



**Egon and Ann
Diczfalusy Foundation**
for Supporting Research in
Reproductive Health

15th Annual Meeting With a
**DICZFALUSY AWARD
LECTURE SYMPOSIUM**

26-28 October 2023,
Novi Sad, Serbia



Book of
ABSTRACTS



Empowered by
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In collaboration with: University of Novi Sad, University Clinical Center of Vojvodina,
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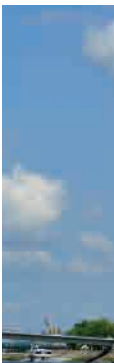
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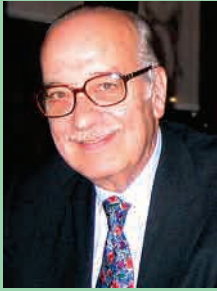
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**Professor
Giuseppe Benagiano**
president of the
Foundation

Dear Participant,

Welcome to the fifteenth conference of the Egon and Ann Diczfalusy Foundation.

I hope you will enjoy the scientific programme that has been created for you by a dedicated group who selected topics that – I am sure – will be of interest to each one of you.

This meeting is taking place after a three-year-long interruption as a consequence of the pandemic and the difficulties that followed.

During these years the Foundation continued to be as active as possible, reorganising its website and starting a series of webinars on topics of great value to obstetricians-gynaecologists. If you visit our site: [www.https://diczfalusyfoundation.org/](https://diczfalusyfoundation.org/) you will have a full picture of the activities carried out by the Foundation.

We need to thank Professor Tihomir Vejnović and his collaborators for putting together an intensive, comprehensive, and interesting programme that, I am sure, will be followed by all participants from the beginning to the end.

The Foundation has passed the 15th year of its existence and wants to move-on in its effort to realise the objectives put forward by his founder. Back at the beginning of 2007, when we were trying to organize a lasting legacy for Professor Egon Diczfalusy's work and the first of these meetings, I mentioned to him that the goal should be: "come and celebrate Egon: Therefore, those who come should be interested in celebrating you and contribute (in whatever way) to the creation of the Foundation".

This is why on the first meeting we established a "Diczfalusy Lecture cum Prize and Medal", and a "brainstorming session to foster the cause of the Foundation, soliciting ideas (a Foundation without a Vision and a Mission, simply does not make sense!), format and money". With this aim in mind, we invited two categories of people: Friends who wish to celebrate Egon Diczfalusy; scientists interested in promoting research in the Eastern part of Europe.

This first meeting took place in Szeged with the participation of Robert G. Edwards who, a few years later, would be honoured with the Nobel Prize for Medicine and Biology for making in vitro fertilisation a reality. The meeting was a success and provided the inspiration for the foundation's work.

Over the following years, our meetings named "DAL" (took place in a number of locations and countries: Arad, Belgrade, Budapest, Novi Sad, Oradea, Orastie, Prague, Stockholm, Szeged).

Before concluding my welcome, I would like to remind all of you that the scope of the foundation, as set-up in the Constitution, is: "Supporting scientific work conducted in the field of improving reproductive health, recognising scientific results achieved so far; launching new research programmes; supporting the exchange of junior scientists; promoting and supporting lectures and publications on the subject of reproductive health; organising scientific events.

Over the years, we have tried to accomplish all these goals, with varying degrees of success, but always bearing in mind the target set by our founder and mentor.

I wish to welcome all of you to Novi Sad: this is the second time that a DAL is organized in this beautiful city, a living testimony of our host, Professor Vejnović, dedication to the Foundation.

Enjoy the event.

A handwritten signature in blue ink, which appears to read "Giuseppe Benagiano". The signature is fluid and cursive.

Professor Giuseppe Benagiano
president of the Foundation



Professor Bártfai György
honorary president

Greetings!

Next year, the Foundation will enter its 18th year and come of age. The past decade and a half has been a success story, even if sometimes there have been a few minor 'Childhood disease'. Along with the current one, we are organizing the 15th scientific conference. Even during the COVID pandemic, we held a congress online and most of the webinars were successful.

I myself resigned from the presidency after a decade and a half of service. The Board of Trustees has been renewed and there is every hope that the vision of the founder Professor Egon Diczfalusy - which is detailed in the objectives chapter of the Statute of the Foundation - will continue to be implemented at a high level.

For this work, I wish the newly established Board of Trustees much success and fruitful scientific discussion at the 15th congress.

Prof. emeritus György Bártfai
One of the honorary presidents



Professor Tihomir Vejnović
vice president of the
Foundation,
president of the
Organizing Committee
of DAL15

Honorary board members, dear colleagues, ladies and gentlemen, In October 2015, we gathered for the 9th Diczfalusy Award Lecture Symposium right here, as we celebrated Professor Egon's 95th birthday.

In our collaborative publication, "Mankind in Search of Humankind or: Tomorrow Will Be Different," Professor Egon eloquently expressed the idea that there will always be a tomorrow, but each new day will bring unforeseen changes beyond our imagination.

Now, after eight years, we've gathered for the 15th DAL, aiming to carry on the esteemed traditions of the Diczfalusy Foundation. Thanks to the exceptional leadership of the Diczfalusy Foundation, we have successfully advanced in the direction envisioned by Professor Egon, emphasizing the preservation of reproductive health.

This emphasis on preserving the essence of humanity within our species provides us with the motivation to continue our systematic scientific research and maintain a professional commitment to our field. For the first time in our program, we have set up a multi-discipline session where experts from different medical fields are coming together. We've also undertaken the admirable mission of educating young professionals through four workshops and a masterclass focusing on cesarean section, minimally invasive surgery, 3D and 4D ultrasound, and sign language.

We take great pride in the fact that the Diczfalusy Symposium has retained its international character, thanks to the invaluable contributions of our respected experts and friends from over 10 countries worldwide.

We aim to facilitate the publication of the top five posters from this session in an international journal, thanks to the efforts of our current journal editor and President, Professor Dr. Bartfai.

I view this symposium as a broad international dialogue in the service of medicine, humanity, and friendship. I extend my sincere gratitude to everyone involved in the organization of this event, our esteemed sponsors, and, in particular, to the Assembly of Autonomous Province of Vojvodina.

In the words of the wise: "Don't go in front of me; I might not be able to follow you. Don't go behind me; I might not be able to lead you. Instead, walk alongside me, and remain my friend forever."

prof. dr Tihomir Vejnović
President of the Organizing Committee



ABSTRACTS

of Lectures



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

MODERN BIOLOGY AND HUMAN PARTHENOGENESIS: THE MYSTERY OF THE BIRTH OF CHRIST.

Author: Giuseppe Benagiano

Affiliation: Faculty of Medicine and Surgery, Sapienza, University of Rome & Geneva Foundation for medical Education and Research

Background: In the Christian tradition, Jesus was born by a virgin mother, a 'double miracle' involving both parthenogenesis and sex reversal. Modern technological advances, have opened new horizons to investigate whether a mechanism may exist through which parthenogenic pregnancy and sex reversal can be achieved in humans.

Results: The scientific analysis of the greatest of all events described in the New Testament, the one recounted by the Gospel of John with the words: 'and the word became flesh', led to the conclusion that the reason for searching for possible mechanisms leading to the virginal birth of Christ is not to suggest that God necessarily used any of them, but simply to point out that apparent scientific difficulty should not determine the acceptability of a theological concept. A «miracle» per se does not imply bypassing a biological or physical law; therefore, in theory, it is possible to analyze mechanisms that might be involved in the miraculous birth of Christ, for which two phenomena need to be analyzed: Human parthenogenesis & phenotypic sex-reversal.

As for the first mechanism, a very complex technique, "tetraploid complementation", might in theory be utilised. It involves the creation, through sexual reproduction, of normal diploid embryos, who are then fused to produce a non-vital tetraploid embryo necessary to furnish the extra-embryonic structures (e.g. Placenta and amnios) needed for the progression of the development of an embryo created from "induced Pluripotent Stem cells".

For the second mechanism it has been proven that, ectopic expression of Sox9 gene in the gonad of XX mice leads to a complete female to male sex reversal and a human family has been found in which a similar phenomenon has occurred.

Conclusion: At present, no biological mechanism has been identified capable of producing a parthenogenetic offspring in homo sapiens.

Keywords: Parthenogenesis, sex reversal, virgin mother, tetraploid complementation



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DAL15, Novi Sad 26-28 October 2023

NATURAL ORIFICE SURGERY (NOS) - THE EMERGING SURGICAL DISCIPLINE

Authors: Michael Stark

Affiliation: 1 The New European Surgical Academy, Berlin, Germany

Background: The first "Natural Orifice Surgery" working group in Europe, with leading gynecologists and surgeons from different countries, was established in 2006 by the New European Surgical Academy in order to develop efficient scarless surgical procedures. The different developing stages, as well as difficulties next to successes, are presented.

Material and Methods: Anatomical and pre-clinical studies concerning the feasibility of the Trans Douglas and Trans Oral operations were performed at the University Hospital of Rotterdam. It was shown that the Douglas Pouch in women enables the use of instruments up to 25mm in diameter without causing any damage. The sub-lingual approach to the Thyroid proved to be possible with no difficulties. The first clinical studies were done. As designed instruments are still not available, the Trans Douglas surgeries are still done as hybrid operations, however, the Trans Oral Thyroidectomy is already widely in use by endoscopy or robotically.

Results: There are already over 400 hybrids Trans-Douglas Cholecystectomies done. The conversion rate to endoscopy is less than 1%. The method is as successful as the conventional endoscopic cholecystectomy and might become a routine in women. There are already over 300 publications from different countries about Trans Oral Thyroidectomy complications such as CO₂ embolism, transient perioral numbness, hypoparathyroidism, and vocal cord palsy. Designed surgical instruments are still needed, but this approach is feasible and comparable to conventional procedures in highly selected patients.

Conclusion: Scarless operations (Natural Orifice Surgeries) is a promising discipline to be used in general, gynecological and endocrinological surgeries, and it is expected that this emerging discipline will enable safe and efficient procedures with lower morbidity, less need for analgesics, and less infections.

Keywords: natural orifice, surgery



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DAL15, Novi Sad 26-28 October 2023

DIFFICULTY BREATHING AT BIRTH. CAUSES AND THERAPEUTIC OPTIONS

Authors: Rajko Jović, Ksenija Samac, Mladen Bogdanović

Affiliation: Clinic for Otorhinolaryngology and Head and Neck Surgery, Clinical Center of Vojvodina,
University of Novi Sad, Faculty of Medicine

Background: The task of the gynecologist is to deliver the baby, and the task of the entire other medical team is to detect possible respiratory disorders and undertake adequate and timely treatment. Clinically, it is extremely difficult to recognize and separate upper from lower airway obstruction.

