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Case Presentation

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[Apert Syndrome: A Case Report](#)

Background: Apert syndrome is a type 1 acrocephalosyndactyly, a rare syndrome characterized by the presence of multiple craniosynostoses, dysmorphic facial manifestations, and syndactyly of hand and feet. It affects 1:100.00 of birth and is the second most common of syndromic craniosynostosis. Molecular genetic tests that identify the heterozygous pathogenic variant in FGFR2 genes - identical with Apert syndrome cost too high to be applicable in developing countries. Therefore, the diagnosis of Apert syndrome should be suspected from the clinical findings. Three cases from the Community of Indonesian Apert Warrior Group were collected. These series were based on medical and surgical records. We obtained the patient characteristics from the phenotypic manifestations only. Case report: We present a case of a newborn baby girl, with similar anatomical findings, such as skull shape abnormality, midface hypoplasia, intraoral disfigurement, and hands and feet deformities that resemble Apert Syndrome. Our series presents similar Apert syndrome characteristics, such as typical craniofacial dysmorphic with symmetrical syndactyly of both upper and lower extremities. These clinical findings are essential to establish an initial diagnosis of Apert Syndrome.

Research Article

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[Rejuvenation of Ovarian Function after Autologous Platelet Lysate Injection: Promising Evidence from Confirmed Cases](#)

Intraovarian injection of autologous Platelet Lysate (PL) can be considered a potential therapeutic strategy for ovarian function rejuvenation. Especially, in women diagnosed with Poor Ovarian Response (POR) or Primary Ovarian Insufficiency (POI), the exogenous administration of the autologous platelet-derived growth factors, influence positively the regulation of the serum Follicle Stimulating Hormone (FSH), Luteinizing Hormone (LH), and Anti-Mullerian Hormone (AMH) and Estradiol (E2). Therefore, the evaluation of the serum levels of the aforementioned hormones was performed on 10 participants with a mean age of 43 ± 4 years diagnosed with POR or POI, who received intraovarian PL injection monotherapy. The monitoring of the serum hormone levels was performed for 3 months. The results of this study clearly showed that all participants were characterized by elevated levels of FSH and LH and reduced levels of E2 and AMH, prior to the PL injection. However, the levels of all hormones started to change after the 1st month of follow-up monitoring. Moreover, 40% of the participants conceived successfully either by natural way or after in vitro Fertilization (IVF). Considering these, the intraovarian injection of autologous PL exhibited promising evidence regarding the altering of hormone levels at physiological values. Moreover, the contained PL growth factors were implicated in angiogenesis promotion and also in toleration of the inflammatory microenvironment, regulating positively ovarian function. In conclusion, the intraovarian autologous PL injection is considered a safe, effective, and tolerable therapeutic strategy in women with POR or POI. Moreover, the results of this study were very encouraging, especially for the women with infertility issues, who want their genetic offspring.

Research Article

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[Acceptance of Oral Sex among High School Students in Budapest: Incidence and Correlates](#)

Introduction: Adolescents and young adults often engage in oral sex. However, the factors affecting the development of agreeing with oral sex are not clear enough.

Objective: We aimed to assess the degree of agreement with oral sex among high school students and to search for background factors affecting this.

Material and method: We conducted a quantitative cross-sectional study among 157 females and 38 male high school students over the age of eighteen by using an anonymous, paper-based, multiple-choice, self-administered questionnaire. For statistical analysis, we used descriptive statistics, two-sample t-tests, and Spearman rank correlation.

Results: Of the respondents 67.9% were sexually active and 31.6% of them had more than one sexual partner. Of males 97.1% and of females 84.9% agreed with accepting oral sex. Degree of agreement with oral sex was higher in those who had had partnered sexual experience, and in those females who more frequently met close friends outside of school. Most participants were not in a current relationship with a partner, and for those who were, its duration did not affect the degree of accepting oral sex. The degree of agreement with the proficiency in male sexuality, and the degree of agreement with those dimensions of sexuality that most expressed the sexual drive and the desire to gratify it with the partner showed the strongest positive correlation with the degree of agreement with oral sex. In addition, the degree of agreement with the items of expressing sexual openness showed correlations with the degree of accepting oral sex.

