稿件編號： OG1	**預防子宮內膜異位瘤術後復發的藥物控制** **Postoperative Medical Control for preventing Endometrioma recurrence： A systemic review and Network meta analysis**
臨時收件編號： 3367	邱垂青 [1] 台北榮民總醫院婦女醫學部 [1]
論文發表方式： 口頭報告	Objective: Our objective is to perform a network meta-analysis on various interventions for preventing recurrence of endometrioma after surgery.
論文歸類： 一般婦科	Materials and Methods: Search electronic databases of MEDLINE, the Cochrane Central Register of Controlled Trials (CENTRAL and Embase. Keywords: "Endometrioma" "Postoperative" "GnRH-agonists", "Dienogest" "Oral contraceptive" "Levonorgestrel intrauterine device" Results: 2161 Records Identified, 13 records were included. 2229 participants were enrolled. 7 RCT and 6 non-RCT. Compared to placebo, oral contraceptives, dienogest, GnRHa-OCP, GnRHa-dienogest, GnRHa-LNGIUS can reduce the postoperative endometrioma recurrence. Conclusion: We performed a systemic review and network meta- analysis for postoperative medical control to prevent endometiroma endometrioma recurrence, Dienogest with GnRH agonists ranked the 1st under SUCRA. However due to side effects, we can consider dienogest alone.

稿件編號：OG2	植基於區塊鏈和人工智能的女性私密整形手術（FGCS）：超越傳統對性滿足的機械式看法
	Blockchain-and AI-Based Female Genital Cosmetic Surgery (FGCS): Beyond a Mechanistic View of Sexual Satisfaction
臨時收件編號：2769	
	黃文賢 [1] 林振國 [1] 徐天燕 [1] 歐宇眾 [1] 王新元 [1] 周碩彥 [2] 景賀國際醫療美容集團 [1] 國立台灣科技大學工業管理系 [2]
論文發表方式：口頭報告	Background: Within the field of plastic surgery, genital cosmetic surgery has been picking up steam for women. The issue of asking for and provisioning of FCGS is essentially a matter of individual patient and physician decision-making. Advancement of blockchain and artificial intelligence (AI) capabilities in cosmetic medicine can now help address many pressing problems and the algorithm will further improve with user engagement. Type of Study：Case-control study. Methods: A deep convolutional neural network (DCNN) was trained using a dataset of 2010 clinical images obtained from 350 female patients for assessment of genital rejuvenation from May 2018 to Jun 2019. The proposed system consists of an intelligent recognition device, an app running either on an iPhone or Android-based mobile device, a deep learning training server, and a cloud-based management platform encrypted with blockchain-secured communication channel. Results: The Artificial Intelligence recognized the classification of a patient with an accuracy of 0.94 and a correlation between manual and automatized evaluation of $r = 0.95$ (P less than .001). Conclusion: Here the new concept makes machine-to-beauty readability possible by linking AI and blockchain technology. Humans and machines working together are always much more powerful than either alone. The potential benefits of solutions that integrate AI and blockchain are endless. Further technical work is needed to add additional functions.
論文歸類：一般婦科	

稿件編號： OG3	**影響早期藥物流產在可存活與敗壞性胚胎病例需手術治療的臨床因素** **Clinical factors for need of subsequent surgical intervention among women with viable and non-viable pregnancies in early medical abortion**
臨時收件編號： 2839	區慶建 [1,2] 簡立維 [1,2] 台北醫學大學醫學系婦產學科 [1] 台北醫學大學附設醫院婦產部 [2]
論文發表方式： 口頭報告	Objective: To assess gestational age, maternal age, previous deliveries, and history of induced abortion in affecting the risk of surgical intervention among women with viable and non-viable early pregnancies undergoing medical abortion. Materials and Methods: This was a retrospective clinical trial in a single university hospital between January 2010 and June 2018. A total of 1157 subjects, 761 with viable and 396 non-viable pregnancies, treated with oral mifepristone 200 mg orally followed by misoprostol 600 mg 48 hours later were included in this study. Results: Of the 94 subjects who failed medical abortion, 64 (8.4%) and 30 (7.6%) were viable and non-viable pregnancies (p = 0.65), respectively. Gestational week is a significant clinical factor for need of subsequent surgical intervention in viable pregnancy (OR = 1.52, p < 0.001), while showed no influence in nonviable pregnancy (OR = 0.87, p = 0.264) based on multivariable logistic regression models. Women of ever cesarean were more likely to have failed medical abortion than those who were nulliparous, with the odds ratio of 2.2 (95% CI of 1.2 – 4, p = 0.01). Conclusions: This is the first cohort study in identifying and quantifying risk factors for need of subsequent surgical intervention in viable versus non-viable pregnancies undergoing early medically induced abortions. Gestational week impacts the need of subsequent surgical intervention in viable pregnancy, but history of ever cesarean is a risk factor for both groups of patients.
論文歸類： 一般婦科	

