional obligation not only to address their health issues, but to assist them to cultivate self-compassion. It can ease this transition and enable them to make judicious choices in right direction to get hold of their lives for a new beginning.

Material

Objectives: The present icross-sectional study was carried out to explore the challenges woman faced during midlife transition. The aim was to generate local evidence for better understanding and addressing the issues to help them to pass through this phase smoothly.

Design: A cross sectional

Data collection Tool: DCQ 12. Main themes were Disconnection and Distress.

Lack of Clarity and Control. Transition and Turning Point

Participants: All woman 40 years and old

Results

Health issues 77%

- Menopausal symptoms 47%
- Care giver of old parents 43.4%
- Marital issues 21.3%

•Financial issues 11.8%Majorityhad clarity control of their lives.

Agreed turning point and transition period.

Majority had no disconnection distress

12) Awareness among Pakistani Students regarding age related fertility decline

Safia Sultana

Background

Global Work on the Subject

Globally, the understanding of fertility, particularly age-related fertility decline, has been the subject of numerous studies. Research conducted among university students in the USA and Europe indicates that many students tend to delay pregnancy to focus on career and education, often underestimating the natural decline in fertility that begins in women in their early 30s and becomes significant by age 35. Studies have shown that most students are not fully aware of how age impacts fertility and often overestimate the success rates of assisted reproductive technologies like IVF, believing they can have children later without complications.

Local Work in Pakistan

In Pakistan, the awareness regarding fertility and reproductive health is often limited due to cultural and social factors. There is a significant gap in fertility knowledge among young adults, with limited research available that specifically addresses their understanding of age-related fertility decline and reproductive technologies. Cultural norms that emphasize delayed marriages for reasons related to education or career also contribute to the lack of awareness about the potential implications for fertility.

The primary objectives of the study are as follows:

Estimate the level of knowledge regarding age-related fertility decline among Pakistani university students.

Determine the awareness of the success rates of IVF technology and other fertility-related medical procedures.

Identify factors contributing to delayed marriage among students in Pakistan.

Correlate students fields of study (medical vs. non-medical) with their level of fertility knowledge.

Methodology

This section will outline the approach used to conduct the study, ensuring robust data collection and analysis.

Study Type, Setting, Duration

- **Study Type:** Cross-sectional study.
- **Setting:** Conducted at two academic institutions in Pakistan.
- **Duration:** Data collection will take approximately 1 months.

Sample Size / Statistical Power

- **Sample Size:** 300 undergraduate students.
- **Calculation Basis:** Sample size determination based on prevalence data from previous studies to ensure adequate statistical power to detect significant differences.

Sampling Technique Stratified random sampling to ensure representation from different academic fields (medical and non-medical students).

Study Population 300 undergraduate students from both medical and non-medical fields. Focus on young adults who are at a critical age for fertility-related decision-making.

Inclusion Criteria

- Undergraduate students aged 18-30 years from selected institutions.

Exclusion Criteria

- Students outside the age range or those who have already started families will be excluded.

Study Instrument

- A structured questionnaire will be used to assess knowledge of fertility and related topics.

Procedure / Methods in Detail

- **Recruitment Process:** Questionnaires will be distributed at the end of class lecture.
- **Interaction:** Questionnaires will be administered in a classroom setting.

- **Data Collection Location:** Medical College and university classrooms.
- **Risks:** Minimal risks include fatigue from completing the questionnaire.
Data Recording: Data will be anonymized and entered into a secure database.

Poster presentations

1) **Investing in women's health in Pakistan-role of mass media: positive or negative?**

Ayesha

Background

Mass media aims to capitalize women health on contraception use, family planning, STD's prevention, breast and cervical cancer screening. To enable women combating grave unavoidable diseases and promote healthy environment, cybercrime must be checked in developing countries like Pakistan.

Aims and Objectives

Investing in women's health is still an island in this huge sea of knowledge. Hence, this research intends to focus on role of mass media on Pakistani women's wellbeing.

Methodology

The scoping review synthesized data from Pubmed and Google scholar databases reaped 17 eligible studies, of which 5 studies were on family planning/ contraception use and 3 studies on STD's prevention, 3 studies on breast cancer and its screening, 3 studies on cervical cancer and its screening and 3 studies on social media exploitation among Pakistani women.

Results

Findings revealed that reliability and active participation in mass media has fetched many educational programs in improvement of women's psychological and physical health awareness. But at the same time excessive use of media caused troubles and negative impact on youth's perception and attitude regarding women reproductive and sexual health resulting in obscenity leading to sexually transmitted diseases, unplanned pregnancy and miscarriages; which has inevitably affected women's health.