Conclusion: The degree of agreement with oral sex is high among high school students. Among the factors influencing this, the intensity of meeting friends seems to be important. We therefore recommend that the schools improve sex education in groups, highlighting the risks of oral sex, to reach the target individuals and their friends as well as their potential partners.

Short Review

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[Evaluation of In vitro and Ex vivo Models for Studying the Effectiveness of Vaginal Drug Systems in Controlling Microbe Infections: A Systematic Review](#)

The survey gives an in-depth examination of medicate assimilation challenges within the genital range and the improvement of vaginal medicate conveyance gadgets to overcome these challenges. It investigates the components involved in medicate discharge within the genital locale and examines commonly utilized vaginal sedate conveyance frameworks such as nanoparticles and hydrogels. The survey centers on the applications of these conveyance frameworks in controlling bacterial vaginal diseases. The plan issues related to vaginal sedate conveyance gadgets are moreover examined, highlighting the significance of considering variables such as mucoadhesion and bodily fluid porousness. The survey portrays different in vitro and ex vivo models utilized for assessing these frameworks, counting organoids and new human cervical bodily fluid. The choice of show depends on the particular objectives and characteristics of the definition. The audit emphasizes the noteworthiness of utilizing these models to pick up important bits of knowledge and make precise forecasts with respect to the execution of medicate conveyance frameworks in vivo. Moreover, grandstands progressed models utilized for other mucosal locales as a potential motivation for future models of the female regenerative framework. Generally, the audit highlights the significance of understanding organic instruments and planning compelling vaginal drug conveyance frameworks to progress sedate conveyance within the genital region. It emphasizes the require for suitable models to evaluate and anticipate the execution of these conveyance frameworks.

Thesis

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[Women's Perceptions of Medical Treatment Versus Surgical Management of First-trimester Miscarriage](#)

Background: Miscarriage is a common gynecological problem and early pregnancy loss occurs in the first trimester. Early pregnancy miscarriage is managed expectantly, surgically, and medically. Medical management is a new treatment option, also surgical evacuation is the standard treatment for some types and presentations of miscarriage. Medical management might be more suitable instead of surgical evacuation, it may be less costly than surgical treatment and consequently, due to its lower complications, most patients prefer it.

Purpose: This study aimed to determine women's perception of medical treatment versus surgical intervention, complications associated with surgical procedures, and medical treatment.

Methodology: It was a comparative, hospital-based study conducted in Bashair Teaching Hospital, on 336 patients diagnosed with miscarriage in the first trimester, 168(group A) were treated medically while 168(group B) were treated surgically. All participating patients in the study fulfilled the selection criteria, that is, the provision of an informed consent and agreement to participate in the study.

Results: The total number of women during the period of study was 336. The study found that 239(71%) of women prefer medical management compared to 97 (29%) preferring surgery. The complications associated with the medical treatment were (4.2%) infection, (0.6%) bleeding, and (95.2%) without obvious complications. The complications associated with surgical procedures were (7.7%) developmental infection, (16.1%) bleeding, (10.7%) incomplete evacuation, (1.8%) uterine perforation, and (63.7%) without obvious complications.

Conclusion: The study found that over two-thirds of patients Favor medical treatment over surgical procedures. It has also revealed that medical treatment is very effective in terminating pregnancies within the first trimester.

Thesis **Published Date:-2023-11-13 11:20:02**

[Near-miss Women Causes and Prevalence in Alobied Maternity Hospital](#)

Background: Maternal near-miss (MNM) events occur more frequently than maternal deaths; therefore, more detailed and comprehensive studies on maternal morbidity have been conducted and are of value to clinical audits and practices.

Purpose: This study aimed to determine the frequency of maternal near misses and the nature of near-missevents.

Methodology: This descriptive, retrospective, cross-sectional study over 12 months duration was conducted at the Alobied Teaching Hospital in 2018.

Data were collected from patient notes, partographs, and other relevant documents.

Demographic and clinical data concerning personal history, obstetric history, and near-miss events.

Results: A total of 15202 women were admitted, 339 cases of maternal near misses, maternal near-missrate (MNMR) of 22.3|1000 live births, 200(59%) had an infection, 80(23.6%) hemorrhage, 20(5.9%) severe pre-eclampsia, 12(3.5%) eclampsia, 20(5.9%) anemia, convulsions 5 (1.5%) 17(5%) of the cases were admitted to intensive care unit (ICU), 9(2.7%) had liver dysfunction, 9(2.7%) coagulation dysfunction, 8(2.4%) renal dysfunction, 5(1.5%) cerebral problems, 4(1.2%) cardiac dysfunction, and 2(0.6%) had developed respiratory dysfunction.

