

**3<sup>RD</sup> INTERNATIONAL CONFERENCE ON  
GYNECOLOGY AND  
OBSTETRICS**

**MARCH  
21, 2025**

**Virtual  
Event**



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## Our Keynote Speakers



**Mohamed M Hosni**  
London North West Uni-  
versity Healthcare NHS  
Trust, UK



**Andrea Domenico Pratico**  
University Kore of Enna  
Italy

*Thank You All*



**KEYNOTE  
PRESENTATIONS**

**MARCH  
21, 2025**

**VIRTUAL  
EVENT**

## Mohamed M Hosni

London North West University Healthcare NHS Trust  
UK



### Role of artificial intelligence in the diagnosis and management of Endometriosis. The prospect of the future

#### Abstract:

Endometriosis affects approximately 10% of women worldwide, causing significant pains, infertility, and reduced quality of life. Despite its prevalence, the condition is notoriously underdiagnosed, with an average delay of 7-10 years between symptom onset and diagnosis. Current diagnosis and treatment modalities are invasive, time-intensive, and often inconsistent. Recent advancements in artificial intelligence (AI) offer promising solutions to these challenges, leveraging the power of machine learning (ML), data analytics, and image technologies to transform the understanding and management of endometriosis. AI-powered algorithms demonstrated high accuracy in detecting endometriosis through medical imaging, outperforming traditional diagnostic methods. Predictive models identified high-risk patients using clinical and genetic data, enabling earlier intervention. AI-based virtual assistants improved symptom tracking and patient engagement. Furthermore, machine learning facilitated the discovery of novel biomarkers and drug targets, enhancing personalized treatment approaches. In conclusion, Artificial intelligence is revolutionizing the field of endometriosis by addressing critical gaps in diagnosis, treatment, and research. With the presence of robust datasets, inclusive algorithms, and interdisciplinary collaboration among clinicians, researchers, and technologies, AI holds immense potential to reduce diagnostic delays, improve therapeutic outcomes, and enhance the quality of life for endometriosis patients.

#### Biography

**Mr Mohamed Hosni** is a Consultant Obstetrician and Gynaecologist at London Northwest University Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He is entirely dedicated to his profession. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options.

## Andrea D. Pratico

University Kore of Enna  
Italy



### Congenital Toxoplasmosis: An observational retrospective study in Sicily

#### Abstract:

**Introduction:** *Toxoplasma gondii* (*T. gondii*) primary infection acquired during pregnancy can cause, in fetus and newborn, devastating consequences as miscarriage, congenital systemic disease or neuro-ophthalmological manifestations.

**Objectives:** The objective of our study was to investigate the incidence of congenital infection in a cohort of newborns and to evaluate the neurological, ophthalmological and auditive sequelae in infected ones. Besides, the study proposed to correlate the infection rate and the symptomatic cases rate with gestational age of maternal seroconversion, prenatal treatment and postnatal management.

**Subjects, Materials and Methods:** The study was conducted in a cohort of 220 patients admitted to three Hospitals of the area of Catania (Cannizzaro Hospital, Garibaldi Hospital and Policlinico Hospital) for suspicion for congenital toxoplasmosis from 1996 to 2017 [M 116 (52.7%), F 104 (47.2%); mean age at the enrollment: 1.28 months]. The patients were selected by prenatal screening in 217 cases (98.6%) or by a successive ophthalmological evaluation in three cases. The parameters analyzed were: gestational history, neonatal anamnesis and short and long-term follow up.

**Results:** We observed a mother-to-child transmission (MTCT) rate of 13.18% (29/220). No correlation between risk of fetal infection and maternal age (OR=0.33,  $p=0.124$ ) was found, nor with type of prenatal treatment (spiramycin followed by pyrimethamine-sulphonamide versus spiramycin or pyrimethamine-sulphonamide alone) (OR=1.88,  $p=0.254$ ). The analysis of correlation between MTCT rate and gestational age at maternal seroconversion showed a direct statistically significant interaction between the two parameters: rate of transmission of 5% at first trimester (OR=0.12), 23% at the second (OR=1.18) and 63% at the third trimester (OR=5.8;  $p<0.001$ ). Among the 29 infected patients, we found a rate of symptomatic cases of 20% at birth and of 59% in a long-term follow up, with 10% manifesting microcephaly, 19% brain abnormalities at birth- ultrasound, 4% behavioral disturbances, 7% epilepsy and 7% psychomotor delay associated with behavioral disturbance. We observed ophthalmological lesions in 21% at birth and 45% in the long-term follow up. No cases of hearing loss were found. No correlation between gestational age at maternal seroconversion and clinical manifestation (OR=0.93,  $p=0.93$ ), ocular manifestation (OR=0.2,  $p=0.211$ ) or neurological sequelae (OR=0.91,  $p=0.913$ ) were observed. Furthermore, no statistically significant correlation between prena-

turity or intrauterine growth restriction and congenital toxoplasmosis was found.

**Conclusions:** prenatal serological screening is effective in selecting newborns who have to be submitted to follow up and treatment for congenital toxoplasmosis. The results of our study are in accordance with literature for some aspects (direct correlation between gestational age at maternal seroconversion and rate of MTCT) and in contradiction for others (we did not find any correlation between gestational age at maternal seroconversion and rate of symptomatic cases). Further randomized controlled clinical trials would better clarify the evolution of the disease in prenatal and postnatal age and the contribution of each variables in the occurrence of the infection.

## Biography

**Andrea Pratico** earned his Medical Degree from the University of Catania in 2007, graduating with 110/110 cum laude with a thesis titled “Pseudohypoparathyroidism IA – Our Clinical Experience.” Since the same year, he has been registered with the Medical Board of Catania. From 2008 to 2013, he attended the Pediatrics Residency Program at the University of Catania, obtaining his Specialization in Pediatrics in 2013 with 70/70 cum laude, presenting a thesis on “Autoimmune Hepatitis in Pediatric Age.” From March to September 2017, he completed a Clinical Research Fellowship at King’s College London, working at King’s College Hospital and St. Thomas’ Hospital, focusing particularly on genetic epilepsies in childhood and sleep disorders, under the supervision of Prof. Deb Pal. In December 2017, he obtained a Ph.D. in Neuroscience from the University of Catania, defending a dissertation on Neurofibromatosis Type 2 in Childhood and the use of Bevacizumab in affected patients. He is a member of the Italian Society of Pediatrics and the Italian Society of Pediatric Neurology, serving on its Board of Directors from 2018 to 2021.