The aim of the paper is to present the results of diagnosis and treatment of various pathological conditions in the upper respiratory tract that cause respiratory obstruction in children at birth and in the later postpartum period.

Material and Methods: Various clinical conditions of respiratory obstruction in newborns and children diagnosed and treated at the Clinic in the period from 2000 to 2022 were analyzed and presented. All organic obstructions of the respiratory tract are manifested immediately at birth, while some organic and functional disorders appear later in life.

Results: The earliest threatening respiratory obstruction was established intrauterinely during regular ultrasound monitoring of pregnancy. The biggest problem of organic obstructions manifests itself at birth in the form of the absence of the first cry, which if it occurs is hoarse, difficult breathing with a drop in oxygen saturation. First aid consists of mask ventilation or emergency intubation of the child, which requires a skilled and experienced anesthesia team. Persistence of complaints indicates more severe airway obstruction and requires an accelerated diagnostic procedure in the form of videolaryngotracheobronchoscopy with a flexible bronchoscope and additional CT and MR diagnostics. If everything undertaken does not produce results, tracheostomy and subsequent diagnosis and treatment of the cause of the obstruction are indicated.

Conclusion: Different etiological causes of laryngotracheal stenoses are treated with different surgical techniques depending on localization, type and severity of obstruction. Apart from severe congenital anomalies incompatible with life, no early or late postoperative mortality was registered in children with respiratory obstructions of various causes.

Keywords: newborn, difficulty breathing, trachea, larynx, stridor



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HEAVY MENSTRUAL BLEEDING: ETIOLOGY AND THERAPY

Authors: David F. Archer, MD

Affiliation: Department of Obstetrics and Gynecology, Eastern Virginia Medical School, Norfolk, Virginia, USA

Background: Heavy menstrual bleeding (HMB) results in 30% of physician visits. HMB is associated with uterine fibroids in 30% of women. Current medical treatments can control the excessive bleeding but hormonal methods such as combination oral contraceptives, oral gonadotropin releasing hormone antagonists with add back and progestin releasing intrauterine devices result in reversible infertility. The etiology of HMB is unknown but there are both physical associations such as fibroids, polyp, endometriosis or hemostasis deficiencies such as von willibrand factor deficiency and idiopathic in many cases. Our group has focused on the endometrial plasminogen activator system and prostaglandin E2 since both compounds are elevated in women with HMB compared to normal menstrual bleeding (NMB). Increased tissue plasminogen activator results in increased fibrinolysis and excessive blood loss from ruptured blood vessels at menstruation.

Material and Methods: We used human endometrial endothelial cells isolated from women with normal and heavy menstrual bleeding. These cells were stimulated with prostaglandin E2 (PGE2) in vitro. Tissue plasminogen activator (TPA) and plasminogen activator inhibitor -1 (PAI-1/SERPIN1) were estimated using specific ELISA assays.

Results: PGE2 did not increase TPA in the endothelial cells from normal and heavy menstrual bleeders. SERPIN1 was increased in NMB but failed to respond in HMB.

Conclusion: Failure of SERPIN1 response results in excess TPA and increased fibrinolysis

Keywords: Prostaglandin E2, tissue plasminogen activator, plasminogen activator inhibitor-1, fibrinolysis, endothelial cells



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PARASITIC DISEASES IN PREGNANCY, SERBIA

Authors: Dušan Lalošević¹, Vesna Lalošević²

Affiliation: ¹University of Novi Sad, Faculty of Medicine, Novi Sad, Serbia

²University of Novi Sad, Faculty of Agriculture, Novi Sad, Serbia

Background: Many old parasitic diseases disappear in Serbia and only some helminthoses like toxocarosis and protozoan infections like toxoplasmosis persisted up-to-date. Research on toxoplasmosis were started in 1980 year under leadership of professor Tibor Lepes, expert of WHO, at the Institute of Public Health in Novi Sad and this presentation we give in his memory. Infection in pregnancy can lead transplacental transmission from acutely infected mother to the fetus, which can either result in fetal death or damage of central nervous system and eye disease, affecting the child throughout its life time. In this paper we presented some unusual cases of active toxoplasmosis and leishmaniasis transmitted to newborns and some new epidemiological data about *Toxoplasma gondii* most significant foodborne pathogens nowadays and consumption of raw or undercooked pig meat is the important source of human infections.

Material and Methods: We presented part of serological and molecular investigation of *Toxoplasma gondii* natural infected pigs from extensive production farms at Northern part of Serbia. Also, clinical examination of suspected patients, pregnant women, and their newborns, will be presented.

Results: In our investigation the overall seroprevalence of *Toxoplasma* in pig population was 17%, and 4,9% meat samples were positive on PCR and 4,4% positive in mice bioassay. Raw and especially smoked pig meat, widely used in Serbia of infection in pregnancy. Data from Serbian National Reference Laboratory of Toxoplasmosis showed that seroprevalence of toxoplasmosis in overall woman population in reproductive period before 1980's was 80% and now only 30%. It is increased risk for pregnancy of nonimmunised women and potentially transmitted toxoplasmosis on their babies.

Other infections in pregnant women in Serbia are rare and for many years prevented by TORCH panel of serological analyzes. But, some very rare infections like leishmaniasis, we found in one pregnant women, and, after delivery, in their newborn. Leishmaniasis and malaria are eradicated now in Serbia, but possibilities of imported infection exist.

Conclusion: Risk of parasitic infection in pregnancy in Serbia exists only for toxoplasmosis. Other infections are very rare.

Keywords: Toxoplasmosis, leishmaniasis, pregnancy, Serbia.



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PRENATAL CARE IN DEFAVORED COMMUNITIES – A TEN-YEAR OVERVIEW OF A ROMANIAN-SWEDISH COOPERATION

Authors: Furău Cristian^{1,2}, Furău Gheorghe^{1,2}, Britt-Marie Landgren³

Affiliation:

1 Western University “Vasile Goldis” of Arad, Romania

2 Emergency Clinical County Hospital of Arad, Romania

3 Karolinska Institute, Sweden

Abstract

The aim of this presentation is to show the results of a more than 10 years collaboration between Arad’s Clinic of Obstetrics and Gynecology, The Karolinska Institute and a grass root NGO working with disfavored communities and especially roma population- Networks Romania. The cooperation started in 2009 with the first approaches and designs of the collaboration being drawn at the initiative of Professors Egon Diczfalusy and Britt-Marie Landgren. The first patients that benefited from this project were recruited in 2011-2012 and since then more than 1500 were monitored according to the protocols agreed by the parties.

Solutions have been found to realize sustainability of the project and to cover the costs with preexisting possibilities and nowadays the project sets to extend to the entire Arad County- creating therefore a pilot for regional and national prenatal care projects in disfavored communities.



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CURRENT TRENDS OF INVOLVEMENT OF ARTIFICIAL INTELLIGENCE (AI) IN MEDICAL EDUCATION

Author: Ferenc Bari

Affiliation: University of Szeged, Department of Medical Physics and Informatics

The main challenges in medical education are the rapidly growing body of knowledge, limited human resources and time constraints. In this context, AI-enhanced education will play an increasingly important role. The involvement of AI in professional training for medical students offers several benefits, enhancing the education and preparation of future healthcare professionals.

In my talk, I will briefly outline the possibilities and benefits of AI for both students and teachers. I detail some of the key advantages for students like: **Personalized learning** (Since AI can adapt educational content to individual learning styles and paces, it provides personalized learning experiences. This ensures that each student can progress at their own speed, reinforcing weak areas and advancing in areas of strength.) **Realistic simulation** (AI-driven medical simulations offer lifelike scenarios, allowing students to practice clinical procedures, diagnosis, and decision-making in a safe and controlled environment. This hands-on experience can help build confidence and competence.) **Immediate feedback** (AI systems can provide instant feedback on assessments, quizzes, and practice cases, allowing students to identify and address their weaknesses in real-time. This feedback loop promotes rapid improvement.) Even now AI can **provide educators** with advanced teaching tools and resources, making it easier to convey complex medical concepts. These tools can include interactive simulations, 3D models, and virtual patient cases, enhancing the quality of instruction. AI can assist educators in staying up-to-date with the latest medical research and guidelines.

Medical practice involves not only scientific knowledge but also empathy, communication skills, and the ability to understand the patient's emotional and physical needs. Critics argue that excessive focus on AI may result in healthcare professionals who are less skilled in these interpersonal aspects of medicine. Promoting the involvement of AI in medical education requires a concerted effort from educational institutions, policymakers, healthcare organizations, and the AI community.



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PROJECT "TOWARD FIRST STEPS AND SIGNS"

DEAF PEOPLE IN THE HEARING HEALTHCARE SYSTEM

Authors: Nina Baranovski, Dajana Erceg

Affiliation: Association of Sign Language Interpreters and Translators – Novi Sad

„Toward first steps and signs“ is a name of a project that was designed to lessen the barriers in communication between deaf and hard of hearing mothers - who receive health care at the Clinic for Gynecology and Obstetrics, Clinical Center of Vojvodina - and the employees at the clinic. The general goal of the project is to improve the social position of deaf and hard of hearing women, making the environment more inclusive - through education and availability of information. Specifically, that was achieved through training sessions that consisted of basics of sign language and guidelines for communication with hearing-impaired persons. Doing so, a medical sign language dictionary was created in printed and video form, focusing on terms specific for context of childbirth. Training lasted for 15 hours of intensive work, including 15 employees of the maternity hospital in Novi Sad. Sign language educators were also court interpreters and professionals with many years of experience in this field, with the enthusiastic support and cooperation of Dr. Aleksandra Vejnović. Basic sign language classes were conducted with an emphasis on the practical part of the work. Real situations were also included, having deaf people visit the class and help the staff practise their communication more realistically. Lastly, we can conclude that the main effect of the project is reflected through higher sensibility of people working in health institutions, making it more approachable for people with disabilities. In a long run, this makes it quite important for local community, because this kind of project contributes to better interaction of hearing impaired persons with service providers, raising the quality of their lives and facilitating equity when it comes to preparation for such an important role in life - as becoming a mother is. The project is supported by the Provincial Secretariat for Health of the Autonomous Province of Vojvodina.



