



# 台灣婦產科醫學會 110年度 | 年會暨學術研討會

The 60<sup>th</sup> Annual Congress of Taiwan Association  
of Obstetrics and Gynecology

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2021.9.25~26 | 台北國際會議中心





別怕，  
我們一起面對。


# 簡單的一句話 不簡單的力量。

您的一句話，比您想像的更有力量，不但能讓病人少一些病痛，更能多一些健康。

現在只要您願意多說一句，多提醒一個人接種HPV疫苗，也許就能幫助他遠離疫苗相關癌症與疾病的威脅，擁有更好的生活。

禁忌症：過敏反應，包括對酵母菌嚴重過敏，或先接種一劑 GARDASIL 9® 或 GARDASIL® 後出現過敏反應。其他完整仿單資訊，請參閱完整仿單說明書及注意事項。HPV=human papillomavirus。和所有疫苗一樣，人類乳突病毒疫苗並非用於治療且可能無法對所有的疫苗接種者都產生保護作用。常發生的不良反應為注射部位腫痛、腫塊、溫熱感或頭痛、發燒等全身性不良反應，通常輕微且短暫。其它詳細資訊，請諮詢醫療專業人員。

親愛的醫師您好：

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升級醫病溝通效率



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台灣婦產科醫學會  
110 年度年會暨學術研討會

*The 60<sup>th</sup> Annual Congress  
of Taiwan Association of Obstetrics and Gynecology 2021*



手冊電子檔\_QR Code



2021年9月25日 星期六

(1 樓) 102		(2 樓) 201 A+F		(2 樓) 201 B+C		(2 樓) 201 D+E	
口頭報告		口頭報告		口頭報告		口頭報告	
08:30	主持人：黃寬仁、吳松斌 內視鏡 Oral + Video OE 2-4、7+V 2-3	主持人：蔡明賢、陳子健 婦癌 Oral OC 1-3、5、7-9	主持人：彭舜文、區麗蓮 產科 Oral OO 1-10	主持人：武國輝、賴宗恆 生殖內分泌 Oral OF 1-5、7-9			
10:00			Coffee Break				
10:30	主持人：劉維成、張裕 內視鏡 Video V 4-6、8、10-12、15	主持人：葉聯輝、鄧孟瑤 婦癌 Oral OC 10-13、15-17	主持人：陳慶宇、葉長青 產科 Oral OO 11-19	主持人：翁國隆、羅明廷 生殖內分泌 Oral + 一般婦科 Oral OF 10-12 + OG 1-3			
12:00			Break Time				
12:20	午餐會報：諾華		午餐會報：拜耳		午餐會報：GSK		午餐會報：亞培
12:30	主持人：張家銘、林煥沛 (馬德紀念醫院罕見疾病中心主任) 12:30-13:20 [L1] The role of gene therapy and the evolving landscape of spinal muscular atrophy (SMA)_唐國秀 (臺大醫院小兒遺傳科醫師)	主持人：余慕賢、曾志仁 12:20-12:50 [L2] Endometriosis : How to improve the integration between surgical and medical therapy_葉怡仁 12:50-13:20 [L3] A pragmatic approach to the management of heavy menstrual bleeding_吳麗如	主持人：江千代、林麗璧 12:20-12:55 [L4] Tdap in maternal immunization : the new approved safety indication in Taiwan_李中遠 12:55-13:20 [L5] Vaccination in Women : A Fresh Look at the Evidence _陳子和	主持人：林明輝、張芳雅 12:20-13:20 [L6] Luteal phase support in IVF : Have we got it right yet?_ Prof. Georg Griesinger (德國)			
13:20			Break Time				
13:30	專題演講：內視鏡 Symposium		專題演講：婦癌 Symposium		專題演講：產科 Symposium		口頭報告
13:30-14:00	主持人：王有利、歐育哲 [SY1] Consideration of function preservation in laparoscopic ovarian surgery_張基昌	13:30-13:50 主持人：何志明、賴清政 [SY7] How to significantly reduce the incidence of cervical cancer?_賴瑞慧	13:30-14:00 ★ Antenatal examination in the precision medicine era-- [SY21] 韋因薛曉、初福榮 14:00-14:30 [SY22] Chromosomal Microarray Analysis : for selected or unselected women with amniocentesis?_林芯舒	13:30-14:00 ★ Antenatal examination in the precision medicine era-- [SY21] 韋因薛曉、初福榮 14:00-14:30 [SY22] Chromosomal Microarray Analysis : for selected or unselected women with amniocentesis?_林芯舒	13:30-14:00 ★ Antenatal examination in the precision medicine era-- [SY21] 韋因薛曉、初福榮 14:00-14:30 [SY22] Chromosomal Microarray Analysis : for selected or unselected women with amniocentesis?_林芯舒	13:30-14:00 ★ Antenatal examination in the precision medicine era-- [SY21] 韋因薛曉、初福榮 14:00-14:30 [SY22] Chromosomal Microarray Analysis : for selected or unselected women with amniocentesis?_林芯舒	主持人：黃新文、吳文毅 一般婦科 Oral OG 7、10、11、13、15
14:00-14:30	[SY2] Laparoscopic myomectomy in females with plans for conception_黃寶玲	13:50-14:20 ★ Real world experience after NHI reimbursement of bevacizumab- [SY8] Recurrent ovarian cancer_黃子芳 (10 分鐘) [SY9] Dosage and adverse events_許冠誠 (10 分鐘) [SY10] Recurrent cervical cancer_周宏學 (10 分鐘) 14:20-15:00 ★ Onco-fertility in gynecologic cancers-guidelines- [SY11] Cervical Cancer_陳彥伯 (8 分鐘) [SY12] Endometrial Cancer_王郁琪 (8 分鐘) [SY13] Epithelial ovarian Cancer_周宏如 (8 分鐘) [SY14] Germ cell ovarian cancer_吳麗瑩 (8 分鐘) Discussion_all (8 分鐘)	14:00-14:30 [SY23] Thyroid function screening in pregnancy : risk factor-based or universal?_廖宗和	14:00-14:30 [SY23] Thyroid function screening in pregnancy : risk factor-based or universal?_廖宗和	14:00-14:30 [SY23] Thyroid function screening in pregnancy : risk factor-based or universal?_廖宗和	14:00-14:30 [SY23] Thyroid function screening in pregnancy : risk factor-based or universal?_廖宗和	
14:30-15:00	[SY3] Office Hysterectomy - concepts, applications, and recent advances_嚴志雄						
15:00			Coffee Break		Coffee Break		
15:30	主持人：林武閣、王顯華 15:30-16:00 [SY4] Robotic-assisted surgeries in gynecology : its advantages and prospects_王功亮 16:00-16:30 [SY5] Recent advances in laparoscopic pelvic reconstructive surgery_黃寬慧 16:30-17:00 [SY6] How to perform a successful endoscopic oncologic surgery : a reappraisal of the LAOC study_李奇龍	主持人：周麗蓮、許博敏 15:30-16:00 ★ Genetic testing and PARP inhibitor maintenance in epithelial ovarian cancer after NHI reimbursement- [SY15] Genetic testing_張志隆 (15 分鐘) [SY16] PARP inhibitor maintenance_許世典 (15 分鐘) 16:00-17:00 ★ Novel markers for gynecologic cancer [SY17] DNA Methylation_溫國璋 (10 分鐘) [SY18] Circulating tumor cells_周輝政 (10 分鐘) [SY19] Correlation of genomic alterations between tumor tissue and circulating tumor DNA by next-generation sequencing_洪麗敏 (10 分鐘) [SY20] IsoAAT and ovarian clear cell carcinoma _趙安琪 (10 分鐘)	主持人：蕭德富、郭麗珍 15:30-16:00 [SY24] Shall we screen for vitamin D deficiency and iron deficiency anemia at the first antenatal examination? _葛麗如 16:00-16:30 [SY25] CS rates only 2%? 再談無產期醫生如何幫助阿雷汗產婦_王伊蕾 16:30-17:00 [SY26] Symposium First Trimester Anatomical Screening : Nuchal Translucency and Beyond_吳鼎璽	主持人：李麗榮、鄭桂華 15:30-16:00 [SY27] New trend in endometriosis treatment _余沛修 16:00-16:30 [SY28] Balanced scorecard guided physical training for health improvements in middle-aged women_鄭碧華 16:30-17:00 [SY29] 手術止血藥物的使用_張穎宜	專題演講：一般婦科 Symposium		
17:00							

# 2021年9月26日 星期日

(1 樓) 102		(2 樓) 201 B+C	(2 樓) 201 D+E
(附備)		台灣年輕醫師英文演講	口頭報告
特別演講：大會演講		★Urogynecology— 主持人：陳慧敏、龍麗宇	主持人：楊鈞攝、王卜蓮
08:30			婦女泌尿Oral
09:00	08:55-09:00 Opening Remarks _黃國熙(TAOG 理事長) 09:00-09:30 主持人：鄭宗正、陳思原 [P1] 談「陳信孚教授」過去研究及生平 _ 陳美州(臺灣大學醫學院醫學系婦產科專任教授) 09:30-10:00 主持人：蔡鴻德、簡瑞元(衛生福利部政務次長) [P2] 由 CTCs 看精準醫療產業的發展_ 張鴻仁(上醫生技顧問股份有限公司董事長/前健保局總經理)	台灣年輕醫師英文演講 Y16-21	OU 1、3、5、7-9
10:00		Coffee Break	
10:30	10:30-11:00 主持人：蔡鴻賢、李政彥 [P3]「健保大數據」分析_李伯璋 署長(衛生福利部中央健康保險署署長) 11:00-11:30 主持人：黃國熙、何弘能 [P4] 台灣醫療流行病學與消除計畫_ 陳建仁(中華民國前副總統)	★Reproduction/Obstetrics Oncology— 主持人：洪鍾欽、蔡英美	主持人：許鈞攝、張廷煥
11:30	11:30-12:00 退休醫師表揚(頒獎人：陳時中 衛生福利部部長)	台灣年輕醫師英文演講 Y22-26	婦女泌尿Oral + 內視鏡 Video OU 10-15 +V13-14
12:00		Break Time	
12:20	午餐會報：諾和諾德	午餐會報：MSD	午餐會報：輝凌
13:20	主持人：陳保仁、曾英智 [L7] Weight Management and The Role of GLP-1 RA_盧佳文(臺大醫科主治醫師)	主持人：鄭丞傑、陳仲鴻 12:20~13:20 [L8] Fighting against HPV with vaccination as the new norm _劉文雄	主持人：蔡明松、洪秉坤 12:20-13:20 [L9] High-Risk Pregnancies : Risk Factors, Prevention, and Management _ 盧麗中、陳麗宇
13:30		Break Time	
會員代表大會 (13:30 報到，14:00 開會)		專題演講：生殖內分泌 Symposium	專題演講：婦女泌尿 Symposium
15:00		主持人：陳明哲、張帆 13:30-14:00 [SY34] Clinical application of serum AMH in reproductive medicine _易謙麟 14:00-14:30 [SY35] Reproductive Immune tests in infertility and recurrent miscarriage _ 趙光漢 14:30-15:00 [SY36] Long term health in children born after assisted reproductive technologies (PGT-A included) _林育如	主持人：梁碧忠、孫茂榮 13:30-13:50 [SY40] The trend and care pathway for management of stress urinary incontinence _洪煥程 13:50-14:10 [SY41] Treatment options for intrinsic sphincter deficiency and recurrent stress urinary incontinence _黃文劭 14:10-14:30 [SY42] Vaginal laser therapy for urinary incontinence and genitourinary syndrome of menopause : A update review _梁守晉 14:30-14:50 [SY43] Prolapse Repair Using Non-synthetic Material : What is the Current Standard? _盧佳序 14:50-15:00 Discussion
15:30	專題演講：更年期 Symposium	Coffee Break	
15:30	主持人：蔡英美、藍國忠 15:30~15:50 [SY30] Insomnia and menopause : a narrative review on mechanism and treatment _ 徐英儒 15:50-16:10 [SY31] The association between hormone therapy and sarcopenia in postmenopausal women _陳芳萍 16:10-16:30 [SY32] Management of urinary incontinence in postmenopausal women : An EMAS clinical guide _羅麗宇 16:30-16:50 [SY33] Managing vasomotor symptoms effectively without hormones _蔡景州 16:50-17:00 Discussion	主持人：蔡永杰、崔冠澤 15:30-16:00 [SY37] Mosaic Trisomy at Prenatal Diagnosis _陳持平 16:00-16:30 [SY38] A new class of oral GnRH antagonists for the treatment of endometriosis and uterine leiomyomas _吳惠銘 16:30-17:00 [SY39] Strategies of couples with azoospermia _何精泓	主持人：王國華、黃文貞 15:30-15:50 [SY44] Current status of minimally invasive sacro-hystero-coelpopexy for pelvic organ prolapse _洪澤榮 15:50-16:10 [SY45] Surgical Management for Pelvic Organ Prolapse and its Impact on Sexual Function _劉國璽 16:10-16:30 [SY46] Diagnosis and management of nocturia in current clinical practice _ 莊斐琪 16:30-16:50 [SY47] Current management of female overactive bladder and the future perspective _黃鴻君 16:50-17:00 Discussion



## 台灣年輕醫師英文演講

9月26日(日) 上午

(2樓) 201 B+C

### ★ Urogynecology--

主持人：陳慧毅、龍震宇

09:00-09:10

- [ Y16 ] Evaluation of efficacy and safety of single-incision sling versus transobturator sling in women with stress incontinence and intrinsic sphincter deficiency\_Jiun-Chyi Hwang 黃俊淇

09:10-09:20

- [ Y17 ] Impact of intrinsic sphincter deficiency on mid-urethral sling outcomes\_Yu-Hua Shen 沈玉華

09:20-09:30

- [ Y18 ] Changes in sexual function and vaginal topography using 3-Dimensional transperineal ultrasound in stress-incontinent women treated with Er : YAG vaginal laser\_  
Chieh-Yu Chang 張介禹

09:30-09:40

- [ Y19 ] Predictors of cure and overactive bladder syndrome after mid-urethral sling procedure in women with stress urinary incontinence\_Hsin-Mei Liu 劉馨鎂

09:40-09:50

- [ Y20 ] Mid-Urethral Slings in Obese Women : Surgical Outcomes and Pre-Operative Predictors of Failure\_Ting-Xuan Huang 黃亭瑄

09:50-10:00

- [ Y21 ] Laparoscopic Long Mesh Surgery with Augmented Round Ligaments : A novel Uterine preservation procedure for Apical pelvic organ prolapse\_Chih-Ting Chang 張至婷

Coffee Break

### ★ Reproduction/Obstetrics/Oncology--

主持人：洪耀欽、蔡英美

10:30-10:40

- [ Y22 ] Contamination of ART Culture Media : The Role of Semen and Strategies for Prevention\_  
Li-Ling Lin 林俐伶

10:40-10:50

- [ Y23 ] Prenatal diagnosis of a fetus with HNF1B-associated phenotype in a family with history of renal and metabolic disorders : a case report and mutation update\_Chih-Ling Chen 陳智齡

10:50-11:00

- [ Y24 ] Recurrence and risk of Cervical intraepithelial neoplasm 2/3 after treatment : Follow-up Cohort Study From National database of Taiwan\_Hung Shen 沈鴻

11:00-11:10

- [ Y25 ] Outcomes after fertility sparing surgery of early stage ovarian cancer : a nationwide population-based study\_Chia-Yi Lee 李家儀

11:10-11:20

- [ Y26 ] Ovarian Carcinosarcoma : Experience of a single institution and review of literature\_  
Wen-Pu Chang 張文樸

**台灣婦產科醫學會**  
**110 年度年會暨學術研討會**  
**工作人員名單**

理事長：黃閔照

學術研究委員會召集人：陳思原

副召集人：	李耀泰	王功亮	洪耀欽	李建南	孫茂榮	翁順隆	顏志峰
	王鵬惠						
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	郭保麟	梁景忠	李奇龍	何志明	蔡明松	陳治平	徐明洸
	黃泓淵	黃富仁	龔福財	陳慧毅	蔡永杰	王博輝	周宏學
	李新揚	武國璋	洪滿榮	盧佳序	洪泰和	王有利	詹德富
	賴鴻政	張穎宜	陳子健	藍國忠	陳明	李宗賢	賴宗炫
	陳怡仁	陳美州	蕭勝文	郭昱伶	莊蕙瑜		

國際學術交流委員會召集人：楊友仕

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秘書處秘書長：黃建霽

副秘書長：	王漢州	施英富	陳夢熊	劉崇賢	陳勝咸	郭富珍	龍震宇
	何信頤	崔冠濠	林姿吟	歐育哲			
秘書：	林家翎	林雅嫩	吳純琪	陳佳妤	沈姝慈	翁櫻瑄	



## 理事長的話

今年為台灣婦產科醫學會成立 60 週年，祝福學會生日快樂，也祝福大家平安健康。回顧 60 年歷史，學會由創會時 220 人到現在會員已經 2,746 人。過去 60 年，台灣經歷年生 40 萬、產房爆滿睡走廊，婦產科住院醫師搶破頭盛況，也曾走到少子化、產房陸續關閉，住院醫師招生乏人問津困境，風風雨雨中走過一甲子，感謝過去所有會員努力，為台灣婦幼衛生照護付出一切。去年因為新冠攪局，年會順延到 8 月，也暫停國際學術交流活動。今年又因為疫情，將年會延到 9 月 25-26 日，也因為疫情關係，改採實體視訊雙軌制進行，造成會員諸多不便，謹請見諒。國外 Delta 變種病毒肆虐，即使完整施打兩劑疫苗，仍然有突破性感染，秘書處還是會謹慎以對，注意防疫措施。

今年年會除了各次專科精彩演講外，學會在大會演講部分特別安排陳信孚教授研究回顧；張鴻仁前健保局總經理談台灣生技發展，健保署李伯璋署長演講健保大數據應用，前副總統陳建仁談台灣婦癌的發展，都是一時之選。為了感激過去資深會員的努力，特別邀請陳時中部長頒贈退休醫師紀念獎章，也歡迎會員及家屬參加。

台灣在未封城及疫苗接種率不夠下，能夠降級歸零，要感謝第一線工作人員及民眾自發性戴口罩，勤洗手，也希望疫情早日平息，特別感謝學術委員會的安排、秘書長及秘書處辛苦策劃，學會也特別製作電腦背包、60 週年紀念徽章、及台灣婦產科醫學會一甲子紀念冊給所有會員。

台灣婦產科醫學會過去因為大家努力，現在住院醫師招生回春，生產事故救濟減少醫糾，擴大自費市場補足健保不足，強化產檢改善照護品質等，未來還需要大家團結努力，邁向新的 60 年！

理事長 黃閔照 敬上

## 監事長的話

因受新冠肺炎 COVID-19 疫情影響，致使會員們赴國內外參加活動幾乎受限，年會又再次延期，近日國內因 COVID-19 疫情趨緩，婦產科醫學會承蒙理事長、秘書長、理監事及會員們的支持與努力，使一年一度的台灣婦產科醫學會年會暨學術研討會改於 TICC 台北國際會議中心盛大召開了。

經過婦產科醫學會的努力，過去十年來，產檢診察費用、產科超音波及陰道超音波費用或點數皆有調升。且於今年 5 月 6 日行政院拍板定案以「建構安心懷孕友善生養環境」方案，提出「助圓夢、安心生、國家跟你一起養」三大政策，因應少子女化議題，讓民眾安心懷孕、平安生養。為了提升對母嬰的照護，政府將提高產檢次數至 14 次、新增妊娠糖尿病篩檢、貧血檢驗與 2 次一般超音波，及調高產檢診察費及檢驗費用以提升產檢品質，降低妊娠與生產併發症，減少孕婦和新生兒死亡。

今年度年會暨學術研討會很榮幸邀請對台灣婦產科有重大貢獻的國內外學者蒞臨，本次採取實體及視訊課程並行，來維持國際間的關係。本次年會因疫情影響，分為兩部份，國外講師視訊課程已於今年 5 月底時以視訊方式圓滿完成，特別邀請日本、韓國、美國、瑞典學者視訊演講，內容精采可期。今年 9 月份之演講內容包含『一般婦科』、『產科』、『內視鏡』、『婦女泌尿』、『生殖內分泌』、『婦癌』、『更年期』，而今年特別安排『台灣年輕醫師英文演講』，讓台灣年輕醫師有更多學習與討論的機會。

學會的康樂福利委員會也舉辦很多會員健行活動，像是 2020 年 03 月 22 日之桃園-石門山步道健行活動、2020 年 09 月 27 日之南區登山健行活動 - 阿朗壹古道、2020 年 11 月 15 日之瑞芳金瓜石地質公園健行、2021 年 3 月 7 日之埔里鯉魚潭健行活動、2021 年 4 月 18 日之貓空環狀步道健行活動等，每趟健行活動都能增加彼此間的互動，感謝各位踴躍的參與，看到大家活力充沛的樣子，相信婦產科的發展會越來越好！

敬祝

大家身體健康

大會圓滿成功

監事長 **張基昌** 敬上

## 秘書長的話

各位貴賓、會員前輩及伙伴們：大家好！

今年是台灣婦產科醫學會六十周年的年會，為因應疫情變化，我們改在 TICC 以實體及視訊並行方式來舉行。所有演講及參展資訊均可上網看到，且於大會前後一段時間均可登入觀看，較往年更為方便。為減少用紙、保護地球，今年大會手冊也採電子版、簡版、傳統版三者並行方式，前兩者報到時就會拿到，厚重的傳統版則採需要者自取方式來進行，為使大家不必手提重物，學會今年也下重本，設計並訂製了美觀好用的肩背包，贈送給所有現場報到的會員，方便大家來使用。領帶或絲巾等 60 周年活動紀念品，也歡迎大家繼續樂捐贊助，並可指定欲接受的學會贈與品項，學會也將開立捐款收據，可報稅時使用。

大會演講方面於 9/26 星期天早上邀請到台大陳美州教授來談陳信孚教授的生平及研究，前健保局總經理張鴻仁來談精準醫療的發展，健保署李伯璋署長來講健保大數據分析，前副總統陳建仁來談台灣婦癌的流病及消除計畫。大會演講結束後，也請衛福部長陳時中來頒發榮譽紀念牌給貢獻婦幼健康一生的退休會員前輩。同時還有國內年輕醫師以英文來發表他們的研究結果。

也因為最近 COVID-19 國內疫情影響，原本請到衛福部及疫情指揮中心的長官們來做醫法倫演講，及原已安排的住院醫師教育訓練，均先延後辦理。並請大家在疫情期間遵守防疫規定，需要量體溫、戴口罩、保持社交距離、實行聯名制及人流管制，雖會有些許不便，但保護自己，也保護他人，還請大家多多包涵。學會也備妥 60 周年紀念版口罩、有酒精噴手消毒功能的防疫筆，贈送給大家安心來開會使用。

此次也有許多次專科的特別演講，請到各個領域的領導者及翹楚，來跟大家談最近熱門的議題，大家可以找有興趣的題目來參加。午餐會報方面也有各種議題，供大家選擇參加，學會也備妥營養豐富均衡、衛生安全的飯盒給大家，場地內遵守防疫規定下，仍可邊用餐邊聆聽演講、參與討論。所有工作及廠商參展人員，今年也特別要求必須有三天內採檢陰性報告，場地均實施人流管制，期待讓大家能安全地來看看老朋友及新東西。

晚宴則在 9/25 星期六晚上於 TICC 宴會廳舉行，因受疫情影響，必須採梅花座，人數也大大受限，只好全採邀請制進行。期待早日完全解封，讓大家都能開心來參與並會會老友。晚宴中將安排榮譽院士表揚及優秀論文頒獎。

最後再次感謝大家的參與，因為有您們的參與，年會才有意義。

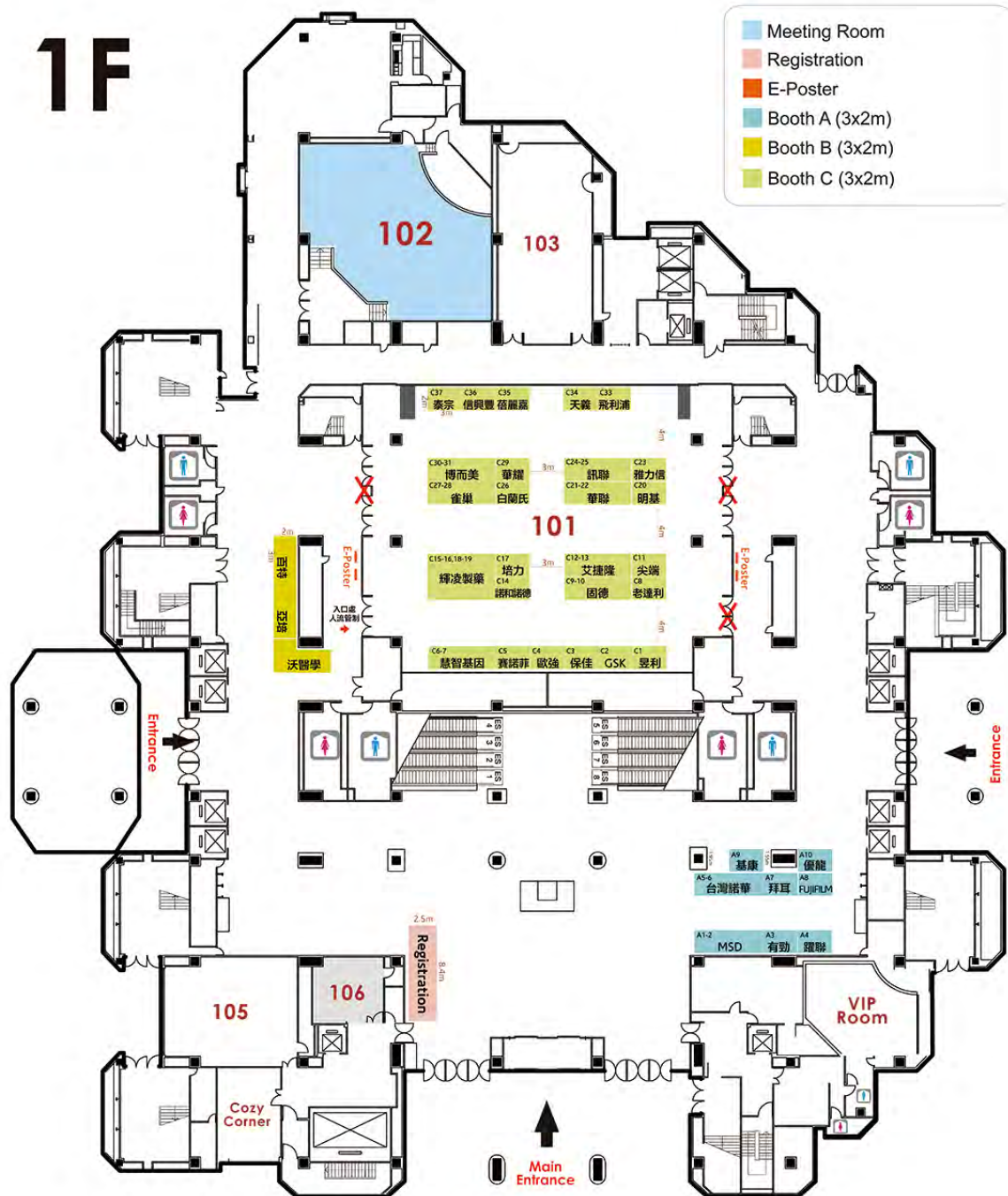
也謝謝各協力廠商的幫忙，有您們相挺，大會才辦得起來。

並預祝大會順利成功。

秘書長 **黃建霖** 敬書

# 會場平面圖

## 1F



Room 102

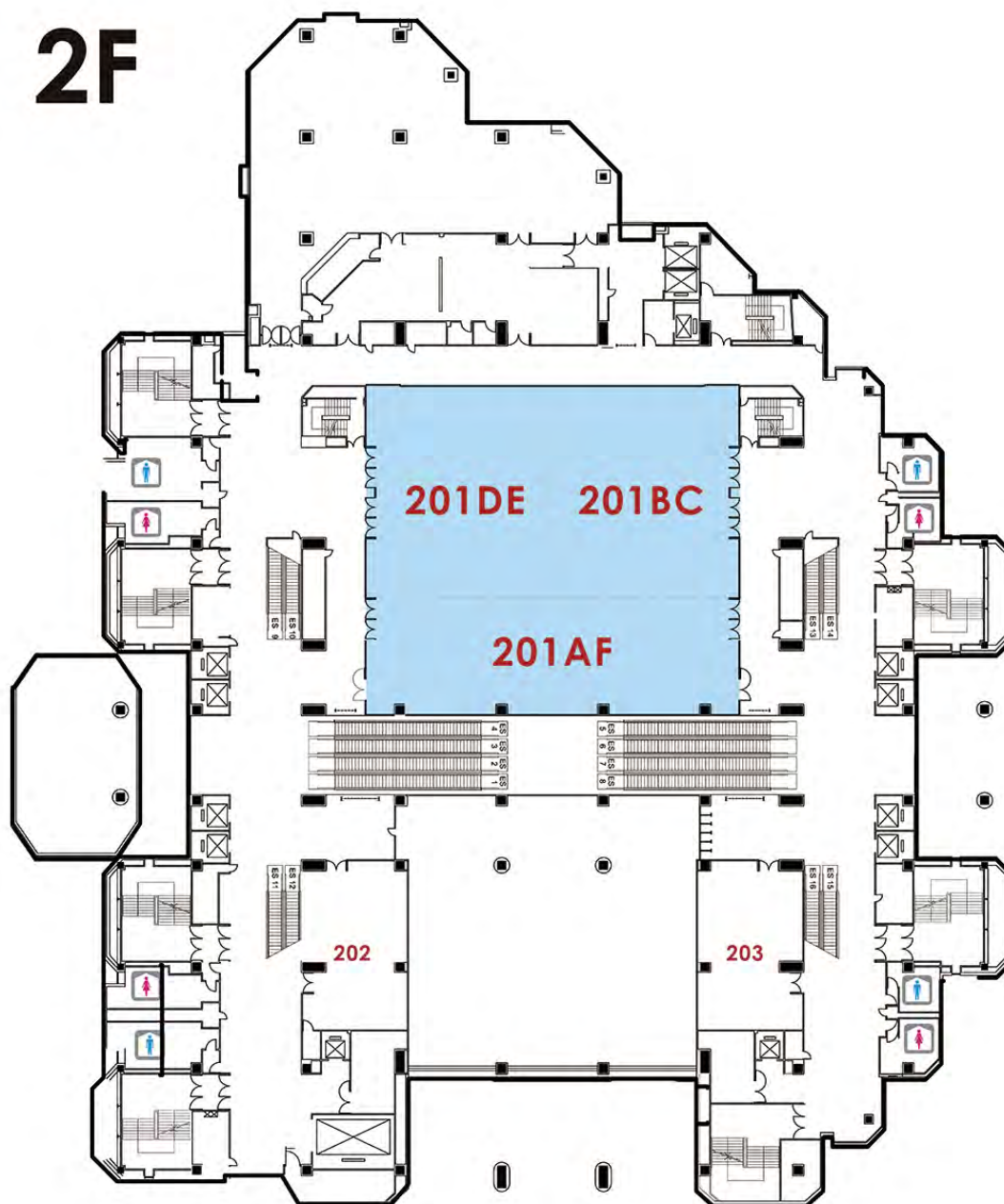
9/25

- 內視鏡 Oral + Video
- 午餐會報—諾華
- 內視鏡 Sym

9/26

- 大會演講 (中文)
- 退休醫師表揚
- 午餐會報—諾和諾德
- 會員代表大會
- 更年期 Sym

# 2F



## Room 201 A+F

25

- 婦癌 Oral
- 午餐會報—拜耳
- 婦癌 Sym

## Room 201 B+C

- 產科 Oral
- 午餐會報—GSK
- 產科 Sym

## Room 201 D+E

- 生殖內分泌 Oral
- 一般婦科 Oral
- 午餐會報—亞培
- 一般婦科 Sym

26

- 台灣年輕醫師英文演講
- 午餐會報—MSD
- 生殖內分泌 Sym

- 婦女泌尿 Oral
- 內視鏡 Video
- 午餐會報—輝凌
- 婦女泌尿 Sym

台灣婦產科醫學會  
110 年度年會暨學術研討會

*The 60<sup>th</sup> Annual Congress  
of Taiwan Association of Obstetrics and Gynecology 2021*

大會節目表





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## 內視鏡 Oral + Video

主持人：黃寬仁、吳銘斌

- 08:30-08:40 OE2 達文西機械手臂輔助肌瘤切除術與腹腔鏡子宮肌瘤切除術之回溯性比較  
**Comparison of Robotic and Laparoscopic Myomectomy: A Retrospective Study**  
張路得<sup>1</sup> 王毓淇<sup>2</sup> 溫國璋<sup>1,3</sup> 賴鴻政<sup>1,3</sup>  
雙和醫院婦產部<sup>1</sup> 三軍總醫院婦產部<sup>2</sup> 台北醫學大學婦產學科<sup>3</sup>
- 08:40-08:50 OE3 門診子宮鏡子宮內膜息肉切除：使用電燒與否之復發率  
**Recurrence of endometrial polyps after office hysteroscopic polypectomy by mechanical or electrosurgical resection**  
吳凱筠<sup>1</sup> 翁瑄<sup>1</sup> 林玉珊<sup>1</sup> 王錦榮<sup>1</sup> 趙安琪<sup>1</sup>  
林口長庚醫院婦產部<sup>1</sup>
- 08:50-09:00 OE4 腹腔鏡乾箱環境下，以摺紙作為基礎手眼協調訓練及評量的信度、效度研究  
**Developing an Origami Box-folding Exercise and an Objective Structured Assessment of Technical Skills Tool for Comprehensively Enhancing and Evaluating the Ability of Laparoscopic Hand-eye Coordination in a Dry Box Environment**  
郭信宏<sup>1</sup> 林偉力<sup>1</sup> 李奇龍<sup>1</sup> 黃寬仁<sup>1</sup> 顏志峰<sup>1</sup> 王錦榮<sup>1</sup> 吳凱筠<sup>1</sup> 周宏學<sup>1</sup> 謝明儒<sup>2</sup> 盧佳序<sup>1</sup>  
林口長庚醫院婦產部<sup>1</sup> 林口長庚醫院外科部<sup>2</sup>
- 09:00-09:10 OE7 子宮肌瘤或子宮肌腺症於海扶治療後的手術介入  
**Surgical interventions for patients with uterine myomas or adenomyosis after HIFU treatments**  
張至婷<sup>1</sup> 莊蕙瑜<sup>1</sup> 林冠伶<sup>2</sup> 龍震宇<sup>1</sup> 鄭丞傑<sup>3,4,1</sup>  
高雄醫學大學附設中和紀念醫院<sup>1</sup> 高雄市立大同醫院 (委託高醫經營)<sup>2</sup> 台北秀傳醫院<sup>3</sup> 彰化秀傳醫院<sup>4</sup>

- 09:10-09:20 V2 雙孔腹腔鏡處理巨大卵巢囊腫的新方法  
A method of laparoscopic treatment of large adnexal cysts – Two ports  
trocar suction  
李盈萱<sup>1</sup> 張文君<sup>1</sup>  
臺大醫院<sup>1</sup>
- 09:20-09:30 V3 在未曾經歷腹部手術的女性使用腹腔鏡處理一個由大腸系膜供應血  
流的寄生性肌瘤  
Laparoscopic management of a parasitic myoma with mesocolonic  
blood supply in an abdomen-surgery-naive lady  
陳楨瑞<sup>1</sup> 楊曜瑜<sup>2</sup> 王功亮<sup>3</sup>  
馬偕紀念醫院婦癌科<sup>1</sup> 馬偕紀念醫院婦產部<sup>2</sup> 馬偕醫院台東分院<sup>3</sup>

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## 內視鏡 Video

主持人：劉錦成、張裕

- 10:30-10:40 V4 達文西手臂手術應用於巨大子宮肌瘤  
**Interval debulking of myoma during Robotic superhuge broad ligament myomectomy**  
鍾佳翰<sup>1</sup> 莊乙真<sup>1</sup>  
亞東醫院婦產部<sup>1</sup>
- 10:40-10:50 V5 腹腔鏡輸卵管子宮角吻合術：可行性與預後的初步評估  
**Laparoscopic Tubocornual Anastomosis: Its Surgical Feasibility and Outcomes**  
顏志峰<sup>1</sup> 白欣玉<sup>1</sup> 宋衍儒<sup>1</sup> 蘇軒<sup>2</sup>  
林口長庚婦產部<sup>1</sup> 美迪婦產科診所<sup>2</sup>
- 10:50-11:00 V6 腹腔鏡全子宮切除併雙側卵巢輸卵管切除暨腹膜寄生性肌腺瘤切除  
作為終極處理一罕見腹腔鏡肌瘤切除後併發瀰漫性腹腔內子宮肌腺  
瘤擴散之病例  
**Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy  
plus resection of diffuse peritoneal parasite adenomyoma for a rare  
case with recurrent peritoneal adenomyomatosis following  
laparoscopic myomectomy**  
孫仲賢<sup>1</sup> 方俊能<sup>1</sup> 王元勇<sup>1</sup> 施兆蘭<sup>1</sup> 李侑潔<sup>1</sup> 陳瑞華<sup>1</sup> 陳曼玲  
<sup>1</sup> 陳宥臻<sup>1</sup> 李宜明<sup>1</sup> 莊國泰<sup>1</sup>  
四季台安醫院<sup>1</sup>
- 11:00-11:10 V8 腹腔鏡複雜性子宮次全切除、沾黏分離、腹腔內腫瘤切除  
**Complicated laparoscopic subtotal hysterectomy and enterolysis with  
intra-abdominal tumor resection**  
盧孟涵<sup>1</sup>  
義大財團法人義大醫院婦產部<sup>1</sup>

- 11:10-11:20 V10 合併傳統子宮鏡與碎瘤器治療子宮黏膜下肌瘤  
**Combined hysteroscopic morcellation and loop resection for huge submucosal leiomyoma**  
方郁婕<sup>1</sup> 桂羅利<sup>1</sup> 張基昌<sup>2</sup> 張裕<sup>1</sup>  
 義大醫院<sup>1</sup> 義大大昌醫院<sup>2</sup>
- 11:20-11:30 V11 利用腹腔鏡進行巨大子宮頸肌瘤挖除時的一些重要手術技巧  
**Technical pearls of Laparoscopic myomectomy for large cervical myoma**  
方俊能<sup>1</sup> 孫仲賢<sup>1</sup> 陳瑞華<sup>1</sup> 李宜明<sup>1</sup> 王元勇<sup>1</sup> 陳曼玲<sup>1</sup> 施兆蘭<sup>1</sup> 李侖潔<sup>1</sup> 莊國泰<sup>1</sup>  
 高雄市四季台安醫院<sup>1</sup>
- 11:30-11:40 V12 以神經牽引測試定位下腹神經並非全然可靠，除非已經徹底分離沾黏分離  
**Identification of Hypogastric Nerve by Nerve Traction Test: Not Always Reliable Unless Adequate Adhesiolysis and Neurolysis**  
李侖潔<sup>1</sup> 莊國泰<sup>1</sup> 方俊能<sup>1</sup> 陳瑞華<sup>1</sup> 王元勇<sup>1</sup> 李宜明<sup>1</sup> 陳曼玲<sup>1</sup> 施兆蘭<sup>1</sup> 陳宥臻<sup>1</sup> 孫仲賢<sup>1</sup>  
 四季台安醫院<sup>1</sup>
- 11:40-11:50 V15 案例報告：薦骨脊韌帶懸吊術後之併發症-臀肌陰道瘻管  
**Gluteo-vaginal fistula after sacrospinous ligament fixation: A case report**  
黃璧蒼<sup>1</sup> 莊斐琪<sup>1</sup> 黃寬慧<sup>1</sup> 周鈺敏<sup>1</sup> 陳文欣<sup>1</sup>  
 高雄長庚醫院婦產部<sup>1</sup>

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(2 樓) 201 A+F

## 婦癌 Oral

主持人：顏明賢、陳子健

- 08:30-08:40 OC1 婦科惡性腫瘤與靜脈血栓發生之臨床特徵分析:台大醫院研究  
**Clinical characteristics associated with venous thromboembolism in gynecologic malignancies: analyses in National Taiwan University Hospital**  
陳琰<sup>1</sup> 陳宇立<sup>1</sup> 鄭文芳<sup>1</sup> 賴彥伶<sup>2</sup>  
台大醫院婦產部<sup>1</sup> 台大醫院新竹分院婦產部<sup>2</sup>
- 08:40-08:50 OC2 臨床、影像及手術因子與黏液性卵巢腫瘤的惡性度之相關性  
**Clinical, Image and Surgical Factors Associated with Malignancy in Early stage Mucinous Ovarian Tumor**  
黃冠閔<sup>1</sup>  
台北榮民總醫院<sup>1</sup>
- 08:50-09:00 OC3 高危險子宮內膜癌婦女之存活預測因子及三明治化放療和同步化放療的比較  
**Predictors of survival in women with high-risk endometrial cancer and comparisons of sandwich versus concurrent adjuvant chemotherapy and radiotherapy**  
陳惠華<sup>1</sup> 蕭聖謀<sup>1</sup>  
亞東紀念醫院<sup>1</sup>
- 09:00-09:10 OC5 比較劑量密集化療與腹腔內化療於晚期卵巢癌之治療成效  
**Comparisons of Clinical Outcomes in Women with Advanced Ovarian Cancer Treated with Frontline Intraperitoneal versus Dose-dense Platinum/Paclitaxel Chemotherapy without Bevacizumab**  
陳奐樺<sup>1</sup> 蕭吉晃<sup>2</sup> 陳惠華<sup>1</sup> 魏銘洲<sup>1</sup> 林鶴雄<sup>1,3</sup> 蕭聖謀<sup>1,4</sup>  
亞東紀念醫院婦產部<sup>1</sup> 亞東紀念醫院血液腫瘤部<sup>2</sup> 國立臺灣大學醫學院附設醫院婦產部<sup>3</sup> 元智大學生物技術與工程研究所<sup>4</sup>



- 09:10-09:20 OC7 女性非胃原發性之腸胃道基質瘤預後因子  
**Factors Affecting Clinical Outcomes in Women with Non-gastric Gastrointestinal Stromal Tumors**  
黃芃瑄<sup>1</sup>  
亞東醫院婦產部<sup>1</sup>
- 09:20-09:30 OC8 早期子宮內膜癌的生物指標之潛力實證  
**Pilot study on biomarkers for screening endometrial hyperplasia and early-stage endometrioid cancer**  
林偉力<sup>1</sup> 鄭兆珉<sup>2</sup> 張廷彰<sup>1</sup>  
林口長庚醫院婦產部<sup>1</sup> 國立清華大學生物醫學工程研究所<sup>2</sup>
- 09:30-09:40 OC9 子宮頸小細胞癌之臨床特性與基因分析  
**Clinical characteristics and genomic study of Small cell carcinoma of uterine cervix**  
張宸邇<sup>1</sup> 張廷彰<sup>2</sup>  
林口長庚醫院婦產部<sup>1</sup> 林口長庚醫院婦產部婦癌科<sup>2</sup>

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(2 樓) 201 A+F

## 婦癌 Oral

主持人：葉聯舜、嚴孟祿

- 10:30-10:40 OC10 早期子宮肉癌患者在微創手術與傳統手術之存活率  
**Outcome of early staged uterine sarcoma through different surgical procedures**  
王彥涵<sup>1</sup> 許恒誠<sup>1</sup> 陳宇立<sup>2</sup> 江盈澄<sup>2</sup> 戴伊柔<sup>2</sup> 鄭文芳<sup>2</sup>  
台大醫院新竹分院婦產部<sup>1</sup> 台大醫院婦產部<sup>2</sup>
- 10:40-10:50 OC11 復發性卵巢癌患者重複施作減積手術合併腹腔溫熱化學治療的初步報告  
**Preliminary experience of repeated cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC) in patients with recurrent ovarian cancer**  
蔡亞築<sup>1</sup> 黃子豪<sup>2</sup> 王鼎堯<sup>3</sup> 歐育哲<sup>1</sup> 李莉文<sup>4</sup> 陳兆瑜<sup>5</sup>  
嘉義長庚紀念醫院婦產科<sup>1</sup> 嘉義長庚紀念醫院一般外科<sup>2</sup> 嘉義長庚紀念醫院血液腫瘤科<sup>3</sup> 嘉義長庚紀念醫院放射診斷科<sup>4</sup> 嘉義長庚紀念醫院婦產科(指導作者)<sup>5</sup>
- 10:50-11:00 OC12 結合黃體激素受體、腫瘤細胞分化程度及 CA 125 預測子宮內膜癌的淋巴轉移  
**Combination of progesterone receptor immunohistochemical staining, histologic grade and CA-125 for prediction of lymph node metastasis in endometrial cancer**  
蕭宇揚<sup>1</sup> 林浩<sup>1</sup> 傅宏鈞<sup>1,2</sup> 吳貞璇<sup>1</sup> 歐育哲<sup>1,2</sup>  
高雄長庚紀念醫院婦產部<sup>1</sup> 嘉義長庚紀念醫院婦產科<sup>2</sup>
- 11:00-11:10 OC13 婦癌不能負向預測尋求女性性功能障礙的意願：結構方程模組分析  
**Gynecologic cancer not a negative predictor of seeking-help motivation for female sexual dysfunction: Structural Equation Modeling**  
周吟柔<sup>1</sup>  
悠仁婦兒聯合診所<sup>1</sup>

- 11:10-11:20 OC15 **預測卵巢癌化療效果及預後模型**  
**Ovarian cancer risk score predicts chemo-response and outcome in epithelial ovarian carcinoma patients**  
 魯筱筠<sup>1</sup> 吳佳穎<sup>2</sup> 戴依柔<sup>2</sup> 陳宇立<sup>2</sup> 江盈澄<sup>2</sup> 許恆誠<sup>3</sup> 鄭文芳<sup>2</sup>  
 台灣大學分子醫學研究所<sup>1</sup> 台大醫院婦產部<sup>2</sup> 台大醫院新竹分院婦產部<sup>3</sup>
- 11:20-11:30 OC16 **卵巢癌患者 DNA 損害修復基因體細胞突變之研究**  
**Somatic mutations of DNA damage repair (DDR) genes in patients with epithelial ovarian cancer**  
 江盈澄<sup>1</sup> 林柏翰<sup>2</sup> 戴依柔<sup>1</sup> 許恆誠<sup>3</sup> 鄭文芳<sup>1</sup> 陳祈安<sup>1</sup>  
 臺大醫院婦產部<sup>1</sup> 臺大醫院基因醫學部<sup>2</sup> 臺大醫院新竹分院婦產部<sup>3</sup>
- 11:30-11:40 OC17 **期別 IA2-IIA2 子宮頸癌患者於術中發現骨盆淋巴轉移選擇捨棄或完成根除性全子宮切除術的預後**  
**Outcome of abandoned versus completed radical hysterectomy in stage IA2-IIA2 cervical cancer with positive pelvic lymph nodes found during planned operation**  
 王曼寧<sup>1</sup> 郭曉莉<sup>2</sup> 陳子健<sup>1</sup> 陳裕仁<sup>3</sup> 吳孟浩<sup>3</sup> 翁嘉穗<sup>1</sup> 林鈴<sup>4</sup>  
 黃琬琚<sup>1</sup> 張志隆<sup>1</sup> 蘇聰賢<sup>5</sup> 王國恭<sup>1</sup> 王功亮<sup>6</sup> 楊育正<sup>1</sup> 李杰<sup>3</sup>  
 陳楨瑞<sup>1</sup>  
 台北馬偕紀念醫院婦產部<sup>1</sup> 台北馬偕紀念醫院<sup>2</sup> 台北馬偕紀念醫院放射腫瘤科<sup>3,4</sup> 新竹馬偕紀念醫院<sup>5</sup> 台東馬偕紀念醫院<sup>6</sup>

110 年 9 月 25 日 ( 星期六 ) 上午  
(2 樓)201 B+C

## 產科 Oral

主持人：鄧森文、區慶建

- 08:30-08:40 OO1 妊娠相關高血壓性疾患  
**Hypertensive disorder in pregnancy**  
陳昱豪<sup>1</sup> 黃建霈<sup>1</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup>
- 08:40-08:50 OO2 探討子癩前症於極低體重早產兒長期神經發展預後之影響  
**Impact of maternal preeclampsia on the long-term neurodevelopmental outcome of very low birth weight preterm infants**  
張皓揚<sup>1</sup> 陳治平<sup>1</sup> 王國恭<sup>1</sup> 陳宜雍<sup>1</sup> 王亮凱<sup>1</sup> 陳德嫻<sup>1</sup> 陳震宇<sup>1</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup>
- 08:50-09:00 OO3 應用射頻燒灼治療同卵雙胞胎：選擇性減胎的台灣經驗  
**Selective fetal reduction for complicated monochorionic twin by using radiofrequency ablation: The first Taiwan experience**  
蔡天琦<sup>1</sup> 鄭淨涵<sup>1</sup> 洪泰和<sup>1</sup> 謝燦堂<sup>1</sup> 蕭勝文<sup>1</sup>  
台北長庚醫院婦產部<sup>1</sup>
- 09:00-09:10 OO4 第二孕期羊水胎兒蛋白對於胎兒異常之預測  
**Amniotic fluid Alpha fetoprotein(AF-AFP) and its value for predicting fetal anomaly in mid-trimester of pregnancy**  
黃天爵<sup>1</sup> 林珍如<sup>2</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup> 淡水馬偕紀念醫院婦產部<sup>2</sup>
- 09:10-09:20 OO5 雙絨毛膜雙胞胎併妊娠糖尿病孕婦之危險因子及母體與周產期不良結果之相關性  
**Risk factors and adverse maternal and perinatal outcomes for women with dichorionic twin pregnancies complicated by gestational diabetes mellitus: A retrospective cross-sectional study**  
鄭淨涵<sup>1</sup> 洪泰和<sup>1</sup> 謝燦堂<sup>1</sup> 羅良明<sup>1</sup>  
台北長庚醫院婦產科<sup>1</sup>

- 09:20-09:30 OO6 早期破水至生產的時間長段與新生兒預後的關係  
**The association between the latency of preterm premature rupture of membranes and the neonatal outcomes**  
陳萱儒<sup>1</sup> 葉長青<sup>1</sup>  
臺北榮民總醫院<sup>1</sup>
- 09:30-09:40 OO7 不同分娩方式對台灣孕婦產後及新生兒微生組之影響  
**The Influence of the Different Childbirth Delivery Modes on Postpartum Maternal Microbiome and Neonatal outcomes in Taiwan**  
翁慈襄<sup>1</sup> 黃凱堯<sup>2,3</sup> 楊孝祥<sup>2</sup> 翁順隆<sup>4,3,5</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup> 新竹馬偕紀念醫院醫學研究部<sup>2</sup> 馬偕醫學院醫學系<sup>3</sup> 新竹馬偕紀念醫院醫學婦產部<sup>4</sup> 馬偕醫護管理專科學校<sup>5</sup>
- 09:40-09:50 OO8 電子胎兒心音監測之人工智能分析系統  
**Concordance analysis of intrapartum cardiotocography between physicians and Artificial Intelligence (AI)-based technique using modified 1D Fully Convolutional Networks (FCN)**  
李易良<sup>1</sup> 張正昌<sup>1</sup> 劉俐君<sup>2</sup> 朱大維<sup>1</sup> 林啟康<sup>1</sup> 王鵬惠<sup>3</sup>  
三軍總醫院婦產部<sup>1</sup> 三軍總醫院松山分院婦產科<sup>2</sup> 臺北榮民總醫院婦女醫學部<sup>3</sup>
- 09:50-10:00 OO9 實習醫學生接受經陰道生產擬真訓練成效分析  
**Effectiveness Analysis of Vaginal Delivery Simulation Training during the Clerkship of Medical Training**  
黃莊彥<sup>1</sup> 李易良<sup>1</sup> 簡世豪<sup>2</sup> 蘇國銘<sup>1</sup> 張正昌<sup>1</sup> 江珮綺<sup>3</sup>  
國防醫學院三軍總醫院婦產部<sup>1</sup> 國防醫學院三軍總醫院教學室<sup>2</sup> 台北馬偕醫院婦產部<sup>3</sup>
- 10:00-10:10 OO10 甲型地中海貧血：產前諮詢與現況事實  
**Alpha-thalassemia : prenatal counseling & the facts**  
簡誌緯<sup>1</sup> 李汶芳<sup>2</sup> 趙安祥<sup>1</sup>  
新北土城醫院<sup>1</sup> 林口長庚紀念醫院<sup>2</sup>

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(2 樓)201 B+C

## 產科 Oral

主持人：陳震宇、葉長青

- 10:30-10:40 OO11 第三孕期鐵質缺乏和缺鐵性貧血的盛行率:單一醫學中心回溯型研究  
Prevalence of iron deficiency and iron deficiency anemia in the  
third-trimester of pregnancy: a retrospective study in a medical center  
黃巧芸<sup>1</sup> 蔡尚鐔<sup>1</sup> 何銘<sup>1</sup>  
中國醫藥大學附設醫院婦產部<sup>1</sup>
- 10:40-10:50 OO12 第一孕期使用含糖飲料行為與妊娠糖尿病發生率之相關性研究  
Association of sugar-sweetened beverage use in the first trimester and  
gestational diabetes mellitus  
葛菁如<sup>1</sup> 莊蕙瑜<sup>1</sup> 李建宏<sup>2</sup> 王詩涵<sup>1</sup> 詹德富<sup>1</sup>  
高雄醫學大學附設醫院婦產部<sup>1</sup> 高雄醫學大學公共衛生學系<sup>2</sup>
- 10:50-11:00 OO13 以微膠囊技術包覆重組人體表皮細胞生長因子之促進表皮癒合及預防疤痕組織生成在剖腹產傷口之研究  
Microencapsulated rhEGF to Facilitate Epithelial Healing And Prevent  
Scar Formation of Cesarean Wound : A Randomized Controlled Trial  
黃詩穎<sup>1</sup> 高川琪<sup>1</sup> 江其鑫<sup>1</sup> 林芝卉<sup>1</sup> 張廷彰<sup>2</sup> 吳品萱<sup>1</sup>  
基隆長庚醫院婦產部<sup>1</sup> 林口長庚醫院婦產部<sup>2</sup>
- 11:00-11:10 OO14 妊娠糖尿病患者產後血糖狀態異常之危險因子  
Risk factors for abnormal postpartum glycemic states in women  
diagnosed with gestational diabetes by the International Association of  
Diabetes and Pregnancy Study Groups criteria  
洪泰和<sup>1,2</sup> 謝燦堂<sup>1</sup> 蕭勝文<sup>1</sup> 羅良明<sup>1</sup> 唐維均<sup>2</sup>  
台北長庚醫院<sup>1</sup> 基隆長庚醫院<sup>2</sup>
- 11:10-11:20 OO15 懷孕體重控制與妊娠併發症之關聯性  
Gestational BW, BMI, weight gain and pregnancy outcomes  
莊馥璟<sup>1</sup> 黃建霈<sup>1</sup>  
馬偕紀念醫院<sup>1</sup>



- 11:20-11:30 OO16 台灣本土雙胞胎懷孕之母體體重及孕期併發症發生率之相關性：台北馬偕醫院之資料分析  
**The correlation of complication and maternal weight in twin pregnancy: Data-analysis in Taipei MMH, Taiwan**  
黃馨瑩<sup>1</sup> 黃建霈<sup>1</sup>  
台北馬偕紀念醫院婦產科部<sup>1</sup>
- 11:30-11:40 OO17 自然產後無疤痕子宮破裂引起的產後大出血- 個案系列報告  
**Unscarred Uterine Rupture with Catastrophic Hemorrhage Immediately After Vaginal Delivery: Report of 6 consecutive cases**  
廖翌喬<sup>1</sup> 楊采樺<sup>1</sup> 林育如<sup>1</sup> 張育維<sup>1</sup> 許德耀<sup>1</sup> 龔福財<sup>1</sup>  
高雄長庚醫院婦產部<sup>1</sup>
- 11:40-11:50 OO18 羊膜囊膨出之緊急子宮頸環紮臨床效益分析  
**Rescue Cervical Cerclage for Protruding Amniotic Sac: A Retrospective Analysis of Clinical Efficacy**  
徐以樂<sup>1</sup> 葛菁如<sup>1</sup> 詹德富<sup>1</sup>  
高醫<sup>1</sup>
- 11:50-12:00 OO19 在偏遠地區醫院五年足月生產的產科經驗  
**5-year personal obstetric experience in term pregnancy at a rural hospital**  
詹文宗<sup>1</sup>  
臺北榮民總醫院玉里分院婦產科<sup>1</sup>

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## 生殖內分泌 Oral

主持人：武國璋、賴宗炫

- 08:30-08:40 OF1 **3D 錄影應用於達文西不孕手術**  
**3D recordings in Da Vinci robot reproductive surgery**  
莊乙真<sup>1</sup> 王孝茶<sup>1</sup> 劉馨鎂<sup>1</sup> 盧信芬<sup>1</sup> 彭福祥<sup>1</sup> 陳彥錚<sup>1</sup> 劉智文<sup>1</sup>  
亞東紀念醫院婦產部<sup>1</sup>
- 08:40-08:50 OF2 **冷凍胚胎植入前接受子宮鏡輔助子宮內膜輕刮手術對於未生育過不孕症患者活產率之相關性**  
**The role of Endometrial-scratching “via hysteroscopy+ mild D&C” prior to the frozen thawed embryo transfer cycle in IVF of nulliparous women**  
王姿雅<sup>1</sup> 黃貞瑜<sup>1</sup>  
台北榮民總醫院婦女醫學部<sup>1</sup>
- 08:50-09:00 OF3 **顆粒細胞在維持卵巢庫存量扮演關鍵角色 (小鼠基因改造模型)**  
**Granulosa cells play a key role in maintaining ovarian reserve, revealed by transgenic mouse model**  
林時羽<sup>1</sup> 曾啟瑞<sup>1</sup>  
台北婦產科診所生殖中心<sup>1</sup>
- 09:00-09:10 OF4 **子宮頸分泌物甲基化型態做為預測冷凍胚胎植入成功與否的生物指標 ---一個概念證明的研究**  
**Cervical Secretion Methylation Profile as a Predictor of the Success of Frozen-Thawed Embryo Transfer - A proof-of-concept study**  
李怡萱<sup>1,2,3</sup> 曾啟瑞<sup>2,4</sup> 胡玉銘<sup>2</sup> 陳啟煌<sup>4,5</sup> 陳芊汶<sup>6</sup> 廖琪鈞<sup>6</sup> 陳林鈺<sup>3,6</sup> 翁瑜君<sup>3</sup> 王惠貞<sup>4</sup> 黃瑞蘭<sup>3,4,6</sup> 賴鴻政<sup>3,4,6</sup>  
台北醫學大學臨床醫學研究所<sup>1</sup> 臺北婦產科診所生殖醫學中心<sup>2</sup> 台北醫學大學雙和醫院表基因轉譯醫學中心<sup>3</sup> 台北醫學大學醫學系婦產科學系<sup>4</sup> 台北醫學大學附設醫院婦產部生殖醫學中心<sup>5</sup> 台北醫學大學雙和醫院婦產部<sup>6</sup>

- 09:10-09:20 OF5 **第三天胚胎形態學分析可預測具較佳形態變化整倍體囊胚之生成**  
**Predicting the formation of euploid blastocysts with satisfactory morphokinetics using day 3 morphological evaluation**  
陳怡婷<sup>1</sup> 李俊逸<sup>1</sup> 陳建宏<sup>1</sup> 陳秀惠<sup>1</sup> 鄭恩惠<sup>1</sup> 黃俊嘉<sup>1</sup> 林秉瑤<sup>1</sup>  
 李宗賢<sup>2</sup> 陳忠義<sup>1</sup> 李茂盛<sup>1</sup>  
 茂盛醫院<sup>1</sup> 中山醫學大學<sup>2</sup>
- 09:20-09:30 OF7 (略，改 E-Poster)
- 09:30-09:40 OF8 **雙酚 A 透過雌激素受體路徑降低 FSH 在顆粒細胞誘導的 Cx43-細胞間隙連接通訊**  
**Bisphenol A reduces the Cx43-gap junctional intercellular communication of granulosa cells induced by FSH through the estrogen receptor pathway**  
王凱弘<sup>1</sup> 蔡青沅<sup>1</sup> 林大欽<sup>2,3</sup> 郭宗正<sup>2,3</sup>  
 郭綜合醫院生殖中心<sup>1</sup> 郭綜合醫院婦產部<sup>2</sup> 郭綜合醫院生殖醫學中心<sup>3</sup>
- 09:40-09:50 OF9 **白藜蘆醇抑制受 17 $\beta$ -雌二醇誘導的子宮內膜異位幹細胞之 COX-2 表現和腫瘤幹細胞特性**  
**Resveratrol suppresses stemness and cyclooxygenase-2 expression induced by 17 $\beta$ -estradiol in endometrial stem cells derived from endometriosis**  
王凱弘<sup>1</sup> 蔡青沅<sup>1</sup> 林大欽<sup>2,3</sup> 郭宗正<sup>2,3</sup>  
 郭綜合醫院生殖中心<sup>1</sup> 郭綜合醫院婦產部<sup>2</sup> 郭綜合醫院生殖醫學中心<sup>3</sup>

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## 生殖內分泌 Oral + 一般婦科 Oral

主持人：翁順隆、鍾明廷

- 10:30-10:40 OF10 濾泡刺激素和促黃體生成素接受體的基因多型性對試管嬰兒療程超  
排卵之影響  
FSHR and LHR gene polymorphisms effect on ovarian response in  
women undergoing in-vitro fertilization  
曹惠美<sup>1</sup> 周英二<sup>2</sup> 林秉瑤<sup>1</sup> 黃俊嘉<sup>1</sup> 楊順發<sup>3</sup> 李宗賢<sup>3</sup> 鄭恩惠<sup>1</sup>  
<sup>1</sup> 李茂盛<sup>1</sup>  
茂盛醫院<sup>1</sup> 中山醫學大學醫學系<sup>2</sup> 中山醫學大學醫研所<sup>3</sup>
- 10:40-10:50 OF11 具空泡的囊胚有較高的非整倍體發生率及較差的臨床結果  
Blastocysts with vacuoles associated with high aneuploid rate and poor  
clinical outcomes  
林羿萍<sup>1</sup> 李侑蓁<sup>1</sup> 鄭恩惠<sup>1</sup> 白依萍<sup>1</sup> 施惠馨<sup>1</sup> 陳怡君<sup>1</sup> 黃俊嘉<sup>1</sup>  
<sup>1</sup> 李宗賢<sup>1,2,3</sup> 李茂盛<sup>1,2,3</sup>  
茂盛醫院<sup>1</sup> 中山醫學大學醫學研究所<sup>2</sup> 中山醫學大學附設醫院婦產部<sup>3</sup>
- 10:50-11:00 OF12 子宮頸分泌液之甲基化圖譜可作為子宮內膜容受性之生物標記  
Methylation profiles of cervical secretions as potential biomarkers for  
endometrial receptivity  
陳芊廷<sup>1,2</sup> 黃瑞蘭<sup>3</sup> 翁瑜君<sup>3</sup> 王惠貞<sup>4</sup> 陳林鈺<sup>3</sup> 李怡萱<sup>5</sup> 王家瑋<sup>2</sup>  
<sup>2</sup> 謝昌志<sup>2</sup> 曾啟瑞<sup>5</sup> 胡玉銘<sup>5</sup> 陳啟煌<sup>6</sup> 廖琪鈞<sup>1</sup> 賴鴻政<sup>1,3</sup>  
衛生福利部雙和醫院婦產科<sup>1</sup> 王家瑋婦產科<sup>2</sup> 衛生福利部雙和醫院  
轉譯中心<sup>3</sup> 台北醫學大學婦產學科<sup>4</sup> 台北生殖醫學中心<sup>5</sup> 台北醫學  
大學附設醫院婦產部症科<sup>6</sup>
- 11:00-11:10 OG1 於 94 歲女性的卵巢腫瘤手術中進行內髂動脈結紮術  
Internal iliac artery ligation in a 94-year-old patient with ovarian tumor  
(total hysterectomy and bilateral salpingoophrectomy)  
王孝榮<sup>1</sup> 莊乙真<sup>1</sup>  
新北市亞東紀念醫院婦產部<sup>1</sup>

- 11:10-11:20 OG2 卵巢輸卵管膿瘍接受藥物治療患者的復發處置分析  
**Analysis of Recurrence Management in Patients Who Underwent  
Medical Treatment for TOA**  
陳三農<sup>1</sup>  
高雄榮民總醫院婦女醫學部<sup>1</sup>
- 11:20-11:30 OG3 (略，改 E-Poster)

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### 午餐會報 (諾華)

主持人：張家銘、林炫沛 (馬偕紀念醫院罕見疾病中心主任)

12:20-13:20    L1    **The role of gene therapy and the evolving landscape of spinal muscular atrophy(SMA)**  
*Speaker* : 簡穎秀(臺大醫院小兒遺傳科醫師)

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### 午餐會報 (拜耳)

主持人：余慕賢、曾志仁

12:20-12:50    L2    **Endometriosis: How to improve the integration between surgical and medical therapy**  
*Speaker* : 陳怡仁

12:50-13:20    L3    **A pragmatic approach to the management of heavy menstrual bleeding**  
*Speaker* : 吳珮如

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### 午餐會報 ( GSK )

主持人：江千代、林珮瑩

- |             |    |  |
|-------------|----|--|
| 12:20-12:50 | L4 | <b>Tdap in maternal immunization: the new approved safety indication in Taiwan</b><br><i>Speaker : 李中遠</i> |
| 12:50-13:20 | L5 | <b>Vaccination in Women: A Fresh Look at the Evidence</b><br><i>Speaker : 陳子和</i>                          |

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### 午餐會報 (亞培)

主持人：林明輝、張芳維

- |             |    |   |
|-------------|----|---|
| 12:20-13:20 | L6 | <b>Luteal phase support in IVF: Have we got it right yet?</b><br><i>Speaker : Prof. Georg Griesinger ( 德國 )</i> |
|-------------|----|---|

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## 內視鏡 Symposium

主持人：王有利、歐育哲

- |             |     |   |
|-------------|-----|---|
| 13:30-14:00 | SY1 | <b>Consideration of function preservation in laparoscopic ovarian surgery</b><br><i>Speaker : 張基昌</i> |
| 14:00-14:30 | SY2 | <b>Laparoscopic myomectomy in females with plans for conception</b><br><i>Speaker : 童寶玲</i>           |
| 14:30-15:00 | SY3 | <b>Office Hysteroscopy - concepts, applications, and recent advances</b><br><i>Speaker : 顏志峰</i>      |

主持人：林武周、王鵬惠

- |             |     |  |
|-------------|-----|--|
| 15:30-16:00 | SY4 | <b>Robotic-assisted surgeries in gynecology: its advantages and prospects</b><br><i>Speaker : 王功亮</i>                    |
| 16:00-16:30 | SY5 | <b>Recent advances in laparoscopic pelvic reconstructive surgery</b><br><i>Speaker : 黃寬慧</i>                             |
| 16:30-17:00 | SY6 | <b>How to perform a successful endoscopic oncologic surgery: a reappraisal of the LACC study</b><br><i>Speaker : 李奇龍</i> |



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## 婦癌 Symposium

主持人：何志明、賴鴻政

13:30-13:50 SY7 **How to significantly reduce the incidence of cervical cancer?**  
*Speaker*：賴瓊慧

### ★ Real world experience after NHI reimbursement of bevacizumab --

13:50-14:00 SY8 **Recurrent ovarian cancer**  
*Speaker*：黃于芳

14:00-14:10 SY9 **Dosage and adverse events**  
*Speaker*：許恒誠

14:10-14:20 SY10 **Recurrent cervical cancer**  
*Speaker*：周宏學

### ★ Onco-fertility in gynecologic cancers—guidelines --

14:20-14:28 SY11 **Cervical Cancer**  
*Speaker*：陳彥伯

14:28-14:36 SY12 **Endometrial Cancer**  
*Speaker*：王毓淇

14:36-14:44 SY13 **Epithelial ovarian Cancer**  
*Speaker*：簡宏如

14:44-14:52 SY14 **Germ cell ovarian cancer**  
*Speaker*：吳珮瑩

14:52-15:00 **Discussion**

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## 婦癌 Symposium

主持人：周振陽、許博欽

★ Genetic testing and PARP inhibitor maintenance in epithelial ovarian cancer after NHI reimbursement --

15:30-15:45 SY15 Genetic testing  
Speaker：張志隆

15:45-16:00 SY16 PARP inhibitor maintenance  
Speaker：許世典

★ Novel markers for gynecologic cancer --

16:00-16:10 SY17 DNA Methylation  
Speaker：溫國璋

16:10-16:20 SY18 Circulating tumor cells  
Speaker：周輝政

16:20-16:30 SY19 Correlation of genomic alterations between tumor tissue and circulating tumor DNA by next-generation sequencing  
Speaker：洪耀欽

16:30-16:40 SY20 IsoAAT and ovarian clear cell carcinoma  
Speaker：趙安琪

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## 產科 Symposium

主持人：李建南、洪泰和

★ Antenatal examination in the precision medicine era--

- 13:30-14:00 SY21 帶因篩檢  
*Speaker*：初福傑
- 14:00-14:30 SY22 Chromosomal Microarray Analysis: for selected or unselected women with amniocentesis?  
*Speaker*：林芯仔
- 14:30-15:00 SY23 Thyroid function screening in pregnancy: risk factor-based or universal?  
*Speaker*：應宗和

主持人：詹德富、郭富珍

- 15:30-16:00 SY24 Shall we screen for vitamin D deficiency and iron deficiency anemia at the first antenatal examination?  
*Speaker*：葛菁如
- 16:00-16:30 SY25 CS rates only 2%? 再談無國界醫生如何幫助阿富汗產婦  
*Speaker*：王伊蕾
- 16:30-17:00 SY26 Symposium First Trimester Anatomical Screening: Nuchal Translucency and Beyond  
*Speaker*：吳佩臻

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## 一般婦科 Oral

主持人：黃莉文、吳文毅

- 13:30-13:40 OG7 把翻轉教學帶入臨床技能訓練工作坊提升婦產科住院醫師訓練  
**Incorporating Flipped Classroom Self-Learning into Hands-On Workshop for Clinical Skills Training in Obstetrics and Gynecology Residency Training**  
黃亭瑄<sup>1</sup> 趙安琪<sup>1</sup> 詹耀龍<sup>1</sup> 吳憲銘<sup>1</sup> 林益豪<sup>1</sup> 郭信宏<sup>1</sup> 梁景忠<sup>1</sup>  
盧佳序<sup>1</sup> 周宏學<sup>1,2</sup>  
林口長庚紀念醫院婦產部<sup>1</sup> 長庚大學醫學院<sup>2</sup>
- 13:40-13:50 OG10 以先發性止痛來控制手術後的疼痛  
**Preemptive Analgesia for Postoperative Hysterectomy Pain Control**  
李耀泰<sup>1</sup> 鄭雅敏<sup>1</sup> 林大欽<sup>1</sup> 關龍錦<sup>1</sup> 朱益志<sup>1</sup> 黃閔暄<sup>1</sup> 郭宗正<sup>1</sup>  
郭綜合醫院婦產部<sup>1</sup>
- 13:50-14:00 OG11 以 HE4 幫助診斷子宮內膜癌的檢視：一病例報告和文獻回顧  
**The Role of HE4 in Aiding Diagnosis of Endometrial Cancer: A Case Report and Literature Review**  
李耀泰<sup>1</sup> 鄭雅敏<sup>1</sup> 黃閔暄<sup>1</sup> 林儒昌<sup>1</sup> 黃正強<sup>2</sup> 郭宗正<sup>1</sup>  
郭綜合醫院婦產部<sup>1</sup> 郭綜合醫院放射科<sup>2</sup>
- 14:00-14:10 OG13 腹腔鏡子宮肌瘤切除術常規使用囊袋內絞碎術的經驗  
**The Experience of In-Bag Morcellation as a Routine for Laparoscopic Myomectomy**  
林大欽<sup>1</sup> 黃閔暄<sup>1</sup> 朱益志<sup>1</sup> 關龍錦<sup>1</sup> 郭宗正<sup>1</sup>  
郭綜合醫院婦產部<sup>1</sup>
- 14:10-14:20 OG15 超音波海扶治療子宮肌瘤及子宮肌腺症：高雄長庚醫學中心經驗報告  
**Ultrasound-guided high-intensity focused ultrasound treatment for uterine fibroid and adenomyosis: A single center experience from KCGMH**  
陳文欣<sup>1</sup> 楊采樺<sup>1</sup> 吳伶穎<sup>1</sup> 龔福財<sup>1</sup> 黃寬慧<sup>1</sup> 莊斐琪<sup>1</sup>  
高雄長庚紀念醫院婦產部<sup>1</sup>



## 一般婦科 Symposium

主持人：李耀泰、鄭雅敏

15:30-16:00 SY27 **New trend in endometriosis treatment**

*Speaker*：余沛修

16:00-16:30 SY28 **Balanced scorecard guided physical training for health improvements in middle-aged women**

*Speaker*：鄭碧華

16:30-17:00 SY29 **手術止血藥物的使用**

*Speaker*：張穎宜

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## 特別演講：大會演講

08:55-09:00

### Opening Remarks

黃閔照 (台灣婦產科醫學會理事長)

主持人：郭宗正、陳思原

09:00-09:30 P1

談「陳信孚教授」過去研究及生平

陳美州 (臺灣大學醫學院醫學系婦產科專任教授)

主持人：蔡鴻德、薛瑞元 (衛生福利部政務次長)

09:30-10:00 P2

由 CTCs 看精準醫療產業的發展

張鴻仁 (上騰生技顧問股份有限公司董事長/前健保局總經理)

主持人：蘇聰賢、李茂盛

10:30-11:00 P3

「健保大數據」分析

李伯璋 (衛生福利部中央健康保險署署長)

主持人：黃閔照、何弘能

11:00-11:30 P4

台灣婦癌流行病學與消除計畫

陳建仁 (中華民國前副總統)

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## 台灣年輕醫師英文演講

主持人：陳慧毅、龍震宇

★ Urogynecology --

- 09:00-09:10 Y16 **Evaluation of efficacy and safety of single-incision sling versus transobturator sling in women with stress incontinence and intrinsic sphincter deficiency**  
Jiun-Chyi Hwang (黃俊淇)  
Mackay Memorial Hospital, Taiwan
- 09:10-09:20 Y17 **Impact of intrinsic sphincter deficiency on mid-urethral sling outcomes**  
Yu-Hua Shen (沈玉華)  
Keelung Chang Gung Memorial Hospital, Taiwan
- 09:20-09:30 Y18 **Changes in sexual function and vaginal topography using 3-Dimensional transperineal ultrasound in stress-incontinent women treated with Er: YAG vaginal laser**  
Chieh-Yu Chang (張介禹)  
Kaohsiung Medical University Hospital, Taiwan
- 09:30-09:40 Y19 **Predictors of cure and overactive bladder syndrome after mid-urethral sling procedure in women with stress urinary incontinence**  
Hsin-Mei Liu (劉馨鎂)  
Far Eastern Memorial Hospital, Taiwan
- 09:40-09:50 Y20 **Mid-Urethral Slings in Obese Women: Surgical Outcomes and Pre-Operative Predictors of Failure**  
Ting-Xuan Huang (黃亭瑄)  
Linkou Chang Gung Memorial Hospital, Taiwan
- 09:50-10:00 Y21 **Laparoscopic Long Mesh Surgery with Augmented Round Ligaments: A novel Uterine preservation procedure for Apical pelvic organ prolapse**  
Chih-Ting Chang (張至婷)  
Kaohsiung Medical University Hospital, Taiwan

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## 台灣年輕醫師英文演講

主持人：洪耀欽、蔡英美

★ Reproduction/Obstetrics/Oncology --

- 10:30-10:40 Y22 **Contamination of ART Culture Media: The Role of Semen and Strategies for Prevention**  
Li-Ling Lin (林俐伶)  
Taichung Veterans General Hospital, Taiwan
- 10:40-10:50 Y23 **Prenatal diagnosis of a fetus with HNF1B-associated phenotype in a family with history of renal and metabolic disorders: a case report and mutation update**  
hih-Ling Chen (陳智齡)  
National Taiwan University Hospital, Taiwan
- 10:50-11:00 Y24 **Recurrence and risk of Cervical intraepithelial neoplasm 2/3 after treatment: Follow-up Cohort Study From National database of Taiwan**  
Hung Shen (沈鴻)  
National Taiwan University, Taiwan
- 11:00-11:10 Y25 **Outcomes after fertility sparing surgery of early stage ovarian cancer: a nationwide population-based study**  
Chia-Yi Lee (李家儀)  
National Taiwan University Hospital, Taiwan
- 11:10-11:20 Y26 **Ovarian Carcinosarcoma: Experience of a single institution and review of literature**  
Wen-Pu Chang (張文樸)  
Taipei Veterans General Hospital, Taiwan



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## 婦女泌尿 Oral

主持人：楊振銘、王卜瑾

- 08:30-08:40 OU1 聚丙烯篩網的免疫化學分析：網片尺寸是否有所不同？  
Immunochemical analysis on polypropylene mesh: does mesh size make a difference?  
張藍心<sup>1</sup> 盧佳序<sup>1</sup> 林益豪<sup>1</sup> 朱筱倩<sup>2</sup> 謝武橋<sup>1</sup> 陳怡斌<sup>3</sup>  
林口長庚紀念醫院婦產部<sup>1</sup> 長庚大學<sup>2</sup> 基隆長庚紀念醫院婦產部<sup>3</sup>
- 08:40-08:50 OU3 患有骨盆底疾病之婦女的陰道排氣的盛行率及其對於性功能之影響  
The prevalence of vaginal flatus in women with pelvic floor disorders and its impact on sexual function  
劉蕙瑄<sup>1</sup> 蘇聰賢<sup>1</sup> 黃俊淇<sup>2</sup> 謝耀德<sup>2</sup>  
新竹馬偕紀念醫院婦產部<sup>1</sup> 台北馬偕紀念醫院婦產部<sup>2</sup>
- 08:50-09:00 OU5 接受小陰唇手術之性功能影響  
The impact on sexual function after labia minora reduction  
林冠伶<sup>1</sup> 盧紫曦<sup>1</sup> 劉奕吟<sup>2</sup> 龍震宇<sup>3</sup>  
高雄大同醫院婦產科<sup>1</sup> 高雄小港醫院婦產科<sup>2</sup> 高雄醫學大學附設醫院婦產部<sup>3</sup>
- 09:00-09:10 OU7 Oxytocin 凝膠在停經後陰道上皮萎縮女性的使用  
Topical oxytocin gel for postmenopausal vaginal atrophy  
王語瑄<sup>1</sup> 劉蕙瑄<sup>1</sup> 黃文助<sup>1</sup> 蘇聰賢<sup>2</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup> 新竹馬偕紀念醫院婦產部<sup>2</sup>
- 09:10-09:20 OU8 以 Sankey 圖示方式探討 2011~2020 年間發表於 Pubmed 醫學資料庫婦女泌尿領域最具影響力的國家及學者  
The most influential authors published in Pubmed central in urogynecology-related field 2011~2020, by using Sankey diagram  
吳銘斌<sup>1</sup> 錢才瑋<sup>2</sup>  
奇美醫學中心婦女泌尿科<sup>1</sup> 奇美醫學中心醫學研究部<sup>2</sup>

09:20-09:30 OU9 玻尿酸膀胱灌注治療前後間質性膀胱炎的婦女之尿動力學檢查結果  
與臨床症狀預後的比較  
**Effect of intravesical hyaluronic acid treatment on urodynamic and  
clinical outcomes among women with interstitial cystitis/painful  
bladder syndrome**  
梁景忠<sup>1</sup> 彭榆真<sup>2</sup> 馮敏<sup>2</sup> 張藍心<sup>2</sup> 林益豪<sup>1</sup> 邱月暇<sup>3</sup>  
長庚紀念醫院林口總院;長庚大學醫學系<sup>1</sup> 長庚紀念醫院林口總院<sup>2</sup>  
長庚大學醫務管理學系<sup>3</sup>

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## 婦女泌尿 Oral + 內視鏡 Video

主持人：許鈞碩、張廷禎

- 10:30-10:40 OU10 經陰道網膜手術後新發應力性尿失禁的超音波預測因子  
Ultrasound predictor of postoperative de novo stress urinary incontinence following transvaginal mesh surgery  
龍震宇<sup>1</sup> 劉奕吟<sup>2</sup> 盧紫曦<sup>3</sup> 林冠伶<sup>3</sup> 葉建麟<sup>1</sup>  
高雄醫學大學附設醫院婦產部<sup>1</sup> 高雄市立小港醫院婦產科<sup>2</sup> 高雄市立大同醫院婦產科<sup>3</sup>
- 10:40-10:50 OU11 使用低能量體外震波治療在間質性膀胱炎患者:長庚醫院 30 例研究  
Use of low-intensity extracorporeal shock wave therapy in the management of interstitial cystitis/bladder pain syndrome patients: A thirty case study in Chang-Gung Memorial Hospital  
林益豪<sup>1</sup> 張藍心<sup>1</sup> 謝武橋<sup>1</sup> 盧佳序<sup>1</sup> 梁景忠<sup>1</sup>  
林口長庚醫院<sup>1</sup>
- 10:50-11:00 OU12 單一電波治療於女性應力性尿失禁及性功能的臨床治療效果  
The Clinical Effects of Single-Treatment Radiofrequency Therapy on Female Stress Urinary Incontinence and Sexual Function  
盧紫曦<sup>1</sup> 林冠伶<sup>1</sup> 劉奕吟<sup>2</sup> 陳容仟<sup>3</sup> 吳宜霖<sup>3</sup> 蘇玲惠<sup>3</sup> 林亞玲<sup>3</sup> 龍震宇<sup>3</sup>  
高雄市立大同醫院婦產科<sup>1</sup> 高雄市立小港醫院婦產科<sup>2</sup> 高雄醫學大學附設中和醫院紀念醫院婦產部<sup>3</sup>
- 11:00-11:10 OU13 陰道二氧化碳雷射治療應力性尿失禁的成效  
The effect of Vaginal Pixel CO2 Laser treatment on stress urinary incontinence  
葉建麟<sup>1</sup> 林冠伶<sup>2</sup> 劉奕吟<sup>3</sup> 盧紫曦<sup>2</sup> 龍震宇<sup>1</sup>  
高雄醫學大學附設醫院<sup>1</sup> 高雄市立大同醫院<sup>2</sup> 高雄市立小港醫院<sup>3</sup>

- 11:10-11:20 OU14 台灣地區各種型態之「憂鬱症」與「間質性膀胱炎」之因果關係  
The Causal Effect of Different Depression Subtype on Interstitial Cystitis/Painful Bladder Syndrome  
張崑敏<sup>1,2</sup>  
衛生福利部豐原醫院婦產科<sup>1</sup> 中台科技大學資訊管理系<sup>2</sup>
- 11:20-11:30 OU15 Chiari 畸形女性接受骨盆底重建手術併陰道無張力吊帶手術術後持續尿液滯留  
Persistent urine retention after POP surgery combined with TVT-O in a type I patient with Chiari malformation  
黃閔暄<sup>1,2</sup> 龍震宇<sup>2</sup> 關龍錦<sup>1</sup> 郭宗正<sup>1</sup>  
郭綜合醫院婦產部<sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部<sup>2</sup>
- 11:30-11:40 V13 利用腹腔鏡進行巨大基底的子宮側壁肌瘤挖除時的一些重要手術技巧  
Technical pearls of Laparoscopic myomectomy for large base broad ligament (intraligamental) myoma  
李宜明<sup>1</sup> 孫仲賢<sup>1</sup> 施兆蘭<sup>1</sup> 方俊能<sup>1</sup> 李侑潔<sup>1</sup>  
四季台安醫院<sup>1</sup>
- 11:40-11:50 V14 改良式腹腔鏡輸尿管膀胱重建術治療下三分之一醫源性輸尿管損傷：一種更簡單的方式與七例病例報告  
Outcome of Laparoscopic Modified Ureteroneocystomy in lower third iatrogenic ureter injury during laparoscopic surgery of gynecology: a easier method for repair  
辜家儀<sup>1</sup>  
大林慈濟醫院婦產科<sup>1</sup>

110 年 9 月 26 日 ( 星期日 ) 中午  
(1 樓) 102

### 午餐會報 (諾和諾德)

主持人：陳保仁、曾英智

12:20-13:20 L7 **Weight Management and The Role of GLP-1 RA**  
*Speaker*：盧佳文 (臺大家醫科主治醫師)

110 年 9 月 26 日 ( 星期日 ) 中午  
(2 樓) 201 B+C

### 午餐會報 (MSD)

主持人：鄭丞傑、陳楨瑞

12:20-13:20 L8 **Fighting against HPV with vaccination as the new norm**  
*Speaker*：劉文雄



## 午餐會報 (輝凌)

主持人：蔡明松、洪秉坤

12:20-13:20 L9      **High-Risk Pregnancies: Risk Factors, Prevention, and Management**  
*Speaker*：施景中、陳震宇

110 年 9 月 26 日 ( 星期日 ) 下午  
(1 樓) 102

## 更年期醫學 Symposium

主持人：蔡英美、藍國忠

- |             |      |  |
|-------------|------|--|
| 15:30-15:50 | SY30 | <b>Insomnia and menopause: a narrative review on mechanism and treatment</b><br><i>Speaker</i> ：徐英倫              |
| 15:50-16:10 | SY31 | <b>The association between hormone therapy and sarcopenia in postmenopausal women</b><br><i>Speaker</i> ：陳芳萍     |
| 16:10-16:30 | SY32 | <b>Management of urinary incontinence in postmenopausal women: An EMAS clinical guide</b><br><i>Speaker</i> ：龍震宇 |
| 16:30-16:50 | SY33 | <b>Managing vasomotor symptoms effectively without hormones</b><br><i>Speaker</i> ：蔡景州                           |
| 16:50-17:00 |      | <b>Discussion</b>  |

110 年 9 月 26 日 ( 星期日 ) 下午  
(2 樓) 201 B+C

## 生殖內分泌 Symposium

主持人：陳明哲、張帆

- 13:30-14:00 SY34 **Clinical application of serum AMH in reproductive medicine**  
*Speaker*：易瑜嶠
- 14:00-14:30 SY35 **Reproductive Immune tests in infertility and recurrent miscarriage**  
*Speaker*：趙光漢
- 14:30-15:00 SY36 **Long term health in children born after assisted reproductive technologies ( PGT-A included)**  
*Speaker*：林育如

主持人：蔡永杰、崔冠濠

- 15:30-16:00 SY37 **Mosaic Trisomy at Prenatal Diagnosis**  
*Speaker*：陳持平
- 16:00-16:30 SY38 **A new class of oral GnRH antagonists for the treatment of endometriosis and uterine leiomyomas**  
*Speaker*：吳憲銘
- 16:30-17:00 SY39 **Strategies of couples with azoospermia**  
*Speaker*：何積泓



110 年 9 月 26 日 ( 星期日 ) 下午  
(2 樓) 201 D+E

## 婦女泌尿 Symposium

主持人：梁景忠、孫茂榮

- 13:30-13:50 SY40 **The trend and care pathway for management of stress urinary incontinence**  
*Speaker* : 洪煥程
- 13:50-14:10 SY41 **Treatment options for intrinsic sphincter deficiency and recurrent stress urinary incontinence**  
*Speaker* : 黃文助
- 14:10-14:30 SY42 **Vaginal laser therapy for urinary incontinence and genitourinary syndrome of menopause: A update review**  
*Speaker* : 梁守蓉
- 14:30-14:50 SY43 **Prolapse Repair Using Non-synthetic Material: What is the Current Standard?**  
*Speaker* : 盧佳序
- 14:50-15:00 **Discussion**

主持人：王國華、黃文貞

- 15:30-15:50 SY44 **Current status of minimally invasive sacro-hystero-colpopexy for pelvic organ prolapse**  
*Speaker* : 洪滿榮
- 15:50-16:10 SY45 **Surgical Management for Pelvic Organ Prolapse and Its Impact on Sexual Function**  
*Speaker* : 劉蕙瑄
- 16:10-16:30 SY46 **Diagnosis and management of nocturia in current clinical practice**  
*Speaker* : 莊斐琪
- 16:30-16:50 SY47 **Current management of female overactive bladder and the future perspective**  
*Speaker* : 黃淑君
- 16:50-17:00 **Discussion**

# 110 年 9 月 25-26 日 E-Poster 展示

## ( 1 樓 ) 101 兩側走廊

- P001      白血病抑制因子的單核苷酸多型性與 POSEIDON 分類法中反應不良的族群有相關性  
Single nucleotide polymorphism of leukemia inhibitory factor related to subgroups of poor responders classified by POSEIDON criteria  
黃允瑤<sup>1</sup> 曾淑玲<sup>2</sup> 李俊逸<sup>1</sup> 楊順發<sup>2</sup> 李茂盛<sup>1</sup> 李宗賢<sup>1</sup>  
中山醫學大學附設醫院婦產部<sup>1</sup> 中山醫學大學醫學研究所<sup>2</sup>
- P002      在不改變日常試管嬰兒實驗室作業流程之下，ICSI 並無法提供非侵入胚胎植入前非整倍體染色體檢測更佳的 cell free DNA 品質與量  
ICSI provides no better DNA quality/quantity in non-invasive PGT-A under routine clinical IVF laboratory workflow  
蔡妮瑾<sup>1,2</sup> 張雲喬<sup>2</sup> 蘇意茹<sup>1</sup> 林易奇<sup>1</sup> 藍國忠<sup>1,2</sup>  
高雄長庚醫院婦產部<sup>1</sup> 高雄長庚醫院更年期及生殖醫學研究中心<sup>2</sup>
- P003      Mifepristone 於鼠胚的直接作用：來自體外培養單一胚胎的 RNA 定序研究  
Direct effects of mifepristone in mice embryogenesis: an ex vivo single-embryo RNA-seg based study  
蘇鈺婷<sup>1</sup> 吳承寓<sup>2</sup> 陳嘉興<sup>3</sup> 黃富仁<sup>1</sup>  
高雄長庚醫院婦產部<sup>1</sup> 義守大學醫學院醫學系<sup>2</sup> 義守大學醫學院學士後醫學系<sup>3</sup>
- P004      新鮮胚胎植入對子宮內膜異位症患者接受人工生殖技術時的累計懷孕率無不良影響  
Fresh embryo transfer does not adversely affect the cumulative pregnancy rate of endometriosis patients received assisted reproduction techniques  
易瑜嶠<sup>1</sup> 陳明哲<sup>1</sup> 谷化芬<sup>1</sup> 陳雅芳<sup>1</sup> 陳麗宇<sup>1</sup> 權詩婷<sup>1</sup> 宮曉帆<sup>1</sup> 張瑞君<sup>1</sup>  
台中榮民總醫院婦女醫學部<sup>1</sup>
- P005      人工智慧應用於預測體外受精成功懷孕  
Prediction of successful outcome in IVF-ET by using artificial intelligence  
徐以樂<sup>1</sup> 羅匯文<sup>1</sup> 陳鴻昇<sup>1</sup> 莊蕙瑜<sup>1</sup> 龍震宇<sup>1</sup> 蔡英美<sup>1</sup>  
高醫<sup>1</sup>

- P006 低卵巢庫存患者採用累積冷凍卵子治療之臨床效益  
Efficiency and efficacy of accumulation of vitrified oocyte for managing diminished ovarian reservoirs  
李冠昇<sup>1</sup>  
台北馬偕紀念醫院<sup>1</sup>
- P007 在人工生殖高反應週期患者中找尋破卵日血清黃體素值之合適範圍已達成最佳累積活產率-數值多少較佳?  
Searching for a suitable serum progesterone level range at triggering day to achieve an optimal cumulative live birth rate in high responders – Which range is better?  
陳明哲<sup>1</sup> 易瑜嶠<sup>2</sup> 陳雅芳<sup>2</sup> 谷化芬<sup>2</sup> 宮曉帆<sup>2</sup> 張瑞君<sup>2</sup> 陳麗宇<sup>2</sup> 權詩婷<sup>2</sup>  
台中榮總婦女醫學部<sup>1</sup> 台中榮總婦女醫學部生殖內分泌不孕科<sup>2</sup>
- P008 因子宮內膜異位症不孕接受試管嬰兒治療的婦女,巧克力囊腫的有無及其手術對成功率的影響  
The impact of endometrioma and ovarian cystectomy in patients with major indications for IVF/ICSI with endometriosis  
張瑞君<sup>1</sup> 陳明哲<sup>1</sup> 谷化芬<sup>1</sup> 陳雅芳<sup>1</sup> 權詩婷<sup>1</sup> 陳麗宇<sup>1</sup>  
台中榮總<sup>1</sup>
- P009 小於 40 歲腺肌症女性解凍植入前使用柳培林對懷孕結果的分析  
Could comparable ART outcome be achieved in women ≤ 40y with adenomyosis to those without undergoing frozen embryo transfer following gonadotropin-releasing hormone agonist treatment?  
宮曉帆<sup>1</sup>  
台中榮民總醫院<sup>1</sup>
- P010 南台灣不同空氣污染物與精液品質之關係  
The associations of different air pollution on semen quality in southern Taiwan  
連顯庭<sup>1</sup> 蔡妮瑾<sup>1</sup> 林易奇<sup>1</sup> 藍國忠<sup>1</sup>  
高雄長庚紀念醫院<sup>1</sup>
- P011 空污中的微粒分子會增加高齡受孕婦女的子宮外孕風險  
Microparticles in air pollution contributed to increasing ectopic pregnancy risk in advanced reproductive aged women  
江心茹<sup>1</sup> 楊曜旭<sup>2</sup> 宋沛勳<sup>3</sup>  
高雄長庚醫院婦產部<sup>1</sup> 嘉義長庚醫院中醫部<sup>2</sup> 高雄長庚醫院心臟內科<sup>3</sup>
- P012 子宮腺肌症對人工生殖之累積活產率有不利影響, 但子宮內膜異位症則沒有不良影響  
Adenomyosis but not endometriosis impacts adversely on cumulative live birth by ART  
陳明哲<sup>1</sup> 易瑜嶠<sup>2</sup> 陳雅芳<sup>2</sup> 谷化芬<sup>2</sup> 陳麗宇<sup>2</sup> 宮曉帆<sup>2</sup> 張瑞君<sup>2</sup> 權詩權<sup>2</sup>  
台中榮總婦女醫學部<sup>1</sup> 台中榮總婦女醫學部生殖內分泌不孕科<sup>2</sup>

- P013 **多囊性卵巢症候群患者接受試管嬰兒療程的血管內皮細胞研究**  
**Vascular endothelial study in women with polycystic ovary syndrome undergoing in vitro fertilization**  
陳亮萱<sup>1</sup> 吳憲銘<sup>1</sup>  
 林口長庚醫院<sup>1</sup>
- P014 **Ubiquitin 類小分子與精子生成缺陷及接受人工授精治療患者低懷孕率之相關性**  
**The small ubiquitin-like molecule correlated with defective spermatogenesis and low pregnancy potential for patients undergoing intrauterine insemination treatment**  
楊茜雯<sup>1</sup> 曾淑玲<sup>2</sup> 李俊逸<sup>1</sup> 李茂盛<sup>1</sup> 李宗賢<sup>1</sup> 劉崇賢<sup>1</sup>  
 中山醫學大學附設醫院婦產部<sup>1</sup> 中山醫學大學醫學研究所<sup>2</sup>
- P015 **乳癌病人後續生殖力保存及懷孕結果**  
**Patterns of Fertility Preservation and Pregnancy Outcome After Breast Cancer at a Tertiary Medical Center**  
黃楷中<sup>1</sup> 邱上琪<sup>2</sup> 翁嘉穗<sup>2</sup>  
 台北馬偕紀念醫院醫學教育部<sup>1</sup> 淡水馬偕紀念醫院婦產部<sup>2</sup>
- P016 **卵子活化技術在一位低受精率婦女的表現**  
**Effectiveness of artificial oocyte activation in a woman with low fertilization rate**  
粘雨澄<sup>1</sup> 宮曉帆<sup>1</sup>  
 中榮婦女醫學部<sup>1</sup>
- P017 **絨毛膜囊與胚胎移植數不一致：四例報告**  
**Discordance between chorionicity and embryo transfer number : four cases report**  
黃宣為<sup>1</sup> 林佳昀<sup>1</sup> 蔡妮瑾<sup>1</sup> 蘇鈺婷<sup>1</sup> 林育如<sup>1</sup> 鄭菱勻<sup>2</sup> 江心茹<sup>1</sup> 藍國忠<sup>1</sup>  
 高雄長庚婦產部生殖醫學科<sup>1</sup> 嘉義長庚婦產部生殖醫學科<sup>2</sup>
- P018 **體外加強搏衝治療於卵巢反應低下患者的應用**  
**Successful pregnancy in poor responder after Enhanced external counterpulsation: two cases report**  
陳立珊<sup>1</sup> 蔡育倫<sup>1</sup> 黃莉文<sup>1</sup> 李毅評<sup>1</sup>  
 新光吳火獅紀念醫院婦產科<sup>1</sup>
- P019 **臨床產前診斷一病例-貓眼症候群**  
**Prenatal diagnosis of one clinical case with cat eye syndrome**  
鍾怡屏<sup>1</sup> 林淑娟<sup>1</sup> 關龍錦<sup>2</sup> 吳祝美<sup>1</sup> 杜佩玲<sup>1</sup> 許佳樺<sup>1</sup> 蘇羽巡<sup>1</sup> 張以琳<sup>1</sup>  
 郭保麟<sup>3</sup> 郭宗正<sup>2</sup>  
 郭綜合醫院生殖中心<sup>1</sup> 郭綜合醫院婦產部<sup>2</sup> 成大醫院<sup>3</sup>
- P020 **早期懷孕的急性腹痛-人工受精後發生卵巢扭轉**  
**Acute abdomen in early pregnancy due to ovarian torsion following intrauterine insemination**  
陳彥錚<sup>1</sup> 盧信芬<sup>1</sup> 彭福祥<sup>1</sup>  
 亞東紀念醫院婦產部<sup>1</sup>