**ORAL  
PRESENTATIONS**

**MARCH  
21, 2025**

**VIRTUAL  
EVENT**

## Luis Carlos Franco Ayala

University of the Andes  
Colombia



### Development, validation, and diagnostic accuracy of the fetal lack of responsiveness scale for diagnosis of severe perinatal hypoxia

#### Abstract:

**Background:** There are limitations to predicting perinatal asphyxia, as current tools rely almost entirely on fetal cardiotocography (CTG). The fetal lack of responsiveness scale (FLORS) is a new diagnostic alternative based on the physiological phenomena associated with fetal hypoxia.

**Objectives:** The objective of this study was to develop, validate, and assess the diagnostic accuracy of the FLORS for predicting severe perinatal hypoxia (SPH).

**Study Design:** A two-phase retrospective observational cross-sectional analytical study was conducted. Phase 1 involved the formulation and retrospective validation of the FLORS. A total of 366 fetal CTG records were evaluated twice by seven readers. Phase 2 was a collaborative, retrospective, multicenter diagnostic test study that included 37 SPH and 366 non-SPH cases.

**Results: Phase 1:** A numeric, physiology-based scale was developed and refined based on expert opinions. The median time to apply the scale per reading was 38 s. Cronbach's alpha, which is a reliability measure, was significant ( $p = 0.784$ ). The kappa index for test-retest agreement was moderate to reasonable, with a median value of 0.642. For interobserver agreement, the kappa index per variable was as follows: baseline, 0.669; accelerations, 0.658; variability, 0.467; late/variable decelerations, 0.638; slow response decelerations, 0.617; and trend to change, 0.423. Phase 2, including 37 SPH and 366 non-SPH cases, showed a sensitivity of 62.2% and specificity of 75.4% for the 2-point score, whereas the 3-point score had a sensitivity of 35.1% and specificity of 89.9%. The area under the curve (AUC) was significant at 0.73 (CI 0.645–0.818).

**Conclusions:** FLORS demonstrated significant internal consistency and observer agreement, with a promising sensitivity-specificity balance and significant AUC. Further research is needed to assess its impact on perinatal hypoxia and cesarean delivery.

#### Biography

A specialist in Gynecology and Obstetrics with a Master's degree in Epidemiology, the author has published a book on gynecological infections and numerous academic articles. With over six years of research experience in fetal surveillance, their expertise lies in intrapartum fetal monitoring, contributing to advancements in knowledge and clinical practices for improved maternal and fetal outcomes.

## Oslei de Matos

Federal University of Technology  
Brazil



### **Influence of the age at menopause onset on sarcopenia in postmenopausal women**

#### **Abstract:**

Menopause is characterized by ovarian failure and a drop in estrogen levels, leading to a rapid loss of muscle mass and a redistribution of body fat. In 2023, I published the article to verify the effect of the time of onset of menopause on the quality of lean mass, determined through the analysis of muscle mass by dual-energy X-ray absorptiometry (DXA) and using the standard of the Foundation of the National Institutes of Health (FNIH) for sarcopenia classification. For this conference I will talk about the physiological basis behind the article and its conclusion.

- Physiology of menopause
- Changes in body components
- Sarcopenia: definition and consensus
- Consequences of sarcopenia for women from menopause to aging

#### **Biography**

**De Matos** teach Anatomy and Special Populations in the Postgraduate program in Physical activity and health and he is coordinator of the Densitometry Laboratory at the Federal University of Technology-Paraná-Brazil. He is researcher in the area of women's health with research in Fibromyalgia, Bariatric Surgery and bone density, Postmenopausal Osteoporosis. Currently develop projects in primary healthcare in the risk of falls and fractures

## Lovely Thomas

Calderdale and Huddersfield NHS Hospital  
UK



### Penthrox: A game-changer for pain management in outpatient gynecology

#### Abstract:

Pain management in outpatient gynecology procedures is crucial for patient comfort and procedure success. Penthrox (methoxyflurane), an inhaled analgesic has been widely in conscious patients with trauma in Accident and Emergency services, but its application in Gynecology remains underexplored. Methoxyflurane is a fluorinated anesthetic however the dose in Penthrox inhaler is in significantly lower doses than required for a general anesthetic, thus minimizing nephrotoxic risk by reducing fluoride accumulation. Penthrox can be offered to women having ambulatory gynecology procedures where moderate to severe pain (pain score >4/10) is expected and where Entonox and paracervical block are currently used like:

- Outpatient hysteroscopy, polypectomy, fibroid resection using MyoSure tissue retrieval system
- Outpatient Endometrial ablation (Thermablate/ NovaSure)
- Insertion/retrieval of Intrauterine device
- Manual vacuum aspiration (MVA)
- Cystoscopy urogynaecological procedures like removal of impacted pessaries

Penthrox is contra-indicated in patients with severe renal impairment, hypersensitivity to methoxyflurane, genetically predisposed malignant hyperthermia, liver dysfunction after halogenated anaesthetics and those requiring repetitive high dose exposure. Penthrox is also contraindicated in patients with altered consciousness from head injury, substance use or alcohol and in those with cardiovascular instability or respiratory depression. Common side effects of Penthrox include dizziness, headache, nausea, dry mouth, somnolence, cough, euphoria, fatigue and mild hypotension. Use Penthrox with caution in elderly patients and patients with risk factors for renal and hepatic impairment. Penthrox provides a promising, fast-acting solution for pain relief in outpatient procedures, which can be self-administered by the patient offering a sense of self-control.

## Biography

**Lovely Thomas** is graduated with MBBS and MS in Obstetrics and Gynecology from Government Medical College Trivandrum, Kerala, India, which is a prestigious institution established in 1951. She has successfully passed the MRCOG examinations conducted by Royal College of Obstetricians and Gynecologists and earned the MR-COG degree. She currently works at Calderdale and Huddersfield NHS Trust Hospital, UK. Dr. Thomas has presented at various regional and international conferences, including the RCOG World Congress and has published in reputable medical journals. She is dedicated to advancing women's health through both her clinical expertise and academic contributions.

## Harris Edward Phillip

Philburn Academy  
UK



### Combined HRT use is the single strongest reason for pelvic clearance in the menopausal woman

#### Abstract:

**Design:** A review of a woman's life. This can be conveniently divided into three phases (a) birth to puberty (The prepubertal phase birth to onset of her menstrual cycle 0-11 years in the U.K, in the USA 0-11.4 years); (b) The phase between puberty and the menopause (arguably her childbearing years 11-51 years and in the USA up to 52), and (c) the menopause (period between the cessation of her menstrual cycle and death 51- 82.6 in the U.K and in the USA 52-80.2). that is for 31.6 years of a woman's life in the UK she is in the menopause, that is for longer than a third of her life.

**Results:** The woman's ovaries produce three hormones: oestrogen, progesterone and testosterone. Of these three hormones, progesterone is the only one not considered to be present is the female during the menopause more interestingly its levels fluctuate even during the fertile years. Oestrogen in various forms are present through-out a woman's life, Testosterone is also present but progesterone presence is limited to specific times and almost completely disappears in the menopausal woman.

