

4TH EDITION OF GLOBAL CONFERENCE ON
**GYNECOLOGY &
WOMEN'S HEALTH**



SEPTEMBER 28-30, 2026 | LONDON, UK

“GLOBAL PERSPECTIVES IN GYNECOLOGY:
INNOVATION TO IMPACT”

IN-PERSON:

Delta Hotels Heathrow Windsor
Ditton Rd, Langley, Slough SL3 8PT,
United Kingdom

VIRTUAL:

British Summer Time (BST)

4TH EDITION OF

GLOBAL CONFERENCE ON
GYNECOLOGY
&
WOMEN'S HEALTH

HYBRID EVENT
28-30
SEPTEMBER 2026

BOOK OF
ABSTRACTS



Index

Index

Keynote Speakers	4
Welcome Message	6
Table of Contents	13
About Magnus Group	17
About Gynec 2026	18
About CPD Accreditation	19
Keynote Presentations	20
Oral Presentations	38
Poster Presentations	99

Keynote Speakers

Keynote Speakers



Alberto Maringhini

Consultant Pancreatic Unit Clinica La
Maddalena Palermo, Italy



Irene Orfanoudaki

University Hospital, Greece



Lalit Bora

Obstetrics and Gynecological Society, India



Marlen Sulamanidze

Plastic Surgeon, Georgia



Mohamed Hosni

London North West University Healthcare
NHS Trust, United Kingdom



Neda Zarrin-Khameh

Baylor College of Medicine, United States

Keynote Speakers



Nicoletta Di Simone
Humanitas University, Italy



Pravin Mhatre
G S Medical College KEM, India



Vijay Prabha
Panjab University, India

Welcome Message



Alberto Maringhini

ARNAS Civico, Italy

It is an honor and a pleasure to welcome everybody to the Gynec – 2026 Conference on Gynecology and Women Health. In the last years we observed a decline in births Western countries we are stressed in the challenge to offer to all women a pregnancy and post-partum period increasingly safe from a medical standpoint, together with social support that can help to reverse this worrying trend. I shall present epidemiological data on gallstones and biliary disorders during and after pregnancy including acute pancreatitis, a medical condition that endangers the life of both the mother and the fetus, proposing solutions for prevention and for a safe, minimally invasive therapy. With the hope that this conference may offer insights for improving care and quality of life of women I wish everyone good work.

Welcome Message



Irene Eirini Orfanoudaki

University Hospital, Greece

It is a distinct honor and a privilege to welcome you all to GYNEC 2026. At these days, women's healthcare is in front of pivotal moments. The theme 'The Dawn of Bio-logical Restoration of Female Pelvic Floor and Vulva -vaginal Disorders' marks an important turn from traditional surgical interventions toward regenerative science driven healing. Today, we shift our focus toward regenerative medicine and the restoration of natural physiological function. Through this conference, I encourage you to explore how cutting-edge biological therapies- from cellular treatments to advanced tissue engineering – reshape patients outcomes. This forum bridges the gap between clinical research and daily practice, ensuring these breakthroughs reach those who need them most.



Welcome Message

Dr. Marlen Sulamanidze

Total Charm Clinic, Georgia

Dear Distinguished Guests, Colleagues, and Friends,

Welcome to the Global Conference on Gynecology & Women's Health!

It is a great honor to gather with so many talented professionals from around the world. Today, medical field is evolving faster than ever. This conference gives us a wonderful chance to learn from each other, share real clinical experience, and explore new treatments that truly make a difference.

Our main goal is simple: To improve women's health, confidence, and quality of life at every stage. I hope the next few days bring you great ideas, helpful practical tools, and inspiring conversations. Thank you for being here, and enjoy the conference!



Welcome Message

Mr Mohamed Hosni

London North West University Healthcare NHS Trust,
United Kingdom

Dear Esteemed guests, Researchers, Innovators and Industry leaders,

On behalf of the Organising Committee, it is my great pleasure to welcome you 4th Edition of Global Conference on Gynecology & Women's Health, taking place September 28-30, 2026 at London, UK. The theme for this year conference is Global Perspectives in Gynecology: Innovation to Impact. In this year conference, we are exploring the most recent innovations in global women's health, the impact of artificial intelligence on different aspects of Gynecology, with the state-of-the-art lectures and forefront research presentations. The conference is aimed at everyone working in the field of gynaecology and Obstetrics, both clinical and research. We are privileged to have prominent speakers locally and from overseas, allowing plenty of opportunities to exchange ideas and foster collaborations. We look forward to an exciting conference that promises great scientific debate and enjoyable social interaction. We very much hope you enjoy the conference.



Welcome Message

Prof. Dr. Neda Zarrin-Khameh

Baylor College of Medicine, Houston, Texas,
United States

Dear attendees of the global conference on Gynecology & Women's Health. It is my honor and great pleasure to write a few sentences to welcome you. Today, the progress in the biotechnology era is the most advanced in the history. Many opportunities have become available, which are helpful in addressing various problems that need urgent attendance.

Only in the biomedical field, we have seen many developments, from gene sequencing to gene editing, gene therapy, regenerative medical therapy, personalized drugs, diagnosis of rare disease, wearable medical devices, robotic surgeries and artificial intelligence. Biomedical engineering is a new discipline and has developed significantly in a few years to address multiple fields from nanoengineering, synthetic biology and telehealth to medical imaging and tissue engineering. Multidisciplinary collaboration plays a critical role in addressing issues and making our world a better place for us and the future generation.

Welcome Message



Prof.ssa Nicoletta Di Simone

Humanitas University Milan, Italy

It is with great pleasure and warm enthusiasm that I welcome you to this World Congress on Gynaecology and Women's Health. This meeting represents an important opportunity to come together and share knowledge, experience and vision in a field that touches every stage of a woman's life. From adolescence to menopause, from fertility and pregnancy to the broader aspects of lifelong wellbeing, the congress offers a comprehensive and inclusive perspective on women's health. Alongside clinical practice, the programme places strong emphasis on innovation and future directions, with engaging discussions on advances in epigenetics, the potential of stem cells and the growing impact of precision medicine. Through open dialogue and collaboration among experts from around the world, we aim to inspire progress and strengthen our shared commitment to improving the health and quality of life of women everywhere. I wish you a rewarding and enjoyable conference.

Welcome Message



Dr. Vijay Prabha

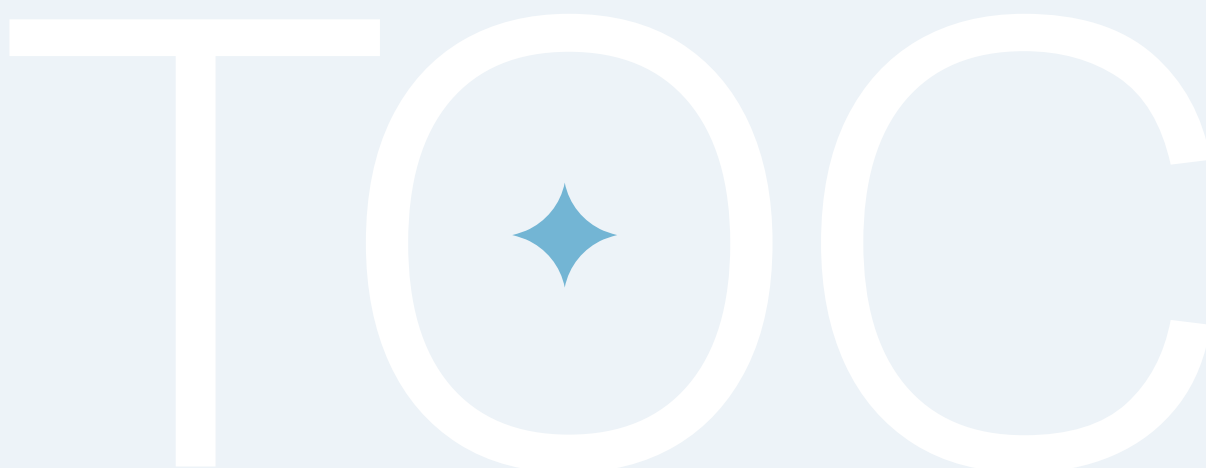
Panjab University, India

Dear Esteemed Delegates, Distinguished Speakers, Researchers, Clinicians, and Guests,

It is my great pleasure and privilege to welcome you to the 4th Edition of the Global Conference on Gynecology & Women's Health (GYNEC 2026). Whether you are joining us in person in the vibrant city of London, United Kingdom, or participating virtually from across the globe, I extend my warmest greetings and sincere appreciation for your presence. Guided by the theme, Global Perspectives in Gynecology: Innovation to Impact, GYNEC 2026 brings together leading experts, healthcare professionals, scientists, educators, and policymakers committed to advancing women's health through scientific excellence, innovation, and international collaboration. Rapid advancements in precision medicine, artificial intelligence-assisted diagnostics, reproductive genetics, minimally invasive surgical techniques, regenerative medicine, and biomarker-driven healthcare are redefining the way we prevent, diagnose, and manage gynecological disorders. At the same time, growing attention to maternal health, infertility, reproductive aging, mental health, global health equity, and personalized patient care underscores the need for collaborative, multidisciplinary approaches that translate scientific discoveries into meaningful clinical outcomes. As we gather from diverse regions and disciplines, let us embrace this opportunity to share knowledge, challenge conventional thinking, and build lasting collaborations that will shape the future of gynecology and women's health worldwide. Together, we can shape the future of women's healthcare for generations to come.

Wishing you all a stimulating and rewarding experience at GYNEC 2026.

Table of Contents



Title: MMR-deficient dedifferentiated endometrial carcinoma with synchronous uterine leiomyosarcoma: A rare collision tumour Adzmi Hakim Rahman, Sherwood Forest Hospitals NHS Foundation Trust, United Kingdom	39
Title: Role of Pregnancy (P) and breastfeeding on Gallstones (GS)-related Acute Pancreatitis (AP) Alberto Maringhini, Consultant Pancreatic Unit Clinica La Maddalena Palermo, Italy	21
Title: Psychological well-being and prenatal stress levels among high-risk pregnant patients in a tertiary hospital in Mandaue City, Cebu: A prospective descriptive-correlational study Alyssa Recinto Clemente, University of Cebu Medical Center, Philippines	41
Title: Autoimmune signatures in hyperprolactinemia Amanpreet Kaur Kalsi, Dyal Singh College, India	43
Title: Day-case vs outpatient hysteroscopy: A retrospective audit of compliance with RCOG GTG 59 at a district general hospital in North Wales Baraa Albousen, Betsi Cadwaladr University Health Board, United Kingdom	47
Title: A large ovarian yolk sac tumour masquerading as polycystic ovarian syndrome: A three-year diagnostic delay Baraa Albousen, Betsi Cadwaladr University Health Board, United Kingdom	45
Title: Improving sexual assault screening practices in gynecologic care Carrie Eutizi, Arizona Coalition to End Sexual and Domestic Violence (ACESDV), United States	49
Title: Changing trends in women's healthcare: From adolescence to menopause and gynaecologic cancer care Gangadhara Rao Koneru, NRIAS, India	51
Title: Facilitators and barriers to antenatal and focused antenatal care (ANC/FANC) utilisation among pregnant women: A mixed-method study Hira Khan, Dow International Medical College, Pakistan	53

Table of Contents

Title: Optimising endometrial protection in patients using high-dose transdermal oestrogen: A primary care quality improvement project Holly West, Manchester University NHS Foundation Trust, United Kingdom	54
Title: The dawn of bio-logical restoration in female pelvic floor and vulvovaginal disorders Irene Orfanoudaki, University Hospital, Greece	23
Title: Genomic signatures of mucinous ovarian tumours with mural nodules: Distinguishing features from mucinous tumours without mural nodules and dedifferentiated mucinous carcinoma Jasenska Mazibrada, Norfolk and Norwich University Hospital, United Kingdom	56
Title: Transperineal ultrasound in labour: Bridging the gap between evidence and UK practice Junaid Rafi, Princess Alexandra Hospital NHS Trust, United Kingdom	58
Title: Comparing multiple measures of body mass as predictors for testosterone and estradiol levels in men Kayla Schacher, State University of New York Downstate College of Medicine, United States	60
Title: IgG4-related sclerosing mastitis: A rare breast cancer mimicker with major diagnostic implications Konstantinos Kontzoglu, National and Kapodistrian University of Athens, Greece	100
Title: The menstrual cycle behind recurrent pneumothorax: Lessons from reported cases of thoracic endometriosis Konstantinos Kontzoglu, National and Kapodistrian University of Athens, Greece	102
Title: Efficiency of IVF programs in women of late reproductive age when assessing the mitotic spindle Kozyreva Elena, Moscow Academic IVF Clinic, Russia	62
Title: Inositol in treating sub fertile women and adolescents with PCOS Lalit Bora, Obstetrics and Gynecological Society, India	25
Title: Audit of 'Around Birth Care' (ABC) planning and postnatal review pathways in Pennine Specialist Perinatal Community Mental Health Team (SPCMHT) Lauren Hall, University of Manchester, United Kingdom	64
Title: Same-day gynaecology theatre cancellations: A six-month retrospective audit at a district NHS hospital in the North West of England Madinah Adeola Azeez, Royal Bolton Hospital, United Kingdom	66
Title: Environmental exposures, oxidative stress, and male infertility: A comprehensive review of mechanisms of damage and protective strategies Mehdi Khodaei-Motlagh, Arak University, Iran	73
Title: Application of thread technology in aesthetic and functional gynecology Marlen Sulamanidze, Plastic Surgeon, Georgia	27

Table of Contents

Title: The effect of thread implantation on collagen formation and tissue remodeling in the vaginal wall: An experimental porcine study Mariam Maziashvili and Irina Megrelishvili, Tbilisi State University, Georgia	68
Title: Benign gynaecological conditions and lifetime contraceptive patterns: A population-based analysis of the 2022–2023 National survey of family growth Mayi Gnofam, Stony Brook University, United States	104
Title: Fertility, IVF, chronic endometritis and endometrial microbioma: Are we doing things the right way? Mehdi Kehila, Eve Fertility Center, Tunisia	71
Title: Carbetocin versus conventional uterotonic regimens for prevention of blood loss after vaginal and cesarean delivery: A retrospective study in a Taiwanese low-risk obstetric population Ming-Han Chang, Taipei Medical University, Taiwan, China	106
Title: Pregnancy outcome after uterine artery embolization for uterine adenomyosis: A systematic review and meta-analysis Mohamed Hosni, London North West University Healthcare NHS Trust, United Kingdom	29
Title: Pathologic findings in women with atypical glandular cells on Pap test Neda Zarrin-Khameh, Baylor College of Medicine, United States	31
Title: Prevalence of periodontal disease in pregnancy and its maternal and perinatal outcomes Neelam Singh, Sarojini Naidu Medical College, India	75
Title: Endometrial functions in recurrent pregnancy loss Nicoletta Di Simone, Humanitas University, Italy	33
Title: Audit of compliance with NICE quality standards on the management of miscarriage (QS69) at West Suffolk Hospital Nimotallah Ojugebe, West Suffolk Hospital, United Kingdom	77
Title: Comparing postoperative complications and outcomes between minimally assisted vs. open abdominal hysterectomy for women with cervical cancer Nisha Bhavin Thanki, Queen Mary's University of London, United Kingdom	79
Title: Peritoneum an organ and its role in reproductive regeneration Pravin Mhatre, G S Medical College KEM, India	34
Title: Pitfalls in foetal monitoring – 40 years Pravin Mhatre, G.S. Medical College, KEM, India	81
Title: Systemic anomalies associated with anencephalic fetuses in pregnant females of interior regions in India Roli Joshi, GS Medical College & Hospital, India	82

Table of Contents

Title: Santhor versatile uterine manipulator Rotithor Pandurang Ramachandra, Vedantaa Medical College Palghar, India	83
Title: What they don't teach you about fibroids: The clinical gaps that fail patients every day Ruthie Olumba, Aurdene Femme, United States	85
Title: Visualization of pelvic floor structural changes beginning in pregnancy: Bladder descent angle as a novel indicator for lifelong women's health Ryoko Minami, Shiga University of Medical Science, Japan	108
Title: Examining the impact of advanced paternal age on obstetrical and fetal outcomes Sakshi Das, State University of New York Downstate College of Medicine, United States	110
Title: Human papillomavirus prevalence and genotype distribution among cervical cancer susceptible women of North Indian ethnicity in Gardasil vaccination era: Public health impact Saumya Pandey, Head-Clinical Research, India	87
Title: Fascia or fabric: A randomised trial of autologous fascia lata vs. synthetic mesh in vault prolapse Seethalakshmi Krishnan, SIMATS University, India	89
Title: Non-ablative radiofrequency for pelvic floor dysfunction and female intimate anti-aging: A 6-month prospective multi-centre cohort Shaadaiti Wufuer, First Affiliated Hospital of Xinjiang Medical University, China	91
Title: A simple bedside composite risk score (AB-100 rule) for predicting cesarean birth in nulliparous women: A historical cohort study with external validation Shih-Peng Mao, Taipei Medical University-Shuang Ho Hospital, Taiwan, China	112
Title: GPER-mediated interplay in breast cancer: From endocrine resistance to metabolic reprogramming of the tumor microenvironment Tenghua Yu, Jiangxi Cancer Hospital & Institute, China	93
Title: Maternal health in Nepal: Challenges a mother faces when giving birth Uprety Aruna, Rural Health Education Service Trust, Nepal	95
Title: Exploitation of sperm agglutination factor derived from Staphylococcus aureus as a putative candidate for vaginal contraception Vijay Prabha, Panjab University, India	36
Title: Promoting mitocytosis via gene-engineered aligned fibers for pelvic floor reconstruction Xinliang Chen, Shanghai Jiao Tong University, China	114
Title: Exploring the experiences and perceptions of black and ethnic minority pregnant women with fibroids in England: An interpretative phenomenological analysis Zahrah Binthabit, University of Salford, United Kingdom	97

About Magnus Group



Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceuticals, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

About Gynec 2026



The **4th Edition of the Global Conference on Gynecology and Women's Health (Gynec 2026)** invites researchers, clinicians, and professionals to **London, UK** and online from **September 28-30, 2026**. Centered on the theme ***Global Perspectives in Gynecology: Innovation to Impact***, the conference offers an engaging program of keynote lectures, oral and poster presentations, and interactive discussions.

This abstract book showcases a curated selection of the latest research, clinical advancements, and innovative practices shaping the field of gynecology and women's health. Each contribution offers insights into improving patient care, advancing scientific understanding, and fostering collaboration. Whether participating in person or virtually, attendees will have opportunities to engage with leading professionals, share knowledge, and build connections that support progress in the discipline. We are excited to have you join us and look forward to the meaningful discussions and contributions this gathering will inspire.

About CPD Accreditation

About

Gynec 2026 is officially accredited for Continuing Professional Development (CPD) by the **CPD Group (UK)**, a globally recognized provider of continuing education certification. CPD accreditation ensures that professionals continue to enhance their knowledge, skills, and competencies through structured learning activities. At **Gynec 2026**, participants can earn **1 CPD credit for every hour of attendance** in conference sessions. These credits formally recognize the time spent in professional learning and support ongoing professional development across clinical, academic, and research fields.

Earning CPD credits demonstrates a commitment to maintaining high professional standards and staying updated with the latest developments in Gynecology. CPD participation can also support **career advancement, license renewal requirements, and academic or professional portfolios**, depending on the policies of individual institutions or regulatory bodies.

In addition to educational value, the conference provides opportunities to engage with experts, researchers, and peers from around the world, encouraging knowledge exchange and professional networking.

Attending **Gynec 2026** not only offers a high-quality scientific learning experience but also provides internationally recognized CPD credits that reflect participants' dedication to continuous professional growth.