稿件編號： OG4	**腹腔鏡手術後 Ketorolac 及 Parecoxib 在疼痛控制上之隨機比較** **Randomized control study in comparison of Ketorolac injections and Parecoxib (Dysnastat) injection in pain control of gynecology laparoscopic surgery.**
臨時收件編號： 3404	韋家儀 [1] 許鈞碩 [1] 佛教慈濟醫療財團法人大林慈濟醫院婦產科 [1]
論文發表方式： 口頭報告 論文歸類： 一般婦科	Introduction Ketorolac is a nonsteroidal anti-inflammatory agent which non-selectively blocking cyclooxygenase enzymes that are needed to produce prostaglandin. Due to its non-selectively binding effects, common adverse effects of ketorolac were GI symptoms like nausea, vomiting or epigastric discomfort, etc. While, Parecoxib (Dysnastat) is a long lasting COX-2 selective inhibitor which cause less GI symptoms among patient. Objective: To compare the differences of ketorolac and dynastat in pain of post-surgery patient and its side effects. Our hypothesis is Dynastat appeared to be superior in pain control and less side effect than ketorolac Settings & Participants: 60 patients were selected in Da Lin Tzu Chi hospital from Jan 2013 ~ Jan 2014. Methods: In this randomized, controlled, non-blinded trial, female patients aged 18-65 years with a body weight 50~70kg, underwent laparoscopic assisted vaginal hysterectomy(LAVH) will be randomised in a 1:1 ratio to receive either the Dysnastat (group A, n=30) or ketorolac (group B, n=80). Any patients who had allergy to drugs, previous history of gastric ulcer, asthma history, coagulopathy, severe liver cirrhosis and chronic kidney disease were excluded. Primary outcome was pain score of patient after 24hr, 48hr of surgery. Secondary outcomes were side effects (dizziness, headache, vomiting, stomachache.) Results: Compared with ketorolac group (B), Dynastat did not significantly reduce the post-surgical pain (mean+ SD: 1.4+1.07 vs 1.2+1.13, p = 0.484). Other side effects also showed non-significant results, dizziness (p=0.155), headache (-), vomit (p = 1.00), stomachache (p = 0.374) Discussion: There were previous publication on dynastat able to reduce postoperative pain in laparotomy surgery patient and can replace the role of opioid in postoperative pain. However, their effects in laparoscopic surgery was not compared. In our study, the results showed non-significant in difference of analgesic effect. There were only 3 patients in each group had extra injection of demoral due to intolerance pain. Conclusion: The pain relieve effects of ketorolac injection is non inferior than dynastat in post-operative pain of laparoscopic assisted vaginal hysterectomy(LAVH).

稿件編號： OG5	**台灣 505 個病例的海扶刀臨床經驗** **HIFU-Clinical Experience of 505 cases in Taiwan**
臨時收件編號： 2695	應宗和 中山醫學大學附設醫院婦產部
論文發表方式： 口頭報告	We've learned in the past 4 years since HIFU was introduced to Taiwan in 2014. About 1700 HIFU surgeries were performed in Taiwan since then. Chung Shan Medical University Hospital , is the only hospital in Taichung with HIFU equipments and we've had about over 500 HIFU cases. Today I will focus on these cases and share with you the results of our analysis. Hopefully it will provide you with some new insights.
論文歸類： 一般婦科	