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HYSTEROSCOPIC COMPLICATIONS

Authors: Đorđe Ilić^{1,2}

- 1- Faculty of Medicine, University of Novi Sad
- 2- Clinic for Gynecology and Obstetrics, Clinical Center of Vojvodina

Hysteroscopy is considered a minor surgery that is generally safe and well tolerated. However, it can be associated with certain complications, especially in the case of operative hysteroscopy. These risks are more common with hysteroscopic procedures like adhesiolysis, myomectomy or septum resection. Most common complications occur during operations, and timely recognition and treatment are crucial for patient care. Trauma is a predominant complication, taking place in about 1-3% of all hysteroscopic procedures, and the majority of cases can be prevented by proper preoperative evaluation and adequate surgical technique. Although infrequent, postoperative difficulties such as infections and intrauterine adhesions are not to be neglected. As diagnostic and operative hysteroscopy take primacy in the management of uterine pathology, the importance of preventing, identifying and managing complications is of utmost importance. Continuous education and training, as well as proper indication and awareness of the limits of this approach are the keys to safe hysteroscopy. In the search for effective and safe minimally invasive procedures, transvaginal radiofrequency ablation of myomas showed to be a good alternative for treatment of type II and III myomas in certain cases. Advantages of myolysis include reduced morbidity - operating time, blood loss and length of hospital stay, preservation of the endometrial cavity and outpatient procedure.

Keywords: Hysteroscopy; Minor surgery; TRFAM



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MINIMAL INVASIVE SURGERY IN GYNECOLOGY: QUO VADIS?

Author: Pirtea Laurentiu 1

Affiliation: 1 University of Medicine and Pharmacy "Victor Babes" Timisoara

Background: Minimal invasive surgery is the modern approach in gynecological surgery. Most procedures excluding advanced ovarian cancer can be performed by laparoscopy.

Material and Methods: The presentation follows the course of minimally invasive surgery through the years and reviews with suggestive short movies the main gynecological procedures that can be performed laparoscopically. All movies are from the author's portfolio.

Conclusion: Minimally invasive surgery will gain even more ground and will include more technological advances in the future.

Keywords: laparoscopy.



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THE ROLE OF COMMUNICATION IN AVOIDING MALPRACTICE LAWSUITS IN THE DIGITAL WORLD

Authors: Serban-Dan Costa

Affiliation: Otto-von-Guericke Universität, Magdeburg, Germany

Background: The number of malpractice suits appears to increase worldwide. There is no doubt that healthcare has improved in the last decades resulting in higher volume and complexity of medical interventions. It is understandable, that patients expect successful treatments and no one can blame them for seeking legal remedies in cases of adverse events and/or injuries regardless of whether a medical error has occurred or not. Fact is that patients are increasingly more aware of their rights. While communication between patients has gained a new dimension due to the social media, the question is whether the patient-doctor communication has also improved. In the digital era patients have more access to medical informations than before, but valid informations are hard to find. After 30 years of consultant activity at law in malpractice suits I consider that failures in communication with patients count for at least some of the malpractice issues. Some of the communication skills can and should be taught in medical schools and in daily practice by peers, but some of these skills might be self-evident and difficult to convey. Written informed consents are widely used, but many physicians render them as „necessary evil“ or merely a bureaucratic act. Compassionate and empathic communication with patients are important especially in cases of adverse events after medical interventions. In the present paper some real-life cases are presented that had resultated in law suits and solutions to prevent law suits are proposed as well.

Conclusions: Attempts to improve communication with patients are mandatory, not only to avoid malpractice suits. Digital communication skills are needed and doctors have to be aware of their use and pitfalls.

Keywords: malpractice, doctor-patient communication, social media



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TRIAL OF LABOR AFTER CESAREAN (TOLAC) IN PRIMARY YOSEFTAL HOSPITAL MEDICAL CENTER AND IN SECONDARY MAYANEI HAYESHUA MEDICAL CENTER

Author: Avinoam Tzabari

Head of Emergency of Obstetrics & Gynecology Unit. Mayanei Hayeshua Medical Center. Affiliated to Medical Faculty Tel Aviv University. Israel

Emeritus Head of Department of Obstetrics & Gynecology Yoseftal Medical Center. Eilat, Israel.
NESA – New European Surgical Academy. Berlin. Germany.

Cesarean section (C/S) is a commonly performed obstetric operation worldwide, with rates varying by country and hospital setting. The World Health Organization recommends a C/S rate of no more than 15% and encourages the trial of labor after cesarean (TOLAC) to increase vaginal birth after cesarean (VBAC) rates. In Israel, the overall C/S rate is around 18-19%, with VBAC rates reaching 60% in some hospitals.

Two hospitals in Israel, Yoseftal and Mayanei Hayeshua, demonstrate the impact of different population types and medical team approaches on C/S and VBAC rates. Yoseftal Hospital, serving a mixed culture population, reduced their C/S rate from 25% to 18.5% and increased VBAC rates to 60% through a prospective cohort study utilizing a new model score for TOLAC. Mayanei Hayeshua Hospital, serving an extremely Orthodox population with a high motivation for vaginal delivery, has a very low C/S rate of 8% and VBAC rate of 80%.

This highlights the importance of individualized approaches and consideration of population and medical team factors in choosing a model scoring system for TOLAC to lower high C/S rates. Overall, the aim of the WHO to reduce C/S rates and increase VBAC rates can be achieved through targeted interventions and an understanding of unique population needs.



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SPECIFIC APPROACH TO PRETERM BIRTH PREVENTION

Author: Sergey Sinchikhin

Affiliation: Department of Obstetrics and Gynecology, Astrakhan State Medical University, Astrakhan, Russia

Background: Preterm birth is an actual and important medical and social problem. The objective of the study: to define the most common cause of preterm birth depending on its pathophysiological mechanisms.

Material and Methods: retrospective analysis of 6,850 case histories of preterm births that occurred among residents of one of the Russian regions over the past 10 years.

Results: In 94% of cases the main cause of preterm birth at 22-24 weeks of gestation is progressing cervical insufficiency. At the gestational age of 25-33 weeks, in 42% of cases preterm birth occurs due to inflammation caused by vaginal infection or dysbacteriosis, which leads to preterm rupture of membranes. Whereas in 47% of cases, preterm birth at 25-33 weeks of pregnancy is unpredictable with spontaneous onset. Induced preterm birth at 34-36 weeks of gestation in 78% of cases occurs due to deterioration of the fetus status due to the progression of placental insufficiency, complications of pregnancy or exacerbation of concomitant extragenital pathology in woman.

Conclusion: The identified causes of preterm birth depending on the gestational age should be considered in development and improvement of measures for its prevention.

Keywords: preterm birth, causes, gestational age



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DAL15, Novi Sad 26-28 October 2023

FETICIDE: LAST EXIT FOR DESPERATE PARENTS IN SELECTED SITUATIONS OR VIOLATION OF BASIC ETHICAL LAWS?

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As a concomitant of prenatal screening examinations termination of pregnancy has become a common practice after detection of severe fetal anomalies in most of the obstetric centers worldwide. After the 22 weeks of gestation live birth would become increasingly common and, when a decision has been reached to terminate the pregnancy for a fetal abnormality after 21+6 weeks, feticide should be routinely offered.

The legal situation in different european countries, questions of human dignity and religious considerations are discussed in contrast with freedom of choice between termination and continuation of pregnancy in cases of fetal malformations.

Keywords: Antenatal Screening, Abortion,Feticide, Human Dignity



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

ETHICAL ASPECTS OF PRENATAL DIAGNOSIS AND MANAGEMENT

IN A CASE OF UPPER LIMB ANOMALIES

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Background: Fetal limb malformations could be highlighted by ultrasound examination. Preaxial limb deficiencies can be suspected prenatally but can easily be missed or misdiagnosed, potentially having ethical consequences. Termination of pregnancy can have legal implications in certain situations. The aim of the study was to discuss legal aspects in the event of missing the prenatal diagnosis of upper limbs defects and option of interruption of the course of pregnancy case of upper limbs anomalies.

Material and Methods: We used the descriptive method, the observation method and the documents analysis method, in order to present all the aspects related to the proposed objectives.

Results and Discussions: We present a case of a woman in her first pregnancy who presented herself to the emergency service for acute severe lower abdominal pain. The ultrasound examination revealed a 17-week pregnancy in progress and described a left upper limb malformation, with a shorter humerus than the right, the absence of one bone of the forearm and a shorter one, small hand, and oligodactyly. The pregnancy ended with spontaneous abortion. The study presents discussions about the possibility of misdiagnosis of malformations in pregnancy and the legal involvement in the two imagined situations - the first when the malformation is identified only at birth and the second when it is identified at a gestational age that is not legally allowed pregnancy termination.

Conclusion: The ultrasonographic examination must be performed according to the guidelines developed by specialized societies agreed upon by the medical community from the region. It is recommended that the doctor knows the applicable medical legislation in these cases.

Keywords: ultrasound, fetal anomaly, limb, abortion, ethics



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

CHORIOAMNIONITIS AND PLACENTAL HISTOLOGY

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Clinical chorioamnionitis is defined by the infection and inflammation of the intrauterine structures including the placenta, the membranes, the amniotic fluid and consequently the fetus. Besides chorioamnionitis as a clinical entity, histologic chorioamnionitis is also well known and by pathologists a widely used diagnosis to describe the typical inflammation with or without clinical and microbiologic findings associated with acute infection. Recently, the clinical and/or histologic chorioamnionitis was suggested to be replaced by a new term “triple I” to address the heterogeneity of the clinical and histologic processes. “Triple I” stands for infection or inflammation or both of the intrauterine environment. In cases of bacteriologic invasion of the decidua, the chorionic membrane, or the amniotic cavity, both maternal and fetal immune response is activated and leads to leukocytic infiltration of the space between the chorionic and amniotic layer of the fetal membranes, the wall of the vessels of the chorionic plate and those of the umbilical cord, and the Wharton jelly. The presence of characteristic histological findings can thoroughly be examined postpartum in the placenta of pregnant women with suspected or definite clinical chorioamnionitis with or without overt clinical symptoms and signs. By now, chorioamnionitis can be staged and graded by the intensity of the acute inflammatory process at a particular anatomic site including the placenta and the umbilical cord. In many cases, histopathologic evaluation of the placenta might aid in the appropriate management of the neonate, to provide information for the future pregnancy or give an answer for an unforeseen adverse neonatal status in the early life of the newborn.



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DAL15, Novi Sad 26-28 October 2023

SELECTIVE FETAL GROWTH RESTRICTION AS COMMON COMPLICATION OF MONOCHORIONIC TWINS PREGNANCIES (CLINICAL EXPERIENCE OF NIZHNY NOVGOROD REGION)

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Background: Monochorionic twins pregnancy is an extremely high-risk pregnancy, its management is a constant assessment of the presence of possible specific complications and selective fetal growth restriction (sFGR) - is most common complications of monochorionic twins (more of 20%).

