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3rd Edition of
Global Conference on

Gynecology & Women's Health

"Empowering Women's Health:
Innovations in Gynecological Care"

October 27-29, 2025
Orlando, Florida, USA

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BOOK OF ABSTRACTS

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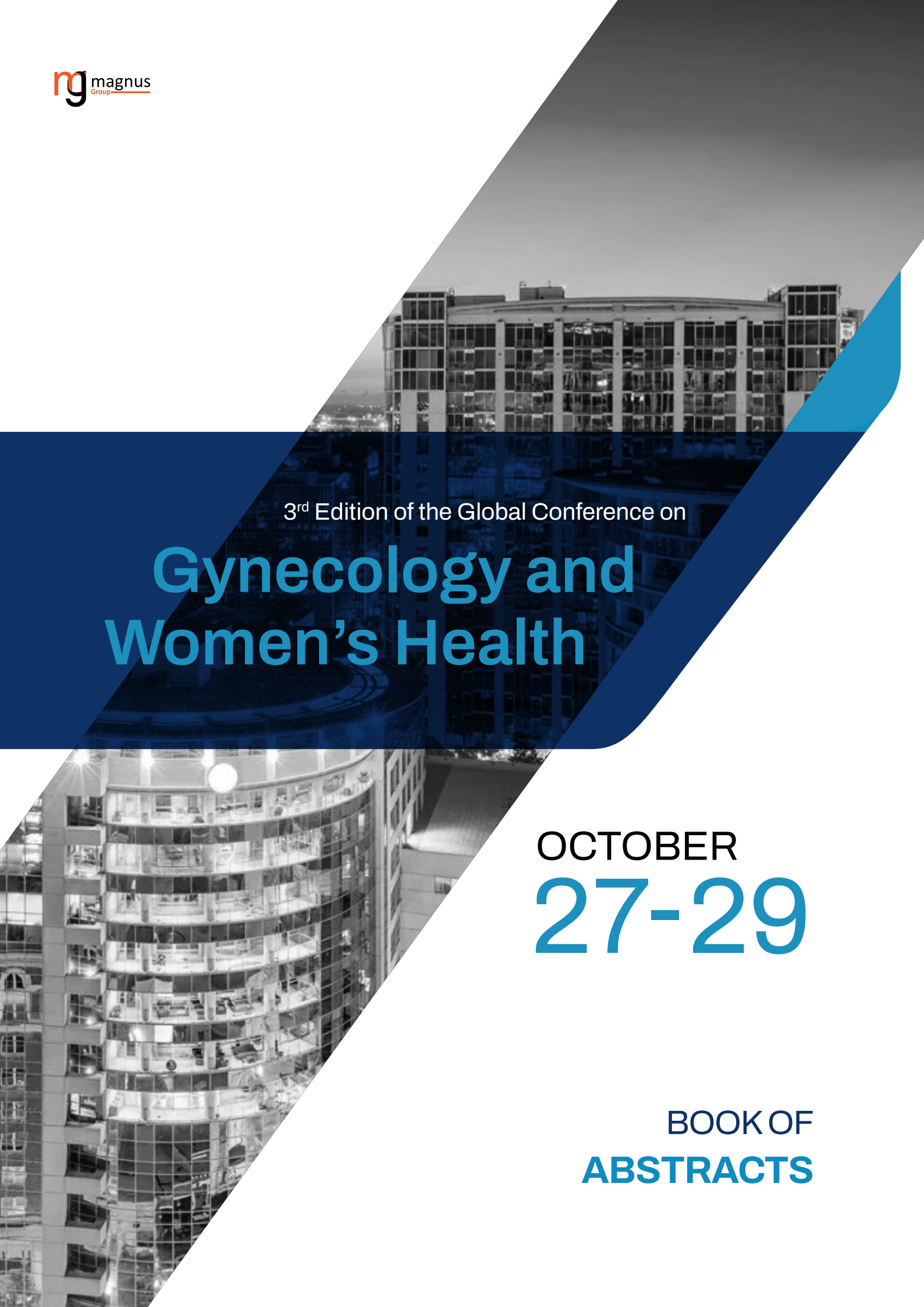


3rd Edition of the Global Conference on

Gynecology and Women's Health

OCTOBER

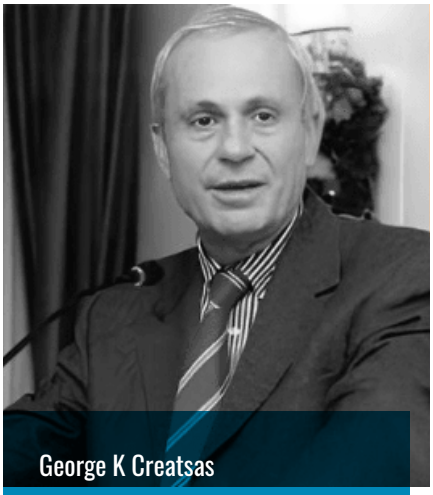
27-29

BOOK OF

ABSTRACTS

Index

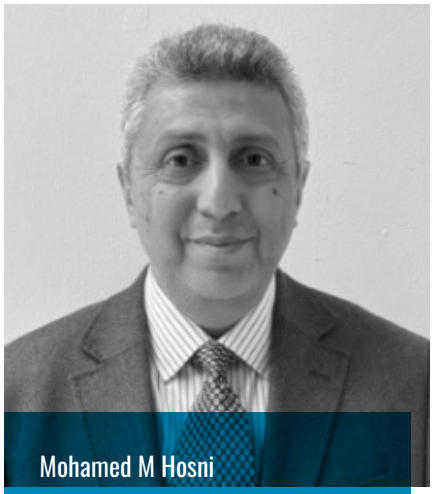
Keynote Speakers



George K Creatsas
University of Athens, Greece

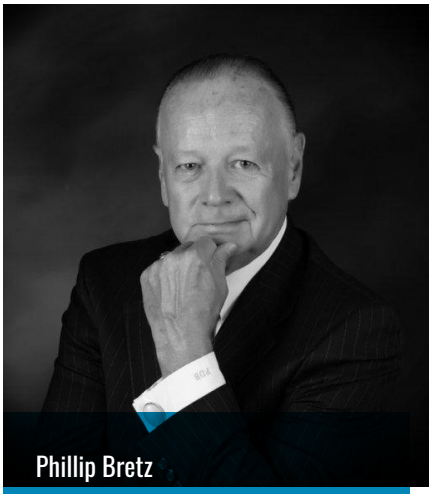
Irene Eirini Orfanoudaki
University Hospital, Heraklion, Greece

Marlen Sulamanidze
Total Charm Clinic, Georgia

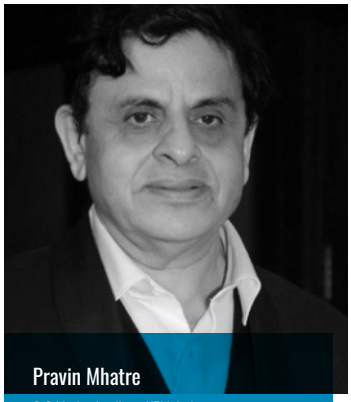


Mohamed M Hosni
London North West University Healthcare NHS Trust, United Kingdom

Nicoletta Di Simone
Humanitas University Milan, Italy



Phillip Bretz
Visionary Breast Center, United States



Pravin Mhatre
G S Medical college KEM, India

Sangeeta Shah
Govenment Medical College, India

Vijay Prabha
Panjab University, India

Woojin Chong
NYU Grossman Long Island School of Medicine, United States

Thank You All...

Welcome Message

Dear Colleagues

It is our grade pleasure to join and participate in this very important Congress “magnusconference..”

The scientific programme is very informative and valuable and all colleagues are excited as the programme includes clinical practice, case presentations, surgical methods and informative discussions to enrich our knowledge. We are looking forward to your participation.

Prof G Creatsas
University of Athens, Greece

Welcome Message

Dear colleagues and Esteemed Guests,

It is a true honor to welcome you to today's discussion on the Application of Thread Technology in Aesthetic and Functional Gynecology. As a surgeon and innovator in thread-lifting techniques, I am thrilled to see this minimally invasive approach expanding into such a vital and delicate area of medicine. This field is evolving rapidly, blending precision, aesthetics, and functionality to improve women's quality of life in meaningful ways.

We are witnessing a paradigm shift—where restoration and rejuvenation can be achieved with minimal trauma and maximum patient satisfaction. I look forward to sharing insights, experiences, and the latest developments that highlight the power and potential of thread technology in gynecology.

Let this be a space for learning, inspiration, and collaboration. Thank you for joining us on this important journey.

Dr. Marlen Sulamanidze
Total Charm Clinic, Georgia

Welcome Message

On behalf of the Organising Committee, it is my great pleasure to welcome you to the 3rd Edition of Global Conference on Gynecology and Women's Health, that will be held at Orlando, Florida, USA in the period of October 27-29, 2025.

The theme for this year conference is Empowering Women's Health: Innovations in Gynecological Cares. In this year conference, we are exploring the most recent innovations in global health, the impact of artificial intelligence on different aspects of Gynecology, with the state-of-the-art lectures and forefront research presentations.

This will be the perfect environment to discuss how we can set aims which will improve treatment of endometriosis, and other challenging aspects of Gynecology and Women health in the world. 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.

Mr. Mohamed Hosni
MD, MRCOG, MSc, MB.BCh.
Consultant Gynaecologist
Imperial College Healthcare NHS Trust
United Kingdom

Welcome Message

Esteemed Colleagues,

It is a true honour to welcome you to this International Congress on Gynaecology and Women's Health. We are deeply pleased to host such a distinguished gathering of clinicians, researchers, and healthcare professionals worldwide, united by a shared commitment to advancing the science and care of women's health.

This congress represents a unique opportunity to exchange knowledge, share experiences, and foster international collaboration. Together, we will explore the most significant challenges in uro-gynaecology and gynaecology, address the complexities of infertility and its treatments, discuss high-risk pregnancy and its management, and deepen our understanding of the molecular mechanisms underlying various pathologies. We will also consider the promising role of artificial intelligence and its future applications in our field.

Beyond the scientific programme, we can build lasting connections-collaborations that will enrich our individual work and contribute to a stronger, more unified global medical community.

I wish you all a most successful and inspiring congress.

Prof Nicoletta Di Simone MD, PhD
Humanitas University Milan, Italy

Welcome Message

Dear congress visitors, it is honor and pleasure to write a few welcome notes for this important conference.

Pregnancy is a period that a healthy woman is going to give life to her developing fetus. This gestational period the haemostatic system progressively changes to prepare the haemostatic needs of delivery and postpartum. Many coagulation factors normally change and microthrombi are formed and lysed continuously within the venous circulatory system.

Pulmonary embolism is a complication of venous thrombosis and is leading cause of pregnancy related deaths at any trimester if the proper diagnosis and therapy is delayed. The causes of pulmonary embolism are multifactorial. It is most common cause of maternal death in pregnancy, but extremely common disorder without specific clinical features.

The correct differential diagnose is crucial and early anticoagulation is the first therapeutic measure when a high level of suspicion exist. Despite of improved physician's ability to diagnose and treat pulmonary embolism in pregnancy, several areas need further research.

Orfanoudaki Irene MSc, PhD
Obstetrician Gynecologist, University Hospital of Crete, Greece

Welcome Message

Welcome Conference Attendees,

I am absolutely thrilled to have been invited to speak and bring The Lavender Way into the mainstream. Looking at your website, I think I understand why The Lavender Way would be highly anticipated since I see mostly women. It will take organizations like yours with regard to breast cancer to turn this ship of slash-poison-burn-approach around. It will take organizations like yours to make LAVENDER THE NEW PINK! The 'pinks' have had forty years of begging the establishment for research that would free them from this curse. What did they get, an avalanche of drugs and now 'oncoplastic' surgery that continues to devastate. The yearly death toll in the US now surpasses 43,000 and growing. This figure hasn't budged, except to go up in four decades. The suffering from breast cancer should be in history books.

I promise anyone coming to my talk that if you don't leave picking your jaw up off the floor, I will not have done my job. You will see something not seen before, and you will wonder why really smart people aren't letting Lavender see the light of day? I will elucidate just how we can eliminate the suffering from breast cancer, and if we get enough help, take Lavender worldwide. For those interested, please go to my website thelavenderproject.net and see my TEDTALK, a few patients and procedure videos. Incidentally, the 86-year-old, who three surgeons in town insisted on mastectomy, lived until almost 92 cancer-free with her breasts intact, and died in her sleep. I look forward to meeting all of you.

Phillip Bretz
Visionary Breast Center, United States

Welcome Message

Dear Friends and the Colleagues,

It's a honour and pleasure to be a part of the Gynec 2025 conference.

I am delighted to be sharing my experience on new modalities of treatment in gynecology.

Almost 1:4000 women suffer from ovarian dysgenesis and 20 to 40% of infertility women have premature ovarian failure. These present a difficulty in treatment. A new treatment modality is offered in the form of Ovarian Transplant.

I will also be sharing my work on "The novel technique of vaginoplasty resulting into normal vagina". The study shows peritoneal metaplastic conversion to normal vagina by LPV. The progenitor cell responsible for the metaplastic conversion was identified in the peritoneum and different stages of neo-vaginal development. The translational stemness markers NANOG, OCT4, and SOX2 responsible for the neovaginal formation were identified.

Looking forward to be with you all in this exciting conference.

Dr. Pravin Mhatre Professor Emeritus
G S Medical college KEM, India

Welcome Message

Dear esteemed Global Conference delegates, It indeed is an honour to be amongst you all as a Scientific Committee and Keynote speaker. I sincerely thank the organisers for giving me this wonderful opportunity to showcase my ongoing study on “Efficacy of Full PIERS calculator in predicting adverse maternal outcomes in Pre-eclampsia in a tertiary care centre in South India” It is well known that Pre-eclampsia is a leading cause of maternal mortality and morbidity all over the globe. It also contributes significantly to neonatal mortality and morbidity. Management of Pre-eclampsia may include increased maternal and fetal surveillance with a tight blood pressure control and seizure prophylaxis, but ultimately delivery of the fetus is the only definitive treatment. Hence it is important to identify the women who are at risk for adverse outcomes, so that they can be attended with more surveillance at a higher well-equipped centre in order to get a favourable maternal and neonatal outcome. The Full PIERS calculator may be the magic tool to identify such cases. This has encouraged me to take up this study and be amongst you all to share my inputs.

Sangeeta Shah
Govenment Medical College, India

Welcome Message

Dear Conference attendees,

It is with great honor and enthusiasm that I welcome you all to Gynec 2025. This conference serves as a crucial platform to explore groundbreaking advancements and address key challenges shaping the future of women's health. Recent years have witnessed remarkable progress in gynecological care, from cutting-edge diagnostics and minimally invasive procedures to transformative breakthroughs in reproductive medicine. Innovations such as next-generation sequencing, biomarker-based screening, and artificial intelligence-driven diagnostics can revolutionize the management of various gynecological conditions. As the burden of gynecologic diseases continues to evolve, addressing healthcare disparities and ensuring equitable access to innovative treatments remain paramount. Gynec 2025 aims to bridge the gap between scientific discovery and clinical application, fostering interdisciplinary collaborations that drive the next generation of gynecological care. Through collaboration and knowledge-sharing, we can shape a future where women's healthcare is not only preventive but also predictive and personalized.

Wishing you all a highly productive and intellectually stimulating Gynec 2025!

Dr. Vijay Prabha
Panjab University, India

Welcome Message

Dear Attendees, it is my pleasure to write a few welcome notes for the 3rd Edition of Global Conference on Gynecology & Women's Health (HYBRID Event), Orlando, FL, U.S.A.

Pelvic Organ Prolapse (POP) and female urinary dysfunction can cause women discomfort and impact their quality of life. POP and urinary dysfunction precipitate disparities facing women globally. The resulting shame and isolation reflect health inequities and sociocultural disparities.

The reported prevalence of POP varies widely, ranging from 3 to 50% Therefore, up-to-date and comprehensive evidence in managing POP and other pelvic floor disorders is essential to offer standardized care for women. I hope this conference provides a variety of opportunities to expand your knowledge and interest in women's health.

Dr. Woojin Chong

MD. FACOG. URPS. CPE. New York, U.S.A.

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, Pharmaceutics, 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 2025

The **3rd Edition of the Global Conference on Gynecology and Women's Health** (Gynec 2025) invites researchers, clinicians, and professionals to **Orlando, Florida, USA**, and online from **October 27-29, 2025.** Centered on the theme *Empowering Women's Health: Innovations in Gynecological Care*, 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

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Continuing Professional Development (CPD) credits are valuable for Gynec 2025 attendees as they provide recognition and validation of their ongoing learning and professional development. The number of CPD credits that can be earned is typically based on the number of sessions attended. You have an opportunity to avail 1 CPD credit for each hour of Attendance. Some benefits of CPD credits include:

Career advancement: CPD credits demonstrate a commitment to ongoing learning and professional development, which can enhance one's reputation and increase chances of career advancement.

Maintenance of professional credentials: Many professions require a minimum number of CPD credits to maintain their certification or license.

Increased knowledge: Attending Gynec 2025 and earning CPD credits can help attendees stay current with the latest developments and advancements in their field.

Networking opportunities: The Gynecology conference provide opportunities for attendees to network with peers and experts, expanding their professional network and building relationships with potential collaborators.

Note: Each conference attendee will receive 20+ CPD credits.

Table of Contents

BOOK OF ABSTRACTS

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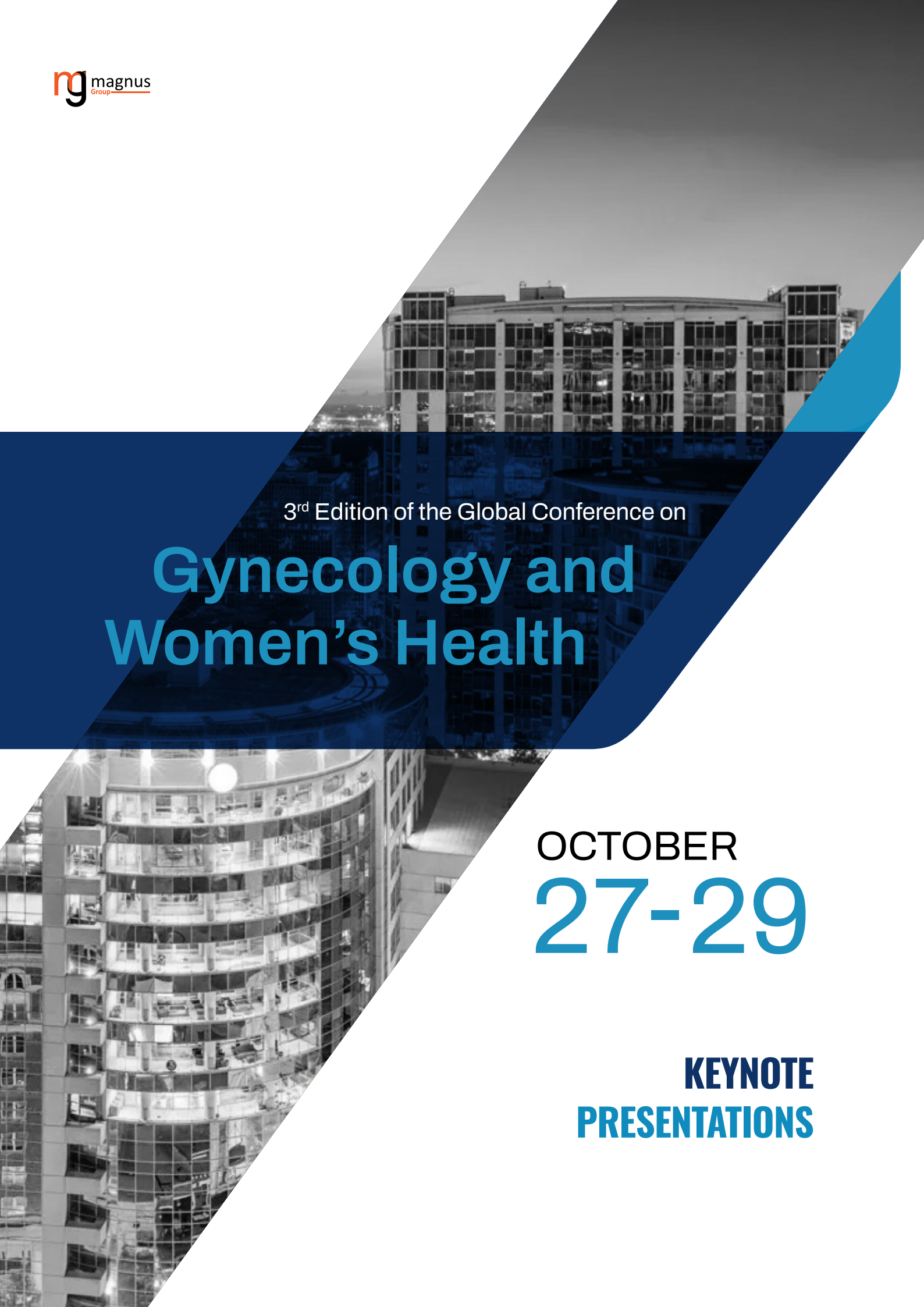


3rd Edition of the Global Conference on

Gynecology and Women's Health

OCTOBER

27-29

KEYNOTE PRESENTATIONS

Biography

Orfanoudaki Irene

University Hospital, Heraklion, Crete, Greece

Pulmonary embolism in pregnancy

During pregnancy the haemostatic system is progressively activated to prepare the haemostatic needs of delivery and postpartum. Blood hypercoagulability, endothelial injury and stasis of blood flow predispose to thrombus formation.

Pulmonary embolism is a complication of venous thrombosis and is a leading cause of pregnancy related deaths at any trimester. It is extremely common disorder without specific clinical features.

The physician is called to suspect the disorder and give a prompt diagnosis and therapy to avoid the lethal condition. Delays in pulmonary embolism diagnosis and therapy are common and represent an important issue.

Dr. Irene (Eirini) Orfanoudaki is a gynecologist-obstetrician, having a private practice in Heraklion, Crete, and collaborating with private general health clinic 'MITERA'-Euromedica in Heraklion and Asclepeion. With around 24 years of experience as a gynecologist-obstetrician, she specializes in ultrasound, colposcopy, minimal and advance gynecologic surgery, aesthetic gynecology, fertility consulting, menopause consulting, operative obstetrics, high-risk pregnancy, normal deliveries, antenatal, intra-parum, postnatal care, breast diseases, and teenage issues. Her cooperation with Foundation of Research and Technology Hellas (Heraklion) led to Dysis Colposcope (she was the first gynaecologist clinical researcher of multispectral imaging colposcope 1996-2001). In 2005, Dr. Orfanoudaki presented her PhD 'Development and clinical evaluation new in vivo diagnostic methods for the early diagnosis of lower female genital tissue lesions", at Medical School of University of Crete and her book 'Optical biopsy of uterine cervix using a multispectral imaging colposcope', was published in 2007. She has also published several research papers and presentations at national and international levels.

G Creatsas MD FACOG FRCOG Prof. em.

