



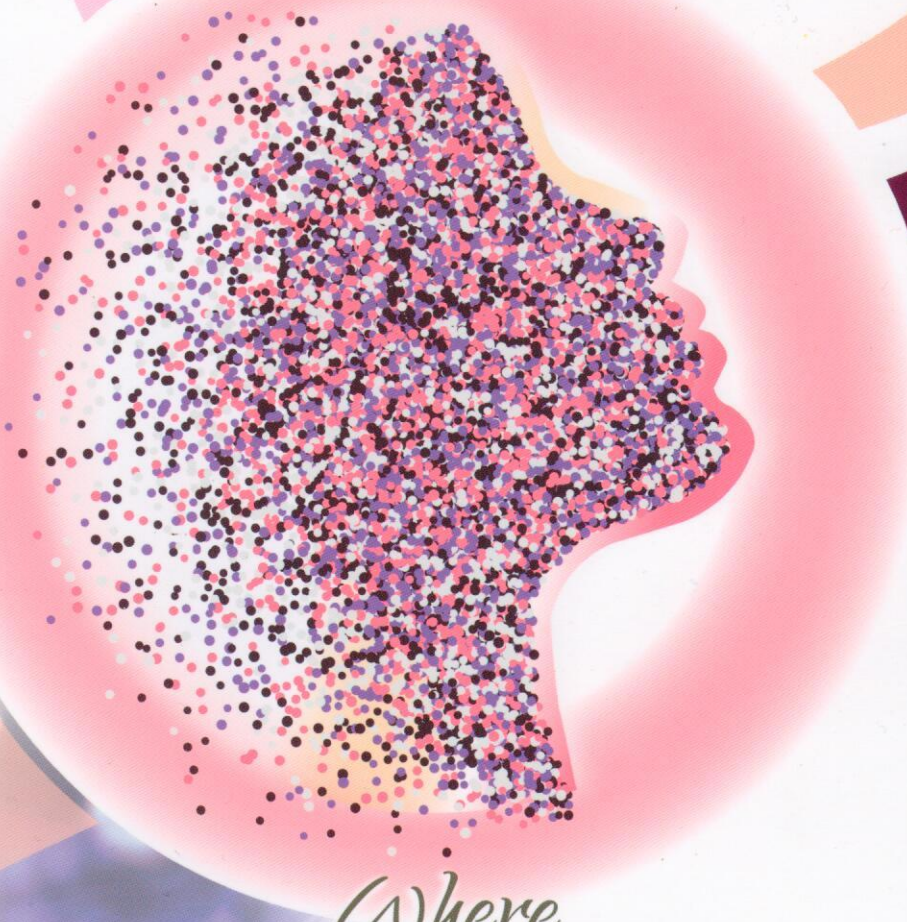
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ABSTRACT BOOK



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The second patient was a 72 Para 0 Indian, who presented with abdominal discomfort and distention. CT scan showed advanced cancer, could be from her ovary or a uterine leiomyosarcoma. The family agreed for the patient to undergo a small procedure to biopsy the tumour, HPE came back as a high grade ovarian primary. Subsequently her family decided for palliative care only.

Progress: The 1st patient was still relatively well by 3 month post diagnosis. The 2nd patient worsened and is receiving palliative care at home.

Conclusion: In elderly patients (60 and above), management of advanced cancer is not easy and has to be specifically tailored to the individuals. Pre-existing co-morbidities, financial and social supports are important key factors to be considered.

Keywords: Advanced cancer, elderly ladies, support, palliative

PGY 38

Management of Ovarian Hyperstimulation Syndrome (OHSS) in HSNZ K. Terengganu: A One-year Clinical Audit

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Objectives: Ovarian hyperstimulation syndrome is an exaggerated response to ovulation stimulation treatment. It is an iatrogenic complication. It commonly occurs after several days of assisted ovulation or oocyte retrieval. OHSS has a spectrum of manifestations with mild illness needing only careful observation, to moderate and severe disease requiring hospitalization or intensive care. This audit was conducted to review our management and compliance to the accepted standards and develop model of good care.

Methods: Case notes of all 9 cases of moderate and 1 severe OHSS between June 2015 and May 2016 were investigated, relevant data collected and analysed against the standards adapted from RCOG NICE UK Guideline on OHSS published in 2016.

Results: All cases studied were hospitalized for close monitoring with average duration of stay of 4 days. Majority of the cases were early OHSS, among nuliparous women, in the age group of 31-35 years old. Causes of infertility were divided with no preponderance towards PCOS. No obvious difference in body mass index (BMI). 90% has no previous history of OHSS. Most of them received recombinant FSH as ovarian stimulation treatment. Two thirds of them received Human Chorio-Gonadotrophin (HCG) injection as luteal support while all of them were given Gonadotrophin Releasing Hormone (GnRH) Agonist; Decapeptyl injection to trigger ovulation.

Conclusions: Compliance with standards are generally commendable for clinical management of moderate to severe OHSS. The documentation of explanation to patient and inter-disciplinary communication requires improvement.

PGY 39

The Efficacy of Storage duration of Vitri-fied Embryos in Frozen Embryo Transfer (FET) Cycle

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Cryopreservation of embryos has become an essential component in assisted reproduction technology (ART). This technique is not only applied for surplus embryos after fresh embryo transfer (ET) but also for women with inappropriate endometrial lining, women with severe ovarian hyperstimulation syndrome or cancer patients. The aim of our study was to determine the effect of storage duration of vitrified embryo in FET outcome. A



total of 53 frozen-thawed embryo transfer cycles were conducted at IIUM Fertility Centre, Kuantan, Pahang for a total of 24 months period. The vitrified embryos were categorized according to storage duration of embryo vitrification; Group I: less than 90 days, Group II: between 90-180 days. Group III: between 181-365 days. Group IV: more than 365 days. Our statistical analysis showed that there were no significant differences of clinical pregnancy rate and implantation rate between groups. However, Group 1V showed higher clinical pregnancy rate and implantation rate compared to other groups. As a conclusion, duration storage of vitrified embryos does not affect the FET outcome. Although our study showed no effect on the FET outcome, more studies should be conducted in the future to evaluate babies that were born by vitrified embryos with long term effects of storage duration.

Keywords: Embryo cryopreservation, frozen embryo transfer (FET), pregnancy outcome

PGY 40

Live Births from Frozen Embryo Transfer Cycles in Patients with Malformed Uterus – Case Series

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Müllerian duct malformations are rare congenital defects of the female reproductive tract, which affects 3% to 5% of women in the general population. These congenital uterine malformations are caused by abnormal fusion of Müllerian duct during embryonic life. These malformations include septate uterus, unicornuate uterus and bicornuate uterus. Pregnancies are usually associated with increased risk of recurrent miscarriages, preterm labours, malpresentations and intrauterine growth restrictions. There had been some studies which suggest that these women should receive corrective surgery before embryo transfer to achieve successful pregnancies. However, we are presenting two patients who were diagnosed with uterine malformation and yet resulted with successful pregnancies from frozen embryo transfer cycles without corrective surgery.