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**Controversies in Obstetrics,
Gynecology & Infertility (COGI)**
All About Women's Health



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Congress Program & Abstracts



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hiprandrogenismo, is not yet a clear explanation, not knowing its connotations in thereproductive function and its relationship with some metabolic parameters as insulin, resistance to insulin and body weight. **Objectives:** Research the relationship that exists in young women, without stigmata of Hyperandrogenism, menstrual regularity and OMF or normal ovaries to study ecosonographic, insulin, insulin and body weightresistance. **Materials and methods:** We studied a group of 76 young women with OMF and menstrual regularity (A) and another 74 women without OMF and menstrual regularity (B). In all we investigated the levels of glucose, and fasting insulin, resistance to insulin (HOMA-IR) and its relation to body weight, discard also hipendrogenemia with TI (free testosterone) **Results:** The mean age was 23. 8±4. 8 years in Group A and 24. 2±4. 2 in B. The IMC reached 24. 4±2. 8 and 23. 2±4. 3 in them groups to and B respectively, being to 25 in the 44.7% of women of the group to and 33.7% of the Group B (p 0.001). Blood glucose was 89. 9±8. 2 mg/dl to 85. 3±6. 6 mg/dl in groups A and B (p 0.001). HOMA-IR reached 3. 04±1. 4 in Group A and 1. 7±0. 6 in B, (p 0.001), determining group 46% had values of HOMA-IR ≥ 3, while in the B only 4% exceeded this value (p 0.0001). **Conclusion:** These findings are suggestive that in women with OMF and menstrual regularity, the insulin resistance and hyperinsulinemia would have as an initial deleterious effect on the ovarian function, which translates to greater recruitment follicular with a greater number of antral follicles to the ecosonographic study, ignoring even its further evolution.

P80-1144

PERITONEAL ENDOMETRIOSIS RATE IN WOMEN WITH ABNORMAL IMMUNOHISTOCHEMICAL CHARACTERISTICS OF THE NORMAL ENDOMETRIUM

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Endometriosis is one of the most common and severe diseases of premenopausal women which negatively affects quality of life and fertility. Per the American Association of Reproductive Medicine (ASRM) recommendations, endometriosis is a chronic condition, which requires development of a long-term management plan for patient with maximum use of drug therapy to avoid repeated surgical interventions. The severity of the disease, the ambiguity of approaches and the absence of methods of treatment suitable for all patient population have predetermined interest of many researchers in the comprehensive study of this disease. However, despite numerous publications on this subject, the results remain poorly satisfactory. There are some reports that the eutopic endometrium in patients with endometriosis differs from that in healthy women in structure, proliferative activity, ability to invade (components of the proteolysis and angiogenesis system), state of the steroid receptors expression etc. We studied 60 samples of eutopic (n=30) and heterotopic (n=30) endometrium in women of reproductive age with infertility and laparoscopically confirmed endometriosis. The results were compared with 30 normal endometrial samples from women without endometriosis (also with infertility but with laparoscopically excluded endometriosis). For assessment of endometrial samples immunohistochemical analysis was used. It was found that the eutopic endometrium in patients with peritoneal and ovarian endometriosis had qualitative features comparable to those in the ectopic endometrium. An important difference between eutopic endometrium from patients with and without endometriosis was increase of estrogen receptors expression and decrease of progesterone receptors expression in combination with abundant expression of receptors for MPP-9 and Bs1-2. This allowed us to make conclusion about possible use of this method for early even preclinical diagnosis of endometriosis using only Pipelle-biopsy of endometrium. Later we analyzed the results of laparoscopy in 60 women with infertility, who had abnormal (n=30) and normal (n=30) immunohistochemical characteristics of the eutopic endometrium. Per our data, external genital endometriosis was diagnosed by laparoscopy in 23 patients with abnormal endometrial characteristics (76,7%) what is much more than in patients with normal endometrium – 10 patients (33,3%). This difference was statistically significant (p=0,008). In conclusion, this method after proper evaluation could be promising clinical tool for early detection of mild endometriosis when patients could have maximum benefit from laparoscopic intervention.

P81-1145

SHOULD WE DO MYOMECTOMY IN WOMEN WITH INFERTILITY? A NEW CRITERIA FOR DECISION MAKING

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The role of uterine leiomyoma in women of reproductive age as a factor that influences fertility has been subject of debate for many years. It's importance as a research topic continues to grow as recently more women delay childbirth until later period of their life. It's well known that submucosal myomas (types 0-2) are clearly associated with infertility and especially pregnancy loss. In case of the presence of such myoma deforming uterine cavity in most of the cases a hysteroscopic myoma resection would be appropriate option before attempts of conception. Association of leiomyoma without deformity of uterine cavity (FIGO type 3) with poor pregnancy prognosis is not so obvious. In this connection, an objective prediction of the potential impact of asymptomatic uterine leiomyoma on fertility and pregnancy outcome is of special importance. Reliable prediction of negative myoma impact on future pregnancy course could help with clinical decision about necessity of surgical intervention in only patients with 'poor prognosis' avoiding invasive procedures in the rest of patients. It was found that the uterine peristalsis (contractility) of non-pregnant uterus can influence female fertility. It is believed that one of the mechanisms of uterine leiomyoma negative impact on fertility can be a change of amplitude and direction of normal uterine contractility in periovulatory period and during the "window of implantation." There's some evidence that myomectomy could improve reproductive function and pregnancy outcomes in patients with abnormal patterns of uterine peristalsis. In our study 32 reproductive age patients with type 3 myoma have been included. In all patients, a computer-based analysis of uterine peristalsis has been performed during ovulation and 'implantation window'. Among this group of patients 23 women were with 'poor prognosis' pattern of contractions and 9 were with 'good prognosis'. After one year of pregnancy planning 5 of 9 of 'good prognosis contractility' got pregnant (55.5%) and only 4 of 23 'poor prognosis contractility' women (17.4%) with statistically significant difference (p=0,01). Furthermore, 14 of 19 patients in "poor prognosis" group decided to perform laparoscopic myomectomy after informed consent was signed. Surgery with standard technique was uneventful in all cases. 3 months' post op the uterine contractility was reevaluated. It has been shown that after myomectomy uterine contractility had become "good prognosis" in 10 of 14 patients (71,4%). Patients could try spontaneous conception after 6 months' post surgery. During 1 year of observation 7 of 10 patients in "good prognosis" peristalsis group after myomectomy (70%) got pregnant and only 1 of 4 patients with "poor prognosis" peristalsis after myomectomy (25%). Investigation of uterine contractility in women with uterine leiomyoma non-deforming uterine cavity (type 3) may be one of the criteria that can be used for decision about whether myomectomy should be performed avoiding unnecessary risks of surgery in women with 'good prognosis peristalsis'. Laparoscopic myomectomy probably can improve fertility in those patients who had infertility associated with "poor prognosis" uterine peristalsis. We need more data to clarify this hypothesis.

P82-1311

EFFECT OF WAIST CIRCUMFERENCE ON LIPID PROFILE, INFLAMMATION AND REDOX STATUS IN HEALTHY POST MENOPAUSAL WOMEN

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Objective: To evaluate the impact of waist circumference (WC) on lipid profile, inflammatory markers and oxidative stress in healthy postmenopausal women. **Study design and methods:** A prospective cross-sectional survey was conducted between December 2013 and June 2015 in Oran (west Algeria). Women with diabetes and high blood pressure, using anti-inflammatory drugs and having thyroid disease were excluded. Of 244 postmenopausal women, only 127 (56,92±6,27 years) healthy subjects were eligible to study. Women were divided into three groups per their WC; GI: