Clinical Journal of Obstetrics and Gynecology

Volume - 5, Issue - 1

Research Article **Published Date:- 2022-03-23**

Assessment of knowledge on breast self-examination among female adolescent: a cross-sectional study

Background: Breast self-examination is the most important screening method for early detection and diagnosis of Breast cancer. Females assess their breasts regularly to detect any abnormalities to seek instant medical attention.
Objectives: The main objective of the study was to assess the knowledge on breast self-examination among female adolescents of Nepal.
Method: A cross-sectional study was conducted using self-structured questionnaires among female adolescents of Model Multiple College, Dhanusha. The sample size was 120 participants. Probability proportionate stratified sampling technique was used to collect the data from October 28th to November 12th, 2013. Data were processed through Statistical Package for Social Sciences version 16 and analyzed using descriptive statistics.
Results: Out of 120 participants 67.5% participants had knowledge about breast cancer and 40% had knowledge of breast self-examination (BSE). Most of them (94.2%) had a poor knowledge of BSE followed by 5.8% of participants with a moderate level of knowledge of BSE. The mean knowledge score was 18.7 ± 3.5. The majority (66.7%) of participants were from science faculties. More than half (51.7%) of participants stated source of information on BSE was health personnel. Only 25% of the respondent had a family history of breast cancer.
Conclusion: The study revealed that most (94.2%) of the participants had poor knowledge of breast self-examination. There is further need for awareness and health education on breast self-examination.

Research Article **Published Date:- 2022-03-11**

Addition of dydrogesterone to vaginal progesterone and transfer postponement improve outcomes in patients with low progesterone levels in hormonally substituted cycles for frozen-thawed embryo transfer

Purpose: Adding dydrogesterone (DYD) to vaginal micronized progesterone (VMP) and postponing embryo transfer in order to improve outcomes in patients with low progesterone (P) levels in hormonally substituted cycles prior to frozen/thawed embryo transfer (FET).
Methods: Endometrial preparation comprised sequential administration of vaginal estradiol until endometrial thickness reached 7 mm, followed by transdermal estradiol combined with 800 mg/day VMP. Our previous analysis of serum P levels on FET day showed that the optimal P level was > 11 ng/mL for live birth. Serum P was measured on day1 (D1) following exogenous VMP introduction in the evening. When P levels were > 11 ng/mL, FET was performed “in phase” on day-2, day-3, or day-5 depending on embryo stage at cryopreservation (n = 139 cycles). When P levels were < 11 ng/mL, DYD 10 mg three times a day orally, was added to VMP and FET was postponed by one day (n = 237 cycles, 63%). The primary endpoint was the comparison of live birth rates (LBR) between the two groups.
Results: Mean serum P level on D1 was 10.2 + 3.7 ng/mL. Characteristics of patients in both groups were similar for age, body mass index, endometrial thickness prior to P introduction, quality of transferred embryos, and embryo transfer stage. Regarding the primary endpoint, LBR was similar between the VMP+DYD group and the VMP group (26.1% vs. 27.3%, NS).
Conclusion: These results suggest that adding DYD to VMP and postponing the transfer in patients with low P levels in hormonally substituted FET cycles might optimize outcomes.

Research Article **Published Date:- 2022-03-09**

Journey with a 21 weeks primi with acute massive pulmonary thromboembolism secondary to possible “Latent Lupus”: an audacious ride

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In pregnancy, the incidence of pulmonary embolism (PE) is increased fivefold when compared to nonpregnant women of the same age, and PE is one of the leading causes of death during pregnancy.
However, the diagnosis of PE among pregnant women is complicated by concerns regarding radiation exposure. Systemic lupus erythematosus (SLE) is an autoimmune disorder with a wide array of presentations and a predilection to affect women of certain ethnic backgrounds. The hallmark of the disease is multisystem involvement, dispersed in time and severity. Usual pulmonary involvement includes pleuritis, pleural effusions, pneumonitis, shrinking lung syndrome, pulmonary hypertension, and alveolar hemorrhage. Pulmonary embolism (PE) is a relatively unusual presentation of SLE. We report the case of a 20-year-old primi at 21 weeks gestation with an acute PE with central chest pain and shortness of breath. The absence of overt signs and symptoms and traditional risk factors prompted a fragmentary workup. This led to the detection of antibodies sensitive for SLE, in the absence of overt signs and symptoms. We revive the concept of latent lupus, a condition construed as early lupus. We firmly suspect direct causation between SLE and PE. Further studies are needed to establish pathogenesis to facilitate early diagnosis and prevent morbidity and mortality from PE. Due to persistent hypotension, thrombolytic therapy with streptokinase was administered and the clinical and hemodynamic response was excellent, with no maternal or fetal hemorrhagic complications. The clinical presentation of pulmonary embolism is sometimes camouflaged by the physiological changes that occur in pregnancy and diagnosis is often delayed by a reluctance to expose the fetus to ionizing radiation.