What does this suggest?

We are advised to add progesterone to HRT in patients requiring HRT with their uterus insitu, as protection for the endometrium. This seemingly innocent act affects among other organs the breast, circulatory system, and the brain.

**Conclusion:** The far-reaching effects of Progesterone to protect an organ that has gone passed it's used by date, cannot be considered as best practice.

#### Biography

**Phillip** studied Chemistry and Biochemistry at the Prairie View A&M University as well as the Texas A&M University. He holds both a BSc (summa cum laude) and an MSc degree and spent a year in the Ph.D. program at Texas A&M University before going into medical school. He studied medicine at the University of the West Indies, Jamaica where he obtained both his MBBS and his Doctor of Medicine degrees (DM). In the U.K., he has been a consultant Obstetrician and Gynecologist for almost two decades. He has authored more than 10 books and is widely published in medical journals.

## Kiran Rajole

SMBT Institute of Medical Science and Research Center  
India



### A rare case report on optimising fetomaternal outcome in refractory cardiac disease

#### Abstract:

**Background:** Cardiovascular diseases with severe MS, severe AS, and pulmonary hypertension account for serious morbidity to both mother and baby.

**Case presentation:** A 26-year-old primigravida, k/c/o RHD with severe MS, AS and pulmonary hypertension was advised to undergo cardiac intervention but did not comply. She came to the casualty at 26 weeks of gestation, with signs of CCF and threatened preterm labour. She was admitted to the cardiac ICU where she was stabilized with the help of a cardiology team, emergency cardiac medical management of cardiac failure was done. Obstetrical ultrasound revealed a single intrauterine viable pregnancy with parameters corresponding to the gestational age. With the help of multidisciplinary team of cardiologists, obstetricians, paediatricians and intensivists, risk of termination was weighed against the continuation of pregnancy till term and the same was discussed with the patient and her relatives and well curated plan was made to conserve the pregnancy till term with a plan of elective cesarean section along with a DVR consequently in a cardiac OT. During the course of this pregnancy, extensive monitoring was done with judicious use of cardiac and obstetric medicine to maintain an equilibrium between cardiac status of the mother and growth of the baby with an ultimate goal of a good fetomaternal outcome. The family was counselled about the do's and don'ts and admitted for a week for observations till term. At 36+2 weeks of gestation, elective LSCS was done under GA with concurrent DVR. A female baby of 2.01 kg was delivered, cried immediately after birth. Intraoperative and postoperative period was uneventful.

**Conclusion:** Meticulous multidisciplinary approach allowed to continue a pregnancy till term in a patient with severe cardiac disease for a good fetomaternal outcome.

#### Biography

**Kiran Rajole**, MD, FCPS, DGO, is a postgraduate obstetrician and gynecologist from Mumbai University with over 20 years of experience, currently practicing in Nashik, Maharashtra. She has completed fellowships in minimally invasive surgery as well as cosmetic gynecology and regenerative medicine. Her core interest lies in high-risk obstetrics, and she has served as a national faculty member at various conferences. In addition to her clinical practice, Dr. Rajole is a professor of obstetrics and gynecology and a postgraduate teacher, with 11 publications to her credit. She is a life member of esteemed organizations such as FOGSI, SOMI, IAGE, and IASRM, actively contributing to academic activities as a committee member. Committed to improving women's health, she focuses on incorporating innovative management approaches to provide affordable and effective healthcare solutions.

## Akshaya Murali

St. Johns Medical College Hospital  
India



### Extra-Hepatic portal venous obstruction in pregnant women of South-Asian descent

#### Abstract:

**Introduction:** Liver diseases complicate approximately 3% of the pregnancies worldwide, and require specialized care to ensure optimal pregnancy outcomes. Extra-hepatic portal venous obstruction (EHPVO), though asymptomatic in a majority of the cases, has a higher risk of variceal bleeding in pregnancy and adverse pregnancy outcomes. In this series, we describe five cases of EHPVO presenting in pregnancy to our tertiary care hospital, their antenatal management as well as delivery outcomes.

**Cases:** In our case series on EHPVO in pregnancy, a majority of the women were diagnosed during childhood and adequately asymptomatic prior to pregnancy. Two women underwent Endoscopic band ligation of esophageal varices and one woman underwent splenectomy before pregnancy for disease control. One woman was Anti-nuclear antibody (ANA) positive and one woman was Anti-phospholipid antibody (APLA) positive, while the other three did not have pre-existing thrombotic tendencies. One patient required Endoscopic band ligation during the course of pregnancy. Hypertension complicating pregnancy was noted in two of the five women (40%). Four of the five women (80%) had thrombocytopenia requiring blood products during delivery. Two women underwent preterm vaginal delivery, and one woman underwent preterm Caesarean section in view of abruptio placenta. Three women had post-partum haemorrhage, which was managed adequately with uterotonics and blood products. All five women and their neonates were discharged in healthy condition.

**Conclusion:** Multi-disciplinary approach with standardised antenatal care can give positive pregnancy outcomes in women with EHPVO.

#### Biography

**Akshaya Murali** has completed her MS in Obstetrics and Gynecology from JIPMER, India and is currently working as a Gynecologist in St. John's Medical College, Bangalore, India. She has completed a degree in Hospital Management from IIM-B. She has a number of national and international publications, and has authored a chapter in a book on Preeclampsia. Her interests are Fetal Medicine and High risk Obstetrics.



## Naseer Fatima

Fatima Memorial Hospital Lahore  
Pakistan



### Unlocking the power of Prevention: Cervical cancer knowledge, awareness, and screening among women

#### Abstract:

Cervical cancer is a significant public health concern worldwide, with a high incidence and mortality rate in developing countries. Screening is an effective method for early detection and prevention of cervical cancer. However, lack of awareness and inadequate knowledge about cervical cancer and its screening are major barriers to its control. The objective of this study was to assess the knowledge and awareness of cervical cancer among women. To evaluate the screening practices and barriers to screening among women. A cross-sectional study was carried out with 122 female participants. A structured questionnaire was administered to gather data pertaining to demographic characteristics, knowledge, awareness, and screening practices regarding cervical cancer. Data analysis was done by SPSS. The mean age was  $29.01 \pm 1.89$ . Out of total, 68 (55.7%) were from metropolitan areas and 54 (44.2%) were from rural ones. Education level was intermediate, 14 (11.4%) graduation 39 (31.9%), and above 63 (51.6%). Out of total 51.6% were employed, 30.3% were housewives, and 18.1% were students. 87 (71.3%) had heard about cervical cancer before. 56 (45.9%) knew that cervical cancer is caused by HPV. 40 (32.7%) knew that cervical cancer can be prevented by regular screening and vaccination. This study shows that those who are aware of the signs and symptoms of cervical cancer may attribute the intermenstrual bleeding, dyspareunia, and postcoital bleeding with frequency 35.7%, 28.6%, and 18.8% respectively, were considered by women as the common symptoms of cervical cancer. Only 20.6% of women recognized HPV infection as the cervical cancer cause. About 33.6% and 26.6% of women knew that multiple partners or a partner with multiple partners increase the risk of developing cervical cancer throughout life. However, only 11.2% and 13.8% of women recognized multiparity and early marriage, respectively, as risk factors for cervical cancer. The conclusion of this study emphasizes the need to improve awareness and education about cervical cancer and its prevention among women. The result of this shows that, it can be suggested that demographic factors like age, education, and occupation are correlated to knowledge and screening practices of cervical cancer. Interventions to target awareness and education on cervical can be suggested.

