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Research Article **Published Date:-2019-12-23 00:00:00**

[Snake envenomation during pregnancy](#)

Background: We report our experience with management and treatment of pregnant women who were admitted at our institution for snake envenomation.

Method: We reviewed the charts and recorded the management, treatment, and outcome of 51 pregnant women admitted to our high-risk obstetric service with a diagnosis of snakebite.

Results: One patient experienced spontaneous abortion, 2 had intrauterine fetal death due to placental abruption, 2 delivered malformed babies, 1 had premature birth of twins with low birthweight. There were no maternal deaths.

Conclusion: Snake-venom poisoning in pregnancy is a complex medical emergency that involves complications at the site of the bite and may also involve dysfunction of multiple organ systems in both mother and fetus.

Research Article **Published Date:-2019-12-17 00:00:00**

[Comparative effect of calcium supplementation on the incidence of pre-eclampsia and eclampsia among primigravid women](#)

Background: Pre-eclampsia is a frequent and serious pregnancy complication contributing for the increasing maternal morbi-mortality rates. This study was designed to evaluate the effect of calcium supplementation during pregnancy, on the incidence of pre-eclampsia and eclampsia among primigravid women.

Method: In a hospital-based, opened, randomized and controlled clinical trial carried out in the city of Yaounde, 70 women were randomized to either 1.5 g daily calcium supplements (n = 35) or vitamins at the same time (n = 35) from 20 weeks gestation till delivery. Were included all singleton healthy, primigravid women who offered their signed inform consent and were excluded, all women with any chronic condition. Primary outcomes were pre-eclampsia and eclampsia.

Results: No significant difference was observed between the two study groups with respect to the baseline characteristics obtained at enrollment. We recorded a sevenfold decrease in the incidence of preeclampsia in the calcium group (RR = 0.26, CI 0.06 – 0.44, p = 0.024). The onset of pre-eclampsia was delayed 3 weeks in the calcium group. Meanwhile the mean diastolic blood pressure at delivery was of no significant difference (p = 0.126), the mean systolic blood pressure at delivery however, presented a significant difference between both groups (p = 0.009).

Conclusion: A 1.5 g daily calcium supplementation of healthy normotensive primigravid women during pregnancy seems to be effective in reducing the incidence of pre-eclampsia.

Case Report **Published Date:-2019-12-16 00:00:00**

[Intracerebral Hemorrhage of Brainstem in triple pregnancy after in vitro fertilization by receiving Ovum Donation: A case report and review](#)

Deliveries prior to 28 weeks' gestation (extreme preterm birth) pose a global health concern, according to the World Health Organization (WHO). Extreme preterm birth is associated with several complications in the newborn and management in neonatal intensive care unit would incur high expenses. In parallel, advancements in in vitro fertilization will give an opportunity for women to conceive in cases of ovarian failure. At the same time, health providers also encourage patients to receive more than one embryo simultaneously during an embryo transfer. Here we report a case of a patient in coma condition of triplet pregnancy, post ovum donation with three-embryo transfer. Following stabilization, cranial computed tomography (CCT) was performed. The result showed bleeding in the brainstem and into intraventricular spaces at 25+4 gestation weeks. Furthermore, ICH during pregnancy is considered as a rare case in obstetrical field, especially involving the brainstem. This could lead to life-threatening conditions and serious disability in the future. On the fifth day of hospitalization, she suffered from pneumonia and pulmonary edema. On the eighth day (26+5 gestations weeks), an emergency caesarean section was performed due to fully dilated of the cervix with breech presentation of all fetuses. Mother and the children survived with some non-life-threatening disabilities.

This is the very first case reported of intracerebral hemorrhage in the brainstem in triplet pregnancy after receiving ovum donation. Heterologous conception could be an iceberg phenomenon of gestational complications among the population. Reproductive tourism could still become greater in the future.

