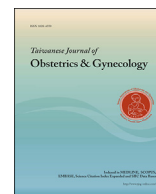




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Editorial

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 much 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.

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