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paring with the patients without IUGR (43.3% vs 6.3%). Single IUFD in two patients and the highest rate of low Apgar score – 33.3% was in the group with discordancy >25%. Pathological neurosonographic findings were 33.3% and 46.3% in the twins with discordancy \leq 20% and >20% accordingly.

Conclusions: Thus fetal weight discordance (>20%) is associated with the high risk of adverse perinatal outcomes. Monochorionic discordant twin pregnancies especially with IUGR require careful antenatal monitoring and timing of delivery.

P0490

SUCCESSFUL CONSERVATIVE MANAGEMENT OF CESAREAN SCAR PREGNANCY

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Objectives: To give details about early diagnosis features and medical treatment modalities of Cesarean scar pregnancies.

Method: We report two cases of cesarean scar pregnancies (CSP) diagnosed and managed in our unit.

Results: In the first case, the diagnosis of a 7-week CSP was made sonographically in a 38-year-old woman. The patient received one ultrasound guided injection of Methotrexate (MTX) in the amniotic fluid, followed, by an equivalent dose of MTX intra muscularly. The complete disappearance of the gestational sac took 35 days after beta-human chorionic gonadotrophin normalization.

In the second case, an CSP was diagnosed by transvaginal sonography in a 33-year-old woman. This patient was treated with two intramuscular injection of MTX. The patient had mild bleeding at the 25th day with a spontaneous expulsion of the gestational sac.

Conclusions: CSP is a very unusual and possibly life-threatening complication of pregnancy. Decisions on treatment options should be dictated in part by gestational age, β -HCG levels, the presence of fetal cardiac activity, the desire of future fertility and the experience and facilities available.

P0491

A NEW MODEL OF OBSTETRICAL PESSARY – PREVENTION AND TREATMENT OF CERVICAL INSUFFICIENCY AND HABITUAL ABORTION

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

Method: 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. Application of pessary is simple and painless.

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.

Conclusions: 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. The optimal timing for use obstetrical pessary is from the 14

week of pregnancy to the 37th week of pregnancy with the subsequent removal of the pessary.

P0492

BREAST CANCER IN PREGNANCY – A SINGLE CENTRE CASE SERIES

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Objectives: Breast cancer is the most common malignancy occurring in pregnancy. The incidence of breast cancer increases with age and so the diagnosis of breast cancer is expected to rise as there is an increasing trend for women to delay the first pregnancy. Maternal treatment is essential, however potentially harmful to the fetus. This case series aims to present demographic data and pregnancy outcomes for patients diagnosed with breast cancer in pregnancy. This will be beneficial for future practise as we carefully analyse the various diagnostic and therapeutic modalities for both the mother and fetus.

Method: This will be a retrospective case series looking at patients diagnosed with breast cancer in pregnancy from 2006 to 2015. We will look at 15 patients who have delivered at Westmead Hospital, Sydney, Australia. Demographic data includes age at diagnosis, gravida and parity, gestational age at diagnosis, staging, histology, treatment modalities and mode of delivery. Maternal outcomes include effects on breastfeeding, disease free interval, recurrence and further treatment modalities. Neonatal outcomes include weight, apgars, gestational age and length of neonatal intensive care (NICU) or special care nursery (SCN) stay. Data will be analysed using appropriate statistical analysis.

Results: We are currently still collecting data for the 15 subjects who were diagnosed with breast cancer in pregnancy during 2006 - 2015 and delivered at Westmead Hospital.

Conclusions: Although we cannot comment on the results of the case series, we will have finished data collection and statistical analysis ahead of time for the XXI FIGO World Congress. The results will be valuable for and future practice. We hope to statistically analyse the data and assess maternal and neonatal outcomes of breast cancer diagnosed in pregnancy.

P0493

THE SYSTEM OF ANGIOGENIC FACTORS AND CYTOKINES IN WOMEN WITH PHYSIOLOGICAL AND COMPLICATED PREGNANCY IN SECOND AND THIRD TRIMESTERS IN DEPENDENCE ON FETAL SEX

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Objectives: Significant violations of angiogenesis, which are accompanied by changes in expression of endothelial growth factors and interleukins, are observed in placental insufficiency. However, peculiarities of its expression depending on the sex of the fetus are not completely understood. The objective of this study was to explore the peculiarities of angiogenic factors and cytokines system in women with physiological pregnancy and in case of placental insufficiency in dependence on fetal sex.

Method: We studied 2 groups of women: 390 women with physiological pregnancies (203 women with male fetuses and 187 with female fetuses) and 345 women with placental insufficiency (176 women with male and 169 with female fetuses). The levels of VEGF-A, EGF, PlGF, ET-1, TNF- α , IL-1, IL-6, IL-10, IL-12 were determined in blood serum with the help of ELISA method in II and III trimesters of gestation.

Results: We detected a higher expression of VEGF-A (1.5 times), ET-1 (2.5 times), EGF (1.6 times) in physiological pregnancy in women with female fetuses than in women with male fetuses. Higher levels