Research Article **Published Date:-2019-12-11 00:00:00**

[The influence of opioid on the microstructural organization of the Wall OT the uterus of the white laboratory rat](#)

Drug addiction is one of the burning problems in the modern society. Annually there is a steady increase in the level of drug abuse. United Nations Office on Drugs and Crime publishes "World Drugs Report 2018", where it was reported that about 275 million people (almost 5.6% of the world population) aged 15-64 used drugs at least once in their lives, and opium production increased by 65% in 2016-2017 [1-3]. Therefore, the question of studying the influence of drugs on the structural organization of organs remains open and relevant [4,5].

Case Report **Published Date:-2019-12-06 00:00:00**

[Meckel Gruber Syndrome: A rare and lethal anomaly](#)

We wish to present our case of the rare Meckel-Gruber syndrome, diagnosed prenatally at 18 weeks' gestation. Informed consent was obtained from both parents for publishing this case and including photos.

Research Article **Published Date:-2019-12-03 00:00:00**

[Previous antibiotic treatment as a risk factor for recurrent vulvovaginal candidiasis](#)

The incidence of recurrent vulvovaginal candidiasis (RVVC) is extremely high. RVVC is likely to have a greater impact on patients. The aim of the study was to explore the risk factors of recurrent vulvovaginal candidiasis (RVVC) in the tropical coastal area. In this case-control study, a questionnaire survey was conducted in patients with VVC in the Sanya area from July 2014 to December 2016. The data included demographic characteristics, host factors, and behavioural characteristics. According to the maximum number of symptomatic episodes per year, the participants were classified into a non-recurrent VVC (NRVVC; < 4 episodes/year, including the current one) group or a RVVC group (? 4 episodes/year, including the current one). Crude odds ratios were calculated for potential risk factors and were adjusted using logistic regression. All vaginal secretions of patients with RVVC were cultured. Of the 728 cases of VVC, 69.0% (502/728) were NRVVC, and 31.0% (226/728) were RVVC. Previous antibiotic treatment (adjusted OR: 4.41, $p < 0.01$), repeat abortion ($p < 0.05$), and vaginal lavage (adjusted OR: 1.62, $p < 0.05$) were significantly associated with RVVC. A total of 230 yeasts isolates were obtained from 226 patients. *C. albicans* were the predominant *Candida* species (194 strains) in all patients of VVC. Our results demonstrate that in the tropical coastal area, a significant association was found between previous antibiotic treatment and incident RVVC. Host factors may be the most important factors in the occurrence of RVVC.

Research Article **Published Date:-2019-11-22 00:00:00**

[Correlation between the presence of maternal gestational or pre-gestational pathologies and hearing impairment in the puerperal period](#)

Objective: To evaluate whether the occurrence of maternal pathologies, mainly Diabetes Mellitus and Hypertensive Syndromes in the gestational or pre-gestational period may be related to hearing impairment in postpartum women.

Methods: Observational, prospective study including 361 puerperal women who had their deliveries at a reference University Hospital for pregnant women with clinical history of risk. Auditory evaluation was performed by Distortion Product Otoacoustic Emissions (DPOAE) within 14 days after delivery. Measures of central tendency and absolute and relative frequencies were used to describe the sample and the chi-square test and binary logistic regression to assess the correlation among variables. Significance higher than 95% was observed and the study was approved by the Research Ethics Committee.

Results: A total of 361 postpartum women were studied and 7.5% had hearing impairment. The frequency of gestational hypertension was 13.9%, that of gestational diabetes was 8.6% and that of pre-pregnancy diabetes mellitus was 5.8%. The presence of hearing impairment was significantly correlated with the occurrence of pre-pregnancy diabetes mellitus (OR: 4.5 - CI: 1.51-1.47), and maternal age greater than 29 years (OR: 3.72 - 1, 58-8.76); A correlation was also found between maternal age and the presence of pre-pregnancy diabetes mellitus (OR: 3.84 - CI: 1.45-10.15).

Conclusion: In the population of postpartum women evaluated, having Diabetes Mellitus prior to pregnancy and belonging to the age group older than 29 years increases the chance of having hearing loss.