稿件編號： OG6	高強度聚焦超聲(普羅海芙)治療子宮腺肌瘤及子宮肌瘤之經驗及腫瘤體積變化的初步報告 **The experience and volume change of adenomyosis and myomas after PRO-HIFU in our preliminary report** <u>林大欽</u> 關龍錦 黃閔暄 朱益志 郭宗正 台南郭綜合醫院 婦產部
臨時收件編號： 3385	
論文發表方式： 口頭報告	Objective: To compare the volume change of adenomyosis or myomas in 3 months after uterine-sparing treatment of PRO-HIFU(high-intensity focused ultrasound). Materials and Methods: We had performed thirty-six cases of PRO-HIFU until 10/25/2019 after our first in April 3rd, 2019 in Kuo General Hospital. The HIFU machine we used was PRO2008. We compared the differences of MRI images of patients' adenomyosis or myomas before treatment and 3 months after treatment. And we derived the shrink rate as the equation of (1-volume after treatment / volume before treatment). Results: Twenty-three cases (63.9% of 36 cases) were affected by adenomyosis only. The average age of them was 39.7 years old. There were 77.8% of them followed by MRI after 3 months of treatment. The average shrink rate of adenomyosis or myomas was 41.2%. But because that 52.7 % of them were contemporarily treated with Leuplin depot or Dinogest or Gestrinone. Further follow-up should be evaluated after fading of these drugs' effects. Conclusions: The preliminary results of PRO HIFU had favorable outcomes. But long-term data for this newest uterine-sparing intervention are urgently needed. And study of its application including the indications and methodology of energy setting and treatment plan are also urgently needed.
論文歸類： 一般婦科	

稿件編號：OG7	**外陰疼痛－兩病例報告和文獻回顧**

Vulvodynia: A Report of Two Cases and Review of the Literature

李耀泰[1] 黃閔暄[1] 林茂[1] 吳宗城[1] 林大欽[1] 林儒昌[1] 朱益志[1] 郭宗正[1]

郭綜合醫院 婦產部

臨時收件編號：2831

論文發表方式：口頭報告

論文歸類：一般婦科

Introduction

Vulvodynia is defined by the International Society for the Study of Vulvovaginal Diseases as vulvar pain of least three months' duration, without a clear identifiable cause and an absence of relevant visible findings. It is often a chronic and debilitating disease, with patients seeking care from numerous physicians, without significant improvement. Patients with vulvodynia often feel helpless in dealing with their pain and sexual life. Although there is no known etiology for vulvodynia, it is believed to be multifactorial. When medical management then fails, patients are referred for surgical management.

Case 1 Report

In a 45-year old woman, the presenting symptom was pain occurring for months solely on the left inferior vulvar area. In the most recent two months, the severity of the pain increased. Pelvic examination did not reveal any erythema or ulceration of vulva, however cotton swab tests revealed tenderness in that area. The visual analog scale (VAS) for pain was 8 out of 10. For the first month, she was treated by local injection with corticosteroid and lidocaine in another hospital without any improvement, and severe pain occurred during injection. She was then treated with oral gabapentin of 300 mg/day, with topical 2% lidocaine jelly and 4 mg of chlorpheniramine at night. She felt very well, with significant improvement lasting for six months.

Case 2 Report

A healthy 42-year-old, G2P2, Taiwanese woman was referred to our institution due to 12 months of treatment-refractory vulvodynia. She had increased pain severity at the eleven o'clock position along her vulvar area, stating that it was worsened by stress, menses, intercourse, and laying on her right side. She had been prescribed a variety of vaginal suppositories, topical creams, and oral pain killers, all of which provided only minimal relief. Her mood was low and her activity was limited, and she strongly desired surgical treatment; as such, she subsequently underwent right partial vestibulectomy. Histologic evaluation showed nonspecific inflammation with fibrosis of the vulva. The patient is doing well without any vulvar pain nine months after operation.

Discussion

Pharmacological treatment that may be beneficial and considered as first-line agents include antinoceptive agents (lidocaine, capsaicin), anti-inflammatory agents (corticosteroids, interferon), neuromodulating medication (anti-convulsants and antidepressants), hormonal agents, and muscle relaxants (botulinum toxin). However, though symptoms may be reduced following treatment, they still persist to some degree. For some women, pain reduction or enhanced pain management skills may be sufficient for increasing their quality of life and can be an important endpoint of the treatment itself. Topical lidocaine was recommended as a first-line treatment for vulvodynia based on promising results in several trials. Gabapentin is thought to attenuate depolarization of nociceptors resulting in decreased pain. Surgical management is currently the most effective therapy to treat vulvodynia, with a reported success rate of 60% to 100%. Vestibulectomy was recommended primarily for patients with provoked localized pain of the vestibule. Our cases were successful in obtaining remission through both medical and surgical treatment.