## **Biography**

With unwavering dedication as a medical professional, I secured my MBBS degree and then I completed FCPS Part 1 exam in Obstetrics and Gynecology. Having successfully completed house job in Gynecology and Obstetrics, General Surgery, Pediatrics, and Internal Medicine, I currently serve as a Postgraduate Resident at Fatima Memorial Hospital in Lahore. I have published nine papers in recognized journals and have presented at various conferences. The aim of my work is to serve the medical community while working toward enhancing patient outcomes.

## Eswari Beeram

Mohan Babu University  
India



### Positive effects of C.sinesis on negative side effects imparted by drug meto-sartan on reproductive organs and obesity

#### Abstract:

Metosartan is a antihypertensive drug and normally used to treat the Hypertension in humans. Recent advances on the drug has proved to show negative side effects on reproductive system and less success rates in IVF especially in case of patients associated with drug usage. C.sinensis reduces the ss breaks induced in the germ cells and protects the topology of the chromatinin germ cells reducing the germ cell and germ tissue cancers in invitro condition. The study was done using the salmon DNA and the results are quite good. C.sinesis active components has shown to contain positive impact on reducing the obesity. Metosartan also reduces the weight of the reproductive organs leading to reduction in sperm count but in case of females the effect on the germ cells and reproductive organs are negligible.

#### Biography

**Eswari beeram** has completed her PhD at the age of 28 years from Sri Venkateswara University and she is the Associate Professor of Department of Biological and Chemical sciences of Mohan Babu University. she has published more than 30 papers in reputed journals and 3 international books and received Republic of India in 2023. She has been serving as an editorial board member of more than 20 journals and she has peer reviewed about 65 papers of both national and International journals. She has published 3 Editorials from Acta scientifica of microbiology journal.

## Saumya Pandey

Indira IVF Hospital  
India



### **Inflammatory microbiota associated maternal-fetal receptors as promising immunotherapeutic targets in mycobacterium tuberculi and human papillomavirus positive infertile women of north Indian ethnicity: Public health impact**

#### **Abstract:**

**Objectives:** Infertility is a major public health problem globally, including India; the etio-pathogenesis of reproductive disorders amongst ethnically disparate populations is indeed complex. Cost-effective, evidence-based intervention strategies are essential for infertility control/prevention. I aimed to identify cellular/molecular/genetic molecular regulatory networks/cross-talks in the inflammatory microbiota associated maternal-fetal complex labyrinth for developing innovative Toll-like receptors (TLR) and Progesterone receptors (PR)-based immunotherapeutic targets in Mycobacterium tuberculi and Human Papillomavirus positive infertile women of North Indian ethnicity in a prospective single center hospital-based clinical research study.

**Methods:** North Indian infertility patients (N=910) were enrolled from Indira-IVF Hospital, Lucknow, UP, India; M. tb.-positivity was assessed using Gene-Expert/TB-Gold-PCR-testing and endometrial thickness using Color-Doppler-imaging. HPV-positivity was evaluated using FDA-approved hybrid capture (hc)-2 assay. Tobacco-usage (chewers vs smokers) and psychosexual distress were assessed amongst infertile women with diminished ovarian reserve by structured questionnaires and awareness/counseling sessions. Written informed consent of patients was taken at initial enrollment.

**Results and Conclusions:** Mean age and endometrial thickness of North Indian infertile women were 34.1 years (s.d.±0.8) and 9.1 mm/(s.d.±0.2) respectively; average BMI/AMH levels were 25.0 kg/m<sup>2</sup> and 2.2 ng/ml. M. tb. (55.6%)/HPV-positivity (12.0%) and self-reported tobacco-usage (100% response rate) were significantly associated with aberrant fetal cardiac activity, higher trends of intrauterine growth restriction and still-births. This exploratory study provides fascinating avenues for development of cost-effective TLR/PR predictive biomarkers in stratifying M. tb./HPV-positive infertile patient-populations, and identifying aberrant microbiome at the maternal-fetal interface tilting the “embryonic/fetal fate” towards still-births and/or autophagy-mediated cell death.

## Biography

**Saumya Pandey** possesses brilliant academic credentials with earned Post-Doctorate: Biochemistry-Molecular Biology, Graduate School of Biomedical Sciences, University of Texas Medical Branch (UTMB), Galveston, TX, USA/Visiting Scientist: Urology (Robotic-Prostatectomy), Department of Urology, New York Presbyterian-Weill Cornell Medical College, New York, NY, USA/Doctorate: Ph.D. Life Sciences, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, UP, India–Chhatrapati Shahuji Maharaj University, Kanpur, UP, India/Doctoral Research Fellowship: Biomedical Sciences, Creighton University, Omaha, Nebraska, USA/M.Sc. Biochemistry, University of Lucknow, Lucknow, UP, India, and recently worked as Head-Clinical Research, IndiraIVF-Hospital, Udaipur-Lucknow, India with 65 first authorship scientific publications in international journals.

## Tarang Gupta

All India Institute of Medical Sciences  
India



### Neutrophil-lymphocyte ratio and platelets lymphocyte ratio in early gestation as predictors for the development of preeclampsia

#### Abstract:

**Background:** Preeclampsia (PE) is a major obstetric problem contributing considerably to maternal and prenatal morbidity and mortality worldwide. PE has an underlying mechanism of endothelial dysfunction and elevated immune response. So our Aim to evaluate the systemic inflammatory markers and their ratio such as NLR and PLR in early pregnancy and correlate with the development of Preeclampsia.

**Material & Methods:** This case-control study, 100 pregnant women aged between 18-40 years and at less than 16 weeks POG were taken for analysis in the study. CBC including hemoglobin, differential leukocyte counts and their ratio NLR and PLR were measured at 12-16 weeks. All pregnant women were followed till delivery to measure outcome like development of preeclampsia.