Material and Methods: During the period from 2020 to the first half of 2022, 74 pregnant women with monochorionic twins were observed in Perinatal Centre of Nizhny Novgorod region of these 38% were diagnosed with sFGR

Results: Of all MCDA pregnancies with sFGR divided to type 1 – 50%, type 2 – 28%, type 3 – 22%. Delivery monochorionic twins with sFGR type 1 were 33–36 weeks, 2 (14%) patients gave birth through the natural birth, the remaining 86% were delivered by elective cesarean section. There were no perinatal losses. The incidence of respiratory disorders and neurological deficits is minimal. Delivery MCDA with sFGR 2 and 3 type to the high risk of fetal death at 30–32 weeks. The course of pregnancy with FGR types 2 and 3 can be unpredictable and is characterized by worse perinatal outcomes: prevalence of respiratory disorders at birth - 33% and subsequent neurological deficits 38%.

Conclusion: sFGR type 1 in MCDA twins with proper management and observation does not lead to a significant deterioration in perinatal outcomes compared to uncomplicated MCDA twins. sFGR types 2 and 3 require intensive outpatient or even inpatient monitoring and are accompanied by a high percentage of adverse perinatal outcomes. Compliance with the ultrasound screening algorithm during MCDA twin pregnancy management allows for timely diagnosis of possible complications.

Keywords: monochorionic twins, selective fetal growth restriction, sFGR.



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DAL15, Novi Sad 26-28 October 2023

**PRENATAL DIAGNOSTICS AND THERAPY AT THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY,
UNIVERSITY OF PÉCS, MEDICAL SCHOOL**

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Background: The author is reviewing the development of genetic counseling, prenatal diagnostics and therapy at the University of Pécs, School of Medicine, Department of Obstetrics and Gynecology.

Material and Methods: At the beginning of 1981 the number of patients of genetic counseling was 300, and this number increased to 3956 in 2013, although it was 1802 in 2022. At the Clinic, invasive diagnostic and non-invasive screening methods are also available for the evaluation of chromosomal aneuploidies. It is possible to perform intrauterine therapeutic modalities as well as twin-to-twin transfusion treatment, intrauterine intramuscular fetal steroid injection, and amnio-infusion therapy. With the introduction of fetal echocardiography, the efficiency of heart malformation screenings has been more effective.

Results: 23026 aneuploidy biochemical screening was performed between 2009 and 2023, from that 803 cases showed an elevated risk for aneuploidies (cut-off>1:250). Between 2014-2023 1909 non-invasive prenatal test (NIPT) were performed, 51 showed abnormal result. In the 2009-2022 timeperiod, 3099 amniocentesis, 77 chorionic villus sampling and 8 chordocentesis were carried out. Between the years 2009-2022 38000 patients received genetic counseling.

Conclusion: Cell free fetal DNA measurement provides a highly sensitive method for screening fetal chromosomal abnormalities. Introducing these methods in the daily practice, the number of invasive procedures significantly declined. Molecular genetic methods are available for the diagnostics of monogenic diseases. The author pointed out the importance of fetopathological examinations.

Keywords: genetic counseling, prenatal diagnostics, invasive investigations, screening of chromosomal abnormalities, intrauterine therapy



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

PHYSIOLOGICAL ROLE AND CLINICAL IMPLICATIONS OF PROGESTERONE

Authors:

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Background: The most recent studies of progesterone research provide remarkable insights into the physiological role and clinical importance of this hormone.. Based on current findings, progesterone and novel progesterone-based drugs have many important functions, including contraception, treatment of dysfunctional uterine bleeding, immune response, and prevention of cancer. Follicular fluid is a key biochemical environment for oocyte development. The potential effect of follicular progesterone level on successful fertilization is a subject of debate, and so the aim of this study was to provide a summary of the currently available evidence on the association between follicular fluid progesterone level and fertilization outcome.

Material and Methods: To do so, a systematic review and a meta-analysis were performed, with the literature searches being conducted in three databases (PubMed, Embase and the Cochrane Library) to identify all relevant studies published up to 19 August 2017. Data were available from 13 studies (four intracytoplasmic sperm injection [ICSI] and nine conventional IVF) and 1009 individually aspirated follicular fluid samples were included in the analysis.

Results: The progesterone levels in follicular fluid were significantly higher in normal fertilization than in failed fertilization, both in conventional IVF (33% difference, $P < 0.001$) and ICSI (34% difference, $P = 0.004$). Although these data show that fertilized oocytes are derived from follicles with higher levels of progesterone, the results must be interpreted with caution, because of various progesterone measurement methods and different treatment protocols and it is too early to state that follicular fluid progesterone level could be considered as a marker for oocyte quality.

Conclusion: Considering the above, reproduction and life are not possible without progesterone; thus, a better understanding of this essential molecule could enable safe and effective use of this hormone in many clinical conditions.

Keywords: in vitro fertilization (IVF); intracytoplasmic sperm injection (ICSI); progesterone; progestins; progestogens; steroid.



ABSTRACTS

of Posters



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DAL15, Novi Sad 26-28 October 2023

POSSIBLE MECHANISMS OF FETAL RECOGNITION BY MATERNAL $\gamma\delta$ T CELLS

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Background: During pregnancy, the maternal immune system faces the dual challenge of facilitating the growth of the developing placenta while maintaining effective defense against pathogens and malignancies. The distinctive HLA signature of the trophoblast plays a crucial role in this physiological process. While HLA molecules are absent from the surface of the syncytiotrophoblast, the extravillous trophoblast stands as the sole tissue known to express HLA-G under normal circumstances. Gamma/delta T cells are specialized in patrolling and safeguarding mucosal tissues. Alongside the extensively studied decidual NK cells, decidual $\gamma\delta$ T cells are believed to play vital roles at this dynamic maternal-fetal interface.

Material and Methods: We employed two flow cytometry panels for non-classical HLA receptor profiling. We also conducted co-culturing experiments using $\gamma\delta$ T cells isolated from the decidua to investigate the effects of HLA-E or HLA-G1m. Subsequently, we examined the supernatants from these cell culture experiments to assess the presence of angiogenic factors and cytotoxic mediators using bead-based arrays.

Results: Our study shows that specific receptors, namely NKG2C, NKG2A, ILT2, and KIR2DL4, which bind to HLA-E and HLA-G, are expressed by decidual $\gamma\delta$ T cells. Decidual $\gamma\delta$ T cells have a unique secretion profile, including G-CSF or Granulysin. However, the presence of the studied HLA molecules did not affect the secretion of the investigated mediators.

Conclusion: Decidual $\gamma\delta$ T cells have a receptor profile that enables them to recognize the non-classical HLA class I molecules expressed by the extravillous trophoblast. Additionally, they produce cytokines and cytotoxic mediators, suggesting that they play a role in placental growth and defense against pathogens.

Keywords: Reproductive Immunology, Embryo Implantation, HLA-G, HLA-E, gamma/delta T cells



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DAL15, Novi Sad 26-28 October 2023

B CELLS FROM ANTI-THYROID ANTIBODY POSITIVE, INFERTILE WOMEN SHOW HYPER-REACTIVITY TO BCR STIMULATION

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Background: Anti-thyroid antibody (ATA) positivity affects 1 out of 9 women in childbearing age and presents a significant risk for infertility. Emerging evidence indicates that alterations in the B cell receptor induced calcium (Ca²⁺) signaling could be key in the development of autoimmunity. The functional alterations of B cell subsets have never been investigated in HT before. We hypothesized that altered BCR signaling could play a role in thyroid autoimmunity and related infertility.

Material and Methods:

Therefore, we have developed a flow cytometry method which enables the monitoring of the BCR ligation induced Ca²⁺ flux in the selected peripheral blood B lymphocyte subsets simultaneously. Utilizing this method we investigated the Ca²⁺ flux response of B lymphocyte subsets to BCR stimulation in Hashimoto's thyroiditis and related infertility. We also aimed to assess the effect of levothyroxine on the Ca²⁺ flux kinetics of B cells by sampling hypothyroid patients before and after treatment. We collected peripheral blood samples from ATA+, infertile, euthyroid patients (HIE), hypothyroid, ATA+ patients before (H1) and after levothyroxine treatment (H2), and age-matched healthy controls (HC).

Results:

All B cell subsets of ATA+, infertile, euthyroid patients showed elevated basal Ca²⁺ level and hyper-responsivity to BCR ligation compared to the other groups, which could reflect altered systemic immune function. The Ca²⁺ flux of hypothyroid patients was similar to healthy controls. The levothyroxine-treated patients had decreased prevalence of CD25+ B cells and lower basal Ca²⁺ level compared to pre-treatment.

Conclusion:

Our results support the role of altered Ca²⁺ flux of B cells in the early phase of thyroid autoimmunity and infertility.

Keywords: Hashimoto's thyroiditis, anti-thyroid antibodies, infertility, levothyroxine, B lymphocytes, calcium flux, B cell receptor-hyperresponsivity.



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DAL15, Novi Sad 26-28 October 2023

CHANGES IN SERUM AMH AND LIVEBIRTH RATE AFTER ENDOMETRIOMA STRIPPING SURGERY

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Background: To investigate the ovarian reserve in women with endometrioma ≥ 4 cm before and after laparoscopic endometrioma „stripping“ surgery using bipolar current to achieve hemostasis and livebirth rate in women wishing to conceive

Material and Methods: This prospective cohort study was conducted in the General Hospital, Subotica, Serbia, from February 2013. to November 2016. Study included 37 patients ($n=37$) with unilat and 17 patients ($n=17$) with bilat. endometriomas The ovarian reserve was determined by measuring serum levels of AMH, FSH and Estradiol before, as well as 6 and 12 months after endometrioma cystectomy. Patients: Study included 54 patients of reproductive age from 18 - 42 years of age, with regular menstrual periods ranging from 25 to 35 days.

Results: The results of our study showed significant decrease in serum AMH level 6 ($p<0.001$) and 12 months ($p<0.001$) after laparoscopic cystectomy. Laparoscopic cystectomy of endometrioma led to a decrease in the serum AMH level and ovarian reserve by $-53.27 \pm 38.2\%$ i $49.43 \pm 38.3\%$ 6 and 12 months after the surgery. We determined live birth rate in women wishing to conceive. 31 women (57.4%) (out of 54 who were operated) were interested in achieving pregnancy. 22 (70.96%) women (out of 31) became pregnant and gave birth to a live baby, of which 15 (48.38%) women became pregnant spontaneously and 6 (19.35%) by IVF.