稿件編號： OG8	**性醫學中心之罹患性功能障礙女性的特徵** **Characteristics of women with sexual dysfunction in sexual medicine center**
臨時收件編號： 2751	周吟柔 [1,2] 悠仁婦兒聯合診所附設晴媛性醫學中心 [1] 樹德科技大學人類性學研究所 [2]
論文發表方式： 口頭報告	Objectives: The prevalence of seeking help for female sexual dysfunction was much lower than other medical diseases, which contained physiologic, psychologic and social reasons. The aim of this study was to identify the characteristics of women with sexual dysfunction, and the difference between treated and untreated women in sexual medicine center
論文歸類： 一般婦科	Materials and Methods: A retrospective study of 94 women with sexual dysfunction was recruited from one sexual medicine center in southern Taiwan from Apr 2015 to Sep 2019. Socio-demography, sexual-related physiologic and psychologic factors, partner's factors, and treatment methods were assessed. Results: The mean age was 37.4 years (20-64.8). Of 94 women with sexual dysfunction, 51.2% matched with DSM-V Sexual Interest/Arousal disorder, 47.6% Sexual Orgasmic disorder, and 81.9% Genito- Pelvic pain/ penetration disorder (46.8% single type, 25.5% two- combined, and 25.5% three-combined). On sexual-psychologic characteristics, the mean numbers of associated factors were four (0-7) including lack of privacy (74.7%), stress or fatigue (65.8%), self-perceived poor health (64.2%), poor sexual satisfaction (63.5%), partner relationship length more than 36 months (61%), poor relationship with parent in childhood (49.4%), and bad experience of first sex (48.7%), etc. On partner's characteristics, 21.5% reported bad sexual communication and 17.3% reported partner's sexual dysfunction. 75.5% (n=71) agreed to enter into treatment protocol, which the mean times was 2.16 (0-30). On treatment characteristics, physical therapy was mostly common (62%), non-medication herbal gel (52.1%), medication (39.4%), surgery (4.2%) and psychotic counseling (2.8%). Of 71 women who entered into treatment protocol, 62.0% succeeded, 12.7% failed, and 25.4% loss follow-up. There were no significantly difference between untreated and treated women. Conclusions: Female sexual dysfunction were commonly attributed to physiologic, psychologic and partner's factors. There was no significantly difference between untreated and treated women. Multidisciplinary treatments must be consideration into protocols.

稿件編號： OG9	如何減少腹腔鏡手術出血量 **How to decrease the blood loss in laparoscopic myomectomy ?**
臨時收件編號： 3425	<u>陳三農</u>[1] 高雄榮民總醫院[1]
論文發表方式： 口頭報告 論文歸類： 一般婦科	We will introduce the methods to decrease the blood loss in laparoscopic myomectomy. For example uterine a ligation, pitressin and pitocin and cytotec usages, etc. We will compare the efficancy and cost of the methods by EBM and how to perform uterine artery ligation in video.

稿件編號： OG10	**人工智慧在診斷與量化子宮腺肌症的應用-機器人有幫助嗎?** **Artificial intelligence for diagnosis and quantification of adenomyosis-Can robots assist?**
臨時收件編號： 2697	黃瑟德 [1,2,3] 蘇晏儒 [4] 黃俊諺 [1] 游雅君 [1] 蔣依吾 [4] 桂羅利 [1] 義大醫院婦產部 [1] 義守大學醫學院 [2] 南佛羅里達大學醫學院婦產部 [3] 國立中山大學資訊工程學系 [4]
論文發表方式： 口頭報告	Introduction: Adenomyosis is defined as the existence of endometrial tissue in myometrium and manifested by menorrhagia and dysmenorrhea with defective endometrial receptivity. Although various classifications are used to describe the extensiveness of adenomyosis, all are relatively subjective and inconsistent among different examiners. Thus, this study aimed to generate an algorithm for recognizing and quantifying the lesions that will provide more objective communication among examiners. Since TGF-beta 1 plays a crucial role in the pathogenesis of adenomyosis, the effects of anti-TGF-beta 1 on adenomyosis formation in a mouse model was used to validate the algorithm. Methods: Adenomyosis in mice was induced by injecting tamoxifen (1 microgram/gm body weight) in the first four postnatal days (PNDs). At PND42, anti-TGF-beta 1 (10 microgram) or ddH2O was injected into left or right uterine horn, respectively. Uteri were collected at PND64 for H & E staining. Deep computer learning using convolutional neural network (CNN), leaky rectified linear unit (ReLU) and dense atrous spatial pyramid pooling (DASPP) was used to establish the algorithm for identifying the lesions. The accuracy of the algorithm was tested by mean intersection over union (mIOU). The quantification of the lesions was established using four parameters, including distance ratio, area index, skeleton ratio and shape index ratio. Results: The computer successfully detected adenomyotic lesions and showed that anti-TGF-beta 1 significantly reduced their development. A software was generated for the quantification of adenomyotic lesions. Conclusion: Deep computer learning is proven feasible for the quantification of adenomyotic lesions. The information gathered in this study will be used to further develop an algorithm for human tissues.
論文歸類： 一般婦科	