Obstetrics and Gynecology, University of Athens, Greece and Scientific Chairman, REA Maternity Hospital, Athens, Greece

Lower genital tract congenital anomalies creatsas vaginoplasty-fertility preservation

Vulvovaginal congenital anomalies affects both genital tract health as well as fertility and reproduction. External genitalia should be checked in any case immediately after delivery. Amenorrhea, oligomenorhea and pelvic pain are common symptoms of lower genital tract congenital anomalies and should be diagnosed and managed as soon as possible. Most cases of mullerian anomalies are found during adolescence due to primary amenorrhea or/and periodic pelvic pain, which are the common symptoms of obstruction. Diagnosis is based on the family and clinical history, clinical or and gynecological examination, pelvic ultrasonography, x-rays, laparoscopy or and hysteroscopy. Vaginal aplasia is usually accompanied with uterus aplasia “Rokitansky-Kuster-Hauser” syndrome and we proceed to the management following our method “Creatsas vaginoplasty” with more than 180 cases treated until today.

The audience will be informed how may manage primary amenorrheic cases as well to prevent future fertility.

Biography

George K. Creatsas is Professor emeritus of Obstetrics and Gynecology and Ex Chairman of the 2nd Department of Obstetrics and Gynecology at the University of Athens, Greece. He served as a Dean of the University of Athens Medical School for the years 2003-2007 and as a Vice Rector of the University of Athens Greece (2006–2010). Professor Creatsas has published more than 433 papers with more than 4591 citations (h index 33) in international peer review Journals in the fields of corrective gynecologic surgery, menopause, pediatric and adolescent gynecology and family planning. He is the Editor of 15 proceedings and 5 books in Obstetrics and Gynecology. He is Honorary Chief Editor of the European Journal of Contraception and Reproductive Health Care, Chief Editor of the Journal of Adolescent Gynecology–Reproduction and Menopause (Greece) as well as member of the Editorial Board of the Journals: Acta Obstetrica Gynecologica Scandinavica, Gynecological Endocrinology, and European Journal of Obstetrics & Gynecology and Reproductive Biology.

Marlen Sulamanidze

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

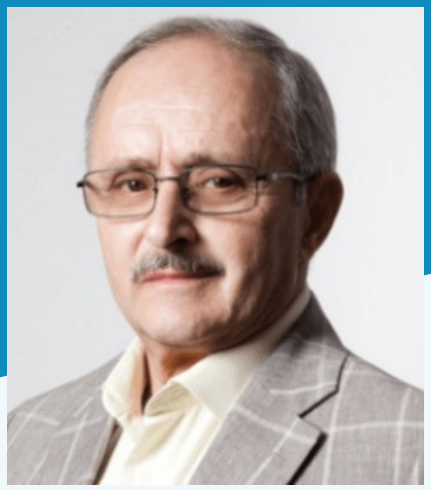
Application of thread technology in aesthetic and functional gynecology

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

Biography



Marlen Sulamanidze was born in Georgia in 1947. He graduated from the Medical Institute in Irkutsk in 1972. From 1974 to 1984, he specialized in maxillofacial surgery. Following further specialization, his primary focus became plastic and aesthetic surgery, initially working in clinics in Georgia and, since 1993, in Moscow. During this period, he performed over 20,000 surgical operations, including more than 5,000 rhinoplasties and 7,000 procedures using the Aptos method. He 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, he has been an honorary member of the National Society of Aesthetic Surgery of France, a member of the American Society for Dermatologic Surgery since 2005, and the honorary president of the Japanese Society of Liposuction since 2007. He has published over 70 scientific papers, 20 of which have been featured in leading international journals. Dr. Sulamanidze holds 16

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.

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. Additionally, he has developed numerous original surgical procedures within his field.

Mohamed M Hosni MD, MRCOG, MSc, MB. BCh.

Consultant Obstetrician Gynaecologist, London North West University Healthcare NHS Trust, London, United Kingdom

Role of artificial intelligence in the diagnosis and management of endometriosis. The prospect of the future

Endometriosis affects approximately 10% of women worldwide, causing significant pains, infertility, and reduced quality of life. Despite its prevalence, the condition is notoriously underdiagnosed, with an average delay of 7-10 years between symptom onset and diagnosis. Current diagnosis and treatment modalities are invasive, time-intensive, and often inconsistent. Recent advancements in Artificial Intelligence (AI) offer promising solutions to these challenges, leveraging the power of Machine Learning (ML), data analytics, and image technologies to transform the understanding and management of endometriosis. AI-powered algorithms demonstrated high accuracy in detecting endometriosis through medical imaging, outperforming traditional diagnostic methods. Predictive models identified high-risk patients using clinical and genetic data, enabling earlier intervention. AI-based virtual assistants improved symptom tracking and patient engagement. Furthermore, machine learning facilitated the discovery of novel biomarkers and drug targets, enhancing personalized treatment approaches. In conclusion, artificial intelligence is revolutionizing the field of endometriosis by addressing critical gaps in diagnosis, treatment, and research. With the presence of robust datasets, inclusive algorithms, and interdisciplinary collaboration among clinicians, researchers, and technologies, AI holds immense potential to reduce diagnostic delays, improve therapeutic outcomes, and enhance the quality of life for endometriosis patients.

Biography

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at London Northwest University Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He is entirely dedicated to his profession. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options.

Nicoletta Di Simone[1,2*], Enrica Zambella[1]

[1]Department of Biomedical Sciences, Humanitas University, Milan, Italy

[2]IRCCS Humanitas Research Hospital, Milan, Italy

Male factors in recurrent pregnancy loss

Recurrent Pregnancy Loss (RPL), defined as the loss of two or more consecutive pregnancies, is a multifactorial condition influenced by both maternal and paternal factors. While maternal causes are extensively studied, male factors, including alterations in semen quality, sperm DNA integrity, infections such as Human Papillomavirus (HPV) are increasingly recognized as important contributors to RPL.

Published data indicate that in couples with RPL, alterations in semen quality, such as reduced sperm motility and abnormal morphology, are more frequent compared to fertile populations. These impairments may occur even when semen concentration and volume are within normal ranges, highlighting the importance of assessing motility and morphology as part of the diagnostic workup for RPL. Furthermore, advanced analyses reveal that elevated levels of Sperm DNA Fragmentation (SDF) are commonly observed in male partners of couples with RPL. This damage is strongly associated with impaired fertilization and pregnancy loss. Infections, particularly HPV, have also been linked to RPL. HPV can bind to spermatozoa, altering their function and contributing to genomic instability in early embryos. The presence of HPV in the male reproductive tract has been associated with increased miscarriage rates, underscoring the importance of infection screening and management in affected couples.

Evidence supports the significant role of male factors, including altered sperm motility, elevated sperm DNA fragmentation, HPV infection in the aetiology of RPL. Comprehensive evaluation of male partners should be a standard part of RPL diagnostics, integrating both traditional semen analysis and advanced assessments to improve reproductive outcomes.

Biography

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, Milan, Italy. Director of the Multidisciplinary Centre of High-Risk Pregnancy, Humanitas San Pio X Research Hospital, Milan, Italy. Clinical fields of research: Recurrent miscarriage, High-risk pregnancy: Diabetes in pregnancy, Preeclampsia, Autoimmune diseases, Preterm Birth, Infertility, Endometriosis, Menopause. Translational research: Microbioma-Microbiota, Inflammation. She has published 148 papers in international journals with high impact factor. HI 44 (Source: Scopus 2024); citations: 4366. She has been an invited speaker at 130 national and international conferences.

Phillip Bretz*, David Mantik, Richard Lynch, David Lara, Borko Djordjevic

Research -Visionary Breast Center–La Quinta, CA, USA

Eliminating suffering from breast cancer-the lavender way

Forty years ago we thought huge cancer institutions coupled with comprehensive cancer centers and mammography machines on every corner were the answer for breast cancer. It was not. The 43,000 plus women yearly who have gone through hell and then died are a testament to that. Despite of all the research that yearly death toll has only increased over those forty years. There is a burgeoning number of women fed up with the endless promises and side effects of new 'game changer' drugs that are foisted on them.

From 'The First Cell,' a book by Dr. Arza Raza: "With minor exceptions, a protocol of surgery, chemotherapy, and radiation–the slash-poison-burn approach to treating cancer – remains unchanged. It is an embarrassment. Equally embarrassing is the arrogant denial of that embarrassment." An alternative is presented.

The lavender way/lavender procedure is a method to diagnose and treat nascent breast cancers (5mm) before they can launch their lethal assault. This includes a genetics test that can not only predict lifetime risk, but when that risk will likely manifest within ten years. Then years before the appearance of cancer draws near, accelerated imaging is used using multiple non-radiation diagnostic modalities. This is something the 'system' can't do. Then the cancer is killed with a 20 minute in-office procedure using liquid nitrogen. The patient is fully awake with the significant other by her side. Seeing the cancer killed before their eyes eliminates the 'mystery' of cancer treatment. This

Biography

Phil Bretz obtained his MD degree from the Universidad Autonoma de Guadalajara, upon completion of his surgical residency at Loyola University in Chicago he remained on the active surgical staff at Eisenhower Medical Center, Rancho Mirage, CA. He was first assistant on First Lady Betty Ford's open-heart surgery, recipient of the Carnegie Medal for an outstanding act of heroism, and letters of commendation from the White House, the erstwhile USSR and the commanding General at 29 Palms Marine Air Ground Combat Center. He is the author of the first large-scale breast cancer prevention clinical trial using the drug Tamoxifen FDA IND 34,223. He held a Principal Investigator number with the National Cancer Institute 17790, was a Principal Investigator for the National Surgical Adjuvant Breast Project, American College of Surgeons Oncology Group and senior surgeon at Visionary Breast Center where he pioneered the Lavender Way. He has been silenced by unimaginable forces marshalled against him, Lavender, (and against women), including not being able to refer to himself as an MD. But as Jeff Levine, former senior medical correspondent for CNN, says: "OK, you broke a whole lot of

has had lasting positive psychological effects. This has all been accomplished for $2,500.00 USD Vs. over $200K for multiple surgeries (40% of the time) for ‘retained cancer at the margins,’ prolonged chemotherapy and radiation. The result for many again from ‘The First Cell,’ is: “Cancer crushes hope, leaving a wasteland of grief, depression, despair and a sense of unending futility.” The solution is for the President of the United States to authorize a National Breast Cancer Research Center dedicated to fine-tuning breast cancer diagnosis and treatment.

Further, the deployment of centers implementing lavender techniques coupled with a definitive clinical trial of those techniques against the ‘system’ will bring about the needed change in mind set and free all women from the curse of breast cancer.

China in the cabinet. Not everybody is on the same page with what you did and what you're doing. However, when all of this is codified, the doers are going to be remembered, not the folks who sat on the bench. When you're fighting a killer, you have to be all in. You're not playing it safe; you're playing to win. Very, very glad to know that "The Lone Ranger" is still fighting against the odds--not a task for the faint at heart, but you've got to it. You know how every episode ends, someone asks, "Who was the masked man, anyway?" Then comes the answer: "That was the Lone Ranger!!" "Hi-Yo, Silver, away!"

Dr. Pravin Mhatre[1*] Prof. Emeritus,
Dr. Jyoti Mhatre[2] consultant

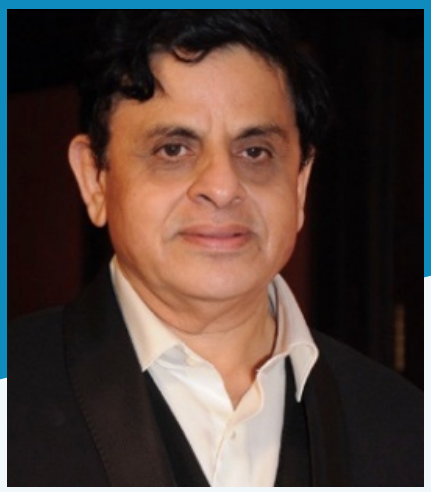
[1]Dept OB/GYN, G S Medical college, Mumbai, India

[2]OB/GYN Kedar Hospital Mumbai, India

Dr. Mhatre's laparoscopic peritoneal vaginoplasty (creating normal vagina)– Progenitor cell identification and genetic decoding of MRKH

The study shows peritoneal metaplastic conversion to normal vagina by LPV. The progenitor cell responsible for the metaplastic conversion was identified in the peritoneum and different stages of neo-vaginal development. The translational stemness markers NANOG, OCT4, and SOX2 responsible for the neovaginal formation were identified. Their appearance and concentration at different stages of conversion were demonstrated. The neo-vagina has shown upregulation of these translational stemness markers. The study demonstrates the expression of the specific genes (WNT4, WNT5A, and WNT7A) and their role in the formation of the neo-vagina. Furthering this research, manipulating and activating these genes by genetic engineering may lead to the treatment of developmental defects of Mullerian duct and developing the rudimentary uterus to normal size, obviating the need of transplant. To the best of our knowledge, this study is the first to show the metaplastic conversion of peritoneum to normal vagina, identifying the progenitor cell, expression of translational stemness markers, and upregulation of specific genes.

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. He 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." In 2005, he also established the first ovarian bank. His groundbreaking research includes work on vaginoplasty using progenitor cells and investigations into the genetics of MRKH syndrome. For his exceptional service in family planning, he was awarded the President's Medal as part of an honorary team. Dr. Mhatre has also been honored with the Civic Gold Medal and Citation by the BrihanMumbai Mahanagarpalika for his contributions to medicine, and was named "Maharashtra-Ratna" in May 2005.

Sangeeta Shah*, Roja Jangiti, Omni Reddy, Shravanthi, Mrinalini Mithra

Govenment Medical College, India

Efficacy of full piers model in predicting adverse maternal outcome in preeclampsia

Preeclampsia and other Hypertensive Disorders of Pregnancy (HDPs) remain the leading causes of maternal and perinatal morbidity and mortality. The World Health Organization estimates that at least one woman dies every seven minutes from the complications of HDPs. The Preeclampsia Integrated Estimate of Risk (full PIERS) model is a tool for predicting adverse maternal outcomes following the diagnosis of preeclampsia within 48 hours after admission to the hospital.

Aims and Objectives: The primary aim of the study was to evaluate the efficacy of the Pre- Eclampsia Integrated Estimation of Risk (PIERS) calculator in predicting adverse maternal outcomes in women with preeclampsia. The secondary objectives were to determine the incidence of adverse maternal outcomes in preeclampsia and to study the symptoms associated with preeclampsia.

Materials and Methods: This study is a prospective observational study with a sample size of 300; carried out at two tertiary care centres in Telangana, a South Indian state. The study subjects included pregnant women who were diagnosed as preeclampsia based on ACOG criteria and were admitted in hospital. Data from medical records and direct patient interviews were collected and certain demographic details, clinical parameters and laboratory parameters along with adverse maternal outcomes were recorded. The PIERS calculator was used to calculate each patient's risk score.

Biography

Dr. Sangeeta Shah an accomplished academic and clinical professional with over 32 years of experience in teaching medical students and clinical practice in Obstetrics and Gynecology (OBG). She is currently serving as Additional Director of Medical Education and Medical Superintendent, after an illustrious tenure as Professor & Hod of OBG at the prestigious government tertiary care centre namely, Gandhi Medical College and Hospital at Hyderabad- in the Southern Indian state of Telangana. Dr. Shah began her career as an Assistant Professor at Deccan Medical College, Hyderabad, in 1992, and subsequently worked at Osmania Medical College and Gandhi Medical College in various academic roles. In addition to her teaching roles, Dr. Shah has been an examiner for both postgraduate and undergraduate programs for over 25 years and has guided numerous post-graduate dissertations. She holds an MBBS from the prestigious and one of the oldest medical colleges of India, Osmania Medical College (1987) and an MD in Obstetrics and Gynecology (1992) from the same institution. Dr. Shah has published 40 articles in national and international indexed journals and is trained in laparoscopic surgery. She was honored for her

Statistical Analysis: Data was analyzed using SPSS software ver .30.0.0. The sensitivity, specificity, positive predictive value, and negative predictive value of the PIERS calculator was calculated. Receiver Operating Characteristic (ROC) curves were visualized to determine the AUC.

Results: The study found that the PIERS calculator demonstrated a sensitivity of 86.6%, specificity of 74%, a positive predictive value of 55.1%, a negative predictive value of 93.6% and a diagnostic accuracy of 77.3%. ROC was visualized to get an AUC of 0.886 which shows that Full PIERS calculator is an excellent predictor of adverse maternal outcome.

Conclusion: The findings suggest that the PIERS calculator is a valuable tool for predicting adverse maternal outcomes in women with preeclampsia and helps to decide on triage, transport, management and timing of delivery particularly in low resourse settings.

exemplary services during the Covid pandemic by a Senior Judge of the City Civil Court. Dr. Shah is also a former state-level basketball player and an academic topper during her medical education as a postgraduate sttudent."

Harpreet Vander, Vijay Prabha*

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

Vaginal colonization by uropathogenic microorganisms: A key contributor to reproductive failure in mice

Infections of the urogenital tract are often convicted in 15% of the cases of infertility in females. The microorganisms present in vagina play an important role in determining several aspects of reproductive health. However, well designed studies on infections and infertility are still lacking. Hence, the present study was conducted with an aim to investigate the role of microorganism in infertility. This study utilized standard uropathogenic strains and on the basis of sperm-microbe interaction they were categorized into three groups: Sperm Agglutinating (SA) (*Enterobacter aerogenes* and *Klebsiella pneumoniae*), Sperm Immobilizing (SI) (*Pseudomonas aeruginosa* and *Candida albicans*), and Non-Sperm Agglutinating/ Non-Sperm Immobilizing (NSA-NSI) (Proteus mirabilis and Streptococcus pyogenes). SA microorganisms impaired sperm motility via sperm agglutination, while SI microorganisms led to immobilization without agglutination. Conversely, NSA-NSI microorganisms had no adverse effect on sperm motility. To determine if decreased sperm motility in case of SA/SI was due to physical contact or by secretory factors, spermatozoa were incubated with washed cells or cell-free supernatant, showing that agglutination was caused by washed cells while immobilization resulted from secretory factors. SA and SI microorganisms could also reduce the viability, sperm Mg^{2}+-ATPase activity and also led to premature acrosomal loss and induced morphological defects in spermatozoa. These effects were noticeably absent in case of NSA-NSI microorganisms. Further, to assess in-vivo relevance, female mice were intravaginally inoculated

Biography

Dr. (Mrs.) Vijay Prabha did her B.Sc. (Hons), M.Sc. (Hons), and Ph.D. from the Department of Microbiology, Panjab University, Chandigarh, India. She joined the same department as Assistant Professor and then obtained the position of Associate Professor and Professor. She has 32 years of teaching and 42 years of research experience. She has published 107 research articles in reputed journals. She has presented her work in various national and international conferences as an invited speaker and keynote speaker. She is member of various Biosafety committees and learned societies. She is Editorial Board member of various national and international journals.

with 10^4, 10^6, or 10^8 cfu of SA, SI, or NSA-NSI microorganisms for ten consecutive days followed by mating with proven breeder males on day 12. 100% infertility in female mice inoculated with SA/SI microorganisms was observed in all groups, as evidenced by absence of pregnancy-related signs such as weight gain, abdominal distension, string of pearls, and delivery of pups. Histological analysis showed no corpus luteum in ovaries and decidual formation in uterus. In contrast, mice treated with NSA-NSI/PBS displayed normal fertility, with consistent weight gain, string of pearls, and delivery of pups. Histological analysis showed a well-defined corpus luteum, increased endometrial thickness, uterine gland proliferation, and decidual formation. To validate the hypothesis that infertility induced by SA/SI microorganisms was linked to their colonization, SA (*E. aerogenes*) and SI (*P. aeruginosa*) microorganisms were established in vagina followed by their eradication with oral administration of cefotaxime (10mg/kg). The complete eradication of E. aerogenes and P. aeruginosa from mouse vagina occurred by day 13 and 15, respectively. After clearance, mating with proven breeder male resulted in delivery of pups indicating restoration of fertility. Furthermore, no clinical or histopathological changes were observed in the reproductive organs (ovary, uterus and vagina), suggesting that colonization of the genital tract with sperm-impairing micro-organisms could be a feasible reason for female infertility. This highlighted that infertility in this case was not due to inflammation but rather the transformation of the vaginal environment into the one hostile to sperm. Protein profiling of vaginal lavages to study changes in proteins produced depicted distinct protein bands in SA/SI-inoculated mice whereas, PBS/NSA-NSI instilled group did not exhibit apparently any protein band, suggesting that microbial products might be responsible for infertility.

Woojin Chong (Chong-Kaufman) MD, FACOG, URPS, CPE

Associate Professor, Director of Female Pelvic Floor, Director of GYN Education, Division of Urogynecology. Department of Obstetrics & Gynecology at NYU Grossman Long Island School of Medicine. Mineola, NY, U.S.A

Understanding pelvic organ prolapse

Pelvic Organ Prolapse (POP) is descent of one or more pelvic structures, from the normal anatomic position, usually to or beyond the hymenal remnants, owing to loss of support from the connective tissue, muscles, or both. It can lead to symptoms of pelvic pressure, vaginal bulge, urinary and bowel dysfunction, and sexual dysfunction in elderly patients. Prevalence of symptomatic POP is estimated to range from 2.9 to 50%. Prevalence of asymptomatic POP is probably even higher. In the United States, it is estimated the annual number of women undergoing surgeries for POP will reach >190,000 by 2020. Surgery for POP is performed twice as commonly as continence surgery.

Exact etiologies of POP is unknown: however it is likely multifactorial that can cause collagen weakness. The risk factors for primary POP are vaginal delivery, parity, birthweight, older age, body mass index, levator defect, and a larger levator hiatal area. The risk factors for POP recurrence are younger age and preoperative prolapse stage 3 or 4. Assessment of POP symptoms should be included in annual well women's health visits.

Common symptoms of POP include, but not limited to sensation of vaginal bulge, pressure and discomfort, dyspareunia, decreased libido and orgasm, increased embarrassment with altered anatomy affecting body

Biography

Dr. Chong is a double board-certified OBGYN and FPMRS, dedicated to serving the women with pelvic floor dysfunction to improve quality of life. She is the Director of Female Pelvic Floor & Gynecologic Education, and Associate Professor at NYU Langone Medical Center in Long Island. Dr. Chong completed her medical school training at the Morsani College of Medicine at USF. She then completed her residency in OBGYN from the Albert Einstein College of Medicine at Montefiore Medical Center in NY, followed by a fellowship in FPMRS, (aka URPS) at the Mount Sinai School of Medicine in NY. Dr. Chong is dedicated to clinical care, patient education/satisfaction/safety, staff well-being, education for the next generation, and clinical research activities. She has multiple publications and presentations at national conferences.

image, associated symptoms relating to voiding, defecatory and sexual function.

POP is diagnosed during pelvic examination. Taking through medical history is important to elicit POP associated symptoms. The Pelvic Organ Prolapse Quantitation (POPQ) system, introduced in 1996, has become the standard classification system.

Treatment is generally not indicated for asymptomatic POP. Treatment is indicated for women with symptoms of POP or associated conditions like bowel, urinary or sexual dysfunction. Obstructed urination or defecation or hydronephrosis from chronic ureteral kinking are indications for treatment, regardless of degree of POP. Treatment is individualized according to the patient's symptoms and their impact on her quality of life.

General practitioners should be able to evaluate the patient with POP and offer conservative management in office: If conservative management fails, patients should be referred to Urogyn for further management. Surgical management is offered to women with symptomatic POP, who have failed or declined conservative management.

