



Colegiul Medicilor

Spitalul Clinic
Județean de Urgență
Timișoara



SRCMIG Societatea Română de Chirurgie
Minim Invasivă în Ginecologie



SLS



Obstetrică-Ginecologie



Egon and Ann Diczfalusy
Foundation



DKMT
DANUBE - KRIS - MUREȘ - TISA - EUROREGION



UMFT

11TH ANNUAL MEETING OF THE EGON AND ANN DICZFALUSY FOUNDATION

9TH DKMT CONFERENCE OF OBSTETRICS AND GYNECOLOGY

EDITORS:

Marius Craina, György Bártfai, Tihomir Vejnovic

**Arsenal Park, Orăștie, România
5 October – 7 October 2017**



Noi vă imprimăm Succesul !

Editoră acreditată CNCSIS - nr. 154/2006

ARTPRESS
editură și tipografie

RO Timișoara 300110
Strada P. Cermena nr. 1, parter
Mobil: 004 (0) 744-672.226, 004 (0) 722-268.204
Tel/Fax: 004 (0) 256-293.809, 004 (0) 256-293.975
E-mail: artpress@artpress.com.ro
WWW: www.artpress.com.ro



*Concepție grafică, design, tipar în 4 sau 5 culori,
finisare complexă a produselor personalizate:*

- cărți, ziare, reviste, broșuri
- agende, calendare, papetărie de lux
- tipărituri comerciale - fluturași, pliante, prospecte, cataloage, mape
- ambalaje - etichete, plicuri, cutii, pungi

**11TH ANNUAL MEETING OF THE EGON
AND ANN DICZFALUSY FOUNDATION**

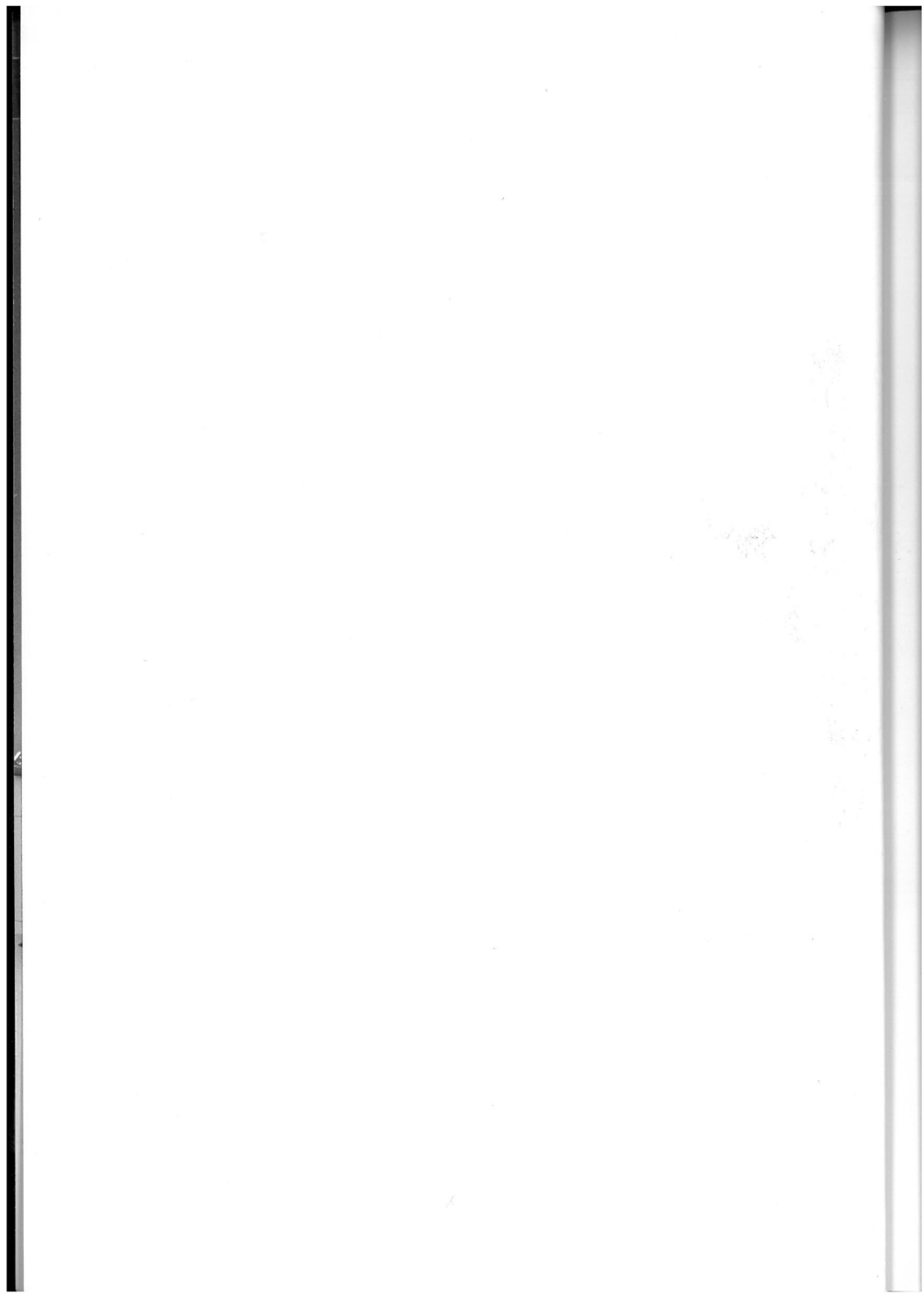
**9TH DKMT CONFERENCE OF OBSTETRICS
AND GYNECOLOGY**

EDITORS:

Marius Craina, György Bártfai, Tihomir Vejnovic

Arsenal Park, Orăștie, Romania

5 October - 7 October 2017



Menopausal consequences of polycystic ovary syndrome

Prof. Andras Szilagyi, MD, PhD

Dept OB/GYN, „Mor Kaposi” Teaching Hospital, Kaposvar Hungary

Polycystic ovary syndrome (PCOS) is probably the most prevalent endocrinopathy in women. The etiology and pathogenesis of polycystic ovary syndrome is still a matter of controversies, but it is apparent that hyperinsulinism and insulin resistance (IR) are major determining factors in the development of ovarian hyperandrogenism and chronic anovulation. The non-reproductive consequences of the PCOS extend beyond the menopausal years. Follow up studies have shown an increase in the incidence of type 2 diabetes mellitus and elements of metabolic syndrome in PCOS and increased cardiovascular risk, too. It is possible that PCOS and type 2 diabetes mellitus are different clinical manifestations of the same IR syndrome, with their phenotypic differences. It is even more compound as PCOS is not a homogenous group of patients. It is reflected in the diagnostic criteria of PCOS by the Rotterdam PCOS Conference as the diagnostic criteria identify 4 phenotypes of PCOS. The PCOS phenotypes differ in the degree of hyperandrogenism and hyperinsulinism, furthermore obesity may result in further subgroups.

Degree of hyperandrogenism correlates well with IR and the metabolic and cardiovascular risk. The oncological risk (increased risk of endometrial cancer) have not been stratified according to the phenotypes yet. Management of PCOS depends on the principal goals of the patients (treatment of infertility, diminishing signs of hyperandrogensim, prevention of long term cardio-metabolic consequences, prevention of endometrial cancer), but the management should be individualized according to the phenotypes as well.

The value of the insulin sensitizer therapy (e.g. metformin, myo-

inositol), statins and/or lifestyle modification await further evaluation and it should be integrated in the spectrum of therapeutical options. A challenging task for the future is to assess the individual risk of PCOS patients according to phenotypes and to elaborate personal steps for prevention.

Thyroid pathology and sexuality in women

Dana Stoian^{1,4}, Madalina Salapa¹, Izabela Petre^{1,2}, Ioana Mozos³, Marius Craina^{1,2}, Dan Navolan², Mihaela Craciunescu⁵

1. County Hospital, Timisoara, Romania

2. Department of Obstetrics Gynecology, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

3. Department of Functional Science, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

4. Department of Endocrinology "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

5. Department of Microbiology "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

Objectives: to evaluate if there are any significant changes in female sexuality in women with autoimmune thyroid disease.

Material, Method: 335 cases with autoimmune thyroid disease, with aged matched controls, in different disease stages: asymptomatic (115 cases), subclinical (108 cases) and clinical hypothyroidism (112 cases), without any ovarian or chronic disease. FSFI, Beck depression questionnaire and hormonal evaluation (LH, FSH, Estradiol, Prolactin, Total Testosterone, TSH, FT4, Anti TPO Antibodies, anti Tg antibodies) were performed.

Results: We observed no significant difference regarding age, waist, weight, estradiol and total testosterone values in autoimmune thyroid

disease cases versus controls. TSH and PRL values were significant different. The depression incidence was higher (22.7% versus 8.7% in controls). All the sexual function domains were significant lower compared with controls: Arousal domain mean score of 5.27 versus 5.7, lubrication domain 4.58 versus 4.94, orgasm score of 4.84 versus 5.22, satisfaction score of 4.63 versus 4.94, pain score of 3.03 versus 3.67. When using the ROC curve, the calculated TSH optimum value was 3.05 mIU/L. Subclinical hypothyroid cases and clinical hypothyroidism cases had significant higher sexual problems compared with asymptomatic form of disease, but these had higher incidence of sexual impairment compared with controls.

Conclusion: The presence of autoimmune thyroiditis affects desire, arousal and satisfaction, even in euthyroid situations. Clinical or subclinical hypothyroidism impairs all aspects of sexual life

Impact of screening for preeclampsia on maternal morbidity and mortality. Low dose aspirin for prevention of preeclampsia

Nicolae Suci¹, Ionut Suci², Oana Toader¹, Ioana Dragan³

1. U.M.F "Carol Davila" Bucharest, Romania,

2. Resident in training

3. Polizu Hospital, INSMC Institute, Bucharest, Romania

Preeclampsia is one of the leading causes of maternal and fetal mortality and morbidity worldwide, responsible for approximately 50000 maternal deaths per year. It is a complex disorder characterized by hypertension of at least 140/90 mmHg recorded on at least two determinations 4-6 hours apart associated with proteinuria, with or without edema, occurring in a previously normotensive patient after the 20th week of gestation and resolving 42 days post-partum. This is due to the imbalance between the vasodilating and vasoconstricting

prostaglandins. The role of low-dose aspirin (LDA) in the prevention of preeclampsia has been evaluated in many studies, among which one of the most important is the ASPRE multicentric, prospective study. It has been proven that the initiation of the treatment <16 weeks of gestation helps prevent preeclampsia by reducing deep placentation disorders which lead to severe forms of preeclampsia. LDA (75 mg) inhibits thromboxane production thus reducing vasoconstriction and abnormal platelet aggregation in the uteroplacental circulation. The effectiveness of the treatment depends not only on the dosage administered, but also on the gestational age at the initiation of the treatment and on the association with other drugs such as dipyridamole.

Key words: preeclampsia, low-dose aspirin, hypertension, prevention.

Preeclampsia reprezintă una dintre cauzele principale de mortalitate și morbiditate maternă și fetală din lume, cauzând aproximativ 50000 decese materne pe an. Este o afecțiune complexă caracterizată de apariția hipertensiunii cu valori de peste 140/90 mmHg înregistrată la cel puțin două determinări, la distanță de 4-6 ore, asociată cu proteinurie, cu sau fără edeme, ce debutează la o pacientă anterior normotensivă după 20 de săptămâni de gestație, valorile tensionale normalizându-se la 42 de zile post-partum. Substratul fiziopatologic este reprezentat de dezechilibrul dintre nivelul prostaglandinelor cu acțiune vasoconstrictoare și cel al celor vasodilatatoare. Rolul administrării aspirinei în doză mică în prevenirea preeclampsiei a fost evaluat în numeroase studii publicate în literatura de specialitate, unul dintre cele mai importante dintre acestea fiind studiul multicentric, prospectiv ASPRE. S-a demonstrat că inițierea tratamentului înainte de 16 săptămâni de gestație poate preveni apariția preeclampsiei prin reducerea tulburărilor de placentare care pot conduce la instalarea unor forme severe de preeclampsie. Aspirina în doză mică (75 mg) inhibă producția de tromboxan reducând astfel vasoconstricția și agregarea plachetară anormale la nivelul circulației utero-placentare. Eficacitatea tratamentului depinde nu numai de doza de aspirină administrată cât și de vârsta

Should we include the liver in the general concept of maximal cytoreductive surgery for ovarian cancer?

Nicolae Bacalbasa¹, Irina Balescu²

1. „Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

2. „Ponderas Academic Hospital” Bucharest, Romania

Since it was enounced and demonstrated for the first time, the principle of maximal debulking surgery was succesfully applied in patients diagnosed with advanced stage and relapsed ovarian cancer. In the last decades, once the surgical techniques of hepatic surgery have improved, a certain role of hepatic resections for ovarian cancer liver metastases was advocated. In the current study we present our experience regarding the role of liver resection as part of maximal cytoreductive surgery in 12 patients with advanced stage ovarian cancer and 14 cases diagnosed with relapsed disease. Other visceral resections in the upper abdomen in order to maximize the debulking effort included upper abdominal lymph node dissection at the level of the celiac trunk (in eight case), para-aortic lymph node dissection (in five cases) diaphragmatic resections (in five cases) and splenopancreatic resections (in two cases).

Ultrasound in gynecologic oncology

Bojana Gutic (Serbia)

Abstract: Since ultrasound were introduced in gynecologic practice it has the important place. Nowadays if we talk about ultrasound in gynecologic oncology we expect to get answers about the nature and the spread of the disease. In practice this is important for tailoring the treatment, because we want our patients to get appropriate treatment but not to be overtreated. We use ultrasound after treatment as well, for the evaluation of response to the different treatment modalities.