台灣婦產科醫學會 109 年度年會暨擴大學術研討會

論 文 摘 要

稿件編號： OG12	**針對使用 Dienogest 治療子宮內膜異位症患者其生活品質健康之短期研究報告** **Efficacy and Short-Term Outcomes of Dienogest for Health-Related Quality of Life in Women with Endometriosis**
臨時收件編號： 3414	張育維[1] 莊斐琪[1] 黃寬慧[1] 楊采樺[1] 吳伶穎[1] 李伊菱[1] 高雄長庚紀念醫院婦產部婦科[1]
論文發表方式： 口頭報告 論文歸類： 一般婦科	Dienogest (DNG) is a progestin with highly selective progesterone and used to reduce endometriosis-related pain. We enrolled 85 patients who were diagnosed as endometriosis by clinical presentation or surgical proof. All of the patients received 2mg oral DNG daily and completed the Endometriosis Health Profile-5 (EHP-5) questionnaire for evaluating their health-related quality of life, as well as pain score (visual analogue scale, VAS) at the baseline, one month, 3 months, and 6 months after DNG treatment. Pain was described as overall improved by 87.7% of patients； 51.7% of patients stated the pain was "much better" after 3 months of DNG treatment. The mean VAS score was 6.6 +- 3.0 at baseline and significantly decreased to 2.1, 1.7, 1.2 at one month, 3 months, and 6 months. EHP-5 score was 7.5 +- 5.6 at baseline and deceased to 4.0, 3.4, 3.7 respectively. The most common side effects included weight gain (47.4%), headache (36.8%), nausea (36.8%), irregular uterine bleeding (36.8%) or breast tenderness (26.3%). In this cohort, 9.6% of the patients withdrew the treatment group for they could not tolerate the side effects. In conclusion, the DNG administration was associated with a reduced pain score and better quality of life with relatively tolerable side effects for the women with endometriosis in short-term observation.

稿件編號：OG13	**子宮內膜異位症與冠狀動脈疾病風險相關性之全國世代性研究**
臨時收件編號：2726	**Endometriosis associated with an increased incidence of coronary artery disease: a retrospective population-based cohort study**

李佩蓁[1] 丁大清[1,2]

花蓮慈濟醫院婦產部[1] 慈濟大學醫學科學研究所[2]

論文發表方式：
口頭報告

論文歸類：
一般婦科

Background: Endometriosis is a common systemic chronic inflammatory disease. It is well established that inflammation is the key mechanism in the development of endothelial dysfunction and atherosclerosis. This study investigates the risk of coronary artery disease (CAD) in patients with endometriosis.

Materials and Methods: This is a population-based cohort study comprising patients with endometriosis from the Longitudinal Health Insurance Database from 2000 to 2012 in Taiwan. We randomly selected a control group without endometriosis by 1:4 matching the age frequency and index year with the endometriosis group. We followed-up the patients until the diagnosis of CAD, withdrawal from the National Health Insurance system, death, or the end of the study period.

Results: The study included 19,521 patients with newly endometriosis and 78,084 patients in the control cohort. The median age at diagnosis with endometriosis was 37.4 years. A total of 3,442 patients developed coronary artery disease in both groups during a median follow-up of 7 years. The incidence of CAD was higher in patients with endometriosis than in patients without endometriosis [6.03 and 4.47 per 10,000 person-years； adjusted HR (95%CI), 1.27 (1.17-1.38)]. The risk of CAD was also associated with age, obesity, coronary kidney disease, hypertension, hyperlipidemia, and diabetes mellitus.