- P021      使用「階梯狀子宮內膜刮取器」於子宮內膜異常之效果分析  
**Functional Evaluation of "Step Shaped Endometrial Curette" for Endometrial Abnormalities**  
 陳宏銘<sup>1</sup> 陳瑞鵬<sup>1</sup> 蔡偉雄<sup>1</sup> 林相如<sup>2</sup>  
 台灣地區婦幼衛生中心婦產科<sup>1</sup> 台灣地區婦幼衛生中心病理科<sup>2</sup>
- P022      評估 Bevacizumab 用於晚期或復發性卵巢癌中的副作用及成效  
**Assessing the adverse events and efficacy of real-world use of bevacizumab in advanced and recurrent ovarian cancers from a tertiary medical center**  
 王映文<sup>1</sup> 吳貞璇<sup>1</sup> 林浩<sup>1</sup> 歐育哲<sup>1,2</sup> 蔡景州<sup>1</sup> 傅宏鈞<sup>1</sup> 張簡展照<sup>1</sup>  
 高雄長庚紀念醫院婦產部<sup>1</sup> 嘉義長庚紀念醫院婦產科<sup>2</sup>
- P023      子宮漿液性癌與子宮內膜肉瘤的臨床特徵比較  
**The difference in clinical characteristics between endometrial serous carcinoma and endometrial carcinosarcoma**  
 朱庭儀<sup>1</sup> 張廷彰<sup>1</sup> 趙安琪<sup>1</sup> 賴瓊慧<sup>1</sup> 陳敏煜<sup>1</sup> 黃寬仁<sup>1</sup> 周宏學<sup>1</sup> 林政道<sup>1</sup>  
 黃慧君<sup>1</sup> 湯雲心<sup>1</sup> 陳威君<sup>1</sup> 董秀容<sup>1</sup>  
 林口長庚<sup>1</sup>
- P024      (放棄上傳 E-Poster)
- P025      卵巢清晰細胞癌之回溯型淋巴結微轉移的預後價值研究  
**Detection of isolated tumor cells and micrometastases in lymph nodes of patients with early ovarian clear cell carcinomas**  
 王佑辰<sup>1</sup> 趙安琪<sup>2</sup>  
 基隆長庚醫院<sup>1</sup> 林口長庚醫院<sup>2</sup>
- P026      鉑金類治療無效之轉移性子宮內膜亮細胞癌在 Pembrolizumab 與放射治療遠端效應下的持久反應  
**Durable response after pembrolizumab in combination with radiation-induced abscopal effect in platinum-refractory metastatic endometrial clear cell carcinoma**  
 高健祥<sup>1</sup> 吳貞璇<sup>1</sup> 林浩<sup>1</sup> 歐育哲<sup>1</sup>  
 高雄長庚紀念醫院婦產部<sup>1</sup>
- P027      個案報告- 卵巢成熟畸胎瘤惡性轉化骨肉瘤  
**A rare case of osteosarcoma arising from mature cystic teratoma of ovary**  
 莊舒斐<sup>1</sup> 曾宇泰<sup>1</sup> 林珮瑩<sup>1</sup> 靳應臺<sup>2</sup>  
 臺安醫院婦產部<sup>1</sup> 臺安醫院病理科<sup>2</sup>
- P028      停經後婦女的卵巢黏液性腺癌腫瘤扭轉與破裂：一個罕見的病例報告  
**Torsion and Ruptured of Ovarian Mucinous Cystadenocarcinoma in a postmenopausal woman: A Rare Case Report**  
 田謹慈<sup>1</sup> 龐浸醛<sup>1</sup>  
 花蓮慈濟醫院<sup>1</sup>

- P029      **使用新型超音波手術剪同步切除子宮內膜癌及大腸癌的病例報告**  
**Harmonic Scalpel to coagulate and cut colon and endometrial cancer simultaneously**  
王孝榮<sup>1</sup> 莊乙真<sup>1</sup> 劉馨鎂<sup>1</sup> 林耿立<sup>2</sup>  
 新北市亞東紀念醫院婦產部<sup>1</sup> 新北市亞東紀念醫院外科部<sup>2</sup>
- P030      **藉由整合性多基因分析邊緣性卵巢腫瘤致病機轉之失調分子基因功能**  
**Dysregulated molecular and genetic functions recognized in the pathogenesis of**  
**borderline ovarian tumors by integrative polygenic analytics**  
蘇國銘<sup>1</sup> 張正昌<sup>1</sup> 張家銘<sup>2</sup>  
 三軍總醫院婦產科部<sup>1</sup> 台北榮總婦女醫學部<sup>2</sup>
- P031      **化學治療藥物是否合併癌思停對於鉑類化學治療藥物敏感的復發上皮性卵巢癌的真實世界療效研究**  
**Chemotherapy with or without Bevacizumab in patients with platinum-sensitive recurrent ovarian cancer- real-world Data**  
呂建興<sup>1</sup> 許世典<sup>1</sup> 黃曉峰<sup>1</sup> 孫珞<sup>1</sup> 石宇翔<sup>1</sup> 洪若霓<sup>1</sup> 陳明哲<sup>1</sup>  
 臺中榮民總醫院婦女醫學部<sup>1</sup>
- P032      **細胞核中高度表現的11個易位甲基胞嘧啶二加氧酶在卵巢亮細胞癌抗藥性中所扮演的角色**  
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 彰化基督教醫院<sup>1</sup> 中西醫結合腫瘤研究中心<sup>2</sup> 婦女醫學研究室<sup>3</sup> 共同研究室<sup>4</sup> 彰化基督教醫院婦產部<sup>5</sup>
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黃渝仁<sup>3</sup>  
 高雄長庚醫院婦產部<sup>1</sup> 高雄長庚醫院遺傳實驗室<sup>2</sup> 健新醫院婦產科<sup>3</sup>
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花蓮慈濟婦產部<sup>1</sup>



2021.9.25~26 | 台北國際會議中心



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台灣婦產科醫學會  
110 年度年會暨學術研討會

*The 60<sup>th</sup> Annual Congress  
of Taiwan Association of Obstetrics and Gynecology 2021*

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# 大 會 演 講

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9 月 26 日 (日) 上午

◆ 大會演講 (10 樓) 國際會議廳

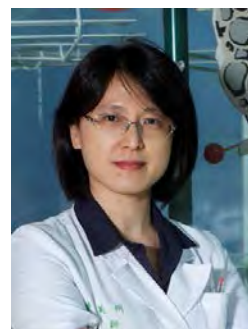
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# 陳美州

(P1)



## CURRICULUM VITAE

### 陳美州

#### 現職：

臺灣大學醫學院婦產科教授 (2017~迄今)  
臺灣大學萬祥玉講座教授 (2020~迄今)  
亞太婦產科醫學會生殖醫學委員 (2019~迄今)  
台灣婦產科醫學會常務監事 (2019 ~迄今)  
台灣生殖醫學會理事 (2018 ~迄今)

#### 學歷：

臺灣大學醫學院臨床醫學研究所博士 (2009)  
台北醫學大學醫學系醫學士 (1998)

#### 經歷：

行政院科技部生科司婦幼學門計畫 共同召集人 (2018~2020)  
行政院科技部生科司性別與科技整合計畫 召集人 (2018~2020)  
行政院衛生福利部人工生殖諮詢會委員 (2018~迄今)  
台灣大學優良教師(2018)  
臺灣大學附設醫院雲林分院婦產部主任 (2011-2012)  
台灣生殖醫學會學術組副召集人 (2010-2012)  
台灣更年期醫學會秘書長 (2015 - 2017)  
台灣婦產科醫學會副秘書長 (2016 -2019)  
台灣生殖醫學會監事 (2016-2018)  
台灣更年期醫學會理事 (2017- 2019)  
台灣婦產科醫學會雜誌編輯委員 ( 2016~迄今 )  
Scientific Reports 編輯委員 ( 2016~迄今 )  
台北市立動物園大貓熊生殖照護顧問 ( 2017~迄今 )

## 陳信孚教授的生平與研究

陳美州

台灣大學醫學院婦產科教授

台灣大學萬祥玉講座教授

2020 年是壓抑且充滿失落的一年，在各個領域都有巨星的隕落。

受到大家愛戴且尊敬的老師、長官、同儕和好朋友 — 陳信孚教授。在歷經四年艱辛的大腸癌治療，於 2020 年 11 月 17 日傍晚離世。這不僅僅是我們台大婦產科醫局，也是整個台灣婦產科、生殖內分泌、基因醫學及幹細胞學界的重大損失。

陳教授是台大醫學院婦產科教授和台大醫學院基因體暨蛋白體醫學研究所所長，在臨床上，專精不孕症的治療，成功幫助眾多不孕夫妻。在基礎醫學的領域，發表過許多的研究成果，尤其是在幹細胞、基因體學和生殖內分泌的領域。除奉獻於研究與教學外，陳教授也熱心於公共服務，曾任台灣生殖醫學會理事長，台灣婦產科醫學會與幹細胞學會的理事，與擔任各個委員會的委員及召集人，常可以在各種重要公共議題的委員會中見到他的身影，在制定各種治療指引的會議上得到他的寶貴建議。

哲人已遠，典型夙昔。回顧其走過的路，可以讓我們獲得啟發，懷念其奮鬥的精神，可以讓我們獲得勇氣，能更堅定的努力下去。

## 張鴻仁 (P2)



### CURRICULUM VITAE

#### 張鴻仁

##### 現職：

上騰生技顧問公司董事長  
上準微流體公司董事長  
雅祥生技醫藥公司董事長  
台灣研發型生技新藥發展協會副理事長

##### 經歷：

行政院衛生署副署長  
中央健康保險局總經理  
行政院衛生署疾病管制局局長

##### 專長：

生技產業、公共衛生、健康保險、傳染病防治及醫療資訊

## 由 CTCs 看精準醫療產業的發展

張鴻仁

上騰生技顧問公司董事長

上準微流體公司董事長

雅祥生技醫藥公司董事長

台灣研發型生技新藥發展協會副理事長

自從 2015 年元月 15 日美國歐巴馬總統提出精準醫學倡議之後 - 個人化醫療 ( Personalized medicine ) 變成顯學，其中最重要的領域就是液體活檢 ( Liquid Biopsy )，運用在癌症的早期診斷與追蹤治療，醫學界希望能突破目前仰賴影像與組織病理切片(Tissue Biopsy)而無法及時診斷以及調整治療方針的困境。液體活檢有三大領域 Circulating tumor DNA，Circulating tumor cells，以及 Exosome。本演講將以 CTC 為例，說明這種最先進技術在癌症醫療上的應用。

# 李伯璋

## (P3)



### CURRICULUM VITAE

#### 李伯璋

##### 現職：

衛生福利部中央健康保險署署長  
國立成功大學醫學院外科學科教授

##### 專長：

腎臟移植、一般外科  
器官捐贈勸募及宣導、全民健保政策規劃推動與管理

##### 學歷：

1971 年-1979 年	台灣台北醫學院醫學系
2005 年-2008 年	台灣成功大學科技法律研究所碩士
1984 年-1985 年	美國加州大學洛杉磯分校外科研究員
1994 年-1995 年	日本京都府立醫科大學移植外科研究員

##### 經歷：

2011 年-2020 年	財團法人器官捐贈移植登錄中心董事長
2008 年-2011 年	台灣移植醫學會理事長
2012 年-2016 年 5 月	衛生福利部臺南醫院院長
2001 年迄今	國立成功大學醫學院 外科學科教授
2004 年-2008 年	成大醫院外科主任
1995 年 6 月	美國明尼蘇達大學訪問學者
1995 年 5 月	美國約翰霍浦金斯大學訪問學者
1993 年 3 月至 4 月	日本國立癌症中心訪問學者

##### 特殊成就：

108 年 榮獲國立成功大學「校友傑出成就獎」  
107 年 榮獲經理人雜誌 100 MVP 前十大經理人  
106 年 第二十七屆醫療奉獻獎特殊貢獻獎  
102 年 中華民國醫師公會全國聯合會年度「台灣醫療典範獎」  
102 年 榮獲台北醫學大學「傑出校友獎」

## 健保大數據分析

李伯璋

衛生福利部中央健康保險署署長  
國立成功大學醫學院外科學科教授

在歷經 2020 年新冠肺炎疫情的肆虐，為各國民眾的生活造成了重大的衝擊，特別是對於醫療系統同步亦帶來諸多挑戰及危機，而台灣雖在疫情的控制上有卓越的表現，但對此仍須戰戰兢兢以確保國內醫療量能的健全及充沛，而在專科分工如此精細的台灣醫療生態中，其中婦產科肩負著迎接生命的第一線工作，其重要性更是難以言喻；然隨著新冠疫情衝擊之餘，尚有更艱鉅的挑戰接踵而來，依據內政部公佈 2020 年之人口統計，臺灣出生人數以降至 20 萬人以下，僅有 16 萬餘人，為近 20 年來的新低，此一數據更是點出未來婦產科，特別是產科部分需面對的挑戰更是嚴峻。

而健保署作為台灣單一保險人的角色，在對於民眾就醫權益及醫療生態發展間如何取得平衡有著無法卸除的職責，因此如何在有效的資源分配下來健全相關醫療服務的支付方式，使其能確保弱勢科別的永續發展，特別是對於婦產科在面對諸多外部挑戰之餘，讓健保能作為其後援來共同面對台灣當前少子化的國安危機，而報告內容將就婦產科現行健保支付作概況說明，並同時輔以健保署豐富的申報資料，來探討婦產科在現行各專科間的服務概況，並說明婦產科在健保下所遭遇的困境，並共同探討可行的發展方向並建議具體的願景。

# 陳建仁

(P4)



## CURRICULUM VITAE

### 陳建仁 Chien-Jen Chen

陳建仁先生在 1951 年出生於高雄縣旗山鎮，畢業於國立臺灣大學動物學系 ( 1973 ) 和公共衛生研究所碩士班 ( 1977 )，並取得美國約翰霍普金斯大學理學博士學位 ( 1983 )。專長為流行病學、人類遺傳學、公共衛生及預防醫學。自美返國後，先後擔任國立臺灣大學副教授 ( 1983-1986 )、教授 ( 1986-2015 )、公共衛生研究所所長 ( 1993-1994 )、流行病學研究所創所所長 ( 1994-1997 )、公共衛生學院院長 ( 1999-2002 )；行政院國家科學委員會生物科學發展處長 ( 1997-1999 )、副主任委員(2002-2003)、主任委員(2006-2008)；行政院衛生署署長(2003-2005)；中央研究院基因體研究中心特聘研究員( 2006-2015，2020 迄今 )、副院長( 2011-2015 )；中華民國(台灣)副總統(2016-2020)。

陳院士曾獲頒國科會傑出研究獎(1986-1996)、傑出特約研究員獎(2003)、教育部學術獎( 1997 )及國家講座( 1997-2002 )、中央研究院院士( 1998 )、總統科學獎( 2005 )、世界科學院院士( 2005 )、行政院一等功績獎章 ( 2005 )、衛生署一等衛生獎章 ( 2005 )、美國哈佛大學 Cutter 預防醫學講座 ( 2008 )、法國教育部棕櫚學術勳章 ( 2009 )、耶路撒冷聖墓騎士團騎士 ( 2010 )、國科會一等科學專業獎章 ( 2012 )、美國約翰霍普金斯大學 Knowledge for the World 獎 ( 2012 )、宗座聖大額我略爵士 ( 2013 ) 行政院傑出科技貢獻獎 ( 2013 )、中央研究院特等服務獎章 ( 2016 )、美國國家科學院國際院士(2017)、總統府中山勳章(2020)。



## 台灣婦癌流行病學與消除計畫

陳建仁(中央研究院基因體研究中心)

游山林(輔仁大學醫學系)

江濬如(國立台灣大學流行病學與預防醫學研究所)

根據衛生福利部公布最新 2018 年台灣癌症發生率報告，女性的十大癌症排名(每十萬人口年齡標準化發生率)依序為乳癌(78.9)、肺癌(33.7)、大腸癌(33.6)、甲狀腺癌(21.0)、肝癌(16.0)、子宮體癌(15.5)、卵巢癌(9.3)、皮膚癌(8.3)、子宮頸癌(7.9)、胃癌(6.8)。發生年齡中位數值較低的癌症，包括甲狀腺癌的 50 歲、卵巢癌的 54 歲、子宮體癌的 55 歲和乳癌的 56 歲。台灣在 1995 年展開子宮頸癌篩檢，2004 年展開女性乳癌篩檢。截至 2019 年，子宮頸癌的累積篩檢率達 84.3%，乳癌的累積篩檢率達 65.0%。最近二十五年來，子宮頸癌的發生率與死亡率，都已呈現下降趨勢，降幅達 70%；但是乳癌、子宮體癌和卵巢癌的發生率與死亡率，卻仍呈現上升趨勢。台灣在 2004 年起，逐步推動人類乳突病毒疫苗接種計畫，在 2018-2019 年，以學校為基礎的縣市接種率都超過 80%，但是以醫療院所為基礎的縣市接種率都偏低。世界衛生組織設定 2030 年消除子宮頸癌計畫的目標，包括 90% 15 歲女孩都能接受人類乳突病毒疫苗接種，70% 35 和 45 歲的婦女都能接受高精確度的人類乳突病毒篩檢，90%罹患子宮頸病變的婦女都能得到治療，台灣必須急起直追才能達到這個目標。

# 台灣年輕醫師演講

【Y】

9月26日(日)上午

## ◆ 台灣年輕醫師演講 (2樓) 201B+C

Y16	Jiun-Chyi Hwang 黃俊淇	Evaluation of efficacy and safety of single-incision sling versus transobturator sling in women with stress incontinence and intrinsic sphincter deficiency
Y17	Yu-Hua Shen 沈玉華	Impact of intrinsic sphincter deficiency on mid-urethral sling outcomes
Y18	Chieh-Yu Chang 張介禹	Changes in sexual function and vaginal topography using 3-Dimensional transperineal ultrasound in stress-incontinent women treated with Er: YAG vaginal laser
Y19	Hsin-Mei Liu 劉馨鎂	Predictors of cure and overactive bladder syndrome after mid-urethral sling procedure in women with stress urinary incontinence
Y20	Ting-Xuan Huang 黃亭瑄	Mid-Urethral Slings in Obese Women: Surgical Outcomes and Pre-Operative Predictors of Failure
Y21	Chih-Ting Chang 張至婷	Laparoscopic Long Mesh Surgery with Augmented Round Ligaments: A novel Uterine preservation procedure for Apical pelvic organ prolapse
Y22	Li-Ling Lin 林俐伶	Contamination of ART Culture Media: The Role of Semen and Strategies for Prevention
Y23	Chih-Ling Chen 陳智齡	Prenatal diagnosis of a fetus with HNF1B-associated phenotype in a family with history of renal and metabolic disorders: a case report and mutation update
Y24	Hung Shen 沈鴻	Recurrence and risk of Cervical intraepithelial neoplasm 2/3 after treatment: Follow-up Cohort Study from National database of Taiwan
Y25	Chia-Yi Lee 李家儀	Outcomes after fertility sparing surgery of early stage ovarian cancer: a nationwide population-based study
Y26	Wen-Pu Chang 張文樸	Ovarian Carcinosarcoma: Experience of a single institution and review of literature



## Jiun-Chyi Hwang 黃俊淇 (Y16)



### Evaluation of efficacy and safety of single-incision sling versus transobturator sling in women with stress incontinence and intrinsic sphincter deficiency

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**Objective:** To evaluate efficacy and safety of single-incision sling (SIS) versus transobturator sling (TOS) in women with urodynamic stress incontinence and intrinsic sphincter deficiency.

**Materials and Methods:** We evaluate patients who had urodynamic stress incontinence and intrinsic sphincter deficiency underwent SIS or TOS from 2011 to 2017. The primary outcomes were objective and subjective cure rate. Objective cure rate was defined as no stress urine leakage while comfortably full bladder. Subjective cure rate was determined by patient's satisfaction. Quality of life was evaluated by valid questionnaires which included the short form of the Urogenital Distress Inventory (UDI-6), and the Incontinence Impact Questionnaire (IIQ-7). The secondary outcomes included surgical characteristics and postoperative adverse events were also analyzed.

**Results:** A total of 111 patients were reviewed. Among them, 39 underwent SIS with a median of 25-month follow up, while 72 underwent TOS with a median of 30-month follow up. For both groups, the scores of UDI-6, IIQ-7, and 1-hour pad test were all significantly improved after surgery (all  $p < 0.001$ ). The objective and subjective cure rate was comparable after SIS or TOS (objective cure: 72% vs. 76%,  $p = 0.559$ ; subjective cure: 79% vs. 83%,  $p = 0.297$ ). Similarly, the UDI-6 and IIQ-7 were not significant different after different slings ( $p = 0.761$  and  $0.941$ , respectively). In terms of adverse events, there were no significantly different regarding different surgical procedures, except SIS had shorter surgery time ( $16.7 \pm 9.3$  vs.  $27.3 \pm 12.4$ ,  $p = 0.015$ ) and lower postoperative pain score ( $1.3 \pm 1.1$  vs.  $3.9 \pm 1.4$ ,  $p < 0.001$ ).

**Conclusions:** SIS and TOS had similar surgical results in women with urodynamic stress incontinence and intrinsic sphincter deficiency. But SIS had advantages in shorter operation time and minor postoperative pain than TOS.

## Yu-Hua Shen 沈玉華 (Y17)



### Impact of intrinsic sphincter deficiency on mid-urethral sling outcomes

*Yu-Hua Shen, Tsia-Shu Lo, Kai Lyn Ng, Ting-Xuan Huang, Yi-Hao Lin, Wu-Chiao Hsieh, Ching-Chung Liang, Chih-Hu Lin*  
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**Objectives:** Our primary objective was to study outcomes of patients with intrinsic sphincter deficiency (ISD) following various mid-urethral slings (MUS) at 1-year. Our secondary objective was to delineate factors affecting success in these patients.

**Methods:** 688 patients who had MUS between January 2004 and April 2017 were reviewed retrospectively. 48 women were pre-operatively diagnosed with ISD. All completed urodynamic studies and validated quality-of-life (QOL) questionnaires at baseline and 1-year. Primary outcomes were objective and subjective cure of stress incontinence, defined as no involuntary urine leakage during filling cystometry and 1-hour pad test <2grams, and negative response to Urogenital Distress Inventory-6 Question 3. Ultrasound was performed to determine tape position, urethral mobility and kinking at 1-year.

**Results:** Women with ISD had significantly lower objective and subjective cure rates of 52.1% and 47.9% respectively, compared to an overall of 88.2% and 85.9%. QOL scores significantly improved in those with successful surgeries. The sling type did not make a difference. Univariate logistic regression identified reduced urethral mobility [OR 2.04 (1.18-3.53)], lower maximum urethral closure pressure (MUCP) [OR 1.58 (1.02-3.11)] and tape position [OR 3.82 (1.81-9.13)] to be associated with higher odds of failed slings for women with ISD.

**Conclusions:** Although there are good overall success in women undergoing MUS, those with ISD have significantly lower cure rates at 1-year. Factors related to failure include reduced urethral mobility, low MUCP and relative tape position further away from bladder neck. Optimal management of patients with ISD and reduced urethral mobility remains challenging.

**Keywords:** mid-urethral sling, outcomes, urethral closure pressure, urethral mobility

## Chieh-Yu Chang 張介禹 (Y18)



### Changes in sexual function and vaginal topography using 3-Dimensional transperineal ultrasound in stress-incontinent women treated with Er: YAG vaginal laser

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**Objectives:** To assess the changes in sexual function and vaginal topography using 3-D transperineal ultrasound in stress-incontinent women treated with Er:YAG vaginal laser.

**Methods:** Two hundred and twenty women with stress urinary incontinence (SUI) treated with Er:YAG laser were recruited. Assessment before and 6 months after the treatment included vaginal topography using 3-D transperineal ultrasound and sexual function using female sexual function index questionnaire (FSFI).

**Results:** A total of 50 women with complete data showed that the symptomatic improvement was noted in 37 (74%) women. In the vaginal topography, the width and the cross-sectional area of vagina both decreased significantly after treatment. Nearly all of the domains of FSFI improved significantly after the vaginal laser treatment, except sexual desire.

**Conclusions:** 3-D transperineal ultrasound can be used to conduct vaginal topography. After Er:YAG vaginal laser treatment, decreased width and cross-sectional area in proximal, middle, and distal vagina were found in women with SUI. Besides, nearly all domains of FSFI improved after treatment, except sexual desire. It appears to have positive correlation between the objective ultrasound findings and subjective questionnaire outcomes.

**Keywords:** Vaginal laser; 3-D transperineal ultrasound; vaginal topography; stress urinary incontinence; sexual function.

## Hsin-Mei Liu 劉馨鎂 (Y19)



### Predictors of cure and overactive bladder syndrome after mid-urethral sling procedure in women with stress urinary incontinence

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<sup>c</sup>Graduate School of Biotechnology and Bioengineering, Yuan Ze University, Taoyuan, Taiwan

**Objective:** To predict the factors of cure and overactive bladder syndrome (OAB) after mid-urethral sling procedure (MUS) for women with stress urinary incontinence (SUI).

**Materials and Methods:** From January 2008 to July 2019, all consecutive women who received MUS for SUI in a tertiary referral center were reviewed. Multivariable Cox proportional hazard model or logistic regression analysis was used to assess the predictors.

**Result:** A total of 385 women underwent MUS. The probabilities of free of SUI at 1 year, 5 years, and 9 years were 90.4% (95% confidence interval [CI]=85.6-93.6%), 83.5% (95% CI=71.7-90.7%) and 75.9% (95% CI=54.5-88.2%), respectively. Multivariable regression analysis revealed that preoperative OAB (hazard ratio=2.50) and parity (hazard ratio=1.35) were independent predictors for persistent/recurrent SUI. Among 216 women with preoperative OAB, their OAB was resolved after surgery in 109 (50.5%) women; and among 169 women without preoperative OAB, twenty-five (14.8%) women developed de novo OAB (McNemar's test,  $p < 0.0001$ ). The probability of free of OAB at 1 and 5 years was 60.7% (95% CI=54.3-66.5%) and 49.8% (95% CI=40.5-58.5%), respectively. Preoperative OAB (hazard ratio=4.40) and small voided volume (dL, hazard ratio=0.82) were independent predictors for postoperative persistent/de novo OAB. In addition, six (1.6%) women had mesh extrusion. Parity (hazard ratio=2.08) was the sole independent predictor for mesh extrusion.

**Conclusion:** Preoperative OAB and parity were independent predictors for persistent/recurrent SUI. In addition, preoperative OAB and small voided volume were predictors for postoperative OAB. The above findings could serve as a guide for preoperative consultation of MUS.

## Ting-Xuan Huang 黃亭瑄 (Y20)



### Mid-Urethral Slings in Obese Women: Surgical Outcomes and Pre-Operative Predictors of Failure

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**Objective:** The primary objective is to evaluate surgical outcomes in obese patients with urodynamic stress incontinence (USI) treated with various midurethral slings (MUS) compared to normal weight and overweight patients. Secondary objective is to identify potential risk factors predicting MUS failure in obese patients.

**Methods:** A retrospective review of 688 medical records of women who underwent MUS surgeries between January 2004 and July 2017 was performed. Patients underwent standardized evaluations, including urodynamic studies (UDS), one-hour pad test, validated quality-of-life (QOL) questionnaires, Urogenital Distress Inventory 6 (UDI-6), and Incontinence Impact Questionnaire-7 (IIQ-7). Patients were categorized into normal weight (18.5– 24.9 kg/m<sup>2</sup>), overweight (25– 29.9 kg/m<sup>2</sup>), and obese (≥30 kg/m<sup>2</sup>) groups. Objective cure at 1-year was defined as no involuntary urine leakage during filling cystometry and a one-hour pad test < 2grams. Subjective cure was established by negative response to question 3 on UDI-6.

**Results:** Normal weight patients had 91.4% and 89.1% objective and subjective cure rates, respectively, compared to 87.5% and 86% in overweight patients, and 76% and 70.1% in obese patients at 1-year follow-up. This was no difference in surgical complications. Obese patients had significantly worse UDI-6 and IIQ-7 scores pre- and post-operatively compared to the other 2 groups. Risk factors in obese patients with failed MUS included age ≥ 66 years (OR 1.72, p=0.042), menopause (OR 4.77, p=0.011), previous prolapse surgery (OR 4.19, OR 0.002), diabetes mellitus (DM) (OR 2.34, p=0.037), and pre-operative diagnosis of intrinsic sphincter deficiency (ISD) (OR 4.86, p= 0.001).

**Conclusion:** Obese women surgically treated with MUS for USI had lower objective and subjective cure rates at 1-year follow-up, and worse incontinence-related QOL scores as compared to normal weight women. Other associated risk factors for sling failure in this group of patients include ≥ 66 years, DM, menopause, previous prolapse surgery and pre-operative ISD.



## Chih-Ting Chang 張至婷 (Y21)



### Laparoscopic Long Mesh Surgery with Augmented Round Ligaments: A novel Uterine preservation procedure for Apical pelvic organ prolapse

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<sup>2</sup>Department of Obstetrics and Gynecology, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

**Purpose:** The aim of our study was to assess whether Laparoscopic Organopexy with Non-mesh Genital Suspension (LONG' S) procedure is an effective, safe, and time-saving surgery.

**Materials and Methods:** Forty-eight consecutive women with main uterine prolapse stage II or greater defined by the POP quantification (POP-Q) staging system, were referred for LONG'S op at our hospitals. Eight women were excluded due to various reasons, the remaining 40 women were included for analysis in this study. Clinical evaluations before and 6 months after surgery included pelvic examination using the POP-Q system, multichannel urodynamic study, and a personal interview to evaluate the short forms of UDI-6, IIQ-7, and FSFI.

**Results:** After follow-up time of 6 to 30 months, there was a significant improvement at points Aa, Ba, C, Ap, Bp, and total vaginal length ( $P < 0.01$ ; Wilcoxon signed rank test). The success rates for apical and anterior vaginal prolapse were 97.5% (39/40) and 92.5% (37/40), respectively.

**Conclusions:** The results of our study suggested that LONG' S procedure is an effective, safe, and time-saving surgery with relatively low complications.

*Li-Ling Lin* 林俐伶  
(Y22)



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**Contamination of ART Culture Media: The Role of Semen and Strategies for Prevention**

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**Objective:** Microbial contamination of ART culture media is rare but serious. We examined our own experience and conducted a review of the literature with a view to preventing its occurrence and recurrence.

**Materials and Methods:** We retrospectively reviewed our cases during January 2006 to March 2019 from medical records and telephone interviews.

**Result:** A total of 12 cases were recorded. The contaminations were caused by semen and were shown to be bacteria that were resistant to the prophylactic antibiotics used in the medium. After the procedures were cancelled due to contaminations, nine husbands received antibiotic treatment, while nine couples changed over to the ICSI program. Eventually, eight couples concluded the study with live birth deliveries, and there was no recurrence of contamination.

**Conclusion:** ART laboratories should preserve all sperm suspension samples until embryo transfer has been completed for the purpose of checking whether contamination has occurred. In addition to antibiotic treatment, implementation of the ICSI procedure during the next ART cycle has already been proven to be effective. In the future, the zona-removal technique may be considered as another potential option.

## Chih-Ling Chen 陳智齡 (Y23)



### Prenatal diagnosis of a fetus with HNF1B-associated phenotype in a family with history of renal and metabolic disorders: a case report and mutation update

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<sup>3</sup>Department of Medical Genetics, National Taiwan University Hospital, National Taiwan University College of Medicine, Taipei, Taiwan.

**Objective:** To present a case with prenatal ultrasound imaging of HNF1B-associated phenotype in utero, and to review the current literature.

**Case Presentation:** A 35-year-old, gravida-3, para-2 woman was pregnant at 21 weeks when level II ultrasound revealed bilateral increased renal echogenicity and normal amniotic fluid level. Her previous birth history included one normal pregnancy and another pregnancy complicated by anhydramnios, and bilateral multiple renal cysts. After taking detailed family history, a NGS renal disease exome panel was performed on the pregnant woman, and a pathogenic missense mutation on the exon 4 of HNF1B was identified.

**Results:** Sanger sequencing was used to confirm the same point mutation on the fetus, and 2 other family members with renal cysts and diabetes syndrome.

**Conclusion:** Establishing genotype-phenotype correlations of HNF1B variants may help with risk stratification, and improve genetic counseling and prenatal decision making. The value of prenatal HNF1B screening in congenital abnormal renal development should be explored.

## *Hung Shen* 沈鴻 (Y24)



### Recurrence and risk of Cervical intraepithelial neoplasm 2/3 after treatment: Follow-up Cohort Study From National database of Taiwan

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**Objective:** The incidence of pre-cancerous lesion, cervical intraepithelial neoplasm 2/3(CIN2/3), increased gradually in Taiwan due to the pap smear screening since 1995. We aimed to evaluate the recurrence rate of CIN2/3 after treatment as well as the risk factors of recurrence.

**Materials and Methods:** We retrospectively identified 11729 women with pathologic diagnosis as CIN2/3 who received LEEP or conization from 2007 to 2016 through Taiwan national cervical cancer screening database. All of the women were followed up at least 3 years. The recurrent rates of CIN 2+ lesions were recorded and analyzed. Risk factors of recurrence including patients age, education status, the frequency of follow-up, and result of serial followed pap smear was analyzed.

**Result:** There were 328 recurrent women. The overall 5-year cumulative recurrence rate was 2.80%. The recurrent rate within two years after treatment was 60.7%. The multivariate regression analysis found that age more than 50 years old, the abnormal result ( $\geq$  ASCUS) of first followed pap smear, and any abnormal pap result ( $\geq$  ASCUS) within first year after treatment were the risk factors of recurrence. The education status, frequency of follow-up, or the duration of first followed pap smear did not affect the recurrence.

**Conclusion:** The 5-year cumulative recurrence rate was 2.80% in our study. Age, the result of first followed pap smear, and the severity of pap smear within first year were the risk factors of recurrence of CIN2/3 women after treatment.

*Chia-Yi Lee* 李家儀  
(Y25)



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**Outcomes after fertility sparing surgery of early stage ovarian cancer: a nationwide population-based study**

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**OBJECTIVE:** To investigate the outcomes after fertility sparing surgery (FSS) in patients with epithelial ovarian carcinoma (EOC).

**MATERIALS AND METHODS:** We conducted a cohort study using nationwide Taiwan cancer registry (TCR) system to retrospectively evaluate the data of young patients with early stage EOC from January, 2009 to December, 2017.

**RESULTS:** A total of 1297 patients were recruited, including 398 patients undergoing FSS while 899 patients undergoing comprehensive staging surgery (CSS). The median age of patients was 38 years (range, 20-44 years). The majority of the patients had stage I disease (88.9%, 1153/1297). Endometrioid carcinoma (28.9%, 375/1297) and mucinous carcinoma (28.1%, 365/1297) were the two most common cell types, yet 25.4% (329/1297) of patients had clear cell carcinoma. Overall, FSS did not significantly influence the overall survival (OS) and cancer-specific survival (CSS) comparing to CSS (HR 1.21, 95% CI 0.73-1.98,  $p=0.44$ ). However, patients with endometrioid carcinoma were less feasible to FSS comparing to the other histologies (HR 3.6, 95% CI 1.21-10.14,  $p=0.017$ ).

**CONCLUSIONS:** Fertility sparing surgery of early EOC could be considered as an alternative method for those who had the desire for pregnancy. However, patients must receive a detailed consultation before surgery and regular postoperative surveillance.

# Wen-Pu Chang 張文樸 (Y26)



## Ovarian Carcinosarcoma: Experience of a single institution and review of literature

Wen-Pu Chang<sup>1</sup>, Hua-Hsi Wu<sup>1</sup>, Yi-Jen Chen<sup>1,2,3</sup>, Chi-Mu Chuang<sup>1,2</sup>, Ming-Shyen Yen<sup>1,2</sup>, and Peng-Hui Wang<sup>1,2,3</sup>

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<sup>2</sup> Department of Obstetrics and Gynecology, National Yang-Ming University

<sup>3</sup> Institute of Clinical Medicine, National Yang-Ming University

**Background:** Ovarian carcinosarcoma is a distinct entity of ovarian cancer with dismal outcome. Due to the rarity of the disease, there is limited evidence on prognostic factors regarding survival, as there is no consensus on standard treatment strategies.

**Methods and material:** A single-institution, retrospective analysis of women diagnosed with ovarian carcinosarcoma from June 2011 to September 2020. Data and demographic information were extracted from electronic medical records of Taipei Veterans General Hospital. The Kaplan-Meier method was used to generate overall survival and progression free survival. Factors predictive of outcome were compared using the log-rank test and Cox proportional hazards model.

**Results:** Seventeen women with ovarian carcinosarcoma were identified. The median age at diagnosis is 64 years. Fifteen patients (88.2%) presented with FIGO stage III or IV. Four patients (23.5%) were found to have retroperitoneal lymph node metastasis. Thirteen patients (76.4%) had homologous sarcomatous component. Ten patients (58.8%) received optimal cytoreduction surgery and fourteen patients (82.3%) received lymphadenectomy. Sixteen patients received platinum based chemotherapy. The median overall survival was 9.8 months and median progression-free survival was 5.2 months. Among patients with advance-staged disease, retroperitoneal lymph node involvement was associated with a worse median overall survival (16.6 months versus 3.9 months;  $P=0.012$ ). Lymphadenectomy was associated with better survival among advance-staged patients (9.8 months versus 2.2 months;  $P=0.001$ ). There was no difference on survival based on age of diagnosis, cytoreduction status, or sarcomatous component.

**Conclusion:** The demographic picture and disease nature of ovarian carcinosarcoma differ from other ovarian cancers. Poorer survival was found in patients with retroperitoneal lymph node involvement while better survival was found in those received comprehensive lymphadenectomy. This study should warrant the importance of lymph node involvement and the role of surgical lymph node dissection in ovarian carcinosarcoma.



2021.9.25~26 | 台北國際會議中心

# 專 題 演 講

## 【SY】

9 月 25 日 (六) 下午

### ◆ 內視鏡 Symposium (1 樓) 102

SY1	張基昌	Consideration of function preservation in laparoscopic ovarian surgery
SY2	童寶玲	Laparoscopic myomectomy in females with plans for conception
SY3	顏志峰	Office Hysteroscopy - concepts, applications, and recent advances
SY4	王功亮	Robotic-assisted surgeries in gynecology: its advantages and prospects
SY5	黃寬慧	Recent advances in laparoscopic pelvic reconstructive surgery
SY6	李奇龍	How to perform a successful endoscopic oncologic surgery: a reappraisal of the LACC study

### ◆ 婦癌 Symposium (2 樓) 201 A+F

SY7	賴瓊慧	How to significantly reduce the incidence of cervical cancer?
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#### ★ Real world experience after NHI reimbursement of bevacizumab--

SY8	黃于芳	Recurrent ovarian cancer
SY9	許恒誠	Dosage and adverse events
SY10	周宏學	Recurrent cervical cancer

#### ★ Onco-fertility in gynecologic cancers-- guidelines

SY11	陳彥伯	Cervical Cancer
SY12	王毓淇	Endometrial Cancer
SY13	簡宏如	Epithelial ovarian Cancer
SY14	吳珮瑩	Germ cell ovarian cancer



★ **Genetic testing and PARP inhibitor maintenance in epithelial ovarian cancer after NHI reimbursement--**

SY15	張志隆	Genetic testing
SY16	許世典	PARP inhibitor maintenance

★ **Novel markers for gynecologic cancer--**

SY17	溫國璋	DNA Methylation
SY18	周輝政	Circulating Tumor Cells
SY19	洪耀欽	Correlation of genomic alterations between tumor tissue and circulating tumor DNA by next-generation sequencing
SY20	趙安琪	IsoAAT and ovarian clear cell carcinoma

◆ **產科 Symposium (2 樓) 201 B+C**

★ **Antenatal examination in the precision medicine era --**

SY21	初福傑	帶因篩檢
SY22	林芯忭	Chromosomal Microarray Analysis: for selected or unselected women with amniocentesis?
SY23	應宗和	Thyroid function screening in pregnancy: risk factor-based or universal?
SY24	葛菁如	Shall we screen for vitamin D deficiency and iron deficiency anemia at the first antenatal examination?
SY25	王伊蕾	CS rates only 2%? 再談無國界醫生如何幫助阿富汗產婦
SY26	吳佩臻	Symposium First Trimester Anatomical Screening: Nuchal Translucency and Beyond

◆ **一般婦科 Symposium (2 樓) 201 D+E**

SY27	余沛修	New trend in endometriosis treatment
SY28	鄭碧華	Balanced scorecard guided physical training for health improvements in middle-aged women
SY29	張穎宜	手術止血藥物的使用

## 9 月 26 日 (日) 下午

### ◆ 更年期醫學 Symposium (1 樓) 102

SY30	徐英倫	Insomnia and menopause: a narrative review on mechanism and treatment
SY31	陳芳萍	The association between hormone therapy and sarcopenia in postmenopausal women
SY32	龍震宇	Management of urinary incontinence in postmenopausal women: An EMAS clinical guide
SY33	蔡景州	Managing vasomotor symptoms effectively without hormones

### ◆ 生殖內分泌 Symposium (2 樓) 201 B+C

SY34	易瑜嶠	Clinical application of serum AMH in reproductive medicine
SY35	趙光漢	Reproductive Immune tests in infertility and recurrent miscarriage
SY36	林育如	Long term health in children born after assisted reproductive technologies ( PGT-A included )
SY37	陳持平	Mosaic Trisomy at Prenatal Diagnosis
SY38	吳憲銘	A new class of oral GnRH antagonists for the treatment of endometriosis and uterine leiomyomas
SY39	何積泓	Strategies of couples with azoospermia

### ◆ 婦女泌尿 Symposium (2 樓) 201 D+E

SY40	洪煥程	The trend and care pathway for management of stress urinary incontinence
SY41	黃文助	Treatment options for intrinsic sphincter deficiency and recurrent stress urinary incontinence
SY42	梁守蓉	Vaginal laser therapy for urinary incontinence and genitourinary syndrome of menopause: A update review
SY43	盧佳序	Prolapse Repair Using Non-synthetic Material: What is the Current Standard?

SY44	洪滿榮	Current status of minimally invasive sacro-colpopexy for pelvic organ prolapse
SY45	劉蕙瑄	Surgical Management for Pelvic Organ Prolapse and Its Impact on Sexual Function
SY46	莊斐琪	Diagnosis and management of nocturia in current clinical practice
SY47	黃淑君	Current management of female overactive bladder and the future perspective

## 張基昌

SY1

義大醫療財團法人義大大昌醫院 院長

臺灣婦產科醫學會 監事長

臺灣婦產科內視鏡暨微創醫學會 理事長

亞太內視鏡暨微創醫學會 副秘書長

義守大學生物技術與化學工程研究所博士

高雄醫學大學醫務管理研究所碩士

### Consideration of function preservation in laparoscopic ovarian surgery

Currently, laparoscopic surgery is the gold-standard treatment for endometriosis. More specifically for ovarian endometriomas, laparoscopic stripping is considered to be the best therapeutic approach. Among existing laparoscopic techniques, stripping is usually favored because of decreased symptom recurrence rates and increased pregnancy rates. However, concern has arisen regarding the impact of ovarian cyst stripping on ovarian reserve. Ovarian reserve can generally be defined as the reproductive potential at a certain point in time and is determined by a quantitative and qualitative analysis of the ovarian follicular pool. A reduction of ovarian reserve after laparoscopic stripping might be attributable to irreversible damage caused by the use of bipolar electrocoagulation for hemostasis. This damage could be secondary to thermal effects on the ovarian stroma and vascularization, and/or to inadvertent excision of healthy ovarian follicles during cyst excision.

It is of utmost importance to better define the effect of bipolar electrocoagulation during laparoscopic endometrioma stripping on ovarian reserve, because this could alter surgical treatment approaches for patients with reproductive goals. Endometriosis itself causes diminished ovarian reserve, so any further reduction associated with laparoscopic endometrioma stripping would be a concern. Pregnancy success rates and rates of premature ovarian failure could be increased among women who have undergone this type of surgery.

In conclusion, the present findings indicate a reduction in ovarian reserve caused by the use of bipolar hemostasis during laparoscopic ovarian endometrioma stripping. Consequently, alternative hemostasis methods such as laparoscopic suturing and/or hemostatic matrix should be used to preserve the ovarian reserve, especially in infertile women with endometriosis who have reproductive goals. The use of bipolar electrocoagulation should be kept to a minimum; this technique should only be used after failure of alternative hemostasis methods. Further RCTs with long-term postoperative follow-up are needed to better define the impact of different hemostasis techniques on the ovarian reserve.

童寶玲

SY2

台大醫院新竹台大分院婦產部主任

台大醫院婦產部主治醫師

台大醫學院醫學系婦產科臨床副教授

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台灣機器人手術醫學會理事

亞太婦產科內視鏡暨微創醫學會雜誌執行編輯

## Laparoscopic myomectomy in females with plans for conception

童寶玲

臺灣大學醫學院附設醫院 新竹台大分院 婦產部

Uterine ruptured during pregnancy after laparoscopic myomectomy is rare, however, is a tragedy. Uterine rupture was most commonly reported at gestational age of 26 to 36 weeks, and commonly not during labor. Fetal demise usually occurred at smaller gestational ages. Based on literature reports, some factors were found more closely related to uterine rupture during pregnancy after laparoscopic myomectomy and could be the potential causes of this complication. Laparoscopic myomectomy without multiple layer suture and over-coagulation over the incision wound were more frequently seen in these cases. These suggest good suture technique and limited use of electrocauterization during laparoscopic myomectomy are essential steps to prevent uterine rupture after future pregnancy. Unfortunately, uterine rupture during pregnancy also occurred in women after robotic myomectomy, which could provide good instrumentation for excellent suture. Contradictory, some authors reported no uterine rupture during pregnancy after single layer suture in laparoscopic myomectomy. Preservation of myoma pseudocapsule could be a key factor to prevent uterine rupture during pregnancy after laparoscopic myomectomy. In addition, no endometrial penetration is an important factor for successful vaginal delivery in subsequent pregnancy after laparoscopic myomectomy.

In conclusion, the follow technical pearls for laparoscopic myomectomy are important in females with plans for conception to have success live births without risk of uterine rupture:

1. Preservation of uterine pseudocapsule.
2. Good suture technique with well approximation of the surgical plan.
3. Avoid excessive fulguration.
4. No endometrial penetration.
5. Adjuvants application to prevent adhesion.

顏志峰

SY3

林口長庚紀念醫院 婦產部 副部長

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長庚大學醫學院 臨床醫學研究所 博士

## Office Hysteroscopy - concepts, applications, and recent advances

顏志峰

林口長庚紀念醫院 婦產部

With the advances of the miniature instruments, office hysteroscopy on conscience patient has been the standard to explore the intrauterine pathology, with the ability to perform some minor procedures concomitantly [1, 2]. It provides reliable information for the anatomical status of the vagina, the cervical canal, the tubal ostia, and the uterine cavity. Vaginoscopy, an alternative method for performing hysteroscopy, negates the usage of a vaginal speculum and instruments applied to the cervix, hydro-distends the lower vagina and then be manipulated to identify the external cervical os, to allow for passage into the cervical canal and uterine cavity through gentle movements [3]. Both take the advantages of minimally invasiveness of the vagina and/or cervix to undergo evaluations even in cases of virgin. Hysteroscopy should be performed in the proliferative phase of menstrual cycle. Indications includes the abnormal uterine bleeding (AUB), suspicious lesions or foreign body involving the endometrial cavity, endometrial thickening, as well as Mullerian anomalies. However, known pregnancy as well as genital tract infections, such as pelvic inflammatory disease (PID), pyometra, and active herpetic or condyloma infections, are contraindications to hysteroscopy [4].

Hysteroscopic examination can offer better accuracy for diagnosis of endometrial lesions. Target biopsy can be performed whenever needed for diagnosis. Patients usually appreciate the directly “see and treat” procedures with minimally discomfort, and the avoidance of anesthesia and the inconvenience of going into the operating room. Study found that the accuracy tended to be higher among postmenopausal women and in the outpatient setting. Measurement of endometrial thickness with TVS is an easy and effective way for an initial survey; however, when compared with results of hysteroscopy, the sensitivity and specificity of transvaginal ultrasound were 0.60 and 0.88, respectively; while the sensitivity and specificity of endometrial biopsy were 0.04 and 0.83, respectively. A systematic review of the accuracy of the hysteroscopy reported the overall sensitivity for endometrial cancer 86.4% (95% confidence interval [CI], 84.0% - 88.6%) and specificity 99.2% (95% CI, 99.1% - 99.3%) [5, 6].

Several studies indicate that uterine septum is strongly associated with early/recurrent pregnancy loss and preterm birth, therefore, hysteroscopic removal of a uterine septum is recommended. The procedure is simple, safe, and was reported effectively increased the pregnancy rate and live birth rate. The septum can be transected with 5 Fr scissors in vaginoscope, avoiding potential injury to the endometrium from electrosurgery.

One of the sequelae of hysteroscopic septal excision which makes opposing wound and breaks through the endometrial basalis is the formation of fibrotic adhesion bands between the two opposing surfaces and causes intrauterine adhesions. One study of various hysteroscopic surgeries found 88% of the patients had new IUA formation after septal incision and that the de novo IUA formation is an important factor influencing endometrial wound healing [7]. Careful postoperative evaluation with repeated adhesiolysis procedures with office hysteroscopy are needed to achieve the successful treatment.

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王功亮

SY4

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## Robotic-assisted surgeries in gynecology: its advantages and prospects

*Kung-Liahng Wang, MD (王功亮)*

Ever since the approval of da Vinci robotic surgical system for gynecologic surgery by FDA in 2005, robotic surgical devices continue to evolve and are now more frequently utilized in the management of gynecologic diseases. The da Vinci system is a cutting-edge technology that enables magnified view, high-definition 3D vision, computer assistance and accurate transcription of the complex wristed instruments of surgeon' s hands into the patient' s abdominal cavity with small incisions and minimal scars. The fourth generation da Vinci Xi model is the latest robotic platform with new features that allows four-quadrant surgery with greater facility and better access to more parts of the body than the prior da Vinci S (2nd generation) and da Vinci Si (3rd generation) models. Rather than multiple small incisions, the da Vinci Xi model also adds the feature of a single port surgery. The robotic single-port surgery reduces multiple port site complications, and allows the utilization of a multi-channel port system through a small incision in the patient' s umbilicus. Many institutions have published several series documenting the feasibility and benefits of robotic surgery over laparoscopic surgery in the management of gynecologic diseases. The intraoperative benefits of the robotic technique include minimal blood loss, minimal postoperative peritoneal adhesions, and better visual perspective. Extensive surgery for the evaluation of the pelvic and aortic lymph node status can be performed as pre-treatment assessment, as part of surgical procedures, or as reassessment of inadequately gynecologic patients. In my experience, the complication rate of robotic surgeries is much lower than that of laparoscopic surgery in the hands of experienced gynecologists. However, due to the cost of robotic surgery, this technique has not been widely adopted in Taiwan. I believe, in the future, when the robotic surgery is covered under the Taiwan National Health Insurance System, it will become a popular and widespread alternative to conventional surgery in the management of gynecologic diseases by gynecologists.



黃寬慧

SY5

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高雄長庚婦產科婦科主任(2007-2014)

## Recent advances in laparoscopic pelvic reconstructive surgery

Pelvic Organ Prolapse (POP) is a worldwide health problem affecting about one third of women, especially on aging, parity and conditions increasing abdominal pressure are risk factors of POP. Apical prolapse of POP is the most troublesome reported in 5 to 15% women needed management.

Apical prolapse of POP can be surgically corrected by abdominal or transvaginal approach. For advanced POP, higher recurrence rates between 6% and 40% in native tissue repair have raised the need of other treatment opinions. Lower recurrence rate was reported with transvaginal mesh(TVM) repair as compared with native tissue repair in cochrane review. However, high complications of mesh erosion, pain, and dyspareunia after TVM procedures. On April 16, 2019, The U.S.A. FDA ordered all manufactures of surgical mesh products intended for TVM of anterior compartment prolapse to stop selling and distributing their products immediately. Since then, Laparoscopic Abdominal sacrocolpopexy (ASC) became the trends in advanced POP surgical treatment in minimal invasive surgeons. But, there are still some difficulty of ASC procedures in longer learning curve, time-consuming, and procedure-related morbidity needed to be overcome. LSC ASC is a well-known technique in POP management and considered as the gold standard procedure for apical prolapse of POP repair.

Recently, a new LSC technique for apical prolapse repair was developed and called "pectopexy" was presented in 2011 by Dr. Bannerjee and Dr. Noe. LSC pectopexy offered more simple surgical procedure, reduced surgical difficulty, shortened the learning curve and operative time. In recently literature, LSC pectopexy has been used as an alternative method in patients having difficult to perform LSC ASC. There are many surgical procedures for POP correction. In my clinical experience, when consider the risk of post-operative dyspareunia for younger patients, LSC pelvic reconstruction is highly suggested. For the elder patients, when consider the risks of anesthesia, surgical time, and post-operative care, transvaginal approach is suggested. But which is the best selective procedure for patient needed to consider surgeon's experience, patient's intention, functional recovery and risk of operative complication. Surgeon remember to inform the patient conservative methods of physical therapy or vaginal pessary finally.

李奇龍

SY6

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## How to Perform a Successful Endoscopic Oncologic Surgery: A Reappraisal of the LACC Study

*Chyi-Long Lee, MD, PhD*

*Department of OBS&GYN, Linkou Chang Gung Memorial Hospital, Taiwan*

The debacle continues whether minimally invasive surgery for early-stage cervical cancer should continue or be abandoned in favor of findings in a prospective, randomized trial. Although minimally invasive radical hysterectomy has been shown to be associated with poorer outcome in LACC study, many centers worldwide performing minimally invasive radical hysterectomy have data and experience that prove otherwise. Systematic reviews and meta-analysis found no significant difference in 5-year overall survival and disease-free survival for patients undergoing either open or minimally invasive radical hysterectomy.

It is well known that the standardization of surgical technique is difficult, and individual surgeons perform differently from one another, but adequacy of radicality and sticking to principle of oncologic concepts are the key points in treating cervical cancer with high survival rate. The Asia Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy has embarked on the Minimally Invasive Therapy Versus Open Radical Hysterectomy trial in an attempt to clarify the issue at hand. Strict selection criteria and standardization of surgical technique are the main focus of the said trial.

From our experience, the 100 percent 5 Year Disease Free Survival Rate for Cervical Cancer is achievable provided the following criteria is followed:

1. Early detection of Cervical Cancer
2. Standardization of "Radicality technique" in Radical Hysterectomy
3. Adhere to "Tumour-Free" Concept
4. Administration of Adjuvant Therapy in Timely and Appropriate Manner
5. Performance of surgery by qualified Surgeons in Minimally Invasive Surgery Centres

## 賴瓊慧 SY7

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長庚大學特聘教授(2015 迄今)

長庚大學醫學系教授(2000 迄今)

亞洲婦癌研究團體榮譽理事長(2015 迄今)

醫藥品查驗中心董事(2013 迄今)

衛生福利部再生醫學及細胞治療發展諮議會委員(2017 迄今)

長庚科技大學董事(2020 迄今)

國立清華大學合聘教授(2020 迄今)

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### How to significantly reduce the incidence of cervical cancer?

*Chyong-Huey Lai, MD*

*Professor, Department of Obstetrics and Gynecology*

*Chang Gung Memorial Hospital and Chang Gung University, Taoyuan, Taiwan*

In Taiwan, cervical cancer is the ninth most common cancer in women and the eighth leading cause of female cancer mortality. Since 1995, the national health insurance (NHI) of Taiwan has made free annual cervical screening available to all Taiwanese women aged  $\geq 30$  years. The age-standardized incidence of cervical cancer in Taiwan has decreased from 29.09 per 100 000 in 1981 to 7.88 per 100 000 in 2017. The age-standardized mortality decreased from 7.14 per 100 000 in 1981 to 3.20 per 100 000 in 2017. The rate of 6-year Pap smear screening coverage rate has stabilized at 70% for 15 years. Efforts must be made to increase the coverage.

A study for newly diagnosed cervical found that 44.0% of the participants had never had a Pap smear before diagnosis. Stepwise logistic regression identified perceived potential pain, fear of embarrassment as independently associated with the number of previous Pap smears (0 versus  $\geq 1$ ). The need for developing more comfortable and privacy-assured methods of screening is highlighted. Education strategies should be focused on improving access to never-users.

The fact that HPV testing is useful in primary screening for cervical neoplasms is widely accepted in medical community. In a population-based study (Taoyuan-CGMH cohort), the overall HPV prevalence was 10.8%. The sensitivity of the Pap smear was 81.9%, which

improved to 97.2% with combined Pap and HPV testing. Co-test should be offered for those Pap under-users. A study invited women who have not attended Pap smear in the past 5 years to HPV testing by self-sampling. Only 305 (2.85%) with informed consent and HPV test samples were returned. Primary screening using self-sampling vaginal specimens has not been registered in US Food and Drug Administration (FDA) or Taiwan FDA (TFDA) so far. A breakthrough of cervical screening coverage rate is promising if HPV testing using self-sampled vaginal specimen and reflex Pap can be proven non-inferior to Pap for primary cervical screening.

Identify cancer precursors can secondary prevent the occurrence of invasive cervical cancer, while HPV vaccination is the primary prevention. Again, the coverage is important. Prophylactic HPV vaccines have been available since 2007, however only a few cities or counties are providing HPV vaccination of 12 to 13 year-old girls by public funding. National program of HPV vaccination for 7-grade girls has been implemented since 2018 in Taiwan. According to Health Promotion Administration, the coverage rate was 76.6% in 2018 and 86.9% in 2019. A catch-up 16-18 year-old girls vaccination should be considered see the impact will be greater using multiple age cohort vaccination strategy.

## 黃于芳 SY8

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### Real world experience after NHI reimbursement of bevacizumab— Recurrent ovarian cancer

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In OCEANS trial for platinum-sensitive (PS) recurrent epithelial ovarian cancer (EOC), progression-free survival (PFS) was significantly increased in chemotherapy plus bevacizumab (BEV) when compared with chemotherapy alone among patients with progression-free interval (PFI) 6–12m (12.5 m vs 7.4 m; hazard ratio [HR] 0.36, 95% CI 0.25–0.53). However, overall survival (OS) did not differ between the two treatment groups. In MITO-16B trial for PS EOC with prior BEV-containing therapy, the median PFS for chemotherapy plus BEV vs chemotherapy alone were 9.8 vs 7.9 m (HR 0.50, 95% CI 0.33–0.74). OS data is not yet mature.

We have provided real world experience in treatments for 65 recurrent EOC, tubal cancer (TC), primary peritoneal cancers (PPC). Of those treated with various chemotherapy regimens, 39 (60.0%) received adjuvant platinum-based chemotherapy and 22 (33.8%) had prior BEV use. BEV dosage was 7.0–12.6 mg/kg and 7.9–11.6 mg/kg for patients with the first and  $\geq 2$  relapses, respectively; the mean number of treatment cycles was 5.3 and 6.5, respectively. Thirty-nine patients (60.0%) had serous histology, 10 (15.4%) had clear cell carcinoma histology, 6 (9.2%) had endometrioid histology, and 4 (6.2%) had mucinous histology. During follow-up, 39 patients (60.0%) developed progressive disease, and 29 (44.86%) died. Twenty-one (32.3%) had PFI <6 m, 21 (32.3%) had PFI of 6–12 m, and 23 (35.4%) had PFI  $\geq 12$  m. Patients with PFI  $\geq 6$  m after primary therapy had a significantly better OS and PFS2–PFS than those with PFI <6 m ( $P < 0.001$  and  $P < 0.001$ , respectively). Patients with a longer PFI had more favourable survival.

Bevacizumab is now covered under the Taiwan national health insurance for patients with PFI of 6–12 m. With more promising data, we believe more patients with PS EOC/TC/PPC will be treated with chemotherapy plus BEV and BEV continuation to achieve a longer PFI and survival.

許恆誠

SY9

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台大醫院婦產部住院醫師

## Real world experience after NHI reimbursement of bevacizumab— Dosage and adverse events

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Targeted therapy has been a new option for gynecological patients since the publication of GOG218 and ICON7 in the New England Journal of Medicine in 2011. Ever since then, multiple indications of bevacizumab usage emerged in the field of gynecology oncology.

There were two important trials that aimed to resolve unmet needs. One for advanced cervical cancer, and the other was for platinum sensitive recurrent ovarian cancer. In 2014, Tewari et al published the landmark trial GOG240, demonstrating overall survival benefits with the addition of bevacizumab to two chemotherapy regimens combined in advanced cervical cancer patients. An increased incidence of hypertension, thromboembolic events, and gastrointestinal fistulas were noted in the bevacizumab containing arm. In 2017, Dr. Robert Coleman published the results of the bevacizumab component of GOG213, also demonstrating a survival benefit in platinum sensitive recurrent ovarian cancer in the chemotherapy group. The most frequently reported adverse events of these in the chemotherapy plus bevacizumab group compared with the chemotherapy group were hypertension, fatigue, and proteinuria.

Gynecological patients in Taiwan had limited resource other than chemotherapy in the past few years. After the usage of targeted therapy in our institution, we investigated adverse events and outcomes in patients treated with bevacizumab for ovarian cancer patients and showed that there were different kinds and higher cumulative incidences of adverse events observed compared to those reported in previous clinical trials. Moreover, bevacizumab doses showed cumulative toxicity and plateau effects on hypertension and proteinuria.

Starting from the third quarter of 2020, two indications were reimbursed in national health insurance for gynecological patients. One for partially platinum-sensitive recurrent ovarian cancer patient, and the other was for advanced cervical cancer patients. How are our patients performing and what are the experiences regarding dosage and adverse events? We give a brief report regarding this topic.

周宏學

SY10

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### Real world experience after NHI reimbursement of bevacizumab— Recurrent cervical cancer

Most of the recurrent cervical cancer is incurable, except those of local/regional recurrence. Chemotherapy is the major treatment for recurrent cervical cancer. Compared with cisplatin alone, cisplatin + topotecan was the first regimen proven to have survival benefit to recurrent cervical cancer by GOG 179. GOG 240 compared combination chemotherapy (carboplatin + paclitaxel or paclitaxel + topotecan) with or without bevacizumab, and showed longer progression-free survival (PFS, 2-side) and overall-survival (OS, 1-side). Reimbursement of bevacizumab + carboplatin + paclitaxel was passed in June 2020 in Taiwan. Here we reported the preliminary results of the response of recurrent cervical cancer to the new regimen as a light of real-world experience. From June 2020 to Feb. 2021, 70 patients with recurrent cervical cancer were approved for use of bevacizumab + carboplatin + paclitaxel. In 47 patients who had used more than 3 cycles, 11 patients (23.4%) obtained complete response, 24 (51.1%) partial response, 5 (10.6%) stable disease. The overall response rate was 74.5% and disease control rate was 85.1%. Toxicity was also reported in our first-in-Taiwan real-world experience.

## 陳彥伯 SY11

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### Onco-fertility in gynecologic cancers – guidelines-- Cervical Cancer

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As screening progresses, more and more patients with cervical cancer are diagnosed at a young age. In American, almost 40% of women with cervical cancer are diagnosed between the ages of 20 and 44 years, with disease confined to the cervix in approximately 46% of cases. The radical trachelectomy procedure is now recognized as an alternative to radical hysterectomy for young women with lesions <2 cm who wish to preserve fertility as National Comprehensive Cancer Network (NCCN) guidelines. It is reassuring that a recent Surveillance, Epidemiology, and End Results (SEER) data analysis shows that uterine preserving surgery such as cone/trachelectomy is not associated with a higher risk of death compared with non-uterine preserving surgery (hysterectomy).

Conization and radical trachelectomy are standard methods of fertility preservation for patients with early-stage cervical cancer. Cervical conization can be performed for stage IA1 or IA2 cervical cancer. Sanghoon et al reported combined results of multiple studies showed in Korean studies, the rate of recurrent cervical cancer was 3.5% (22 of 619) and that of mortality was 1.9% (12 of 619) in a total of 619 patients with cervical cancer who underwent trachelectomy. Among the 619 patients, 236 patients successfully became pregnant, but 20% of these patients had a miscarriage in the first trimester, and 8% (20 of 236) had a miscarriage in the second trimester. Eventually, 66% of the pregnant patients had a delivery in the third trimester (157 of 236), 15% before the 32nd week of pregnancy and 85% after the 32nd week of pregnancy.

There are also many fertility-sparing treatment studies for cervical cancer with large tumor size ( > 2 cm), and for more conservative surgery (large conization , simple trachelectomy after neoadjuvant chemotherapy). We wish to further confirm the safety and feasibility of reproductive preservation in patients with early-stage cervical cancer. The ultimate objective in medicine is not only how to survive, but also how to live better.



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## Onco-fertility in gynecologic cancers – guidelines-- Endometrial Cancer

Endometrial cancer is one of the most common gynecologic cancer worldwide. About 5% of the patient are under 40 years of age. Fertility-sparing treatment including involves the use of progestins and/or levonorgestrel-releasing intrauterine devices, which have been shown to be feasible and safe in early endometrial cancer. However, data on the efficacy and safety are based on retrospective studies and randomized clinical trials in younger women are underway.

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### Onco-fertility in gynecologic cancers – guidelines-- Epithelial ovarian Cancer

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Epithelial ovarian cancer (EOC) is the seventh most common cancer and the eighth most common cause of cancer death among women worldwide. Although about 75 % patients are diagnosed stage III or IV initially. 10-15 % of patients are with localizes disease in ovary. EOC is most commonly diagnosed after menopause (average age 65 years), although between 3% and 17% of cases are diagnosed in women younger than 40 years.

Standard treatment of advanced ovarian cancer includes bilateral salpingo - oophorectomy, total hysterectomy, omentectomy, peritoneal biopsies or intraabdominal tumor excision, pelvic and para- aortic lymph node dissection, followed by taxane/platinum chemotherapy . However, standard treatment leads to permanent sterility. Fertility issue is important for young women who wish to preserve their childbearing potential in early stage ovarian may benefit fertility sparing surgery (FSS) (uterine and contralateral adnexa preservation).

Fertility sparing surgery may be another option for reproductive patients with early stage ovarian cancer. Patient' s selection is important about tumor location(unilateral), histology type, grade, genetic mutation and reproductive age. Oncological outcome (recurrent and survival rate) between FSS and radical surgery reveals no significant difference. Embryo, oocyte or ovarian cryopreservation following FSS are tools to elevate reproductive outcomes which may resemble as general population. Although FSS is an option for young age patients, accurate counseling and patient' s selection are important before treatment.

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## Onco-fertility in gynecologic cancers – guideline-- Germ cell ovarian cancer

### Introduction

Non-epithelial ovarian tumors are approximately 10% of ovarian cancers. Malignant germ cell tumor (GCT) represents 5% of all ovarian cancers and 80% of preadolescent malignant ovarian tumors. The World Health Organization (WHO) classification of GCTs defines as dysgerminoma, yolk sac tumor, embryonal carcinoma, non-gestational choriocarcinoma, mature teratoma, immature teratoma, and mixed germ cell tumor.

### Current diagnosis

Diagnostic work-up should include pelvic ultrasound, abdomino-pelvic computed tomography (CT) scan, chest X-ray and positron emission tomography (PET) scan in selected cases (GCTs)

### Treatment guideline

Germ cell tumors are chemosensitive and susceptible to fertility-sparing surgery. The correct pathological diagnosis is essential.

**Early-stage** Germ cell tumors (60%– 70%) are diagnosed at early stage fertility. Fertility-sparing surgery is safe with excellent survival and reproductive outcome. Adjuvant chemotherapy with 5-day BEP is the most used regimen.

**Advanced-stage and recurrent GCTs** Fertility-sparing surgery could still be considered in advanced stages. Adjuvant chemotherapy with 5-day BEP is the most used regimen.

**Fertility Outcome** After fertility-sparing surgery, the reproductive outcome is promising.

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## Genetic testing and PARP inhibitor maintenance in epithelial ovarian cancer after NHI reimbursement--Genetic testing

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Poly(ADP-ribose)polymerase (PARP) inhibitors are targeted therapy for cancers with homologous repair deficiency (HRD) based on its mode of action. They were first approved for ovarian cancer and have changed current treatment strategies. Ovarian cancer with mutations in BRCA1 and BRCA2, breast cancer susceptibility genes are highly sensitive to platinum-based chemotherapy and PARP inhibitors. Taiwan FDA has also approved the reimbursement of the first PARP inhibitor, olaparib (Lynparza), in Nov. 2020 for advanced ovarian, fallopian tube or peritoneal cancer patients with germline or somatic BRCA1/2 mutations who had response to initial chemotherapy as maintenance treatment.

Recent approvals for another PARP inhibitor niraparib (Zejula) encompass patients with ovarian tumors that are HRD positive as well as those with BRCA mutations. However, the clinical challenge in Taiwan is to establish a reliable and affordable assay determining HRD to identify more patients who will benefit from the PARP inhibitors. On the other hand, many clinical trial have shown that even patients without HRD, as assessed by the current tests, still benefited from PARP inhibition. Such findings leave many open questions regarding the clinical utility of HRD testing.

In this talk we will go through current available tests for the indications of PARP inhibitors and discuss the rationale in the choice of tests and PARP inhibitor drugs.

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### Genetic testing and PARP inhibitor maintenance in epithelial ovarian cancer after NHI reimbursement--PARP inhibitor maintenance

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gBRCAm, sBRCAm and Homologous recombination repair deficiency (HRD) are frequent features of high-grade ovarian, fallopian tube and peritoneal carcinoma (HGOC) and associated with sensitivity to PARP inhibitor (PARPi) therapy. Now, PARPi maintenance therapy became the standard care of ovarian cancer in patients with BRCAm and also got NHI reimbursement since Nov. 2020. But in patients with HRD & BRCAw, PARPi maintenance still have survival benefit, but didn't have NHI-reimbursement.

BRCA testing or HRD testing provides an opportunity to optimise PARPi use in HGOC but methodologies are diverse and clinical application remains controversial. Today, we will discuss about best practice for BRCA testing and HRD testing in HGOC. The main aims were to (i) define the term 'BRCAm, HRRd and HRD test'; (ii) provide an overview of the biological rationale and the level of evidence supporting currently available HRRm or HRD tests; (iii) provide recommendations on the clinical utility of BRCA, HRD tests in clinical management of HGOC.

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### 婦科癌症的新標記物-DNA 甲基化

### Novel markers for gynecologic cancer-DNA Methylation

近年來的癌症研究中有發現到，腫瘤的形成與 DNA 甲基化 ( methylation ) 有相關性；DNA 甲基化是表基因 epigenetics 改變的一種方式，甲基化的機制為 CpG 雙核苷酸上的胞嘧啶 ( C ) 在 DNA 合成後，經 DNA 甲基轉移酶 ( DNA methyltransferase ) 將甲基作轉移；大部份的甲基化基因會在基因及上游的啟動子區域形成 CpG 島 ( CpG islands )，當發生高度甲基化 ( hypermethylation ) 會影響基因的轉錄和表現，導致基因靜默。所以，癌症的發生與不正常 DNA 甲基化有關，特別是抑癌基因 tumor suppressor gene 的高度甲基化。因此，DNA 甲基化具潛力作為生物標記用於癌症的早期診斷。基因組的甲基化的研究可以發現新基因以進行開發和檢測。

目前在婦產科領域來說，已經有甲基化檢驗在子宮頸癌與子宮內膜癌。安蓓(MPap)基因甲基化檢測是結合生物資訊與基因體學，從大量基因資訊中篩檢出多個甲基化基因，再由 370 個臨床檢體，證明該基因甲基化的程度與子宮內膜癌密切相關，可作為癌症診療的指標。其敏感度可達 83.7~96.0%，特異性為 78.7~96.0%。□ 宮頸癌甲基化基因檢測是由醫師採集□ 宮頸細胞，以即時聚合酶連鎖反應 ( Real-time PCR ) 技術直接檢測細胞內 PAX1 基因的甲基化程度，作為細胞癌化的判定。□ 宮頸癌甲基化基因的檢測已被認為是新□ 代能有效篩檢癌症的□ 物標記和□ 法。配合□ 宮頸癌抹片篩檢及□ 類乳突病毒檢測結果，可提供醫師□ 以評估婦女是否罹患□ 宮頸癌的參考。至於卵巢癌目前並沒有好的篩檢方法，開發早期篩檢的有效方法，也是重要議題，目前並未有卵巢癌廣泛基因體的甲基化研究，已經有的依些研究中利用分析 100 個良性與惡性卵巢瘤，與多種生物資訊的方法，比較其甲基化的狀態與臨床指標，以期釐清這些甲基化基因在卵巢癌的臨床用途潛力。

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### 循環腫瘤細胞— 婦科腫瘤的新標記

### Novel Marker for Gynecologic Cancer—Circulating Tumor Cells

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Ovarian cancer is a common cancer among women with extremely poor prognosis. Even with the latest diagnostic technologies, more than half of patients with ovarian cancer are diagnosed at advanced stage. It is usually necessary to wait until after the operation for the definitive diagnosis and cancer staging. Even though tissue biopsy is the gold standard for diagnosing cancer, it is rare for ovarian cancer to use tissue biopsies to confirm the diagnosis before surgery, and it is difficult to use tissue biopsies to track the progress of disease after surgery. Therefore, a new diagnostic tool is urgently needed to assist in preoperative evaluation, detection of minimal residual disease, evaluation of recurrence, evaluation of drug resistance and even selection of therapeutic drugs.

CTCs are cells shed from the primary cancer lesion and enter the peripheral blood circulation, which then have the potential to re-enter and reach a suitable tissue environment to form new tumor foci. Although many mechanisms involved in tumor metastasis are not yet clear, CTCs undoubtedly play an important role in cancer metastasis. We can repeatedly draw blood from patients to detect CTCs as a sort of “real-time liquid biopsies, which can be used to predict tumor recurrence, evaluate potential drug resistance, and even provide information on drug selection.

Currently, CTCs testing has not yet been widely used for clinical practice due to several reasons. First, many testing steps still rely on manual operations, resulting in limited testing volume and unstable testing results. Secondly, only limited information can be provided as most clinical trials were based on enumeration of CTCs. In recent years, the advancement in CTCs detection technology can be attributed to several factors: the development of automated CTC platforms with high cell capture rate and throughput, the great progress in the research of cancer cell markers, and the progress of single-cell gene analysis technologies.

At present, there are several ongoing research projects in the world on the clinical application of CTCs for ovarian cancer, and there is no consensus yet. We reviewed some recent studies and will discuss feasible directions, especially molecular characterization and single cell analysis, for the clinical application of CTCs in gynecological cancers.

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## Correlation of Genomic Alterations Between Tumor Tissue and Circulating Tumor DNA by Next-generation Sequencing

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**Purpose:** Analysis of circulating tumor DNA (ctDNA) offers an unbiased and noninvasive way to assess the genetic profiles of tumors. This study aimed to analyze mutations in ctDNA and their correlation with tissue mutations in patients with a variety of cancers.

**Methods:** We included 21 cancer patients treated with surgical resection for whom we collected paired tissue and plasma samples. Next-generation sequencing (NGS) of all exons was performed in a targeted human comprehensive cancer panel consisting of 275 genes.

**Results:** Six patients had at least one mutation that was concordant between tissue and ctDNA sequencing. Among all mutations ( $n = 35$ ) detected by tissue and blood sequencing, 20% ( $n = 7$ ) were concordant at the gene level. Tissue and ctDNA sequencing identified driver mutations in 66.67% and 47.62% of the tested samples, respectively. Tissue and ctDNA NGS detected actionable alterations in 57.14% and 33.33% of patients, respectively. When somatic alterations identified by each test were combined, the total proportion of patients with actionable mutations increased to 71.43%. Moreover, variants of unknown significance that were judged likely pathogenic had a higher percentage in ctDNA exclusively. Across six representative genes (PIK3CA, CTNNB1, AKT1, KRAS, TP53, and MET), the sensitivity and specificity of detection using mutations in tissue sample as a reference were 25 and 96.74%, respectively.

**Conclusions:** This study indicates that tissue NGS and ctDNA NGS are complementary rather than exclusive approaches; these data support the idea that ctDNA is a promising tool to interrogate cancer genetics.



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**Novel marker for gynecologic cancer--IsoAAT and ovarian clear cell carcinoma**

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Epithelial ovarian carcinoma consisted of mainly four different histology types, including high-grade serous carcinoma (HGSC), mucinous, endometrioid, and clear cell carcinomas (CCC). While HGSC is the most common histotype, CCC has a higher incidence in Asian countries such as Taiwan and Japan than in Western countries. CCCs are mostly diagnosed at early stages but the outcomes of patients with CCC are worse than in those with HGSC. Diagnosis of CCC is difficult because the lesion is often arisen and embedded in endometriosis. Biomarkers in the diagnosis and detection of recurrence in CCC is plausible that attributed partly to its poor prognosis. CA125 is the standard marker in daily practice to distinguish between benign and malignant ovarian tumors but is not a reliable marker for CCC. Alpha1-antitrypsin is a protease inhibitor that chiefly secreted in liver. Isoforms of alpha1-antitrypsin (isoAAT) with a molecular weight of 72 and 68 kDa (V-CHECK®, Taiwan, patent no. US 9,229,012 B2) can be detected in serum samples from gastrointestinal diseases of foals and human, human hepatoma, and cholangiocarcinoma. In addition, isoAAT could be detected in sera of patients with endometriosis. I will present the data of serum isoAAT levels in ovarian tumors.

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### 帶因篩檢

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單基因遺傳疾病的遺傳模式可分為體染色體顯性，體染色體隱性以及性聯遺傳。目前已知的單基因遺傳疾病約一萬種以上，全球的總發生率約為 1/100，大約造成 20% 的新生兒死亡率及住院原因。隱性遺傳疾病的帶因者是完全沒有症狀的健康人，但是會有較高的風險生下罹患隱性遺傳疾病的孩子。帶因篩檢 (carrier screening) 則是幫助我們在孕前或是產前了解夫妻雙方是否為隱性遺傳疾病的帶因者，不僅了解未來自己孩子的患病風險，也可以根據本身的宗教信仰和價值觀，來決定產前進一步的遺傳檢測項目。

由於基因的普及檢測牽涉倫理道德規範的考量，在 2015 年時，ACMG, ACOG, NSGC, SMFM 共同提出一份意見聲明，針對帶因篩檢所帶來的基因體世代倫理議題，強調基因檢測的過程前後都需接受遺傳諮詢，資料的保密作業，專業人員的培訓，對於好壞基因的價值判斷，甚至是對於疾病的污名化的議題。

在 2017 年時，美國婦產科醫學會 ACOG 則提出針對帶因篩檢更進一步的意見聲明，認為隱性遺傳疾病的檢測應該不再受限於種族背景，任何的種族都可以考慮同時接受多種疾病的帶因篩檢，可接受泛種族帶因篩檢 (panethnic carrier screening) 和多疾病帶因篩檢 (expanded carrier screening) 做為孕前產前帶因篩檢的選擇。納入篩檢的隱性遺傳疾病要有較高的帶因率，明確的臨床表現造成嚴重身體或認知功能的傷害，以及會在嬰幼兒時期就發作的疾病。另外 ACOG 也強調帶因篩檢不能和現有的新生兒篩檢兩者劃上等號。針對泛種族帶因率較高的疾病，則是每一位孕婦都應該做檢測，包含脊髓型肌肉萎縮症，囊腫性纖維化，和血球異常疾病。

如果帶因篩檢檢測出為體染色體隱性遺傳疾病的帶因者，進一步應該檢測其配偶同樣疾病的帶因篩檢。如果夫妻雙方都是同一疾病的帶因者時，則下一代的孩子都有 1/4 的風險會同時遺傳到兩個異常基因而罹患隱性遺傳疾病。所以雙帶因的夫妻在確定懷孕後的產前檢測可以安排絨毛膜採檢或羊膜穿刺來確定胎兒是否罹病。或於準備懷孕前進行人工生殖的輔助，安排孕前胚胎著床前基因檢測 (preimplantation genetic diagnosis, PGD)，以確認胚胎是否罹患隱性遺傳疾病。

X 染色體性聯隱性遺傳疾病的遺傳模式則和體染色體不完全一樣。男性只要有一個 X 染色體致病基因異常就會罹患 X 染色體隱性遺傳疾病。而女性如果只有一個 X 染色體致病基因異常則為沒有症狀的帶因者。X 染色體性聯隱性遺傳疾病的篩檢只需要針對女性進行即可，如果檢測出女方為性聯隱性遺傳疾病的帶因者時，下一步直接對胎兒或胚胎進行確認。

現階段國內由政府所補助的常規帶因者檢測只有海洋性貧血帶因者的篩檢，針對台灣種族帶因率較高的隱性遺傳疾病，包含脊髓型肌肉萎縮症和 X 染色體脆折症，產檢醫師也應建議每位孕婦進行篩檢。現今台灣社會越來越多的多種族融合且進步，隱性遺傳疾病的帶因也可能更加多樣化。以預防醫學的角度來看，產科醫師需協助孕育健康的下一代，減少嚴重先天異常疾病的發生，也協助進行早期診斷與及時治療來爭取未來治療的黃金時間。

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## Chromosomal Microarray Analysis: for selected or unselected women with amniocentesis?

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Chromosomal microarray analysis can identify chromosomal aneuploidy and other large changes in the structure of chromosomes that would otherwise be identified by standard karyotype analysis, as well as submicroscopic abnormalities that are too small to be detected by traditional modalities. In 2016, The ACOG and the Society for Maternal– Fetal Medicine made the following recommendations and conclusions for the use of chromosomal microarray analysis in prenatal diagnosis—"This test typically can replace the need for fetal karyotype in cases with fetal sonographic anomalies." Down syndrome risk is increased with maternal age. However, most submicroscopic genetic changes identified by chromosomal microarray analysis are not associated with increasing maternal age; therefore, the use of this test can be considered for all women, regardless of age. I will talk about the pros and cons when applying CMA in prenatal amniocentesis.

## 應宗和 SY23

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### Thyroid function screening in pregnancy: risk factor-based or universal?

Hyperthyroidism occurs in 0.2– 0.7% of pregnancies. Inadequately treated maternal hyperthyroidism is associated with (1). Greater risk preeclampsia with severe features (2). Maternal heart failure (3). Thyroid storm than treated controlled maternal thyrotoxicosis. Inadequately treated hyperthyroidism for fetal outcome is associated with an increase in (1). Medically indicated preterm deliveries (2). Low birth weight (3). Miscarriage, and stillbirth.

Overt hypothyroidism complicates 0.2– 1.0% of pregnancies. May be indistinguishable from common signs or symptoms of pregnancy, such as (1). Fatigue, constipation, cold intolerance, (2). Muscle cramps, and weight gain (3). Edema, dry skin, hair loss, and a prolonged relaxation phase of deep tendon reflexes. Adverse perinatal outcomes such as (1). Spontaneous abortion, preeclampsia, preterm birth (2). Abruption placenta, and stillbirth (3). Low birth weight and impaired neuropsychologic development.

Universal screening for thyroid disease in pregnancy is not recommended by The American College of Obstetricians and Gynecologists, the Endocrine Society, and the American Association of Clinical Endocrinologists. But indicated testing of thyroid function should be performed in women. Such as (1). A personal or family history of thyroid disease (2). Type 1 diabetes mellitus, or clinical suspicion of thyroid disease.

The American Thyroid Association currently finds that there are insufficient data to recommend for or against universal thyroid screening.

[published erratum appears in Thyroid 2017;27:1212] Thyroid 2017;27:315– 89. (Level III)

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### Shall We Screen for Vitamin D Deficiency and Iron Deficiency Anemia at the First Antenatal Examination?

*Chin-Ru Ker, MD*

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Undesirable perinatal outcomes including gestational diabetes, pre-eclampsia, preterm birth, low birth weight, stillbirths and Cesarean section rates are found to be associated with low vitamin D level, which also directly influence vitamin D status and bone health in the neonates. Most practice guidelines around the world suggest routine supplement of colecalciferol 400 units daily for all women and endorse a stepwise approach to assess vitamin D status. At booking appointments, pregnant women should be assessed for risk factors such as vegetarian, limited sun exposure, dark skin, veiled customs, ethnic minorities, office workers, night shifters and body mass index greater than 30-40 kg/m<sup>2</sup>. If present, 1000 units of colecalciferol daily should be given and serum level of 25-hydroxy vitamin D level is measured to guide further management. However, the supporting reports are inconsistent and largely heterogeneous in study designs, seasonality, latitudes, body mass index, vitamin D supplementation and laboratory methodology. Recommendation of vitamin D supplementation beyond that contained in a prenatal vitamin should await more robust evidence from better designed studies.

Iron deficiency anemia in pregnancy is linked to poor gestational weight gain, fetal growth restriction, preterm delivery, delivery complications and depression in the mother; the newborns can also be iron deficient with impairments in cognition and neurodevelopment. Current practices in the United States, United Kingdom, Australia and Canada are agreeable in screening for anemia with full blood count at booking appointments. If anemic (Hgb < 110g/L), a trial of oral iron supplement (60-100mg per day) is usually initiated, of which a lack of response prompts subsequent investigations for other causes. Serum ferritin testing should be reserved for possible hemoglobinopathies, anemia of infection, vitamin B12 or folic acid deficiency, unexplained iron deficiency or suspected chronic blood loss. At present, there is insufficient evidence to recommend for routine screening for iron status or routine iron supplementation in pregnant women. Higher quality evidence from randomized control trials and economic studies are needed to assess the clinical and cost effectiveness of such practices.

## 王伊蕾 SY25

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前台北榮總不孕生殖科臨床研究員

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### CS rates only 2%? 再談無國界醫生如何幫助阿富汗產婦

幸福婦產科診所 王伊蕾醫師

在醫療資源不足的地方，無國界醫生(Medecins Sans Frontieres, MSF)希望能盡量減少剖腹生產的機會，以減少日後婦女因戰爭或天災，必須在家生產，產生子宮破裂，植入性胎盤，產後出血等致命合併症的可能。WHO 的統計數據也顯示，如果剖腹生產率超過 10%，無助於減少胎兒或母親的死亡率。

2017 年統計，阿富汗霍斯特母嬰親善醫院(Khost Maternity Hospital, KMH)全年生產數 22856 人次，剖腹生產 513 人次，剖腹生產率只有 2.24%。這是如何做到的呢？以最簡陋的設備，挑戰最艱困的病例。台灣第一個婦產專科無國界醫生分享在阿富汗的第一手觀察紀錄。

吳佩臻

SY26

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台北馬偕生育保健科研修醫師

台兒診所研修醫師

## Symposium First Trimester Anatomical Screening: Nuchal Translucency and Beyond

It is well documented that a large nuchal translucency is associated with increased risk of structural anomalies and genetic syndromes, even in the absence of aneuploidy. Focusing only on screening for chromosomal anomalies and postponing the anatomical assessment to the second trimester may result in delaying the detection of major structural malformations. The performance of early anatomical scan for most abnormalities ultimately depends on their association with easily detectable markers and a policy decision as to the objectives of the scan.

Which Anomalies Should be Targeted in Early Pregnancy? [2019 ISUOG]

1. Nearly always detectable (approximately 90-100%):
  - (1) Severe CNS anomalies (anencephaly, lobar holoprosencephaly, encephalocele)
  - (2) Ectopic cordis
  - (3) Abdominal wall defects (omphalocele, gastroschisis, limb-body wall complex / body stalk anomaly, megacystis)
2. Potentially detectable (approximately 2-90%):
  - (1) Congenital diaphragmatic hernia
  - (2) Major heart defects (TGA, DORV, CoA, HLHS, septal defects)
  - (3) Spina bifida
  - (4) MCDK
  - (5) Skeletal disorders (lethal skeletal dysplasia, limb reduction, polydactyly)
3. Virtually undetectable (<2%):
  - (1) Cerebellar hypoplasia
  - (2) Agenesis of corpus callosum
  - (3) Echogenic lung lesions (CPAM, extralobar BPS)
  - (4) GI disorders (duodenal atresia, bowel obstruction, anal atresia)
  - (5) Mild renal anomalies (duplex kidneys, hyponephrosis)
  - (6) Ovarian cysts
  - (7) Fetal tumors

Early suspicion of lethal or severe fetal abnormalities allows not only for change in the diagnostic pathway (e.g. invasive genetic testing in preference to cfDNA), but also for timely reproductive choices and optimised clinical management. In these patients, early decision-making has the additional benefit of being associated with lower long-term psychological morbidity.



余沛修

SY27

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### New trend in endometriosis treatment

Endometriosis is common disease affect at least 10 % reproductive-age women according to different symptoms. It is defined as endometrial tissue outside the endometrium and myometrium such as superficial pelvic endometriosis, ovarian endometrioma, and deep infiltrative endometriosis. The diagnosis of endometriosis is primary through laparoscopic surgical visualization of lesion. Common symptoms caused by endometriosis like dysmenorrhea, chronic pelvic pain and infertility are not so specific that makes diagnosis of endometriosis usually delayed. It not only also cause somatic discomfort but also psychosocial impairment of women. Current strategy of managing endometriosis emphasize on treating it as a chronic disease required a life-long treatment plan with maximize medication using, delaying surgical intervention, avoiding repetitive surgery. The choices of medication including NSAID, progestin, COCs, GnRH agonist, GnRH antagonist etc. However, medical therapy only suppress the disease not cure it, thus surgical treatment is still options to those who' s symptoms is refractory to medications. In this talk, I will review the diagnosis, staging, and treatment strategy of endometriosis and share our data about medication treatment compliance.

鄭碧華

SY28

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## Balanced scorecard guided physical training for health improvements in middle-aged women

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Physical inactivity (sedentary behavior) is a risk factor for shortened life expectancy. Appropriate physical activities are significantly associated with lower rates of various chronic diseases. A lifestyle with regular physical activity is associated with good sleep quality, reduced anxiety, and relatively normal blood pressure. It is also helpful in cancer prevention, cognition health promotion, and improving the health of various tissues and organs such as brain, heart, and bone. cancer prevention, cognition health promotion

Physical activities may include aerobic exercise of various intensity, bone-muscle strengthening activity, household chores, occupational activity, and transport activity. The WHO Guidelines on physical activity and sedentary behavior provide evidence-based public health recommendations for different ages on the amount of physical activity (PA) required to offer significant health benefits and mitigate risks.

Physicians need to make "exercise" as part of medical treatment and provide suggestions to patients with special emphasis on aerobic training, muscle intensity training, and resistance training. This is particularly relevant to Ob-Gyn doctors as they see a lot of women with obesity, metabolic syndrome, poor sleep, osteoporosis, or sarcopenia. Using some management tools such as a balanced scorecard to evaluate patient satisfaction and learning outcome, physicians can help patients improve and maintain their wellness through adequate physical activities.

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## 手術止血藥物的使用

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Bleeding is one of the suffering event for patients and surgeons. So, effective management of bleeding is a critical issue for patient safety and care. With the advancement of science, there are new instruments such as bipolar electrocautery and vessel sealing device developed to facilitate the surgical procedure. In addition, there are some hemostatic agents released to help decreasing bleeding during surgery. Hemostatic agents includes three categories: (1) caustic, (2) physical, and (3) biologic agents. Topical hemostatic agents could be used during surgery to help controlling bleeding at the vulnerable tissues which not handled by suture or hemostatic instrument. Here, we will introduce their mechanisms of action and the use of these agents.

徐英倫

SY30

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## Insomnia and menopause: a narrative review on mechanism and treatment

*Ing Luen Shyu, MD, MS*

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Increased frequency of sleep disturbances was noted in perimenopausal transition. Among these, insomnia is one of the most common symptoms. According to its pathogenetic model (3-P Model), different predisposing factors (i.e. a persistent condition of past insomnia and aging) increase the risk of insomnia during menopause. There are multiple precipitating and perpetuating factors favoring perimenopausal insomnia, like hormonal changes, menopausal vasomotor symptoms, and will be reviewed here.

Since perimenopausal insomnia is associated with several underlying factors, management would rely on meticulous evaluation of the psychological and somatic symptoms of the individual menopausal woman. Drugs and behavioral interventions will be options of therapeutic strategies. Cognitive behavioral therapy represents the first-line treatment of insomnia patients and its efficacy in the general population is well known from multiple controlled trials. Drugs as antidepressants, BZDs, Gabapentin are shown helpful in insomnia severity. However, when vasomotor symptoms are present, menopausal hormone therapy should be considered in the treatment of related insomnia taking into account the risk-benefit profile. Finally, given its good tolerability, safety, and efficacy on multiple sleep and daytime parameters, prolonged-released melatonin should represent a first-line drug in women aged  $\geq 55$  years.

陳芳萍

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## The Association between Hormone Therapy and Sarcopenia in Postmenopausal Women

Sarcopenia is defined as the presence of low muscle quantity or quality and low muscle strength. Sarcopenia is associated with aging process and significantly increases the risks of falls, fractures, disability, functional impairments, and mortality. The etiology of sarcopenia is multifactorial, such as the aging process, nutrients, social and lifestyle behaviors, and age-related hormonal, neurological, immunological and metabolic factors. The prevalence of sarcopenia in women increases around the age of 50. Thus, the role of menopause in the development of sarcopenia can be hypothesized. Postmenopausal hormone therapy is also considered to play a protective role in the development and progression of sarcopenia.

The aim of this presentation is to discuss the following issues:

1. Definition, prevalence, and influence of sarcopenia.
2. The role of menopause in the development of sarcopenia.
3. Effect of menopausal hormone therapy on muscle mass and muscle strength.
4. Prevention Strategies for Sarcopenia during the Perimenopause & Postmenopause.

## 龍震宇

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### Management of urinary incontinence in postmenopausal women: An EMAS clinical guide

The prevalence of urinary incontinence and of other lower urinary tract symptoms increases after the menopause and affects between 38 % and 55 % of women aged over 60 years. While urinary incontinence has a profound impact on quality of life, few affected women seek care.

Healthcare professionals should consider urinary incontinence a clinical priority and develop appropriate diagnostic skills. They should be able to identify and manage any relevant modifiable factors that could alleviate the condition. A wide range of treatment options is available. First-line management includes lifestyle and behavioral modification, pelvic floor exercises and bladder training. Estrogens and other pharmacological interventions are helpful in the treatment of urgency incontinence that does not respond to conservative measures. Third-line therapies (e.g. sacral neuromodulation, intravesical onabotulinum toxin-A injections and posterior tibial nerve stimulation) are useful in selected patients with refractory urge incontinence. Surgery should be considered in postmenopausal women with stress incontinence. Midurethral slings, including retropubic and transobturator approaches, are safe and effective and should be offered.

Successful treatment depends on accurate diagnosis of the type of incontinence, identification and treatment of any modifiable contributing factors and a personalized therapeutic approach. Specialist referral is mandatory for the management of complex cases. Effective and personalized care of urinary incontinence should be a healthcare priority so that women do not suffer unnecessarily from this common debilitating condition.