Cervical cancer: There are several studies showing that sensitivity is similar for NMR and transrectal ultrasound especially for the early stage cervical cancer. Due to the increasing number of young patients with this cancer ultrasound has even more important role in a process of making decision of fertility preservation.

Endometrial cancer: One of the important prognostic factors for endometrial cancer is depth of myometrial invasion, which is the main problem for pretreatment evaluation whether we use NMR or ultrasound. Some of the studies shown that subjective assessment on ultrasound is maybe even better than measurement of the invasion, anyway, the accuracy of any method is still questionable.

Ovarian cancer: There are several attempts to define diagnostic criteria which would certainly determine the nature of the tumor we see on ultrasound. IOTA (International Ovarian Tumor Analysis) group made the mathematical model to calculate the risk for malignancy. The use of ultrasound for ovarian cancer evaluation is maybe the best example to emphasize the need for systematic examination.

Conclusion: Systematic evaluation and the background in the nature of gynecologic malignancies are important for ultrasound in this area which has a significant place in tailoring the treatment for patients with gynecologic malignancies.

Mitochondrial Dysfunction In High-Risk Pregnancies

Anca Lungu, Danina Muntean*

*Department of Pathophysiology-Functional Sciences, *Center for Translational Research and Systems Medicine, "Victor Babeș" University of Medicine and Pharmacy Timisoara, 14, T. Vladimirescu st., 300173, Timisoara, Romania*

High-risk pregnancies still represent challenging pathologies to the obstetrician due to the partially elucidated pathogenesis. Besides their central role in ATP generation, mitochondria form a dynamic network with critical role in cellular signaling, quality control and cell death. In the past years mitochondrial dysfunction has emerged as a novel pathomechanism particularly in conditions associated with metabolic impairment, such as maternal high-fat diet, obesity and gestational diabetes as well as preeclampsia, intrauterine growth restriction. These conditions are associated with impaired mitochondrial biogenesis, decreased ATP production, reduced expression and or activity of respiratory chain complexes, and increased production of reactive oxygen species. High-risk pregnancies have been systematically associated with increased oxidative stress and placental mitochondria are both sources and targets of free radicals. More important, gestational pathologies imposed a metabolic stress to the fetus via the impairment of cellular bioenergetics.

Key words: high-risk pregnancy, placenta, mitochondria dysfunction

Studiu comparativ al evolutiei Starii pacientei dupa nasterea Naturala versus cezariana

*Gluhovschi Adrian; Ivanis Andrei; Ivanis Ramona;
Ciocsirescu Cristina; Anastasiu Popov Diana*

Modificarile determinate de sarcina duc la afectarea psihicului femeii. Modificarile afective se pot accentua prin mecanisme psihice si labilitati psihice de sarcina.

Medicul nu trebuie sa negligeze psihicul femeii in timpul sarcinii si al nasterii.

Inlaturarea fricii de nastere este una din cele mai importante sarcini ale profilaxiei prenatale si ale conducerii nasterii. Conducerea psihica cu care obstetricianul trebuie sa se ocupe inca din timpul sarcinii, este deseori anevoioasa si cere mult timp, rabdare si intelegere.

Studiul efectuat a dorit sa investigheze impactul pe care il are nasterea prin operatie cezariana versus nasterea pe cale naturala asupra evolutiei starii pacientei.

Pentru realizarea studiului am folosit un chestionar propriu la care au raspuns 500 de paciente internate in Clinica Bega in perioada Ianuarie 2016 – Iunie 2016. Chestionarul a fost adresat tuturor pacientelor care au nascut indiferent de modalitatea de nastere.

Concluzia studiului a fost ca nasterea pe cale naturala trebuie sa ramana ca o prima optiune, dar cu conditiile unei stricte supravegheri si monitorizare a sarcinii si travaliului, de operatia cezariana beneficiind cazurile cu risc crescut pentru gravide sau fat.

Elagolix a non-peptide Gonadotropin Releasing Hormone Antagonist for Fibroids with Heavy Menstrual Bleeding and Endometriosis Related Pain

*David F. Archer, MD Professor of Obstetrics and Gynecology,
Eastern Virginia Medical School, Norfolk, Virginia, USA, archerdf@evms.edu*

BACKGROUND: Gonadotropin Releasing Hormone (Gn-RH) was isolated in 1972 from pig hypothalamus by both Schally and Guillemin(1). Endogenous Gn-RH is a decapeptide that has a circulating half-life of 4 to 6 minutes. Gn-RH is episodically released into the hypothalamic pituitary portal plexus and its frequency is controlled by ovarian hormones (2, 3). Native Gn-RH is not orally active and modifications at the carbon -6 and 10 positions extending its half-life are agonists. Leucine inserted at C-6 is a well-known Gn-RH agonist. Gn-RH antagonists are available but have to be administered as injections or implants(4).

There are two orally active non-peptide Gn-RH antagonist in clinical trials. Elagolix and Relugolix both are effective antagonists immediately inhibiting pituitary FSH and LH secretion and creating a hypo-estrogenic or hypo-androgenic environment (5, 6). Both compounds have been studied for reducing heavy menstrual bleeding associated with uterine fibroids and the dysmenorrhea and non-menstrual pelvic pain associated with endometriosis. Their clinical trials are listed at <https://www.clinicaltrials.gov/ct2/search>.

RESULTS: Elagolix has published the clinical trial results from fibroid associated heavy menstrual bleeding and endometriosis (7, 8). Heavy menstrual bleeding was effectively controlled with Elagolix in doses of 200 to 300 mg twice a day (BID). The use of add back therapy with estrogen and a progestin had little to no effect on blood loss. Uterine

fibroid size decreased by 36 to 44 % from baseline and was not effected by add back therapy. Elagolix was similarly highly effective in relieving the dysmenorrhea associated with endometriosis by 70 to 75 % and non-menstrual pelvic pain by 65 to 70% at doses of 200 mg BID.

CONCLUSIONS: Elagolix a non-peptide Gn-RH antagonist is effective in treating both heavy menstrual bleeding associated with uterine fibroids and the dysmenorrhea in women with endometriosis. Elagolix is well tolerated with minimal side effects. Hypoestrogenic side effects specifically hot flushes can be relieved by add back therapy of estrogen and progesterin without loss of clinical efficacy.

1. Guillemin R. Purification, isolation, and primary structure of the hypothalamic luteinizing hormone-releasing factor of ovine origin. A historical account. *American journal of obstetrics and gynecology*. 1977 Sep 15;129(2):214-8. PubMed PMID: 331955.
2. Knobil E, Plant TM. The hypothalamic regulation of LH and FSH secretion in the rhesus monkey. *Research publications - Association for Research in Nervous and Mental Disease*. 1978;56:359-72. PubMed PMID: 414314.
3. Knobil E, Plant TM, Wildt L, Belchetz PE, Marshall G. Control of the rhesus monkey menstrual cycle: permissive role of hypothalamic gonadotropin-releasing hormone. *Science*. 1980 Mar 21;207(4437):1371-3. PubMed PMID: 6766566.
4. Al-Inany HG, Youssef MA, Ayeleke RO, Brown J, Lam WS, Broekmans FJ. Gonadotrophin-releasing hormone antagonists for assisted reproductive technology. *The Cochrane database of systematic reviews*. 2016 Apr 29;4:CD001750. PubMed PMID: 27126581.
5. Ng J, Chwalisz K, Carter DC, Klein CE. Dose-Dependent Suppression of Gonadotropins and Ovarian Hormones by Elagolix in Healthy Premenopausal Women. *The Journal of clinical endocrinology and metabolism*. 2017 May 01;102(5):1683-91. PubMed PMID: 28323948.
6. MacLean DB, Shi H, Faessel HM, Saad F. Medical Castration Using the Investigational Oral GnRH Antagonist TAK-385 (Relugolix): Phase 1 Study in Healthy Males. *The Journal of clinical endocrinology and metabolism*. 2015 Dec;100(12):4579-87. PubMed PMID: 26502357.

Pubmed Central PMCID: 4667159.

7. Archer DF, Stewart EA, Jain RI, Feldman RA, Lukes AS, North JD, et al. Elagolix for the management of heavy menstrual bleeding associated with uterine fibroids: results from a phase 2a proof-of-concept study. *Fertility and sterility*. 2017 Jul;108(1):152-60 e4. PubMed PMID: 28579415.

8. Taylor HS, Giudice LC, Lessey BA, Abrao MS, Kotarski J, Archer DF, et al. Treatment of Endometriosis-Associated Pain with Elagolix, an Oral GnRH Antagonist. *The New England journal of medicine*. 2017 Jul 06;377(1):28-40. PubMed PMID: 28525302.

Placental location after cesarean section

Authors: Zorić Jelena, Vejnović Aleksandra, Puškar Dunja, Subotin Divna, Šproh Beljička Jarmila, Đorđević Dragan

Affiliation: Faculty of Medicine, University of Novi Sad, Serbia.

Clinic of Gynecology and Obstetrics, Clinical Center of Vojvodina

Objectives: Most serious complications after cesarean occur at the site of the uterine scar, including placental complication i.e. placenta accreta, which can cause massive post partum hemorrhage. There is a close correlation between the number of previous cesarean sections and risk for such complication. Thus, location of the placenta in following pregnancies is important data for providing safer health care, and is contained routinely in third trimester ultrasound report. The aim of this study was to determine if cesarean section causes more frequent implantation of the placenta to the anterior wall of the uterus. Secondary aim was to investigate if placental location influences fetal and placental growth.

Methods: Medical records of 847 women delivered by cesarean section were reviewed retrospectively. Placental location was identified from routine preoperative ultrasonography reports. Placental location was categorised as anterior, posterior, fundal or lateral. The frequency

of certain placental location was calculated depending on the number of previous caesarean sections and interval between to cesarean section in woman. Birth weight of newborn and placenta as well as weight of mother were correlated and compared depending on placental location. All data were statistically analysed.

Results: The mean age of the patients was 31.6 ± 5.2 years. First cesarean section was performed in 50.1% (424/847) patients, second in 41.9% (355/847), third in 7.2% (61/847) and fourth in 0.8% (7/847). Anterior location of the placenta was found in 46.7% of patients to whom first cesarean was performed, 49.3% patients with one previous cesarean section, 44.3% with two previous cesarean section and 71.4% with three previous cesarean sections. There was significant difference in distribution of placental location depending on number of cesarean section ($p=0.0241$). There was positive correlation between birth weight of the fetus and placenta ($r=0.663$, $p<0.001$), and weight of mother and weight of placenta ($r=0.243$, $p<0.001$). Significant difference in birth weight of newborn was noticed depending on placental location ($p=0.042$). Placenta was more frequently implanted on anterior wall when interval between two cesarean sections was less than 3 years ($p<0.05$, figure 1).

Conclusions: The frequency of anterior location of placenta is increasing with rising number of previous cesarean sections. The interval between the cesarean section influences the location of placenta. Placental location influences the weight of newborn which may represent better vascularisation of different segments of uterine wall and may also influence amount of blood loss during operation.

Key words: placenta, location, cesarean section.

Importance of amniotic fluid in the growth and development of the fetus

*Radu Neamțu, Romeo Muntean, Cătălin Dumitru, Prof. Marius Craina,
Prof. Doru Anastasiu*

University Clinic of Obstetrics and Gynecology "Bega", Timișoara

Amniotic fluid is a complex substance essential to fetal well-being. Amniotic fluid is a complex and dynamic environment that changes as pregnancy progresses. Amniotic fluid contains nutrients and growth factors that facilitate fetal growth, provides mechanical cushioning and antimicrobial effectors that protect the fetus, and allows assessment of fetal maturity and disease.

At first, amniotic fluid is mainly water with electrolytes, but around the 12-14th week the liquid also contains proteins, carbohydrates, lipids and phospholipids, and urea, all of which aid in the growth of the fetus.

The volume of amniotic fluid increases with the growth of fetus. From the 10th to the 20th week it increases from 25ml to 400ml approximately. Approximately in the 10th-11th week the breathing and swallowing of the fetus slightly decrease the amount of fluid, but neither urination nor swallowing contributes significantly to fluid quantity changes, until the 25th week, when keratinization of skin is complete. Then the relationship between fluid and fetal growth stops. It reaches 800ml by the 28-week gestational age. The amount of fluid declines to roughly 400 ml at 42 weeks. There is about 1L of amniotic fluid at birth.

Weight loss impact on hormonal and sexual balance in PCOS cases

Madalina Salapa¹, Izabela Petre^{1,2}, Ioana Mozos³, Marius Craina^{1,2}, Dan Navolan², Dana Stoian^{1,4}

1. County Hospital, Timisoara, Romania

2. Department of Obstetrics Gynecology, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

3. Department of Functional Science, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

4. Department of Endocrinology "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

Objectives: to evaluate if there are any significant changes in female sexuality in women with autoimmune thyroid disease.

Material, Method: 335 cases with autoimmune thyroid disease, with aged matched controls, in different disease stages: asymptomatic (115 cases), subclinical (108 cases) and clinical hypothyroidism (112 cases), without any ovarian or chronic disease. FSFI, Beck depression questionnaire and hormonal evaluation (LH, FSH, Estradiol, Prolactin, Total Testosterone, TSH, FT4, Anti TPO Antibodies, anti Tg antibodies) where performed.

Results: We observed no significant difference regarding age, waist, weight, estradiol and total testosterone values in autoimmune thyroid disease cases versus controls. TSH and PRL values where significant different. The depression incidence was higher (22.7% versus 8.7% in controls). All the sexual function domains where significant lower compared with controls: Arousal domain mean score of 5.27 versus 5.7, lubrication domain 4.58 versus 4.94, orgasm score of 4.84 versus 5.22, satisfaction score of 4.63 versus 4.94, pain score of 3.03 versus 3.67. When using the ROC curve, the calculated TSH optimum value was 3.05

mUI/L. Subclinical hypothyroid cases and clinical hypothyroidism cases had significant higher sexual problems compared with asymptomatic form of disease, but these had higher incidence of sexual impairment compared with controls.