Conclusions: We found endometriosis is significantly associated with a higher risk of CAD in all age stratification after adjustment of baseline comorbidities.

稿件編號： OG14	**東台灣骨盆腔感染致病菌的回溯型世代研究** **Pelvic inflammatory disease and caused pathogens in Eastern Taiwan: A retrospective cohort study**
臨時收件編號： 2728	 陳姵辰 [1] 李佩蓁 [1] 丁大清 [12] 花蓮慈濟醫院婦產部 [1] 花蓮慈濟醫院研究部 [2]
論文發表方式： 口頭報告	Objectives: To explore the cervical culture pathogens in different age groups (< 50 y and $\geq$ 50 y) of women in a medical center at Eastern Taiwan.
論文歸類： 一般婦科	Materials and Methods: We enrolled patients diagnosed of (PID) from 2013 to 2018 at the Hualien Tzu Chi Hospital, Hualien, Taiwan The specimens were obtained from the endocervix using aerobic and anaerobic culture swab stick. Bacteria isolates were characterized by using conventional methods. Patients were divided into two groups according to age: younger group (age < 50 years) and elderly group (age $\geq$ 50 years). In subgroup analysis, the endocervical pathogens were further stratified into vaginal, respiratory, enteric, skin, oral and other organisms. The Chi-square test was used to compare categorical variables. A p-value < 0.05 was considered significant. Results: A total of 97 patients were included in the study. There are 21 patients in the elderly group and 76 patients in the younger group. Microorganisms were isolated for 333 times. Enteric pathogens are the most common in both groups. Vaginal pathogens and respiratory pathogens are second most in the younger and and elderly group respectively. Conclusion: Non-STD pathogens are different in elderly age and respiratory pathogens play an important role in elderly group especially for menopausal women. The reasons of the results may be due to different pathogenesis of elderly patients such as direct intra-abdominal infection rather than ascending infection. Our study can be a reference for the basis of antibiotic choice of non-STD bacterial infection of PID and prevent long-term sequelae of PID.

花蓮慈濟醫院婦產部 花蓮慈濟醫院研究部

稿件編號： OG15	**在門診取出無尾線的子宮內避孕器之簡易方法** **A simple easy way to remove the IUD with missing strings in the office setting**
臨時收件編號： 2767	詹文宗 [1] 臺北榮民總醫院玉里分院婦產科 [1]
論文發表方式： 口頭報告	Objective: To present a simple easy way to remove the IUD with missing strings at the outpatient clinic. Methods, Materials and Results: From July 2012 to October 2019, 14 cases of "difficult removal" were encountered. All of them were parous women with the age ranged from 22 to 46. They were advised to come back to the OPD during menstruation. A long Kelly clamps or an ovum-forceps was applied into the uterine cavity, the IUD was grasped and pulled out of the vagina. The patients stood the procedure well, while the cervical os was naturally dilated in periods. Conclusions: Timing is an important factor. The IUD with missing strings can be removed during menstruation without difficulty. This is a less invasive, simple and easy way.
論文歸類： 一般婦科	

稿件編號：V10	**去皮法 --- 更安全精準的微創小陰唇整形術式** **Peeling labiaplasty, less traumatic, more secure, precise method for labia minora reduction**
臨時收件編號：2693	劉祥耀 [1] 薇娜時尚美學診所 婦產部 [1]

| 論文發表方式：影片展示

論文歸類：一般婦科 | Objective:
To establish a new technique to make the aesthetic labiaplasty safer.
Materials and Methods:
The new peeling labiaplasty is demonstrated on video. 12 patients received this new technique for labia minora reduction over a 6-month period from May 2019 to Nov 2019.
Results:
In 12 cases, there is no wound dehiscence , no postoperative asymmetry, no major hematoma, no wound edge irregularity and no further requirement of revision surgery.
Conclusions:
The new technique proved to offer many advantages over current techniques, is easy to performed with short learning curve, is bother-free from the underlying vascular supply, less bleeding, less pain, faster recovery, and most importantly, has an extremely low complication rate, results in high patient satisfaction. |