**Result:** Data of 30 pregnant women with PE and 70 women age and gestation matched normotensive (NT) pregnant women were compared. Mean age and gestational age were comparable within 2 groups. The BMI and NLR were significantly more in women developing PE later while no significant difference was seen in the PLR between groups showing in table number 1. The positive predictive value of NLR for preeclampsia was determined by ROC analysis. On the basis of ROC curve, the most discriminates NLR value at 12-16 wks for prediction of development of PE was 3.20 which gave the good sensitivity and specificity as 70% and 64% respectively with probability 0.74.

**Conclusions:** This study suggests that first-trimester NLR may be a part of first-trimester screening to identify a significant proportion of high-risk women that subsequently develop PE.

#### Biography

**Tarang Gupta** has completed his Master degree in Biotechnology at the age of 21 years from Jiwaji University, MP, India and pursuing PHD in life sciences studies from Singhania University, Rajasthan, India. She is a Scientist-1, in department of Obstetrics and gynecology, AIIMS, New Delhi organization. She has published more than 10 papers in reputed journals.



**POSTER  
PRESENTATIONS**

**MARCH  
21, 2025**

**VIRTUAL  
EVENT**

## Fabian Peissker

Kedrion Biopharma GmbH  
Germany



### Female reproductive system dysfunction due to congenital plasminogen deficiency type 1 (PLGD-1) treated with intravenous plasminogen replacement therapy

#### Abstract:

Plasminogen deficiency type 1 (PLGD-1 or hypoplasminogenemia) is a rare autosomal recessive multisystem disorder of the fibrinolytic system. It is caused by mutations in the PLG gene and characterized by extravascular fibrinous deposits on mucous membranes throughout the body resulting in tissue injury and possible organ dysfunction. Fibrin-rich lesions can develop in multiple organ systems including eyes, ears, mouth, skin and respiratory, gastrointestinal and genitourinary tracts. Approximately 10% of female patients with PLGD-1 have been reported to have involvement of the genitourinary system. These patients may develop fibrinous lesions in the genitourinary tract resulting in pain, bleeding, obstruction and in some cases infertility and most of these patients have multisystem involvement. An open-label phase 2/3 study of human plasma-derived plasminogen concentrate administered intravenously at 6.6 mg/kg every 2 to 4 days was conducted in 15 subjects (9 adult and 6 pediatric subjects; 4 males and 11 females, 4 to 42 years of age) with PLGD-1. Nine (82%) of the 11 female subjects enrolled in the study had a history of gynecological presentations of PLGD-1 and seven (63.6%) of them had genitourinary lesions present at study baseline. Five of these subjects had resolution or improvement of their lesions by the completion of the study. The other two did not have their genitourinary lesions assessed during the study. Of note one patient, a 33-year-old subject with a long history of well documented infertility due to ligneous adhesions in her uterus became pregnant and delivered a healthy child while receiving plasminogen replacement therapy.

#### Biography

**Fabian Peissker** is a seasoned Global Medical Affairs specialist with extensive experience across diverse fields of medicine. Since 2014, his work has been centered on the development and application of plasma-derived immunoglobulins for their multifaceted indications. Dr. Peissker's academic journey began with his high school graduation in Wolfenbüttel, Germany, in 1987, followed by compulsory military service. He pursued studies in Chemistry and Biochemistry at TU Braunschweig, completing his education in 1994 and earning a PhD in Protein Biochemistry in 1998. Dr. Peissker's professional career began in protein downstream process development at a biotech start-up. Since 2000, he has held various leadership roles in National and Global Medical Affairs Management, Medical Education, Clinical Research Management, and as a Corporate Medical Science Liaison. His experience spans globally recognized organizations, including Merck, Serono, Mundipharma, Biotest, Ferrer, and Kedrion Biopharma. Currently, he focuses on Medical Affairs Management in Western Europe, particularly in the UK, Germany, and Austria, where he supports the use of plasma-derived immunoglobulins in treating rare and ultra-rare diseases.



## Norma Juliana Rocha Nunez

Industrial University of Santander  
Colombia



### Maternal and perinatal outcomes in pregnant women who were admitted in the intensive/intermediate care unit of a tertiary center in Colombia between 2023–2024

#### Abstract:

**Background:** The analysis of extreme maternal morbidity (EMM) is important to identify opportunities for improvement in the care of pregnant women, a significant proportion of patients with EMM events are admitted to the intensive care unit (ICU).  
**Objectives:** Determine the maternal and perinatal outcomes in women admitted to a Colombian tertiary center ICU and intermediate care unit (IMCU) between December 2023 and August 2024.

**Methodology:** Cross-sectional descriptive observational study in pregnant and postpartum women admitted to a Colombian tertiary center ICU and IMCU between December 2023 and August 2024.

**Results:** 81 cases were studied, 34 (41.9%) were admitted to the ICU and 47 (58.1%) in the IMCU. At the time of admission, there were 47 (58%) postpartum patients, 28 (34%) pregnant patients, and 6 (7.4%) post-laparotomy patients. The main cause of admission to the ICU/IMCU was a severe systemic infection (30.9%), followed by hypertensive disorders of pregnancy (29.6%) and major obstetric hemorrhages (16.1%). Out of all women admitted 12 (14.8%) required mechanical ventilation, and 15(18.5%), required vasopressors. There was 1 (1.23%) maternal death. There were 74 births, the remaining cases were 7 ectopic pregnancies and one termination. Out of the 74 births, 33 (44.5%) were premature, and 7 (9.45%) were perinatal mortalities.

**Conclusion:** Most obstetric patients are admitted to the ICU/IMCU postpartum. The main causes of admission were severe systemic infections and hypertensive disorders of pregnancy. There was a high prevalence of preterm birth and perinatal mortality related to the critical situation that explained admission to the ICU/IMCU.

#### Biography

**Norma Juliana Rocha** is a third-year OBGYN resident at Universidad Industrial de Santander, passionate about public health and the prevention of maternal death. Dr. Luz Ángela Gutierrez is an associate professor at Universidad Industrial de Santander and a Maternal Fetal Medicine specialist, her research on Zika virus disease during the 2016 outbreak in South America was groundbreaking. Dr. Sonia Osma is an associate professor at Universidad Industrial de Santander, she is an OBGYN with a master's in Epidemiology and has published in reputed journals about maternal health and breast cancer.