Conclusion: The presence of autoimmune thyroiditis affects desire, arousal and satisfaction, even in euthyroid situations. Clinical or subclinical hypothyroidism impairs all aspect of sexual life

Negative PARP immunohistochemistry as a predictor of platinum sensitivity in ovarian cancer

Balázs Ditrői¹, Szabolcs Molnár¹, Gábor Méhes², Robert Póka¹

1. Departments of Obstetrics and Gynaecology and Pathology

2. Faculty of Medicine, University of Debrecen, Hungary

Aim: In an attempt to clarify prognostic relevance of PARP expression we analysed clinical data of 65 advanced (stage III and IV) ovarian cancer cases in which PARP immunohistochemistry results were available.

Methods and patients: Immunostaining to highlight PARP protein expression was performed using a Leica Bond MAX Immunostainer (Leica Microsystems, Wetzlar, Germany). For the specific reaction the rabbit polyclonal anti-PARP antibody (ab6079 330, Abcam, Cambridge, UK) was applied. Intensity and distribution of immunostaining was assessed by light microscopy (Leica DM2500 microscope, DFC 420 camera and Leica Application Suite V3 software; Leica) and evaluated with a four grade (0-3+) system.

Mean progression-free survivals were generated for each semiquantitative groups of PARP expression among chemotherapy naive cases as well as for cases who had one prior line a chemotherapy at the

time of PARP immunohistochemistry.

Results: Thirty-five cases (53,8%) were chemotherapy naive and 27 of them (77%) showed no PARP expression. PARP expression among 30 cases following at least one prior line of chemotherapy was negative in 20 cases (67%). Overall mean PFS after first-line chemotherapy was 17.5 months, while that of PARP 0, +, ++ and +++ cases were 18.4, 20.3, 7.8 and 7.4 months, respectively. Overall mean PFS after second-line chemotherapy was 11.8 months, while that of PARP 0, +, ++ and +++ cases were 10.4, 12.8, 8.7 and 22.6 months, respectively. Restricting analysis to the population dichotomized by „any” or „no” PARP expression resulted in a significant difference in PFS achieved by first-line taxol-carboplatin chemotherapy (9.9 vs 19.2 months, respectively, $p=0.0067$). PFS achieved by the second-line chemotherapy also showed survival advantage for PARP negative cases (22.7 vs 13.8 months), however this difference was not statistically significant ($p=0.4770$).

Conclusion: Low PARP expression assessed by immunohistochemistry may predict platinum-sensitivity in ovarian cancer.

Health and life-styles

*Giuseppe Benagiano
Sapienza, University of Rome*

In spite of its enormous progress, science is not all-powerful and, without the help of the individual, it cannot always cure. This is particularly true for a number of chronic conditions, as well as for specific situations such as pregnancy.

This means that each one of us must cooperate with science in ensuring our health. For every individual, science has identified a long series of genetic and epigenetic risk factors that will condition our existence. At the same time, epidemiologists have also identified risk factors that depend almost exclusively from us and from the way we conduct our lives.

A critical example of this situation is given by the relationship between the risk of many different cancers and a person's life-style. In the area of reproduction it has been shown that a higher diet quality is associated with lower overall mortality after ovarian cancer. The effect was strongest among women with waist circumference of 88cm or less and with no history of diabetes. Interestingly, however, the level of physical activity does not seem to modify the association between diet quality and survival.

When creating a "Healthy Lifestyle Index" from five modifiable factors (smoking, alcohol intake, physical activity, diet, and body mass index), in non-users of Steroidal Anti-Inflammatory Drugs, a high index was associated with a reduced risk of Colorectal Adenomatous Polyps.

In particular there are 5 factors under our control that can change our life in a way many still fail to fully understand. They are:

- smoking,
- alcohol intake,
- physical activity,
- diet,
- body mass index

Tobacco: With regard to tobacco, intriguingly, compared to the rest of the world, the WHO European Region has one of the highest proportions of deaths attributable to its use, with 16% of all fatalities in adults over 30 attributable to tobacco. This is in contrast to the African or the Eastern Mediterranean Regions, with 3% and 7% proportion of tobacco-attributable deaths, respectively, and with the global average of 12%.

Alcohol: Alcohol's effects on the brain and body depend on the ways one drinks – such as how much and how often – as well as on a person's age, gender, and overall health status.

According to the US National Institute on Alcohol Abuse and Alcoholism, women face higher risks than men because they:

- Typically start to have alcohol-related problems at lower drinking levels than men,
- Typically weigh less than men,
- Pound for pound, have less water in their bodies than men do, and

alcohol resides predominantly in body water.

At the same time, the situation with alcohol is complex, because when taken in moderation and in low content beverages (e.g. wine), alcohol may have positive effects. Therefore, here the key word is «moderation».

An interesting phenomenon has been discovered utilizing the Relational Health (RH) Indices created to assess the strength of relationships. Results indicate that although RH is associated with an increase in alcohol consumption, it may also serve as a protective factor for alcohol-related negative consequences

Alcohol health-related risks for women include:

- Liver Damage: Women who drink are more likely to develop liver inflammation than men.

- Heart Disease: Women are more susceptible to alcohol-related heart disease than men.

- Breast Cancer: Women who have about one drink per day also have an increased chance of developing breast cancer compared to women who do not drink at all.

- Fetal adverse effects: Any drinking during pregnancy is risky. Heavy drinking can put a fetus at increased risk for learning, behavioral, and other problems.

Fetal Alcohol Exposure: No amount of alcohol is safe for pregnant women, although a fair number of European women continue to drink during pregnancy.

Alcohol can disrupt fetal development at any stage during a pregnancy, including at the earliest stages and before a woman knows she is pregnant.

Fetal Alcohol Spectrum Disorders (FASD) include:

- Fetal Alcohol Syndrome,
- Partial Fetal Alcohol Syndrome,
- Alcohol-related neurodevelopmental disorder,
- Alcohol-related birth defects.

Drinking during pregnancy can cause brain damage to the fetus, leading to a range of developmental, cognitive, and behavioral problems,

which can appear at any time during childhood.

People with FASD often have difficulty in the following areas:

- Coordination
- Emotional control
- School work
- Socialization
- Holding a job

Physical Activity

With physical activity, the key words are: Cost and Sustainability.

In people with proper physical activity there is evidence of lower rates of all-cause mortality, of coronary heart diseases and stroke; of metabolic syndrome and type-2 diabetes.

On the positive side, there is good evidence of a higher level of cardio-respiratory and muscular fitness, functional and bone health, better cognitive functions.

A number of countries have created guidelines for physical activity during pregnancy, supporting moderate intensity activity. Most guidelines provide advice on initiating an exercise program during pregnancy.

Healthy Diets

It is well-documented that eating right and exercising regularly can help maintain a healthy weight. Also, eating a low-fat diet can help control weight. Starting the day with a healthy breakfast, helps avoiding hunger spasms that could send one running to the fast food before lunch.

Incorporating in a diet at least 5 times per day fruits and vegetables, which are low in calories and high in nutrients, helps with weight control.

Food can also be considered a Medicine: In many medical systems, such as Traditional Chinese, Ayurvedic and Native American Medicines, food has always been an important way to treat illness and maintain health.

There is evidence for the preventive or curative properties of

certain foods, as well as for the effects of utilizing food and diet as part of a comprehensive approach to health.

- Garlic is often used for its ability to lower cholesterol and serum triglycerides.

- Green tea is a good source of antioxidants, which can protect cells, tissues, and cellular components from damage by the so-called Reactive Oxygen Species.

- Some studies suggest that ginger may be an effective treatment for nausea.

An increasing number of Women (and men) in Western Countries are obese, with major health consequences. A big problem here is compliance. As an example, women in urban communities in the USA are aware of the cardiometabolic risks associated with obesity, but many of them are nonetheless overweight. On the other hand, women show limited knowledge of the effects of obesity on reproductive outcomes.

A balanced diet for a healthy pregnancy

- The diet should be balanced
- A third of most meals should be starch-based foods (bread, cereals, rice, potatoes, pasta), with fruit and vegetables.
- Protein foods (meat, fish, pulses, chicken) should be eaten in moderation.

Making positive choices in pregnancy

Giving-up some much-loved vices and taking-up new healthy habits will assist a future mother to better nurture her new baby, as well as minimize the chances of the baby developing birth defects and/or being unwell after the birth. In many cases giving-up a habit (such as smoking) will reduce the chances of experiencing pregnancy and labor complications.

Health is in every woman's hands!

Nașterea pe uter cicatricial

Anastasiu D, Ciocșirescu Cristina Ioana, Anastasiu Popov Diana Maria, Eremici Iovanca Branca, Gluhovschi A

Universitatea de Medicină și Farmacie Victor Babeș Timișoara

Departamentul XII Obstetrică-Ginecologie, Puericultura și Neonatologie

Clinica Universitară de Obstetrică-Ginecologie Bega

Introducere: Creșterea indicelui de operație cezariană peste 50% are ca rezultat creșterea numărului de femei cu uter cicatricial ceea ce ridică probleme la următoarele nașteri.

În lume există femei care au născut de 10 ori prin operație cezariană, în Timișoara cele mai multe operații cezariene la o femeie fiind făcute de Păscuț (7 operații cezariene) și Anastasiu și Karadja (6 operații cezariene). Majoritatea autorilor din literatură practică sterilizarea chirurgicală după două-trei operații cezariene.

Obiectiv: Dorința unor femei de a naște pe cale naturală după ce la prima naștere au născut prin operație cezariană face ca acestea să se expună la un risc crescut de ruptură uterină.

Se analizează incidența, strategia și riscurile apariției unor complicații la o eventuală naștere pe cale naturală după o primă naștere prin operație cezariană.

Concluzii: În ultimii ani, indicii de operație cezariană rămâne constant peste 50% având ca rezultat un număr cât mai mare de utere cicatriceale, aceste femei fiind candidate la următoarele nașteri tot prin operație cezariană. Aceasta are ca rezultat creșterea numărului de utere cicatriceale multiple. Doar 6 cazuri dintr-un eșantion de 747 utere cicatriceale reprezentând 0,80% au născut pe cale naturală. În același timp 3,35% din cazurile cu utere cicatriceale au prezentat rupturi uterine

incomplete la diferite nivele (comisură col uterin prelungită, dehiscența tranșei operatorii).

Alegerea căii de naștere în cazurile de uter cicatriceal trebuie întotdeauna să pună în balanță raportul risc/beneficiu atât pentru mamă cât și pentru făt.

Vaginal delivery after Caesarean section

Anastasiu D, Ciocșirescu Cristina Ioana, Anastasiu Popov Diana Maria, Eremici Iovanca Branca, Gluhovschi A

*Victor Babeș University of Medicine and Pharmacy Timișoara
Department XII - Obstetrics and Gynaecology, Childcare and Neonatology*

Bega University Clinic of Obstetrics and Gynaecology Timișoara

Introduction: An increase in the caesarean section (C-section) index of more than 50% results in an increased number of women with uterine scar that poses possible complications in subsequent births. There are women in the world that gave birth 10 times via C-section; in Timisoara, the highest number of c-sections performed in a woman has been done by Pascut (7 C-sections) and Anastasiu and Karadja (6 C-sections). Most authors in literature use to perform surgical sterilization after two to three C-sections.

Aim: The desire of women to give birth naturally after their first baby has been delivered via C-section expose them to a high risk of uterine rupture. The aim of the study was to analyze the incidence, the strategy and the risk of complications in a possible vaginal delivery after a previous C-section.

Conclusions: In the last few years, C-section index remain firm over 50% resulting in an increased number of women with uterine scar - moreover these women are candidates for subsequent births via

C-section, which ensues an expanded number of multiple scarred uteri.

Only 6 cases (0,80%) of a sample of 767 women with scarred uterus gave birth naturally. At the same time, 3,35% of the cases with scarred uterus showed incomplete uterine rupture at different levels (prolonged cervix commissure, wound dehiscence).

Choosing the right approach in order to give birth (natural delivery or C-section) in cases with scarred uteri must always balance the risk/benefit ratio for both mother and the fetus.

Surgical procedures in the female-to-male transsexualism

Peter Koliba

Faculty of Medicine, University of Ostrava, Czech Republic

Transsexualism is a problem of gender identification. This syndrome was first described by H. Benjamin in 1953. The frequency in population is about 1:1600 people. Surgical procedures present an important component of treatment. The surgical conversion of genitals is quite complicated performance. Hysterectomy with salpingo-oophorectomy is the elementary condition in this treatment. The conventional approach was the Pfannenstiel incision. Laparoscopy offers the solution of removing internal genitalia and vagina by endoscopic technique. It is possible to perform laparoscopically assisted vaginal hysterectomy - LAVH, with gonadectomy and as a part of the vaginal surgery procedure to execute a colpectomy.

Material and Method: The author presents 12 surgical interventions of male transsexuality, 3 of which were performed with LAVH colpectomy. The subject of the thesis is description of surgery technique.

Fetal ovarian cyst following Maternal birth control pills

Biris M, Crisan DC, Sas I

*Obstetrics and Gynaecology II, University of Medicine
and Pharmacy Victor Babes Timisoara*

Ovarian cysts are the most frequent prenatally intra-abdominal masses. The aetiology of ovarian cysts is unknown. The most accepted theory is that exposure to fetal pituitary gonadotropins, placental human chorionic gonadotropins, and maternal estrogens stimulates the fetal ovary and causes follicle production and maturation.

In this paper we review a case of bilateral ovarian cysts 5.6x3.2 and 3.9x3.3 cm. Due to lack of pregnancy diagnosis, mother continued self administration of birthcontrol pills until 16 weeks of gestation. Delivery by caesarean section was decided when intracystic hemoragy was suspected.

Postnatally the baby was referred to pediatric surgery department.