Case Report **Published Date:- 2022-01-31**

Cervical choriocarcinoma in a post-menopause woman: Case report and review of literature

Background: Cervical choriocarcinoma is a malignant trophoblastic neoplasm that arises from pluripotent gonadal germ cells. Various manifestations are expected including vaginal bleeding and symptoms related to metastasis. Here, we report a case of primary choriocarcinoma in a post-menopausal woman.
Case presentation: A 67-year-old woman presented with vaginal bleeding and lower abdominal pain. Ultrasound and laboratory results were normal except for a ?-hCG titer of 14850 IU/L. Hysteroscopy revealed a polyp in the posterior wall of the cervix. hysterectomy and bilateral salpingo-oophorectomy were performed due to suspected choriocarcinoma. The ?-hCG titer decreased immediately after surgery. However, the ?-hCG titer increased again one month after surgery and treatment was continued with weekly methotrexate administration.
Conclusion: Manifestations such as vaginal bleeding is very important in post-menopausal women. Although there are no specific guidelines for the treatment of choriocarcinoma in these patients, hysterectomy following chemotherapy based on response to treatment and ?-hCG titration is favorable.

Research Article **Published Date:- 2022-01-28**

To compare serum Vitamin D status in pre-eclamptic and non-preeclamptic pregnant women in labour: A tertiary care centre study of Northern India

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Background: Pre-eclampsia and eclampsia have remained a major global public health threat in contributing significantly to maternal and perinatal morbidity and mortality. Based on the inverse relationship between serum 1,25(OH)2D3 levels and plasma renin activity found previously, it is speculated that 1,25(OH)2D3 might be a negative endocrine regulator of renin production in vivo. During pregnancy, vitamin D may play a role in implantation and placental function potentially due to angiogenic, immunomodulatory, and antiin?ammatory effects. Vitamin D deficiency can affect the health of both mother and fetus by increasing the production of inflammatory cytokines and stimulating the activity of T-regulating cells. Vitamin D is emerging as a promising agent for pre-eclampsia prevention.
Aims and objectives: The objective of this study is to compare the vitamin D levels in pre-eclamptic and healthy non-pre-eclamptic pregnant women in labor and find out the relationship between vitamin D levels and pre-eclampsia.
Methodology: The present cross-sectional study was carried out on pregnant women with pre-eclampsia in labor. For each case with pre-eclampsia, one uncomplicated, normotensive pregnant woman in labor was taken as control. On admission to the labor room detailed history, physical examination followed by thorough obstetrics and systemic examination was done. Required investigations were done including vitamin D and calcium levels. Maternal and fetal condition was monitored during labor/cesarean section, mode of delivery, maternal and fetal outcomes were recorded. After delivery, 2cc of cord blood was collected in a serum tube and sent for vitamin D levels. Data was collected and analyzed statistically using Epi-info version 7.1.
Results: It was observed that the patients in both groups were comparable with respect to demographic and obstetrics characteristics except for significantly high BP in group I. Vitamin D
deficiency (i.e. < 20 ng/ml) was significantly more in group I as compared to group II and the difference was highly significant ($p < 0.0001$). Similarly, the mean maternal calcium levels were significantly lower in group I in comparison to group II ($p < 0.0001$) i.e. the mean maternal calcium level in group I and group II were 8.03 ± 0.94 and 9.19 ± 0.67 respectively. It was also observed that the level of 25-OH-D in neonates of preeclamptic women was significantly lower than for those of the normal pregnant women ($p < 0.0001$).
Conclusion: Vitamin D deficiency is highly prevalent in all parts of the world. Pregnant women and neonates are highly vulnerable to vitamin D deficiency. Preeclampsia is indeed associated with lower vitamin D levels and the pathophysiology of pre-eclampsia involves vitamin D and calcium metabolism through their role in immunomodulation, angiogenesis and anti-inflammatory effects. From the present study, it was observed that vitamin D and calcium levels were significantly lowered in women with pre-eclampsia as compared to those of the normotensive pregnant women. So early detection of vitamin D and calcium deficiencies may be helpful in preventing occurrence of PET and its complications.