## Lovely Thomas

Calderdale and Huddersfield NHS Hospital  
UK



### **Safeguarding Mothers: Audit on female genital mutilation FGM identification, documentation, and care in maternity**

#### **Abstract:**

Female Genital Mutilation (FGM) is a global health issue affecting over 230 million girls and women, primarily in 30 countries across Africa, the Middle East, and Asia. Typically performed on girls aged 0–15, FGM violates human rights and poses significant obstetric risks. The World Health Organization (WHO) highlights the need for proper identification, documentation, and care for women with FGM. The Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 53 mandates comprehensive safeguarding and management by maternity services. This audit aims to evaluate compliance with national guidelines for identifying, documenting, and managing FGM in our maternity services. This audit reviewed 42 antenatal cases of women with Female Genital Mutilation (FGM) to assess compliance with national guidelines on identification, documentation, and care. Most women originated from East Africa (33.3%), West Africa (28.5%), and the Middle East (26.1%), with 9.5% undocumented. Type 1 FGM was most common (50%), although 23.8% of cases had an unknown type. The majority (63.4%) attended the clinic between 12–28 weeks, with 66.7% undergoing physical examinations. Risk assessment forms were completed in 66.7%, primarily by midwives (42.8%), while mandatory forms were completed in 54.7%. Vaginal delivery was the most common outcome (59.5%), with low rates of severe complications, including one third-degree tear (4%). Gaps identified include incomplete documentation of FGM types and forms. Recommendations include mandatory training on FGM care, a standardized checklist for documentation, enhanced safeguarding communication, and regular audits to improve compliance and ensure comprehensive care for women with FGM.

#### **Biography**

**Lovely Thomas** is a highly skilled Obstetrician and Gynaecologist, with an MBBS and MS from Government Medical College, Trivandrum. She is a proud member of the Royal College of Obstetricians and Gynaecologists (RCOG) and holds the MRCOG qualification. Currently working as Registrar at Calderdale and Huddersfield NHS Trust Hospital, Dr. Thomas combines her clinical expertise with a passion for advancing women's health. She has presented at international conferences, including the RCOG Congress, and published research in renowned journals. Known for her leadership, communication skills, and commitment to patient care, she actively contributes to research and promotes better healthcare outcomes

## Sukhvinder Kaur

Glan Clwyd Hospital  
UK



### Grey turner Sign: A rare presentation post hysterectomy

#### Abstract:

Grey Turner's sign refers to bruising of the flanks. It appears as a blue discolouration and is a sign of retroperitoneal haemorrhage. Most commonly seen in acute hemorrhagic pancreatitis. It is rarely seen in other causes where there is retroperitoneal haemorrhage.

**Objectives:** Haemoperitoneum post hysterectomy is a known complication which rarely present as bruises over the flanks.

**Methods:** Case of 40 year old women is described here, who underwent hysterectomy for fibroid uterus and later had abdominal distension. Patient presented to us with discolouration over the flanks and was haemodynamically unstable. Patient was resuscitated and re-explored.

**Conclusion:** Bruising over flanks (Grey Turner's sign) is a rare presentation of haemoperitoneum post hysterectomy . This case aims to remind clinicians of the atypical presentation of haemoperitoneum following hysterectomy.

#### Biography

**Sukhvinder** completed MBBS in 2013 and started training in Obs -Gynae at National Medical College , Kolkata in 2015 to 2018 after that worked at Panskura super-speciality Hospital as Senior resident 2018 to 2021 and after this did MRCOG and moved to UK in 2022 and started working in NHS Feb 2023. Currently Working as Obs-Gynae Speciality Doctor at Glan Clwyd Hospital, Bodelwyddan Debingshire Wales

## Somayeh Shatizadeh Malekshahi

Tarbiat Modares University  
Iran



### Seroprevalence of HSV-2 among infertile men with abnormal sperm parameters compared to those with normal sperm

#### Abstract:

Herpes simplex virus type 2 (HSV-2), a common sexually transmitted infection, has been linked to male infertility since its association was first reported by the World Health Organization in 2000. Infertility is defined as the inability to achieve pregnancy after one year of unprotected intercourse. HSV-2 can lead to various reproductive complications, but its seroprevalence among infertile men in Iran remains unexplored. To address this gap, we conducted a case-control study examining the seroprevalence of HSV-2 among multiple subgroups of infertile men with abnormal sperm parameters and those seeking sex selection services. Between July 2023 and February 2024, blood samples were collected from infertile males undergoing fertility treatment and those seeking sex selection at Avicenna Infertility Clinic in Tehran. Demographic data were gathered via questionnaires. Anti-HSV-2 IgG antibodies were detected using an ELISA kit from Vircell, Spain. Of 486 eligible samples, 420 underwent testing across different groups: control (98), Teratozoospermia (32), Asthenozoospermia (45), Oligoteratozoospermia (48), Azoospermia (50), and Teratozooasthenospermia (147). Thirteen samples tested positive for HSV-2 IgG antibodies—3.41% in cases and 2.04% in controls—with seven positives from the Teratozooasthenospermia group. Age ( $43.15 \pm 5.10$  vs  $37.74 \pm 6.20$ ) and marriage duration ( $12.54 \pm 6.88$  vs  $8.12 \pm 4.95$ ) were significantly higher among positive individuals. This study enhances our understanding of HSV-2 epidemiology among individuals seeking infertility treatment in Tehran, revealing a relatively low seroprevalence of HSV-2 IgG antibodies that increases with age and may negatively impact sperm motility and morphology.

#### Biography

**Somayeh Shatizadeh Malekshahi** has completed her PhD at the age of 32 years from Tehran University of Medical Sciences. She is an assistant professor in the Department of Virology, Faculty of Medical Sciences at Tarbiat Modares University (TMU) Tehran, Iran. She has published more than 50 papers in reputed journals.

## Pragya Tiwari

Rajendra Prasad Government Medical College  
India



### Neuroendocrine tumor of vaginal Vault: A rare presentation

#### Abstract:

In about 2% of malignancies, small cell carcinoma is diagnosed in the female genital tract<sup>1</sup>. Cervical small cell carcinoma and ovarian carcinoids are the most prevalent gynaecological NE tumors<sup>2</sup>. Small cell neuroendocrine carcinoma (SCNET) of female genital tract is aggressive in nature and is similar to cancer arising from the bronchus. We report a very rare case of 63-year-old hysterectomized woman, who presented to gynecology OPD at Dr. RPGMC Tanda, with complaint of postmenopausal bleeding, hematuria, and dyschezia. She had undergone total abdominal hysterectomy with bilateral salpingophorectomy for AUB 11 yr back at our institute. Diagnosis of small cell neuroendocrine ca of vault was made with tissue biopsy and IHC. Imaging studies were done to assess the extent of the disease. The patient underwent six cycles of chemotherapy and 16 cycles of external radiotherapy, leading to a complete regression of the lesion. To the best of our knowledge, very few NE tumors of the vault has been reported.