Keywords: fetal ovarian cyst, birth control pills, antenatal

Codificarea in obstetrica si ginecologie

Andreea Moza¹, S. Elena Bernad², Luca Nancy-Gombos¹, Laura Brisan¹, Diana Lungeanu²

1 Spitalul Clinic Judetean de Urgenta «Pius Brinzeu» Timisoara (România)

2 Universitatea de Medicina si Farmacie "Victor Babes" Timisoara (România)

Introducere. Codificarea este utilizată ca modalitate de clasificare a termenilor folosiți în serviciile de sănătate pentru a descrie caracteristicile pacienților și ale intervențiilor profesioniștilor din sănătate. Intrucât finanțarea spitalelor se bazează pe codificare, este foarte important ca aceasta să fie corect efectuată și cât mai uniform.

Material și metoda. Studiul retrospectiv pe care l-am efectuat a urmărit codificarea și ICM-ul rezultate în urma episoadelor de spitalizare din Secția Clinică de Obstetrică-Ginecologie I și Secția Clinică de Obstetrică-Ginecologie II a Spitalului Clinic Judetean de Urgență "Pius Brinzeu" Timisoara. Au fost incluse în studiu toate pacientele externate în perioada 01.01.2017-30-08.2017. Au fost evidențiate erorile de codificare și diferențele evidențiate între modul de codificare al diferitelor persoane implicate în acest proces și care au dus la rezultate ICM diferite.

Rezultate și discuții. Au fost incluse în studiu un număr de 3271 cazuri la care s-au evidențiat diagnosticele principale. Au fost efectuate analize corelațiilor cu diagnosticele secundare, procedurile și complicațiile identificate. S-a identificat pentru un diagnostic principal dat modul de codificare pentru o valoare a ICM-ului cât mai mare. Considerăm că, în vederea raportării cazurilor este important inițial să fie evidențiate toate diagnosticele stabilite și procedurile efectuate, apoi să se stabilească diagnosticul principal și cele secundare și complicațiile. Este apoi foarte utilă verificarea diagnosticului

inregistrat prin revizuirea documentelor rezultate in urma procesului de spitalizare si clarificarea discrepantelor dintre rezultatele investigatiilor si documentatia medicala.

Concluzii. O codificare corecta aduce beneficii atat pentru spitale cat si pentru decidenti. Este necesara studierea periodica a rapoartelor de codificare in vederea imbunatatirii si uniformizarii codificarii in domeniu, adaptat la specificitatea cazului.

Women's feedback on Intrauterine system releasing levonorgestrel for contraception purpose

*Roşu Loredana¹, Tataru Ana-Liana^{1,2}, Casiana Stănescu^{1,2},
Onel Cristina^{1,2}, Daşcău Voicu^{1,2}, Furău Cristian^{1,2},
Furău Gheorghe^{1,2}, Marius Furău²*

1. Department of Obstetrics and Gynecology, Arad County Clinical Hospital, Romania

2. Vasile Goldiş Western University of Arad

Key words: contraception, modern woman, feedback

Introduction. Nowadays, because of medicine developing so fast we are able to use many and different contraception methods, with less side effects. From all reversible contraception methods with long -lasting action, in Europe there are 2 types of intrauterine contraception devices: copper- based intrauterine devices and intrauterine levonorgestrel releasing system.

Materials and method. There has been done a prospective study based on a chestionare filled in by 45 women aged between 24 and 44. This study was to determine what contraception methods does the modern women use and especially what benefits do the intrauterine system with local release of levonorgestrel 13,5 mg has. Depending on

the contraceptive method that is used, these 45 women were divided into 2 groups: the group using IUD with local release of levonorgestrel 13,5 mg and the group using other birth control methods.

Results. From all 45 women in this study, 35 of them are using IUD with local release of levonorgestrel 13,5 mg, which represents about 77,80 %, meanwhile the other ones are using some other methods.

The average age for women using IUD is 27,2555 years old and 26 of them have birth by caesarean section (74,29%). 33 of them, which means about 94,29% of the group in this study recommend other women to use IUD with local release of levonorgestrel 13,5 mg.

Conclusions. This modern contraceptive method is very good tolerated by women, with increased benefit/cost ratio, few side effects, does not contain estrogens and has a good acceptance from patients. It is recommended as spacing between the caesarean surgery and as an alternative to surgical sterilization.

Incidence and management of fibroids during pregnancy – our department experience

*Moldovan Mioara¹, Furau Cristian^{1,2}, Tataru Ana-Liana^{1,2},
Furau Gheorghe^{1,2}, Paiusan Lucian^{2,3}, Onel Cristina^{1,2},
Stanescu Casiana^{1,2}, Dascau Voicu^{1,2}, Marius Furău²*

1. Department of Obstetrics and Gynecology, Arad County Clinical Hospital, Romania

2. Vasile Goldiș Western University of Arad

3. Department of Histopathology, Arad County Clinical Hospital, Romania

Key words: Uterine Fibroids, Pregnancy, Cesarean Section

Introduction. Fibroids or leiomyomas are the most common benign uterine tumors. This pathology is often associated with pregnancy. Is a common belief that uterine growths increase in size during pregnancy.

Material and method. This study analyzed retrospective data from five years experience (2012-2016) in the Department of Obstetrics and Gynecology from Arad County Clinical Hospital. Data was collected from operating registers, birth registers, observation sheets of the patients.

Results. We have noted an increased incidence of pregnancy-associated uterine fibroids from 15.4% in 2012 to 25.1% in 2016. Most of the fibromatous nodules discovered during surgery are managed under the conservative approach (96.2%), and only a low percentage (3.8%) is removed surgically. The most frequent reasons for this decision include: hemorrhage, infections, necrobiosis and pedicle torsion.

Conclusions. The management of pregnancy complicated with uterine fibroids depends on two most important factors: myoma size and location. The main objectives are a healthy fetus, a safe birth, preserving the patients' fertility function.

Cervical Cancer – long term analysis on Public Health indicators

*Tataru Ana-Liana^{1,2}, Roșu Loredana¹, Casiana Stănescu^{1,2},
Onel Cristina^{1,2}, Dașcău Voicu^{1,2}, Furău Cristian^{1,2}, Afilon Jompan²,
Furău Gheorghe^{1,2}, Marius Furău²*

*1. Department of Obstetrics and Gynecology, Arad County Clinical
Hospital, Roumania*

2. Vasile Goldiș Western University of Arad

Key words: cervical cancer, Arad county, survival, mortality

Introduction. With a percentage of 16.2% Romania holds the highest incidence rate of cervical cancer in Europe. Hungary follows with 7.5%, Germany with 3.3%, United Kingdom with 2.8%. Although it is a national program, that was implemented in 2012, screening for cervical cancer in Romania is considered to be a failure in 2016.

Objectives: To stimulate the population to apply adequate for the national program of screening, in order to decrease the rate of women's mortality and morbidity nationally and also worldwide.

Materials and methods: We processed the data with SPSS 14.0 for Windows, MedCalc, ClusterSeer® based on cases of cervical neoplasia diagnosed in county of Arad during the period 1959-2015.

Results: Between 1960-2014 there have been 5931 cases of feminine malignant genital tumors. From all of these, cervical cancer represents 36,1%, exactly 2139 cases. 634 patients died from cervical cancer. The average age at which these pathology is discovered is 51,65 years and the survival rate is about 12 years.

Conclusions. In Romania, the team made by a general phisician and a gynecologist has an important role in reducing the incidence of cervical cancer by improving the screening program.

Twin Pregnancy with Neural Tube Defects and Twin-to-twin Transfusion Syndrome-Case Report

V. Dașcău¹, Gh. Furău¹, C. Onel¹, L. Păiușan³, C. Furău², I. Ait El Haj¹

1. Department of Obstetrics and Gynecology, „Vasile Goldiș” Western University, Arad, Romania

2. Department of Pathophysiology, „Vasile Goldiș” Western University, Arad, Romania

3. Department of Histopathology, Arad County Clinical Hospital, Romania

Objectives: This paper presents the case of a gravida with a 27/28-week twin pregnancy with neural tube defects, TTTS and placenta praevia.

Methods: We have collected the data from the patient's history and physical examination, as well as from the obstetrical ultrasound and the examination of the fetuses and the placenta and membranes.

Results: The patient was admitted to the Obstetrics department on June 16, 2011, presenting a minimal vaginal bleeding with red blood; the patient, carrying a twin pregnancy, had been diagnosed two weeks earlier with an anencephalic fetus during an ultrasound scan; the patient had not had a morphofetal ultrasound and she had not had blood tests for fetal anomalies prior to that; her history revealed another birth with an anencephalic fetus on April 1, 2005. The ultrasound performed after the admittance revealed a twin pregnancy with an anencephalic fetus and a fetus with spina bifida, and a twin-to-twin transfusion (TTTS) with a "stuck twin" syndrome (the anencephalic fetus with polyhydramnios and the other one with severe oligohydramnios) was suspected (there seemed to be an amniotic membrane attached to the fetus with spina bifida). As the bleeding worsened, an emergency C-section was performed and two fetuses were delivered: the first from a transverse lie, weighing 900 g and presenting a lumbar myelomeningocele and severe oligohydramnios (100-150 ml of amniotic fluid), the second from a cephalic presentation, weighing 700 g and presenting anencephalia and spina bifida aperta along the entire spine, with polyhydramnios (2000 ml of amniotic fluid); a monochorionic, diamniotic placenta was extracted; The intra and postoperative of the patient was favorable.

Conclusions: This case is of high importance because of the association of pathological entities (both twins with neural tube defects and TTTS), as well as because of a history with a prior anencephalic fetus.

Manipulation maneuvers during vaginal delivery in case of breech presentation

Badea Andreea¹, Onel Cristina^{1,2}, Dașcău Voicu^{1,2}, Furău Cristian^{1,2},
Furău Gheorghe^{1,2}, Marius Furău²

1. Department of Obstetrics and Gynecology, Arad County Clinical
Hospital, Roumania

2. Vasile Goldiș Western University of Arad

According to most authors, breech presentation appears in 2-4% of all deliveries and is considered to be a borderline presentation between eutocic and dystocic. While the controversies concerning the best obstetrical attitude in these cases persist, the possible fetal and maternal outcomes can be the cause of many and sometimes very serious medical and legal problems.

The attitude in case of breech presentation has changed significantly during the years, especially during the last few decades, as the C-section has become much safer for both mother and fetus; as a result, a transition from the "art of obstetrics" period to a period where elective C-sections play a much more important role was made.

The obstetrical attitude in breech presentation has always been a matter of controversy between different schools, authors and generations, thus generating a great number of possible approaches, varying from minimum or no intervention during vaginal delivery to performing C-section in the majority of cases.

Ureteral lesions during abdominal hysterectomy

Cristea Andrei¹, Onel Cristina^{1,2}, Dașcău Voicu^{1,2}, Furău Cristian^{1,2}, Furău Gheorghe^{1,2}

1. Department of Obstetrics and Gynecology, Arad County Clinical Hospital, Roumania

2. Vasile Goldiș Western University of Arad

Ureteral injury is one of the most serious complications of gynecologic surgery. Less common than injuries to the bladder or rectum, ureteral injuries are far more serious and troublesome and are often associated with significant morbidity, the formation of ureterovaginal fistulas, and the potential loss of kidney function, especially when not recognized until postoperatively. For these reasons, injuries to the urinary tract, particularly the ureter, are the most common cause for legal action against gynecologic surgeons.

Despite the close anatomical association between the female reproductive organs and the ureter, injury to the ureter is relatively uncommon. Nevertheless, when a ureteral injury does occur, quick recognition of the problem and a working knowledge of its location and treatment are essential in providing patients with optimal medical care. The purpose of this article is to elucidate how and why ureteral injuries occur and to review their surgical and nonsurgical treatments.

Severe materno-fetal disoimmunization: A case report

Vornic Ioana Maria¹, Onel Cristina^{1,2}, Dașcău Voicu^{1,2}, Furău Cristian^{1,2}, Furău Gheorghe^{1,2}, Tataru Ana Liana^{1,2}, Marius Furău²

1. Department of Obstetrics and Gynecology, Arad County Clinical Hospital, Roumania

2. Vasile Goldiș Western University of Arad

Fetal D isoimmunization, although less frequent nowadays as a consequence of specific prevention, can still cause major fetal health problems, including fetal death. This paper presents the case of a 34-year-old, without previous medical visits during the current pregnancy, giving birth to her seventh child. She was admitted in the "Dr. Salvator Vuia" Clinical Obstetrics and Gynecology Hospital Arad, Romania, on June 2, 2010, the ABO and D antigen status of the pregnant patient and her husband being unknown. The ultrasound exam performed the same day detected a 32/33-week-old monofetal gestation, with an enlarged fetal heart, ascites, brain modifications, a 50 mm thick placenta, oligoamnios, and abnormal Doppler findings. Given the modifications presented, D antigen materno-fetal isoimmunization was suspected and the patient's blood group antigens were determined by the hospital's laboratory, the result being A(II) negative; as the patient and her husband had separated, his antigen status could not be determined. Anti D antibodies from the patient's plasma were assessed in the transfusion center in Arad, the result being positive, with a titre of 1/32, thus explaining the ultrasound findings. Subsequent ultrasound exams (June 14) showed further enlargement of the fetal heart and an increase of the degree of ascites, as well as brain edema.

Given the fetus's health status and the obstetrical conditions, with no favorable cervical changes, he was delivered by C-section on June 14,

at 34 weeks of gestation, presenting an Apgar score of 1, massive edema and a hypertrophic placenta (1.600 g, the body mass of the newborn being 2.800 g, including the edema) and dying shortly after. The anatomopathological exam found an enlarged fetal heart, occupying the entire thorax, massive ascites and brain edema (severe isoimmunization or Schridde disease).

This case intends to emphasize the importance of regular medical visits and lab studies during pregnancy to prevent such fetal outcomes.