Research Article **Published Date:- 2022-01-28**

Severe preeclampsia at the University Hospital Center of Mother and Child (UHCMC) in N'djamena: Epidemiology and prognosis

Introduction: Preeclampsia constitutes a public health problem in our region. According to the WHO, it is the third cause of maternal mortality after severe hemorrhages, infections and is responsible for morbidity and high fetal mortality. The aim of this study was to improve on the management of severe preeclampsia at the University Hospital Center of Mother and Child (UHCMC) in N'Djamena.
Patients and method: It was a prospective and descriptive survey of 3 years duration, from January 01st, 2017 to December 31st, 2019. Included in our study were, all patients admitted for severe preeclampsia and agreed to participate in the study. Epidemiological, clinical, therapeutic and prognostic studies were conducted. The data collected was analyzed using SPSS 18.0 software.
Results: During the study period, 13599 pregnant and parturients were admitted to the Gynecology-Obstetrics department of the UHCMC, among whom 406 cases of severe preeclampsia, with a frequency of 2.9%. The patients were young (23.2 years), married (96.3%), primipara (61.3%), referred (64.3%) without antenatal care in 47.9% of cases. Functional signs were dominated by headaches with 34.0% of cases. The proteinuria was ? 3 crosses in 83.7% of cases. Patients had received magnesium sulfate in 98.3%, the delivery mode was cesarean in 64.0% of cases. Principal morbidity was eclampsia (40.8%) and fetal was prematurity (36.4%). Maternal lethality was 11.1% and fetal mortality was 19.9% cases.
Conclusion: Severe preeclampsia is frequent in the UHCMC in N'Djamena. It is responsible for high maternal and fetal mortality. The practice of quality antenatal care, could prevent the occurrence of complications and improve the maternal-fetal prognosis.

Research Article **Published Date:- 2022-01-18**

Outpatient operative hysteroscopy: evaluation of patient satisfaction and acceptance

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Aims: To examine patient satisfaction of an outpatient operative hysteroscopy performed by both doctors and nurse hysteroscopists. Secondly, compare satisfaction, complications, and failure rate of these procedures performed by doctors and nurse hysteroscopists.
Methods: In this retrospective study, the charts of 80 women who attended the service over one year were examined. Women were included if either an endometrial polyp or submucosal leiomyoma required removal using an endoscopic morcellator. All women had signed a consent form for the procedure.
Results: In total 67/80 (84%) patients were satisfied with the service. Nurse hysteroscopists completed most procedures 59/80 (74%). Satisfaction ratings were not recorded for 13/80 (16%) consultations, completed by doctors. There was no difference in satisfaction and complication rates between doctors and nurse hysteroscopists. A total of five patients required repeat endoscopic morcellation, three completed by doctors and two completed by nurse hysteroscopists. For this group, satisfaction and complication ratings did not change.
Conclusion: High patient satisfaction and low complication rates were found. Nurse hysteroscopists performed more procedures, providing a safe and useful service. Few patients required repeat morcellation procedures.

Case Report **Published Date:- 2022-01-18**

Predictors of positive treatment response to PTNS in women with overactive bladder

Percutaneous tibial nerve stimulation (PTNS) is a non-invasive treatment for overactive bladder (OAB). PTNS involves peripheral neuromodulation that uses electrical stimulation to target the spinal cord roots, mainly S3, which controls bladder function. Neuromodulation is postulated to be the effect of cross-signaling between sympathetic and parasympathetic post ganglionic nerve terminals and synapses, causing alteration of nerve signals involved in the voiding reflex. de Groat, et al. described this neurophysiological process and the neural circuits involved in controlling the lower urinary tract [1]. Stimulation of peripheral nerves and subsequent “cross-talk” at the level of the postganglionic neuroeffector junctions can modulate transmission and facilitate detrusor inhibition [2].