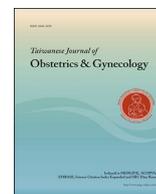




Contents lists available at ScienceDirect

Taiwanese Journal of Obstetrics & Gynecology

journal homepage: www.tjog-online.com

Editorial

Outstanding research paper awards of the 2017 *Taiwanese Journal of Obstetrics and Gynecology*

In this April issue of the journal, we are glad to introduce the winners of the 2017 *Taiwanese Journal of Obstetrics and Gynecology* (TJOG) *Outstanding Research Paper Award*. The awards were selected from among research papers published in the 2017 print issues of the TJOG. There are two winners. One is Dr. Kuo's paper entitled "A case-controlled study comparing harmonic versus electrosurgery in laparoscopic myomectomy" [1] and the other is Dr. Lai's article entitled "Asymptomatic pyuria in pregnant women during the first trimester is associated with an increased risk of adverse obstetrical outcomes" [2], which were published in the February and April 2017 issues, respectively. Both winners received their honors at the *Annual Meeting of the Taiwan Association of Obstetrics and Gynecology* (TAOG) on March 17 and 18, 2018, held in Kaohsiung, Taiwan.

Dr. Kuo used a new electro-power system (harmonic scalpel: Ethicon Endo-Surgery, Cincinnati, OH, USA) as a tool to perform laparoscopic myomectomy (LM) in the management of 33 women with symptomatic uterine fibroid to test its safety and feasibility [1]. The authors enrolled other 558 women who were treated with LM by using conventional electrosurgery system as the comparison group. The results showed that there was no difference of intra-operative and immediate post-operative items, which were evaluated in their study, such as number of myomas, myoma size, intra-operative blood loss, and operative time between two groups [1]. The authors found complication rate was low and hospital stay was short in the harmonic scalpel group, suggesting the potential benefit of this system during the LM procedure [1]. The above-mentioned study is interesting.

First, uterine fibroids (leiomyomas or myomas) are the most common benign uterine tumors, and one of the most frequently used indications for surgery [3,4]. Therefore, the topic addressing uterine fibroid is welcome. In addition, myomectomy is one of the best choices in the management of women with symptomatic uterine fibroids, especially for the need of future fertility. There is no doubt that myomectomy is a complicated surgery. The most common problem during surgery is hemorrhage, and it is also a strong indicator for myomectomy-related complication [5,6]. Therefore, any surgical instruments or technology reporting the good for myomectomy is welcome [7–9], which could help to finish a delicate operation, a critical step needed to minimize surgery-related complication [5]. To achieve this goal, the assistance of more effective and powerful surgical instruments and gentle techniques are required [6]. Dr. Kuo showed that no complication happened when patients were treated with the harmonic scalpel [1], suggesting the feasibility of the harmonic scalpel system during

LM. We are glad to learn any technique or instrument to minimize the surgery-related trauma, decrease surgery-related blood loss and improve the performance during operation, as shown by Dr. Kuo's study [1].

Dr. Lai's research addressed another controversial issues about the clinical significance for asymptomatic pyuria or bacteriuria (ASP or ASB) in pregnancy [2]. There are at least two main questions raised in their study. First, is it necessary to perform the screening for ASP or ASB in pregnancy? Second, is there any benefit for pregnancy outcome if they receive antibiotics treatment for their ASP or ASB? To response to this question should consider the balance of benefits and harms of screening of ASP or ASB in the comparison with no screening? Furthermore, there is uncertain which screening method is effective and economic? It is unknown when should perform screening during pregnancy? To response to the question 2 also needs the consideration of the balanced benefit/harm ratio of a routine screen-treat-policy for ASP or ASB in pregnancy. Furthermore, is there any difference of antibiotics treatment and nontreatment for pregnant women with ASP or ASB? Unfortunately, Dr. Lai's study did not add any new information about this. By contrast, the current study showed the results of the effect of ASP on pregnancy outcomes [2]. These pregnant women with ASP in the first trimester had a significantly increased risk of adverse obstetrics outcomes, including preterm labor (odd ratio [OR] of 2.23, 95% confidence interval [CI] of 1.23–4.06), premature preterm rupture of membranes (OR 4.27, 95% CI 1.63–11.18), low-birth weight neonates (OR 1.76, 95% CI 1.04–2.97), and low Apgar scores (OR 4.89, 95% CI 1.80–13.25) [2]. Based on the above findings, Dr. Lai concluded that the identification of pregnant women with ASP via urinalysis in the first trimester might be a predictor for adverse outcomes [2]. As commented above, although the results seemed to be reasonable, Dr. Lai did not discuss the real meaning of ASP or ASB in pregnancy. For example, does it need urine culture to confirm the pregnant women with ASP or ASB? The detailed information of these women positive ASP was not shown in Dr. Lai's study. The audience did not know how many pregnant women with ASP had been treated with antibiotics. How many pregnant women with ASP did not have ASP during their following prenatal examination? How many pregnant women without ASP were subsequently diagnosed with ASP in their following prenatal examination? There are too many questions raised to make this topic more confusing. The recent systematic review also did not answer the above-mentioned questions [10]. No recommendation for this topic: pregnant women with ASP or ASB can be followed because of very low quality evidence [10]. In addition, we doubted that

ASB might be a transient phenomenon, since the human body is a complex and dynamic ecosystem, which is colonized or covered by a diverse collective of microorganisms (microbiome or microbiota). Interaction between body microbes and the host might be balanced on mutualism and pathogenicity [11]. It is not fully understood for host–microbe interactions, which are influenced by state of immune activation, host genetic predisposition, barrier status, microbe localization, and microbe–microbe interactions in human body [11]. To overcome the uncertainty of the need of screening and treatment for pregnant women with ASP or ASB, much more studies are welcome to test whether screening and/or subsequent treatment is beneficial for those pregnant women or not. Host–microbe interaction might be much more complicated than we expected. In fact, the relation between infection and pregnancy outcome is a long-term hot but conflicted issue, which also involve one of microbe families: *Lactobacillus* [12–15]. When we discuss or study the diseased and healthy status of female urinary and genital system, it is hard to neglect the role of the *Lactobacillus* species. We are looking forward to seeing more studies targeting this topic.