Newborn from mother with cytomegalovirus in pregnancy: risks and recommendations

*Dorina Burdan, M.D., Ph.D, Angelica Filimon M.D., Ph. D.
Arad Emergency County Hospital*

Cytomegalovirus is a DNA virus and human is the only known host. Most women at reproductive age have evidence of prior CMV infection.

The route of transmission is the contaminated blood and genital secretion during delivery and postnatal through breast milk

The asymptomatic infants at birth can develop in 15% from cases developmental delay, sensorineural hearing loss and visual defects.

The authors propose to make a case report of a newborn born from a mother CMV-seropositive who was screened for TORCH infections during pregnancy and who was born through cesarean section, breastfed. Also, the authors present the recommendations of follow-up for this newborn

Pregnancy and sexuality

Tibor Novák, MD, PhD, Gábor Németh MD, PhD, Med. Habil.

*University of Szeged, Department of Obstetrics and Gynecology
(Director: Gábor Németh)*

The worries that women have about their sexuality, and how it will change during pregnancy especially due to the modifications of the physical appearance are not only the main factors that partners face with their sexuality during and after pregnancy. There are definitely a whole lot of problems relating to these aspects. In the first trimester for example the sexual drive of a woman can be decreased because the clinical presumptive signs of pregnancy like nausea, while in the 2nd trimester when these signs disappeared, the sexual drive can be slightly increased. Finally in the 3rd trimester, due to the size of the abdomen, the sexual appetite can be also reduced due to uncomfortable positions. On the other hand fear of the abortion and preterm delivery, bleeding, ruptures of the membranes, acquiring of sexually transmitted diseases can be also factors involved in the desire to have sexual intercourse during pregnancy.

A woman's fluctuating sexual drive and emotional liability is often misunderstood and can be confusing for expectant partners. Fathers go through psychological changes in pregnancy which have characteristics like that of the mother, and may have emotional instability with anxiety, compulsions and unexplained fears.

Communication between partners who are expecting, is very important, as they need to understand the changes that are undergoing and also each others sexual preference, mood and emotions.

Sustained weight loss impact on body image – connections with sexual satisfaction in obese women

Madalina Salapa¹, Izabela Petre^{1,2}, Mihaela Craciunescu³, Dan Navolan², Marius Craina^{1,2}, Dana Stoian^{1,4}

1. County Hospital, Timisoara, Romania

2. Department of Obstetrics Gynecology, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

3. Department of Microbiology, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

4. Department of Endocrinology "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania

Premises: Overweight is affecting the quality and parameters of sexual life, in women. Weight loss should have a positive consequence on sexual attitude.

Objective: : The preset paper is trying to evaluate the impact of sustained and important weight loss on sexual function in obese women.

Material and method: From a pool of 460 females, that addressed to our Endocrine Unit for weight loss program me, starting January 2016, 246 were included in the study by the following criteria:

- Under 40 years of age
- BMI more than 25 kg/m²
- Sexual active, involved in a stable relationship for more than 12 months
- Compliance with the recommended life style changes: -800 kcal per day diets (low carb, cetogene, hyperproteic) + 3 times weekly exercise programme, without any anorexigenic treatment
- Agreed to answer the questions related to their sexual life: FSFI questionnaire

- Without diabetes mellitus, kidney failure, thyroid diseases, PCOS, hypoenestrogenemia, recent use of oral contraceptives
- Complete metabolic profile: 0, 6 12 month.

Results: after 12 month of sustained weight loss (mean $15,13 \pm 2,3$ kg), we observed an increase of self confidence, sexual interest (sexual initiative: mean $4,5 \pm 2,8$ attempts/month versus $2,4 \pm 0,2$ sexual activity engaged by the women), also a increase of the total FSFI score. There was also a correlation between FSFI score change and absolute weight loss (kg) ($0,73$, $p < 0,02$). Evaluating each domain of sexual inventory, we observed an effect on arousal, lubrication, orgasm domain and also of overall sexual satisfaction.

The most favorable influenced domain was orgasm compartment. Maybe self image changes, increase in self confidence contribute to this result.

We analyzed also the relation between age and FSFI score: there was an indirect correlation ($r = -0,38$, $p < 0,05$), and the impact of age change was less important compared with weight loss.

Role of elastography in apparent benign breast tumor lesions

Madalina Salapa¹, Dan Navolan², Marius Craina^{1,2}, Mihaela Craciunescu³, Dana Stoian^{1,4}

1. County Hospital, Timisoara, Romania

2. Department of Obstetric Gynecology, University of Medicine and Pharmacy "V. Babes", Timisoara, Romania

3. Department of Microbiology, University of Medicine and Pharmacy "V. Babes", Timisoara, Romania

4. Department of Endocrinology, University of Medicine and Pharmacy "V. Babes", Timisoara, Romania

Objectives: Sonoelastography is a noninvasive, real time procedure, complementary diagnostic method that increases the diagnostic qualities

of conventional ductal ultrasound. We want to evaluate the added diagnostic value of sonoelastography in cases of apparent benign lesions in conventional ultrasound.

Method: Prospective study: 1134 women, under 45 years of age, mean age 33.2 ± 4.34 years, who came in in our Ultrasound Unit for a breast evaluation. Recruitment period starting January 2015, ductal breast ultrasound and elastography was performed with a HITACHI Preirus machine, with 6-13 MHz variable frequency linear probe, with water bag, Hitachi Medical System Tokyo, Japan. Ueno score and also strain ratio were measured for all described lesions. All cases with BIRADS US 4a, 4b, and 5 evaluation were operated. Extemporaneous and postsurgical pathology exam was performed in all cases. Some ACR 3 lesions were also referred to the surgeons because of cosmetic, pre-pregnancy, need of hormonal contraception use reasons.

Results: From the total of 1134 cases, we diagnosed 108 cases had typical characteristics in conventional and Doppler ultrasound of fibroadenoma, but had increased anelasticity: 68 UENO 3 score, 23 UENO 4 cases and 17 UENO 5 cases and were operated and had final pathology report.

Breast cancer was diagnosed in 31/108 evaluated cases: 16 UENO 5 cases (94.11%), 10 UENO 4 cases (43.47%) respectively 5 UENO 3 cases (4.41%). Using classic ultrasound diagnostic criteria would have missed 31 breast cancer cases. Using elastography criteria (UENO 4 and 5 cases) 26/31 cancers have been correct identified.

Results: Without sonoelastography, an important number of cases would not be diagnosed as cancer.

Fertility and menstrual outcome after hysteroscopic myomectomy for submucous myoma

Rațiu A.¹, Crisan DC.¹, Navolan D.², Pirtea L.², Forga M.¹, Bujorescu Loredana³, Zorzoana Irina⁴, Chiorean Cojocaru Ioana⁴, Belovan Biliana⁴

1. University of Medicine and Pharmacy Victor Babeș, Timișoara, Departement of Obstetrics and Gynecology II

2. University of Medicine and Pharmacy Victor Babeș, Timișoara, Departement of Obstetrics and Gynecology I

3. University of Medicine and Pharmacy Victor Babeș, Timișoara, Departement of Anatomy and Embriology

4. Emergency County Hospital, Timișoara

Introduction: Submucous myoma may be associated with menorrhagia, infertility and dysmenorrhea. Bleeding is the most common symptom and usually present as menorrhagia. The pregnancy rate in women with unexplained primary infertility is good, and more than half of patients become pregnant after hysteroscopy surgery.

The aim of this study is to analyse the fertility and menstrual outcome after hysteroscopic myomectomy for submucous myoma

Material and Methods: We performed a prospective study including 112 women admitted in our hospital for submucous myoma. Inclusion criteria ware: single submucous myoma, symptomatic (menorrhagia, infertility). We excluded from the study those with other causes for infertility, multiple myomas, who became pregnant following assisted reproductive technology. Myoma were classified according to the European Society of Gynecologic Endoscopic Classification: type 0 (pedunculated submucous myoma without intramural extension), type I (sessile and with an intramural part of less than 50%) and type II (with an intramural part of 50% or more). All patient had hysteroscopic

myomectomy. The follow up extended for 24 months and we recorded every 6 months the menstrual pattern and if the patient become pregnant, and performed a vaginal scan.

Results: From 112 patients, 14 were excluded because we had no data on follow up.

The mean patients age was 35-5 years, infertility duration was 3-6 years and menorrhagia 11-3 month. Five women had large, deep intramural myoma, four needed a second and one a third intervention for complete removal. We had two cases of endometritis which resolved after antibiotic treatment. At 24 months we find 25% menorrhagia recurrence, the improvement rates were 75% overall and 70% for type 0, 78% for type 1 and 80% for type 2, with no statistical significance between types. The pregnancy rate was 60% but not statistically significant regarding types of myoma, 75% type 0, 62% type 1 and 50% type 2.

Conclusion: Fertility and menorrhagia improves significantly after hysteroscopic myomectomy but they are not influenced by the types of myoma.

Trachelectomia radicala in tratamentul cancerului de col uterin case report

Pirtea L, Sas I, Balint O, Secosan C, Iлина R, Grigoras D

Radical trachelectomy is a surgical procedure that preserve the childbearing capacity in case of early-stage cervical carcinoma. Trachelectomy can be performed vaginally or abdominally with open or laparoscopic technique and should always be preceded by a pelvic lymph node dissection by detecting sentinel lymph node. It is usually followed by a cervical cerclage. Radical trachelectomy is recommended for stage IA2 , IB1 and in stage IA1 with lymph vascular space involvement is present. It is presented a case where laparoscopic pelvic lymphadenectomy with sentinel lymph node sampling was performed followed by vaginal excision of cervix and paracervix.

The place of vaginal Hysterectomy in the treatment of uterine prolapse a matter of controversy

Pirtea L, Sas I, Grigoras D

Abstract: Uterine prolapse is still considered a indication for removal of the uterus in many centres. On the other hand recently many authors consider that hysterectomy shows no benefit for the restorations of the pelvic floor status. Arguments in favour of the conservation of the uterus are presented and a video demonstration of sacrospinous fixation with transobturator anterior mesh insertion and conservation of the uterus is included in the presentation.

Tailored therapy in cervical cancer and quality of life

Prof. Aleksandar Stefanović, MD PhD

President of UGOSCGRS

Clinic for Gynecology and Obstetrics, Clinical Center of Serbia

School of Medicine, University of Belgrade

Before the age of 40 is diagnosed (study on 2100 oncology patients, Sidney, AU): 31% of cervical cancers, 18% of ovarian cancers, 3% of endometrial cancers.

There is a trend of delayed childbearing in developed countries (middle to late 30's and after the 40 years) so... there is need for

conservative surgical procedures.

Modern surgical oncology have to take care of: Organ function, Body perception, Quality of life.

Conservative oncologic approach has become feasible due to: Analysis of results of standard procedures in oncologic patients, Improvements in surgical techniques, Multidisciplinary approach, Developments in assisted reproductive techniques, Better antenatal care of such pregnancies, Development of intensive neonatal care units, Better follow-up of patients after surgical procedure. In conservative surgery, therapeutical options, are mainly in cervical cancer stage Ia1 and in IA2. If LVI is present in stage IA2, besides conisation pelvic lymphadenectomy can be recommended.

In microinvasive adenoCa stage IA1 – pelvic lymphadenectomy is required beside conisation

Parametria and cervical stroma are spared, increased recurrence risk. Therapeutic options for stage IA2 and IB1 is trachelectomy. Approaches of radical rachelectomy are: abdominal, vaginal, laparoscopic, robotic approach. Trachelectomy is sparing fertility procedure in early stages of cervical cancer IA2- IB1. Prerequisites for Trachelectomy are: Adequate patient's selection (early stage of disease and patient's interested in fertility preservation), Adequate preoperative staging (method of choice MRI. Intraoperative ex-tempore analysis of specimen, Skilled stuff, Comparable outcome (oncologic outcome not different from standard procedure, recurrence rate 3-6%, mortality rate 2-5%)

Indications for Trachelectomy are: Age below 40 (or 45), tumor size up to 2 (or 3) cm, Negative LN on preoperative imaging, Favorable histologic type (squamous cell Ca, less often adenocarcinoma)

Stage IA1, IA2, IB1, Adequate cervical length. CT, MRI have a lower sensitivity in detection of metastasis in comparison to surgical staging.

Menopause - Sexual Relationship: a determining factor in the quality of life of a woman of the third age

Diana Maria Anastasiu Popov, Adriana Denisa Hinoveanu, Doru Anastasiu, Dana Stoian, G.A. Toth, A. Gluhovschi

1. University of Medicine and Pharmacy «Victor Babeş», Timișoara (România)

2. Department XII - Obstetrics - Gynecology - Neonatology - Child Care, Timișoara

3. University Clinic of Obstetrics - Gynecology «Bega» Timișoara

Introduction: Women's health condition involves a correlation between physical, mental and sexual health.

Women's life expectancy in Romania has increased to 72-74 years, which means that 22-30 years, the woman lives in the menopause, representing 1/3 of the woman's entire life.

Objectives: There is a preoccupation about the woman's sexual life at menopause due to the world view through the media» as well as the influence of menopausal associated pathology on sexual function.

The study studies the causes of women's sexual dysfunction, namely: changes in libido, physiological changes of a normal resting cycle, early discomfort of the patient, and discomfort created in interpersonal relationships that can lead to breaking up the couple (divorce).

Conclusion: The majority of women report a mixture of various symptoms of sexual dysfunction, altered sexual desire, vaginal lubrication disorders.

The incidence of sexual dysfunction in women menopause is 20% to 50%, as the woman masks the absence of sexual desire, excitement, and orgasm.

Medical conditions, social and psychosomatic factors are factors that can influence the well-being of women in menopause, ensuring an increase in quality of life during this period.

The subject of sexual life in the menopause woman should not be a TABU topic because we are «sexual creatures» who have to address openly a problem that concerns about 30-40% of the living women.