#### Biography

**Pragya Tiwari** completed her MBBS from MGM Indore and is currently pursuing her MD at RPGMC Kangra (Tanda).



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## Rushil Sharma

Toowoomba Hospital  
Australia

### Acute airway obstruction secondary to goitre in a pregnant woman: A case of emergency caesarean section and thyroidectomy

#### Abstract:

**Background:** Hormonal changes in pregnancy can exacerbate goitre enlargement despite carbimazole therapy, leading to airway compromise and respiratory failure. Surgical intervention is indicated for compressive symptoms, potential malignancy, or medical therapy failure. However, factors such as social isolation, cultural beliefs, and healthcare access disparities must also be considered, particularly in marginalized or rural communities.

**Aim:** To emphasize the need for early surgical intervention in pregnant patients with large goitres, especially in Indigenous and rural populations, where delayed treatment may lead to lifethreatening complications.

**Case Presentation:** A 35-year-old Indigenous woman at term gestation presented with maternal collapse due to airway obstruction and severe type 2 respiratory failure from a longstanding multinodular goitre. She had previously deferred thyroidectomy due to social (breastfeeding her infant) and geographical (rural residence) constraints, with surgery now planned for postpartum. Resuscitation included nebulized adrenaline, high-flow oxygen, and airway manoeuvres. Fetal Doppler and CTG confirmed fetal well-being.

**Results:** Perimortem hysterotomy was considered, but the patient stabilized and consented to an urgent caesarean section and thyroidectomy under general anaesthesia. Both mother and infant had an uneventful recovery.

**Discussion:** The ACOG guidelines state that indicated surgery should never be denied during pregnancy, regardless of trimester. As clinicians, we must incorporate social, geographical, and cultural factors into shared decision-making. Early surgical intervention, as a definitive treatment, could have prevented this airway emergency, highlighting the importance of considering early surgery in the management of these high-risk pregnancies.

#### Biography

**Rushil Sharma** (primary author) is an Obstetrics Gynaecology Registrar in Australia Chaminda Jayalath (supervising author) is an Obstetrics Gynaecology Consultant Staff Specialist in Australia

# Ahmed Salah Mohammed Shaheen

Thamar University  
UK

## Safety and efficacy of niraparib as maintenance therapy in newly diagnosed advanced ovarian Cancer: A real-world study from a tertiary cancer centre in the north east of England

### Abstract:

**Background:** Niraparib, a PARP inhibitor, is approved in the UK as a maintenance monotherapy for advanced ovarian cancer (aOC) following a response to first-line platinum-based chemotherapy. The PRIMA study demonstrated a significant improvement in progression-free survival (PFS) in patients receiving maintenance niraparib compared to placebo. We conducted a retrospective study to assess its efficacy in real life.

**Method:** We retrospectively collected data on patients with newly diagnosed aOC, who had a response following platinum-based chemotherapy, irrespective of BRCA or HRD status.

**Results:** From February 2021 to June 2024, data were collected from 49 patients newly diagnosed with aOC treated at a tertiary cancer center in the North East of England. Baseline characteristics (table 1) showed that out of 49 patients, 38 patients with prior surgery, 16 had interval debulking and 22 had upfront surgery; 87%(14/16) and 95%(21/22) had no residual disease, respectively. 9 (18%) patients had tumors with homologous-recombination deficiency. Mean niraparib dose at treatment initiation was 200 mg/day. Niraparib was discontinued in 26/49 patients (due to adverse events [AEs], n=2; disease progression, n=24). treatment-related AEs occurred in 43/49 patients, most commonly constipation (26%of patients), hypertension (24%) nausea (22%) thrombocytopenia (16%), and anaemia (10%). One patient reported depression. The median overall survival was 21.3 months and was similar regardless of HRD status. Median progression-free survival was 17.7 months overall, with HRD-positive patients experiencing a longer median progression-free survival of 20.4 months compared to 15 months in HRD-negative patients.

**Conclusion:** Our analysis demonstrates that Niraparib as first-line maintenance therapy improves progression-free survival in patients with aOC, consistent with the findings of the PRIMA trial. Furthermore, Niraparib has a manageable safety profile, making it a valuable treatment option for this patient population.

### Biography

**Ahmed Shaheen** earned his MBBS from Thamar University. He continued his medical training in the UK and is currently undergoing medical oncology training at the Northern Centre for Cancer Care. He also completed a PgCert in medical education from the University of Sunderland and has published several papers in reputable journals.



# Okonta Rosemary Theresa Nkechi

Gomel Statt Medical University  
Germany

## Navigating women's Health: Challenges, solutions and beyond

### Abstract:

Women represents 50% of the population globally and 80% of purchasing decisions in health-care are made by women. It is a common knowledge that women feel a pressure to be a “superwoman”- women feel the pressure to manage and juggle across all aspects of their life(including family, home, work and friends). Most often, they are more likely to bear the childcare and family care responsibilities. With regards to prioritization, they tends to prioritize the needs of their family and children over themselves neglecting their own health. Several publications and books have indicated gender bias in healthcare. Historically, women are underrepresented and have been excluded from researches and this is due to the belief that their hormones and body changes throughout the menstrual cycle can interfere with the results. And this has resulted in the lack of knowledge and understanding of women's health conditions. Recent researches have shown that women's health goes beyond reproduction and fertility. Rather it covers health conditions that affect women disproportionately, manifest differently in women than in men or maybe unique to women. There's also a prevalent stigmatization and misunderstanding of female-specific conditions. The question now is how can we better drive awareness, understanding and how can we meet the needs of women across their life stages? The good news is that there is a rising trend in women's health and development of products tailored for women. Recent trends have increased awareness and focus on women's health. With more education and de-stigmatization, we see more emphasis on female-specific conditions across life stages (whether it's pre-family, pregnancy, post-partum or menopause). This is especially with increasing number of working women and women having to constantly juggle multiple things at home and at work; there is more focus on women's health and emotional well-being. There is also a strong interest in holistic and natural approaches to women's health along with the global trends on naturals. There is an acknowledgement of women's health beyond reproduction and fertility. Finally, there is more demand for more personalized approaches to women's healthcare.

### Biography

**Okonta Rosemary Theresa Nkechi** studied medicine and surgery in Gomel statt medical university Belarus and graduated 2021 as physicians and doctor of medicine and is now undergoing clinical training in medical school in Haldensleben Germany I have under go 5 research in Austria, Belarus and United Kingdom on different topics and with my supervisor Dr chukwuemeka Nwzekwu who studied medicine and surgery in university of Nsukka, Nigeria and graduated as an MBBS holder in 2008. He had his residency training in Obstetrics and Gynecology from National Postgraduate Medical College of Nigeria and had his fellowship(FMCOG) in 2021. He is currently a lecturer in the department of Obstetrics and Gynecology in Delta State University Abraka, Nigeria.