## 蔡景州 SY33

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### Managing vasomotor symptoms effectively without hormones

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Approximately 80% of women experience vasomotor symptoms (e.g., hot flushes and night sweats) during the menopause transition, which can affect quality of life. In women who require relief from these symptoms, systemic estrogen-containing products remain the therapeutic standard for moderate to severe symptoms. However, some clinical trials have associated ET/EPT with adverse effects, including breast cancer, stroke, and thromboembolism. Clinicians are advised to involve women in the decision-making process when weighing the benefits, harms, and scientific uncertainties of therapeutic options. Clinical trial results for nonprescription remedies, such as soy foods and isoflavone supplements, are insufficient to either support or refute their efficacy; however, no serious side effects have been associated with the short-term use of these therapies. Recommended options for women with concerns or contraindications relating to estrogen-containing treatments include prescription progestogens, venlafaxine, paroxetine, fluoxetine, and gabapentin. Oxybutynin chloride is an antimuscarinic, anticholinergic agent with antispasmodic activity and is known to cause urine incontinency. In a randomized, double-blind clinical trial of vasomotor symptoms in women with or without breast cancer, Oxybutynin is an effective and relatively well-tolerated treatment option. Fezolinetant is a neurokinin 3 receptor antagonist that blocks neurokinin B (NKB) signaling, thereby normalizing the dynorphin (KNDy neurons) activity in the thermoregulatory center of the brain. In a phase 2b, dose-ranging clinical trial (VESTA), Fezolinetant significantly reduced the frequency and severity of moderate-to-severe vasomotor symptoms compared with a placebo in postmenopausal women. This talk reviews evidence regarding the efficacy of nonhormonal treatments for vasomotor symptoms, including pharmacological and nonpharmacological approaches. We also provide clinical suggestions for symptom management.



易瑜嶠

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## Clinical application of serum AMH in reproductive medicine

Anti-Müllerian hormone (AMH), a peptide growth factor of the transforming growth factor- $\beta$  family, is a homodimer glycoprotein with a molecular weight of 140 kDa whose 2750 bp gene is on the short arm of chromosome 19. AMH was initially discovered for its role in the regression of the Mullerian ducts. Following transcription of the sex-determining region Y (SRY) region in male fetus, Sertoli cells begin to produce AMH which leads to the apoptosis of cells in the Mullerian ducts, promotes Müllerian duct regression, and initiates male phenotypic development. Given the lack of SRY in females, this series of events does not occur leading to the Mullerian ducts to develop into the uterus, oviducts, and upper two-third of the vagina.

In females, when primordial follicles are recruited, AMH is initially produced in granulosa cells. AMH expression continues to increase until primordial follicles have developed into small antral follicles approximately 4–6 mm in size. As the pool of small growing follicles is in parallel with the total number of primordial follicles, AMH reflects ovarian reserve, and it is widely used due to its reduced intra-menstrual cycle and inter-observer variability, furthermore, AMH exhibits reduced cycle-to-cycle variability compared with antral follicles counts (AFC) and follicle-stimulating hormone (FSH) levels.

The roles of AMH in assisted reproduction include predicts oocyte yield and dosage of FSH needed for an ART, if also can help predic cycle cancellation and identify patients at high risk of OHSS. However, Quantitative decline in ovarian reserve may not be necessarily accompanied by a qualitative decline, especially in younger women with diminished ovarian reserve and poor response to ovarian stimulation.

The clinical implication of serum AMH outside assisted reproduction have included prediction of menopause in the general population, assessment of ovarian toxicity caused by surgery and chemotherapy, diagnosis of polycystic ovarian syndrome (PCOS) and others.

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### Reproductive Immune tests in infertility and recurrent miscarriage

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Immune dysfunction has been implicated in some cases of recurrent pregnancy loss, unexplained infertility and failed IVF cycles. When the immune system is over- or under-activated, implantation may be compromised resulting in infertility or recurrent miscarriage. Immunological factors involved in adverse obstetrical outcomes and infertility may include the presence of anti-thyroid antibodies (ATA), anti-phospholipid antibodies (APA) and activated natural killer cells (NKa). Other immune dysfunction may be due to an immunological mismatch in DQ-alpha and HLA genotypes or disorders called thrombophilias. Thrombophilias are a group of disorders that increase the risk of clotting in the body and closely associated with recurrent pregnancy loss. Whether thrombophilias cause infertility or result in failed IVF cycles is still controversial.

The recurrent miscarriage and implantation failures (RIF) are an important issue with more than 40% fails for patients to obtain a live birth. The rate of pregnancy chance dramatically decreases with the number of consecutive miscarriages. There is also a significantly decreased chance in a live birth with increasing maternal age. But there is no evidence of an interaction between maternal age and the number of previous miscarriages.

The immunological aspects of implantation are many and are documented extensively in basic scientific and clinical research. The decidualized stromal cells of the endometrium, critical to implantation, are able to regulate trophoblast invasion and to dampen the local maternal immune response. The failure to control that immune reaction may lead to implantation failure. Several serological immune profiles may play a role in patients with RIF. Antibodies against placenta-specific 1 (a protein expressed in the placenta and encoded by trophoblast-specific gene PLAC1) may impair implantation and have been shown in a small case-control study to be higher in patients with RIF compared with fertile controls (Matteo et al., 2013). Liang and colleagues also performed a small case-control study, and showed that proinflammatory factors (interferon-gamma [IFN- $\gamma$ ], interleukin (IL)-1 $\beta$ , IL-6 and IL-4) were increased, and anti-inflammatory factors (transforming growth factor-beta 1) were decreased, in the peripheral blood of RIF patients compared with control participants pregnant after IVF

(Liang et al., 2015). The endometrial immune profile was also studied in patients with RIF (Ledee et al., 2016; Mariee et al., 2012). While there' s much investigation into the biological plausibility of an immunological aetiology in RIF, there is limited evidence to justify translation to clinical practice.

No immunological biomarkers have been definitively documented to cause recurrent pregnancy loss. There is quite strong evidence that presence of some autoantibodies (anticardiolipin antibodies and antithyroid antibodies) negatively affects the future live birth rate in women with or without RPL. (Nielsen and Christiansen, 2005, Thangaratinam et al., 2011). Nevertheless, the impact of other autoantibodies such as antinuclear antibodies is more controversial. At the same time, there is no sufficient documentation for the impact of natural killer abnormalities and cytokine abnormalities in the blood or endometrium in recurrent pregnancy loss. It is therefore questionable to select patients to specific treatments due to the presence or absence of specific immune biomarkers outside clinical trials.

In the overwhelming number of trials testing other treatment options: lymphocyte immunization, intravenous immunoglobulin infusions, prednisone etc. patients were not selected due to the presence of specific immune factors. A few trials have tested intravenous immunoglobulin in women with RPL with various autoantibodies or NK cell aberrations (Stricker and Winger, 2005) or NK cell/cytokine aberrations (Winger and Reed, 2008, Moraru et al., 2012) but these trials are only of moderate/low quality, primarily because they were not placebo-controlled and thus not blinded.

Serological or endometrial immune testing in these patients should be limited to research settings. More clinical studies are needed to demonstrate the efficacy of immunomodulation strategies. Despite numerous data underlying the role of immunotolerance abnormalities in the pathogenesis of recurrent miscarriage and implantation failure, further studies are required to clarify the efficacy and safety of immunomodulation strategies.

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### Long term health in children born after assisted reproductive technologies ( PGT-A included )

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自 1978 年首位試管寶寶 Louise Brown 的誕生至今，人工生殖技術已在全球蓬勃發展，幫助了許多不孕患者成功懷孕且活產生下寶寶；又隨著降低胚胎植入顆數的理念推動，已經漸漸減少了多胞胎率以及其相關的早產風險和不良周產期預後的現象。許多文獻統計都顯示，單胞胎活產的試管胎兒與自然懷孕出生的胎兒，在周產期的預後有些許差異，例如：新鮮週期植入出生的試管寶寶相較於自然受孕，有較高的早產、SGA (small for gestational age) 及出生低體重(LBW, low birth weight) 的風險；而冷凍胚胎植入則有較高的 LGA (large for gestational age) 及子癲前症的風險。然而周產期相關風險的增加可能與患者不孕症本身的因素及人工生殖技術皆有關連性。

目前對試管嬰兒在幼兒及學齡等中長期預後的文獻探討仍有限，整體而言，認為神經心智健康的發展問題，可能是與多胞胎的因素較相關。如果是單胞胎的試管寶寶，在未來的神經發育(包括認知學習力、語言與社交行為的發展上)，或是自閉症類群障礙(Autism Spectrum Disorder, ASD)、注意力不足過動症(Attention deficit and hyperkinetic disorders, ADHD) 及腦性麻痺的發生率，都與自然懷孕的兒童沒有差別。另外少數的論文發現，試管出生的孩童可能有潛在高血壓、心血管問題及代謝異常的風險，但仍需更多大型審慎的研究資料統整予以檢視。

最後，胚胎著床前染色體檢測(Preimplantation Genetic Testing, PGT) 透過胚胎切片技術(cleavage stage or blastocyst stage embryo biopsy) 可篩檢出染色體正常的胚胎，但是胚胎切片是侵入性的檢查，其安全性及對出生子代長期的影響，在目前有限的報告普遍認為，其出生狀況、生長發育追蹤至 5-9 年，都與自然受孕或無切片的試管嬰兒預後是差不多的，未來也需要更長期的報告來持續追蹤。

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## Mosaic Trisomy at Prenatal Diagnosis

### 產前診斷鑲嵌性三染色體異常

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1. 人類對於 mosaic trisomy at prenatal diagnosis 的經驗有限，而且很少有機會去認識這些胎兒成長的過程。所以會害怕。
2. 我們產前檢查的問題是這樣子的胎兒可以生嗎？生下來若有問題怎麼辦？
3. 所有 mosaic trisomy 的診斷都有差異：胚胎 vs 胎兒；胎兒 vs 胎盤；胎兒 vs 母血 DNA；胎盤 vs 羊水細胞；培養羊水細胞 vs 未培養羊水細胞；羊水細胞 vs 臍血；臍血 vs 新生兒體細胞；羊水細胞 vs 新生兒體細胞；新生兒體細胞 vs 幼兒兒童體細胞；幼兒體細胞 vs 成年人體細胞。
4. 人類成長從胚胎到成人是一連串複雜又漫長的過程。很少醫師可以在有生之年，完全觀察到。我有幸能看到並觀察到。鑲嵌性胚胎和鑲嵌性胎兒是很厲害的。會在新生兒或是少年成年人時看不出任何蛛絲馬跡。我在醫學文獻革命性證明許多胎兒鑲嵌性染色體異常者。出生後已經完全正常了！這就是說人類從胚胎到胎兒會不斷成長。正常的細胞最後完全超越取代異常細胞。
5. 藉由我所有診斷而生下來所有的 mosaic trisomy at amniocentesis 案例，全部都有產後血液染色體及身體細胞 FISH 驗證，並且長期追蹤。結果所有的案例均正常發展，且細胞檢查正常且全部逆轉。異常細胞終將消失。這證明一件事：胎兒時期的 mosaic trisomy 只是暫時的現象，會隨胎兒成長，出生後成長，最後正常細胞成長較快終將當家作主。所以大家不可以用兒童及成人的 mosaic trisomy 的知識來對待我們的胎兒。那是不公平的，那會導致胎兒被引產。
6. 我的觀察結果及論文是劃時代的，打破產前遺傳諮詢的迷思，修正羊水鑲嵌性染色體異常判斷的理論。我甚至證明有些是假的，是在培養箱創造的，有些高比例異常是被實驗室放大的，如此一來，我可能救全世界許多不幸被如此診斷的小孩子，這些小朋友，有些是別人的長子，或長孫，有些是試管寶寶，有些是超高齡父母的最後一次機會，所以我幫忙他們，讓父母及醫生敢讓他們出生。
7. 但是我也發現 mosaic trisomy at amniocentesis, euploid 的細胞可能併有 maternal UPD，因此對於 mosaic trisomy 6, 7, 11, 14, 15, 16, 20 要特別小心 maternal UPD 6, 7, 11, 14, 15, 16, 20。

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## A new class of oral GnRH antagonists for the treatment of endometriosis and uterine leiomyomas

To advance the development of more effective GnRH analogs for clinical application, feasible cloning of the GnRH receptor and high-throughput screening of small molecules targeting the GnRH receptor have been continuously conducted. Recently, orally bioavailable nonpeptide GnRH receptor antagonists have been developed to improve the compliance of patients using GnRH analogs for clinical treatment. Several orally-active small molecule GnRH antagonists targeting the GnRH receptor have been synthesized by high-throughput screening and biochemical processing. Elagolix, an orally bioactive nonpeptide GnRH receptor antagonist, has been approved by the FDA for the clinical treatment of endometriosis-related pelvic pain. Additionally, elagolix was recently applied for the management of abnormal uterine bleeding related to uterine fibroids. For these estrogen-related diseases, elagolix inhibits gonadotropin and estrogen synthesis in a dose-dependent manner, adjusting serum estrogen concentrations through partial to complete inhibition of estrogen at low to high doses. Data obtained from clinical studies indicate that elagolix inhibits the production of gonadotropins and estrogen as well as ovulation in a dose-dependent manner and decreases average endometrial thickness but does not affect the serum AMH level. Other oral non-peptide GnRH receptor antagonists, including relugolix and linzagolix, are currently in phase III clinical trials for the treatment of hormone-related diseases.

As a newer treatment option, clinicians may be unfamiliar with oral GnRH antagonists and their application in clinical practice. Therefore, to provide a practical guide for use of oral GnRH antagonists based on available evidence and clinical experience is a new class. It is anticipated that with ongoing experience, expertise will continue to develop regarding the best use of oral GnRH antagonists for the management of endometriosis and uterine leiomyomas symptomatology.

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## Strategies of couples with azoospermia

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Around 1 in 7 couples present with infertility, and male factor accounts for up to 50% of these couples. Azoospermia, defined as a complete lack of spermatozoa in the ejaculate, is identified in about 1% among all men and 10~15% of infertile men. Azoospermia can be classified as obstructive azoospermia (OA) and non-obstructive azoospermia (NOA). About 40% of azoospermia cases are OA, which is resulted from mechanical blockage to the male reproductive tract and typically presents normal serum hormone profile, testicular volume and spermatogenesis. On the other hand, the spermatogenesis in NOA cases is impaired, and men with NOA are the most difficult to management. Possible etiologies of NOA include genetic disorders (sexual chromosome abnormalities or Y-chromosome microdeletions), hypogonadotropic hypogonadism, cryptorchidism, testicular torsion, radiation, and chemotherapy. Microdissection testicular sperm extraction (micro-TESE) is the gold standard for surgical sperm retrieval, but a successful pregnancy also requires adequate number of oocytes, reliable protocol of oocyte cryopreservation, meticulous skills of sperm identification and intracytoplasmic sperm injection, and tacit cooperation between gynecologists and urologists. The strategies to achieve these requirements in Taipei Veterans General Hospital will be discussed here.



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## The trend and care pathway for management of stress urinary incontinence

Urinary incontinence is a common problem among women worldwide, resulting in a substantial economic burden and decreased quality of life. The Women's Preventive Services Initiative is the only major organization that recommends annual screening for urinary incontinence in all women despite low to insufficient evidence regarding effectiveness and accuracy of methods. No other major organization endorses screening. Initial evaluation should include determining whether incontinence is transient or chronic; the subtype of incontinence; and identifying any red flag findings that warrant subspecialist referral such as significant pelvic organ prolapse or suspected fistula. Helpful tools during initial evaluation include incontinence screening questionnaires, a three-day voiding diary, the cough stress test, and measurement of post-void residual. Urinalysis should be ordered for all patients. A step-wise approach to treatment is directed at the urinary incontinence subtype, starting with conservative management, escalating to physical devices and medications, and ultimately referring for surgical intervention. Pelvic floor strengthening and lifestyle modifications, including appropriate fluid intake, smoking cessation, and weight loss, are first-line recommendations for all urinary incontinence subtypes. No medications are approved by the U.S. Food and Drug Administration for treatment of stress incontinence. Pharmacologic therapy for urge incontinence includes antimuscarinic medications and mirabegron. Patients with refractory symptoms should be referred for more invasive management such as mechanical devices, injections of bulking agents, onabotulinumtoxin A injections, neuromodulation, sling procedures, or urethropexy.

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## Treatment options for intrinsic sphincter deficiency and recurrent stress urinary incontinence

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Intrinsic sphincter deficiency (ISD) was classified as type III stress urinary incontinence (SUI) by McGuire in the 1970s. The pathogenesis of ISD was damage either to the innervation of the sphincter or to the related structures constituting urethral sphincter mechanism. ISD was usually associated with more severe form of SUI and carried higher risk for surgical failure, making the management challenging. Although the clinical diagnosis of ISD was defined loosely as Valsalva leak point pressure <60 cmH<sub>2</sub>O or a maximal urethral closure pressure <20 cmH<sub>2</sub>O, the consensus is still lacking at present. The non-surgical management included pelvic physiotherapy, prescription medication and bulking agents. The surgical options contain retropubic suspension, various types of suburethral slings and artificial urethral sphincter. As lack of standardized diagnosis and treatment for ISD, well assessing urethral function and urethral mobility might enable physicians to determine ideal management options.

As the trend of aging worldwide, the prevalence of SUI arises. With the increasing volume of surgical treatment for SUI, there is also corresponding increase in case number related to surgical failure. There were many factors contributing to the failure of SUI surgery which can be further divided into pre-operative and intra-operative factors. Surgeon should be familiar with assessment and treatment of these conditions. Management options for previously failed SUI surgery included conservative and/or surgical treatment. The choice of option for recurrent SUI should depend on the etiology of failure, patient's comorbidity, patient's preference and also the physician's experience and competence.

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## Vaginal laser therapy for urinary incontinence and genitourinary syndrome of menopause: A update review

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Laser therapy has gained its popularity in different medical fields for managing various conditions. Recently, the use of vaginal laser in the gynecology field has deemed its attention from the expertise and began to shine through on the treatment of diseases such as genitourinary syndrome of menopause (GSM) and stress urinary incontinence (SUI). One must aware that the use of energy-based devices (EBDS) including laser to perform “vaginal rejuvenation” or vaginal cosmetic procedures was warned by the United States Food and Drug Administration on July 30th, 2018 due to lack of establishment in safety and effectiveness profile. Therefore, we will conduct a series of literature reviews regarding the use of laser in the gynecology field, focusing on GSM and SUI related topics, and other implications.

GSM, which was previously recognized as vulvovaginal atrophy (VVA), is a combination of vaginal symptoms mainly associated with the loss of circulating estrogen in menopause state. It has a great impact on different aspects such as vulvovaginal symptoms, including vaginal pain, dyspareunia, vaginal dryness, itchiness and tissue friability, and urological symptoms, including urinary frequency, urgency, incontinence, recurrent urinary tract infections, and sexual dysfunction. The vaginal laser has just started to gain its attention as it has been postulated to improve symptoms of GSM and served as an alternative non-hormonal treatment option, especially to those patients with estrogen-dependent malignancy as hormonal treatments are contraindicated. The investigations are mainly focusing on two types of laser, CO2 laser, and the erbium: YAG (Er: YAG) laser, as they both demonstrated clinical improvement in symptoms associated with GSM with a relatively safe profile.

Moreover, promising results are observed in the patient present with SUI, which is defined as involuntary loss of urine because of increased intra-abdominal pressure without detrusor contraction. As previously known, diminished collagen content could be observed in the pubocervical fascia of incontinent patients. This further weakens the pelvic floor support

and aggravate the symptoms of SUI. The advantage of applying laser therapy may strengthen the connective tissue by promoting new collagen formation. Improvement of symptom scores and pad weight were seen at 6-12 months of laser therapy in most studies, but deterioration was also observed after 18-36 months, which require repeated treatment.

Finally, there are other researches examined the implications in patients with prolapse, overactive bladder, and lichen sclerosis. By understanding the limitations, risks, and outcomes of laser therapy, the clinicians should evaluate each case carefully before prescribing any treatment. Large multicenter randomized controlled trials should be conducted to provide more robust evidence in the effectiveness and safety profile in the future.

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## Prolapse Repair Using Non-synthetic Material: What is the Current Standard?

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Traditional vaginal repairs have been used for several decades. These repairs are used for bladder prolapse, cystocele, rectocele, enterocele, uterine prolapse, and vaginal prolapse. They are anterior or posterior repair, colporrhaphy, uterosacral or sacrospinous vault suspensions. They are easy to perform and have the advantage of being performed through an entirely vaginal approach. They don't require a long hospital stay and are relatively well tolerated. Patients usually stay 1-3 days in the hospital after surgery. The surgeon treats the prolapse using the patient's own tissue to repair the connective tissue attachments. Although this is a good option for some patients, and it has the highest risk for recurrent prolapse. 20-40 percent of patients may experience return of their prolapse in the future.

Sacrospinous ligament fixation (SSLF) is a commonly used procedure for apical prolapse; however, this leaves patients vulnerable to future cystocele recurrences. Maher et al [1] showed in a Cochrane review that using a mesh as an overlay at the time of anterior vaginal wall repair reduced the risk of recurrent anterior vaginal wall prolapse; however, this was associated with a 10% mesh exposure rate. The high rate of mesh complications, and the poor outcomes in the long term with anterior colporrhaphy, researcher has suggested a modified bilateral pubococcygeus plication (BPCP) as an alternative for correction of cystocele.

In a study comparing outcomes of vaginal hysterectomy and sacrospinous hysteropexy (SSH). SSH shows lower long-term success rates than vaginal hysterectomy, and this could be due to recurrence of prolapse. Recurrence in the anterior vaginal wall after SSH with anterior colporrhaphy (AC) was seen in 2 of 133 patients with bothersome symptoms requiring surgery [2]. In a case series of patients who underwent bilateral sacrospinous ligament fixation (SSF) on the posterior apex with uterine preservation, five of eight patients showed an elongated cervix at 1 year after surgery, with four of the five having a symptomatic bulge [3].

Thus, the presence of the cervix could be a factor in the outcome of uterine preservation in prolapse surgery. Lo et al presented the concomitant anterior and posterior fixation Sacrospinous ligament fixation for hysteropexy which has shown a good outcome. [4].

There are various methods of correcting vaginal prolapse via vaginal approach route, and there is no one right answer when to decide which procedure to perform. Being well informed about the surgical procedures and understanding each of their strengths and weaknesses will enable clinicians to select a suitable treatment depending on each patient's desired outcome.

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## Current status of minimally invasive sacro-colpopexy for pelvic organ prolapse

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中山醫學大學 醫學系

The purpose of this review of the literature is to evaluate the current status of minimally invasive sacral suspension procedures for repair of pelvic organ prolapse (POP) in females. Sacro-colpopexy (SC) is the “gold standard” repair for apical prolapse for those who desire to maintain their sexual function, and minimally invasive approaches offer similar efficacy with fewer risks than open techniques. Till now, the popularity of laparoscopic and robotic technology has significantly impacted the field, converting what would have been a large number of open abdominal SC procedures to a minimally invasive approach in the modern world. Newer techniques such as nerve-sparing dissection at the sacral promontory, use of the iliopectineal ligaments and natural orifice vaginal SC may improve patient outcomes. Prolapse recurrence is consistently noted in at least 10% of patients regardless of route of mesh placement. Ancillary factors including pre-operative prolapse stage, retention of the cervix, type of mesh implant, and genital hiatus (GH) size all adversely affect surgical efficacy, while trainees do not. Minimally invasive apical repair procedures are suited to early recovery after surgery protocols but may not be appropriate for all patients. Recently, studies evaluating longer-term outcomes of robotic SC are needed to understand the relative risk/benefit ratio of this technique. With several emerging robotic platforms with improved features and a focus on decreasing costs, the future of robotics seems bright.

劉蕙瑄

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## Surgical Management for Pelvic Organ Prolapse and Its Impact on Sexual Function

*Hui-Hsuan Lau, MD*

*Department of OBS&GYN, Mackay Memorial Hospital, Taipei, Taiwan*

The first surgical mesh product for use in pelvic organ prolapse (POP) was introduced in 2002. Genital prolapse was considered to be a genital hernia, and the purpose of the mesh was primarily to improve the anatomic cure and prevent the recurrence of POP after only native tissue repair. Since then, mesh products have been widely used and evolved into mesh kits. In 2008, the U.S. Food and Drug Administration (FDA) issued a public health notification regarding the safety, effectiveness, and complications associated with the use of transvaginal mesh (TVM) for the treatment of prolapse.<sup>1</sup> The FDA evaluated the literature for POP surgery using surgical mesh and warned about complications including bladder damage, postoperative lower urinary tract symptoms, mesh erosion, pelvic pain, and dyspareunia.<sup>1</sup> In 2011, the FDA again issued warnings that mesh-related complications were not rare, and reclassified mesh kits as class III high-risk devices in 2016.<sup>1,2</sup> Of these complications, de novo dyspareunia and impaired sexual function are important concerns. Studies regarding sexual function and rates of dyspareunia after TVM repair have reported inconsistent findings. Some studies have reported improved sexual function, whereas others have reported worse or unchanged function.<sup>3</sup> In this talk, we aimed to compare postoperative dyspareunia and sexual function as assessed by valid questionnaires after TVM repair and after native tissue repair.

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**莊斐琪**  
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台灣尿失禁防治協會(TCS)理事

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## Diagnosis and management of nocturia in current clinical practice

*Fei-Chi Chuang M.D.*

*Department of Obstetrics and Gynecology, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University  
College of Medicine, Kaohsiung, Taiwan*

Nocturia is a highly prevalent and morbid condition with significant impact on quality of life. According to the International Continence Society (ICS) 2018 definition, nocturia is characterized by the need to wake up to pass urine during the main sleep period, with each urination followed by sleep or the intention to sleep. Awakening 2 or more times per night to void may be considered a clinically relevant definition.

The pathophysiological mechanisms of nocturia include (1) global polyuria, (2) nocturnal polyuria (NP), (3) diminished bladder capacity, and (4) mixed etiology. Nocturia is often a symptoms of underlying comorbid conditions including hypertension, diabetes mellitus, heart disease, kidney disease, and obstructive sleep apnea. A thorough clinical examination and voiding diary analysis are essential to delineate the underlying mechanism of nocturia.

In this topic, we are going to talk about the physiological mechanisms associated with nocturia, and learn the multidisciplinary approach to effectively diagnosis and management this bothersome condition.

黃淑君

SY47

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中山醫學大學醫學研究所 博士  
臺灣福爾摩沙婦女泌尿醫學會 理事

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## Current management of female overactive bladder and the future perspective

*Soo-Cheen Ng, MD, PhD*

*Department of OBS&GYN, Chung Shan Medical University Hospital, Taichung, Taiwan*

Overactive bladder (OAB) is defined by the International Continence Society (ICS) and International Urogynecological Association (IUGA) as urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence, in the absence of urinary tract infection or other obvious pathology. The prevalence of OAB increases with age and caused substantial economic burden. In Taiwan, recent studies have shown that the prevalence of overactive bladder was around 15%-16% in populations aged 40 years and over. The pathophysiology of OAB might be associated with sex hormone deficiency, urinary microbiota factor, metabolic syndrome, or other lower urinary tract dysfunctions such as myogenic, urotheliogenic, urethrogenic, and autonomic dysfunction. Current treatment for OAB aimed at relieving symptoms and there were few guidelines (AUA/SUFU Guideline Amendment 2019, EAU Guideline;2018, CUA Guideline;2017 etc.).

In my speech, I will summarize the current treatment strategies for OAB including behavior therapy, combination pharmacologic therapy, intravesical onabotulinumtoxin (BoNT-A) injection, peripheral tibial nerve stimulation (PTNS), sacral neuromodulation (SNS) etc. Besides, special considerations and evidence will be emphasized on anticholinergic medication for older, frail women with OAB. Finally, treatments under research for OAB will be present in this speech.



2021.9.25~26 | 台北國際會議中心

# 午餐會報

## 【L】

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## 簡穎秀

L1

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長庚大學醫學院醫學士

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### The role of gene therapy and the evolving landscape of spinal muscular atrophy (SMA)

簡穎秀 醫師  
臺大醫院小兒遺傳科

Gene therapy provides the opportunity to correct the underlying genetic defect by replacing a functional gene and offers therapeutic benefits to patients in need. The introduction of gene therapy makes neurodegenerative diseases that were once considered incurable now increasingly manageable.

Take the historically leading inherited cause of infant mortality, spinal muscular atrophy (SMA), as an example. SMA is an autosomal recessive disease characterized by degeneration of spinal cord motor neurons, leading to atrophy of skeletal muscle and overall weakness. Recently, novel therapies have ultimately change the disease course and showed significant clinical improvement compared with the historical cohort. Moreover, evidence from multiple studies has shown that “time is motor neuron” , which suggests that early therapeutic intervention correlated with a better outcome.

Gene therapy, along with other gene-targeting agents, is changing the treatment landscape of spinal muscular atrophy. Accurate genetic counseling and an appropriate screening approach are imperatives to optimize the management of patients with SMA.

## 陳怡仁 L2

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國立陽明大學臨床醫學研究所 教授

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### Endometriosis: How to improve the integration between surgical and medical therapy

Endometriosis should be viewed as a chronic disease that requires a life-long management plan with the goal of maximizing the use of medical treatment and avoiding repeated surgical procedures. The decision to operate should be balanced against the potential damage upon the ovarian reserve. Pain recurrence after primary endometriosis surgery is common and this can result in repeated surgery. International guidelines now recognize the importance of post-surgical medical therapy to minimize disease recurrence.

Dienogest, the 4th generation progestin, has been proven to provide pain-relief and substantial improvement in endometriosis symptoms with no or minimal lesions detectable in more than 80% of the patients. Treatment with dienogest 2 mg resulted in sustained reduction in endometriosis pain over a total of 15 months in an extension of a 12-week placebo-controlled study. Long-term treatment with dienogest over five years reduced the recurrence of endometriomas after surgery very effectively. Another long-term study with dienogest 2 mg daily over 60 months showed effective reduction of endometriosis-associated pelvic pain and avoidance of pain recurrence after surgery.

This lecture will focus on how to improve the integration between surgical and medical therapy for endometriosis through discussing dienogest evidence as first line treatment or maintenance medical therapy post-surgery to prevent recurrence. With studies over 5 years now, the long-term safety evidence for dienogest will be addressed too. The speaker will also share his clinical experience in managing endometriosis via some case series presentation.

吳珮如

L3

現職：中山醫學大學附設醫院婦產部顯微內視鏡科主任

中山醫學大學附設醫院婦產部主治醫師

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### A pragmatic approach to the management of heavy menstrual bleeding

Heavy menstrual bleeding (HMB), also commonly called menorrhagia, is menstruation at regular cycle intervals but with excessive flow and duration, usually lasting for more than 7 days. HMB is a common cause of anemia in women of reproductive age and has significant negative impact on quality of life.

This lecture will provide a brief overview of the currently available treatment options for HMB and more importantly tailoring treatment options based on both clinical considerations and patient preferences and/or priorities. Through case series presentation, the speaker will share his clinical perspective on identifying the right patients for levonorgestrel-releasing intrauterine device as an effective treatment option for HMB that preserves fertility and provides contraception.



## 李中遠

L4

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嘉義長庚科技大學護理系兼任講師

台灣周產期專科醫學會醫師

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### Tdap in maternal immunization: the new approved safety indication in Taiwan

Maternal Tdap vaccination helps protect infants. Newborn babies are at the greatest risk for developing pertussis and its life-threatening complications. Tdap vaccination during pregnancy is safe and helps protect babies from pertussis for several months after birth. This is important because babies younger than 6 months of age are at the risk of window period. As the most valued and trusted source of health information for pregnant women, it's important that ob-gyns, midwives, and other healthcare professionals recommend maternal vaccines to their patients. CDC and a panel of experts who make vaccine recommendations (Advisory Committee on Immunization Practices) have studied the Tdap vaccine recommended for pregnant women. Evidences support the safety and vaccine effectiveness of Tdap vaccine during pregnancy for pregnant women and their babies. The available safety data was thoroughly reviewed before recommending that women get the vaccine during every pregnancy. This lecture will present the supportive evidence of new approved safety indication for maternal immunization.

陳子和

L5

現職：彰化基督教醫院婦產科婦癌科主任

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日本京都大學醫學部產婦人科研究員

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### Vaccination in Women: A Fresh Look at the Evidence

Most vaccination programmes focus on discrete life stages such as childhood, but evidence supports a life-course approach, meaning vaccination given through all phases of life. Although some vaccines create long-term immunity, with others the immunity wanes over time, creating the risk of infectious diseases spreading. Immunity in the absence of vaccination is maintained through frequent exposure to infection throughout one's lifetime, which boosts waning immunity. In post-vaccine world, however, the prevalence of infection declines, resulting in less exposure and boosting. This can potentially lead to epidemic cycles where infection rates fall following vaccination and then rise as immunity wanes. Obstetrician and Gynecologist play important roles in women's whole life. To understand the vaccine effectiveness and benefits could be provided is essential in primary care practice.

**Prof. Georg Griesinger**  
**(Germany)**  
**L6**

- Professor at Lübeck University and Chair at the Department of Gynecological Endocrinology and Reproductive Medicine, University Hospital of Schleswig-Holstein, Lübeck, Germany.
- Member of ESHRE guideline Development Group for Ovarian Stimulation, a past Coordinator of the ESHRE Special Interest Group for Reproductive Endocrinology, and a past member of the ESHRE Executive Committee.
- Section Editor for Reproductive Biomedicine Online, previous Associate Editor for Human Reproduction, Fertility and Sterility, and the British Journal of Obstetrics and Gynaecology.

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**Luteal phase support in IVF: Have we got it right yet?**

Oral dydrogesterone has been used for luteal phase support (LPS) on an empirical basis since the early days of in vitro fertilization (IVF) treatment. Systematic comparisons of oral dydrogesterone with vaginal progesterone, so far considered to be the standard of care, started to appear in the middle 2000s. Recently, a phase III trial program on the use of daily 30 mg oral dydrogesterone versus micronized vaginal progesterone (MVP) for LPS in IVF was published (LOTUS trial program). A systematic review, individual participant data (IPD) meta-analysis and aggregate data meta-analysis was subsequently performed. In the meta-analysis of IPD, oral dydrogesterone was associated with a significantly higher chance of ongoing pregnancy at 12 weeks of gestation (odds ratio [OR], 1.32; 95% confidence interval [CI], 1.08 to 1.61;  $P = 0.0075$ ) and live birth (OR, 1.28; 95% CI, 1.04 to 1.57;  $P = 0.0214$ ) compared to MVP. Fetal and maternal safety parameters were similar between the two groups. Given the widespread preference of women for an oral compound, dydrogesterone may well become the new standard for luteal phase support in fresh embryo transfer IVF cycles.

## 盧佳文 L7

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### Weight Management and The Role of GLP-1 RA

Taiwan Health Promotion Administration statistics show one of two Taiwan adults overweight or obese. Many complications link obesity, such as type 2 diabetes, sleep apnoea, gallbladder diseases, osteoarthritis. Specially some gynaecologic abnormalities, abnormal menses, infertility, polycystic ovarian syndrome. Taiwan Medical Association for the Study of Obesity conducted survey showing almost all BMI>24 Taiwanese have intention to lose weight. Weight management is a common question bothering Taiwanese. Life-style change, diet control, exercise are common ways to deal with body weight. Some patients need further treatments. Pharmacotherapy is one of the options.

Very few prescription drugs receive approval for clinical use in obesity management in Taiwan. Liraglutide is one of the two. Liraglutide is Glucagon-like peptide-1(GLP-1) receptor agonist, 97% similarity to natural GLP-1. GLP-1 is secreted by neurons in hindbrain and L-cells of the gut. It is expressed in brain, heart, lung, pancreas, GI tract. The weight management effect comes from brain. Liraglutide is the only GLP-1 RA approved for weight management in Taiwan. Clinical trials show liraglutide is effective and tolerate. Patients achieved significant and sustained weight loss throughout 1-year and 3-year trials.

Weight management is common issue bothering patients. Pharmacotherapy can complement lifestyle therapy but can never be used alone. GLP-1 RA is effective for weight management and indicated product available in Taiwan.

## 劉文雄

### L8

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高雄榮總婦產科 住院總醫師

龍泉榮民醫院婦產科 主治醫師

高雄榮總婦產科 主治醫師

前高雄榮總癌症中心 主任

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### Fighting against HPV with vaccination as the new norm

Human papillomavirus (HPV) is a very common virus that most people get at some time in their lives through sexual activity. HPV infections can lead to certain types of cancer and non-cancer diseases in both men and women. It has been shown that HPV can cause cancers of the cervix, vagina, and vulva in women, anus and genital warts in both women and men.

HPV infection is common among adults. Persistent HPV infection increases with age. The prevalence of HPV in women as we get older. In a US NHANES survey, prevalence rates in adult women are still quite high at about 35% in women over age 50. The prevalence of HPV in adult men was also evaluated in HIM (HPV Infection in Men) study and the prevalence rate of HPV in adult men are even higher than in women across all ages (around 65%) and do not decline with age. In addition, males rarely develop immunity following natural HPV infection and the antibodies acquired from natural HPV infection do not protect against subsequent infection or disease. Both males and females should be protected for HPV related diseases. HPV vaccine has been proven work efficiently against HPV infection and diseases in various anatomic sites in not only young age group but also in adult. Long-term follow up data also proven efficacy for adult population.

Gender Neutral Vaccination (GNV) has always been a goal that WHO and other countries are committed to promoting. As of 2020, 42 countries around the world have listed the co-vaccination of HPV vaccine for boys and girls as a government-funded vaccination program. Nevertheless, Taiwanese men have very low awareness of HPV diseases. Therefore, we are committed to raising the diseases awareness among men and jointly safeguarding the health of men and women in Taiwan!

## 施景中

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### High-Risk Pregnancies: Risk Factors, Prevention, and Management

高危險妊娠是指在妊娠期間，母親和胎兒有潛在的危險，導致胎兒或母體的健康甚至生命安全受到影響，也可能因此發生不良懷孕結果的狀況。根據目前的統計結果顯示，高危險妊娠佔所有懷孕比例約 15-20%，因素可能與母體本身有關，包含疾病史，年齡，體重，生活型態等等。也可能來自妊娠因子，包含多胞胎，胎兒異常，妊娠高壓，妊娠毒血，妊娠糖尿病，胎盤異常，早產，等等的因子。

藉由定期產檢，早期與中期判別高危險妊娠因子並加以掌握是必要的；因應高齡化生產與少子化的趨勢，政府也擬將增加補助未來產檢次數與檢測項目。經過多年醫界與學會的努力，高危險妊娠門診的建立，國內周產期照護網絡也逐漸完善，進一步減少了高危險妊娠可能帶來的不良生產結果。再者，已於民國 105 年實施至今的「生產事故救濟條例」，除了協助醫療人員精實通報與建立完整救濟制度以外，更保護醫療人員，減少因生產事故產生的各種糾紛。

在高危險妊娠的照護的過程裡，早產及產後出血是常見永久性傷害的其中原因，不管是對胎兒或母親。國內的早產率約佔 10%，而產後出血則是國內孕婦死亡或重大傷害的主因之一，兩者都對母胎本身健康或者是社會帶來許多醫療成本支出。無論是產婦與家人對高危險妊娠有足夠的認知，或者是醫療人員對於早產及產後出血即早一步預防，掌握與處置的訓練，都能夠大幅減少懷孕過程中的風險傷害還有衝擊，對於國內母胎安全與生育品質的提升，將有長足的影響是值得重視的議題。



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# 口 頭 報 告

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## ◆ 9月25-26日(日)

OE：內視鏡

OC：婦癌

OO：產科

OF：生殖內分泌

OG：一般婦科

OU：婦女泌尿

V：影片展示



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OE02	達文西機械手臂輔助肌瘤切除術與腹腔鏡子宮肌瘤切除術之回溯性比較 Comparison of Robotic and Laparoscopic Myomectomy: A Retrospective Study  張路得 <sup>1</sup> 王毓淇 <sup>2</sup> 溫國璋 <sup>1,3</sup> 賴鴻政 <sup>1,3</sup> 雙和醫院婦產部 <sup>1</sup> 三軍總醫院婦產部 <sup>2</sup> 台北醫學大學婦產學科 <sup>3</sup>
臨時稿件編號：0314	
論文發表方式：口頭報告	Objective Uterine myoma was a common benign gynecological disease, and the woman suffered from the symptoms with menorrhagia, urinary frequency, infertility, compression symptoms. Myomectomy is the only choice for fertility preservation in reproductive age, and minimally invasive surgery is the main trend in these decades. In past literature comparing robotic and laparoscopic myomectomy, the reports showed that the operative time of robotic myomectomy is longer than laparoscopic myomectomy, and the short clinical outcome is similar. We accumulated 117 cases of laparoscopic myomectomy and 122 cases of robotic myomectomy since the institution imported a robotic platform in 2014. We find different results than the previous review. In addition, we classified the myoma type by FIGO classification now, but the classification lacks the association with clinical outcome. We presume to modify a new myoma score that correlated with myoma characteristics and clinical outcome. Method A retrospective study of 239 cases performed robotic myomectomy 122cases and laparoscopic myomectomy 117 cases from January 2014 and December 2019 in Shuang-Ho Hospital. Robotic surgery was performed using the da Vinci S system (Intuitive Surgical, Inc., Sunnyvale, CA). Data included age, BMI, myoma characteristics (size, type, location, number, weight), pathologic finding, operative time, docking time, console time, blood loss, complications, and hospitalization length. The data were analyzed using R statistical software version 4.02. Results Patients with infertility symptom performed more in robotic-assisted myomectomy with a statistically significant difference. Myoma number mean 2.0 in LM and mean 3.2 in RM (P < 0.05), the intramural type was dominant in RM (38% in LM, 62% in RM), and posterior wall myoma(39.1% in LM, 60.9% in RM), cervical myoma( 0% in LM, 100 % in RM)was also dominant in RM. Myoma number, type, location were the statistically significant difference, and size and pathology were not statistically significant. There was a statistically significant difference in surgical time (184.7 vs. 163.2 mins), blood loss, and no significant difference in hospital day. The multivariate linear regression revealed that the robotic approach, myoma number, and myoma size are significant associated with operation time. Conclusion The surgeon chooses the robotic myomectomy in the case of infertility concern, multiple myomas, intramural type myoma, posterior myoma, and cervical myoma. Robotic myomectomy's operative time is shorter than laparoscopic myomectomy, and the robotic approach is an important factor associated with operative time in multivariate linear regression. Robotic platforms tend to perform the more complicated myomectomy with shorter operative time.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OE03	門診子宮鏡子宮內膜息肉切除：使用電燒與否之復發率 Recurrence of endometrial polyps after office hysteroscopic polypectomy by mechanical or electrosurgical resection  吳凱筠 <sup>1</sup> 翁瑄 <sup>1</sup> 林玉珊 <sup>1</sup> 王錦榮 <sup>1</sup> 趙安琪 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup>
臨時稿件編號：0332	
論文發表方式：口頭報告	Endometrial polyp recurrence is defined as the growth of an endometrial polyp(s) at the same location it was resected during the previous hysteroscopic manipulation; determined by either subsequent ultrasonography or hysteroscopy at a later time period.  Objective: To compare the recurrence rate of endometrial polyps after office hysteroscopic polypectomy by mechanical or electrosurgical resection.  Study Design: This was a retrospective study that took place at a tertiary hospital from October 2018 to May 2020. A total of 271 patients were enrolled.  Interventions: Hysteroscopy with a 2.8-mm optic and a 3.9- x 5.9-mm sheathed operative hysteroscope, without local anesthesia. The diagnostic evaluation was followed by polyp resection, by either mechanical or electrosurgical instrumentation.  Measurements: Primary Outcome: Effectiveness, operation time Secondary Outcome: Recurrence  Results: Amongst the 271 patients enrolled, 230 patients underwent mechanical resection, while 38 patients underwent electrosurgical resection of endometrial polyps. Of the patients who received mechanical resection, 20 (8.69%) were found with polyp recurrence by either ultrasonography or hysteroscopy. Those who received electrosurgical resection, 3 (7.89%) were found with polyp recurrence.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OE04	腹腔鏡乾箱環境下，以摺紙作為基礎手眼協調訓練及評量的信度、效度研究 Developing an Origami Box-folding Exercise and an Objective Structured Assessment of Technical Skills Tool for Comprehensively Enhancing and Evaluating the Ability of Laparoscopic Hand-eye Coordination in a Dry Box Environment  郭信宏 <sup>1</sup> 林偉力 <sup>1</sup> 李奇龍 <sup>1</sup> 黃寬仁 <sup>1</sup> 顏志峰 <sup>1</sup> 王錦榮 <sup>1</sup> 吳凱筠 <sup>1</sup> 周宏學 <sup>1</sup> 謝明儒 <sup>2</sup> 盧佳序 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup> 林口長庚醫院外科部 <sup>2</sup>
臨時稿件編號：0236	
論文發表方式：口頭報告	Background: The origami box-folding exercise trains abilities as “tight or loose grab in a single instrument”, “ambidexterity between two hands”, “using the grasp to open space”, “how to rotate the target tissue”, “control the power to hold the paper” and “keep the integrity of the tissue”. (https://reurl.cc/m9axpl, video narration 5:39-8:37) In our experience, the training is optimized for building comprehensive levels of hand-eye coordination. The exercise is measured in a format of objective structured assessment of technical skills (OSATS), a validated assessment tool evaluates not only the procedures through a procedure-specific checklist (PSC) but also the global operative score through a global rating scale (GRS).  Objective: This study aimed to develop a standardized origami box-folding exercise and the associated verified OSATS tool.  Study Design: IRB was approved by Chang Gung Medical Foundation Institutional Review Board, Project No.20190017181. Two groups were compared. Experienced group included 17 participants (level from 2nd -year resident to attending physicians) from the pre-congress workshop of Taiwan Association for Minimally Invasive Gynecology in 2019; whereas non-experienced group recruited 20 4th -year medical students from a laparoscopic workshop curriculum at Chang Gung University in 2020. In the workshop, an only one trainer demonstrated the origami exercise firstly. A paper was fold in the shape of the instructed paper-box, unfolded and placed inside a box simulator by hands. Then the paper-box was refolded by laparoscopic instruments under direct visualization. (https://reurl.cc/m9axpl) All 37 participants shadow the procedures with a time limit of 5 minutes. All the exercises were video-recorded and scored by two experienced evaluators based on the OSATS tool. The exclusion criterion was the failure of video-recording. Statistics was calculated SPSS, Windows version 25 (SPSS Inc., Chicago, IL).  Result: One trainee in experienced group was excluded due to collapse of the video. Data from 36 participant was analyzed. In reliability, Kuder-Richardson Formula 20 in PSC was 0.928 and Cronbach's alpha in GRS was 0.925. Pearson Correlation between PSC and GRS was 0.871; whereas Intraclass Correlation between two raters in PSC and GRS was 0.984 and 0.941, respectively. The overall correlation coefficient was 0.979. As for Factor Analysis, Kaiser-Meyer-Olkin resulted in 0.883; p-value in Bartlett's test was  Conclusion: Origami box-folding exercise eases to prepare and enhance advanced laparoscopic hand-eye ability. The OSATS tool has high reliability and validity. The kit is developed for comprehensive assessment and educational feedback of trainees.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OE07	子宮肌瘤或子宮肌腺症於海扶治療後的手術介入 Surgical interventions for patients with uterine myomas or adenomyosis after HIFU treatments  張至婷 <sup>1</sup> 莊蕙瑜 <sup>1</sup> 林冠伶 <sup>2</sup> 龍震宇 <sup>1</sup> 鄧丞傑 <sup>3,4,1</sup> 高雄醫學大學附設中和紀念醫院 <sup>1</sup> 高雄市立大同醫院（委託高醫經營） <sup>2</sup> 台北秀傳醫院 <sup>3</sup> 彰化秀傳醫院 <sup>4</sup>
臨時稿件編號：0053	
論文發表方式：口頭報告	Objective We aimed to investigate surgical intervention rate and the clinical characteristic of the patients who underwent surgery after high intensity focused ultrasound (HIFU).  Methods From April 2015 to April 2020, a total of 700 patients with leiomyomas and adenomyosis were included for treatment using HIFU at Kaohsiung Medical University Hospital. Patients who underwent an operative procedure, including hysterectomy or myomectomy, after HIFU were included. We investigated the reason for surgical intervention. Total treatment time, sonication time, average sonication power, and adverse reaction during treatment were recorded. Volume change of uterus and leiomyoma were calculated with MRI and compared before and 3 months after treatment. The evaluation of symptoms improvement was based on the clinical visit, symptom severity scores, and Uterine Fibroid Symptom and Quality of Life questionnaires. If the operative procedure was done at Kaohsiung Medical University Hospital, the weight of the mass, and the histopathologic findings were assessed.  Results After follow-up time of 6-60 months, a total of 35 patients had undergone an operative procedure after HIFU and were analyzed. Eleven patients underwent hysterectomy, and 23 patients underwent myomectomy. Four patients had open method myomectomy, 6 underwent laparoscopic myomectomy, and 13 underwent planned hysteroscopic myomectomy. Unplanned re-intervention rate was 3%, and planned surgical intervention rate was 1.8%. Off all patients underwent surgical intervention, 29 were uterine fibroids, and 6 were adenomyosis. The reasons for surgery were an increase in the size of leiomyoma, persistent symptoms, or FIGO type 0-2 submucous myoma after HIFU. The volume of uterus, leiomyomas, and adenomyotic lesion decreased by 26.3%, 24.3%, 46.2% respectively 3 months after treatment. One patient was found to have endometrial cancer incidentally by the hysteroscopy, and staging surgery was performed. One patient who had undergone hysterectomy came out to be leiomyosarcoma. The median interval between HIFU and surgery was 13.8 months.  Conclusions: The surgical intervention rate after HIFU treatment for uterine myoma or adenomyosis is comparable with those after laparoscopic myomectomy. The possibility of malignancy should always be alerted for increasing size of leiomyoma after HIFU ablation. For difficult treated HIFU cases, preoperative counselling about the necessary of two sessions of HIFU surgery or combined treatment is needed.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC01 臨時稿件編號：0203	婦科惡性腫瘤與靜脈血栓發生之臨床特徵分析:台大醫院研究 Clinical characteristics associated with venous thromboembolism in gynecologic malignancies: analyses in National Taiwan University Hospital  陳瑋 <sup>1</sup> 陳宇立 <sup>1</sup> 鄭文芳 <sup>1</sup> 賴序伶 <sup>2</sup> 台大醫院婦產部 <sup>1</sup> 台大醫院新竹分院婦產部 <sup>2</sup>
論文發表方式：口頭報告	Background: Patients with gynecological malignancy have high risk of venous thromboembolism (VTE), with a reported incidence up to 25%. Patients and methods: This study from January 2009 to December 2019 was designed to retrospectively evaluate the clinical features of VTE events, including patient characteristics, disease histology, FIGO stage, VTE types and occurring timing in patients with gynecological malignancies. Those with incomplete records were excluded. Results: A total of 189 cases were included, including 68 patients with uterine cancer (36%), 87 with ovarian cancer (46%), 28 with cervical cancer (14.8%), and 6 (3.2%) having concurrent ovarian cancer and endometrial cancer. Of all uterine cancers, endometrioid endometrial cancer patients took the largest proportion of 55.9%, while clear cell carcinoma exceeded other subtypes with 47.1% of VTE events in all ovarian cancers. Squamous cell carcinoma accounted for 64.3% of all cervical cancer patients developing VTE. Uterine cancer and cervical cancer patients presented half in early stages (stage 1/2) and half in advanced stages (stage 3/4). One-third (33.3%) ovarian cancer patients developed VTE in early stages. Ovarian cancer patients, especially those with clear cell carcinoma, had the highest percentage (51.2%) of suffering from more than two thromboembolic events. 39.1% of ovarian cancer patients were diagnosed with VTE before the beginning of disease treatment. Most patients had VTE after the completion of primary treatment, with 66.7% of endometrial cancer, 51.7% of ovarian cancer, and 92.9% of cervical cancer patients. Conclusion: Patients with endometrioid adenocarcinoma of endometrium, clear cell subtype of ovarian cancer, and squamous cell carcinoma of uterine cervix had great risk of VTE events. Gynecologic oncologists need to pay more attention for the signs of VTE in the post-treatment follow-up.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC02 臨時稿件編號：0331	臨床、影像及手術因子與黏液性卵巢腫瘤的惡性度之相關性 Clinical, Image and Surgical Factors Associated with Malignancy in Early stage Mucinous Ovarian Tumor  黃冠閔 <sup>1</sup> 台北榮民總醫院 <sup>1</sup>
論文發表方式：口頭報告	Objective: Clinical diagnosis of ovarian tumor by tumor marker and image study have unreliable diagnostic accuracy. Intra-operative frozen section remained a reliable diagnostic tool. Mucinous ovarian tumor have lower diagnostic accuracy compare to other type. Thus we aim to determine if there were clinical, image or surgical characteristics which can differentiate ovarian mucinous tumor  Methods: Total of 215 cases of mucinous ovarian tumor was obtained from Taipei Veteran General Hospital. Clinical, image and surgical factor were collected from electronic medical records. Factors associated with malignancy are calculated with chi-squared test or Fisher's exact test. Sensitivity, specificity, and diagnostic accuracy of frozen section diagnosis was calculated, and determination of factors associated with upgrading of frozen pathology was also analyzed.  Results: The sensitivity and specificity of frozen section diagnosis were 95.5% and 69.2% respectively for benign mucinous ovary tumor, 52.4% and 89.2% respectively for borderline mucinous ovary tumor, and 50% and 100% respectively for stage I malignant mucinous ovary tumor. No body weight loss, smaller tumor size, absence of solid part on image study, absence of gross solid part, absence of ascites, and no elevation of tumor marker CEA, CA-199 and CA-125 are associated to benign mucinous tumor. Presence of solid part on image study might be the only factor that is associated with upgrading in frozen section of ovary mucinous tumor.  Conclusions: Significantly more patient with malignant mucinous tumor had body weight loss. Benign tumor had smaller tumor size, and absence of solid part on image study. Presence of ascites and gross solid part are higher in proportion for borderline and malignant tumor. Tumor markers including CA-125, CA-199 and CEA all have diagnostic value for mucinous ovarian tumor. Presence of solid part on image study might be associated with upgrading in frozen section of mucinous tumor.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC03 臨時稿件編號：0019	高危險子宮內膜癌婦女之存活預測因子及三明治化放療和同步化放療的比較 Predictors of survival in women with high-risk endometrial cancer and comparisons of sandwich versus concurrent adjuvant chemotherapy and radiotherapy  陳惠華 <sup>1</sup> 蕭聖謀 <sup>1</sup> 亞東紀念醫院 <sup>1</sup>
論文發表方式：口頭報告	Background: To elucidate the predictors of progression-free survival (PFS) and overall survival (OS) in high-risk endometrial cancer patients. Methods and Results: The medical records of all consecutive women with high-risk endometrial cancer were reviewed. Among 92 high-risk endometrial cancer patients, 30 women experienced recurrence, and 21 women died. The 5-year PFS and OS probabilities were 65.3% and 75.9%, respectively. Multivariable Cox regression revealed that body mass index (hazard ratio (HR) = 1.11), paraaortic lymph node metastasis (HR = 11.11), lymphovascular space invasion (HR = 5.61), and sandwich chemoradiotherapy (HR = 0.15) were independently predictors of PFS. Body mass index (HR = 1.31), paraaortic lymph node metastasis (HR = 32.74), non-endometrioid cell type (HR = 11.31), and sandwich chemoradiotherapy (HR = 0.07) were independently predictors of OS. Among 51 women who underwent sandwich (n = 35) or concurrent (n = 16) chemoradiotherapy, the use of sandwich chemoradiotherapy were associated with better PFS (adjusted HR = 0.26, 95% CI = 0.08–0.87, p = 0.03) and OS (adjusted HR = 0.11, 95% CI = 0.02–0.71, p = 0.02) compared with concurrent chemoradiotherapy. Conclusion: Compared with concurrent chemoradiotherapy, sandwich chemoradiotherapy was associated with better PFS and OS in high-risk endometrial cancer patients. In addition, high body mass index, paraaortic lymph node metastasis, and non-endometrioid cell type were also predictors of poor OS in high-risk endometrial cancer patients.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC05 臨時稿件編號：0179	比較劑量密集化療與腹腔內化療於晚期卵巢癌之治療成效 Comparisons of Clinical Outcomes in Women with Advanced Ovarian Cancer Treated with Frontline Intraperitoneal versus Dose-dense Platinum/Paclitaxel Chemotherapy without Bevacizumab  陳彥樺 <sup>1</sup> 蕭吉晃 <sup>2</sup> 陳惠華 <sup>1</sup> 魏銘洲 <sup>1</sup> 林鶴雄 <sup>1,3</sup> 蕭聖謀 <sup>1,4</sup> 亞東紀念醫院婦產部 <sup>1</sup> 亞東紀念醫院血液腫瘤部 <sup>2</sup> 國立臺灣大學醫學院附設醫院婦產部 <sup>3</sup> 元智大學生物技術與工程研究所 <sup>4</sup>
論文發表方式：口頭報告	Background: We aimed to compare the clinical outcomes between intraperitoneal chemotherapy and dose-dense chemotherapy for the frontline treatment of advanced ovarian, fallopian tube and primary peritoneal cancer in women not receiving bevacizumab.  Methods: All consecutive women with stageII~IV cancer treated with either frontline intraperitoneal or dose-dense platinum/paclitaxel chemotherapy and not receiving bevacizumab between March 2006 and June 2019 were reviewed.  Results: A total of 50 women (intraperitoneal group, n = 22; dose-dense group, n = 28) were reviewed. Median progression-free survival (32.6 months versus 14.2 months; adjusted hazard ratio = 0.38; 95% CI = 0.16 to 0.90, p = 0.03) and overall survival (not reached versus 30.7 months; adjusted hazard ratio = 0.23, 95%CI = 0.07 to 0.79, p = 0.02) were significantly higher in the intraperitoneal group than in the dose-dense group. A multivariable Cox proportional-hazards model also indicated that the number of frontline chemotherapy cycles (adjusted hazard ratio = 0.66, 95% CI 0.47 to 0.94, p = 0.02) was a predictor of better overall survival. Nausea/vomiting and nephrotoxicity occurred more frequently in the intraperitoneal group (p = 0.02 and <0.0001, respectively).  Conclusions: Intraperitoneal chemotherapy seems to be superior in progression free survival and overall survival to dose-dense chemotherapy in the frontline treatment of women with optimally resected advanced ovarian, fallopian tube or primary peritoneal cancer and not receiving bevacizumab.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC07	女性非胃原發性之腸胃道基質瘤預後因子 Factors Affecting Clinical Outcomes in Women with Non-gastric Gastrointestinal Stromal Tumors  董玗瑄 <sup>1</sup> 亞東醫院婦產部 <sup>1</sup>
臨時稿件編號：0007	
論文發表方式：口頭報告	Objective: The clinical presentation of non-gastric GISTs might mimic adnexal cancer, and non-gastric GIST might be managed and treated by gynecologists. Knowledge of the clinical outcomes of women with non-gastric gastrointestinal stromal tumors (GISTs) is important. Our aim is to elucidate the factors affecting the clinical outcomes of women with non-gastric GISTs.  Materials and methods: Between January 2000 and October 2019, all consecutive women with non-gastric GISTs who underwent surgery in a tertiary referral center were reviewed.  Results: Twenty-six women were reviewed. Eight (31%) women experienced recurrence. The probabilities of recurrence-free survival (RFS) at 60 and 120 months were 65.2% and 55.9%, respectively. The probabilities of overall survival (OS) at 60 and 120 months were 71.1% and 63.9%, respectively. Cancer stage was the only independent predictor of RFS (hazard ratio=6.00, p=0.007) and OS (hazard ratio=3.88, p=0.04). However, excluding cancer stage, metastasis (hazard ratio=8.74) was the only independent predictor of RFS, and tumor size (hazard ratio=1.20) and metastasis (hazard ratio=6.03) were independent predictors of OS. Tumor size ≥13.9 cm was the optimum cut-off value to predict death and had an area under the receiver operating characteristic curve of 0.75 (95% confidence interval=0.53 to 0.98). Among the above 5 women with non-gastric GISTs admitted to the Gynecology Department, optimal debulking surgery was performed in two women, and small bowel resection was performed in three women; and all five women remained alive without disease.  Conclusion: Non-gastric GISTs may mimic gynecologic tumors. Metastasis was an independent predictor of PFS. In addition, metastasis and large tumor size (especially ≥13.9 cm) were independent predictors of OS in women with non-gastric GISTs.  Keywords: Gastrointestinal Stromal Tumors; Risk Factors; Survival; Women; Ovarian Neoplasm
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC08	早期子宮內膜癌的生物指標之潛力實證 Pilot study on biomarkers for screening endometrial hyperplasia and early-stage endometrioid cancer  林偉力 <sup>1</sup> 鄭兆珉 <sup>2</sup> 張廷彰 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup> 國立清華大學生物醫學工程研究所 <sup>2</sup>
臨時稿件編號：0115	
論文發表方式：口頭報告	Pilot study on biomarkers for screening endometrial hyperplasia and early-stage endometrioid cancer Author: Wei-Li Lin, Chao-Min Cheng, Ting-Chang Chang  Introduction Endometrial cancer is the most common malignancy of the female reproductive system in developed countries including Taiwan. Ways to screen precancerous endometrial lesion and early-stage endometrial cancer are mandatory. We performed proteomics study on endometrioid endometrial cancer and proteinase-3 (PRTN-3) showed significant expression in cancerous tissue compared with normal endometrial tissue. High expression of vascular endothelial growth factor (VEGF) and interleukin-6 (IL-6) was noted through literature review. We then conducted a pilot study to check if these are effective markers in vaginal discharge for the detection of early-stage endometrial cancer and its precancerous lesion.  Patients and Methods After granted by institutional IRB, vaginal discharge samples of 133 patients between 2015 and 2017 at Linkou Chang Gung Memorial Hospital were collected. Study subjects were those (1) with known endometrial lesions, which including any type of endometrial hyperplasia and any stage of endometrioid carcinoma of the endometrium, (2) with symptoms/signs of endometrial hyperplasia or endometrial cancer, including abnormal uterine bleeding with thick endometrial stripe or medically uncontrollable uterine bleeding, as study group. Patients with benign uterine/ovarian tumors were invited as the control group. The sample was collected using a designed cotton swab by study physician and was stored in -70C until ELISA analysis.  Results Statistically significant elevation of IL-6 titer and VEGF titer but not PRTN-3 among endometrial cancer patients, compared with those with normal uterus or with benign tumors, were noted (Figure 1). No significant differences were observed for PR-3 level within the groups. Algorithm for endometrial hyperplasia and endometrial cancer screening is established accordingly.  Conclusion This study represents the first evaluation of IL-6, PR-3 and VEGF level extracting from vaginal fluid as potential markers in screening for endometrial cancer. As a noninvasive measure, further validation study is needed.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC09	子宮頸小細胞癌之臨床特性與基因分析 Clinical characteristics and genomic study of Small cell carcinoma of uterine cervix  張宸郁 <sup>1</sup> 張廷彰 <sup>2</sup> 林口長庚醫院婦產部 <sup>1</sup> 林口長庚醫院婦產部婦癌科 <sup>2</sup>
臨時稿件編號：0352	
論文發表方式：口頭報告	As we known, patients with small cell carcinoma of uterine cervix is rare and have a poor prognosis. Their course characterized by the development of widespread hematogenous metastases and loco-regional recurrence outside irradiated fields. In recent studies, genetic alterations involving the MAPK, PI3K/AKT/mTOR, and TP53/BRCA pathways were identified and those alterations became promising target of precise medical treatment. We analysed 21 patients in our hospital with small cell carcinoma of uterine cervix via genomic study and compared with clinical characteristics. The relations of genomic alterations and clinical outcomes may suggest novel treatment or paradigm shift of this cancer.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OC10	早期子宮內癌患者在微創手術與傳統手術之存活率 Outcome of early staged uterine sarcoma through different surgical procedures  王彥涵 <sup>1</sup> 許恆誠 <sup>1</sup> 陳宇立 <sup>2</sup> 江盈澄 <sup>2</sup> 戴伊柔 <sup>2</sup> 鄭文芳 <sup>2</sup> 台大醫院新竹分院婦產部 <sup>1</sup> 台大醫院婦產部 <sup>2</sup>
臨時稿件編號：0226	
論文發表方式：口頭報告	Background: The aim of this population-based cohort study was to evaluate the impact of minimally invasive surgery versus open method on overall survival (OS) in patients with uterine sarcoma.  Patients and methods: All women newly diagnosed with uterine cancer from 2009 to 2015 in Taiwan were identified from the National Health Insurance Research Database (NHIRD). Six hundred and fifteen patients with early stage (stage I-II) uterine sarcoma, including malignant mixed Müllerian tumor(MMMT), leiomyosarcoma(LMS), low grade and high grade endometrial stromal sarcoma(ESS), who were surgically treated were analyzed. Outcomes were compared between patients treated with laparotomy or minimally invasive surgery (MIS) using secondary data analysis.  Results: After stratification of these 615 patients for age and stage, 130 (27%) patients underwent minimally invasive surgery, and 353 (73%) patients underwent laparotomy. There were no between-group differences in histological type, adjuvant therapy, or follow-up time. The 5-year OS rates were 80% for MIS group and 75% for laparotomy group. Log-rank test showed no difference in OS (P = 0.2542) between the two groups. Multivariate analysis showed that tumor stage(P<0.0001), LMS type(P=0.0003), and patients age(P=0.0005) were significantly associated with OS.  Conclusion: Surgical approach with MIS or laparotomy in early-stage uterine sarcoma showed no statistically significant difference on the 5-year OS of the patients. Stage II disease, LMS type and older age were poor risk factors of outcome of uterine sarcoma patients.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會	
論文摘要	
稿件編號：OC11	復發性卵巢癌患者重複操作減積手術合併腹腔溫熱化學治療的初步報告 Preliminary experience of repeated cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC) in patients with recurrent ovarian cancer
臨時稿件編號：0146	蔡亞瑩 <sup>1</sup> 黃子豪 <sup>2</sup> 王鼎堯 <sup>3</sup> 歐育哲 <sup>1</sup> 李蔚文 <sup>4</sup> 陳兆瑜 <sup>5</sup> 嘉義長庚紀念醫院婦產科 <sup>1</sup> 嘉義長庚紀念醫院一般外科 <sup>2</sup> 嘉義長庚紀念醫院血液腫瘤科 <sup>3</sup> 嘉義長庚紀念醫院放射診斷科 <sup>4</sup> 嘉義長庚紀念醫院婦產科(指導作者) <sup>5</sup>
論文發表方式：口頭報告	Background: Ovarian cancer is a leading cause of cancer-related death among women. In recent years, the incidence of ovarian cancer has increased, and so does the mortality rate of that. The standard therapy of ovarian cancer is debulking surgery, and adjuvant chemotherapy is given in the following treatment. Hyperthermic intraperitoneal chemotherapy (HIPEC) is one of the choices for ovarian cancer after cytoreductive surgery (CRS). Repeated HIPEC is considered if ovarian cancer recurs and completeness of cytoreduction is possible. However, limited data on utility and feasibility has been published regarding recurrence of ovarian cancer treated with repeated CRS/HIPEC, and indications remain unclear. Thus, this study aims to share our preliminary experience about repeated HIPEC and analyze the impact of these procedures. Methods: Twelve CRS/HIPEC procedures, performed in 5 patients during the period 2015-2020, were reviewed retrospectively in a single institution. All the decision making, procedures and perioperative care were performed by the multi-disciplinary teamwork (MDT) for CRS/HIPEC. Results: The FIGO stage of these five patients was from stage Ic to stage IVB. The cell types of ovarian cancer in these patients include three serous cell types, one clear cell type, and one granulosa cell type. The ECOG performance was 0-1. Five patients underwent a second CRS/HIPEC (median interval between the two procedures: 20.4 months, range 9-30). Two patients underwent a third CRS/HIPEC, 12 and 9 months, after the second procedure. The median PCI was 15.2 (range, 4-33) during the first, 3.8 (range, 0-9) during the second, and 14.5 (range, 9-20) during the third CRS/HIPEC of these patients. CC score of 0 (CC-0) was achieved in 40% of first procedures (CC-0; n=2. CC-1; n=1. CC-2; n=1. CC3; n=1), in all second procedures, and in 50% third procedures (CC-0; n=1 and CC-1; n=1). The mean operating time was 291 min (range, 60-390) and 141 min (range, 30-240) during the first and the second procedure. Anti-adhesive agents were used in 5 procedures. Median intensive care unit (ICU) stay was 0.7 days, and hospital stay after the second CRS/HIPEC was 8.2 days (range, 5-13). The mean time of resumption of oral intake was 4.2 days and 3.8 days after the first and the second procedures. There was no 30-day mortality neither after the second nor after the third CRS/HIPEC. Median disease-free interval between first CRS/HIPEC and peritoneal recurrence was 17.2 months (range,3-28). Median disease-free survival of 4 months (range, 1-9) was achieved after the second CRS/HIPEC, and two patients were disease-free after their second procedures. After a median follow-up of 32.2 months (range, 27-37), one patient died of disease (DOD), four patients are alive with disease (n=2) or disease free (n=2) under chemotherapy. Conclusions: Repeated CRS/HIPEC is performed with safety and CC-0 was achieved in 67% of twelve procedures. No profound morbidity or mortality is noted after all procedures. Well patient's selection and experienced MDT care are of particular importance in the feasibility and achieving control of the disease. Repeated CRS/HIPEC could be considered as one of the treatment option for selected patients with recurrent ovarian cancer.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會	
論文摘要	
稿件編號：OC12	結合黃體激素受體、腫瘤細胞分化程度及 CA 125 預測子宮內膜癌的淋巴轉移 Combination of progesterone receptor immunohistochemical staining, histologic grade and CA-125 for prediction of lymph node metastasis in endometrial cancer
臨時稿件編號：0252	蕭宇揚 <sup>1</sup> 林浩 <sup>1</sup> 傅宏鈞 <sup>1,2</sup> 吳貞璇 <sup>1</sup> 歐育哲 <sup>1,2</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup> 嘉義長庚紀念醫院婦產科 <sup>2</sup>
論文發表方式：口頭報告	Objective Previous studies have shown that endometrial cancer loss of estrogen receptor(ER) and/or progesterone receptor (PR) expression is associated with poor outcomes, while highly expressed tumors correlate with a favorable prognosis. In the present study, we attempted to investigate the role of hormone receptor expression and other clinicopathological parameters in predicting lymph node metastasis in endometrial cancer. Methods We conducted this single-center retrospective study of endometrioid-type endometrial cancer patients treated with complete staging surgery between January 2015 and March 2020. We analyzed ER and PR status by immunohistochemical (IHC) staining, and the extent of expression was estimated using the H-scoring system. We attempted to identify optimal cut-off values of H-score and CA-125 using receiver operating characteristic (ROC) curves, combined with other clinicopathological factors for predicting lymph node metastasis. We used the univariate and multivariate logistic regression analyses to identify independent predictors. Results Of the 310 patients evaluated, the optimal cut-off values of ER H-score, PR H-score, and CA-125 were 102.5 (area under the ROC curve [AUC] 0.63, p=0.012), 162.5 (AUC 0.67, p=0.001), and 40 U/mL (AUC 0.739, p<0.001), respectively. Multivariate analysis showed that CA-125 ≥ 40 U/mL (OR: 8.03; 95% CI: 3.44-18.77), PR H-score <162.5 (OR: 5.22; 95% CI: 1.87-14.60) and Grade 2/3 (OR: 3.25; 95% CI: 1.33-7.91) were significant independent variables predicting lymph node metastasis. The combination of these three variables yielded a positive predictive value of 51.5%, and a negative predictive value of 98.4%. Conclusion Our results provide evidence that the use of PR IHC staining combined with tumor grade and CA125 level is helpful to predict lymph node metastasis in patients with endometrioid-type endometrial cancer.
論文歸類：婦癌	Keywords: progesterone receptor, CA-125, endometrial cancer, lymph node metastasis

台灣婦產科醫學會 110 年度年會暨學術研討會	
論文摘要	
稿件編號：OC13	婦癌不能負向預測尋求女性性功能障礙的意願: 結構方程模型分析 Gynecologic cancer not a negative predictor of seeking-help motivation for female sexual dysfunction: Structural Equation Modeling
臨時稿件編號：0051	周吟柔 <sup>1</sup> 悠仁婦兒聯合診所 <sup>1</sup>
論文發表方式：口頭報告	Introduction: Few large-scale studies have focused on the effect of gynecologic cancer compared with other biopsychosocial factors on willingness to seek treatment among women with sexual dysfunction. Aim: To identify predictors of the intention to treat female sexual dysfunction (FSD) among sociodemographic factors, physiologic factors, psychologic factors, gynecologic cancer, and health belief model (HBM). Methods: This study was a cross-sectional, hospital-based survey conducted from October 2013 to September 2019. Participants included healthy women and gynecologic cancer survivors who were aged 20 years or older and had been in a monogamous relationship for at least 12 months. They were enrolled in the gynecologic departments in southern Taiwan. Those who met DSM-5 criteria of sexual dysfunction were analyzed with Structural equation modeling. Results: 448 of 643 women met DSM-5 sexual dysfunction. The mean age was 42.0 years (range: 21.8 to 68.1 years). Fifty-eight percent of women reported sexual treatment intention. Perceived severity, perceived benefits, perceived barriers, cue to action, self-efficacy and university education at least significantly predicted treatment intention. There were no significant differences in treatment intention regarding age and gynecologic cancer. Self-efficacy was the strongest predictor, which directly affected treatment intention (P = .001). Perceived severity was the second strongest predictor, mainly affecting treatment intention indirectly (P = .01). Perceived barriers was the third strongest predictor (P = .001), indirectly and negatively affected treatment intention. Conclusions: Health belief model and education other than gynecologic cancer could be significant predictor of seeking-help motivation for female sexual dysfunction.  Keywords: Female sexual dysfunction, Treatment intention, Health belief model, Structural equation modeling
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會	
論文摘要	
稿件編號：OC15	預測卵巢癌治療效果及預後模型 Ovarian cancer risk score predicts chemo-response and outcome in epithelial ovarian carcinoma patients
臨時稿件編號：0077	魯筱筠 <sup>1</sup> 吳佳穎 <sup>2</sup> 戴依柔 <sup>2</sup> 陳宇立 <sup>2</sup> 江盈澄 <sup>2</sup> 許恆誠 <sup>3</sup> 鄭文芳 <sup>2</sup> 台灣大學分子醫學研究所 <sup>1</sup> 台大醫院婦產部 <sup>2</sup> 台大醫院新竹分院婦產部 <sup>3</sup>
論文發表方式：口頭報告	Objective: Cytoreductive surgery followed by adjuvant chemotherapy is a standard frontline treatment for epithelial ovarian cancer (EOC).We aimed to develop an ovarian cancer risk score (OVRs) based on the expression of 10 ovarian-cancer-related genes to predict the chemoresistance, and outcomes of EOC patients. Methods: We designed a case-control study with total 149 EOC women including 75 chemosensitives and 74 chemoresistants. Gene expression was measured using the quantitative real-time polymerase chain reaction. We tested for correlation between the OVRs and chemosensitivity or chemoresistance, disease-free survival (DFS), and overall survival (OS), and validated the OVRs by analyzing patients from the TCGA database. Results: The chemosensitive group had lower OVRs than the chemoresistant group (5 vs. 15, p<0.001, Mann-Whitney U test). Patients with disease relapse (13 vs. 5, p<0.001, or disease-related death (13.5 vs. 6, p<0.001) had higher OVRs than those without. The median DFS (5 months vs. 29 months) and OS (39 months vs. >60 months) of patients with OVRs ≥9 were significantly shorter than those of patients with OVRs <9). The high OVRs group also had significantly shorter median OS than the low OVRs group in 255 patients in the TCGA database (39 vs. 49 months, p=0.046). Conclusions: Specific genes panel can be clinically applied in predicting the chemoresistance and outcome, and decision-making of epithelial ovarian cancer.
論文歸類：婦癌	



稿件編號：OC16	卵巢癌患者 DNA 損害修復基因體細胞突變之研究 Somatic mutations of DNA damage repair (DDR) genes in patients with epithelial ovarian cancer
臨時稿件編號：0202	江盈澄 <sup>1</sup> 林柏翰 <sup>2</sup> 戴依柔 <sup>1</sup> 許恆誠 <sup>3</sup> 鄭文芳 <sup>1</sup> 陳新安 <sup>1</sup> 臺大醫院婦產部 <sup>1</sup> 臺大醫院基因醫學部 <sup>2</sup> 臺大醫院新竹分院婦產部 <sup>3</sup>
論文發表方式：口頭報告	Introduction: Gene mutations are proved to be associated in epithelial ovarian cancer. The majority of researches focus on BRCA1 / 2 in ovarian serous carcinoma. The incidence of ovarian clear cell carcinoma and endometrioid carcinoma are estimated to be 15% respectively in East Asia, especially in Japan and Taiwan, which is far more prevalent than in the Western countries. However, the somatic gene mutations of DNA damage repair genes in ovarian clear cell carcinoma and endometrioid carcinoma is unclear.
論文歸類：婦癌	Material and Methods: We investigated the somatic mutations of epithelial ovarian cancer patients using a panel containing DNA damage repair genes by next generation sequencing method. Totally 172 epithelial ovarian carcinoma patients, including 69 serous carcinoma, 39 endometrioid carcinoma and 64 clear cell carcinoma, were enrolled.  Results: Totally 78 patients with DDR somatic gene mutations were noted, including 48 (69.6%) in serous carcinoma, 13 (33.3%) in endometrioid carcinoma and 17 (26.6%) in clear cell carcinoma. In 69 serous carcinoma patients, gene mutations were 39 TP53 (56.5%), 4 BRCA2 (5.8%), 4 RAD51C (5.8%), 3 MUTHY (4.3%), 3 ERCC8 (4.3%), 1 BRCA1 (1.4%), 1 BRIP1 (1.4%), 1 FANCG (1.4%), 1 RAD51D (1.4%), 1 MLH3 (1.4%), 1 MSH6 (1.4%), 1 OGG1 (1.4%), 1 XRCC6 (1.4%) and 1 ATM (1.4%). In 39 endometrioid carcinoma, gene mutations were 6 TP53 (15.4%), 5 ATM (12.8%), 3 MSH2 (7.7%), 2 MUTHY (5.1%), 2 MLH3 (5.1%), 2 RAD50 (5.1%), 1 BRCA2 (2.6%), 1 MSH6 (2.6%), 1 FANCC (2.6%), 1 FANCM (2.6%), 1 MRE11 (2.6%), 1 MLH1 (2.6%) and 1 MSH3 (2.6%). In 64 clear cell carcinoma, gene mutations were 6 MUTHY (9.4%), 3 TP53 (4.7%), 2 BRCA2 (3.1%), 2 ERCC8 (3.1%), 1 BRCA1 (1.6%), 1 FANCI (1.6%), 1 RAD50 (1.6%), 1 MLH1 (1.6%), 1 MLH3 (1.6%), 1 MSH6 (1.6%), 1 XRCC4 (1.6%), 1 POLD1 (1.6%), 1 CHEK2 (1.6%) and 1 BARD1 (1.6%). In homologous recombination repair genes, the percentage of somatic mutations was 15.9%, 7.7% and 6.3% for serous, endometrioid and clear cell carcinoma (p=0.154, chi-square test). In mismatch repair genes, the percentage of somatic mutations was 2.9%, 15.4% and 4.7% for serous, endometrioid and clear cell carcinoma respectively (p=0.003, chi-square test). In double strand break repair genes, the percentage of somatic mutations was 17.4%, 7.7% and 6.3% for serous, endometrioid and clear cell carcinoma (p=0.092, chi-square test). In single strand break repair genes, the percentage of somatic mutations was 13.0%, 20.5% and 15.6% for serous, endometrioid and clear cell carcinoma (p=0.591, chi-square test). In cell cycle regulation genes, the percentage of somatic mutations was 58.0%, 23.1% and 6.3% for serous, endometrioid and clear cell carcinoma (p<0.001, chi-square test). In DNA damage repair genes (DDR), the percentage of somatic mutations was 69.6%, 33.3% and 26.6% for serous, endometrioid and clear cell carcinoma (p<0.001, chi-square test). The percentage of DDR somatic mutations in patients with tumor recurrence was higher than those without recurrence (53.9% vs. 32.9% p=0.006, chi-square test). The percentage of DDR somatic mutations in patients with tumor related death was higher than alive patients (59.2% vs. 34.4% p=0.001, chi-square test).  Conclusion: The pattern of somatic gene mutations of DNA damage repair genes differs in the serous, endometrioid and clear cell carcinoma patients. Our findings could provide the basis of precision medicine strategy for ovarian cancer treatment.

稿件編號：OC17	期別 IA2-IIA2 子宮頸癌患者於術中發現骨盆淋巴轉移選擇捨棄或完成根治性全子宮切除術的預後 Outcome of abandoned versus completed radical hysterectomy in stage IA2-IIA2 cervical cancer with positive pelvic lymph nodes found during planned operation
臨時稿件編號：0080	王曼寧 <sup>1</sup> 郭曉莉 <sup>2</sup> 陳子健 <sup>1</sup> 陳裕仁 <sup>3</sup> 吳孟浩 <sup>3</sup> 翁嘉穗 <sup>1</sup> 林鈴 <sup>4</sup> 黃琬珮 <sup>1</sup> 張志隆 <sup>1</sup> 蘇聰賢 <sup>5</sup> 王國恭 <sup>1</sup> 王功亮 <sup>6</sup> 楊育正 <sup>1</sup> 李杰 <sup>3</sup> 陳楨瑞 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 台北馬偕紀念醫院 <sup>2</sup> 台北馬偕紀念醫院放射腫瘤科 <sup>34</sup> 新竹馬偕紀念醫院 <sup>5</sup> 台東馬偕紀念醫院 <sup>6</sup>
論文發表方式：口頭報告	Objectives. Management regarding either to complete or abandon radical hysterectomy in patients with early stage cervical cancer (stage IA1 – IIA2) who are found to have positive lymph nodes during the operation is controversial. The aim of this study was to compare the outcomes of completed vs. abandoned radical hysterectomy with patients with intraoperative diagnosis of nodal metastasis.
論文歸類：婦癌	Methods. A retrospective single center study was performed. Cervical cancer patients diagnosed from 2007 to 2018 at MacKay Memorial Hospital, Taipei, Taiwan, were identified. All patients were scheduled for radical hysterectomy with pelvic lymphadenectomy. Patient's demographics, surgery treatment, clinicopathologic data, progression free survival (PFS), overall survival (OS) were analyzed by student t, Kaplan–Meier, and log rank tests. Significance was defined as a P-value <0.05. Data analyses were performed using SPSS software for Windows (SPSS Inc., Chicago, IL, USA).  Results. This single-institution review assessed 124 patients scheduled to undergo radical hysterectomy that had gross nodal disease diagnosed intraoperatively. 83 (66.9%) underwent radical hysterectomy and lymphadenectomy and 41 (33.1%) underwent aborted radical hysterectomy after lymphadenectomy. When comparing those undergoing radical hysterectomy to aborted radical hysterectomy, we found no significant differences in PFS (113.1 months vs 98.1 months, p = 0.76) or OS (121.8 months vs 84.6 months, p = 0.141).  Conclusion In this study, complete or abandoned hysterectomy demonstrate similar outcomes for early stage cervical cancer. Further analysis is needed to evaluate the independent effect of other clinical factors, such as cell type, number of metastatic lymph nodes, tumor size, on PFS and OS.