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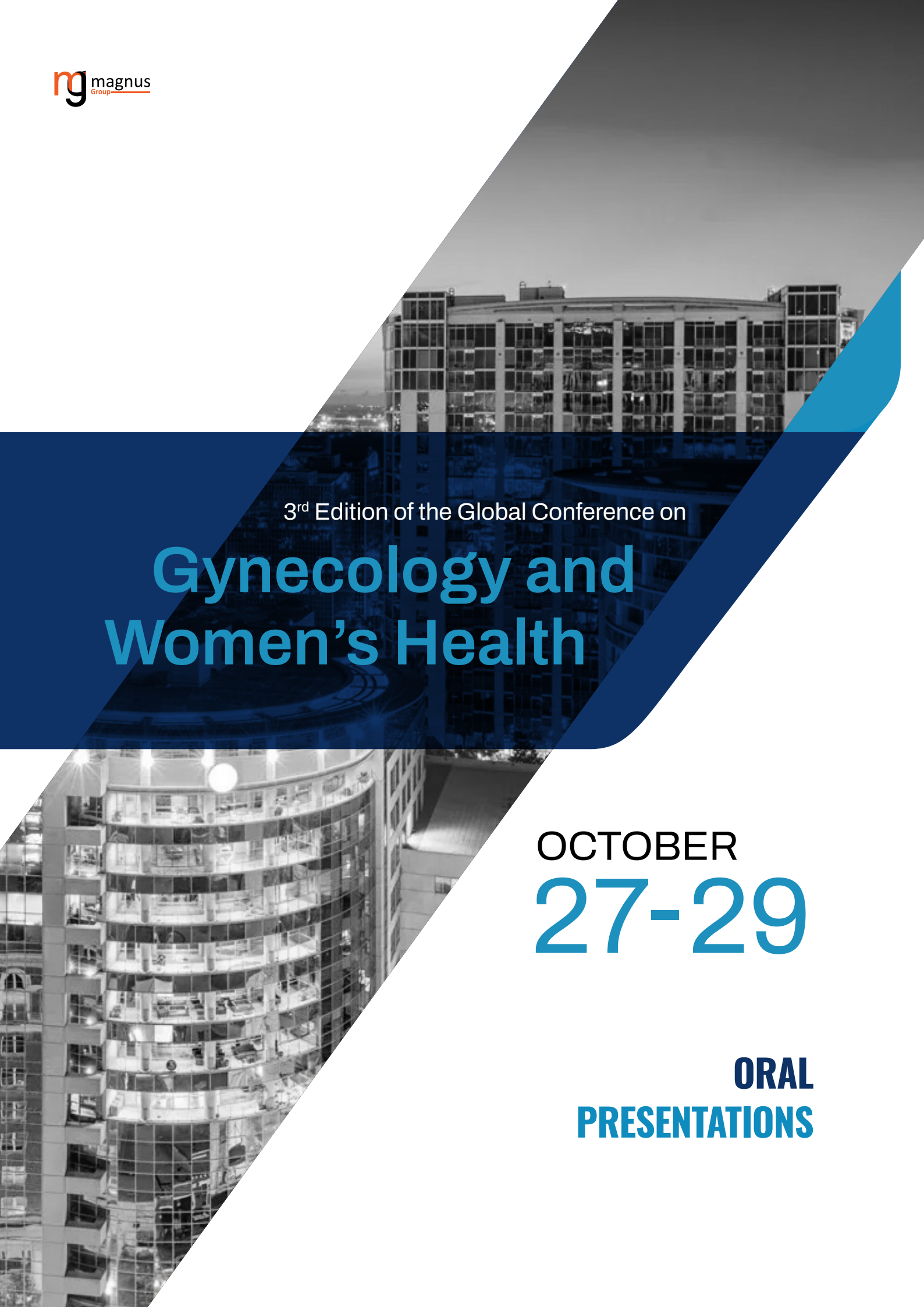


3rd Edition of the Global Conference on

Gynecology and Women's Health

OCTOBER

27-29

ORAL PRESENTATIONS

Alexia Floriano Rodrigues da Silva[1*], Lisbeth Estrella[2], Pedro Henrique Haddad Morais Penido[3], Simantini Bose[4], Chukwuidi Isaac Ayogu[5]

[1]MD, Physician at Public Health System in Brodowski, São Paulo State, Brazil

[2]MD, Medical Assistant at Brown Fertility in Orlando, Florida State, United States

[3]MD, Physician at Public Health System in São Paulo, São Paulo State, Brazil

[4]MD, Associate Consultant, Birla Fertility and Baby Science IVF, Bengaluru, Karnataka State, India

[5]MD, Resident Doctor at University Teaching Hospital NHS Foundation Trust, England

Timing of laparoscopic ovarian cystectomy and ovarian reserve markers: A systematic review and meta-analysis

Background: Laparoscopic ovarian cystectomy is a well-established treatment for benign ovarian cysts in women of reproductive age. However, surgical intervention may affect ovarian reserve by disrupting ovarian tissue or vascularization. Increasing attention has focused on whether the timing of surgery within the menstrual cycle (follicular versus luteal phase) influences postoperative ovarian reserve, as cyclical hormonal changes affect haemostasis and ovarian blood flow.

Objective: To evaluate, through meta-analysis, the effect of surgical timing (luteal versus follicular phase) of laparoscopic ovarian cystectomy on postoperative ovarian reserve markers in reproductive-age women with benign ovarian cysts.

Methods: A systematic search of MEDLINE, Embase and Cochrane Library was conducted from inception to July 2025. The primary outcome was serum Anti-Müllerian Hormone (AMH) measured preoperatively and postoperatively (absolute values and percentage change). Meta-analyses were performed using RevMan (Version 9.10.0) with Mean Difference (MD) and 95% Confidence Interval (CI) for all outcomes. Heterogeneity was assessed using I^2 statistic.

Results: Three studies comprising 298 women were included. Laparoscopic ovarian cystectomy was performed in the follicular phase in 156 (52.34%) patients. Postoperative AMH levels were measured at 3 months in 155 (52,01%) patients and at 6 months in the remainder. Most cysts were unilateral (265, 88.92%), with endometriomas being the most common pathology (238, 79.86%). Preoperative AMH levels did not differ significantly between groups (MD -0.01 ng/mL; 95% CI -0.58 to 0.57 ng/mL; p=0.98; I2=0%). Compared with the luteal phase, surgery performed in the follicular phase was associated with a significantly smaller percentage decrease in AMH (MD 9.06%; 95% CI 0.39 to 17.74%; p=0.04; I2=70%). No significant differences were observed between phases for postoperative AMH absolute levels (MD -0.46 ng/mL; 95% CI -0.98 to 0.05 ng/mL; p=0.08; I2=12%), operation time (MD 2.32 min; 95% CI -0.97 to 5.61 min; p=0.17; I2=0%), or intraoperative blood loss (MD -2.28 mL; 95% CI -6.19 to 1.62 mL; p=0.25; I2=0%).

Conclusion: In reproductive-age women undergoing laparoscopic ovarian cystectomy for benign cysts, the timing of the surgery within the menstrual cycle (follicular versus luteal phase) may influence postoperative ovarian reserve markers. Larger, high-quality studies are needed to confirm these findings and to determine the optimal timing of surgery to preserve ovarian reserve.

Biography

Alexia Floriano earned her degree in Medicine from Minas Gerais State University in Brazil in 2024. She practices as a Family Medicine physician in ambulatory care while actively contributing to women's health research. As part of an independent research group, she conducts systematic reviews and meta-analyses in obstetrics and gynaecology to strengthen evidence-based practice and improve health outcomes. Driven by a passion for integrating clinical care and research, she is committed to advancing women's health and contributing to the global scientific community.

Dr. Amanpreet Kaur Kalsi[2*], Dr. Ashutosh Halder[1], Dr. Manish Jain[1]

[1]Department of Reproductive Biology, AIIMS, New Delhi, India

[2]Department of Zoology, Dyal Singh College, Karnal, Haryana, India

Prevalence of osteoporosis in macroprolactinemia & hyperprolactinemia and co-relation with estrogen levels

Background: Hyperprolactinemia is associated with hypogonadism and estrogen deficiency, both of which are known contributors to Bone Mineral Density (BMD) loss. While osteoporosis is well established in hyperprolactinemia, little is known about its prevalence in macroprolactinemia, a biologically inactive form of elevated prolactin. Understanding the relationship between prolactin excess, estrogen levels, and BMD may guide screening strategies in women at risk.

Objectives: To determine the prevalence of osteoporosis and osteopenia in macroprolactinemia and true hyperprolactinemia, and to explore correlations between BMD, serum prolactin, and Estradiol (E2) levels.

Methods: This cross-sectional study included 38 hyperprolactinemia patients (9 pituitary adenoma, 15 drug-induced, 11 idiopathic, 3 other secondary causes) and 10 age-matched healthy controls. Dual-Energy X-Ray Absorptiometry (DEXA) was performed at the lumbar spine, femoral neck, hip, and forearm. Both T-scores and Z-scores were analyzed. Serum prolactin, estradiol, calcium, phosphate, and alkaline phosphatase were measured. Statistical analyses included t-tests, ANOVA, regression models, and correlation tests, with $p < 0.05$ considered significant.

Results: Low BMD (osteopenia or osteoporosis) was detected in 25/38 hyperprolactinemia patients (65.8%) compared to 6/10 controls (60%), though differences were not statistically significant ($p=0.479$). Osteoporosis was found in 13.2% of hyperprolactinemia cases, while no control exhibited osteoporosis. Among subgroups, low BMD was present in 50% of macroprolactinemia cases and 70% of true hyperprolactinemia cases, though differences were not significant. No significant correlation was observed between serum prolactin or estradiol levels and BMD. Overweight patients demonstrated significantly lower estradiol levels compared to normal-weight patients; however, higher BMI appeared protective against osteoporosis.

Conclusion: Osteopenia and osteoporosis are common in patients with hyperprolactinemia, but their prevalence does not significantly differ from controls in this limited cohort. Macroprolactinemia appears less strongly associated with low BMD than true hyperprolactinemia, suggesting osteoporosis may be primarily a manifestation of the latter. While serum estradiol levels did not correlate directly with BMD, BMI emerged as a protective factor. These findings highlight the need for larger studies and suggest selective screening for osteoporosis in hyperprolactinemia patients, especially those with additional risk factors.

Keywords: Hyperprolactinemia, Macroprolactinemia, Osteoporosis, Bone Mineral Density, Estradiol.

Biography

Dr. Amanpreet Kaur Kalsi received her PhD degree Reproductive Biology in 2019 from All India Institute of Medical Sciences (AIIMS), New Delhi, India under the supervision of Dr. Ashutosh Halder, Professor and Head, Department of Reproductive Biology, AIIMS, New Delhi. After working for one and a half year as Scientist–C at Indian Council of Medical Research (ICMR), New Delhi, India in a project based on clinical trial of female contraceptive vaccine, she joined as Assistant Professor, Department of Zoology, Dyal Singh College, Karnal, Haryana, India. She has 13 research papers and 2 book chapter to her credit.

Andie P. Blankenstein* MS, Catherine J. Crow BS, Jenna K. Currier BA, Emily A. Hock BS, Bhakthi N. Liyanage MS, Erin S. Williams BS, Neli Ragina PhD, Alexa Shepherd MD

Central Michigan University College of Medicine, Mount Pleasant, MI, United States

Comparing the efficacy of levonorgestrel intrauterine device and oral levonorgestrel for emergency contraception: A systematic review and meta-analysis

Background: Emergency Contraception (EC) is critical for preventing unintended pregnancies following unprotected or inadequately protected sexual intercourse. While oral Levonorgestrel (LNG) pills are the standard FDA-approved EC method, the Levonorgestrel Intrauterine Device (LNG-IUD) is emerging as an alternative, offering both immediate EC and long-term contraception benefits. This study evaluates the efficacy of LNG-IUD compared to oral-LNG for EC.

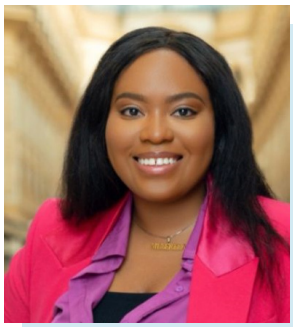
Methods: A systematic review and meta-analysis were conducted following PRISMA 2020 guidelines. PubMed, Scopus, and Medline were searched up to December 16, 2024, using keywords related to postcoital contraception, levonorgestrel, and intrauterine devices. Five studies from two countries, totaling 920 participants, met the Population, Intervention, Comparison, Outcome, and Settings (PICOS) criteria focusing on women of reproductive age using LNG-IUD or oral LND as EC. Risk of bias was assessed using the Mixed Methods Appraisal Tool (MMAT), and a random-effects model was applied due to significant heterogeneity.

Results: The LNG-IUD, when indirectly compared to oral LNG for EC, demonstrated a natural log of the Odds Risk Ratio (ORR) of –0.51 (95% CI: -3.86-2.83, p=0.77), suggesting a lower risk of pregnancy with the LNG-IUD. However, the wide confidence interval and lack of statistical significance, as reflected by the high p value, likely results from limited studies available for this dataset.

Conclusion: This review found no statistically significant difference in efficacy between LNG-IUD and oral-LNG for emergency contraception, likely due to wide confidence intervals and limited data, supporting LNG-IUD as an alternative. LNG-IUD offers comparable efficacy to other EC options and the added benefit of long-term contraception, underscoring the importance of additional direct studies to expand emergency contraception options for women.

Biography

Andie Blankenstein is a dedicated second-year medical student at Central Michigan University College of Medicine. She earned a Bachelor of Science in Chemistry with a concentration in Medicinal Chemistry and Drug Discovery from Wake Forest University in 2021, followed by a Master of Science in Bioethics from Columbia University in 2022. She is very passionate about Women's Health and committed to advancing research in this field to improve patient care and outcomes.



Andrea Tshishimbi*, Annalisa Inversetti, Nicoletta Di Simone

Humanitas University, Milan, Italy

Evaluation of fetal cardiac function in women affected by gestational diabetes mellitus compared to normal pregnancies

Gestational Diabetes Mellitus (GDM) is one of the most common pregnancy complications and is associated with significant maternal and neonatal morbidity. Beyond the well-established risk of foetal overgrowth, increasing evidence suggests that GDM may induce subtle cardiovascular alterations in utero. These subclinical changes are not routinely evaluated during standard prenatal care, yet they may contribute to adverse perinatal and long term cardiometabolic outcomes.

In this prospective cohort study, 53 pregnant women between 29+0 and 34+0 weeks of gestation were enrolled at Humanitas San Pio X in Milan, including 20 with GDM and 33 healthy controls. Foetal cardiac assessment focused on four ultrasound-based parameters: Modified Myocardial Performance Index (Mod- MPI), Epicardial Fat Thickness (EFT), aortic Intima-Media Thickness (IMT), and interventricular septal thickness. Subgroup analyses further evaluated differences between spontaneous and assisted reproductive conceptions, as well as between diet and insulin treated GDM cases.

Foetuses of mothers with GDM showed a trend toward higher Mod-MPI compared to controls, reaching statistical significance in spontaneously conceived pregnancies ($p=0.046$). In three group analysis (controls, GDM diet, GDM insulin), overall differences in Mod-MPI were significant ($p=0.022$), with the highest values observed among diet-treated GDM cases. No significant intergroup differences were found in EFT, IMT or interventricular septal thickness.

These findings indicate that GDM, even in the absence of overt structural anomalies may be associated with subtle but measurable alterations in foetal cardiac function. Mod-MPI emerged as the most sensitive marker of dysfunction, supporting its uses as a non-invasive tool for risk stratification in GDM pregnancies. Incorporating targeted foetal cardiac assessment into third trimesters evaluation may help identify at risk foetuses and inform tailored clinic management strategies.

Biography

Dr. Andrea Tshishimbi earned her MD degree in Medicine and Surgery from Humanitas University, Milan, in 2025. She conducted her thesis under the mentorship of Professor Nicoletta Di Simone and Dr. Annalisa Inversetti, investigating the impact of gestational diabetes on fetal cardiac function. Her research interests include maternal fetal medicine, gestational diabetes, and perinatal cardiovascular health.

Atiya Kareem Mohammed
University of Sulaimani, Iraq

Breastfeeding influence on vaginal bleeding in late labor: A comparative study

Background: Losing blood in the labour's 3rd stage is the primary factor that impacts maternal health. Immediate breastfeeding could be considered a saving factor in the life of mothers. Since it could naturally spread the oxytocin to stimulate the uterine contraction, dislodging the placenta by such contractions would be easier, reducing bleeding in the labour's 3rd stage.

Objective: To determine the relationship of breastfeeding early initiation on the extent of vaginal bleeding in the labour's 3rd stage.

Methods: A quasi-experimental study was conducted at the Maternity Teaching Hospital in Sulaimaniyah/Iraq. Participants were Three hundred pregnant women in 3rd stage of labour in the labour ward who were divided equally into an experimental group that applied early initiation of breastfeeding and a control group that followed routine hospital care and was under investigation for more than five months from 26th February 2020 to 30th July 2021. The probability simple randomization technique was used to ensure that all participants had an equal chance of being selected to participate in the study by the record sheet of structured observation, in which the measure of vaginal bleeding of women in 2 groups was assessed. Descriptive and inferential statistics were used for data analysis.

Results: Based on the vaginal bleeding measure in the groups of control and experimental, it is revealed that the extent of vaginal bleeding in the control group was significantly higher than in the experimental group.

Conclusion: Breastfeeding immediately following birth is beneficial for reducing the measure of vaginal blood loss.

Keywords: Early Breastfeeding, Third Stage of Labour, Vaginal Blood Loss.

Biography

Atiya Kareem Mohammed, Professor, BSc. MSc. PhD Maternal Neonate Nursing, University of Sulaimani, College of Nursing was The Dean of the College of Nursing from 2009- 2018, now Head of the Department of Maternal Neonate Nursing at the University of Sulaimani-Iraq Two Courses of my PhD. The study was conducted in the USA, Oklahoma, and Oklahoma University. she attended a different training course related to her speciality in South Africa, the USA, Singapore, AUE (Dubai), Lebnan, Turkey, Malaysia, Jourdan. She also participated in research or scientific papers at different conferences inside and outside Iraq. Supervised many PhD and master's degrees and Published more than 65 research papers, several of them published in international journals with High-impact factors.

Carrie Eutizi
ACESDV, Phoenix, Arizona, USA

Recognizing and supporting survivors: The role of gynecologists in addressing the physical and emotional impact of sexual assault

Sexual assault is a deeply traumatic experience with far-reaching physical, emotional, and psychological effects. Gynecologists often serve as critical points of contact for survivors, providing care that extends beyond medical treatment to encompass emotional support and advocacy. This presentation explores the multifaceted role of gynecologists in addressing the needs of sexual assault survivors, with a focus on recognizing physical signs of assault, understanding the psychological aftermath, and offering compassionate, patient-centered care.

The discussion will highlight the importance of trauma-informed care in gynecological practice, emphasizing how sensitivity and awareness can significantly impact a survivor's healing journey. Specific topics include identifying physical and gynecological signs of assault, navigating discussions about consent and comfort during exams, and addressing complex cases such as pregnancies resulting from assault. Practical guidelines for supporting survivors emotionally, offering referrals to counseling and legal resources, and creating a safe, respectful clinical environment will also be provided.

Case studies and evidence-based strategies will be presented to illustrate how gynecologists can be instrumental in both immediate and long-term recovery for survivors. Attendees will gain valuable insights into creating supportive practice that recognizes the resilience of survivors while empowering them to reclaim their health and autonomy.

Biography

Carrie Eutizi a Tucson native, earned her Bachelor of Science in Physiology with a Minor in Psychology from the University of Arizona. With a diverse background in social work, she has extensive experience supporting marginalized communities, including LGBTQ+ individuals, survivors of violence, people living with HIV, and those experiencing homelessness, behavioral health challenges, or substance use. Carrie’s approach combines her clinical expertise and advocacy skills to empower survivors and promote inclusive systemic change. Her facilitation style emphasizes participatory learning and open dialogue, creating a compassionate environment where participants feel comfortable asking questions and engaging meaningfully.

Cassandra Farber[1*], Priya Devanarayan[1], Hayes Stancliff[1], Gavin Schaefer-Hood[1], Catherine Marco[2]

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[2]Department of Emergency Medicine, Penn State Health Milton S. Hershey Medical Center, 500 University Dr, Hershey, PA 17033, United States

ICD-10 Z codes and social determinants of health in emergency department encounters for salpingitis and oophoritis

Objective: This study characterized the demographic and clinical profile of patients with documented Social Determinants of Health (SDOH) ICD-10 Z codes (Z55–Z65) who presented to the Emergency Department (ED) with salpingitis and oophoritis, and explores patterns of healthcare utilization and management.

Methods: This retrospective cohort study used TriNetX Research Network data to compare adult females (ages 18-49) presenting to the ED with diagnosed salpingitis and oophoritis between 01/01/2000-01/01/2024, by presence or absence of SDOH Z codes. Propensity score matching balanced baseline demographics and comorbidities. Outcomes were assessed one year from ED presentation and included surgical intervention, hospital admission, ED revisits, utilization of critical care service, analgesic use, and new mental health diagnoses such as anxiety, post-traumatic stress disorder, and depression. Risk analyses compared outcome proportions between cohorts, reported as Risk Ratios (RR) with 95% confidence intervals.

Results: 5,570 matched patients were analyzed. Patients with documented SDOH Z codes were less likely to receive surgery (RR:0.679, $p<0.001$), but more likely to be hospitalized (RR:1.333, $p<0.001$), revisit the ED (RR:1.287, $p<0.001$), require critical care services (RR:1.757, $p<0.001$), and experience new mental health diagnoses including depression (RR:1.890, $p<0.001$), anxiety (RR:1.565, $p<0.001$), and post-traumatic stress disorder (RR:3.026, $p<0.001$) within 1 year of their original visit to the ED.

Conclusion: Documented SDOH Z codes were associated with increased risk of ED repeat visits, hospitalization, need for critical care, and mental health conditions. These findings highlight the clinical relevance of SDOH in influencing acute care utilization and patient outcomes, underscoring the importance of routine screening and documentation of SDOH in electronic health records. Addressing underlying social needs may be a key strategy in reducing healthcare burden and improving long-term outcomes for vulnerable populations.

Biography

Cassandra Farber is a Chicago native who studied Neuroscience, Pre-medicine, and Chemistry at Ohio Wesleyan University and graduated with a BA in 2022. She continues her academic studies at the Pennsylvania State University College of Medicine where she is currently an MD candidate in the class of 2027. She is involved with research in both the OB/GYN Department of Minimally Invasive Gynecologic Surgery under the guidance of Dr. Kristin Riley and in the Department of Emergency Medicine under the guidance of Dr. Catherine Marco. She is a passionate advocate for endometriosis awareness and women's health as a whole.

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[1]Penn State College of Medicine, 700 HMC Cres Rd, Hershey, PA 17033, United States

[2]Department of Emergency Medicine, Penn State Health Milton S. Hershey Medical Center, 500 University Dr, Hershey, PA 17033, United States

Impact of documented social determinants of health (ICD-10 Z codes) on emergency department outcomes in ectopic pregnancy

Objective: This study characterizes the demographic and clinical profile of patients with documented Social Determinants of Health (SDOH) ICD-10 Z codes (Z55–Z65) presenting to the Emergency Department (ED) with ectopic pregnancy, and explores healthcare utilization and management patterns.

