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看似婦科癌症的非癌症狀況
Non-Cancerous Conditions Mimicking Gynecologic Malignancies

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Some non-cancerous conditions may mimic gynecologic malignancies. Cervical condyloma, actinomycosis, tuberculosis, syphilis, fibroid, herpes pseudotumor, etc, may mimic cervical cancer. Ovarian polypoid endometriosis, hyperstimulation, decidualized endometrioma and luteoma in pregnancy, tuberculosis, actinomycosis, abscess, Meigs and pseud-Meigs syndromes, adenomatoid tumor, etc, may mimic ovarian cancer. Tubal pseudocarcinomatous hyperplasia, adenomyoma, ectopic pregnancy, florid cystic endosalpingiosis, etc, may mimic tubal cancer. Peritoneal disseminated leiomyomatosis, tuberculosis, actinomycosis, sarcoidosis, florid diffuse peritoneal deciduosis, etc, may mimic peritoneal carcinomatosis. Pelvic lymph node decidua in pregnancy may mimic lymph node metastasis in pregnancy. G-CSF induced focal intensive focal FDG uptake may mimic multiple bone metastasis. Histopathological examination may be the most reliable way to confirm if it is malignancy or not. However, prudent clinical and image evaluations should be undertaken before the decision of invasive procedures so as to avoid potentially adverse clinical outcomes.

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Update on the diagnosis and management of gestational trophoblastic disease
妊娠滋養細胞疾病的診斷和治療

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Gestational trophoblastic disease (GTD) arises from abnormal placenta and is composed of a spectrum of premalignant to malignant disorders. Current International Federation of Gynecology and Obstetrics guidelines for making the diagnosis and staging of gestational trophoblastic neoplasia allow uniformity for reporting results of treatment. Most women with gestational trophoblastic disease can be successfully managed with preservation of reproductive function. It is important to manage molar pregnancies properly to minimize acute complications and to identify gestational trophoblastic neoplasia promptly. In addition to histology, molecular genetic studies can help in the diagnostic pathway. Earlier detection of molar pregnancy by ultrasound has resulted in changes in clinical presentation and decreased morbidity from uterine evacuation. Follow-up with human chorionic gonadotropin (hCG) is essential for early diagnosis of gestational trophoblastic neoplasia (GTN). The duration of hCG monitoring varies depending on histological type and regression rate. Low-risk GTN (FIGO Stages I-III: score <7) is treated with single-agent chemotherapy but may require additional agents; although scores 5-6 are associated with more drug resistance, overall survival approaches 100%. High-risk GTN (FIGO Stages II-III: score ≥7 and Stage IV) is treated with multiagent chemotherapy, with or without adjuvant surgery for excision of resistant foci of disease or radiotherapy for brain metastases, achieving a survival rate of approximately 90%. Gentle induction chemotherapy helps reduce early deaths in patients with extensive tumor burden, but late mortality still occurs from recurrent treatment-resistant tumors. It is important to individualize treatment based on their risk factors, using less toxic therapy for patients with low-risk disease and aggressive multiagent therapy for patients with high-risk disease. This review summarizes the current evaluation and management of gestational trophoblastic disease, including evacuation of hydatidiform moles, surveillance after evacuation of hydatidiform mole and the diagnosis and management of gestational trophoblastic neoplasia.

Keywords: choriocarcinoma; epithelioid trophoblastic tumor; gestational trophoblastic disease; gestational trophoblastic neoplasia; moles; placental site trophoblastic tumor.

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Metformin and women's health ~ Metformin
對防治婦女疾病的檢視

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自 1557 年 metformin 被研發至 1997 年美 FDA 核准至今，已被廣泛應用於治療糖尿病，為 2 型糖尿病的一線用藥。Metformin 之應用不限減少血中糖份、體重減輕和多囊性卵巢症候群。還可用於其他很多醫療新運用。實證報告 metformin 可降低肝硬化患者死亡風險 , 有效的預防和改善患有肝細胞癌患者生存率 ; 對大腸直腸癌，早期攝護腺癌、乳癌、尿路上皮癌症、血癌、黑色素瘤和骨癌也顯著有益，metformin 是一種有效的協助抗腫瘤用藥。metformin 對輕度認知障礙和阿茲海默症 (AD) 亦有治療益處 , 顯示其神經保護作用 ; 也有明顯改善心理功能並減少癡呆症的發生率 . 和減緩杜氏症 - 肌肉營養不良症的進展。Metformin 尚有協助抗炎作用，用於結核病 (TB) 和冠狀病毒病 (COVID-19) 是正向抗炎劑之一。另 metformin 除了對心血管疾病的有益作用之外，關於腎功能研究顯示每天口服 metformin 可以改善腎臟纖維化，有益腎臟結構和功能正常化。

最近 JAMA 於 2023.12 出爐重要產科相關議題 : [孕早期診斷出之妊娠糖尿病] 與 [第二型糖尿病婦女懷孕期] 之使用 metformin 的大型雙盲臨床證據顯示 : 服用 metformin 並不會增加懷孕與胎兒相關併發症，反之 , 早期使用於妊娠糖尿病，對孕婦體重管理 : 用者比不用或少用者體重控制較佳 , macrosomia 較少而且孕期中胰島素的需求量相對較少和開始時期也相對晚一點 .