Maternal Haematological Parameters and Placental and Umbilical Cord Histopathology in Intrauterine Growth Restriction

Mária Jakó MD, Andrea Surányi Md, PhD, László Kaiser, MD, FRCPATH, György Bártfai, MD, PhD, DSc., Gábor Németh, MD, PhD

Objectives: Studies have reported placental weight ratio (PWR) and maternal haemoglobin (Hgb) as relevant markers of uteroplacental function. Our aim was to investigate the correlations among maternal hemostasis, placental morphology, birth weight and ultrasonographic findings in normal and IUGR pregnancies.

Methods: 13 patients were recruited into the case group based on their newborn's weight being below the 10th percentile and 41 patients were enrolled randomly. The placental weight and volume were measured and data were compared with the third trimester maternal blood sample.

Results: PWR results were close to that described in literature, $0.14(\pm 0.004)$ in the control and $0.17(\pm 0.01)$ in the IUGR group $p=0.0034$. In placental morphometry placental volume showed the strongest correlation ($R^2=0.769$), while a. umbilicalis S/D ($R^2=0.538$) and Hgb level ($R^2=0.510$) showed medium correlation and placental weight showed light correlation ($R^2=0.446$) with birth weight. There was significant difference between the control and IUGR groups in birth

weight 3367.73g(\pm 71.52) and 2110.04g(\pm 155.7) p=0.0001, in a. umbilicalis S/D 2.217(\pm 0.107) and 3.388(\pm 0.309) p=0.0006, in placental volume 523.0cm³(\pm 33.43) and 311.7cm³(\pm 23.73) p=0.0007 and in placental weight 483.4g(\pm 17.89) and 391g(\pm 28.00) p=0.0364 respectively. We found no significant difference in gestational age, gender ratio, MCV, red blood cell count, hematocrit, thrombocyte count, INR, and partial thromboplastin time.

Conclusions: IUGR is a diagnostic challenge because fetal biometry has a 50% detection rate. Our results show that placental volume is more concordant with birth weight than placental weight. The estimation of placental volume via ultrasound could complete fetal biometry and a. umbilicalis flowmetry in diagnostic routine. These measurements could increase the accuracy of prediction of pregnancy outcome. We do encourage clinics and investigators to establish a percentile chart for placental volume.

Keywords: a. umbilicalis S/D, IUGR, placental volume, placental weight

Relația menopauză- viața sexuală: factor determinant al calității vieții femeii de vârsta a III-a

Diana Maria Anastasiu Popov, Adriana Denisa Hinoveanu, Doru Anastasiu, Dana Stoian, G.A. Toth, A. Gluhovschi

*Universitatea de Medicină și Farmacie «Victor Babeș», Timișoara
(România)*

*Departamentul XII - Obstetrică - Ginecologie - Neonatologie -
Puericultură, Timișoara*

Clinica Universitară de Obstetrică - Ginecologie «Bega» Timișoara

Introducere: Starea de sănătate a femeii presupune o corelație între sănătatea fizică, psihică și sexuală.

Speranța de viață a femeii în România a crescut la 72-74 de ani ceea ce presupune că 22-30 de ani, femeia trăiește în menopauză, aceasta reprezentând 1/3 din întreaga viață a femeii.

Obiective: Există o preocupare asupra vieții sexuale a femeii la menopauză datorată «vizionării lumii prin mass-media» precum și influența patologiei asociate la menopauză asupra funcției sexuale.

Studiul efectuat se referă la evidențierea cauzelor care duc la disfuncția sexuală a femeii, respectiv: modificări ale libidoului, modificări fiziologice ale unui ciclu de repaus sexual normal, stare de disconfort a pacientei precoce și disconfort creat în relațiile interpersonale care pot duce până la destrămarea cuplului (divorț).

Concluzii:

Marea majoritate a femeilor relatează un amestec al diverselor simptome a disfuncției sexuale, alterarea dorinței sexuale, tulburări de lubrefiere vaginală.

Incidența disfuncției sexuale la femeile în menopauză este de 20% până la 50 % în condițiile în care femeia maschează absența dorințelor sexuale, excitației și a orgasmului.

Condițiile medicale, factorii sociali și psihosomatici sunt cei care pot influența starea de bine a femeii în menopauză, asigurând o creștere a calității vieții în această perioadă.

Subiectul vieții sexuale la femeia în menopauză nu trebuie să fie un subiect TABU deoarece suntem «creaturi sexuale» care trebuie să abordeze deschis o problemă care preocupă aproximativ 30-40% dintre femeile în viață.

Reaction to Serotonin and Ketanserin in umbilical and placental vessels in IUGR and control pregnancies

*Mária Jakó, Andrea Surányi, Dóra Domokos, Róbert Gáspár,
György Bártfai, Gábor Németh*

Objectives: The fetoplacental circulation lacks neuronal control, and is regulated by humoral factors. Our aim was to test the vasoreactivity to serotonin, a humoral factor that is present measurably. To get more detailed information we added ketanserin, a selective 5-HT₂ receptor antagonist.

Methods: Patients were enrolled in case and control groups based on third trimester EFW. The placenta and umbilical cord was immediately placed and sored in Krebs-Henseleit solution until the experiment (max. 24 hours). After incubation, cumulative serotonin dosage (10-9-10-5M) was added to the vessels with or without 10-8M ketanserin.

Results: The 3D power Doppler indices were VI=4.53 in IUGR and 10.08 in controls ($p<0.001$), the FI=38.48 ($p<0.05$) and 49.16, and the VFI=2.70 and 4.92 ($p<0.01$) respectively.. The contraction of IUGR umbilical arteries strongly correlated with a. umbilicalis S/D ($r= 0,80$, $R^2 : 0,63$). In umbilical veins EC50, in placental veins EC50 and Emax showed difference ($p<0,05$) between IUGR and controls.

Conclusions: Generally the sensitivity to serotonin is reduced in IUGR except for umbilical arteries. Ketanserin reduced the contraction in all vessels but in control umbilical veins under 10-7M cointraction. This reduction in sensitivity differs between the IUGR and control vessels, meaning that in umbilical vessels 5-HT_{2a} type receptors dominate in IUGR, while in placental vessels 5-HT₁ receptors dominate compared to control. The differences between the maximal contraction in umbilical arteries and veins indicate that in IUGR the umbilical arteries are

more sensitive to serotonin. Serotonin enhances vasoconstriction so more blood remains in the fetus. This vasoconstriction is detected via ultrasound as increased S/D ratio in umbilical arteries.

Prevalenta anticorpilor anti-tiroideni la gravide cu sarcina necomplicata si nastere la termen

Craciunescu Mihaela¹, Navolan Dan², Stoian Dana³, Craina Marius²

1. Departamentul de Microbiologie, UMF Victor Babes Timisoara, Romania

2. Departamentul de Obstetrica-Ginecologie, UMF Victor Babes Timisoara, Romania

3. Departamentul de Endocrinologie, UMF Victor Babes Timisoara, Romania

Introducere Sarcina reprezinta o perioada speciala in care modificarile hormonale ale gravidei se reflecta in dezvoltarea embrionului si fatului. Functia tiroidiana este extrem de importanta pentru dezvoltarea encefalului fetal si intelectul nou-nascutului. Disfunctii tiroidiene chiar si subclinice pot avea repercursiuni asupra dezvoltari fetale. Material si metode Am masurat titrul anticorpilor anti tiroperoxidaza (TPO) si anti tiroglobulina (TG) in serul de prim trimestru a 87 de gravide ce au nasut la termen fara aparitia unor complicatii. Pentru determinare am utilizat kituri de la firma DiaMetra (Spello, Italia). anti-TPO ELISA (DK 0116), respectiv anti-TG ELISA (DK 0115). Au fost considerate ca pozitiv valorile anti-TPO mai mari ca 20 UI, respectiv TG mai mari de 5 UI. Rezultate Studiul nostru arata ca din 87 de gravide 12 au avut un titru crescut de anticorpi anti-TPO si 6 gravide au avut un titru crescut de anticorpi anti-TG. In total din 87 de gravide ce au nascut la termen 13 gravide au avut fie anticorpi anti-TPO fie anti-TG pozitivi. Discutii Rezultatele noastre arata prevalenta gravidelor cu un titru crescut de anticorpi antitiroidieni

la gravidele ce nasc la termen. Lucrari precedente au aratat ca gravidele cu reactii autoimune tiroidiene trebuie sa beneficieze de un suport de specialitate endocrinologica mai special.avand in vedere ca modificarile adaptative in sarcina pot decompensa o hipotiroidie subclinica. Concluzii Studiul nostru arata ca prevalenta gravidelor cu autoanticorpi anti-tiroidieni este de 14.9%. Protocoalele de urmarire in sarcina ar trebui sa tina cont de aceasta situatie si eventual sa includa si efectuarea unor teste pentru evaluarea functiei tiroidiene.

Prevalence of anti-thyroid antibodies in pregnant women with uncomplicated pregnancy and term delivery

Craciunescu Mihaela¹, Navolan Dan², Stoian Dana³, Craina Marius²

1. Departamentul de Microbiologie, UMF Victor Babes Timisoara, Romania

2. Departamentul de Obstetrica-Ginecologie, UMF Victor Babes Timisoara, Romania

3. Departamentul de Endocrinologie, UMF Victor Babes Timisoara, Romania

Introduction. Pregnancy is a special period in which hormonal changes in the pregnant woman's body are reflected in the development of the embryo and fetus. The thyroid function is extremely important for the development of the fetal brain and the newborn's intellect. Even clinical and subclinical thyroid dysfunctions which occur in some forms of autoimmune thyroiditis may result in repercussions on fetal development. Materials and methods. We measured the titer of anti-thyroperoxidase (TPO) and anti-thyroglobulin (TG) antibodies in a group of 85 women with normal pregnancies and birth at term. We used kits from DiaMetra (Spello, Italy): anti-TPO ELISA (DK 0116), anti-TG ELISA (DK 0115) respectively, to measure the autoantibodies titer. Positive

anti-TPO values greater than 20 and TG values greater than 5 were considered positive. Results Our study shows that 12 pregnant women out of 87 had an increased titer of anti-TPO antibodies and 6 pregnant women had an increased titer of anti-TG antibodies. Out of 87 women with term delivery 13 pregnant women had either anti-TPO or anti-TG positive antibodies. Discussions Our study shows for the first time in our region the prevalence of cases with increased titer of thyroid antibodies in pregnant women with normal pregnancy and delivery at term. Previous studies have shown that pregnant women with autoimmune thyroiditis should be given special endocrinological support, because adaptive changes during pregnancy can affect subclinical hypothyroidism. Conclusions Our study shows that the prevalence of pregnant women with anti-thyroid autoantibodies is 14.9%. Follow-up protocols should take this into account and possibly include tests to evaluate thyroid function and values.

Genital malignancies mortality analysis in Arad County

Tataru Ana-Liana^{1,2}, Casiana Stănescu^{1,2}, Onel Cristina^{1,2}, Dașcău Voicu^{1,2}, Furău Cristian^{1,2}, Afilon Jompan², Marius Furău², Furău Gheorghe^{1,2}

1. Department of Obstetrics and Gynecology, Arad County Clinical Hospital, Roumania

2. Vasile Goldiș Western University of Arad

Introduction: Some cancers have a preference for femals such as: breast cancer, colon cancer, endometrial cancer, lung, cervical, skin and ovarian cancer. The epidemiology of neoplasia shows that the age is a risk factor and in the same time, a negative prognostic element in women, especially when breast and cervical cancer is involved.

Goals: To describe the morbidity and mortality by neoplasia in women, dependind the age, survival rate and in association with sociodemographic variables.

Materials and method: A describind study of the death rates splitted by age, which establishes the risk rates for eight different neoplasia for the registered cases in the cancer register of the county between 1960-2014. The sociodemographic variables were the life style and the education level seen in the profession.

Results: Mortality by cancer increases by age from a decade to another, with a maximum that exceeds 60 years old. The death rate was 26,7%, with relative risk of 2.0703 for the category that exceeded 60 years, in comparison with the others (95% CI1.7647 to 2.4288, $P < 0.0001$). Death rate does not show any differences neither in the village nor in the city. In contrast with the worldwide phenomenon the highest mortality rate comes from the cervical cancer.

Conclusions: In Arad, the death rate risk by cancer in women decreased after 2010.

Key words: genital malignancies, mortality, Arad County

Preeclampsia and Homeostatic model assessment (HOMA) - comparison between preeclampsia and nonpreeclampsia pregnant women

Onel Cristina¹, Furău Gheorghe^{1}, Furău Cristian³, Dașcău Voicu³, Tătaru Liana³, Stănescu Casiana², Furău Marius*

1. "Vasile Goldiș" Western University of Arad, Faculty of Medicine, Ob-Gyn Department, Liviu Rebreanu 86, Arad, Romania

2. "Vasile Goldiș" Western University of Arad, Faculty of Medicine, Anatomy Department, Liviu Rebreanu 86, Arad, Romania

3. "Vasile Goldiș" Western University of Arad, Faculty of Medicine, Pathophysiology Department, Liviu Rebreanu 86, Romania

Introduction: Despite the last two decades of research into preeclampsia, the ability of clinicians to predict this life threatening condition prior to the onset of symptoms has not improved significantly. Various biochemical tests that have been proposed for the prediction of preeclampsia but only a small fraction are available for use while others are still evaluated. Preeclampsia (PE), it is defined as a hypertensive complication in pregnancy, characterized by increased systolic blood pressure over 140 mmHg and diastolic blood pressure over 90 mmHg associated with proteinuria. Preeclampsia occurs in 2-8% of pregnancies and is associated with maternal and fetal mortality. Also PE is known to have a higher prevalence within women with diabetes. The pathological mechanism involving PE in women with diabetes is not fully understood. Homeostasis model assessment of insulin resistance (HOMA-IR) levels is used to define the insulin resistance an independent predictor of cardiovascular disease in cardiovascular disease.