Conclusion: Based on the results of our study, we concluded that laparoscopic endometrioma stripping surgery leads to unwanted and inevitable damage to the ovarian reserve in patiens with unilateral and bilateral endometriomas. The decrease in ovarian reserve occurs immediately after surgery. Significant predictors of serum AMH levels 6 and 12 months after surgery include the baseline serum AMH level, patient age, and bilateral endometriomas. These findings must be considered when treating older patients or patients with bil endometriomas who are interested in preserving their fertility.

Keywords: Endometrioma, laparoscopy, ovarian reserve, antimullerian hormone.



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DAL15, Novi Sad 26-28 October 2023

PREVALENCE AND RISK FACTORS FOR PERIPARTUM DEPRESSION. EVIDENCE FROM A POST-CONFLICT AREA

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Background: Peripartum depression is a serious illness that is under-researched and often undiagnosed. The first symptoms of this condition must appear during pregnancy or in the first four weeks after childbirth. Risk factors can be psychological, obstetric, biological and social. The aim of this work was to examine the influence of sociodemographic and obstetrical parameters on the onset of postpartum depression in post-conflict area.

Material and Methods: A cross-sectional study as a pilot study was conducted at the Gynecology and Obstetrics Department of the Kosovska Mitrovica Clinical Hospital Center over a period of six months. The study included all mothers who completed a sociodemographic questionnaire and the Edinburgh postpartum depression scale EPDS scale one month after giving birth. An EPDS scale score ≥ 12 represents a cut-off value for a potential diagnosis of depression.

Results: The study included 126 pregnant women (18-37 years old, mean value 25). 24 patients (19.04%) had an EPDS score ≥ 12 . The obtained probability ratios indicate that patients younger than 25 years, who live in a community with extended family and who do not have satisfactory support from their partners and women who changed their place of residence due to the political situation have more frequent symptoms of postpartum depression. On the other hand, if the pregnancy was normal and there are no neonatal complications, as well as if the patient is breastfeeding, postpartum depression is less common.

Conclusion: Peripartum depression, due to possible medical complications as well as worse quality of life, has a direct negative effect on the mother, on the physical and psychological health of the newborn, but also on the dysfunctionality of the whole family, and it is necessary to recognize and treat it in time.

Keywords: peripartum depression, postpartum depression, Edinburgh postpartum depression scale



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DAL15, Novi Sad 26-28 October 2023

ECTOPIC PREGNANCY- A RETROSPECTIVE STUDY ON FREQUENCY, LOCATION, TREATMENT MODALITIES AND OUTCOMES

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Background: Ectopic pregnancy (EP) is a pregnancy complication that can be accompanied by high morbidity and mortality rates. It involves implantation of the blastocyst outside the uterine cavity.

Material and Methods: This descriptive, retrospective study included 223 patients treated at the Clinic for Gynecology and Obstetrics of the University Clinical Center of Vojvodina in the period from 2020 to 2022. Data on patients with a confirmed diagnosis of EP were collected from the available medical records. Descriptive statistics, Student's t-test and χ^2 test were used for statistical analysis.

Results: The average number of patients with the confirmed diagnosis of EP was 89.2 per year. The average age of women was 32.02 ± 5.49 years. The average gestational age was 7.51 weeks. Abdominal pain was a symptom that occurred in 65% of cases and vaginal bleeding in 58% of patients. Fallopian tubes were the most common localization of ectopic pregnancy, in 89.24% of cases. Methotrexate was the therapy of choice in 55.6% of patients but was not successful in 15% of treated cases. A statistically significant difference was observed between the patients who were treated with methotrexate and the patients who were subsequently operated on in relation to the diameter of the ectopic sac ($21,26 \pm 7,22$ mm vs. 29.00 ± 15.82 mm; $p=0.002$) and the average value of β -hCG (1891.51 ± 1451.81 vs. 2874.94 ± 555.78 mIU/ml; $p=0.009$). A total of 103 (46.18%) patients had operative treatment, laparoscopy was performed in 96.11%.

Conclusion: EP should be considered as differential diagnosis in all women who present with abdominal pain and vaginal bleeding after an adequate period of amenorrhea. It was concluded that tubal pregnancies are the most numerous, although other localizations were present in a slightly higher percentage than in other studies. Methotrexate has a high rate of favorable outcome. β -hCG values above 2000 mIU/ml significantly reduce methotrexate therapy success rates.

Keywords: Ectopic pregnancy; β -hCG; methotrexate; laparoscopy



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DAL15, Novi Sad 26-28 October 2023

WHAT DO STUDENTS KNOW ABOUT SEXUALLY TRANSMITTED DISEASES AND METHODS OF CONTRACEPTION? A SURVEY STUDY ABOUT KNOWLEDGE AND SEXUAL RISK BEHAVIOURS AMONG UNIVERSITY STUDENTS

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Background: This study aims to investigate the level of knowledge, perception, sexual risk behaviours and attitudes among university students about sexual matters. Furthermore, to improve strategies for family planning and sexual health education among youths.

Material and Methods: The study was conducted online, based on a questionnaire. The link was shared with students attending different universities. The questionnaire is divided into 3 parts: the first part includes general information; the second includes questions related to sexual behaviours and contraceptive use; and the third aims to assess the students' knowledge. The statistical analysis was conducted using the SPSS software.

Results: The total number of students who participated in the survey was 564. The majority were Romanians, female, Orthodox, 21-25 years old, Caucasian, single and studying at a biomedical university. The most knowledgeable students about sexual matters were Serbians studying in a biomedical faculty in their final years of study. The most commonly used source of information is the Internet-TV (76.80%), while the most commonly used contraceptive method is the condom (72.90%). The majority of students never received sexual health education (51.06%), and among those who received it, the majority were from Serbia. Most of the participants would like to have their first child at 26-29 years old, except Italians who would prefer at 30-34 years old (50.7%). Students who were less engaged in sexual risk behaviors were females, Muslims black/African-American with few sexual partners. Students who used the EC pill multiple times were single, and from Romania.

Conclusion: Students who received sexual education were more knowledgeable about sexual matters. Sociodemographic and cultural factors are all aspects that influence sexual risk behaviours. Improvement of students' knowledge, perceptions, and attitudes towards these topics is still needed.

Keywords: methods of contraception; unintended pregnancy; knowledge; family planning; emergency contraception; young adults; student; sources of information.



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DAL15, Novi Sad 26-28 October 2023

THE SOCIO-DEMOGRAPHIC PROFILE AND TYPE OF DELIVERY: AS POTENTIAL RISK FACTORS FOR POSTPARTUM DEPRESSION

Authors: Livia Ciolac^{1,2,3}, Elena Bernad^{1,3,4}, Răzvan Nițu^{1,3,4}, Brenda Bernad^{2,5}, Valeria Ciolac⁶, Cristian-Octavian Nediglea⁷, Marius Lucian Craina^{1,3,4*}

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Background: The postpartum period represents a time of increased vulnerability for the development of psychiatric disorders. Postpartum depression is considered a major public health problem as it affects both mother and child, has a high prevalence globally, ranging from 10% to 20% in most studies.

Material and Methods: The study is a cross-sectional survey conducted from 01.03.2020 to 01.03.2023, based on a retrospective evaluation of 860 postpartum women. The study was carried out in the Obstetrics and Gynaecology Clinical Sections I and II of the "Pius Brinzeu" County Emergency Hospital from Timisoara, Romania. Prior informed consent was obtained for each patient. The screening tool used to assess symptoms of postpartum depression was the Edinburgh Postnatal Depression Rating Scale (EPDS) questionnaire. The collected data were statistically processed with the SPSSv.17 software package.

Results: Following the assessment of the clinical status of the women, using the EPDS Scale, 54.2% (466) had major depressive disorder; 15.6% (134) had minor depressive disorder and 30.2% (260) had no depressive disorder. Of the 860 patients included in the study, 57.7% (496) gave birth by caesarean section and 42.3% (364) gave birth naturally. A significant association was established between type of delivery and depressive disorder (Chi2 test, $p=0.003$). The occurrence of postpartum depression is significantly influenced by early motherhood, lower degrees of education, satisfactory or poor socio-economic conditions and poor health status.

Conclusion: The cesarean section rate in the past few decades has dramatically increased worldwide both in many developed and developing countries, raising concerns among public health researchers. The results of this study indicated that the socio-demographic profile of mothers and type of delivery may be considered as risk factors for the onset of postpartum depression. In accordance with previous studies, early motherhood, lower degrees of education and lower socio-economic conditions are associated with postpartum depression.

Keywords: postpartum depression; EPDS; type of delivery; caesarean section; socio-demographic profile.



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DAL15, Novi Sad 26-28 October 2023

HISTOLOGICAL CHARACTERISTICS OF UTERINE SCAR AFTER CESAREAN SECTION

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Background: An increasing number of authors recognize the uterus closure as the most important step in cesarean section, because the way of uterus suturing directly affects the healing process and the development of acute and chronic complications. However, there are no studies that have been comparing the histological characteristics of scars in human material after different techniques of cesarean section.

Material and Methods: Women admitted for second cesarean section were recruited for this study. Their first cesarean section was performed by one of the following techniques: A – single layer with compression of the incision site, B – single layer without compression of the incision site, C – double layer. Scar tissue specimens were collected using a single use punch biopser during the second cesarean section. The specimens were processed according to standard histological procedure, stained with Masson trichrome and photographed. The photographs were analyzed using a free software system Fiji (Image J), and data were statistically processed.

Results: The average age of the patients was 32.29 ± 5.15 years. The average time since the first cesarean section was 5.09 ± 3.22 years. Wall thickness in the region of scar was significantly greater after technique A than following technique B and C (6.2 ± 1.4 mm vs. 3.7 ± 1.8 ; 3.8 ± 1.3 mm, $p < 0.01$). The proportion of connective tissue in the scar was 25-49% in most of the patients (technique A 43%; B 43%; C 36%), and there was no statistically significant difference in the distribution between the techniques ($p = 0.68$), but in 54% of primiparas proportion of connective tissue was less than 25%.

Conclusion: The proportion of connective tissue in the scar area of uterine wall is increasing after cesarean section. The technique of uterus suturing does not affect significantly the histological structure of scar, but rather affects the thickness.

Keywords: cesarean section, technique, scar, uterus, histology



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

PRENATALNA DIJAGNOSTIKA I NJEN ZNAČAJ ZA REPRODUKTIVNO ZDRAVLJE ŽENA

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Mens sana in corpore sano

Multidisciplinarni pristup u cilju poboljšanja reproduktivnog zdravlja žena omogućava I olakšava njihovo ostvarenje kao majke, roditelja, nosioca posla i ostaćih obaveza koje ostvaruju. Poboljšanjem fizičkog, psihičkog i mentalnog zdravlja zdravstvena zaštita I zdrav život utiču na mentalne i fizičke aktivnosti i poboljšavaju reproduktivno zdravlje. Primenom metoda kontracepcije, im je omogućeno rađanje željenog potomstva, a metodama prenatalne dijagnostike rađanje zdravog potomstva. Profesionalno bavljenje sportom, ali i rekreativna fizička aktivnost mogu poboljšati reproduktivno zdravlje žene i uticati na probleme koji se mogu pojaviti tokom reproduktivnog perioda žene, ali I tokom života. U lečenju steriliteta, infertiliteta, komplikacija koje se mogu javiti tokom trudnoće i mogućeg odstupanja u pravilnom razvoju mladih, tokom adolescencije i seksualnosti, fizička aktivnost je od ključnog značaja za njihov pravilan psiho-fizički rast I razvoj.

Prenatalna dijagnostika se ostvaruje kroz primenu neinvazivnih i invazivnih metoda dijagnostike. Neinvazivne metode su u poslednjih dvadeset-trideset godina evoluirale ka testovima visoke senzitivnosti I specifičnosti. Prenatalni biohemijski testovi su skringom u prvom I drugom trimestru trudnoće omogućili I olakšali otkrivanje postojanja većeg rizika postojanja hromozomskih aberacija ploda, za koje se samo pretpostavljalo da postoje ali se o njima malo znalo. Primenom NIFTY testova, PCR, analizom DNK ploda iz krvi trudnice, koje su fetalnog porekla otvoreno je novo poglavlje u prenatalnoj dijagnostici i skriningu hromozomskih aberacija I nekih genskih mutacija ploda I povećana senzitivnost I specifičnost kod nekih aberacija I do 99%. Poboljšanjem rezolucije sonografskih uređaja, napretkom tehnologije, neškodljive za trudnice i plod, Uz I MR, Prenatalna dijagnostika je njihovom primenom u predikciji rađanja bolesnog potomstva dovedena do savršenstva. Postoje genske, metaboličke bolesti, sa lošom prognozom. Prenatalno se ne dijagnostikuju sve nasledne već neke tek po rođenju deteta. Spinalna mišićna atrofija, je jedna od njih. Karakteriše se visokom stopom mortaliteta I teškom kliničkom slikom, koja se ispoljava po rođenju deteta. Zahvaljujući razumevanju nadležnih institucija, Srbija, je donela zakonsku obavezu da, od 14. Septembra 2023 o trošku Republičkog fonda za zdravstveno osiguranje bude za trudnice besplatano, a skringing pregled za svu živorođenu dece na SMA, obavezan, u svim poordiljštima u Srbiji uz već postojeće neonatalne skringine.

Invazivne metode prenatalne dijagnostike i analize uzoraka ploda, analizom klasičnog kariotipa i dalje predstavljaju zlatan standard u prenatalnoj dijagnostici u otkrivanju ploda sa hromozomskim aberacijama. Sofisticiranije analize, molekularnog kariotipa, sve se više primenjuju, u dijagnostici bolesti sa multifaktorijelnom etiologijom kako bi se moglo uticati na poboljšanje reproduktivnog zdravlja od rođenju deteta a možda I prenatalno.



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

DELIVERY OUTCOMES OF ADOLESCENTS AT THE BEGINNING OF THE COVID-19 PANDEMIC

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Background: adolescent pregnancies affects the well-being of young mothers, their babies and general population. It represents a global public health problem associated with multiple consequences, specially in countries of Southeastern Europe.

Material and Methods: retrospective, descriptive study of adolescent mothers delivered in the period 01.01.2020–31.12.2020 in Clinic of Gynecology and Obstetrics of University Clinical Center of Vojvodina. Anthropometric parameters of adolescent mothers, number and way of delivery, birth weight of neonate, COVID-19 status and data about complications associated with pregnancy and delivery were collected from medical records and analyzed statistically using IBM SPSS.

Results: there were total of 174 adolescent mothers, aged between 13 and 19 (average 17.93 ± 1.24 year). Most of them were not married (79.31%) and some of them were (20.69%). Number of previous pregnancies and births ranged from 0-3, with majority of mothers being primiparas (79.3%). There were 4 twin pregnancies (2.3%). We compared the values of external pelvic measurements (conjugata externa) and found no difference between young adolescents (<15 years) and those aged 16-19 ($p=0.14$). Cesarean section was performed in 22%, vaginal birth in 78%. There were no relationship between pelvic measurements and the mode of delivery ($p=0.27$), but we found that the length of hospitalization after delivery in young adolescents and in patients with smaller pelvic measurements (15cm or less) is longer ($p=0.008$, $p=0.04$). The newborns who were delivered by caesarean section had a lower birth weight (2993 ± 613 g vs. 3212 ± 500 g, $p=0,01$) and a lower birth body length (47 ± 2.5 cm vs. 49 ± 2.2 cm, $p=0,001$) than the newborns of patients who were delivered vaginally. Two patients were COVID-19 positive at birth (0.45%) and additional 4 (0.9%) had COVID-19 during pregnancy. We observed a very high percentage (68.7%) of pregnancies without adequate prenatal care.

Conclusion: underage mothers are more prone to develop complications, and this is preceded by a lack of adequate medical care. Effective work is needed to improve general and sexual education, and special education regarding contraception and prevention of adolescent pregnancy.

Keywords: adolescent; pregnancy; outcomes; delivery.



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

IS MYOMECTOMY DURING CESAREAN SECTION JUSTIFIED?

Authors: (Name, Surname, 1)

Affiliation: 1

Background: there is disagreement about the justification of myomectomy during cesarean section, due to the fear of potential complications. The goal is to determine the frequency of myomectomy during cesarean section, the characteristics of fibroids and the outcomes of operations.

Material and Methods: retrospective research of a series of cases of myomectomy during cesarean section, at the Clinic for Gynecology and Obstetrics, University Clinical Center of Vojvodina, in the period from 2020-2022.

Results: in the period 2020-2022, there were a total of 68 myomectomies during cesarean section, out of a total of 7266 cesarean sections. The average age of the patients was 36.68 ± 5.15 years (min 26, max 56 years). Most often, only one fibroid was removed, and a maximum of three fibroids were removed. The average size of myoma was $43.2 \text{mm} \pm 28 \text{mm}$ (min 10mm, max 200mm). In 34.12% of patients, the removed myoma was larger than 50 mm. In 88.24% of cases, the fetus was cephalic. Pelvic presentation occurred in 8.82%, and oblique/transverse position occurred in 2.94% of cases. Myoma was the main indication for cesarean section in 19.40%. No statistically significantly higher blood loss was observed compared to myomectomies for other indications ($1472.73 \pm 1166.27 \text{ml}$ vs. $869.23 \pm 551.34 \text{ml}$, $p=0.06$), and 7.46% of patients received a transfusion. The highest average blood loss was observed in myomas of intramural localization ($1050 \pm 817 \text{ml}$), while the lowest was observed in subserous localization ($628.57 \pm 395.25 \text{ml}$, $p=0.008$). The average age of pregnancy was 37.96 ± 3.11 weeks (min 25 weeks, max 41 weeks). Morcellement of myoma was performed in 8.95% of patients. Myomas in which morcellement was performed were statistically significantly larger, $p=0.023$ ($96.67 \text{mm} \pm 53.17 \text{mm}$ vs. $39.67 \text{mm} \pm 22.09 \text{mm}$), but without statistically significantly higher blood loss $p=0.07$. There were no cases of hysterectomy or deaths in the studied series.

Conclusion: most myomectomies during cesarean section are unplanned. Complications are not common with myomectomy during caesarean section. Given the more intensive growth of fibroids during the generative period, one can expect more frequent encounters with fibroids during cesarean section, so it is important to reevaluate attitudes regarding this surgical procedure.

Keywords: fibroids, myomectomy, cesarean section, morcellement.



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

A SISTEMATIC LITERATURE REVIEW ON HPV NATIONAL IMMUNISATION PROGRAMMES IN ROMANIA, BULGARIA AND SERBIA

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Background: Human papillomavirus (HPV) is the most common sexually transmitted infection and is responsible for 90-99% of cervical cancer cases. Although effective screening programs have reduce the incidence of cervical cancer in developed countries, they are often not well organized. Prophylactic vaccination against HPV seems to be a good strategy for the prevention of cervical cancers. The aim of this work is to summarize the current situation of national immunisation programmes in Romania, Bulgaria and Serbia and to discuss the strategies that have been implemented to increase overall vaccination coverage rates.

Material and Methods: A systematic literature review was conducted for studies published between 2008 and until 2020.

Results: 27 articles were included in the review. Romania, Bulgaria and Serbia had introduced HPV vaccination in their national immunisation programmes. The uptake of the HPV vaccine in all three countries has been relatively low, with around 25-40% of eligible girls being vaccinated in 2020. All three countries have already adopted males HPV vaccination.

Conclusion: Improving links between immunization and screening services and cancer registries is important to ensure that women who receive the HPV vaccine are still receiving appropriate screening and follow-up care for cervical cancer. This linkage can help identify women who may have missed out on vaccination or screening and provide targeted interventions to improve their health outcomes.

Keywords: HPV, HPV vaccination in Romania, Bulgaria, Serbia, cervical cancer.



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

KNOWLEDGE, ATTITUDE AND PERCEPTION REGARDING HPV-RELATED DISEASES AND VACCINATION AMONG THE STUDENT IN ROMANIA

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Background: Human Papillomavirus (HPV) is a common dermatological infection transmitted through skin-to-skin contact and can lead to various anogenital diseases, including warts and lesions. In some cases, these warts and lesions can progress to cancers. The increasing prevalence of diseases related to high-risk human papillomavirus (HPV) represents an ongoing health challenge among young people in Romania. Furthermore, the continued rise in concerns regarding the prevention of HPV infection and its related effects has become a major public health issue in European healthcare over the past decades. Starting from these concerns, the aim of this research is to conduct a comprehensive and conclusive study on the dissemination of accurate information concerning the young population susceptible to HPV infection. The proposed study involves the collection of individual-level data regarding sexual activity, knowledge about HPV and associated diseases, HPV vaccination, willingness to receive or not receive vaccination, and vaccination status among students in Romania. The study also includes a gender comparison (male, female) of the obtained results.

Material and Methods: An online questionnaire survey was conducted that included 500 students (376 females and 124 males) from several cities and university centers in Romania, composed of nine sections and a set of specific questions and aims to assess the awareness of the risks associated with HPV infection and vaccination. Statistical analyses were conducted utilizing SPSS 26.0.

Results: The obtained results will help to develop and implement adequate knowledge for the control and prevention of the spread of HPV infection.

Conclusion: The delivery of HPV education to Romanian adolescents needs to be re-evaluated, since at present there appears to be significant deficiencies in their basic knowledge and understanding of the subject. Increasing HPV knowledge will empower adolescents to make informed choices regarding participation with HPV related cancer prevention health strategies.

Keywords: HPV, sexually transmitted infection, vaccination.



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DAL15, Novi Sad 26-28 October 2023

WHAT DO STUDENTS KNOW ABOUT SEXUALLY TRANSMITTED DISEASES AND METHODS OF CONTRACEPTION? A SURVEY STUDY ABOUT KNOWLEDGE AND SEXUAL RISK BEHAVIOURS AMONG UNIVERSITY STUDENTS

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Background: This study aims to investigate the level of knowledge, perception, sexual risk behaviours and attitudes among university students about sexual matters. Furthermore, to improve strategies for family planning and sexual health education among youths.

Material and Methods: The study was conducted online, based on a questionnaire. The link was shared with students attending different universities. The questionnaire is divided into 3 parts: the first part includes general information; the second includes questions related to sexual behaviours and contraceptive use; and the third aims to assess the students' knowledge. The statistical analysis was conducted using the SPSS software.

Results: The total number of students who participated in the survey was 564. The majority were Romanians, female, Orthodox, 21-25 years old, Caucasian, single and studying at a biomedical university. The most knowledgeable students about sexual matters were Serbians studying in a biomedical faculty in their final years of study. The most commonly used source of information is the Internet-TV (76.80%), while the most commonly used contraceptive method is the condom (72.90%). The majority of students never received sexual health education (51.06%), and among those who received it, the majority were from Serbia. Most of the participants would like to have their first child at 26-29 years old, except Italians who would prefer at 30-34 years old (50.7%). Students who were less engaged in sexual risk behaviors were females, Muslims black/African-American with few sexual partners. Students who used the EC pill multiple times were single, and from Romania.

Conclusion: Students who received sexual education were more knowledgeable about sexual matters. Sociodemographic and cultural factors are all aspects that influence sexual risk behaviours. Improvement of students' knowledge, perceptions, and attitudes towards these topics is still needed.

Keywords: methods of contraception; unintended pregnancy; knowledge; family planning; emergency contraception; young adults; student; sources of information.



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DAL15, Novi Sad 26-28 October 2023

PARTICULARITIES OF THE DIAGNOSIS AND TREATMENT OF STAGE 1 OVARIAN CANCER

Authors: Colța Ana, Luca Laurențiu, Henegariu Irina, Marin Dimitris, Furău Cristian, Ciobanu

Victoria, Toduț Oana, Furău Marius

Background: Ovarian cancer is the 5th leading cause of cancer death in women worldwide. Every year, approximately 238,719 new cases are diagnosed worldwide and 151,905 deaths are recorded due to ovarian cancer. The 5-year survival rate is only 15-40%, and the cause is the lack of obvious early symptoms and lack of an effective diagnostic approach in the early stages of the disease.

Material and Methods: This is an article analyzing the methods of diagnosing ovarian cancer on clinical trials, bibliographies and books from databases such as PubMed, Elsevier, Wiley Online Library, Medscape.

Results: The diagnostic algorithm requires taking the appropriate anamnesis, clinical examination and high-resolution ultrasonography. Dosing of tumor markers (CA125, CA 19-9), BRCA-1 oncogene on chromosome 17q and exploratory laparoscopy are additional diagnostic methods.

The imaging methods include computed tomography, MRI, which are very useful in describing the size, dimension, shape, outline, internal structure and relationships with neighboring organs.

The diagnosis of certainty is made after the histopathological examination.

The treatment used in the vast majority of cases was a combination of surgery (total hysterectomy with bilateral adnexectomy) and chemotherapy (Cisplatin, Cyclophosphamide, Doxorubicin).

Conclusion: Currently, there are no sufficiently specific screening tests to allow the early diagnosis of ovarian cancer. The most accessible screening method is represented by the regular performance of transvaginal ultrasound along with the dosing of the CA 125 marker.

The treatment is aggressive, with many side effects, but detected at an early stage can be curative. The combination of surgery and chemotherapy has proven effective.

Keywords: Ovarian cancer, Chemotherapy, Surgery, Tumoral markers



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

PARTICULARITIES OF PREGNANCY AND DELIVERIES AMONG ADOLESCENT MOTHERS AND THE IMPORTANCE OF PRECONCEPTION COUNSELING DURING COVID-19 PANDEMIC

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Background: pregnancy during adolescence is a global public health problem that has a major impact on the well-being of the mother and the child, but also has consequences on their family and relatives. Eastern Europe has the most countries where the number of teenage pregnancies is upsetting. Our objective was to analyze the characteristics of pregnancy and deliveries among adolescent mothers and to emphasize the importance of preconception consultations.

Material and Methods: our study included the adolescent mothers who delivered in Arad County Emergency Clinical Hospital during the COVID-19 pandemic. Several parameters were followed and statistically analyzed using IBM SPSS.

Results: there were a total of 356 cases of adolescent mothers, aged between 12 and 17 (average 16,01 ± std. deviation 1,077 years). There were 140 cases from the urban environment and 216 from the rural environment. The maximum number of previous pregnancies and births was 4, with the vast majority of mothers at their first birth 269 cases. Natural birth (vaginal) was in 190 cases, caesarean section was performed in 163 cases with various indications. There were 2 cases of homebirth and in 1 case, we have no information regarding the circumstances of birth. The mean fetal weight at birth was 3014,69 g ± std. deviation 459,941 g. The mean Apgar score was 8,49 ± std. deviation 1,475. Most pregnancies were not consulted by the family doctor, the gynecologist or any other doctor, or they were insufficiently monitored.

Conclusion: improving couples knowledge, attitudes and behaviors regarding preconception health, aims to reduce teenage pregnancy and avoid unwanted subsequent pregnancy. An adequate social program and a healthy sexual education are needed in order not to endanger the health of the woman, her physical and mental integrity, the goal being to achieve a harmonious pregnancy and the birth of a healthy child when this is desired.

Keywords: adolescent, counseling, pregnancy, delivery, preconception, COVID-19.



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

LAPAROSCOPIC PECTOPEXY VERSUS VAGINAL SACROSPINOUS LIGAMENT FIXATION IN THE TREATMENT OF APICAL PROLAPSE

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1

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2. Clinical Emergency City Hospital, Timișoara, Romania.

Background: Pelvic organ prolapse (POP) is a common gynecological health issue with an estimated prevalence up to 50% by vaginal examination, and 3-6% by reported symptoms [1]. Despite being the least common POP type, with a range of 5-15%, apical vaginal support is thought to be the keystone of pelvic organ support. By 2050, it is anticipated that there will be 4.9 million cases of pelvic organ prolapse given the aging population.

Depending on the severity of the prolapse and the symptoms, there are many treatment options. Simple observation, vaginal pessaries, or different surgical techniques are used to treat POP including vaginal, open abdominal, laparoscopic, and robotic procedures, the use of native tissue repair or graft augmentation, and whether uterine preservation is desired or not.

Objectives: To compare the follow-up results of sacrospinous ligament fixation (SSLF) technique to laparoscopic bilateral fixation of the vagina to iliopectineal ligament via a PVDF-mesh (laparoscopic pectopexy technique, LP) in terms of cure rate, and postoperative complications rate.

Material and Methods: This prospective study included 160 patients diagnosed with pelvic organ prolapse stage II-IV according POP-Q System. Eighty-two patients (51,25%) underwent for vaginal sacrospinous ligament fixation and seventy-eight patients (48.75%) for laparoscopic pectopexy procedure.

Results: The cure rate was high in both groups, 95.12% of the patients (78 out of 82) in the SSLF group and 93.59% of the patients (73 out of 78) in the LP group were cured post-surgery, leading to an overall cure rate of 151 out of 160 patients. Pelvic pain was present in 5.00% of all patients, but was notably more frequent in SSLF group (7, 8.54%) than in LP group (1, 1.28%). Dyspareunia occurred in 4.37% of all patients, slightly more frequently in SSLF group (6, 7.32%) than LP group (1, 1.28%), but without significant difference.

Conclusion: The laparoscopic pectopexy procedure has comparable positive follow-up results with the conventional sacrospinous ligament fixation procedure. Both SSLF and LP are effective in the treatment of pelvic organ prolapse, with favorable anatomical and subjective results, high cure rate and low rates of serious postoperative complications.



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DAL15, Novi Sad 26-28 October 2023

COVID AND PREGNANCY IN THE ARAD MATERNITY HOSPITAL

Authors: Luca Laurențiu, Colța Ana, Ioana Vornic, Ciobanu Victoria, Vicea Cristina, Toduț Oana,

Furău Gheorghe

Background: Sars cov-2 infection has been a challenge for health systems all over the world. The pandemic has undoubtedly had negative consequences for pregnancies. A 2022 US study followed 1.6 million pregnant people across 463 hospitals, with half of the pregnancies occurring during the pandemic and the rest in the year before it began. Maternal death rates were higher during the pandemic, at 8.69 fatalities per 100,000 pregnancies, compared with 5.17 per 100,000.

Material and Methods: We used data from patients admitted to the Obstetrics and Gynecology department of the hospital in Arad who presented a positive test. The batch includes a number of 99 patients diagnosed with COVID-19 infection between March 2020 and March 2021

Results: During the study period, there were 63 births from covid-positive mothers in the department. Of these, 37 were cesarean operations, representing a percentage of 58.7%, this percentage being similar to that of patients who are not infected.

Among the 99 patients, 47 had anemia, a much higher percentage than in the case of the uninfected ones (~20%)

24% of patients presented radiological changes in the lungs.

48% of patients had associated pathologies, the most common being pregnancy-induced hypertension

5% of patients refused any kind of covid-related treatment

Conclusion: The pandemic has irremediably influenced the way the world's health systems will react to new threats. Infected pregnant women are more prone to complications and must be carefully monitored. Among the many effects it had, it is worth mentioning the few positive ones, such as: reducing the average length of hospitalization of patients, making appointments more efficient, increasing accessibility to certain medicines, improving patient circuits through the hospital and improving collaboration between different departments.

Keywords: SARS COV-2; Pregnancy; C-section; Delivery



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DAL15, Novi Sad 26-28 October 2023

MINIMIZING BLOOD LOSS IN LAPAROSCOPIC MYOMECTOMY WITH TEMPORARY OCCLUSION OF THE HYPOGASTRIC ARTERY (TOHA)

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1

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Background:

Uterine leiomyomas are common benign pelvic tumors. Currently, laparoscopic myomectomy (LM) is the preferred treatment option for women in the fertile age group with symptomatic myomas. The authors hypothesize that combining LM with a bilateral temporary occlusion of the hypogastric artery (TOHA) using vascular clips minimizes uterine blood flow during surgery and can significantly reduce surgery-associated blood loss.

Material and Methods:

This single-center, prospective randomized study was conducted at the Department of Obstetrics and Gynecology, Municipal Emergency Clinical Hospital Timișoara, Romania. Patients aged between 18 and 49 who preferred laparoscopic myomectomy and wished to preserve fertility were included, provided they had intramural uterine leiomyomas larger than 4 cm in diameter that deformed the uterine cavity. The study analyzed data from 60 laparoscopic myomectomies performed by a single surgeon between January 2018 and December 2020. Patients were randomly assigned to either: "LM+TOHA" group (29 patients), and "LM" group (31 patients). The study's main objective was to evaluate the impact of TOHA on perioperative blood loss, expressed as mean differences in Hb (delta Hb).

Results:

Delta Hb was statistically lower in the "LM+TOHA" group compared to "LM" group, with mean \pm standard (min-max): 1.68 ± 0.67 (0.39–3.99) vs. 2.63 ± 1.06 (0.83–4.92) g/dL, respectively ($p < 0.001$). There was a statistically significant higher need for postoperative iron perfusion in the "LM" group, specifically 0 vs. 12 patients ($p < 0.001$), and lower postoperative anemia in "LM+TOHA" group ($p < 0.001$). Necessary artery clipping time was 10.62 ± 2.47 (7–15) minutes, with no significant impact on overall operative time: 110.2 ± 13.65 vs. 106.3 ± 16.48 ($p = 0.21$). There was no difference in the length of hospitalization or 12-month post-intervention fertility.

Conclusion:

Performing bilateral TOHA prior to laparoscopic myomectomy has proven to be a valuable technique in reducing surgery-associated blood loss, while minimizing complications during surgery, with no significant increase in the overall operative time.



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DAL15, Novi Sad 26-28 October 2023

PARTICULARITIES OF PREGNANCY AND DELIVERIES AMONG ADOLESCENT MOTHERS AND THE IMPORTANCE OF PRECONCEPTION COUNSELING DURING COVID-19 PANDEMIC

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Background: pregnancy during adolescence is a global public health problem that has a major impact on the well-being of the mother and the child, but also has consequences on their family and relatives. Eastern Europe has the most countries where the number of teenage pregnancies is upsetting. Our objective was to analyze the characteristics of pregnancy and deliveries among adolescent mothers and to emphasize the importance of preconception consultations.

Material and Methods: our study included the adolescent mothers who delivered in Arad County Emergency Clinical Hospital during the COVID-19 pandemic. Several parameters were followed and statistically analyzed using IBM SPSS.

Results: there were a total of 356 cases of adolescent mothers, aged between 12 and 17 (average 16,01 ± std. deviation 1,077 years). There were 140 cases from the urban environment and 216 from the rural environment. The maximum number of previous pregnancies and births was 4, with the vast majority of mothers at their first birth 269 cases. Natural birth (vaginal) was in 190 cases, caesarean section was performed in 163 cases with various indications. There were 2 cases of homebirth and in 1 case, we have no information regarding the circumstances of birth. The mean fetal weight at birth was 3014,69g ± std. deviation 459,941g. The mean Apgar score was 8,49 ± std. deviation 1,475. Most pregnancies were not consulted by the family doctor, the gynecologist or any other doctor, or they were insufficiently monitored.

Conclusion: improving couples knowledge, attitudes and behaviors regarding preconception health, aims to reduce teenage pregnancy and avoid unwanted subsequent pregnancy. An adequate social program and a healthy sexual education are needed in order not to endanger the health of the woman, her physical and mental integrity, the goal being to achieve a harmonious pregnancy and the birth of a healthy child when this is desired.

Keywords: adolescent, counseling, pregnancy, delivery, preconception, COVID-19.



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

PERCEPTIONS OF ABORTION AMONG MEDICAL PERSONNEL AND THE GENERAL POPULATION

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Background: Abortion is a very delicate subject in Romania taking into consideration its interdiction before 1990 and after that its liberalization. Many women are performing multiple abortions on request; abortion could be seen as a "contraceptive" method for some.

Material and Methods: Our prospective questionnaire based investigation used 2 online questionnaires: one questionnaire (Q1) was applied to 1642 people in the general population in the period 13.08.2020-04.02.2021 and the second questionnaire (Q2) was applied to 200 people from the medical system in Arad in the period 02.05.2022-04.06.2022. A statistical analysis was performed on the Excel 2016 obtained data using EpiInfo 7.

Results: Of the people who answered Q1, 83.6% respondents were in the age groups (20-39 years), of the respondents who answered Q2, 39% were resident doctors. Considering that the majority of those who joined the questionnaires are young adults, this makes us understand how interested the new generations are in the topic addressed.

The majority of the responders declared to know psychological complications- 75.2%-Q1 and 83.5%-Q2 and believe that the father should be involved in the decision as he might be psychologically affected as well, considering that it is necessary the participation in the post-abortion couple's therapy.

66%-Q1 and 61%-Q2 of the people who responded to the questionnaire consider abortion a crime. In some countries in the world, abortion on demand is prohibited from a legal point of view and 42.3% of the patients and 39% of the medical staff surveyed believe that this decision should also be taken in our country and 38.7% of the patients and 61% of the surveyed medical personnel do not agree.

Conclusion: Our study provides a very good picture of how people perceive abortion and consider it beneficial to introduce sex education classes in schools in Romania.

Keywords: abortion, post-abortion therapy, young adults, sex education classes



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

THE IMPORTANCE OF OXIDATIVE STRESS MECANISM IN ASOSSIACION WITH FETAL-MATERNAL CIRCULATION.

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Background: The concept of pro-oxidant-antioxidant balance is central to understanding oxidative stress for several reasons. Oxidative stress, has the role of normal placenta development and the pathophysiology of various complications such as: preeclampsia, miscarriage, intrauterine growth restriction and premature rupture of membranes.

Material and Methods: Our study consisted of a pilot group of nine placentas from pregnant women between the ages of 35 and 40 who had miscarriages in the absence of an obvious medical cause. The second group was represented by the control group consisting of 9 placentas from patients aged between 35 an 40 who had normal up to term gestation period anf gave birth to healty children. The aim of the study was upon the anti-Glutatione antibody and METH patterns of staining.

Results: obtained in the group of patients with spontaneous abortions reveals that for 6 cases included in the study the value of the H score is 0 or close to 0. For the patients with spontaneous abortions, there is a low value of methionine synthetase reductase compared to the results obtained in the control group. The analysis of mean H-score values in the case of METH1 in the groups included in our study reveals a 41% decrease in the values in the case of spontaneous abortions compared to the control group. The comparative distribution of the curves for GLUTH and METH1 reveals a parallel between the mechanisms of antioxidant protection. Low levels of glutathione were associated with low levels of methionine synthase reductase, which validates our results.

Conclusion: Clearly was an obvious association between low values of GLUTH and METH with miscarriages that the results showed.

Keywords: Oxidative stress, GLUTH, METH, miscarriages



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

UNINTENDED PREGNANCY DESPITE IUD, COMPLICATED WITH HUGE FIBROID AND PREVIOUS CESAREAN SECTION

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Abstract

BACKGROUND: Unintended pregnancy rates remain high as percentage in adolescents, socioeconomic groups and women that are already close to have finished their family planning. Contraception methods are so accessible in women upper than 40 years old such as IUD's, in order to avoid an unintended pregnancy and venous thromboembolisation (VTE) but what happens when fibroids appear?

The aim of this study is to demonstrate that the correct treatment remains a challenge and a difficult decision for the physician, accompanied with patient's history, wishes and health statue of each patient.

CLINICAL CASE: We describe the case of a 42 years old patient, that had an unintended pregnancy, after a placement of IUD 8 years ago and accidentally discovered a fibroid at a routine check-up. The patient is smoker also had hypertension and obesity first grade. After rigorous counselling of the patient, description of the risks if pregnancy evolves, the patient undergone under a general anaesthesia a subtotal hysterectomy with bilateral adnexectomy in order to remove the Uterus (gestational sack, huge fibroid and IUD), all undergone under histopathologic examination.

DISCUSSION: Even if the pregnancy was desired, it would have been difficult for the patient and baby to survive, due to the huge size of fibroma, the gestational sack implantation, comorbidities and the malposition of IUD without strings accompanied with previous caesarean section.

CONCLUSIONS: There are various outcomes but all them always depends on the primary diagnosis of pre-existing pregnancy pathologies, the desire to have and develop a healthy pregnancy and the obstetrical history of the patient. Also, the literature showed cases with pregnancies and IUD or pregnancies with leiomyoma outcomes but not with all those three in the same case, plus scarred uterus due to previous caesarean section, making this one a very challenging and rare one.

Key words: Unintended pregnancy, Huge leiomyoma, scarred uterus, IUD, contraception



Egon and Ann Diczfalusy Foundation

DAL15, Novi Sad 26-28 October 2023

HISTOPATHOLOGICAL EVALUATION OF THE PLACENTA IN PREGNANT WOMEN WITH MILD TO MODERATE COVID INFECTION

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From the third wave of the COVID pandemic, increasing evidence that severe maternal infection during pregnancy can have adverse effects for both the mother and the fetus. In contrast, no data analyzed the effect of mild infection on pregnancy outcome and fetal health. In our study, we tested the potential impact of mild to moderate maternal COVID infection during pregnancy on the fetus by histological examination of the placenta. Of the 2109 consecutive deliveries between 1st November 2020 and 31st July 2021 at the department. 69 (3.3%) births were reported to have laboratory confirmed mild COVID infection during pregnancy. But one of 69 pregnant women gave birth to a mature-weight baby after 37 weeks gestation. Pathological examination of the placenta was performed in all cases. Microscopic evaluation showed 12 (17%) cases of focal fibrin deposition in small areas of the placenta on the surface of the syncytiotrophoblast layer together with histiocytic infiltration in the intervillous space. The morphology was similar to chronic histiocytic intervillitis seen in women with habitual miscarriage and to that found in lung tissue of adults who have been placed on long-term mechanical ventilation due to severe COVID infection. These data highlight that maternal COVID infection of mild to moderate severity acquired during pregnancy might produce a chronic focal inflammation of the placenta with fibrin deposition of variable extent. Clinical consequences for the mother and her neonate remain to be elucidated.

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