Methods: This retrospective cohort study used TriNetX Research Network data to compare adult females (18-49) presenting to the ED with diagnosed ectopic pregnancy between 01/01/2000-01/01/2024, by presence or absence of SDOH Z codes. Propensity score matching balanced baseline demographics and comorbidities. Outcomes assessed over one year after the index event included surgical intervention, hospital admission, ED revisits, analgesic use, mental health diagnoses, and follow-up for gynecologic care, contraception, and sterilization. Risk analyses compared outcome proportions between cohorts, reported as Risk Ratios (RR) with 95% confidence intervals.

Results: 15,080 matched patients were analyzed. Patients with documented SDOH Z codes were more likely to be hospitalized (RR:1.473, $p<0.0001$), revisit the ED (RR:1.095, $p<0.0001$), undergo delayed surgery (RR:2.030), experience new diagnoses of depression (RR:1.846, $p<0.0001$), anxiety (RR:1.576, $p<0.0001$), and post-traumatic stress disorder (RR:2.980, $p<0.0001$), and have higher opioid use (RR:1.102, $p<0.0001$). They were also more likely to pursue follow-up care for contraception (RR:1.429, $p<0.0001$) and sterilization (RR:1.928, $p<0.0001$).

Conclusion: Documented SDOH Z codes were associated with increased risk of hospitalization, ED repeat visits, delayed surgery, and mental health conditions.

Biography

Cassandra Farber is a Chicago native who studied Neuroscience, Pre-medicine, and Chemistry at Ohio Wesleyan University and graduated with a BA in 2022. She continues her academic studies at the Pennsylvania State University College of Medicine where she is currently an MD candidate in the class of 2027. She is involved with research in both the OB/GYN Department of Minimally Invasive Gynecologic Surgery under the guidance of Dr. Kristin Riley and in the Department of Emergency Medicine under the guidance of Dr. Catherine Marco. She is a passionate advocate for endometriosis awareness and women's health as a whole.

Catherine Crow* BS, Dr. Beth Bailey PhD

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Examining the relationship between substance use during pregnancy and mode of delivery: Potential variations by substance used

Background: Delivery by Cesarean section (c-section) is a common procedure, and it has well-documented risks for the mother and the neonate. This mode of delivery is associated with maternal mortality and morbidity due to hemorrhage and thromboembolisms, as well as increased labor complications in future pregnancies. The child has increased risks of asphyxiation from anesthesia and neonatal respiratory morbidity. While substance use during pregnancy is relatively common, there is little research available about how this may affect the delivery mode. Proposed mechanisms of substance use during pregnancy leading to increased rate of c-section may include fetal distress, preterm labor, or maternal hypertension.

Objective: The goal of this study was to investigate the relationship between substance use during pregnancy and mode of delivery (c-section versus vaginal).

Methods: Data are from the maternal-child EMR Project, which is reviewing electronic medical records of maternal-child dyads at two academic pediatric practices in the U.S. Participants were maternal-child dyads involving children born since July 2016 with pediatric medical records available through age 12 months, with maternal prenatal and delivery records also available. Medical records were manually reviewed for variables including maternal medical history, background factors, and child outcomes. For this project, the first 242 maternal-child dyads were included. In this investigation, the use of different substances (marijuana, tobacco, prescription and non-prescription drugs) during pregnancy were examined in relationship to rates of vaginal delivery versus c-section. Mothers were considered positive for a substance if they self-reported during pregnancy, had a positive drug screen, or if the baby had a positive cord test. The data was analyzed on SPSS using regression models to control for background differences between those who did and did not use substances during pregnancy.

Results: Opioid users had a c-section delivery rate of 47.2% compared to non-drug users' rate of 32%. After controlling for type of health insurance, maternal race/ethnicity, and prenatal care utilization, it was found that those who used opioids during pregnancy were more than two and a half times more likely to have a c-section than non-opioid users. There were no significant relationships between other substance use and delivery mode.

Conclusions: These results indicate that opioid use during pregnancy is a significant predictor of c-section delivery. Further research with a larger sample size is planned to examine maternal substance use versus sub-types of c-section (elective and emergency), and to explore reasons for this relationship. Additionally, further research is warranted to examine the mechanism of opioids on delivery mode, such as its effect on labor progression, fetal heart rate, and maternal complications.

Significance: Drug use may predict c-section delivery due to its association with obstetric complications, fetal distress, and maternal health issues, which can increase the need of surgical intervention. By conducting cross-substance comparisons, this investigation discerned which substances exhibit an association with increased c-section rates versus vaginal deliveries, thereby providing insights into prenatal care strategies and informed delivery approaches. Since there is a significant relationship between opioid use and c-sections, this can guide providers in adopting knowledgeable delivery strategies.

Biography

Catherine Crow studied Neuroscience at the University of Michigan in Ann Arbor, MI and graduated with a Bachelor of Science in 2022. She is now a third-year medical student at Central Michigan University College of Medicine in Mount Pleasant, MI pursuing her medical degree. She has a strong interest in obstetrics and gynecology and is passionate about women's health.

Dr. Deirdre McGrath[1*], Dr Peter O'Halloran[2], Malcolm Brown[3]

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Exercise intervention for women following chemotherapy for ovarian cancer

Reluctance of women following treatment for ovarian cancer, to take part in exercise is a global health issue negatively effecting health outcomes. The study aim was to develop, implement and evaluate an approach to optimise the implementation of an exercise intervention for women following chemotherapy treatment for ovarian cancer.

Methods: This single centre, realist evaluation study incorporated three stages. Stage 1 was a realist literature review which developed an initial programme theory of how exercise interventions are thought to work. Stage 2 incorporated a series of co-design workshops with ovarian cancer survivors and their informal carers, to test and refine the initial programme theory. Stage 3 involved testing and evaluating the implementation strategy through the implementation and evaluation of a 12-week homebased exercise intervention with women following chemotherapy treatment for ovarian cancer.

Results: Key results focused on best practice and innovative approaches in nursing care necessary to encourage this group of women to take part in an exercise intervention and include: the initial approach should be made by a disease specific health care professional; flexibility in timing of approach to participate; weekly telephone behavioural support; and a home-based approach. This promotes: an improvement in psychological health a sense of control over one's health and empowers women to reach exercise goals. A recruitment rate of 73.8% was achieved. 100% achieved the recommended dose of aerobic exercise, with 93.4% achieving the recommended dose of resistance training. The retention rate was 96.7%. The co-design process facilitated exercise uptake, adherence and retention. This intervention is feasible and safe for this group of women. These findings contributed to the evolution of a programme theory in relation to how to successfully implement exercise into practice.

Biography

Dr. Mc Grath is currently a lecturer in nursing in Queen's University Belfast. Dr. Mc Grath has a clinical background as both a palliative care and oncology nurse for many years. Her research interest focus primarily in the field of exercise oncology.

Kozyreva Elena[1*] PhD, Davidian Liana[2] PhD

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Possibilities of using glucocorticosteroids in the treatment of chronic autoimmune endometritis

Chronic endometritis is a chronic long–term disease of the endometrium, accompanied by inflammation and causing such pathologies of the reproductive system as menstrual irregularities, infertility and miscarriage.

Because of the widespread prevalence of chronic endometritis among women of reproductive age, the issues of diagnosis and treatment have not lost their relevance and pose significant difficulties for clinicians. Special attention should be paid to the correct diagnosis and successful treatment of chronic endometritis in preparing women to entry into ART programs.

In modern conditions, chronic endometritis is characterized by a change in the etiological structure of the disease with an increase in the importance of viral or opportunistic flora, the predominance of associations of several types of microorganisms in the endometrium, as well as an increase in the resistance of microflora to pharmacotherapy.

Thus, therapeutic tactics should be aimed primarily at relieving clinical symptoms, eliminating the pathogen and minimizing the risks of long-term consequences.

When the inflammatory process in the endometrium lasts for years, therapy becomes multi-stage and complex.

The essence of the first stage is to eliminate the microbial factor damaging the endometrium and/or reduce the activity of viral invasion through etiotropic therapy with broad-spectrum antibiotics and/or antiviral drugs.

At the second stage, therapeutic measures involve restoring the morphofunctional potential of the endometrium by eliminating the results of secondary tissue damage, including restoring the activity of the endometrial receptor apparatus, full-fledged proliferation and secretory transformation of the endometrium.

Treatment of autoimmune chronic endometritis can begin immediately from the second stage, provided a sterile biopsy of the endometrium.

The purpose of our study is to evaluate the effectiveness of local administration of glucocorticosteroids for restoring the structure of the endometrium in women with chronic autoimmune endometritis.

We examined 22 women with implantation failures who had chronic autoimmune endometritis according to the results of an immunocytochemical examination of the endometrium. Depending on the identified microbial agent, antibacterial and antiviral therapy was performed.

At the second stage, to increase the effectiveness of therapy, local effects on the endometrium were performed by intrauterine administration of glucocorticosteroids. This treatment method has proven to be a highly effective and reliable method of treating of autoimmune processes in the endometrium.

The control of cure was carried out according to the data of immunocytochemical assessment of endometrial biopsies, ultrasound assessment of the pelvic organs, with determination of the thickness and structure of the endometrium.

Positive results after the phased therapy were observed in 17 (79%) patients. After treatment, 9 (40%) women became pregnant, both in a spontaneous cycle and after in vitro fertilization and embryo transfer into the uterine cavity. The rest of the patients had a normal menstrual cycle.

Adequate treatment of chronic endometritis during pre-gravity training of women with implantation failures, which helps eliminate infectious agents and restore the structure and function of the endometrium, is the key to successful implantation and a successful course of subsequent pregnancy.

Biography

Kozyreva Elena PhD, obstetrician-gynecologist, reproductive doctor. Author of articles devoted to the treatment and diagnosis of chronic endometritis in infertility and miscarriage.

Eva Chalas[2*] MD, FACOG, FACS; Austin C. Westermann[1] MBA; Kirsten C. Westermann[1] MBA; Anju Suhag[1] MD, FACOG

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The silent sacrifice: How society and medicine set women up for struggle

Over the past century, societal shifts have significantly changed women's role, particularly those who wish to have children. If we fail to recognize and address the challenge women face in balancing professional ambitions with family life, fertility rates will likely remain at or below replacement levels- an unsustainable trend for the economic health of our country.

Women have gradually entered the workforce over more than a century, but the most substantial shift occurred between 1960 and 1980, when women's participation in the U.S. workforce, exceeded 40%, peaking in the 1999. With the introduction of the birth control pill, regulation of reproduction became more feasible. Women were able to pursue higher levels of education while delaying childbearing. The exorbitant cost of medical education has led to record-setting level of student loans. This financial burden likely contributes further to delay in childbearing. The consequences of these societal and personal changes now include rising maternal age and decreasing time period for reproduction. CDC reports that between 2016 and 2023, the average age at first birth rose from 26.6 to 27.5 years, with similar increases for subsequent births. The rise spanned all racial, ethnic, and geographic groups.

Fertility rates decrease after age 35, and a pregnancy in this age group carry higher risks, such as hypertension, pre-eclampsia, pregnancy loss, fetal anomalies, stillbirth, and cardiovascular disease, amongst others. Women are now storing eggs or embryos for the "right time" to have a family. Women who are unable to conceive naturally or have age-related diminished fertility are increasingly opting for assisted reproductive techniques, resulting in a 49% increase of babies born via In Vitro Fertilization (IVF) between 2012 and 2021, but may not be aware of the increased health risks to them associated with advanced maternal age.

Parents face an unprecedent level of stress related to providing and organizing childcare and coordinating schedules. US Surgeon General reported that weekly time spent on primary childcare increased by 40% for mothers from 8.4 hours in 1985 to 11.4 in 2022, and by 154% for fathers from 2.6 hours to 6.6 in 2022, confirming that women continue to be responsible for majority of the time. The combination of all of these factors has led to decreasing fertility rates, which threatens the viability of society.

Comprehensive approach addressing duration and cost of education, increasing health care literacy, improving accommodation for pregnancy in the workforce, providing access to affordable childcare, and ensuring personal accountability by both parents making informed decision on work/life balance are critical to solving this critical problem. Obstetricians and gynecologist and other primary care providers can advocate for women in national conversations and assist in developing solutions.

Biography

Dr. Eva Chalas obtained MD degree from Stony Brook University, School of Medicine, her residency training at its Medical Center and her fellowship in Gynecologic Oncology at Memorial Sloan-Kettering Cancer Center. She is a Fellow of American College of Obstetricians and Gynecologists (ACOG) and American College of Surgeons (ACoS), and has held numerous leadership position in national organizations. Dr. Chalas was elected as ACOG's 71st President, recently representing ACOG as a member of the Council of the International Federation of Gynecolgy and Obstetrics (FIGO). She now serves in an advisory capacity to the ACoS.

Eva Chalas MD, FACOG, FACS

Professor Emerita, Department of Obstetrics and Gynecology NYU Grossman Long Island School of Medicine Mineola, New York 11501, United States

Impact of obesity on obstetrical and gynecologic conditions

Obesity is a global epidemic resulting in multiple medical co-morbidities and excessive consumption of health care resources. It is a medical condition caused by lifestyle, diet, metabolic dysfunction, genetic and socioeconomic factors, whose prevalence has risen dramatically over the past 50 years. In the US, nearly half of women begin the pregnancy overweight or obese, and a similar percentage gain more weight in pregnancy than recommended. Pre-pregnancy weight and weight gain during pregnancy influence long-term weight gain and risk of obesity.

Epigenetic changes, caused by complex interactions between the fetus, the intrauterine environment of mothers experiencing increased inflammation predisposes the offspring to childhood obesity. Ninety percent of children with obesity or overweight at three years of age had obesity or overweight in adolescence.

Obesity is associated with higher prevalence of co-morbidities of pre-diabetes, Type 2 diabetes mellitus, hypertension, cardiovascular disease, and multiple malignancies. Non-gynecologic conditions which have been reported to be associated with obesity include venous thromboembolism, stroke, osteoarthritis, gout, hepatobiliary disease, cholelithiasis and cholecystitis, gastroesophageal reflux, obstructive sleep apnea, depression and possible dementia.

Obstetric conditions associated with obesity include pregnancy loss, gestational diabetes, preeclampsia, venous thromboembolism, induced labor, cesarean delivery, anesthetic complications and wound infections all occur more frequently. The fetus of a mother with obesity faces risk of congenital anomalies, prematurity, macrosomia, stillbirth and neonatal mortality, particularly with inter-pregnancy interval of less than 18 months.

Gynecologic conditions include menorrhagia, polycystic ovarian syndrome, infertility, endometriosis, leiomyomas, stress urinary incontinence, sexual dysfunction and cancer. Gynecologic cancers include breast, ovarian and uterine malignancies. All of the conditions are related to sex hormone imbalance and inflammatory response of the adipose tissue with the exception of pelvic organ prolapse, occurring as result of sustained increase in intraabdominal pressure.

Successful treatment requires holistic personalized approach. Behavioral modification and psychological intervention, medical therapy and bariatric surgery, all represent potentially effective options, requiring high degree of motivation by patients. The most important intervention, however, is primary prevention of obesity.

Biography

Dr. Eva Chalas obtained MD degree from Stony Brook University, School of Medicine, her residency training at its Medical Center and her fellowship in Gynecologic Oncology at Memorial Sloan-Kettering Cancer Center. She is a Fellow of American College of Obstetricians and Gynecologists (ACOG) and American College of Surgeons (ACoS), and has held numerous leadership position in national organizations. Dr. Chalas was elected as ACOG's 71st President, recently representing ACOG as a member of the Council of the International Federation of Gynecolgy and Obstetrics (FIGO). She now serves in an advisory capacity to the ACoS.

Fabiola Soares Moreira Campos*,
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University of the Vale of Sapucai, Brazil

The use of AI to benefit women with pelvic pain

Context: Chronic pelvic pain in women is defined as intermittent or constant pain in the lower abdomen or pelvis for six months or more and affects more than 24% of women worldwide. National recommendations from the United Kingdom, Japan, the United States, and Canada recommend conservative treatment as the first-line approach for chronic pelvic pain, including stress relief, dietary modification, exercise, musculoskeletal physiotherapy, and psychological support. Therefore, this research aims to evaluate how artificial intelligence can help women manage pain by encouraging regular physical activity through monitored exercises.

Keywords: Pelvic Pain, Chronic Pain, Physical Exercise, Artificial Intelligence.

Biography

Dr. Fabiola Soares Moreira Campos is a dedicated medical professional with extensive expertise in Gynecology and Obstetrics. She earned her medical degree from the University of Vale do Sapucai (UNIVAS) in 2007 and has since held several prominent positions in the field. She currently serves as a gynecologist at Santa Paula Hospital and Maternity and as an assistant physician in the High-Risk Prenatal department at the Samuel Libanio Hospital. In addition, she coordinates the minimally invasive surgery sector at Samuel Libanio Hospital and lectures in Gynecology and Obstetrics at UNIVAS. Dr. Campos is also pursuing a PhD in Health Sciences at the University of Vale do Sapucai. Her academic background includes postgraduate training in Minimally Invasive Surgery from Sirio Libanes Hospital and a Master's degree in Applied Health Sciences, with a focus on wound care, from UNIVAS.

Haluk Kelestimur[1*], Fatih Tan[2], Mehmet Ridvan Ozdede[3], Zeynep Dila Oz[3], Ihsan Serhatlioglu[4], Emine Kacar[3]

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Asprosin improves sexual dysfunction caused by SSRIs

Sexual dysfunction is a common clinical condition due to different causes including the use of Selective Serotonin Reuptake İnhibitors (SSRIe). Paroxetine, which is one of the SSRIs, is known to cause sexual dysfunction including erectile dysfunction in men. Asprosin, released from white adipose tissue cells, is a glucogenic adipokine that modulates hepatic glucose release by causing rapid release of glucose into the circulation during fasting. It is known that asprosin crosses the blood-brain barrier and activates orexigenic AgRP and is also involved in the mobilization of sperm for fertilization through the olfactory receptor OLFR734. The fact that reproductive organs such as testes, like the brain, need free glucose at all times suggests that asprosin may also have an important role in reproductive functions. Based on this idea, we aimed to reveal the effects of asprosin in rats with paroxetine-induced sexual dysfunction. In the present study, 60 male Sprague Dawley rats were used as control, sham control, paroxetine, asprosin and paroxetine+asprosin groups (n=12). Paroxetine was administered via oral gavage, while asprosin infusion was administered via intracerebroventricular cannula. The sexual behavioral experiments were performed in the male rats.

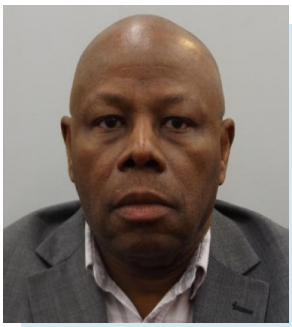
As a result of our study, it was observed that asprosin infusion promoted erection in behavioral experiments and increased sexual motivation by facilitating ejaculation. In histologic examinations, paroxetine group rats showed edema and vascular congestion in the interstitial area and separation of the basement membranes of the seminiferous tubules, while paroxetine+asprosin group rats showed significant improvements ($p<0.05$). While there was no difference in epididymis weight between the groups, paroxetine treatment decreased sperm concentration compared to the control group ($p<0.05$) and asprosin increased sperm concentration and total motility compared to the control and paroxetine groups ($p<0.01$). In our investigations on serum hormone levels, asprosine decreased prolactin level ($p<0.05$) and increased oxytocin level ($p<0.01$).

These results demonstrate that asprosin may be a therapeutic modality or improving SSRI-associated sexual dysfunction in men through increased expression of sexual motivation and copulatory behaviors.

This study was supported by TUBITAK (Project No:220S744).

Biography

Dr. Haluk Kelestimur is a Professor of Physiology in Istanbul Okan University. He gained his PhD in Physiology in 1984 from the University of Firat, Turkey. He then completed his postdoctoral training at University College London in 1988. After he worked 42 years in Firat University, he began to work in Istanbul Okan University in 2022. His work focusses on neuroendocrinology. He has published more than 70 research articles in SCI (E) journals. Professor Haluk Kelestimur was elected to membership in the International Union of Physiological Sciences Academy in 2021.



Dr. Harris Phillip

Department of Obstetrics and Gynaecology, National Health Service, West Midlands, United Kingdom

Reimagining pelvic support: The HPPOSS & HPVSD solutions for pelvic organ prolapse

Pelvic Floor Dysfunction (PFD) is a highly prevalent condition affecting nearly half of parous women by the age of 80. Despite the widespread use of vaginal pessaries as a conservative treatment, limitations in current designs—including poor anatomical fit, discomfort, hygiene challenges, and material safety—lead to high discontinuation rates and suboptimal patient adherence. Addressing these concerns, the Harris Phillip Pelvic Organ Support System (HPPOSS) represents a novel intravaginal support device engineered to offer a more anatomical, user-friendly, and biocompatible alternative.

The HPPOSS is a tulip-shaped, expandable pessary designed to support the anterior, posterior, and uterovaginal prolapse by cradling the cervix and reinforcing the vaginal walls. Key innovations include an internal inflatable bladder that allows user-controlled deployment; four flared, petal-like lobes embedded with microbubble surface texture to enhance upward lift; and drainage apertures to prevent fluid retention. The device also includes a retrieval loop to enable self-removal, promoting autonomy and reducing reliance on clinical intervention.

Constructed from medical grade fluorosilicone or Class VI silicone, the HPPOSS addresses concerns related to microplastic exposure and long-term biocompatibility. Initial prototyping and anatomical simulations have demonstrated strong promise for clinical tolerability, ease of use, and effective pelvic support. Development is currently at the advanced prototype stage, with ongoing IP protection and plans for simulated biomechanical testing, safety validation, and early-phase clinical trials.

This presentation will explore the clinical rationale, technical design, and development roadmap of the HPPOSS, inviting collaboration from clinicians and researchers in the field of pelvic floor health.

Biography

Dr. Phillip studied Chemistry and Biochemistry at the Prairie View A& M university as well as the Texas A&M university. He holds both a BSc (summa cum laude) and an MSc degree and spent a year in the Ph.D. program at Texas A&M university before going into medical school. He studied medicine at the University of the West Indies, Jamaica where he obtained both his MBBS and his Doctor of Medicine degrees (DM). In the U.K, he has been a consultant Obstetrician and Gynecologist for almost two decades. He has authored more than 10 books and is widely published in medical journals.

Hiba Siddiqui[1*], Turkan Aliyeva[2], Sailesh I S Kumar[3]

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Prevalence and survival outcomes of L1CAM-positive in endometrial cancer across molecular subtypes: A systematic review and meta-analysis

Objective: L1 Cell Adhesion Molecule (L1CAM) has emerged as a potential prognostic biomarker in endometrial cancer. This systematic review and meta-analysis aimed to comprehensively evaluate the prevalence of L1CAM expression across molecular subtypes of endometrial cancer and its prognostic significance for survival outcomes.

Methods: A systematic literature search of PubMed, Embase, and Cochrane Library was conducted following PRISMA guidelines. Eligible studies reporting L1CAM expression in endometrial cancer, stratified by molecular subtypes (POLE, MMR-D, NSMP, p53wt, p53abn), and their association with survival outcomes were included. Pooled prevalence and hazard ratios with 95% confidence intervals were calculated using random-effects models.