## Kheyal Azam Khalil

Shaukat Khanum Memorial Cancer Hospital and Research Center  
Pakistan

### Role of lymphadenectomy in the management of early stage endometrial cancer

#### Abstract:

This study determines the role of pelvic lymphadenectomy by assessing nodal positivity on progression free and overall survival in early stage endometrial cancer. 89 women diagnosed with stage I /Stage II endometrial cancer at presentation who underwent pelvic lymphadenectomy were included in this study. In addition to 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. 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. This study elucidates that patients who underwent pelvic lymphadenectomy and were subsequently found to have nodal disease went on to receive adequate adjuvant therapy, however for some of them there was no specific pre-operative indicator to prompt the decision for pelvic lymphadenectomy. Therefore, until advanced techniques such as sentinel lymph node mapping is available in low resource countries, surgical staging with pelvic nodal sampling is recommended.

#### Biography

**Kheyal Azam Khalil** is a fellow in Gynecological Oncology at one of the biggest cancer centers of Pakistan. She completed her Obstetrics and Gynecology residency training in Pakistan and the UK. She has special interest in Gynecological Cancers and minimally invasive surgery.

## Sana Ahmad

Integral Institute of Medical Science and Research  
India

### Comparison between first and second trimester abortions in India

#### Abstract:

**Background:** This paper aims to study first and second trimester abortions. It includes epidemiology, etiology, different methods of abortion, socio demographic difference, laws affecting abortion, determinants and outcome of abortion and embodied experiences of women who underwent abortion.

**Method:** Data was collected over a period of two years from the department of obstetrics and gynaecology at Era's Lucknow Medical College and Hospital and Integral university, Lucknow to conduct an observational study.

**Result:** First trimester abortions had more incidence than second trimester. However age, previous mode of delivery or induction, parity all showed no significant difference between the first and second trimester abortions.

**Conclusion:** The study shows the age group and parity which had the most abortions. Hence this target group needs a stricter watch from the time of conception to help curtail complications.

#### Biography

**Sana Ahmad**, currently working as an Assistant Professor at People's university. I have completed my post graduation in Master of Pharmacy (Pharmacology) from Integral University, Lucknow, U.P. and my graduation from Corporate institute of pharmacy, Bhopal, M.P. and completed my higher and secondary education from Carmel convent sr. sec. school, Bhopal, M.P.

## Bahare Arbabi

Isfahan University of Medical Sciences  
Iran

### V wedge De-Epithelialization technique for labial reduction; more effective, less complications

#### Abstract:

**Introduction:** Enlarged labium minus can be annoying for functional, aesthetic or social reasons. In the past, labia reduction was performed by amputation of the protuberant segment and over sewing the edge. However, this technique removes the natural shape and color of the edge of the labium minus. The V wedge De-Epithelialization was presented in year 2000 with better aesthetic results and less side effects. This study was aimed to investigate the side effects and results of the V wedge de-epithelialization technique with unique cultural and social characteristics of our context.

**Method:** This quasi-experimental study was conducted on 40 married female candidates for labial reduction between July to March 2022. These participants were chosen by convenience sampling method. This group of females treated by V wedge de-epithelialization technique and followed up one month after the surgery. Side effects scale, female sexual function (FSFI) and genital appearance satisfaction (GAS) scales were employed for data collection in this research. Data were analyzed using SPSS v.22 software.

**Results:** More than two third of samples were between 35 to 40 years of old and 68 % were employed. About 24 % had an academic education degree and most of participants had a diploma degree. Wound dehiscence was seen in less than 10 % samples after one month follow up. The new method showed a significant FSFI improvement scores compared with pre operation scores ( $p < 0/05$ ). statistical significant differences was seen in GAS scores before and after the operation and one month's follow up too.

**Conclusion:** In terms of aesthetic aspect, the V wedge de-epithelialization technique for labial reduction has better results in sexual function and general appearance satisfaction with fewer side effects and risk compared with older lobectomy techniques.

#### Biography

Bahareh Arbabi, a dedicated OBGYN and board-certified cosmetic gynecologist from Iran, has been making waves in her field for over a decade. With a remarkable record of 3000+ deliveries and 800 successful cosmetic gynecology surgeries, she stands as a shining star in the world of women's health. Dr. Bahareh has earned prestigious Fellowship in Stem Cell and Regenerative Medicine from IASRM India and Fellowship in Cosmetic Gynecology from ABCG. She is also a faculty member in a Cosmetic Gynecology course in Dubai, showcasing

her dedication to education. Dr. Bahareh has graced stages around the globe, sharing her expertise at events like the ISRAM World Congress 2023 in India, Aptos Company event Georgia, ESAG London, and the IMCAS World Congress Paris 2024. Her influence extends to her membership in ISSM (Sexual Medicine) in Dubai. In her homeland, Dr. Arbabi serves as the Head of the Cosmetic Gynecology Department and holds the esteemed position of a university professor at the University of Medicine in Isfahan city. Her commitment to education is evident through her collaboration with headmasters in Tehran, where she has conducted over 50 workshops on cosmetic surgeries in gynecology.

## Kheyal Azam Khalil

Shaukat Khanum Memorial Cancer Hospital and Research Center  
Pakistan

### Impact of delay in interval debulking surgery after neoadjuvant chemotherapy on survival in ovarian cancer

#### Abstract:

To determine the impact of delay between neoadjuvant chemotherapy and cytoreductive surgery on progression-free survival and overall survival in ovarian cancer. All women diagnosed with stage III high-grade serous ovarian cancer who received neoadjuvant chemotherapy and underwent subsequent interval debulking surgery from January 2019 to January 2022 were included in this retrospective study. The patients were divided into two groups based on time to surgery >6 weeks and time to surgery < 6 weeks. The endpoint was taken as progression-free survival and overall survival on follow-up. Survival curves were constructed using the Kaplan-Meier method. Twenty one hundred patients were obtained from cancer registry who underwent surgery for ovarian cancer during the time defined in this study. Out of these 118 were identified to fulfill the inclusion criteria. 53 patients underwent surgery within 6 weeks of NACT whereas 65 had surgery at an interval of more than 6 weeks. Overall recurrence rate in this cohort was 64.4%. The rate of recurrence was comparable in the two groups undergoing surgery up to 6 weeks and beyond 6 weeks which was 67.9% and 61.5% respectively. The mean progression free survival was 15 months for patients with surgery done within 6 weeks and 18 months for those who had delayed surgery >6 weeks. This difference was not found to be statistically significant. (P=0.854) Delay from neoadjuvant chemotherapy to interval debulking surgery was not found to impact progression free survival

#### Biography

**Kheyal Azam Khalil** is a fellow in Gynecological Oncology at one of the biggest cancer centers of Pakistan. She completed her Obstetrics and Gynecology residency training in Pakistan and the UK. She has special interest in Gynecological Cancers and minimally invasive surgery.

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