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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO01	妊娠相關高血壓性疾患 Hypertensive disorder in pregnancy  陳昱豪 <sup>1</sup> 黃建甯 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0208	
論文發表方式：口頭報告	Background: Hypertensive disorders in pregnancy including chronic hypertension, gestational hypertension, preeclampsia with/without severe features had affect about up to 6% - 10% of all pregnancies. These disorders usually cause morbidity and mortality for pregnant women and fetus. Even after delivery, there are sequelae associated with these morbidities. Methods: We had collect clinical data from 8160 pregnant women including 7415 term pregnancy and 745 preterm pregnancy since January 1 ,2017 to December 31, 2019, who underwent delivery at Taipei Mackay Memorial Hospital. We had collect data of hypertensive disorders in pregnancy and maternal and fetal outcome, such as C/S, PPH, and SGA, etc. Maternal weight and BMI before pregnancy, before delivery, and during pregnancy were also collected. The obtained data were analyzed with SPSS 24.0 software. Results: Of 8160 pregnant women including 7415 term pregnancy and 745 preterm pregnancy, 49 (0.6%) were diagnosed of chronic hypertension, 269 (3.3%) were diagnosed of gestational hypertension, 216 (2.6%) were diagnosed of preeclampsia, and 91(1.1%) were diagnosed of preeclampsia with severe feature. Compared with term pregnancies, the prevalence of hypertensive disorders was higher in preterm pregnancies (15.4 % vs 2.7% , p <0.01). The overall overweight and obesity (BMI>24 Kg/M2) rate were 23.5% before pregnancy and 74.9% before delivery. Higher hypertensive disorder rate were noted in overweight, obesity, higher BMI pregnant women compared with normal and underweight pregnant women. (In chronic hypertension group : 2.1% v.s 0.12%. In gestational hypertension group:6.4 % v.s 1.4%. In preeclampsia group: 6.2% v.s 1.6%, In preeclampsia with severe feature group: 2.8% v.s 0.6%) The rates of SGA, C/S, PPH, preterm delivery were all higher in pregnant women with hypertensive disorder.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO02	探討子癲前症於極低體重早產兒長期神經發展預後之影響 Impact of maternal preeclampsia on the long-term neurodevelopmental outcome of very low birth weight preterm infants  張皓揚 <sup>1</sup> 陳治平 <sup>1</sup> 王國恭 <sup>1</sup> 陳宜雍 <sup>1</sup> 王亮凱 <sup>1</sup> 陳德嫻 <sup>1</sup> 陳震宇 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0071	
論文發表方式：口頭報告	Objective : The relationship between maternal preeclampsia and long-term neurodevelopmental outcome of very low birth weight (VLBW) preterm infants remains controversial. The aim of this study was to clarify the influence of maternal preeclampsia on long-term neurologic outcome of VLBW preterm infants until 24 months corrected age using the Bayley Scales of Infant Development, Third Edition (BSID-III).  Material and methods : A retrospective cohort study of singleton preterm infants with VLBW (birth weight < 1,500 gm) was conducted at Taipei Mackay Memorial Hospital in Taiwan between January 2011 to December 2018. The BSID-III (consisting of three scores of development: cognitive, language, and motor) was used to evaluate the neurologic outcome in 6, 12, and 24 months, and a cutoff value of 85 was defined as neurodevelopmental impairment. Populations were divided into three groups: infants delivered by mother without maternal preeclampsia, maternal preeclampsia without severe features, and maternal preeclampsia with severe features. Chi-square test, ANOVA, ANCOVA and multivariate logistic regression model were used to detect the significant differences between those three groups.  Results : Overall, 482 infants born to 482 mothers were enrolled in this study, of whom 155 mothers were diagnosed as preeclampsia including 97 maternal preeclampsia with severe features and 58 without severe features. Significant increases of cognitive impairment (odds ratio (OR) 2.30, 95% confidence interval (CI) 1.16-4.59) and language impairment (OR 2.96, 95% CI 1.76-4.96) were noted in the group of maternal preeclampsia with severe features. However, there was no significant difference of maternal preeclampsia with severe features in motor development after logistic regression analysis.  Conclusion : Maternal preeclampsia with severe features was associated with long-term cognitive and language impairments on VLBW preterm infants at 2 year of age.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO03	應用射頻燒灼治療同卵雙胞胎：選擇性減胎的台灣經驗 Selective fetal reduction for complicated monochorionic twin by using radiofrequency ablation: The first Taiwan experience  藍天琦 <sup>1</sup> 鄭淨涵 <sup>1</sup> 洪泰和 <sup>1</sup> 謝燦堂 <sup>1</sup> 蕭勝文 <sup>1</sup> 台北長庚醫院婦產部 <sup>1</sup>
臨時稿件編號：0300	
論文發表方式：口頭報告	Worldwide, acardiac twin (Holoacardius or Pseudoacardius) or selective intrauterine growth retardation (siUGR) in monochorionic (MC) twin are notoriously known among the Obstetricians. It is a medical nightmare for the obstetricians to manage this condition associated with cardiac failure of the pump twin, polyhydramnios, and preterm delivery. We usually treats twin reversed arterial perfusion (TRAP) sequence or siUGR conservatively. Occasionally, repeated amnio-reduction is preformed to decompress the polyhydramnios caused by the TRAP sequence, even though there was no correction of the pathophysiologic mechanism. Early delivery for siUGR is common in general practice complicated with high risk of preterm labor and neonatal mortality. Radiofrequency ablation (RFA) is a minimally invasive, percutaneous technique that can effectively obliterate blood supply to an acardiac twin to preserve and protect the pump twin, also can selective feticide for the siUGR co-twin. . This recent technique has never been used before for the treatment of complicated MC twins in Taiwan. We report the first 5 cases of using prenatal RFA to secure the survival twin. The overall survival rate is 80% with good neonatal wellbeing after delivery.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO04	第二孕期羊水胎兒蛋白對於胎兒異常之預測 Amniotic fluid Alpha fetoprotein(AF-AFP) and its value for predicting fetal anomaly in mid-trimester of pregnancy  黃天爵 <sup>1</sup> 林珍如 <sup>2</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 淡水馬偕紀念醫院婦產部 <sup>2</sup>
臨時稿件編號：0054	
論文發表方式：口頭報告	Objective To evaluate the value of Amniotic fluid Alpha fetoprotein(AF-AFP) and its value for predicting overall fetal anomaly in mid-trimester of pregnancy.  Methods A retrospective review on all patients who had amniocentesis performed at Mackay Memorial Hospital (MMH) during 2014/1-2020/6, whose amniotic fluid $\alpha$ -fetoprotein (AF-AFP) test results was conducted to determine the elevated $\alpha$ -fetoprotein values(>2 MOM)added independent diagnostic information and altered clinical management. The amniotic fluid $\alpha$ -fetoprotein (AF-AFP) value was categorized into 3 groups as "increased"(MOM>2), "normal"(MOM 0.5-2) and "decreased"(MOM<0.5). "Fetal anomaly" was defined if there was any abnormal findings from following items: karyotype, Array-based Comparative Genomic Hybridization, ultrasonography and the fetal outcomes after birth. The Ratio of Fetal anomaly in these 3 groups of AFP levels were compared to confirm the utility of amniotic fluid $\alpha$ -fetoprotein measurement as a complementary test for fetal abnormalities at the time of invasive genetic testing.  Results 55 (0.88%) of 6246 amniotic fluid $\alpha$ -fetoprotein values were elevated, 6145(98.38%) were normal and 46(0.74%) was decreased. The Ratio of Fetal anomaly in these "increased"(MOM>2) groups of AFP level was 50.91%, 3.55% in "normal"(MOM 0.5-2) group, and 8.70% in "decreased"(MOM Odds ratio(95% CI) of increased"(MOM>2) groups to "normal"(MOM 0.5-2) group was 28.60(16.57-49.37); "decreased"(MOM  Conclusions Routine measurement of amniotic fluid $\alpha$ -fetoprotein during amniocentesis may have its value for predicting overall fetal anomaly in mid-trimester of pregnancy.  Key words: amniotic fluid; $\alpha$ -fetoprotein; amniocentesis; fetal anomaly ; mid-trimester of pregnancy
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：0005	雙絨毛膜雙胞胎胎併妊娠糖尿病孕婦之危險因子及母體與周產期不良結果之相關性 Risk factors and adverse maternal and perinatal outcomes for women with dichorionic twin pregnancies complicated by gestational diabetes mellitus: A retrospective cross-sectional study  鄭淨涵 <sup>1</sup> 洪泰和 <sup>1</sup> 謝燦堂 <sup>1</sup> 羅良明 <sup>1</sup> 台北長庚醫院婦產科 <sup>1</sup>
臨時稿件編號：0034	
論文發表方式：口頭報告	The association between gestational diabetes mellitus (GDM) and adverse maternal and perinatal outcomes in twin pregnancies remains unclear. This study was undertaken to highlight risk factors for GDM in women with dichorionic (DC) twins, and to determine the association between GDM DC twins and adverse maternal and perinatal outcomes in a large homogeneous Taiwanese population. Thus, a retrospective cross-sectional study was carried out on 645 women with DC twins, excluding pregnancies complicated by one or both fetuses with demise (n = 22) or congenital anomalies (n = 9), who gave birth after 28 complete gestational weeks between 1 January 2001 and 31 December 2018. Univariable and multiple logistic regression analyses were carried out. The results showed maternal age >34 years (adjusted odds ratio 2.52; 95% confidence interval 1.25–5.07) and pre-pregnancy body mass index >24.9 kg/m2 (adjusted odds ratio 2.83, 95% confidence interval 1.47–5.46) were independent risk factors for GDM in women with DC twins. Newborns from women with GDM DC twins were more likely to be admitted to the neonatal intensive care unit (adjusted odds ratio 1.70, 95% confidence interval 1.06–2.72) than newborns from women with non-GDM DC twins. Other pregnancy and neonatal outcomes were similar between the two groups. For conclusion, advanced maternal age and pre-pregnancy overweight or obesity are risk factors for GDM in women with DC twins. Except for a nearly twofold increased risk of neonatal intensive care unit admission of newborns, the pregnancy and neonatal outcomes for women with GDM DC twins are similar to those for women with non-GDM DC twins.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：0007	不同分娩方式對台灣孕婦產後及新生兒微生物組之影響 The Influence of the Different Childbirth Delivery Modes on Postpartum Maternal Microbiome and Neonatal outcomes in Taiwan  翁蕙蕙 <sup>1</sup> 黃凱堯 <sup>2,3</sup> 楊孝祥 <sup>2</sup> 翁順隆 <sup>4,3,5</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 新竹馬偕紀念醫院醫學研究部 <sup>2</sup> 馬偕醫學院醫學系 <sup>3</sup> 新竹馬偕紀念醫院醫學婦產部 <sup>4</sup> 馬偕醫護管理專科學校 <sup>5</sup>
臨時稿件編號：0242	
論文發表方式：口頭報告	ABSTRACT  Background: With the rising number of cases of non-vaginal delivery worldwide, the scientists have been concerned about the influence of the different modes of delivery on the microbiome from pregnancy to postpartum in the gut. In Taiwan, although the trend of birth rate is decreasing rapidly, there are still more than 30 percent of the newborns who were delivered by caesarean section every year. It remains unclear whether the different modes of delivery could have a certain impact on the postpartum maternal microbiome and whether it affect mother-to-newborn microbiome transmission.  Result: To address this, we recruited 30 mother-newborn pairs to participate in this study, including 23 pairs of vaginal delivery (VD) and 7 pairs of caesarean section delivery (CSD). The metagenomics analysis was performed across multiple body habitats of mothers during pregnancy to postpartum period. For both of the delivery modes, the species diversity is not varied significantly not only in the maternal gut, but also in the oral cavity and vagina. We have observed that relative abundance of the family Lachnospiraceae (0.059) increased in the oral microbiome and the family Clostridiaceae (0.01) decreased in the gut microbiome between pregnancy and postpartum period. A lower abundance of the family Fusobacteriaceae (0.019) in the maternal vaginal samples was discovered in the VD group than in the CSD group, which may associate with the infant passes through the birth canal. As expected, the meconium microbiome of the VD group is dominated by the bacteria from maternal vagina to gut in newborn, and the CSD group is dominated by the maternal oral or gut strains. More than 35% of genus-level species in the meconium that were shared with at least one body habitat of the respective mother in both birth modes. In particular, newborns who were delivered by cesarean section had a higher proportion of species associated with maternal oral microbiome such as Rothiamucilaginosa and Veillonelladispar. Furthermore, the single-nucleotide polymorphism analysis was performed to explore and describe the possible routes of vertical microbiome transmission.  Conclusion: In consequence, our analysis shows that no matter what delivery mode is being used, while only having a slight effect on maternal microbiome in multiple body habitats from pregnancy to postpartum. Nevertheless, the delivery modes still play a crucial role in the initial development of neonatal gut microbiome, potentially impacting on the development of the immune system.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：0006	早期破水至生產的時間長段與新生兒預後的關係 The association between the latency of preterm premature rupture of membranes and the neonatal outcomes  陳瑩儒 <sup>1</sup> 葉長青 <sup>1</sup> 臺北榮民總醫院 <sup>1</sup>
臨時稿件編號：0325	
論文發表方式：口頭報告	Preterm premature rupture of membranes (preterm PROM) contributed to the one third of preterm delivery, which may cause multiple neonatal complications, such as respiratory distress syndrome, neonatal sepsis, and intraventricular hemorrhage.....etc. According to the guidelines, gestational age is a primary factor when considering management. Delivery is recommended after 34 weeks of gestation; and expectant management is reasonable between 24 to 34 weeks of gestation. The use of tocolysis is still under debates. Although the use of tocolysis led to the longer latency period, the relationship between prolonged latency and neonatal sepsis was indicated. On the contrary, some studies did not support this relationship.  This is a retrospective, single-institution study, focusing on the women with preterm PROM occurring between 24+0 and 33+6 weeks of gestation. The rate of tocolytic usage was up to 95% in our institution. As our current result, the neonatal sepsis was associated with the shorter latency period and lower 1 min Apgar score. However, no association was found with the possible predictive factors such as maternal CRP level, WBC and fever.  The association between the longer latency and lower neonatal sepsis rate could be explained by the most stable group of preterm PROM cases, with scarcely infection. Further, the 1 mins Apgar score may be one of the predictive factors for early neonatal sepsis. Under the current preterm PROM care in our institution, the longer latency period did not lead to the higher risks of neonatal sepsis or other neonatal complications.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：0008	電子胎兒心音監測之人工智能分析系統 Concordance analysis of intrapartum cardiotocography between physicians and Artificial Intelligence (AI)-based technique using modified 1D Fully Convolutional Networks (FCN)  李易良 <sup>1</sup> 張正昌 <sup>1</sup> 劉俐君 <sup>2</sup> 朱大維 <sup>1</sup> 林啟康 <sup>1</sup> 王鵬惠 <sup>3</sup> 張正昌 <sup>1</sup> 三軍總醫院婦產部 <sup>1</sup> 三軍總醫院松山分院婦產科 <sup>2</sup> 臺北榮民總醫院婦女醫學部 <sup>3</sup>
臨時稿件編號：0040	
論文發表方式：口頭報告	Background: Cardiotocography is a common method of electronic fetal monitoring (EFM) for fetal well-being. Data-driven analyses have shown potential for automated EFM assessment. For this preliminary study, we used a novel artificial intelligence method based on fully convolutional networks (FCN), with deep learning for EFM evaluation and correct recognition, and its possible role in evaluation of nonreassuring fetal status.  Methods: We retrospectively collected 3,239 EFM labor records from 292 deliveries and neonatal Apgar scores between December 2018 and July 2019 at a single medical center. We analyzed these data using an FCN model and compared the results with clinical practice.  Results: The FCN model recognized EFM traces like physicians, with an average Cohen’s kappa coefficient of agreement of 0.525 and average area under the receiver operating characteristic curve of 0.892 for six fetal heart rate (FHR) categories. The FCN model showed higher sensitivity for predicting fetal compromise (0.528 vs 0.132) but a higher false-positive rate (0.632 vs 0.012) compared with clinical practice.  Conclusion: FCN is a modern technique that may be useful for EFM trace recognition based on its multiconvolutional layered analysis. Our model showed a competitive ability to identify FHR patterns and the potential for evaluation of nonreassuring fetal status.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO09	實習醫學生接受經陰道生產擬真訓練成效分析 Effectiveness Analysis of Vaginal Delivery Simulation Training during the Clerkship of Medical Training  黃莊彥 <sup>1</sup> 李易良 <sup>1</sup> 簡世豪 <sup>2</sup> 蘇國銘 <sup>1</sup> 張正昌 <sup>1</sup> 江珮綺 <sup>3</sup> 國防醫學院三軍總醫院婦產部 <sup>1</sup> 國防醫學院三軍總醫院教學室 <sup>2</sup> 台北馬偕醫院婦產部 <sup>3</sup>
臨時稿件編號：0057	
論文發表方式：口頭報告	Purpose: As Taiwan's birthrate declines, people have come to expect sophisticated obstetrics and gynecology treatment. Preparation of medical students for proper childbirth care and vaginal delivery simulation training have become essential to obstetrics teaching. Targets: Fifth- and sixth-year medical students who have not participated in this course. Methods: Using the experimental research method of one-group pretest/post-test design, trainees have to answer six pre-training questions about labor. In the simulation training, CAE LUCINA, the highly realistic childbirth simulator, was used to assist the trainees in labor and delivery training. Lecturers used the TRM technique to remind students of the main points, and the trainees used the ISBAR method to communicate the patient's condition during shift changes with lecturers. Students were also debriefed and post-tested. Results: A total of 164 students participated in the pre-test, and 140 participated in the post-test. When the pre- and post-test answers are compared, higher proportions of right answers were recorded post-test to all questions. Of the 140 students, 121 said that they were very satisfied with the course, and 19 were satisfied. Conclusion: The use of LUCINA in labor and delivery simulation training may have enhanced the ability of students to learn proper vaginal delivery.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO10	甲型地中海貧血：產前諮詢與現況事實 Alpha-thalassemia：prenatal counseling & the facts  簡誌峰 <sup>1</sup> 李汶芳 <sup>2</sup> 趙安祥 <sup>1</sup> 新北土城醫院 <sup>1</sup> 林口長庚紀念醫院 <sup>2</sup>
臨時稿件編號：0038	
論文發表方式：口頭報告	Introduction:The progress made in the prenatal diagnosis of thalassemia may suggest that prenatal counseling would provide a broad spectrum and step-by-step prenatal counseling.  Methods & material: Retrospectively reviewed the genetic counseling records in a center from 2015-2019.  Results:25 major alpha-thalassemia fetuses, 6 major beta-thalassemia fetuses and 6 HbH fetuses were identified from 174 pairs of parents. The demographic data of the mothers having major alpha-thalassemia fetuses were as follows: (i) The mean age of the mother was 29.5 year; (ii) 9 were primigravida; (iii) 19 had amniocentesis, 3 had cord blood sampling and 2 had villi sampling; (iv) the gestation week at termination was between 13-26, had most cases beyond 18 week; (v) all parents were having low MCV & MCH; (vi) all the parents were having SEA thal-gene except for 3 having FIL-gene, one having THAI-gene, one -SEA/- alpha/3.7 gene and one -SEA /-alphaQS gene; (vii) all fetuses were terminated.  Conclusion:Although advances in early invasive or non-invasive diagnostic method are available, together with intrauterine blood transfusion, postnatal hematopoietic stem cell transplantation or even in utero stem cell therapy have been successfully completed in some cases, there needs to have early pre-conception or prenatal counselor to address the common but burden issue to the carriers.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO11	第三孕期鐵質缺乏和缺鐵性貧血的盛行率:單一醫學中心回溯型研究 Prevalence of iron deficiency and iron deficiency anemia in the third-trimester of pregnancy: a retrospective study in a medical center  黃巧芸 <sup>1</sup> 蔡尚鐸 <sup>1</sup> 何銘 <sup>1</sup> 中國醫藥大學附設醫院婦產部 <sup>1</sup>
臨時稿件編號：0195	
論文發表方式：口頭報告	Objective: To investigate the prevalence of iron deficiency and iron deficiency anemia among women in the third-trimester of pregnancy.  Material and methods: We conducted a retrospective study from January 2020 to November 2020 in China Medical University Hospital in Taichung, and 606 pregnant women were enrolled in the study. We obtained maternal iron status (serum ferritin, a biomarker of iron deficiency) and hemoglobin at 30~34 weeks' gestation. Pregnant women were classified based on the level of serum ferritin: <15 µg/L, 15 to <30 µg/L, ≥30 µg/L.  Results: 466(76.9%) pregnant women had iron deficiency (serum ferritin <15 µg/L). The number of pregnant women whose serum ferritin showed 15 to <30 µg/L was 106(17.5%). The number of pregnant women whose serum ferritin showed ≥30 µg/L was 34(5.6%). Overall, 126(20.7%), 61(10.1%) and 1(0.2%) women had mild, moderate and severe anemia, respectively. The prevalence of iron deficiency anemia in our study was 27.7%(n=168).  Conclusions: Owing to high prevalence of iron deficiency and iron deficiency anemia in the third-trimester of pregnancy in our study, universal screening for anemia and iron status in third trimester of pregnancy is proposed. The importance of iron supplement should be emphasized for pregnant women with iron deficiency and iron deficiency anemia.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO12	第一孕期使用含糖飲料行為與妊娠糖尿病發生率之相關性研究 Association of sugar-sweetened beverage use in the first trimester and gestational diabetes mellitus  葛菁如 <sup>1</sup> 莊蕙瑜 <sup>1</sup> 李建宏 <sup>2</sup> 王詩涵 <sup>1</sup> 詹德富 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup> 高雄醫學大學公共衛生學系 <sup>2</sup>
臨時稿件編號：0181	
論文發表方式：口頭報告	=Introduction= Uncontrolled consumption of sugar-sweetened beverage (SSB) increases risks for many health problems in the general population, but the subject is rarely discussed specifically in pregnant women. We hypothesize an increased craving for SSB and its intake may play a role in developing gestational diabetes mellitus (GDM).  =Material and Methods= This prospective cohort study recruited 183 pregnant women, who answered questionnaires designed to depict SSB use behaviors. The amount of SSB consumption was reported using product labels or a visual analogue scale for estimation. The desire to drink SSBs was assessed using the modified Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for substance use disorder, with questions specific for SSB use. All participants received a 75-gram oral glucose tolerance test during 24th–28th weeks of gestation to screen for GDM. Data were collected for statistical analysis.  =Results= Age, body mass index, SSB intake amount and SSB-related SUD DSM-5 items were significant predictive factors of GDM, with odds ratios of 1.112, 1.208, 0.998 and 1.338, respectively. SUD DSM-5 items were significantly correlated with education level, frequency of eating out, sedentary lifestyle and water intake amount (p=0.046, 0.028, 0.001, 0.033, respectively).  =Conclusion= Increased craving for SSB early in pregnancy is a risk factor for developing GDM. Increased SSB use significantly correlates with reduced plain water intake, sedentary lifestyle, eating out, snacking, and drinking partners. These serve as educational and interventional targets for women at risk of GDM.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO13	以微膠囊技術包覆重組人體表皮細胞生長因子之促進表皮癒合及預防疤痕組織生成在剖腹產傷口之研究 Microencapsulated rhEGF to Facilitate Epithelial Healing And Prevent Scar Formation of Cesarean Wound : A Randomized Controlled Trial  黃詩穎 <sup>1</sup> 高川琪 <sup>1</sup> 江其鑫 <sup>1</sup> 林芝卉 <sup>1</sup> 張廷彰 <sup>2</sup> 吳品萱 <sup>1</sup> 基隆長庚醫院婦產部 <sup>1</sup> 林口長庚醫院婦產部 <sup>2</sup>
臨時稿件編號：0268	
論文發表方式：口頭報告	Objective: Cesarean section (CS) is a major surgical intervention that affects women at childbearing age. Scarring from CS potentially causes discomfort and psychological distress. Emerging evidence indicates that epidermal growth factor (EGF) plays crucial roles in wound healing with the potential of minimizing scar formation. This study aims to investigate the effect of microencapsulated recombinant human EGF (Me-EGF) in scar prevention. Silicone gel was incorporated as part of the routine scar treatment.  Materials and methods: Healthy women scheduled for cesarean delivery were enrolled and randomized to three groups: (1) no scar treatment, (2) silicone gel only, or (3) silicone gel plus Me-EGF. Vancouver Scar Scale (VSS: vascularity, pigmentation, elasticity, and height) was used for scar assessment at the 6 th month and 9 th month after CS.  Results: A total of 60 women were enrolled, but one patient withdrew due to noncompliance with the follow-up visit requirement. Me-EGF-containing treatment group consistently scored the lowest on every parameter in the VSS scale, followed by silicone gel group, and the group with no scar treatment. Kruskal-Wallis tests indicated significant differences (p < 0.05) between Me-EGF-containing treatment group and the other two groups in vascularity, pigmentation, elasticity, and the VSS total score, at either 6 th month, 9 th month, or both time points. The only parameter not showing any significant between-group difference was scar height, but the pattern still remained the same, in which Me-EGF group scored better in both month 6 and 9.  Conclusion: Surgical incisions in lower abdomen posed challenge in scar management. Our findings suggest that Me-EGF is a potential therapeutic option for better wound healing and scar prevention.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO14	妊娠糖尿病患者產後血糖狀態異常之危險因子 Risk factors for abnormal postpartum glycemic states in women diagnosed with gestational diabetes by the International Association of Diabetes and Pregnancy Study Groups criteria  洪泰和 <sup>1,2</sup> 謝煥堂 <sup>1</sup> 蕭勝文 <sup>1</sup> 羅良明 <sup>1</sup> 唐維均 <sup>2</sup> 台北長庚醫院 <sup>1</sup> 基隆長庚醫院 <sup>2</sup>
臨時稿件編號：0140	
論文發表方式：口頭報告	The present study is aimed to evaluate the rate of postpartum glycemic screening tests (PGST) in women with gestational diabetes mellitus (GDM), and to investigate risk factors for abnormal PGST results. We retrospectively analyzed the obstetric data of 1,648 women with GDM who gave birth after 28 completed weeks of gestation between 1 July 2011 and 31 December 2019 at Taipei Chang Gung Memorial Hospital, Taiwan. GDM was diagnosed by the International Association of Diabetes and Pregnancy Study Groups criteria. PGST was carried out at 6–12 weeks postpartum with a 75-g, 2-h oral glucose tolerance test, and the results were classified into normal, prediabetes and diabetes mellitus. Multiple logistic regression was used to assess the associations between various risk factors and abnormal PGST results. The result of this research reveals that 493 (29.9%) women underwent PGST and 162 (32.9%) had abnormal results, including 135 (27.4%) with prediabetes and 27 (5.5%) with diabetes mellitus. Significant risk factors for postpartum diabetes mellitus included insulin therapy during pregnancy (adjusted odds ratio [OR] 10.79, 95% confidence interval [CI] 4.07–28.58), birthweight >4,000 g (adjusted OR 10.22, 95% CI 1.74–59.89) and preterm birth 24.9 kg/m2 (adjusted OR 1.99, 95% CI 1.24–3.21). In conclusion, among our selected patient, less than one-third of women with GDM underwent PGST, and nearly one-third of these women had abnormal results. Future efforts should focus on reducing the barriers to PGST in women with GDM.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO15	懷孕體重控制與妊娠併發症之關聯性 Gestational BW, BMI, weight gain and pregnancy outcomes  莊競琛 <sup>1</sup> 黃建霽 <sup>1</sup> 馬偕紀念醫院 <sup>1</sup>
臨時稿件編號：0138	
論文發表方式：口頭報告	Background Maternal body mass index (BMI) and gestational weight gain (GWG) are believed to be associated with development of the fetus and maternal complication. We aimed to study the influence of maternal body weight (BW) at pre-pregnancy, birth and GWG on pregnancy outcomes and hope to define optimal pre-pregnancy BMI and GWG among women in Taiwan. Methods Retrospective study of 7404 term-delivered pregnant women at Mackay Memorial hospital, Taipei, Taiwan, from January 2017 to December 2019 were performed. The interaction between maternal BW and BMI at pre-pregnancy, birth, GWG and pregnancy outcomes were analyzed. Results Among the 7404 full-term singleton deliveries, the mean pre-pregnancy BW and BMI are 55.0 kg and 21.2 kg/m2. The mean maternal birth BW and BMI are 67.0 kg and 26.0 kg/m2. The mean body weight gain during pregnancy is 11.8 kg. The rate of postpartum hemorrhage (PPH) is 2.8% (211/7404), the prevalence of chronic hypertension, gestational hypertension, preeclampsia and severe preeclampsia are: 0.4% (29/7404), 0.8% (132/7404), 1.6% (117/7404), and 0.5% (35/7404), respectively. Chronic diabetes mellitus accounts for 0.5% (36/7404) while 6.1% (454/7404) are gestational diabetes mellitus(GDM). Low birth weight neonates and macrosomia were 10.9% (809/7404) and 5.6% (416/7404), respectively. Women with pre-pregnancy BMI above the 90% percentile (BMI=26.8) tend to have higher risk of PPH (11.9% vs 1.8%, OR: 7.2 [95%CI, 5.414-9.579]; p <0.001), gestational hypertension (6.8% vs 1.2%, OR: 5.6 [95%CI, 4.070-8.367]; p <0.001), preeclampsia (4.9% vs 1.2%, OR: 4.169 [95%CI, 2.794-6.221]; p <0.001), severe preeclampsia (1.8% vs 0.3%, OR: 5.415[95%CI, 2.716-10.795]; p <0.001) and GDM (12.5% vs 5.4%, OR: 2.48[95%CI, 1.946-3.161]; p <0.001). These population are also more likely to give birth to large gestational age babies (OR: 3.103[95%CI, 2.441-3.944]; p <0.001). Besides, GWG also affects pregnancy outcomes: women gained more than 17.0 kg (above 90%) during pregnancy have higher risk of PPH (OR: 1.963[95%CI, 1.365-2.823]; p <0.001), preeclampsia (OR: 2.119[95%CI, 1.324-3.390]; p <0.001) and severe preeclampsia (OR: 3.638[95%CI, 1.740-7.604]; p=0.002). However, we also found GWG less than 8.4kg (20%) has higher risk of GDM (10.8% vs 4.9%, OR: 2.337[95%CI, 1.913-2.856]; p <0.001). GWG less than 1.4kg (<1%) is associated with higher PPH risk (7.9% vs 2.8%, OR: 2.978[95%CI, 1.279-6.935]; p =0.021). Conclusion Well controlled pre-pregnancy weight (BMI <26.8) and adequate GWG (8.4-17.0 kg) have the lowest risk of adverse pregnancy outcomes.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OO16	台灣本土雙胞胎懷孕之母體體重及孕中期併發症發生率之相關性：台北馬偕醫院之資料分析 The correlation of complication and maternal weight in twin pregnancy: Data-analysis in Taipei MMH, Taiwan  黃慶堂 <sup>1</sup> 黃建霽 <sup>1</sup> 台北馬偕紀念醫院婦產科部 <sup>1</sup>
臨時稿件編號：0316	
論文發表方式：口頭報告	Objective: To assess the range of gestational weight gain in twin pregnancy with lowest pregnancy-related complications. We also calculated the correlation of pre-pregnancy BMI/pre-delivery BMI with pregnancy-related complications.  Methods: This single-institution retrospective cohort study includes 351 women with twin pregnancy between January 1st, 2017 and December 31th, 2019. Women's weights and pregnancy-related complications were obtained by medical record chart review. Data analysis was performed by SPSS with statistical analysis, ANOVA, Chi square and binary logistic regression.  Main Results: The calculated complication rates in twin pregnancy revealed PPH 7.7%, chronic hypertension 0.9%, gestational hypertension 5.1%, preeclampsia 8%, preeclampsia with severe feature 3.7%, diabetes mellitus(Type 1 and Type 2) 0.6% and gestational diabetes mellitus 9.4%. We compared the complication rate in normal pre-pregnancy BMI/pre-delivery with overweight and obesity group of twin pregnancy women. In pre-pregnancy BMI groups, normal group versus overweight group and normal group versus obese group all revealed no significant difference in rates of PPH, preeclampsia, preeclampsia with severe feature, gestational diabetes mellitus. In pre-delivery BMI groups, normal group versus overweight group and normal group versus obese group revealed significant difference in preeclampsia rate(0.3% vs 6.6%, p=0.001) but no significant difference in other complication rates. Mean gestational weight gain in twin pregnancy was 14.17kg. We defined to get one point for positive of complications(including PPH, preeclampsia, preeclampsia with severe feature, gestational diabetes mellitus) and calculated the sum of complication score. Then we stratified the women with twin pregnancy into 4 groups under same interval of gestational weight gain(Max value-min value/4=7.75kg). The mean score in gestational weight gain group was 0.48(Group1 = <7.75kg), 0.17(Group2 = 7.75-15.5kg), 0.49(Group3 = 15.5-23.25kg), 0.75(Group4 = >23.25kg). Group 2 compared to group 3 and group 4 revealed significant difference(0.17 vs 0.49, p=0.002;0.17 vs 0.75, p=0.005). Then we stratified group 2 cases into 2, 3, 4 groups by percentage of gestational weight gain and T test/ANOVA test revealed no significant difference between those groups.  Conclusions: Higher gestational weight gain in twin pregnancy may increase the risk of pregnancy related complications. In our study, we could conclude that the modest range of gestational weight gain in twin pregnancy was 7.75-15.5kg. We should consider gestational weight gain as an important issue for health care providers.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：OO17	自然產後無疤痕子宮破裂引起的產後大出血-個案系列報告
臨時稿件編號：0249	Unscarred Uterine Rupture with Catastrophic Hemorrhage Immediately After Vaginal Delivery: Report of 6 consecutive cases  廖昱喬 <sup>1</sup> 楊采祥 <sup>1</sup> 林育如 <sup>1</sup> 張育維 <sup>1</sup> 許德耀 <sup>1</sup> 龔福財 <sup>1</sup> 高雄長庚醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Objective： To identify risk factors, clinical presentations, in-time diagnostic approaches and management of postpartum unscarred uterine rupture with catastrophic hemorrhage. Methods： We retrospectively analyzed postpartum patients who were transferred to our hospital through an established 24-hour emergency transfer system during the period of 3 years from 2018 to 2020. An unscarred uterus was defined as those without a history of invasive procedure involving disruption of uterine myometrium (i.e. cesarean section, or myomectomy). Clinical characteristic, risk factor, materno-fetal outcome, delivery information, image finding and clinical presentation were analyzed. Results： Our study comprised 6 cases, diagnosed as unscarred uterine rupture immediately after vaginal delivery. All women were para 2, 4 received vacuum assisted delivery. One presented with out-of-hospital cardiac arrest and acute pulmonary embolism, was resuscitated by extracorporeal membrane oxygenation(ECMO); while 5 women were in hypovolemic shock. Mean hemoglobin and hematocrit value upon arriving was 8.15 (g/dL), and 25.5% respectively. The main finding of bedside ultrasound was engorged low segment of uterus with blood clot accumulation in uterine cavity. Five cases attempted transarterial embolization (TAE) of internal iliac arteries, but 1 failed to complete the procedure due to uncontrollable hemodynamic instability. The major findings of pelvic computer tomography were disrupted myometrium and hemoperitoneum. Postpartum hysterectomy was undertaken for all patients. The mean time of arrival to operative room was 412 minutes (range, 144-598 minutes). Mean amount of estimated total blood loss was 3,350 mL±1,840 mL (range, 1,600-7,100 ml). All women had obvious laceration over low segment of uterus; of whom with vacuum extraction had more extensive uterine damage. The mean time of intensive care unit stay was 5 days (range, 0-14 days). The length of total hospital stay varied from 9 to 38 days. One had short-term psychotic symptoms related to hypoxic encephalopathy 2 months after the event, and another 5 women were well recovered. Conclusion. Instrument assisted obstetric delivery carried a high risk of unscarred uterine rupture. Ultrasound examination couldn't provide substantial diagnostic information. Simple TAE were unable to control hemorrhage due to ruptured uterus. Pre-TAE pelvic computer tomography is recommended to exclude clinically hidden unscarred uterine rupture. Multidisciplinary team-based approaches and in-time exploratory laparotomy contribute to rapid identification, and management of uterine rupture.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：OO18	羊膜囊膨出之緊急子宮頸環緊臨床效益分析
臨時稿件編號：0182	Rescue Cervical Cerclage for Protruding Amniotic Sac: A Retrospective Analysis of Clinical Efficacy  徐以樂 <sup>1</sup> 葛菁如 <sup>1</sup> 詹德富 <sup>1</sup> 高醫 <sup>1</sup>
論文發表方式：口頭報告	More and more practice recommendations encourage rescue cerclage for physically-diagnosed cervical insufficiency in the absence of active infection, bleeding or uterine contractions. However, patients and obstetricians alike still hesitate to perform the procedure for its perceived high failure rate and complications. The current retrospective analysis of single-centered experience collected over 4 years for those with prominently protruding amniotic sacs beyond visibility of cervix, rather than simple dilated cervical os. The objective is to provide additional information about the clinical course of those receiving no rescue cerclage at all, futile rescue cerclage and successful rescue cerclage in difficult cases. It is found that clinical pregnancy outcomes are significantly improved if the procedure was performed successfully, especially if the pregnancy prolonged beyond 3 weeks after cerclage insertion. Outcomes of futile rescue cerclage are similar to those not receiving cerclage at all. In identifying peri-operative factors impacting clinical outcomes, multiparous women and higher leukocytosis at admission are associated with higher risk factors of tocolysis failure. Post-operative bed rest with foley catheter indwelling is helpful in pregnancy prolongation without noticeably higher incidence of thromboembolism. These are meaningful and useful knowledge for patient counselling to make informed decision and treatment outlook.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：OO19	在偏遠地區醫院五年足月生產的產科經驗
臨時稿件編號：0143	5-year personal obstetric experience in term pregnancy at a rural hospital  詹文宗 <sup>1</sup> 臺北榮民總醫院玉里分院婦產科 <sup>1</sup>
論文發表方式：口頭報告	Objectives :This statistical study is to review personal obstetric experience in term pregnancy at a rural hospital for 5 years
論文歸類：產科	Methods: From 1st January 2016 to 30th November 2020, all cases of term pregnancy with singleton cephalic presentation were reviewed. Cases of preterm delivery and for elective CS were excluded . Duration of admission-to- delivery , mode of delivery, age , gestational weeks and birth weight were presented and compared between primigravid(P1) and multiparous(P2) women.  Discussions: There were 105 primigravid(P1) and 202 multiparous(P2) women. The distribution of gestational weeks and birth weight were not much different in both groups. Duration of admission -to- delivery was much shorter in the multiparous group with 86% delivered less than 8 hours and 68% less than 6 hours. In contrast, 57% delivered less than 8 hours and 39% less than 6 hours in primigravid women. Vaginal delivery rate was 89% in the primigrada and 97% in the multipara. Urgent CS rate was 11% and 3% respectively. Indications of urgent CS included APH in the multipara group, but not in the primigravid group.  Conclusions: This review confirms that the primigravida and the multipara are two different biologic entities. The multiparous women had speedy labor course with less instrumental and surgical intervention. However, most of the term pregnancies with singleton cephalic presentation could be delivered within 10 hours (P1 : 79% , ≥p2:95%).



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF01	3D 錄影應用於達文西不孕手術 3D recordings in Da Vinci robot reproductive surgery  莊乙真 <sup>1</sup> 王孝榮 <sup>1</sup> 劉馨嫻 <sup>1</sup> 盧信芬 <sup>1</sup> 彭福祥 <sup>1</sup> 陳彥鋒 <sup>1</sup> 劉智文 <sup>1</sup> 亞東紀念醫院婦產部 <sup>1</sup>
臨時稿件編號： 0183	
論文發表方式： 口頭報告	The reproductive surgeon should have the skills to perform surgery without or with minimal damage to tubes, ovaries, keep ovarian reserve, with minimal postoperative adhesion formation.
論文歸類： 生殖內分泌	Training in reproductive surgery constitutes an even bigger problem because of the technical difficulty of deep endometriosis surgery together with the limited number of severe interventions in reproductive medicine. In the era of 3D minimal invasive surgery, the recording of surgical procedure ( 3D laparoscopy, Da Vinci Robot ) is still in the 2D mode. 2D annotations are widely used due to their simplicity, but they are not naturally seen by the mentee due to the lack of depth perception, due to the lack of parallax, and due to occasional occlusion. 3D telestration was developed and tested using a da Vinci surgical visualization dual console. The disadvantages of dual console include the increased cost and requirement of extra manpower.  Here we present a novel 3D camcorder Model: MS-300 Lascaux Recording System (4k/3D/Pacs,MedicalTek Co., Ltd. Taichung,Taiwan) to 3D video recording our Da Vinci Robotic reproductive surgery ( myomectomy, deep endometriosis, cesarean scar defect repair ),and edit the surgical procedure to highlighting the point of interest that allows better demonstration of the anatomical structure teaching material for young doctors training. We could use common laptop connect to 3D TV (common in video game) to replay the 3D surgical procedure at medical conference and resident training, just like the dual console Da Vinci Robot. In the covid-19 pandemic period and the emerging of 5G, teleconference will be more popular. 3D surgical presentation will be the next trend.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF02	冷凍胚胎植入前接受子宮鏡輔助子宮內膜輕刮手術對於未生育過不孕症患者活產率之相關性 The role of Endometrial-scratching “via hysteroscopy+ mild D&C” prior to the frozen thawed embryo transfer cycle in IVF of nulliparous women.  王姿雅 <sup>1</sup> 黃貞瑜 <sup>1</sup> 台北榮民總醫院婦女醫學部 <sup>1</sup>
臨時稿件編號： 0256	
論文發表方式： 口頭報告	Back ground: According to ESHRE, the mean pregnancy rate per embryo transfer was 38.1% after IVF. Implantation plays a crucial role in pregnancy. Mechanical endometrial injury, so called endometrial-scratching, has been hypothesized to increase the uterine receptivity and thus improve the embryo implantation. This present study aims to evaluate the effectiveness of endometrial-scratching via a novel combination of hysteroscopy and novak’s curette prior to the frozen thawed embryo transfer cycle in IVF of nulliparous women.
論文歸類： 生殖內分泌	Methods: This is a retrospective cohort study performed in a single institute in Taiwan, between January 2017 and January 2018. The study enrolled total 404 women, age <40 years with no previous successful attempt. Eighty-one patients received the endometrial scratching via hysteroscopy + mild D&C prior to the embryo transfer, while three hundred and twenty-three women who didn’t underwent endometrial-scratching remained as the control group. The primary outcome is live birth rate. The secondary outcomes are clinical and ongoing pregnancy rate, multiple pregnancy rate and miscarriage rate. Results: The baseline characteristics of the two group are similar. The frequency of live birth rate was 29 of 81 women (35.8%) in the endometrial- scratch group and 145 of 323 women (44.9%) in the control group. There was no significant group difference in clinical pregnancy rate or live birth rate. Conclusions: Endometrial scratching via “hysteroscopy+ mild D&C” prior to the frozen thawed embryo transfer cycle does not increase clinical pregnancy rate or live birth rates in IVF of nulliparous women.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF03	顆粒細胞在維持卵巢庫存量扮演關鍵角色（小鼠基因改造模型） Granulosa cells play a key role in maintaining ovarian reserve , revealed by transgenic mouse model  林時羽 <sup>1</sup> 曾啟瑞 <sup>1</sup> 台北婦產科診所生殖中心 <sup>1</sup>
臨時稿件編號： 0031	
論文發表方式： 口頭報告	Study Question: Ovarian reserve is one of the most important parameters that determine a success IVF. However, the factors that would influence the ovarian reserve remain unclarified. The granulosa cells are the main cells of the follicles and play important roles in folliculogenesis and production of hormone. It has been also speculated that granulosa cells are niche cells for female germ cells. This study is focusing on investigating the roles of granulosa cells in maintaining ovarian reserve.
論文歸類： 生殖內分泌	Study Design, (Size and Duration): We created a transgenic mouse model (tghFST315) which expresses only one human follistatin isoform (FST315) in mouse follistatin knockout background. The adult female is infertile. We studied on the tghFST315 ovaries from prenatal to 2 year-old to understand the ovarian development and function in these mice. Materials, Settings and Methods: We examined a series of the tghFST315 ovaries for a 2-year period of time since prenatal. General morphological studies for the whole ovaries were performed by HE stains. Germ cells were determined by DDX4 immunohistochemistry. Proliferation assay was conducted by combining the immunostains targeting PCNA (Proliferating cell nuclear antigen) and FACS-like tissue cytometry. Apoptosis assay was assessed by TUNEL. Main Results: There is no significant difference in morphological studies of ovaries between tghFST315 and the control up to embryonic day 15 ~16. Interestingly, the neonatal tghFST315 ovaries were bigger than the control in size. Further, the tghFST315 ovaries revealed the reduction in germ cell number and abnormal primordial follicle formation. Remarkably, the processes of proliferation and apoptosis in tghFST315 ovaries were both enhanced while compared to the control. The adult tghFST315 ovaries display pronounced reduction in germ cells. Surprisingly, there are more than half of tghFST315 ovaries which presented with the granulosa cell tumors after the 6-month-old stage. In general, the tghFST315 ovaries showed “granulosa cell dysregulation” during a 2-year observation. Conclusion: The granulosa cell dysregulation is potentially one of main causes leading to diminished ovarian reserve and premature ovarian insufficiency.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF04	子宮頸分泌物甲基化型態做為預測冷凍胚胎植入成功與否的生物指標---一個概念性的研究 Cervical Secretion Methylation Profile as a Predictor of the Success of Frozen-Thawed Embryo Transfer - A proof-of-concept study  李怡萱 <sup>1,2,3</sup> 曾啟瑞 <sup>2,4</sup> 胡玉銘 <sup>2</sup> 陳啟煌 <sup>4,5</sup> 陳芋汶 <sup>6</sup> 廖嫻鈞 <sup>6</sup> 陳林鈺 <sup>3,6</sup> 翁瑜君 <sup>3</sup> 王惠貞 <sup>4</sup> 黃瑞蘭 <sup>3,4,6</sup> 賴鴻政 <sup>3,4,6</sup> 台北醫學大學臨床醫學研究所 <sup>1</sup> 臺北婦產科診所生殖醫學中心 <sup>2</sup> 台北醫學大學雙和醫院表基因轉譯醫學中心 <sup>3</sup> 台北醫學大學醫學系婦產科學系 <sup>4</sup> 台北醫學大學附設醫院婦產部生殖醫學中心 <sup>5</sup> 台北醫學大學雙和醫院婦產部 <sup>6</sup>
臨時稿件編號： 0145	
論文發表方式： 口頭報告	Objective: To evaluate the potential use of a cervical secretion gene methylation profile as a biomarker for an implantation outcome. Design: Retrospective case-control study.
論文歸類： 生殖內分泌	Setting: Multicenter university-affiliated reproductive units Patients: Sixty-two women who entered the frozen embryo transfer cycle (30 pregnant and 32 non-pregnant women) were enrolled. Interventions: Cervical secretion was collected before embryo transfer. The DNA methylation status of six candidate genes was measured using quantitative methylation-specific PCR (qMSP). Main Outcome Measure: The correlation between methylation change and the pregnancy outcome was analyzed. Results: All six candidate genes showed different degrees of correlation with pregnancy outcomes. Among them, PRKAG2 methylation changes showed the highest correlation with the pregnancy outcome. A logistic regression model was used to evaluate the performance of a single gene or a combination of genes for implantation prediction. The results showed a statistically significant association between the methylation status of a combination of genes (PRKAG2, KRS1, HAND2) and the pregnancy outcome (p = 0.008), resulting in an optimal AUC of 0.7 (95% CI: 0.57 - 0.81) for implantation prediction. Conclusions: This study is the first proof-of-concept study to use the cervical secretion methylation profile as a non-invasive method for implantation prediction in a frozen-thawed embryo transfer cycle. Larger cohort size is needed to validate these results. Further comprehensive methylome investigations are warranted.
Keywords: cervical secretion, methylation, implantation, IVF/ET, non-invasive.	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF05	第三天胚胎形態學分析可預測具較佳形態變化整倍體囊胚之生成 Predicting the formation of euploid blastocysts with satisfactory morphokinetics using day 3 morphological evaluation  陳怡婷 <sup>1</sup> 李俊逸 <sup>1</sup> 陳建宏 <sup>1</sup> 陳秀惠 <sup>1</sup> 鄭思惠 <sup>1</sup> 黃俊嘉 <sup>1</sup> 林秉瑤 <sup>1</sup> 李宗賢 <sup>2</sup> 陳忠義 <sup>1</sup> 李茂盛 <sup>1</sup> 茂盛醫院 <sup>1</sup> 中山醫學大學 <sup>2</sup>
臨時稿件編號：0148	
論文發表方式：口頭報告	Background: This retrospective study examined the morphology of day 3 (D3) embryos and aimed to analyze the association between D3 morphological features and the outcomes of blastocyst formation, KIDScoreTM D5 scores, and preimplantation genetic tests for aneuploidy (PGT-A).  Methods: The current study was performed from Jan 2017 to May 2017, and enrolled 121 PGT-A cycles from 80 couples. All of the embryos (n = 871) were cultured in a time-lapse incubator and morphological assessments were performed at 66 hours post insemination (hpi). According to the cell number in an embryo, the embryos were categorized into 3 groups, i.e. embryos with < 6 cells, 6–7 cells, or □ 8 cells. According to the cell sizes of individual blastomeres, the embryos were categorized into 2 division patterns, i.e. symmetrical or asymmetrical division. According to the fragmentation proportion in an embryo, the embryos were categorized into 3 groups, i.e. embryos with < 10% fragmentation, 10–25% fragmentation, or > 25% fragmentation. The morphokinetics of developed blastocysts were evaluated by the KIDScoreTM D5 algorithm, and the usable blastocysts were selected for PGT-A using next-generation sequencing. The statistical analysis was performed by using generalized estimating equations (GEE), the Pearson's chi-squared test, and the Fisher's exact test.  Results: In consideration of multivariate variables, such as patients' age, cell numbers, division patterns and fragmentation proportions, the GEE analysis demonstrated that cell numbers (P < 0.001, 95% CI = 1.520–1.909), division patterns (P < 0.001, 95% CI = 1.477–3.346), and fragment proportions (P < 0.001, 95% CI = 0.571–0.427) of D3 embryos were significantly associated with the formation potential of usable blastocysts. For usable blastocysts with satisfactory morphokinetics (KIDscores□ 3), cell numbers (P < 0.001, 95% CI = 1.327–1.719) and division patterns (P < 0.001, 95% CI = 1.361–2.782) of D3 embryos were the significant independent variables. However, only the patients' age appeared to affect embryonic euploidy (P < 0.01, 95% CI = 0.913–0.864). Furthermore, this study revealed that the D3 embryos with < 8 cells at 66 hpi had a diminished capability (3.4%–4%) to form euploidy blastocysts with satisfactory morphokinetics as compared to the embryos with □ 8 cells (14.8%, P < 0.001).  Conclusion: This study demonstrates that increasing maternal age is a major factor that causes the reduced euploidy rates of biopsied blastocysts. The D3 morphological assessments under the time-lapse monitoring are possible to predict the quality and morphokinetic normality of blastocysts.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF09	白藜蘆醇抑制受 17β-雌二醇誘導的子宮內膜異位幹細胞之 COX-2 表現和腫瘤幹細胞特性 Resveratrol suppresses stemness and cyclooxygenase-2 expression induced by 17β-estradiol in endometrial stem cells derived from endometriosis  王凱弘 <sup>1</sup> 蔡青浣 <sup>1</sup> 林大欽 <sup>2,3</sup> 郭宗正 <sup>2,3</sup> 郭綜合醫院生殖中心 <sup>1</sup> 郭綜合醫院婦產部 <sup>2</sup> 郭綜合醫院生殖醫學中心 <sup>3</sup>
臨時稿件編號：0228	
論文發表方式：口頭報告	Introduction: Endometriosis is considered an estrogen-dependent benign and chronic inflammatory disease. Although the pathogenesis of endometriosis is poorly understood, evidence supporting the prevailing theory of retrograde menstruation suggests that endometrial stem cells may play a critical role in the pathogenesis of endometriosis. Cyclooxygenase-2 (COX-2) is an inducible enzyme that converts arachidonic acid into prostaglandins (PGs). It is usually absent under physiologic conditions, but rapidly expressed after stimulation by cytokines and pro-inflammatory agents in various pathological conditions such as endometriosis. Accumulated data indicate that increased COX-2 and COX-2-derived PGE2 production regulates cell survival, migration, and invasion of ectopic endometrial tissues. Resveratrol is a natural polyphenolic compound found in a variety of food sources, such as grapes, peanuts and red wines. It is known for its anti-proliferative, antioxidant and anti-inflammatory effects. Previously, we reported that 17β-estradiol can increase endometrial tumor stem cell characteristics and enhance cell proliferation and colony-forming efficiency in human ovarian endometrioma-derived endometrial mesenchymal stem cells (hOVEN-MSCs). In this study, our main purpose was to investigate the effects of resveratrol on the 17β-estradiol-treated hOVEN-MSCs.  Materials and methods: The proliferation potential of hOVEN-MSCs was measured by cumulative population doublings and colony-forming efficiency. Gene expression was confirmed by reverse transcription polymerase chain reaction (RT-PCR) analysis and cell migration and invasion were measured by transwell chamber assay.  Results: In our previous studies, we demonstrated that 17β-estradiol could statistically induce the expression of endometrial tumor stem cell markers (OCT-4, ALDH1, CD133 and Musashi-1) and promote growth rate and colony-forming efficiency in hOVEN-MSCs. The results of this study showed that hOVEN-MSCs treated with resveratrol (concentration 150μM) can significantly suppress 17β-estradiol-induced ALDH1, CD133 and Musashi-1 gene expression. Moreover, we found that resveratrol suppressed COX-2 gene expression and inhibited the migration and invasion ability of hOVEN-MSC induced by 17β-estradiol. We also carried out experiments to clarify the underlying mechanism of the observed biological effects of resveratrol, i.e., migration and invasion ability. The results showed that the expression of COX-2 was essential for 17β-estradiol-induced cell migration and invasion, as the effect can be negated by resveratrol and NS398 (a selective COX-2 inhibitor).  Conclusion: In summation, this study used a stem cell model, hOVEN-MSCs, to study the effects of resveratrol. The results indicate that resveratrol can reduce cell inflammation and can therefore be used as a novel candidate food for the prevention of endometriosis.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF08	雙酚 A 透過雌激素受體路徑降低 FSH 在顆粒細胞誘導的 Cx43-細胞間隙連接通訊 Bisphenol A reduces the Cx43-gap junctional intercellular communication of granulosa cells induced by FSH through the estrogen receptor pathway  王凱弘 <sup>1</sup> 蔡青浣 <sup>1</sup> 林大欽 <sup>2,3</sup> 郭宗正 <sup>2,3</sup> 郭綜合醫院生殖中心 <sup>1</sup> 郭綜合醫院婦產部 <sup>2</sup> 郭綜合醫院生殖醫學中心 <sup>3</sup>
臨時稿件編號：0227	
論文發表方式：口頭報告	Introduction: In mammals, ovarian follicles are functional units found in female reproductive organs. Oocytes are protected by and nurtured from surrounding somatic cells, including cumulus cells and granulosa cells (GCs). Numerous studies have shown that gap junctional intercellular communication (GJIC) between GCs and oocytes plays a critical role in folliculogenesis and oocyte maturation. Gap junctions are formed by transmembrane protein subunits termed connexins (Cx). Among these Cxs, Cx43 is an important gap junction protein required for GC-to-GC communication, which is present at every stage of folliculogenesis. Follicular stimulating hormone (FSH) is an important hormone that regulates the development and maturation of ovarian follicles and GCs. The expression of Cx43 increases with folliculogenesis, and a great deal of literature has demonstrated that FSH can increase the expression level of Cx43 in GCs. Bisphenol A (BPA) is an exogenous estrogen that is known as an endocrine-disrupting chemical. It might cause ovarian toxicity by increasing apoptosis of GCs, altering oocyte maturation by prematurely closing gap junctions in the GCs-oocyte complex. In our previous study, we demonstrated that BPA down-regulates the expression of Cx43 and reduces GJIC in GCs. The aim of this study was to understand the effect of BPA on the Cx43-gap junction formation in FSH-induced GCs.  Materials and methods: The GCs were collected from patients undergoing IVF procedures after controlled ovarian stimulation. Cx43 was quantified by reverse transcription polymerase chain reaction (RT-PCR) analysis. GJIC was determined using the scrape loading-dye transfer technique.  Results: Our previous results showed that FSH (80 ng/mL) treatment of GCs significantly increased FSH receptor and Cx43 expression. In this study, we mainly investigated whether BPA has an effect on the expression of Cx43 and GJIC in FSH-induced GCs, exploring the underlying mechanisms of these effects. First, we found that GJIC and Cx43 expression in FSH-induced GCs were significantly down-regulated by BPA (concentrations: 10-6 to 10-8 M) in a dose-response manner. Environment-related concentration of BPA (10-8 M) was used in subsequent experiments. Next, we assessed whether the effect of BPA on GJIC and Cx43 expression was mediated by the estrogen receptor (ER). FSH-induced GCs were cultured with BPA and estrogen antagonist (ICI 182,780; 1 mM). The results clearly indicate that the inhibiting effect of BPA on GJIC and Cx43 expression of FSH-induced GCs can be reversed by an estrogen antagonist, ICI 182,780. These results indicate that BPA treatment indeed reduced cell-cell communication in FSH-induced GCs through the ER-dependent signaling pathway.  Conclusion: Our data provide an important insight into the toxicological effects and mechanism of the function of BPA on human reproductive function.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OF10	濾泡刺激素和促黃體生成素接受體的基因多型性對試管嬰兒療程超排卵之影響 FSHR and LHR gene polymorphisms effect on ovarian response in women undergoing in-vitro fertilization  曹惠美 <sup>1</sup> 周英二 <sup>2</sup> 林秉瑤 <sup>1</sup> 黃俊嘉 <sup>1</sup> 楊順發 <sup>3</sup> 李宗賢 <sup>3</sup> 鄭思惠 <sup>1</sup> 李茂盛 <sup>1</sup> 茂盛醫院 <sup>1</sup> 中山醫學大學醫學系 <sup>2</sup> 中山醫學大學醫研所 <sup>3</sup>
臨時稿件編號：0035	
論文發表方式：口頭報告	Objective: To evaluate the role of follicle-stimulating hormone receptor (FSH receptor, rs6166) and luteinizing hormone receptor (LHR, rs2293275) polymorphisms in the ovarian response in women undergoing in-vitro fertilization.  Materials and Methods: This is a prospective cohort study, consisted of 987 IVF women with AMH serum level ≥ 2.0 ng/ml in Lee women's hospital from Jan., 2014 to Dec., 2015. According to oocyte retrieved numbers, patients were divided into four groups: normal response (9< oocyte no. <20), low response (4< oocyte no. ≤9), poor response group (oocyte no. ≤4) and over response (20≤ oocyte no.). Women undergoing in-vitro fertilization were collected blood samples for genomic DNA extracted (IRB: CS13194). Real-time PCR was used to investigate the SNP of FSHR (rs6166) and LHR (rs2293275).  Results: The proportion of women with poor response was 3.2% (n=32) in the total cohort (n=987). In the group of poor response, polymorphic types of FSHR (rs6166) and LHR (rs2293275) had higher frequency than normal response group (68.8 v.s. 50.5%, p=0.05 and 31.3 v.s. 10.3%, p=0.001, respectively)  Conclusions: This study analyzed the contribution of the FSHR (rs6166) and LHR (rs2293275) gene polymorphisms to ovarian response in women with AMH serum level ≥ 2.0 ng/ml. The results show that the FSHR (rs6166) and LHR (rs2293275) polymorphic types had significant correlation with poor ovarian response in women with AMH serum level ≥ 2.0 ng/ml undergoing in-vitro fertilization.

稿件編號：OF11	具空泡的囊胚有較高的非整倍體發生率及較差的臨床結果 Blastocysts with vacuoles associated with high aneuploid rate and poor clinical outcomes
臨時稿件編號：0153	林羿強 <sup>1</sup> 李侑豪 <sup>1</sup> 鄭思惠 <sup>1</sup> 白依萍 <sup>1</sup> 施惠馨 <sup>2</sup> 陳怡君 <sup>1</sup> 黃俊嘉 <sup>1</sup> 李宗賢 <sup>1,2,3</sup> 李茂盛 <sup>1,2,3</sup> 茂盛醫院 <sup>1</sup> 中山醫學大學醫學研究所 <sup>2</sup> 中山醫學大學附設醫院婦產部 <sup>3</sup>
論文發表方式：口頭報告	Introduction: Vacuoles are sphere-shaped membrane-bound cytoplasmic inclusions in cells. Vacuoles can arise during in vitro culture of human embryos at any stage of development. Vacuoles more often appeared in trophectoderm than in the inner cell mass on the blastocyst stage. Affection of vacuoles on blastocyst development and chromosomal abnormality is not clear.
論文歸類：生殖內分泌	Materials and Methods: There were 3351 blastocysts from IVF-PGT-A cycles included in this study and 180 cycles transferred single euploid blastocyst from Aug 2018 to July 2020 in the Lee women's Hospital. Blastocysts with or without vacuoles were compared with PGT-A results and clinical outcomes. The euploid rate, maternal age, vacuoles exist and embryo quality were assessed by univariate and multivariate logistic regression analyses.  Main Results: The rate of aneuploid and mosaic blastocysts with vacuoles showed higher than without vacuoles (71.2% versus 64.4%, p<0.001). The percentage of blastocysts with vacuoles were higher than which without vacuoles in poor quality blastocysts (30.4 % versus 18.3%, p <0.001). For logistic regression analyses, there was a positive association between euploid blastocyst and maternal age, vacuoles existed and embryo quality. The ongoing pregnancy rate of transferring single euploid blastocyst without vacuoles was significantly higher than which with vacuoles group (49.0% versus 29.0%).  Conclusions: The vacuoles existed in blastocysts was related to chromosomal abnormalities. Blastocysts without vacuoles are priority for embryo transferring in IVF treatment cycles. We suggested that if vacuoles existed in blastocysts offered the selection criteria of blastocyst for transferring in IVF cycle.

稿件編號：OF12	子宮頸分泌液之甲基化圖譜可作為子宮內膜容受性之生物標記 Methylation profiles of cervical secretions as potential biomarkers for endometrial receptivity
臨時稿件編號：0076	陳子超 <sup>1,2</sup> 黃瑞蘭 <sup>3</sup> 翁瑜君 <sup>3</sup> 王惠貞 <sup>4</sup> 陳林鈺 <sup>3</sup> 李怡瑩 <sup>5</sup> 王家瑋 <sup>2</sup> 謝昌志 <sup>2</sup> 曾啟瑞 <sup>5</sup> 胡玉銘 <sup>3</sup> 陳啟煌 <sup>6</sup> 廖琪鈞 <sup>1</sup> 賴鴻政 <sup>1,3</sup> 衛生福利部雙和醫院婦產科 <sup>1</sup> 王家瑋婦產科 <sup>2</sup> 衛生福利部雙和醫院轉譯中心 <sup>3</sup> 台北醫學大學婦產學科 <sup>4</sup> 台北生殖醫學中心 <sup>5</sup> 台北醫學大學附設醫院婦產部症科 <sup>6</sup>
論文發表方式：口頭報告	Objective: The ability of the endometrium to allow implantation of the embryo is termed receptivity. A receptive endometrium serves as a foundation for a healthy pregnancy. However, the receptivity of endometrium cannot be correctly identified until a pregnancy outcome is unraveled. DNA methylation is sufficiently stable for analysis and can be detected in a variety of biological fluids and exfoliation. In view of the promising results of endometrial cancer detection by a panel of methylated genes from cervical scrapings, we investigated the feasibility of predicting successful implantation from methylation profiles of cervical secretions.
論文歸類：生殖內分泌	Materials and Methods: Embryo transfer cycles with at least one good quality embryo were enrolled. A sample of cervical secretion was collected during the embryo transfer procedure right before a transfer catheter was inserted into the cervical canal. Samples were categorized into the pregnancy group and the non-pregnancy group according to a viable intrauterine pregnancy at 12 weeks of gestation. The methylation profiles were generated by a genome-wide methylation array and the resultant differentially methylated probes (DMPs) were ranked according to the area under the receiver operating characteristics curve (AUC), which represented the ability of methylation levels to separate the pregnancy group from the non-pregnancy group. Quantitative methylation-specific polymerase chain reaction (qMSP) was performed to verify the array data and validate the candidate genes.  Results: This is a retrospective case-control study conducted across multiple infertility centers from Aug 2017 to April 2020. In the discovery phase, 5669 promoter region DMPs were identified from 57 samples of 27 pregnancy and 30 non-pregnancy. Ranked by AUC, the accuracy of DMPs in predicting the pregnancy outcomes reached as high as 86.2% until the size of DMPs was less than 2000. Functional enrichment analysis of these top 2000 DMPs revealed ion transmembrane transport being the most important factor of pregnancy outcomes. For verification of the array data, the methylation levels of candidate genes selected from subgroups of CpG-sets categorized by unsupervised hierarchical clustering were measured by qMSP, which yielded AUCs of each gene from 0.53 to 0.73. A similar range of AUCs between 0.53 and 0.78 for each gene was derived when the candidate genes were validated on another 69 samples, including 32 pregnancy and 37 non-pregnancy. In order to estimate the AUCs of gene combinations in large-scale samples, 500 bootstrapping iterations were performed on all 126 samples and the AUCs reached as high as 0.83 when six genes were combined.  Conclusion: Cervical secretion is a feasible source of methylation testing that predicts successful pregnancy. Studies with larger sample sizes and well-controlled embryo qualities are warranted for markers of higher accuracy.





台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG01	於 94 歲女性的卵巢腫瘤手術中進行內髂動脈結紮術 Internal iliac artery ligation in a 94-year-old patient with ovarian tumor (total hysterectomy and bilateral salpingoophrectomy)  <u>王孝萱</u> <sup>1</sup> <u>莊乙真</u> <sup>1</sup> 新北市亞東紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0131	
論文發表方式：口頭報告	Internal iliac artery supply the main blood flow to pelvic organs. The ligation of internal iliac artery is common for postpartum hemorrhage and pelvic cancer operation with intractable hemorrhage . Here we present a case report of 94 years old patient with huge ovarian tumor with compression syndrome. She could not tolerate the compression pain and asked for surgery.The pre-operation CT scan revealed a huge left ovarian tumor with possible colon adhesion and left pelvic Lymph nodes enlargement Owing to her elderly age , we did the total hysterectomy and bilateral salpingoophrectomy for her with limited wound . The surgical procedure included the left oophorectomy first . However the tumor adhered to sigmoid colon. Dedicated removal of the tumor was done carefully to prevent from colon injury , and the right oophorectomy was then done . At first we did not try to do hysterectomy to keep the surgery time as short as possible. However, the frozen section of left ovary revealed carcinosarcoma. We decided to do hysterectomy to find out the origin of tumor. To decrease the blood loss as few as possible, we did the bilateral internal iliac arteries ligation, following by total hysterectomy. There is no such experience of internal iliac ligation in an such elderly lady. we present our case experience and review of elder gynecologic surgery literature.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG02	卵巢輸卵管膿瘍接受藥物治療患者的復發處置分析 Analysis of Recurrence Management in Patients Who Underwent Medical Treatment for TOA  <u>陳三貴</u> <sup>1</sup> 高雄榮民總醫院婦女醫學部 <sup>1</sup>
臨時稿件編號：0343	
論文發表方式：口頭報告	The recurrence for tuboovarian abscess treated medically was observed. The management of these patients when tuboovarian abscess recurs can be treated medically again or surgically. We aimed to explore the recurrence rate and management of patients with tuboovarian abscess that were first treated nonoperatively. We identified patients in the Taiwan National Health Insurance Research Database who were hospitalized due to tuboovarian abscess for the first time between 2000 and 2010 and received nonsurgical treatment. The recurrence and its management were recorded. Data were analyzed to access the risk factors for recurrence and factors that influenced the management of recurrent tuboovarian abscess.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG07	把翻轉教學帶入臨床技能訓練工作坊提升婦產科住院醫師訓練 Incorporating Flipped Classroom Self-Learning into Hands-On Workshop for Clinical Skills Training in Obstetrics and Gynecology Residency Training  <u>董亭瑄</u> <sup>1</sup> <u>趙安琪</u> <sup>1</sup> <u>詹耀龍</u> <sup>1</sup> <u>吳雪銘</u> <sup>1</sup> <u>林益豪</u> <sup>1</sup> <u>郭信宏</u> <sup>1</sup> <u>梁景忠</u> <sup>1</sup> <u>盧佳序</u> <sup>1</sup> <u>周宏學</u> <sup>1,2</sup> 林口長庚紀念醫院婦產部 <sup>1</sup> 長庚大學醫學院 <sup>2</sup>
臨時稿件編號：0275	
論文發表方式：口頭報告	Introduction: The traditional, yet simple, "see one, do one, teach one" residency training philosophy for surgical specialties has may pitfalls in the ever-changing medical environment. As the population ages, there are greater medical comorbidity. With the expanding new medical knowledge, new treatment options, and new practice models, there are endless knowledge to be acquired. With increased patient's expectations, standards, worry of legal issues, decreased surgical volume, and implementation of restricted residency training hours, residents now have much less opportunity to master surgical techniques by. Workshop for clinical skill training is an effective way to help residents obtain competence without increasing morbidity to patients. To shorten the time of workshop and to increase resident's efficacy of learning, we incorporated flipped classroom technique to the workshop.  Methods: The workshop including five stations of clinical skills was conducted by the obstetrics and gynecology (OBGYN) department of a single, tertiary, teaching medical center. All first to fourth year OBGYN residents were invited to attend the simulation workshop. The five stations were primary repair of obstetrics anal sphincter injury, manipulation of vaginal breech delivery, semen analysis, cervical conization, and laparoscopic training box. Trainees were required to study the mini-lectures of each station uploaded online 1 week prior to the workshop in a flipped classroom method. Residents rotated to all five stations and underwent pre-test and post-test evaluation. The instructors gave direct feedback during the workshop. At the end of workshop, resident completed a satisfaction questionnaire, including their overall satisfaction regarding design of the workshop, relevance of topic taught to clinical setting, and their willingness to attend future workshop voluntarily. The scores of pre-test and post-test were measured and compared to evaluate the efficacy of learning.  Results: A total of 31 residents with 17 junior residents (first and second year), and 14 senior residents (third and fourth year) were invited to attend the workshop. Six residents were unable to attend the workshop, and another six residents were unable to complete the training due to clinical duties. A total of 5 first year, 6 second year, 3 third year, and 5 fourth year residents completed the entire pre-workshop lecture, workshop, pre-test, and post-test. The total average pre-test score for all residents was 59.8% and post-test was 95.0%. The average pre-test score for junior and senior residents were 54.3% and 65.0%, respectively. Post-test score was 92.9% and 98.4%, respectively. average individual score increases with increased year of residency. There were significant differences between pre-test and post-test for junior and senior residents for each subspecialty.  Conclusion: Senior residents scored significantly better in all categories compared to junior residents, as expected. Significant improvement of scores were also seen between an individual's pre- and post-test. Implement of flipped classroom method provides flexibility of improving knowledge acquisition and more time for hands-on experience as well as shortening of workshop hours. Feedback from the trainees were all positive, with all residents willing to participate in similar workshop in the future.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG10	以先發性止痛來控制手術後的疼痛 Preemptive Analgesia for Postoperative Hysterectomy Pain Control  <u>李耀泰</u> <sup>1</sup> <u>鄭雅敏</u> <sup>1</sup> <u>林大欽</u> <sup>1</sup> <u>關龍錦</u> <sup>1</sup> <u>朱益志</u> <sup>1</sup> <u>黃開暄</u> <sup>1</sup> <u>郭宗正</u> <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup>
臨時稿件編號：0229	
論文發表方式：口頭報告	Introduction: Preemptive analgesia refers to any pain treatment given to the patient prior to surgery. Theories exist that giving medications preemptively can prevent central sensitization caused by an incision and inflammation. Drugs with diverse mechanisms of action are combined in different pain killers both before and after surgery to achieve better postoperative pain control. The objective of this study was to investigate the effectiveness of preemptive analgesia in pain control for women undergoing total abdominal hysterectomy.  Materials and Methods: Consecutive patients were managed with preemptive analgesia for postoperative pain control after abdominal hysterectomy between Jan. 2016 and Oct. 31, 2020. On the night prior to operation, these patients were administered 600 mg oral gabapentin, lorazepam 1 mg, and a deep intramuscular injection of Naldebain 150 mg. In addition, one hour before operation, intravenous dexamethasone 8 mg in 0.9% saline 50 mL infusion for 30 minutes and intravenous metoclopramide 15.4 mg were given. Before closure of the wound, 0.5% bupivacaine 20 mL local infiltration was used. Subsequently, ketorolac, celecoxib and gabapentin were administered at regular intervals for 4 days after surgery. The outcomes analyzed were length of stay, postoperative pain scores, satisfaction rates, and 30-day readmission rates.  Results: Over the study period, 38 patients underwent abdominal hysterectomy. The mean age of the patients was 47.8 years and mean body mass index was 24.8 kg/m2. Twenty-seven (71.1%) patients had a Pfannenstiel incision. Three (7.9%) patients received intraoperative blood transfusion. Thirteen (34.2%) patients were discharged on or before day four of post-operation, and the average length of hospital stay was 4.6 days. The mean time to the passing of flatus and mean time to regular diet were 12.2 hours and 15.2 hours, respectively. In addition, the evaluation of post-operation mean visual analog scales (VAS) at 24 hours was 2.1 at rest, and 2.8 in walking. No necrotic agent was given after operation. Thirty-two (84.2%) patients rated satisfaction with perioperative care as very good or excellent. No patient was readmitted within 30 days after discharge or had notable complications.  Conclusions: Techniques for preemptive analgesia are simple and effective. Preemptive analgesia aims to diminish postoperative pain from the concept of a central component to postinjury hypersensitivity. Therefore, the prevention of central hyperexcitability by blockade of afferent nerve pathways from the site of the injury to the central nerve system may decrease the amount and duration of post-injury pain perception. We recommend using preemptive Nalbuphine (high dose of narcotic) to result in decreased week 1 postoperative pain, with a rapid return to ambulation and normal daily activities. In addition, we suggest use of preemptive gabapentin, lorazepam and dexamethasone, as well as celecoxib (COX-2 inhibitor), ketorolac and gabapentin after surgery for reducing postoperative pain and total postoperative narcotic consumption. In this study, implementation of preemptive analgesia was associated with acceptable pain management and reduced opioid use, reduced length of stay without increased readmission and morbidity rates, and high patient satisfaction.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG11	以 HE4 幫助診斷子宮內膜癌的檢視：一病例报告和文獻回顧 The Role of HE4 in Aiding Diagnosis of Endometrial Cancer: A Case Report and Literature Review  李耀奎 <sup>1</sup> 鄭雅敏 <sup>1</sup> 黃閃喧 <sup>1</sup> 林儒昌 <sup>1</sup> 黃正強 <sup>2</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup> 郭綜合醫院放射科 <sup>2</sup>
臨時稿件編號：0231	
論文發表方式：口頭報告	Introduction In endometrial cancer, there are no markers routinely used in clinical practice. Recently, human epididymis protein 4 (HE4) has been identified as a biomarker for epithelial ovarian cancer and is also highly expressed in endometrial cancer. HE4 is comprised of two whey acidic protein domains and contains a 4-disulfide core. HE4 levels are infrequently elevated by benign gynecologic conditions that frequently cause the overexpression of CA125. In addition, HE4 is significantly correlated in endometrial cancer with histological grade, FIGO stage, lymph node metastasis, myometrial invasion, and cervical involvement. Herein, we detected serum HE4 in a woman to differentiate endometrial cancer from an initial diagnosis of cervical cancer.  Case Report A 66-year-old woman was presented, exhibiting postmenopausal vaginal bleeding intermittently for 9 months. She had also suffered from type 2 diabetes mellitus with metformin treatment for 10 years. On Aug. 18, 2020, cervical biopsy and endocervical curettage revealed adenocarcinoma, resulting in a tentative diagnosis of cervical cancer in our institution. On Aug. 24, 2020, pelvic examination showed the cervix to be unremarkable, and per rectum examination could not palpably detect any mass. Pelvic sonography revealed a normal-sized uterus with an endometrial thickness of 6 mm. However, a computed tomography scan diagnosed endometrial cancer of stage II. At that time, serum tumor markers revealed an elevation of HE4 of 316 pmol/L (<150 pmol/L), CA125 of 46.7 U/mL (<35 U/mL), SCC 0.7 ng/mL (<1.5 ng/mL), CA199 of 11.5 U/mL (<37 U/mL), and CEA of < 1.7 ng/mL (<5 ng/mL). Therefore, the preoperative diagnosis changed to that of endometrial cancer. She then underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic lymphadenectomy and partial omentectomy on Sep. 9, 2020. The pathologic report showed endometrial cancer of FIGO stage II with a tumor 6 cm in size. Postoperative adjuvant chemotherapy and radiation therapy will therefore be arranged.  Discussion HE4 was originally isolated from the human epididymis, but it is also expressed in other tissues of the body. It has been shown to play a role in the regulation and growth of ovarian and endometrial cancer. Median HE4 levels have been shown to increase with old age, and to be significantly lower during pregnancy compared with age-matched control subjects. Preliminary studies have shown that HE4 has potential value in early diagnosis, prognosis prediction, and relapse monitoring of endometrial cancer. In this case, diagnostic curettage and hysteroscopic biopsy may bring additional trauma and cannot be tolerated. HE4 could be used alone or combined with other tools for endometrial cancer diagnosis. In 2020, Lius et al. reported a meta-analysis of 17 articles for endometrial cancer, showing that serum HE4 had high specificity (91.3%), diagnostic odds ratio (OR 26.7), and AUC (area under curve) 0.75, despite low sensitivity (65%). Therefore, these data suggested HE4 is a promising novel biomarker for the diagnosis of endometrial cancer.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG13	腹腔鏡子宮肌瘤切除術常規使用囊袋內絞碎術的經驗 The Experience of In-Bag Morcellation as a Routine for Laparoscopic Myomectomy  林大欽 <sup>1</sup> 黃閃喧 <sup>1</sup> 朱益志 <sup>1</sup> 關龍錦 <sup>1</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup>
臨時稿件編號：0237	
論文發表方式：口頭報告	Introduction: The risk of spreading cells from unexpected malignancies maculate the benefits of morcellation in laparoscopic myomectomy. Contained morcellation within a bag may minimize this risk, though this complicated procedure may prolong operation time. Therefore, we provide our experience in using this routine.  Materials and Methods: The present study evaluated routine use of in-bag morcellation during laparoscopic myomectomy in patients (n=68) from 1/2018 to 10/2020. The bag used was LapSac (Cook) and the morcellator was TCM 3000BL (Nouvag).  Results: The median age was 36.4 (ranging from 26 to 49) years old and BMI was 25.1 (21.8 to 45.3). Indications for myomectomy for their fibroids included bleeding disorders (54.1%), anemia (36.3%), compression (31.4%), and infertility (26.3%). Subtotal hysterectomy and hysterectomy were not included. Those with simultaneous transcervical resection of myoma were also not included. Cases with incidental removal of co-existent adenomyoma were included; however, there were no cases of intended laparoscopic adenomyomectomy. No unexpected malignancy occurred during this period of time. The median weight of the removed tissue was 235 g (23 to 1480g). The median duration of the surgeries was 127.5 min, and the median time associated with use of the bag was 44 min (25 to 210 min); this significantly correlated with myoma volume (p<0.01) and specimen weight (P<0.01), but not with the BMI or age of the patients. The technical success rate for contained morcellation was 95.6% (65/68). Three cases with incidental finding of spilled tissue or wandering myoma needed further removal of myoma with or without reinsertion of the bag.  Conclusion: Although following the routine of in-bag morcellation may complicate our operation, the high technical success rate of contained morcellation may justify our routine use in minimizing the risk of the spreading cells from unexpected malignancy.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OG15	超音波海扶治療子宮肌瘤及子宮肌腺症：高雄長庚醫學中心經驗報告 Ultrasound-guided high-intensity focused ultrasound treatment for uterine fibroid and adenomyosis: A single center experience from KCGMH  陳文欣 <sup>1</sup> 楊采樺 <sup>1</sup> 吳伶穎 <sup>1</sup> 龔福財 <sup>1</sup> 黃寬慧 <sup>1</sup> 莊斐瑛 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0234	
論文發表方式：口頭報告	OBJECTIVE: The aim of the present study was to evaluate the efficacy and safety of ultrasound-guided high-intensity focused ultrasound (USgHIFU) for uterine fibroids and adenomyosis in KCGMH single center. METHODS: This is a retrospective analysis of 61 patients with symptomatic uterine fibroids and adenomyosis who were treated with USgHIFU. Treatment was administrated using the Model Haifu JC Focused Ultrasound Tumor Therapeutic System (Chongqing Haifu Technology, Chongqing, China) under real-time ultrasound guidance. All patients has received magnetic resonance imaging (MRI) before HIFU. The follow-up was conducted on volume change based on MRI at 1st day after HIFU and sonography at 3, 6 and 12 months after treatment. The outcomes included the volume reduction rate, the improving rate of menorrhagia and dysmenorrhea, the complication and secondary surgery rate. RESULTS: The group analysis was stratified as single myoma(n=31), multiple myomas(n=15) and adenomyosis groups(n=15). The non-perfusion volume rate of single myoma, multiple myoma and adenomyosis group were 70.9%, 63.26%, 53.45%(mean), respectively. The fibroid volume reduction rates of single myoma were 33%, 50%, and 52%(mean), by 3, 6, and 12 months, respectively. The volume reduction rates of multiple myoma were 49%, 22%, and 41%(mean), by 3, 6, and 12 months, respectively. The adenomyosis volume reduction rates were 46%, 28%, and 32%(mean) by 3, 6, and 12 months, respectively. The volume reduction of single myoma persisted during the 12 months after HIFU. On the contrary, the volume reduction rate of multiple myomas and adenomyosis reversed since 6 months after HIFU. Menorrhagia improving rates of multiple myoma, single myoma and adenomyosis groups were 91.7%, 80.8% and 61.5%, respectively. Dysmenorrhea improving rates of multiple myoma, single myoma and adenomyosis groups were 85.7%, 73.3% and 63.6%, respectively. Six patients had chronic sacral pain after treatment, but no serious adverse events were observed. Three patients had secondary surgery. Two of them with single submucosal myoma received subsequent hysteroscopic resection during 3 months after HIFU. One of them had hysterectomy at 1 year after HIFU. CONCLUSIONS: Our results suggest that USgHIFU has a promising prospect for treating uterine fibroids and adenomyosis. Objectively, the volume reduction rate persisted decreasing in single myoma group, while the rate had a reverse at 6 months after HIFU in multiple myomas and adenomyosis groups. Subjectively, the menorrhagia and dysmenorrhea improving after HIFU. The most is of the multiple myomas group, and the least is in of the adenomyosis group. The complication rate and secondary surgery rate were acceptable.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU01	聚丙稀篩網的免疫化學分析：網片尺寸是否有所不同？ Immunochemical analysis on polypropylene mesh: does mesh size make a difference?  張藍心 <sup>1</sup> 盧佳序 <sup>1</sup> 林益豪 <sup>1</sup> 朱筱倩 <sup>2</sup> 謝武橋 <sup>1</sup> 陳怡斌 <sup>3</sup> 林口長庚紀念醫院婦產部 <sup>1</sup> 長庚大學 <sup>2</sup> 基隆長庚紀念醫院婦產部 <sup>3</sup>
臨時稿件編號：0274	
論文發表方式：口頭報告	Objectives: The aim of the study is to demonstrate the impact of the size of the implanted mesh relation to its immunochemical reaction implanted into animal models.
論文歸類：婦女泌尿	Methods: An experimental study utilizing 54 female Sprague Dawley(SD) rats divided into 5 groups: Control, Sham, and Study groups [Mesh-Small (M-S), Mesh-Medium (M-M), Mesh-Large (M-L)]. The M-S group uses a mesh size of 0.2x0.2cm, M-M a mesh size of 0.5x0.5cm, and M-L a 0.7x1.0cm mesh size. The sham group underwent vaginal dissection with no mesh implantation. The rats were sacrificed using isoflurane overdose on Day 7 and Day 30. The mesh with the surrounding vaginal and bladder wall tissues were removed and processed for histochemical and western blot analysis. Results: There is a significant increase to IL-1 and TNF- immunoreactivity with Day7 M-M and M-L groups when compared against the Sham with p values of 0.001 and <0.001 respectively. M-L showed significantly higher immunoreactivity to TNF-□ persisting to Day 30. All study groups presented a significantly higher immunoreactivity to MMP-2 and NGF on Day 7. However, reactivity to NGF does not persist to Day 30 in all groups. Immunoreactivity to CD 31 on Days 7 and 30 appear significantly greater on M-M and M-L groups, with M-L reaction continuing to Day 30. Conclusion: Mesh size is directly proportional to the inflammatory reaction in the host tissue. The prolonged inflammatory process leads to delayed tissue remodeling and angiogenesis, which could delay mesh-tissue integration.  Keywords: Immunochemical analysis; Inflammation; Polypropylene Mesh; Transvaginal mesh

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU03	患有骨盆底疾病之婦女的陰道排氣的盛行率及其對於性功能之影響 The prevalence of vaginal flatus in women with pelvic floor disorders and its impact on sexual function  劉蕙瑄 <sup>1</sup> 蘇聰賢 <sup>1</sup> 黃俊淇 <sup>2</sup> 謝耀德 <sup>2</sup> 新竹馬偕紀念醫院婦產部 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>2</sup>
臨時稿件編號：0346	
論文發表方式：口頭報告	Background: Vaginal flatus is involuntarily passing gas from the vagina. Women seldom voluntarily report it, and related data are limited.
論文歸類：婦女泌尿	Aim: To investigate the prevalence of vaginal flatus in women with pelvic floor disorders and its impact on sexual function.  Methods: This was an observational study involving women who visited a urogynecologic clinic in a tertiary medical center. Patients were asked about their experience of vaginal flatus. Other evaluations included urodynamics, genital prolapse stage, and quality of life questionnaires, including the short form of the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12), Urogenital Distress Inventory (UDI-6), and Incontinence Impact Questionnaire (IIQ-7).  Outcomes: Clinical characteristics, vaginal anatomical landmarks, stage of prolapse, urodynamic parameters, and quality of life scores were compared between women with and without vaginal flatus.  Results: Among 341 women, 118 (35%) reported vaginal flatus, which was more common in those who were younger (a mean age of 49.3±9.2 years; range, 25–74 years vs. 49.3±9.2 years; range, 25–74 years, p<0.001) and sexually active (98% vs. 55%, p<0.001). Women with vaginal flatus had significantly worse sexual function (PISQ-12, 16.3±15.9 vs. 30.9±8.0, p<0.001), and incontinence-related quality of life (UDI-6, 23.4±10.5 vs. 17.8±8.9, p=0.039; IIQ-7, 25.5±14.5 vs. 17.2±12.5, p=0.012). For frequency and bother, 46% (48/116) of the women reported often or always having symptoms during sexual activity, 15% (5/34) when performing daily activities, and 12% (4/31) when exercising; and 60% (70/116) felt least moderate bothersome during sexual activity compared to 5% (2/34) when performing daily activities and 18% (6/31) when exercising.  Clinical Implications: Vaginal flatus is prevalent in women with pelvic floor disorders, particularly in those who are younger and sexually active.  Strengths & Limitations: The strength of this study is to evaluate the sexual function with validated questionnaires. The lack of data after pelvic floor management is the major limitation.  Conclusions: Vaginal flatus has a significantly negative impact on sexual function in women with pelvic floor disorders, routine counseling should be considered for these patients.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU05	接受小陰唇手術之性功能影響 The impact on sexual function after labia minora reduction  林冠伶 <sup>1</sup> 盧紫曦 <sup>1</sup> 劉奕吟 <sup>2</sup> 龍震宇 <sup>3</sup> 高雄大同醫院婦產科 <sup>1</sup> 高雄小港醫院婦產科 <sup>2</sup> 高雄醫學大學附設醫院婦產部 <sup>3</sup>
臨時稿件編號：0299	
論文發表方式：口頭報告	Background: Hypertrophy of labia minora can result to discomfort and even impair life quality. There is a trend of surgical correction of labia minora. However, the evaluation of sexual function after vulvoplasty is less discussed. We review our patients if there were any differences in sexual function and assess our results after the surgery.
論文歸類：婦女泌尿	Methods: We conducted a retrospective chart review of all cases of primary or secondary labia minora reduction surgery performed by two surgeons from January 2017 to October 2018. We recorded patient demographics, the associated vulva symptoms with VAS scores, the impact on quality of life, and sexual function with Female Sexual Function Index (FSFI) and complications.  Results: We included 75 labia minora reduction procedures. Among the patients, 75.5% are sexually active, and 73.3% are nulliparous. A wedge excision was performed in most cases. The associated symptoms of itching, traction pain, irritation, malodors discharge and general discomfort significantly improved after surgical reduction(p<0.05). The surgical outcome was rated very good or excellent by 95% of patients. Women with sexual life have greater satisfaction with significant pain improvement from postoperative FSFI questionnaire(p=0.038). The complication occurred in 3% of cases, usually owing to postoperative pain, hematoma and bleeding.  Conclusions: Labiaplasty seems safe and shows high rates of overall satisfaction. Otherwise, sexual pain also significantly improved postoperatively.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU07	Oxytocin 凝膠在停經後陰道上皮萎縮女性的使用 Topical oxytocin gel for postmenopausal vaginal atrophy  王語瑄 <sup>1</sup> 劉蕙瑄 <sup>1</sup> 黃文助 <sup>1</sup> 蘇聰賢 <sup>2</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 新竹馬偕紀念醫院婦產部 <sup>2</sup>
臨時稿件編號：0277	
論文發表方式：口頭報告	Around 90% of postmenopausal women are suffering from vaginal atrophy due to reduced circulating estrogen concentrations. There are various options of hormone replacement therapy including systemic and topical hormone. However, patients who mind using hormone therapy or those who have estrogen-dependent types of cancer are contraindicated by hormone replacement therapy rather systemic or topical hormone.
論文歸類：婦女泌尿	This study reviewed and analyzed all the randomized control trials of using topical oxytocin gel on vaginal atrophy in recent ten years. The tools for evaluation include histopathological analysis and vaginal maturation index according to vagianl biopsy, vagianl PH, sexual function and patients' subjective symptoms score of vaginal atrophy. The results of this study showed oxytocin gel could potentially be used for symptomatic relief and to promote restoration of the vaginal epithelium in postmenopausal women who suffer from vaginal atrophy, without causing any side-effects and without causing any significant changes in systemic hormone levels. Further details will be revealed in the following presentation.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU08	以 Sankey 圖示方式探討 2011~2020 年間發表於於 Pubmed 醫學資料庫婦女泌尿領域最具影響力的國家及學者
臨時稿件編號：0291	The most influential authors published in Pubmed central in urogynecology-related field 2011~2020, by using Sankey diagram  吳銘斌 <sup>1</sup> 錢才瑋 <sup>2</sup> 奇美醫學中心婦女泌尿科 <sup>1</sup> 奇美醫學中心醫學研究部 <sup>2</sup>
論文發表方式：口頭報告	Background: Article publications and citations are frequently used for assessing author academic achievements (AACs), but some problems were encountered in academics due to (1) author contributions are not equal on the article bylines and (2) h-index with integer values harder to discriminate AACs in a group or discipline. Objective: The study aimed to (1) present the x-index using author-weighted scheme to demonstrate authors who worked in urogynecology-related department worldwide, and display AACs on visual representations of Kano and Sankey diagram. Methods: We downloaded article abstracts in Pubmed Central after searching keywords of urogynecology-related affiliations 2011~2020. A total of 1,419 abstracts were collected and 4,906 citations were matched to their corresponding articles. The x-index was used to evaluate the AACs for authors and author affiliated countries using author-weighted scheme to adjust the contributions to articles. Social network analysis (SNA) was applied to investigate the association of entities in a network. Three visual representations of Sankey diagram, choropleth map, and Kano diagram were used to display the study results. Results: We observed the followings: (1) The most number of publications was found in the United States (837, 59%), followed by Taiwan (7%) and Brazil (5%). The highest AAC based on x-index was from the US (23.52), followed by Brazil (22.12) and Taiwan (7.64). Three attributes for entities (e.g., countries, institutes, authors, and MeSh terms) are easily discriminated using the Kano diagram. The Sankey diagram helps up present all influential entities in a picture that implemented Kano diagram to exhibit the association between entities. Conclude: We demonstrated the x-index based on the author-weighted scheme (AWS) to compare AACs for authors who worked in urogynecology field around the world. Our study not only provided a fair evaluation approach in AAC assessment, but also interpreted the characteristics of AACs for entities on dashboards that are promising and innovative in bibliographic analyses and worth mimicking the visualizations in the future, not just limited to the urogynecology discipline as we did in this study. .
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU09	玻尿酸膀胱灌注治療前後間質性膀胱炎的婦女之尿動力學檢查結果與臨床症狀預後的比較
臨時稿件編號：0009	Effect of intravesical hyaluronic acid treatment on urodynamic and clinical outcomes among women with interstitial cystitis/painful bladder syndrome  梁景忠 <sup>1</sup> 彭榆真 <sup>2</sup> 馮敏 <sup>2</sup> 張藍心 <sup>2</sup> 林益豪 <sup>1</sup> 邱月暇 <sup>3</sup> 長庚紀念醫院林口總院;長庚大學醫學系 <sup>1</sup> 長庚紀念醫院林口總院 <sup>2</sup> 長庚大學醫務管理學系 <sup>3</sup>
論文發表方式：口頭報告	Purpose: Treatment of interstitial cystitis/bladder pain syndrome (IC/BPS) is often delayed because of a lack of objective data during diagnosis. This study was conducted to determine the clinical validity of using urodynamic studies to investigate the effect of intravesical hyaluronic acid (HA) treatment among women with IC/BPS. Materials and Methods: Thirty patients with IC/BPS undergoing 6-month intravesical instillation of HA were recruited. Pretreatment evaluation involved a urinalysis and urinary culture, urinary cytology, a 3-day voiding diary, and cystoscopy with hydrodistention of the bladder. Urodynamic study was performed before and after HA treatment. Symptomatic changes were assessed using a questionnaire covering lower urinary tract symptoms, the O'Leary-Sant symptom index and problem indexes (ICSI and ICPI), and the visual analog scale for pain and urgency. Patient demographics, urinary symptoms, ICSI/ICPI scores, pain and urgency scores, and urodynamic results before and after HA treatment were compared. Results: Urinary frequency, nocturia, urgency, pelvic pain, bladder capacity, ICSI, and ICPI were significantly improved after HA treatment. Comparing urodynamic parameters, the volumes at first desire to void (FDV) and maximum cystometric capacity were significantly increased after HA treatment. Before HA treatment, a negative correlation existed between the ICSI and ICPI and urodynamic parameters, including maximum flow rate and bladder capacity, but there were no significant correlations after treatment. Before HA treatment, a negative correlation was discovered between nocturia and FDV. However, after HA treatment, there were no significant correlations between urinary symptoms and urodynamic parameters.
論文歸類：婦女泌尿	Conclusions: Our results indicate that the improvement of urinary symptoms of IC/BPS after HA treatment is associated with increased FDV and maximum cystometric capacity. The value of FDV and the frequency of nocturia after treatment may become useful objective indicators for prognosis of IC/BPS.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU10	經陰道網膜手術後新發應力性尿失禁的超音波預測因子
臨時稿件編號：0348	Ultrasound predictor of postoperative de novo stress urinary incontinence following transvaginal mesh surgery  龍震宇 <sup>1</sup> 劉奕吟 <sup>2</sup> 盧紫曦 <sup>3</sup> 林冠伶 <sup>3</sup> 葉建麟 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup> 高雄市立小港醫院婦產科 <sup>2</sup> 高雄市立大同醫院婦產科 <sup>3</sup>
論文發表方式：口頭報告	Purpose: The aim of our study was to evaluate the ultrasound predictor of postoperative de novo SUI in POP women after surgery.
論文歸類：婦女泌尿	Materials and Methods: Women with POP stage II or greater defined by the POP quantification (POP-Q) staging system without SUI, were referred for transvaginal mesh (TVM) surgery at our hospitals. We excluded the patient who underwent concomitant anti-incontinence surgery during operation. Clinical evaluations before and after surgery included perineal sonography to measure posterior urethrovaginal (PUV) angles at rest and straining status, pelvic examination, multichannel urodynamic study, and a personal interview to evaluate the lower urinary tract symptoms.  Results: Clinical backgrounds are not significant in both groups. The mean PUV angles at rest and straining revealed not significantly different in women with and without SUI after TVM.  Conclusions: Ultrasound assessment appears to provide limited information in predicting post-operative de novo SUI for continent women undergoing TVM for the treatment of POP.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU11	使用低能量體外震波治療在間質性膀胱炎患者:長庚醫院 30 例研究
臨時稿件編號：0350	Use of low-intensity extracorporeal shock wave therapy in the management of interstitial cystitis/bladder pain syndrome patients: A thirty case study in Chang-Gung Memorial Hospital.  林益豪 <sup>1</sup> 張藍心 <sup>1</sup> 謝武橋 <sup>1</sup> 盧佳序 <sup>1</sup> 梁景忠 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式：口頭報告	Background: To investigate the outcomes of low-intensity extracorporeal shock wave therapy (Li-ESWT) on interstitial cystitis/bladder pain syndrome (IC/BPS) patients. Methods: A prospective study was carried out in Oct. to Dec., 2020. The study included 30 women suffering from bladder pain syndrome for at least 6 months. Patients were treated with suprapubically applied Li-ESWT (3000 pulses once a week for 8 consecutive weeks). The device used was a standard electromagnetic shock wave unit with a focused shock wave handpiece. The degree of pain was evaluated with help of Visual Analog Scale (VAS, rated 0 - 10) before and after treatment. Questionnaires (included OLEARY-SANT-symptoms, OABSS, ICIQ-SF, PISQ-12) were performed. Follow-up examinations took place 0, 4, 8 and 12 weeks after application of ESWT. Ethical approval and written consent were obtained. Results: Thirty women completed the study. In OLEARY-SANT-symptoms, OABSS, and ICIQ-SF, significant differences were observed between the results before application of Li-ESTW and all follow-up results (p < 0.05) respectively. Conclusions: Li-ESWT seems to significantly decrease pain perception and nocturia in the treated women. The method described is simply reproducible, inexpensive and without demonstrable side effects.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU12	單一電波治療於女性應力性尿失禁及性功能的臨床治療效果 The Clinical Effects of Single-Treatment Radiofrequency Therapy on Female Stress Urinary Incontinence and Sexual Function  盧紫曦 <sup>1</sup> 林冠伶 <sup>1</sup> 劉奕吟 <sup>2</sup> 陳容仟 <sup>3</sup> 吳宜霖 <sup>3</sup> 蘇玲惠 <sup>3</sup> 林亞玲 <sup>3</sup> 龍震宇 <sup>3</sup> 高雄市立大同醫院婦產科 <sup>1</sup> 高雄市立小港醫院婦產科 <sup>2</sup> 高雄醫學大學附設中和醫院紀念醫院婦產部 <sup>3</sup>
臨時稿件編號：0206	
論文發表方式：口頭報告	Objective: To evaluate the treatment efficacy of Single-Treatment Radiofrequency Therapy on female stress urinary incontinence and sexual function.
論文歸類：婦女泌尿	Material and Methods: Thirty -nine women with clinical symptoms of stress urinary incontinence were scheduled for Single-Treatment Radiofrequency Therapy from March 2019 through April 2020. All subjects underwent multichannel urodynamic studies, perineometry, one hour pad test, three -day bladder voiding diary and questionnaire assessments by using VLQ , UDI-6, IIQ-7, ICI-Q, FSFI prior to and 3 months after Radiofrequency Therapy ,with follow-up durations of 3 months.  Results Among these 39 patients, there was a significant improvement in pad test amount and Detrusor muscle at peak flow from urodynamic studies after 3-month radiofrequency therapy. Symptomatic improvement in genitourinary symptoms with total reduction in VLQ, OABSS, UDI-6, IIQ-7, ICIQ-SF score were found post treatment (P<0.05). The scores of all parameters of FSFI except the lubrication and pain domain, improved significantly after radiofrequency therapy (P<0.05). Changes in scores of voiding bladder diary before and after treatment of Radiofrequency Therapy with significant reduction in mean micturition time, daily fluid intake, daily urine output and mean urgency time.  Conclusion: Single-Treatment Radiofrequency Therapy emerges as a non-invasive alternative treatment in female stress urinary incontinence with significant improvement in clinical symptoms and sexual function.  Word Count: 205

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU13	陰道二氧化碳雷射治療應力性尿失禁的成效 The effect of Vaginal Pixel CO2 Laser treatment on stress urinary incontinence
臨時稿件編號：0172	
論文發表方式：口頭報告	Purpose. The aim of our study is to assess efficacy of noninvasive CO2 laser (Pixel CO2 laser) for female stress urinary incontinence (SUI). Materials and Methods. Twenty women with SUI were included in the study and scheduled for one single vaginal CO2 laser treatment. The procedure was performed with a Pixel CO2 laser (by ALMA Laser, Israel ). All subjects had a baseline and post-treatment assessment that included urodynamic studies and lower urinary tract symptoms. Results. Significant improvements in SUI were found 1 month after Er:YAG laser treatment when compared to the baseline results (p <0.05).The battery of questionnaires administered to patients, including the OABSS, UDI-6, and IIQ-7, all showed significant improvement following therapy (P < 0.05). The treatment efficacy (cured plus improved) for vaginal CO2 laser for SUI at 1-month follow-up was 90 % (18/20). No permanent or severe adverse events were found. Conclusions. The short-term results showed vaginal Pixel CO2 laser is a safe and efficacious treatment for women with mild to moderate SUI.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU14	台灣地區各種型態之「憂鬱症」與「間質性膀胱炎」之因果關係 The Causal Effect of Different Depression Subtype on Interstitial Cystitis/Painful Bladder Syndrome  張崑敏 <sup>1,2</sup> 衛生福利部豐原醫院婦產科 <sup>1</sup> 中台科技大學資訊管理系 <sup>2</sup>
臨時稿件編號：0092	
論文發表方式：口頭報告	The Causal Effect of Different Depression Subtype on Interstitial Cystitis/Painful Bladder Syndrome
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：OU15	Chiari 畸形女性接受骨盆底重建手術併陰道無張力吊帶手術術後持續尿液滯留 Persistent urine retention after POP surgery combined with TVT-O in a type I patient with Chiari malformation  黃蘭瑄 <sup>1,2</sup> 龍震宇 <sup>2</sup> 關龍錦 <sup>1</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部 <sup>2</sup>
臨時稿件編號：0283	
論文發表方式：口頭報告	Introduction Chiari malformation refers to a condition in which a part of the brain (the cerebellum) at the back of the skull bulges through a normal opening in the skull where it joins the spinal canal. Such malformations are associated with the formation of a syrinx—a fluid-filled cyst—in the spinal cord, also known as syringomyelia. Syringomyelia can cause loss of bladder control, and as therefore might lead to micturitional disturbance.  Case Report A 64-year-old woman had the underlying disease of Chiari malformation type I with syringomyelia. She had suffered from a protruding vaginal mass for 10 years and her symptoms had progressed. Associated symptoms were incomplete bladder emptying, voiding difficulty, hesitancy, stress urinary incontinence, frequency, nocturia, and urine urgency. Pelvic examination showed pelvic organ prolapse stage 4. Urodynamic testing revealed bladder outlet obstruction and urodynamic stress incontinence. Under the impression of pelvic organ prolapse stage 4 with urodynamic stress incontinence, she was admitted for transvaginal pelvic reconstruction with uphold mesh and tension-free vaginal tape-obturator. However, acute urine retention was found after the operation. Big and floppy bladder was noted, so intermittent catheterization and extracorporeal shock wave therapy were also given. After the extracorporeal shock wave therapy course was completed, sonography estimated residual urine after self-voiding of around 150 ml. Lower urinary tract symptoms all improved; consequently, the patient continued with follow-up at our clinics.  Conclusion Patients with syringomyelia should be evaluated before operations of stress urinary incontinence or pelvic organ prolapse are performed, due to the potential for complicated micturitional disturbance. Moreover, patients would need more time and effort to recover from such an operation. Illustration of the possibility of additional post-operation treatment is extremely important.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：V02	雙孔腹腔鏡處理巨大卵巢囊腫的新方法
臨時稿件編號：0091	A method of laparoscopic treatment of large adnexal cysts – Two ports trocar suction 李盈瑩 <sup>1</sup> 張文君 <sup>1</sup> 臺大醫院 <sup>1</sup>
論文發表方式：影片展示	Objective: To offer a method to solve the difficulty in laparoscopic management of large adnexal cysts.
論文歸類：內視鏡	Materials: and Methods This is a retrospective study of 45 patients with large (≥ 10cm) adnexal cysts, managed laparoscopically at one center from October 2016 to October 2019. All the surgeries were performed by an experienced laparoscopic surgeon. Malignancy was excluded before the surgeries according to the sonographic features. Cystectomy or salpingo-oophorectomy was decided according to the age, the sonographic pattern of the cyst and the patients' willing. A 2cm vertical incision was made at the umbilicus, and open laparoscopy method was used to enter the peritoneal cavity. A wound protector was applied with a glove and two trocars being set up. The second wound was made at left abdomen, and a 5mm trocar was inserted. Then the cyst was punctured via the 5mm trocar, and the content of the cyst was then soon aspirated via the air-flow hole of the trocar. Afterward, cystectomy or salpingo-oophorectomy was performed. Data are expressed as mean ± standard deviation unless stated otherwise.  Results and Discussion: One case was excluded due to the method was failed to manage the cyst with many thick septa. The mean of operative duration was 52.7±21.3 minutes, shorter than other methods. Most estimated blood loss (EBL) was minimum. The pain score on the first post-OP day was 2.4±0.8. The average of postoperative hospital stay was 1.2±0.5 days. No obvious complication was found. The unexpected malignancy rate was 4.5% (2/44), compatible with some previous studies.  Conclusion: Trocar suction in laparoscopic management of large adnexal cysts is feasible, and it takes less operative time. This method is limited to the cysts with many thick septa.

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：V03	在未曾經歷腹部手術的女性使用腹腔鏡處理一個由大腸系膜供應血流的寄生性肌瘤
臨時稿件編號：0200	Laparoscopic management of a parasitic myoma with mesocolonic blood supply in an abdomen-surgery-naïve lady  陳楨瑞 <sup>1</sup> 楊曜瑜 <sup>2</sup> 王功亮 <sup>3</sup> 馬偕紀念醫院婦癌科 <sup>1</sup> 馬偕紀念醫院婦產部 <sup>2</sup> 馬偕醫院台東分院 <sup>3</sup>
論文發表方式：影片展示	Background: Parasitic myomas may occur spontaneously as pedunculated subserosal myomas lose their uterine blood supply and parasitize to other organs. Most parasitic myomas are located inside pelvis, and supplied by the vessels from omentum. Theoretically it may be iatrogenically created after surgery, particularly surgery using morcellation techniques. Here we would like to present an abdomen-surgery-naïve lady who has a parasitic myoma with blood supply from mesocolon of sigmoid colon, underwent a successful laparoscopic management. Case Report: A 45 year-old, para2, female presented in gynecologic clinic of MacKay memorial hospital in Taipei due to an abdominal self-palpable mass for 1 year. This tumor was 8 cm in diameter, located just 4cm below umbilicus and was movable during abdominal palpation. Pelvic examination showed grossly normal external genitalia, cervix and adnexa, but uterine corpus was connected to this sub-umbilical mass. Ultrasonography revealed several uterine solid mass, compatible with myoma, and the biggest one was this palpable mass, in favor of a subserosal, pedunculated myoma. Laparoscopic myomectomy was carried out and a solid mass with blood supply from mesocolon of sigmoid colon, but without any connection to uterine corpus grossly. During resection of the pedicle from mesocolon, massive active bleeding from mesocolon was encountered. Multiple compression suture achieved good hemostasis, without using any extra-pay hemostatic agent. This lady discharged from hospital 2 days after surgery without blood transfusion or any complication. Conclusion: Parasitic myoma in an abdomen-surgery-naïve lady is rare, and blood supply from mesocolonic vessel is also rare. Because its pedicle is frequent vascular rich, resection without well preparation sometimes causes massive bleeding which is difficultly controlled. Mature and effective suture technique, vasosuppressin agent or staple technique should always be prepared if such condition is encountered.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：V04	達文西手臂手術應用於巨大子宮肌瘤
臨時稿件編號：0089	Interval debulking of myoma during Robotic superhug broad ligament myomectomy 鍾佳翰 <sup>1</sup> 莊乙真 <sup>1</sup> 亞東醫院婦產部 <sup>1</sup>
論文發表方式：影片展示	Robotic myomectomy, a type of laparoscopic myomectomy, is a minimally invasive way for surgeons to remove uterine fibroids. Compared to open abdominal surgery, with robotic myomectomy there will be less blood loss, have fewer complications, have a shorter hospital stay and return to normal activities more quickly.
論文歸類：內視鏡	However, when the myoma is superhuge size (more than 20 cm in diameter) which fill the whole pelvic cavity and lower abdomen extended to the umbilicus. There is almost no space to enucleate the myoma before decrease of the big mass. The 3d vision and endo-wrist function made it feasible to enter the deep pelvis and control of uterine vessel and dissection of ureter even the myoma size is huge. Here we present a video of our technique by cutting the mass with wound retractor after control of the uterine vessels and enucleate half of the myoma firstly. Then we could proceed to the deep pelvic broad ligament with ureter lateralization. Robotic surgery may take longer and be more costly than traditional laparoscopy, but in this superhuge size, only endowrist function of the robotic arm could dissect the vital anatomic

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稿件編號：V05	腹腔鏡輸卵管子宮角吻合術：可行性與預後的初步評估
臨時稿件編號：0029	Laparoscopic Tubocornual Anastomosis: Its Surgical Feasibility and Outcomes 顏志峰 <sup>1</sup> 白欣玉 <sup>1</sup> 宋衍儒 <sup>1</sup> 蘇軒 <sup>2</sup> 林口長庚婦產部 <sup>1</sup> 美迪婦產科診所 <sup>2</sup>
論文發表方式：影片展示	Research Question: Is there a role for laparoscopic tubocornual anastomosis (TCA) in the era of assisted reproductive technology (ART)?
論文歸類：內視鏡	Design: A retrospective analysis of fourteen females with identified proximal tubal occlusions and preferences for natural conceptions in a university-affiliated tertiary hospital, between 2011 to 2018.  Results(s): Assessment with hysterosalpingogram postoperatively demonstrated a patency rate of 64.2% after TCA. Post-operative natural conceptions resulted in a crude pregnancy rate of 50% and a live birth rate of 28.6%. In which, five (62.5%) of the eight patients with non-patent contralateral tubes had reconstructed, patent TCA tubes; furthermore, three of them conceived successfully. There were two ectopic pregnancies and one early miscarriage. Patients' age and past surgical history did not affect the pregnancy rates in this small series.  Conclusion(s): This IDEAL stage 2a preliminary series demonstrated promising results when choosing laparoscopic TCA for women with proximal tubal occlusions and preferences for natural conception. Microsurgical tubal reconstruction, as described here, can be a complementary treatment to ART. Careful patient selection and meticulous techniques are crucial for the success of the procedure. A larger prospective series is mandatory to establish its significance and application in clinical practices.