Results: Twenty-one retrospective studies met the inclusion criteria. The overall pooled prevalence of L1CAM positivity was 15%. Stratified by molecular subtype, prevalence was lowest in POLE-mutated tumors (4.87%), while higher rates were observed in p53abn tumors (52.86%), followed by MMR-D tumors (52.16%), NSMP (30.88%), and p53wt (25.99%). L1CAM positivity was significantly associated with worse disease-specific survival (HR of 2.49, 95% CI: 1.75 to 3.55) and progression-free survival (HR 2.50, 95% CI: 1.56 to 4.01). Subgroup analyses revealed significant associations in MMR-D tumors (HR 1.75, 95% CI: 1.06–2.89), NSMP tumors (HR 5.41, 95% CI: 2.92–10.03), and a borderline effect in p53abn tumors (HR 1.69, 95% CI: 1.00–2.85).

Conclusion: The highest prevalence of L1CAM was found in p53abn endometrial tumors. L1CAM positivity is associated with poor survival outcomes, particularly in MMR-D and NSMP subgroups. These findings highlight the potential of L1CAM as a prognostic biomarker that could refine risk stratification and guide personalized management, warranting validation in prospective studies.

Keywords: Endometrial Cancer, L1CAM, Molecular Subtypes, Survival Outcomes.

Biography

Dr. Hiba Siddiqui is a Radiation Oncologist and Senior Instructor at Dr. Ziauddin Hospital in Karachi, Pakistan. She successfully attained her MD in Radiation Oncology in 2025. Dr. Siddiqui has strong academic and clinical interests in diagnostic oncology, radiation optimization, and clinical research, with an ongoing commitment to advancing evidence-based cancer care. She has multiple publications in national and international peer-reviewed oncology journals, reflecting her commitment to advancing cancer care through research and education.

Jessica Liu
Central Michigan University College of Medicine, United States

Patterns of maternal and infant healthcare utilization following prenatal substance use

Background: Prenatal substance exposure to opioids, tobacco, and marijuana has been linked to adverse health outcomes in children. However, the relationship with early childhood medical service utilization remains underexplored, particularly in distinguishing between specific substances. Gaining insights into these relationships can guide patient education and optimize healthcare delivery and availability for affected populations.

Objective: To explore patterns of medical service among mothers and infants following prenatal substance exposure to tobacco, marijuana, or opioids.

Methods: A retrospective cohort analysis was conducted using data from the Maternal-Child EMR project, including 242 mother-infant pairs (185 with prenatal substance exposure; 57 controls). Maternal outcomes included prenatal visits, Maternal-Fetal Medicine (MFM) consultations, specialist referrals, Emergency Department (ED) visits, hospitalizations, and outpatient surgeries. Infant outcomes included non-well child pediatrician visits, ED visits, and hospitalizations during the first year of life. Statistical models controlled for significant confounding background variables.

Results: Mothers with substance use had higher rates of prenatal care adequacy, MFM consults, and ED visits. Opioid use was uniquely associated with increased outpatient surgeries but fewer inpatient hospitalizations. Infants exposed to opioids showed significantly higher rates of non-well child pediatric visits, ED visits, and hospitalizations. In contrast, those exposed to tobacco or marijuana had significantly fewer non-well child visits and ED visits.

Conclusions: Prenatal substance use influences healthcare utilization patterns for both mothers and infants, with opioid exposure linked to greater infant medical needs. Conversely, reduced utilization among tobacco- and marijuana-exposed infants may reflect barriers to care or lack of parental awareness. Future research should investigate underlying factors affecting care-seeking behavior and develop targeted interventions to improve access and outcomes for these vulnerable groups.

Biography

Jessica Liu is a third-year medical student at Central Michigan University College of Medicine. She completed her undergraduate degree in Microbiology with a minor in Economics at Michigan State University. She is interested in health policy and advancing patient care through research and interdisciplinary collaboration.

Dr. Karin L. Ciance DNP, RN

Department of Nursing, Anna Maria College, Paxton, Massachusetts, USA

Protect yourself from peril

Purpose: An exposure to bodily fluid can happen very quickly—in just one blink of an eye a person can be exposed to bodily fluids. Thus creating a life-changing experience for the rest of that person's life. During the procedure of inserting an IV, the patient began to shake causing her right arm to jerk upward, the angi-ocatheter came out, causing bloody fluid to splash on my face and into my left eye. The patient had tested positive for HIV and hepatitis B and C.

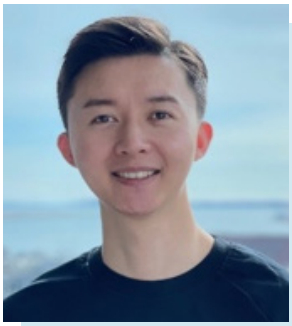
Significance: Providing personal protective equipment to avoid exposure to bodily fluids is essential. I have taken this life-changing experience and used it as a significant teaching point with the new graduate nurses and nursing students whom I teach. I share this story to reinforce the importance of being prepared to apply bloodborne precautions in every direct patient care experience. My practice has significantly changed; since that day. I always carry my own pair of personal protective eye goggles in my pocket. Whenever there is a potential to be splashed with a bodily fluid, I don my goggles in addition to gloves and a gown.

Subjects: All healthcare workers who have the potential of being exposed to bodily fluids.

Conclusions: Lessons learned from this experience that have been incorporated into my practice include: always protect yourself and think about your safety first: exercise proper isolation precautions, as defined by the Centers for Disease Control and Prevention, at all times: protecting yourself protects your family as well; advocate for yourself even if the provider disagrees with your decision to wear personal protective equipment; offer grief counseling to those in need. Providing protection from peril is paramount.

Biography

Dr. Ciance received her RN diploma in Nursing from Worcester City Hospital School of Nursing, her BSN and MS in Community Health Nursing from Worcester State University. She received her DNP from Walden University. She has 41 years of nursing experience working in various roles and different settings. She currently is a tenured Associate Professor of Nursing at Anna Maria College in Paxton, MA. teaching in the Pre-Licensure BSN program and the RN-BSN program. She is the President of the Iota Phi-at-Large Chapter of Sigma Theta Tau International Honor Society of Nursing.



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Spatial multiomic landscape of the human placenta at molecular resolution

Successful pregnancy is critically dependent on the placenta, a transient yet highly specialized organ governed by intricate, dynamic gene regulatory networks. Disruption of these intercellular and intracellular programs can lead to a range of pregnancy complications and fetal developmental disorders. However, the molecular architecture that orchestrates early placental development remains incompletely understood. In this study, we present a comprehensive, spatially resolved, single-cell multiomic atlas of the human placenta during the first trimester.

We applied a multimodal framework combining paired single-nucleus ATAC-seq and RNA-seq, spatially barcoded ATAC-seq and RNA-seq, and high-resolution in situ sequencing and hybridization-based transcriptome mapping. This integrated approach enabled reconstruction of the joint epigenomic and transcriptomic landscape at single-cell and spatial resolution across diverse placental compartments. Paired chromatin and transcriptome profiling revealed

tumor-like gene expression and transcription factor motif programs that may support placental adaptation to the immunologically and metabolically challenging uterine environment. Analysis of gene-linked cis-regulatory elements highlighted substantial regulatory complexity underlying trophoblast differentiation trajectories and potential placental disease susceptibility.

Spatial transcriptomic and epigenomic mapping localized these regulatory programs within key anatomical structures such as the villous core and extravillous trophoblast columns. Moreover, we identified niche-specific transcriptional elements and signaling interactions that shape distinct cellular microenvironments during early development. To further resolve the chromatin landscape, we computationally imputed genome-wide single-cell multiomic profiles, enabling spatial characterization of chromatin accessibility dynamics across cell types.

Together, our work provides the most detailed spatial and molecular reconstruction of the early human placenta to date. This resource serves as a foundational platform for future investigations into the epigenetic regulation of placental development, maternal–fetal communication, and the pathogenesis of pregnancy-related disorders such as recurrent pregnancy loss and intrauterine growth restriction.

Biography

Dr. Ke Zhang earned his PhD in Integrated Biology from Peking University in 2019 and completed postdoctoral training at Massachusetts General Hospital and Harvard Medical School. He is currently an Instructor at MGH and a visiting researcher at the Broad Institute. His research focuses on spatial and single-cell multi-omics, advanced imaging, and machine learning to study placental development, neurodegeneration, and aging. Dr. Zhang has co-authored high-impact publications in Nature Medicine (co-first author) and Nature Biotechnology, and has developed innovative technologies such as Raman2RNA, SenNetRamanOmics, and spatial mutation sequencing.

Kehila Mehdi*, Kahlaoui Meriam, Dhifallah Sami, Zidi Ines

Eve Fertility Center, Sousse–Tunisia

Does an administration of a single dose of magnisium and bromazepam the day of embryo transfer improve inplimantation rate? Results of a randomized controlled blinded study

The embryo transfer is one of the key steps in IVF. While the procedure itself is relatively simple, the success of embryo implantation can be influenced by a range of factors. One of the most significant is the embryo expulsion. This phenomenon is the result of uterine contractions recent studies suggest that reducing uterine contractions before or after transfer may be a significant method for increasing IVF success. It was demonstrated that contractions are influenced by stress as well as magnesium administration. This study aims to explore the effect of the administration of a single dose of magnesium and bromazepam before embryo transfer on implantation rate.

Biography

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

Lauren V. Cervantes[1*]; Sarah Voskamp[1]; Samantha Hsu[1]; Shruti Agarwal[2] MD; Laurel Stadtmauer[2] MD, PhD; Jennifer Nelson[3] MD, MS

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Meta-analysis of differentially expressed genes in PCOS

Background: Polycystic Ovary Syndrome (PCOS) is among the most prevalent endocrine disorders affecting reproductive-age females, with a global prevalence of 6-10%. It is characterized by hyperandrogenism, ovulatory dysfunction, and/or the presence of polycystic ovaries. Common clinical manifestations include infertility, pregnancy loss, hirsutism, insulin resistance, metabolic syndrome, coronary heart disease, venous thromboembolism, and psychosocial disorders (i.e., mood and eating disorders). Despite its broad impact, the role of genetic factors in PCOS pathogenesis and progression remains underexplored.

Objective: This study aims to identify critical genes and biomarkers associated with PCOS, offering insight to enhance pathophysiological understanding, improve diagnostic precision, and support the development of targeted therapeutics.

Methods: Granulosa cells from patients with PCOS (n=23) and control patients without PCOS (n=13) were identified via a query in the Search Tag Analyze Resource for NCBI's Gene Expression Omnibus (STARGEO). Meta-analysis was conducted in STARGEO to identify differentially expressed genes in PCOS granulosa cells versus control, yielding 22,684 genes. These genes were restricted to $p<0.05$ for statistical significance and absolute experimental log ratio >0.1 for further analysis in Ingenuity Pathway Analysis (IPA).

Results: A total of 192 molecules were included for analysis, of which 128 were upregulated and 64 were downregulated. CD163, TGFBI, and CSF3R are genes showing significant upregulation and are involved in induction of inflammation and protection against oxidative damage, regulation of cell adhesion and bone formation, and granulocyte function and differentiation, respectively. Downregulated genes, such as CARMIL1 and CPM, contribute to actin filament formation and differentiation of monocytes to macrophages, respectively. The top canonical pathways predicted to show altered expression in PCOS are neutrophil degranulation (z-score 4.899), osteoarthritis pathway (1.633), phagosome formation (4.123), and neutrophil extracellular trap signaling pathway (2.496). Top upstream regulators predicted to contribute to the observed downstream differential expression of genes in the dataset include lipopolysaccharide (z-score 3.642), FAS (0.663), PCSK9 (no z-score prediction), whereas the top causal networks are inavolisib (1.313), PRTN3 (3.773), and SLPI (-2.771).

Conclusion: Identifying target genes is a preliminary and vital step in developing efficacious targeted treatment for polycystic ovarian syndrome for the 5-6 million people impacted by this disease daily. The genes and pathways presented herein provide further insight into the pathogenesis and genetic drivers of PCOS. Biomarkers identified may also enable prediction and prevention of PCOS development to optimize fertility and reduce gestational complications.

Biography

Lauren V. Cervantes, a 3rd-year medical student at the University of Central Florida College of Medicine, is deeply committed to advancing research in women's health. Graduating cum laude from the University of Florida in 2021 with a B.S. in Nutritional Sciences and a minor in Health Disparities in Society, she worked under Dr. Leslie Parker at the UF College of Nursing, focusing on breast milk's impact on neonatal health. Inspired by the transformative potential of evidence-based care, Lauren is dedicated to conducting research that addresses disparities and improves health outcomes within the obstetrics and gynecology field of medicine.

Vacheishvili L,*, Sulamanidze M

Clinic of Plastic and Aesthetic Surgery, Total Charm, Tbilisi, Georgia

Minimally invasive methods of correction for vaginal opening and perineal deformities

Introduction: Various degrees of damage to the perineum and vaginal opening are common after vaginal delivery. These deformities can be either natural or post-traumatic. The above-mentioned causes result in complaints like discomfort during sexual intercourse, vaginal dryness, and frequent infections. In addition, generates discomfort from an aesthetic point of view in the patient.

Aim: The objective for minimally invasive methods is plastic repair of the perineal region; the condition improvement of the enlarged and deformed vagina by narrowing the entrance, both from a functional and aesthetic point of view.

Materials and Methods: We created absorbable threads containing P(LA/CL) with barbs, which are used to stitch the perineal area and narrow the vaginal opening. The thread, which is 50 cm long, has mutually contradictory barbs, which ensure immediate fixation of the thread in the tissues. This thread is attached to 2 needles each 12 cm long, which have sharp tips on both sides. Both needles are implanted into the tissues at one entry point, namely the subcutaneous fatty tissue, perineal muscles, and fascia.

Result: The minimally invasive methods provide immediate and long-lasting results and are one of the main alternative to classic surgery.

Conclusion: The proposed methods have been used in practice for more than 5 years and provide both functional and aesthetic improvements within a short rehabilitation period. The methods compete with the classic surgical methods by allowing us to achieve the desired result in a short time without incisions and sutures under local anesthesia.

Biography

Levan Vacheishvili is an obstetrician and gynecologist, he studied at Tbilisi State Medical University in 2011-2017. Then he continued his studies in residency in obstetrics and gynecology in 2018-2022. After obtaining a medical license, he continue to practice in plastic and aesthetic gynecology and plastic surgery.

Ling Yin

Institute of Health and Medicine, Hefei Comprehensive National Science Center, Hefei, Anhui, China

Plant-derived cancer immunotherapy and drug discovery

Cancer immunotherapy could eradicate cancer and prevent recurrence by augmenting the natural ability of the immune system. Cancer immunotherapy alone or in combination with surgery, radiotherapy, chemotherapy, anti–Vascular EGF (VEGF) therapy, and regulatory T cell (Treg)-targeted therapy has rejuvenated cancer immunology and revolutionized cancer treatment. Immune Checkpoint Inhibitors (ICIs) as well as Adoptive Cell Transfer (ACT), the most widely tested therapeutics and clinically approved approaches of cancer immunotherapy, focus on enabling specific antitumor responses by T cells.

Glucoraphanin (4-methylsulfinylbutylthioglucosinolated) is a glucosinolate precursor of the biologically active sulforaphane. Glucoraphanin is an aliphatic glucosinolate that is found in cruciferous vegetables such as broccoli, cabbage, cauliflower, kale, and radish. The biosynthetic pathways of glucoraphanin include side chain elongation, core structure formation, and secondary modification. MYB28 positively regulates biosynthetic genes involved in aliphatic glucosinolates, including side chain extension (MAM1 and MAM3) and core structure formation (CYP79F1, CYP79F2, CYP83A1, ST5b and ST5c). Glucoraphanin regulates key signaling pathways involved in apoptosis, cell cycle arrest, angiogenesis of cancers, including pancreatic cancer, prostate cancer, breast cancer, non-small cell lung cancer, cervical cancer, and colorectal cancer.

Cancer Stem Cells (CSCs) are hypothesized to cause metastasis, resistance, and recurrence by producing new tumor cells, which have been identified in tumors of the liver, pancreas, breast, brain, lung, and ovary. CSCs, therapeutic targets in immuno-oncology, could upregulate the immune checkpoint ligands, decrease the efficacy of Immune Checkpoint Inhibitors (ICIs), sculpt the immunosuppressive or “cold” Tumor Microenvironment (TME), and inhibit the activity of CD8+ T cells and Natural Killer (NK) cells. CSCs exhibit distinct epigenetic landscapes, which are characterized by numerous epigenetic modifiers, such as methyltransferases/demethylases, acetyltransferases/deacetylases, and reader proteins/non-coding RNAs. CSCs biomarkers epigenetic modifiers, such as LSD1, BMI1, G9a, and SETDB1, can suppress CSCs to improve Immune Checkpoint Blockade (ICB) therapy.

Biography

Dr. Ling Yin, Senior Investigator at Hefei Comprehensive National Science Center, focuses on AAV-based gene therapies for cancer and inflammation. With a Ph.D. in Vegetable Genetics, she integrates virology, oncology, and immunology, publishing in J Med Virol, Drug Discov Today, etc. She leads international conferences, mentors students, and serves as editor for 30+ journals, recognized as Anhui’s High-Caliber Talen.

M. Mahrukh*, R. Hibah, M. Jennani, G. Lorna, K. Azrieny

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An audit of timelines for women presenting to outpatient hysteroscopy services with postmenopausal bleeding

Background: Outpatient hysteroscopy is an invaluable tool for investigations and management of postmenopausal bleeding. Since June 2021 University Hospital Waterford runs a “one-stop-shop” where women have an ultrasound, a hysteroscopy, biopsy or removal of polyp if indicated. An increase in the use of HRT has resulted in an increase in the number of referrals for investigations of PMB or AUB.

Objective: Given up to 9% of all women referred in for assessment of postmenopausal bleeding will have a diagnosis of endometrial cancer1, we audited patients seen within a set time-frame to ascertain if we met the gold standards as set in the Irish guidelines. We also set to audit the timeline from initial primary care referral to being seen, and the number of cases completed at the first visit.

Methods: This was a retrospective data analysis of all women referred to a tertiary centre “one-stop-shop” service from January 2023-August 2023. All patient information was anonymised and entered into a secure password-encrypted database and later analysed. The National Women & Infants Programme National Clinical Practice Guideline for Assessment & Management of Postmenopausal Bleeding 2022 was the standard used.

Results: 125 patients were seen within 8 months. 101/125 patients (80.8%) were seen within 28 days or less, against a gold standard of 100%. The number of cases completed and discharged at the first visit was 79/125 patients (63.2%). 45/125 (36%) were PMB on HRT. 4 FIGO endometrial cancers were diagnosed, giving an incidence of 3.2% of endometrial cancer within our cohort; 3 were grade 1-2 and 1 was grade 3. 3 cases were seen within the gold standard time frame of 28 days or less. The other (Grade 1-2) was seen at 36 days from initial referral.

Conclusion: This audit reflects the increased burden on our services and the need for additional resources to achieve the KPI target of 100% of referrals seen within 28 days. Supporting primary care physicians to ensure patients are appropriately referred is pertinent to allow timely assessment.

Biography

Mahrukh Mumtaz earned her MBBS degree, graduating as the Best Graduate and receiving an impressive nine gold medals in recognition of her outstanding academic performance. She subsequently completed her postgraduate qualification, obtaining the prestigious Membership of the Royal College of Physicians of Ireland (MRCPI) in Obstetrics and Gynecology. Currently, pursuing training in Obstetrics and Gynecology in Ireland, further honing her expertise in the field.

Leili Hafizi[1], Narges Afzali[2], Marzieh Lotfalizadeh[1], Nazanin Beheshtian[1], Nona Sabeti[1*]

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Evaluation the relationship between the type and severity of pain, and the anti Mullerian hormone with the endometriosis stage

Objective: Endometriosis is a chronic disease of the female reproductive system, and is one of the causes of chronic pain and infertility in women of fertility age. This paper aims to investigate the relationship between the type and severity of pain and the level of the Anti-Mullerian Hormone (AMH) with the stage of Endometriosis.

Methods and Materials: In this descriptive-analytical cross-sectional study, endometriosis patients referring to the public and private endometriosis clinics of Mashhad, IRAN during a year (2018 to 2019) were examined. Patients' information: type of pain (dysmenorrhea, dyspareunia, dyschezia, and non-cyclic pain), pain severity, and AMH levels were recorded. The stage of the disease was also specified based on the ASRM score (according to surgery or MRI). Then, the type and severity of pain and AMH level were compared with the disease stage in each patient. A significance level of 0.05 was considered meaningful.

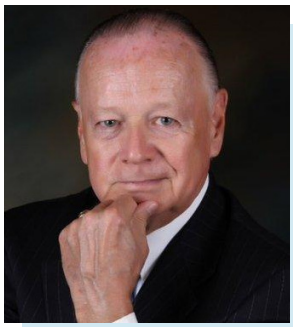
Results: 160 patients were included in the study. In investigating the relationship between the type of pain with disease's stage; only dyschezia had a significant relationship (P=0.02). However, in the study of the relationship between pain's severity with the disease stage, the severity of dysmenorrhea and dyspareunia significantly increased with the progression of the disease (P<0.05). The highest serum AMH level in stage 2, and the lowest level in stage 3 of disease were found. But no significant relationship was found between the level of this hormone and the stages of the disease (P>0.05).

Conclusion: The results of this study revealed that the severity of dysmenorrhea and dyspareunia in endometriosis could indicate a more advanced stage of the disease. But AMH level is not a good indicator to estimate severity and type of disease.

Keywords: Endometriosis, Anti Mullerian Hormone, Dysmenorrhea, Dyschezia, Pelvic Pain, Dyspareunia, Cyclic Pain.

Biography

Dr. Nona Sabeti completed her general medical education at Mashhad University and immediately started her residency. She is currently serving as the Chief Resident in the Department of Obstetrics and Gynecology. Sabeti dedication and commitment to her field have helped her become a respected figure in her specialty. She is passionate about research and has been actively involved in several research projects, contributing to the advancement of medical science. In addition to her clinical work, She has experience in genetic research and animal studies.



Phillip Bretz*, David Mantik , Richard Lynch, Borko Djordjevic

Research Department, Visionary Breast Center, La Quinta, United States

Treating breast cancer with the breast intact and the patient fully awake, has a lasting positive psychological impact aka the Lavender Way - Lavender Procedure

Background: Our previous publication in RAS, Research Article: The Lavender Way - Lavender Procedure, a way to defeat breast cancer without surgery, chemotherapy, or radiation. A Clarion Call for Radical Change, did not detail what we consider to be an extremely valuable contribution of treating breast cancer with cryoablation aka The Lavender Procedure. That contribution is the dramatic positive change in the patient‘s psychology in their journey to defeat breast cancer. While our primary focus was to adequately kill the cancer, we failed to recognize the dramatic change in our patient‘s attitude until months later. We continued to observe this positive change for years. This paper details those changes.