4TH EDITION OF

GLOBAL CONFERENCE ON
GYNECOLOGY
&
WOMEN'S HEALTH

HYBRID EVENT
28-30
SEPTEMBER 2026

KEYNOTE
PRESENTATIONS





Alberto Maringhini^{1*},

Marco Maringhini²

¹Consultant, Pancreas Unit, La Maddalena Hospital, Palermo;
Pancreatic Research Program, ARNAS Civico Hospital,
Palermo, Italy

²Registrar, Internal Medicine, ARNAS Civico, Palermo, Italy

Biography: Alberto Maringhini, M.D. specializes in biliary and pancreatic diseases. Maringhini started with a peculiar interest on portal hypertension and bleeding in cirrhotics and then in diagnosis of portal hypertension and hepatocellular carcinoma, then developed an interest on gallbladder and pregnancy, acute pancreatitis diagnosis and prognosis, pancreatic cancer clinics and epidemiology, chronic pancreatitis laboratory diagnosis and clinical presentation, and finally acute pancreatitis and pregnancy and breastfeeding in prevention of post-partum acute pancreatitis.

Clinical work in internal medicine and mainly in gastroenterology started in 1977, and Maringhini is nowadays director of internal medicine in the largest hospital in Sicily and in southern Italy after the Cardarelli Hospital in Naples, with a ResearchGate h-index of 27 and 2,343 citations.

Role of Pregnancy (P) and Breastfeeding on Gallstones (GS)-related Acute Pancreatitis (AP)

Parity is associated with GS only in younger mothers. High estrogen levels, mainly in the last trimester, increases cholesterol saturation of bile and high progesterone levels during all P reduce gallbladder contractility, both phenomenon may help sludge and GS precipitation.

In a prospective study of 305 women observed within 3 days after delivery we found sludge and GS in 80/16 women. Age, obesity and oral contraceptive before P were predictors of GS. We followed-up them in the first year after delivery: most of sludge and 2/16 GS spontaneous disappeared. In another study we enrolled 275 women at the first trimester of P, after delivery we observed an actuarial incidence of new sludge and GS respectively in 31 and 2%. Obesity was a predictor of new sludge, sludge itself was predictor of new GS. In the first year after delivery sludge and GS spontaneous disappeared respectively in 68.3% and 31%. Predictors of spontaneous disappearance were age >35 years old and a small GS diameter (5/12 mm). Sludge was asymptomatic, only a few patients with GS had biliary colic. In a population based case control study at the Olmsted County (Minnesota, USA) we reviewed all women in childbearing age with AP and investigated the prevalence of P in them and in controls (n=4, from general population): P was not related to AP, but GSAP was more frequent in the first post-partum year (RR 4.78%) and AP was more frequent in younger women (<35/>35; RR 13.95%). In a population based cohort study on the Sicilian population we observed in 6 years

1885 AP. Incidence in non pregnant and pregnant was respectively 21.61 and 20.02/100,000 w-y. During P incidence decreased from 28.3 in the first trimester to 17.7 in the second and 14.1/100,000 w/y in the last. In the post-partum period incidence increased to 95.37/100,000 w/y in the first semester, it was 42.39 in the second semester and 31.79/100,000 w/y in the second year. The incidence returned to control value in the third year (26.05/100,000 w/y). AP was related to GS in 38% of AP during P, 48.50% in controls and in 70% in post-partum. At the light that most of sludge and GS are at the end of P while AP have lower incidence it is clear that the restore of gallbladder motility during and after delivery with fast reduction of progesterone has a fundamental role in AP pathogenesis. In the post-partum GS related AP incidence decreases with age, while in controls AP increases with increasing age.

The peculiar natural history of GS and GS AP during and after delivery may be related to a longer amenorrhea period and anovulatory cycles after delivery in older mothers, with lower estrogen levels and lower cholesterol saturation of bile. At the light of this speculation we conducted a population based case control study on the Sicilian population to investigate if breastfeeding, which like advanced age, determines longer amenorrhea period and anovulatory cycles after delivery may have a role in post-partum AP. We demonstrated at multivariate analysis that breastfeeding at least 3 months has a strong protective role in the risk of post-partum AP.

Cholecystectomy is mandatory after GS-AP to prevent relapsing AP, but during P surgery is a challenge and it is performed only in the second trimester in tertiary hospitals with specific experience in surgery during P. Furthermore, ursodeoxycholic acid therapy (urso) is safe during P and may be more useful with small GS who have chance of spontaneous dissolution. So, we treated 14 consecutive women with small GS AP during or after P who refused cholecystectomy with urso: we found that in 12/14 women urso was effective in dissolving GS and prevent relapsing AP, in one woman we observed a relapse after one month, before urso could dissolve GS, in another patient we observed a relapse of GS and AP after 7 years. In conclusion we suggest to treat with urso women with AP during P to postpone surgery after delivery. In postpartum we suggest breastfeeding at least 3 months and urso only in women refusing surgery, with seriate ultrasonographic exams for late recurrence of GS and new period of urso treatment.



Irene Orfanoudaki

MITERA – Euromeda, Heraklion, Crete, Greece

Biography: Dr. Irene (Eirini) Orfanoudaki is a gynecologist-obstetrician, having a private practice in Heraklion, Crete, and collaborating with private health clinic MITERA – Euromeda in Heraklion. With around 21 years of experience as a gynecologist-obstetrician, Orfanoudaki specializes in ultrasound, colposcopy, minimal and advance gynecologic surgery, aesthetic gynecology, fertility consulting, menopause consulting, operative obstetrics, high-risk pregnancy, normal deliveries, antenatal, intra-partum, postnatal care, breast diseases, and teenage issues. Cooperation with the

Foundation of Research and Technology Hellas (Heraklion) led to the Dysis Colposcope (Orfanoudaki was the first gynaecologist clinical researcher of multispectral imaging colposcope 1996-2001). In 2005, Orfanoudaki presented a PhD, Development and clinical evaluation new in vivo diagnostic methods for the early diagnosis of lower female genital tissue lesions, at the Medical School of the University of Crete, and the book Optical biopsy of uterine cervix using a multispectral imaging colposcope was published in 2007. Orfanoudaki has also published several research papers and presentations at national and international levels.

The dawn of bio-logical restoration in female pelvic floor and vulvovaginal disorders

In Bio-restorative medicine, regenerative science is utilized to treat underlying pathologies such as atrophy, chronic inflammation and pelvic floor dysfunction. Regenerative gynecology is focused on restoring the function and anatomy of female reproductive organs using the body's own healing mechanisms. It emphasizes noninvasive or minimally invasive bio-stimulation to treat conditions caused by aging, childbirth, or hormonal changes.

The treatment modalities include:

- Platelet-Rich Plasma (PRP) to stimulate collagen, improve blood flow and repair tissue.
- Laser Therapy, with light energy to create micro-injuries in the vaginal walls, triggering a regenerative response that increases thickness, lubrication and elasticity.
- Radiofrequency to stimulate collagen and elastin production, effective for vaginal tightening and labia majora rejuvenation.
- Hyaluronic Acid to restore volume to the labia majora or hydrate the vagina mucosa.
- Stem cell therapy to regenerate severely damaged tissues.

- Electromagnetic Stimulation to strengthen pelvic floor muscles non-invasively.
- Exosomes, the gold standard for collagen production and repairing the vaginal mucosal barrier.
- New Gen Bio-stimulators that encourage new fat cell growth for labial volume loss, offering more natural, long-term results.
- Platelet-Rich Fibrin (PRF) releases growth factors more slowly than PRP, providing sustained healing for chronic condition.

Regenerative gynecology is integrated into a broader longevity model. This includes balancing microbiome health and hormonal optimization to ensure that local regenerative treatments are supported by the patient's inner biology. The future of gynecology belongs to the 'Biological Physician' who leads with ethical, minimally invasive techniques that prioritize long-term tissue health and functional restoration over temporary aesthetic fixes.



Lalit Bora

Sibsagar Diagnostic, (Senior Consultant Gynecologist) & Medical Research Centre, Sivasagar, Assam, India

Biography: Dr Lalit Bora (MBBS) graduated from Assam Medical College Dibrugarh in the year 1976 with flying colours, and completed a Housemanship in the same institution for 2 years in the Department of Obstetrics & Gynaecology. In the year 1981 Bora completed a Post Graduation from Guwahati Medical College, Assam and joined Assam Medical State Service in Rural Areas so as to serve the poor and needy people, serving Sibsagar Civil Hospital for 12 years as In-charge of the Obs & Gynae Department. In the year 2014 Bora got superannuation from Government Service as Joint Director of Health

Services Assam, and has presented many presentations in Dubai and Vienna, Austria.

Inositol in treating sub fertile women and adolescents with PCOS

Polycystic ovarian disease is one of the most common endocrine disorders affecting women of reproductive age and adolescents. It doesn't spare even perimenopausal women. PCOS is the most common cause of anovulatory infertility in women. The global prevalence of PCOS varies from 5 to 18%. Indians have amongst the highest prevalence rates in the world—41% amongst reproductive age group women. PCOS is diagnosed by Hyperandrogenism, oligo and/or anovulation, polycystic ovaries and ovarian dysfunction by different criteria like NIH 1990, Rotterdam 2003 and AE-PCOS Society 2006. Different complications of PCOS are: infertility, obstetrical, cardiovascular, metabolic, oncologic, psychiatric and many more. There are many phenotypes of PCOS out of which Phenotype A, B, C, D are important. PCOD increases the risk of GDM by more than 200%. Insulin resistance is present in 65-80% of PCOD cases. PCOD increases the risk of T2DM by 1600% and 60% of GDM patients develop T2DM. In the evolution of PCOS summary, we see that environmental factors, genetic factors, inositol deficiency, deranged insulin signaling which eventually lead to pituitary dysfunction, enhanced ovarian androgen production and thus, development of insulin resistance.

For decades, we are treating the symptoms of PCOS only and not the cause with Metformin/Pioglitazone, Spironolactone, Cyproterone acetate, Flutamide, Finasteride, Oral Contraceptives, Clomiphene Citrate, Letrozole, Anastrozole etc. No satisfactory treatment resume was discovered till the inositol was introduced for the treatment of PCOS.

Inositol belongs to the vitamin B complex. Epimerization of the six hydroxyl groups of inositol leads to the formation of up to nine stereoisomers, including Myo-Inositol (MYO) and D-Chiro-Inositol (DCI), both stereoisomers were used, as insulin sensitizer drugs in the treatment of PCOS treatments. Human adults consume approximately 1g of inositol (mainly MYO) per day in different biochemical forms. Circulating free MYO is taken up by most tissues by a membrane associated sodium dependent inositol co-transporter, inositol uptake is inhibited by glucose. In particular, it was shown that MYO had 10 times more affinity for the transporter compared to DCI.

In our study method, total no. of 407 women were included. From 10 to 19 years=202 no., 20 to 30 years=105 no., 31 to 45 years=100 no. Study design was randomized control vs folic acid. Duration of study was 6 months. Inclusion criteria was 10 to 45 years of women with PCOS defined by Rotterdam Criteria and exclusion criteria were other medical conditions causing ovulatory disorders: hyperinsulinemia, hyperprolactinemia, hypothyroidism, or androgen excess, such as adrenal hyperplasia or Cushing syndrome.

Out of 202 women, 16% conceived following treatment in the age group of 20 to 45 years.

In the age group of 10 to 19 years, a total of 205 women showed improvement in skin condition, regulations of menstrual cycle, improvement in BMI, RBS and fasting Insulin. There were no such side effects except experiencing flatulence and nausea by 4 no. and 3 no. of women respectively during the study period.

Conclusion: By analyzing different studies focus on MYO supplementation to improve several of the hormonal disturbances of PCOS, we provide a level evidence of MYO effectiveness. MYO mechanism of action appears to be mainly based on improving insulin sensitivity of target tissues, resulting in a positive effect on the reproductive axis (MYO restores ovulation and improves oocyte quality) and hormonal functions (MYO reduces clinical and biochemical hyperandrogenism and dyslipidemia).



Marlen Sulamanidze^{1*}, Levan Vacheishvili

¹Department of plastic and aesthetic surgery, Aptos, Tbilisi, Georgia

Biography: Marlen Sulamanidze, was born in Georgia in 1947 and graduated from the Medical Institute in Irkutsk in 1972. From 1974 to 1984, Sulamanidze specialized in maxillofacial surgery; following further specialization, the primary focus became plastic and aesthetic surgery, initially working in clinics in Georgia and, since 1993, in Moscow, performing over 20,000 surgical operations, including more than 5,000 rhinoplasties and 7,000 procedures using the Aptos method. Sulamanidze is a member of IPRAS, the American Society of Plastic Surgeons (ASPS), the International Society of Aesthetic

Plastic Surgery (ISAPS), the Georgian Society of Plastic, Reconstructive and Aesthetic Surgery (GeoPRAS), and the Russian and Georgian Societies of Plastic, Reconstructive, and Aesthetic Surgeons; since 2001 an honorary member of the National Society of Aesthetic Surgery of France, a member of the American Society for Dermatologic Surgery since 2005, and honorary president of the Japanese Society of Liposuction since 2007. Sulamanidze has published over 70 scientific papers, 20 of which have been featured in leading international journals, and holds 16 patents in plastic surgery, including four international patents for innovations such as Aptos threads, the Wire Scalpel, a corrective bra method for mammoplasty, and the dermotension technique, and has developed numerous original surgical procedures.

Application of thread technology in aesthetic and functional gynecology

The integration of thread technology into gynecological practice represents a significant advancement in both aesthetic and functional treatment modalities. Originally utilized in dermatology for facial rejuvenation, absorbable threads such as Polydioxanone (PDO), Poly-L-Lactic Acid (PLLA), and Polycaprolactone (PCL) are now being employed in gynecology to improve the appearance, tone, and structural integrity of the vulvovaginal region. In aesthetic gynecology, thread lifting procedures address concerns such as labial sagging, volume loss, and skin laxity. The threads stimulate neocollagenesis and elastin production, leading to progressive tightening and rejuvenation of the treated tissues. This offers a minimally invasive alternative to traditional surgical procedures, with reduced downtime and high patient satisfaction.

In functional gynecology, thread technology is being explored as a supportive treatment for vaginal laxity, mild pelvic organ prolapse, and stress urinary incontinence. By improving tissue tension and increasing fibroblast activity, threads enhance pelvic floor support and vaginal wall strength. This is especially beneficial for postpartum and perimenopausal women seeking non-surgical options. Clinical studies and anecdotal evidence suggest improvements in sexual function, urinary control, and overall quality of life following thread-based interventions.

The advantages of thread-based treatments include minimal invasiveness, lower risk of complications, and relatively quick recovery. However, outcomes can vary depending on the type of thread used, the technique employed, and patient-specific factors. As such, proper patient selection, training, and adherence to safety protocols are essential for optimal results.

With growing demand for intimate wellness and non-surgical solutions, thread technology offers a promising adjunct or alternative to conventional treatments in gynecology. Continued research and long-term clinical data are needed to further establish its efficacy, safety, and standardize protocols across diverse patient populations.



Mohamed Hosni

London North West University Healthcare NHS Trust,
United Kingdom

Biography: Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist, with over 20 years of experience, a very experienced laparoscopic surgeon with international reputation in minimal access surgery and endometriosis. Hosni has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research, with many peer-reviewed publications, and has presented both nationally and internationally. Hosni completed MD, MSc, and is currently a member of the Royal College of Obstetricians and

Gynaecologists, a firm believer in a patient-centred approach personalized on an individual basis, placing significant importance on taking time to listen to each patient's specific needs and providing them with a thorough explanation of their treatment options, entirely dedicated to the profession.

Pregnancy outcome after uterine artery embolization for uterine adenomyosis: A systematic review and meta-analysis

Background: Uterine adenomyosis involves the growth of endometrial gland and stroma within the uterine musculature. Patients, with uterine adenomyosis, experience heavy painful periods, deep dyspareunia and subfertility, reducing their overall quality of life. Hysterectomy is usually the recommended treatment for such patients. Whilst Uterine Artery Embolisation (UAE) offers a suitable, fertility-preserving alternative, for patients who have not completed their families, its impacts on pregnancy outcomes have not yet been explored or studied in women with pure adenomyosis.

Aim: To assess pregnancy and live birth rates in women with pure adenomyosis, treated with UAE.

Methods: A comprehensive systematic review of the published literature, in Pubmed, Embase, Cochrane, Google Scholar, Scopus and ClinicalTrials.gov, was performed from January 2000 until January 2025. All the published and unpublished literature in English language, describing pregnancy outcome after uterine artery embolization for pure uterine adenomyosis, were eligible for inclusion in the study. Data about preconception characteristics, pregnancy, obstetrics and neonatal outcomes were extracted and analysed according to the study design source and pregnancy viability.

Results: We identified nine papers, with a total cohort of 611, 139 desiring fertility. Women were aged 18–52, with a mean follow up of 46.3 months after UAE. We concluded a pregnancy rate of 37.9% (n=35) and a live birth rate of 69.2% (n=26) in this cohort. Of these, 7 studies reported obstetric and/or neonatal complications, including preterm, premature rupture of membranes, haemorrhage during delivery, low birth weight and neonatal deaths.

Conclusions: The pregnancy and live birth rates, after UAE for pure uterine adenomyosis, are comparable to IVF clinical success rates. Uterine Artery Embolization provides a foundation for further studies and research, directly assessing pregnancy outcomes and indirectly assessing the fertility potential in women with pure adenomyosis, with the potential to influence uterine adenomyosis treatment guidelines. Future research should explore both pregnancy outcomes as well as fertility markers to differentiate the direct effects of UAE on pregnancy, as opposed to other confounding factors.



Neda Zarrin-Khameh^{1*}, Sagar Dhamne², Esther Soundars³

¹Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030, United States of America

²MD Anderson Cancer Center, United States of America

³Indiana University School of Medicine, United States of America

Biography: Neda Zarrin-Khameh, MD, MPH is a Professor of Pathology & Immunology at Baylor College of Medicine, Director of the Baylor Cytopathology Fellowship and Medical Director of the Cytology Laboratory at Ben Taub Hospital. Although Zarrin-Khameh enjoys all areas of pathology, there is particular interest in GI, Gyn, soft tissue and cytology, and a passion for teaching. Zarrin-Khameh has published multiple papers and is involved in multiple translational research projects, some collaborative with other clinicians, and is currently chair of the cytopathology committee for the American Society of Clinical Pathology.

Pathologic findings in women with atypical glandular cells on Pap test

Introduction: It has been shown that a significant subset of Atypical Glandular Cells (AGC) indicates underlying malignancies. Therefore, it is imperative to recognize, diagnose, and treat these lesions early. We evaluated the clinical significance of AGC on cervical cytology in our hospital.

Materials and Methods: A total of 376 consecutive Pap tests with a diagnosis of AGC between January 2005 and January 2011 at a tertiary community hospital were reviewed and correlated with concurrent or follow-up histopathology.

Results: Over a 6-year period 376 (0.23%) Pap tests were reported as AGC. Histopathology was available in 223 cases. Atypical hyperplasia, dysplasia, or malignant lesion was found in 128 (57.4%) cases. Of these, 80 (62.5%) were glandular lesions. In women younger than 48 years benign lesions (52.9%) were more common. Women who were 48 years and older were more likely to have a malignant glandular lesion (56 out of 73, 76.7%) compared with women under 48 years, who were more likely to have a malignant squamous lesion (31 out of 55, 56.4%). This difference was statistically significant ($P=0.002$). Malignant lesion was seen in 58 (26%) of the women. Endometrial carcinoma (30 cases) was the most common malignancy—51.7% of the malignant lesions and 13.4% overall. Chronic cervicitis and endometritis were the most common non-malignant findings.