AIM: The purpose of this study was to determine whether mid-trimester insulin resistance is associated with subsequent preeclampsia in pregnant women. Insulin resistance was calculated by the homeostasis model assessment of insulin resistance (HOMA-IR) and the quantitative

insulin sensitivity check index.

Results: The study was conducted on pregnant women who addressed to Arad County Hospital between 2012-2013. The study shows a secondary analysis from a larger survey of the pregnant women population in Arad county. The patients were randomly selected, stratified by age and habitat, hypertension (HTA) and diabetes during pregnancy. Finally 183 women were included in this study. Patients were considered to have HTA if they had a mean systolic blood pressure >140 mmHg and/ or diastolic pressure >90 mmHg or if they use antihypertensive medication. Insulin resistance was calculated by the homeostasis model assessment of insulin resistance (HOMA-IR) and the quantitative insulin sensitivity check index.

Conclusion:

- The higher value of HOMA-IR index is associated with high BMI in pregnancy.
- Our study is in accordance with other small population studies that have demonstrated that HOMA-IR index in gestational diabetes is highly variable (1,6-25).
- The low social and economical conditions of most patients that address to our clinic is also influential upon weight control and healthy lifestyle.

Inflammatory markers in term and preterm birth - preliminary study

Navolan Dan, Vladareanu Simona, Ciohat Ioana, Nemescu Dragos, Vladareanu Radu, Suciu Nicolae, Craina Marius, Terness Peter

The objective of our article was to study the level of neopterin in sera collected in the first half of pregnancies with birth at term (BT) and spontaneous preterm birth (SPB). Methods. Neopterin values were measured in sera sampled from pregnancies with BT and SPB. Results. Early pregnancy serum neopterin concentration (EPSN) showed a direct correlation with gestational age. The correlation was present in both groups: with BT and SPB. EPSN increase in pregnancies with SPB as compared to those with BT. A significant association was found between the risk of SPB and an EPSN. Conclusion. EPSN increases along pregnancy and is higher in pregnancies with SPB.

Cesarean section in Emergency County Hospital Deva - An analysis during 2006 - 2017

Romeo Stănescu MD, chief of Obstetrics-Gynecology Department, Emergency County Hospital Deva, Romania

Introduction/Objectives: The aim of this analysis was to determine the prevalence of cesarean section in patients admitted to the obstetrics-gynecology department of the Emergency County Hospital Deva.

Materials and method: The study developed within the obstetrics-gynecology department of the Emergency County Hospital Deva between

january 2006 and june 2017. A number of 8137 births were analyzed, of which caesarean sections - 3210.

We collected information on: patients' age, their background, parity, diagnosis, sex of fetuses, Apgar score at birth, fetal weight, membranes, gestational age.

Results: As for the patients' age, there is an increased incidence in the age range:21-30 years(56.47%). Regarding the diagnosis, there is a large number of dystocia compared to other diagnosis (42.27%). The number of caesarean sections in fetuses weighing between 3000-4500 g is significantly higher than in other cases (63.42%); in terms of gestational age 38-41 weeks, the percentage of caesarean sections is the highest of all the others (81.46%).

Conclusions:

1. The analysis shows that the incidence of caesarean section has increased gradually, reaching 45% during 2013-2017.
2. This is due, in addition to a higher incidence of obstetric indications, and an increased pressure from patients, to doctors' fears regarding charges of malpractice, fears exacerbated by the pressure of the media.
3. This gradual increase is consistent with the trend at European and global level, with slightly elevated values than in Europe, but in agreement with the results reported by several other maternity hospitals in Romania.

Key words: cesarean, Deva, statistics

Sirenomelia - a case report of a twin pregnancy with discordant twins

Furau G.^{1,2}, Dascau V.^{1,2}, Onel C.^{1,2}, Zus S.²

1. Department of Obstetrics and Gynaecology, „Vasile Goldiş” Western University, Arad, Romania

2. Department of Obstetrics and Gynaecology, Arad County Emergency Clinical Hospital, Arad, Romania

Introduction: Sirenomelia, also known as the Mermaid Syndrome, is a rare congenital deformity, estimated to 1 in 100 000 live births. Having such a rare occurrence, very few cases are described in the literature, hence the importance of this case report. It is associated with other malformations: genitourinary, gastrointestinal, cardiac, agenesis or hypoplasia of one or both kidneys, spina bifida, anomalies of the lumbosacral spine and pelvis. The etiology is unknown, cases seem sporadic consequently several theories have been proposed. Most cases are fetal due to the renal agenesis or other severe visceral anomalies. Those that survive require extensive surgeries in multidisciplinary teams.

Methods: This paper presents the case of a 35 year old gravida with twin pregnancy discordant for sirenomelia. An emergency C-section was performed for a 30 weeks twin pregnancy with both fetuses in non-vertex presentation and PPRM. The affected newborn was stillborn while the unaffected was born alive. The patient hadn't sought any prenatal care. The necropsy of the second newborn revealed several associated malformations: a two lobed right lung, a single lobed left lung, hypoplastic small bowel, megacolon, absent anus, urinary bladder agenesis.

Conclusion: This very rare case of a pregnant woman with a twin pregnancy discordant for sirenomelia advocates for a thorough clinical and paraclinical prenatal surveillance of all pregnancies.

Managementul sarcinii cu angioedem

Andreea Moza, Izabella Petre, Laura Brisau, Stelian Pantea, Elena Bernad

Introducere. Angioedemul ereditar este o boală genetică rară, dar potențial fatală, caracterizată prin episoade recurente de edem localizat care poate apărea în orice regiune a corpului, cel mai des la nivelul pielii sau a mucoasei tractului respirator sau gastrointestinal. Apare în urma unui deficit al inhibitorului C1 funcțional. În literatura de specialitate există puține date în ceea ce privește asocierea cu alte patologii și cu sarcina.

Prezentare caz. Pacientă diagnosticată cu angioedem ereditar prin confirmare de laborator: C1 inhibitor funcțional cu valori mai mici de 28% (valori normale 100%), cu antecedente heredocolaterale – mama, mătuși, veri, a fost luată în evidență de la 6 săptămâni de gestație. Din antecedente reținem că manifestările au fost declanșate de efort și de anestezia locală la stomatolog. Pe parcursul sarcinii s-a diagnosticat și trombofilie MTHFR C677T mutant heterozigot, MTHFR A129BC mutant heterozigot, factor XIII V34L mutant heterozigot, PAI-I 4G/5G heterozigot – risc trombotic mic/mediu care nu a necesitat tratament. De-a lungul sarcinii nu a prezentat crize de angioedem. Nașterea s-a finalizat prin operație cezariană programată cu administrarea profilactică de Berinert. Evoluția a fost favorabilă.

Discuții. Astfel de cazuri necesită monitorizare multidisciplinară. În cazul de față s-a creat o echipă complexă formată din: medic obstetrician, medic anestezie și terapie intensivă, medic chirurg generalist, medic hematolog și medic alergologie pentru elaborarea unui plan terapeutic. Modul de terminare al nașterii a stârnit multe contradicții și recomandări. Deși toate femeile care suferă de această deficiență ereditară din familia pacientei au născut natural, afirmativ fără complicații la naștere, acest mod de naștere a fost exclus datorită imprevizibilității angioedemului, trombofiliei asociate, dar și riscului la care s-ar fi expus fătul (posibil

moștenitor al angioedemului) în urma traumatismului apărut la trecerea prin filiela pelvigenitală. De asemenea, decizia de naștere prin operație cezariană a fost îngreunată de istoricul familial al pacientei: mama acesteia dezvoltând o criză de angioedem intraoperator (cura chirurgicală a herniei).

Conduita în sarcina cu vasa praevia

*Andreea Moza, Izabella Petre,
Cosmin Brisan, Iliana Razvan, Elena Bernad*

Introducere: Vasa previa se referă la existența vaselor placentare de-a lungul membranelor amniotice anterior de orificiul cervical intern. Vasa previa poate apărea fie prin inserția velamentoasă a cordonului ombilical, fie prin existența unor vase care unesc un lob accesoriu cu discul placentar. În literatură se descrie un al treilea tip de vasa previa apărut în urma atrofiei unei părți a placentei localizată anterior de orificiul cervical extern, în această situație placenta are un singur lob, inserția cordonului ombilical este centrală dar vasele de la marginea placentei rămân expuse.

Prezentare de caz. Pacientă în vârstă de 29 de ani, mare multipară, fumătoare, cu data ultimei menstruații incertă (în funcție de prima ecografie, vârsta gestațională de 24 de săptămâni cu 6 zile), sarcină insuficient dispensarizată, la care ecografic se suspectează vasa previa/placenta previa se transferă din maternitate de gradul II în clinică cu diagnosticul sarcina 24 de săptămâni în evoluție, metroragie moderată, amenințare de naștere prematură. La internare pacienta a beneficiat de ecografie care identifică sarcină în evoluție cu făt unic, biometric vârsta gestațională fiind de 24 de săptămâni cu 1 zi. Ecografic s-a identificat o placenta localizată în flancul drept și posterior, cu lob accesoriu localizat marginal stâng (0.5cm față de orificiul cervical extern). La ecografia transvaginală – Modul Doppler s-a identificat vase previa.

A fost inițiat protocolul de amenințare de naștere prematură, conform Ghidului Național de Tocoliză, sub tratamentul de specialitate

sângerarea vaginală reducându-se progresiv. În a treia zi de internare, pacienta acuză contracții uterine dureroase, sângerare vaginală abundentă cu cheaguri. Datorită faptului că fătul este viabil se decide terminarea nașterii prin operație cezariană de urgență. S-a extras un făt de 520g, IA=1 la 1 min, 0 la 5 min, 0 la 10 minute. La examenul macroscopic al placentei s-a identificat placenta polilobată cu hematom retroplacentar, vase previa fără leziuni. Evoluția post operatorie a pacientei a fost favorabilă.

Discuții. Sângerarea vaginală în sarcină este un motiv de îngrijorare, existând trei cauze care necesită îngrijiri de urgență: placenta previa, vase previa, dezlipirea de placenta. Pacienta a avut vase previa, lob accesoriu inserat însă sângerarea a apărut în contextul dezlipirii placentare. În cazul de față nu s-a mai investigat motivul metroragiei, nașterea terminându-se prin operație cezariană de urgență.

Iniencephaly- A severe congenital malformation Case presentation

Gluhovschi A, Anastasiu Popov Diana Maria, Farcas Simona, Toth GA, Anastasiu D

*Victor Babeș University of Medicine and Pharmacy Timișoara
Department XII - Obstetrics and Gynaecology, Childcare and Neonatology*

Bega University Clinic of Obstetrics and Gynaecology Timișoara

Introduction: Iniencephaly is a severe congenital malformation of the cephalic extremity that occurs isolated, but more often in a plurimalformative syndrome. In more than 90% of cases it is incompatible with life.

Aim: There are presented two cases and the adopted obstetrical strategies, focusing on the diagnosis of the malformation at an early gestational age. Scher indicated the diagnosis on a 13-week pregnancy.

Conclusion: The second case has a gestational age of 10/11 weeks presenting a series of features of ultrasound diagnosis at that gestational age. The diagnosis of iniencephaly up to 14 weeks of gestation allows the pregnancy to be interrupted by uterine curettage at the woman's request.

Influenta avortului la cerere asupra psihosomaticii femeii

*Gluhovschi Adrian; Ivanis Andrei; Ivanis Ramona;
Ciocsirescu Cristina; Anastasiu Popov Diana*

Numarul intreruperilor de sarcina care a avut loc intre 1958 si 2015 este mai mare decat populatia actuala a Romaniei.

Aceasta statistica infioratoare demonstreaza politicile demografice dezastruoase pe care le-a avut Romania in perioade diferite ale istoriei sale recente.

Lucrarea prezinta un studiu de 200 de paciente care s-au adresat colectivului Maternitatii Bega din Timisoara pentru afectiuni ginecologice care prezentau in antecedente unul sau mai multe avorturi la cerere.

Aceasta in conformitate cu normale actuale de confidentialitate au fost solicitate sa completeze un chestionar pentru a identifica principalele reactii emotionale aparute imediat dupa intreruperea sarcinii si la un interval de timp, respectiv 2 saptamani si 6 luni dupa efectuarea manevrei.

Am urmarit motivele care au condus la decizia luata de a intrerupe sarcina, reactiile emotionale aparute imediat dupa intreruperea sarcinii si sentimentele aparute pe termen lung.

Evoluția maternă și perinatală a cazurilor de naștere prematură - studiu retrospectiv

Izabella Petre¹, Marius Craina¹, Stelea Lavinia¹, Andreea Moza¹, Veronica Daniela Chiriac¹, Angela Boglut², Lavinia Moleriu³, Daniela Iacob⁴

1. Departamentul XIII, Disciplina de Obstetrica Ginecologie, UMF Victor Babes Timisoara

2. Departmentul de Neurostiinte, UMF Victor Babes Timisoara

3. Departamentul de Stiinte Functionale, Disciplina Informatică Medicală și Biostatistică, UMF Victor Babes Timisoara

4. Departmentul XIV, Disciplina de Neonatologie, UMF Victor Babes Timisoara

Introducere: Nașterea prematură, din punct de vedere etiologic, este declanșată de cele mai multe ori de un cumul complex de factori care se întrepătrund. Aceștia pot fi de ordin genetic, biologic, medical, psihosocial sau comportamental. Alți factori asociați cu nașterea prematură sunt: placenta praevia, oligo/polihidramnios, intervenții chirurgicale pe abdomen în antecedente, biopsia sau electrocauterizarea colului uterin.

Material și metodă: Studiul de față și-a propus realizarea unei analize retrospective în ceea ce privește prognosticul matern și fetal în cazul nașterilor premature din cadrul secțiilor de Obstetrică-Ginecologie Bega a Spitalului Clinic Județean de Urgență Timișoara, în perioada 2014-2016. Nașterile au fost clasificate în funcție de gradul de prematuritate și de patologia maternă asociată. În perioada 2014-2016 au fost înregistrați 835 prematuri, din totalul celor 7435 de nașteri (ceea ce reprezintă aproximativ 11,2%).