Materials and Methods: Our practice is divided into two separate entities, the Lavender Way, which enables the Lavender Procedure. The Lavender Way encompasses multiple non-radiation diagnostic modalities plus mammography, when necessary, that permits us to ferret out nascent breast cancers before many attain the capacity to metastasize (5-8 mm). Please review the above paper. Our intent is to humanize the entire experience of the diagnosis and treatment of breast cancer. This approach changes everything.

Conclusion: It has been our experience that by humanizing the diagnosis and treatment of breast cancer, the horrific psychological side effects of breast cancer such as anxiety, fear of dying, fear of disfigurement, fear of loss of femininity, fear of losing a husband and fear of leaving children behind all dissipate. These positive effects are permanent. It all stems from the humanization at our Visionary Breast Center years before a cancer occurs. We incorporate family members into pre-procedural activities as well as the procedure itself.

Keywords: Breast Cancer, Genetics, Infrared, Ultrasound, Cryoablation.

Biography

Phil Bretz obtained his MD degree from the Universidad Autonoma de Guadalajara, upon completion of his surgical residency at Loyola University in Chicago he remained on the active surgical staff at Eisenhower Medical Center, Rancho Mirage, CA. He was first assistant on First Lady Betty Ford’s open-heart surgery, recipient of the Carnegie Medal for an outstanding act of heroism, and letters of commendation from the White House, the erstwhile USSR and the commanding General at 29 Palms Marine Air Ground Combat Center. He is the author of the first large-scale breast cancer prevention clinical trial using the drug Tamoxifen FDA IND 34,223. He held

a Principal Investigator number with the National Cancer Institute 17790, was a Principal Investigator for the National Surgical Adjuvant Breast Project, American College of Surgeons Oncology Group and senior surgeon at Visionary Breast Center where he pioneered the Lavender Way. He has been silenced by unimaginable forces marshalled against him, Lavender, (and against women), including not being able to refer to himself as an MD. But as Jeff Levine, former senior medical correspondent for CNN, says: “OK, you broke a whole lot of China in the cabinet. Not everybody is on the same page with what you did and what you're doing. However, when all of this is codified, the doers are going to be remembered, not the folks who sat on the bench. When you're fighting a killer, you have to be all in. You're not playing it safe; you're playing to win. Very, very glad to know that "The Lone Ranger" is still fighting against the odds--not a task for the faint at heart, but you've got to it. You know how every episode ends, someone asks, "Who was the masked man, anyway?" Then comes the answer: "That was the Lone Ranger!!" "Hi-Yo, Silver, away!"

Dr. Pravin Mhatre[1*] Prof. Emeritus, Dr. Jyoti Mhatre[2]

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Ovarian transplant – A new frontier

Transplantation of organs is a rapidly expanding faculty of medicine. While the solid organ transplantation has grown by leaps and bounds, ovarian transplantation is still in its infancy. Although recent interest has been generated for preservation of fertility in cancer therapy patients, other indications have emerged. Ovarian dysgenesis with missing normal ovarian complement and premature ovarian failure has come in the forefront. Three cases of orthotopic ovarian transplant with different surgical techniques have been described along with a analysis of twelve cases of ovarian transplant. The world's first orthtopic vascular transplant was done in March 2002. The surgical video will be presented.

The unique vascular orthotopic transplantation is the ideal choice, but may not be possible in all cases because of unavailability of proper vasculature. Ovarian grafting may be performed in these cases.

The success of ovarian transplantation can be discussed on proper indication, surgical techniques, adequacy of immunosuppression, and finally the functioning of the graft. Our clinical results with ovarian transplant confirms the success on all these parameters.

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. He 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." In 2005, he also established the first ovarian bank. His groundbreaking research includes work on vaginoplasty using progenitor cells and investigations into the genetics of MRKH syndrome. For his exceptional service in family planning, he was awarded the President's Medal as part of an honorary team. Dr. Mhatre has also been honored with the Civic Gold Medal and Citation by the BrihanMumbai Mahanagarpalika for his contributions to medicine, and was named "Maharashtra-Ratna" in May 2005..

Dr Jyoti Mhatre MD DGO DFP practicing OB/ GYNAECOLOGIST with experience of more than 45 yrs. specialised in infertility and operative laparoscopic surgery. A important co investigator in the research on ovarian transplant and regenerative gynaecology research.

Associate Professor Robert Beaumont Wilson

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The effect of bariatric surgery and weight loss on the future incidence of oestrogen-sensitive gynaecological cancers

Obesity is a risk factor for 13 obesity-associated cancers. This is especially so for oestrogen-sensitive gynaecological cancers including endometrial, breast, and ovarian malignancies. Women with obesity also have a poorer prognosis after treatment for oestrogen-sensitive cancers. Our meta-analysis of outcomes after Bariatric Surgery (BMS) found weight loss was associated with a reduced overall incidence of cancer (RR=0.62, 95%CI 0.46–0.84, p<0.002), obesity-related cancer (RR=0.59,95%CI 0.39–0.90, p=0.01) and cancer-associated mortality (RR=0.51,95%CI 0.42–0.62, p<0.00001). In specific cancers, bariatric surgery was associated with reduction in the future incidence of HCC (RR=0.35,95%CI 0.22–0.55, p<0.00001), CRC (RR=0.63,95%CI 0.50–0.81, p=0.0002), PDAC (RR=0.52, 95%CI 0.29–0.93, p =0.03) and gallbladder cancer (RR=0.41,95%CI 0.18–0.96, p=0.04), as well as female specific cancers, including breast cancer (RR=0.56,95%CI 0.44–0.71, p<0.00001), endometrial cancer (RR=0.38,95%CI 0.26–0.55, p<0.00001) and ovarian cancer (RR=0.45,95%CI 0.31–0.64, p<0.0001).

Obesity-associated carcinogenesis is closely related to metabolic syndrome; visceral adipose dysfunction; WAT aromatase activity and detrimental cytokine, adipokine and exosomal miRNA release. Metaflammation in obesity is associated with increased Interleukin 6 (IL-6) and TNF-α release, which activates the NF-κB signalling pathway and increases expression of the aromatase gene CYP19A1. Transcription of CYP19A1 is suppressed by p53-this is reversed by the action of both PGE2 and leptin. Under the influence of CYP19A1, adipose tissue in obese patients has increased expression of aromatase, which upregulates the synthesis of Oestrone (E1) from androstenedione and 17-β-Oestradiol (E2) from testosterone. These androgen precursors are derived from the adrenal cortex or the postmenopausal ovary. Oestrone is then converted to 17-β-oestradiol by 17B-HSD. 17-β-oestradiol activates ER-α receptors which promotes proliferation in hormone-sensitive (ER+) breast cancer cells via nuclear translocation of ER-α and the oestrogen response element. 17-β-oestradiol can also activate membrane-bound G-Protein-Coupled Oestrogen Receptors (GPER) which promotes Triple-Negative Breast Cancer (TNBC) and endometrial proliferation and cancer by activating cytoplasmic Src/EGFR/ERK signalling. Local tissue levels of E2 in post-menopausal breast cancers can be 50–100 times higher than in serum due to breast WAT aromatase activity. Responses to aromatase inhibitors such as anastrozole are inferior in obese patients with breast cancer vs normal weight patients, and contribute to a poorer prognosis.

Most (70%) of the increased risk of endometrial cancer in women with obesity vs women with normal weight is mediated by free E2, inflammation and hyperinsulinemia. Postmenopausal patients with T2DM have a 20% higher risk of breast cancer compared to non-diabetic women, which is independent of BMI. This association is lost in premenopausal women. Elevated levels of insulin and IGF-1 also affect cancer prognosis, with worse outcomes in patients with diabetes and hyperinsulinemia.

Meta-analyses of pooled studies have suggested bariatric surgery results in a substantial improvement in the future risk of oestrogen-sensitive cancers in women (breast, endometrial, ovarian); overall cancer incidence; non-hormonal obesity-associated cancers; and cancer-related mortality. This is related to the reversal of adipocyte dysfunction, OSA, NASH, hyperlipidaemia, aromatase activity, systemic inflammation, hyperleptinaemia/hyperinsulinaemia, and metabolic syndrome with the loss of VAT volume and decreased CLS/WAT inflammation after BMS.

Biography

Dr. Robert Beaumont Wilson graduated with MBBS (Honours 1st class) from UNSW, Sydney, Australia. Awarded a general surgery FRACS in 1996, he then completed 4 years of post-Fellowship surgical training. This included the Lister Fellowship in Upper Gastrointestinal Surgery at Glasgow Royal Infirmary, Scotland. He has worked in Sydney as an UGI Surgeon since 1999 and Bariatric surgeon since 2013. He was appointed Conjoint Associate Professor (UNSW) in 2011 and awarded Fellow of the ACS in 2014. He has published more than 50 research articles in peer reviewed journals, with particular focus on nutrition, obesity, surgical oncology and medical education.

Saarah K. Sherifi[1*] BS; Julian Costa[2]; Humberto López Castillo[3,4] MD, PhD, CPH, CMI-Spanish

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Demographic characteristics of women with uterine leiomyomas: A comparative analysis of the all of us research program participants

Background: Uterine leiomyomas are the most common benign tumors in women of reproductive age, affecting approximately one in four women. Despite their high prevalence, the demographic and geographic prevalence trends remain understudied. Building on a prior Florida-based analysis, this study assesses patterns among adult women in the US.

Methods: The NIH All of Us Research Program includes data on age, race, ethnicity, state of origin, leiomyoma location (i.e., subserous, intramural, submucous) and year of diagnosis, Body Mass Index (BMI), socioeconomic status, and pregnancy history. We compared age differences (t test), race and ethnicity (chi-squared test), and age by fibroid location (ANOVA with Tukey post hoc correction), and race/ethnicity by fibroid location (chi-squared test). Significance was set at $\alpha=0.05$.

Results: The analysis included 393,780 women, 19,912 [5.06%] of whom presented with fibroids. Women with fibroids were significantly older than those without (mean [SD] age of 59.1 [12.4] vs. 53.4 [16.8] years; $P<0.001$). The distribution of fibroids by race and ethnicity was statistically significant ($P<0.001$), with a higher proportion of white (43.2%) and non-Hispanic (76.8%) women. Only 5800 (29.3%) leiomyomas specified an anatomic site, of which 55.7% were intramural, 26.7% were subserosal, and 17.6% were submucosal, with significant differences by age--subserosal fibroids occurred in younger women (mean [SD]=55.6 [13.1] years; $F[2]=27.22$; $P<0.001$). Race and ethnicity were also significantly associated with fibroid location. The states with the highest prevalence rates (over 6%) were Massachusetts, New York, Wisconsin, Pennsylvania, and Michigan.

Conclusion: These findings highlight demographic and geographic disparities in fibroid distribution and prevalence rates, underscoring the need for targeted interventions to improve equitable care.

Biography

Saarah K. Sherifi studied Health Sciences at the University of Central Florida, United States of America, and graduated with her B.Sc., in 2022. She was then accepted into the M.D. program at the University of Central Florida College of Medicine for the class of 2028. Throughout her undergraduate studies, Saarah researched uterine fibroids and patient demographics within her home state of Florida, aiming to provide valuable insights in addressing healthcare disparities, publishing her findings in the journal Women & Health.

Saira Iqbal

Obstetrics and Gynaecology department, Wollongong Hospital, Wollongong, NSW, Australia

Sepsis due to infected necrotic fibroid after uterine artery embolization: A rare but serious complication

Objective: To highlight a rare but serious complication of uterine artery embolization—sepsis secondary to infected necrotic fibroid tissue—and to emphasize the importance of early recognition, multidisciplinary management, and appropriate follow-up in post-UAE patients.

Case Report: A 48-year-old P4 woman underwent bilateral Uterine Artery Embolization (UAE) on 15/01/2025 for a large FIGO type 3 submucosal/intramural fibroid (11.2 cm max dimension), aiming to avoid surgery. She presented on 09/02/2025 with a 3-day history of increasing lower abdominal pain, offensive PV discharge with dark tissue, and acute onset of vomiting, diarrhoea, and fever. Examination revealed tenderness without peritonism; she remained hemodynamically stable. She was commenced on broad spectrum IV antibiotics. Blood cultures confirmed *Enterococcus faecalis* sepsis. Imaging confirmed an embolised fibroid (10.4×6.2×7.4 cm). Bedside removal of necrotic fibroid tissue prolapsing through the cervix was performed using endoloop sutures. The patient's condition improved with antibiotics and removal of necrotic tissue. She was discharged on oral antibiotics to complete her treatment. Histopathology confirmed necrosis. Her recovery was uneventful.

Discussion: Uterine Artery Embolization (UAE) is a minimally invasive and effective alternative to surgery for managing symptomatic uterine fibroids, particularly in women desiring uterine preservation. However, it carries potential risks, including rare but serious infectious complications such as endometritis and sepsis.

The incidence of infection post-UAE varies, with studies reporting rates ranging from 1.2% to 17%. Severe infections necessitating emergent hysterectomy occur in approximately 0.25% to 1.6% of cases.

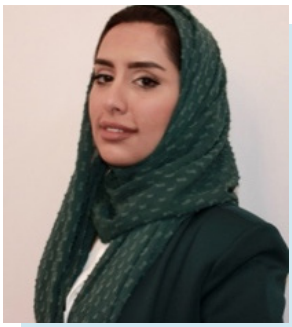
Differentiating Post-Embolization Syndrome (PES) from infection is crucial, as PES typically resolves within 24–48 hours and does not require antibiotics, whereas infections present later and may include offensive discharge, persistent fever, and systemic signs.

Management of infected necrotic fibroid tissue includes broad-spectrum antibiotics and source control, which may involve removal of prolapsed fibroid fragments via the vagina, hysteroscopic resection, or in severe cases, hysterectomy.

Conclusion: Sepsis following UAE is rare but potentially life-threatening. This case underscores the importance of early detection, patient education, and timely multidisciplinary management. Clinicians should maintain a high index of suspicion for infection in post-UAE patients presenting with systemic symptoms, and management should focus on appropriate antimicrobial therapy and timely removal of necrotic tissue.

Biography

Dr. Saira Iqbal is a dual member of prestigious institutions, having completed her MRCOG with the Royal College of Obstetricians and Gynaecologists and her MRCPI in Obstetrics and Gynaecology with the Royal College of Physicians of Ireland, both in 2022. In 2023, she earned her fellowship in Obstetrics and Gynaecology from the College of Physicians and Surgeons. Dr. Iqbal has an active academic portfolio, with three research publications and experience in presenting e-posters at medical conferences. She is committed to improving women's health and continually strives to advance care and outcomes in the field of obstetrics and gynaecology.



DR. Sallwa Meshbeb Alshehre

Clinical Laboratory science/Umm Al Qura University/Assistant Professor, Makkah, Saudi Arabia

Bioinformatics role in understanding reproductive disease and assisted reproductive treatment

Endometriosis is a gynecological condition that significantly impairs fertility, not only through anatomical distortion but also by altering the biochemical environment of the Follicular Fluid (FF), which plays a crucial role in oocyte quality. Inflammatory factors present in the FF of women with endometriosis are believed to negatively affect the developmental competence of oocytes, leading to fewer ovulations under natural conditions. This disruption contributes to the complex and multifaceted challenges associated with achieving pregnancy in affected individuals.

Ovarian stimulation protocols have emerged as a promising strategy to counteract this problem by rescuing and retrieving a greater number of oocytes, thus improving the likelihood of fertilization. However, it is now clear that simply addressing anatomical complications is not sufficient; the underlying molecular and inflammatory dynamics also need to be understood and targeted.

This presentation will explore the specific impacts of endometriosis on follicular fluid composition and the downstream effects on oocyte quality. Emphasis will be placed on how these insights can inform clinical strategies for early diagnosis and intervention. Timely referral to fertility treatment remains a key recommendation, as early therapeutic action has been associated with better reproductive outcomes.

Furthermore, this study highlights the potential for identifying specific proteins and biomarkers within the FF that may play distinct roles in the progression of endometriosis. These findings could pave the way for the development of novel, targeted treatments that go beyond symptomatic relief to directly address disease pathology.

While substantial progress remains to be made, this research contributes valuable preliminary data and reinforces the importance of molecular research in improving fertility outcomes for women with endometriosis.

Biography

Dr. Sallwa Alshehre, MT, BSc (Hons), MSc, PhD, is a Senior Clinical Embryologist and Assistant Professor at the Faculty of Medical Sciences, Umm Al-Qura University. She holds a PhD and masters in Reproductive and Developmental Medicine from the University of Sheffield, UK. Her research focuses on endometriosis, fertility, and IVF/ICSI outcomes. Dr. Alshehre is a member of ASRM, ESHRE, and SRF, and is involved in academic leadership, curriculum development, and research supervision. Clinically, she serves as a senior specialist at Health Cluster. She is a certified academic quality practitioner. Dr. Alshehre publications in reproductive biology, proteomics, and inflammatory diseases.

Samantha Hsu[1*]; Sarah Voskamp[1]; Lauren V. Cervantes[1]; Kenneth A. Alexander[2] MD; Jennifer Nelson[3] MS, MD

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Investigation of OAS1, OAS3, and other differentially expressed genes in cervical cancer

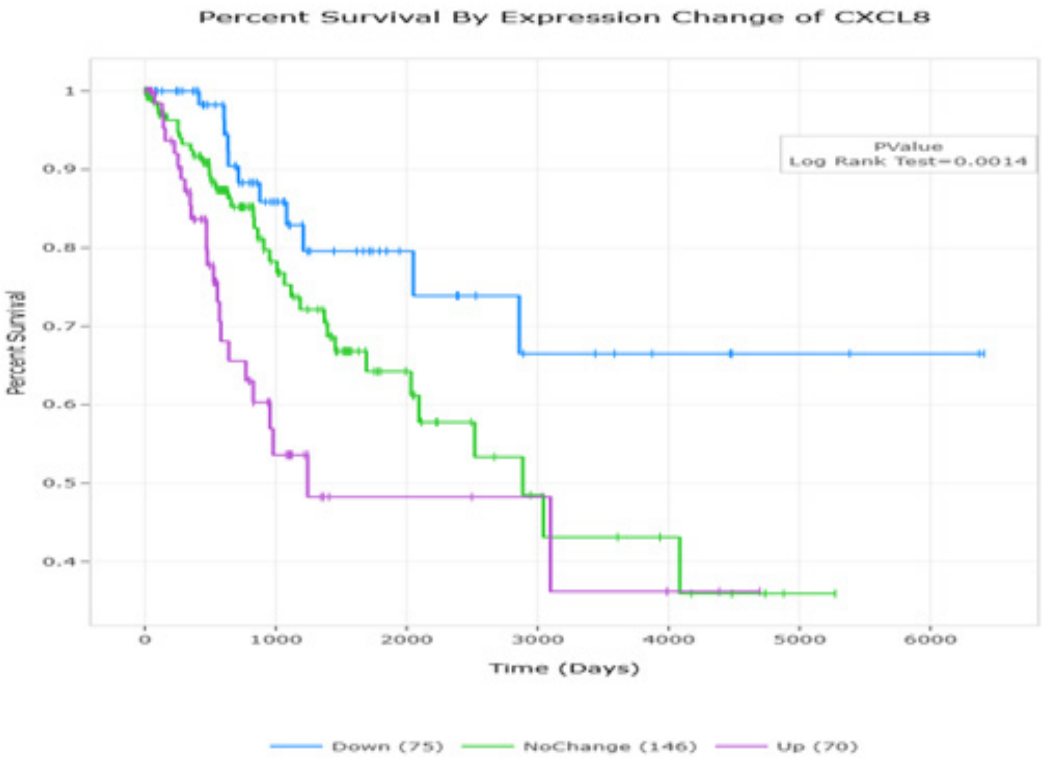
Introduction: Cervical Cancer (CC) is the fourth most common cancer among women, with approximately 604,000 new cases diagnosed annually worldwide. It is caused predominantly by high-risk strains of Human Papillomavirus (HPV), which inactivate tumor suppressor gene function. Advances in screening tools, such as the Papanicolaou (Pap) test, and prevention measures, including the 9-valent HPV vaccine, have significantly reduced mortality rates. However, the contribution of genetic factors to CC development remains underexplored. This study aims to identify and analyze unique gene profiles in patients with cervical Squamous Cell Cancer (SCC) to enhance understanding of the molecular mechanisms and canonical pathways driving the disease and to identify potential biomarkers for targeted gene therapy.

Methods: The Search Tag Analyze Resource for NCBI's Gene Expression Omnibus was used to identify cervical tissue samples from patients with cervical SCC and healthy controls, yielding 413 and 180 samples, respectively. Both HPV positive samples and HPV negative samples were included. Meta-analysis was conducted in STARGEO using a random effects model and the differential gene expression between case and control groups was reported. Pathway analysis was performed using Ingenuity Pathway Analysis (IPA) and restricted to genes with a statistically significant difference ($p<0.05$) and absolute experimental log ratio >0.2. IPA's Land Explorer function was used to generate survival data from all publicly available data for cervical SCC deposited into the TCGA Omics Land.

Results: Of the 26,327 genes identified via STARGEO meta-analysis, 2314 molecules (1105 upregulated and 1209 downregulated) met the restrictions and were included for analysis. Top upregulated genes include CDKN2A-a known tumor suppressor, MMP12-a contributor to extracellular matrix breakdown, and TM4SF19-a gene involved in cellular proliferation. Notable gene candidates include OAS1 and OAS3, known to be involved in the antiviral and immune response and hypothesized to be a biomarker in many malignancies, which show significant upregulation in cervical SCC with experimental log ratios of 0.508 and 0.460, respectively. The top canonical pathways identified include cell cycle checkpoints (z-score 10.247), mitotic prometaphase (8.189), mitotic metaphase and anaphase (8.488), synthesis of DNA (7.141), and kinetochore metaphase signaling pathway (4.352). Top upstream regulators include beta-estradiol, dexamethasone, TGFB1, CEBPB, and CKN1A however, the top upstream regulators with downstream effects on OAS1 and OAS3 are dexamethasone, KRAS, TNF, TP53, and IFNG. Upregulation of SPP1, CXCL8, and downregulation of CCL15-CCL14 were associated

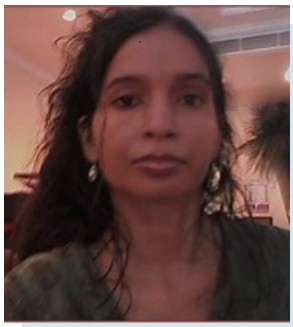
with poorer prognosis in cervical SCC with p-values of 0.485, 0.0014, and 0.0825, respectively.

Conclusion: Increased expression of OAS1 and OAS3 in other female reproductive system cancers has been associated with poor prognosis. Observed increased expression in cervical SCC may implicate the OAS family of genes as prognostic or diagnostic biomarkers in cervical SCC. Additional potential prognostic markers include SPP1, CXCL8, and CCL15-CCL14 whose observed expression in this dataset may be associated with decreased survival. Identifying biomarkers associated with cervical SCC is a preliminary and necessary step to develop individualized treatment regimens and screening protocols.



Biography

Samantha is currently a medical student at the University of Central Florida College of Medicine, expected to graduate in May 2027. She graduated in 2023 summa cum laude from the University of Florida in Gainesville, Florida with a Bachelor of Arts in Sociology and a minor in Chinese studies. During undergrad, she conducted research on transgender healthcare and chemistry education. Throughout her time in medical school, she has been dedicated to community education efforts, policy advocacy, and is especially interested in helping underserved populations.