Conclusion: AGC on Pap test may be the initial manifestation of a wide range of cervical pathologies. Because many AGC diagnoses did not have a histopathological follow-up, clinicians should be more diligent at having patients follow up, especially in peri- and post-menopausal women.



Nicoletta Di Simone*, Annalisa Inversetti

Department of Biomedical Sciences, Humanitas University,
Milan, Italy

Biography: Nicoletta Di Simone, MD, PhD, is Full Professor MED/40 in Obstetrics and Gynaecology at Humanitas University, Milan, Italy, Director of the School of Specialization in Obstetrics and Gynaecology at Humanitas University, Director of the Multidisciplinary Centre of High-Risk Pregnancy at Humanitas San Pio X Research Hospital, Milan, and Director of the Multidisciplinary Centre of Menopause, IRCCS, Humanitas Rozzano, Milan. Clinical fields of research include recurrent miscarriage, high-risk pregnancy (diabetes in pregnancy, preeclampsia), autoimmune diseases, preterm birth, infertility,

endometriosis, and menopause. Di Simone has published 168 papers in international journals with a high impact factor (h-index 47, Scopus 2025; 5,194 citations) and has been an invited speaker at 160 national and international conferences.

Endometrial functions in recurrent pregnancy loss

Recurrent Pregnancy Loss (RPL) is a clinically challenging reproductive condition, and in a significant proportion of patients no identifiable cause is found using standard diagnostic work-up. Increasing clinical and experimental evidence suggests that endometrial dysfunction represents a key factor in the pathogenesis of RPL, independently of embryonic abnormalities or systemic maternal conditions. The endometrium plays a pivotal role in implantation and early placentation through tightly regulated processes of receptivity, decidualization, immune tolerance, and vascular remodeling.

Clinical studies have associated RPL with alterations in endometrial decidualization, dysregulated immune cell populations, impaired cytokine signaling, and defective angiogenesis. In particular, abnormalities in uterine natural killer cell activity, macrophage polarization, and T-cell-mediated immune balance may compromise embryo implantation and early placental development. Endocrine disturbances and epigenetic alterations further contribute to impaired endometrial responsiveness during the implantation window.

Current evidence highlights molecular and cellular endometrial alterations that may represent clinically relevant biomarkers of impaired receptivity in women with RPL. Moreover, emerging data suggest that endometrial inflammation, uterine microbiota imbalance, and chronic endometritis may contribute to a hostile endometrial environment, offering potential targets for diagnostic refinement and therapeutic intervention. A better integration of endometrial assessment into clinical practice may improve patient stratification and management in recurrent pregnancy loss.



Pravin Mhatre*, Jyoti Mhatre

G.S. Medical College and KEM Hospital, Mumbai, India

Biography: Dr. Pravin Mhatre, Professor Emeritus at G.S. Medical College, KEM Hospital, and N. Wadia Hospital in Mumbai, is internationally recognized for pioneering contributions to reproductive medicine. Mhatre led the world's first successful ovarian transplant, an achievement that was declared by BBC World and BBC London on December 24, 2002, as The significant medical achievement of the year 2002, and in 2005 also established the first ovarian bank. Groundbreaking research includes work on vaginoplasty using progenitor cells and investigations into the

genetics of MRKH syndrome. For exceptional service in family planning, Mhatre was awarded the President's Medal as part of an honorary team, has also been honored with the Civic Gold Medal and Citation by the BrihanMumbai Mahanagarpalika for contributions to medicine, and was named Maharashtra-Ratna in May 2005.

Peritoneum an organ and its role in reproductive regeneration

Historically peritoneum has been a neglected anatomical structure, however recent research identifies it as an important functional organ. Apart from lining and protecting the abdominal organ it plays a major role in tissue repair, immunological response and tissue regeneration. The mesothelial cells of the peritoneum plays an important role in its function as an organ.

The mesothelial cells of the peritoneum are extremely important as an organ functional unit. The microvilli and the intercellular junctions help in immune signaling and tissue repair.

These mesothelial cells have an active role in immune defense and inflammatory responses. The cytokines, growth factors, and extracellular matrix components secreted by the mesothelial cells help in tissue repair and immune activity.

The peritoneum has a remarkable ability to repair itself, following injury. This regenerative capacity has been documented. The laparoscopic incisions and dissection areas in peritoneum get covered in 24 hours.

The most important function of the mesothelial cells is their ability to undergo metaplasia and changing into different structures. It's evident by the conditions like endometriosis, ovarian malignancies and many other pathological conditions.

The embryogenesis of mullerian ducts is by peritoneal invagination. Having the same parentage is the main hypothesis of our research in peritoneal vaginoplasty. This has been documented in more than 200 plus cases of vaginoplasty.

The next research is developing the uterine endometrial lining and developing the myometrial tissue.

The results of the animal experiments are presented herewith documenting peritoneal conversion into endometrial lining. The progenitor cells and the genomes activated during the metaplasia are also identified. The present study evaluated the effect of the treatment on the expression of key pluripotency-associated genes OCT-4, LEFTY, and NANOG in rabbit uterine tissue, using both quantitative real-time PCR and immunohistochemical analysis. The results consistently demonstrated a time-dependent and treatment-specific upregulation of these markers, indicating activation of stem-cell-related molecular pathways.



Siftjit Kaur, Vijay Prabha*

Department of Microbiology, Panjab University,
Chandigarh-160014, India

Biography: Dr. (Mrs.) Vijay Prabha did B.Sc. (Hons), M.Sc. (Hons), and Ph.D. from the Department of Microbiology, Panjab University, Chandigarh, India, joined the same department as Assistant Professor and then obtained the position of Associate Professor and Professor. Prabha has 32 years of teaching and 42 years of research experience, has published 111 research articles in reputed journals, and has presented work in various national and international conferences as an invited speaker and keynote speaker. Prabha has been a member of various Biosafety committees and learned societies and is an

Editorial Board member of various national and international journals.

Exploitation of sperm agglutination factor derived from *Staphylococcus aureus* as a putative candidate for vaginal contraception

Vaginal contraception is perhaps the oldest method of fertility regulation that has been practiced over the centuries. With minimal systemic involvement, it is also one of the safest methods of contraception. The use of vaginal contraceptives as local agents in a need-based manner makes them relatively much safer. They are also more advantageous against other contraceptives because of the following reasons: no loss of natural feeling when compared to condoms, no side effects when compared to oral pills, no bleeding or pain when compared to loop, no interference of a third party because it is do-it-yourself method and are inexpensive, reversible and relatively safe and easy to use. However, lack of interest and innovation in this important area of contraception made the available methods outdated, resulting in poor efficacy and acceptability. Thus, we are still away from the ideal vaginal contraceptive. The currently marketed vaginal contraceptive formulations contain a non-ionic surfactant as an active ingredient, the most common being nonoxynol-9 (N-9). A major drawback of N-9 and other surfactant spermicides is their detergent-like cytotoxicity to vaginal epithelial cells and *Lactobacilli*, disrupting normal microflora and increasing susceptibility to vaginal infections and STI/HIV transmission. Therefore, the development of vaginal contraceptives lacking membrane toxicity will offer a significant clinical advantage over the currently marketed detergent type spermicides. Notably, certain microorganisms are known to impair sperm function either by inducing sperm agglutination or by secreting extracellular products that immobilize spermatozoa, presenting a biologically relevant and non-invasive strategy for vaginal contraception. Motivated

by this concept, a sperm-agglutinating bacterial strain was isolated from the cervix of a woman with unexplained infertility. Phenotypic and biochemical characterization identified the isolate as *Staphylococcus aureus*, which was confirmed by 16S rRNA gene sequencing (99% homology). *In-vitro* studies demonstrated that *S. aureus* induced sperm agglutination, sperm death and caused morphological alterations. These observations suggested that the presence of bacteria possessing sperm agglutination activity could compromise fertility in female mice and prompted further investigation into the underlying mediator, leading to the isolation and purification of the Sperm-Agglutinating Factor (SAF). SAF showed a protein band of ~65 kDa on SDS-PAGE and depicted sequence homology to the hypothetical protein BACPEC_00178 of *Bacteroides pectinophilus* by MALDI-TOF analysis. In-vitro analysis revealed that SAF could induce complete agglutination, death, profound morphological alterations in human spermatozoa, significantly inhibited Mg²⁺-dependent ATPase activity, accelerated premature acrosome reaction, and triggered marked apoptotic responses. Intravaginal administration of SAF (10µg) in female BALB/c mice completely prevented conception, highlighting its contraceptive potential. However, safety is a critical prerequisite for the development of any vaginal contraceptive. Hence, when SAF was evaluated for safety, the results showed that SAF did not cause local inflammation or damage to the vaginal epithelium. No treatment related changes were observed in the reproductive performance of mice after cessation of treatment. Furthermore, SAF did not produce lethality in the mouse and was not toxic to other organs. Thus, SAF with all these properties has the potential to become an active ingredient of a vaginal contraceptive.

4TH EDITION OF

GLOBAL CONFERENCE ON
GYNECOLOGY
&
WOMEN'S HEALTH

HYBRID EVENT
28-30
SEPTEMBER 2026

ORAL
PRESENTATIONS



Mohammed Sami Saeed¹,
Adzmi Hakim Rahman^{1*},
Hafza Asma Adnan¹, Samiya
Ibrahim², Awani Patel³

¹Department of Pathology, Sherwood Forest Hospitals NHS Foundation Trust, Mansfield, United Kingdom

²Department of Pathology, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

³Department of Radiology, Sherwood Forest Hospitals NHS Foundation Trust, Mansfield, United Kingdom



MMR-deficient dedifferentiated endometrial carcinoma with synchronous uterine leiomyosarcoma: A rare collision tumour

Background: Dedifferentiated Endometrial Carcinoma (DEC) is a rare and aggressive uterine malignancy. Its synchronous occurrence with uterine leiomyosarcoma as a collision tumour is exceptionally uncommon and has important diagnostic and therapeutic implications.

Case Presentation: A 74-year-old postmenopausal woman presented with abnormal uterine bleeding and underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Histopathology demonstrated Dedifferentiated Endometrial Carcinoma arising from FIGO grade 1 endometrioid adenocarcinoma together with a spatially distinct uterine leiomyosarcoma, consistent with a true collision tumour. Immunohistochemistry demonstrated subclonal loss of MLH1 and PMS2 in approximately 40% of the dedifferentiated component, while MLH1 promoter hypermethylation confirmed a sporadic epigenetic mechanism. The patient subsequently received adjuvant radiotherapy and chemotherapy and remained in complete clinical remission at one-year follow-up.

Discussion: This case highlights the importance of integrating morphology, immunohistochemistry and molecular diagnostics to distinguish collision tumours from carcinosarcoma and other high-grade uterine malignancies. Subclonal mismatch repair deficiency demonstrates intratumoral heterogeneity and may have implications for molecular classification, prognostication and future immunotherapy.

Conclusion: This rare collision tumour emphasises the importance of multidisciplinary collaboration and comprehensive pathological assessment for accurate diagnosis and optimal management.

Biography

Adzmi Hakim Rahman is currently a Clinical Development Fellow in General Medicine and Acute Medicine at King's Mill Hospital, Mansfield, United Kingdom. Rahman has a strong interest in pathology, internal medicine and medical education and is actively involved in clinical research, quality improvement and teaching.

Alyssa Recinto Clemente

University of Cebu Medical Center, Philippines

Psychological well-being and prenatal stress levels among high-risk pregnant patients in a tertiary hospital in Mandaue City, Cebu: A prospective descriptive-correlational study

High-risk pregnancy is often associated with increased emotional and psychological challenges because of the added concerns regarding maternal and fetal health. Despite the growing recognition of maternal mental health as an important component of prenatal care, limited local studies have explored the relationship between prenatal stress and psycho-emotional well-being among high-risk pregnant women in the Philippine setting. This study aimed to assess antenatal stress levels and psycho-emotional well-being among high-risk pregnant patients in a tertiary hospital and determine the relationship between these variables.

A prospective descriptive-correlational design was utilized involving 120 high-risk pregnant women receiving prenatal care at the University of Cebu Medical Center from October 2025 to March 2026. Participants underwent initial screening using the Patient Health Questionnaire-9 (PHQ-9), followed by administration of the Antenatal Perceived Stress Inventory (APSI) and Brief Symptom Inventory-18 (BSI-18). Sociodemographic, obstetric, and medical data were also collected and analyzed using descriptive and inferential statistics.

The study found that most respondents had low to manageable antenatal stress levels, although 20.00% were classified under the High Stress category. Higher stress levels were more commonly observed among younger women, nulliparous patients, those with higher body mass index, lower income, and single civil status. Certain medical conditions, including gestational diabetes, obesity, thyroid disorders, and advanced maternal age, were also associated with increased stress levels. Furthermore, linear regression analysis demonstrated a significant positive relationship between antenatal perceived stress and psycho-emotional distress ($\beta=0.4421$, $p<0.001$), indicating that increased prenatal stress was associated with poorer psycho-emotional well-being.

The findings suggest that antenatal stress plays a significant role in the psycho-emotional health of high-risk pregnant women. The study emphasizes the importance of incorporating mental health screening, stress assessment, and psychosocial support into routine prenatal care, particularly among women with high-risk pregnancies. Early identification of vulnerable patients may help improve maternal emotional well-being and overall pregnancy outcomes.

Keywords: High-Risk Pregnancy, Antenatal Stress, Prenatal Stress, Psycho-Emotional Well-Being, Maternal Mental Health, Psychological Distress, Pregnancy-Related Stress, High-Risk Pregnant Women, Tertiary Hospital, Philippines



Amanpreet Kaur Kalsi^{1*}, Ashutosh Halder², Manish Jain²

¹Department of Zoology, Dyal Singh College, Karnal, Haryana, India

²Department of Reproductive Biology, All India Institute of Medical Sciences (AIIMS), New Delhi, India

Autoimmune signatures in hyperprolactinemia

Background: Hyperprolactinemia is a common endocrine disorder that affects reproductive health and has increasingly been linked with immune dysregulation. Although prolactin is recognized for its immunomodulatory functions, the relationship between elevated prolactin levels and autoimmune activity remains insufficiently understood. This study explored whether specific immune markers are associated with different forms of hyperprolactinemia and whether these changes differ between true hyperprolactinemia and macroprolactinemia.

Methods: A hospital-based observational study included 102 patients with pathological hyperprolactinemia (serum prolactin >100 ng/mL) and 24 healthy controls. Patients were categorized into idiopathic, pituitary adenoma-associated, drug-induced, and secondary hyperprolactinemia. Direct immune markers (IL-2, IL-4, IL-5, and IFN- γ) and indirect autoimmune markers including anti-thyroid peroxidase (anti-TPO), anti-thyroglobulin (anti-Tg), anti-cyclic citrullinated peptide (anti-CCP), VDRL, platelet count, and activated partial thromboplastin time were evaluated using validated laboratory techniques. Statistical comparisons were performed using non-parametric methods.

Results: Serum IL-4 concentrations were consistently higher in patients with hyperprolactinemia than in healthy controls, irrespective of the underlying cause. Anti-TPO antibody levels were also significantly elevated, particularly among patients with idiopathic and drug-induced hyperprolactinemia. In contrast, IL-2, IFN- γ , IL-5, anti-Tg, and anti-CCP did not demonstrate meaningful differences across groups. Furthermore, autoimmune marker profiles were largely comparable between macroprolactinemia and true hyperprolactinemia, suggesting that both conditions share similar immune characteristics.

Conclusion: The findings indicate that elevated IL-4 and anti-TPO antibodies may represent early immunological alterations associated with hyperprolactinemia, even in the absence of overt autoimmune disease. These biomarkers could serve as useful indicators for identifying patients who may benefit from long-term surveillance for autoimmune disorders, particularly autoimmune thyroid disease. The study contributes to a better understanding of the complex interaction between endocrine and immune pathways and highlights the need for integrated clinical monitoring in patients with persistent hyperprolactinemia.

Biography

Dr. Amanpreet Kaur Kalsi is an Assistant Professor of Zoology at Dyal Singh College, Karnal, Haryana, and earned a PhD from AIIMS, New Delhi, with research focused on the etiopathology of hyperprolactinemia and macroprolactinemia. Kalsi's expertise spans reproductive biology, molecular cytogenetics, reproductive endocrinology, genomics, and infertility research, has authored numerous peer-reviewed publications in reputed international journals, and has presented research at national and international scientific conferences. Kalsi's work bridges clinical endocrinology, reproductive medicine, and molecular biology, with a special interest in endocrine-autoimmune interactions.



Baraa Albousen*, Joseph Mechery

Department of Obstetrics and Gynaecology, Ysbyty Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, Wales, UK

A large ovarian yolk sac tumour masquerading as polycystic ovarian syndrome: A three-year diagnostic delay

A 33-year-old woman (G3P2+1) presented with a three-year history of progressive hirsutism, significant weight gain, and secondary amenorrhoea, initially attributed to polycystic ovarian syndrome (PCOS) in the context of a raised serum testosterone (6.3 nmol/L) and concurrent hypothyroidism (TSH 9.3 mU/L). During endocrinology review, pelvic ultrasound revealed a large complex solid-cystic pelvic mass measuring 21.2×13.8×23.4 cm, extending from the pelvis to above the umbilicus, with neither ovary separately identifiable. Tumour markers demonstrated a markedly elevated alpha-fetoprotein (AFP) of 8,147 KU/L and CA-125 of 78 KU/L. CT thorax, abdomen and pelvis confirmed a 23 cm predominantly cystic mass with solid enhancing components and no evidence of peritoneal or metastatic disease. On clinical examination, the mass was palpable to a size equivalent to a 35–40 week uterus.

Following discussion at the Regional Gynaecology MDT and the specialist Germ Cell Tumour (GCT) MDT at Clatterbridge Cancer Centre, the findings were consistent with an ovarian yolk sac tumour. The GCT MDT recommended surgical resection, nodal sampling, and fluid cytology. The patient underwent elective laparotomy and left salpingo-oophorectomy at a regional cancer centre. Histology and staging were pending at the time of reporting.

This case illustrates a critical diagnostic pitfall: the attribution of hyperandrogenaemia to PCOS without pelvic imaging in a young woman. A serum testosterone exceeding 5 nmol/L in a premenopausal woman warrants urgent pelvic ultrasound to exclude an androgen-secreting or neoplastic ovarian lesion. Furthermore, a markedly elevated AFP (>1,000 KU/L) in a non-pregnant woman of reproductive age is essentially pathognomic of a yolk sac tumour

and constitutes a clinical urgency requiring same-day gynaecological oncology referral. The simultaneous presence of hypothyroidism and a progestogenic contraceptive implant provided alternative explanations for all presenting symptoms — amenorrhoea, weight gain, and fatigue — masking the underlying malignancy for approximately three years. This case reinforces the essential role of multi-specialty MDT collaboration in rare gynaecological tumours, ensuring oncologically appropriate surgical planning consistent with national guidance.

Keywords: Ovarian Germ Cell Tumour, Yolk Sac Tumour, Hyperandrogenaemia, Alpha-Fetoprotein, PCOS, Diagnostic Delay, Gynaecological Oncology.

Biography

Dr Baraa Albousen is a Specialty Doctor in Obstetrics and Gynaecology at Ysbyty Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, Wales, UK, with over 15 years of clinical experience. Albousen holds the MRCOG qualification and a Leadership Diploma from Healthcare Skills, with clinical interests in gynaecological oncology, audit, and quality improvement, and has contributed to departmental audits and case report publications, with a focus on translating complex clinical cases into educational learning points. The co-author, Mr Joseph Mechery MBBS, MD, DFFP, FRCOG, is a Consultant in Obstetrics and Gynaecology at the same institution.