Finally, as a president of the *Taiwan Association of Obstetrics and Gynecology*, and an Editor-in-Chief and a Deputy Editor of the *TJOG*, we are pleased to congratulate both doctors on their winning of the *Outstanding Research Article Award*. We believe that the authors' or readers' continuing contribution and efforts will provide an excellent and perfect women's health care.

Conflicts of interest

All authors declare no conflict of interest.

Acknowledgements

Supported by grants from the Ministry of Science and Technology, Executive Yuan (MOST 106-2314-B-075 -061 -MY3 to P.-H. Wang and MOST-104-2314-B-195-009 to C.-P. Chen), Taipei Veterans General Hospital (V106C-129; V106D23-001-MY2-1; and V107C-136 to P.-H. Wang) and Mackay Memorial Hospital (MMH-E-105-04 to C.-P. Chen).

References

- [1] Kuo HH, Li Y, Wang CJ, Juang HT, Lee CY. A case-controlled study comparing harmonic versus electrosurgery in laparoscopic myomectomy. *Taiwan J Obstet Gynecol* 2017;56:73–6.
- [2] Lai YJ, Hsu TY, Lan KC, Lin H, Ou CY, Fu HC, et al. Asymptomatic pyuria in pregnant women during the first trimester is associated with an increased risk of adverse obstetrical outcomes. *Taiwan J Obstet Gynecol* 2017;56:192–5.
- [3] Wang PH, Liu WM, Fuh JL, Chao HT, Yuan CC, Chao KC. Symptomatic myoma treated with laparoscopic uterine vessel occlusion and subsequent immediate myomectomy: which is the optimal surgical approach? *Fertil Steril* 2009;92:762–9.
- [4] Wen KC, Chen YJ, Sung PL, Wang PH. Comparing uterine fibroids treated by myomectomy through traditional laparotomy and 2 modified approaches: ultraminilaparotomy and laparoscopically assisted ultraminilaparotomy. *Am J Obstet Gynecol* 2010;202: 144.e1–8.
- [5] Horng HC, Tsui KH, Wang PH. The powerful hemostatic devices are one of the milestones for successful laparoscopic surgery. *J Chin Med Assoc* 2018;81:92–3.
- [6] Wen KC, Horng HC, Wang PH. Hemorrhage: a strong indicator for myomectomy-related complication. *J Chin Med Assoc* 2016;79:413–4.
- [7] Huang HY, Liu YC, Li YC, Kuo HH, Wang CJ. Comparison of three different hemostatic devices in laparoscopic myomectomy. *J Chin Med Assoc* 2018;81:178–82.
- [8] Chen SY, Sheu BC, Huang SC, Chang WC. Laparoendoscopic single-site myomectomy using conventional laparoscopic instruments and glove port technique: four years experience in 109 cases. *Taiwan J Obstet Gynecol* 2017;56:467–71.
- [9] Liu YC, Li YC, Kuo HH, Wang CJ, Wu KY. The use of fibrin sealant (Tisseel) in laparoscopic excision of ovarian endometrioma. *Taiwan J Obstet Gynecol* 2017;56:342–5.
- [10] Chang WH, Yeh CC, Wang PH. Do pregnant women with asymptomatic bacteriuria treatment? *Taiwan J Obstet Gynecol* 2017;56:583–4.
- [11] Yeh CC, Chen CY, Wang PH. Infection and preterm birth. *J Chin Med Assoc* 2017;80:530–1.
- [12] Wang KC, Wang PH. *Lactobacillus* supplementation and Group B Streptococcus infection. *Taiwan J Obstet Gynecol* 2017;56:121–2.
- [13] Li YT, Yeh CC. The supplement of *Lactobacillus* for women. *Taiwan J Obstet Gynecol* 2017;56:123.
- [14] Lee WL, Wang PH. *Lactobacillus* and lower genital tract infection. *J Chin Med Assoc* 2017;80:5–6.
- [15] Lee WL, Tsui KH, Wang PH. *Lactobacillus* and health. *J Chin Med Assoc* 2016;79:639–41.

Peng-Hui Wang*

Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan

Department of Obstetrics and Gynecology, and Institute of Clinical Medicine, National Yang-Ming University School of Medicine, Taipei, Taiwan

Department of Medical Research, China Medical University Hospital, Taichung, Taiwan

Chih-Ping Chen

Department of Obstetrics and Gynecology, National Yang-Ming University School of Medicine, Taipei, Taiwan

Institute of Clinical and Community Health Nursing, National Yang-Ming University, Taipei, Taiwan

Department of Obstetrics and Gynecology, Mackay Memorial Hospital, Taipei, Taiwan

Department of Medical Research, Mackay Memorial Hospital, Taipei, Taiwan

Department of Biotechnology, Asia University, Taichung, Taiwan

School of Chinese Medicine, College of Chinese Medicine, China Medical University, Taichung, Taiwan

Tsung-Cheng Kuo

Department of Obstetrics and Gynecology, Kuo General Hospital, Tainan, Taiwan

* Corresponding author. Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, National Yang-Ming University, 201, Section 2, Shih-Pai Road, Taipei, Taiwan.

E-mail addresses: phwang@vghtpe.gov.tw, pongpongwang@gmail.com (P.-H. Wang).