Conclusion

Therefore, effective strategies are need of an hour to ensure that mass media services should provide positive awareness and parents continual monitoring on their children' networking websites will help community to refrain from occurrence of various adverse

health consequences as well as from unwanted sexual and risky behaviors. In this way we can improve the quality of women's life and empower women to combat health issues.

2) Attitudes and perceptions of gynaecologists and paediatricians towards artificial intelligence in health care: A cross-sectional survey

Madiha Iqbal

Background

Artificial intelligence (AI) is transforming healthcare, yet little is known about the attitudes of gynecologists and pediatricians in Khyber Pakhtunkhwa (KP), Pakistan, toward AI. This study investigated these professionals' knowledge, perceptions, and acceptance of AI in KP.

Methods

A cross-sectional online survey was conducted with 228 gynecologists and pediatricians across KP. The survey assessed demographics, exposure to AI, knowledge, and attitudes, employing 5-point Likert scales to measure factors affecting AI adoption. Data analysis involved descriptive statistics and chi-square tests.

Results

The respondents demonstrated moderate understanding of AI concepts, averaging 3.39 out of 5. Younger professionals generally showed higher knowledge of AI, though only 12.8% had used ChatGPT. A large portion (74.13%) recognized AI's potential to benefit and innovate healthcare, with 52.19% expressing trust in the technology. Overall acceptance was cautiously optimistic, averaging 3.57 out of 5. Younger respondents, particularly those around 30, indicated significantly higher trust ($p = 0.004$) and acceptance ($p = 0.009$) of AI than older colleagues. Additionally, those with advanced degrees or IT experience demonstrated higher trust ($p = 0.032$) and acceptance ($p = 0.035$). The primary motivators for adopting AI included improving efficiency (85.09%), enhancing quality (85.53%), reducing errors (84.65%), and enabling new approaches (73.25%).

Conclusions

Gynecologists and pediatricians in KP are open to integrating AI into healthcare, albeit with cautious optimism. Targeted educational efforts, particularly for these specialties, could enhance AI adoption. Overall, AI is valued for its potential to improve efficiency, quality, and safety while supporting innovations in medical practice

3) **Improving medical treatment for IUD and TOP for fatal anomalies in second trimester with combing letrozole and misoprostol**

Samar Amin (obstetrics & gynaecology MNCH SSH Faisalabad)

Background

Mid trimester abortions accounts for a relatively small proportion of all miscarriages needs induction but associated with disproportionate morbidity particularly in time duration after start of procedure so aim of study to minimise morbidity while improving patient care and wellbeing.

Missed abortion when foetus dies inside with closed cervix or women having foetus with anomalies needs termination that can be achieved either by medical, expectant or surgical evacuation. In second trimester face certain challenges in medical and surgical treatment. The aim of study was to evaluate the pretreatment with letrozole 20 mg before misoprostol in second trimester miscarriage.

Material

Study design Prospective, randomised controlled trial was conducted in MNCH SSH Faisalabad during 6 months January 2023 to January 2024

Methodology: We selected 65 women with either IUD or termination in cases of fatal anomalies at gestational age of 13 to 20 weeks .they were given letrozole 20 mg 2 tablet twice a day for 2 days prior to given misoprostol 400 microgram every 4 hours 4 doses , to second group only misoprostol in same dose given

The primary outcome was complete abortion rate , mean induction to abortion interval and satisfaction rate .

Results

The complete abortion rate was higher 94% vs 86% in misoprostol with tetrazole group Than in only misoprostol group and time interval reduced 8.5 hours vs 16 hours significantly with improved satisfaction of family.

The use of letrozole before misoprostol 20 mg for 2 days in second trimester do significantly improved induction to abortion time resulting satisfaction rate and decreasing infection and bleeding.

4) Comparison of surgical training and quality of life among resident of OBGYN between private and public sector hospitals of Pakistan

Durriya Rehman

Background

In Pakistan, OBGYN is a highly demanding specialty, and residents undergo rigorous training to become proficient in various procedures and surgical interventions. Our study aims to compare QoL and surgical training in both sectors and its influencing factors which can help make possible attempts towards standardization of OBGYN training.

Primary objective

To compare and evaluate the QoL of OBGYN residents and their surgical training in public and private sector hospitals in Pakistan.

Secondary Objective

To identify factors influencing the QoL and surgical training of OBGYN residents in both sectors.