Case Report **Published Date:-2019-11-21 00:00:00**

[First trimester growth delay: An early marker of triploidy](#)

Triploidy is one the most common chromosomal abnormality in humans, complicating about 1% of all human pregnancies. Most affected conceptions undergo spontaneous abortion in the first trimester, making the prevalence of second trimester triploidy low. Viable triploidy is associated with high rates of maternal morbidity, including hypertensive disorders, hemorrhage, and persistent trophoblastic disease, as well as fetal and neonatal severe adverse outcomes. Given these complications, early identification of triploidy in ongoing pregnancies may inform patient counseling and management.

Research Article **Published Date:-2019-10-31 00:00:00**

[Gynaecological malignancies after breast cancer diagnosis: A population-based study](#)

Background: Breast cancer (BC) is one of the most prevalent malignancies. BC survivors have higher risk of second primary cancers than the general population. There is an increased interest in BC survivor management, including the prevention of these second cancers. The aim of this study was to assess the risk of gynaecological malignancy (GM) as second neoplasm among BC patients in our population.

Methods: Patients with invasive BC diagnosed from 1980 to 2014 included in the Girona Cancer Registry were included. The incidence of second GM in these patients was compared to those in the general population. Second primary cancer was stated as a tumour diagnosed after 2 months from the BC diagnosis. Standardized incidence ratios (SIR) and absolute excess of risk (AER) were calculated.

Results: 9,717 patients were diagnosed with invasive BC during this period, with a median age at diagnosis of 61 years, and a median follow-up of 7.9 years. 117 of them developed a second GM. By tumour type, the only statistically significant higher SIR was observed for corpus uteri cancer (SIR:2.28 95% CI 1.82-2.83; AER:6.43 95% CI 4.13-9.14). After reviewing the histology of the corpus uteri cancer cases, we found that 71.4% were type I (endometrioid adenocarcinoma), 15.5% type II (serous adenocarcinomas and clear cell carcinomas), 10.7% carcinosarcomas, 2.4% sarcomas and there were no unspecified malignant neoplasms.

Conclusion: BC survivors have an increased risk of corpus uteri cancer, with an increase in unfavourable histologies compared to the general population. Lifelong primary and secondary prevention interventions should be recommended for these patients.

Research Article

Published Date:-2019-09-18 10:00:00

[Effect of laparoscopic salpingectomy on subsequent ovarian response after controlled ovarian hyperstimulation](#)

Background: The effect of salpingectomy on ovarian response is a matter of debate. Due to conflicting data, alternative techniques were developed to perform salpingectomy for treatment of hydrosalpinges in infertile patients. This study aims to evaluate the effect of salpingectomy on ovarian response after stimulation with gonadotropins.

Methods: In a retrospective analysis, one hundred fifty-seven patients with tubal infertility were divided into three groups according to their surgical histories: bilateral salpingectomy (BS group); unilateral salpingectomy (US group); and no history of salpingectomy (NS group). Ovarian response and IVF outcomes were compared between groups by analysis of variance. Prognostic factors for ovarian response were estimated by linear regression models.

Results: In the BS group, the total numbers of oocytes retrieved, and embryos obtained were significantly lower than those in the NS group ($p = 0.02$). Poor ovarian response was also more frequent in the BS group ($p = 0.02$). In the US group, follicle development was reduced on the operated side. This effect was more pronounced when salpingectomies were performed for hydrosalpinges than when performed for ectopic pregnancies, and significant decreases were observed in follicle recruitment ($p = 0.005$) and oocyte retrieval ($p = 0.02$) on the operated side.

Conclusion: Salpingectomy could have a minor negative effect on ovarian response. This is particularly true with bilateral salpingectomies, in which the ovarian blood supply could be disrupted, with no possible compensation by the contralateral side.