Baraa Albousen*, Joseph Mechery, Jenelle Chilcilo, Olushola Ajose

Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board,
North Wales, UK

Day-case vs outpatient hysteroscopy: A retrospective audit of compliance with RCOG GTG 59 at a district general hospital in North Wales

Background/Objectives: Outpatient hysteroscopy is the gold standard for uterine investigation per RCOG Green-top Guideline 59 (2024). This retrospective audit evaluated compliance with GTG 59 at Ysbyty Glan Clwyd, North Wales, focusing on outpatient success rates, day-case escalation, cancer detection, diagnostic intervals, and pain relief documentation.

Methods: Case notes were reviewed for all 78 day-case hysteroscopy procedures (July 2024–December 2025). Outpatient procedure numbers were extracted from the Ward 19A logbook. Standards applied: RCOG GTG 59 (2024), GTG 67, GTG 44, GPP 16, NICE NG12, and NHS Faster Diagnosis Standard (FDS).

Results:

Standard / Metric	Result	Target	Status
Total procedures (OP + DC)	594 (516 OP + 78 DC)	—	—
Outpatient rate	86.9%	≥ 90%	NOT MET
OP diagnostic success	87.6%	≥ 97%	NOT MET
OP polypectomy success	86.6%	≥ 95%	NOT MET
OP ablation success	40% (n=5)	≥ 77%	NOT MET
Cancer detection rate	4/78 (5.1%)	All → MDT	MET ✓
28-day FDS met (USC cases)	0/4 (9w+3d to 16 wks)	≥ 28 days	NOT MET
LA / Entonox documented	50/78 (64%)	100%	PARTIAL
Ward 19A before DC escalation	8/28 (28.6%)	100%	NOT MET

Conclusions: While the 86.9% outpatient rate reflects adherence to the GTG 59 outpatient-first principle, all three outpatient success rates fall below national standards. Insufficient documentation of day-case justification, analgesic discussion, and Ward 19A pathway compliance represent key quality improvement targets. Failed outpatient attempts contributed to FDS non-compliance in all 4 USC pathway cancer cases, highlighting the importance of timely escalation by any appropriately trained consultant without requiring oncology referral. Re-audit at 6–12 months is recommended.

Biography

Baraa Albousen is a Specialty Doctor in Obstetrics and Gynaecology at Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board, North Wales, UK, with over 15 years of clinical experience. She holds the MRCOG qualification and a Leadership Diploma from Healthcare Skills. Her clinical practice spans outpatient and operative gynaecology, complex obstetrics, and hysteroscopy, with a particular interest in quality improvement and patient safety.



Carrie Eutizi

Arizona Coalition to End Sexual and Domestic Violence
(ACESDV), USA

Improving sexual assault screening practices in gynecologic care

Sexual assault remains significantly underreported in healthcare settings, yet gynecologic environments are one of the most common places where disclosures occur. Despite this, screening practices vary widely, and many clinicians express discomfort, uncertainty, or concern about unintentionally causing patient distress. Effective screening is essential for identifying patients in need of support, improving clinical rapport, and ensuring continuity of care.

This presentation offers gynecologic clinicians a set of practical, trauma-informed strategies to strengthen sexual assault screening during routine exams. The session begins by outlining how to introduce screening questions in a manner that reduces anxiety and increases patient comfort. It provides sample scripts that promote openness while avoiding pressure to disclose. Participants will learn to recognize behavioral or verbal cues that may indicate hesitancy, discomfort, or difficulty responding, allowing clinicians to adjust their approach in real time.

Common pitfalls in screening—such as rushing through questions, using overly technical language, or asking without context—are reviewed alongside strategies to prevent them. Documentation considerations are addressed to help clinicians accurately record disclosures while maintaining patient safety and confidentiality. The session concludes with guidance on building referral pathways to advocacy programs, follow-up medical services, and appropriate reporting channels, ensuring that patient needs are met promptly and respectfully.

Improving screening practices not only increases the likelihood of disclosure but also strengthens patient trust and reduces clinician uncertainty when navigating sensitive conversations. Gynecologic clinicians are uniquely positioned to identify survivors who may otherwise remain unseen. By incorporating trauma-informed communication and structured workflows into routine care, providers can enhance patient experience, promote safer clinical encounters, and contribute to improved health and wellbeing outcomes for individuals who have experienced sexual assault.

Biography

Carrie Eutizi is a Sexual Violence Response Coordinator with the Arizona Coalition to End Sexual and Domestic Violence, specializing in clinical advocacy, trauma-informed healthcare training, and statewide systems-improvement initiatives. Eutizi develops and delivers education for medical professionals, rural providers, and multidisciplinary teams, with a focus on navigating sensitive disclosures, improving screening practices, and strengthening trauma-responsive care, emphasizing practical, clinically relevant approaches that support both patient wellbeing and provider confidence.



Gangadhara Rao Koneru

NRIAS, India

Changing trends in women's healthcare: From adolescence to menopause and gynaecologic cancer care

Women's healthcare has evolved remarkably over the last two decades, shifting from a disease-centred approach to a comprehensive life-course model that addresses physical, reproductive, psychological, sexual, and oncologic wellbeing. Contemporary gynaecologic practice now emphasizes preventive care, individualized treatment, minimally invasive interventions, fertility preservation, survivorship, and quality-of-life outcomes across all stages of a woman's life.

Adolescent and reproductive healthcare has witnessed major advances through HPV vaccination, menstrual health awareness, improved contraception, fertility preservation, and evidence-based management of disorders such as PCOS, endometriosis, and infertility. Pregnancy care has increasingly integrated fetal medicine, prenatal genetic screening, and multidisciplinary high-risk obstetric management.

Midlife and menopausal care are undergoing a paradigm shift with renewed focus on menopausal hormone therapy, bone health, cardiovascular protection, sexual wellness, mental health, and personalized counselling. Multidisciplinary menopause clinics and holistic management strategies are increasingly recognized as essential components of women's healthcare.

Gynaecologic oncology has entered an era of precision medicine with advances in molecular diagnostics, targeted therapy, immunotherapy, enhanced screening programs, minimally invasive surgery, and survivorship care. Fertility-sparing treatment options,

genetic counselling, HPV-based cervical cancer prevention, and patient-centred cancer rehabilitation have significantly improved long-term outcomes and quality of life.

The growing integration of digital health, artificial intelligence, telemedicine, and multidisciplinary collaboration is transforming the future of women's healthcare delivery. This review highlights the major transitions, current trends, and emerging concepts in comprehensive women-centred care from adolescence to menopause and cancer survivorship, emphasizing the need for holistic, accessible, and evidence-based gynaecologic practice.

Biography

Dr. Koneru Gangadhara Rao is a senior Obstetrician and Gynaecologist with more than four decades of dedicated service in women's health, having completed an MBBS from Kurnool Medical College under S.V. University in 1978 and an MD in Obstetrics & Gynaecology from the same institution in 1986. Following the MBBS, Rao received government training in Tropical Medicine, which broadened the clinical perspective; the primary expertise lies in obstetrics and gynaecology, where Rao has guided countless patients through safe pregnancies, deliveries, and complex gynecological care. Rao practices in Vijayawada and is also associated with NRI Medical College & General Hospital, Guntur, contributing to both patient care and medical education, and is an active member of professional bodies such as FOGSI and the Indian Medical Association. With extensive experience and a compassionate approach, Rao continues to be a trusted name in women's healthcare in Andhra Pradesh.

Hira Khan

Dow University of Health Sciences (DUHS), Ojha Campus,
Karachi, Pakistan

Facilitators and barriers to antenatal and focused antenatal care (ANC/FANC) utilisation among pregnant women: A mixed-method study

Background: Existing data quantify maternal deaths but lack hospital-based evidence on barriers and determinants affecting ANC and FANC utilization. This mixed-methods study used a structured questionnaire to assess barriers, stigma, and factors affecting ANC and FANC use among pregnant women

Methods: A mixed-method study will be conducted among pregnant women attending DUHS, Ojha Campus, Karachi. The quantitative component will assess ANC/FANC utilisation and its associations with sociodemographic, economic, and healthcare factors. ANC utilisation will be assessed by self-report and available records, with adequacy defined as ≥ 8 contacts, starting within 12 weeks, per WHO guidelines. Qualitative exploration of sociocultural, economic, and systemic barriers and facilitators to ANC/FANC utilisation will be integrated with quantitative findings for a comprehensive analysis.

Result: Preliminary findings from the ongoing data collection show that most women had limited knowledge regarding Antenatal Care (ANC), around 80% not hearing about Focused Antenatal Care (FANC). With 55.6% having no knowledge regarding the recommended number of visits and Focused Antenatal Care (FANC) model. 55.6% participants reported until now that they had not received adequate information or guidance about ANC from healthcare providers, family members or other sources. In terms of facilitators, 57% of the women reported that they were able to attend ANC because of family support, availability of transportation and accessibility of healthcare facility. Long wait times were the most common concern.

Conclusion: Results from this ongoing research (n=9; target N=377) suggest that lack of knowledge about ANC/FANC and lengthy waiting periods in standard medical centers were notably often reported obstacles to antenatal care utilization and most participants reported only mild satisfaction with the services they received. Care-seeking behavior is driven primarily by service and information gaps, not cost or permission issues.



Holly West^{1,2*}, Emma Willert¹

¹Bodmin Road Health Centre, Manchester, UK

²Manchester University NHS Foundation Trust, Manchester, UK

Optimising endometrial protection in patients using high-dose transdermal oestrogen: A primary care quality improvement project

Background: Women and people with an intact uterus receiving systemic oestrogen require adequate progesterone to reduce the risk of endometrial hyperplasia and carcinoma. Updated British Menopause Society guidance recommends increased progesterone doses for women using higher-dose transdermal oestrogen. However, patients may alter their oestrogen dose over time without corresponding updates to prescribing records, potentially leading to inadequate endometrial protection.

Aim: To identify patients using high-dose transdermal oestrogen who required optimisation of progesterone therapy in accordance with current guidance and to evaluate whether electronic prescribing records accurately reflected current HRT use.

Methods: A quality improvement project was undertaken within a UK general practice. An electronic search was used to identify patients prescribed transdermal oestrogen. Patients were contacted via text message to confirm their current HRT regimen. Electronic medical records were reviewed to determine prescribed oestrogen dose, actual oestrogen use, progesterone regimen, and the presence of a 52 mg levonorgestrel-releasing intrauterine system or previous hysterectomy. Patients using four or more pumps of transdermal oestrogen were assessed against current guidance regarding endometrial protection and their prescription updated.

Results: 149 patients were identified and contacted via SMS, with 110 women participating in the study. 44 (40%) were using the same oestrogen dose as documented on their prescription, while 66 (60%) were using a different regimen. 20 patients were using four or more

pumps daily (including one using 6 pumps). Only 2 out of 20 (10%) patients had an electronic prescription accurately reflecting their current oestrogen dose. Among the remaining 18 patients with inaccurate prescribing records, 7 (39%) required optimisation of progesterone therapy based on their actual oestrogen use.

Conclusions: There was substantial discordance between prescribed and actual transdermal oestrogen use in primary care. Inaccurate prescribing records may contribute to inadequate endometrial protection in women receiving higher-dose HRT. Routine medication reviews should confirm the oestrogen dose patients are actually using and ensure progesterone prescribing remains appropriate. This project prompted prescription updates, targeted clinical review, and the introduction of ongoing quality improvement measures.

Biography

Dr Holly West is an incoming Academic Clinical Fellow in Obstetrics and Gynaecology at Manchester University NHS Foundation Trust, graduated from The University of Manchester, and has clinical and academic interests in gynaecological oncology, menopause care, early cancer detection, and medical education. West has authored one peer-reviewed publication, presented research at national and international conferences, and received several awards recognising academic achievements, and is committed to improving women's health through clinical research, quality improvement, and evidence-based practice, with a particular focus on translating research findings into improvements in patient care.



Jasenka Mazibrada*, Nur Zinna

Norfolk and Norwich University Hospital, Norwich, UK

Genomic signatures of mucinous ovarian tumours with mural nodules: Distinguishing features from mucinous tumours without mural nodules and dedifferentiated mucinous carcinoma

Aim: To investigate the molecular events underlying mucinous ovarian tumours with mural nodules (MTMN) and compare them with mucinous tumours without mural nodules, with attention to differential diagnosis against Dedifferentiated Mucinous Carcinoma (DDMC).

Methods: Targeted genomic profiling was performed on 47 cases, including 12 MTMN and 35 mucinous tumours without mural nodules (22 carcinomas, 10 borderline tumours, 3 cystadenomas). One DDMC was analysed for comparison.

Results: Early oncogenic events were identified in cystadenomas, with *KRAS* mutations in 67%, *CDKN2A* in 33%, and *PIK3CA* in 33%. With progression, mutational burden increased, peaking in mucinous carcinomas (*KRAS* 86%, *TP53* 81%, *CDKN2A* 58%, *ERBB2* 42%). MTMN showed clonal origin between mucinous and mural components, with shared *KRAS* (92%) and *TP53* (92%), but divergence where *ARID1* and *DNMT3A* were present in epithelial but absent in mural nodules. Novel events in MTMN included *TERT*, *MAP2K1*, *MED12*, and *SOX17*. DDMC was distinct, with triple impairment of DNA repair/chromatin remodeling (*BRCA2*, *SMARCA4*, *ARID1A*), never observed in MTMN.

Conclusions: Molecular events begin early in mucinous tumorigenesis, accumulate with progression, and mural nodules represent clonal evolution with selective divergence. DDMC is molecularly distinct, while novel mutations expand the spectrum of MTMN biology.

Biography

Dr Jasenka Mazibrada graduated from Medical School in 2001, completed a PhD in Immunology and Cellular Biology in 2008 and the Histopathology Specialty Training in 2013 from the University of Turin, Italy, and has worked in the UK since 2016. Mazibrada's special interest is the integration of molecular information into routine pathology reporting and application of Fourier transform InfraRed microspectroscopy (microFTIR) as an alternative diagnostic tool in histopathological diagnostics.



Junaid Rafi

The Princess Alexandra Hospital NHS Trust, Hamstel Rd,
Harlow CM20 1QX, UK

Transperineal ultrasound in labour: Bridging the gap between evidence and UK practice

Objective: Transperineal Ultrasound (TPU) is an emerging, evidence-based modality for intrapartum assessment, providing objective and reproducible parameters such as Angle of Progression (AoP), Head–Perineum Distance (HPD), and Midline Angle (MLA). Despite robust international evidence, its adoption in the UK remains limited, with labour management still largely reliant on subjective digital examination. This study evaluates the clinical utility of TPU in guiding instrumental vaginal delivery and improving decision-making in obstetric practice.

Design: Prospective, single-centre observational study conducted in a UK obstetric unit.

Methods: Between November 2024 and September 2025, consecutive women requiring instrumental vaginal delivery were assessed by a single experienced obstetrician. Standard abdominal ultrasound was performed to determine fetal head position, followed by TPU before intervention. The primary parameter assessed was the Angle of Progression (AoP), defined as the angle between the long axis of the pubic symphysis and a line drawn from its inferior border tangential to the leading edge of the fetal skull. AoP measurements were recorded and correlated with delivery outcomes.

Results: Twenty-five instrumental deliveries were included. Abdominal ultrasound demonstrated occiput posterior/transverse (OP) position in 24 cases and occiput anterior (OA) in one case. Successful vaginal delivery was achieved in 23/25 cases (92%), predominantly using rotational vacuum (Kiwi cup). In all successful cases, AoP was $\geq 120^\circ$, demonstrating strong predictive value. The two failed instrumental deliveries (one OA, one OP) were associated with less favourable TPU findings (AoP $< 120^\circ$). Maternal morbidity was low:

one second-degree tear, one 3a tear following sequential instrumentation, one 3b tear, and one postpartum haemorrhage >2L. No significant neonatal morbidity was observed. Although HPD and MLA were assessed, these measurements were not consistently obtainable due to technical limitations in labour, including oedematous perineal tissues. Therefore, analysis focused on AoP, which was reliably measured in all cases.

Conclusion: This study provides contemporary UK data supporting TPU as a clinically valuable adjunct in labour. $\text{AoP} \geq 120^\circ$ demonstrated strong predictive accuracy for successful instrumental delivery, consistent with international evidence, and offers an objective alternative to subjective clinical assessment. TPU has the potential to reduce failed instrumental deliveries, optimise instrument selection, and improve maternal outcomes. Despite this, uptake in the UK remains limited, highlighting a gap between evidence and practice. Wider implementation, structured training, and multicentre studies are needed. TPU represents a step towards precision obstetrics and improved intrapartum decision-making. The relatively small sample size reflects the early adoption phase and single-operator design of the study.

Biography

Junaid Rafi is a Consultant Obstetrician and Gynaecologist with a distinguished academic and clinical profile, with expertise in early pregnancy, acute gynaecology, colposcopy, menopause, rapid diagnostic services, and interest in fetal wellbeing in labour and high-risk obstetrics. Rafi has developed expertise in transperineal ultrasound (TPU) prior to instrumental vaginal delivery, an emerging evidence-based practice in the UK, has authored over 55 peer-reviewed publications and acts as a peer-reviewer for several journals, contributed at a national level as an NCEPOD case reviewer and through senior roles within the RCOG, including the Scientific Advisory Committee, and has also authored and served as lead reviewer for key Scientific Impact Papers, influencing evidence-based practice and advancing clinical standards in women's health.



Kayla Schacher*, Ranjitha Vasa,
Alyssa Kastrinakis, Sakshi Das,
Joseph Goldblatt, Julia Fisher,
Mudar Dalloul,
Ozgul Muneyyirci-Delale

Department of Obstetrics and Gynecology, State University of
New York Downstate College of Medicine, Brooklyn, NY, USA

Comparing multiple measures of body mass as predictors for testosterone and estradiol levels in men

Background: Prior studies have shown that increased body mass in men is associated with decreased levels of testosterone and increased levels of estradiol. These hormone alterations can lead to fertility issues. Body mass can be measured as body mass index (BMI, kg/m²), waist circumference, or waist-to-height ratio. However, limited literature exists on which measure of body mass is the best predictor of hormone levels. Identifying the most accurate measure of obesity and how it alters testosterone and estradiol hormone levels in men can help guide future fertility research and screening.

Methods: The National Health and Nutrition Examination Survey data from August 2021 to 2023 from the United States' Center for Disease Control was utilized for 5,575 nationally representative men aged 18 years and older. Predictor variables include BMI, waist circumference, and waist-to-height ratio. Outcomes of interest were serum testosterone and estradiol levels. Confounding variables adjusted for include age, race, smoking, alcohol use, physical activity, diabetes, and high cholesterol. Linear regressions were performed between each measure of body mass and both hormones. Regression lines were compared between body mass measures using a one-way ANOVA with post-hoc Tukey tests.

Results: BMI ($\beta_1=-11.8$, $F(11,2114)=33.42$, $P<0.001$, $R^2=0.15$), waist circumference ($\beta_1=-5.1$, $F(11,2065)=38.29$, $p<0.001$, $R^2=0.17$), and waist-to-height ratio ($\beta_1=-912.1$, $F(11,2063)=38.21$, $p<0.001$, $R^2=0.17$) were all associated with decreased testosterone levels. Waist-to-height ratio was found to be a better predictor of testosterone levels than BMI ($p<0.001$) but not waist circumference ($p=0.07$). BMI ($\beta_1=0.21$, $F(11,2103)=5.17$, $P<0.001$, $R^2=0.03$), waist circumference ($\beta_1=0.06$, $F(11,2054)=3.74$, $p<0.001$, $R^2=0.02$), and waist-to-height ratio ($\beta_1=10.6$, $F(11,2052)=3.73$,

$p < 0.001$, $R^2 = 0.02$) were all associated with increased estradiol levels. No measure of body mass was more predictive of estradiol levels ($F(2) = 0.39$, $p = 0.67$).