於婦科正相關議題 : metformin 對於多囊卵巢綜合症（PCOS）雖不是第一線用藥，實證仍然支持其減輕患者的症狀，改善月經不規律性並協助促進排卵；在乳腺癌 , 子宮內膜癌的預防和治療中也有相當的研究報告 ,metformin 可能通過調節著癌細胞內的代謝過程，抑制腫瘤的生長和擴散 , 它還可能增加化療對癌的敏感性，提高治療效果 ;metformin 經由改善胰島素敏感性，控制血糖水平，從而減少心血管疾病的發病率 , 減輕肥胖患者的體重和腰圍，雖不似新興 GLP-1A 藥物的效度 , 注意其易引起之腸胃道症狀，注意使用者補充維他命 B12 和腎功能不佳的酸中毒，metformin 對過重與肥胖管理實是經濟實惠之第一線或合併用藥。近來學者再利用 Metformin 抗癌與抗發炎…等的分生調控機轉，將其使用在子宮內膜異位症和肌腺症治療，metformin 亦有顯著之輔佐抑制宮內膜異位症和肌腺症報告 .

總結而言，metformin 在婦女健康中的角色正在不斷更新和拓展。在 PCOS 治療、乳腺癌和子宮內膜癌之預防和治療，子宮內膜異位症輔佐角色以及更年期心血管疾病防治，肥胖相關暨妊娠糖尿病使用中展現潛力。這些健康益處使 metformin 成為有前景的治療策略之一，可以幫助改善婦女的整體健康狀況。最近諸多分生基礎研究回顧 metformin 除了為一線糖尿病用藥，尚有諸多臨床疾病助益，這其中多重分生機轉緣由，促成 metformin 除了可以醫治糖尿病患者和非糖尿病患者中觀察到的助益，或可成為正式適應症用藥指日可待，乃檢視近期 metformin 相關婦女健康的實證進行報告，為臨床實務，使用 metformin 之時機，盡一己綿薄。

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Progestin plus metformin improves outcomes in patients with endometrial hyperplasia and early endometrial cancer more

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台灣試管嬰兒治療相關OHSS的趨勢、風險因子、與預後

Ovarian Hyperstimulation Syndrome (OHSS) represents a critical complication that IVF (in vitro fertilization) treatments strive to avoid. Amid societal shifts leading to higher maternal ages at childbirth in economically advanced nations, the demand for IVF has surged, with such procedures now accounting for nearly 6% of all births in our country. This statistic underscores the necessity of paying special attention to the complications.

Recent advancements in cryopreservation technology, the utilization of Antagonists, and the growing implementation of the Freeze-All Policy have significantly contributed to a decline in severe OHSS cases. These observations, drawn from international IVF registries, underscore the importance of evolving prevention strategies to mitigate IVF-associated risks effectively.

This presentation delves into a comprehensive exploration of OHSS, focusing on risk factors, prevention methodologies, and the OHSS's implications on pregnancy outcomes, maternal health, and the birth outcomes. Factors increasing OHSS risk include a high egg retrieval count, younger maternal age, a history of Polycystic Ovary Syndrome (PCOS), previous OHSS occurrences, and undergoing embryo implantation.

Moreover, this talk will present unpublished preliminary findings from the Taiwan IVF Registry, analyzing hospital treatments for OHSS after ovarian stimulation. This includes an in-depth look at risk factors, short-term and long-term impacts, aiming to foster a rich discussion and encourage further investigation among peers with a vested interest in reproductive medicine.

By synthesizing two decades of international research on OHSS, the presentation aims to enhance understanding, improve prevention strategies, and refine patient management protocols. The goal is to not only advance academic dialogue but also enhance clinical practices, thereby reducing OHSS incidence and severity, and ultimately, enhancing outcomes for mothers and their children. This session promises to offer valuable insights for researchers and clinicians alike, paving the way for future advancements in the field of reproductive medicine.

卵巢過度刺激症候群（OHSS）是試管嬰兒治療盡力想要避免的關鍵併發症。隨著經濟發達國家社會變遷，導致生育年齡上升，IVF 的需求激增，如今試管嬰兒已經佔台灣所有出生數的近 6%。這一統計數據凸顯了特別關注併發症的必要性。

近年來胚胎冷凍保存技術的進步，促使胚胎全冷凍 (Freeze-All) 策略的廣為採用，還有減少胚胎植入數目以及 GnRH Antagonist 的使用，顯著地減少嚴重 OHSS 案例的發生。從國際 IVF 登錄資料得出的研究結果，讓臨床醫師了解使用這些預防策略可以有效減輕 OHSS 的風險。

本次演講將深入探討 OHSS，由風險因素、預防方法、到 OHSS 對懷孕結果、母體健康和出生結果的影響。風險因子方面，包括取卵數多、年紀較輕、過去有 PCOS 病史、過去有 OHSS 病史、有植入胚胎等等較容易有嚴重 OHSS。短期影響方面，OHSS 與高懷孕率相關，但也可能增加住院與血栓風險，長期來看，胎兒的出生體重可能較低，或沒有影響。

此外，本次講座將展示來自台灣 IVF 登記處的未發表初步發現，分析卵巢刺激後因 OHSS 而住院治療的嚴重個案。我們將同時探討風險因素、對母親、胎兒的短期和長期影響，希望這些內容能拋磚引玉供有興趣的研究同好一起討論。通過綜合二十年來關於 OHSS 的國際研究，希望能提高大家對 OHSS 的重視、並改進預防策略，從而減少 OHSS 的發生率和嚴重性，最終提升母親及其孩子的預後。