Research Article

Published Date:-2019-09-18 00:00:00

[Low back pain induces disability of women in primary uncomplicated pregnancy](#)

Study design: A consecutive case series study

Purpose: To investigate whether Low Back Pain (LBP) in women with primary singleton pregnancy induces disability.

Background: LBP is reported to be increased in pregnant than in non-pregnant women. Different outcome measures have been used to search for correlations between pain and disability.

Methods: 167 pregnant women aged 30 ± 3.5 years participated. Two equal categorical age groups were constructed: Group A included women aged 23 - 29 years, and Group B women aged 30-39 years. Their weight was 76 ± 13 kg prepartum and the Body Mass index (BMI) was 28 ± 4 prepartum. Visual Analogue Scale (VAS) was used for LBP pain intensity and Oswestry Disability Scale (ODI) for disability estimation in the last three months prepartum and in the first three months postpartum.

Results: The women weight was 67 ± 13 kg postpartum. The BMI was 24 ± 4 postpartum. There was no difference in VAS and ODI scores versus BMI, weight and height between the two age groups in both periods of observation: prepartum and postpartum. Prepartum, 81.4% of women claimed LBP that dropped to 55.5% postpartum. ODI score dropped from $19.5 \pm 13.6\%$ prepartum to $11 \pm 12\%$ postpartum. The ODI subscales that showed significant reduction postpartum were: Pain intensity ($P = 0.002$); working ($P = 0.009$); sitting ($P = 0.004$); standing ($P = 0.003$); sleeping ($P = 0.008$); and traveling ($P = 0.006$). VAS prepartum was increasing as the weight was increasing in both periods of observation ($P = 0.015$ and $P = 0.051$) respectively. VAS prepartum was significantly correlated with BMI prepartum ($P = 0.019$) and postpartum ($P = 0.028$).

Discussion: Physical disability in pregnant women was low and reduced following delivery. Disability was linked with LBP intensity, weight, BMI and height, but not with age or educational level.

Research Article

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[The validity of progesterone level on hCG injection day in the prediction of IVF/ICSI cycles' outcome](#)

Background: Previous studies highlighted the negative effect of premature progesterone elevation (PE) during IVF cycles on the cycle outcomes. The aim of this study was to assess the validity of progesterone level on hCG day (P4) in the prediction of IVF/ICSI cycles' outcome.

Methods: In a retrospective cohort study, all fresh cycles of 256 patients who underwent IVF or ICSI cycles in 2017 at reproductive endocrinology & infertility unit/ OBG/Gyn department at King Abdulaziz Medical city, Riyadh, Saudi Arabia, were followed up. They were started on gonadotropin medications for ovarian hyperstimulation, followed by serial transvaginal U/S and serum estrogen levels each visit. Patients having 2 or more 18mm follicles were triggered by hCG 10,000 IU and ovum pickup was done 34-36 hrs after. Data were collected on patients' characteristics [age, BMI infertility type], cycles' characteristics [number of follicles and endometrium thickness on hCG day, P4 and estrogen levels], rates of pregnancy and pregnancy outcomes. Receiver operating characteristic curve was applied to determine the cut-off of P4 that corresponds with a negative pregnancy test. Logistic regression analysis was used and significance was considered at p - value of ≤ 0.05 .

Results: Pregnancy rate in the study sample was 36.7%. The mean P4 level in cycles with negative pregnancy tests was significantly higher than the mean in cycles with positive tests ($p = 0.018$). After adjusting for confounders, significant negative association between P4 and pregnancy rate was evident ($p < 0.03$). The optimum trade-off of P4 for prediction of a negative pregnancy test was 1.5nmol/L. This cut-off level had a 59% sensitivity, 51% specificity and 68% positive predictive value and 10% & 15% absolute and relative risk reductions respectively. Cycles with mean P4 of ≥ 1.5 nmol/L were significantly associated with primary infertility ($p = 0.011$), lower mean BMI ($p = 0.009$) higher mean estrogen level ($p < 0.001$), lower live birth rate ($p = 0.048$), higher abortion rate ($p = 0.039$), and higher ovarian hyperstimulation rate ($p = 0.027$).