Conclusion: This study builds upon the established association between obesity and sex hormone alterations, specifically decreased testosterone and increased estradiol levels. Waist-to-height ratio is more comparable to waist circumference in predicting hormone levels, with both measures more predictive than BMI in predicting testosterone levels, suggesting either waist circumference or waist-to-height ratio is the preferential measure of obesity screening. Characterizing specific obesity measures and their associations with reproductive hormones provides insight into potential pathways linking obesity and infertility.

Biography

Kayla Schacher received MD/MPH degrees from SUNY Downstate Health Sciences University, where Schacher is now a second-year OB/GYN resident physician, is committed to evidence-based research and serves as the research chief for the residency program, with academic interests including health equity and quality improvement research.



**Kozyreva Elena^{1,3*}, Davidian Liana²,
Kosorukova Inna^{1,3}, Kozyreva
Kseniia⁴, Rahmani Yaqoob⁵**

¹Moscow Academic IVF Clinic, Russia

²Ulyanovsk State University, Russia

³Moscow Academic IVF Clinic, Russia

⁴School 1253 Medical Class, Russia

⁵California High School, San Ramon, USA

Efficiency of IVF programs in women of late reproductive age when assessing the mitotic spindle

Late reproductive age, poor oocyte quality, and aneuploid embryos remain a pressing issue in modern IVF. The search for possible solutions to this problem continues.

The quality of the embryo and its developmental potential depend on the quality of the oocyte. Typically, the cell shape, cytoplasmic structure, membrane, and polar body (a cell that separates from the oocyte during maturation) are assessed. The oocyte itself may have an abnormal shape—oval or amorphous. The cytoplasm may contain vacuoles (cavities within the cell filled with cell sap), various inclusions, and an abnormal shape. The oocyte membrane may be thick, thin, or have other abnormalities: the polar body may be absent, fragmented, or located separately from the oocyte itself. All of these abnormalities have varying degrees of impact on the embryo's subsequent development.

The oocyte also contains a very important element: the spindle. This is the cell structure that ensures the uniform distribution of chromosomes into daughter cells during cell division. When its function is disrupted, chromosomes segregate abnormally in the dividing embryo, resulting in aneuploidies in the developing embryo.

It is generally accepted that in a mature oocyte, the mitotic spindle is located directly beneath the polar body. However, it is often displaced relative to the polar body by up to 40 degrees. Therefore, when injecting a sperm without visualizing the mitotic spindle, there is a risk of damaging it, which subsequently results in abnormal fertilization or failure to fertilize the eggs.

We performed IVF-ICSI with spindle visualization in 22 patients of late reproductive age with cellular factors and a history of several unsuccessful IVF-ICSI attempts due to the production of aneuploid embryos in several consecutive IVF-ICSI programs.

All women were of late reproductive age. The average age was 39 ± 4 years. All patients had a normal menstrual cycle and reduced ovarian reserve. They had an average of 3 ± 1 unsuccessful IVF-ICSI programs. Each program yielded 3 ± 2 embryos. Their medical history included a history of somatic and gynecological diseases. The most common gynecological diseases were salpingo-oophoritis and uterine fibroids; extragenital pathologies included thyroid disease and chronic tonsillitis. Embryo transfer was not performed in these patients due to poor embryo quality. Prenatal genetic diagnosis yielded only aneuploid embryos.

Our study yielded 5 euploid embryos from 25% of the women participating in our study. 20% of women became pregnant with embryos obtained from their own oocytes.

Conclusions: The position of the sperm during ICSI relative to the intended position of the meiotic spindle significantly affects fertilization and the quality of embryo development. Sperm placement in the M-II spindle region should be avoided. This technique increases the chances of obtaining healthy embryos, and therefore the chance of having a healthy baby!

Biography

Elena Kozyreva graduated from Ulyanovsk State University in 2006, and in 2009 defended a PhD dissertation on cervical pathology. Kozyreva began a medical career as an obstetrician-gynecologist in a gynecology hospital and taught at Ulyanovsk State University; in 2013 began working with couples on infertility and miscarriage, in 2020 completed IVF training and began working in IVF clinics, focusing on the diagnosis and treatment of chronic endometritis, and since 2025 has been working with professors from Sechenov University at the Moscow Academic IVF Clinic.



Lauren Hall

Supervised by Dr Babatunde Oyesakin, Pennine Lancashire Specialist Perinatal CMHT

Pennine Lancashire Specialist Perinatal CMHT, University of Manchester, United Kingdom

Audit of 'Around Birth Care' (ABC) planning and postnatal review pathways in pennine Specialist Perinatal Community Mental Health Team (SPCMHT)

The perinatal period is a high-risk time for women with mental health conditions, particularly post-partum. To support early identification and timely support, national and local guidance recommend the use of a birth plan. Pennine Specialist Perinatal Community Mental Health Team (SPCMHT) implement this guidance through 'Around Birth Care' (ABC) plan. A previous audit identified suboptimal communication between East Lancashire trust (ELT) maternity team and Pennine SPCMHT, resulting in low rates of a post-birth follow-up. The ABC form was redesigned, and recommendations implemented to improve communication. This audit aims to assess compliance with these changes and evaluate improvement in notification rates and timeliness of post birth review. A retrospective review of 24 women's ABC plans and maternity electronic patient records was conducted. Findings show that 42% of women had the new ABC plan in place. Overall birth notification rates improved (65% to 79%), but a delay was seen in over 13%. While all women received a post-birth review, only 33% were seen within the documented timeframe in their ABC plan. Overall, this audit highlights significant gaps in communication between the ELT maternity team and Pennine SPCMHT, which may contribute to delays in post birth reviews. Consistent implementation of the new ABC plan is needed to ensure effective communication and timely post-birth follow up, facilitating optimal mental health support.

Biography

Lauren Hall a Foundation Year One doctor at Warrington hospital. She has had a keen interest in Women's health throughout medical school, which was further strengthened during a

month shadowing an obstetrics and gynaecology team at a hospital in Iloilo, Philippines. This experience provided insight into the challenges of delivering women's healthcare in a resource-limited setting, but also allowed me to see how compassionate doctors can make the most significant impact in the most vulnerable moments in a woman's life. It inspired her to pursue a career in women's health and She hope to continue to show my commitment to the specialty throughout my foundation training.



Madinah Adeola Azeez*, J Kundodyiwa

Royal Bolton Hospital, Bolton NHS Foundation Trust,
United Kingdom

Same-day gynaecology theatre cancellations: A six-month retrospective audit at a district NHS hospital in the North West of England

Introduction: Same-Day Theatre Cancellations (SDTCs) remain a major challenge within the NHS, negatively affecting patient experience, workforce efficiency, theatre utilisation, and healthcare costs. Recent UK data from the PACE2024 study demonstrated cancellation rates of approximately 9.9% across NHS trusts, with many cancellations considered potentially avoidable. National estimates suggest that on-the-day cancellations cost the NHS up to £400 million annually through lost theatre time and operational inefficiency.

Methods: A retrospective audit reviewed all same-day gynaecology theatre cancellations at Royal Bolton Hospital between July and December 2024. During this six-month period, 60 out of 632 planned procedures were cancelled on the day of surgery, giving a cancellation rate of 9.6%, closely reflecting national data. The most common reason for cancellation was lack of theatre capacity or operating time for already scheduled cases (40%). Other causes included the need for further investigations or optimisation (18.3%), patient non-attendance (11.6%), acute illness (8.3%), patient-requested cancellations (8.3%), and surgeon-related factors (8.3%).

The audit highlighted the significant impact cancellations have on patients, including emotional distress, delayed treatment, disruption to employment and childcare arrangements, and reduced confidence in healthcare services. Recurrent cancellations also contributed to workforce pressure, inefficient theatre utilisation, financial loss, and prolonged waiting lists.

Conclusion: Reducing avoidable cancellations through increased clinician involvement in theatre scheduling, realistic allocation of anaesthetic and operative time, proactive preoperative communication with patients, and improved multidisciplinary coordination may improve theatre efficiency, reduce NHS costs, and enhance patient outcomes.

Biography

Dr Madinah Adeola Azeez graduated from the College of Medicine, University of Lagos, Nigeria, in 2005. Her passion for women's health led her to pursue a career in Obstetrics and Gynaecology, completing her residency training through the National Postgraduate Medical College of Nigeria and obtaining the Fellowship of the Medical College in Obstetrics and Gynaecology (FMCOG) in 2017. Following residency training, she spent a few years working as a Specialist in Obstetrics and Gynaecology in Saudi Arabia. She obtained UK medical registration in 2021 and subsequently worked at Grange University Hospital in Wales before joining Bolton NHS Foundation Trust, where she currently works as a Specialty Doctor in Obstetrics and Gynaecology. Throughout her career, she has maintained a strong interest in improving the quality and safety of care. She has participated in several clinical audits and quality improvement projects aimed at improving maternal and fetal outcomes and patient experience.

Mariam Maziashvili and Irina Megrelishvili

Tbilisi State University, Georgia

The effect of thread implantation on collagen formation and tissue remodeling in the vaginal wall: An experimental porcine study

Background: The number of minimally invasive procedures for the functional rejuvenation of the internal genitalia has increased sharply in recent years. Barbed suture threads composed of biodegradable materials represent a promising approach; however, their histological effect on the vaginal wall - as distinct from subcutaneous implantation elsewhere in the body - has not been previously characterized.

Aim and objectives: To evaluate the effect of three types of implanted barbed suture threads - Light Lift Spring, Excellence Intime, and Excellence Visage - on collagen formation and tissue remodeling in the vaginal wall through experimental histomorphometric analysis at six time points over one year, and to assess the same thread-based approach in a small group of patients.

Methods: Eighteen sexually mature female pigs (Russian White breed, 50–60 kg) were divided into six groups of three. Barbed suture thread products were implanted unilaterally into the vaginal wall. Animals were sacrificed at Days 7, 14, 21, 90, 180, and 360. Tissue specimens were embedded in paraffin, sectioned at 8–10 μm , and stained with hematoxylin-eosin, Weigert-Van Gieson, and Sirius Red. Morphometric parameters - including mucosal and muscular wall thickness, blood vessel diameter, connective tissue area, elastic fiber area, and type I/III collagen ratios - were quantified from 3,195 photomicrographs using GistMorph, ImageView, and Image Tool software. The thread implantation approach was also performed in a small group of patients, who were clinically evaluated to compare the observed effects with the experimental findings.

Results: All three thread types induced statistically significant increases in connective tissue area and neocollagenogenesis compared to controls, with no inflammatory response observed at any time point. Each thread type produced a distinct remodeling profile: Light Lift Spring threads enhanced tissue elasticity and volume; Excellence Intime threads produced stronger fibrogenic stimulation and firmer tissue fixation; Excellence Visage threads demonstrated the most sustained effect on mucosal thickness and type I collagen accumulation. In the patients

treated with the same thread-based approach, the observed clinical results followed the same overall pattern and were consistent with the experimental findings.

Conclusions: Barbed suture thread implantation promotes collagen formation and structural remodeling of the vaginal wall without inducing inflammation. The distinct tissue response profiles of different thread types support individualized selection based on patient-specific indications, with potential clinical implications for the management of vaginal laxity and genitourinary syndrome of menopause. The same approach was also applied in a small group of patients, in whom the clinical observations were consistent with the experimental results. Further investigation in larger clinical cohorts is warranted.



Biography

Irine Megrelishvili, MD, is a physician, lecturer, and medical advisor with a professional focus on obstetrics and gynecology, medical education, and minimally invasive approaches in aesthetic and intimate gynecology. Megrelishvili graduated from David Tvildiani Medical University and is currently pursuing a PhD at Tbilisi State University. Megrelishvili's academic work focuses on uterine leiomyomas, particularly the role of the extracellular matrix and angiogenesis in their development and growth, and Megrelishvili

has authored and co-authored several scientific publications in this field. Alongside these clinical and research interests, Megrelishvili is actively involved in medical education, has been an invited lecturer at the University of Georgia since 2022, and currently serves as an invited lecturer and Assistant Professor at Caucasus International University. Megrelishvili is also an International Medical Advisor for Aptos, where Megrelishvili previously worked as International Training and Education Manager, and has delivered lectures, hands-on workshops, and professional training courses for physicians in Georgia and internationally, including the UAE, Saudi Arabia, Turkey, and Slovakia, with a particular focus on minimally invasive methods in intimate gynecology. Megrelishvili has also participated as a speaker at a number of medical conferences and professional meetings, presenting on topics ranging from maternal care and sexually transmitted infections to histological changes following the use of Aptos threads in gynecology



Biography

Mariam Maziashvili is a Medical Doctor who graduated from Tbilisi State Medical University with high academic achievement and is currently becoming a resident doctor in the field of Gynecology. Maziashvili is also a Medical Advisor candidate at APTOS in the fields of Gynecology and Face & Body aesthetic medicine, works as International Training Manager at APTOS and, alongside other responsibilities, serves as the Gynecology Curator of APTOS both locally and globally. In this role, Maziashvili

supports the development and coordination of practical training programs and educational activities in minimally invasive and aesthetic gynecology, and has participated as a speaker at several medical congresses, including the Kolkhida International Congress of Plastic Surgery and Dermatology. Maziashvili's professional and scientific interests include aesthetic and regenerative gynecology, minimally invasive techniques, biomaterials, and innovative approaches in aesthetic medicine, and Maziashvili has clinical and surgical experience and has been actively involved in the organization of international medical congresses and educational programs.



Mehdi Kehila

Eve Fertility Center, Sousse, Tunisia

Fertility, IVF, chronic endometritis and endometrial microbioma: Are we doing things the right way?

The exploration and management of infertility are evolving daily thanks to advances in understanding and in exploration and treatment techniques. However, the place of endometrial assessment is not well defined in the decision-making pathway of IVF. In the different international guidelines, ultrasound is sufficient for the endometrial exploration, and normal ultrasound aspect is sufficient to conclude that endometrium is normal and so receptive. In these different recommendations, exclusion of dysbiosis and chronic endometritis is not mandatory before classing the couple as unexplained infertility. So patients presenting a severe dysbiosis or a severe chronic endometritis can be classified as unexplained infertilities according to actual guidelines. According to current recommendations for the management of unexplained infertility, it is accepted that the first step is to proceed with intrauterine inseminations. If these inseminations fail, the couple should move on to in vitro fertilization. Several couples will undergo in vitro fertilization without exploring chronic endometritis or endometrial dysbiosis. Current evidence supports the association of lactobacillus dominance with endometrial homeostasis and favorable reproductive outcomes. Dysbiosis, characterized by increased microbial diversity and enrichment of anaerobic taxa is linked to chronic endometritis, implantation failure, and adverse IVF results. We present a series of couples presenting with a history of one or more unsuccessful attempts of IVF. These patients were classified as unexplained infertility. We explored these patients for dysbiosis by endocervical microbioma analysis and they were screened for chronic endometritis with hysteroscopy, endometrial biopsies and plasmocyte search and count on biopsies using immunohistochemistry technics. In these series of patients, natural pregnancies were achieved after treatment for chronic endometritis or endometrial dysbiosis, after previously having failures in one or more IVF attempts. Through this work, we show the importance of endometrial microbioma assessment and search for severe chronic endometritis in the management of infertility in general, and specially in the evaluation prior to IVF.

Biography

Pr Mehdi Kehila, Obstetrician and Gynecologist, specialized in fertility treatments, Ex Professor at La Rabta Teaching Hospital of Tunis and Farhat Hached Teaching Hospital, Sousse, Tunisia, currently working at EVE Private Fertility Center, Sousse, Tunisia. Kehila obtained a post of Associate professor in the C department of gynecology and obstetrics, La Rabta, Tunis, in 2012 and received the professor degree in 2016, has been working in the private sector since 2020 especially in the infertility field in Eve Fertility Center, Sousse, Tunisia, and has published more than 30 research articles in SCI(E) journals.



**Mahdi Mokhtari,
Mehdi Khodaei-Motlagh***

Arak University, Iran

Environmental exposures, oxidative stress, and male infertility: A comprehensive review of mechanisms of damage and protective strategies

Male infertility is one of the major challenges in reproductive health worldwide and, in many cases, has a multifactorial and complex etiology. In recent years, oxidative stress and inflammation have been recognized as two pivotal mechanisms involved in the onset and progression of male reproductive disorders. Excessive production of reactive oxygen species, when the body's antioxidant defense capacity is insufficient, may lead to lipid peroxidation, DNA damage, mitochondrial dysfunction, reduced sperm motility and viability, and increased morphological abnormalities. On the other hand, exposure to modifiable environmental factors, including air pollution, heavy metals, pesticides, endocrine-disrupting chemicals, radiation, and adverse occupational conditions, can significantly impair male reproductive health by inducing oxidative stress and inflammation. The reviewed evidence indicates that these factors may be associated with reduced semen volume, sperm concentration, motility, viability, and normal sperm morphology, as well as increased sperm DNA fragmentation. Moreover, recent studies have highlighted the potential role of antioxidants and bioactive compounds such as melatonin in reducing oxidative damage and improving certain fertility parameters; however, the effectiveness of these interventions depends on the type of compound, dose, duration of use, and the individual's baseline redox status. Overall, the available evidence suggests that multifaceted approaches, including reduction of exposure to environmental pollutants, lifestyle modification, inflammation control, and targeted antioxidant interventions, may be effective in the prevention and management of male infertility.

Biography

Mehdi Khodaei-Motlagh is a Professor of Animal Science with a specialization in Reproductive Physiology at Arak University, Iran. Khodaei-Motlagh's academic and research activities focus on animal reproduction, reproductive physiology, and related areas of livestock science, with extensive experience in teaching, research, and supervising graduate students, and has contributed to the advancement of scientific knowledge in the field of animal reproductive physiology.



Neelam Singh*, Urvashi Verma, Poonam Yadav, Asha Nigam, Shikha Arora

Department of Obstetrics and Gynecology, Sarojini Naidu
Medical College, Agra, Uttar Pradesh, India

Prevalence of periodontal disease in pregnancy and its maternal and perinatal outcomes

Background: Periodontitis is inflammation of the periodontium that extends beyond the gingiva and produces destruction of the connective tissue attachment of the teeth. Maternal oral health is very important factor in determining pregnancy outcome not only for the mother but also for the health of fetus. Various forms of periodontal infections have been correlated to adverse pregnancy outcomes as miscarriage, preterm birth, preeclampsia, low birth weight, IUGR, still birth. Good maternal oral health may be key to childhood caries prevention.

Methods: Two hundred and sixty three pregnant women were included as per inclusion criteria. Written informed consent of the eligible women was taken. Subjects were evaluated on the basis of predesigned and pretested study proforma with respect to history, clinical examination and ultrasonography. Oral health examination of the patients was conducted at the time of inclusion into study and reexamined in the postpartum period for maternal and perinatal outcomes.

Results: Prevalence of periodontal disease was seen in 77.18% of pregnant women. There was no statistically significant association between periodontal disease and maternal co-morbidities like GDM, Pre-eclampsia and gestation age of delivery. Significant correlation was found between periodontal disease and socio economic status of the patients. Lower socio-economic status groups 132 (65.02%) suffered most from the periodontitis as compare to middle 43 (21.18%) and higher 28 (13.79%) socio-economic group. In our study only 3 (1.1%) of the total recruited pregnant women were aware about the effect of poor oral hygiene on pregnancy outcome. There was significant correlation between birth weight and periodontal disease (p value=.004).

Conclusion: Periodontal disease is prevalent in pregnancy. Pregnant woman were not aware regarding the role of periodontal disease in adverse pregnancy outcomes and the importance of regular dental check up.

Keywords: Periodontitis, Oral Health, Low Birth Weight, Pregnancy.

Biography

Dr Neelam Singh is currently working at S.N.M.C, with qualifications MBBS, DGO, DNB, FMAS, FICMCH, CIMP. Singh's goal is to contribute positively to the field through hard work, innovation and continuous improvement.