稿件編號：V11	針對耕莘醫院 **STUMP** 腫瘤在特性，預後，及五年後復發做 **11** 年回朔性統整 **11-year Retrospective Analysis on Characteristics of Cases with Uterine Smooth Muscle Tumor of Uncertain Malignant Potential in Cardinal Tien Hospital.** 林映玫 [1] 財團法人天主教耕莘醫院 [1]
臨時收件編號：2783	

林映玫 [1]
財團法人天主教耕莘醫院 [1]

論文發表方式：
影片展示

論文歸類：
一般婦科

Introduction

STUMP is a rare tumor that's often an intraoperative accidental finding from an arranged myomectomy or hysterectomy surgery under the presumption of uterine myoma.

Methods

11-year data (2008 to 2019) with STUMP regarding presenting clinical, radiologic, and pathologic features of the patients, and 5-year recurrence, in the hope to find some pattern of regularity for future diagnoses.

Results

Mean age: 43.0 years old. Preoperative sonographic images of patients: 100% heterogeneous with partly hyperechoic regions and well-defined margin (all 6 cases)；32% cystic degeneration (2 cases)；16% calcification (1 case)；32% posterior enhancement (2 cases) and 32% lobulated nodules (2 cases)；Number of mitotic figures/10hpf: 2, 7, 2, 3, 1, Mild atypia 66.7% (3 cases)；moderate atypia 16% (1 case) and central necrosis 16% (1 cases)；one severe necrosis with massive hemorrhage 16% (1 case)；one with bizzare giant cells and marked ischemic change 16% (1 case)

Conclusions

No relevance between tumor size, mitotic number, cell atypia, necrosis and recurrence those patients who were operated in Cardinal Tien Hospital.

Discussion

The clinical presentation, laboratory and radiological findings of patients with STUMP vary greatly, there is no particular symptom, sign and it can occur in all age groups. Currently, the definitive diagnosis still relies on histopathological confirmation, STUMP cases should be followed for a long term due to possible malignant transformation

稿件編號： V12	**腹腔鏡下雙側子宮動脈結紮對複雜的剖腹產疤痕妊娠治療：個案報告** **Laparoscopic bilateral uterine artery ligation in treating advanced Cesarean section scar pregnancy: A case report**
臨時收件編號： 2895	林佳昀 [1] 莊斐琪 [1] 黃寬慧 [1] 龔福財 [1] 高雄長庚紀念醫院婦產部 [1]
論文發表方式： 影片展示 論文歸類： 一般婦科	Introduction: As the rate of Cesarean section (CS) increasing in recent decades, Cesarean Scar Ectopic Pregnancy (CSEP) is becoming common. This condition may be accompanied by serious events, such as life-threatening hemorrhage and uterine rupture requiring surgery, particularly for those with advanced gestations. We reported a case of large deep-implanted CSEP who received laparoscopic bilateral uterine artery ligation first to reduce uterine perfusion, and then followed by suction dilatation and curettage. Case presentation: A 39-year-old woman, gravida 2, para 1, with history of one previous CS, had 8 weeks of amenorrhea, was referred to our hospital because of intermittent lower abdominal pain. Neither vaginal bleeding nor watery discharge was noted. Her serum β-HCG was 27810.5 mIU/mL. Trans-abdominal sonography revealed a well-defined gestational sac, 4.06 x 3.21 cm, over anterior myometrium of the lower uterine segment, contained a fetal pole (crown-rump length=1.99 cm, equal to 8 weeks 4 days) with active cardiac activity. MRI showed Type II CS scar ectopic pregnancy, and the minimum wall thickness of the defect was only 2mm. Laparoscopic bilateral uterine arteries ligation was performed initially followed by D&C under laparoscopic visualization to avoid disrupting. paper-thinned previous CS dehiscence. The estimated amount of blood loss during operation was 350 ml. β-HCG on post-operation day 1 was down to 4476.6 mIU/ml. The patient recovered well without complications. Two months later, sonography revealed normal shaped uterus and clear endometrium. Conclusions: Laparoscopic bilateral uterine arteries ligation followed by D&C can effectively reduce the risk of intraoperative massive bleeding and eradicate ectopic trophoblasts in single step without needs of adjuvant therapy in advanced CSEP. This procedure can lead to time-saving recovery and favorable outcome.