Saumya Pandey (M.Sc. Biochemistry, Ph.D. Life Science)

Department of Clinical Research, IndiraIVF Hospital, Udaipur-Lucknow, India (formerly)

Impact of Matrix Metalloproteinase [MMP]-2 (2735C>T) and Tissue Inhibitor of Metalloproteinase [TIMP]-2 (2418G>C) gene polymorphisms with human papillomavirus-mediated cervical cancer: Emerging trends in gynecologic oncology

Objectives: Inflammation is a hallmark of HPV-mediated cervical cancer; Matrix Metalloproteinase [MMP]-2 and Tissue Inhibitor of Metalloproteinase [TIMP]-2 are emerging as pivotal players in inflammation and carcinogenesis. My study aimed to evaluate the role of MMP-2 (-735C>T) [rs2285053] and TIMP-2 (-418G>C) [rs8179090] gene polymorphisms in HPV-mediated cervical cancer susceptibility in North Indian women.

Methods: Hospital-based case-control epidemiology study in Lucknow, Uttar Pradesh, India; power-analysis sample size was calculated by Quanto-software (version1.0) (http://hydra.usc.edu/gxe) with input of variables: significance-level (α)<0.05 (2-sided), model-of-inheritance:log additive, allele frequency lowest in controls, genetic effect for Odds Ratio (OR)≥1.65 yielding >80% statistical power: N=400 study subjects viz. 200 histopathologically confirmed cervical cancer cases and 200 healthy controls: age-matched and similar ethnicity i.e. North Indian. Genomic DNA extraction from peripheral blood samples collected from study-subjects was carried out using salting-out method. MMP-2 and TIMP-2 genotyping was performed using polymerase chain reaction-based restriction fragment length polymorphism. $\chi 2$ goodness-of-fit test was used for any deviation from Hardy-Weinberg equilibrium in controls; chi-square analysis was utilized to determine differences in genotype and allele frequencies. Binary logistic regression was applied to estimate age-adjusted Odds Ratio (OR) with Bonferroni's correction for multiple comparisons.

Results and Conclusions: My findings demonstrated no significant association between MMP-2 (-735C>T) and TIMP-2 (-418G>C) gene polymorphisms and risk of developing cervical cancer in the study-population. Interestingly, stratified-analysis using a case-only approach revealed no effect of MMP-2/TIMP-2 polymorphisms on early (FIGO I, II) and advanced stages (FIGO III, IV) of cervical cancer; MMP-2 and TIMP-2 polymorphisms did not modulate risk in cervical cancer patients who smoked tobacco/cigarettes. Overall, my innovative study demonstrated lack of association between MMP-2 and TIMP-2 gene polymorphisms and cervical cancer susceptibility in women of North Indian ethnicity; HPV-genotyping suggested that higher the viral load in terms of test cut-off value, higher was susceptibility to develop cervical cancer.

Biography

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

Shaadaiti Wufuer*, Gulina A Babaike Li

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

The application prospect of radiofrequency ablation in the treatment of uterine adenomyosis- A new trend in the treatment of adenomyosis

Objective: To compare the efficacy evaluation of three kinds of treatment for adenomyosis and to discuss the application prospect of radiofrequency ablation for adenomyosis.

Method: The clinical data of 180 patients with adenomyosis were retrospectively analyzed, including 75 patients who underwent total hysterectomy (group A), 33 patients who underwent ultrasound-guided radiofofency ablation (group B), and 75 patients who underwent conservative treatment with Gonadotropin-Releasing Hormone (GnRH) (group C).

Results: Hysterectomy was an effective treatment, but left the patient with permanent loss of reproductive function, which may lead to premature ovarian failure. The efficacy of GnRH drugs is not exact, the course of treatment is long, the price is expensive, and the side effect is large, and the relapse after stopping the drug. Radiofrequency ablation has the characteristics of few side effects, short hospitalization time, low treatment cost, no change in ovarian blood supply, no impact on ovarian function, etc. It can be used as the first choice for patients with fertility requirements and desire to preserve uterus.

Conclusion: Ultrasound-guided radiofrequency ablation has a good effect on the treatment of adenomyopathy. As a minimally invasive technique that can preserve the uterus, radiofrequency ablation is expected to become a new targeted therapy for the treatment of adenomyopathy to make up for the shortcomings of existing treatments [1], preserve the endocrine function of the uterus and the periodic shedding of the endometrium, maintain the physiological and psychological balance of patients, and prevent reproductive tract infections. It is expected to be a new safe and effective way to treat adenomyosis.

Biography

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

Shaadaiti Wufuer*, Gulina A babaike Li

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

The establishment of an ideal animal model of POP and the mechanism of action of POP-related extracellular matrix proteins on the occurrence, development and reversal of POP

Objective: To establishment of an ideal animal model of POP and the mechanism of action of POP-related extracellular matrix proteins on the occurrence, development and reversal of POP.

Method: Thirty-six SD rats (female, 500-550g) were selected and after one month of adaptive feeding, they were evenly divided into four groups: the normal control group, the POP model group, the POP+TGF-β recombinant protein intervention group, and the POP+Fibulin5 recombinant protein intervention group. After the experiment, the rats in each group were sacrificed. The vaginal wall tissues of the rats were quickly dissected and then cut into small pieces (about 1 cm^3) with scissors. One piece of tissue was placed in 10% neutral formalin at 4°C for overnight fixation for subsequent HE and Masson staining observation, and the remaining tissues were stored at -80°C for subsequent RT-PCR detection of the expression of POP-related extracellular matrix proteins in the vaginal wall tissues of each group of rats, and verified by WB experiment.

Results: 1. During the modeling stage, the height and diameter of the perineum and the length of the perineum significantly increased after daily modeling (Simulated birth injury, and the vaginal wall was removed, but all the indexes of the animals recovered before the next day. On the second day of modeling, the vaginal wall of the animal was parallel to the vaginal opening. On the sixth day of modeling, the vaginal wall of the modeling animals was removed from the vaginal opening after the modeling operation. The MOPQ scores were 2-3 degrees prolapse. 2. Compared with the blank control group, the expression of TGF-β, Fibulin-5, Lox and Elastin genes in the POP model group was significantly decreased, and the difference was statistically significant ($P<0.05$). Compared with the POP model group, the expression of Fibulin-5 and Lox genes in the POP+TGF-β recombinant protein group was significantly increased; the expression of Fibulin-5 and Lox genes in the POP+Fibulin-5 recombinant protein group was significantly increased, and the difference was statistically significant ($P<0.05$).

Conclusion: Mechanical damage can cause disordered arrangement of collagen fibers and smooth muscle tissues under the squamous epithelium of the vaginal wall, with focal smooth muscle rupture. In the model group, there is hyperplasia of collagen fibers under the squamous epithelium, disordered arrangement, reduction of smooth muscle bundles, partial rupture, and irregular arrangement. Inflammatory cell infiltration leads to a significant decrease

in the expression of TGF-β, Fibulin-5, Lox, and Elastin genes, resulting in the occurrence of POP. After intervention with recombinant TGF-β or recombinant Fibulin-5, the expression levels of Fibulin-5, TGF-β, Lox, and Elastin genes are significantly increased, reversing the microenvironment of POP. This can be used as a new targeted treatment for the cause.

Biography

Dr. Shaadaiti studied clinical science at Xinjiang Medical University and received his master's degree in 2009. He will receive his PhD from the same university in 2021. doctoral research focuses on pelvic floor dysfunction. Has been offered an associate professor position. Obtained the status of a radiofrequency treatment of common gynecological diseases and frequent-onset training, organized and trained many times and participated in domestic conferences to exchange experience. He has published more than 10 scientific research papers in SCI (E) journals. There are four patents and two patent conversions.

Sophia Fraga[1*], Tanvi Sharma[1], Amanda Casetti[1], Dr. Versha Pleasant[2]

[1]University of Michigan Medical School

[2]OB/GYN, Michigan Medicine

Investigating patients' knowledge of clinical breast examinations

Background: While Clinical Breast Exams (CBEs) have long been a standard part of health maintenance visits, recent evidence questions their utility in resource-rich settings where mammography is readily available. Systematic reviews suggest that for every cancer detected by CBE, there are 55 false positives. Guidelines vary: the ACS no longer recommends routine CBEs; NCCN supports them when feasible for women over 25; ACOG advises shared decision-making; and USPSTF makes no mention of CBEs.

Objective: This study aimed to assess patient experiences, knowledge, and preferences regarding CBEs in the context of evolving guidelines.

Methods: This IRB-approved study administered a 40-question Qualtrics survey to patients at a single academic medical center who were over the age of 25 and at a normal risk of breast cancer. Surveys characterized 1) patient demographics, 2) patient experiences of routine breast examinations, 3) patient knowledge of current breast examination guidelines, and 4) patient preferences for future breast examinations in light of current guidelines.

Results: Of 2,343 of surveys sent to patients in the medical system, 1108 were completed. Of those, 887 were eligible to complete the survey, and 221 were excluded due to responses that indicated they were at an increased risk for breast cancer. For the 887 eligible respondents, racial/ethnic distribution was 85% White (n=749), 7% Black (n=63), 5% Asian (n=41), 5% Hispanic/Latino (n=41), 2% Middle Eastern/North African (n=15), 1% American Indian or Alaska Native (n=11), and 1% other (n=8).

At their last health maintenance exam, 59% (n=515) received a clinical breast exam, and 55% (n=478) receive them annually. In addition, 83% (n=725) believe that CBEs are an important part of health maintenance. The majority of respondents (68%, n=597) believed that mammograms were more effective at detecting breast cancer. When given information on updated guidelines, 68% (n=591) did not change their opinion on the frequency at which they wanted to receive CBEs and 57% (n=495) still wanted to receive annual exams.

Conclusion: Despite awareness of the superior diagnostic value of mammograms, most patients view CBEs as a meaningful part of routine care and prefer to receive them annually. These preferences align most closely with NCCN and ACOG recommendations, highlighting the

need for clear, patient-centered communication when navigating evolving screening practices.

Biography

Sophia Fraga is a fourth-year medical student at the University of Michigan, who is pursuing a residency in IM, with a focus on primary care and women's health. Her work on perinatal anxiety has been published in BMC Public Health, and presented at SMFM Pregnancy Meeting.

Tenghua Yu MD, PHD

Department of Breast Surgery, Jiangxi Cancer Hospital & Institute, Nanchang, China

GPER-driven crosstalk in breast cancer: Bridging drugs resistance and tumor microenvironment remodeling

Background: Triple-Negative Breast Cancer (TNBC) is a particularly aggressive type of breast cancer, known for its lack of effective treatments and unfavorable prognosis. The G protein-coupled estrogen receptor (GPER), a novel estrogen receptor, is linked to increased malignancy in various cancers. However, its involvement in the metabolic regulation of Cancer-Associated Fibroblasts (CAFs), a key component in the tumor microenvironment, remains largely unexplored. This study investigates how GPER influences the metabolic interaction between CAFs and TNBC cells, aiming to identify potential therapeutic targets.

Methods: The co-culture system is performed to examine the interaction between CAFs and TNBC cells, with a focus on GPER-mediated glutamine production and release by CAFs and its subsequent uptake and utilization by TNBC cells. And the definite roles of microenvironmental GPER/cAMP/PKA/CREB signaling in regulating the expression of Glutamine synthetase (GLUL) and Lactate Dehydrogenase B (LDHB) are further investigated.

Results: Our findings reveal that estrogen-activated GPER in CAFs significantly upregulates the expression of GLUL and LDHB, leading to increased glutamine production. This glutamine is then secreted into the extracellular matrix and absorbed by TNBC cells, enhancing their viability, motility, and chemoresistance both in vitro and in vivo. TNBC cells further metabolize the glutamine through the glutamine transporter (ASCT2) and glutaminase (GLS1) axes, which in turn promotes mitochondrial activity and tumor progression.

Conclusions: The study identifies GPER as a critical mediator of metabolic coupling between CAFs and TNBC cells, primarily through glutamine metabolism. Targeting the estrogen/GPER/glutamine signaling axis in CAFs offers a promising therapeutic strategy to inhibit TNBC progression and improve patient outcomes. This novel insight into the tumor microenvironment highlights the potential of metabolic interventions in treating TNBC.

Biography

Dr. Tenghua Yu is a clinician specializing in breast cancer research and treatment. He currently serves as Associate Chief Physician and Deputy Director of the Breast Surgery Department at Jiangxi Cancer Hospital & Institute, China. Dr. Yu earned his PHD (2013-2016) from Chongqing Medical University, China. From November 2024 to April 2025, Dr. Yu conducted advanced research at the UChicago Medical Center, USA. His research focuses on the tumor microenvironment, particularly the role of GPER in therapeutic resistance, and has authored over 30 peer-reviewed articles in international journals, including Oncogene, Clinical and Translational Medicine, Molecular Cell Endocrinology et al.

BOOK OF ABSTRACTS

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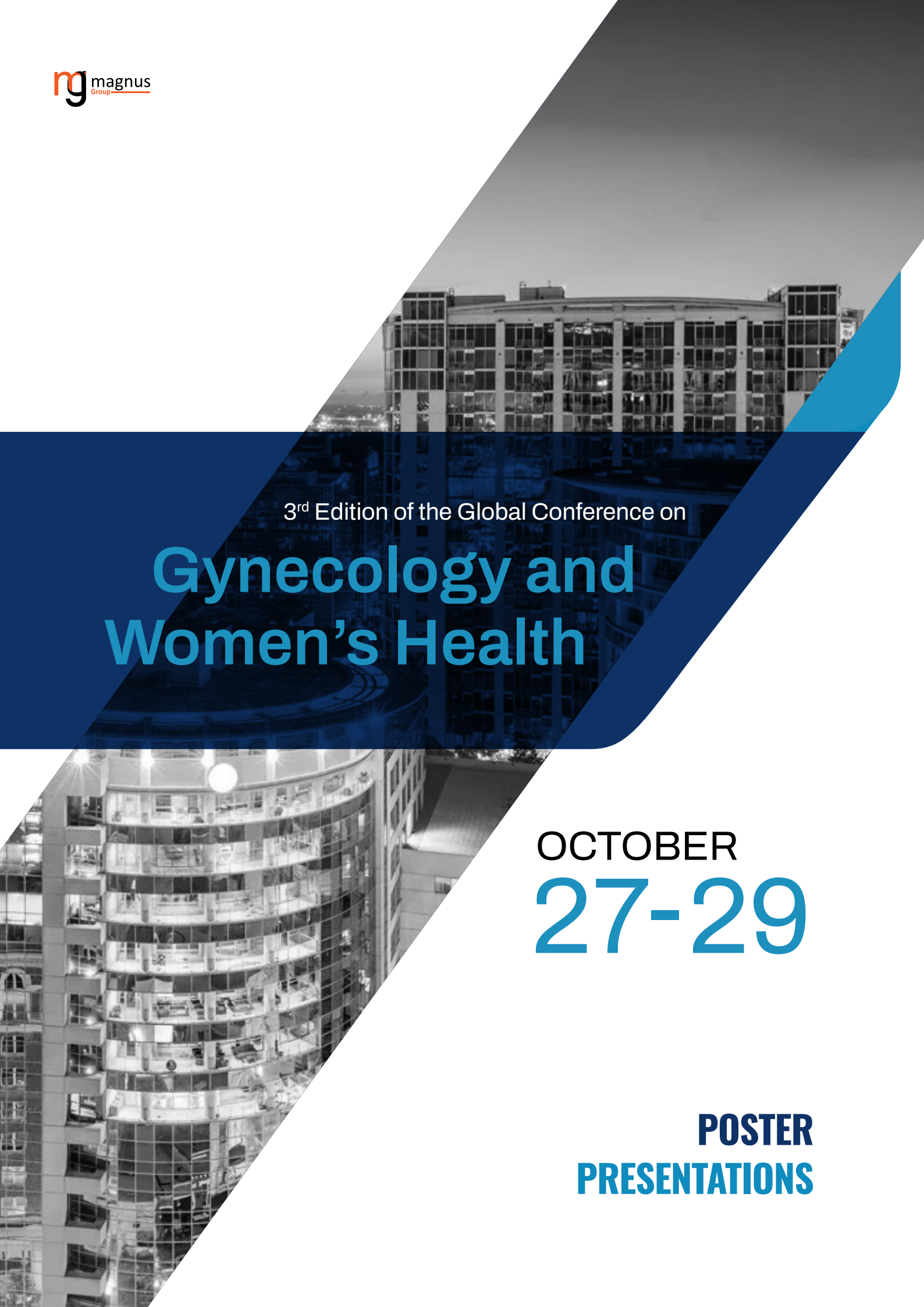

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POSTER PRESENTATIONS

Harshita Nadella*, Nicole Vilar, Danielle Donahue, Rahil Malik

Internal Medicine: Southeastern Medical Center: North Carolina, USA

Postpartum pubic symphysis diastasis: A case report

This case describes a 25-year-old African American woman (G1P0) with a medical history including a prior brain Arteriovenous Malformation (AVM) repair, pneumonia, and a urinary tract infection, who was admitted at 39 weeks gestation for labor and delivery. She underwent a spontaneous vaginal delivery of a healthy 4.025 kg female infant without immediate complications.

In the immediate postpartum period, the patient began experiencing severe pelvic pain and difficulty walking. Initially, her symptoms were managed conservatively however, due to persistent pain and impaired mobility, there was suspicious for a further diagnosis. Upon further evaluation a diagnosis of postpartum Pubic Symphysis Diastasis (PSD) was made. This is a rare condition characterized by excessive separation of the pubic symphysis. The patient received a steroid injection directly into the pubic symphysis joint. She showed some improvement and was discharged on postpartum day eight.

Within 24 hours of discharge, the patient returned to the emergency department with worsening pelvic pain and an inability to ambulate. This episode was managed with intravenous narcotics and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), which led to rapid symptom relief. She was monitored and subsequently discharged again after reporting significant improvement. Five days later at a follow-up visit, the patient still reported mild tenderness over the pubic symphysis but showed significant clinical improvement, including the resolution of her antalgic gait and the ability to urinate and walk. Since the patient was reassured that her symptoms were likely to resolve entirely within three to four months and that is consistent with the natural course of PSD, there was no further imaging done on the patient.

This case highlights the importance of recognizing and appropriately managing postpartum Pubic Symphysis Diastasis (PSD). Increased clinical awareness of this condition would allow providers to consider PSD more readily in the differential diagnosis of postpartum patients presenting with severe pelvic pain and impaired mobility. Early recognition can lead to prompt and accurate treatment, ultimately reducing unnecessary suffering and improving patient outcomes.

Biography

Dr. Harshita Nadella is a first-year Internal Medicine resident at the University of North Carolina (UNC) Southeastern Regional Medical Center in Lumberton, North Carolina, USA. She earned her Bachelor of Science in Biology and Society from Cornell University. She went on to receive her Doctor of Osteopathic Medicine (D.O.) degree from Nova Southeastern University's Dr. Kiran C. Patel College of Osteopathic Medicine.

Sagir Muhammad[1], Jonathan Sabulu[2*], Mohammed Mohammed Manga[3], Babagana Bako[4], Nuhu Teri James[5], Musa Sulaiman Yahya[5], Oludoyin Tolulope Olufajo[5], Farida Aboki[5], Bilqis Uwani Muhammad[5], Hajara Haruna Mahmud[6]

[1]Department of Obstetrics and Gynaecology, Specialist Hospital Gombe, Nigeria

[2]Department of Obstetrics and Gynaecology, West Suffolk Hospital, Bury St Edmunds, United Kingdom

[3]Department of Medical Microbiology, Gombe State University, Nigeria

[4]Department of Obstetrics and Gynaecology, University of Maiduguri, Nigeria

[5]Department of Obstetrics and Gynaecology, Federal Teaching Hospital Gombe, Nigeria

[6]Department of Microbiology, Gombe State University, Nigeria

Risk factors for surgical site infection following caesarean delivery at a tertiary hospital in northeastern Nigeria

Background: Caesarean delivery is a common surgical intervention, but it carries a risk of Surgical Site Infection (SSI), which can negatively affect maternal health, prolong hospital stay, and increase healthcare costs. Data from northeastern Nigeria on SSI incidence and risk factors are limited.

Objective: To determine the incidence and independent risk factors for SSI following caesarean delivery at the Federal Teaching Hospital Gombe, Nigeria.

Methods: This retrospective study reviewed records of 156 women who underwent caesarean delivery between 1 January and 31 December 2018. Demographic, clinical, and intraoperative data were analysed using SPSS version 20. SSI was defined using CDC criteria within 30 days post-surgery. Fisher's Exact Test and multivariate logistic regression were applied, with statistical significance set at $p<0.05$. Ethical approval was obtained (NHREC/25/10/2013).

Results: The SSI incidence was 6.4%. Isolated pathogens included Proteus mirabilis, Klebsiella oxytoca, and Staphylococcus aureus, all susceptible to commonly used prophylactic antibiotics. On bivariate analysis, preoperative Packed Cell Volume (PCV) <30% (OR 7.2, 95% CI: 2.043–27.570) and prolonged rupture of membranes or other associated clinical risk conditions (OR 7.0, 95% CI: 1.902–25.763) were significant. Multivariate analysis confirmed low preoperative PCV (OR 10.168, 95% CI: 1.152–89.774, p=0.037) and associated problems (OR 11.717, 95% CI: 1.237–110.959, p=0.032) as independent predictors.

Conclusion: Preoperative anaemia and certain obstetric or medical complications significantly increase the risk of post-caesarean SSI. Optimising haematocrit before surgery and providing timely pre-incision antibiotic prophylaxis are essential preventive strategies in this setting.

Biography

Dr. Jonathan Sabulu graduated with an MBBS from the University of Jos in 2013 and has since worked as both a clinician and researcher. He served as a Specialist Registrar at the Federal Teaching Hospital Gombe, Nigeria, and currently holds the same position at West Suffolk Hospital, UK. In 2022, he obtained an MSc in International Public Health (Sexual and Reproductive Health) from the Liverpool School of Tropical Medicine, graduating with distinction. His dissertation contributed to the Confidential Enquiries into Maternal Deaths in Kenya. Dr. Sabulu has authored five peer-reviewed publications and remains dedicated to improving maternal and reproductive health outcomes.

Kristen Di Stefano[1,2*], Dan Nayot[1]

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The impact of preconception antioxidant nutrients on men with low motile sperm concentration measured by the YO® home sperm test: A prospective study

Objective: To investigate the effect of preconception antioxidant nutrients on Motile Sperm Concentration (MSC) after three months of supplementation in men with low baseline MSC who are trying to conceive at home.

Materials and Methods: Participants with a low-normal MSC ranging from 6-39×106/mL were invited to enroll in this prospective, single-arm experimental study. This approach aligns with the definition of a "low-normal" subgroup used in prior studies. Participants took a daily antioxidant nutrient complex (Male Fertility Power Pack, Bird&Be, Toronto, Canada) for a duration of three months. In parallel, they were instructed to complete a baseline test followed by monthly follow-up tests using the YO Sperm kit for three consecutive months. All semen analyses were conducted at home using the FDA-cleared YO® Home Sperm Test (YO). Tests were self-conducted by participants, and results were electronically recorded and confidentially shared with study investigators. Changes in Motile Sperm Concentration (MSC) were analyzed using paired samples t-tests, and effect size was assessed with Cohen's d. A p-value <0.05 was considered statistically significant.