Methods

A multi-institutional, cross-sectional study that involves four institutions , Agha Khan University Hospital, , Liaquat National Hospital, Lady Reading Hospital Peshawar and Jinnah Post Graduate Medical Centre JPMC, Karachi. These institutions are selected because they are tertiary care with structured training. Standardized questionnaires were used for assessing the quality of life and surgical training.

Results

There was no significant difference in work-related Quality of life scale with public and private sectors. Although surgical training had some differences which need to be focussed. Obstetric surgical exposure of the residents in public sector hospital is high but exposure to subspecialties like Gyn Oncology, urogynaecology and maternal fetal medicine is considerably low. Whereas in private settings exposure of the residents to surgeries is low in the beginning of training but at the end of 4 years of training, exposure to wide variety of surgical procedures and sub speciality is high.

5) Proposal of universal pregnancy passport to improve quality of care

Ayesha

Background

The World Health Organization (WHO) recommends every pregnant woman to carry her case notes during pregnancy to improve continuity and quality of care thereby improving overall pregnancy experience [1]. Women's hand-held comprehensive case notes have the potential to bring a sense of positive pregnancy experience. These case notes improve quality and continuity of care a woman receives during pregnancy [2]. Comprehensive notes will act as prompts to the healthcare professionals highlighting what needs to be done. Therefore, health care providers and other health stakeholders must consider the development of universal pregnancy passport so that patient's record is easily accessible wherever the patient go for a check up intimidating any complications, high risk pregnancies, updating and implementation of records of all the pregnancies in future as well reducing the risk of future health events.[3] To address this critical issue, the FIGO Committee on the Impact of Pregnancy on Long-term Health has adapted a pregnancy passport .

Objective

To develop universal pregnancy passport to improve quality and continuity of care.

Methodology

This scoping review has been done by searching different databases including PubMed, google scholar, Cochrane library, Springer, Elsevier and FIGO. 25,500 articles have been searched in which latest from 2020 has been filtered out (970). Key words to pregnancy passport and pregnancy hand held notes have been figured out to be 459 articles out of which 148 articles Full text has been available. From those 69 articles were thoroughly studied and 30 articles were sorted out and finalized.

Proposal

Just like FIGO pregnancy passport, universal passport must be made to highlight and categorize the pregnancy into low, high risk. Moreover, it must be eligible for every hospital, setup. Stakeholders should make this universal passport to track patient and keep record of all pregnancies. It will not only be cost effective, universal but also easy to follow patient anywhere with her record.

Conclusion

Hence, the pregnancy passport is a invaluable tool that will benefit both health care providers and pregnant women. It will not only help in promoting better communication but also personalized care for a woman and her empowerment. It should be considered as an elemental component of care for women especially those who experiences any complications during pregnancy to reduce their risks of long-term adverse health outcomes as well as in future pregnancies.

6) **Enhancing contraceptive uptake in Rawalpindi teaching hospital through a quality improvement initiative**

Rubaba Abid Naqvi (Gynaecology Rawalpindi Teaching Hospital)

Background

Pakistan ranks 5th in the world for the most populous countries. Our annual growth rate is 2.4%¹. Although a substantial amount of the budget is allocated for enhancing the contraceptive prevalence rate to 50% by 2025, however it is still around 30-35%². Most of the efforts directed towards achieving the goal remains unfulfilled. Quality improvement projects at healthcare facilities can tackle the issue at the grassroot level, thereby increasing the contraceptive prevalence rate. However, to achieve it, a root-cause analysis and remedial steps should be planned and implemented to achieve fruitful results.

Material

PLAN

Problem Identification:

It was observed that the contraceptive prevalence rate in Rawalpindi Teaching Hospital was stagnant at 2-3% in 2023. This was an alarming situation as RTH is a tertiary care hospital and should lead the way towards a CPR of 50% by 2025. The question arose why this situation arose. How to achieve the desired targets, was the challenge.

Root-Cause Analysis

Physical causes- Non-availability of contraceptive material in adequate amounts from population welfare department of Pakistan.

Human Causes- Lack of motivation for healthcare providers as no regular check.

Organizational Causes- Lack of standardized policies for provision of contraceptives

'Five whys' for Root -Cause Analysis

Q.1. Contraceptive agent not given ----- Why?

Results Results Data was analyzed on SPSS 26, showing a 50% increase in contraceptive uptake compared to the baseline.

The use of various methods is shown. There was maximum uptake of contraceptives in May and June 2024.

A Run chart was made showing the Contraceptive Prevalence Rate(CPR) from July 2023 till June 2024 to have increased by 50%. The methods of contraception used is shown in

fig 3. Condoms were used maximally in each month from Jan 24 till June 24 i.e the months showing an increased CPR.