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V06	腹腔鏡全子宮切除併雙側卵巢輸卵管切除暨腹膜寄生性肌腺瘤切除作為終極處理 一罕見腹腔鏡肌瘤切除後併發瀰漫性腹腔內子宮肌腺瘤擴散之病例 Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy plus resection of diffuse peritoneal parasite adenomyoma for a rare case with recurrent peritoneal adenomyomatosis following laparoscopic myomectomy  孫仲賢 <sup>1</sup> 方俊能 <sup>1</sup> 王元勇 <sup>1</sup> 施兆蘭 <sup>1</sup> 李侑潔 <sup>1</sup> 陳瑞華 <sup>1</sup> 陳曼玲 <sup>1</sup> 陳宥臻 <sup>1</sup> 李宜明 <sup>1</sup> 莊國泰 <sup>1</sup> 四季台安醫院 <sup>1</sup>
臨時稿件編號：0220	
論文發表方式：影片展示	
論文歸類：內視鏡	Introduction:In those old days when we are still using power morcellator to remove the myomas without protection during laparoscopic myomectomy, some patients may develop parasite myomas. Although most parasite myomas are small and asymptomatic, sometimes these parasite myomas may enlarge and become symptomatic that warrant active treatment. In this video, we will demonstrate a rare case of diffuse intraperitoneal adenomyomatosis (not leiomyomatosis) developed after previous laparoscopic myomectomy. 2nd laparoscopic surgery was performed (laparoscopic myomectomy, parasite tumor resection). Adjuvant hormone suppression was given, but recurrent intraperitoneal adenomyomatosis was noted 3 years after 2nd surgery, gradually enlarged, and at last caused compression symptoms including tenesmus, frequency, and pelvic pain. Total laparoscopic hysterectomy and bilateral salpingo-oophorectomy (TLH +BSO), as well as parasite tumor resection/debulking, was performed later as the final definite surgical treatment.  Materials and method:Surgical videos of the 2nd and 3rd laparoscopic surgeries were collected and edited, illustrating the serious condition of her intraperitoneal adenomyomatosis.  Result: This virgin patient, receiving laparoscopic myomectomy 9 years ago at other hospital, received 2nd laparoscopic surgery for recurrent symptomatic uterine myomas and diffuse intraperitoneal “leiomyomatosis” 5 years ago. Numerous intraperitoneal parasite “myoma” were noted. These tumors were debulked as possible. At this time, all the specimens were removed in the retrieval bag. The pathology of the “parasite myoma” was not leiomyoma, but turned out to be adenomyosis and adenomatoid tumor. Adjuvant hormone suppression was prescribed, but later was stopped by patient herself due to the intolerable side effect. Recurrent intraperitoneal adenomyomatosis was noted soon after, gradually enlarged, and at last caused serious compression symptoms. She received 3rd laparoscopic surgery. Severe intraperitoneal adhesion, with multiple peritoneal tumor seeding (including Morrison pouch, paracolic gutter, mesentery, pararectal area, and even previous laparoscopic trocar site), were noted. TLH + BSO, as well as parasite tumor resection/debulking was performed as the final definite surgical treatment. The patient recovered soon after the surgery. She was informed not to receive any kind of hormone therapy to prevent tumor recurrence, and lived well now.  Conclusion:Intraperitoneal leiomyomatosis or adenomyomatosis is a rare but serious complication following laparoscopic myomectomy procedure. Castration (BSO) may be the final solution to prevent recurrent parasite tumor seeding and growing. From this patient’s history, we again learned the importance of contained morcellation during specimen retrieval in laparoscopic myomectomy.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V08	腹腔鏡複雜性子宮次全切除、沾黏分離、腹腔內腫瘤切除 Complicated laparoscopic subtotal hysterectomy and enterolysis with intra-abdominal tumor resection  盧孟涵 <sup>1</sup> 義大財團法人義大醫院婦產部 <sup>1</sup>
臨時稿件編號：0204	
論文發表方式：影片展示	
論文歸類：內視鏡	We would like to share the video of a case of status post twice endometrioma enucleation and adhesiolysis and then have complicated laparoscopic subtotal hysterectomy and enterolysis with intra-abdominal tumor resection. This is a 44 year-old female with G1P1 (via Cesarean section) who denied systemic disease.She suffered from severe dysmenorrhea and menorrhagia for more than 10 years.She received laparotomy myomectomy, enucleation of left endometrioma and adhesiolysis in 2011.She kept following up and with medication control of her symptoms. Because she still had the relative symptoms of dysmenorrhea and menorrhagia so she received a second surgery of laparoscopic ovarian tumor enucleation and extensive enterolysis in 2014.After the surgery,the Mirena was recommended but patient refused so she just had pain control during menstrual period and regularly follow up.She ever had oral contraceptive pills and Dienogest to control the pain of endometriosis related.During the period, the surgical intervention of laparoscopic total or subtotal hysterectomy was suggested but patient hesitated for a long time and just wanted to have medication control. After more than five years of medication control,she still has symptoms of dysmenorrhea and menorrhagia.The sonography showed enlarged uterus with adenomyosis and increased size of the uterine myomas and elevated CA-125 so the surgical intervention was highly suggested.After discussed with patient,the laparoscopic hysterectomy was arranged. The first finding of operation is Cul-De-Sac total obliteration,right adnexa was densely adherent to right ovarian fossa and posterior wall.After adhesiolysis step by step,the left adnexa was found and also densely adherent to colon and pelvic wall.We also found one left adnexal tumor and need to ruled out ovary or myoma which the tumor was covered by sigmoid colon.We consulted colorectal surgeon who done the enterolysis as possible and resected the intra-abdominal mass completely without sigmoid colon injury.After tumor resection,we done the subtotal hysterectomy and bilateral salpingectomy.The cystoscopy showed intact bladder and bilateral ureteral patency. The patient recovered well and final pathology revealed : 1.leiomyoma and adenomyosis 2. unremarkable fallopian tubes 3. Leiomyoma of the intra-abdominal tumor.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V10	合併傳統子宮鏡與碎瘤器治療子宮黏膜下肌瘤 Combined hysteroscopic morcellation and loop resection for huge submucosal leiomyoma  方郁婕 <sup>1</sup> 桂羅利 <sup>1</sup> 張基昌 <sup>2</sup> 張裕 <sup>1</sup> 義大醫院 <sup>1</sup> 義大大昌醫院 <sup>2</sup>
臨時稿件編號：0184	
論文發表方式：影片展示	
論文歸類：內視鏡	Background: Uterine leiomyoma is the most common pelvic tumor in women. Abnormal uterine bleeding is the most common symptom, which is most frequently related to submucosal and intramural myomas. In 2004, the TRUCLEAR hysteroscopic morcellator (THM) was approved as an alternative to monopolar and bipolar resectoscopy for hysteroscopic myomectomy. In our case, we will demonstrate the combination of hysteroscopic loop resection and TRUCLEAR hysteroscopic morcellator (THM) for prolapsed submucosal leiomyoma.  Patient and method: This 37-year-old female, virgin, came to our outpatient department due to palpable protruding mass from vagina in recent months. Gynecologic ultrasound showed adenomyosis and endometrium thickness. Official hysteroscope showed a prolapsed submucosal leiomyoma to vagina.  Result: We used both hysteroscopic morcellation and loop resection for resection of prolapsed submucosal leiomyoma. There was minimal amount of bleeding, short operating time, and minimal fluid absorption during the operation.  Conclusion: Hysteroscopic morcellation system still has limitation for leiomyoma resection. We demonstrated the combination of hysteroscopic morcellation and loop resection for submucosal leiomyoma in virgin.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V11	利用腹腔鏡進行巨大子宮頸肌瘤挖除時的一些重要手術技巧 Technical pearls of Laparoscopic myomectomy for large cervical myoma  方俊能 <sup>1</sup> 孫仲賢 <sup>1</sup> 陳瑞華 <sup>1</sup> 李宜明 <sup>1</sup> 王元勇 <sup>1</sup> 陳曼玲 <sup>1</sup> 施兆蘭 <sup>1</sup> 李侑潔 <sup>1</sup> 莊國泰 <sup>1</sup> 高雄市四季台安醫院 <sup>1</sup>
臨時稿件編號：0118	
論文發表方式：影片展示	
論文歸類：內視鏡	Introduction: Laparoscopic myomectomy (LM) has become the common and standard procedure for managing patients bothered by symptomatic uterine myomas. Although the techniques and procedures of LM are quite straight forward and standardized, “retroperitoneal myoma” (including intraligamental/broad ligament myoma, cervical myoma) possess special technical difficulties. The adjacent important retroperitoneal structures need to be identified and protected during the whole procedure. Cervical myoma brings another important technical issue. The distorted cervical anatomy after myomectomy makes suture repair of the remaining myometrium and cervical stroma extremely difficult and possesses the potential danger of cervical canal obstruction. In this video, we will demonstrate a case with large anterior cervical myoma, treated by LM. The technical pearls will be highlighted and discussed.  Materials and methods: Surgical videos of a case with large anterior cervical myoma causing acute urine retention undergoing LM were collected and edited. The important adjacent structures were identified and highlighted, and the technical pearls for safe and effective repair for the remaining distorted cervical stroma were illustrated.  Result: After opening the peritoneum overlying vesico-urterine junction, bladder flap was dissected away, and the huge bulging anterior cervical mass was exposed. Harmonic scalpel was applied, cutting into the bulging mass, identified the correct plane of the myoma capsule, stayed precisely along the plane, and myomectomy was easily completed. Before closing the large cervical myometrium hole, the uterine vessels, distal ureters were carefully identified and dissected away. Bladder flap was further dissected to expose the entire cervix. The precise position of cervical canal was identified by inserting a #12 Hegar dilator along the long cervical canal into uterine cavity under laparoscopic guidance. The Hegar dilator was kept in place during the whole repairing process to prevent cervical canal obstruction or distortion. The distorted remaining cervical stroma tissue was then carefully re-approximated, with special attention not to incorporate the adjacent retroperitoneal structures. After completing the myometrium repair, Hegar dilator was removed and replaced by a #24 Foley catheter, which was left in situ for 10 days. The whole procedure was smooth, with minimal blood loss, and the patient recovered well.  Conclusion: LM for large cervical myoma possess special technical tricks. By paying special attention to the adjacent retroperitoneal structures, and especially keeping the cervical canal patent, large cervical myoma with marked distorted anatomy can still be managed by laparoscopic approach.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V12	以神經牽引測試定位下腹神經並非全然可靠，除非已經徹底分離沾黏分離 Identification of Hypogastric Nerve by Nerve Traction Test: Not Always Reliable Unless Adequate Adhesiolysis and Neurolysis  李偉潔 <sup>1</sup> 莊國泰 <sup>1</sup> 方俊能 <sup>1</sup> 陳瑞華 <sup>1</sup> 王元勇 <sup>1</sup> 李宜明 <sup>1</sup> 陳曼玲 <sup>1</sup> 施兆蘭 <sup>1</sup> 陳宥臻 <sup>1</sup> 孫仲賢 <sup>1</sup> 四季台安醫院 <sup>1</sup>
臨時稿件編號：0215	
論文發表方式：影片展示	Introduction Posterior deep endometriosis (DE) involving the uterosacral ligament is the most common form of pelvic DE. Nerve sparing DE excision is essential to preserve the important autonomic nerves and prevent future long term sequela, while the hypogastric nerve, and occasionally the inferior hypogastric plexus, may adhere or even be incorporated to the DE complex. The identification of such nerve fibers within the DE complex is sometimes difficult. Antegrade dissection of presacral area and “contralateral nerve traction test” are useful maneuvers to identify the course of the embedded hypogastric nerves and to differentiate between the nerve fibers and the DE fibrotic bands. However, the adhesion which is frequently seen in posterior DE may mislead the surgeons if without adequate adhesiolysis. In this video, we will demonstrate several nerve-sparing DE surgical scenarios in which we tried to identify the hidden hypogastric nerves by applying the techniques of nerve traction test.  Material and method We herein present a surgical video of the nerve sparing techniques in deep infiltrating endometriosis surgeries. All video clips included are edited from surgeries carried out in our hospital.  Result After thorough adhesiolysis, DE surgeries can be safely performed with optimal preservation of important autonomic nerves.  Conclusion In our experience, thorough adhesiolysis and neurolysis should be done firstly to explore the route of the hypogastric nerves. The nature of deep endometriosis may mislead the surgeons if otherwise.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V13	利用腹腔鏡進行巨大基底的子宮側壁肌瘤挖除時的一些重要手術技巧 Technical pearls of Laparoscopic myomectomy for large base broad ligament (intraligmental) myoma  李宜明 <sup>1</sup> 孫仲賢 <sup>1</sup> 施兆蘭 <sup>1</sup> 方俊能 <sup>1</sup> 李偉潔 <sup>1</sup> 四季台安醫院 <sup>1</sup>
臨時稿件編號：0330	
論文發表方式：影片展示	Introduction: Laparoscopic myomectomy (LM) has become the common and standard procedure for managing patients bothered by symptomatic uterine myomas. Although the techniques and procedures of LM are quite straight forward and standardized, “retroperitoneal myoma” (including intraligamental/broad ligament myoma, cervical myoma) possess special technical difficulties. The adjacent important retroperitoneal structures need to be identified and protected during the whole procedure. For broad ligament myomas, just like subserosal myomas, if the connecting part of the myoma base is small (pedunculated), myoma base bleeding after myomectomy can be easily handled by cautery and may not need any suture. However, if the myoma base is wide and deep, or if the base bleeder was difficult to control, effective suture is still mandatory. In this video, we will demonstrate a case with large right broad ligament myoma causing hydroureter, with wide and deep base almost all along from cervical area up to ovarian ligament. Technical pearls will be highlighted and discussed.  Materials and methods: Surgical videos of a case with large right broad ligament (intraligmental) myoma causing obstructive uropathy (hydroureter, hydronephrosis) undergoing LM were collected and edited. The important adjacent structures were identified and highlighted, and the technical pearls for safe and effective repair for the remaining large and deep myoma base alongside the lateral uterine wall were illustrated.  Result: After opening the peritoneum overlying posterior leaf of right broad ligament, the irregular multi-lobulated broad ligament myoma was gradually exposed. Just like other myomas, broad ligament myoma also have “capsules”. Before cutting into the myoma capsule, the course of right ureter was carefully identified. The myomectomy process was proceeded along the precise plane between myoma and capsule, aided by Harmonic scalpel. After complete myomectomy, a large and deep myomertrium wound base was noted alongside the right lateral uterine wall that will definitely demand meticulous suture repair. Before repairing the defect, right ureter and uterine vessels were further dissected, even aided by opening the anterior broad ligament leaf for monitoring the distal ureter course. Several interrupt figure of 8 sutures were applied, to incorporate any potential dead space. The whole procedure was smooth, with minimal blood loss, and the patient recovered well.  Conclusion: LM for large and wide-base broad ligament myoma possess special technical tricks. By paying special attention to the adjacent retroperitoneal structures, large broad ligament myoma causing obstructive uropathy can be safely and effectively managed by laparoscopic approach.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：V14	改良式腹腔鏡輸尿管膀胱重建術治療下三分之一醫源性輸尿管損傷：一種更簡單的方式與七例病例報告 Outcome of Laparoscopic Modified Ureteroneocystomy in lower third iatrogenic ureter injury during laparoscopic surgery of gynecology: a easier method for repair  畢家儀 <sup>1</sup> 大林慈濟醫院婦產科 <sup>1</sup>
臨時稿件編號：0174	
論文發表方式：影片展示	Introduction: Iatrogenic ureter injuries are known complications of any gynecologic surgery. The lower third of ureter is most vulnerable laparoscopically at the infundibulopelvic ligament, where it lies deep in the ovarian fossa and at the ureteral canal. Ureteroneocystostomy (UNC) refers to reimplantation of the ureter into the bladder. However, due to reimplantation of ureterin bladder has arisen some issues on vesicoureteral reflux(VUR),many procedure had been introduced in order to prevent this complication such as modified politano lead better repair, and an extravesical Lich-Gregoir. Some expertise using Boari flap or Psoas hitch for repair. Those procedures were complicated and may need laparotomy for good outcomes. Thus, we are now presenting cases with easier ways of repair using laparoscopic modified ureteroneocystomy method in repairing lower third ureter injuries.  Study Objective: To review the feasibility of laparoscopic repair in cases of ureteral injuries during gynecologic laparoscopic surgery.  Design: Retrospective study in between 2017~2019  Patients: Patients suffering from iatrogenic ureteral injuries in gynecologysurgery  Methods: Seven cases of iatrogenic ureter transections were diagnosed and repaired laparoscopically by surgeon. Repair was done by the help of urologist using cystoscopy to identify the highest level of bladder in order for ureter implantation. The injured ureter was being released from retroperitoneum to achieve the adequate length of ureter implantation. Before implantation, the orifice of ureter was identified and clear urine was seen from orifice. Using laparoscopic assisted, stenting was inserted, transvesical insertion of ureter was closed to bladder wall with letting 1 cm of ureter in bladder and 3-5 suture was done around ureter. The stent in ureter was then removed later in future. After operation, foley was inserted for at least 8 days for ureter healing. After operation, intravenous cystography and kidney echography was performed few months later. Early recognition and treatment of ureteral injuries are important to prevent morbidity. Laparoscopic modified ureteroneocystostomy could be considered in lower third ureter injuries.  Pt Surgery Indication Injury Time of recognition Outcome Reflux 1 LAVH + excision of DIE DIE, endometriosis Lt Post OP D11 No hydro IVU(-) - 2 LAVH and LSO and RS and excision of endometriosis at bladder area Lower seg myoma 7.7 x 5.5cm Rt Post OP D3 No hydro IVU(-) No

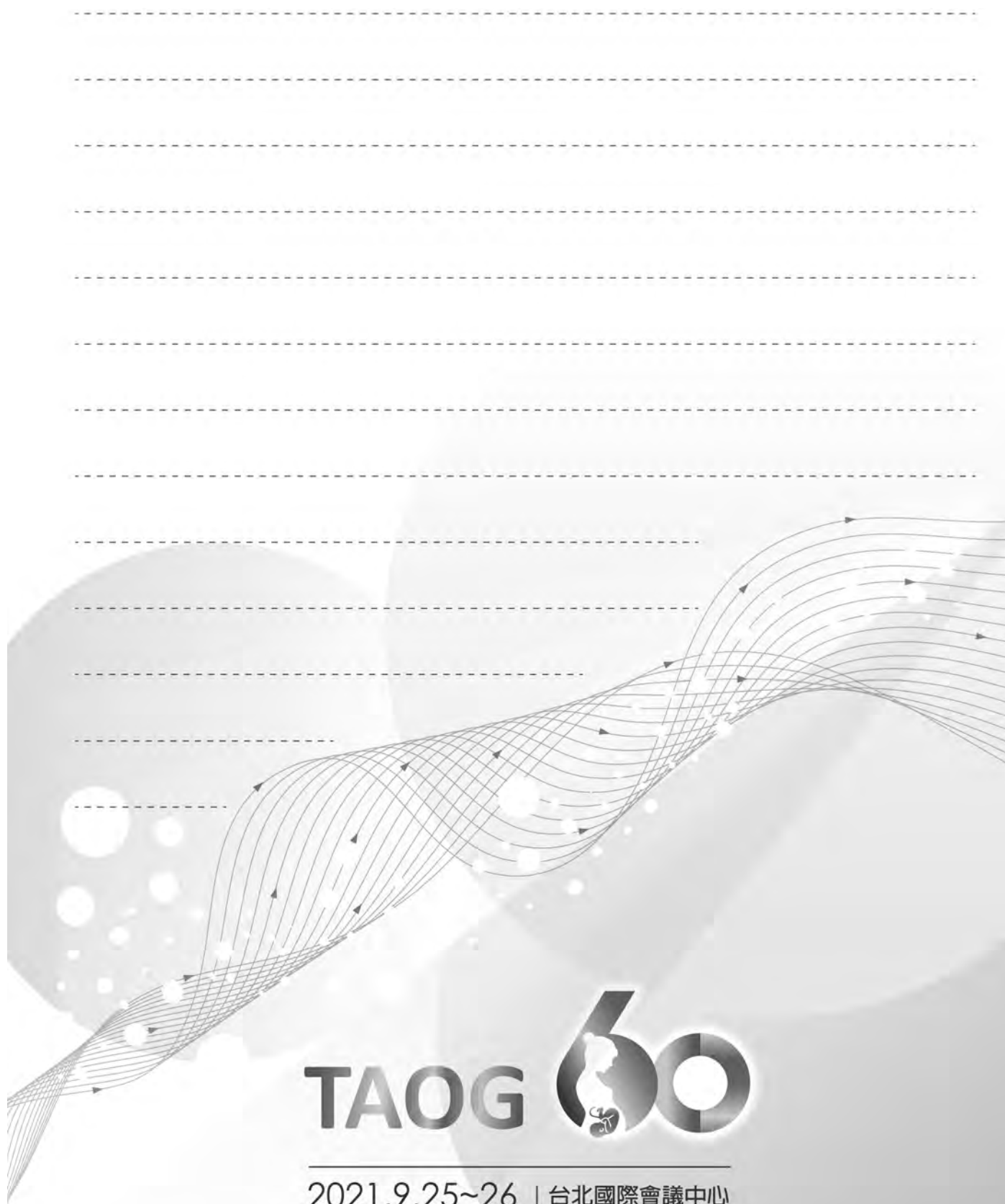
3 LSC RAH+ BPLND+PALND Cervical Ca Rt OP day No hydro - 4 LAVH Myoma, fundus 10x7cm Rt Post OP D7 No hydro IVU (-) - 5 LAVH Low seg myoma 6x6cm with rt ureter compression Rt Post OP 2 months No hydro - 6 LAVH + excision of DIE DIE, endometriosis Lt Post OP D15 No hydro - 7 LAVH+BSO Myoma, post wall, 5cm Lt Post OP D1 No hydro -  Photo: Fig 1: The injured left ureter (red arrow) Fig 2: Dissect L't ureter to common iliac artery (black arrow) Implant ureter at the light from cystoscopy Fig 3: Dissect bladder wall layer by layer Fig 4: Insert the Double J stent fromcystoscopy to ureter laparoscopically Fig 5: Cystoscopy view: Using grasping device to keep ureter 1cm inside bladder Fig 6: Laparoscopy view: L't ureter was implanted into bladder about 1cm inside bladder Fig 7: Fix the ureter on the bladder with 3-0 vicryl for 3 stitches (at least) Fig 8: Laparoscopic modified ureteroneocystostomy was done  Results: All patient recovered well after ureter repair. No urine retention, hydronephrosis or persistent kidney injury after surgery. No recurrent obstruction or extravasation noted after repair.  Discussion: Using laparoscopic modified ureteroneocystostomy, we suggested time of surgery can be saved without causing any complications like VUR or urine retention. This procedure was easier to be done than others like modified Politano lead better or psoas hitch. We needed more survey and cases in determining whether VUR was identified after using this methods.  Conclusion: Early recognition and treatment of ureteral injuries are important to prevent morbidity. Laparoscopic modified ureteroneocystostomy could be considered in lower third ureter injuries.
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稿件編號：V15	<p>案例報告：薦骨韌帶懸吊術後之併發症-臀肌陰道瘻管 Gluteo-vaginal fistula after sacrospinous ligament fixation: A case report</p>
臨時稿件編號：0225	<p>黃璧蒼<sup>1</sup> 莊斐琪<sup>1</sup> 黃寬慧<sup>1</sup> 周鈺敏<sup>1</sup> 陳文欣<sup>1</sup> 高雄長庚醫院婦產部<sup>1</sup></p>
論文發表方式： 影片展示	<p><b>Introduction</b> Sacrospinous ligament fixation is an efficient surgical intervention for improving the symptoms of uterovaginal prolapse. Major complications following Sacrospinous ligament fixation is uncommon and gluteo-vaginal fistulas are very rare. The primary treatment consists of conservative and surgical interventions. Here, we presented a case who experienced gluteo-vaginal fistula after sacrospinous ligament fixation. The patient provided written informed consent.</p>
論文歸類： 內視鏡	<p><b>Case</b> A 67-year-old woman received vaginal total hysterectomy, sacrospinous ligament suspension, anterior colporrhaphy and posterior colporrhaphy operation due to uterovaginal prolapse 15 years ago. She then experienced vaginal bleeding, brownish discharge every day for 14 years as well as right buttock pain for 2 years. On examination, atrophic vaginitis with granulation (2x3 cm) over right lateral vaginal cuff were seen. Silver nitrate (AgNO<sub>3</sub>) and local estrogen treatment with Premarin cream for 10 months were applied but only improved a little. Wound debridement was arranged and a vaginal-retroperitoneal fistula over upper 1/3 right posterior vaginal wall was found. Pelvic magnetic resonance imaging favored a fistula tract (6x2.5x3cm) formation between right posterolateral aspect of remnant vaginal to medial aspect of right gluteus maximus muscle region. We arranged transvaginal fistulectomy with vaginal approach and applied the concept of vaginal natural orifice transluminal endoscopic surgery (vNOTES) assisted due to hard approach of the deep fistula tract. Dissection and identification of the fistula tract was performed with transvaginal method initially. Nevertheless, the fistula tract was too deep, narrow and hard approaching. As a result, we applied the concept of vaginal natural orifice transluminal endoscopic surgery (vNOTES) with the use of glove port, 30 degree endoscopy and endoscopic instruments such as energy device (THUNDERBEAT handpieces). Two ETHIBOND EXCEL suture stitches, which are nonabsorbable, braided, composed of Poly (ethylene terephthalate), were found at right sacrospinous ligament. The entire fistula tract were removed successfully. Histopathological report was consistent with the diagnosis of fistula. The patient recovered well and was symptoms-free during the follow-up period for more than one year.</p> <p><b>Conclusions</b> The managements of gluteo-vaginal fistula after sacrospinous ligament fixation depend on the clinical conditions and could be challenging. We suggested that removal of the fistula tract and reconstruction of the layer should be considered if conservative treatments fail. If the operation field is narrow, deep and hard approaching, we advised to apply the concept of vaginal natural orifice transluminal endoscopic surgery (vNOTES) with the use of glove port, 30 degree endoscopy and endoscopic instruments such as energy device.</p>



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海報展示

*E-Poster* 摘要



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P001	白血病抑制因子的單核苷酸多型性與 POSEIDON 分類法中反應不良的族群有相關性
臨時稿件編號：0023	Single nucleotide polymorphism of leukemia inhibitory factor related to subgroups of poor responders classified by POSEIDON criteria  董允璿 <sup>1</sup> 曾淑玲 <sup>2</sup> 李俊逸 <sup>1</sup> 楊順發 <sup>2</sup> 李茂盛 <sup>1</sup> 李宗賢 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學研究所 <sup>2</sup>
論文發表方式：海報	Objective: To determine the relevance of single nucleotide polymorphism (SNP) of genes involved in recruitment and growth of ovarian follicles to ovarian response / oocyte number for patients undergoing in vitro fertilization (IVF) cycles.
論文歸類：生殖內分泌	Materials and methods: We recruited a prospective cohort of patients with their first IVF cycles in Lee Women's Hospital. Approval was obtained from the Institutional Review Board of Chung Shan Medical University Hospital (CS13194 and CS2-14033). White blood cells were collected for SNP typing by PCR method in the prospective cohort study. The investigated SNP including gonadotropin-releasing hormone receptor (GnRHR), follicle stimulating hormone receptor (FSHR), anti-Mullerian hormone (AMH), and leukemia inhibitory factor (LIF).  Results: A total of 1744 patients was recruited for the present study. The 1084 patients were divided into 4 groups of poor responders by POSEIDON criteria: group 1 (n= 208), group 2 (n=361), group 3 (n=117), and group 4 (n=398). young (< 35 years of age, n= 86) and advanced (>35 years of age, n=183) age groups. The SNPs in GnRHR, FSHR, and AMH were not correlated with poor responder phenotype. Interestingly, only SNP in LIF (rs929271) is distributed differently in the four groups of poor responders, especially for patients  Conclusion: The young patients with diminished ovarian reserve are related to SNP in LIF. The unexpected poor responders in POSEIDON group 1 may be related to TG or GG genotype of LIF (rs929271).

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P002	在不改變日常試管嬰兒實驗室作業流程之下，ICSI 並無法提供非侵入胚胎植入前非整倍體染色體檢測最佳的 cell free DNA 品質與量
臨時稿件編號：0100	ICSI provides no better DNA quality/quantity in non-invasive PGT-A under routine clinical IVF laboratory workflow  蔡紀瑾 <sup>1,2</sup> 張雲喬 <sup>2</sup> 蘇意茹 <sup>1</sup> 林易奇 <sup>1</sup> 藍國忠 <sup>1,2</sup> 高雄長庚醫院婦產部 <sup>1</sup> 高雄長庚醫院更年期及生殖醫學研究中心 <sup>2</sup>
論文發表方式：海報	Study Question: To investigate whether ICSI is necessary for niPGT-A (non-invasive PGT-A) under routine clinical IVF laboratory workflow.
論文歸類：生殖內分泌	Study Design, Size, and Duration: We conducted this validation study at the KCGMH from March 2019 to September 2020. A total of 118 spent culture medium (SCM) samples were collected from fresh extended culture cycles of 31 patients during the study period. Materials, Settings and Methods: All embryos were cultured to the blastocyst stage (Day 5 or 6 post insemination) in a single embryo culture time-lapse incubator (CCM-IVF, ASTEC, Fukuoka, Japan). All ICSI was indicated due to the male factor as our clinical routine. The MALBAC single-cell whole genome amplification (WGA) method was used to amplify DNA from the culture medium for sequencing on an Illumina MiSeq System. Product libraries were quantified by fluorescence-based methods (Qubit, Thermo Fisher Scientific). Main Results: There were 63.6% (n=75) SCM derived from cIVF and 36% from ICSI. The maternal age was comparable between the two groups (IVF, 34.5 y/o; ICSI, 35.4 y/o; p=0.35). The DNA amount after WGA revealed not significantly different between IVF (2.1 ng/uL) and ICSI (1.8 ng/uL). Failed QC when NGS sequencing was not significantly higher in IVF group. Global parental DNA contamination was observed with 21.3% in IVF and 18.6% in ICSI (p=0.397). Maternal as well as paternal contamination were noticed in IVF groups whereas no paternal contamination was noted in ICSI ones. Conclusion: Under routine IVF workflow, the ICSI provides no better cfDNA quantity/quality in niPGT-A. Besides, the more amplified DNA amount would not ensure better fetal cfDNA quality. Parental contamination should be considered. In the near future, niPGT-A should encompass the cIVF method and enrich fetal cfDNA. Or the "non-invasive" was always invasive under ICSI.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P003	Mifepristone 於鼠胚的直接作用：來自體外培養單一胚胎的 RNA 定序研究
臨時稿件編號：0158	Direct effects of mifepristone in mice embryogenesis: an ex vivo single-embryo RNA-seq based study  蘇鈺婷 <sup>1</sup> 吳承甯 <sup>2</sup> 陳嘉興 <sup>3</sup> 黃富仁 <sup>1</sup> 高雄長庚醫院婦產部 <sup>1</sup> 義守大學醫學院醫學系 <sup>2</sup> 義守大學醫學院學士後醫學系 <sup>3</sup>
論文發表方式：海報	Mifepristone (RU-486) is a medication typically used in combination with misoprostol to bring about an abortion during pregnancy. In medical abortion applications, mifepristone blockades of progesterone receptors directly leads decidual degeneration of endometrium, cervical softening and dilatation, release of endogenous prostaglandins, and an increase in the sensitivity of the myometrium to the contractile effects of prostaglandins. However, even the mechanism of mifepristone on endometrial receptivity was well established, the effect of mifepristone directly on embryo remains elusive. To further characterize the interplay of mifepristone that direct affects embryo, we sequenced cDNA libraries of mouse embryonic samples from mifepristone treated and normal control. We identified 24374 mRNA transcripts were detected as expressed in the embryonic samples, and 190 genes were differentially expressed. To characterize the effect of mifepristone, we evaluated the gene profiles related to embryonic survival and growth by using gene sets enrichment analysis (GSEA). We found mifepristone significant inhibited the mouse embryonic cellular process, including gene sets of protein secretion, mTORC1, fatty acid metabolism, IL-2- Stat5 signaling, adipogenesis, peroxisome, glycolysis, E2f targets and heme-metabolism, etc. Our data show that mifepristone is an essential intervention that interrupts normal embryonic development. The gene expression in several cellular process are influenced by mifepristone administration in vitro, suggesting ongoing pregnancy following abortion failure from mifepristone can increase the risk of developmental malformation.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P004	新鮮胚胎植入對子宮內膜異位症患者接受人工生殖技術時的累計懷孕率無不良影響
臨時稿件編號：0098	Fresh embryo transfer does not adversely affect the cumulative pregnancy rate of endometriosis patients received assisted reproduction techniques  易瑜煥 <sup>1</sup> 陳明哲 <sup>1</sup> 谷化芬 <sup>1</sup> 陳雅芳 <sup>1</sup> 陳麗宇 <sup>1</sup> 權詩婷 <sup>1</sup> 宮晚帆 <sup>1</sup> 張瑞君 <sup>1</sup> 台中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：海報	Study Question: To assess the impact of the fresh or frozen-thawed embryo transfer on assisted reproduction techniques outcomes of endometriosis women
論文歸類：生殖內分泌	Study Design, (Size and Duration): Retrospective analysis of the clinical and laboratory data of 2153 IVF/ICSI cases during Jan/01/2014 to Dec/31/2018. Those women with adenomyosis, infertility due to uterine factors or immunological factors were excluded.  Materials, Settings and Methods: The ongoing pregnancy/delivery rates of the fresh/frozen embryo transfer cycle were analyzed.  Main Results: In those women with endometriosis, assisted reproductive techniques can get satisfied outcome with cumulative cumulative ongoing pregnancy rates 59.7%. Fresh embryo transfer or freeze-all policy does not result in significant different results. Further sub-grouping according to ovarian reserve revealed that fresh embryo transfer did no adversely affect the ongoing pregnancy rate of the first embryo transfer (fresh ET for fresh group vs. the first frozen ET for freeze all group) or cumulative ongoing pregnancy rate, no matter in those women with average ovarian reserve (1.1<AMH<3.6) (28.6% and 55.8% vs. 38.6% and 60.0 %); poor ovarian reserve (AMH<1.1), (34.6% and 34.6% vs. 40.0% and 40.0%) or good ovarian reserve AMH>3.6), (45.2% and 71.4% vs. 55.3% and 76.30) group for the fresh transfer or freeze-all group.  Conclusion: There are many studies demonstrated inflammatory process caused by endometriosis can adversely affect the assisted reproductive techniques outcomes, and pituitary desensitization with GnRH-a to cause hypoestrogenism condition, hence decrease the inflammatory condition in fresh ART or frozen ET cycle may be beneficial. If it's true, fresh ET may cause adverse outcome due to high estrogen condition in ovarian hyperstimulation, especially for those women with high ovarian reserve and frozen embryo transfer may be beneficial. Our data showed that endometriosis women received fresh embryo transfer have similar ongoing/live birth rate compared to those received freeze-all policy, so that endometriosis women can receive fresh embryo transfer without hesitation in their assisted reproductive techniques cycle, and freeze all policy should be reserved for specific indications.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P005	人工智慧應用於預測體外受精成功懷孕 Prediction of successful outcome in IVF-ET by using artificial intelligence  徐以樂 <sup>1</sup> 羅匯文 <sup>1</sup> 陳鴻昇 <sup>1</sup> 莊慈瑜 <sup>1</sup> 龍震宇 <sup>1</sup> 蔡英美 <sup>1</sup> 高醫 <sup>1</sup>
臨時稿件編號：0258	
論文發表方式：海報	BACKGROUND: To provide more accurate prediction of successful IVF outcome, clinicians had been putting great effort on possible factors affecting pregnancy outcome. Many possible factors on predicting IVF-ET outcome has been studied in previous research, such as maternal age, embryo quality, embryo transfer number, progesterone level on hCG trigger day and uterine environment. But it remains lots of controversies on each predicting factors. Artificial intelligence (AI) grows rapidly nowadays and applies on implementation phases in different fields. The advances in machine learning enhance computers to predict the outcome from multiple patterns in datasets. Here, we try to offer prediction of pregnancy outcome in IVF-ET women to provide more information on clinical decisions making whether ET or FET in the same cycle. DESIGN: retrospective case-control study MATERIAL AND METHOD: We conducted patients receiving IVF-ET cycle with hCG trigger between Jan 1, 2013 and December 31, 2016 in Kaohsiung medical university hospital. Women without hCG trigger method, lack of hormone profile on hCG trigger day and incomplete chart record were excluded. 102 women were selected in this study. The female age, BMI, lifestyle, infertility etiology, ovarian function assessment, ovarian stimulation protocols, hormone profiles on Day 3 and hCG triggered day, antral follicle counts, numbers of oocytes retrieved, endometrium thickness, numbers of embryos transfer, and day of embryo transferred were documented. Pregnancy is defined as presence of fetal heartbeat under ultrasound. These patients are normalized and randomly divided into training (0.7) and test (0.3) set. The prediction model is assessed with several machine learning models: k-nearest neighbor, classification and regression tree and decision trees. The prediction ability is measured by ROC curve and F-measure. RESULT: In our preliminary data shows that pregnancy outcome is dependent on maternal age, uterine environment, and embryo quality. The pregnancy outcome could be predicted with machine learning model. CONCLUSION: In this study, we provide that pregnancy outcome could be predictable with machine learning. So far, we narrowed our focus on women underwent hCG trigger. We will provide more information after reviewing the possible factors related pregnancy outcome in IVF-ET.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P006	低卵巢庫存患者採用累積冷凍卵子治療之臨床效益 Efficiency and efficacy of accumulation of vitrified oocyte for managing diminished ovarian reservoirs  李冠群 <sup>1</sup> 台北馬偕紀念醫院 <sup>1</sup>
臨時稿件編號：0264	
論文發表方式：海報	Study Question: Is accumulation of vitrified oocyte as efficient and effective as using fresh oocytes for managing diminished ovarian reservoirs? Study Design: This single-institution retrospective study includes 203 embryo transfer cycle of accumulation of vitrified oocyte cycles and fresh oocytes cycles between January1, 2015, and December 31, 2019. The main outcomes were grade 1-2 embryo ration, implantation rates, pregnancy rates, miscarriage rates and live birth rates after embryo transfer. The secondary endpoint was number of available embryos per patient. Materials, Settings and Methods: Statistical analysis was performed with SPSS. Chi-square was used to evaluate grade 1-2 embryo ration, implantation rates, pregnancy rates, miscarriage rates and live birth rates. Main Results: This study included 118 patients undergoing 126 IVF/embryo transfer with accumulation of vitrified oocytes and 69 patients undergoing 77 IVF/embryo transfer with fresh oocytes. Grade 1-2 embryo ration, implantation rates, pregnancy rates, miscarriage rates and live birth rates didn't vary significantly among the accumulation of vitrified oocyte group and fresh oocytes cycles. (Grade 1-2 embryo ratio 35.92% vs 31.02% and 28% vs 21%) (Implantation rates 8.77% vs 7.61%) (Pregnacy rates 19.5% vs 19.8%) (Miscarriage rates 9.1% vs 11.9%) (Live birth rates 6.5% vs 9.5%). However, average available embryos per patient was statistically higher in accumulation of vitrified oocyte group. Conclusion: Although IVF/embryo transfer with accumulation of vitrified oocytes has compatible ART outcomes of IVF/embryo transfer with fresh oocytes in diminished ovarian reservoirs. In addition, accumulation of vitrified oocytes has more available embryos for transfer.
論文歸類：生殖內分泌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P007	在人工生殖高反應週期患者中找尋破卵日血清黃體素值之合適範圍已達成最佳累積活產率-數值多少較佳? Searching for a suitable serum progesterone level range at triggering day to achieve an optimal cumulative live birth rate in high responders – Which range is better?  陳明哲 <sup>1</sup> 易瑞鳴 <sup>2</sup> 陳雅芳 <sup>2</sup> 谷化芬 <sup>2</sup> 宮晚帆 <sup>2</sup> 張瑞君 <sup>2</sup> 陳麗宇 <sup>2</sup> 權詩婷 <sup>2</sup> 台中榮總婦女醫學部 <sup>1</sup> 台中榮總婦女醫學部生殖內分泌不孕科 <sup>2</sup>
臨時稿件編號：0341	
論文發表方式：海報	Introduction: It is well established that premature progesterone rise (PPR) affect adversely the pregnancy outcome in fresh embryo transfer cycle. It is inferred that PPR alters synchrony between endometrium and the embryos. However, detailed study of the effect of PPR on embryo quality and the subsequent pregnancy outcome is still lacking. Hence we sort to analyze the effect of PPR on the final cumulative LBR in our program.  Materials and Methods: ART Database in our center was retrospectively reviewed. Total 1523 cycles between 20160101 and 20191231 were recruited under the condition of GnRH antagonist cycle with ovulation induction for more than 5 days and serum P4 data on triggering day for analysis. Those cycles with serum progesterone (P4) level < 1.5 (ng/ml) were defined as without PPR (Group A: n=1383). Cycles with serum P4 level >=1.5 were defined as with PPR: P4 in between 1.5 and 2.5 as Group B (n=113) and P4 above 2.5 as Group C (n=27). Those high responding cycles (n=404) were analyzed similarly and separately as Group A' (n=304), B'(n=81) and C' (n=19) to have a more balanced baseline for their outcome comparisons. The statistics were carried out by SPSS-PC ver. 22.0 with p<0.05 as statistical significance.  Results: Group A had significantly lower number of oocytes (9.8±8.0) retrieved as compared to Group B (19.3±11.2) and Group C (18.2±9.9). However there were no differences in fertilization rate, good embryo rates and BC formation rates between groups. The cumulative LBR (cLBR) were significantly higher in Group B (65.1%) as compared to Group A (40.9%) and Group C (37.0%). For the high responding cycles, Group B' also had marginally significant higher cLBR (75.3%) as compared to group A' (63.8% ; p=0.051) and Group C' (52.6%; p=0.050). Comparisons between Group A' and C revealed significantly less oocytes retrieved in Group A' but the cLBR were comparable between two groups. Comparisons between Group B' and C' revealed comparable oocytes retrieved but marginally significant lower cLBRs.  Conclusion: Our preliminary analysis revealed that from the point of view of cLBR, the optimal P4 range at triggering day is between 1.5 to 2.5 ng/ml. Serum P4 level above 2.5 ng/ml is associated with significantly lower cLBR. The higher P4 value might have some adverse effect on the quality of the oocytes and embryos. However, further investigation with large scale big dataset is eagerly required.
論文歸類：生殖內分泌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P008	因子宮內膜異位症不孕接受試管嬰兒治療的婦女,巧克力囊腫的有無及其手術對成功率之影響 The impact of endometrioma and ovarian cystectomy in patients with major indications for IVF/ICSI with endometriosis  張瑞君 <sup>1</sup> 陳明哲 <sup>1</sup> 谷化芬 <sup>1</sup> 陳雅芳 <sup>1</sup> 權詩婷 <sup>1</sup> 陳麗宇 <sup>1</sup> 台中榮總 <sup>1</sup>
臨時稿件編號：0152	
論文發表方式：海報	Study Question: Does presence of endometrioma has worse ART outcome than endometriosis per se? The purpose of this study is to assess ART outcomes in infertile women with endometriosis with respect to their concomitant endometrioma status and surgical history. Study Design: Retrospective analysis of 2153 IVF/ICSI cases during Jan/01/2014 to Dec/31/2018 in VGHTC. We included women who received ART due to endometriosis (n=208). Exclusion criteria including patients whose age >40 years-old, simulation day < 5 days, with severe male factor, uterine or immunological factors. Materials, setting and Methods: We divided 208 cases to patients with endometrioma during ART(n=89), and patients only diagnosed of endometriosis (n=119). Second analysis comparing ART outcomes in patients ever received cystectomy for endometrioma and no recurrent endometrioma (n=40), patients ever received cystectomy with recurrent endometrioma (n=19) and patients never received cystectomy with endometrioma during ART (n = 64). Main Results: For the first analysis, the basic characteristic including age, BMI and AMH were comparable in endometrioma (n=89) and endometriosis group (n=119). The usage gonadotropin dose was significantly higher in the endometrioma group (FSH total dose 3619IU vs 3471IU, p=0.001. LH total dose 1224 IU vs 941 IU, p=0.009). The Blastocyst formation rate is lower in the endometrioma group (49.4% vs. 57.7% p=0.005). The oocyte retrieval number, ongoing pregnancy rate (OPR) and cumulative OPR were comparable in both groups (10.3 vs 12.4 p=0.131, 33.3% vs 37%, p=0.687, 49.4% vs 60.5%, p=0.112). For the second analysis, the group of patients who received LSC cystectomy before was younger than patient with primary endometrioma (32.8y/o vs. 34.8 y/o, p=0.006). The AMH level and oocyte retrieval number were comparable between these two groups (3.4ng/ml vs 3.1ng/ml, p=0.295; 11 vs. 10.9 p=0.466). The blastocyst formation rate is significantly higher in the cystectomy group(61.5% vs. 50.4% p=0.007).The OPR and cumulative OPR were comparable in both group (OPR 52.2% vs 40.6% p=0.238 ; cumulative OPR 60% vs. 48.4%, p=0.25 ). As for the recurrent endometrioma group, the age and AMH were compatible with previous two groups. And the OPR and cumulative OPR were also comparable in this group (OPR 55.6%, cumulative OPR 57.9%). Conclusion: In patients with infertility due to endometriosis, the concomitant endometrioma was associated with requirement of higher gonadotropin dose to achieve comparable oocyte retrieval number and worse blastocyst formation rate. However the OPR and cumulative OPR were not affected. Cystectomy for endometrioma before ART did not alter the ART outcomes compared with those who did not if the ovarian reserve is compatible in these groups. Recurrent endometriomas do not have a worse impact on ART outcome than primary endometriomas.
論文歸類：生殖內分泌	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P009	小於 40 歲腺肌症女性解凍植入前使用柳培林對懷孕結果的分析 Could comparable ART outcome be achieved in women ≤ 40y with adenomyosis to those without undergoing frozen embryo transfer following gonadotropin-releasing hormone agonist treatment?
臨時稿件編號：0170	
論文發表方式：海報	宮曉帆 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文歸類：生殖內分泌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P010	南台灣不同空氣污染物與精液品質之關係 The associations of different air pollution on semen quality in southern Taiwan
臨時稿件編號：0302	
論文發表方式：海報	連穎庭 <sup>1</sup> 蔡妮瑾 <sup>1</sup> 林易奇 <sup>1</sup> 藍國忠 <sup>1</sup> 高雄長庚紀念醫院 <sup>1</sup>
論文歸類：生殖內分泌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P011	空氣中的微粒子會增加高齡受孕婦女之子宮外孕風險 Microparticles in air pollution contributed to increasing ectopic pregnancy risk in advanced reproductive aged women
臨時稿件編號：0059	
論文發表方式：海報	江心茹 <sup>1</sup> 楊曜旭 <sup>2</sup> 宋沛勳 <sup>3</sup> 高雄長庚醫院婦產部 <sup>1</sup> 嘉義長庚醫院中醫部 <sup>2</sup> 高雄長庚醫院心臟內科 <sup>3</sup>
論文歸類：生殖內分泌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P012	子宮腺肌症對人工生殖之累積活產率有不利影響，但子宮內膜異位症則沒有不良影響 Adenomyosis but not endometriosis impacts adversely on cumulative live birth by ART
臨時稿件編號：0093	
論文發表方式：海報	陳明哲 <sup>1</sup> 易瑜峰 <sup>2</sup> 陳雅芳 <sup>2</sup> 谷化芬 <sup>2</sup> 陳麗宇 <sup>2</sup> 宮曉帆 <sup>2</sup> 張瑞君 <sup>2</sup> 羅詩權 <sup>2</sup> 台中榮總婦女醫學部 <sup>1</sup> 台中榮總婦女醫學部生殖內分泌不孕科 <sup>2</sup>
論文歸類：生殖內分泌	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P013 臨時稿件編號：0105	多囊性卵巢症候群患者接受試管嬰兒療程的血管內皮細胞研究 Vascular endothelial study in women with polycystic ovary syndrome undergoing in vitro fertilization  陳亮瑩 <sup>1</sup> 吳電銘 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式：海報 論文歸類：生殖內分泌	Background and Aims: Women with polycystic ovary syndrome (PCOS) undergoing in vitro fertilization (IVF) showed a higher risk of developing hypertensive disorders of pregnancy and further accelerated cardiovascular disease. Research demonstrated that androgen drives endothelial dysfunction in PCOS women and estradiol administration reverses these effects. The aim is to evaluate the role of hormonal changes observed in PCOS undergoing IVF, and how they are linked with endothelial function, related biochemical factors and reproductive outcomes. Methods: This is a 2-year, prospective study was conducted from June 2019 to June 2021, enrolling 50 patients undergoing in vitro fertilization with age younger than 40 years old, where 25 patients with PCOS and the other 25 patients without PCOS. Microvascular endothelial function and serum biochemical markers were assessed three times during the controlled ovarian stimulation cycle from recruit patients: (1) the day prior to ovarian stimulation; (2) the day prior to oocyte triggering; and (3) two weeks after oocyte retrieval. The primary end point was the endothelial function, measured by post occlusion reactive hyperemia. Secondary outcomes of reproduction treatment and biochemical factors would be further investigated. Results: Recruitment in the trail is continuing with over 40 patients enrolled to date. Conclusion: We discuss the role of hormonal levels in PCOS patients undergoing IVF and how they are linked with the microvascular endothelial function, cardiovascular disease risk markers, and reproductive outcomes in order to better understand the nature of this complex syndrome whose consequences extend well beyond reproduction. Keywords: polycystic ovary syndrome, endothelial dysfunction, post-occlusion reactive hyperemia, in vitro fertilization

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P014 臨時稿件編號：0022	Ubiquitin 類小分子與精子生成缺陷及接受人工授精治療患者低懷孕率之相關性 The small ubiquitin-like molecule correlated with defective spermatogenesis and low pregnancy potential for patients undergoing intrauterine insemination treatment  楊苗雲 <sup>1</sup> 曾淑玲 <sup>2</sup> 李俊遠 <sup>1</sup> 李茂盛 <sup>1</sup> 李宗賢 <sup>1</sup> 劉崇賢 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學研究所 <sup>2</sup>
論文發表方式：海報 論文歸類：生殖內分泌	Material and Methods: A total of 56 couples with mild male infertility or unexplained infertility underwent IUI management was recruited for this prospective study. The study protocol was approved by the Institutional Review Board of Chung Shan Medical University Hospital (CS2-17008). The semen samples were collected during basic semen analysis. The semen underwent density gradient centrifugation (DSC). Then motile fraction and the immotile fraction of the spermatozoa were obtained. The nuclear pore complex (NPC), DAXX, SUMO1, and SUMO 2/3 were stained with immunofluorescence antibody. Mitochondrial DNA copy numbers were measured by quantitative-PCR. Results: The immotile fraction, compared to motile fraction, of spermatozoa after DSC showed lower mitochondrial DNA copy number [median (25% quantile -75% quantile): 7.24 (3.13-16.73) vs. 34.30 (20.24 - 77.70), p Conclusion: The immotile fraction of spermatozoa is associated with defective spermatogenesis (positive NPC stain and low mitochondrial DNA copy number). Furthermore, SUMO2/3 and DAXX at sperm neck/midpiece are frequently observed in the immotile fraction of spermatozoa. The DGC method may remove the spermatozoa with defective function. Furthermore, if the defective spermatozoa are still left behind in the motile fraction, such cases featured a low pregnancy rate after IUI treatment.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P015 臨時稿件編號：0159	乳癌病人後續生殖力保存及懷孕結果 Patterns of Fertility Preservation and Pregnancy Outcome After Breast Cancer at a Tertiary Medical Center  黃楷中 <sup>1</sup> 邱上琪 <sup>2</sup> 翁嘉穗 <sup>2</sup> 台北馬偕紀念醫院醫學教育部 <sup>1</sup> 淡水馬偕紀念醫院婦產部 <sup>2</sup>
論文發表方式：海報 論文歸類：生殖內分泌	Background: With the advancement of novel treatment for breast cancer, long-term breast cancer survivors may struggle with fertility preservation and pregnancy issues. This study retrospectively reviews the breast cancer cases at reproductive age and report the fertility and fetal outcomes.  Patients and methods: Breast cancer patients diagnosed and treated at MacKay Memorial Hospital from January 2013 to October 2020 were included. Patients who received oocyte cryopreservation and prenatal cares after breast cancer diagnosis were selected. Clinical information was extracted from medical records. Patients were further divided into fertility preservation group and prenatal care group. Follow-up details of the patients on fertility and fetal outcomes were collected and analyzed.  Results: A total of 22 patients were diagnosed as breast cancer and received fertility preservation or prenatal cares in our hospital. The mean age at diagnosis in the fertility preservation group was 34.3 years(n=12) and 38.2 years(n=10) in the pregnancy group. A high incidence of stage II tumors was found in both groups. According to the immunohistochemical results, the majority of the cases had luminal B breast tumors. Among patients who received fertility preservation, 75% of the patients received adjuvant hormone therapy and 50% had chemotherapy. The average number of retrieved oocytes were 14.8±8.9 (range 3-29). Among patients who had been diagnosed with breast cancer before childbirth, 50% received adjuvant hormone therapy and 50% had chemotherapy. Half of the patients diagnosed with breast cancer during pregnancy received chemotherapy before delivery. Regarding the neonate outcome, the average 5-minute Apgar score was 8.7±1.8. Preterm delivery was observed in two pregnancies and one neonate was found to have bilateral hearing impairment.  Conclusions: In this small retrospective study, pregnancy outcome is favorable for breast cancer patients after cancer treatment. Collaborative multidisciplinary team care is imperative for addressing fertility issues or prenatal surveillance during treatment.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P016 臨時稿件編號：0141	卵子活化技術在一位低受精率婦女的表現 Effectiveness of artificial oocyte activation in a woman with low fertilization rate.  粘雨澄 <sup>1</sup> 宮晚帆 <sup>1</sup> 中繁婦女醫學部 <sup>1</sup>
論文發表方式：海報 論文歸類：生殖內分泌	Intracytoplasmic sperm injection (ICSI), a technique developed in 1992 to get over the fertilization failure occurring often with the male infertility factor in in vitro fertilization (IVF), still followed by the total fertilization failure in 1-5% of couples. Since the predominant cause is oocyte activation failure, the artificial oocyte activation (AOA) methods to regulate the intracellular calcium concentration and oscillation may promote the gamete fusion.  A 36-year-old woman with 2-year history of secondary infertility had 11 IVF cycles and received bilateral salpingectomy at other clinic came to our institute for treatment. The semen analysis of her husband revealed normal. The fertilization rate of previous ICSI cycles at our institute were 20.0% (2/10) and 23.0%(3/13) respectively. One embryo developed to ABC on day 6 in the second cycle. Based on the suspicion of oocyte activation deficiency, the AOA with calcium ionophore (GM508 CultActive) was suggested. In this ICSI-AOA cycle, a total of 18 oocytes were retrieved and 10 of them were immature. AOA was applied for four oocytes and all of them fertilized with two pronuclei. Four embryo developed to a grade 4BA, 3AA, 3AA, 3BA on day 5. The embryo transfer with grade 4BA and 3AA was performed. A healthy girl weighing 3165g was born at 38+3/7 weeks of gestation by Caesarean section.  This case revealed that the AOA with calcium ionophore improved the reproductive outcome for patient with low fertilization rate.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P017	絨毛膜囊與胚胎移植數不一致：四例報告
臨時稿件編號：0103	Discordance between chorionicity and embryo transfer number : four cases report 黃宜為 <sup>1</sup> 林佳昀 <sup>1</sup> 蔡妮瑾 <sup>1</sup> 蘇鈺婷 <sup>1</sup> 林育如 <sup>1</sup> 鄭菱勻 <sup>2</sup> 江心茹 <sup>1</sup> 藍國忠 <sup>1</sup> 高雄長庚婦產部生殖醫學科 <sup>1</sup> 嘉義長庚婦產部生殖醫學科 <sup>2</sup>
論文發表方式：海報	Objective: To report four cases of in vitro fertilization-frozen embryo transfer (IVF-FET) with discordance between chorionicity and embryo transfer number Design: A case series Materials and Results: Four cases underwent ART treatment in Kaohsiung Chang Gung Memorial Hospital between 2018 and 2020: a 34-year-old woman who underwent an IVF-frozen cycle with embryo transfer of one blastocyst and one morula, resulting in a quintuplet pregnancy, including four gestational chorionic sacs with one monochorionic-diamniotic twin; a 39-year-old woman who underwent an IVF-frozen cycle with the transfer of two blastocysts, resulting in a quadruplet pregnancy, including three completely separate chorionic sacs with one monochorionic-diamniotic sac; a 33-year-old woman who underwent an IVF-frozen cycle and a 36-year-old woman who underwent an IVF fresh cycle, both with single blastocyst transfer, resulting in twin pregnancies with two completely separate chorionic sacs with one blighted ovum. Excluding the possibility of spontaneous ovulation and conception and laboratory procedure errors, these four cases demonstrate monozygotic splitting after the blastocyst stage, challenging the existing dogma that only monochorionic can develop after day three post-fertilization. Conclusion(s) The accepted theory of monozygotic twinning resulting from the splitting of an embryo per a strict postfertilization timing protocol must be re-examined with the advent of discordance between chorionicity and embryo transfer number. After literature review, discordance between chorionicity and embryo transfer number in ART is rare. Many factors are involved, including expanded embryo culture, assisted hatching, and blastocyst transfer.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P019	臨床產前診斷一病例-貓眼症候群
臨時稿件編號：0233	Prenatal diagnosis of one clinical case with cat eye syndrome 鍾怡屏 <sup>1</sup> 林淑娟 <sup>1</sup> 關龍鏗 <sup>2</sup> 吳祝美 <sup>1</sup> 杜佩玲 <sup>1</sup> 許佳樺 <sup>1</sup> 蘇羽逕 <sup>1</sup> 張以琳 <sup>1</sup> 郭保麟 <sup>3</sup> 郭宗正 <sup>2</sup> 郭綜合醫院生殖中心 <sup>1</sup> 郭綜合醫院婦產部 <sup>2</sup> 成大醫院 <sup>3</sup>
論文發表方式：海報	INTRODUCTION Cat eye syndrome (CES) is caused by a gain of the proximal part of chromosome 22. A supernumerary marker chromosome is typically present, containing two extra copies of chromosome 22q11.1q11.21. Gain of this region may cause ocular coloboma, periauricular, anorectal, urogenital and congenital heart malformations. Here we report one clinical case of prenatal diagnosis of abnormal chromosomal aberration. The partial trisomy of 11q and 22q is the result of an unbalanced translocation between 11q23.3 and 22q11.2 from the parental chromosomes.
論文歸類：生殖內分泌	CLINICAL REPORT A 37-year-old Taiwanese woman, (gravida 4, para 1, artificial abortion 2), underwent amniocentesis at the 18th week of gestation due to advanced maternal age in a local practice. A chromosomal analysis of the amniocytes showed abnormal karyotype in all of the cells analyzed. The cells were in the metaphase stage at the time of analysis. The chromosomal anomaly was tentatively designated as 47, X, inv (Y) (p11.2 q11.2) pat, + der (22) t (11;22)(q23.3; q11.2) mat (Fig. 1). For investigating the origin, we collected peripheral blood of both parents for analysis. The phenotype of the father was 46, X, inv (Y) (p11.2 q11.2). The phenotype of this parturient woman was 46, XX, t (11; 22)(q23.3; q11.2) (Fig. 2). Using array-based comparative genomic hybridization, we mapped the breakpoints in this case in addition to his mother, a balanced translocation carrier. The gene chip was done by Sofiva SurePrint G3 Human CGH (SCA(Agilent) genomics array v1.0, showing one chromosomal fragment duplication 18.15Mb within 11q23.3-q25 and one chromosome fragment microduplication 2.91Mb within 22q11.1-q11.21 (Fig. 3). From the karyotype of this proband, the abnormal adding of one derivative chromosome 22 was inherited from the mother. Thereafter, fertilization-induced trisomic chromosome of 22pter to 22q11.2, was present in the so-called critical region of cat-eye syndrome. After genetic counseling had been completed, this pregnancy was terminated. The final chromosomal outcome was the same as in previous cultural data.
	DISCUSSION Unbalanced chromosomal abnormalities are uncommon structural aberrations that occur frequently due to unbalanced meiotic segregation in the gametes of balanced translocation carriers. Here, we describe a clinical proband case, whose mother carried a balanced reciprocal translocation between chromosomes 11 and 22; the mother would consequently give birth to an unbalanced progeny. Array CGH analysis revealed a microduplication in the 11q23.3-11q25 and 22q11.1-22q11.21 genomic regions, covering 18.15 Mb and 2.91 Mb, respectively. Therefore, the patient had both partial trisomy 11q syndrome and partial trisomy 22q syndrome. In cases of clinical survival, the treatment of CES may require the coordinated efforts of a team of medical professionals, including pediatricians, surgeons, heart specialists, specialists of the digestive tract, and eye specialists.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P018	體外加強搏衝治療於卵巢反應低下患者的應用
臨時稿件編號：0155	Successful pregnancy in poor responder after Enhanced external counterpulsation: two cases report 陳立珊 <sup>1</sup> 蔡育倫 <sup>1</sup> 黃莉文 <sup>1</sup> 李毅評 <sup>1</sup> 新光吳火獅紀念醫院婦產科 <sup>1</sup>
論文發表方式：海報	Introduction: Poor ovarian responder (PORs), typically with diminished ovarian reserve, defined according to Bologna criteria as a condition where at least two of the following criteria are present: (i) advanced maternal age (>40 years), (ii) a previous poor response, defined as ≤3 oocytes retrieved after a standard ovarian stimulation , (iii) or an abnormal ovarian reserve test (antral follicle count (AFC) < 5-7 follicles and/or anti-Mullerian hormone (AMH) < 1.1 ng/mL). A variety of methods had been approached to improve the response of ovarian stimulation, including supplementation of DHEA, vitamin D, inositol,.etc. However, the outcomes of these management had been less than satisfactory. Enhanced external counterpulsation(EECP), a noninvasive mechanical auxiliary circulation method, has been studied for decades to enhance blood circulation, such as an 88% increase in infra-renal abdominal aorta, a 144% surge in internal iliac blood flow. The postulated mechanism was increasing nitric oxide and decreasing endothelin-1 levels. Recently, we apply EECP in poor responders receiving ovarian stimulation hoping enhanced more pelvic circulation would consequently get better ovarian function, then better follicular growth and better quality. Herein, we reported two successful case after EECP. Case 1: A 40-year-old woman suffered from failed trial of pregnancy for 3 years. The couple had an asthenoteratozoospermia problem and several trial of IUI courses had been failed. Therefore, she entered the IVF course. In her first IVF cycle, she had 7 antral follicles less than 10mm and day 3 serum FSH level of 11.4 IU/L. Ovulation induction was started by administering gonadotropin(FSH) 225IU per day for 8 days since day 2 of cycle. Oocyte retrieval was performed with three oocytes recovered. After discussion with the couple, we referred the patient for EECP performing in a 10-hour session between day 2 and day 11 of menstrual cycle with the similar dosage as the previous ovarian stimulation protocol. 8 antral follicles and FSH level of 9.3 IU/L was found in the second cycle. Totally five oocytes was retrieved and four day-3 embryos was obtained. After one embryo transferred, an uneventful pregnancy was resulted. The patient delivered a healthy boy by cesarean section at term in April 2020, weighting 3225gm. Case 2: A nulliparous 44-year-old patient suffered from failed trial of pregnancy for 7 years. Hormonal tests revealed elevated serum FSH (20.16 IU/L), a low estradiol (E2) level (23.0 pg/mL), and low AMH level (0.26 ng/mL). Only one antral follicle on the right side was found. Induction of ovulation was started with 150 IU gonadotropin (FSH) twice a day for 8 days. The patient's serum estradiol level increased to 1723 pg/mL on day 12, and only three oocytes was retrieved on day 14. We arranged EECP also in a 10-hour session between day 2 and day 11 of next menstrual cycle. In the second attempt, FSH (10.4 IU/L) and AMH (0.76 ng/mL) was noted and antral follicle count reached 9. She received the same dosage gonadotropin for 11 days. Seven oocytes were retrieved and a day-6 frozen embryo was transferred, resulted in an uneventful obstetrical course and delivery of a healthy boy, weighting 3510gm, by cesarean section at term in June 2020. Conclusion: EECP might enhance ovarian follicular growth by increased pelvic blood flow and then ovarian circulation, in some poor ovarian responder. More prospective studies are needed to clarify the mechanism and its application in clinical field of EECP on infertility.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P020	早期懷孕的急性腹痛-人工受精後發生卵巢扭轉
臨時稿件編號：0214	Acute abdomen in early pregnancy due to ovarian torsion following intrauterine insemination 陳彥鈺 <sup>1</sup> 盧信芬 <sup>1</sup> 彭福祥 <sup>1</sup> 亞東紀念醫院婦產部 <sup>1</sup>
論文發表方式：海報	Background: Ovarian torsion is an emergent condition in gynecology, which requires urgent management and immediate diagnosis to preserve the ovary and save the fetus, especially in infertile patients. Here, we report a rare case of ovarian torsion in an early pregnant woman after a single cycle of gonadotropin induction with intrauterine insemination (IUI).
論文歸類：生殖內分泌	Case report: This is a 28-year-old, gravida 2, ectopic 1, infertile woman. Her first IUI cycle resulted in tubal pregnancy with tubal abortion. She started her second cycle of IUI with letrozole(Femara®) 5mg daily from day 4 to day 8 of the menstrual cycle, and gonadotropin with Gonal-F® 150U on day 4, 6, and 8. On day 10, four follicles were noted at the right ovary and three follicles were noted at the left ovary, size measured between 11 to 14 mm. Then continual gonadotropin with Gonal-F® 225U was given on day 10 and day 12. Recombinant human chorionic gonadotropin with Ovidrel® 6500IU was given on day 13. Then IUI was arranged on day 14 and the whole procedure went smoothly without complication. One week later, during routine follow-up, the patient complained of mild nausea and the sonogram showed enlarged bilateral ovaries with mild ascites; thus, mild ovarian hyperstimulation syndrome was impressed. Her pregnancy was confirmed one week later and a twin pregnancy with two fetal heartbeats was noted at the gestational age of 7 weeks. However, a few days after the gestational age of 7 weeks, lower abdominal pain was noted, and she went to a local medical department for help where adequate pain control was given but in vain. Therefore, she came to our emergency department for help the second day. According to the patient, right lower abdominal pain was noted from yesterday with poor appetite and vomiting. Her lab data showed leukocytosis and the sonogram revealed twin pregnancy with two fetal heartbeats and an enlarged right ovary with three ovarian cysts about 5 cm. Under the impression of lower abdominal pain, suspected right ovarian torsion, laparoscopic surgery was arranged immediately after well-discussion with the patient and her family. During operation, an enlarged right ovary with three large cysts about 5 cm was noted and the right adnexa was torsion for two loops with ischemia change. The operation with laparoscopic detorsion and drilling was done smoothly without complication. Due to improved abdominal pain and normal oral diet, she was then discharged the second day after the operation. Her twin pregnancy continued without problems after the surgery.
	Conclusion: Ovarian torsion is an emergent condition in women, which seldom occurs during pregnancy. However, due to increased application of assisted reproductive technology, ovarian hyperstimulation may occur which is a risk factor for developing ovarian torsion, not only in In-vitro Fertilization but also in IUI protocol. Therefore, early diagnosis and prompt surgical intervention are crucial to preserve the ovary and save the pregnancy.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P021	使用「階梯狀子宮內膜刮取器」於子宮內膜異常之效果分析 Functional Evaluation of "Step Shaped Endometrial Curette" for Endometrial Abnormalities  陳宏銘 <sup>1</sup> 陳瑞鵬 <sup>1</sup> 蔡偉雄 <sup>1</sup> 林相如 <sup>2</sup> 台灣地區婦幼衛生中心婦產科 <sup>1</sup> 台灣地區婦幼衛生中心病理科 <sup>2</sup>
臨時稿件編號：0025	
論文發表方式：海報	Objective: The aim of this study was to evaluate the using of a new patent instrument "Step Shaped Endometrial Curette" (SSEC) for early detection of endometrial abnormalities. The incidence rate of endometrial cancer increased in Taiwan and worldwide in the past decade. Therefore how to develop a good model for screening and getting an early detection of endometrial cancer is quite urgent for us. Since 1990s, there were many kinds of instruments developed for early detection of endometrial cancer, such as Pipelle, Tao brush, etc. Now the "Step Shaped Endometrial Curette" (SSEC) invented by Dr. Hong-Ming Chen was to contribute to this lofty goal. With a mode of "Ultrasound + SSEC + Paracervical Block", we tried to set up a new combination for screening the endometrial abnormalities.  Materials and Methods: The research ran from November 2015 through January 2020. A total of 118 cases were enrolled and underwent for evaluating the clinical feasibility of SSEC- a new patent instrument for screening endometrial abnormalities. All the patients were operated under the mode of "Ultrasound + SSEC + Paracervical Block". The data analysis included: presenting symptoms, age, parity, endometrial thickness, pain sensation with Verbal Rating Scale (VRS), width of cervical canal, operation time, specimen satisfaction and pathological findings.  Results: The age of 118 cases was 41-79 years old. The endometrial thicknesses were 2.9-22 mm in all cases. The pain level of this operation was measured with the Verbal Rating Scale (VRS), and 114 cases responded with mild to moderate pain. 3 cases responded with no pain. One case dropped out from the study due to afraid of pain. The average operation time was 1 minute 39 seconds. There was no correlation between width of cervical canal and the operation time. The specimen satisfaction was 94.1% (111/118). 5 cases founded with pathological diagnosis as endometrial cancers had their endometrial thickness around 8.8-11 mm. Another 6 cases were founded with endometrial hyperplasia with atypia.  Conclusion: The operation of using "Step Shaped Endometrial Curette" (SSEC) was simple and time-saving. The specimen satisfaction was 94.1%, while Pipelle was around 73.9-100%. This result motivates us. The study also suggested that the mode of "Ultrasound + SSEC + Paracervical Block" was helpful for early detection of endometrial abnormalities.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P022	評估 Bevacizumab 用於晚期或復發性卵巢癌中的副作用及成效 Assessing the adverse events and efficacy of real-world use of bevacizumab in advanced and recurrent ovarian cancers from a tertiary medical center  王映文 <sup>1</sup> 吳貞璇 <sup>1</sup> 林浩 <sup>1</sup> 歐育哲 <sup>1,2</sup> 蔡景州 <sup>1</sup> 傅宏鈞 <sup>1</sup> 張蘭展照 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup> 嘉義長庚紀念醫院婦產科 <sup>2</sup>
臨時稿件編號：0243	
論文發表方式：海報	Objective: Bevacizumab (BEV) has been used for managing patients with advanced and recurrent ovarian cancers in Taiwan for years, but investigation about focusing on real-world adverse events and outcomes among Taiwanese people is scant.  Methods: In this retrospective study, patients with ovarian, fallopian tube, or primary peritoneal cancers treated with BEV at Kaohsiung Chang Gung Memorial Hospital between 2009 and 2019 were identified by medical chart review. Patients' clinical characteristics and the rates, as well as various management of any BEV-related adverse events, were analyzed. The Charlson comorbidity index was used to illustrate the pre-existing medical disease among these patients before the use of BEV. Safety analyses included all patients who had received at least one cycle of BEV  Results: 79 patients receiving BEV as frontline or salvage treatment were enrolled in this study. 20 (25.3%) patients experienced higher blood pressure and 13 patients (16.5%) experienced "De novo" proteinuria after the exposure to BEV. 6 patients (7.6%) had thromboembolic events/hemorrhage and 4 patients (5.1%) had wound-healing complications. 4 patients (5.1%) had gastrointestinal perforation (GIP). There had been 4 documented risk factors for BEV-related GIP, and patients who experienced GIP all had at least 2 risk factors.  Conclusion: In this realistic clinical investigation, the incidence of adverse events was slightly different as compared to those published clinical trials. Proteinuria was only 4%, and GIP was only 1% in ICON7. Patients with potential risks for developing GIP should use BEV with caution.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P023	子宮漿液性癌與子宮內膜肉瘤的臨床特徵比較 The difference in clinical characteristics between endometrial serous carcinoma and endometrial carcinosarcoma.  朱應儀 <sup>1</sup> 張廷彰 <sup>1</sup> 趙安琪 <sup>1</sup> 賴瓊慧 <sup>1</sup> 陳歆煜 <sup>1</sup> 黃寬仁 <sup>1</sup> 周宏學 <sup>1</sup> 林政道 <sup>1</sup> 黃慧君 <sup>1</sup> 湯雲心 <sup>1</sup> 陳威君 <sup>1</sup> 董秀容 <sup>1</sup> 林口長庚 <sup>1</sup>
臨時稿件編號：0251	
論文發表方式：海報	Objective To compare the clinical and pathological characteristics between endometrial serous carcinoma and endometrial carcinosarcoma.  Methods Clinicopathological data and the management of patients diagnosed between 2007 and 2013 at Linkou Chang Gung hospital were retrospectively reviewed. Kaplan-Meier estimates were made of overall survival (OS) and progression-free survival (PFS).  Results A total of 88 patients were recruited, including 44 patients with endometrial serous carcinoma and 44 with endometrial carcinosarcoma. The median age distribution of patients was 57 and 54 years respectively. Stages I, II, III, and IV were identified in 43.2%, 9%, 31.8%, and 16% of the patients with serous carcinoma and 38.6%, 13.6%, 29.5%, and 18.3% of the patients with carcinosarcoma, respectively. The recurrence rate was 16% in both group. The 5-year overall survival rates for the patients with stage I, II, III, and IV disease were 58.8%, 50%, 53.8% and 0% in carcinosarcoma, and 79%, 50%, 50% and 43% in serous carcinoma, respectively. Only 8 patients (18%) with serous carcinoma underwent radiotherapy, and 18 (41%) patients with carcinosarcoma underwent radiotherapy.  Conclusion: These findings should be taken into account when considering counseling, primary treatment and appropriate adjuvant treatment in order to improve survival outcomes in these high-risk patients.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P025	卵巢清晰細胞癌之回潮型淋巴結微轉移的預後價值研究 Detection of isolated tumor cells and micrometastases in lymph nodes of patients with early ovarian clear cell carcinomas  王佑辰 <sup>1</sup> 趙安琪 <sup>2</sup> 基隆長庚醫院 <sup>1</sup> 林口長庚醫院 <sup>2</sup>
臨時稿件編號：0032	
論文發表方式：海報	Objectives: Ovarian clear cell carcinoma (OCCC) is the second most common histologic subtype of epithelial ovarian carcinoma in Taiwan. The prognosis is poor in recurrent OCCC. We aimed to identify micrometastases in lymph nodes and determine whether micrometastases could be an adjunct to hematoxylin and eosin staining to detect the risk of recurrence in OCCC. Methods: Immunohistochemical staining with pan-cytokeratin antibody (AE1/AE3) was applied to all tissue sections (574 slides) of pelvic lymph node dissection specimens taken from 103 patients with stage 1 OCCC who received surgery between 2000 and 2013. Clusters of metastatic tumor cells detected immunohistochemically were classified as isolated tumor cells if they were ≤ 0.2 mm in diameter and micrometastases if their diameters were > 0.2 mm and < 2 mm. Results: We identified cytokeratin-positive tumor cell clusters in one lymph node each from two of the 103 patients (1.9%), one with isolated tumor cells and the other micrometastasis. Both patients (IC1 and IC3, respectively) received postoperative paclitaxel/platinum-based adjuvant chemotherapy without evidence of disease during follow-up. Conclusions: Immunohistochemical staining with AE1/AE3 can identify metastatic tumor cells that are missed on routine hematoxylin and eosin staining. However, lymph node micrometastasis may not have impact on the prognosis of OCCC. Therapeutic decisions based on the presence of micrometastases in OCCC warrants further investigation.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P026	鉑金類治療無效之轉移性子宮內膜亮細胞癌在 Pembrolizumab 與放射治療遠端效應下的持久反應 Durable response after pembrolizumab in combination with radiation-induced abscopal effect in platinum-refractory metastatic endometrial clear cell carcinoma  高健祥 <sup>1</sup> 吳貞璇 <sup>1</sup> 林浩 <sup>1</sup> 歐育哲 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0161	
論文發表方式：海報	Advanced endometrial clear cell carcinoma (CCC) tends to have poor prognosis owing to aggressive clinical behavior and poor response to conventional chemotherapy. We hereby present a 54-year-old female case who was diagnosed with endometrial CCC at FIGO stage IIIC2 with disease recurrence at high-level para-aortic and supraclavicular lymph nodes immediately after debulking surgery as well as six-cycle platinum-based adjuvant chemotherapy. Due to partial response to treatment of solely using immune checkpoint inhibitors (ICIs) based on loss of expression of mismatch repair (MMR) proteins in the tumor cells, she received pembrolizumab specifically in combination with a short-course locally ablative CyberKnife radiation over para-aortic lymph nodes. Durable complete response attributed to abscopal effect by radiation was successfully achieved during 2-year maintenance therapy of ICIs and the patient remains disease-free after 1-year discontinuation of immunotherapy. Despite considerable response and relatively fewer side effects, only around 40% of recurrent endometrial cancer case displaying loss of MMR expression responds to ICIs, with less than 5% achieving complete response. Recent studies have shown that the gene AT-Rich Interactive Domain-containing protein 1A (ARID1A) deficiency compromises MMR proteins which possibly predict effectiveness of ICIs. Identify the personalized prognostic biomarker of immunotherapy in this patient, we analyzed the tumor cells by immunohistochemistry staining and also disclosed alternation in the ARID1A gene expression. Further exploration as a novel biomarker correlating with better treatment outcomes after ICIs in different patient is required.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P028	停經後婦女的卵巢黏液性腺癌腫瘤扭轉與破裂：一個罕見的病例報告 Torsion and Ruptured of Ovarian Mucinous Cystadenocarcinoma in a postmenopausal woman: A Rare Case Report  田瑾晶 <sup>1</sup> 龐沒駁 <sup>1</sup> 花蓮慈濟醫院 <sup>1</sup>
臨時稿件編號：0083	
論文發表方式：海報	Objective: Torsion and rupture of ovarian tumors is a gynecological emergency, which is most commonly occurs in reproductive-aged women. It is rare in malignant ovarian tumors. We report a case of early-stage malignant ovarian tumor torsion and rupture with internal bleeding in a postmenopausal woman.  Case: A 51-year-old postmenopausal woman presented with an acute abdomen. Transvaginal sonography showed an 8-cm heterogeneous right ovary mass without ovarian blood flow by Color-Doppler. Laparoscopy exploration revealed torsion and rupture of right ovarian tumor and a 900-mL hemoperitoneum. The patient underwent right salpingo-oophorectomy. Histopathology reported mucinous cystadenocarcinoma of the right ovary, pT1c2. Subsequent staging surgery and prophylactic hyperthermic intraperitoneal chemotherapy (HIPEC) with cisplatin were performed.  Discussion and conclusion: Ovarian torsion is rarely diagnosed in postmenopausal women and malignant ovarian tumors. Frozen section biopsy should be considered for suspected ovarian malignancy. Preoperative tumor markers may help improve diagnosis. Furthermore, we strongly recommended the use of contained morcellation through tissue bag for specimen removal to prevent dissemination of occult malignancy. Several studies have shown the benefits of hyperthermic intraperitoneal chemotherapy (HIPEC) in an interval procedure and recurrent ovarian cancer diseases. In addition to conventional intravenous and intraperitoneal chemotherapy, HIPEC is an alternative option that can be delivered at the time of cytoreduction surgery.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P027	個案報告- 卵巢成熟畸胎瘤惡性轉化骨肉瘤 A rare case of osteosarcoma arising from mature cystic teratoma of ovary  莊舒斐 <sup>1</sup> 曾宇泰 <sup>1</sup> 林珮瑩 <sup>1</sup> 新應臺 <sup>2</sup> 臺安醫院婦產部 <sup>1</sup> 臺安醫院病理科 <sup>2</sup>
臨時稿件編號：0162	
論文發表方式：海報	Abstract Background: Germ cell tumors are the most common ovarian tumor, 95% of them are benign. Mature cystic teratoma of the ovary is the most common germ cell tumors. Only 1-2% of all cases of dermoid cyst has malignant transformation. According to previously published English literatures, only 10 cases of ovarian osteosarcoma had been reported; 5 cases were primary osteosarcoma of the ovary, 4 cases were teratoma with osteosarcoma transformation and 1 case was part of a malignant mixed mesodermal tumor of the ovary. Most of cases had very poor prognosis even when combined with complete surgery and adjuvant chemotherapy. Here we report our experience in diagnosis and management of a patient with ovarian cystic teratoma with osteosarcoma.  Case Presentation: Our case is a 46-year-old female presented as acute abdominal pain in emergency room with incidental diagnosis of an adnexal mass (7.2cm) found by further computed tomography scan and trans-vaginal ultrasound; right ovarian teratoma with torsion was suspected and emergency laparoscopic right salpingo-oophorectomy was done. Final pathological study showed primary ovarian mature cystic teratoma with osteosarcoma. Complete staging surgery was done and followed by adjuvant chemotherapy. Due to extremely poor prognosis of previous published cases, we arranged circulation tumor cell (CTC) analysis with ex-vivo drug sensitivity test for patient, the result showed liposome doxorubicin had good response. However, after 6 courses of chemotherapy with liposome doxorubicin, computed tomography revealed suspicious metastatic lesions in the abdomen and liver. PET scan was then conducted which revealed suspicious mild-FDG avid hepatic lesions at S3&S4 of liver and non-FDG avid 3cm peritoneal nodule behind umbilicus. Therefore, metastasis can't be concluded. After discussion with patient, we decided to keep observation for 3 months, then arrange image study again for further evaluation.  Conclusion: Ovarian teratoma with osteosarcoma transformation is of extremely rare occurrence, with only 10 cases of ovarian osteosarcomas reported in the English literature. They are associated with very poor prognosis. CTC with ex-vivo drug sensitivity test may be reasonable in planning treatment.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P029	使用新型超音波手術剪同步切除子宮內膜癌及大腸癌的病例報告 Harmonic Scalpel to coagulate and cut colon and endometrial cancer simultaneously  王孝萱 <sup>1</sup> 莊乙真 <sup>1</sup> 劉馨嫻 <sup>1</sup> 林耿立 <sup>2</sup> 新北市亞東紀念醫院婦產部 <sup>1</sup> 新北市亞東紀念醫院外科部 <sup>2</sup>
臨時稿件編號：0129	
論文發表方式：海報	The Harmonic Scalpel (HS) is a device that coagulates and cuts tissues by vibrations simultaneously. Advantages include minimal thermal tissue damage, less smoke, no neuromuscular stimulation and no transmission of electricity to patients. Here we presented a 65 y/o female with both endometrial and colon cancer found at the same time. She received Ascending colon resection and total hysterectomy and bilateral pelvic LN dissection simultaneously. The advantage of this energy device is fully showed both in colon cancer dissection and total laparoscopic hysterectomy which need great care of dissection of both ureters. Besides, the safety of less thermal damage during pelvic and paraaortic Lymph nodes dissection speeds up the whole procedure. The reanastomosis of colon after resection was done with a wound retractor over the upper abdomen (about 5cm away from umbilicus). The gynecologic specimen ( uterus and adnexa and lymph nodes) could be removed in bag through the wound retractor too. The colonectomy and reanastomosis procedure took 3 hours and the procedure of total laparoscopic endometrial cancer staging was 3 hours, too. The patient stood the procedure well, the blood loss was (100, 150 cc) respectively. In short we demonstrate that the harmonic scalpel is a great energy device of minimal invasive surgery for treating patients with colon and endometrial cancer simultaneously.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P030	藉由整合性多基因分析邊緣性卵巢腫瘤致病機轉之失調分子基因功能 Dysregulated molecular and genetic functions recognized in the pathogenesis of borderline ovarian tumors by integrative polygenic analytics  蘇國銘 <sup>1</sup> 張正昌 <sup>1</sup> 張家銘 <sup>2</sup> 三軍總醫院婦產科部 <sup>1</sup> 台北榮總婦女醫學部 <sup>2</sup>
臨時稿件編號：0084	
論文發表方式：海報	The knowledge for the pathogenesis and molecular mechanism of ovarian low malignant potential (LMP) tumors, or borderline ovarian tumors (BOTs) are limited so far. Surgery still remains the cornerstone of the treatment for this disease, and diagnosis is mainly made by pathohistology till now. However, there is no integrated analysis to investigate the tumorigenesis of BOTs from the aggregated experimental data. Therefore, we first utilized a functionome-based speculative model with the openly obtainable datasets to explore the expression profiling data among all BOTs and two major subtypes of BOTs, serous BOT (SBOT) and mucinous BOT (MBOT), by analyzing the functional regularity patterns and clustering the separate gene sets. We next prospected and assembled the association between these targeted biomolecular functions and their related genes. Our research found that BOTs can be accurately recognized by gene expression profiles by means of integrative polygenic analytics among all BOTs, SBOT and MBOT; the results exhibited top 41 common dysregulated biomolecular functions which were sorted to four major categories including immune and inflammatory response related functions, cell membrane and transporter related functions, cell cycle and signaling related functions and cell metabolism related functions were the key elements involved in its pathogenesis. Different from previous research, we discovered 19 representative genes from the above classified categories (IL6, CCR2 for immune and inflammatory response related functions, IFNG, ATP1B1, GAS6, PSEN1 for cell membrane and transporter related functions, CTNNA1, GATA3, IL1B for cell cycle and signaling related functions, AKT1, SIRT1, IL4, PDGFB, MAPK3, SRC, TWIST1, TGFBI, ADIPOQ, PPARGC1A for cell metabolism related functions) were relevant in the cause and development of BOTs. We also noticed that dysfunctional pathway of galactose catabolism took place among all BOTs, SBOT and MBOT from analyzed canonical pathways gene sets databases. With the help of immunostaining, we verified that significant performance of interleukin-6 (IL6) and galactose-1-phosphate uridylyltransferase (GALT) among BOTs than controls. In conclusion, a bioinformatic platform of gene-set integrative molecular functionome was build up in this study to interpret the complicated pathogenic pathways of BOTs and these interesting findings demonstrated a potential role in the tumorigenesis of BOTs and would be helpful for the diagnosis and therapy of BOTs in the future.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P031	化學治療藥物是否合併癌思停對於鉑類化學治療藥物敏感的復發上皮性卵巢癌的真實世界療效研究  Chemotherapy with or without Bevacizumab in patients with platinum-sensitive recurrent ovarian cancer- real-world Data  呂建興 <sup>1</sup> 許世典 <sup>1</sup> 黃曉峰 <sup>1</sup> 孫瑤 <sup>1</sup> 石字翔 <sup>1</sup> 洪若寬 <sup>1</sup> 陳明哲 <sup>1</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup>
臨時稿件編號：0180	
論文發表方式：海報	About 80% of advanced-stage epithelial ovarian cancer will recur despite standard cytoreduction surgery and platinum-based chemotherapy. When tumor recurrence occurred after more than 6 months of last chemotherapy, it was named platinum-sensitive recurrence. The standard care of platinum sensitive recurrence ovarian cancer was platinum-based chemotherapy with or without preceding secondary cytoreduction surgery. However, from GOG-213 trial, which investigated Bevacizumab and paclitaxel-carboplatin chemotherapy and secondary cytoreduction in recurrent, platinum-sensitive ovarian cancer. They found that addition of Bevacizumab increased median progression-free survival (10.4 to 13.8 months, adjusted HR 0.628, p< 0.0001) and overall survival (37.3 to 42.2 months, adjusted HR of 0•823, p=0•0447). However, there were no real world data confirming these clinical trial results. Therefore, we retrospectively collect our data for analysis.  Patients and treatments: The cases with platinum sensitive recurrent epithelial ovarian cancer had their first relapse during the period of 2012 to 2020 were enrolled. The exclusion criteria were: initial treatment at other hospital, initial fertility sparing surgery, concurrent other malignancy, neuroendocrine carcinoma and carcinosarcoma, frontline Bevacizumab, history PARP inhibitor as maintenance and immunotherapy. Progression-free survival was defined as the date of secondary surgery, radiation, or the date of first recurrence chemotherapy if no surgery, till the date of recurrence.  Results: 36 cases received chemotherapy alone, 18 cases received chemotherapy with Bevacizumab. The age, stages at diagnosis, histology, platinum-free interval, surgery or radiotherapy, and chemotherapy regimens were no differences between two groups. The PFS of the chemotherapy alone group was 13.9 months, the chemotherapy with Bevacizumab group was 19.1 months, p=0.315. There were also no significant differences of median OS between two groups.  Conclusions and Discussions: The Nation Health Insurance started Bevacizumab reimbursement since April, 2020 based on the GOG-213 study that demonstrated PFS and OS benefits. However, from PubMed search, there was no real-world report of the efficacy of adding Bevacizumab to platinum-based chemotherapy for treatment of recurrent platinum-sensitive epithelial ovarian cancer. From our cohort, we found PFS was increased by 5.2 months. This is comparable to the increment of progression-free survival by 3.4 months from GOG-213 and 4 months from the Oceans study. Although from p value, it was not statistically significant due to inadequate case number. This data still support further use of Bevacizumab in combination with platinum-based chemotherapy in platinum-sensitive recurrent epithelial ovarian cancer.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P032	細胞核中高度表現的 11 個易位甲基胞嘧啶二加氧酶在卵巢亮細胞癌抗藥性中所扮演的角色  Enhanced expression of ten-eleven translocation 1 in nucleus plays a role in chemo-resistance in ovarian clear cell carcinoma  吳貞璇 <sup>1</sup> 林浩 <sup>1</sup> 歐育哲 <sup>1</sup> 傅宏鈞 <sup>1</sup> 蔡景州 <sup>1</sup> 黃昭誠 <sup>2</sup> 高雄長庚醫院婦產部婦癌科 <sup>1</sup> 高雄長庚醫院病理科 <sup>2</sup>
臨時稿件編號：0263	
論文發表方式：海報	Objective：Ovarian clear cell carcinoma (CCC) tends to be relatively resistant to conventional chemotherapy resulting in a lower survival rate and poorer prognosis when compared to other histological types of epithelial ovarian cancer. Deregulation of DNA methylation/demethylation have been disclosed to provide a critical mechanism for the occurrence of chemo-resistance. Recently, studies has shown the ten-eleven translocation (TET) family including TET1/2/3 plays an important part in DNA demethylation, which may involve in tumorigenesis as a result of alteration of DNA transcription. However, their roles in chemo-resistance of ovarian CCC has not been elucidated. Materials and methods：We retrospectively collected the paraffin tissue blocks from cases diagnosed with CCC n Kaohsiung Chang Gung Memorial Hospital from 2006 to 2012 to do the immunohistochemical analysis for TET1 protein expression and also collected clinical data of these patients to see the relationship between expression of TET1 gene and disease outcome. We further established a series of chemo-resistance cell lines to cytotoxic drugs including cisplatin and paclitaxel as well as created a TET1-knockdown ovarian cancer cell line to see the difference between TET1 expression and drug sensitivity. Disease survival curves were calculated using Kaplan-Meier method, and in vitro study the differences of TET1 protein expression in knockdown and chemo-resistance cell lines were determined by chi-square test and one-way ANOVA analysis followed by Bonferroni posttest using GraphPad Prism 5.0, respectively. Differences between groups were considered to be statistically significant when p<0.05. Results：From 2006 to 2012, 67 ovarian CCC were collected for analysis. Enhanced expression of nuclear and cytoplasmic TET1 protein were found in 24 (35.8%) of cases and 16 (23.9%) of cases, respectively. Neither nuclear nor cytoplasmic expression of TET1 protein were related to disease stages (p=0.518 v.s. p=0.418). The patients with enhanced expression of nuclear TET1 protein were more resistant to platinum-based chemotherapy as compared to those without nuclear TET1 expression (p=0.04), nonetheless, the difference was not noted in those cases with cytoplasmic TET1 expression in tumor cells (p=0.24). In vitro study, TET1 expression was disclosed in high-concentration cisplatin-resistant cell line (p<0.001), however, no statistical difference noted in the paclitaxel-resistant cell line. Besides, we also found over-express TET1 gene expression in CCC cancer cell line will lead to the higher viability of cancer cells to cisplatin (p=0.009). Conclusions：Our results demonstrated the role of nuclear expression of TET1 gene in cisplatin resistance, which could be considered as a predictive biomarker for further treatment guidance and anti-cancer drug development in ovarian CCC patients.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P033	mTOR 正向調控 UBE2C 促使女性子宮頸癌之惡化 UBE2C Drives Human Cervical Cancer Progression and is Positively Modulated by mTOR  蔣安仁 <sup>1</sup> 李佳繁 <sup>1</sup> 許晉銓 <sup>2</sup> 方紹軒 <sup>1</sup> 高雄榮總婦女醫學部 <sup>1</sup> 國立中山大學生物醫學研究所 <sup>2</sup>
臨時稿件編號：0050	
論文發表方式：海報	Cervical cancer is a common gynecological malignancy, accounting for 10% of all gynecological cancers. Recently, targeted therapy for cervical cancer has shown unprecedented advantages. Several studies have shown that ubiquitin conjugating enzyme E2 (UBE2C) is highly expressed in a series of tumors, and participates in the progression of these tumors. However, the possible impact of UBE2C on the progression of cervical squamous cell carcinoma (CESC) remains unclear. Here, we carried out tissue microarray analysis of paraffin-embedded tissues from 294 cervical cancer patients with FIGO/TNM cancer staging records. The results indicated that UBE2C was highly expressed in human CESC tissues and its expression was related to the clinical characteristics of CESC patients. Overexpression and knockdown of UBE2C enhanced and reduced cervical cancer cell proliferation, respectively, in vitro. Furthermore, in vivo experiments showed that UBE2C regulated the expression and activity of the mTOR/PI3K/AKT pathway. In summary, we confirmed that UBE2C is involved in the process of CESC and that UBE2C may represent a molecular target for CESC treatment.
論文歸類：婦癌	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P034	骨盆腔發炎增加子宮內膜異位症婦女卵巢癌的風險：台灣 200 萬樣本分析研究 Pelvic inflammatory disease increases the risk on ovarian cancer development in endometriosis women: a study of 2-million-sample longitudinal health and welfare database in Taiwan  <u>羅匯文</u> <sup>1</sup> <u>蔡英美</u> <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup>
臨時稿件編號：0286	
論文發表方式：海報	Objective Previous studies have showed that endometriosis and pelvic inflammatory disease can increase ovarian cancer risk. Studies have also showed endometriosis associated with ovarian cancer might depend on chronic inflammation and impaired immune surveillance. Besides, the interaction at pelvic microbiota and ovarian cancer getting more attention nowadays. Due to above reasons, we have analyzed the interaction between endometriosis and pelvic inflammatory disease on developing ovarian cancer risk.  Materials and methods Selecting women who are diagnosed as endometriosis (ICD9: 617) or pelvic inflammatory disease (ICD 9: 614, 615) between January 2000 to December 2015 from a 2-million-sample longitudinal health and welfare database. The inclusion criteria are women is followed-up at least two outpatients visits within one year with the ICD-9-code 617/615/614 or at least one inpatient hospitalization. The exclusion criteria are patients with previous cancer history before endometriosis or pelvic inflammatory disease diagnosis, age younger than 18 years or age older than 60 years, follow-up period below 90 days, the diagnosis period between endometriosis and pelvic inflammatory disease more than 2 years. Five groups are divided on women with endometriosis (ENDO), pelvic inflammatory disease (PID), endometriosis and pelvic inflammatory disease later (ENDO + PID), pelvic inflammatory disease and endometriosis later (PID + ENDO), and health groups. Propensity score matching (PSM) with inverse probability of treatment weighting (IPTW) with age, diabetes mellitus, hypertension, menopause, obesity, overweight, and Charlson score are using for lower the bias on each group. The logistic regression mode and Kplan Meier curve are applied for occurrence event of ovarian cancer. Main results The risk of ovarian cancer was significantly different in the women with PID (HR 2.41, 95% CI 1.80–3.22, p < 0.0001), ENDO (HR 6.16, 95% CI 4.10–9.26, p < 0.0001), PID + ENDO (HR 4.03, 95% CI 1.72–9.45, p = 0.0001), and ENDO + PID (HR 8.07, 95% CI 4.53–14.37, p < 0.0001) compared with healthy women. The risk of ovarian cancer is especially higher on ENDO + PID group.  Conclusion Our data showed that ENDO + PID group has the highest ovarian cancer incidence compare with ENDO, PID, PID + ENDO and health groups.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P036	台灣女性黏液性卵巢癌的 KRAS 和 HER2 基因突變呈現反向存在 The inverse existences between KRAS and HER2 gene mutations in mucinous ovarian cancer of Taiwanese women  <u>陳嘉鑫</u> <sup>1</sup> <u>韓志平</u> <sup>1</sup> 中山醫學大學附設醫院 <sup>1</sup>
臨時稿件編號：0033	
論文發表方式：海報	Background: We previously reported that the ~100% KRAS mutant frequency reported by Jayson et al. (2014; Lancet) was too exaggerated to be applicable into all populations. Additionally, we also described that there was a lack of statistically significant association between HER2 amplification and KRAS mutations (p = 0.057) [1]. In this poster, we wish to update the relationship between both the KRAS and HER2 gene mutations in mucinous ovarian carcinoma (mOC) of Taiwanese women.  Methods: Twenty one formalin-fixed, paraffin-embedded tissue blocks of Taiwanese mOC were collected and performed genomic DNA extraction by QIAamp® DNA FFPE Kit (Qiagen, Vialencia, CA, USA) according to the manufacturer's instruction. Both the methods of HER2 gene mutation and KRAS gene mutation were reported separately in previous studies. The HER2 exon 18–24 was analyzed using the specific primer PCR protocol and direct sequencing; and the KRAS exon 2 was analyzed using the KRAS mutant-enriched PCR Kits (FemtoPath®) and direct sequencing [3, 4].  Results: We found that both the KRAS and HER2 gene mutation rates were 61.90% (n = 13/21) and 33.33% (n = 7/21), respectively (Table 1). The results also revealed that both of them were negative in agreement (kappa = -0.412) and very close to the significant level (P=0.056). The negative kappa would indicate agreement worse than that expected by chance.  Conclusion: Oncogenes with activating mutations might be therapeutically targetable. Our findings indicated that both KRAS and HER2 gene mutations tend to exist in an inverse manner, but not mutually exclusive. However, once the two gene mutations coexist, they may even have a synergistic effect in tumorigenesis. It is suggested that selected genetic alterations such as KRAS and HER2 gene activating mutations involving Her2-driven RAS/MAPK (mitogen-activated protein kinase) signalling pathway can exist in mOC. In the future, targeted therapy may be worth testing in such patients who have mOC with advanced stages.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P035	利用台灣國家健康保險研究數據庫分析經診斷為中度宮頸上皮內瘤病變後發生頭頸癌的風險較 Risk of head-and-neck cancer following a diagnosis of moderate cervical intraepithelial neoplasia: analyses from national health insurance research database in Taiwan  <u>趙怡紅</u> <sup>1</sup> <u>康介乙</u> <sup>1</sup> <u>林俊宏</u> <sup>1</sup> <u>黃國峯</u> <sup>1</sup> 台南奇美醫院 <sup>1</sup>
臨時稿件編號：0020	
論文發表方式：海報	Introduction: Human papillomavirus (HPV) causes >99% of cervical carcinomas and is associated with approximately 25% of head and neck squamous cell carcinomas (HNSCCs). Epidemiological studies have shown that patients with history of cervical cancer or CIN3/AIS have a higher risk of HNSCC than women without such a history. We want to analyze the lifetime risk of head and neck cancer in patients with history of moderate cervical dysplasia, compare to patients with history with mild dysplasia.  Methods: This study is conducted to explore the data from national health insurance research database in Taiwan (n = 16,644) during a 14-year follow-up period (2001 ~ 2015). We identified patients with diagnosis of cervical dysplasia (ICD9 code = 622.1), which included mild and moderate dysplasia (N=9,385), and excluded patients had history of cancer or diagnosed as cancer within 3 months after index date. We divided them into two groups according to the history of conization (procedure code: 80205) within one year after the diagnosis of cervical dysplasia. We then compared the incidence rate of newly diagnosed cases of cervical, vulva and vaginal cancer, as well as cases of head and neck cancer, between those 2 groups  Results: Compared with women with mild cervical dysplasia, women with moderate cervical dysplasia are still at higher risk of developing cervical cancer in the future, even after conization. However, compared with mild dysplasia, the risk of further head and neck cancer in patients with moderate dysplasia is not significant.  Discussion: Our data didn't show a significant increased risk on head and neck cancer in women with a history of CIN2 while comparing with women with only mild dysplasia. The result may caused by the sparse cases of head and neck cancer in our study population, or the insufficient following up duration. However, the spectrum of diseases between cervical cancer, severe dysplasia and mild dysplasia should still be considered.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P037	以 Pembrolizumab 和 Bevacizumab 治療基因突變的透亮細胞卵巢癌且達到完全緩解之案例報告 Complete remission of heavily treated ovarian clear cell carcinoma with ARID1A mutations after pembrolizumab and bevacizumab combination therapy: a case report  <u>林雨蓓</u> <sup>1</sup> <u>溫國璋</u> <sup>1,2</sup> <u>宋碧琳</u> <sup>1,2</sup> <u>周予婷</u> <sup>1</sup> <u>劉蓓麗</u> <sup>3,4</sup> <u>陳林鈺</u> <sup>1</sup> <u>黃瑞蘭</u> <sup>1,2</sup> <u>賴鴻政</u> <sup>1,2,5</sup> <u>張路得</u> <sup>1</sup> <sup>1</sup> 衛生福利部雙和醫院婦產部 <sup>1</sup> <sup>2</sup> 台北醫學大學醫學院醫學系婦產科 <sup>2</sup> <sup>3</sup> 衛生福利部雙和醫院病理部 <sup>3</sup> <sup>4</sup> 台北醫學大學醫學院醫學系病理科 <sup>4</sup> <sup>5</sup> 衛生福利部雙和醫院轉譯醫學中心 <sup>5</sup>
臨時稿件編號：0117	
論文發表方式：海報	Ovarian clear cell carcinoma (OCCC) can easily become resistant to platinum-based chemotherapy which is a standard treatment of ovarian cancer. Some studies have suggested that the poor prognosis of OCCC is related to distinct molecular characteristics. Molecular variations, such as ARID1A mutations and overexpression of vascular endothelial growth factor (VEGF), annexin A4, and mammalian target of rapamycin (mTOR), have been reported in OCCC. A precision medicine approach that targets these unique features may be a new direction for OCCC treatment. We present a patient with refractory OCCC in whom conventional chemotherapy failed. Cachexia was induced by the disseminating recurrent tumors. Tumor tissue staining and genomic analysis revealed PD-L1 negativity, a low tumor burden, stable microsatellite instability, and two mutations in ARID1A. The patient was administered pembrolizumab combined with bevacizumab triweekly. Her serum CA-125 level decreased dramatically after the first cycle. A computerized tomography scan showed marked regression of the recurrent masses after 3 cycles, and the patient reached complete remission after 9 cycles. She showed a good recovery from cachexia. We observed no marked side effects except for mild polyarthrits of the small joints. The therapeutic effect of checkpoint inhibitors combined with angiogenesis inhibitors is very promising in our patients with OCCC. Her unexpected excellent response supports the need to identify other theragnostic biomarkers for checkpoint inhibitors. An ARID1A-deficient ovarian cancer tumor displayed an increased mutation load, increased PD-L1 expression, and elevated numbers of tumor-infiltrating lymphocytes because of neoantigen production. Mutations in ARID1A may be predictive for immune checkpoint inhibitors in OCCC. Further clinical trials of tumors including ARID1A mutations are warranted.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P038	有 BRAF V600E 突變的低度分化漿液性卵巢癌於復發後使用 Dabrafenib 和 Trametinib 治療獲得顯著效果之個案報告 Dabrafenib and Trametinib achieved great response in chemoresistant recurrent BRAF V600E-mutated low-grade serous ovarian cancer: a case report  黃蘭茵 <sup>1</sup> 葉裕民 <sup>2</sup> 許耿福 <sup>1</sup> 成大醫院婦產部 <sup>1</sup> 成大醫院內科部 <sup>2</sup>
臨時稿件編號：0097	
論文發表方式：海報	Objective: We present a patient with chemoresistant recurrent low-grade serous ovarian carcinoma who has BRAF V600E mutation and was successfully treated with dabrafenib plus trametinib. Case report: A 45-year-old nulliparous woman was diagnosed with ovarian low-grade serous carcinoma at FIGO stage IIIC in August 2015. She received primary optimal cytoreductive surgery and adjuvant chemotherapy with dose-dense weekly paclitaxel and triweekly carboplatin. However, she got recurrent tumor in cul-de-sac and multiple metastatic lymphadenopathy in December 2016. She received second line chemotherapy with cyclophosphamide and cisplatin, third line therapy with pegylated liposomal doxorubicin and carboplatin, and hormone therapy with letrozole. However, disease progressed and caused obstructive ileus. She also received pelvic radiation for local control, but the treatment response was very poor. We performed BRAF exon 15 mutation analysis by polymerase chain reaction technique on paraffin-embedded ovarian tissue, and BRAF p.V600E mutation was detected. Combination treatment of dabrafenib and trametinib were administered since June 2019, and dramatic treatment response was detected. The CA125 level dropped from 1803 U/mL to normal range after 3 months. The patient received secondary debulking surgery in February 2020. There was only a 2 cm-sized residual tumor at vaginal stump and presence of rectovaginal fistula at middle rectum. The lesion was removed completely by low anterior resection and partial vaginectomy. The rest of peritoneal cavity showed free of tumor seeding, and the biopsy for suspicious lesions all yielded negative for malignancy. After operation, she kept using dabrafenib and trametinib. Although mild elevation of CA125 (15.4 U/mL) and small recurrent vaginal tumor were noted in August 2020, the vaginal lesion regress completely and CA125 remained low (9.8 U/mL) in December 2020 after continuous treatment. Conclusions: In recurrent low-grade serous ovarian carcinoma, mutation of MAPK pathway should be examined. If BRAF mutation is detected, combination treatment of BRAF and MEK inhibitors may be a good treatment choice other than chemotherapy and hormone therapy.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P039	黃體素受體表現為分化差的漿液型卵巢癌好的預後因子之一。 High Expression of Progesterone Receptor Is One of The Good Prognostic Factors of Ovarian High-grade Serous Carcinoma  林浩 <sup>1</sup> 傅宏鈞 <sup>2</sup> 高雄長庚婦產部 <sup>1</sup> 嘉義長庚婦產科、高雄長庚婦產部 <sup>2</sup>
臨時稿件編號：0173	
論文發表方式：海報	Abstract: Objective: Expression of progesterone receptor (PR) had been reported to influence survival outcomes in patients with ovarian high-grade serous carcinoma (HGSC). In the present study, we attempted to investigate the association among PR expression and survival in ovarian HGSC. Methods: We retrospectively reviewed 71 patients with ovarian HGSC between 2010 and 2015 in our hospital who underwent surgery followed by adjuvant chemotherapy and analyzed PR expression by immunohistochemical (IHC) staining. The survival outcomes were compared between weak and strong PR expression. Results: Among 71 patients, 52 and 19 patients had weak and strong PR expression, respectively. In tumors with weak PR expression, 38.5% of patients were found to be the platinum-resistant disease which translated to poorer progression-free (p=0.029) and overall survival (p=0.067). Conclusion: Tumors with weak PR expression is associated with platinum-resistant and poor survival in ovarian HGSC patients.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P040	乳房外柏哲德氏病的雄性受體表現與其臨床表現之相關性 Androgen Receptor Expression in Extramammary Paget's Disease associated with Clinical Characteristics  黃德瑋 <sup>1</sup> 傅宏鈞 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0336	
論文發表方式：海報	Objective: Extramammary paget's disease (EMPD) is a rare cutaneous malignancy which mostly occurs in the elderly in Western. Although the pathogenesis of EMPD is still unclear, it's commonly thought that the primary EMPD is originated from apocrine glands, while the secondary EMPD may extend from other synchronous malignancies. Previous studies showed apocrine glands significantly expressed androgen receptor (AR). The AR expression was also frequently found in EMPD. AR may play a role in pathogenesis of EMPD. In this retrospective study, we will investigate the association between AR expression and recurrence or invasive type EMPD. Methods: This is a single-institution retrospective study. We recruited patients with EMPD treated with complete staging surgery with or without adjuvant therapy during January 1990 to December 2018 in our hospital. We evaluated the association between AR expression of tumor and clinical characteristics. AR expressions were analyzed by immunohistochemical (IHC) staining and the clinical variables were collected from electric medical records. Results: There were 63 patients with EMPD diagnosed at our hospital. Then, we enrolled 45 patients who had available tumor tissue blocks and regular follow-up for analysis. There were 32 (71%) male patients and 13 (29%) female patients. The female patients had higher occurrence of unclear surgical margin and recurrence compared to male patients. Tumors with higher expression of AR (Hscore ≥30, 31 patients, 68.9%) were associated with unclear surgical margins. The AR expression is not correlated to sexual difference nor previous personal cancer history. Conclusion: The AR expression in EMPD tumors might be associated with unclear surgical margin and recurrence.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P041	木犀草素對子宮頸癌細胞株的多樣抗腫瘤作用 Distinct antitumor effects of luteolin on cervical cancer cell lines  賴璧堯 <sup>1</sup> 曾婉瑜 <sup>2</sup> 楊爵閔 <sup>3</sup> 蕭品卉 <sup>4</sup> 陳子 and <sup>4</sup> 蔡鴻德 <sup>4</sup> 彰化基督教醫院共同研究室 <sup>1</sup> 彰化基督教醫院中西醫結合腫瘤研究中心 <sup>2</sup> 彰化基督教醫院婦女醫學研究室 <sup>3</sup> 彰化基督教醫院婦產部 <sup>4</sup>
臨時稿件編號：0075	
論文發表方式：海報	Luteolin is belonged to the flavone subclass and is found in many fruits and vegetables. Luteolin reveals multiple biological effects such as anticancer and was indicated it could provide a new therapeutic option for cervical cancer. Although luteolin was well known as an anticancer characteristic, exactly how it works is still unclear. In this experiment, human cervical cancer cells were used as HeLa, C-33A, and CaSki. Luteolin was investigated for their cell viability activities on cervical cancer cell lines at the concentrations of 0-100 μM by using MTT assay during 0, 24, and 48hr of incubation, respectively. Fluorescence-activated cell screening was used to elucidate the phase of the cell cycle and the distribution of apoptotic cells for an option luteolin concentration treatment on cervical cancer cells for 24hr incubation. Luteolin has a cytotoxic effect on cervical cancer cells and inhibits cell growth in a dose-dependent and time response. HeLa and CaSki were treated luteolin with 50 μM for 24 hours, and inhibited the cell growth by 49.65 ± 9.64% (HeLa), 47.05 ± 2.89% (CaSki). C-33A cell viability was 55.62% ± 2.89% when it was treated with 100 μM luteolin for 24 hours. HeLa and CaSki cell viability were less than 50% when they were treated 50 μM luteolin for 24 hours (HeLa: 44.63 ± 4.2%, CaSki: 46.34 ± 1.83%). For the C-33A cell, it takes 48 hours to achieve the same effect (51.93 ± 9.77%). Based on the above experimental results, 50 μM (HeLa and CaSki) or 100μM (C-33A) luteolin treatment for 24 hours were used in other assays. Luteolin showed high apoptotic and induced cell cycle arrest at the G2/M phase in HeLa (16.66% → 13.76%) and CaSki (23.79% → 17.03%) cells. In C-33A cells, luteolin showed slight apoptotic effects and blocked the cell entry of the G2/M phase (34.63% → 26.35%). Our data indicated that luteolin could induce apoptosis and cell cycle arrest on cervical cancer cells. It has the potential of luteolin can be used as a therapeutic agent for cervical cancer.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P042	HOXD10 於子宮內膜異位症相關之卵巢癌惡性轉化過程的角色及下游基因調控路徑的影響
臨時稿件編號：0104	The role of HODX10 in the process of endometriosis-associated ovarian malignant transformation and the effect of downstream gene regulation  蔡景州 <sup>1,2</sup> 蔡英美 <sup>3,2</sup> 長庚大學高雄長庚紀念醫院婦產科 <sup>1</sup> 高雄醫學大學臨床醫學研究所 <sup>2</sup> 高雄醫學大學附設中和紀念醫院婦產部 <sup>3</sup>
論文發表方式：海報	Objectives: Ovarian cancer is one of the most common gynecological cancers and has a high mortality rate. The molecular mechanism of endometriosis-associated ovarian tumor carcinogenesis is still unclear. Some in vitro studies indicate that HOXD10 loss of function will accelerate ovarian cancer cell metastasis and invasion. HOXD10 may be an important regulator of inhibiting endometriosis malignant transformation. Therefore, this research aims to explore the potential role of HOXD10 in the endometriosis associated malignant transformation.
論文歸類：婦癌	Material and method: The expression level of HOXD10 in endometrioid ovarian cancer cell (TOV112D), clear cell ovarian cancer cell (TOV21G), and other non-endometriosis-related ovaries cancer cell lines (PA1, MCAS, ES2) were determined via Western blot. To identify the possible downstream genes of HOXD10 involved in malignancy transformation, the extracted mRNA of ovarian cancer cells with or without HOXD10-pCNA transfection were analyzed by microarray analysis, ingenuity pathway analysis (IPA).  Results: HOXD10 protein expression in TOV112D was significantly lower than other cancer cell lines. The microarray data using IPA revealed that HOXD10 overexpression was correlated with reproductive system disease, cell-to-cell signaling and interaction, and connective tissue development and function. There were seven targeted genes related to all these functions, and FBXW7 was the only upregulated gene. FBXW7 has a low expression in many metastatic malignancies and is generally considered to be a tumor suppressor gene. Conclusion: The expression of HOXD10 was decreased in endometriosis associated ovarian cancer (EAOC). HOXD10 may contribute to the malignancy transformation from endometriosis to EAOC via FBXW7.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P043	使用碳酸酐酶 9 來預測子宮頸的侵襲性鱗狀細胞癌
臨時稿件編號：0122	Single nucleotide polymorphisms and haplotypes of carbonic anhydrase 9 can predict invasive squamous cell carcinoma of uterine cervix  蔡學宜 <sup>1</sup> 沈煌彬 <sup>1</sup> 王博輝 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	This study aimed to explore the involvement of carbonic anhydrase 9 (CA9) single nucleotide polymorphisms (SNPs) in the development of invasive cancer of uterine cervix for Taiwanese women. Ninety-seven patients with cervical invasive squamous cell carcinoma and 88 with preinvasive squamous cell lesions as well as 324 control women were recruited. Two CA9 SNPs in exons, including rs2071676 (+201, G/A) in exon 1 and rs3829078 (+1081, A/G) in exon 7, rs1048638 (+1584, C/A) in 3'-untranslated region of exon 11, as well as an 18-base pair deletion/insertion (376del/ins393) in exon 1 were selected and their genotypic distributions were determined by real-time polymerase chain reaction. Haplotype was then constructed with rs2071676, 376del/ins393, rs3829078 and rs1048638 in order. The results revealed that Taiwanese women with genotypes CA or CA/AA in CA9 SNP rs1048638 displayed a more risk in developing cervical invasive cancer, assigning wild genotype CC as a reference. AA in SNP rs2071676 tended to increase the risk of developing cervical invasive cancer, using GG/GA as a reference. When women had the diplotypes, carrying at least one haplotype A1AA (one mutant allele A in rs2071676, no deletion in 376del/ins393, no mutant allele A in rs3829078 and one mutant allele A in rs1048638), they were significantly susceptible to cervical invasive cancer. In conclusion, CA9 SNP rs1048638 and haplotype A1AA are associated with the susceptibility of cervical invasive squamous cell carcinoma for Taiwanese women.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P045	Metformin 合併 Everolimus 在子宮頸癌抗癌效果
臨時稿件編號：0306	Synergistic Anticancer Effects of Metformin with Everolimus on Cervical Cancer Cell  陳雅慧 <sup>1,2</sup> 楊爵閔 <sup>1,2</sup> 蕭品卉 <sup>1,2,3</sup> 陳子 and <sup>1,3</sup> 蔡鴻德 <sup>1,3</sup> 彰化基督教醫院 <sup>1</sup> 婦女醫學研究室 <sup>2</sup> 婦產部 <sup>3</sup>
論文發表方式：海報	Background: Human cervical cancer is the fourth most common malignancy among women worldwide, and it is expected to result in 460,000 deaths per year by 2040. Moreover, patients with cervical cancer often display drug resistance and severe side effects; therefore, the development of effective novel chemotherapeutic agents is important. Metformin, a drug that is widely used for the treatment of type 2 diabetes, has recently shown promising anti-neoplastic properties which remain elusive. Everolimus is an mTOR inhibitor, has been developed as an antineoplastic factor against various types of cancer. Thus, in this study, we hypothesized that a combination of metformin and everolimus may have a greater anti-cancer effect than metformin or everolimus alone on human cervical cancer.
論文歸類：婦癌	Methods: The cervical cancer cell lines CaSki and C33A were cultured in media with various concentrations of metformin and/or everolimus for 48H. Metformin and/or everolimus treated these cells were subjected to cell viability by CCK-8, and cell cycle distribution and apoptosis by flow cytometry. Molecular mechanisms and signaling pathways of apoptosis also were assessed by western blotting. Results: We observed that metformin and everolimus synergistically suppressed the proliferation of CaSki cells by causing sub-G1 cell cycle arrest, but C33A did not. Activation of apoptosis/necrosis was confirmed by annexin V/propidium iodide double staining, which showed increased levels of active caspase 3, cleaved poly(ADP-ribose) polymerase. Moreover, metformin-everolimus also increased the phosphorylation of p38, ERK, and JNK1/2, and decreased the phosphorylation of PIK3CA and AKT in CaSki and C33A cells. Conclusion: Combined metformin-everolimus may be an effective novel treatment option for cervical cancer.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P046	大細胞神經內分泌肺癌轉移至卵巢
臨時稿件編號：0113	Metastasis of Large Cell Neuroendocrine Carcinoma of lung to ovary  黃翠姬 <sup>1</sup> 黃翠玉 <sup>1</sup> 丘林和 <sup>1</sup> 彰化秀傳紀念醫院 <sup>1</sup>
論文發表方式：海報	Background: Large cell neuroendocrine carcinoma (LCNEC) of lung is a rare pulmonary tumor. Because LCNEC can be a difficult diagnosis based on needle aspirate or small biopsy, the diagnosis is frequently made post-resection. Here we present a case of LCNEC of lung metastasis to ovary.
論文歸類：婦癌	Case report: A 45 y/o divorced woman, with history of heavy smoker for 25 years, complained of prolonged shortness of breath. She visited our CM OPD with CXR revealed opacification in right basal chest, with right sided pleural effusion. Chest CT scan revealed: 1. Large mass-like opacity in right hilar and central RML, RLL with obstruction of right bronchus intermedium and RLL/RML segmental bronchi, suspect lung or hilar malignancy. 2. Mediastinal invasion suspected. 3. Right pleural effusion. 4. Multiple LNs in mediastinum (mainly right paratracheal and subcarinal area). As lung cancer suspected, bronchoscopy was arranged with mass over right lower bronchus with total obstruction noted. Biopsy of the mass reported PD carcinoma. Brain MRI scan reported: 1. A big irregular heterogeneous enhancing mass occupies left T-O-P lobe, about 5.62*4.9*4.08 cm3 in size, with the possibility of cerebral metastasis considered. 2. Some intratumoral short T1 substances. Whole body PET CT scan reported: 1. Compatible with a highly metabolic active lung cancer in RML/RLL with mediastinum invasion. 2. Metastatic lesions in mediastinum is considered. 3. Tumor in left posterior parietal lobe of brain is favored. 4. A large tumor in uterus is compatible. Brain R/T totally 37.5 Gy/15 FR to whole brain and simultaneous 42 Gy/15 fr to brain metastatic tumor, SiB technique was arranged. As a large mass in uterus suspected, GYN consultation was arranged with enlarged uterus with irregular heterogenous tumor suspected. Elevated CA-125: 134 U/mL & CEA: 56.0 U/mL were reported. Whole abd. CT scan revealed: 1. Large poorly enhancing about 7 cm mass at RLL associated with partial collapse of RLL infiltrating the mediastinum & encasing the LLL pulmonary artery. 2. A well-defined thickened walled fluid filled 13 cm mass at pelvic cavity infiltrating displacing the uterus to the left. As right large pelvic tumor considering infiltrating ovarian tumor metastasis suspected, debulking surgery was arranged with Large cell neuroendocrine carcinoma (LCNEC) of left ovary reported. Microscopic description of left ovary shows trabecular, corded, nested, insular, and diffuse growth patterns, with extensive tumor necrosis observed. The tumor cells have large to intermediate size, pleomorphic nuclei with occasionally bizarre nuclei, moderate amount of cytoplasm with eosinophilic granules, and frequently prominent central nucleoli. Brisk mitotic activity is also noted (>20/10 HPF). Ancillary studies revealed positive for CK7, synaptophysin, chromogranin-A, and CD56; focally positive for TTF-1; negative for CK20, Napsin-A, PAX-8, WT-1, GATA3, ER, PR, and P40 immunostains. According to the clinicoradiological information (tumors in lung, ovary, and brain), either a metastatic LCNEC (i.e., lung origin) or a primary ovarian LCNEC is considered in this specimen. Considering her history of heavy smoker with clinical pulmonary symptoms and absent of pelvic symptom, ovarian metastasis from lung origin was concluded.  Conclusion: In terms of prognosis, LCNEC is distinctly different from other non-small cell lung cancers. The prognosis of LCNEC is poor, even for early stage disease. Because of its aggressive clinical behavior and poor prognosis, LCNEC should be recognized as one of the poorest prognostic subgroups among primary lung cancers, and therefore novel therapeutic approaches should be established.