Rezultate și discuții: În cazul acestui studiu, cauza principală a nașterii premature o reprezintă ruperea prematură a membranelor. Nașterea prin cezariană în acest caz nu s-a dovedit să ofere prognostic fetal mai bun față de nașterea naturală. Statusul membranelor amniotice

(integre/rupte <24 h), nu modifică bunăstarea noului născut. Un alt factor destul de des întâlnit îl constituie fumatul pe perioada sarcinii. Fumatul dublează riscul de naștere prematură. Mecanismul prin care declanșează travaliul este puțin cunoscut, însă se cunoaște faptul că nicotina și monoxidul de carbon sunt vasoconstrictori puternici, ei fiind asociați cu leziuni ale placentei și cu scăderea fluxului sanguin utero-placentar. Cu excepția expunerii la tutun și prezenței infecțiilor intrauterine, nu există diferențe între factorii de risc răspunzători de travaliul prematur cu membrane rupte respectiv factorii de risc răspunzător de travaliu prematur cu membrane intacte.

Concluzii: Nașterea prematură este o problemă socială și economică majoră în toată lumea atât datorită consecințelor pe termen scurt asupra morbidității cât și mortalității nn (boala membranelor hialine, enterocolita necrotizantă, pneumonia de aspirație cu sepsă, paralizile etc.), cât și pe termen lung (afectări ale capacității cognitive, motorii, de percepție vizuală sau auditivă). Managementul nașterilor premature rămâne o problemă delicată datorită rezultatelor contradictorii atât din literatură cât și din practică, mai ales datorită faptului că, de cele mai multe ori nu se identifică cauza declanșării nașterii.

Cuvinte cheie: nașterea prematură, prematuritate, factori etiologici, fumatul.

Gynecologic laparoscopic surgery in obese patients: difficulties and tricks

Mădălin-Marius Margan^{1,2}, Marius Lucian Craina^{1,2}, Roxana Margan²

1. Department XII - Obstetrics and Gynecology, Neonatology and Perinatal Care, University of Medicine and Pharmacy „Victor Babeș” Timișoara, Romania

2. „Bega” University Clinic of Obstetrics and Gynecology, Timișoara, Romania

Objectives: Evaluating the different aspects of minimally invasive surgery and highlighting the best practices when approaching obese patients with gynecological pathology, in order to provide optimal surgical outcome in this high-risk group.

Methods: We evaluated relevant literature in order to review the key anatomical and physiological changes in obese patients and their effects on preoperative, intraoperative, and postoperative care. We also present our personal experience with this pathology, from the clinical diagnosis to the minimally-invasive surgical resolution of the cases.

Results: A multidisciplinary approach is encouraged when treating obese patients as they commonly have associated comorbidities such as: obstructive sleep apnea, severe hypertension or coronary artery disease. Pre-anesthesia consultation is strongly recommended, as obese patients with metabolic syndrome may have a difficult airway or poorly controlled hypertension, as well as a significant higher perioperative morbidity and mortality. The minimally invasive approach of obese women require a multimodal prospective and an experienced multidisciplinary team. Individual units involved should have a clear pathway of care and guidelines for the specific management. Distinct intraoperative techniques and modifications should help maximize surgical exposure and provide enhanced panniculus management. Adverse effects after gynecologic surgery, such as hypoxemia, surgical site infection, venous thromboembolism, acute kidney injury, hyperglycemia, and prolonged

hospitalization are more prevalent in obese women than in normal-weight women and may require comprehensive medical management.

Conclusions: Minimally invasive approaches to gynecological surgery are safe and cost-effective for obese patients, consequently providing significantly improved patient outcomes. Doctors should consider the need for a particular procedure and the likely benefits and risks. Preoperative counseling, evaluation and optimization of medical comorbidities, as well as appropriate referral to an experienced minimally invasive surgeon are critical.

Keywords: laparoscopy, surgery, obesity

Laparoscopic surgery in the diagnosis and treatment of female sterility

*Cătălin Dumitru, Prof. Marius Craina, Prof. Doru Anastasiu, Radu Neamțu
University Clinic of Obstetrics and Gynecology „Bega”, Timișoara*

Introduction: The improvement of medical systems over time has allowed the use of laparoscopy as a method of diagnosis and treatment in feminine sterility.

Material and method: During the period 2013-2016, 1495 laparoscopic surgical interventions were performed in the University Clinic of Obstetrics and Gynecology, „Bega”, Timisoara, of which 466 were performed for the diagnosis and treatment of sterility. Cases were investigated in stages according to the sterility investigation protocol. Depending on the established or confirmed intraoperative diagnosis, the therapeutic protocol was decided.

Conclusions: The investigation and treatment of sterility and infertility cases nowadays benefit from modern techniques, among which laparoscopic surgery is one of the most modern and technical performances.

Heterotopic pregnancy, difficult diagnosis – case report

*Dr. Fogarassy Attila, Prof. Dr. Craina Marius,
Prof. Dr. Anastasiu Doru, Dr. Todorut FLorina*

Abstract: Heterotopic pregnancy is defined as the coexistence of intrauterine and extrauterine gestation. The incidence of heterotopic pregnancy is very low. The frequency was originally estimated on theoretical basis to be 1 in 30,000 pregnancies. We present a rare case of heterotopic pregnancy with live intrauterine gestation and ruptured left adnexal gestation in a natural conception.

Case report: A 31-year-old woman with 7 weeks of gestation came in our clinic for emergency ultrasound scan of pelvis and chekup accusing intense pelvic pain that has started a few days ago. Transvaginal ultrasound revealed a large amount of free fluid in the peritoneal cavity with a live intrauterine gestation of about 7 weeks. A complex left adnexal mass was also noted. The Doppler study of left adnexal mass showed low resistance flow. Provisional diagnosis of a heterotopic pregnancy with ruptured left ectopic gestation was suggested in view of clinical history, large amount of free intraperitoneal fluid, and an intrauterine gestation. The patient underwent emergency laparoscopy. There was ruptured left-sided tubal pregnancy with hemoperitoneum and laparoscopic tubal surgery was performed (tubectomy); the intrauterine live gestation was allowed to continue. In this moment we have a 15 week old gestation with fisiologic developement.

Laparoscopic treatment of ovarian vein syndrome - case report

*Pirtea L, Pirtea M,, Sas I, Balta G, Balan L, Craciun G, Motoc A, Grigoras D
Umf Victor Babes Timișoara*

Ovarian vein syndrome is a very rare finding classified as a form of pelvic congestion syndrome. The most common clinical sign is abdominal persistent pain that has no other cause. The mechanism is represented by the dilatation of the ovarian veins that can cause compression on the ureters. The diagnosis is supported by imaging studies such as MRI, venography and Doppler ultrasound. It is presented a case of ovarian vein syndrome in a 38 years old patient referred to our clinic with persistent abdominal pain. Venography was performed and blood reflux in both ovarian vein was demonstrated. Both ovarian vein were dissected laparoscopically and occluded with metallic clips. The patient recovered well and reported significant improvement after surgery. Patient was reassessed 3 months after surgery and reported complete regression of abdominal pain.

Contents

Menopausal consequences of polycystic ovary syndrome	3
Thyroid pathology and sexuality in women	4
Impact of screening for preeclampsia on maternal morbidity and mortality. Low dose aspirin for prevention of preeclampsia	5
Should we include the liver in the general concept of maximal cytoreductive surgery for ovarian cancer?	7
Ultrasound in gynecologic oncology	8
Mitochondrial Dysfunction in High-Risk Pregnancies	9
Studiu comparativ al evolutiei starii pacientei dupa nasterea naturala versus cezariana	10
Elagolix a non-peptide Gonadotropin Releasing Hormone Antagonist for Fibroids with Heavy Menstrual Bleeding and Endometriosis Related Pain	11
Placental location after cesarean section importance of amniotic fluid in the growth and development of the fetus	15
Weight loss impact on hormonal and sexual balance in PCOS cases	16
Negative PARP immunohistochemistry as a predictor of platinum sensitivity in ovarian cancer	17
Health and life-styles	18
Nașterea pe uter cicatriceal	23

Vaginal delivery after Caesarean section	24
Surgical procedures in the female-to-male transsexualism	25
Fetal ovarian cyst following maternal birth control pills	26
Codificarea in obstetrica si ginecologie	27
Women's feedback on Intrauterine system releasing levonorgestrel for contraception purpose	28
Incidence and management of fibroids during pregnancy – our department experience	29
Cervical Cancer – long term analysis on Public Health indicators	30
Twin Pregnancy with Neural Tube Defects and Twin-to-twin Transfusion Syndrome-Case Report	31
Manipulation maneuvers during vaginal delivery in case of breech presentation	33
Ureteral lesions during abdominal hysterectomy	34
Severe materno-fetal disoimmunization: A case report	35
Newborn from mother with cytomegalovirus in pregnancy: risks and recommandations	36
Pregnancy and sexuality	37
Sustained weight loss impact on body image – connections with sexual satisfaction in obese women	38
Role of elastography in apparent benign breast tumor lesions	39
Fertility and menstrual outcome after hysteroscopic myomectomy for submucous myoma	41
Trachelectomia radicala in tratamentul cancerului de col uterin case report	42

The place of vaginal Hysterectomy in the treatment of uterine prolapse a matter of controversy tailored therapy in cervical cancer and quality of life	43
Menopause - Sexual Relationship: a determining factor in the quality of life of a woman of the third age	45
Maternal Haematological Parameters and Placental and Umbilical Cord Histopathology in Intrauterine Growth Restriction	46
Relația menopauză- viața sexuală: factor determinant al calității vieții femeii de vârsta a III-a	47
Reaction to Serotonin and Ketanserin in umbilical and placental vessels in IUGR and control pregnancies	49
Prevalenta anticorpilor anti-tiroideni la gravide cu sarcina necomplicata si nastere la termen	50
Prevalence of anti-thyroid antibodies in pregnant women with uncomplicated pregnancy and term delivery	51
Genital malignancies mortality analysis in Arad County	53
Preeclampsia and Homeostatic model assessment (HOMA) - comparison between preeclampsia and nonpreeclampsia pregnant women	54
Inflammatory markers in term and preterm birth - preliminary study Cesarean section in Emergency County Hospital Deva - An analysis during 2006 - 2017	56
Sirenomelia - a case report of a twin pregnancy with discordant twins	58
Managementul sarcinii cu angioedem	59
Conduita in sarcina cu vasa praevia	60
Iniiencephaly- A severe congenital malformation - Case presenation	61
Influenta avortului la cerere asupra psihosomaticii femeii	62

Evoluția maternă și perinatală a cazurilor de naștere prematură - studiu retrospectiv	63
Gynecologic laparoscopic surgery in obese patients: difficulties and tricks	65
Laparoscopic surgery in the diagnosis and treatment of female sterility	66
Heterotopic pregnancy, difficult diagnosis - case report	67
Laparoscopic treatment of ovarian vein syndrome - case report	68

STORZ
KARL STORZ — ENDOSKOPE
THE DIAMOND STANDARD

FERRING
PHARMACEUTICALS

MERCK

Solartium
Innovation in Healthcare

BOCLINICA
ANALIZE MEDICALE



REGINA MARIA
BANCA CENTRALĂ DE CELULE STEM

Ascendis HEALTH
Wellness



GEDEON RICHTER

VIFOR PHARMA

BAYER
Bayer

Lifeline
Bancă de celule stem și țesut

LABORATOIRE INNOTECH INTERNATIONAL

MARMOSIM
TRADITION IN STON

TEVA

TEVA PHARMACEUTICALS LTD

Sun Wave Pharma
Making Tomorrow Healthier

SECOM



synevo
SERVICII MEDICALE DE LABORATOR



ANGELINI

A&D Pharma

STEM LIFE S.A. euromedics CRYO BANK

SAMSUNG SMG ULTRASOUND
REPREZENTANT AUTORIZAT SAMSUNG MEDISON

Biogenis
FamiCord Group
Banca de celule stem

Dr.Reddy's





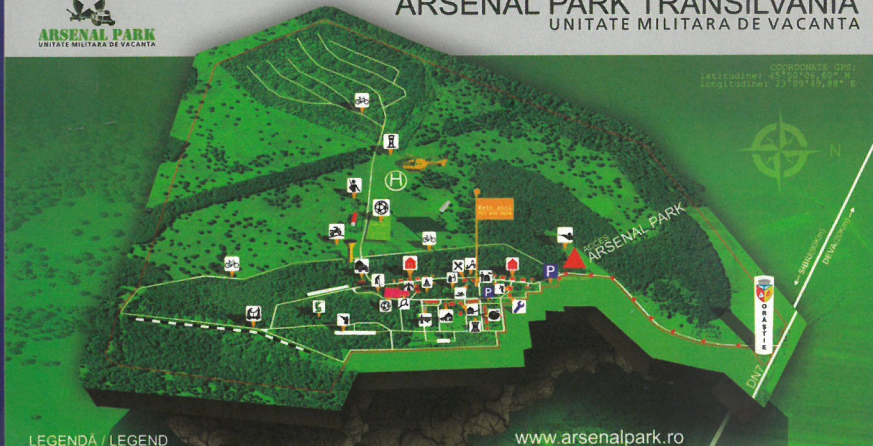
ARSENAL PARK

HOTEL & ADVENTURE PARK



ARSENAL PARK TRANSILVANIA

UNITATE MILITARA DE VACANTA



COORDONATE GEO:
latitudine: 45°22'N, 46° N
longitudine: 24°59'10,38" E

LEGENDĂ / LEGEND

www.arsenalpark.ro



ARTPRESS
EDITURĂ ȘI TIPOGRAFIE

www.artpress.com.ro

ISBN 978-973-108-779-5