Conclusion: The maternal near-miss rate was 22.3|1000 live births. Most near-miss cases occurred before the women arrived at the hospital. The major causes of maternal near misses were infection, hemorrhage anemia, pre-eclampsia, and eclampsia.

Perspective **Published Date:-2023-11-07 11:52:47**

[The Effectiveness of Honey-Based Ferric Perchloride Paste on Post-conization in the Cicatricial and Infectious Context: A Randomized Clinical Trial](#)

Introduction: The skills, the techniques utilized in the conization and the hemostasis directly affect the healing process of the cervix tissue. Excessively large excisions and unnecessary use of electrocautery or hemostatic sutures are examples of procedures that may negatively affect the scar cascade and wound healing.

Objective: The purpose of this study was to examine the effectiveness of honey-based ferric perchloride paste (HBFPP) in reducing bleeding and infection post-conization procedure.

Methods: Prospective randomized clinical trial with a sample of 142 patients randomized in two groups: 78 patients who used the HBFPP (intervention) and 64 patients who did not use the HBFPP (control). Statistical analysis was performed utilizing a significance level of 95%. The Chi-Square test and Fisher's exact test were applied.

Results: Results showed that the mean score of the amount of blood lost was lower in the intervention group compared to the control group. The main complaints reported by the two groups in the postoperative period were discomfort in the genitourinary system, heavy bleeding after surgery, and post-operative infection, but not significantly different among both groups. The control group needed further intervention due to excessive bleeding in comparison with the intervention group.

Conclusion: The use of HBFPP reduced the amount of blood lost in the postoperative period of conization surgery.

[Management of Congenital Cervical Teratoma with Application of EXIT Protocol - Case Report](#)

Background: Congenital teratomas are relatively rare neoplasms, which occurs in about 1:20,000 to 1:80,000 births, and only 1.5% to 5% of which are neoplasm of the cervical. They can be diagnosed through ultrasound during pregnancy and, if not properly handled, have a high mortality rate. Airway compression is a secondary complication following mortality.

Case report: A solid-cystic mass was identified in the anterior cervical region of a 30-week-old fetus during an ultrasound scan. EXIT (Ex-Utero Intrapartum Treatment)-to-airway procedure was performed by a multidisciplinary team composed of obstetricians, anesthesiologists, neonatologists and pediatric surgeons to remove the neoplasm. The procedure occurred upon delivery of the fetus, resulting in a positive outcome with neonatal survival. In this case, the fetus was in breech position, and, differently from the usual EXIT protocol, it had to be completely extracted before guaranteeing airway flow.

Conclusion: Although congenital teratomas are a rare condition with complex treatment, it is possible to achieve a satisfactory outcome when adequate planning and protocol are established.

Thesis**Published Date:-2023-10-10 12:29:36**[Postdate Pregnancy Maternal and Fetal Outcomes among Sudanese Women](#)

Background: Postdated pregnancy is one of the most common obstetric problems associated with increased maternal morbidity, prenatal morbidity, and mortality. Pregnancy at 37-40 weeks of gestation is called the term from the last menstrual period. If the pregnancy exceeds 40 weeks, it is called a postdated pregnancy, but when pregnancy is prolonged beyond 42 weeks, it is called post-maturity or post-term pregnancy.

Objective: This study aimed to determine the adverse effects of postdate pregnancy on mothers and fetuses.

Methodology: This was a descriptive, prospective, cross-sectional, hospital-based study conducted at Omdurman Maternity Hospital from January 2018 to June 2018.

An interview questionnaire was used to collect data. Data were collected by trained doctors in the labor room. One hundred and thirty-eight (138) postdated pregnant women were included in this study after obtaining informed consent through a structured questionnaire. Demographic and clinical data concerning personal history, booking status, mode of delivery, maternal complications, and fetal complications were recorded.