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P047	病例報告:一個罕見多次復發性子宮惡性 PEComa 病人以 mTOR 抑制劑治療之成效 Case report: A rare case of recurrent malignant perivascular epithelioid cell tumors (PEComas) and treatment with mTOR inhibitor  林語涵 <sup>1</sup> 張珍 <sup>2</sup> 蔡幸芬 <sup>1</sup> 黃子芳 <sup>1</sup> 成大醫院婦產科 <sup>1</sup> 成大醫院病理科 <sup>2</sup>
臨時稿件編號：0301	
論文發表方式：海報	Malignant perivascular epithelioid cell tumors (PEComas) are rare mesenchymal tumors who are composed of histologically and immunohistochemically distinctive perivascular epithelioid cells. They have diverse clinical behavior and currently lack of definitive treatment strategy. Here, we reported a case of recurrent PEComa who was treated with multiple resection, adjuvant chemotherapy, pazopanib and mammalian target of rapamycin (mTOR) inhibitor sirolimus. The present case achieved no evidence of disease after 16 months' mTOR inhibitor treatment. This significant response in this patient who had multiple site recurrence of PEComas implied that mTOR inhibitor may be a favored therapy in high risk group.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P048	以單次尿液白蛋白肌肝酸比例評估卵巢癌病患使用癌思停造成之蛋白尿 Urine Albumin Creatinine Ratio for the Assessment of Bevacizumab Induced Proteinuria in Ovarian Cancer Patients  黃冠億 <sup>1</sup> 張文君 <sup>1</sup> 許博欽 <sup>1</sup> 台大醫院婦產部 <sup>1</sup>
臨時稿件編號：0323	
論文發表方式：海報	Severe proteinuria is a rare adverse event arising from treatment with bevacizumab. Evidence-based guidelines for management of proteinuria in patients receiving VEGF-targeted agents are lacking. Baseline and periodic urinalysis are recommended as a screen test, and further diagnostic test by 24-hour urine collection is required. However, the cumbersome and time-consuming test limits its clinical use. Spot urine albumin to creatinine ration has been proved closely correlated with 24-hour quantitative proteinuria in glomerular diseases. The primary objective of this study is to assess the relation between urine dipstick, spot urine albumin to creatinine ratio and 24-hour urine protein in ovarian cancer patients receiving Bevacizumab. The secondary objective is to report incidence of nephrotic syndrome, kidney injury and cardiovascular disease from severe proteinuria.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P049	芹黃素在人頸子宮頸癌細胞中抗轉移之作用 The anti- metastasis effects of Apigenin in human cervical cancer cells  曾婉瑜 <sup>1,2</sup> 楊爵閔 <sup>1,3</sup> 賴馨慈 <sup>1,4</sup> 蕭品卉 <sup>1,3</sup> 陳子和 <sup>5</sup> 蔡鴻德 <sup>5</sup> 彰化基督教醫院 <sup>1</sup> 中西醫結合腫瘤研究中心 <sup>2</sup> 婦女醫學研究室 <sup>3</sup> 共同研究室 <sup>4</sup> 彰化基督教醫院婦產部 <sup>5</sup>
臨時稿件編號：0074	
論文發表方式：海報	Cervical cancer is the second leading cause of cancer deaths in women worldwide. According to previous reports, cancer cell metastasis is the main cause of death in cancer patients. Therefore, cancer cell metastasis is the most difficult problem in cancer therapy. Cancer metastasis is related to the tissue invasion ability of cancer cells. If the tissue invasion ability of cancer cells can be effectively inhibited, the occurrence of cancer metastasis will be greatly reduced. The main attraction of "Apigenin" is that it has an anti-tumor function, can inhibit the growth of a variety of tumor cells, and can induce apoptosis of already grown tumor cells, and inhibit tumor angiogenesis. Apigenin has been shown to inhibit the metastasis of head and neck cancer or hepatocellular carcinoma. Therefore, in this experiment, we treated HeLa and C-33A cells with or without apigenin in vitro. The cytotoxicity of Apigenin in human cervical cancer cells was evaluated by MTT assay. The migration was evaluated by wound-healing assay. The current experimental results show that apigenin can inhibit HeLa and C-33A cells in a dose and time-dependent manner. The IC50 values were 42.9 and 48.1 μM at HeLa and C-33A cells, respectively. Our study also showed that apigenin could inhibit the migration of cervical cancer cells in vitro. Therefore, the anti-metastatic effect of apigenin in cervical cancer deserves further studies for clinical application.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P050	低惡性度子宮間質肉瘤復發合併下腔靜脈及心臟內血栓：前導性化學治療及質蘭蒙治療後以手術完全切除—病例報告 Radical Resection of Recurrent Low-grade endometrial stromal sarcoma (LG-ESS) with Inferior Vena Cava Tumor Thrombus and Intracardiac Extension Following Neoadjuvant Chemotherapy and Hormone Therapy—a case report  江佳瑩 <sup>1</sup> 許耿福 <sup>2</sup> 成大醫院婦產部 <sup>1</sup> 成大醫學院 <sup>2</sup>
臨時稿件編號：0088	
論文發表方式：海報	Low-grade endometrial stromal sarcoma (LG-ESS) accounts for 1% of malignant tumors in the uterine corpus. LG-ESS is generally characterized as a slowly growing neoplasia, with overall five-year survival rate around 80 to 100%, and rarely present with distant metastasis. 1.Tumor recurrence may occur after a long latency period up to one or two decades. 2  LG-ESS, formerly known as Endolymphatic Stromal Myosis, is an angioinvasive tumor by nature. Large tumor thrombi extending to main vessels and heart had been reported previously. Radical tumor excision has been suggested 2 3, thus treatments include neoadjuvant chemotherapy and hormonal treatment to reduce tumor size and facilitate a radical resection had been proposed but without a validated treatment regimen.2  We herein report a case of a 51-year-old Taiwanese woman with LG-ESS recurrence, who had received 22 months of adjuvant progesterone treatment following initial staging surgery. Six months after cessation of progesterone treatment, lung metastasis was noted, with intra-cardiac and multiple venous thrombi simultaneously. After failure of enoxaparin therapy for thrombi, she received 2 cycles of neoadjuvant chemotherapy with Doxorubicin, Cisplatin and Ifosfamide along with Letrozole as anti-estrogen therapy, which significantly reduced the size of intracaval thrombi and lung metastasis. Complete tumor clearance was achieved with only thoracotomy consisting tumor excision, tricuspid valve repair, and tricuspid annuloplasty with DeVega method. The laparotomy and cavatomy were aborted.  1. Leath, C. A. et al. A multi-institutional review of outcomes of endometrial stromal sarcoma. Gynecol. Oncol. 105, 630–4 (2007). 2. Renzulli, P., Weimann, R., Barras, J. P., Carrel, T. P. & Candinas, D. Low-grade endometrial stromal sarcoma with inferior vena cava tumor thrombus and intracardiac extension: Radical resection may improve recurrence free survival. Surg. Oncol. 18, 57–64 (2009). 3. Park, J. Y. et al. Prognostic factors and treatment outcomes of patients with uterine sarcoma: Analysis of 127 patients at a single institution, 1989-2007. J. Cancer Res. Clin. Oncol. 134, 1277-87 (2008). doi:10.1007/s00432-008-0422-2.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P051	24 歲年輕女性罹患卵巢癌、子宮內膜癌、林奇氏症候群
臨時稿件編號：0128	24-year-old female with double cancer of ovarian cancer and endometrial cancer, Lynch syndrome  許証揚 <sup>1</sup> 林明潔 <sup>2</sup> 吳鏡璿 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup> 高雄市聖功醫院婦產科 <sup>2</sup>
論文發表方式：海報	Objective
論文歸類：婦癌	Lynch syndrome is an inherited condition that can increase risk of colon cancer, endometrial cancer and other various cancers. We would like to present a case with young age, 24-years-old, Lynch syndrome with ovarian cancer stage IC and endometrial cancer stage II.  Materials and methods  This 24-year-old female was admitted due to irregular and prolonged menstrual period, endometrial lesions noted. She had a past history of left ovarian cancer stage IC post restaging surgery (fertility sparing surgery) due to incidentally found in laparoscopic left oophorectomy in 2019/7. She noticed irregular and prolonged menstrual period (over 20 days) in 2020/7. She appeared menorrhagia, denied dysmenorrhea. Her last menstruation was 9/3~9/23. Her pregnancy history was G0P0A0, with no sexual experiences. During our out-patient department, we arranged the MRI and it showed suspect endometrial cancer invades cervix and serosa. We explained to her and her family about the recurrence cancer possibility or primary endometrial cancer. She decided to receive staging surgery including hysterectomy. Second look surgery was performed. Pathology showed endometrial cancer, endometrioid adenocarcinoma, FIGO grade 3, FIGO stage II. The pathology showed loss of nuclear expression of MSH-2 and MSH6, high probability of Lynch syndrome. Reviewed her family history: her father died of colon cancer. The further adjuvant chemotherapy was arranged  Discussion  We would like to discuss Lynch syndrome in young women. And for women without sex life who preserved uterus in early stage ovarian cancer, is there any better way to evaluate endometrium?

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P052	疑似卵巢癌合併腹膜轉移之 PMP 案例報告
臨時稿件編號：0166	Pseudomyxoma peritonei mimicking ovarian carcinomatosis  袁榕 <sup>1</sup> 王欣怡 <sup>2</sup> 張路得 <sup>2</sup> 溫國璋 <sup>2</sup> 台北醫學大學醫學系 <sup>1</sup> 雙和醫院婦產部 <sup>2</sup>
論文發表方式：海報	Objective: To report a rare case that mimic ovarian peritoneal carcinomatosis Case report: A 69-year-old female has right adnexal tumor with massive ascites. Under impression of unresectable ovarian cancer, diagnostic laparoscopic was performed for tissue proof. Operative finding showed rupture ovary with papillary appearance, a macroscopically normal appendix, and peritoneal carcinomatosis. The pathological report of peritoneal biopsy revealed PMP. Subsequently, Second looking operation showed a giant appendix and a perforated tumor on cecum and then optimal debulking operation and right hemicolectomy were performed. The pathology showed high-grade appendiceal neoplasm. Discussion: In clinical practice, peritoneal carcinomatosis was diagnosed by image, the laparoscopy, or the laparotomy and that showed diffuse cancer seeding in peritoneum. Peritoneal carcinomatosis with ovarian tumor was highly suspected primary ovarian cancer but it may be not consistent with the final pathological diagnosis. In our case, PMP was diagnosed that annual incidence of 1-2 per million. In many cases of PMP in females, the involvement of both appendix and ovaries are commonly observed. The giant size of the ovarian neoplasm often dwarfs the relatively unremarkable appearance of the appendix, which misleads us into thinking ovarian neoplasms as the primary site of PMP. Although PMP is relatively rare, it should be one of the differential diagnosis when we encountering patients with atypical presentation. Aboved states as, peritoneal carcinomatosis with ovarian tumor is necessary to differentiate diagnosis rather than ovarian cancer. Frozen section can provide further information to surgeon. If frozen section revealed the benign tumor, PMP should keep in mind. If the diagnosis is still unclear with ovarian biopsy, combined frozen section of appendectomy maybe helpful. It makes the different treatment process. Initially, the diagnosis for our patient is PMP associated with low grade appendiceal mucinous neoplasm (LAMN), and progressed to high grade appendiceal mucinous neoplasm (HAMN) one year later. Appendectomy and follow-up are recommended in patients with LAMN. As for HAMN, once the lesion is ruptured and peritoneal dissemination is developed, Cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC) may provide benefit for the patient's survival. Conclusion: Peritoneal carcinomatosis in female is not only from ovarian cancer. In our case, the presentation of PMP including ovarian mass and peritoneal dissemination mimics ovarian carcinomatosis. Thus, frozen section of ovarian biopsy before debulking operation should be done in the case of peritoneal carcinomatosis. It can lead to different treatment process. If PMP was diagnosis by frozen section, cytoreductive surgery with hyperthermic intraperitoneal chemotherapy was suggested.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P053	胰臟癌轉移至子宮頸模仿晚期子宮頸癌:案例報告與文獻回顧
臨時稿件編號：0052	Metastatic Carcinoma of the Pancreas Mimicking an Advanced Cervical Carcinoma: a Case Report and Review of Literature  賴祈廷 <sup>1</sup> 張文君 <sup>1</sup> 臺大醫院婦產部 <sup>1</sup>
論文發表方式：海報	The uterine cervix is an uncommon site for metastatic cancer due to its innate nature. Focusing on metastatic diseases in the uterine cervix, pancreatic origin is extremely rare. Previous case reports can easily differentiate metastatic pancreatic malignancy from primary cervical cancer as the patients often had prior pancreatic cancer diagnosis. Here, we present a case of newly diagnosed advanced pancreatic adenocarcinoma with resemblance of advanced cervical adenocarcinoma. A 54-year-old women planned to receive staging operation at our hospital as her endometrial biopsy showed adenocarcinoma following by abnormal annual pap smear of atypical glandular cells. The pathology report revealed HPV-unrelated gastric type endocervical carcinoma with multiple involvements in abdominal and pelvic organs. However, in view of the entire immunohistochemical stain results and the absence of precursor lesions, metastatic spread from upper gastrointestinal or pancreaticobiliary malignancy is also suspected. Although her tumor markers of CEA and CA 19-9 were all within normal limit, whole body PET scan unveiled hotspot in pancreatic tail indicating malignancy. She underwent endoscopic ultrasound-guided fine needle aspiration and adenocarcinoma in pancreatic tail was confirmed eventually. In dealing with adenocarcinoma in the uterine cervix, detailed immunohistochemical stains, microscopic pathologic features as well as the patient's clinical information are crucial evidence for making accurate diagnosis as metastatic disease in the uterine cervix.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P054	使用低劑量 Bevacizumab 緩解晚期卵巢癌或腹膜癌導致的惡性腹水:兩則案例報告
臨時稿件編號：0123	The use of low dose bevacizumab to palliate symptomatic malignant ascites in patients with progressive ovarian or peritoneal carcinoma: Two Case Reports  游正睦 <sup>1</sup> 呂彥鋒 <sup>1</sup> 蔡育倫 <sup>1</sup> 蕭國明 <sup>1</sup> 黃莉文 <sup>1</sup> 新光吳火獅紀念醫院 <sup>1</sup>
論文發表方式：海報	Introduction For women with progressive, end-stage, ovarian or peritoneal cancer who develop recurrent ascites, chemotherapy may be of limited use. We report two patients with late-stage ovarian or peritoneal cancer and underwent suboptimal debulking surgery followed by chemotherapy. However, disease progressed with symptomatic malignant ascites. Then, they were treated with low dose bevacizumab (2 mg/kg every 3-4 weeks) and it showed markedly symptomatic relief.  Case report Case 1 A 58-year-old woman diagnosed with FIGO stage IIIC ovarian seromucinous carcinoma on exploratory laparotomy. The patient received eight cycles of platinum-based chemotherapy, but the disease progressed with symptomatic ascites. For symptomatic relief, paracentesis was required six times over 11 weeks, with 3000 to 3500cc each time. Due to lack of response, we advised the treatment with low dose bevacizumab (2 mg/kg every 3-4 weeks). Abdominal distention markedly improved after one cycle of bevacizumab, and no further paracentesis was needed. There was no gastrointestinal perforation, proteinuria, or hypertension after 5 cycles now.  Case 2 A 63-year-old woman with FIGO stage IIIC peritoneal serous carcinoma. She underwent suboptimal debulking surgery followed by paclitaxel and carboplatin regimen therapy. She showed clinical complete response to the initial adjuvant chemotherapy. However, she recurred again and again under platinum-based chemotherapy. All therapies produced a short-term complete response. During the chemotherapy, the patient experienced disease progression with symptomatic malignant ascites, requiring 7 paracenteses over 11 weeks, with 2500 to 3000cc each time. We advised low dose bevacizumab (2 mg/kg every 3-4 weeks) to palliate ascites. After the first administration, she showed improvements in symptoms, and no paracentesis was required. However, after three cycles of bevacizumab, the disease progressed, and symptomatic ascites developed again. Eventually, the patient died.  Discussion For symptomatic malignant ascites, several supportive options, including diuretic use, frequent paracentesis and peritoneovenous shunt, are adopted in patients who need palliative care. These approaches have only temporary and limited efficacy, and they might cause significant toxic adverse effects.  Vascular endothelial growth factor (VEGF) and VEGF receptor (VEGFR) are expressed on ovarian or peritoneal cancer cells, and increased VEGF expression has been associated with the development of malignant ascites and tumor progression. Bevacizumab, a humanized anti-VEGF monoclonal antibody, is the most widely
論文歸類：婦癌	

	<p>studied anti-angiogenesis agent. Although bevacizumab was not introduced specifically to treat ascites in the previous large trials, its use for this purpose has been assessed in several smaller studies. Those studies showed the clinical benefits of bevacizumab with 7.5 mg/kg or 15 mg/kg every 3 weeks in patients with manageable toxicity. In the present cases, a low dose therapy (2 mg/kg every 3-4 weeks) was sufficient to maintain quality of life. Bevacizumab is considered to delay ascites fluid accumulation and prolong the time to paracentesis. Although bevacizumab therapy has a high cost, from our results, the cost-effectiveness is better than half-dose use.</p> <p>The most common side effects of bevacizumab include hypertension, proteinuria, thrombotic phenomenon, impaired surgical wound healing, and bowel perforation; none was found in our cases.</p> <p>In conclusion, intravenous administration of low dose Bevacizumab (2 mg/kg every 3-4 weeks) can be a potential new approach for malignant ascites in a palliative setting.</p>
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P055	外陰上皮樣肉瘤-案例分析與文獻回顧 Epithelioid sarcoma of vulva: a case report
臨時稿件編號：0295	詹舜婷 <sup>1</sup> 呂建興 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式：海報	<p>Introduction: Epithelioid sarcoma(ES) is a rare malignant tumor of the soft tissue with a high risk for aggressiveness,lymph nodal spread and distant metastases. We report two rare cases of proximal epithelioid sarcoma of the vulva in middle-aged female who both first present a vulva nodule. ES was first described by Enzinger in 1970 as a sarcoma with a peak incidence in young adult males and a predilection for extremities. It involving subcutis or deeper tissue and extending along tendon sheaths or aponeuroses. ES can be classified as distal or proximal types with subcutaneous or deep dermal mass skin lesion presenting in the extremities or the proximal body such as trunk site or pelvic region respectively. Proximal-type epithelioid sarcoma (PES) of the vulva is an exceedingly rare condition. The PES of perineum and pubic regions has a higher rate of local recurrence and distant metastasis comparing with distal-type ES. The ES can be characterized as a slow growing nodules with central necrosis surrounded by bland polygonal cells with eosinophilic cytoplasm and peripheral spindling. Early diagnosis is challenging because of ES benign appearance as a painless subcutaneous nodule. Therefore treatment can be delayed, although epithelioid sarcoma requires prompt surgery.</p> <p>Case 1: A 48 year-old female with history of uterine myoma and adenomyosis with severe dysmenorrhea status post laparoscopic assisted vaginal hysterectomy and bilateral salpingectomy. Patient visit our out-patient department and complained a vulva nodule noted for month with itchy clinical presentation . The nodule was refractory to topical agent. Physical exam showed a hard nodule over right labia major. We had performed simple vulvectomy and final pathology showed Epithelioid sarcoma with deep resection margins free of but very close to tumor. Abdominal CT showed A poor enhancing soft tissue nodule over spleen. Abdominal sonography showed no abnormal lesion over liver, spleen, kidney. This case also received post operative radiotherapy was performed with Case 2: A 59 year-old female with enlarged vulva nodule noted for months. Physical exam showed a nodule over left labia majora and the size of the nodule is about 3cm in length ,1cm in width and 1cm in height. The appearance of the nodule is smooth capsule and freely moveable. Patient denied itchy sensation nor abnormal discharge of vulva. We had performed enucleation of the left vulva tumor and final pathology showed Epithelioid sarcoma. IHC stains for diagnosis showed focal positive of AE1/AE3 and positive CD34, positive EMA.We had further performed radical vulvectomy and bilateral lymphadenopathy. This case also received post-op adjuvant radiotherapy(RT). The clinical target of RT are post operative tumor bed with 1.5cm margin plus right vulva and right inguinal lymph nodal region.The dose of RT is 66 to 70 Gy for 30 times to the vulva tumor bed.</p> <p>Conclusion: Vulva epithelioid sarcoma is extremely rare,but with high aggressive behavior of metastasis and high local recurrence rate.</p> <p>The diagnosis of ES is made via histopathological examination. The histology characteristic of ES including central granulomas with necrosis and large polygonal cells with eosinophilic cytoplasm. PES is composed of large epithelioid cells with vesicular nuclei and prominent nucleoli. The cells of PES show greater tendency of atypia. Diagnosis of ES cannot be established by histology only. Histology and immunohistochemistry are complementary essential of diagnosing ES. Clinical suspicion and early diagnosis is important since it is commonly mistaken as a benign lesion. Wide local excision with adequate margins (at least 2 cm) is recommended. These two case may serve as a reminder for clinicians should always keep such diagnosis in mind.</p> <p>Keywords: Epithelioid sarcoma, Proximal, Vulva, Optimal treatment, Diagnosis,</p>
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P056	疑似原發性卵巢癌的闊尾腺癌病例報告 A case report of appendiceal adenocarcinoma mimicking primary ovarian cancer
臨時稿件編號：0065	林智偉 <sup>1</sup> 吳珮瑩 <sup>1</sup> 成大醫院婦產部 <sup>1</sup>
論文發表方式：海報	<p>Case report: A woman presented with periumbilical nodule and abdominal bloating was found to have bilateral ovarian tumors with peritoneal carcinomatosis and ascites after imaging study. Primary ovarian cancer was suspected, and three cycles of neoadjuvant chemotherapy were administered, followed by interval debulking surgery. Appendectomy was performed during the surgery, and a final diagnosis of primary appendiceal adenocarcinoma was made by pathology study. She was therefore treated with chemotherapy with its regimen based on that commonly used to appendiceal cancer afterwards.</p> <p>Discussion: Metastatic tumors to the ovary comprises of 10-25% of ovarian malignancies. Among them, the most common origin of those metastases were breast, large intestine, stomach, and endometrial cancer. Other less common sites reported on literature include small intestine, appendix, pancreas, biliary tract, and lung. The initial presentation of a metastatic malignancy to the ovaries often arises from the ovarian lesions themselves, and it may develop even before the identification of the primary sites of malignancy. In addition, the imaging features of the metastatic cancers to the ovary may resemble those of primary ovarian cancers, making the differential diagnosis of ovarian tumors in patients either with or without a known previous primary malignancy difficult. The sonographic features of a complex adnexal mass with papillary structures and a raised serum CA 125 level (&gt; 170/mL) are predictive of primary ovarian cancer Neoplasms of the appendix are rare, with the most common types being epithelial and neuroendocrine tumors, while epithelial adenocarcinomas are the most common malignancy of appendix. Metastasis of appendiceal cancers to the ovaries is relatively common, comprising of 38% of patients at the time of surgery based on a study of 48 cases of primary appendiceal cancer, and most of the metastases are bilateral. The role of chemotherapy, whose regimens were mainly derived from those of colorectal cancers, was supported for both mucinous and nonmucinous appendiceal neoplasms. Generally, adjuvant chemotherapy is not recommended for localized low-grade mucinous appendiceal neoplasms, whereas preoperative chemotherapy shall be considered in case of high-grade appendiceal adenocarcinomas.</p> <p>Conclusion: Metastatic tumors to the ovary may mimic primary ovarian cancers, and exploration of the primary site may be warranted if clinically suspicious.</p>
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P057	實質類內膜過渡細胞型卵巢癌-案例分析 Ovarian cancer with pathology of Serous carcinoma with solid, pseudo-Endometrioid, Transitional cell carcinoma-like
臨時稿件編號：0289	黃兆麒 <sup>1</sup> 新店耕莘醫院 <sup>1</sup>
論文發表方式：海報	<p>Introduction: Ovarian cancer was noted usually in advance stage due to asymptomatic performance in early stage. In our case, she had no regular gynecology department visited until symptom was noted this time. With rare pathology of Solid, pseudo-Endometrioid, Transitional cell carcinoma-like in high grade serous carcinoma, we are going to performed this case with discussion of this uncommon morphology.</p> <p>Case present: The patient is a 79-year-old, female, Gravid 5, Para 4, Artificial abortion 1 , who presented sudden onset of lower abdominal pain for two days. She came to emergency room for help and then transferred to gynecology department after initial evaluation. Her chief complaint was no related with position change. There was no other gastrointestinal symptoms found. Urinary frequency recently was noted, but she denied urgency, dysuria or nocturia. Physical examination showed diffused tenderness at lower abdomen with rebound pain. Rovsing's sign was positive and negative finding in Psosa's sign and Obturator sign. Laboratory examination showed microcytic anemia and elevated C-reactive protein (6.99). Transvaginal ultrasound reported subserosal myoma with ascites noted. Patient discomfort was not improved after pain killer used, so emergency abdominal CT was arranged and showed Right pelvic mass, uncertain uterine myoma or other origin of malignancy was found. After discussion with patient, explore laparotomy was schedule in the next day. During operation, right ovarian mass was resected and sent for frozen section. The result was malignancy suggested serous carcinoma. Debulking surgery was then preformed. Final diagnosis was serous carcinoma, high grade, with SET (Solid, pseudo-Endometrioid, Transitional cell carcinoma-like) features and right pelvic lymph node metastatic, Stage (pT3cN1) FIGO IIIC. Unfortunately, patient decided to look for second opinion and loss of following up after discharge.</p> <p>Discussion: In world health organization classification, SET was newly category deviated from Transitional cell carcinoma (non-Brenner type) to high grade serous carcinoma(HGSC) , which consists of the conventional-type and alternative SET-type. In the past, this type of pathology was believed origin from transitional cell. As times goes on, mostly opinions regarded the main tumor was composed with serous carcinoma, with apart of component was consisted of transitional cell. In alternative SET-type of HGSC, it commonly is related with TP53 mutation, and it's immunoprofile variant is similar to that of HGSC. Besides, BRCA1 mutation and tumor-infiltrating T lymphocytes were two significant two features of SET. Main chemotherapy regimen is followed as most HGSC: Platinum-based therapy after debulking surgery. Because of better response in transitional cell, the pattern of predominantly transitional cell pattern, mostly more than 50%, has better prognosis compared with &lt;50% of this component.</p> <p>Conclusion: High grade serous carcinoma mostly resulted in poor prognosis. In our cases, with advance stage of HGSC, further treatment was necessary after debulking surgery. Pathology showed solid, pseudo-Endometrioid, Transitional cell carcinoma-like features, which is rare in ovarian cancer. The requirement of more cases to analysis is necessary no matter treatment or progression.</p>
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P058	成熟囊性畸胎瘤的惡性轉化併骨髓轉移-病例報告 Adenocarcinoma from mature cystic teratoma with bone marrow metastasis - a case report  陳哲民 <sup>1</sup> 歐育哲 <sup>1,2</sup> 吳貞璇 <sup>2</sup> 林浩 <sup>2</sup> 嘉義長庚醫院婦產科 <sup>1</sup> 高雄長庚醫院婦產部 <sup>2</sup>
臨時稿件編號：0241	
論文發表方式：海報	Mature cystic teratoma (MCT) is the most common type of ovarian germ cell neoplasm. However, malignant transformation is a rare occurrence(0.2%-1%). Due to lacking of specific signs and symptoms indicating a malignant transformation, most of malignant transformation of MCT is diagnosed by postoperative pathology. Metastasis to bones from ovarian cancer is also rare. We presented a case of adenocarcinoma from mature cystic teratoma with bone marrow metastasis. A menopausal 58 years old woman, G2P2(all NSD), presented with abdominal fullness and progressively enlarging abdomen in 2 years. Pelvic CT showed left adnexal multiloculated cystic mass (20x25cm) with solid and fat component. She received laparotomy and frozen section revealed mucinous borderline tumor at least. We performed complete staging surgery. The final pathologic dianosis is adenocarcinoma arising from mature cystic teratoma, pathologic stage: Stage IC(pT1c2N0). Adjuvant chemotehrapy with Paclitaxel/Carboplatin was not effective. The disease progressed with peritoneal carcinomatosis and multiple tumors seedings. The patient also presented with fever and progressively severe leukocytosis(WBC > 40x10 <sup>4</sup> 3/uL) and anemia(Hb: 5-6 g/dL). Peripheral blood smear showed leukoerythroblastosis pictures, confirming bone marrow metastasis. The patient died of disease progression 4 months after the diagnosis of ovarian cancer. We discuss about the clinical characteristics of malignant transformation of mature cystic teratoma.
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P059	子宮內膜癌以小腸子宮瘻管來表現 Adanced Endometrial Cancer Presented As Jejunouterine fistula  張慧名 <sup>1</sup> 高雄市立小港醫院婦產科 <sup>1</sup>
臨時稿件編號：0094	
論文發表方式：海報	A 47-year old female patient presented to the emergency department with general weakness and malodorous vaginal discharge for over one month. The patient also reports a recent 20-kg weight loss. She denies other systemic diseases and has no pregnancy history. Physical examination found a lower abdominal mass that is tender on palpation. Peritoneal signs were not apparent. Pelvic examination revealed continuous drainage of bloody malodorous discharge in spite of a cervix with normal appearance. Computed tomography (CT) showed an enlarged uterus containing gas bubble and suspected bowel content, in addition to right hydronephrosis and multiple lymph node enlargement. Laparotomy confirmed an obvious fistula between the small bowel and fundus of the uterus. Final pathology is advanced endometrial carcinoma with bowel invasion.
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P060	個案報告：子宮頸抹片偵測卵巢癌細胞 Ovarian cancer initially detected by cervical Pap smear test  蘇筠涵 <sup>1</sup> 許世典 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
臨時稿件編號：0126	
論文發表方式：海報	A cervical Pap smear test is usually used to screen cervical cancer. Ovarian cancer rarely detected through Pap smear test. If the ovarian cancer cells travel away from the ovaries through fallopian tubes and uterus to the area around cervix, they may be detected, and usually are at advanced stage. We present a case whose early stage ovarian cancer was first detected by Pap smear test. A 53 year-old woman was newly diagnosed to have triple negative breast cancer and was under neoadjuvant chemotherapy and target therapy treatment. She received cervix Pap test and the report revealed another malignant neoplasm. Endometrial curettage was performed and the pathology revealed proliferative pattern endometrium with a few free floating adenocarcinoma cells. The tumor cells were positive for WT-1 and PAX8 and negative for ER, PR, and GCDFFP-15. The IHC stain result was different from previous breast cancer. She repeated endometrial sampling, colposcopy and endocervical biopsy a month later, and the result was the same. Ovarian cancer was highly suspected according to the tumor cell IHC stain results. She underwent optimal cytoreductive surgery and the final pathology report was high grade serous carcinoma of bilateral ovaries. After the operation, she received chemotherapy with Taxotere, Carboplatin and Avastin for her ovarian cancer along with Epirubicin, Endoxan and Avastin for her breast cancer. Although Pap test is usually used to detect cervical cancer, it sometimes tell us other important information.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P061	與誘導排卵相關之雙胞胎妊娠，胎兒與完全性葡萄胎併存之案例討論和文獻回顧 Ovulation Induction-associated Twin Pregnancy with a Fetus and Coexistent Complete Hydatidiform Mole: Case Series and Literature Review  黃信穎 <sup>1</sup> 台大醫院婦產部 <sup>1</sup>
臨時稿件編號：0192	
論文發表方式：海報	Introduction: A complete hydatidiform mole with a coexistent living fetus (CHMCF) is a very rare condition and is related to maternal complications and higher risk of postmolar gestational trophoblastic neoplasia. Assisted reproductive techniques (ART) are considered to be associated with it. Case Reports: the first one was a CHMCF after in vitro fertilization, who had vaginal bleeding, and delivered at 24 gestational weeks. The second case was pregnant via ovulation induction. She developed hyperthyroidism after termination of pregnancy at 10 gestational weeks. She had gestational trophoblastic neoplasia and was treated with single agent methotrexate. We also conduct brief review regarding CHMCF and ART. Conclusion: continuation of pregnancy in CHMCF is acceptable, but there is high risk for maternal complications. Close follow-up after delivery is needed due to higher incidence of postmolar GTN in CHMCF. The evidence was limited to draw relationship between CHMCF and ART
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台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P062	<p>案例報告: 卵巢之中腎樣腺癌 Mesonephric-like adenocarcinoma of the ovary: a case report</p>
臨時稿件編號：0221	<p>謝佳容<sup>1</sup> 呂建興<sup>1</sup> 臺中榮民總醫院婦女醫學部<sup>1</sup></p>
論文發表方式：海報	<p>Background: Mesonephric-like adenocarcinoma (MLA) is a rare malignant gynecologic neoplasm occurring in the uterine corpus and ovary which derives from mesonephric duct remnant of the female genital tract. Only six cases have been reported so far in the English literature. The morphological and immunohistochemical characteristics of MLA closely resemble that of cervical mesonephric adenocarcinomas. In this report, we describe a case of a 53-year-old woman with MLA of right ovary.</p> <p>Case presentation: A 53-year-old female patient without systemic diseases was referred to our hospital with a 1-month history of abdominal fullness. Pelvic ultrasound examination revealed a solid and cystic mass measuring 14cm in diameter in the right adnexal area and a cystic tumor measuring 3cm in the left adnexal area. The patient underwent a bilateral salpingo-oophorectomy, total abdominal hysterectomy, bilateral pelvic plus para-aortic lymphadenectomy, infra-colic omentectomy, and appendectomy. Postoperative pathology revealed a mesonephric-like adenocarcinoma of right ovary, endometriosis with metastatic mesonephric-like adenocarcinoma, of left ovary and peritoneal washing cytopathological report revealed adenocarcinoma, metastatic. FIGO Stage IC3 mesonephric-like adenocarcinoma of right ovary was diagnosed. She would receive six cycles of postoperative combination chemotherapy with paclitaxel and carboplatin.</p> <p>Conclusion: Mesonephric-like adenocarcinoma is an extremely rare malignant tumor in the female reproductive system, which is believed to arise from the embryonal remnants of mesonephric ducts. We described a rare case of a FIGO Stage IC3 ovarian MLA status post operation, under chemotherapy and would need adequate clinical follow-up.</p>
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P063	<p>腎臟移植後出現子宮內膜癌的病例報告與論文回顧 Endometrial cancer in a renal transplant recipient, a case report and article review.</p>
臨時稿件編號：0272	<p>陳柏廷<sup>1</sup> 中國醫藥大學附設醫院<sup>1</sup></p>
論文發表方式：海報	<p>Introduction Any disease has its specific papulation. Endometrial cancer , especially type 1, also has its papulation who have long-term exposure to increased level of estrogen, and relative low level of progestin. We can separate increased estrogen exposure to exogenous and endogenic. Exogenous estrogen like systemic estrogen therapy alone without progesterone(Tamoxifen), early menarche, late menopause. And endogenous estrogen, like obesity, chronic anovulation (polycystic ovary syndrome, perimenopause period) and estrogen-releasing tumor (granulosa cell tumor). The patient had no risk factor of endometrial cancer, but got the cancer. Therefore, we wanted to found the possible reason and pathophysiology of this situation.</p> <p>Case presentation This 48 year-old female(para 1)with history of IgA nephropathy diagnosed by biopsy for 20 years, and progressed to end stage renal disease then underwent left side renal transplantation on 2016.06. under medications of mycophenolate sodium(180mg BID), cyclosporin(50mg BID) and prednisolone(2.5mg QD) was admitted to our ward due to menorrhagia for 6 months. She visited our hospital. Physical examination found smooth cervix, normal size uterine, freely movable right parametrium, mild resistant left parametrium, smooth cul-de-sac, and no palpable lymphadenopathy. Ultrasound found thicken endometrium(1.82cm), and dilation and curettage was performed. Final pathology reported endometrioid carcinoma. Tumor biomarkers CA125 was 29.1U/mL and CEA was 0.81ng/mL. Computed tomography scan revealed no evidence of metastasis. The patient understood the staging operation well on 2020.09, and was discharged on postoperative day 7. Final pathology report showed endometrial endometrioid carcinoma, grade1, FIGO stage IA. No evidence of recurrence was observed until now.</p> <p>Discussion It had been known that the patients underwent solid organ transplatation had potential higher risk of malignancy. This may due to long term immunosuppression, subsequent oncogenic viruses infection(ex:EBV, HPV, HBV, HCV). Carcinogenesis of immunosuppression medications was also reported. But endometrial cancer wa not the common seen cancer after renal transplantation. We found there was also a report that endometrial hyperplasia was found up to about 70% in the renal transplant patients who have abnormal vaginal bleeding, and case of endometrial cancer also noted. There also case report from China. According to the article we searched, we probably under estimated the amount of patient who got endometrial cancer after renal transplantation. We thought routinely examination like vaginal ultrasound should be done at the patient after renal transplantation.</p>
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P064	<p>外陰黑色素細胞原位癌，罕見病例報告 A rare case of vulvar melanoma in situ</p>
臨時稿件編號：0209	<p>陳植瑞<sup>1</sup> 鄧肇雄<sup>2</sup> 李佳臻<sup>2</sup> 王功亮<sup>3</sup> 馬偕紀念醫院婦癌科<sup>1</sup> 馬偕紀念醫院婦產部<sup>2</sup> 馬偕醫院台東分院<sup>3</sup></p>
論文發表方式：海報	<p>Background: Vulvar melanoma is the second most common vulvar cancer. Patients with vulvar melanoma usually present at a late stage and have very poor prognosis. However, the pre-cancer lesion of melanoma, as known as "melanoma in situ" (MIS), is extreme rare and only can be read in case reports. Clinically, MIS can be presented as pigmented vulvar areas, indistinguishable from more common benign pigmented lesions such as melanosis. A vulvar biopsy is necessary for establishing the diagnosis. Surgical excision with an adequate free margin is the key to successful treatment.</p> <p>Case report: A 56 year-old, para 3, female presented to gynecological clinic just for routine cervical PAP smear. During inspection of external genitalia, irregular dark brown to black color areas were observed at the inner surface of bilateral labium minora. There was no painful sensation, no ulcerative lesion, no elevated pimples and no palpable inguinal lymphadenopathy. Vaginal mucosa and cervix were grossly normal. Biopsy revealed "melanoma in situ without evidence of stromal or dermis invasion". Whole abdominal CT scan cannot demonstrate any suspicious malignancy or lymphadenopathy. Surgical wide vulvar excision with 1-cm free surgical margin was carried out without reconstruction by plastic surgeon. Final pathology revealed the same result as biopsy. No invasive disease was confirmed. Close observation without adjuvant therapy is recommended.</p> <p>Conclusion: MIS of vulva is extreme rare, however, given the lack of information about the natural history of MIS, the timing and percentage of invasive melanoma conversion, close and prolonged clinical and histological follow-up of treated patients is necessary.</p>
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會  
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稿件編號：P065	<p>ismile 子宮頸癌：個案報告 Cervical cancer after regular pap smear screening: a case report</p>
臨時稿件編號：0240	<p>劉芝谷<sup>1</sup> 許世典<sup>1</sup> 台中榮總婦女醫學部<sup>1</sup></p>
論文發表方式：海報	<p>Case presentation: This 42 y/o woman, G0P0, denied any past medical history, she was ADL totally independent. She is a non-smoker but heavy drinker for 20 years (2/3 bottle of Whiskey or wine/day)</p> <p>Abnormal Pap smear was noted since 2010/06 and she received regular pap smear since then. Colposcopy and cervical biopsy was performed every 3 to 6 months, and the result was almost reactive change, CIN I and ASCUS. The Pap smear in 2019/11 showed Atypical squamous cells of undetermined significance favored of HSIL and cervix biopsy in 2019/12 showed mild dysplasia and condyloma with squamous metaplasia. HPV 18 (+).</p> <p>However, massive vaginal bleeding with blood clot and soft tissue content was noticed after intercourse on 2020/05/03. PV showed active bleeding from endocervix. Cervical biopsy reported carcinoma, poorly differentiated, with glandular and squamous components, r/o invasive stratified mucin producing intraepithelial lesion. PET-CT showed increased uptake at cervix (grade 4) and bilateral pelvic regions (grade 3).</p> <p>She then received CCRT using pelvic IMRT in 6 weeks with weekly paclitaxel and carboplatin. The followed examination showed stable disease.</p>
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P067	罕見個案病例報告：原發性輸卵管癌單純以惡性胸水表現 High Grade Tubal Serous Carcinoma Presenting as Malignant Pleural Effusion- A Case Report  方潔 <sup>1</sup> 王懿德 <sup>1</sup> 邱德生 <sup>1</sup> 邱彥諱 <sup>1</sup> 台北醫學大學附設醫院婦產部 <sup>1</sup>
臨時稿件編號：0024	
論文發表方式：海報	Objective: Primary fallopian tube carcinomas (PFTCs) are rare gynecologic malignancies and are mostly presenting with abdominal pain, vaginal bleeding and/or watery discharge. Malignant pleural effusion (MPE) as the sole presenting feature of clinically occult PFTC was rarely reported. For our best knowledge, only one case was reported in the English literature. Our current case is the second case reported with PFTC presenting with MPE without clinically apparent adnexal or peritoneal disease. Case report: We report a 68-year old female presented with palpitation, chest tightness, and shortness of breath. Physical examination revealed reduced breathing sound over right lung base. Chest images showed right pleural effusion. Malignant tumor cells were found in pleural fluid and immunohistochemistry of tumor cells suggested a metastatic adenocarcinoma rather than mesothelioma, probably originated from Müllerian system. Transvaginal ultrasound and computed tomography (CT) of abdominal and pelvic organs were negative for any suspicious tumor lesion. PET CT scan revealed multifocal peritoneal tumors with a 2.3 cm tumor at anterior aspect of uterus. Her serum C-125 was elevated. She received laparoscopic surgery for diagnosis, and revealed miliary tumor lesions over peritoneum near bilateral fimbrial ends and papillary tumor mass at serosa of lower segment and cervico-vesical reflection of uterus. Multiple variable-sized nodules over omentum was noted and intraoperative diagnosis was positive for metastatic adenocarcinoma. Debulking surgery was performed. Pathological examination showed high grade serous carcinoma of left fallopian tube with widely spreading on serosal surface of pelvic and abdominal organs and omentum. Intraperitoneal chemotherapy with Carboplatin was given via her Jackson-Pratt drain followed by adjuvant chemotherapy with Taxol and carboplatin intravenously. She was discharged uneventfully and was well six months later. Conclusion: PFTCs initially presenting as MPE are difficult to diagnose preoperatively, especially in cases negative for classical clinical presentations and radiographic findings. By combined immunohistochemistry of pleuracentesis, serum CA-125, and PET CT narrows the diagnosis to a gynecologic origin. A final diagnosis still can be made by a diagnostic laparoscopic surgery.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P068	靜脈栓塞發生於邊緣性卵巢腫瘤：案例報告與文獻回顧 Venous thromboembolism takes place in ovarian borderline tumor and present with neurological symptoms: case presentation and literature review  林承翰 <sup>1</sup> 吳安宜 <sup>1</sup> 萬芳醫院婦產部 <sup>1</sup>
臨時稿件編號：0238	
論文發表方式：海報	Borderline ovarian tumor are considered as tumors between benign and malignant. Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE) is a leading cause of morbidity and mortality in cancer patients. In ovarian tumors, venous thromboembolism(VTE) mostly took place in ovarian cancer and was highly associated with clear cell carcinoma. Here, we present a case of borderline ovarian tumor complicated with VTE and presented with neurological symptoms.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P069	個案報告：在良性卵巢腫瘤發現神經內分泌腫瘤（類癌） Case report: Carcinoid tumor arising from benign ovarian teratoma  賴斯斌 <sup>1</sup> 吳安宜 <sup>1</sup> 萬芳醫院婦產部 <sup>1</sup>
臨時稿件編號：0247	
論文發表方式：海報	Mature cystic teratomas (MCTs) are common benign tumors occurring in the ovaries. Coexistence of a carcinoid tumor inside an MCT is extremely rare. This report describes a primary ovarian neuroendocrine tumor arising in association with a mature cystic teratoma in a 70-year-old woman. The patient suffering from passing tarry stool several times for 3 days. A 6-cm fat-content tumor at right adnexa was detected under computed tomography. Surgical excision of the mass was performed and histopathological examination revealed a mature cystic teratoma. Immunohistochemically, the tumor cells are positive for cytokeratin and synaptophysin, and focally positive for chromogranin-A (<5%). The Ki-67 index is less than 3%. The patient also had elevated CA-199 (53.4 U/ml). Tumor marker was subsided after operation. No recurrence was observed after 3 months of follow-up.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P070	陰道產後 7 個月診斷子宮頸癌：病例報告 Cervical cancer diagnosed shortly after vaginal delivery: a case report  李佩堃 <sup>1</sup> 何丞皓 <sup>2</sup> 丁大濤 <sup>1,3</sup> 花蓮慈濟醫院婦產部 <sup>1</sup> 花蓮慈濟醫院教學部 <sup>2</sup> 慈濟大學醫學科學研究所 <sup>3</sup>
臨時稿件編號：0082	
論文發表方式：海報	Objective: Cervical cancer during pregnancy or within 12 months after delivery is rare. We present a rare case of cervical cancer found 7 months postpartum in a young woman.  Case report: A 28-year-old multiparous woman presented with vaginal bleeding for 3 months. She was diagnosed with stage IB3 squamous cell carcinoma of the uterine cervix 7 months after vaginal delivery. The patient underwent a radical hysterectomy with pelvic lymphadenectomy.  Conclusion: Women diagnosed with cervical cancer postpartum had a poorer prognosis and higher risk of recurrence than those diagnosed during pregnancy, especially in vaginal delivery. It is essential that women should receive cervical cancer screening before and after pregnancy.
論文歸類：婦癌	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P071	達文西子宮內膜癌分期手術術後乳糜性腹水 Case report: Chyloperitoneum following Robotic surgical staging  陳嘉維 <sup>1</sup> 溫國璋 <sup>1</sup> 賴鴻政 <sup>1</sup> 衛生福利部雙和醫院婦產部 <sup>1</sup>
臨時稿件編號：0125	
論文發表方式：海報	Introduction Chyloperitoneum may result from diverse pathologies. Ascites results either due to blockage of the lymphatics or leak secondary to inadvertent trauma during surgery.
論文歸類：婦癌	Case presentation We report a case of chyloperitoneum following Robotic surgical staging with extrafascial hysterectomy + right salphingo-oophorectomy + optimal indocyanine green sentinel lymph node mapping and dissection. The initial presentation was abdominal distension. Chyloperitoneum was confirmed by abdominocentesis. The case resolved with conservative management.  Conclusion Post-operative chyloperitoneum is a rare complication of abdominal and pelvic operations. Most cases resolve with conservative treatment which aims at decreasing lymph production. Persistent lymphatic leakage needs either open or laparoscopic ligation of the leaking lymphatic channels. A review of the current literature on the management of post-operative chyloperitoneum is presented.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P072	醫策會醫病共享決策(SDM)實踐運動產科主題-生產方式的選擇 三軍總醫院執行經驗分享 The Experience of the Shared Decision Making (SDM) in the Childbirth Delivery Options  黃莊產 <sup>1</sup> 李易良 <sup>1</sup> 蘇國銘 <sup>1</sup> 林啟康 <sup>1</sup> 張正昌 <sup>1</sup> 國防醫學院三軍總醫院婦產部 <sup>1</sup>
臨時稿件編號：0039	
論文發表方式：海報	ABSTRACT Objective Shared decision making (SDM) between doctors and patients is promoted in the hope that pregnant women can have better understanding of possible childbirth delivery options, that the trust relationship between pregnant women and doctors are enhanced while ensuring the safety of the delivery process, and that the medical cost is reduced. Therefore, SDM facilitates a win-win situation between patients and medical service providers.
論文歸類：產科	Materials and methods: Pregnant women with 30 weeks of pregnancy or longer who faced a moderate risk in childbirth were recruited to participate in an SDM process with the use of an official clinical assistance tool provided by the Ministry of Health and Welfare, the Executive Yuan, Taiwan. Results Among the items regarding how SDM had helped the participants, “SDM helped me identify the most crucial strengths and weaknesses” scored the highest (4.11). In terms of items related to the enhancement of their relationships with medical personnel, “I trust the medical treatment prescribed by the medical personnel more” had the highest score (4.43). For medical personnel, “SDM helped my patients think about how much he or she would engage in the decision-making process” scored the highest (4.5). SDM was implemented by 44 persons; 44 were patients and their family members, and 14 were medical personnel. One of the participants changed her delivery method after the SDM. Overall, SDM did not result in considerable change in patients’ knowledge and decisions of childbirth delivery methods, but it did markedly improve the doctor–patient communication. Conclusion Overall, SDM did not change most participants’ cognition and decision regarding their delivery option. However, SDM considerably improved the communication between the participants and physicians.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P073	新竹馬偕紀念醫院之不同胎兒週數生物特徵分佈 The distribution of fetal biometry in different gestational age at Hsinchu MMH.
臨時稿件編號：0060	
論文發表方式：海報	黃才銘 <sup>1</sup> 黃閔照 <sup>1</sup> 洪芳宇 <sup>1</sup> 蔡金翰 <sup>1</sup> 新竹馬偕紀念醫院婦產部 <sup>1</sup>
論文歸類：產科	Background: A growth standard/reference chart is required for the assessment of fetal growth. In Taiwan, there was limited local data about fetal biometry. As advance of ultrasound, precise measurement of fetal biometry is achieved. Pregnancy dating can be corrected with CRL to establish EDC.  Objective: We sought to (1) develop a fetal growth standard/reference for Taiwanese mother; (2) compare standard/reference to existing these including reference published by NTU and intergrowth-21st; and (3) derive a formula for fetal biometry, which customized with pregnant comorbidity and non-pathological factors including pre-pregnancy BMI, maternal height, parity, etc.  Study design: A retrospective study included 2130 women who had delivery at Hsinchu Mackay Memorial Hospital in 2019, underwent ultrasound examinations during gestational period (average about 9 times per gestation). We grouped the data into 23 groups(18-40 weeks), excluded extreme value and constructed the reference chart. Additional exclusion of pathologic factors is to construct growth standard. Statistical analyses were performed using Wilcoxon sign test. We compared the median value of reference chart and growth standard with NTU reference chart and intergrowth-21st, respectively. Quantile regression was used to build models for 3, 5, 10, 25,50,75,90, 95 and 97 percentile with customization of pathological and non-pathological factors.  Results: First, new reference chart and growth standard are reported for BPD, AC and FL. Compared with NTU reference chart, the significant larger median values of BPD, AC and FL are across all gestational age. Compared with intergrowth-21st, the significant larger these for BPD, AC and FL are from 18 to 23 weeks, from 18 to 24 weeks and from 18 to 36 weeks, respectively; significant smaller these for BPD, AC and FL are from 29 to 40 weeks, from 32 to 40 weeks and from 38 to 40 weeks. Second, in quantile regression, pathological and non-pathological factors have different effects on BPD, AC and FL in different percentile.  Conclusion: We developed a novel reference chart/growth standard from fetal data in a Taiwanese population. We also derive customized models for fetal biometry in different percentile. There is no assumption of proportionality of the effects of covariates and equal effects on all percentiles.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P074	探討含糖飲料與全血球計數在懷孕期間之關係 The relationship between Sugar-Sweetened Beverages and Complete Blood Count during pregnancy
臨時稿件編號：0217	
論文發表方式：海報	楊淳翔 <sup>1</sup> 唐德富 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup>
論文歸類：產科	Introduction: Sugar-sweetened beverages are any liquids that are sweetened with various forms of added sugars. Studies have shown that frequently drinking sugar-sweetened beverages is associated with weight gain/obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities, and gout. More and more sugar-sweetened beverages are consumed by modern people, and pregnant women are no exception. The main purpose of this study is to know whether sugar-sweetened beverages cause some negative effects on pregnancy so we investigate the relationship between sugar-sweetened beverages and complete blood count (especially focus on white blood cell, red blood cell, platelet) during pregnancy. We also want to find if we can predict some pregnancy-related complications based on our results. Method: We classified pregnant women into SSB addict and non-SSB addict according to the habit of sugar-sweetened beverages consumption. We collected CBC data at first trimester and third trimester. We compared the blood cell counts between SSB addict and non-SSB addict in first trimester and third trimester respectively. Results: In first trimester, there is no significant difference in counts of white blood cell, red blood cell, platelet between SSB addict and non-SSB addict. In third trimester, there is no significant difference in counts of white blood cell, red blood cell between SSB addict and non-SSB addict while there is difference in platelet count. The platelet count of SSB addict is higher than non-SSB addict in third trimester.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P075	產後肺栓塞的早期診斷與治療－回溯性系列病例報告 Prompt Diagnosis and Management for Postpartum Pulmonary Embolism: A Retrospective Case Series 謝西彤 <sup>1</sup> 莊啟柔 <sup>1</sup> 佛教慈濟醫療財團法人大林慈濟醫院婦產科 <sup>1</sup>
臨時稿件編號：0294	
論文發表方式：海報	Introduction Pulmonary embolism is a complication of venous thrombosis without specific clinical features, and is a leading cause of pregnancy related deaths. Prompt diagnosis and therapy are required to avoid the lethal condition.
論文歸類：產科	Materials and Methods: From Aug 2011 to Dec 2018, 4 patients sent to Buddhist Dalin Tzu Chi Hospital with postpartum pulmonary embolism were included. Charts were reviewed for clinical presentation, diagnosis, management, and outcome of postpartum pulmonary embolism.  Case 1 report A 29 y/o woman with obesity (BMI 27.6), primipara, underwent Cesarean section (C/S) for fetal distress at clinic. She presented with sudden-onset dyspnea with dizziness and syncope when getting from bed after bed rest for 2 days postpartum. At emergency department, PEA developed and CPR was done for 20 minutes but in vain, then ECMO with inotrope support were given. ROSC was achieved after CPR for 54 minutes. Pulmonary embolism was diagnosed by chest CTA, and thrombo-embolctomy was done. Patient was discharged with Warfarin prescribed for 8 months. Case 2 report A 37 y/o woman who quit smoking for 15 years, primipara, underwent C/S at clinic, presenting progressive dyspnea for 3 days and back pain for 2 days. Initial CXR only revealed right lower lung infiltrations. However, D-dimer up to 26268 ng/ml was noted, and chest CTA revealed massive pulmonary embolism with concurrent RLL pneumonia. Pulmonary artery catheter-directed thrombolysis with heparin, and urokinase was given. Patient was discharged with Rivaroxaban prescribed for 2 years. Case 3 report A 31 y/o woman, primipara, underwent C/S at clinic, presenting dyspnea and chest tightness on postpartum day 10. OHCA developed at ambulance. CPR 21 minutes with inotropes, fluid challenge, then ECMO with urokinase were given. CTA revealed massive pulmonary embolism with right antrum and ventricle enlargement. Hypothermic therapy was given but patient expired from global hypoxic ischemic encephalopathy, brain stem failure, and septic shock. Case 4 report A 36 y/o overweight woman (BMI 26.3), primipara, underwent C/S at clinic, presenting dyspnea, cold sweats and chest pain on postpartum day 3. OHCA developed at ambulance. CPR, ECMO with urokinase were given and ROSC after 40 minutes. Patient was discharged with Rivaroxaban prescribed for 5 months.  Conclusion In our case series, C/S, obesity and immobility were the possible risk factors for postpartum pulmonary embolism. Dyspnea, either acute-onset or progressive, was the most common symptom presented. Elevated D-dimer level over 10,000ng/ml was noted in 3 patients in this study. CTA was the most accurate diagnostic method. Earlier ECMO application to reduce the time of hypoxia, with thrombo-embolctomy and/or thrombolytic therapy may lead to better outcome.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P077	剖腹產後子宮膀胱膿瘍的腹腔鏡處理：病例系列報告 Laparoscopic Management of Post-cesarean Uterovesical Abscess: Case series report 陳三農 <sup>1</sup> 高雄榮民總醫院婦女醫學部 <sup>1</sup>
臨時稿件編號：0351	
論文發表方式：海報	A uterovesical abscess, also called a bladder flap hematoma, is a rare complication of cesarean delivery. It refers to an enclosed collection between the lower uterine segment and bladder. These cases present any time from day 2 of cesarean to several weeks postpartum with fever unresponsive to antibiotics, anemia, suprapubic pain, and a visible pelvic collection between the uterus and bladder on ultrasound, CT, or MRI. We present the series cases who presented Uterovesical abscess, treated by laparoscopy and conclude that minimally invasive techniques applied to obstetric practice may significantly reduce maternal morbidity.
論文歸類：產科	For patients with Uterovesical abscesses , laparoscopic management is a feasible and safe intervention. It is A New Approach to an Old Problem.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P076	馬凡氏症：產前診斷 Marfan Syndrome: Prenatal Diagnosis 林俐伶 <sup>1</sup> 曾振志 <sup>1</sup> 台中榮民總醫院婦女醫學部 <sup>1</sup>
臨時稿件編號：0142	
論文發表方式：海報	Purpose: We present a family in which occurrence of Marfan syndrome (MFS) were identified in two brothers born to clinically unaffected parents.
論文歸類：產科	Case presentation: This 42-year-old, gravida 2 para 1, woman was conceived successfully by in vitro fertilization (IVF) and frozen embryo transfer (FET). Her first child was suspected as a victim of neonatal MFS with typical appearance including arachnodactyly, joint hypermobility, long limbs, and aortic root dilatation with mitral/aortic valve insufficiency, and expired at four-year-old. After genetic counseling and thorough examination for current pregnancy, the mutation of FBN1 gene (c.3095G>A, p.Cys1032Tyr) was detected. A detailed ultrasound study showed longer long bones (> 3 weeks) and a tortuous aortic arch. Medical termination was then performed at the 23 weeks of gestation. Stillborn was inspected with the features of arachnodactyly, thumb sign of left hand, and loose skin. So far, the origin of mutation is under investigation and could not be identified in the parental DNA and the sperm sample from the father.  Discussion and Conclusion: Congenital MFS is a rare and severe disease of the newborn, causing devastating and often fatal effects on the cardiovascular, pulmonary, and musculoskeletal systems. Familial mutations of FBN1 have been studied and identified in MFS, but the congenital variant might be due to de novo mutations, limiting the diagnostic capabilities of genetic screening. Prenatal ultrasound is essential for early diagnosis and management, yet few cases of sonographic diagnosis have been cited in the literature. To prevent the transmission of disease to her next offspring, the availability of preimplantation genetic diagnosis (PGD) is essential and crucial.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P078	帶蒂黏膜下子宮肌瘤之產後立即肌瘤切除術病例報告 Immediate Postpartum Myomectomy in Pedunculated Submucosal Myoma, A Case Report 賴彦汝 <sup>1</sup> 陳思銘 <sup>1</sup> 周麗雲 <sup>1</sup> 林珮瑩 <sup>1</sup> 基督復臨安息日會醫療財團法人臺安醫院婦產部 <sup>1</sup>
臨時稿件編號：0213	
論文發表方式：海報	BACKGROUND: Postpartum hemorrhage is an obstetrical emergency and a major cause of maternal morbidity worldwide. Concomitant myoma is common in pregnant women. Myomas do not cause significant complications during pregnancy in most cases. But myomas during labor can still increase risk of postpartum hemorrhage, especially submucosal type. Generally, myomectomy during labor is not encouraged as it may cause further hemorrhage. In cases where larger size pedunculated myomas are present, immediate postpartum myomectomy may be considered to minimize risk of postpartum hemorrhage.
論文歸類：產科	CASE: A 38-year-old multiparous woman was presented with the history of myoma. A 9-cm submucosal leiomyoma was noticed during regular prenatal checkup. She underwent spontaneous vaginal delivery with manual extraction of the placenta due to prolonged third stage of labor. Uterine contraction was poor but was improved after giving medication of Oxytocin and Misoprostol. Nevertheless, postpartum hemorrhage was noted 5 hours after she was transferred back from the delivery room. Bedside ultrasound revealed a 9-cm prolapsed pedunculated cervical myoma. Transvaginal myomectomy was performed immediately and smoothly. The patient recovered uneventfully.  CONCLUSION: Pedunculated submucosal myoma significantly increases the risk for postpartum hemorrhage. Immediate postpartum vaginal myomectomy should be considered as a treatment option for minimizing the risk of hemorrhage.