Results: The 126 enrolled participants had a mean MSC of 25.2 (±8.4)×106/mL at baseline, which increased to 34.6 (±24.9) at month 1, 35.4 (±24.9) at month 2, and 37.7 (±20.3) at month 3. Significant improvements in MSC were observed from baseline to month 1 (37% increase; $t(72)=2.66$, $p=0.02$, $d=0.30$), month 2 (40% increase; $t(53)=2.62$, $p=0.002$, $d=0.34$), and month 3 (49% increase; $t(34)=3.57$, $p=0.008$, $d=0.58$). As shown in Table 1, there were trending increases in mean MSC with each consecutive month, although these were not statistically significant. Self-reported side effects included nausea, gastrointestinal discomfort, and discoloration of urine due to vitamin B2. Self-reported compliance was 98%, 64%, and 33% for months 1, 2, and 3, respectively.

Conclusions: Among men with low-normal MSC values, the preconception antioxidant nutrient complex led to a statistically significant improvement in MSC, sustained over the three-month intervention period.

Impact Statement: This research underscores the potential role of low-level interventions, such as antioxidant supplementation, in supporting male fertility and the positive application of YO to capture and monitor home-based male fertility data. Future studies should aim to enhance participant compliance and examine the effects of antioxidant use on additional markers of fertility and sperm quality.

Table 1: Changes in motile sperm concentration from baseline and between month comparisons.

Timepoint	% Change	P-Value	Cohen's d
Baseline vs Month 1 (n=73)	37%	0.02	0.30
Baseline vs Month 2 (n=54)	40%	0.002	0.34
Baseline vs Month 3 (n=35)	49%	0.008	0.58
Month 1 vs Month 2 (n=54)	3%	0.5	0.05
Month 2 vs Month 3 (n=35)	6%	0.3	0.11
Month 1 vs Month 3 (n=35)	9%	0.9	0.17

Biography

Kristen Di Stefano is a clinical researcher at The Bird&Be Co. She leads research on preconception interventions, focusing on male fertility outcomes and home-based diagnostics. She has received her Bachelor of Health Sciences degree from Queen's University and Master of Health Sciences in Translational Research from the University of Toronto. With an interest in research and clinical practice, she is continuing her education at the University of Toronto to pursue her Doctor of Medicine (MD) degree.

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Immediate postpartum long-acting reversible contraception use and short-interval pregnancy, a community hospital perspective

Introduction: Short-Interval Pregnancy (SIP) is defined as an interval of fewer than 18 months between delivery and subsequent conception. It is associated with adverse maternal and fetal outcomes, and significant nationwide costs. Placement of Long-Acting Reversible Contraceptive (LARC) devices Immediately Postpartum (IPP) is safe, convenient, effective, and associated with a lower probability of SIP when compared to use of less effective methods. As a result, PP LARC has been supported by The American College of Obstetricians and Gynecologists (ACOG) as best practice, with the organization calling for health systems to make institutional changes to support its provision. In 2017, Connecticut (CT) Medicaid expanded coverage to reimburse IPP LARC. In March 2020, Stamford Hospital (SH) began providing IPP LARC to patients with Medicaid with the creation of the Division of Family Planning within the Department of OB/GYN. The primary objective of this study is to assess SIP rate between those receiving and not receiving an IPP LARC since the implementation of this institutional change.

Methods: Retrospective chart review was performed among patients with Medicaid who delivered at SH between March 2020-March 2023 and received their prenatal care at Optimus Clinic, SH's federally-qualified health clinic. Cohorts were defined as “IPP LARC” (Copper-IUD, Levonorgestrel-IUD, or Etonogestrel subdermal implant before hospital discharge) and “No IPP LARC” (no contraception, short-acting reversible contraception initiated prior to hospital discharge or within 12 weeks of delivery, or LARC initiated after hospital discharge). Data on demographics, pregnancy and delivery characteristics and complications, and contraceptive method chosen with timing of initiation was collected. Primary outcome is new documented pregnancy within 18 months of delivery. Secondary outcomes include PP visit attendance rate within 12 weeks, rate of contraception continuation versus method change at 6 & 12 weeks and 12 & 18 months, and rate of IUD expulsion and replacement. Statistical significance is defined as $p<0.05$.

Results: This IRB-approved study has completed data collection with a sample size of 1050 patients and is currently undergoing statistical analysis. Results will be available at time of presentation.

Conclusions: We hypothesize that the introduction of the IPP LARC program at SH is associated with a reduction of the SIP rate in our population.

Biography

Margot Debrabandere received her Bachelor of Arts in Neuroscience and Philosophy from Vanderbilt University in 2017, followed by her Doctor of Medicine from Drexel University College of Medicine in 2022. She is a current third-year Obstetrics and Gynecology Resident Physician at Stamford Hospital/Columbia University in Stamford, Connecticut.

Laura Jore, Nneoma Edokobi*, Mary Kate Potter, Meghan Johnson, Ishani Deliwala, Katilin Warta

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Ruptured tubal ectopic pregnancy with intraoperative detection of pulsatile fetal cardiac activity: A rare presentation of intraoperative visualization of cardiac activity in ectopic pregnancy

Background: Ectopic pregnancies account for approximately 2% of reported pregnancies (ACOG PB 193). Diagnosis relies on ultrasound imaging and trends of beta human chorionic gonadotropin levels. We present, to our knowledge, one of the first case reports of a ruptured tubal ectopic pregnancy in which fetal cardiac pulsation was observed intraoperatively, highlighting a rare intraoperative finding associated with ectopic pregnancy.

Case Presentation: A 32-year-old gravida 5 para 4 presented with vaginal bleeding and left-sided pelvic pain. Transvaginal ultrasound demonstrated a 6-week, 4-day gestational sac with an embryonic pole and fetal heart rate of 194 beats per minute in the left adnexa, with no intrauterine pregnancy. Serial serum β-hCG values were 17,694 IU/L and 16,599 IU/L 48 hours later. Diagnostic laparoscopy revealed a ruptured left tubal ectopic pregnancy with approximately 50 mL of hemoperitoneum. Remarkably, fetal cardiac pulsation was visible within the ectopic tissue. A left salpingectomy was performed to remove the ectopic tissue. Histopathology confirmed immature chorionic villi, nucleated red blood cells, and decidualized tubal tissue, consistent with ectopic pregnancy in the fallopian tube.

Discussion: This case describes the rare finding of intraoperative visualization of cardiac activity in the setting of a ruptured tubal ectopic pregnancy. While ectopic pregnancies account for 1-2% of all pregnancies, and are themselves inherently common, visible cardiac pulsation within ectopic tissue is highly unusual, and we believe this to be one of the first reports of this intraoperative finding.

In this case, the presence of pulsatile cardiac activity within the ectopic tissue, demonstrating viability, introduces a new emotional and ethical dimension to surgical management. In usual circumstances, with the laparoscopic removal of ectopic tissue in the setting of rupture, nonviable tissue is being removed from a nonviable location. However, in the case of our patient, we are now faced with the reality of excising demonstrably viable tissue from a nonviable location. This emphasizes the nature of surgical management of ectopic pregnancies: discontinuation of embryonic development due to the direct threat it poses on maternal life, especially in the setting of rupture.

The intraoperative visualization of pulsatile cardiac activity did not alter the surgical management, as a left salpingectomy was completed to control hemorrhage in our rupturedpatient. However, this case raises a thought-provoking ethical and emotional consideration: should the intraoperative visualization of cardiac activity, indicating a viable embryo, alter the ethical or emotional dimension of management by the surgical team? While it is currently not a medical standard to relocate an ectopic embryo to a viable uterine location, the observation of embryonic cardiac motion in a life-threatening context underscores the complexity of ectopic pregnancy management.

Conclusion: Fetal cardiac activity within an ectopic pregnancy is observed on ultrasound imaging. However, fetal cardiac activity observed within the ectopic tissue at the time of surgical exploration is exceedingly rare. To our knowledge, this is the first case report describing a direct visualization of fetal cardiac pulsation on laparoscopy and the persistence of such pulsatile fetal cardiac activity despite a tubal rupture and hemoperitoneum.

Biography

Dr. Edokobi graduated from the University of Maryland, Baltimore County, in 2016 and earned her medical degree from Virginia Tech Carilion School of Medicine in 2020. She is currently completing her residency in obstetrics and gynecology at Novant Health in North Carolina. Her clinical interests include complex gynecologic surgery and the care of patients with gynecologic malignancies. She aspires to pursue fellowship training in gynecologic oncology, where she hopes to contribute to both patient care and research focused on improving outcomes for women with reproductive cancers.

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Endometriosis global prevalence, comorbidity risk, and cumulative health burden

Intro: Endometriosis and connective tissue disorders are two under-researched and under-diagnosed chronic conditions with overlapping symptomologies and patient demographics. Women with endometriosis and Hypermobile Ehlers-Danlos Syndrome (hEDS; a genetic connective tissue disorder) often face considerable delays in diagnosis and treatment, which prolong pain and dysfunction. Although women with these two conditions often report similar genitourinary symptoms (e.g., pelvic pain), there are conflicting perspectives in the medical community regarding the likelihood of someone with endometriosis receiving a co-occurring diagnosis of hEDS. This study aims to investigate the global prevalence of endometriosis, the risk of receiving a comorbid diagnosis of hEDS, and the cumulative toll of being diagnosed with both conditions.

Method: Electronic health records from over 40 million women across 108 global healthcare servers were queried using the TriNetX database. After exploring the phenotypic presentation of women in each cohort, contingency tables were created with endometriosis as the condition and hEDS as the grouping variable to determine comorbidity risk. Then, advanced analytics were performed to explore cumulative burden of these conditions by comparing women with both endometriosis and hEDS to women with a sole diagnosis of endometriosis. After propensity score matching, differences in relevant (non) surgical outcomes were examined. All analyses restricted age (12-55 years) and sex (female).

Results: TriNetX international health records (N=504,894) reveal that endometriosis is diagnosed at a mean age of 42 years (Range=12-55) and predominantly occurs in women identifying as white (58.5%) and non-hispanic (64.2%). Women diagnosed with endometriosis have a high prevalence of comorbid connective tissue/musculoskeletal disorders (56%), with women living with endometriosis being 7.24 times more likely to receive a comorbid diagnosis of hEDS, compared to people not diagnosed with endometriosis ($p<.0001$, 95% CI: 6.89, 7.60). Compared to women with a sole diagnosis of endometriosis, women diagnosed with both endometriosis and hEDS are (a) 2.06 times more likely to have pelvic pain (95%CI: 1.79, 2.38; Risk difference: 17.58%, $z=10.03$, $p<.0001$), (b) 1.25 times more likely to have female genital system surgery (95%CI: 1.07, 1.46; Risk difference, $z=2.81$, $p<.005$), (c) 2.39 times more likely to have digestive system surgery (95%CI: 2.01, 2.85; Risk difference: 14.77%, $z=9.99$, $p<.0001$), (d) 2.47 times more likely to have urinary system surgery (95%CI: 1.97,

3.10; Risk difference: 9.39%, z=8.05, p<.0001), and (e) 4.78 times more likely to undergo physical therapy for pain management (95%CI: 3.94, 5.81; Risk difference: 24.53%, z=16.70, p<.0001).

Discussion: This study highlights the global prevalence and phenotypic presentation of endometriosis and the risk of receiving a comorbid connective tissue disorder diagnosis. The cumulative toll of living with both endometriosis and hEDS is evident in significantly greater risk of experiencing pelvic pain, undergoing multiple types of surgeries, and engaging in physical therapy to mitigate pain and improve function. Understanding the overlap in endometriosis and hEDS symptomologies and patient populations has the potential to improve approaches to diagnosis and care management.

Biography

Rachael E. Bishop is a PhD Candidate in the Department of Communication Arts and Sciences at The Pennsylvania State University. As a translational scientist, she has extensive experience turning advances in research into real-world applications benefiting the health of members of underrepresented communities. She has served as a health communication consultant and invited speaker/workshop developer across numerous medical contexts over the past decade. Rachael earned three competitive research fellowships as a graduate student, and her work has been funded by such entities as the National Institutes of Health, Juliet Viola Kniffen Foundation, and Penn State Clinical and Translational Science Institute.

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Breastfeeding in pregnancies complicated by mental illness

In recent years, the increasing number of pregnant women with comorbid mental disorders has become a major concern. Without appropriate support, their physical and mental health, as well as that of their fetuses and newborns, may be adversely affected. Breastfeeding is crucial for the good health of both mothers and children; however, women with mental disorders often face challenges in breastfeeding. This study examines the rates and methods of breastfeeding among pregnant women with mental disorders from pregnancy through one month postpartum.

This study is based on retrospective data collected from a sample of 440 pregnant women between 2017 and 2019. Out of these participants, 52 had mental disorders, and 388 did not. The desire to breastfeed before delivery was significantly lower in the group with mental disorders (30.8%) than in the group without mental disorders (64.9%) ($p<0.01$). Additionally, the breastfeeding rate at one month postpartum was alarmingly low among those with mental disorders (19.2%), who also showed fewer instances of direct breastfeeding. Furthermore, this group had a significantly lower maternity leave rate ($p<0.05$), and a higher incidence of postpartum depressive symptoms ($p<0.01$) compared to those without mental disorders.

These findings suggest that women with mental disorders are less likely to engage in breastfeeding, potentially hindering maternal-infant bonding. Moreoever, a lack of understanding and bias among healthcare providers may further obstruct breastfeeding efforts. Future initiatives should focus on early screening for mental disorders and the establishment of multidisciplinary support systems. This study highlights the need for appropriate and comprehensive support measures for pregnant women with mental disorders to ensure the health of both mothers and their children.

Biography

Ryoko Oe completed her Master's degree in Nursing at Shiga University of Medical Science (2022) and began her doctoral studies in April 2024. She is actively involved in childcare research, particularly focusing on breastfeeding among pregnant women with psychiatric disorders. As a midwife, she has provided clinical care and guidance to pregnant women with psychiatric disorders from pregnancy through postpartum period.

Saira Iqbal

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Acute HSV-1 vulvitis with sepsis in a young woman with uncontrolled type 1 diabetes: A multidisciplinary case report

Background: Herpes Simplex Virus (HSV) vulvitis is typically self-limiting but may present severely in immunocompromised individuals. This case highlights an unusual presentation of HSV-1 vulvitis complicated by sepsis in the context of poorly controlled type 1 diabetes mellitus.

Case Presentation: A 27-year-old female with known type 1 diabetes (HbA1c 12%) presented with vulval pain, erythema, and fever. She developed urinary retention due to severe vulval pain. Examination revealed extensive vesicular lesions in vulva and perineum and signs of systemic infection. Catheter was passed to relieve urinary retention. HSV PCR swabs from vulva came back positive for HSV-1; serology was negative for HSV IgG, suggesting a primary infection.

The patient was diagnosed with HSV vulvitis complicated by secondary soft tissue infection and sepsis. Initial management involved intravenous Cefazolin and Acyclovir for seven days. Upon clinical improvement, therapy was stepped down to oral Augmentin Duo Forte and Valaciclovir to complete a total 10-day course.

Given the patient's poor glycaemic control, the endocrinology team initiated insulin optimisation with Novorapid and Optisulin. Outpatient follow-up was arranged with her general practitioner and the diabetes clinic.

Discussion: This case illustrates the potential for severe HSV presentations in patients with poorly controlled diabetes. The overlap between infectious disease, endocrinology, and gynaecology care was critical to the patient's recovery. Early identification, multidisciplinary management, and tight glycaemic control were key to preventing further complications.

Conclusion: Clinicians should consider HSV infection in the differential diagnosis of genital ulcers, especially in immunocompromised patients. This case reinforces the systemic implications of uncontrolled diabetes and the importance of collaborative care.

Biography

Dr. Saira Iqbal is a dual member of prestigious institutions, having completed her MRCOG with the Royal College of Obstetricians and Gynaecologists and her MRCPI in Obstetrics and Gynaecology with the Royal College of Physicians of Ireland, both in 2022. In 2023, she earned her fellowship in Obstetrics and Gynaecology from the College of Physicians and Surgeons. Dr. Iqbal has an active academic portfolio, with three research publications and experience in presenting e-posters at medical conferences. She is committed to improving women's health and continually strives to advance care and outcomes in the field of obstetrics and gynecology.

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Exploring providers' practices and attitudes to pain management during IUD insertion (pain) study

Background: Intrauterine Devices (IUD's) are one of the most effective contraceptives to prevent unintended pregnancies; however, pain during insertion serves as a significant barrier to uptake. This study explores the clinical practices of California healthcare providers regarding pain management during IUD insertions. To date, only one U.S. study has examined provider decision-making, highlighting a critical literature gap.

Methods: We conducted semi-structured interviews with twenty healthcare providers in California to explore their attitudes and decision-making around pain management during IUD insertions. Providers were recruited using convenience sampling and participated in 35–45-minute Zoom interviews.

Transcripts were thematically analyzed using both deductive and inductive coding. Coding was conducted in Dedoose by a multi-person research team with discrepancies resolved by consensus. Thematic saturation was reached by the 10th interview.

Results: Pain management practices varied substantially across providers and settings. NSAIDs were routinely offered while the use of local anesthetics varied widely and based on factors such as availability, provider comfort, and perceived clinical need. Some providers reported standardizing local anesthetic across all patients, while others tailored interventions based on procedural complexity or patient request. Benzodiazepines and sedation, while not a part of routine procedure, were utilized for highly anxious patients or upon specific request.

Clinical decision-making was shaped by multiple factors. Providers referenced using patient characteristics (e.g. anxiety, nulliparity, trauma history, first pelvic exam) in their tailoring of pain management practices. Many described a shifting trend towards local anesthetic use, citing heightened patient awareness and increased training. Motivations for offering pain management often stemmed from a desire to reduce barriers to IUD access, even when certain methods were perceived as ineffective.

Several training and knowledge gaps were reported. Many providers described insufficient pain management education during their clinical training, citing their practice to be largely informal, acquired through peer mentorship or on-the-job experience. Providers also noted patients often lacked awareness of what the IUD insertion process entails, including available pain relief options. Many reported that misinformation, particularly from social media, frequently shaped patient expectations.

Numerous barriers to pain management practices were reported, including lidocaine shortages, limited training in paracervical blocks, and time constraints, with challenges most pronounced in lower-resourced health centers.

Conclusion: The recent release of the first pain management guidelines by ACOG and the CDC marks a critical shift toward improving patient-centeredness in IUD care. However, our findings underscore the wide variability in provider practices, shaped by structural barriers, level of training, provider discretion, and gaps in patient awareness. Systemic challenges including equipment shortages, limited paracervical block training, and time constraints pose significant limitations to delivering consistent and equitable care, particularly in underserved settings. These findings highlight the need for sustained efforts to ensure that national recommendations are meaningfully translated into clinical practice. Targeted investments in provider training, patient education, and reliable access to pain management supplies are essential to close equity gaps.. Additionally, providers' own reflection of care gaps and lack of anesthetic standardization underscores the importance of individual accountability to foster consistent, equity-driven practices.

Biography

Semira Sherief is a third-year medical student in the UC Berkeley–UCSF Joint Medical Program, where she is pursuing a dual MD/MS degree. Her research focuses on advancing health equity, with a particular interest in improving access to reproductive health care. She is also deeply committed to mentorship and medical education.

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Delivery modalities and challenges in cerebral palsy patients: A case study

Cerebral Palsy (CP) presents unique challenges during pregnancy and delivery due to associated motor impairments, comorbidities, and sensory deficits. As medical advancements increase the number of women with CP reaching childbearing age, tailored obstetric care becomes essential. This case study examines the delivery of a 23-year-old primigravida at 34 weeks gestation with chronic hypertension and CP, who had undergone multiple surgeries for limb contracture correction. Due to her limited range of motion, inability to feel contractions, unstable lie, and hypertensive emergency, a cesarean section was performed. This case highlights the importance of personalized care for CP patients, focusing on physical limitations and potential sensory deficits to optimize maternal and fetal outcomes.

Biography

Swati Kumari is a second-year OB/GYN resident at BronxCare Hospital in the Bronx, New York. With prior training in Reproductive Endocrinology in India, she has a strong interest in women's health, aiming to enhance patient care through effective communication and community health initiatives.

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Comparing in-person and phone translation services for spanish-speaking patients

Effective communication is vital for high-quality patient care, especially for non-English-speaking populations. This study examines the impact of translation services on patient satisfaction and communication effectiveness, aiming to extend our impact on population and community health. We surveyed 700 Spanish-speaking patients on their communication experiences with Spanish-speaking doctors, in-person translators, and phone translators. Most patients preferred Spanish-speaking doctors, with 70% finding in-person translators nearly as effective. Moreover, 82% favored in-person translators over phone translators, while only 0.3% preferred phone translators. The findings suggest that in-person translation services significantly enhance patient satisfaction, and prioritizing in-person translators in healthcare settings could improve care quality and health outcomes.

Biography

Swati Kumari is a second-year OB/GYN resident at BronxCare Hospital in the Bronx, New York. With prior training in Reproductive Endocrinology in India, she has a strong interest in women's health, aiming to enhance patient care through effective communication and community health initiatives.

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Assessment of midwives knowledge of instructions and considerations for breastfeeding and co-sleeping

This study aims to clarify the content of instruction and points to keep in mind regarding breastfeeding and co-sleeping, based on a survey of infant asphyxiation deaths caused by these practices. Over the past 10 years, 16 cases of infant asphyxiation due to sleeping and breastfeeding have been reported. Nearly 67.1% of the midwives surveyed (out of 85) responded that breastfeeding was a risk factor for infant asphyxiation, and 36.5% instructed mothers to sleep with their babies. The reasons given for recommending breastfeeding and co-sleeping included consideration of mothers' fatigue and accommodating nighttime feeding; however, it was clear that some midwives were unaware of the risk of death due to breast compression. Thus, midwives should understand the dangers associated with sleeping when breastfeeding. Based on an analysis of infant asphyxiation deaths due to sleeping when breastfeeding, which has been passed down from the Futon culture, midwives need to understand and provide nursing care for infants at younger ages, especially during winter and late at night, as these factors increase the risk of death due to asphyxiation from breastfeeding. The results of a forensic autopsy showed that breastfeeding is a risk factor for asphyxiation; deaths due to asphyxiation are more likely to occur in younger infants, during winter, and in the late evening. Mothers who are fatigued are more likely to breastfeed, and midwives are often involved in breastfeeding care without understanding the risks involved. Co-sleeping and breastfeeding can lead to infant asphyxiation; thus, midwives should avoid recommending co-sleeping and breastfeeding. Midwives should understand the risks associated with breastfeeding and co-sleeping and provide appropriate guidance and care to ensure the safety of both mothers and infants. It is crucial for midwives to be well-informed about the potential dangers of infant asphyxiation, especially during winter and late at night. Midwives should provide safe and effective care for both mothers and infants, considering factors like maternal fatigue and the cultural practices surrounding infant care.

Biography

Yumiko Tateoka earned her Doctor of Nursing degree from Kitasato University Graduate School in 2002. With approximately 35 years of experience as a midwife, she has been involved in teaching, research, and clinical practice. In 2014, she became a professor in the midwifery program at Shiga University of Medical Science. Yumiko Tateoka continues to provide breast and breastfeeding-related care at the university hospital, where she oversees the midwifery outpatient clinic.

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