



World Congress on Recurrent Pregnancy Loss

14-17, January, 2016 | Cannes, France

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Program

Operated by:



FRIDAY, 15 JANUARY, 2016

7:30-18:30 Registration

08:30-10:00 Keynote Lectures

Chairs: Ashok Agarwal, Naama Steiner

08:30-09:00 **Anatomical Aspects of RPL and the Role of 3D Ultrasound**

Asher Bashiri, Beer-Sheva, Israel

09:00-09:30 **Congenital (Mullerian) and Acquired Uterine Malformations and RPL**

Asher Bashiri, Beer-Sheva, Israel

09:30-10:00 **Embryology and Ultrasound Evaluation of Early Fetal Anatomy between 8-10 Weeks**

Bernard Benoit, Monaco, France

10:00-10:30 Coffee Break / Posters / Exhibition

10:30-12:00 Keynote Lectures

Chairs: Raoul Orvieto, Dahdouh Elias

10:30-11:00 **The Significance of Thyroid Antibodies in RPL?**

Elias Dahdouh, Montreal, Canada

11:00-11:30 **Candidate Genes Associated with Recurrent Pregnancy Loss**

Mayumi Sugiura-Ogasawara, Nagoya, Japan

11:30-12:00 **Lifestyle and RPL - State of the Art**

Naama Steiner, Beer-Sheva, Israel

12:00-13:40 Oral Communication II

Chairs: Howard Carp, Mayumi Sugiura-Ogasawara

12:00-12:10 **Color Doppler of Uterine Artery in Combination with Serum Estradiol and Progesterone Levels in Normal and Recurrent First Trimesteric Pregnancy Loss**

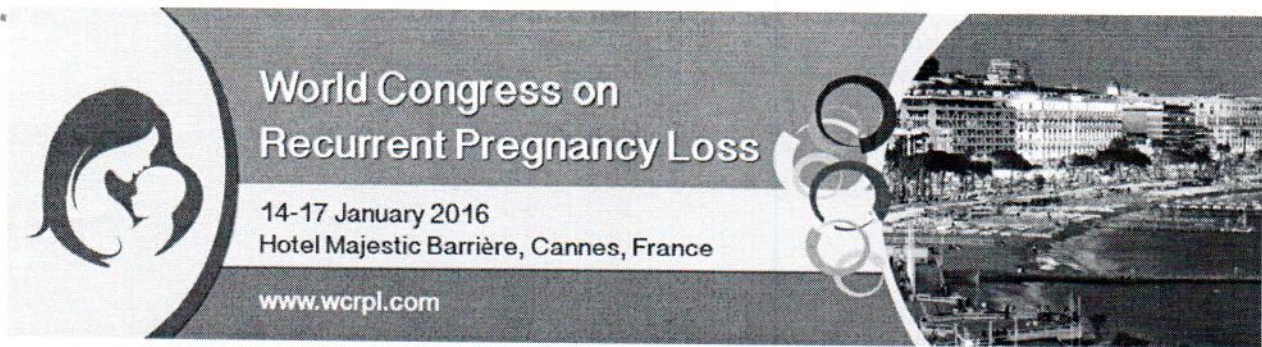
Ahmed Sayed, Gamal Ibrahim, Hanan Ahmed, Sameh Elkhote
Cairo, Egypt

12:10-12:20 **Pregnancy Outcomes among Patients with Recurrent Pregnancy Loss and Anatomic Abnormalities**

Daniel Gabbai, Michael Friger, Ruslan Serjienko, Naama Steiner,
Andrey Kreinin, Asher Bashiri
Beer-Sheva, Israel

12:20-12:30 **A New Model of Obstetrical Pessary - Prevention and Treatment of Cervical Insufficiency and Habitual Abortion**

Mikhail Schneiderman
Gynecology and Perinatology, Russia



A New Model of Obstetrical Pessary – Prevention and Treatment of Cervical Insufficiency and Habitual Abortion

Mikhail Schneiderman

*Ministry of Health of Russia, Research Center of Obstetrics, Gynecology and Perinatology,
Russia*

Problem Statement: Cervical insufficiency is one of the most common causes of preterm labor. Obstetrical pessary can be used as an efficient management. The study of variety of pessaries available on the market revealed a number of faults in their construction and possible complications from their use.

Methods: A new model of obstetrical pessary designed by the authors is made of high quality silicone of determinated flexibility and density providing the optimal application of the pessary. The outstanding feature of the ring is availability of two or four symmetrical semicircular slots on the external surface of the ring and two or four bulges on the internal surface of the ring. **Results:** Research of new model of obstetrical pessary was conducted on a group of pregnant women (80 patients) with cervical insufficiency or history of habitual abortion and pregnancy of 14 to 37 weeks of gestation. All pregnancies were followed to term.

The advantages of the new model of the obstetrical pessary are as follows: Adjunctive fixation of the pessary in the vagina due to the external slots (so the pessary would not move or drop out). High comfort and ease of usage of the pessary during its insertion into the vagina. Reduced risk of lacerations and ulcers of the vaginal mucosa due to minimal pessary contact with the vaginal wall. Increase in outflow of the vaginal discharge. Prevention of infections vaginitis due to antimicrobial coating of the pessary. Presence of two or four bulges on the internal surface of the ring preventing cervical dilatation in case of cervical insufficiency during pregnancy.. **Conclusion:** Application of the new model of obstetrical pessary considerably increases the chances of successful development of pregnancy in women with cervical insufficiency and habitual abortion.