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P079	在雙胞胎胎輸血症候群病患接受成功的雷射治療之後使用氯化鉀注射減胎 Selective Reduction Using Intra-cardiac Potassium Chloride Injection after Successfully Laser therapy for Twin-Twin Transfusion Syndrome: cases report and literature review  詹耀龍 <sup>1</sup> 趙安祥 <sup>2</sup> 張舜智 <sup>1</sup> 鄭博仁 <sup>1</sup> 林口長庚醫院 <sup>1</sup> 新北土城醫院 <sup>2</sup>
臨時稿件編號：0010	
論文發表方式：海報	Background: Intra-cardiac injection of potassium chloride (KCl) for selective reduction for a fetal anomaly in dichorionic twin is a lower risk procedure, but could not be applied for monochorionic twin because of the intertwin anastomoses. KCl for selective reduction for a discordant fetal anomaly in twin-twin transfusion syndrome (TTTS) post successful laser therapy had been seldom reported. Here we added two cases of selective reduction using intra-cardiac KCl injection after successfully laser therapy for TTTS. Cases presentation: Case 1: A stage II TTTS patient received laser therapy at the gestational age of 21 weeks, ten days after the operation the donor twin was found as ventriculomegaly. Intra-cardiac KCl injection had been performed for selective reduction. The pregnancy was in labor and delivered at 34+2 weeks. Case 2: A stage III TTTS patient received laser therapy at the gestational age of 23+4 weeks, three weeks after the operation the donor twin was found as ventriculomegaly. Selective reduction by intra-cardiac KCl injection was performed at 31 weeks 6 days. The pregnancy was terminated at 37 weeks by cesarean section due to malpresentation. Conclusions: Intra-cardiac KCl injection for selective reduction can be applied to TTTS post successful laser therapy after a detailed consultation.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P080	妊娠時期給予白藜蘆醇或二甲雙胍能改善大鼠母體肥胖的懷孕結果 Gestational administration of resveratrol or metformin ameliorate pregnancy outcome in diet induced maternal obesity in rat  林育如 <sup>1</sup> 黃立同 <sup>2</sup> 田祐霖 <sup>2</sup> 高雄長庚醫院婦產部 <sup>1</sup> 高雄長庚醫院兒童內科 <sup>2</sup>
臨時稿件編號：0027	
論文發表方式：海報	Purpose Maternal obesity in pregnancy has been associated with adverse maternal-fetal outcomes. We evaluated the impact of maternal high fat diet (HFD) on pregnancy outcomes and gut microbiota, and to study the role placental adaptations, with a focus between renin-angiotensin system (RAS), nutrient sensing pathway and multiple nutrient transporters. Next, we intend to test whether resveratrol (Sirtuin activator) or metformin (AMPK activator) could prevent the adverse pregnancy outcome by maternal HFD.  Methods Virgin Sprague-Dawley rats were fed with normal diet or HFD diet to induced maternal obesity before conception. Pregnancy rats in the HFD group received either resveratrol (50mg/L in drinking water) or metformin (500 mg/kg/day) during the pregnancy. The pregnancy outcomes were record.  Results We found that maternal HFD induces maternal obesity and gestational impaired glucose tolerance, which can be restored by either resveratrol or metformin treatment. Maternal HFD altered gut compositions which resveratrol therapy could restore that. However, the phenotype of increased birth weight by maternal HFD is prevented only in metformin treatment arm. The possible mechanism to reduce the birth weight is associated with placental RAS activation, and restored HFD-induced reduction of nutrient-sensing pathway and multiple nutrient transporter genes expression.  Conclusions Our data highlight the possible treatment value of resveratrol and metformin during pregnancy in HFD-induced maternal obesity. The decreased placental weight after metformin therapy is possible through the adaption of placenta via multiple complex mechanism involved with placental RAS, nutrient transports and nutrient-sensing signaling pathway.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P081	妊娠血脂異常與妊娠糖尿病的關係:前瞻式世代研究 Associations between pregnancy-induced maternal dyslipidemia and gestational diabetes mellitus : A prospective cohort study  劉懿微 <sup>1</sup> 詹德富 <sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0223	
論文發表方式：海報	Introduction Pregnancy-induced maternal dyslipidemia is now widely investigated. Though many research previously emphasized that pregnancy-induced dyslipidemia contributes to an increased morbidity of many unfavorable conditions including gestational diabetes mellitus (GDM), pre-eclampsia, and cardiovascular diseases. But rarely did the previously research focus on the serum level difference in certain lipid profile during different trimesters, and its relationship to gestational diabetes mellitus. Our study was aimed at investigating the associations of maternal dyslipidemia throughout each trimester of pregnancy including postpartum period between GDM and non-GDM patient, and to predict the risk of GDM from maternal dyslipidemia.  Material and Method This prospective cohort study recruited 41 pregnant women. All participants underwent a 75-gram oral glucose tolerance test during 24th-28th weeks of gestation to screen for GDM. We recruited 12 GDM women and 29 non-GDM women (control group). Data were collected for statistical analysis.  Result In both group, compare to 1st trimester, cholesterol and LDL level in 2nd, 3rd and postpartum period had statistically significant increased (p<0.05). Noted, cholesterol level in postpartum decreased but still higher than 1st trimester. Furthermore, Triglyceride (TG) level in both group showed an increase trend from 1st trimester until 3rd trimester (p<0.05), then, the level drops during postpartum period, to which the level became similar to 1st trimester, with no statistically significant (p=1.0). In addition, HDL level in both group increase from 1st trimester until 2nd trimester, and decrease during 3rd trimester, but only statistically significant in non-GDM group (p<0.001 vs p<0.001, respectively). Also, after adjustment to confounders (age and BMI), we found that the markedly elevation of TG level and relatively mild increase in HDL level during early pregnancy (1st and 2nd trimester) has the odds ratio of 1.023 (p=0.038), 0.926 (p=0.046), respectively, in increasing risk for GDM  Conclusion : Our study demonstrated several serum level of different lipid profile in each trimesters and 6 week postpartum between GDM and non-GDM women. Findings in our study suggested that dyslipidemia involving high level of triglyceride and relatively low level of HDL-C is related with GDM. Furthermore, after adjustment to confounders (age and BMI), our study discovered that profound increase in TG level and relatively less increase in HDL-C during 1st and 2nd trimester was associated with increased risk of GDM.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P082	深度學習(循環神經網路模組)-之人工智慧系統於產程中電子胎心音監測之即時應用 Intrapartum EFM in real-time interception based on Recurrent Neural Network (RNN) Model  李易良 <sup>1</sup> 張正昌 <sup>1</sup> 林啟康 <sup>1</sup> 朱大維 <sup>1</sup> 劉俐君 <sup>2</sup> 黃莊彥 <sup>1</sup> 董祥鈞 <sup>1</sup> 張正昌 <sup>1</sup> 三軍總醫院婦產部 <sup>1</sup> 三軍總醫院松山分院婦產科 <sup>2</sup>
臨時稿件編號：0041	
論文發表方式：海報	BACKGROUND Electronic fetal monitoring of Fetal heart rate (FHR) is commonly used by obstetricians to evaluate the fetal state on daily practice. However, the complexity of EFM, requirements of continuous monitoring and inter-observer and intra-observer variability is a huge challenge to the clinicians. And Any delay between the incidence of fetal distress and the required action increases the risk of a poor outcome. So we need a reliable model for real-time and accurate monitor intrapartum fetal condition through a new method.  MATERIAL AND METHOD In this study, a recurrent neural network(RNN) model is trained to predict the patterns in the input signal through supervised learning. Screenshots from fetal monitors are saved. Through image processing, each screenshot is transformed to 4 sequences, which are the fetal heartbeat rate(FHR) sequence, FHR label sequence ,uterus contraction(UC) signal sequence, and UC label sequence. FHR and UC sequences are input to the RNN model to output predicted label sequences. Each time instant in the FHR sequence is labeled as one of 6 classes, which are normal variability, acceleration, minimal variability, late deceleration, variable deceleration, and early deceleration. Each time instant in the UC sequence are labeled as normal contraction or unstable contraction. The RNN model consisting of bidirectional long short-term memory(LSTM) cells are implemented for the 1D sequence segmentation task in this study. To predict 6 FHR labels, inputs of previous time instants must be memorized and synthesized to recognize patterns. Bi-direction pathways enhance information sharing for learning.  RESULT There are totally 2413 records collected from 299 patients. 437 records from randomly selected 59 patients are separated as data for testing. The left 1976 records from 240 patients are used in the training process. In the training process, data imbalance is handled through adjusting the weights for losses of 6 different classes. The accuracy of the model on 6 predicted classes are 84.2%, 60.3%, 63.1%, 37.8%, 16.7%, and 51.1%.  CONCLUSION RNN models is reliable and trusty tool for clinician for fetal heart rate intrapartum monitor and has potential real time management for future obstetrics field. This deep machine learning is also part of perspective tool for medical training system in obstetrics and gynecology.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P083	回溯性生產事故救濟孕婦死亡個案研究 Retrospective Case Study of Maternal Death after implementation of Childbirth Accident Emergency Relief Act  張曉揚 <sup>1</sup> 蕭國明 <sup>2</sup> 陳宜雍 <sup>1</sup> 林忠作 <sup>3</sup> 黃千慧 <sup>1</sup> 穆慧蓉 <sup>1</sup> 黃閃照 <sup>4</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 新光紀念醫院婦產部 <sup>2</sup> 台大醫院婦產部 <sup>3</sup> 新竹馬偕紀念醫院婦產部 <sup>4</sup>
臨時稿件編號：0067	
論文發表方式：海報	Backgrounds： To improve maternal health, Childbirth Accident Emergency Relief Act was launched in Taiwan since June 2016. However, the highest maternal mortality ratio (MMR) in recent 20 years was counted as 16 per 100,000 live births, 29 maternal death in 2019. This study aimed to clarify the major cause of maternal death, problem of hospital supportive system, and risk factor of death. The goal is to develop a strategy for prevention of maternal death and establish a comprehensive registration system for maternal death.
論文歸類：產科	Material and methods： This is a retrospective case series study conducted at Taiwan Association of Obstetrics and Gynecologists. 75 pregnancy-related maternal mortality cases were applied between June 2016 to June 2019. Maternal Death Reviewing Committee, which included 5 obstetric specialists, was convened to figure out direct cause and indirect cause of maternal death, also evaluate the issues and prevention strategy in those cases. Descriptive study was conducted after reviewing all medical records.  Result： Among 75 maternal mortality cases, 75 causes of maternal death, including 66 direct causes and 9 indirect causes, were determined by 4 obstetric specialists. Obstetric hemorrhage (32%) was the major cause of maternal death, and pulmonary embolism (20%) was the second one. The third was amniotic fluid embolism (17.33%). In cases of obstetric hemorrhage, included 16 cases of atony, 4 cases of uterine rupture, 2 cases of placental abruption, and 2 cases of placenta accreta. In issue of those cases, only 8 cases were recognized as no medical-associated issue, on the other hand, 23 cases categorized as medical staff-related issue; in preventive strategy, 25.33% (19) cases were concerned as unpreventable case which amniotic fluid embolism accounted for 10 cases, more than 50%. 42.67% (32) cases were suggested to strengthen training of medical staffs.  Conclusion： This study demonstrated 75 maternal mortality cases in Taiwan from June 2016 to June 2019. There were some missing data while collecting and listing. We purposed to establish more comprehensive registration system for maternal mortality cases. After reviewed by obstetric specialist, only 25.33% cases were considered as unpreventable cases, which stands for further management should be conducted in order to decrease maternal mortality ratio.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P084	不規則抗體導致胎兒溶血：死亡病例報告及成大醫院 15 年案例分析 Hemolytic disease of the fetus caused by irregular antibodies: a mortality case report and series in the past 15 years at NCKUH  莊明達 <sup>1</sup> 張炯心 <sup>1</sup> 成大醫院 <sup>1</sup>
臨時稿件編號：0175	
論文發表方式：海報	Objective: Hemolytic disease of the fetus and newborn (HDFN) caused by irregular antibodies is a rare, but possibly life threatening condition. We report a case of severe intrauterine hemolysis due to anti-E allo-immunization, and review 17 cases in the past 15 years at NCKUH (National Cheng Kung University Hospital).
論文歸類：產科	Case Report: We present a 35-year-old female, G3P1SA1, with an uncomplicated pregnancy at 28+5 weeks of gestation. She was transferred from local medical doctor due to decreased fetal movement without labor signs. Fetal monitor showed absent fetal variability and recurrent variable deceleration(NICHD category 3) and emergent Cesarean section was performed immediately because of fetal distress. Patient stood well throughout the operation. The baby's birth weight is 1467g and Apgar score is 2, 3, 3, 4, 4, respectively. The comprehensive study of the fetus showed severe anemia and allo-immuned related hemolysis caused by anti-E, anti-c, anti-JKa was impressed. Among them, anti-E showed high antibody titer (1:4096). The baby was expired at the next day of operation and the patient was discharged without major complication at 5 days later.  Conclusion: Anti-E antibody is one of the most common non-Rhesus D antibodies in the pathogenesis of HDFN, but rarely leads to severe hemolysis. However, this is the first mortality case in the past 15 years in our hospital. Therefore we present this case to remind that hemolytic disease caused by irregular antibodies should not be underestimated. Besides, we also make a discussion about the management of next pregnancy in the future.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P085	比較前列腺素 E2 或催產素(Oxytocin)用於足月初產婦之催生 Labor induction in term primiparous women : Dinoprostone (PGE2) versus oxytocin  李瑋婷 <sup>1</sup> 陳怡燕 <sup>1</sup> 蘇俊維 <sup>1</sup> 林武周 <sup>1</sup> 中國醫藥大學附設醫院 <sup>1</sup>
臨時稿件編號：0187	
論文發表方式：海報	Objectives: To investigate the efficacy and safety of intravaginal dinoprostone for labor induction at term by comparing this agent with the commonly used Oxytocin.
論文歸類：產科	Method： We retrospectively reviewed medical records of term primiparous women with singleton pregnancies and poor Bishop score less than 3 admitted at China Medical University Hospital for labor induction from June 2019 to November 2020. The time from induction to delivery, the route of delivery and maternal and fetal outcomes were analyzed.  Result： A total of 109 women were included. 50 women received intravaginal slow-release dinoprostone (PGE2) and 59 women received Oxytocin infusion at the beginning of labor induction. PGE2, compared to oxytocin, was associated with a significantly shorter mean time from induction to delivery ( 21.71 ± 9.59 hr vs. 27.37 ± 11.91 h; P = 0.013) and from induction to cervical dilatation ≥ 3 cm (16.07 ± 8.48 hr vs. 20.2 ± 11.91 hr; P = 0.043). There were no significant differences in maternal and neonatal morbidity between the two groups. The rates of vaginal delivery, cesarean section, 1- and 5-minute Apgar scores, admission to the neonatal intensive care unit, placental abruption, and postpartum hemorrhage were similar between the 2 groups, as were the rates of uterine hyperstimulation (16% vs. 8.4%; P = 0.25). 1 of the cases of uterine hyperstimulation in PGE2 group required treatment with tocolysis.  Conclusion: The use of intravaginal PGE2 is an effective cervical ripening agent for labor induction and also associated with a shorter duration of delivery without an increase in maternal and neonatal morbidity.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P086	南臺灣孕婦血清弓漿蟲感染盛行率及其風險因子(2014-2015) Seroprevalence and risk factors of toxoplasmosis infection for pregnant women in southern Taiwan, 2014-2015.  李佩芳 <sup>1</sup> 許德耀 <sup>1</sup> 蔡慶璋 <sup>1</sup> 鄭欣欣 <sup>1</sup> 賴韻如 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0265	
論文發表方式：海報	Toxoplasma gondii is a protozoan parasite can transmit from mother to fetus cause congenital toxoplasmosis of neonate. Hence, we investigated the seroprevalence and risk factors of toxoplasmosis for pregnant women in southern Taiwan from 2014-2015. 458 patients are included, 1st trimester venous blood drawn for toxoplasma IgG and IgM antibodies. 39/458 pregnant woman revealed IgG (+), the seroprevalence is 8.5%. 2 pregnant woman (0.4%) were IgG(-)IgM(+), indicating acute primary infection. We analyzed maternal age, gravidity and parity, BMI, education level, income, living place in city or village, cat raising or not. Neonatal outcome included gestational weeks during delivery (< or >= 37 weeks), mode of delivery, fetal birth weight, sex, and Apgar score. In IgG(+) group, there were no significance of maternal risk factors and neonatal outcome with univariate analysis. But with multiple logistic regression enter method, the fetal sex is less predominant in male (38.5%) than female (61.5%), adjusted OR = 0.48 (95%, 0.24-0.98), P= 0.043*. There is also increased preterm risk of neonate with IgG(+) than IgG(-) mother. Born term (>= 37 weeks, 82.1% compare to 90.9%) and preterm(< 37 weeks, 17.9% compare to 9.1%), P= 0.038*. The seroprevalence became slightly higher than previous reported data in Northern Taiwan (2015, 7.6%), may due to different living environment. Though failure to know prevention of risk factors in our data, health education during pregnancy still required.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P087	彰化基督教醫院緊急產後子宮切除術-經驗報告 Emergency peripartum hysterectomy at Changhua Christian Hospital – a tertiary care hospital experience
臨時稿件編號：0064	林祖薇 <sup>1</sup> 陳雅慧 <sup>2</sup> 楊珮音 <sup>3</sup> 蕭品卉 <sup>3</sup> 蔡鴻德 <sup>3</sup> 彰化基督教醫院 <sup>1</sup> 彰化基督教醫院婦女醫學研究室 <sup>2</sup> 彰化基督教醫院產部 <sup>3</sup>
論文發表方式：海報	Introduction: Emergency peripartum hysterectomy (EPH) is a life-saving procedure for intractable obstetric bleeding. EPH is associated with high morbidity and mortality rates. The aim of this study was to investigate the incidence, etiology and complications of EPH at Changhua Christian Hospital, a tertiary care hospital, in central Taiwan.
論文歸類：產科	Methods: A multilevel data collection was assessed from our hospital's electronic sources from 1st Jan 2004 to 31st Mar 2019, which included the parturient with regular antepartum care in our hospital and the referral from the health providers of primary or secondary care. Socio-demographic characteristics, indication for emergency peripartum hysterectomy, and main intraoperative/postoperative complications were collected.  Results: A total of 50 EPH were performed among 30,015 deliveries. The incidence of EPH was 1.67 cases per 1000 births. 70% EPH happened between 20-35-year-old women. 42% of the parturient received regular antepartum care in our hospital while 58% did not. The greatest number of indications of EPH in our hospital was placental abnormality (52.4%) while in the referrals was atony (58.6%).  Discussion: Placenta abnormality was more common in multiparous women than in the primipara, especially in those with previous caesarean section. Atony was the greatest in the referrals and the complication rate was 69.6%; most of them were in disseminated intravascular coagulation stage. Our bladder injury rate was higher than the referrals but the patients mostly came out with good prognosis.  Conclusion: Our study showed that abnormal placentation and uterine atony were the leading causes of EPH. Although EPH is life-saving, early intervention by senior obstetricians verse with protective or prophylactic procedures may avoid morbidity associated with EPH.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P089	唐氏症篩檢之成本效益評估 Cost-effectiveness Evaluation of Down Syndrome Screening
臨時稿件編號：0096	廖建騰 <sup>1</sup> 徐英倫 <sup>1</sup> 永康奇美醫院產部 <sup>1</sup>
論文發表方式：海報	INTRODUCTION: Down syndrome patients with development retardation and multiple congenital diseases result in huge economic burden. There are several ways to screen Down syndrome nowadays, including the most advanced one, circulating maternal serum cell-free fetal DNA, which have the most accurate detection rate but much higher price. Studies exploring selecting the best strategy of Down screening have been conducted worldwide. This study is set for the cost-effectiveness analysis of Down screening strategies in Taiwan local population.
論文歸類：產科	AIM: The objective was to propose a decision tree model to perform cost-effectiveness analysis of different Down screening strategies in Taiwan. MATERIAL AND METHODS: The target population was all 200,000 pregnant women in health insurance system in Taiwan, which was divided into 50,000 older 35 years old and 150,000 younger than 34 years old. A decision tree model was framed with six strategies: amniocentesis, first trimester screening, second trimester screening, contingent first trimester screening, contingent second trimester screening and cfDNA screening for pregnancies older than 35 years old. The remaining 5 strategies other than amniocentesis were analyzed for pregnancies younger than 34 years old. The parameters for analysis derived from literatures. By performing Monte Carlo simulation, probability sensitivity analysis was applied to capture the parameter uncertainty. We then present the outcome in terms of incremental cost-effectiveness ratios (ICERs) and acceptability curve. The maximum willingness to pay was set as one million new Taiwan dollars. RESULTS: The present study reveals amniocentesis was the most cost-effective Down screening strategy in pregnancies older than 35 years old. The incremental cost-effectiveness ratio was calculated as 6 million and 9 hundred thousand new Taiwan dollars comparing to second trimester screening, the lowest cost strategy. Amniocentesis demonstrates the highest probability of being cost-effective in acceptability curve. For pregnancies younger than 34 years old, first trimester screening had the incremental cost-effectiveness ratio as 4 million and 9 hundred thousand new Taiwan dollars comparing to second trimester screening. First trimester also demonstrates the highest probability in acceptability curve, and is the most cost-effective strategy among the pregnancies younger than 34 years old. As for cfDNA screening, it results in very high costs despite its high effectiveness in terms of detecting Down syndrome, and it is difficult to be cost-effective. Given that we analyzed the cost-effectiveness with the outcome of procedure-related fetal loss, however, the contingent second trimester screening will be cost-effective. CONCLUSION: It is cost-effective when adopting amniocentesis for pregnancies older than 35 years old and first trimester screening for pregnancies younger than 34 years old. cfDNA screening is currently not cost-effective. The policy of subsidy for pregnancies older than 35 years old receiving amniocentesis can be continued under the evidence-based principle. If we focus on the outcome of iatrogenic miscarriage, contingent second trimester screening can be a good strategy.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P088	單胚胎植入與減胎後的預後 Comparison Single Embryo Transfer (SET) and Fetal Reduction (Three to One) Outcomes of Pregnant Women After Fetal Reduction
臨時稿件編號：0109	
	李維鈞 <sup>1</sup> 黃莉文 <sup>1</sup> 潘恆新 <sup>1</sup> 新光醫療財團法人新光吳火獅紀念醫院 <sup>1</sup>
論文發表方式： 海報	1. Background and Purpose Compared with multiple births, single embryo transfer pregnancies are not as high as risk of significant child morbidity, particularly cerebral palsy, after high-order fetal reduction. This is termed the vanishingtwin syndrome, and is an important etiology of cerebral palsy. Antenatal corticosteroid therapy (CCT) is widely used during preterm labor to enhance lung maturity, the use of dexamethasone, however, increase the risk for detrimental long-term neurodevelopmental effects. Thus, in this study we assess the effect of CCT on neurological disability and congenital abnormality in SET and control group after fetal reduction and over 2 years of age. 2. Methods The CCT (38 sets of SET) and control (56 sets) groups were compared for the incidences of cerebral palsy and congenital abnormalities, as well as mean birth weight, maternal age, and mean gestational age at delivery and at fetal reduction using records from Shin-Kong Memorial Hospital for the period 2008-2017. 3. Results There were 94 quadruplet-reduced sets of SET in our study. All of these SET were alive and aged over 2 years at the time of this writing. The gestational age at the time of delivery was 39+2.4 weeks for the SET group vs. 36 ± 2.9 weeks for the controls, with mean birth weights of 2798 ± 555g vs. 2685 ± 519g, respectively (p<0.05). All 94 sets of twins were delivered by cesarean section, with only 1 case of cerebral palsy in Control group, while the others had developed normally by the age of 2 years. Only mean birth weight and gestational age at delivery showed significant differences in comparisons of the 2 groups of twins. 4. Conclusion The reasons why IVF treatment sometimes results in twin or triplet births – even though only one embryo is used – have been found by the largest study to date on single embryo transfer (SET) and multiple pregnancy. However, despite performing SET, multiple pregnancies do happen due to a phenomenon known as ‘zygotic splitting’, when one embryo divides resulting in twins or triplets. It is more prevalent following SET than in spontaneous conception.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P090	維他命 D 缺乏與產後大出血的關聯 The relationship between vitamin D deficiency and postpartum hemorrhage 李維鈞 <sup>1</sup> 黃莉文 <sup>1</sup> 蕭國明 <sup>1</sup> 新光醫療財團法人新光吳火獅紀念醫院 <sup>1</sup>
臨時稿件編號：0110	
論文發表方式：海報	Introduction: Postpartum hemorrhage (PPH) is common cause of maternal morbidity and mortality. It affects approximately 3% to 5% of obstetric patients[1]. Also, PPH is the fifth leading cause of mortality, accounting for approximately 11–12% of maternal deaths[2]. Appropriate management of postpartum hemorrhage requires prompt diagnosis and treatment. Early correction and identification may decrease the incidence rate of PPH. Uterine atony is one of the commonest causes of PPH[3]. There are many risk factors associated with atonic uterus like fetal macrosomia, chorioamnionitis, maternal obesity, primiparity, prolonged labor, and so on[4]. However, 20% of postpartum hemorrhage occurs in women with no risk factors[5]. Recently, Vitamin D has been found to be concerned with different physiological processes. Vitamin D is important for maintaining normal blood levels of calcium and phosphate, which are needed for general cell functioning in all cells of the body. Furthermore, skeletal and smooth muscles contain the vitamin D receptor. Vitamin D deficiency may contribute to atonic PPH. Therefore, the aim of this study is to evaluate the relationship between maternal vitamin D status and incidental rate of PPH.  Methods: This is a retrospective case study carried out in single medical center, Shin Kong We Ho-Su Memorial Hospital. We recruited patient during a year (1 November 2019-31 October 2020). Maternal physical examination, pregnant history and laboratory tests were recorded. Total N pregnant women were included in this study. We recorded their blood samples for serum Vitamin D (25 OH vitamin D) levels at 34weeks gestational age. We excluded patients with preeclampsia, chronic renal or liver diseases, bleeding disorders, and placenta previa. The definition of vitamin D deficiency was serum level of vitamin D as concentrations <30ng/ml. Oral informed consent was taken from all participants and approval from Institutional ethical committee was obtained. Chi square test was applied to compare PPH and non PPH groups in terms of presence or absence of vitamin D deficiency. Pearson correlation was applied to correlate serum vitamin D with blood loss. The data was entered and analyzed on SAS 9.4  Results: Our results showed the mean age of 32 years, BMI of 26, parity of 1.7 and vitamin D levels of 25. It was noted that those who have PPH 87% were having vitamin D deficiency as compared to 32% in group with no PPH. This difference was statistically significant. (p<0.05) so PPH was significantly associated with vitamin D deficiency.  Conclusion: Our results indicated that low vitamin D level is a risk factor for PPH. Therefore, we should correct vitamin D level to decrease incident rate of PPH.  References [1] Knight M, Callaghan WM, Berg C, Alexander S, Bouvier-Colle MH, Ford JB, et al. Trends in postpartum hemorrhage in high resource countries: a review and recommendations from the International Postpartum Hemorrhage Collaborative Group. BMC Pregnancy Childbirth 2009;9:55. [2] Clark SL, Belfort MA, Dildy GA, Herbst MA, Meyers JA, Hankins GD. Maternal death in the 21st century: causes, prevention, and relationship to cesarean delivery. Am J Obstet Gynecol 2008;199(1):36 e1-5; discussion 91-2 e7-11. [3] Breathnach F, Geary M. Uterine atony: definition, prevention, nonsurgical management, and uterine tamponade. Semin Perinatol 2009;33(2):82-7. [4] Mousa HA, Blum J, Abou El Senoun G, Shakur H, Alfirevic Z. Treatment for primary postpartum haemorrhage. Cochrane Database Syst Rev 2014(2):CD003249. [5] Magann EF, Evans S, Hutchinson M, Collins R, Howard BC, Morrison JC. Postpartum hemorrhage after vaginal birth: an analysis of risk factors. South Med J 2005;98(4):419-22.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P091	子宮外翻之超音波徵象 Pathognomonic Ultrasonographic Features of Uterine Inversion  陳宇軒 <sup>1</sup> 林啟康 <sup>1</sup> 張正昌 <sup>1</sup> 劉嘉耀 <sup>1</sup> 三軍總醫院 <sup>1</sup>
臨時稿件編號：0119	
論文發表方式：海報	Objective: To identify the clinical features of ultrasound for the diagnosis of first and second degrees of uterine inversions. Method: We retrospectively reviewed 11 ultrasonographic image-based cases from the literature and one case from our institution. By reviewing the texts and images of these cases, we tried to identify some ultrasonographic features for the recognition of uterine inversion. Results: Four ultrasonographic features in the first and second degrees of uterine inversion (incomplete and complete) are proposed, namely, the bull's eye sign (10 out of 12 cases), crater sign (12 out of 12 cases), stuffed olive sign (4 out of 12 cases), and central blood flow (4 out of 4 cases). Conclusions: Since the ultrasound is a useful and readily available equipment in the obstetric department, the ultrasonographic features identified in this study may help clinicians to better identify uterine inversion and timely, proper management to avoid severe obstetric complications.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P092	胎盤間質性異生併發羊水栓塞 Placental Mesenchymal Dysplasia Complicated with Amniotic Fluid Embolism  王韶靖 <sup>1</sup> 陳威志 <sup>1</sup> 台中榮民總醫院婦女醫學部 <sup>1</sup>
臨時稿件編號：0150	
論文發表方式：海報	Objective Here we present a case with placental mesenchymal dysplasia (PMD), a rare pathological finding of the placenta, complicating with amniotic fluid embolism, an-other rare yet catastrophic complication of pregnancy.  Case report A 43 year old woman who received 3 frozen embryo transfer, was found with a singleton pregnancy and an enlarged multi-cystic placenta since 8 weeks' gestation. Progressive enlargement of the placenta combined with elevated maternal serum alpha fetoprotein (AFP) and human chorionic gonadotropin (hCG) levels were docu-mented in the following weeks. The diagnosis of PMD was made, and the fetus eventually demised in-utero at 25 weeks' gestation. Hysterotomy was performed because of placenta previa totalis. During surgery, the patient encountered sudden onset blood pressure collapse and desaturation followed by profound coagulopathy. After inotropics administration and massive blood transfusion, the patient eventually survived the amniotic fluid embolism.  Conclusion PMD is associated with various maternal and fetal complications and could also result in an accumulation of risk factors contributing to amniotic fluid embolism.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P093	懷孕相關的噁心嘔吐—除了妊娠劇吐之外也該考慮其他鑑別診斷 Nausea and vomiting in pregnancy - should take other possible medical differential diagnosis into consideration  蔡祥維 <sup>1</sup> 陳其葳 <sup>1</sup> 高雄榮總婦女醫學部 <sup>1</sup>
臨時稿件編號：0156	
論文發表方式：海報	Objective: Nausea and vomiting in early pregnancy would be usually linked with hyperemesis gravidarum. Nevertheless, some rare situation should be cautious and other differential diagnosis should be taken into consideration  Case: A 25 years old nulliparous woman with 7 weeks of pregnancy presented to our emergent department due to nausea and vomiting for 3 days. The content of vomiting was food at first then mixed with some blood. There were associated symptoms including epigastric pain and abdominal pain. The patient had underlying disease of essential hypertension and type 2 diabetes mellitus without medications. Hyperemesis gravidarum and Mallory-Weiss syndrome secondary to vomiting were first impressed. Lab data for other possible cause of abdominal pain were also evaluated. There were abnormal data including elevate white blood cell 13900/uL with left shift (Segment 88.9%), normocytic anemia (Hb 8.7), elevated serum creatinine level (1.16 mg/dL). However, after few days of medical treatment, the patient's symptoms remained still. Abdominal sonography revealed one hypoechoic lesion in the upper abdomen near pancreas with mild pancreatic duct dilatation. We arranged abdominal MRI and the report showed suspicion toward pancreatitis. Therefore, we managed the patient with supportive care and finally the patient was discharged without event.  Discussion: From literature and study review, we knew that symptoms of nausea and vomiting of pregnancy almost manifest before 9 weeks. For patients with first nausea and vomiting after 9 weeks of pregnancy, we should consider other possible condition and causes that lead to the symptoms. However, we should always keep in mind that not all the nausea and vomiting before 9 weeks of gestation could be concluded as hyperemesis gravidarum. Other pathological causes should be excluded by clinical history, focused examination and investigations.  Conclusion: Although the timing of the onset of nausea and vomiting is important for the likelihood of hyperemesis gravidarum, we should always think of other possible causes of nausea and vomiting in pregnancy than hyperemesis gravidarum regardless of gestational age.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P094	Carbetocin 對於陰道生產及剖腹生產產後出血量之影響 The effect of Carbetocin on postpartum blood loss during vaginal delivery and Cesarean section  侯容瑋 <sup>1</sup> 李東衡 <sup>2</sup> 毛士鵬 <sup>1</sup> 衛生福利部雙和醫院婦產部 <sup>1</sup> 花蓮門諾醫院婦產部 <sup>2</sup>
臨時稿件編號：0193	
論文發表方式：海報	[Purpose] Postpartum hemorrhage is the most common cause of maternal death. Oxytocin is the standard therapy for the prevention of postpartum hemorrhage. Additional Misoprostol or Methylergonovine may be used to strengthen the uterotonic effect. Carbetocin is a synthetic analogue of oxytocin which provides a longer duration of action than oxytocin. However, Carbetocin has not been widely use in Taiwan, especially during vaginal delivery. We retrospectively reviewed and compared the postpartum blood loss amount between patients who received Carbetocin to those who received Oxytocin/Misoprostol/Methylergonovine in vaginal delivery groups and Cesarean group.  [Materials and Methods] Between December 2017 and December 2018, 129 patients delivered term baby by a single Obstetrician at our institution, including 86 through vaginal delivery (71 received Carbetocin and 15 received the combination of Oxytocin, Misoprostol and Methylergonovine) and 43 through Cesarean section (27 received Carbetocin and 16 received the combination of Oxytocin, Misoprostol and Methylergonovine). Once the umbilical cord was clamped and cut, a plastic drape for blood collection was placed under the woman's buttocks. The primary blood loss was defined as the blood loss amount calculated right after the vaginal delivery was completed. The total blood loss was the sum of the primary blood loss and the blood loss amount during the 2 hours after the vaginal delivery. Continuous variables were analyzed using Mann-Whitney U test; whereas Chi-square and Fisher's exact test were performed for categorical variables.  [Results] Baseline demographic and clinical tumor features were similar between both groups. In the vaginal delivery group, both the primary and total blood loss was significantly less in patients who received Carbetocin compared to those who did not. (150ml vs. 100ml, P < 0.001 for the primary blood loss; 230ml vs. 170ml, p = 0.047 for the total blood loss). There were no obvious differences of primary or total blood loss in the Cesarean group.  [Conclusions] In summary, patients who received Carbetocin during vaginal delivery had less primary and total blood loss. Whether using Carbetocin could reduce the risk of postpartum hemorrhage was unknown because of absent of postpartum hemorrhage cases. Further prospective, multi-institutional randomized controlled trials are required to determine the effect of Carbetocin on postpartum blood loss during vaginal delivery and Cesarean section.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P095 臨時稿件編號：0259	登革熱痊癒後的長期血小板低下：陰道生產及剖腹生產經驗分享 Prolonged thrombocytopenia after dengue fever：experience of vaginal delivery and cesarean section  曾翌捷 <sup>1</sup> 馨蕙馨醫院婦產科 <sup>1</sup>
論文發表方式：海報	Thrombocytopenia and bleeding manifestations are consistent features of dengue fever. Usually thrombocytopenia and platelet count resolve by day 10 of fever. Persistent thrombocytopenia is not a feature of dengue fever. Proposed mechanisms behind thrombocytopenia are many. Direct platelet destruction by dengue virus, immune-mediated platelet destruction and even megakaryocytic immune injury have been proposed as underlying mechanisms. We are reporting two cases of prolonged thrombocytopenia after dengue fever with vaginal delivery or cesarean section.
論文歸類：產科	Case 1: A 26 Y/O female, G1P0, is pregnant at 39 weeks of gestation. After recovery of dengue fever about 5 years ago, she was complicated with persistent thrombocytopenia, the average platelet count during hema OPD follow up is about 20,000 cells per mm3. She was under irregular steroid treatment and blood transfusion with platelet before pregnancy. The antepartum course was normal. With prophylactic Platelet transfusion and steroid treatment, she delivered a male baby vaginally. There was neither postpartum hemorrhage nor other complication.  Case 2: A 29 Y/O female, G2P1, is pregnant at 38 weeks of gestation. She also suffered from persistent thrombocytopenia after dengue fever. However, the platelet count during pregnancy was often lower than 20,000 cells per mm3. As the result, she was under regular steroid treatment and platelet transfusion during antepartum follow up. Due to previous cesarean section, she had a scheduled cesarean section with prophylactic Platelet transfusion, steroid treatment, and uterotonic agent use. The postpartum course was smooth, and she discharged with stable condition.  Conclusion: with proper cooperation with hematologist and preparation with blood transfusion and steroid treatment, patient with prolonged thrombocytopenia after dengue fever can still deliver their babies with good prognosis.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P096 臨時稿件編號：0318	臍帶橫切面積及臍帶血流量與胎兒預估體重成長的相關性：前導性研究 Correlation between umbilical cord cross section area, blood flow volume and fetal weight growth using doppler flowmetry: pilot study  林映玟 <sup>1</sup> 新店耕莘醫院婦產部 <sup>1</sup>
論文發表方式：海報	Introduction It has been established that lean fetal umbilical cord poses possibility for small for gestational age at birth. Abnormal umbilical vascular flow can also compromise fetal circulation. Doppler ultrasound is a noninvasive assessment for antenatal routine examinations, we emphasize an additional visualization of umbilical cord cross section and its blood flow in response to fetal growth as early as beginning of second trimester.
論文歸類：產科	Methods This prospective pilot study included 23 pregnant women with uncomplicated pregnancy of gestational age of 21 to 35 weeks from out-patient department. All were examined by sonography during antenatal examinations for which anthropometric parameters, cross section areas of umbilical cord cross section, vessels area, Wharton jelly and umbilical artery blood flow volume were measured. The estimated fetal weight was then correlated with the obtained cord information.  Results A statistically significant correlation was observed between cross sectional area of umbilical cord (that of vessels and Wharton jelly), blood volume, and fetal anthropometric measurements (p<0.0001).  Conclusion Umbilical cord cross section area and blood flow volume had strong positive correlation with fetal anthropometric parameters in the population. We suggest that umbilical cord cross section could be provided as a baseline value to compliment regular antenatal measurement of fetal weight estimation and further surveillance in fetal growth restriction.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P097 臨時稿件編號：0014	以晚期產後出血併發休克為表現之絨毛膜癌個案分享及處理 Choriocarcinoma presents as intractable delay postpartum hemorrhage and shock- a case report and management  謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 奇美醫療財團法人柳營奇美醫院 <sup>1</sup>
論文發表方式：海報	Background: To report a case of intractable delay postpartum hemorrhage with shock. Case report: A 29-year-old female, para 2, suffered from sudden onset of massive vaginal bleeding on the day 30 after vaginal delivery. The ultrasound showed some echo-complex substances (about 5-6cm in size) in the endometrial cavity. Under the impression of retention of placenta, curettage was done in our outpatient department for symptomatic treatment. Patient conscious disturbance and intractable profused vaginal bleeding occurred after curettage. Uterotonic agents included cytotec, piton-s and ergonovin were used for hemostasis. The patient did well after 3-4 hours later and discharge. Unfortunately, massive uterine bleeding re-attacked with shock 1 week later, immediate hysterectomy was done. The final pathological findings was proved to be choriocarcinoma with myometrial invasion. Series of examinations was done included chest X-ray (no obvious abnormality), serum human chorionic gonadotropin hCG (139000mIU/mL) and computed tomography (small chest metastases, 3mm and 6mm). Under the diagnosis of choriocarcinoma stage 3 with FIGO score 8, further EM-CO chemotherapy (Actinomycin D was omitted due to out of store in our country) was arranged. The serum hCG dropped rapidly to less than 5 mIU/mL at the ended of third course of chemotherapy, then we gave another 2 courses of consolidation.
論文歸類：產科	Discussion: Gestational trophoblastic disease (GTD) is an uncommon disease associated with pregnancy, which accounts about 1/4000 pregnancies. Serum hCG is an excellent biomarker and for treatment surveillance. Choriocarcinoma is a malignant end of the spectrum in GTD, usually of the placenta. It is characterized by early hematogenous spread to the lungs. Clinical symptoms and signs included the increase of serum hCG, vaginal bleeding, shortness of breath, hemoptysis, chest pain or multiple infiltrations of lungs. The cure rate (chemotherapy), even for the metastatic choriocarcinoma, is around 90–95%. The combination regimens EMACO are recommended for intermediate or high-risk disease. Hysterectomy may be needed for patient more than 40 years old or those with severe infection and uncontrolled bleeding (as we presented here).

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P098 臨時稿件編號：0171	周產期心肌病變個案分享及文獻回顧 Peripartum Cardiomyopathy in a parturient: A case report with literature review  阮柏凱 <sup>1</sup> 宮晚帆 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式：海報	Peripartum cardiomyopathy (PPCM) is a rare disease of unknown cause that affects women of childbearing age. It is idiopathic form of dilated cardiomyopathy presenting late in pregnancy or early postpartum. The cause of PPCM remains unknown and there is no diagnostic test specific to PPCM. Outcomes vary and include complete left ventricular recovery, persistent cardiac dysfunction, transplant, and death. Timely diagnosis and institution of therapy for heart failure can avoid adverse outcomes in a parturient with PPCM. In this case report, we describe the management of primigravida presenting to the hospital's emergency department with acute cardiac failure and respiratory distress due to PPCM.
論文歸類：產科	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P099	預防性主動脈球囊阻斷術與輸尿管導管放置 於植入性胎盤病患 Prophylactic insertion of an aortic occlusion balloon catheter and bilateral ureteral catheters during subtotal hysterectomy in patient with placenta increta.  顏重鑫 <sup>1</sup> 台中中國醫藥大學婦產部 <sup>1</sup>
臨時稿件編號：0212	
論文發表方式：海報	iatrogenic ureteral injury and massive blood lossduring gynaecological surgery is associated with increased morbidity when not diagnosed during the initial surgery. Preoperativeinsertion of bilateral ureteral catheters and aortic occlusion balloon catheter may enhance intraoperative recognition of injury and repair, but it is controversial. We describe the use of an abdominal aortic occlusion balloon catheter to control excessive blood loss at subtotal cesarean hysterectomy for patient with placenta increta. Prophylactic abdominal aortic occlusion balloon catheter was placed in the aorta near the aortic bifurcation before surgery, and bilateral ureteral catheters was inserted for avoid iatrogenic ureteral injury. The 39-year-old parturient was anesthetized with propofol, sevoflurane,rocuronium, ,remifentanyl and fentanyl under close monitoring and appropriate respiratory management. The occlusion balloon was inflated after the infant had been delivered, and bleeding at the placenta required cesarean hysterectomy. There was a sudden and dramatic reduction in blood loss, and hysterectomy was performed uneventfully. An aortic occlusion was sustained for 90 min. Intraoperative blood loss was 910 ml, and 3 units of leukoreduced red cell concentrates and 6 units of fresh frozen plasma and 12 units of platelet were transfused. We also administered tranexamic acid 1g for reduction in blood loss. After the initial 8 hours , symptomatology suggestive of a hypovolemic shock was elicited. We preformed laparotomy for check bleeding and found active bleeding from right adnexal vessel and venous plexuses and rectum serosa injured. We performed hemotasis procedure with suture repaired and electrocauterization. It consider to uterine blood flow increases during pregnancy and vessel fragility promotes bleeding. We transfusion 10 units of leukoreduced red cell concentrates and 4 units of fresh frozen plasma and 12 units of platelet for her hemodynamic unstable. At one week after the operation, the mother and baby remained healthy. The present case suggests that prophylactic insertion of an aortic occlusion balloon catheter and bilateral ureteral catheters seems to be a safe and an effective method in controlling anticipated bleeding for subtotal caesarean hysterectomy in a parturient with placenta accreta. We need further research on management of aortic occlusion balloon catheter and bilateral ureteral catheters for clarify the leadership of reduction in blood loss during perioperative period.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P100	Emanuel 症候群的產前診斷 Prenatal diagnosis of Emanuel Syndrome
臨時稿件編號：0290	
論文發表方式：海報	李汶芳 <sup>1</sup> 許晉婕 <sup>1</sup> 邱淑娥 <sup>2</sup> 林毓婷 <sup>3</sup> 張舜智 <sup>1</sup> 關河晏 <sup>1</sup> 林口長庚婦產部 <sup>1</sup> 林口長庚羊水實驗室 <sup>2</sup> 林口長庚婦產部遺傳諮詢師 <sup>3</sup>  purpose: to illustrate how prenatal screening, ultrasound imaging, cytogenetic study and array CGH arrive at prenatal detection of this rare chromosomal anomaly introduction: Emanuel syndrome is caused by gaining a supernumerary marker, a derivative chromosome 22, der(22)t(11;22). The affected individual may have severe mental retardation and multiple anomalies. Its prenatal screening features low PAPP-A and increased NT. Fetal anatomical scan may show findings spanning a spectrum ranging from cardiac defects, to craniofacial abnormalities including cleft lip and palate, micrognathia, cerebellum verman agenesis, to simply an IUGR. We herein report two such prenatally diagnosed cases . material and methods: 1st case was a 30 year old G2P0 nullipara with 1st trimester fetal aneuploidy exhibiting an Nt at 3.1 mm and PAPP-A at 3.8 Mom. Genetic amniocentesis was done at 18 weeks where Ultrasound also revealed an IUGR fetus. 2nd case was also a nullipara, 36 years of age. Her fetus manifested cardiac defect(suspected with pulmonary stenosis) and single umbilical artery. Consequently, amniocentesis karyotyping was performed. After revelation of amnios results, both cases were followed with parental karyotyping and chromosomal array study. results: In both cases, both fetal chromosomes revealed a 47, XY,+mar karyotype (Fig.1; case 2). Array CGH both displayed a dosage increase in the distal long arm of chromosome 11 and elevated dose on the proximal long arm of chromosome 22 (Fig.2 Affimetrix SNP array 6.0; case 1). Parental cytogenetic analysis both showed a maternal reciprocal translocation between on chromosomal 11 and one chromosome 22. The resultant abnormal embryo was due to maternal meiosis 1 malsegregation in a 3:1 pattern. The fetus had partial trisomy of proximal 22q and partial trisomy off 11q with a final definitive karyotype of 47,XY,+der(22)t(11;22)(q23.3;q11.2). Both families elected to terminate their pregnancies after prenatal genetic counseling. discussion: In a translocation heterozygote, 2:2 malsegregation occurs more often than the 3:1 one. Both our cases had a tertiary aneuploidy style resulting in tertiary trisomy of the oocyte (the other style is interchange aneuploidy). Parental karyotyping and array CGH prove very helpful in pursuing the nature of a marker chromosome. Genetic counseling on the clinical manifestations of Emanuel syndrome in a manner of shared decision making determines the management of the pregnancies. Fig. 1 Case two: 47,XY,+mar with the arrowhead pointing at the supernumerary marker chromosome Fig. 2 Affi SNP array 6.0 indicating dosage increase in distal 11q and proximal 22q
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P101	產婦周產期心肌梗變:案例報告及論文回顧 Case report : Pregnant woman complicated with peripartum cardiomyopathy with full recovery of cardiac function after delivery  鄭凱元 <sup>1</sup> 吳銘斌 <sup>1</sup> 溫仁育 <sup>1</sup> 郭恬姬 <sup>1</sup> 永康奇美醫院婦產部 <sup>1</sup>
臨時稿件編號：0296	
論文發表方式：海報	背景/Background：Peripartum cardiomyopathy (PPCM) is one of the rare complication in pregnant woman. The most common presentation of this disease is dyspnea which could be confused with severe preeclampsia or other condition. The prognosis of PPCM is improving since the advances in the management of heart failure in recent decades. We present a pregnant woman complicated with severe dyspnea and diagnosed as PPCM after delivery.  病患與方法/Patient and Methods：This was a 31 y/o female patient with no underlying disease or operation history. She had two artificial abortion by medication before. Her previous pregnancy was uneventful and delivered the baby by vaginal birth. She received regular prenatal examination since this pregnancy at local clinic and preeclampsia was noted without medication control. Intermittent dyspnea was noted since one month before this admission and progressed gradually since 5 days ago. Orthopnea was also noted in recent days. She denied headache, blurred vision, upper abdominal pain, decreased urine output fever or other upper respiratory tract infection symptoms. Her systolic blood pressure at home was around 150 mmHg without significant change within one week before admission. Due to pregnancy at 33+1 weeks and the significant dyspnea, she was took to our emergent department where desaturation was noted (SPO2 :86% under room air) Chest X-ray showed bilateral pulmonary edema and borderline cardiomegaly. Lab data only showed significant leukocytosis without other significant abnormal. The dyspnea only got partial improvement after oxygen supply and diuretic agent. Thus, emergent cesarean section was performed. After the operation, this patient was admitted to intensive care unit with intubation. The further cardiac sonography showed dilated left ventricle, left ventricular systolic function and global hypokinesis (LVIdD:5.2cm；LVEF:35% by M mode, 24% by 2D). Peri-partum heart failure was favored and treated with diuretic agent medication for heart failure (Ivabradine；Acertil；Dilatrend; aldactone) Schedule extubation was done 3 days after operation. Finally, this patient was discharged after improvement of dyspnea and chest X-ray finding. This patient received regular follow-up at cardiac outpatient department and cardiac sonography was performed two months after the baby delivery. The cardiac sonography showed full recovery of the cardiac function (LVEF:68.5%).
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P103	關於 Misoprostol 的嚴重副作用--痙攣 Severe side Effect of Misoprostol -- Convulsion
臨時稿件編號：0246	
論文發表方式：海報	關哲彥 <sup>1</sup> 郭恬姬 <sup>1</sup> 永康奇美醫院 <sup>1</sup>  A 28 y/o female, G1P1, GA:39+1week, post-partum used 2# Misoprostol (Sub-lingual) with fever(41.1°C) & conscious disturbance with upward gazing was found. Misoprostol, a synthetic prostaglandin E1 analogue originally used for treatment of NSAID induced peptic ulcer has found wider application in field of obstetrics and gynaecology because of its uterotonic and cervical-maturation effects. Misoprostol also can use for prevention and treatment of PPH by FIGO and ACOG. It is a very safe drug associated with transient, mild side-effects like fever, chills, nausea, vomiting, diarrhea and abdominal pain. But, In the present case report patient had uncommon side effect of hyperpyrexia and convulsion developing after use of misoprostol for prophylaxis against PPH.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P104	於反覆性胎兒骨骼發育異常之孕婦診斷 ALPL 基因突變之個案報告 Prenatal diagnosis of compound heterozygous mutations in ALPL gene in a case of recurrent fetal hypophosphatasia  游舒涵 <sup>1</sup> 蔡佳龍 <sup>2</sup> 林志鵬 <sup>3</sup> 張舜智 <sup>1</sup> 詹耀龍 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup> 林口長庚醫院基因體實驗室 <sup>2</sup> 有勁生物科技 <sup>3</sup>
臨時稿件編號：0255	
論文發表方式：海報	We would present one 24-year-old multiparity women, who was pregnant at 17 weeks of gestation with prior pregnancies of dwarfisms. The first and third pregnancies were electively terminated at 36 and 32 weeks of gestation with the impression of skeletal dysplasia with limbs shortening and micromelia on the ultrasonography. The second pregnancy was a normal daughter. She was referred to our hospital at her third pregnancy. After counseling, she decided to undergo feticide and terminate the pregnancy. Trio whole exome sequencing were suggested for analysis of the recurrent fetal anomalies. The prenatal karyotype and array-CGH showed no abnormal finding. The trio WES identified ALPL gene mutation in this family. Maternal heterozygous deletion on Chr1: 21880592 (GRCh37) TA->T, (c.18del) (p.Val7Tyrfs*12), paternal heterozygous insertion on Chr1 21894597, 21894598 (GRCh37) G->GC, T->TAA, (c.650delinsCTAA) (p.Val217delinsAlaLys), and compound heterozygous mutation were noted on the fetus. The ALPL mutation and clinical findings were compatible with the diagnosis of hypophosphatasia (HPP). We performed sanger sequencings for the terminated fetus, normal daughter, and parents, which confirmed the WES result and showed that the daughter carried the same heterozygous mutation with her mother. After identified the targeted mutation on ALPL gene, we performed prenatal amniocentesis for prenatal diagnosis of the current pregnancy. Unfortunately, the fetus carried the same compound heterozygous mutation as previous terminated patient. In conclusion, this case with recurrent pregnancies of hypophosphatasia owing to heterozygous mutation in ALPL gene mutation were identified through WES. The family pedigree of mutations on ALPL gene were confirmed by Sanger sequencings. Whole exome sequencing could assist to filter the disease-causing variants efficiently, especially in single-gene sequence-level variants, which could not be identified by chromosomal karyotype and microarray. The precise diagnosis could not only provide better guidance for clinical treatment and rehabilitation, but also the establish of family support groups and counseling for the following pregnancy.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P105	母體血紅素於第一孕期與第二孕期的下降與妊娠糖尿病之關聯性 Change of maternal hemoglobin between first trimester and second trimester has been associated with gestational diabetes mellitus  高子翔 <sup>1</sup> 王亮凱 <sup>1</sup> 陳德嫻 <sup>1</sup> 陳宜璇 <sup>1</sup> 陳震宇 <sup>1</sup> 陳治平 <sup>1</sup> 王國恭 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0309	
論文發表方式：海報	Objective Reduction of maternal hemoglobin between first trimester and second trimester has been associated with gestational diabetes mellitus (GDM). This study was performed to determine whether the prevalence of GDM is influenced by maternal hemoglobin change between first trimester and second trimester.  Research design and methods We collected 283 women with singleton pregnancy during 2018 to 2020 among Taipei Mackay Memorial hospital in Taiwan and divided into three groups according to reduction levels of hemoglobin for comparison. In this retrospective study, there are three groups among group1 (103 women with reduction of maternal hemoglobin between first trimester and second trimester (less than 1 g/dl reduction of hemoglobin)), group 2 (154 women with 1-2 g/dl reduction of hemoglobin)) and group 3 (26 women with more than 2g/dl reduction of hemoglobin)), with respect to maternal demographics, infant outcome, and the prevalence of GDM diagnosed according to the Carpenter-Coustan criteria.  Results There was no difference in the maternal demographics, infant outcome, including prevalence of preterm birth and preeclampsia among three groups, respectively. Besides, there are no statistically association between maternal hemoglobin reduction with prevalence of GDM among group 1 (group 1, x2=1.167, p=0.280) and group 2 (group 2, x2=0.055, p=0.815). There is statistically significantly association between maternal hemoglobin reduction with prevalence of GDM in group 3 (group 3, x2=4.815, p=0.028).  In group 3, reduction of maternal hemoglobin (less than 2 g/dl reduction of hemoglobin) between first trimester and second trimester was associated with increased odds ratio for GDM (Odds ratio [OR] 1.195, 95% CI 1.132-1.262). However, there is no statistically association between anemia(Hb<10.5 g/dl) in second trimester with prevalence of GDM (x2=2.309, p=0.129).  Conclusion The prevalence of GDM is reduced when more reduction of maternal hemoglobin was noted between first trimester and second trimester (more than 2 g/dl reduction of hemoglobin), which probably served as the multiple factors, such as iron and nutritional supplements. There is a need for larger databases and biomarkers to confirm our results and explore this issue.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P106	孕婦 BMI 或妊娠體重改變與妊娠糖尿病及子癲前症之關係 How BMI or changed gestational weight during pregnancy related to GDM and preeclampsia  馮冠人 <sup>1</sup> 鄧森文 <sup>1</sup> 新店耕莘醫院婦產部 <sup>1</sup>
臨時稿件編號：0328	
論文發表方式：海報	Background: Obesity is a known risk factor for both gestational diabetes mellitus (GDM) and preeclampsia. However, there is no agreement on a standard scale related to prepregnancy BMI and gestational weight gain (GWG) regarding to GDM and preeclampsia. Hence, we explored how BMI (WHO BMI versus Asian BMI) and GWG change related to the risk of GDM and preeclampsia in our hospital. Method: This is a retrospective single hospital study included all births in Cardinal Tein hospital during Jan 2017- Oct 2017. Six hundred and sixty-three pregnant women were included. We utilized first prenatal visit pregnancy BMI by the WHO classification and Asian BMI scale. Moreover, GWG by the Institute of Medicine guidelines was also used for classified weight gain during pregnancy into three group ( inadequate, within the range, or excessive) based on different BMI categories (underweight :12.5-18, normal weight:11.5-16kg, overweight:7-11.5kg, obese 5-9kg) Result: There was no significant increasing the risks of gestational diabetes mellitus and preeclampsia regarding to the first prenatal visit BMI (either BMI WHO or BMI Asian) among our patients. Interestingly, the excessive gestational weight gain showed significant result in preeclampsia group (p-value <0.0001). However, excessive GWG did not show significant increasing in incidence of GDM in our result (p-value 0.5826). Conclusion: Risks of both GDM and preeclampsia are multifactor. In our hospital, there was no significant increasing in GDM or preeclampsia related to first prenatal visit BMI during Jan 2017-Oct 2017. Excessive GWG during pregnancy showed a relationship with preeclampsia.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P107	在妊娠 24 週合併早產早期破水及嚴重羊水過少的孕婦使用 Tisseel 的經驗:案例報告及文獻分析 Tisseel use in pregnancy at 24 weeks with PPRM , severe oligohydramnios : a case report and literature review  謝汝圻 <sup>1</sup> 何鎮宇 <sup>1</sup> 蔡育倫 <sup>1</sup> 朱俊誠 <sup>1</sup> 張杰仁 <sup>1</sup> 蕭國明 <sup>1</sup> 新光醫院 <sup>1</sup>
臨時稿件編號：0338	
論文發表方式：海報	Background: Preterm premature rupture of membrane(PPROM) is a complication during pregnancy. Current therapy including conservative treatment, amniorrhexis or amnioinfusion is not effective. We performed a case with PPRM and used Tisseel to prolong gestational periods.  Case presentation: This is a 30-year-old female with Gravida 2 Para 1, gestational age at 24 week. She went to our hospital due to large watery discharge from vagina due to sexual intercourse. Examination showed rupture of membrane and Transabdominal ultrasound revealed amniotic fluid less than 2 centimeters. Initial treatment including Prophylaxis antibiotic and suppression of uterine contraction were prescribed. But shortness of breath and fever was recorded after admission day three. Pneumonia was diagnosed and chest medicine was consulted for further management. Due to watery discharge every day and TAS showed no increasing amniotic fluid. We discussed with the patient and family. Tisseel 4ml twice and 2ml twice was applied separately. Amniotic fluid index increased from less than 2 centimeters to 5 centimeters after Tisseel use. Stable condition continued until uterine contraction became more even under Ritodrine use. Tisseel was not applied again due to high price. Pelvic exam revealed full OS and station +1. Thus, a male baby was delivered at gestational age 28 weeks with birth body weight 1360gm and appgar score 7' --> 8'. Now, this child is 2-year-old without abnormal condition.  Discussion: In previous study, PGA (Polyglycolic Acid – Neoveil absorbable polyglycolic acid felt) mesh and A fibrin glue solution (TISSEEL Lyo) were both used in extreme Preterm Premature Rupture of Membranes. But there is few literatures to use Tisseel alone for PPRM. In this case, Tisseel was applied directly to cervical OS. This fibrin glue could prevent amniotic discharge from leakage and clogged the cervical os. Serial transabdominal ultrasound revealed increasing amniotic fluid index. It is compatible with clinical presentation such as less watery fluid discharge from vagina. Tisseel might be a useful tool to seal the leakage site of membrane.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P109	人工生殖單胚胎植入後雙胞胎生長差異併一胎兒生長遲滯:個案報告 Discordant twins and selective fetal growth restriction (sFGR)：A case report.  林瑜瑩 <sup>1</sup> 夏立忻 <sup>1</sup> 應宗和 <sup>2</sup> 中山醫學大學附設醫院婦產部 <sup>1 2</sup>
臨時稿件編號：0012	
論文發表方式：海報	Abstract Discordant twins, known as significant weight differences of twins, is associated with increased likelihood of anomalies, intrauterine growth restriction (IUGR), preterm birth, infection, and stillbirth[1]. Approximately 16% of twin pregnancies have an inconsistency rate of at least 20%[2]. Possible causes of discordant twins include twin to twin transfusion syndrome(TTTS), Selective intrauterine growth restriction (sIUGR), placental insufficiency in one twin, different genetic growth potential in dizygotic twins, maternal problems, and infection. Mother's high blood pressure may also be the cause of fetal growth restriction and with or without intertwin discordance[3]. We presented a case of dichorionic diamniotic discordant twins after In vitro fertilization with one embryo transfer, which developed discordant twins and selective fetal growth restriction (sFGR) during third trimester.  1.American College of, O., et al., ACOG Practice Bulletin #56: Multiple gestation: complicated twin, triplet, and high-order multifetal pregnancy. Obstet Gynecol, 2004. 104(4): p. 869-83. 2.Miller, J., S.P. Chauhan, and A.Z. Abuhamad, Discordant twins: diagnosis, evaluation and management. Am J Obstet Gynecol, 2012. 206(1): p. 10-20. 3. J Clin Med. 2020 Oct 13;9(10):3276. doi: 10.3390/jcm9103276
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P110	罕見新生兒非感染性全身性皮膚腐變 A Rare Neonatal Congenital dermatosis - Transient Neonatal Pustular Melanosis.  謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 奇美醫療財團法人柳營奇美醫院 <sup>1</sup>
臨時稿件編號：0017	
論文發表方式：海報	Background: To report a case of neonatal generalized skin blisters/pustular lesions Case report: 30-year-old patient, gravida 2 para1, pregnancy at 37 weeks, admitted to our delivery room for labor pain. A term baby was delivered vaginally smoothly (48cm, 2620 grams, APGAR score 8 to 10, vital signs normal) showed generalized erythematous skin lesions. Neonatal septic work-up included C-reactive protein, procalcitonin, RPR, rubella IgM, CMV IgM, toxoplasma IgM, HSV IgM, streptococcus B type Ag were done. All of data showed normal ranges. Prophylactic antibiotics included ampicillin and acyclovir were given, but no response. Those reddish macula transformed to blisters formation 3 days later and progressed to be pustules on the 5-6th days of delivery. The skin pustules lesion became dry and finally to brown macules. The baby clinical condition was stable, except bilateral sensorineural hearing impairment. The skin lesions took about 2 weeks for acute state and 4-5 months for near total recovery. In conclusion, Transient Neonatal Pustular Melanosis is a self-limited disease in newborns, and no treatment is required. To alleviate the anxiety of family, they need to be reassured about the benign nature of the illness. The appearance of pustules after birth can suggest infection, and unnecessary intravenous antibiotics are unavoidable. Although it is rare in Taiwan, it should always be considered when pustulosis is found in the neonatal period, and dermatological consultation and histological evidence are sometimes required for the final diagnosis. No treatment is needed.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P111	溶血、高肝酵素、低血小板徵候群:診斷挑戰 HELLP syndrome: diagnosis challenge  魏志尚 <sup>1</sup> 蘇棋楓 <sup>1</sup> 蔡宏志 <sup>1</sup> 王家良 <sup>2</sup> 沙鹿光田綜合醫院婦產科 <sup>1</sup> 沙鹿光田綜合醫院腎臟科 <sup>2</sup>
臨時稿件編號：0066	
論文發表方式：海報	A 28-year-old woman, G1 P1, present at 29 weeks pregnancy. Antenatal care was at other hospital, with proteinuria appeared at 23 weeks of pregnancy, lower extremity edema started at 27 weeks of pregnancy with hypoalbuminemia. Being hospitalized at another hospital one month later, the left kidney edema was found and under the discharge diagnosis of renal syndrome. Purple spots have started to appear on the body a few days before this admission, and being considered as a drug (Bokey) side effect. She was brought to our hospital by ambulance; accompanying a dead baby (1000 gm), delivered at home and CPR at emergency room but invalid. Manual removal of a placenta (320 gm) was at delivery room, and a 2nd degree perineal laceration was repaired. Hypertension (BP: 158/92mmHg) and severe thrombocytopenia (Platelet 31 x1000/uL), severe anemia (Hb: 6.7 g/dL ), increased GOT, GPT( GOT 67 IU/L, GPT 49 IU/L) were found; with whole body edema; lower limbs and perineum edema 3+ ~ 4+ with purpura. Lab reported: albumin 2.4 g/dL, LDH 756 IU/L. Therefore, she was admitted to our hospital with suspected HELLP syndrome or nephrotic syndrome for management. Lab reported: cANCA 10X negative; anti-phospholipid IgG, IgM negative; anti-Cardiolipin IgG <1.6 NEG; Lupus LA1 negative, etc. After 45 days of hospitalization, she was discharged with nephrology diagnosis of “Hemolytic-uremic syndrome in pregnancy and postpartum, with hemolytic anemia, thrombocytopenia, Posterior Reversible Encephalopathy Syndrome, hypertension, nephrotic syndrome; post plasma exchange” and “Thrombotic microangiopathy, membranous glomerulonephritis (by renal biopsy), rule out underlying malignancy or autoimmune diseases”. A week after discharge, Lab data reported: LDH 434 IU/L; Urea Nitrogen 31 mg/dL; Albumin 2.9 g/dL; CPK 19 IU/L; Reticulocyte 5.0 %; Ferritin 4033.30 ng/mL; Haptoglobin 123 mg/dL; Cyclosporine A 95.6 ng/mL. She was followed-up at kidney clinic now. the criteria to diagnose HELLP (Tennessee classification) 1. Hemolysis, established by at least two of the following: •Peripheral smear with schistocytes and burr cells •Serum bilirubin ≥1.2 mg/dL (20.52 micromol/L) •Low serum haptoglobin (≤25 mg/dL) or LDH ≥2 times the upper level of normal (based on laboratory-specific reference ranges) •Severe anemia, unrelated to blood loss 2. Elevated liver enzymes: •AST or ALT ≥2 times the upper level of normal (based on laboratory-specific reference ranges) 3. Low platelets: <100,000 cells/microL The use of twice the upper limit of normal threshold was chosen, in part, to avoid problems related to differences in assays, which may result in an elevated absolute value in one hospital that is considered near normal in another. The four major disorders in differential diagnosis of HEELP syndrome are acute fatty liver of pregnancy, thrombotic thrombocytopenic purpura, pregnancy-related hemolytic-uremic syndrome, and systemic lupus erythematosus. There is also overlap with preeclampsia with severe features, which may not be a separate disease. In HELLP, angiopathy and liver dysfunction are marked, and the magnitude of hypertension is not highly correlated with the level of angiopathy and liver dysfunction. By contrast, most cases of severe preeclampsia have severe hypertension; thrombocytopenia and liver dysfunction, although present, are not as markedly abnormal as in HELLP. However, the clinical and histologic features of these disorders are so similar that establishing the correct diagnosis may not be possible; furthermore, HELLP can occur concurrently with these disorders.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P112	產前基因晶片診斷胎兒 Pallister–Killian syndrome Prenatal diagnosis of de novo Pallister–Killian syndrome by microarray-based comparative genomic hybridization  彭秀慧 <sup>1</sup> 張舜智 <sup>1</sup> 閻河晏 <sup>1</sup> 唐耀耀 <sup>1</sup> 趙安祥 <sup>1</sup> 李彥璋 <sup>1</sup> 游舒涵 <sup>1</sup> 李汶芳 <sup>1</sup> 鄭博仁 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
臨時稿件編號：0070	
論文發表方式：海報	Objective Prenatal diagnosis of segmental amplification or deletion by microarray-based comparative genomic hybridization (array CGH) is uncommon. We report two cases of fetal de novo Pallister–Killian syndrome diagnosed by prenatal array CGH.  Materials and Methods We present two pregnant women who received prenatal array CGH (Agilent SurePrint G3 Human CGH Microarray Kit, 8 × 60K) at Chang Gung Memorial Hospital, Taiwan with the result of fetal de novo Pallister–Killian syndrome. Clinical data on maternal age, fetal karyotyping, array CGH findings, sonographic findings, pregnancy outcome were obtained by chart review.  Results Case 1 A 34 y/o pregnant woman, she received amniocentesis at 16 weeks of gestational age due to advanced maternal age. Fetal karyotype showed 47,XX,+mar. Prenatal array CGH showed 12p13.33p13.2 (255,252-10,198,452) x3, with Pallister–Killian syndrome. Fetal ultrasound showed no significant structure abnormalities.  Case 2 A 33 y/o pregnant woman, she received amniocentesis at 16 weeks of gestational age due to high risk of maternal serum Down screening. Fetal karyotype showed 47,XX,+(12)(p10). Prenatal array CGH showed 12p13.33p11.1 (230421_34756209) x4, with Pallister–Killian syndrome. Fetal ultrasound showed short femoral length.  Clinical presentations of Pallister–Killian syndrome include variable developmental delay and intellectual impairment, hypotonia, hearing loss, seizures, diaphragmatic hernia, congenital heart defects, facial anomalies, pigmentary skin differences, and temporal alopecia. In our two cases of fetal de novo Pallister–Killian syndrome, one case decided to termination of pregnancy and one case loss of follow up.  Conclusions Prenatal diagnosis of de novo segmental amplification or deletion by array CGH raises important genetic counseling issues. Detailed ultrasound and data analysis of array CGH are necessary to provide enough information for decision about pregnancy management.
論文歸類：產科	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P113	單角子宮: 連續兩次成功生產個案 Unicornuate Uterus: A Case Report of 2 Consecutive Successful Pregnancies  林珮瑩 <sup>1</sup> 劉韻萍 <sup>1</sup> 呂冠樺 <sup>1</sup> 盧念先 <sup>1</sup> 基督復臨安息日會醫療財團法人臺安醫院婦產部 <sup>1</sup>
臨時稿件編號： 0086	
論文發表方式： 海報	Unicornuate uterus accounts for 2.4 to 13% of all Mullerian anomalies, with a reported incidence of about 1 in 4020 women in the general population. It is significantly more common in women with infertility and with repeated poor outcomes, with an up to 49.9% live birth rate reported in the literature. We report a case of a woman with 2 successful pregnancies in her right unicornuate uterus, with a rudimentary non-communicating, left uterine horn. A 30 yo woman with spontaneous pregnancy presented for one 2nd trimester prenatal consultation. Her prenatal evaluation and recent ultrasound were done in China, with grossly normal findings, and she planned to return to Taiwan for her delivery in the 3rd trimester. She next presented at 34+ weeks gestation with decreased fetal movements, and a non-reassuring fetal heart rate was noted. Prompt cesarean section was performed, with the delivery of a liveborn 2140 grams female infant found to have 2 strangulating tight loops of cord around her abdomen. Incidental intraoperative findings of a right unicornuate uterus with a small rudimentary left horn was noted. As up to reportedly, 40.5% of patients with unicornuate uteri may have associated renal anomalies, postoperative Urologic consultation was obtained. Her KUB and Intravenous urography showed bilateral pyelectasis but otherwise normal-appearing renal system. She conceived spontaneously 1.5 years later. A level II ultrasound done at 20+ weeks showed a grossly normal fetus in the right unicornuate uterus, with a right bi-lobed placenta. A small left uterus of 2.2cm x 5cm size was noted. She underwent twice-weekly non-stress tests and serial ultrasound evaluation in the 3rd trimester, with an uncomplicated prenatal course. A planned repeat cesarean section was performed at 36+ weeks gestation, with the delivery of a healthy 2300 grams female infant. Hysterosalpingography was performed at 2 months postpartum, showing a right side unicornuate uterus with a remnant left cornu, patent right fallopian duct; the left duct was not opacified. A unicornuate uterus is a congenital Mullerian anomaly with associated poor pregnancy outcomes. It can often be undiagnosed and missed during routine gynecological or obstetrical evaluations. Careful evaluation and prenatal monitoring are warranted due to its high prematurity rate, as well as cesarean delivery, fetal growth restriction, perinatal death.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P114	李思特菌血症在懷孕後期孕婦引發之產科合併症: 案例報告及文獻回顧 Obstetric complications of maternal listeria monocytogenes bacteremia in the third trimester of pregnancy: A case report and literature review  廖建騰 <sup>1</sup> 孫怡虹 <sup>1</sup> 嚴嘉琪 <sup>1</sup> 彭依婷 <sup>1</sup> 徐英倫 <sup>1</sup> 郭恬妮 <sup>1</sup> 林鏡川 <sup>1</sup> 永康奇美醫院婦產部 <sup>1</sup>
臨時稿件編號： 0116	
論文發表方式： 海報	A 36-year-old woman at 36+6/7 gestational weeks presents a acute onset of 5-day fever with thrombocytopenia. And then she was transferred to our hospital from her obstetric clinic. And a male term baby was delivered via emergent Cesarean section for fetal distress just while her arriving our hospital. For listerial bacteremia was confirmed by the report of blood culture, the initial antibiotic treatment with levofloxacin was shifted to ampicillin. And she was discharged after more than 2 weeks of antibiotic treatment with ampicillin for no more listeria colonization was found in the follow-up blood culture.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P115	產後大出血之預防——量化失血量 Prevention of postpartum hemorrhage -- quantitative acute blood loss  林柏文 <sup>1</sup> 卓福男 <sup>1</sup> 高雄榮民總醫院 <sup>1</sup>
臨時稿件編號： 0186	
論文發表方式： 海報	Postpartum hemorrhage is one of the major cause of maternal deaths in Taiwan. Studies found that 54-93% of maternal deaths due to postpartum hemorrhage is preventable, one of the methods is that first-line health care providers could estimate the amount of acute blood loss precisely during peripartum and immediate postpartum period, and give managements earlier. Here, we report a case of 40 weeks and 1 day singleton pregnancy, which was uneventful before, complicated with postpartum hemorrhage and disseminated intravascular coagulation after precipitous delivery due to placenta abruption. Several clinical pitfalls were discussed, including precipitous delivery may be related to placenta abruption, early awareness of development of disseminated intravascular coagulation, and acute downhill presenting as sudden dizziness and hearing loss due to loss of compensation. Methods for quantitative blood loss in postpartum hemorrhage were also reviewed.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P116	子宮底施壓後無疤痕性子宮破裂-案例分享與文獻回顧 Unscarred Uterine Rupture After Fundal Pressure -Three Cases and Review of Literatures  高昀廷 <sup>1</sup> 中國附醫婦產部 <sup>1</sup>
臨時稿件編號： 0216	
論文發表方式： 海報	Introduction Rupture of the unscarred pregnant uterus is a rare event and can be life-threatening for the mother and fetus. In a study of uterine ruptures in the Netherlands, the incidence of rupture in the unscarred uterus was 0.8 per 10000 deliveries. It can lead to multiple adverse maternal outcomes and severe perinatal complications. We reported three cases of unscarred uterine rupture during labor after fundal pressure and reviewed postulated risk factor, clinical manifestations and outcome. Case Case 1. and 2. were multiparous and case 3. was primiparous. Two of the cases had abnormal placentation. Uterine fundal pressure was applied to all of the cases due to maternal exhaustion, fetal distress and slow progression of second stage. Oxytocin was prescribed to all of the cases for induction of labor and augmentation. Uterine ruptures were found after removal of placenta. Repair of uterine rupture was performed to all of the cases. One newborn was sent to ICU due to dyspnea and the other two received routine care in the baby room. Discussion Postulated risk factors of the unscarred uterine rupture include exposure to uterotonic drugs, high parity, uterine anomalies, advancing maternal age, dystocia, macrosomia, multiple gestation, abnormal placentation, possibly short interpregnancy interval, prior cerclage, fundal pressure application, instrumental delivery and previous mid-trimester instrumental abortion. In our cases, several risk factors compound the risk of the unscarred uterine rupture. The myometrium may become weakened from prolonged labor or use of uterotonic drugs, which induced prolonged stress on the myometrium. Fundal pressure involves the application of manual pressure on the uterine fundus towards the birth canal in order to shorten the second stage of labor. However, the role of fundal pressure in the management of the second stage of labor is understudied and remains controversial. The common indications of fundal pressure include fetal distress, failure to progress in the second stage of labor, maternal exhaustion and medical conditions when prolonged pushing is contraindicated such as maternal heart disease. The diagnosis of uterine rupture is typically made at laparotomy by visualization of complete disruption of all uterine layers. After delivery, excessive vaginal bleeding despite use of uterotonic drugs is a key finding of the unscarred uterine rupture. The diagnosis of rupture can be readily made by pelvic examination for the integrity of the uterine cavity. The uterus must be removed or repaired after rupture. The decision to perform hysterectomy is based on multiple factors, including the patient's desire for future pregnancy, the extent of uterine rupture, the patient's hemodynamic stability and the surgen's skills for repairing a complicated rupture. Uterine rupture can lead to multiple adverse maternal outcomes, including sequelae of severe hemorrhage, bladder laceration, hysterectomy and death. Perinatal complications include death or serious morbidity due to prolonged hypoxia. The frequency and severity of these outcomes depend on the size and location of the rupture and speed of intervention. Conclusion Although the application of fundal pressure shortens the duration of the second stage of labor, it should be used under strict indications when more than one postulated risk factors of unscarred uterine rupture was noted to prevent adverse maternal and fetal outcomes.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P117	艾曼紐症候群之新生兒:個案報告及文獻回顧 A newborn baby of Emanuel syndrome: a case report and review of the literature 關哲彥 <sup>1</sup> 徐英倫 <sup>1</sup> 永康奇美醫院 <sup>1</sup>
臨時稿件編號： 0244	
論文發表方式： 海報	Emanuel or supernumerary der(22)t(11;22) syndrome mostly arises from a parental balanced reciprocal translocation t(11;22)(q23;q11). Multiple anomalies may be noted including facial dysmorphism, microcephaly, intellectual disability, growth retardation, congenital heart disease, cleft lip and palate, and genital anomaly. The present case is a 1-month-old boy with multiple malformations. His prenatal history was normal but facial dysmorphism, preauricular pits, congenital heart disease, cleft palate, imperforate anus and small penis were noted after delivery. Fetal body weight on birth was 2380gm and Apgar score was fair. Karyotyping revealed 46,XY,t(11;22)(q23;q11.2),+der(22)t(11;22)(q23;q11.2) and molecular analysis also detected microduplication at chromosome 11q23.3-11q25 and 22q11.1-22q11.21. The maternal karyotype was 46,XX and the paternal karyotype was 46,XY,t(11;22)(q25;q13). The couple sought medical help due to habitual abortion after two normal children. Karyotypes above were noted then but no further genetic counseling was given. There was no prenatal genetic evaluation during this gestation. The present report should alert physician to offer cytogenetic and molecular diagnosis in comparable cases.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P118	產前診斷器官轉位併右位心: 病例報告 Prenatal diagnosis of situs inversus with dextrocardia: a case report 黃巧瑩 <sup>1</sup> 何銘 <sup>1</sup> 林武周 <sup>1</sup> 中國醫藥大學附設醫院 <sup>1</sup>
臨時稿件編號： 0254	
論文發表方式： 海報	This is a 26-year-old primigravida woman with gestational age of 20 weeks referred to our hospital for further detailed sonography. Abdominal and cardiac sonography demonstrated situs inversus with dextrocardia. Further, IVC interruption with azygous vein continuation was also noted. This case report will present a prenatal diagnosis of situs inversus with dextrocardia. Situs inversus, also called situs inversus totalis, was by definition when there is a total transposition of abdominal and thoracic viscera (mirror image of internal organs normal positioning). Situs inversus is usually associated with dextrocardia with only 3-5% incidence of congenital heart disease. However, most affected individuals can live a normal life without associated symptoms or disability.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P119	案例報告：妊娠合併深層靜脈栓塞 Deep vein thrombosis during pregnancy: case report 陳祐秀 <sup>1</sup> 陳俐瑾 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
臨時稿件編號： 0266	
論文發表方式： 海報	Deep vein thrombosis(DVT) can cause lethal parturient issues, the incidence of which is about 1 in 1000-20000 pregnancies. Pregnancy is related to a hypercoagulable state due to physiologic and anatomic changes. Color Doppler ultrasound is an important tool for the screening and diagnosis of DVT. Antithrombotic management such as LMWH or NOAC should include both therapeutic and prophylactic components. We present the case of a 39-year-old female, DVT noted in third trimester of pregnancy, being under antithrombotic therapy since pregnancy at 37 weeks, and accepting low segment cesarean section for baby delivery at the gestational age of 37+3/7 weeks.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P120	胎兒腦部異常合併多重畸形- 早期發現及原因探討 Fetal holoprosencephaly with complicated anomaly – early detection and possible causes 謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 閻貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 張峰銘 <sup>2</sup> 奇美醫療財團法人柳營奇美醫院 <sup>1</sup> 張教授胎兒醫學中心 <sup>2</sup>
臨時稿件編號： 0016	
論文發表方式： 海報	Background: To report a case fetal brain anomaly accompanied with multiple lethal facial defects. Case report: A 29-year-old female, gravida 1para 0, abnormal fetal facial structural was noted during her routine prenatal care, 15 weeks of gestations. For further confirmation, we recheck the fetal ultrasound 2 weeks later, and the similar findings was noted (highly suspect of single eye with a proboscis). We referred the patient to the fetal ultrasound center for final confirmation and second opinion. The final diagnosis was alobar holoprosencephaly with multiple lethal anomaly (single eye, proboscis), and very poor prognosis was told. The baby was terminated vaginally at 20 weeks of gestations. Discussion: Holoprosencephaly (HPE) is a fetal brain congenital anomaly with the failure segmentation of the neural tube, which leads to incomplete separation of the prosencephalon (forebrain) and ended with the defects in the face, and brain structure and function. HPE can be divided into three types, and the alobar type is the most serious form with the most severe form of facial defect, cyclopia (development of a single eye, located in the area normally occupied by the root of the nose), and a missing nose or a nose in the form of a proboscis. The exact causes are yet to be determined. Mutations in the gene encoding the Sonic Hedgehog protein, which is involved in the development of the central nervous system, included TGIF, SHH, SIX3, and ZIC2 gene can cause HPE. Non-genetic factors and numerous possible risk factors have been identified, included gestational diabetes, transplacental infections (TORCH), first trimester bleeding, and a history of miscarriage. Evidences of some drugs classified as being potentially unsafe for pregnant and lactating mothers, include insulin, birth control pills, aspirin, lithium, thiorazine, retinoic acid, and anticonvulsants, may cause HPE. Alcohol and cigarettes consumption during pregnancy related with HPE had been reported.
論文歸類： 產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P121	個案報告：絨毛膜血管瘤引起的胎兒水腫，及 Ritodrine 誘發母體多重器官衰竭 Hydrops fetalis induced by placental chorangioma, following Ritodrine induced maternal multiple organ damage, a case report  黃煜盛 <sup>1</sup> 許德耀 <sup>1</sup> 蔡慶璋 <sup>1</sup> 鄭欣欣 <sup>1</sup> 賴韻如 <sup>1</sup> 黃坤龍 <sup>1</sup> 高雄長庚紀念醫院 <sup>1</sup>
臨時稿件編號：0078	
論文發表方式：海報	Objective: to present a case with placental chorioangioma and hydrops fetalis, following Ritodrine induced maternal multiple organ damage.  Case report: A 36-year-old pregnant woman was hospitalized for preterm uterine contraction at 26 weeks of gestation. She was complicated with pulmonary edema, acute kidney injury, impaired liver function and electrolyte imbalance after tocolytic treatment with ritodrine. In addition, ultrasound revealed placental tumor with polyhydramnios and hydrops fetalis. Because of deterioration of maternal pulmonary edema and progressive dyspnea, cesarean section was arranged at 27 weeks of gestation and the placental chorioangioma was diagnosed. The fetal Apgar score were 1 and 3 at the first and fifth minutes, respectively. Multiple organs failure got improved during postpartum period.  Conclusion: Ritodrine is one of the most frequent tocolytic medication in Taiwan. However, it has several adverse effects. From our case, early detection of Ritodrine-induced adverse effects was important to prevent progression of multiple side effects.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P122	案例分享:子宮破裂 A case sharing: Uterine rupture
臨時稿件編號：0144	
論文發表方式：海報	Uterine rupture is catastrophic obstetric complication may result morbidity and mortality to maternal and fetus. We report a 35-year-old gravida 2, para 1(via vaginal delivery) with previous operation history of laparoscopic myomectomy. The patient admitted with diagnosis gestational age 34+4 weeks preterm labor. Pelvic exam found cervical osium is 3 centimeter, effacement 60 percent, station is floating. Consider cervical ripening still progress under tocolytic management, Cesarean section was perform. Fetal monitor show fetal heart beat is around 120-140 beats per minute with good variability. There is accidentally found bloody ascites and uterine rupture during surgery, rupture site is locate at fundus area 2x2centimeter, where nearby previous myomectomy scar. We delivery a premature male infant with body weight: 2330gram; Apgar score: (1min):4'-->(5min):7'. Then, the uterine rupture site was closed with a double-layer running suture. The patient was discharged from hospital four days later in good condition.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P123	美人魚綜合症 Maternal diabetes mellitus as risk factor of rare caudal regression syndrome
臨時稿件編號：0218	
論文發表方式：海報	Introduction Caudal regression syndrome is a rare congenital anomaly, represents a spectrum of neural tube defect. Current understanding of etiologies included infection, toxin, and chromosome abnormalities. Maternal factors contributing to caudal regression syndrome were discussed and we reported a case of caudal regression syndrome baby from diabetic mother by IVF. Case report The 31-year-old female with G1P0A0 was found to develop severe oligohydramnios during pregnancy at 17weeks. Her underlying disease included type 2 DM for ten years with triple oral hypoglycemic agent, unfavorable HbA1C profile and microalbuminuria complication. Prior IVF therapy, diabetic medications were adjusted to daily insulin regime. However, HbA1C more than 8.2% was noticed in first trimester. Detailed sonography revealed singleton with severe oligohydramnino(AFI 2.2cm) and no obvious bladder was found(stomach bubble and kidney were noted). She received termination and delivered an immature, dead ambiguous abortus that showed grossly multiple anomalies with low set ear, right hand oligodactyly, left fusion finger, bulging mass at posterior sacrum region, absent right lower limb. Bone survey of fetus revealed agenesis of distal sacrum and coccyx, and partial agenesis of pelvic bone with centrally located of suspected left iliac bone. Caudal regression syndrome was therefore impressed. However, TORCH survey and family history of chromosome abnormalities were essentially negative. Discussion According to guideline, diabetic mother should achieve euglycemia strictly and maintain an HbA1C level less than 6%, especially early in the first trimester. Clinical benefit encompassed increased success rates of IVF and reduced embryogenesis defect. Due to the same pathogenesis of insulin resistance and physiologic increasing insulin requirements because of the effect of placental hormones, insulin has been the gold standard in the management in pregnancy. We presented a case of maternal hyperglycemia complicated with caudal regression syndrome. Therefore, tight glycemia control should be considered for patients with type 2 DM preparing for IVF therapy in order to avoid neural tube defect.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P124	剖腹產後急性肺栓塞:預防與診斷 Acute pulmonary embolism after cesarean delivery: prevention and diagnosis
臨時稿件編號：0224	
論文發表方式：海報	李孟剛 <sup>1</sup> 何銘 <sup>1</sup> 邱燦宏 <sup>1</sup> 陳怡燕 <sup>1</sup> 中國醫藥大學附設醫院婦產部 <sup>1</sup>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P125	妊娠合併前置胎盤與子宮頸靜脈曲張：個案報告與文獻回顧 Cervical Varix with Placenta Previa During Pregnancy: a Case Report and a Review of the Literature  尹致翔 <sup>1</sup> 三軍總醫院婦產部 <sup>1</sup>
臨時稿件編號：0239	
論文發表方式：海報	Introduction: Cervical varix is a rare condition developed during pregnancy which might cause massive vaginal bleeding. Most of cervical varix is diagnosed in second and third trimester of pregnancy and accompanied with placental previa. We describe a case of pregnancy with cervical varix and review the literature. Case report: A 33-year-old gravida 1, para 0 female was having regular prenatal checkup at a local clinic. Placenta previa and cervical varix were discovered with transvaginal sonography at 34 weeks of gestation. She delivered a healthy baby via Cesarean section at 37 2/7 weeks of gestation.  Conclusions: Massive bleeding during Cesarean section might happened while managing placenta previa complicated with cervical varix. Ultrasonography with color Doppler is an ideal tool for diagnosis.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P126	即使臨床表現近似流產最終仍為輸卵管妊娠接受外科切除 Case report: Persistent tubal pregnancy requiring surgery despite clinical presentation as miscarriage  王桂蘭 <sup>1</sup> 洪韻翔 <sup>1</sup> 義大醫院婦產科 <sup>1</sup>
臨時稿件編號：0245	
論文發表方式：海報	In the first trimester of normal pregnancy, the $\beta$ -HCG level doubles every 48 hours. Gynecologists can distinguish abnormal pregnancies by this laboratory test without vision of intrauterine pregnancy due to late detection by sonography. We present a 34-year-old female patient, Gravida 10, Para 1, Artificial abortion 8, spontaneous abortion 1 with irregular menstruation cycle without systemic disease or surgery history. She visited our outpatient department due to intermittent mild lower abdominal pain. At then, her blood $\beta$ -HCG level was 1645 mIU/mL and gynecologic sonography revealed an intrauterine pregnancy like sac in the endometrial cavity. In the meantime, left adnexa mass with heterogenous content 3.2 cm in diameter as well as mild fluid in the Cul-de-sac was noted which consistent with the diagnosis of intrauterine pregnancy combined with corpus luteal cyst either with bleeding or rupture, but the possibility of abnormal pregnancy could not be ignored. We informed her the risk of internal bleeding and arranged follow up 1 week later. The $\beta$ -HCG level dropped to 644 mIU/mL on 6th day after first test without much discomfort instead of intermittent little vaginal bleeding in the follow-up. The sonography revealed empty endometrium, and left adnexa mass 4.2 cm in diameter without extrauterine fluid which implied an abortion more likely. Yet a sudden onset of lower abdominal cramping pain with vaginal bleeding suffered her 5 days after follow-up, the $\beta$ -HCG level was checked as 601m IU/mL without obvious declination and the abdominal sonography revealed persistent left adnexal mass with Cul-de-sac fluid accumulation. Under the suspicion of ectopic pregnancy with internal bleeding, we arranged her laparoscopic surgery and left tubal pregnancy with internal bleeding was confirmed. Significant drop of $\beta$ -HCG level(>30%/week) in ectopic pregnancy can be seen as a sign of resolution without the need of further treatment. Our case fail to resolve persistently which can remind us need to keep cautious even initial significant drop of $\beta$ -HCG levels.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P127	病例報告:第二妊娠期超音波診斷單側小耳症 Case report: Sonography diagnosis of unilateral microtia at second trimester  何欣諭 <sup>1</sup> 國泰綜合醫院 <sup>1</sup>
臨時稿件編號：0250	
論文發表方式：海報	Microtia is a congenital malformation of the external and middle ear of variable severity: from mild structural abnormalities (microtia) to complete absence of the ear (anotia). The etiology and causes of its wide variability in prevalence (from 0.87 to 4.53 per 10,000 births) are uncertain. Although some genetic variants for microtia have been identified, no causal genetic mutation has been confirmed.  We are reporting a case of a 35-year-old primigravida, received level 2 sonography at 23 week of gestation. On parasagittal plane an auricular malformation of the left ear was visualized and third grade microtia was suspected. No other associated structural abnormalities were found. NIPT revealed normal fetal karyotype, 46 XY.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P128	X 染色體摧折症:產前篩檢與病例報告 Fragile X-syndrome: Prenatal screening and a case report  簡銘瑩 <sup>1</sup> 蘇品勻 <sup>1</sup> 國泰綜合醫院 <sup>1</sup>
臨時稿件編號：0260	
論文發表方式：海報	Fragile X, the most frequent genetic cause of autism, is result from the expansion of CGG repeats in the FMR1 gene, which instructs the process of making fragile X mental retardation protein, or FMRP. Healthy individuals acquire CGG repeats fewer than 57, permutation carriers have CGG repeats between 55 and 200, and full mutation carriers carry CGG repeats more than 200. We present one 36 year-old gravida who is a Fragile X-syndrome permutation carrier with 29 and 59 CGG repeat, and with husband a case of Marfan's syndrome. She visited our Service at GA 26wks, with the fetus of fetal karyotype of 46,XX, also a Fragile X-syndrome permutation carrier with 31 and 62 CGG repeat.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P129	隱藏性胎盤早剝合併胎兒死亡及產婦休克:個案報告及文獻回顧 Concealed placental abruption complicated with fetal demise and maternal hypovolemic shock: case report ans review of literature  曾昱捷 <sup>1</sup> 馨慈醫院婦產科 <sup>1</sup>
臨時稿件編號：0269	
論文發表方式：海報	A 28 Y/O female, G1P0, was pregnant at 28 weeks of gestation. She had no specific past medical history, and was under regular antepartum examination at our hospital. The preeclampsia screening test showed high risk result. After counseling, she decided to take aspirin for prevention. The result of amniocentesis and level 2 sonography were normal. The growth retardation of fetus developed after 24 weeks of gestation, but there was no blood pressure elevation or other symptoms and signs. The SFLT-1/PLGF test also revealed negative findings. However, fetal demise was noted during antepartum examination. She then decided to terminate the pregnancy at the same day.  After admission to the delivery room, her vital signs were normal. Laboratory data showed severe anemia with hemoglobin level=8.2 grams per deciliter. Blood transfusion with PRBC, FFP, and platelet was ready. She had sudden onset of massive vaginal bleeding and deteriorated to hypovolemic shock. With the impression of placental abruption, emergent hysterotomy was performed after blood transfusion and stabilization of vital signs. During the operation, Couvelaire uterus was noted. There were plenty of old blood clots on the maternal surface of placenta. The gross findings of fetus and cord were normal. Concealed placental abruption complicated with fetal demise and maternal hypovolemic shock was impressed. The postoperative course was smooth. There was no hypertension or other symptoms and signs. She discharged with stable condition. The pathology report showed great portion of old infarction and blood clots in the placenta.  Impaired placentation in the first 16 weeks of pregnancy is associated with increased risk of subsequent development of preeclampsia, birth of small-for-gestational-age neonates, and placental abruption. Previous studies reported that prophylactic use of aspirin reduces the risk of preeclampsia and small-for-gestational-age neonates with no significant effect on placental abruption. However, meta-analyses of randomized controlled trials that examined the effect of aspirin in relation to gestational age at onset of therapy and dosage of the drug reported that significant reduction in the risk of preeclampsia and small-for-gestational-age neonates is achieved only if the onset of treatment is at ≤16 weeks of gestation and the daily dosage of the drug is ≥100 mg. Aspirin at a daily dose of ≥100 mg for prevention of preeclampsia that is initiated at ≤16 weeks of gestation, rather than >16 weeks, may decrease the risk of placental abruption or antepartum hemorrhage.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P130	三胞胎妊娠併子宮角懷孕個案報告 Case report: The outcome of triplet pregnancy with one fetus implant at right cornus which leading uterine rupture  李汶芳 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup>
臨時稿件編號：0271	
論文發表方式：海報	Case report: Triplet pregnancy with one fetus implant at right corcus which leading uterine rupture at GA 15 weeks This 38-year-old woman first admitted to our hospital due to pregnancy at GA 15+ weeks with acute abdominal pain and songoraphy found triplet pregnanct with one fetus implant at right cornus. MRI was arranged and uterine rupture was noted with internal bleeding. We arrange emergent operation to remove the fetus and closed the uterus and let the other 2 baby keep growth in thhe uterus. This case report sharing the image and the final outcome of the pregnancy.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P131	高燒，心悸，意識不清：貌似甲狀腺風暴的產後急性心臟衰竭 Fever，tachycardia，altered mental status：Postpartum heart failure mimicking thyroid storm  曾昱捷 <sup>1</sup> 馨慈醫院婦產科 <sup>1</sup>
臨時稿件編號：0305	
論文發表方式：海報	Thyroid storm is a rare, life-threatening condition characterized by severe clinical manifestations of thyrotoxicosis. Although thyroid storm can develop in patients with longstanding untreated hyperthyroidism, it is often precipitated by an acute event such as thyroid or nonthyroidal surgery, trauma, infection, an acute iodine load, or parturition. In addition, irregular use or discontinuation of antithyroid drugs is a commonly reported precipitant of thyroid storm.  Common symptoms and signs of thyroid storm including cardiovascular symptoms(tachycardia to rates that can exceed 140 beats/minute, hypotension, arrhythmia, and cardiovascular collapse) , fever up to 38 to 40°C, and altered mental status. These symptoms and signs are also considered by many to be essential to the diagnosis.  The diagnosis of thyroid storm is based upon the presence of severe and life-threatening symptoms in a patient with biochemical evidence of hyperthyroidism (elevation of free T4 and/or T3 and suppression of TSH). In 1993, Burch and Wartofsky introduced a scoring system using precise clinical criteria for the identification of thyroid storm. A score of 45 or more is highly suggestive of thyroid storm, whereas a score below 25 makes thyroid storm unlikely. A score of 25 to 44 is suggestive of impending storm.  Here we presented a case with past history of hyperthyroidism under irregular medicine control. She developed fever up to 39°C and tachycardia exceed 140 beats/minute in labor . Despite of smooth vaginal delivery, acute pulmonary edema and desaturation soon developed. With the impression of postpartum heart failure secondary to thyroid storm, she was transferred to medical center for evaluation. After proper supportive care, she discharged with stable condition.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P132	罕見產後癲癇病例 A rare case of recurrent seizure in a postpartum woman  范鈞堯 <sup>1</sup> 蔡青倍 <sup>1</sup> 台中榮總 <sup>1</sup>
臨時稿件編號：0308	
論文發表方式：海報	A 35 year-old female, G2P1 at 31weeks gestation, was admitted to our ward due to massive vaginal bleeding with hermmorrhagic shock. Placental abruption was diagnosed after emergent cesarean section. Recurrent seizure episodes were presented during immediate postpartum period. Brain MRA and EEG revealed unremarkable findings. Preeclampsia and HELLP syndrome were unlikely based on clinical and laboratory findings. After using keppra and MgSO4, no recurrent seizure has been noted. We present a rare case of first seizure during postpartum period.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P133	妊娠肺高壓 Case report of Pulmonary Hypertension in pregnancy
臨時稿件編號：0315	
論文發表方式：海報	鍾佳翰 <sup>1</sup> 彭依婷 <sup>1</sup> 台南市永康奇美醫院 <sup>1</sup>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P134	利用手術處理第三孕期卵巢扭轉的個案報告 Surgical intervention for Ovarian Torsion in the Third Trimester of Pregnancy: A Case Report
臨時稿件編號：0319	
論文發表方式：海報	沈姿萱 <sup>1</sup> 林鏡川 <sup>1</sup> 徐英倫 <sup>1</sup> 彭依婷 <sup>1</sup> 嚴嘉琪 <sup>1</sup> 郭恬妮 <sup>1</sup> 永康奇美醫院婦產部 <sup>1</sup>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P135	法洛氏四重症與產前超音波進步：個案討論及文獻選讀 Spectrum of Tetralogy of Fallot and advances in prenatal ultrasound: a case report and review of literature
臨時稿件編號：0347	
論文發表方式：海報	蔡亞倫 <sup>1</sup> 賴宗炫 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P136	14q32 缺失症候群的產前表徵 The prenatal findings of 14q32 deletion syndrome: a clinical report
臨時稿件編號：0018	
論文發表方式：海報	莊啟豪 <sup>1</sup> 謝雨彤 <sup>1</sup> 大林慈濟醫院婦產部 <sup>1</sup>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P137	第二孕期早期非剖腹產陳舊疤痕處之穿透性胎盤引起自發性子宮破裂: 案例報告 Spontaneous uterine rupture at a non-cesarean section scar site caused by placenta percreta in the early second trimester of gestation: A case report  侯容琇 <sup>1</sup> 李東衡 <sup>2</sup> 毛士鵬 <sup>1</sup> 衛生福利部雙和醫院婦產部 <sup>1</sup> 花蓮門諾醫院婦產部 <sup>2</sup>
臨時稿件編號：0112	
論文發表方式：海報	[ Objectives ] Risk factors for placenta percreta are placenta previa and prior cesarean delivery. Placenta percreta-induced ruptures at non-cesarean sites are very rare, particularly in the early second trimester.  [ Case report ] A 30-year-old woman with a prior cesarean delivery was brought to our emergency department at 17 weeks' gestation for sudden-onset consciousness loss and generalized convulsions. Hypovolemic shock was identified. Computed tomography scans suggested uterine rupture and massive ascites, r/o hemoperitoneum. Emergency exploratory laparotomy revealed a ruptured hole over the left uterine fundus with protruding placental tissue; placenta percreta was impressed. An intact intrauterine sac was dissected and removed. The placenta was removed and hysterorrhaphy was completed.  [ Conclusion ] Placenta percreta is dangerous and is rarely seen in the early second trimester. Uterine rupture should always be kept in mind in pregnant woman with acute abdomen associated with hypovolemic shock, even in those of early pregnancy without scarred uterus. Routine sonographic examination of placentation, even in early second trimester, should be emphasized.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P138	妊娠第三孕期發生胎兒股骨長度發育不良- 案例報告 Case Report: Isolated Short Femur Length in the Third Trimester  楊昀臻 <sup>1</sup> 楊茜雯 <sup>1</sup> 葉敏儒 <sup>1</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
臨時稿件編號：0163	
論文發表方式：海報	Femur length (FL) is one of three key biometric parameters routinely measured via ultrasound during prenatal visits to determine fetal gestational age and fetal growth. Short femur length is generally defined as a femur length value below two standard deviations of the mean femur length according to gestational age at the ultrasound examination. When detected, a variety of causes of short FL must be investigated to ascertain further steps in management. The etiology of short femur length includes skeletal dysplasias, aneuploidies, and intrauterine growth restriction. We present a case of a 31-year-old woman, Gravida 1 Para 0, with isolated short femur length noted during third-trimester sonography.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P139	胎兒腸扭轉的案例報導 Fetal Intestinal Volvulus - A case report  楊子璵 <sup>1</sup> 陳威志 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
臨時稿件編號：0190	
論文發表方式：海報	Fetal bowel volvulus is an extremely rare, yet serious life-threatening condition which required comprehensive examination, diagnosis and even emergent neonatal surgery to avoid severe digestive consequences. Bowel volvulus is usually caused by bowel loops over twisted, twisting of mesenteric vessels, which leads to congestion, bowel necrosis. Early fetus ultrasound is important to determine whether it is an isolated finding or accompanied with any other anomalies, especially in second or third trimester. Besides, fetal growth restriction and decreased fetal movement are also symptoms which may occur. We report a case of fetal bowel volvulus prenatally diagnosed at 36th week of gestational age, with threatened preterm labor with reduced fetal movements. The diagnostic methods, prognosis, as well as treatment will be discussed in the following sections.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P140	第二孕期出現之非典型妊娠蕁麻疹：個案報告 Pruritic urticarial papules and plaques(PUPPP) occurs in early second trimester: a case report  詹婷婷 <sup>1</sup> 陳雅芳 <sup>1</sup> 台中榮民總醫院婦產部 <sup>1</sup>
臨時稿件編號：0248	
論文發表方式：海報	Pruritic urticarial papules and plaques of pregnancy (PUPPP), also known as polymorphic eruption of pregnancy, usually occurs late in the third trimester. We report the case of a 27-year-old woman presented with pruritic ill-defined erythematous patches over abdomen and bilateral proximal thigh while sparing periumbilical area at 18 weeks of gestation. This patient had a history of deep venous thrombosis and started Enoxaparin treatment one week before those skin symptoms. The differential diagnosis include drug eruption and PUPPP. Skin biopsy was performed to make the accurate diagnosis and later revealed perivascular lymphocytic cells infiltration, which confirm the diagnosis of PUPPP. We report this case for clinical implication and to remind clinicians that although rare, PUPPP may occur in women in second trimester.
論文歸類：產科	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P141	罕見的未明示卵巢生殖細胞瘤發生於懷孕中的個案報告 A Rare Case of sex cord-stromal tumors, not otherwise specified, of the Ovary in Pregnancy  嚴嘉琪 <sup>1</sup> 林俊宏 <sup>1</sup> 林鏡川 <sup>1</sup> 徐英倫 <sup>1</sup> 何坤達 <sup>1</sup> 彭依婷 <sup>1</sup> 關哲彥 <sup>1</sup> 郭恬妮 <sup>1</sup> 奇美醫院婦產部 <sup>1</sup>
臨時稿件編號：0253	
論文發表方式：海報	Sex cord-stromal tumours, not otherwise specified (SCST-NOS) are uncommon and show varied morphology. The largest series of these tumors identified 32 cases, which could be divided roughly evenly into 2 groups: one composed of nonspecific spindle-cell stroma and the other with epithelioid differentiation but with both granulosa-like and Sertoli-like areas. SCST-NOS occur in the reproductive age, often during pregnancy. These tumors often have hormonal manifestations, and the prognosis is good if confined to ovary, 5-y survival rate 92%. The prognosis also depends on the variant histology finding with specific features, particularly the high-grade epithelioid and sarcomatoid regions. We describe a case of a young 28-year-old pregnant woman who was found to have bilateral adnexal mass during her scheduled Cesarean section. The patient underwent cesarean section and removal of the bilateral ovarian mass. The frozen section diagnosis was "bilateral sexcord-stromal tumor". The final pathology confirmed the diagnosis of the sex cord-stromal tumours, not otherwise specified (NOS), of the ovary where characteristic features of SCST-NOS including 1. Juvenile granulosa cell tumor-like component. 2. Leydig cell tumor-like component. 3. Variable amount of fibromatous or thecomatous stroma are found within the tumor. And prominent luteinized stromal cells were also identified attributed to pregnancy.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P142	產前診斷先天性肺部呼吸道畸形的個案追蹤:病例報告與文獻回顧 The natural history of prenatally diagnosed congenital pulmonary airway malformation:case report and reviews or literature  曾亞捷 <sup>1</sup> 陳春木 <sup>1</sup> 馨惠醫院婦產科 <sup>1</sup>
臨時稿件編號：0285	
論文發表方式：海報	Congenital pulmonary airway malformation (CPAM), previously known as congenital cystic adenomatoid malformation (CCAM), is a rare developmental anomaly of the lower respiratory tract. Although rare, it is the most common congenital lung lesion. Data from large population registries suggest an incidence of congenital lung cysts in the range of 1 per 8300 to 35,000 live births. Affected patients may present with respiratory distress in the newborn period or may remain asymptomatic until later in life.  Many cases are now detected by routine prenatal ultrasound examination. The appearance of CPAMs on prenatal ultrasound ranges from incidental findings of cystic-appearing lesions to massive pulmonary involvement. Lesions regress and appear to resolve during the course of gestation in approximately 50 percent of cases as determined by fetal ultrasonography. Approximately 25 percent of infants with CPAM detected prenatally also have other structural anomalies. In patients with such anomalies, a fetal karyotype should be obtained. Isolated CPAMs typically are not associated with chromosomal abnormalities. Fetal hydrops develops in 5 to 40 percent of cases due to hemodynamic alterations from vena cava obstruction and cardiac displacement and compression. The risk of hydrops is highest in fetuses with large lesions, lesions that persist into the third trimester, and microcystic lesions. In particular, the CVR, which is a measure of CPAM volume referenced to the fetal head, predicts an increased risk of hydrops.  Management of fetuses with prenatally diagnosed congenital pulmonary airway malformation (CPAM) includes assessment for associated abnormalities and serial ultrasound examinations to monitor changes in the CPAM and development of hydrops. Fetuses with large CPAMs and/or hydrops have a poor prognosis. In this case, treatment options include antenatal corticosteroids, drainage procedures, fetal surgery, or early delivery.  Here we presented a case of prenatally diagnosed unilateral CPAM and resolve after serial ultrasound examination. The baby was delivered vaginally eventless and postnatal follow up showed negative findings.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P143	第一孕期剖腹產疤痕妊娠併植入性胎盤個案報告 Cesarean scar pregnancy with placenta accreta in the 1st trimester  陳昭穎 <sup>1</sup> 陳雅芳 <sup>1</sup> 台中榮總 <sup>1</sup>
臨時稿件編號：0320	
論文發表方式：海報	Caesarean scar pregnancy is one of the rarest forms of ectopic pregnancy. This may lead to uterine rupture, major hemorrhage, hysterectomy and serious maternal morbidity and mortality. We present the case of a pregnant woman with massive vaginal bleeding was noted after D&C due to missed abortion at 8 weeks of gestation. Emergent trans arterial embolization was performed but persisted vaginal bleeding. Transvaginal ultrasound and MRI revealed a 8.9cm mass at lower uterine body with irregular margin that compatible with caesarean scar pregnancy with placenta accreta. We also performed removal of uterine lower segmental mass and hysterorrhaphy. The pathology was also compatible with placenta accreta. The follow-up ultrasound revealed smooth endometrium and HCG level decreased after one month later.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P144	第 16 對染色體短臂 13.3 的微缺失所導致的新特徵:個案報告及文獻探討 A novel characterization of 16p13.3 160kb microdeletion in CREBBP and TRAP1 gene: A Case Report and Review of the Literature  謝汶圻 <sup>1</sup> 李毅評 <sup>1</sup> 黃莉文 <sup>1</sup> 劉瑞德 <sup>1</sup> 新光醫院 <sup>1</sup>
臨時稿件編號：0334	
論文發表方式：海報	Case presentation: A 29-year-old gravida 2 para 0 artificial abortion 1, Asian woman with thyroiditis under clinic follow-up. This case denied any family history or genetic disease. She went to our hospital for prenatal examination. At 18 weeks' gestational age, we performed amniocentesis and aCGH was sent. Report of aCGH showed microdeletion 160 kb of chromosome 16p13.3. The microdeletion fragment ranging from 3738960 to 3898494 including CREBBP and TRAP1 gene usually presents as Rubinstein-Taybi syndrome (RSTS). We also sample parental blood for genetic analysis. Final report revealed both normal parental chromosome 16 and this microdeletion happened spontaneously. Rubinstein-Taybi syndrome is a rare disease presenting as cognitive impairment, patent ductus arteriosus, patent foramen ovale or broad thumb/hallux. In our case, further ultrasound level II showed single ventricle, single antrum, atrophic aorta, prominent pulmonary artery. Hypoplastic left heart syndrome was suspected. This presentation is different from previous literature. After discussion about the fetal abnormality, termination was arranged at gestational age 22+4 weeks. Stillbirth fetus was born: A male, body weight 490gm with apgar score 0' --> 0'.  Discussion: The Rubinstein-Taybi syndrome is originated from private point mutations in the CREBBP. The CREBBP mutational spectrum is various and characterized by point mutations (30-50 %) and deletions (~10 %). Here, we presented a novel characterization of microdeletion 160kb of 16p13.3. Single ventricle, single antrum and atrophic aorta were revealed by ultrasound level II. It might be related to hypoplastic left heart syndrome but the correlation needs more literature to prove.
論文歸類：產科	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P145	致死性侏儒症 個案報告及臨床診斷
臨時稿件編號：0015	Lethal gene mutation of dwarfism-thanatophoric dysplasia. A case report and clinical diagnosis  謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 奇美醫療財團法人柳營奇美醫院 <sup>1</sup>
論文發表方式：海報	Background: To report a case of fetal long bone anomaly, lethal type of dwarfism. Case report: A 29-year-old female, gravida1 para0, pregnancy at 21 weeks, was referred from local gynecological department due to fetal anomaly. The ultrasound showed very short and curving of the long bone of the fetus (micromelia). The fibroblast growth factor receptor 3 (FGFR3) gene mutation was checked and proved to be the lethal type of osteochondrodysplasias (thanatophoric dysplasia). The baby was terminated vaginally. Discussion: Thanatophoric dysplasia (TD), a FGFR3 disorders, is one of the most common lethal dysplasias, occurring in 1/45,000 of births. TD is usually stillborn or die shortly after birth from respiratory failure. There are 3 types of Fibroblast growth factor receptor (FGFR) mutation group：Thanatophoric dysplasia, types I and II（TD I/II）; achondroplasia (A), and hypochondroplasia (HC). TD is lethal, A is nonlethal and HC can phenotypically mimic achondroplasia but is usually milder. Thanatophoric dysplasia and achondroplasia can be detected by prenatal ultrasound, and hypochondroplasia, may be detected prenatally, particularly when there is an affected parent. Both achondroplasia and thanatophoric dysplasia are inherited as autosomal dominant disorders due to heterozygosity for mutations in FGFR3. A non-invasive prenatal diagnosis, the next-generation sequencing (NGS), allows for a safer, more accurate, and comprehensive approach for achondroplasia and lethal thanatophoric dysplasia. It analyzed for the FGFR3 mutation in the mother when a short-limb skeletal dysplasia is diagnosed antenatally by means of ultrasonography. This can be confirmatory for achondroplasia and can help the family to make educated decisions.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P146	產後急性膽囊炎之個案報告
臨時稿件編號：0042	Postpartum acute cholecystitis: A case report  杜依儒 <sup>1</sup> 簡立維 <sup>1,2,3,4,5</sup> 劉偉民 <sup>1,2,3,4,5</sup> 區慶建 <sup>1,2,3,4,5</sup> 台北醫學大學附設醫院婦產部 <sup>1</sup> DepartmentofObstetricsandGynecology <sup>2</sup> SchoolofMedicine <sup>3</sup> CollegeofMedicine <sup>4</sup> TaipeiMedicalUniversity <sup>5</sup>
論文發表方式：海報	Introduction Acute appendicitis and acute cholecystitis are two most common causes of nonobstetrical indication for surgery during pregnancy. Increasing levels of estrogen and progesterone during pregnancy and postpartum period causes gallstone formation. Estrogen increases cholesterol secretion while progesterone reduces bile acid secretion and slows gallbladder emptying. We present a case of acute cholecystitis after delivery.
論文歸類：產科	Case Report A 41-year-old primigravida at 39 4/7 weeks of gestation underwent cesarean delivery due to arrest of descent in the second stage of labor. The patient has had maternal group B streptococcal colonization, regular prenatal examination was otherwise normal. She had received intrapartum prophylaxis with ampicillin. At admission, hemogram, GOT and creatinine levels were within normal range. However, the postoperative laboratory test showed leukocytosis (WBC 24010/uL) with elevated CRP (11.05 mg/dL). She complained of epigastralgia and abdominal bloating on fifth day after cesarean delivery. KUB showed impacted stool with gas in small intestine which was relieved after glycerin use anally. Recurrent epigastralgia and right upper quadrant pain which radiated to the back pain were noted on the sixth day after delivery. The surgical wound was clean, without discharge, and no lower abdominal tenderness or rebounding pain on palpation. Abdominal sonography showed no abnormal finding within the uterine but remarkably distended gallbladder (long axis 12.4 cm) with thickened wall and sludge and positive sonographic Murphy's sign. Laboratory tests showed WBC 30310/uL, CRP 33.04 mg/dL, GOT 266 U/L, GPT 182 U/L, total and direct bilirubin, 6.0 and 5.9 mg/dL respectively, ALK-P 1036 U/L, and r-GT 16 U/L. Abdominal CT with contrast showed acute cholecystitis with compressed CBD and related IHD dilatation. Under the impression of acute cholecystitis, she received percutaneous transhepatic gallbladder drainage(PTGBD) and antibiotics with cetazone and gentamicin. She was stable and discharged after treatment for 5 days.  Discussion Differential diagnoses of postpartum acute abdomen will be discussed. For women presenting with abdominal pain after childbirth, we should also consider nonobstetrical causes.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P147	病例報告：伴有神經纖維瘤之家族病史的懷孕婦女及其後代
臨時稿件編號：0046	Case report: Pregnant woman with family history of neurofibromatosis and her offspring  葉敏儒 <sup>1</sup> 楊昀臻 <sup>1</sup> 楊茜雯 <sup>1</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	Neurofibromatosis type 1 (NF1) is an autosomal dominant genetic disorder which exhibits variable clinical expression. The birth incidence of NF1 is 1 in 3000 that making NF1 becomes one of the most common genetic disorders. Genetic testing can be performed to confirm the prenatal diagnosis of NF1, but it could not predict the severity of the disease. Pregnant woman who diagnosed NF1 has increased morbidity of hypertension and cerebrovascular complications. We report a case of pregnant woman who has family history of neurofibromatosis and her offspring.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P148	無 FOXE3 變異之無晶狀體案例
臨時稿件編號：0069	A congenital aphakia without the mutation of FOXE3  周維新 <sup>1</sup> 台北市聯合和平婦幼醫院 <sup>1</sup>
論文發表方式：海報	The congenital primary aphakia is a rare disease characterized by the absence of lens, the development of which is normally induced during the 4th–5th week of human embryogenesis. This original failure leads, in turn, to complete aplasia of the anterior segment of the eye [1] that is known to be caused by mutations in the forkhead box protein E3 (FOXE3) gene in both humans and mice[2-3], and it is often accompanied by microphthalmia and dysplasia of the anterior segment of the eye. And after birth, even with the implantation of artificial lens, the prognosis is still poor.
論文歸類：產科	We present a case of congenital primary aphakia in Taiwan, who accompanied microphthalmia via sonography in her second trimester, 22 weeks, and the further image of MRI was arranged which also reports absence of lens at both sides, compatible with primary congenital aphakia, For the poor prognosis of congenital aphakia, the parents decided to have termination and agreed with the autopsy of the fetus. Afterwards, the following pathology of the bilateral eyes illustrated the dysplasia of the anterior segment of both eyes. Further more, we've examined the genetic analysis for the fetus but there was no expression of the pathologic mutation FOXE3.  The mostly identified pathologic gene, FOXE3, is a transcription factor which has a important role in the primitive lens placode and expressed in the development of lens. Besides congenital aphakia, the FOXE3 also have been reported to be associated with other anomalies such as microphthalmia, and sclerocornea. [4]  Though the FOXE3 was reported to be responsible for aphakia, but in our case, the lack of mutation FOXE3 and other genes like PAX6 or SOX3 revealed that there should be some other genes or micro deletion which occupied an important position of the development of lens.