**Nimotallah Ojugbele^{1,2*},
Gemma Brierley¹**

¹West Suffolk Hospital, UK

²St Mary's Hospital Manchester, UK

Audit of compliance with NICE quality standards on the management of miscarriage (QS69) at West Suffolk Hospital

Background: Miscarriage is one of the most common complications of early pregnancy, affecting approximately 1 in 5 pregnancies, with the majority occurring during the first trimester. The National Institute for Health and Care Excellence (NICE) quality standards aim to improve the quality, safety, and consistency of healthcare delivery through measurable standards of care. NICE Quality Standard QS69 outlines key priorities in the management of miscarriage, including timely assessment, accurate diagnosis, and management aligned with patient choice. This audit was undertaken to assess compliance with NICE quality standards for miscarriage management at West Suffolk Hospital, focusing specifically on timely access to early pregnancy assessment services, use of Transvaginal Ultrasound (TVUSS) for diagnosis, and confirmation of miscarriage diagnosis before commencing treatment.

Methods: A retrospective audit was conducted involving patients referred to the Early Pregnancy Assessment Unit (EPAU) between February and April 2025. Data were collected from the EPAU dashboard and electronic patient records. Compliance was assessed against three NICE quality statements: timely review within 24 hours of referral, ultrasound assessment to determine pregnancy location and viability, and confirmation of miscarriage diagnosis through appropriate second assessment where indicated.

Results: A total of 85 patients were included in the audit. Seventy patients (82.4%) were reviewed within 24 hours of referral, demonstrating good compliance with NICE recommendations. Miscarriage diagnosis was confirmed by ultrasound in 74 patients (87%), while 11 patients (13%) were diagnosed through serial Human Chorionic Gonadotrophin (hCG) monitoring.

Regarding confirmation of diagnosis, 51 patients (60%) were managed following a single ultrasound assessment where clinically appropriate. Management approaches included expectant management in 59 patients (69.4%), medical management in 15 patients (17.6%), and surgical management in 11 patients (12.9%).

Conclusion: The audit demonstrates good compliance with NICE quality standards for miscarriage management at West Suffolk Hospital. Timely assessment, access to transvaginal ultrasound, and shared decision-making were consistently achieved. Delays beyond recommended timeframes were uncommon and were mainly related to patient preference, early gestation, or service availability. Recommendations include consideration of weekend review pathways for urgent cases, improved documentation of decisions regarding declined investigations, and completion of a re-audit within 6–12 months to monitor sustained improvement.

Biography

Nimotallah Ojugbele is an Obstetrics and Gynaecology specialty registrar with an interest in improving the quality and safety of women's healthcare. Ojugbele has experience working across different countries and NHS Trusts, including West Suffolk Hospital and St Mary's Hospital Manchester, with a focus on pregnancy care, maternal health, and clinical governance, and is passionate about evidence-based practice, service improvement, and delivering patient-centred care. Through clinical audits and quality improvement projects, Ojugbele aims to contribute to enhancing standards of care and improving outcomes for women and families.



Nisha Bhavin Thanki

Barts Cancer Institute, Queen Mary University of London, UK

Comparing postoperative complications and outcomes between minimally assisted vs. open abdominal hysterectomy for women with cervical cancer

Background: Cervical cancer remains a leading cause of mortality, being the fourth most common cancer affecting women worldwide. While radical hysterectomy remains the mainstay approach to treat early-stage cervical cancers, the surgical approach remains a point of clinical correlation. Traditionally, Abdominal Radical Hysterectomy (ARH) was the preferred standard. However, the rise of Minimally Invasive Hysterectomy (MIH) offered the promise of reduced morbidity and faster recovery. This trajectory was significantly challenged by the 2018 LACC trial, which reported higher recurrence and lower survival rates for MIH, leading to a global shift back to open surgery. Despite this, a significant literature gap remains regarding the safety of MIH in specific patient subgroups and the impact of improved surgical techniques developed post-LACC.

Aim: Does the minimally invasive approach offer significant surgical advantages without compromising oncological safety when compared to the open abdominal approach?

Methods: This systematic review analyses 16 studies (1 RCT and 15 retrospective studies) comprising 24096 patients: 8371 in the ARH group and 15725 in the MIH group. Advanced literature searches were conducted using PubMed, Embase, and Cochrane Library in accordance with PRISMA guidelines. Risk of bias was assessed using ROB2 and ROBINS-I, and quality of evidence using GRADE framework. Primary outcomes included intraoperative and postoperative complications, ureteric injury, and fistula formation. Secondary outcomes included Overall Survival (OS), Disease-Free Survival (DFS), Estimated Blood Loss (EBL), and operating time.

Results: The review demonstrates that postoperative complications were significantly higher in the ARH group (8.29%) compared to the MIH group (3.86%), representing a relative risk reduction of 53% (RR 0.47) for minimally invasive surgery. Intraoperative complications, ureteric injury, and ureterovaginal fistula rates were comparable between both cohorts. While MIH was associated with a longer mean operating time (230.5 vs. 214.6 minutes), it yielded a significantly lower estimated blood loss (186.6 mL vs. 362.3 mL). Regarding oncological outcomes, while ARH showed slightly higher Overall Survival (OS) and Disease-Free Survival (DFS) rates, these differences did not reach statistical significance, suggesting potential oncological equivalence in modern cohorts.

Conclusion: This thesis concludes that MIH offers clearly superior short-term surgical outcomes, significantly reducing postoperative morbidity and blood loss. However, the long-term oncological role of MIH remains a subject of controversy due to the heterogeneity of current data and hence, is to be interpreted with caution. To bridge the existing literature gap, it is recommended that future clinical practice focuses on patient selection, prioritizing tumour sizes <2cm and the standardization of surgical techniques, such as the avoidance of uterine manipulators. Further the initiation of robust, multicentre RCTs that stratify outcomes by surgical volume and specific minimally invasive modalities (robotic vs. laparoscopic) is needed to close the literature gap. Until such data is available, MIH should remain a safe and effective alternative to ARH only when performed by highly proficient surgical teams within a framework of rigorous oncological surveillance.

Biography

Nisha is a final year medical student at Barts and The London School of Medicine, QMUL with a dedicated focus in general surgery and obstetrics and gynaecology. Thanki recently completed an intercalated MSc in Laparoscopic Surgery and Surgical Skills at Barts Cancer Institute, achieving proficiency in LAPPASS tasks, laparoscopic cholecystectomy as well as robotic surgical skills. A passionate advocate for surgical education, Thanki facilitated laparoscopic skills sessions at the 15th International Surgical Conference 2026. Thanki's current research, involving a 24,000 patient systematic review, reflects a deep commitment to advancing minimally invasive surgical techniques and improving patient outcomes.



Pravin Mhatre^{1*}, Jyoti Mhatre²

¹Professor Emeritus, G.S. Medical College, KEM and Wadia Hospital, India

²Consultant Gynaecologist, Kedar Hospital, India

Pitfalls in foetal monitoring – 40 years

Monitoring fetal wellbeing during pregnancy and parturition has always been challenging. Various modalities have been discussed since time immemorial. Electronic fetal monitoring (EFM) has been introduced since 1970 and has been an integral part of obstetric practice. Newer techniques like fetal blood pH, PO₂ etc have been introduced with limited success. Introduction of Electronic fetal monitoring has substantially reduced the fetal morbidity and mortality. However, though the drop is significant it's been limited. As of any procedure there are pitfalls in fetal monitoring. In our forty years of experience at large government hospital and private practice we have encountered many pitfalls. Presenting here some of the interesting pitfalls in Electronic fetal monitoring and how to identify and avoid these in the practice.

Biography

Mhatre is honorary Professor Emeritus at Seth G.S. Medical College, with a distinguished contribution to the discipline of OB/GYN as a researcher, author, professor, teacher and social activist. Mhatre has had an excellent academic career with first rank, gold medals and distinction in all examinations, and has made an outstanding contribution as a pioneer research scientist in the field of Ovarian Transplant, having performed the world's first successful ovarian transplant on 29th March 2002. Mhatre established the first government-certified Ovarian Transplant Centre and, in 2005, established the first Ovarian Cryopreservation Bank. Mhatre has also developed peritoneal laparoscopic vaginoplasty resulting in development of a normal vagina (none of the existing techniques result in normal vaginal development) and has identified the progenitor cell responsible for this metaplastic change and its significance.



Roli Joshi

GS Medical College & Hospital, India

Systemic anomalies associated with anencephalic fetuses in pregnant females of interior regions in India

Indian females from the interior and mostly from hilly area are illiterate agricultural laborers. Pregnant females of these distant areas cannot visit for regular antenatal checkups and have folic acids, iron, and vitamins. These deficiencies may lead to neural tube defects, open type its due to defective closure of rostral pore in neural tube and closed-types-failure of secondary neurulation -neural tissue not exposed, among which open type-Anencephaly is common. This lethal neural tube defect results in defective closure of the rostral pore of the neural tube. Neural tube defect is also associated with other 50% of other systemic anomalies. Most of the studies are ultrasonographic but we identified anencephaly grossly and tabulated all associated systemic anomalies. In duration of 5 years of studies 74 dead fetuses were obtained by therapeutic spontaneous abortion among them 21 were anencephalic fetuses, after getting permission from the college ethical committee and consent from the guardians of all fetuses. A vigorous maternal history, fetal history, available medical reports was also noted and in fetus gross features, systemic anomalies after autopsy, and histological reading was done, all fetuses as per their anomalies were tabulated according to gestational age and gender. Among 21, 11 anencephalic cases had associated systemic anomalies, maximum female fetuses were associated with skeletal anomalies (commonly club foot and polydactyly), meningomyelocele, oral anomalies (cleft lip and palate), gastrointestinal anomalies, pulmonary hypoplasia followed by polycystic kidney disease and cardiac abnormalities. A rare anomaly Meckel's Gruber Syndrome lethal condition was also noticed in one fetus. Anomalies were commonly recorded in primigravida, prevalence was more in females age either less than 20 or more than 36 years with not having history of previous anencephalic aborted fetus, intake of folic acid and suffering from any diseases. Parenteral counseling and antenatal visits, routine tests, and USG must be advised and folic acid supplements must be provided to pregnant females to decrease these incidences.



Rotithor Pandurang Ramachandra

Professor, Vedantaa Medical College, Palghar, India

Santhor versatile uterine manipulator

Uterine manipulator helps the surgeon to hold uterus, in a desired position, for cutting it from its attachments. It also keeps important structures away from the energy sources and protect them. The advantages of manipulator are good visualisation, keep bladder, bowel and ureter away from operating field. There are various types of manipulators available. They move the uterus, back and forth, left and right. The attached colpotomiser, identifies vagina, and helps keep urinary bladder away. Manipulators are used via vaginal route. Some use myoma screw to manipulate uterus. This method, occupies one port. Myoma screw is very helpful in big sized uterus.

In certain conditions, where manipulator can't be used vaginally are very big uterus, space occupying fibroids in cavity of uterus, elongated cervix, vaginal stenosis, cervix not visualised due to adhesions. In cervical hypertrophy, colpotomiser is difficult to introduce. In such cases, myoma screw is helpful. In myoma screw manipulation, orientation is difficult, especially when uterine arteries are done. With this introduction, we can say that there is no single method of uterine manipulation is superior than others. A new manipulator is developed to increase utility of manipulator.

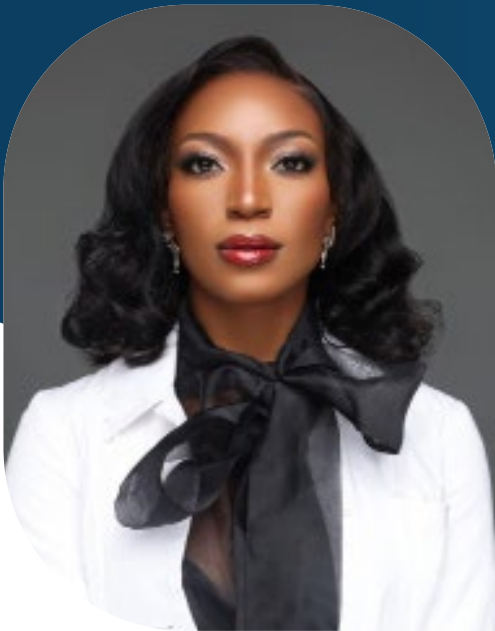
The advantages of new manipulator includes it can fit when uterine cavity is obliterated by fibroid, conventional colpotomiser can be used, easy to use, sturdy, autoclavable, can rotate uterus along its long axis. This helps bring the pedicles anteriorly, keeping away from vital structures. Uterosacral ligaments come to 2 and 10 O'clock position. Posterior colpotomy is easier and more safe. Needs less dilatation. It is assistant friendly. This consists of four parts. Two arms, one sheath, and a handle for giving position. First, two arms are introduced in uterus. Then, sheath is introduced. This sheath is loaded by colpotomiser. Then handle is attached. All parts are autoclavable. The two arms, when locked, look like Copper T. The arms

can get accommodated in abnormal uterine shape also. The asynclitism can be corrected due to multiple holes in arms.



Biography

Dr. Pandurang Rotithor Ramchandra from India has 43 years of experience in gynecology, and has received an award for Best Gynecologist by the government. Rotithor has presented an international paper on colpotomy without an energy source and also presented Safe abdominal entry with blunt trocar at the World Laparoscopy Conference, has developed a manipulator for complicated gynecologic laparoscopy procedures which is reusable and safer, has also presented an easy laparoscopic Pomeroy method, and has a strong passion for teaching laparoscopy.



Ruthie Olumba

Aurdena Femme, Oxon Hill, MD, USA

What they don't teach you about fibroids, the clinical gaps that fail patients every day

Despite the prevalence of fibroids worldwide, clinicians still face significant gaps in training that affect diagnosis, counseling, and long term management. In my years as a reproductive surgeon and fibroid specialist, I have seen how women living with fibroids struggle when they receive incomplete information, limited treatment options, or inconsistent guidance about fertility, pain, or sexual function. These gaps influence physical outcomes, emotional well-being, and they often delay appropriate care.

This session provides an evidence-based, practical framework for the modern management of fibroids. Attendees will learn how to choose the right medical therapies by understanding which oral contraceptive formulations deliver meaningful estrogen support for bleeding control and how to integrate NSAIDs, tranexamic acid, and/or progesterone based regimens. I will also review gonadotropin modulators, including leuprolide, Myfembree, and Oriahnn, with clear guidance on indications, counseling, and transition planning.

Minimally invasive options such as Acessa radiofrequency ablation, Sonata transcervical ablation, and uterine fibroid embolization will be compared with an emphasis on patient selection, fertility implications, and real world outcomes. This includes how to help patients navigate procedural choices with confidence, especially when treatment goals differ from clinician familiarity or institutional norms.

Fertility planning is a critical component of fibroid care. The session outlines how to interpret AMH in context, when to refer to reproductive endocrinology, how to time surgical intervention, and how to provide balanced counseling without fear based messaging. Sexual

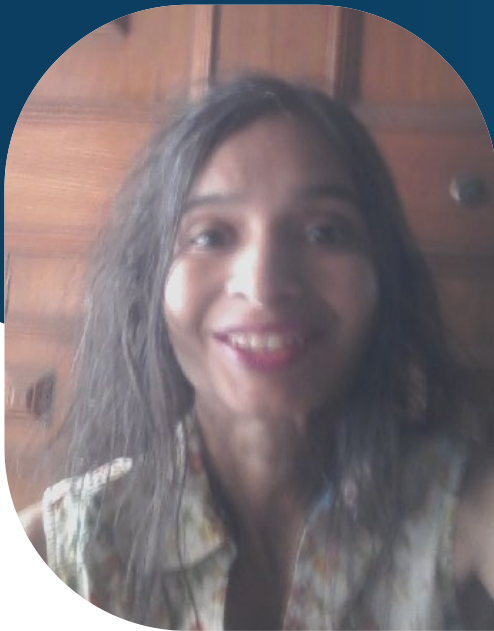
dysfunction and quality of life concerns are addressed with practical strategies for evaluating dyspareunia, desire changes, and body image concerns.

In addition, this session highlights the importance of patient support systems. Clinicians will learn how to equip patients with language and tools to communicate with partners, spouses, parents, and siblings and how strengthening these networks improves adherence, emotional resilience, and satisfaction with care. Secondary prevention strategies, including vitamin D optimization and lifestyle interventions, will also be reviewed.

By drawing on over 12 years of clinical practice, advanced surgical experience, and years of teaching and advocacy in women's health, this session gives clinicians an updated, patient centered fibroid framework. Participants will leave with actionable approaches that elevate clinical decision making, improve patient-provider communication, and support individualized, culturally competent care for women living with fibroids.

Biography

Dr. Ruthie Olumba is a board-certified OB-GYN and fellowship-trained minimally invasive gynecologic surgeon specializing in fibroids, abnormal bleeding, and patient-centered surgical care, and is the CEO of Aurdene Femme, a telemedicine second-opinion service helping women navigate complex diagnoses with clarity and evidence-based guidance. Formerly Chief Medical Officer of Zuri Fertility, Olumba brings deep experience in fertility counseling and digital health support. A two-time Blossom Award honoree, Olumba has advised platforms like Health in Her Hue and speaks nationally on fibroid care and minimally invasive innovation, and is committed to accurate, empathetic, and culturally aligned women's health care.



Saumya Pandey

Head-Clinical Research, IndiraIVF Hospital, Udaipur/
Lucknow, UP, India (formerly)

Human papillomavirus prevalence and genotype distribution among cervical cancer susceptible women of North Indian ethnicity in Gardasil vaccination era: Public health impact

Objectives: *Human Papillomavirus* (HPV) is the major etiological agent of cervical cancer, a leading cause of morbidity and mortality in women worldwide; screening strategies for reducing the burden of HPV-mediated carcinogenesis are emerging as effective means for cervical cancer control and prevention in developing countries. Cervical cancer control and prevention strategies are being adopted globally to reduce the disproportionate share of HPV-mediated cervical cancer in the Gardasil vaccine era. My innovative evidence-based exploratory study aimed to identify HPV prevalence and genotype distribution among cervical cancer susceptible women, alongwith Gardasil vaccination awareness for cervical cancer prevention in Asian-Indian women during random population screening in genetically susceptible cohorts of North Indian ethnicity.

Material and Methods: Cervical/vaginal exfoliated cells and/or Pap smear specimens were collected from 890 women of North Indian ethnicity residing in Lucknow, Uttar Pradesh and adjoining areas, during random population screening. HPV viral loads in clinical specimens were determined by the Hybrid Capture (hc)-2 HPV DNA assay, and subsequently, positive/negative/borderline HPV status was determined with minimal selection-bias, and considerable specificity and sensitivity. Further, a pilot structured questionnaire-based survey was conducted among a stratified subset of HPV-positive women, with bilingual interviews in either Hindi or English; subsequently the awareness of HPV-mediated cervical cancer and knowledge of Gardasil vaccination was assessed in terms of yes, no and no response.

Results: HPV prevalence in Asian-Indian women of North Indian ethnicity was 11.7%. HPV genotype distribution was accurately evaluated: 751 out of a total of 890 women (84.4%) participating in HPV screening program were HPV negative (HPV-), 104 (11.7%) tested positive (HPV+) while 35 (3.9%) showed borderline (HPV*) infection status. Furthermore, in the HPV+ subjects (N=104), 18 (17.3%) showed strong positivity trends. HPV positivity tends to increase with age in North Indian women; higher the viral load with increasing age, higher is the susceptibility to HPV-mediated cervical cancer. Overall, the response of participants was well-defined, with HPV-mediated cervical cancer awareness in terms of yes, no and no response among the study-subjects being 43.7%, 44.7% and 11.6%, respectively. Furthermore, in response to knowledge/awareness of HPV vaccine Gardasil, out of 103 subjects, 28.1% answered yes while 37.9% and 34.0% stated no and no response, respectively.