Conclusion: Premature elevation of progesterone level on the hCG day in IVF/ICSI cycles may have adversely impacted the pregnancy rate and pregnancy outcome. The cutoff point of 1.5nmol/L for this P4 was not valid in predicting pregnancy outcomes.

Case Report

Published Date:-2019-07-12 02:00:00

Morbidly adherent placenta (MAP) includes the spectrum of placenta accreta, increta, and percreta. It is a major cause of obstetric hemorrhage. Caesarean section is main risk factor for MAP. Ultrasound scan is highly sensitive method for MAP diagnosis and sometime Magnetic resonance image is of choice. Early diagnosis timed elective planned intervention after preparation under skillful multidisciplinary team improve the outcome and minimize the morbidity. Caesarean hysterectomy, major arteries ligation, arteries embolization and leave the placenta in-situ all are choices of management. Use of Methotrexate for the placenta in-situ in MAP is still debatable. We present a case of MAP in which placenta left in- situ followed by multiple Methotrexate injection during postpartum with good outcome and acceptability.

Research Article

Published Date:-2019-07-02 06:00:00

[Gestational hypercholesterolemia helps detect familial hypercholesterolemia and prevent late pregnancy complications](#)

Introduction: In this retrospective study, we comment on the cause and diagnostic potential of the elevated serum total cholesterol and some non-cholesterol sterols in a population of healthy pregnant women from Prague, Czech Republic.

Methods: Based on a total of 21,000 clinical biochemistry tests of healthy pregnant women with hypercholesterolemia observed during pregnancy, a testing group of 84 women with a total cholesterol (TC) above 7.0 mmol/l was established to analyze their non-cholesterol sterols (NCS) by Gas Chromatography–Mass Spectrometry. Lathosterol (Lat) and desmosterol (Des) were evaluated as markers of endogenous cholesterol synthesis, whereas campesterol (Cam) and sitosterol (Sit) were analysed as markers of intestinal absorption.

Results: In the basic population, the frequency of gestational hypercholesterolemia with the serum TC levels > 7.0mmol/l was 1 to 136. The mean values were: TC 6.8 mmol/l, LDL-C 4.6 mmol/l, and HDL-C 2.2 mmol/l. In the selected testing group of 84, the mean values were: Lat 7.8+/-1.7 ?mol/l, Des 4.7+/-0.9 ?mol/l, Cam 9.8+/-2.6 ?mol/l, and Sit 9.6+/-3.8 ?mol/l. Lat correlated with TC (r = 0.53), LDL-C (r = 0.36), and non-HDL-C (r = 0.35). No such correlations were observed for Cam or Sit.

Conclusion: Our findings prove that gestational hypercholesterolemia is caused by increased endogenous cholesterol synthesis via lathosterol. Subsequently, we demonstrate how a single cholesterol test taken in the fifth to sixth month gestation can efficiently help detect familial hypercholesterolemia, and prevent related late pregnancy circulatory complications.

Research Article

Published Date:-2019-07-02 05:03:00

[Maternal mortality and factors affecting it, among pregnant women in Abeokuta South, Nigeria](#)

This observational study assessed the knowledge of pregnant women attending antenatal clinics at two selected hospitals in Abeokuta South, Nigeria on the causes and risk factors of maternal mortality, identified barriers to knowledge acquisition, and examined the influence of parity of respondents on their knowledge of factors causing maternal mortality. Maternal mortality is extremely high in Nigeria, it is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Descriptive research design was used in this study and qualitative data from 136 respondents selected randomly, were obtained through a self-designed questionnaire that comprised three sections. Data were analyzed and indicated that parity of the pregnant women do not have an influence on their knowledge of factors responsible for maternal mortality. Findings revealed that majority (67.6%) of the respondents had high knowledge on the causes of maternal mortality – haemorrhage, sepsis, prolonged/obstructed labour, anaemia, unsafe abortion, infection, hypertensive disorders, care rendered by unskilled medical practitioners and its risk factors - parity, poverty, place of last delivery and low attendance at antenatal clinic. Educational background, marital status, irregular antenatal visits, socio-cultural practices and occupational status were identified as barriers to knowledge acquisition. This paper concluded that pregnant women may have a high knowledge about the factors responsible for maternal mortality. This is probably due to the fact that all respondents had formal education and because they were interviewed on antenatal clinic days, which suggests that they might have heard about the causes and risk factors for maternal mortality during their visits. Authors recommended that government should employ qualified health professionals and provide medical subsidy, it is hoped that this will ensure that pregnant women get quality care throughout the period of pregnancy and delivery.