Conclusion

Quality improvement initiatives, supportive supervision and motivation were implemented with zeal and zest to address service delivery and availability of contraceptives, which proved to be very effective in boosting the contraceptive prevalence rate after the first PDSA cycle. The government-based interventions and other NGOs support will also be included to acquire our targets in the next cycle

7) **Early warning system: A call to national implementation for safer healthcare in Pakistan**

Qudsia Nawaz (Obgyn CMH LHR)

Background

Early warning scoring systems (EWS) are critical tools for monitoring patient vital signs and identifying early signs of acute health deterioration. These systems help healthcare providers detect risks promptly, enabling timely interventions that reduce severe morbidity and mortality while improving patient outcomes and cost-efficiency.

Despite their widespread use in developed countries, EWS adoption in developing nations is limited due to the absence of national guidelines. Consequently, many healthcare professionals lack awareness and standardized practices regarding these systems. This study aims to highlight the lack of use of EWS in tertiary care hospitals through the knowledge, awareness, and practices (KAP) survey of medical and allied health professionals regarding EWS in tertiary hospitals of Lahore.

The study's findings are expected to advocate for the establishment and implementation of national EWS guidelines, fostering improvements in healthcare quality and safety. Additionally, the study plans to audit outcomes post-implementation to evaluate its impact on KAP, patient safety, and call system efficiency.

Material

Online KAP survey was conducted through Google forms.

Results

Online KAP survey was conducted through Google forms, depicting that a total of 24% participants were aware of or using EWS while 76% is the participants, is whom majority (60%) was working in tertiary care was not using an EWS system. Discussion EWS is a cost effective tool and SOGP should take lead and collaborate with other professional medical societies for its implementation with relevant adaptations as per physiologic subgroup of patients.

8) **Emotional Intelligence among the medical teachers; An institutional based study**

Uzma Kausar (Gynecology and Obstetrics Abwa Medical College)

Background:

The study aims to assessing the emotional intelligence traits among the medical teachers at a private teaching hospital and medical college. Emotional Intelligence can act as protective factor against anxiety, tension, interpersonal communication, association with patients and provide better learning environment to medical students.

Material:

A cross sectional co-relational study was designed at the Abwa Medical College, Faisalabad from March 5, 2024, to August 5 ,2024 using the convenient sampling technique. Only those with more than 2 years teaching experience were included in the study and others were excluded from the study. Senior teachers are those Associate Professor and Professors, while lecturers and Assistant Professors are junior teachers. A validated questionnaire “Leadership Toolkit Emotional Intelligence Questionnaire” was utilized to collect data. The participants were handed over a proforma and data collected was analysed in SPSS 26 using the Chi square and Pearson correlational analysis.

Results:

A total of 64 junior and senior medical teachers participated in the study. 36 (56.3%) were male and 28 (43.8%) females. 38(59.4%) belonged to basic medical science while 26 (40.6%) were from the clinical faculty. The overall mean value of emotional intelligence was reported to be 187.37 ± 23.04 . The subsets of emotional intelligence were compared between gender, faculty and their positions. The social skill subset was reported to be statistically significant between the junior faculty (39.55 ± 5.02) and senior faculty (36.26 ± 5.99) with a P value of 0.020. The Pearson correlational matrix also indicated a significant relationship between the subsets of emotional intelligence among medical teachers.

Conclusion:

Emotional intelligence is one of the key traits of medical teachers which yields professionalism, innovation and creativity. Emotional Intelligence is an important protecting factor that can act against anxiety, tension, interpersonal communication, association with patients and provide better learning environment to medical students.

9) **Evaluation of simulation-based emergency obstetrics and neonatal skills workshop training**

Shazia Sultana

Simulation based learning is an effective teaching tool to help acquire skills and knowledge in a safe learning environment. Simulation is helpful for healthcare providers in improving their procedural skills along with teamwork, critical thinking and situational awareness capabilities.

This study aimed to explore the effect of simulation-based emergency obstetrics maternal and neonatal workshops among healthcare providers and their outcome learning experiences.

Objective

Improve recognition and management of obstetric emergency

Enhance teamwork and communication skills among healthcare providers

Increase confidence in performing emergency procedure

Material and Method

This is a descriptive study conducted at Ziauddin University for the last 3 years of a series of 3-day EMNOC workshops from 2021 to 2024. All midwives and doctors were included.

Results

Total workshops 103 from 2010 to 2024. Average number of participants was 2060, 1800 students in 4th year. Participants in the study included 50 midwives and doctors in practice. Participants identified gaps in knowledge and training and found their training pleasurable