Conclusions: HPV viral load/genotyping may help in identifying women at risk of developing cervical cancer. However, cost-effective HPV screening protocols with a wider population coverage are warranted so as to reduce the burden of cervical cancer in women worldwide in the Gardasil vaccination-era. Therefore, understanding the ecological diversity of HPV prevalence and genotype distribution among genetically susceptible populations in different geographical regions worldwide is essential for optimizing HPV screening, vaccination and maximizing cost-effective public health-oriented strategic efforts for pragmatic evidence-based cervical cancer prevention. Further, bio-specimens viz. HPV-mediated cervical cancer patients' blood, tissue, DNA, and oocytes may be collected and frozen/stored for long-term usage in individualized pregnancy/family-planning post-cancer chemo-radiotherapy treatment and/or conducting multi-centric public health-gynecologic oncology causal association prevention-epidemiology studies in fertility preservation amongst cervical cancer patients/susceptible women of varying genetic landscapes and socio-cultural exposures.

Biography

Dr. Saumya Pandey possesses brilliant academic credentials with a Post-Doctorate in Biochemistry-Molecular Biology from the Graduate School of Biomedical Sciences, University of Texas Medical Branch (UTMB), Galveston, TX, USA; a Visiting Scientist position in Urology (Robotic-Prostatectomy) at the James Buchanan Brady Foundation, Lefrak Center of Robotic-Prostatectomy, Department of Urology, New York Presbyterian-Weill Cornell Medical College, New York, NY, USA; a Doctorate (Ph.D.) in Life Sciences from the Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow, UP, India/Chhatrapati Shahuji Maharaj University, Kanpur, UP, India; a Doctoral Research Fellowship in Biomedical Sciences from Creighton University, Omaha, Nebraska, USA; and an M.Sc. in Biochemistry from the University of Lucknow, India, and recently worked as Faculty-Research at Amity University, Lucknow, India and Head-Clinical Research at Indira IVF Hospital, Udaipur-Lucknow, India, with 60 senior-lead authorship publications in international journals.



**Seethalakshmi Krishnan^{1*},
N. Rajamaheswari²**

¹SIMATS University, Chennai, India

²CURI, Chennai, India

Fascia or fabric: A randomised trial of autologous fascia lata vs. synthetic mesh in vault prolapse

Background: Abdominal Sacrocolpopexy (ASC) is the gold standard surgical procedure for vaginal vault prolapse. Although synthetic mesh provides excellent anatomical support, concerns regarding mesh-related complications have led to renewed interest in biologic grafts such as autologous Fascia Lata.

Objective: To compare the anatomical outcomes and functional results of autologous Fascia Lata versus synthetic polypropylene mesh in abdominal sacrocolpopexy.

Methods: This prospective, single-blinded randomized controlled trial was conducted at a tertiary care center between April 2009 and March 2012. Fifty-eight women with stage 3–4 vaginal vault prolapse were randomized to undergo ASC using autologous fascia lata (n=28) or synthetic mesh (n=30). Patients were followed for up to 36 months. Primary outcomes were objective anatomical success based on POP-Q points, and secondary outcomes included operative parameters, complications, and functional outcomes.

Results: The autologous fascia lata group demonstrated significantly superior outcomes at POP-Q points Aa, Ba, Ap, and Bp compared to the mesh group ($p<0.05$), while apical support (C point) was comparable. Operative time, blood loss, and hospital stay did not differ significantly between groups. De novo dyspareunia was absent in the fascia lata group but occurred in 28.6% of the mesh group. De novo stress urinary incontinence was more frequent in the fascia lata group.

Conclusion: Autologous fascia lata provides comparable or superior anatomical outcomes with better functional results and avoidance of mesh-related complications, making it a safe and effective alternative to synthetic mesh in abdominal sacrocolpopexy.

Biography

Dr. Seethalakshmi Krishnan is currently working as Professor & HOD at SIMATS University, Chennai, India, was the Fellow in Urogynaecology at Madras Medical College, Chennai, India, and had an observership in Urogynaecology at Landeskrankenhaus Hospital, Mödling and Medical University Hospital, Vienna, with special interest in POP, especially vault prolapse and urinary incontinence. Krishnan was awarded a Ph.D. for research in Urogynaecology through Dr MGR Medical University, India in 2022, is the trainer for specialists in Urogynaecology since 2011, has 15 national and international publications, is a faculty in various national OBG conferences and international Urogynaecology conferences in India, Italy, Washington (USA), Vienna, and Barcelona, was Reviewer in IUJ, and is a customary interviewer and orator on Women's Health in television channels, radio and daily news magazines.



Shaadaiti Wufuer*, Zufei Ya Aili

Department of Gynecology, First Affiliated Hospital of Xinjiang Medical University, Urumqi, Xinjiang, China

Non-ablative radiofrequency for pelvic floor dysfunction and female intimate anti-aging: A 6-month prospective multi-centre cohort

Objective: To quantify safety and 6-month effectiveness of Non-Ablative Radiofrequency (RF) on symptoms of Pelvic Floor Dysfunction (PFD) and Genitourinary Syndrome of Menopause (GSM) in women seeking intimate anti-aging.

Methods: Three centres enrolled 208 women (45–65 y) with stage I–II POP, SUI $Q \leq 3$, FSFI ≤ 26.5 . Three intravaginal mono-polar RF sessions (6 MHz, 41 °C, 20 min) were delivered. Primary outcomes: 1-h pad test, FSFI, ICIQ-UI SF at 1, 3, 6 m. Secondary: Vaginal Health Index (VHI), VLQ, adverse events (CTCAE v5).

Results: Mean pad weight fell from 18.4 g to 5.2 g at 6 m ($p < 0.001$); 72 % achieved ≥ 50 % reduction. FSFI rose 20.1 $\rightarrow$ 27.8 ($p < 0.001$) with 68 % reaching MCID ≥ 6 . ICIQ-UI decreased 9 points; VHI improved 90.9 %/81.9 % at 1/3 m. No grade ≥ 2 adverse events. RF predicted 3.8-fold higher odds of combined MCID+pad reduction (95 % CI 2.1–6.9) after BMI/parity adjustment.

Conclusions: Non-ablative RF provides rapid, durable improvement of continence and sexual function in early PFD/GSM with excellent safety, supporting its use as a low-risk ambulatory option before invasive surgery.

Biography

Shaadaiti studied clinical science at Xinjiang Medical University and received a master's degree in 2009, and received a PhD from the same university in 2021. Shaadaiti has been offered an associate professor position and obtained the status of radiofrequency treatment of common gynecological diseases and frequent-onset training, having organized and trained many times and participated in domestic conferences to exchange experience. Shaadaiti has published more than 10 scientific research papers in SCI (E) journals and holds four patents and two patent conversions.



Tenghua Yu

Jiangxi Cancer Hospital & Institute, China

GPER-mediated interplay in breast cancer: From endocrine resistance to metabolic reprogramming of the tumor microenvironment

Background: The G Protein-Coupled Estrogen Receptor (GPER) is a non-genomic estrogen receptor widely expressed in Breast Cancer (BC). Its role extends beyond simple estrogen signaling, linking drug resistance with Tumor Microenvironment (TME) remodeling.

Methods: We systematically reviewed and integrated our own experimental data, multi-omics analyses, and clinical cohorts to investigate GPER expression and function in Triple-Negative Breast Cancer (TNBC) and Hormone Receptor-Positive (HR+) BC, focusing on TME components, particularly Cancer-Associated Fibroblasts (CAFs), metabolic crosstalk, and immune evasion.

Results: GPER is expressed in ~60% of BC, inversely correlated with ER/PR, but positively associated with lymph node metastasis. In TNBC, GPER drives the reverse Warburg effect through CAFs via PKA/glycolytic pathways, increasing lactate/pyruvate and glutamine metabolism, which fuels tumor progression and chemotherapy resistance. Importantly, stromal GPER predicts poor immunotherapy response (mPFS 4.0 vs. 7.8 months) and correlates with CD8+ T cell exclusion, mediated by lactate- and glutamine-enriched metabolites and exosomal creatine depletion. In HR+ BC, GPER acts as an agonist target of tamoxifen and fulvestrant, initiating endocrine resistance, promoting EMT, and mediating secondary chemoresistance through ABCG2. GPER+ CAFs also enhance local estradiol synthesis (CYP19A1) and secrete HMGB1 via PI3K/AKT to induce autophagy-mediated tamoxifen resistance. Clinically, we classified HR+/HER2- subtypes by GPER/HER2 status. For therapeutic translation, we used molecular docking to screen 204 existing drugs and selected 12 candidates for GPER-targeted repurposing, while GPER agonists like LNS8801 are being developed for melanoma (opposite effect).

Conclusions: GPER serves as a critical bridging hub between metabolic reprogramming of CAFs, immune escape, and endocrine/chemoresistance. Targeting GPER in the TME, rather than tumor cells alone, may overcome resistance and improve outcomes. Ongoing clinical and translational studies are exploring GPER-guided subtype-specific therapies.

Biography

Tenghua Yu, MD, PhD, is Deputy Director and Associate Chief Physician in the Department of Breast Surgery at Jiangxi Cancer Hospital, where he also serves as a master's supervisor. He was a visiting scholar at the University of Chicago Medical Center from 2024 to 2025. His research focuses on breast cancer biology, particularly G protein-coupled estrogen receptor (GPER) signaling, tumor microenvironment, metabolic reprogramming, immune escape, and treatment resistance. Dr. Yu has led multiple projects funded by the National Natural Science Foundation of China and provincial research programs. His work has appeared in journals including *Oncogene*, *Clinical and Translational Medicine*, *Journal of Translational Medicine*, and *Molecular and Cellular Endocrinology*. He also has extensive clinical experience in the multidisciplinary and surgical management of breast cancer.



Uprety Aruna

Rural Health Education Service Trust (RHEST), Nepal

Maternal health in Nepal: Challenges a mother faces when giving birth

Those stories showcase the obstacles women in rural areas of Nepal have to face throughout their journey to motherhood.

Geographical barriers in remote areas pose immense challenges in accessing healthcare facilities. The lack of transportation infrastructure and difficult terrains often result in delayed or unattended deliveries, placing both the mother and child at risk. These stories also highlight the scarcity of skilled healthcare professionals, such as midwives and obstetricians, leading to a lack of quality prenatal care and safe birthing practices.

Cultural beliefs and traditional practices surrounding childbirth sometimes clash with evidence-based healthcare, resulting in women resorting to home deliveries or seeking assistance from untrained birth attendants. Deep-rooted gender inequalities and limited decision-making power further restrict women's autonomy in accessing timely and appropriate healthcare services.

Healthcare professionals working in maternal health face their own set of challenges. These stories also emphasize the powerlessness of health workers as they have to see a lot of challenges and also feel the consequences (poor maternal health, death of neonates child or even death of the mother) because of poor maternal healthcare.

These stories from the field indicates that there is a great need for better health care, health workers, ambulance service in Nepal's maternal health sector. Over the last few years, the Nepalese government has made efforts to increase the number of skilled healthcare

professionals and enhance their training to provide safe and respectful care. Community-based initiatives that address cultural norms and empower women to make informed decisions about their health are essential. But we have a long way to go to achieve SDG goal.

In conclusion, the stories from the field show a grave reality of maternal health in Nepal. Health workers, health rights activists, social activist and the government should work together to improve mother and child health.

Biography

Dr. Aruna Uprety is currently working as ED of Rural Health Education Service Trust (RHEST), Nepal, received a master's degree in Arts from the Women and Development Institute of Social Studies, The Hague, The Netherlands, and an M.D. from Kharkiv State Medical Institute, Ukraine (Former Soviet Union). Uprety worked with the Ministry of Health for about 8 years on maternity hospital and family planning projects; close hands-on experience in the maternity ward inspired the desire to advocate for women's rights and health. Uprety was involved with many different non-governmental organizations, which allowed travel to different Nepalese regions, and also worked in Afghanistan, Iran, India, Laos, China, Sri Lanka, Sudan as a public health specialist, learned about problems associated with malnutrition among children while working in rural areas of Nepal, conducted research on reasons for malnutrition and advocated on how to reduce this, learned about local food, health, cultural practice, and its importance for healthy living, and has written many articles on this issue and presented ideas in many national and international seminars.



**Zahrah Binthabit*,
Dr Joy Probyn, Dr Beverley Jervis, &
Dr Emma Kwegyir-Afful**

PhD Candidate, School of Health & Society,
University of Salford, UK

Exploring the experiences and perceptions of black and ethnic minority pregnant women with fibroids in England: An interpretative phenomenological analysis

Background and Aims: Black and ethnic minority women have a higher prevalence of uterine fibroids, which cause adverse pregnancy outcomes, including preterm birth and caesarean delivery, and psychosocial burden. Although equity is a commitment of NHS England and Wales, there is a paucity of qualitative research on lived experiences in maternity care in the UK. The objective of this study was to gain insight into and understand the lived experience and views of Black and ethnic minority pregnant women with fibroids in English NHS maternity care, in relation to sociocultural, structural, clinical and intersectional factors.

Methods: This research is a qualitative study using Interpretative Phenomenological Analysis (IPA) (Smith et al., 2022). Purposive sampling was used to select ten pregnant women (any trimester) suspected of having uterine fibroids in NHS antenatal clinics. Semi-structured interviews (30–60 minutes) were audio-recorded, transcribed word for word, and analysed iteratively with IPA guidelines, and reflexivity, member-checking and supervisory debriefs were added to enhance trustworthiness.

Results: Five superordinate themes were identified in the preliminary analysis: (1) Navigating Uncertainty and Fear; (2) Intersectionality: Race, Stigma, and Embodied Identities; (3) Experiences of NHS Maternity Care (communication, monitoring, systemic barriers); (4) Resilience, Agency, and Coping Strategies (family support, self-advocacy); and (5) Unmet Needs and Advocacy for Equitable Care. Participants described amplified physical/emotional burdens, racial inequities, information gaps, and inconsistent culturally responsive support, alongside positive monitoring aspects.

Conclusion: This study shows the sociodemographic situation and intergenerational needs of this vulnerable population and identifies the shortcomings in the NHS that exacerbate quantitative differences. Results endorse culturally-based information, general screening of psychosocial issues, cultural competency training and pathways specific to fibroids for improving reproductive health equity and in line with NHS priorities. The idiographic insights support limited qualitative evidence in the UK and support practice change.

Keywords: Uterine Fibroids, Pregnancy Experiences, Black Ethnic Minority Women, NHS Maternity Care, Interpretative Phenomenological Analysis

Biography

Zahrah is a PhD student in Nursing at the University of Salford and a Staff Nurse in the Gynaecology Department at St Mary's Hospital. With over 10 years of nursing experience, she has developed a strong interest in women's health, particularly the experiences of women from diverse ethnic backgrounds.

She holds a Master's degree in Leadership and Management in Health Sciences from the University of Salford. Her doctoral research focuses on "Exploring the Experiences and Perceptions of Black and Ethnic Minority Pregnant Women with Fibroids in England." Through her clinical practice and research, Zahrah is passionate about improving the quality of care, promoting culturally responsive healthcare, and enhancing the experiences of women during pregnancy and beyond.

4TH EDITION OF

GLOBAL CONFERENCE ON
GYNECOLOGY
&
WOMEN'S HEALTH

HYBRID EVENT
28-30
SEPTEMBER 2026

POSTER
PRESENTATIONS



Christos Damaskos^{1,2},
Konstantinos Kontzoglou^{2*},
Nikolaos Garmpis^{2,3}

¹Army Share Fund Hospital (NIMTS) 417 Military Hospital, Athens, Greece

²N.S. Christeas Laboratory of Experimental Surgery and Surgical Research, Medical School, National and Kapodistrian University of Athens, Athens, Greece

³Department of Colorectal Surgery, Guys and St Thomas' Hospital, London, United Kingdom



IgG4-related sclerosing mastitis: A rare breast cancer mimicker with major diagnostic implications

Background: IgG4-Related Sclerosing Mastitis (IgG4-RSM) is an exceptionally rare manifestation of IgG4-related disease that can closely mimic breast carcinoma or lymphoma. Because imaging findings are frequently suspicious and nonspecific, affected patients may undergo extensive diagnostic procedures or surgery before the correct diagnosis is established. We aim to define the key clinical, radiological, and pathological features of IgG4-RSM and highlight the diagnostic clues that may prevent overtreatment.

Methods: A systematic literature search was performed using terms related to IgG4, mastitis, sclerosing disease, and breast involvement. Eligible case reports and case series were evaluated for presentation, imaging, histopathology, IgG4 immunohistochemistry, serum IgG4 status, associated systemic disease, treatment, and clinical outcome.

Results: IgG4-RSM most commonly presented as a painless breast mass and was frequently classified as BI-RADS 4 or 5, making radiological distinction from malignancy unreliable. Histopathological examination consistently emerged as the decisive diagnostic step, typically demonstrating dense lymphoplasmacytic inflammation, fibrosis, and increased IgG4-positive plasma cells. Classical features of IgG4-related disease, including storiform fibrosis and obliterative phlebitis, were not uniformly present, while serum IgG4 could remain normal, limiting the value of serology alone. Breast involvement was identified both as an isolated process and as part of multisystem IgG4-related disease. Corticosteroid therapy generally produced favourable clinical and radiological responses, whereas surgery was mainly undertaken when malignancy could not be confidently excluded.

Conclusions: IgG4-RSM represents a rare but clinically important breast cancer mimic. Awareness of this entity and early integration of morphology, IgG4 immunohistochemistry, and systemic assessment may reduce diagnostic error, avoid unnecessary extensive surgery, and guide patients toward appropriate medical treatment.

Biography

Konstantinos Kontzoglou is Professor of Surgery at the National and Kapodistrian University of Athens and Director of the N.S. Christeas Laboratory of Experimental Surgery and Surgical Research. Kontzoglou is a surgeon in the Second Department of Propedeutic Surgery at Laiko General Hospital, and had advanced training in Molecular and Surgical Oncology in France and the USA. Kontzoglou has extensive teaching experience, including an academic appointment at Lanzhou University, China, and research work that includes international collaborations, more than 200 peer-reviewed publications and more than 150 presentations in international and Greek conferences. Kontzoglou also serves as Cultural Attaché of the I.A.C.D.

Nikolaos Garmpis^{1,2}, Konstantinos Kontzoglou^{2*}, Christos Damaskos^{2,3}

¹Department of Colorectal Surgery, Guys and St Thomas' Hospital, London, United Kingdom

²N.S. Christeas Laboratory of Experimental Surgery and Surgical Research, Medical School, National and Kapodistrian University of Athens, Athens, Greece

³Army Share Fund Hospital (NIMTS) 417 Military Hospital, Athens, Greece



The menstrual cycle behind recurrent pneumothorax: Lessons from reported cases of thoracic endometriosis

Background: Thoracic Endometriosis Syndrome (TES) is a rare extrapelvic manifestation of endometriosis that may present with recurrent pneumothorax, hemothorax, hemoptysis, or pulmonary lesions. Because symptoms often overlap with common thoracic conditions, diagnosis may be delayed unless their relationship with the menstrual cycle is recognized. Herein, we aim to define the clinical profile, diagnostic features, therapeutic strategies, and recurrence patterns of TES.

Methods: A systematic review of the literature was performed, including English-language case reports and case series published between January 1950 and August 2026. Data regarding symptoms, lesion location, imaging, pathological confirmation, prior gynecological history, treatment, and recurrence were extracted.