Results: During the study period, 2751 women delivered, of which 138 were postdated deliveries, with a prevalence of 5%. Most women's age range was 31-34 years 48.6%. Their education level was mostly secondary school (42%). Primigravida 65%, booked were 75.4%. Previous history of postdate pregnancy was 34.1%, normal vaginal delivery was 79.7%, cesarean section was 14.5%, and instrumental delivery 5.8%.

Cesarean section indications were cervical dystocia (14.4%), cephalopelvic disproportion (9.5%), meconium-stained liquor with fetal distress (33.3%), pathological cardiotocography (CTC) (19%), and failure to progress (23.8%).

Maternal complications included post-partum hemorrhage (PPH) (7.2%), perineal tears (.7%, cervical tears (1.4%), and postpartum infections (1.4%). Fetal complications were 14.5%, Shoulder Dystocia 2.9%, asphyxia (6.5%), and meconium aspiration (5.1%).

The mean APGAR score was 1.1667, less than three in only 3.6%, and > 7 in 86.9%. Neonatal death was 3%. Approximately 18 neonates were admitted to the Neonatal Intensive care unit (NICU) and only five of them were admitted for more than one week.

Conclusion: Postdate pregnancy prevalence in this study was 5%, which was associated with maternal risk of cesarean section delivery, instrumental delivery, postpartum hemorrhage, and postnatal infection.

Research Article**Published Date:-2023-10-10 12:26:53**[Reverse Breech Extraction versus Vaginal Push before Uterine Incision during Cesarean Section with Fully Dilated Cervix and Impacted Fetal Head](#)

Purpose: To compare between the two commonly used methods to deliver the fetus in emergency cesarean section with fully dilated cervix and impacted fetal head; vaginal push up of the fetal head and reverse breech extraction regarding safety and efficacy.

Methods: A retrospective observational study was conducted 152 women underwent emergency CS with fully dilated cervix and impacted fetal head were divided into two groups; Group 1, vaginal push (n = 96) and Group2, reverse breech delivery (n = 56). Data variables were collected and analyzed to evaluate whether either method is more safe regarding maternal and fetal outcomes.

Results: There was a significant higher percentage of extension of uterine incision in group 1 ($p = 0.002$). Also, there were significant higher mean values of operative time and operative blood loss in group 1 ($p = 0.008$ and 0.015 ; respectively). On the other hand, there was a significantly shorter uterotomy to delivery time in group 1 ($p < 0.001$). There was a significantly higher mean value of APGAR score at one minute in group 1 ($p = 0.043$) but no significant difference between the two groups regarding APGAR score at five minutes, atonic PPH, postoperative blood transfusion and hospital stay.

Conclusion: Vaginal push technique was associated with significantly higher intraoperative maternal morbidity but postoperative maternal morbidity and fetal outcomes were comparable between both groups. Push method (after uterine incision) is still the preferable method and larger studies are required to assess the fetal safety with reverse breech extraction.

Research Article

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[Age as a Predictor of Time to Response for Patients Undergoing Medical Management of Endometrial Cancer](#)

Objective: To explore the pathologic response rate to primary progesterone treatment in patients with Endometrial Intraepithelial Neoplasia (EIN) and early-stage endometrioid-type Endometrial Adenocarcinoma (EAC).

Methods: Retrospective chart data were collected for patients with either EIN or EAC receiving primary progesterone treatment between 2015 and 2022. The presence of complete or partial response, time to response, and other demographic and treatment factors were recorded to determine independent predictors of response to progestin treatment.

Results: In total, 112 women who were diagnosed with EIN or EAC were treated with upfront progestin therapy, of whom 79 had sufficient follow-up to assess response. Fifty patients (63%) responded, of whom 10 (20%) ultimately relapsed. Response was more robust among patients with EIN (79%, n = 33) compared with patients who had cancer (46%, n = 17). The median time to respond was 5.8 months overall. Diagnosis of EIN, younger age at diagnosis, and any pathologic evidence of progesterone effect were all predictors of treatment response. Younger patients had a significantly shorter time to partial or complete response with a median time to response of 5.9 months in patients ≤ 45 and 13.8 months in patients > 45 .

Conclusion: Our study demonstrated a lower overall response rate (63%) than reported in previous studies, especially for patients with cancer (46%). Younger patients had a significantly shorter time to respond than older patients. Pathologic progesterone effect observed at any time during treatment was a significant predictor of treatment response regardless of diagnosis and could serve as an early predictor of response to therapy.