Case Report

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[Mesenteric cysts: A rare case](#)

Mesenteric cysts are rare benign intra-abdominal tumors with an incidence of 1 case per 250,000 hospital admission. This lesion occurs most frequently in women in the reproductive period. The etiology of such cysts remains unknown but several theories regarding their development exist. Most of these lesions present with vague abdominal pain and nausea. Less commonly they will present with bowel obstruction due to external compression. The diagnosis of these tumors is by abdominal ultrasound or computed tomography. We report a case of Mesenteric cyst in 51-year-old female patient.

Research Article

Published Date:-2019-07-02 00:00:00

[Focused Antenatal Care in urban Ghana: A qualitative study into physical accessibility of maternal health services in Kwabre East Municipality](#)

Background: Accessibility to healthcare is a major component of primary health care campaign for maintaining population health. Owing to this, the government of Ghana has instituted the free maternal care and focused antenatal care policies into the maternal health care policies to woefully control maternal mortality, morbidity and to ensure improved access, quality and continuous ANC use among pregnant women. Despite these interventions, pregnant women in the Kwabre East Municipality do not fully use ANC services as recommended by the World Health Organization.

Methods: Using an in-depth interview and two focus groups conducted with women of reproductive age (15-49) in the Kwabre East Municipality. The study investigated women's opinions, perceptions and experiences on their ANC visits.

Results: The study revealed that physical accessibility and the social context of pregnant women continue to influence their ANC use even after the introduction of the free maternal care and focused antenatal care policies.

Conclusion: The study suggests that in order to fully utilize ANC visits as recommended by the WHO in the Kwabre East Municipality, the Municipal Health Directorate should liaise with collaborating stakeholders if not eliminating to limit the influence of restrictive factors to women's quest of using ANC. It is further recommended that management do away with hindrances that delay women who seek for ANC services in health facilities and adopt strategies and procedures that aim at increasing ANC uptake.

[Determinants of women's perceived satisfaction on Antenatal care in urban Ghana: A cross-sectional study](#)

Despite evidence on major interventions on the uptake and scale up of interventions meant to promote maternal health care services, little is known about adequate use of such program in urban Ghana among reproductive aged women. This study examined the determinants of women's Satisfaction on antenatal care use in selected health facilities in the Kwabre East Municipality of Ghana. Using facility-based cross-sectional survey design, a three-stage sampling technique was conducted to sample 220 women attending postnatal care at selected public health facilities. Open-ended questionnaires were used to obtain data from respondents. Descriptive statistics and inferential statistics including binary logit regression model were used to analyze the data with the help of SPSS and STATA software. Logit analytical framework was computed to determine equations of variance. The association between antenatal care use and women's satisfaction was determined and assessed using Pearson's χ^2 (2) test indicating 1% was run. Most women (92.7%) had at least four ANC visits during their entire pregnancy. The results indicate standard deviation of 7 with 81% regular ANC visits and 19% irregular. Most women (55%) received care by one caregiver, followed by women (35%) who received care by two caregivers and women (10%) who were cared for by three caregivers. The regression results showed varying utilization levels of 10%, 5% & 1% ANC satisfaction. System induced factors aimed at promoting maternal care use satisfaction are suggested.