Results: Pneumothorax was the most common clinical manifestation, followed by chest pain, dyspnea, and hemoptysis. Thoracic lesions demonstrated a clear right-sided predominance, while chest CT emerged as the most useful imaging modality for lesion localization, commonly revealing ground-glass opacities, nodules, cystic lesions, and consolidation. Cyclic disappearance or reduction of thoracic lesions during the menstrual cycle represented an important diagnostic clue. Histopathological confirmation was obtained in a substantial proportion of cases, while others were diagnosed through characteristic clinical and radiological patterns. Video-assisted thoracoscopic surgery was the predominant surgical approach, frequently combined with hormonal therapy. Hormonal treatment alone was also used, although recurrence remained a relevant clinical issue across different treatment strategies.

Conclusions: TES should be considered in reproductive-age women with recurrent or cyclical thoracic symptoms, particularly right-sided pneumothorax. Recognition of menstrual timing, characteristic imaging patterns, and multidisciplinary collaboration between gynecologists, pulmonologists, radiologists, and thoracic surgeons are central to timely diagnosis and individualized management.

Biography

Konstantinos Kontzoglou is Professor of Surgery at the National and Kapodistrian University of Athens and Director of the N.S. Christeas Laboratory of Experimental Surgery and Surgical Research. Kontzoglou is a surgeon in the Second Department of Propedeutic Surgery at Laiko General Hospital, and had advanced training in Molecular and Surgical Oncology in France and the USA. Kontzoglou has extensive teaching experience, including an academic appointment at Lanzhou University, China, and research work that includes international collaborations, more than 200 peer-reviewed publications and more than 150 presentations in international and Greek conferences. Kontzoglou also serves as Cultural Attaché of the I.A.C.D.



Mayi Gnofam^{1,2*}, Dylan Smith¹

¹Department of Public Health, Stony Brook University, USA

²Department of Obstetrics and Gynecology, Stony Brook University, USA

Benign gynaecological conditions and lifetime contraceptive patterns: A population-based analysis of the 2022–2023 national survey of family growth

Background: Selecting an appropriate contraceptive method is often a dynamic, trial-and-error process shaped by medical, behavioral, and contextual factors. Although side effects and early discontinuation are common among healthy women, those living with benign gynecological disorders – such as uterine fibroids, Polycystic Ovary Syndrome (PCOS), and endometriosis – face additional clinical challenges, as contraceptive methods are frequently used, not only for pregnancy prevention, but also as treatment options for symptom management. Yet, how these conditions influence women's lifetime patterns of contraceptive use has not been explored.

Objective: To examine whether benign gynecological conditions are associated with greater inconsistency in contraceptive use, measured by the number of hormonal or intrauterine methods used over a lifetime.

Methods: We conducted a retrospective observational analysis using the female respondent sample of the 2022–2023 National Survey of Family Growth (NSFG). Women between 15 and 49 years old who provided complete data on contraceptive history and gynecologic diagnoses were included in the analysis. The primary outcome was the number of different contraceptive methods ever used. The primary independent variable was self-reported diagnosis of any gynecological condition (including uterine fibroids, PCOS, and/or endometriosis). Sociodemographic and clinical covariates comprised: age, race/ethnicity, poverty level, English proficiency, insurance coverage, gravidity, parity, and infertility status. Bivariate analyses compared socio-demographic, clinical characteristics and contraceptive

patterns between groups. Multivariable negative binomial regressions, with robust standard errors, estimated adjusted associations, controlling for relevant demographic and clinical variables. Additional models were performed for each diagnosis individually to assess condition-specific differences in contraceptive patterns.

Results: Among 4469 participants, 18.7% (n=837) reported at least one benign gynecological condition. Prevalence estimates were 8.8% for PCOS (n=394), 8.2% for uterine fibroids (n=368), and 6.0% for endometriosis (n=267). Women with any gynecological condition had a significantly greater number of contraceptive methods over their lifetime in bivariate analysis (mean=1.9, SD=1.3 VS mean=1.8, SD=1.2, $p=0.001$) but the association was no longer significant after adjusting for age, gravidity, race, infertility, insurance coverage, English proficiency and poverty level ($p=0.07$). Similarly, women with PCOS reported significantly higher numbers of contraceptives methods used (mean=1.9, SD=1.2 VS mean=1.8, SD=1.2, $p=0.02$) but the association did not persist in adjusted analyses ($p=0.39$). Women with endometriosis had a significantly greater number of contraceptive methods over their lifetime in bivariate analysis (mean=2.1, SD=1.3 VS mean=1.8, SD=1.2, $p<0.0001$). This association remained significant in the adjusted model, where they had approximately 18% more contraceptive methods across their reproductive history compared with women without endometriosis (RR=1.18; 95% CI 1.05–1.31; $p=0.004$). No significant association with number of methods used was observed for diagnosis of uterine fibroids.

Conclusion: Endometriosis was associated with a significantly greater number of methods used across the women's reproductive lifespan. This suggests that women with endometriosis may experience more prolonged or complex journeys in identifying the best contraceptive option and highlights the need for better contraceptive options and adequate family planning counseling.

Biography

Mayi Gnofam is an obstetrician-gynecologist holding an MPH and currently completing a PhD in Public Health at Stony Brook University. Gnofam's work focuses on reproductive health, maternal well-being, and the care of vulnerable populations, integrating clinical expertise with public health methods to inform more equitable models of care. Gnofam's professional journey reflects a longstanding dedication to the human rights dimensions of women's health, and Gnofam has contributed to women's health initiatives across the world and is committed to advancing global reproductive health through research and international collaboration.

Ming-Han Chang^{1*}, Shu-Ying Chen², Jung-Hsiu Hou³, Shih-Peng Mao¹

¹Department of Obstetrics and Gynecology, Shuang Ho Hospital, Taipei Medical University, New Taipei City, Taiwan

²Department of Nursing, Hung Kuang University, Taichung, Taiwan

³Department of Obstetrics and Gynecology, Taipei Medical University Hospital, Taipei, Taiwan



Carbetocin versus conventional uterotonic regimens for prevention of blood loss after vaginal and cesarean delivery: A retrospective study in a Taiwanese low-risk obstetric population

Background: Postpartum Hemorrhage (PPH) remains a leading cause of maternal morbidity and mortality worldwide, with uterine atony being the primary underlying etiology. Although oxytocin is the standard prophylactic uterotonic agent, carbetocin, a long-acting oxytocin analogue, has emerged as a potential alternative. This study aimed to compare the clinical efficacy of carbetocin with conventional multi-agent uterotonic regimens in reducing peripartum blood loss during vaginal and Cesarean deliveries in a Taiwanese clinical setting.

Methods: This retrospective observational study included 128 patients managed by a single obstetrician. In vaginal deliveries, patients received either carbetocin (100 µg) or a combination regimen consisting of oxytocin, misoprostol, and methylergonovine. In Cesarean deliveries, carbetocin was compared with oxytocin monotherapy. High-risk pregnancies were excluded to ensure a homogeneous low-risk population. Statistical analyses were performed using the Mann–Whitney U test for continuous variables and Fisher’s exact test for categorical variables.

Results: Among vaginal deliveries, the carbetocin group demonstrated significantly lower primary and total blood loss compared with the multi-drug regimen (median: 100 mL vs. 150 mL, $P<0.001$; 155 mL vs. 200 mL, $P=0.047$, respectively). In Cesarean deliveries, no statistically significant difference was observed in visually estimated blood loss between groups. However, patients receiving carbetocin exhibited a significantly smaller decline in hemoglobin levels compared with those managed with conventional uterotonics by other physicians (-6.3% vs. -11.93% , $P=0.049$).

Conclusion: Carbetocin, administered as a single prophylactic agent, is more effective than conventional multi-agent uterotonic regimens in reducing blood loss during vaginal delivery. Additionally, its use is associated with improved hematologic stability in low-risk patients undergoing Cesarean delivery and may reduce variability related to operator-dependent management.

Biography

Ming-Han Chang graduated from Taipei Medical University and completed residency training in Obstetrics and Gynecology at Shuang Ho Hospital, and is currently a chief resident in the Department of Obstetrics and Gynecology at Shuang Ho Hospital. Chang's clinical interests focus on maternal safety and the optimization of obstetric care.



Ryoko Minami^{1*}, Hirochika Ryuno², Yumiko Tateoka²

¹Graduate School of Nursing, Shiga University of Medical Science, Otsu, Shiga, Japan

²Division of Practice Nursing, Shiga University of Medical Science, Otsu, Shiga, Japan

Visualization of pelvic floor structural changes beginning in pregnancy: Bladder descent angle as a novel indicator for lifelong women's health

Background: Urinary incontinence (UI) is a major symptom of pelvic floor dysfunction in women and commonly develops during pregnancy and childbirth. Approximately 40% of women experience UI in the early postpartum period, and symptoms may persist long term, making UI a significant concern for women's lifelong health. However, the structural changes in pelvic floor support from pregnancy through the postpartum period and their relationship with UI remain unclear. We previously developed a quantitative method to assess bladder descent using transperineal ultrasound (TPUS), termed the bladder descent angle (BDA), and demonstrated its validity and reproducibility. This method enables noninvasive visualization of pelvic floor structural changes beginning in pregnancy and may contribute to improving lifelong pelvic floor health.

Objective: To longitudinally evaluate changes in the BDA from late pregnancy to one month postpartum and examine associations with UI symptoms and maternal factors, and to assess its potential as an early structural indicator of pelvic floor health.

Methods: This prospective longitudinal study included 100 women with singleton pregnancies. BDA was measured using TPUS in late pregnancy and at one month postpartum. UI symptoms were assessed using the International Consultation on Incontinence Questionnaire–Short Form (ICIQ-SF). Associations between BDA, UI symptoms, and clinical background factors were analyzed statistically.

Results: BDA was significantly associated with UI symptoms both in late pregnancy and at one month postpartum, with larger BDA values corresponding to more severe UI symptoms. Late-pregnancy BDA alone showed limited ability to predict postpartum UI; however, predictive performance improved when maternal age and late-pregnancy symptom severity were included. Changes in BDA (Δ BDA) were not independently associated with postpartum UI, although higher maternal age tended to relate to reduced recovery of pelvic floor support.

Conclusion: Structural changes in the pelvic floor begin during pregnancy and are closely associated with early postpartum UI. BDA measured by TPUS may serve as a novel, noninvasive indicator of pelvic floor vulnerability. Early evaluation during pregnancy may facilitate preventive interventions and help maintain pelvic floor health across the lifespan.

Biography

Ryoko Minami completed a Master's degree in Nursing at Shiga University of Medical Science in 2022 and began doctoral studies in April 2024, and has conducted research on perinatal urinary incontinence for approximately six years. As a midwife, Minami provides support and care related to urinary health from a women's health perspective.



Kayla Schacher¹, Ranjitha Vasa¹,
Sakshi Das^{1*}, Alyssa Kastrinakis¹,
Mudar Dalloul¹, Ozgul Muneyyirci-
Delale¹, Joseph Goldblatt¹, Ruoyu
Wang²

¹Department of Obstetrics and Gynecology, State University of
New York Downstate College of Medicine, Brooklyn, NY, USA

²Department of Internal Medicine, Zucker School of Medicine
at Hofstra/Northwell, Uniondale, NY, USA

Examining the impact of advanced paternal age on obstetrical and fetal outcomes

Background: Advanced Paternal Age (APA), defined as 40 years or older at time of conception, is associated with poor outcomes with assisted reproductive technologies. Review of literature suggests APA may be associated with infertility, miscarriage, preterm delivery, and placental abnormalities. Proposed mechanisms of these adverse outcomes include pre-meiotic damage, poor DNA integrity, and changes in sperm morphology or motility. However, research on the relationship between APA and a variety of obstetrical outcomes remains limited, often yielding conflicting results.

Objective: We aim to investigate the relationship between APA and adverse obstetrical outcomes such as hypertensive disorders of pregnancy and gestational diabetes, in addition to adverse fetal outcomes such as Large for Gestational Age (LGA) and Small for Gestational Age (SGA) fetus.

Methods: To examine our question, we were granted access to the CDC Pregnancy Risk Assessment of Monitoring System data (CDC PRAMS) - a state-based surveillance system. For all variables of interest, descriptive statistics were performed. To evaluate the relationship between APA and various obstetrical outcomes, Chi-square test was used. Binary logistic regression was later performed to examine statistically significant relationships previously identified. We evaluated Standard Core and Phase 8 responses with SPSS 28 software in this prospective observational study.

Results: Approximately 3.1 million males were surveyed with 8,614 males being 40 years and older. Paternal age cutoffs were defined as less than 17 years of age or 40 years of age and

older. When the latter was used as a risk factor, there were significantly increased odds for maternal development of gestational diabetes (OR 1.052; 95% CI 1.045 to 1.058) and LGA fetus (OR 1.019; 95% CI 1.013 to 1.026). Association with hypertensive disorders during pregnancy was not significant (OR 0.999; 95% CI 0.993 to 1.004). Interestingly, APA was associated with a significantly decreased risk of SGA fetus at one and two standard deviations (OR 0.986; 95% CI 0.980 to 0.993, OR 0.983; 95% CI 0.966 to 0.999).

Conclusion: APA is a strong risk factor that contributes to maternal morbidity with significantly increased risk of gestational diabetes and LGA fetus, along with a significantly reduced risk for SGA fetus. We suggest mechanisms such as epigenetic modification through histone and DNA methylation or gene expression may contribute to aberrant embryonic and placental development, however, specific underlying mechanisms have yet to be elucidated. Gestational diabetes contributes to LGA fetus as excess blood glucose causes increased body fat deposition at the fetal shoulders and trunk. There still remains much unknown about the link between APA singularly and the above obstetrical, neonatal outcomes even in combination with advanced maternal age, necessitating further investigation.

Biography

Sakshi Das is a first year OB/GYN resident physician at SUNY Downstate Medical Center, grew up in Fremont, California and received an MD from Wayne State University, School of Medicine. Das's research interests include minimally invasive gynecologic surgery, reproductive endocrinology, and gynecology-oncology. In free time, Das enjoys exploring coffee shops in Brooklyn and spending time with a partner and cats.



Shu-Ying Chen¹, Shih-Peng Mao^{2*}

¹Department of Nursing, Hung Kuang University, Taichung City, Taiwan

²Department of Obstetrics and Gynecology, Shuang Ho Hospital, Taipei Medical University, New Taipei City, Taiwan

A simple bedside composite risk score (AB-100 rule) for predicting cesarean birth in nulliparous women: A historical cohort study with external validation

Background: Cesarean birth rates continue to rise worldwide. Advanced maternal age and elevated Body Mass Index (BMI) are well-established risk factors for intrapartum cesarean delivery in nulliparous women. However, translating these epidemiological risk factors into a simple clinical tool that can support individualized counseling and shared decision-making remains challenging. This study aimed to develop and externally validate a practical bedside composite risk score integrating maternal age and BMI (the AB-100 rule) for predicting cesarean birth.

Methods: We conducted a historical cohort study including nulliparous women with singleton term pregnancies undergoing trial of labor at a tertiary academic center. A composite score was calculated as maternal age (years) + 2×BMI at delivery (kg/m²) (AB score). Logistic regression and receiver operating characteristic (ROC) curve analysis were used to assess predictive performance. A clinically practical threshold of AB score ≥ 100 was evaluated. External validation was performed using an independent cohort managed by multiple obstetricians. Decision curve analysis (DCA) was conducted to assess potential clinical utility.

Results: Higher composite scores were significantly associated with increased risk of cesarean birth. Women with AB score ≥ 100 had a markedly higher cesarean rate compared with those with lower scores (67.6% vs 17.3%). The model demonstrated moderate discrimination and consistent performance in the external validation cohort. Decision curve analysis indicated a positive net benefit across clinically relevant threshold probabilities.

Conclusions: Although maternal age and BMI are known determinants of cesarean birth risk, integrating them into a simple bedside composite score provides an intuitive framework for early risk communication. The AB-100 rule may support shared decision-making and individualized delivery planning in nulliparous women.

Biography

Shih-Peng Mao is the Director of the Department of Obstetrics and Gynecology at Shuang Ho Hospital, holds a Bachelor of Medicine from the National Defense Medical Center and a Master's degree in Hyperbaric Medicine. Mao's research focuses on high-risk pregnancy care and the innovation of monitoring devices for postpartum hemorrhage; in addition to clinical leadership, Mao serves as a committee member of the Taiwan Maternal-Fetal Medicine Society and has successfully patented a system for fetal heart rate monitoring.



Yiru Xu^{1,2}, Xinliang Chen^{1,2*}

¹The International Peace Maternity and Child Health Hospital, School of Medicine, Shanghai Jiao Tong University, Shanghai 200030, China

²Shanghai Key Laboratory of Embryo Original Diseases, Shanghai 200030, China

Promoting mitocytosis via gene-engineered aligned fibers for pelvic floor reconstruction

Severe Pelvic Organ Prolapse (POP) relies primarily on pelvic floor reconstructive surgery for repair. Polypropylene mesh, currently the mainstay in clinical practice, is associated with poor biocompatibility and serious surgical complications, leading to safety warnings and sales restrictions by the U.S. Food and Drug Administration (FDA). Therefore, developing novel biocompatible meshes tailored to the pathological features of pelvic floor disorders is urgently needed.

Our team previously identified that abnormal accumulation of damaged mitochondria represents a key pathological barrier to pelvic fascial tissue repair, yet conventional therapeutic approaches, including pharmacological interventions, fail to effectively clear these damaged organelles. In this study, we integrated microfluidic chip technology with micro-solution coaxial aligned electrospinning to develop a gene-engineered aligned electrospun fiber scaffold. We demonstrate for the first time that upregulating tetraspanin 9 (TSPAN9) to promote mitocytosis enables effective repair of damaged fascial tissue.

Specifically, we first encapsulated the key gene TSPAN9, which regulates mitocytosis, into liposome nanocarriers using microfluidic technology. We then fabricated core-shell structured aligned fibers via micro-solution coaxial electrospinning, with TSPAN9-loaded liposomes protected within a Hyaluronic Acid (HA) core and aligned Polylactic Acid (PLA) fibers forming the outer shell. In vitro studies showed that these aligned fibers closely mimicked the anisotropic architecture of native fascia and significantly promoted directional cell migration through provision of aligned topographical cues. Sustained release of gene-loaded liposomes to target cells effectively restored mitochondrial quality control homeostasis, re-established

mitochondrial respiratory function, reduced reactive oxygen species (ROS) levels, and stabilized mitochondrial membrane potential.

In vivo studies confirmed that this gene-engineered fiber scaffold promoted clearance of damaged mitochondria through TSPAN9-mediated mitocytosis, significantly suppressed local inflammatory responses, and facilitated functional regeneration of fascial tissue. In summary, this study presents a novel and translationally promising therapeutic strategy for fascial tissue repair through mitocytosis-enhancing gene-engineered fibers.

Biography

Prof. Chen Xinliang, MD, PhD, is Chief Physician and Doctoral Supervisor at the International Peace Maternity & Child Health Hospital, Shanghai Jiao Tong University. A senior visiting scholar at OSU Medical Center, Chen has spent 20+ years specializing in clinical and basic research on pelvic floor dysfunction, has led multiple national grants and published 40+ SCI papers as first/corresponding author in journals including Sci Bull, Matter, and Adv Funct Mater. As Director of the Urogynecology & Pelvic Floor Unit, Chen performs leading-edge reconstructive surgeries including TVT-O, Burch, sacrospinous fixation, and laparoscopic suspension, with a recent cure rate of 93%.

WE WISH TO MEET YOU AGAIN AT OUR UPCOMING EVENT

5th Edition of Global Conference on
Gynecology & Women's Health

September 2027 | London, UK (Hybrid Event)

<https://gynecology.magnusconferences.com/>

LONDON
UK



Questions? Contact

Phone: +1 (702) 988-2320 | Whatsapp: +1 (540) 709-1879

E-mail: gynecology@magnusconference.com