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P149	<p>顱內血管病變與產後昏厥及新發作的頭痛:案例報告 Intracranial vascular malformation with postpartum syncope and new onset of headache : A Case Report</p> <p>夏立忻<sup>1</sup> 林瑜瑩<sup>1</sup> 應宗和<sup>1</sup> 中山醫學大學附設醫院<sup>1</sup></p>
臨時稿件編號：0106	
論文發表方式：海報	<p>Postpartum period is an especially vulnerable period of time. Headache, dizziness, and loss of consciousness are not uncommon complaints in patients who are immediately postpartum. In order to rule out potentially fatal causes such as intracranial hemorrhage, monitoring of patient's vital signs and the development of red flag signs are of essential. Here we present a case with a new headache in the postpartum period after a syncope fall accident, and an intracranial vascular malformation noted in subsequent radiologic evaluation.</p>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P150	<p>懷孕中期合併卵巢扭轉表現疑似卵巢輸卵管膿瘍未經手術並好轉 Case report – ovarian torsion mimicking tubo-ovarian abscess during mid-trimester resolved without surgical intervention</p> <p>方郁堯<sup>1</sup> 洪韻翔<sup>1</sup> 義大醫院<sup>1</sup></p>
臨時稿件編號：0169	
論文發表方式：海報	<p>Ovarian torsion occurs mostly in young women (15-30 years) and post-menopausal women. Approximately 20% of the cases occur during pregnancy. However, surgical intervention during pregnancy is more challenging for obstetricians which makes it tougher to make surgical decision to release ovarian torsion in the wake of ovarian failure.</p> <p>Our patient, 28-year-old, gravida 2 para 1, was pregnant at 19+6 weeks and suffered from left lower quadrant pain for 4 days. Her laboratory data presented at ER as leukocytosis (WBC:20510 /uL) with CRP elevation(141 mg/L). Gynecologic sonography showed left ovarian cystic tumor 8.6cm in diameter with homogenous content, and MRI favored the diagnosis of left ovarian torsion presenting as fluid accumulation in the ovary surrounding with follicles.</p> <p>She was admitted thereafter with expectant therapy only given parenteral empiric antibiotics for pelvic inflammatory disease as well as analgesics. During hospitalization, she didn't complain about more cramps, neither fever nor other discomforts. On the contrary, she felt better after treatment. The patient discharged after 7 days' treatment. In the following prenatal visits, the size of the tumor regressed gradually, and disappeared before delivery checked by sonography. The patient delivered vaginally at 39 weeks' gestation without complication.</p> <p>Ovarian torsion during pregnancy is not seldom and surgical intervention was recommended when highly suspected by image study. We present this case without surgical intervention and review the articles about ovarian torsion during pregnancy.</p>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P151	<p>個案分享：於一位羊膜極度膨出的子宮頸閉鎖不全產婦執行緊急子宮頸環紫手術之成功案例 Case report: Successfully performed difficult rescue cerclage in a severe bag bulging case</p> <p>陳妍樺<sup>1</sup> 中國醫藥大學附設醫院婦產部<sup>1</sup></p>
臨時稿件編號：0188	
論文發表方式：海報	<p>Introduction Cervical insufficiency with bulging fetal membranes during the second trimester is a serious complication of pregnancy, leading to stillbirth or preterm delivery. Cervical cerclage is one of the choice of treatment but much technical difficulties need to be conquered. Pushing bulging fetal membranes back into the uterine cavity effectively without rupture of fetal membranes during emergency cerclage is a concern to obstetricians.</p> <p>Case presentation We presented a case, who was a 35 year-old female without known systemic disease. She was primigravida, conceived by IVF this time. She had antepartum examination at local clinic and no abnormality were told. She was transferred to our delivery room on 2020/04/20 due to pregnancy at 21weeks and 3 days with vaginal bleeding since evening. There were no lower abdominal pain, no vaginal watery discharge gushing out. There were no uterine tenderness or rebound tenderness. Pelvic examination showed cervix dilatation 3cm, effacement 70%, and station-3, with severe bag bulging out from cervix, with exposure of amniotic bag about 6 cm in vagina. Tocodynamometer disclosed no uterine contractions. Lab data showed no signs of infection nor inflammation. Under the impression of cervical incompetence, we admitted the patient for tocolysis. We discussed prognosis and treatment plan including expectant management or rescue cerclage. The patient and family choose cerclage, thus we arranged surgery on 2020/04/21. During operation, we applied Foley balloon assisted for pushing amniotic bag into uterine cavity. Also, we used 4- point figure-8 vicryl suture (at 2,4,8,10 direction) for traction the cervix, in order to exposed enough cervix length for suture, then cross-tied with 3 knots after bag was pushed back to uterine cavity. Then, one circle McDonald cerclage with prolene was done.</p> <p>The patient experienced PPROM when pregnancy at 27weeks and 4 days. We performed emergent C/S due to PPROM with breech presentation of fetus. The newborn was a male infant, birth weight 1365gram. We remove one circle of McDonald cerclage after C/S done. The vicryl suture was absorbed already at that time. No maternal complications including infections, cervical laceration nor cervical bleeding were observed. To date, no major complication of the newborn was observed also.</p> <p>Discussion Literature review showed that previous solution to push back amniotic bag includes a sponge swab or Foley catheter. Also, overfilling the urinary bladder to reduce prolapsed fetal membranes without direct mechanical contact is often not sufficient as a single method. These maneuver were difficult to achieve in severe bag bulging case. Thus, we introduce our solution including vicryl suture for traction to fully expose cervix despite severe bulging amniotic bag, then applying Foley balloon would be easier to push back amniotic bag into uterine cavity. Also, we performed tied of vicryl suture, which added additional protection and firmness for the cerclage, apart from one circle McDonald cerclage. We hope this method would help more cases of cervical incompetence with severe bag bulging.</p>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P152	<p>前次子宮外孕腹腔鏡輸卵管切除後第三孕期子宮破裂:個案報告與文獻回顧 Third trimester uterine rupture following laparoscopic salpingectomy: a case report and review of literature</p> <p>曾君涵<sup>1</sup> 梁玉玲<sup>1</sup> 成大醫院婦產科<sup>1</sup></p>
臨時稿件編號：0270	
論文發表方式：海報	<p>Background: Laparoscopic salpingectomy is the main treatment for ectopic pregnancy, which leads to spontaneous uterine rupture during pregnancy. Optimal pregnancy timing remains uncertain and debated.</p> <p>Case: We report a case of a woman who had spontaneous uterine rupture during pregnancy with a history of salpingectomy. A 36-year-old woman, G2P1E1, had history of previous interstitial ectopic pregnancy post laparoscopy right salpingectomy on February 2020. She was pregnant at 30 weeks and 2 days of gestation on December 2020, who suffered from right lower quadrant (RLQ) intermittent cramping pain two days before uterine rupture was noted. Emergent magnetic resonance imaging (MRI) revealed uterine rupture at right upper portion, with protruded fetal leg and amniotic sac herniation out of uterus.</p> <p>Conclusion: Emergent Cesarean section was carried out and the timely treatment led to good maternal and fetal outcomes. We had performed a literature review including cases with spontaneous uterine rupture after salpingectomy and the optimal time period between salpingectomy and conception.</p>
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P153	產前診斷單一股骨過短的個案追蹤:近端股骨發育不良的病例報告與文獻回顧 Prenatally diagnosed midtrimester isolated short femur:A case report of Proximal femoral focal deficiency and reviews or literature  曾昱捷 <sup>1</sup> 陳春木 <sup>1</sup> 馨蓀醫院婦產科 <sup>1</sup>
臨時稿件編號：0292	
論文發表方式：海報	Fetal femur length below the expected value has been described as a marker of aneuploidy, skeletal dysplasia, intrauterine-growth-restriction (IUGR) and small-for-gestational age(SGA) neonate.According to a meta-analysis including 3078 cases of isolated short femur length (study group) and 222 303 normal femur length (control group), the prevalence of intrauterine growth restriction or small-for-gestational-age in the study group was 14.2%, compared with 5.2% in the control group. Isolated short femur length was associated with a higher incidence of low birthweight (study group: 22.10% vs control group: 8.57%), Apgar <7 at 5 minutes (study group: 3.98% vs control group: 1.79%), preterm birth (study group: 12.16% vs control group: 8.16%), fetal death (study group: 1.83% vs control group:0.44%) and neonatal intensive care unit admission (study group: 15.34% vs control group: 14.81%). Besides, severe preeclampsia (OR 6.3, 95% CI 1.4-28.6) were also significantly associated with midtrimester isolated short femur length.  Proximal femoral focal deficiency is a complex birth defect in which the upper part of the femur bone (in the thigh) is either malformed or missing, causing one leg to be shorter than the other. Proximal femoral focal deficiency (PFFD) is an uncommon condition that affects about 1 in every 200,000 children, and can vary in severity from child to child. Often children with PFFD have other bone and muscle disorders — such as malrotation, limb-length discrepancies, fibular hemimelia, joint instability and muscle weakness — that also must be addressed.  Long-term outcomes for children with proximal femoral focal deficiencies depend largely on the severity of the condition and how well the child responds to treatment. Some children may need several surgeries and have lingering issues as they grow. Many children treated for PFFD can live long, active and full lives.  Here we presented a rare case of Prenatally diagnosed midtrimester isolated short femur. After counseling, parents decided to complete the pregnancy. Baby was delivered smoothly via cesarean section. Physical examination showed no grossly difference between bilateral femur. However, further evaluation of ultrasonography and plain X ray film confirmed the diagnosis of proximal femoral focal deficiency. Baby is now under regular follow up at a multidisciplinary team of pediatric orthopaedic surgeons, nurses, prosthetists and physical therapists.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P154	胎便性腹膜炎導致胎兒腹水的個案報告 A case of isolated fetal ascites caused by meconium peritonitis  宋怡潔 <sup>1</sup> 廖德富 <sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0313	
論文發表方式：海報	<Introduction> Fetal ascites is the excess amount of free intraperitoneal fluid accumulation in the fetal abdomen. It could be an isolated finding as well as the first finding of hydrops fetalis. When it is found alone, it may result from a variety of problems, each require a different management and leading to a different outcome. <Case report> A 22-year-old primiparous woman was referred to our hospital at 31 + 2 weeks’ gestation with a diagnosis of fetal ascites with hydrocele. No other pathology was detected on ultrasonography, laboratory examination, or further MRI (Magnetic resonance imaging) survey. The patient then delivered by cesarean section a male infant, weighing 3600 g at 37+2 weeks of gestation with Apgar score of 8 and 9 at 1 and 5 minutes respectively. Distended abdomen and swelling of bilateral scrotum was seen at first sight of the newborn. Due to progressive ascites, elevated C-Reactive Protein level, and gas noticed in abdomen on x-ray, sepsis focusing on intra-abdominal infection caused by bowel perforation was suspected. The newborn was then operated by a pediatric surgery team on his second day of life. Transverse colon rupture with meconium peritonitis was found intraoperatively. Transverse colon resection with appendectomy and colostomy was then done. Ascites resolved postoperatively. <Discussion & conclusion> Isolated fetal ascites is a rare and different situation from hydrops fetalis and the outcome is usually much better than that for fetal hydrops. An extensive work-up should be performed to demonstrate the cause, since most of them are associated with other abnormalities. The timing of delivery and the method of delivery was also important in relation with its outcome.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P155	案例報導:產後大出血後併發直腸旁膿瘍 Case report: perirectal abscess after postpartum hemorrhage  蘇杏如 <sup>1</sup> 吳昱靜 <sup>1</sup> 歐育哲 <sup>1,2</sup> 嘉義長庚醫院婦產科 <sup>1</sup> 高雄長庚醫院婦產部 <sup>2</sup>
臨時稿件編號：0335	
論文發表方式：海報	Postpartum hemorrhage is an emergent situation that may be life-threatening, and it remains one of the leading causes of pregnancy-associated death. Besides death, PPH also is an important cause of pregnancy-related morbidity. When postpartum hemorrhage happened, it should be recognized as soon as possible and take action immediately. Unfortunately, although several risk factors exist, often PPH occurs without warning. <sup>1</sup>  We presented a term-pregnancy case with smooth delivery course but developed primary postpartum hemorrhage due to uterine atony which resulted in hypovolemia shock and disseminated intravascular coagulopathy (DIC). She received uterotonic drugs, massive blood transfusion and emergent transcatheter arterial embolism (TAE), then admitted to intensive care unit for further intensive care. She recovered well and discharged 6 days later. However, she had intermittent fever and smelly lochia during confinement, pelvic computed tomography showed perirectal abscess formation. She then received CT-guided pigtail insertion, dark red colored pus was drained out. Due to perirectal abscess and endometritis, she received antibiotics treatment and discharged 18 days later under stable condition.  Tracing back to this case of postpartum hemorrhage which related to uterine atony and vaginal laceration with hematoma formation post TAE, hematoma related abscess or uterine myoma degeneration after TAE was highly suspected. After stabilized ongoing hemorrhage, administration of broad spectrum antibiotics during postpartum care also played an important role. Overall, we shared our experience that “the devil is in the details”, identification of every risk factor cautiously and physicians should be prepared to recognize and manage this sequela.  Ref: 1. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologists number 76, October 2006: postpartum hemorrhage. Obstet Gynecol. 2006;108:1039–1047.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P156	肛門直腸畸形 The abnormalities before the birth of non-syndromic Anorectal Malformations  張浩榕 <sup>1</sup> 廖宗和 <sup>1</sup> 中山醫學大學附設醫院 <sup>1</sup>
臨時稿件編號：0111	
論文發表方式：海報	Abstract Anorectal malformations (ARMs) are frequent found after birth. The incidence rate is ranging between 1 in 4000-5000 live births. [1,3] The etiological factors include chromosomal abnormalities, gene deletion, or maternal illness. We can classify to genetic, syndromic and non-genetic and non-syndromic anorectal malformations. [2]. We report a case of a male infant with high type ARMs, and the prognosis of treatment.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P157	無腦症同時合併裂腹畸形:罕見胎兒案例 Acrania and gastroschisis in the same fetus: a rare case  廖伶婉 <sup>1</sup> 李中造 <sup>1</sup> 歐育哲 <sup>1</sup> 嘉義長庚婦產科 <sup>1</sup>
臨時稿件編號：0167	
論文發表方式：海報	Ling-Wan, Liao, Chung-Yuan Lee, Yu-Che Ou Department of Obstetrics and Gynecology, Chia-Yi Chang Gung Memorial Hospital
論文歸類：產科	Objective: Anencephaly is the most common type of neural tube defects and there is additional anomaly in most of the cases. An estimated 1 in 10,000 infants in the United States is born with anencephaly. Gastroschisis is a full-thickness cleft in the abdominal wall usually not associated with significant structural extra-gastrointestinal or chromosomal abnormalities. The estimated prevalence of gastroschisis in the United States ranges from 2.6 per 10,000 live births to 5.1 per 10,000 live births. Numerous reports indicate an increasing prevalence. Recognized syndromes with gastroschisis seem to be so exceptional. Here, we share a rare case that acrania and gastroschisis in the same fetus.  Patient and case report: This 28-year-old female, G1P0, denied underlying disease, had pregnancy 16 weeks. Initially, acrania was noted in local clinic. Then she was referred to Chiayi Chang Gung Memorial Hospital. Acrania and Gastroschisis was noted by obstetrical sonography. Therefore, she received termination with misoprostol on 2015 Feb. 15th. An unknown sex fetus was delivered. Fetal abnormality showed acrania, gastroschisis with liver exposure) and skeletal deformities of left 3rd,4th fingers. Besides, lab data showed maternal CMV-IgG reactive, CMV-IgM nonreactive, TOXO-IgG nonreactive, TOXO-IgM nonreactive.  Discussion: The pathogenesis of gastroschisis is unknown. Pregnancy complications of gastroschisis include increased risk of intrauterine growth restriction, fetal demise, spontaneous preterm birth, and bowel thickening and dilation. Fetal microarray molecular testing is suggested when gastroschisis is associated with additional non-gastrointestinal structural abnormalities. Many studies have been conducted to understand the association between anencephaly and neural tube defects. However, the genetic association of neural tube defects could not be fully explained. Anencephaly is associated with anomalies of not only central nervous system but other systems as well and has poor outcome. The commonest associated abnormality is spina bifida. Thus prenatal obstetrical sonography surveillance is important to screen early and folic acid supplement is suggested for prevention of neural tube defects. Due to acrania and gastroschisis in the same fetus is rare, further studies are required at molecular level to analyze association of acrania and gastroschisis.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P159	產前先天性囊腫性腺瘤樣畸形診斷及追蹤 Prenatal diagnosis of Congenital cystic adenomatoid malformation and follow-up  許慈涵 <sup>1</sup> 洪韻翔 <sup>1</sup> 義大醫院 <sup>1</sup>
臨時稿件編號：0322	
論文發表方式：海報	A congenital cystic adenomatoid malformation (CCAM) is a rare congenital pulmonary lesion, with incidence ranging from 1 in 25 000–35 000 pregnancies, involving maldevelopment of terminal branches, as a consequence of an abnormal embryogenesis during the first 6–7 weeks of pregnancy. It is usually unilateral and usually involves only one lobe of the lung. As most series are small, there is few data on bilateral CCAMs. The reported perinatal mortality of antenatally diagnosed CCAMs has varied greatly, ranging from 9% to 49%. In some fetuses with CCAM, nonimmune hydrops fetalis develops, resulting in fetal demise. Others undergo spontaneous regression or resolution, with no evidence of the malformation at birth. In contrast to the unknown postnatal course of CCAM, some research indicates that the prenatal clinical course of CCAM varies from the development of hydrops in as many as 40% to complete regression in 15% of the cases. We report a case of CCAM. A 34 y/o female, G2P2, EDC on 2020/11/18, without systemic disease. Her prenatal examination at GA 18 weeks found a cystic lesion over RLL lobe, suspect CCAM or Lung parenchymal cyst, then transferred to our hospital for further evaluation. Arranged MRI on 2020/07/24 with the impression of A cystic lesion about 2.4cm over right lower lung(4 IMA 17), c/w CCAM. The pediatrician was consulted and discussed with the parents about the treatment strategy. During prenatal sonogram, RLL CCAM (CPAM ) size was stable 2-cm then becoming smaller and then diminished since 2020/10/09 at GA 34+ wks. The newborn was delivered at 11/08 on GA 38+4 weeks with a smooth course. The live mature male's BW was 2845 gm; grossly normal, Apgar score: 8/9'. Followed-up a CXR for the CCAM found during the prenatal exam, which showed no obvious cystic lesion in the RLL. The pediatric chest doctor suggested an observation and chest CT would be indicated if recurrent pneumonia or persistent patch formation is noted by Chest x-ray in the future. Clinically, the patient has no respiratory distress, and chest X-ray showed no apparent cystic-like lesion in the recent two studies. Chest sonography has a limited role in diagnosing CPAM after birth, and it is possible for CPAM to spontaneously resolve prenatally around 28 weeks of gestational age.
論文歸類：產科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P160	比較陰道鏡及子宮腔鏡之預後:回顧性病例對照研究 The comparison of outcomes in vaginocopy and standard hysteroscopy: a retrospective case-control study  田瑾堯 <sup>1</sup> 李佩蓉 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院 <sup>1</sup>
臨時稿件編號：0072	
論文發表方式：海報	Background: We compared the outcomes between vaginocopy and standard hysteroscopy.  Methods: We retrospectively reviewed the chart of patients who received office hysteroscopy between May and July 2019. The vaginocopy group was without insertion of the speculum and grabbed the cervix. The standard hysteroscopy group was with the insertion of the speculum and grabbed the cervix. The primary outcome was successfully finished with the scope examination. The other related outcomes were pain score, complications, and no sign of infection after one week of completing the examination.  Results: The success rate of vaginocopy was comparable with standard hysteroscopy (95.5% vs. 96.3%). The median time to complete vaginocopy was 135 seconds was shorter when compared with 190 seconds for standard hysteroscopy (p = 0.02). The median pain score was 3 for vaginocopy, which was significantly less than standard hysteroscopy 5 (p= 0.01). Surgical complications was no difference between vaginocopy (n=4) and standard hysteroscopy (n=3) (RR= 0.81, 95% CI= 0.11–6.00).  Conclusion: The vaginocopy owned a shorter time to completion of the exam, less pain, and comparable success rate than standard hysteroscopy. Therefore, vaginocopy could be another choice in an office hysteroscopic exam.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P162	二氧化碳雷射切除應用於不孕病人之深部浸潤子宮內膜異位 Preliminary experience of CO2 laser excision of deep infiltrative endometriosis in infertility patients  莊乙直 <sup>1</sup> 鍾佳翰 <sup>1</sup> 劉馨媛 <sup>1</sup> 盧信芬 <sup>1</sup> 彭福祥 <sup>1</sup> 陳彥錚 <sup>1</sup> 劉智文 <sup>1</sup> 亞東紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0151	
論文發表方式：海報	Endometriosis is an enigmatic disease affecting up to 10% of reproductive-aged women causing pain and infertility. Deep infiltrating endometriosis (DIE) is the most severe form of the disease. The impact of surgical treatment for deep endometriosis on fertility success rate of assisted reproduction techniques (ART) is not clear. However, the intolerable pain sometimes interrupts the ART program and seeks for surgical relief of the pain which cannot be controlled with NSAID. Flexible CO2 laser fibers, such as the Flexible CO2 Laser Fiber (Lumenis Surgical) overcame past ergonomic challenges by providing flexibility, durability, and ease of use. The hollow fibers feature controlled beam divergence, and intuitive method which allows the surgeon to control the area of laser-tissue interaction simply by moving the beam slightly away from the tissue. A smaller area concentrates the energy to produce a cutting effect, while a larger area allows for broad deposition of energy contributing to hemostasis or superficial ablation. Here we present a novel use of CO2 laser to the surgical excision of deep endometriosis for an infertility patient under IVF program. DIE over the bilateral uterine-sacral ligament were noted, and laser cut and coagulation of the U-S ligament were done ,and the bilateral ovarian endometrioma were excised as careful as possible. The endo-wrist of the Da Vinci robotic needle holder helps in the different angles approach of the DIE lesion. Compared to the cold knife cutting, the CO2 laser provided immediate cutting and control of smaller bleeder. It needs further studies to know whether the CO2 laser benefit DIE infertility patients with improved pain control and less damage to their ovarian reserve
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P163	內視鏡子宮肌瘤切除術置放 Seprafilm® 健臻防粘黏薄膜的學習曲線分析 Learning Curve Analysis of Applying Seprafilm Hyaluronic Acid/carboxymethylcellulose Membrane During Laparoscopic Myomectomy  黃怡婷 <sup>1</sup> 王錦榮 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
臨時稿件編號：0021	
論文發表方式：海報	BACKGROUND: This study was designed to evaluate the learning curve of applying Seprafilm (modified hyaluronic acid and carboxymethylcellulose; Genzyme, Cambridge, MA, USA) during laparoscopic myomectomy. METHODS: A series of 378 consecutive Seprafilm placement during laparoscopic myomectomies were performed between January 2010 and December 2016. All the data were entered into a retrospective database and later abstracted for analysis. The Seprafilm was cut into 4 pieces (2 slender and 2 pudgy pieces) and rolled up with a trimmed plastic sleeve and delivered through 11-mm port. The Seprafilm was unrolled and placed on the rough surface after laparoscopic myomectomy. The recorded time of Seprafilm placement was defined as the time from the insertion of first piece of Seprafilm to the complete removal of the trimmed plastic sleeve. The learning curve was analyzed using the power law method. RESULTS: The mean time for Seprafilm placement was 2.6 minutes. The learning curve obtained through the power law method suggested that 10 cases were required to achieve proficiency in Seprafilm placement during laparoscopic myomectomy. Virginal women, the weight of myoma, and the position of myoma located at posterior corpus were observed to be significantly associated with the time consumed in Seprafilm placement (p < .001). When the myomas were located at anterior corpus or fundal area, only 7 cases were required to achieve proficiency in Seprafilm placement but when the myomas were located at posterior corpus, it changed to 13 cases. CONCLUSIONS: Although Seprafilm placement is more complicated compared to the liquid and gel forms of anti-adhesion barriers, surgical proficiency seemed to be attained after 10 cases and suggested that the Seprafilm placement should begin with non-virginal women, small size of myoma and located at anterior-fundal area to avoid initial technical challenges.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P164	在經陰道自然孔卵巢良性且非子宮內膜異位性卵巢腫瘤切除術中使用人類纖維蛋白膠（Tisseel）與縫合的比較：回顧性比較研究 Use of human fibrin glue (Tisseel) versus suture during transvaginal natural orifice ovarian cystectomy of benign and non-endometriotic ovarian tumor: A retrospective comparative study  蘇育瑩 <sup>1</sup> 林玉珊 <sup>1</sup> 翁瑄 <sup>1</sup> 麥迪森 <sup>1</sup> 吳凱筠 <sup>1</sup> 王錦榮 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup>
臨時稿件編號：0281	
論文發表方式：海報	Background: To evaluate the use of a human fibrin glue (Tisseel) for minor bleeding control and approximation of ovarian defect during transvaginal natural orifice ovarian cystectomy (TNOOC) of benign and non-endometriotic ovarian tumors. Methods: A total of 125 women with benign and non-endometriotic ovarian tumors who underwent TNOOC between May 2011 and January 2020: 54 with the aid of Tisseel and 71 with traditional suture for hemostasis and approximation of ovarian defect. Surgical outcomes such as length of surgery, operative blood loss, postoperative pain score, and postoperative hospital stay were recorded. Before and immediately (10 days) and at 6 months after the procedure, serum anti-Müllerian hormone (AMH) levels were also determined. Results: Complete hemostasis and approximation of ovarian defect were achieved in all cases. No significant difference was noted in the operating time, operative blood loss, postoperative pain scores after 12, 24 and 48 h, length of postoperative stay, and baseline AMH levels between the two groups. The operation did not have a negative effect on the immediate and 6-month postoperative AMH levels in the suture group. However, the decline in the AMH levels was significant immediately after surgery in the Tisseel group, nevertheless, no significant difference was noted in the AMH levels at 6 months (3.3 vs. 1.7 mg/mL; p = 0.042, adjusted p = 0.210). Conclusion: The use of Tisseel in TNOOC of benign and non-endometriotic ovarian tumors without suturing the ovarian tissue is clinically safe and feasible.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P165	藉由子宮鏡診斷子宮之軟化斑 Uterine Malakoplakia Identified by Diagnostic Hysteroscopy  翁瑄 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
臨時稿件編號：0047	
論文發表方式：海報	This report describes a 68-year-old gravida 2 para 2 woman who presented with postmenopausal bleeding for 1 month. One year previously, she had undergone living donor liver transplantation and was currently being treated with tacrolimus, lamivudine, everolimus, and prednisolone. Her gynecologic history included a right ovarian cyst (4.70 cm) diagnosed before the transplantation. Although the pelvic examination and Papanicolaou test results were within normal limits, ultrasound images revealed a significant endometrial thickening (3.23 cm) accompanied by fluid accumulation and a right ovarian mass. Diagnostic hysteroscopy showed focal, irregular, and asymmetrical endometrial thickening with mucosal hyperemia. The pathologic examination of the biopsy specimens revealed acute and chronic endometrial inflammation characterized by eosinophilic histiocytosis. The histiocytes had typical Michaelis-Gutmann inclusions, which showed a diffuse positivity for von Kossa staining and focal positivity for iron staining. These cells were also positive for CD63—a marker for histiocytes. The patient was therefore diagnosed with malakoplakia and treated with ciprofloxacin until the bleeding subsided. The endometrial thickness was significantly reduced (1.05 cm) on follow-up ultrasound at 3 months. To our knowledge, this is the first case of malakoplakia identified by diagnostic hysteroscopy in a liver transplant recipient. Malakoplakia is an uncommon granulomatous inflammatory disease that frequently affects the genitourinary tract. It is thought to reflect an impaired bacterial clearance, with Michaelis-Gutmann inclusions being phagolysosomes containing partially digested or intact bacteria. Our patient was receiving various immunosuppressive agents, which can increase the risk of developing premalignant and malignant endometrial lesions. In this scenario, a hysteroscopy allows not only determining the cause of bleeding but also making an appropriate differential diagnosis. The identification of malakoplakia should lead to prompt administration of antibiotics. Although intensive ultrasound surveillance is recommended to identify malakoplakia recurrences and rule out associated malignancies, repeated hysteroscopic examinations should be avoided.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P166	輸尿管旁脂肪肉瘤之臨床表現類似骨盆腔子宮內膜異位症造成的腎水腫 Peri-ureteral liposarcoma mimics pelvic endometriosis complicated with hydronephrosis  林島恩 <sup>1</sup> 朱凌慧 <sup>2</sup> 台北醫學大學醫學系 <sup>1</sup> 雙和醫院 <sup>2</sup>
臨時稿件編號：0079	
論文發表方式：海報	Objective: Patients with hydronephrosis would be encountered by a gynecologist when an obstructive lesion from the uterus or ovary is suspected. Here, we report a case with suspicious endometriosis-related hydroureteronephrosis by image workup. After surgical excision, the final pathology showed a rare retroperitoneal tumor. The determination of suitable surgical approaches, including laparotomy, laparoscopy or robotic surgery, is crucial for precise and complete excision of retroperitoneal tumor.  Case report: A left distal tiny peri-ureteral tumor was found on the computed tomography (CT) scan of a 43-year-old woman with hydronephrosis. Because adenomyosis and left ovarian cyst were also found, hydroureteronephrosis cause by endometriosis was suspected before operation. Complete excision of the peri-ureteral tumor was performed by robotic surgery. The post-operative pathology of immunohistochemical stains and fluorescence in situ hybridization confirmed the diagnosis of retroperitoneal well-differentiated liposarcoma (WDLPS). The follow-up image showed no evidence of recurrence at 3 months after operation.  Conclusions: Although most of the retroperitoneal lesions which cause hydronephrosis are benign and with good prognosis, other malignant causes should always be considered. Minimal invasive surgery, especially robotic-assisted surgery, is an option due to the less amount of mean blood loss and morbidity rate and more precise dissection of soft tissue than traditional laparotomy in both benign and malignant small retroperitoneal tumors.
論文歸類：內視鏡	

稿件編號：P167	子宮外子宮肌瘤合併子宮內膜異位症於同一處 An extrauterine leiomyoma coexisting with endometriosis at the same site
臨時稿件編號：0114	麥迪森 <sup>1</sup> 翁宜 <sup>1</sup> 林玉珊 <sup>1</sup> 蘇育瑩 <sup>1</sup> 吳凱筠 <sup>1</sup> 王錦榮 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式：海報	Brief history： A 46 year-old, para 2，presented to our clinic with suprapubic pain for 6 months. She has no other associated complaint. She has undergone laparoscopic excision of retroperitoneal myoma with degeneration and cul-de sac(CDS) endometriosis 7 years ago. Pelvic magnetic resonance imaging (MRI) showed 6cm pedunculated tumor at supravescicular level, contiguous to anterior low uterine body, suggestive of myoma with degeneration. Laparoscopic excision was performed and histopathology disclosed peritoneal leiomyomatosis with endometriosis.
論文歸類：內視鏡	Discussion： Disseminated peritoneal leiomyomatosis is a specific type of leiomyomatosis. It is commonly occurred on gastrointestinal tract, uterus and Pouch of Douglas. Existing on supravescicular peritoneum is an unusual location, which is seldom reported in medical literature. It may co-existing with endometriosis. A possible hypothesis is the two disease may be derived from similar cell origin We would like to demonstrate the images of an extrauterine leiomyoma coexisting with endometriosis at the same site.

稿件編號：P168	內視鏡扶持機器手臂輔助腹腔鏡子宮肌瘤切除術 Preliminary experience of Laparoscopy myomectomy assisted with Robotic Endoscope Holder
臨時稿件編號：0132	王孝筌 <sup>1</sup> 莊乙真 <sup>1</sup> 新北市亞東醫院婦產部 <sup>1</sup>
論文發表方式：海報	The widespread adaptation of minimal invasive surgery for gynecologic surgeries had increased the difficulty and complexity of surgery and surgical time. For example, complicated laparoscopic myomectomy might be performed for several hours. In such case, the camera image tends to become unsteady due to fatigue of the camera assistant. The self camera-control by the surgeon gives more stability of the laparoscopic image. A robotic camera assistant, directly under surgeon's control, can help the surgeon control the surgical view better.
論文歸類：內視鏡	Here we present our preliminary experience of Laparoscopy myomectomy assisted with Robotic Endoscope Holder with the product Model :MTG-H100 (HIWIN TECHNOLOGIES CORP. Taiwan 2020 )  . The holder includes 1. Embedded Remote Center of Motion (RCM) generates precise movement and ensures minimal incision size. 2. Intuitive Control System Patented 6-direction control foot pedal and intelligent tool tracking system allow surgeons to perform solo surgery 3. Quick Setup & Mobility Robotic arm can be easily mounted onto operating tables or operated directly on the trolley, adapting to different surgical positioning. 4. Disposable Sterile Drape Device is covered with sterile, single-use drape to ensure hygiene and safe operations  . The myomectomy procedure are as usual 1. Identify the ureter and uterine vessels 2. Temporally block the uterine vessel with bulldog 3. Injection of diluted pitressin as needed 4. Enucleation of myoma and suture of uterine defect 5. Morcellate the myoma through wound retractor over the umbilicus  The Robotic Endoscope Holder have the advantages, such as elimination of the fatigue of the assistant who holds the camera, elimination of fine motor tremor and small inaccurate movements, delivery of a steady and tremor-free image, nondependency on camera operator, reduced number of highly skilled staff. However, further studies of the Endoscope Holder are warrant.

稿件編號：P169	單孔腹腔鏡手術中因胃膨脹導致之胃損傷：病例報告 Serosal injury of the extended stomach during laparo-endoscopic single-site surgery entry: a case report
臨時稿件編號：0136	陳嫻辰 <sup>1</sup> 李佩蓉 <sup>1</sup> 丁大清 <sup>1,2</sup> 花蓮慈濟醫院婦產部 <sup>1</sup> 研究部 <sup>2</sup>
論文發表方式：海報	Objective The laparoscopic complication related to entry is rare. The incidence of entry-related complications is 0.4 per 1000. The caused bowel injury has a high morbidity and mortality rate. We presented a case of stomach serosal injury caused by the extended stomach during laparo-endoscopic single-site surgery entry. Case report A case of a 37-year-old female presented with dysmenorrhea for one year. A transvaginal ultrasound revealed a uterine myoma and cesarean section (C/S) wound defect. Therefore, laparoscopic single-site myomectomy and C/S wound defect repairing were performed. During incision of the umbilicus, the distended stomach was injured by an electric knife with 30 watts of energy. After knowing the injury, we inserted a nasogastric tube and repaired the stomach serosa injury. Then LESS myomectomy and C/S defect repairing were done smoothly thereafter. Conclusion Gastric serosa injury due to umbilical trocar insertion is a rare complication. The open technique (Hasson method) is regarded as a safer way than the closed technique (Verres needle). Our case was gastric serosa injury secondary to trocar entry with the open method. Gastric distention was the main problem of this complication. Placement of a nasopharyngeal tube and routine percussion of the abdomen before the trocar insertion are the most important steps to prevent the complication.
論文歸類：內視鏡	

稿件編號：P170	內視鏡手術特殊併發症 Rare port site complications
臨時稿件編號：0235	張介邁 <sup>1</sup> 龍震宇 <sup>1</sup> 蔡英美 <sup>1</sup> 高雄醫學大學附設醫院 <sup>1</sup>
論文發表方式：海報	Abstract The complication rate of minimally invasive surgery is overall low, however, it is worth knowing that more than half of the complications are related to the entry technique. Among the port site complications reported, hernia is the most frequently mentioned. A case is described here to offer our experience and another differential diagnosis. A young female came for consultation of an umbilical tumor, which was noticed for 6 months with progression in size. There was no other discomfort but cosmetic concerns from the patient. She had uterine adenomyosis managed by laparoscopic surgery 8 years ago. Based on her history, trocar site endometriosis was considered the most likely diagnosis. Abdominal MRI found a well-defined cystic lesion with thin walls under the umbilicus. Upon surgical exploration, a cystic tumor about 2 cm was resected and pathology examination reported an epidermal cyst. Epidermal cysts (ECs) are slow-growing and painless lesion that can be primary or secondary. In this case, the epidermal cyst arising at the infra-umbilical region is likely to be secondary to trauma caused by the previous laparoscopic trocar port. Ultrasound, MRI or CT are all useful for diagnosis. Surgical intervention is necessary when there is functional or cosmetic impairment. Due to the widespread use of minimal invasive surgery, complications like this should not be underestimated.
論文歸類：內視鏡	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P171	剖腹產疤痕處子宮外孕以腹腔鏡手術處理後成功懷孕-系列案例報告 Successful Pregnancy After Laparoscopic Management of Cesarean Scar Ectopic Pregnancy -A case series report
臨時稿件編號：0199	
論文發表方式：海報	林敬旺 <sup>1</sup> 大千綜合醫院婦產科 <sup>1</sup>
論文歸類：內視鏡	Background: Pregnancy developing in a cesarean scar is a very rare form of ectopic pregnancy and may lead to catastrophic complications, such as uterine rupture and excessive hemorrhage. Early detection is amenable to fertility preserving treatments, but a comprehensive discussion about subsequent pregnancy outcomes, especially after treatments by laparoscopic resection of cesarean scar ectopic pregnancy is lacking. Patient and Methods: We report three cases of cesarean scar ectopic pregnancy which all were early diagnosed (range from pregnancy 5+2 weeks to 6+5 weeks) by transvaginal ultrasound and underwent laparoscopic resection of the cesarean scar pregnancy with a smooth course. These diagnosis were confirmed by laparoscopy and final pathology. One of these cases had subsequent successful pregnancy and term cesarean delivery. The details of these three cases and pictures of the diagnostic ultrasound & laparoscopy will be presented in the final poster. Conclusions: Cesarean scar pregnancy should be diagnosed and treated as soon as possible to prevent severe complications. The rarity of cesarean scar pregnancy explains the absence of universal guidelines for management. Our cases demonstrated that laparoscopic conservative surgery is effective and optimal for early diagnosed cesarean scar pregnancy cases if facilities and expertise are available.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P173	腹腔鏡髂恥帶懸吊手術的短期追蹤表現 Short term outcomes of Laparoscopic pectopexy procedure
臨時稿件編號：0013	
論文發表方式：海報	林室如 <sup>1</sup> 蔡青倍 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文歸類：婦女泌尿	ABSTRACT Background: Laparoscopic pectopexy(LP) is a newly developed, minimal invasive surgical method to provide level I suspension to female pelvic organ prolapse. Traditional laparoscopic sacral hysteropexy is known as the steep learning curve and a long operating time. For women who need apical suspension of uterovaginal prolapse, laparoscopic pectopexy could be an easier and effective option to operators.  Methods: This was a review of short-term(6~18 months) outcome of patients who received LP in a tertiary referral hospital. A total of 23 women with apical prolapse of pelvic organ who underwent a laparoscopic pectopexy procedure were included. Pre-operative data, peri-operative data, and surgical outcome were analyzed.  Results: Patient characteristics and perioperative results were listed in Table 1 and Table 2. The mean age of the patients was 55.7 years old. The operative time is short (mean 118min) and blood loss is minimal. Vaginal perineal urethral suspension, Anterior vaginal wall and posterior wall repair were most common concomitant surgeries. Surgical result and complications were listed in Table 3. There were only two patients had surgical failure(2/23, 8.7%). One developed cystocele stage III at 1 month after the surgery due to the occupation-related high abdominal pressure. The other one developed mild rectocele (Bp -1cm ) after 6 months of the surgery, which was asymptomatic. The complication rates were rather low and the mostly resolve after 2 months' follow up.  Conclusion: With short operation time, low recurrent rate, rare complication, and short hospitalization, the laparoscopic pectopexy is an effective option for women who had apical pelvic organ prolapse.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P172	子宮角妊娠之手術處置及後續受孕影響 Surgical management of interstitial ectopic pregnancy and the further fertility outcome
臨時稿件編號：0303	
論文發表方式：海報	郭閔珊 <sup>1</sup> 陳三農 <sup>1</sup> 高雄榮民總醫院 <sup>1</sup>
論文歸類：內視鏡	Introduction: Interstitial ectopic pregnancy is a rare and life-threatening condition. Surgery is the most efficient treatment, but there are different operative procedure. In addition, the followed fertility outcome is also focused by the patient and physician.  Case : This is a 23-year-old female without systemic disease nor surgical history. She didn't have pregnancy before, and also denied dysmenorrhea, menorrhagia nor oral contraceptive pill use. Pregnancy was found on 2020/01/14, then she received prenatal examination regularly at clinic. There was one episode of vaginal bleeding on 2020/02/01, and it was self-limited. At the gestational age of 8 weeks, sonography revealed bulging from right cornual part of uterus, with blighted ovum. Due to the ectopic pregnancy at cornual part of uterus with blighted ovum, the patient underwent dilation and curettage procedure. However, the followed beta-HCG level was still high(138026 mIU/mL). Then, she visited to our GYN OPD for help, where the trans-vaginal sonography showed a heterogeneous mass(49*44*54mm in size) with a covering of myometrium and strong surrounding flow at right fundus, which separated from endometrium. More elevated beta-HCG level was noted(194751 mIU/mL). The patient also mentioned about abdominal distention and soreness over RLQ of abdomen. Then, she received laparoscopic resection of right interstitial ectopic pregnancy on 2020/02/19. During the surgery, to reduce blood flow, Pitression (1:100) was injected to myometrium around the base of the ectopic mass, bilateral uterine arteries were ligated temporarily, and the B-Lynch suture was done. After the surgery, the beta-HCG level decreased gradually. The followed hysteroscopy showed smooth endometrium lining with patent bil.tubal orifices, but the hysterosalpingography revealed right tubal obstruction. Half-year after surgery, the patient conceived naturally. Now, the gestational age is second trimester, and the patient receives regular prenatal examination.  Discussion: Focus on the difference, prognosis and fertility outcome of different surgical management of interstitial ectopic pregnancy, including abdominal cornual wedge resection, laparoscopic cornuostomy/salpingotomy, laparoscopicMini-cornual excision and laparoscopic cornual resection.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P174	陰道內雌激素補充對停經後骨盆腔器官脫垂婦女之陰道前壁雌激素受體的影響 Estrogen receptor expression of anterior vaginal wall after local estrogen supplement in postmenopausal women with pelvic organ prolapse
臨時稿件編號：0124	
論文發表方式：海報	楊昀臻 <sup>1</sup> 彭賢佑 <sup>2</sup> 陳進典 <sup>1</sup> 黃淑君 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 財團法人馬偕醫學院醫學系 <sup>2</sup>
論文歸類：婦女泌尿	Background: Estrogen deficiency may be associated with the development of pelvic floor dysfunction. The physiological effects of estrogenic compounds are modulated by estrogen receptor subtypes alpha (ERα) and beta (ERβ). ERβ was first discovered in 1996. Since then, the traditional estrogen receptor has been denoted ERα. Estrogen receptor beta has wide tissue distribution and ERβ-selective agonist is a potential target for the treatment of various diseases.  Purpose: The aim of this study was to evaluate the effects of vaginal estrogen replacement on ERα and ERβ expression in patients with pelvic organ prolapse (POP).  Materials and Methods: From January 2019 to December 2019, post-menopausal women who were to receive transvaginal pelvic reconstruction surgery due to POP (POP-Q ≥2) were invited to participate in this study. Patients were assigned to vaginal estrogen replacement (P+E) group, prolapse group (P), and control group (C). The control group consisted of post-menopausal women who received hysterectomy due to other gynecological diseases The vaginal estrogen replacement group received estrogen cream (0.625mg conjugated equine estrogens per 1g vaginal cream) to apply vaginally every day in the evening for at least 2 weeks before the operation. Anterior vaginal wall tissue samples (full layers, 10 x 20mm) were obtained from the cut edge (point Ba) before closure of the anterior vaginal wall incision. The extracted tissue was divided into several tissue blocks, immersed in RNAlater solution, and frozen for subsequent use. Using the Quantitative real-time polymerase chain reaction (Q-PCR), ERα and ERβ RNA were quantified and compared among these groups. Kruskal-Wallis test and one-way ANOVA test were used for statistical analysis.  Results: Twenty-four post-menopausal women were recruited for this study. The data of the vaginal estrogen replacement group (n=10), prolapse group (n=11) and control group (n=3) were analyzed and compared. There were no statistical significant differences in age, parity, body mass index, and length of menopausal years between the three groups. The mean duration of vaginal estrogen application was 26.5 days in the replacement group. The median ERα RNA was 1.2 for the vaginal estrogen replacement group, 1.0 for the prolapse group, and 1.9 for the control group (p = 0.352). The median ERβ RNA was 0.4 for the vaginal estrogen replacement group, 0.4 for the prolapse group, and 1.2 for the control group (p = 0.845).  Conclusion: There were no statistically significant effects of vaginal estrogen replacement on ERα and ERβ expression in postmenopausal patients with pelvic organ prolapse evaluated by the quantitative real-time polymerase chain reaction.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P175	低能量震波對女性慢性骨盆腔疼痛/外陰痛之療效
臨時稿件編號：0043	Efficacy of Low-intensity Extracorporeal Shock Wave Therapy (LIESWT) on female chronic pelvic pain and vulvodynia  劉奕吟 <sup>1</sup> 盧紫曦 <sup>2</sup> 林冠伶 <sup>2</sup> 龍震宇 <sup>3</sup> 高雄市立小港醫院婦產科 <sup>1</sup> 高雄市立大同醫院婦產科 <sup>2</sup> 高雄醫學大學附設醫院婦產部 <sup>3</sup>
論文發表方式：海報	Chronic pelvic pain(CPP) in women is defined as noncyclic pain of 6 or more months' duration that localizes to the pelvis, anterior abdominal wall at or below the umbilicus, the lumbosacral back or the buttocks, and is of sufficient severity to cause functional disability or lead to medical care. The prevalence rate of CPP among women worldwide is between 6% and 27%. Patients with CPP very often present hyperpathia or real trigger points identified in muscles of the abdominal wall, perineum, or deep in the buttocks. This pain may be related to a regional myofascial syndrome. The extracorporeal low energy shock wave (LESW) therapy (2000 to 3000 impulses in 0.20-0.25 mj/mm2) initiated wound healing, angiogenesis, decreased oxidative stress, induced the releasing of VEGF, stimulated proliferation and differentiation of stem cells, and resulted in the effect of anti-inflammatory and tissue regeneration. The aim of our study is to evaluate the efficacy and safety of LESW therapy on CPP and vulvodynia. We enrolled 40 women with chronic pelvic pain and vulvodynia. The women had a real trigger points identified in muscles of the abdominal wall, perineum, or deep in the buttocks. LESW(0.25 mj/mm2 intensity, frequency 3.5/Hz) applied at each tender point around 500-1000 pulses shocks weekly for 8 weeks. Before and after the therapy, clinical symptoms, visual analog scale (VAS) and FSFI questionnaire were collected. After 8 weeks of LESW therapy, the VAS had significant improvement (6.76±2.19 vs. 1.00±0.95, P<0.001). All of the domains and total Female Sexual Function Index (FSFI) scores of the sexually-active women did not differ significantly after therapy. No adverse event was reported. The results of this pilot study suggest that LESW is an effective, safe, non-invasive alternative treatment for female CPP/vulvodynia.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P177	個案報告：一位 53 歲有尿道憩室的女性在接受陰道前壁修補後發生尿道陰道瘻管
臨時稿件編號：0321	Case report: A case of a 53 years old woman with urethral diverticulum had urethrovaginal fistula after anterior vaginal wall repair 許瑋芸 <sup>1</sup> 龍震宇 <sup>1</sup> 林冠伶 <sup>1</sup> 高雄醫學大學附設中和紀念醫院 <sup>1</sup>
論文發表方式：海報	Introduction: Urethral diverticulum (UD) is a rare condition that occurs in 0.02%-6% of women worldwide[1]. Its diagnosis can often be delayed and it could be mistreated as other urinary tract condition before diverticulum is confirmed. Classical symptoms triad are "3Ds", including dysuria, dyspareunia and dribble (after micturition); however, these symptoms only happens in 20% of patient with urethral diverticulum. The majority of clinical presentation are non-specific lower urinary tract symptoms, such as urinary incontinence, recurrent UTI, urgency, frequency and dyspareunia. The main purpose of this report is to raise awareness of urethral diverticulum and treat it properly on time. Case report: A 53-year-old-woman with hypertension under good control came to our out patient department (OPD) due to stress urinary incontinence (SUI) for 3-4 years, accompanied by urinary frequency and urgency. A anterior vaginal cyst was noted during speculum examination; thereby we performed anterior vaginal wall repairment to remove the cyst. Pathology report showed result compatible with Mullerian cyst. Nonetheless, those bothersome symptoms, including incontinence, urgency, frequency and recurrent UTI got limited response to treatment. Four months later than the anterior vaginal wall repairment, she complained of worsened urinary incontinence, which turned into continuous incontinence from stress incontinence. Transvaginal speculum exam demonstrated urine leakage from vagina, indicating vesicovaginal fistula or urethrovaginal fistula. Repairment of the fistula was done with urethrocytostomy. No bladder lesion was seen while there was a urethral diverticulum with visible ostium noted. We repaired the fistula from vagina side without removing of the UD. She returned to our OPD 4 months after the fistula repairment and she complained of urine leakage from vagina again. We therefore arranged second urethrovaginal fistula repairment for her. Foley catheter was removed on post operation day 16. No urine leakage was noted on post operation day 30. She still has regular follow up on our OPD now and further observation is still needed. Discussion: Urethral diverticulum (UD) is a rare condition that occurs in 0.02%-6% of women worldwide. The majority of urethral diverticula are acquired; theoretically (as no developmental model is designed, and researchers have had to rely on histopathological study of urethral diverticula), they are caused by rupture of chronically obstructed and/or infected peri- urethral glands into the urethral lumen[2,3]. Patients can present with a variety of nonspecific lower urinary tract symptoms, such as recurrent UTI, urinary incontinence, frequency and urgency, and a high index of suspicion is often required for diagnosis. Ultrasound techniques including transvaginal ultra- sonographic scanning (TVUSS), contrast-enhanced TVUSS, transrectal ultrasonography and transperineal ultrasonography have been reported. The main consequences of no treatment seem to be the persistence of presenting symptoms, in particular recurrent UTIs, urinary incontinence or frequency and/or the development of infection, abscess formation or stone formation within the diverticulum. The most effective form of treatment is transvaginal surgical excision via an anterior vaginal wall inverted U or midline incision, with excision of the diverticulum and three-layer closure with or without a Martius labial fat pad or a vaginal flap. Long-term complications include clinical recurrence, urethral stricture, urethrovaginal fistula, urgency and new-onset SUI. Because of the good overall efficacy of urethral diverticulum excision surgery with its relative paucity of serious adverse effects, surgical repairment is usually suggested. Conclusion: Urethral diverticulum (UD) is a rare condition which is delayed diagnosed at most of the times. Despite its rarity, UD could be overwhelming due to its recurrent annoying lower urinary tract symptoms (LUTS). We shall raise our awareness of UD among patients complaining of resistant LUTS and voiding dysfunction. Transvaginal or transperineal sonography, a simple examination with easy access, should be arranged for those who were highly suspicious of UD or those we going to have all kinds of vaginal surgery in case there are UD. With such routine exams we can make early diagnosis and reduce accidental complications.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P176	間質性膀胱炎和骨盆腔沾黏的可能關聯性
臨時稿件編號：0108	Potential relationships between Interstitial cystitis and pelvic adhesion  蔡青億 <sup>1</sup> 謝筱芸 <sup>1</sup> 劉芝谷 <sup>1</sup> 陳明智 <sup>1</sup> 台中榮總 <sup>1</sup>
論文發表方式：海報	Despite decades of basic and clinical research, the etiology of IC/BPS remains obscure. This disease likely has a multi-factorial aetiology. The current acceptable theory is injury or dysfunction of the glycosaminoglycan layer that covers the urothelium. This injury can be caused by bacterial cystitis, childbirth, pelvic surgery or urological instrumentation. During 2012-2020, we discovered 6 patients with interstitial cystitis, which was diagnosed several years after pelvic surgery(cesarean section or laparoscopy). They all visited our hospital for the bothersome lower abdominal pain and lower urinary tract symptoms for more than 6 months. Initial survey all revealed no significant findings. We performed diagnostic laparoscope and cystoscopic hydrodistension, and thus we detected pelvic/bladder adhesion and interstitial cystitis at the same time. After surgery, hyaluronic acid bladder instillation was introduced the the remaining symptoms. This report provides evidence that interstitial cystitis may have some relationship with pelvic/bladder adhesion. By determining whether the pain is of bladder origin, the physician can more successfully treat the patient with chronic pelvic pain. Further clinical research to confirm this effect is needed.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P178	完全性子宮脫垂併發膀胱陰道瘻管：病例報告
臨時稿件編號：0099	Total uterine prolapse complicated with vesicovaginal fistula: a case report  徐寧瑩 <sup>1</sup> 丁大清 <sup>1</sup> 李佩蓁 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文發表方式：海報	Background: Vesicovaginal fistula (VVF) is most commonly resulted from iatrogenic surgery or obstructed labor. In recent reviews, the retained pessary for pelvic organ prolapse (POP) could also cause VVF. We report a rare case with severe pelvic organ prolapse without pessary use and finally developed VVF. Case Report: A 63-year-old, para 3, all spontaneous vaginal deliveries, a postmenopausal woman complained of vaginal bulge sensation and involuntary urine leakage for three years. Stage IV uterine prolapse with VVF was diagnosed. She received transvaginal VVF repair combined with total vaginal hysterectomy and sacrospinous ligament fixation. The postoperative course was uncomplicated. Conclusion: This case illustrated that patients with POP should be treated and careful follow-up. The symptoms of VVF should be aware. Keywords: pelvic organ prolapse, vesicovaginal fistula, hysterectomy, sacrospinous ligament fixation
論文歸類：婦女泌尿	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P180	二氧化碳雷射在達文西機械手臂輔助卵巢囊腫切除及子宮內膜異位瘤燒灼之應用 The use of carbon dioxide laser in Robotic cystectomy and endometriosis ablation
臨時稿件編號： 0154	梁心怡 <sup>1,2</sup> 王毓淇 <sup>1</sup> 三軍總醫院 <sup>1</sup> 台中中國軍醫院 <sup>2</sup>
論文發表方式： 海報	Background The CO2 laser is precise, has minimal tissue penetration depth (0.1 mm), can coagulate small blood vessels, and produces the least thermal spread. Since Kaplan and his colleagues first used carbon dioxide (CO2) laser to treat cervical erosions in 1973, the use of laser technology in gynecology has become widespread. In Taiwan, we started to use robotic CO2 laser surgery for endometriosis and ovarian cystectomy.  Patient and Method The patient was a 30-year-old unmarried woman with no history of systemic disease, or surgical procedures. She suffered from dysmenorrhea since menarche at the age of 14. She experienced progressively increasing pelvic pain in recent periods of menstruation. She was referred to our outpatient department because of a suspected right teratoma diagnosis. Pre-operative Anti-Mullerian hormone (AMH) level revealed 5.6 ng/ml. Antral follicle count revealed eight over left ovary but the right ovarian antral follicle count cannot be measured due to the mass effect under transvaginal sonography. She underwent a successful robotic-assisted laparoscopic right ovarian cystectomy and endometriosis ablation with CO2 laser. We placed 4 trocar ports and insufflation to 15 mmHg of CO2. The patient was placed in steep Trendelenburg position for system docking. Intraoperatively, a cystic mass was arised from the right ovary like a teratoma about 6 cm. We used CO2 laser for excision and enucleation under robotic-assisted laparoscopy smoothly. There were some endometriosis spots over cul-de-sac region and bilateral ovary, CO2 laser vaporizer was used to ablate the endometriosis spot. Estimated blood loss for the procedure was 5 ml. Operative time was 1 hour, 19 minutes.  Results In this case we show the unique advantages of the CO2 laser in meeting the above objectives (complete excision, minimal thermal and mechanical trauma (precision), and minimal adhesion potential) when endometriosis is over the pelvic wall. Impressively limited depth of tissue penetration as very little of the serosa tissue is being impacted by the energy. Just the serosa has been incised. Minimal damage to surrounding tissues can reduce postoperative pain and recovered quickly.  Conclusions Our experience showed that CO2 laser using for Robotic cystectomy and endometriosis ablation is safer and more efficiency.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P182	以 FloSeal 來控制腹式子宮切除的嚴重出血：一病例報告 Successful Control of Massive Bleeding using FloSeal during Abdominal Hysterectomy: A Case Report
臨時稿件編號： 0230	李耀堯 <sup>1</sup> 鄭雅敏 <sup>1</sup> 黃閔喧 <sup>1</sup> 林儒昌 <sup>1</sup> 黃正強 <sup>2</sup> 郭宗正 <sup>1</sup> 郭綜合醫院產部 <sup>1</sup> 郭綜合醫院放射科 <sup>2</sup>
論文發表方式： 海報	Introduction FloSeal is a novel matrix hemostatic sealant composed of collagen-derived particles and topical human-derived thrombin. The bovine gelatin matrix consists of cross-linked gelatin granules in a syringe. It was first approved by the Food and Drug Administration (FDA) in 1998 and is indicated as an adjuvant to hemostasis when control of bleeding by ligature or convention procedures is ineffective or impractical. Herein, we presented a case suffering massive bleeding during an operation procedure and the subsequent success in causing the hemorrhage to cease.  Case Report A 59-year-old female was presented having suffered from vaginal bleeding for three months. Pelvic examination revealed a 5-cm cervical cauliflower tumor, while biopsy showed squamous cell carcinoma. On Dec. 15, 2019, pelvic computed tomography (CT) revealed right hydronephrosis, and the patient was diagnosed as having cervical cancer, stage IIb. She underwent right-sided double-J insertion, receiving concurrent chemoradiation with carboplatin AUC (area under curve) 2 for 13 courses in addition to completing external and internal radiation therapy. SCC (squamous cell carcinoma antigen) subsequently declined from 31.1 ng/mL to 1.2 ng/mL. She underwent several endocervical curettages and pathologic reports showed necrotic tissue only. However, SCC elevated markedly to 3.3 ng/mL on Aug. 5, 2020. In addition, CT showed a 4.8 cm lobular necrotic tumor in the cervical region. After discussion, she underwent ATH and BSO on Sep. 15, 2020. However, severe vaginal cuff bleeding occurred after removing the uterus, and hemostasis failed after a combination of gauze and gelfoam compression. The hemorrhage then rapidly ceased after local application of FloSeal. The postoperative course was uneventful. Pathology showed cervical cancer involving surgical margin. Subsequently, she unremarkably received two cycles of systemic therapy consisting of bevacizumab, carboplatin and paclitaxel. Serum SCC value declined to 1.1 ng/mL on Dec.12, 2020.  Discussion Excessive bleeding complicates surgery and often leads to longer hospital stays, increased costs, blood transfusions, wound infection, and patient dissatisfaction. Efforts to control surgical bleeding are needed to avoid these disadvantages. Nonetheless, severe hemorrhaging remains a challenging condition during operations and topical hemostatic agent use in gynecologic surgery is on the rise. In this case, after applying FloSeal to the bleeding site, the special particles of the FloSeal matrix swelled by approximately 10-20% upon contact with blood, thus providing an additional compression effect. It acts quickly and is able to stop the bleeding within two minutes at the site of action and works well for both wounds with capillary oozing or arterial spurting. Absorption occurs in 4-6 weeks. Gynecologists should better understand the benefits of topical hemostatic agents in order to avoid life-threatening hemorrhages such as that occurring in this case.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P181	案例報告：腹腔鏡肌瘤切除術後繼發寄生性肌瘤 A case of Iatrogenic parasitic myoma at trocar site penetrated into abdominal cavity after previous laparoscopic myomectomy
臨時稿件編號： 0137	莊鏡瑩 <sup>1</sup> 黃閔照 <sup>2</sup> 馬偕紀念醫院 <sup>1,2</sup>
論文發表方式： 海報	Background: Laparoscopic myomectomy is a common minimal surgical approach and is associated with a shorter hospital stay, less postoperative pain scores, lower estimated blood loss and better cosmetic results. However, some cases of parasitic myomas were reported after operation, especially those cases removal of specimen with power morcellation after laparoscopic myomectomy. We report a case of Iatrogenic parasitic myomas scatted in abdomen cavity and through the abdominal wall of trocar site after laparoscopic myomectomy with uncontained power morcellation. Case presentation: This 44-year-old Asian woman, G1P1, without any systemic disease, with previous laparoscopic myomectomy 10 years ago, noted a lower abdominal palpable mass at left lower quadrate abdominal wall. Clinical examination showed enlarged uterus greater than fist size and an elastic, movable mass about 6cm noted at LLQ area beneath previous trocar site. Computed Tomography was arranged and found several lobulated masses (up to 6.5cm in greatest diameter) in the left anterior abdominal wall and pelvic cavity and a 10cm heterogeneous mass in the uterus. Under impression of parasitic myomas, surgical intervention was arranged and total abdominal hysterectomy, bilateral salpingectomy, excision of the intra-abdominal mass and excision of subcutaneous mass were performed smoothly. Multiple myomas scattered in her abdomen and were noted adhesion to intestine, peritoneum, and one was attached to right ovary. Apparently, there were engorging feeding vessels of these myomas. Another 4-cm incision was made over the LLQ area on the previous 5mm trocar site. Multiple myomas was noted on the previous LLQ trocar site, including a 3 cm myoma and a group of clustered myomas which penetrated into abdominal cavity. All visible abdominal myomas were removed smoothly. The histopathology of these mass all showed leiomyomas. Discussion: Laparoscopic power morcellator cut the tissue into fragments with rapidly spinning blades so that it can be removed through a small incision. Although the minimal invasive approach has its benefits, small tissue fragments may be spread into the abdominal cavity and implanted on the peritoneum or other pelvic organs. In 2019, the US Food and Drug Administration(FDA) recommended performing laparoscopic power morcellation for myomectomy or hysterectomy only with a tissue containment system. Fibroid remnants left in abdominal cavity might be a risk factor for causing parasitic myomas and the malignancy of the fragments cannot be rule out. Surgeons should always removed every fibroid fragments after morcellation and should always perform morcellation in a containment bag whenever possible.
論文歸類： 一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P183	計劃接受海扶刀治療的子宮肌瘤或子宮肌腺症病人 MRI 診斷癌瘤的概況-高醫經驗 Gynecologic malignancy in patients planned to receive HIFU surgery
臨時稿件編號： 0257	彭美瑜 <sup>1</sup> 莊蕙瑜 <sup>1</sup> 林冠伶 <sup>1</sup> 龍震宇 <sup>1</sup> 鄭丞傑 <sup>2,3,1</sup> 高雄醫學大學附設醫院 <sup>1</sup> 台北秀傳醫院 <sup>2</sup> 彰化秀傳紀念醫院 <sup>3</sup>
論文發表方式： 海報	All patients who want to receive ultrasound-guided high-intensity focused ultrasound(HIFU) need to accept pre-HIFU MRI to exclude malignancy and for treatment plan. In Kaohsiung medical university hospital from April 2015 to November 2020, there were 30 patients whose pre-HIFU MRI report showed possible uterine malignancy .  Among 30 patients that pre-HIFU MRI can't exclude malignancy, 25 patients treated with HIFU after discussed between clinicians and radiologists or accepted hysteroscopic surgery, D&C to exclude malignancy. 3 of the 25 patients were diagnosed endometrial cancer or uterine sarcoma after HIFU surgery.  Five of 30 patients that pre-HIFU MRI can't exclude malignancy didn't receive HIFU finally. Two patients were confirmed to be endometrial cancer by hysteroscopic surgery, two patients were diagnosed as uterine fibroid after myomectomy, one patient lost follow up after canceling HIFU surgery.  There are 30 patients whose pre-HIFU MRI can't exclude malignancy, 11 of the 30 patients' MRI report can't excluded endometrial cancer and another 19 patient's report can't excluded uterine sarcoma.  Two of 11 patients who can't excluded endometrial cancer on MRI were diagnosed endometrial cancer by hysteroscopic examination. Both of them showed elevated CA 125 (110 U/mL and 266 U/mL ) in preoperative blood test.  After discussion among clinicians and radiologists and/or hysteroscopic examination and diagnostic D&C, sixteen of 19 patients who couldn't be completely excluded to have uterine sarcoma still received HIFU surgery. Three of them were found to be endometrial cancer or uterine sarcoma pathologically after HIFU surgery. Among them, one patient whose preoperative blood test showed elevated CA-125 56.12 U/mL and LDH 238 U/L received diagnostic D&C before HIFU surgery and endometrial polyp was impressed, but D&C was arranged again after HIFU due to abnormal uterine bleeding persist, then the endometrial cancer was diagnosed. One patient who has normal CA-125 and LDH in preoperative blood test receive hysterectomy due to uterine tumor size increase after HIFU surgery and uterine sarcoma was finally diagnosed Pathologically. One patient had mild elevated CA-125 38.18U/mL and received hysteroscopic examination after HIFU surgery due to no obvious uterine tumor size shrinkage and menorrhagia persist, then endometrial cancer was confirmed pathologically.  From April 2015 to November 2020, there were 790 patients received HIFU surgery at Kaohsiung Medical University Hospital. Three patients were diagnosed as endometrial cancer or uterine sarcoma after HIFU surgery (0.38%). Five patients were canceled to do HIFU surgery due to malignancy can't be excluded in pre-HIFU MRI. Two of the five patients were confirmed to be endometrial cancer by hysteroscopic examination.  If uterine malignancy can't be excluded by pre-HIFU MRI or tumor marker elevation, hysteroscopic examination and diagnostic D&C before HIFU surgery is indicated.
論文歸類： 一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P184	成人之陰唇黏合之治療與懷孕追蹤
臨時稿件編號：0317	Labial Adhesion in Adult Woman after Surgical Intervention and pregnancy successful 梁心怡 <sup>1,2</sup> 余慕賢 <sup>1</sup> 三軍總醫院 <sup>1</sup> 台中國軍醫院 <sup>2</sup>
論文發表方式：海報	Introduction: Labial adhesions are the condition that labial minora became fused together. There are defined as partial or complete fusion of the labia minora in the midline. This condition is thought to be secondary to an inflammatory response in the labia minora. The contributing factor to labial fusion in infants and postmenopausal women is low estrogen levels. Most cases are asymptomatic and do not require any intervention. This condition resolve spontaneously before puberty as increasing estrogen level and the vaginal epithelium becomes cornified. Thus, this condition is extremely rare in reproductive women. Case history: The patient was a 27-year-old unmarried woman with no history of sexual activity, systemic disease, surgical procedures, trauma or vulvar inflammation. The interval between her menstrual cycles was regular, and the duration of menstrual bleeding was 5-6 days. She suffered from lower abdominal pain with blood clot during menstruation since her menarche at the age of 13 years. She also suffered from post-voiding urinary dribbling for more than 20 years. Her genital examination under the lithotomy position revealed no phallus or ambiguous genitalia. The labia major, perineum, and anus appeared normal in shape but the inability to visualize the labia minora, urethral meatus, and vagina. Midline fusion of the labia minora was from below the clitoris to the posterior fourchette. One small opening was found at the upper part of the vulva, just below the clitoris for passing urine and menstrual blood. Her secondary sexual characteristics were well developed and her menstrual cycle was regular. There is no sign indicating hormonal deficiency. Under the ultrasound examination, normal uterus, cervix and ovary were detected. No renal agenesis, hypoplasia, or ectopy was found via Magnetic resonance imaging. An intravenous pyelogram was done smoothly and no visualizes abnormalities of the urinary system, including the kidneys, ureters, and bladder. Under general anesthesia, the patient was placed in the lithotomy position and the perineum and vagina were surgically prepared. The labial fusion was separated by electrocautery and sharp dissection. The urethral orifice and vaginal orifice were visualized and normal. The released edges of the labia minora were interrupted sutures of 2-0 delayed absorbable material. A Foley catheter was placed into the bladder to prevent urine contaminating the wound and removed it on the second day of post-operation. During the postoperative follow-up at the end of eight weeks, labial tissues were found to be completely healed. She also started sexual activity in the third month after surgery. Delayed menstruation was found in the fourth month after surgery and the gestational sac was observed at ultrasound as gestational age of six weeks. Conclusion: Due to atypical symptom of labial fusion, it is difficult to diagnose. However, it may be noted with urinary incontinence, urinary tract infections, hematuria, urinary frequency and vaginitis. First-line therapy in patients who are low estrogen levels with difficult micturition, persistent infections, or pain includes topical estrogen or a topical steroid applied twice daily to the midline raphe under gentle traction. Labial adhesion resolves spontaneously at puberty in up to 80%. There is only 5-10 % requiring surgical adhesiolysis under anesthesia. As our case, she suffered from post-voiding urinary dribbling first but she didn't pay attention to it. This occurs due to partial labial fusion which provides a space for urine collection and following leakage. She has history of regular menses and getting pregnant after surgical intervention. Hypoestrogenemia as the cause of labial adhesion was excluded. Due to her complete, thick adhesions and a long history of labial adhesion, we choose surgery instead of topical therapy. As the patient was in the reproductive age group with normal estradiol levels, no additional therapy was applied to prevent recurrence. Labial adhesion is rare in reproductive women and the cause of labial adhesion is unclear. For those reproductive women with urinary retention or apareunia, labial adhesion should be kept in mind for your differential diagnosis. Adequate gynecological examination is important for the evaluation of voiding symptoms even if the patient does not have a history of sexual intercourse.

	The patients with obstructive Mullerian anomalies are predisposed to retrograde menstruation that might lead to endometriosis. The concurrence of endometriosis and obstructed uterine anomalies has been frequently reported in published literature. The occlusion of menstrual outflow and retention of menstrual discharge causing endometriosis was a typical complication for patients with unilateral atresia of the lower genital tract, which bears similarities to our case. Gynecologic malignancies arising from patients with congenital uterine anomaly was rare and have been reported in only a few cases before. They all aim to remind clinicians to be aware of the unusual coexistence of gynecologic malignancies and congenital uterine malformations. Therefore, the pre-operation MRI findings could lead us to assume the possibility of left adnexal carcinoma, especially when it is based on the finding of a complex septated ovarian cystic tumor, local lesions and pelvic free fluid suspected peritoneal carcinomatosis and ascites. The radiologist's unfamiliarity with rare and complex congenital anomaly classification and suboptimal depiction in MRI due to distortion of normal anatomy by other gynecological comorbidity are the reasons why uterine malformation could lead to difficulties in differentiating malignancies from benign diseases in MRI. A timely accurate diagnosis of congenital uterine malformation before surgery could help to develop appropriate management and avoid complications. In our case, endometriosis was a final pathological diagnosis. There was no consensus on how to correct the congenital anatomic anomaly or prevent the next obstruction. Thus, close follow up is required to provide better life quality for patients and to preserve fertility.  Conclusion Our aim in this case report was hoping to raise clinicians' and radiologists' awareness that a benign adnexal lesion complicated with congenital Mullerian malformation could mimic adnexal malignancy. Given the rarity of anomalies such as our case of bicornuate bicollis uterus with unilateral cervix obstruction, the misdiagnosed condition could easily occur. Good communication and discussion between experts in different departments could prevent potential morbidity and mortality of misdiagnosis and draw up better management plans for patients.
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P185	子宮先天性異常合併卵巢子宮內膜異位瘤在核磁共振影像上模擬子宮附屬器癌 MRI of Endometrioma Mimicking Adnexal Carcinoma in a Patient with Congenital Uterine Anomaly
臨時稿件編號：0037	涂育綾 <sup>1</sup> 陳宇軒 <sup>2</sup> 李詠詩 <sup>3</sup> 陳瀚潔 <sup>3</sup> 高醫大附設中和紀念醫院一般科 <sup>1</sup> 高雄醫學大學醫學系 <sup>2</sup> 高醫大附設中和紀念醫院婦產部 <sup>3</sup>
論文發表方式：海報	Background: Bicornuate uterus with unilateral cervical obstruction is a rare congenital anomaly in females. Magnetic resonance imaging (MRI) is the tool of choice to recognize congenital malformations. However, the coexistence of congenital uterine anomalies and gynecologic disease could lead to more difficulties in diagnosis. We herein present a case of bicornuate bicollis with unilateral cervical atresia of a young Taiwanese female, who was initially impressed as gynecologic carcinoma in the initial MRI image. This case is important for its unusual congenital uterine anomaly type and it presents features on MRI images similar to malignant adnexal tumors.  Case presentation: This 21-year-old female presented with left side abdominal pain, secondary amenorrhea and loss of appetite. She had an irregular menstrual interval and fluctuant menstrual amount since her menarche. Her pelvic ultrasonography revealed a left adnexal tumor and double uterus with left cervical lesion (Fig.1). Also, left renal agenesis were found incidentally. Elevated serum CA125 (156 U/ml) was noted as well. Preoperative MRI revealed uterus didelphys, a large left complex ovarian cystic lesion with septation and hemorrhagic changes (Fig.2), multiple nodular lesions at the left adnexal region with high signal intensity on T1-weighted images, some effusion in the pelvic cavity, and suspected peritoneal carcinomatosis (Fig.3). Hence, congenital uterine anomaly combined with malignant left adnexal tumor was suspected by MRI and exploratory laparotomy in search of evidence of cancer was performed. During the operation, the bicornuate uterus was identified and the malformation consisted of two uteri (bicornuate) with two cervixes (bicollis), which on the left side was imperforate cervix. Left adnexal tumor with smooth surface and no local pelvic peritoneal carcinomatosis were noted. After left salpingo-oophorectomy, the frozen pathology report of left adnexa revealed that the left ovary with hemorrhage cyst and inflammation was suspected endometriosis with reactive atypia. We performed left salpingo-oophorectomy, partial omentectomy, and created a temporal cervical fenestration for this patient finally. The final histologic finding of left adnexal tumor is consistent with endometriosis with hemorrhage. Discussion: Obstructive Mullerian anomalies such as our case: uterine didelphys with unilateral cervical obstruction are unusual and there are only a few cases reported to date. Unilateral obstructive Mullerian malformation is usually diagnosed with a significant delay compared with complete obstruction types. Complete obstruction Mullerian anomaly presented with primary amenorrhea, cyclic and recurrent pelvic pain, and leads to the diagnosis of congenital uterine anomaly more easily. However, nonspecific clinical symptoms in unilateral cervical atresia of uterine didelphys may lead to a significant delay to diagnose and the patients may develop more complicated conditions.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P186	病例報告：以多發性肺結節表現的良性轉移性平滑肌瘤 Benign metastasizing leiomyoma presenting as multiple lung nodules: A case report
臨時稿件編號：0049	方潔 <sup>1</sup> 張景文 <sup>1</sup> 台北醫學大學附設醫院 <sup>1</sup>
論文發表方式：海報	Uterine leiomyomas are the most common benign gynecological tumor of women of reproductive age. Extra-uterine locations of benign leiomyomas constitute a very rare phenomenon consisting of the occurrence of smooth muscle tumors with similar phenotype and genotype to those of benign uterine leiomyomas. Benign metastasizing leiomyomas (BMLs) refer to leiomyomas which metastasize to extrauterine sites, predominantly to the lungs. Here, we report a 44 year old female presenting with abdominal fullness. She had surgical history of hysteroscopic myomectomy followed by laparotomy myomectomy twice six and three years ago for recurrent multiple uterine fibroids. On physical examination, a huge firm mass was palpated over her left lower quadrant and left side of the pelvis without tenderness. Transvaginal ultrasound showed a 15.5x13.7x18.5cm pelvic mass with flow. Tumor markers showed elevated CA-125 (63.43U/ml). Computed tomography(CT) showed a huge multi-lobulated heterogeneous lesion up to 21cm in the pelvis and left lower abdomen. Furthermore, bilateral basal pulmonary nodules were revealed. On Chest CT, multiple nodules in bilateral basal lung fields which were favored for metastasis. Therefore, pelvic neoplasm with metastasis was first suspected. The patient underwent abdominal total hysterectomy, bilateral salpingo-oophorectomy, resection of colon mass, and left pelvic lymph node dissection. Frozen sections of pelvic mass excision and colon biopsy were sent intraoperatively, which showed results of leiomyoma and endometriosis respectively. Final pathology results showed multiple leiomyomas and adenomyosis with no specific changes of lymph nodes. CT guided biopsy for lung nodules was performed subsequently, which showed a pathology of benign metastasizing leiomyoma. The patient was discharged from the hospital without any post-operative complications. She was given a single dose of Leuplin depot (11.25mg). In the 6-month follow-up period of our patient, she had no clinical, biochemical or radiological evidence of recurrence disease or distant metastasis. BML is usually characterized by uterine leiomyoma in young adulthood, with pulmonary metastasis occurring in the premenopausal period. Secondary locations occur years after the initial surgical treatment, varying approximately from 3 to 36 years. The correct identification of BML tumors relies on adequate tissue acquisition for pathologic evaluation, and they are usually diagnosed with surgical or radiographic biopsy. Currently, there are no guidelines for the optimal management and treatment of BMLs.

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稿件編號：P187 臨時稿件編號：0055	年輕女性卵巢子宮內膜異位瘤復發經促性腺激素釋放素治療後併有惡性轉化 Malignancy transformation of recurrent ovarian endometrioma after GnRH agonist treatment in a young woman  黃琨瑩 <sup>1</sup> 賴宗炫 <sup>1,2</sup> 台北國泰綜合醫院婦產科 <sup>1</sup> 天主教輔仁大學醫學系 <sup>2</sup>
論文發表方式：海報	Endometriosis is a chronic and estrogen-dependent disease in women of reproductive age with approximately 10% prevalence. Recurrent endometriosis may increase the risk of malignancy in old women as well as increase the risk of epithelial ovarian cancer, predominantly clear-cell and endometrioid carcinomas. Herein, we presented a rare case of a 34-year-old woman with recurrent endometrioma, for which had undergone laparoscopic cystectomy previously and became ovarian seromucinous cancer six years later. Case report: A 34-year-old woman, unmarried, G0P0, with past history of a left ovarian endometrioma, who had undergone laparoscopic ovarian cystectomy in 2014. Accidentally, a 4 cm recurrent left ovarian endometrioma was found in Oct, 2019 by a health exam clinic. CA125 level was 81 U/ml. Because of work schedule, she decided to postpone surgery for three months. GnRH agonist (Leuplin Depot(3.75mg) ) was prescribed for 3 doses to control the tumor growth. Unfortunately, three months later, ultrasonography reported a 8 cm left ovarian tumor with solid component and ascites accumulation in pelvis. The concentration of CA125 significantly elevated to 2070 U/ml. Computed tomography revealed a left ovarian 9 cm tumor and massive ascites. Under the impression of ovarian cancer, she received conservative surgery with left salpingo-oophorectomy. During the operation, a ruptured left ovarian tumor and massive ascites were noted. Frozen section revealed seromucinous carcinoma. Subsequently, she underwent fertility sparing staging surgery including left salpingo-oophorectomy, bilateral pelvic lymph nodes dissection, para-aortic lymph nodes dissection (infra-IMA), infracolic omentectomy, appendectomy, cytoreductive surgery and cytology. Following, she had received adjuvant chemotherapy with tri-weekly paclitaxel and carboplatin for six cycles and maintenance therapy with bevacizumab after then. Now, she was regularly followed up at our OPD. Conclusion: Recurrent endometrioma may increase the risk of malignancy transformation not always in old women but also in young women. Clinicians should pay attention when recurrent endometrioma growth after GnRH agonist treatment.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P188 臨時稿件編號：0134	藉由細針導引之剖腹產疤痕缺陷根治性切除術：改良式經陰道修補術 Optimal resection of cesarean scar defect by needle-guided technique: a modified transvaginal repair to recognize and resect whole defect  黃寬慧 <sup>1</sup> 黃思于 <sup>1</sup> 莊斐琪 <sup>1</sup> 張育維 <sup>1</sup> 黃坤龍 <sup>1</sup> 楊采樺 <sup>1</sup> 吳伶穎 <sup>1</sup> 高雄長庚醫院婦產部 <sup>1</sup>
論文發表方式：海報	Postmenstrual abnormal bleeding, heavy menstrual bleeding and postcoital bleeding resulting from previous cesarean delivery scar defects has increased in the past decade due to the prevalence of cesarean sections in Taiwan (35–37%). Various management from conservative OCP (cyclic oral contraceptives) to surgical interventions, including hysteroscopic resection or laparoscopic repair, levonorgestrel-releasing (LNG) intrauterine system (IUS) have been shown to be effective for the relieving the symptoms. However, no studies have defined how about "intact repair" and the outcome followed by repair. We developed a modified surgical procedure: Optimal resection of cesarean scar defect by needle-guided technique and presented five cases of patients with symptomatic previous cesarean delivery scar defects, in two of which recurrence occurred after initial management (hysteroscopic resection), treated by our new technique and uterine bleeding improved.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P189 臨時稿件編號：0205	位於腹股溝管的子宮外孕:案例報告 Ectopic pregnancy in the canal of Nuck: a case report  陳彥甫 <sup>1</sup> 呂建興 <sup>1</sup> 台中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：海報	Objective: Ectopic pregnancy in the canal of Nuck is a rare clinical scenario, which poses a challenge in preoperative diagnosis. Based on the literature review on the search engine PubMed, only 4 cases of non-tubal ectopic pregnancy over the canal of Nuck or inguinal canal were ever reported. The canal of Nuck, which is the female equivalent of processus vaginalis in males, is not an anatomical term commonly seen in daily clinical practice. Here, we present a case of ectopic pregnancy in the canal of Nuck, along with preoperative ultrasound pictures and laparoscopic findings. Case report: A 19-year-old primigravida, was sent to our emergency department with aggravating right lower quadrant abdominal pain in one week. Her menstrual cycle was irregular, and it was hard to trace her last menstrual period. However, intermittent vaginal spotting was noted for two weeks, along with aggravating right lower quadrant abdominal pain. Her initial serum beta-HCG level revealed 2411mIU/mL. Preoperative ultrasound pictures revealed an unusual location of the ectopic mass, which was close to the abdominal wall, in the subcutaneous layers. Laparoscopic surgery was arranged due to her progressive internal bleeding, and the ectopic mass was found over the canal of Nuck on the right. The canal of Nuck was also found over the left side. Bilateral suture repair of the canals of Nuck was performed after the removal of the ectopic mass. Postoperative follow-up of the serum beta-HCG level revealed a significant decrease of 874.5mIU/mL. Conclusions: From this case, we learned the rare female anatomical variation of the ectopic pregnancy, and presented the preoperative ultrasound images and the intraoperative findings.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P190 臨時稿件編號：0222	類似直腸癌表現的直腸子宮內膜異位: 個案報告 Rectal endometriosis mimicking rectal cancer: A case report  游正瞻 <sup>1</sup> 呂彥鋒 <sup>1</sup> 朱俊誠 <sup>1</sup> 新光吳火獅紀念醫院 <sup>1</sup>
論文發表方式：海報	Introduction Endometriosis is a chronic gynecologic disease, with endometrial glands and stroma presenting outside the uterine cavity. Endometrial tissue can present in whole female body and can be divided into intra-peritoneal and extra-peritoneal endometriosis. Here, we report a case of rectal endometriosis, which was misdiagnosed as rectal cancer initially.  Case presentation This 43-year-old woman with gravida 2, para 2, all via cesarean section, has been suffering from rectal bleeding that coincides with menstrual period for one year. She denied diarrhea, constipation, bloating, abdominal pain, dysmenorrhea, hypermenorrhea and abnormal vaginal discharge. She had undergone colonoscopy eight months ago, which revealed only hemorrhoid. However, rectal bleeding became worsening day by day. She had undergone colonoscopy again 2 months ago, and a rectal tumor noted at 5cm to 8cm level. Biopsy was performed and the pathologic report showed chronic inflammation. Tumor markers showed elevated CA125 of 46 U/ml and normal level of CA 19-9. Then she came to our hospital for second opinion. Digital rectal examination found a hard, golf ball sized rectal tumor at anterior wall of 7cm level, suspected malignancy. Enhanced pelvic computed tomography (CT) was arranged and showed a 7x5.5 cm exophytic uterine tumor from right posterior aspect of the uterus to regional rectal mural layer with severe rectal stenosis, suspected endometriosis with infiltration into the rectal wall. Transvaginal ultrasound showed a 5cm subserosal myoma at posterior wall of uterus and a 2.6X 2.3 cm mass protruding from the myoma, with lower echogenicity, favor deep infiltrating endometriosis. Under transvaginal ultrasound, when we moved the rectal tumor from rectum, the mass protruding from the myoma would move with it. Then she had colonoscopy again, which found a cauliflower like tumor, measuring 5 cm located at the rectal 7 cm to 12cm level, suspected malignancy. Tumor markers revealed normal serum level of CA-125: 21.1 U/ml and CEA: 0.3ng/mL. After discussion with herself, she accepted medical treatment first with Leuprolide acetate 3.75mg. However, two weeks after Leuprolide acetate injection, she selected operation treatment rather than medicine. Complete tumor resection was recommended to relieve the symptoms. Following detailed multidisciplinary discussion and informed consent, she underwent laparoscopy. During the operation, we found a 5 cm leiomyoma, with a 2 cm tumor arising from it and invaded into rectal wall. There was no other abnormal lesion over pelvic organs. We performed laparoscopic subtotal hysterectomy, bilateral salpingectomy, and low anterior resection. The operation was successful. Pathologic report showed endometriosis. Admission course was smooth and she was discharged on post-operation day 10. She had no rectal bleeding and no other complications after the surgery. She is currently under regular follow-up with medical control and no recurrence of endometriosis.
論文歸類：一般婦科	Discussion

	<p>Bowel endometriosis occurs in approximately 10% of all cases of endometriosis and usually arises in the rectum and sigmoid colon in 80% of these. Women with rectovaginal or bowel endometriosis may present with the classic symptoms of endometriosis (dysmenorrhea, dyspareunia, and infertility) and/or with gastrointestinal symptoms (e.g., dyschezia, diarrhea, constipation, bloating). Rectal bleeding is an uncommon presentation, but if bleeding is present and consistently coincides with menstrual bleeding, it is highly suggestive of rectovaginal endometriosis with infiltration into the rectal wall. Of note, the degree of symptoms does not predict the size of lesions or extent of disease. Women with extensive deep infiltrating endometriosis can be asymptomatic while women with small lesions can present with severe symptoms.</p> <p>Women suspected of having rectovaginal or bowel endometriosis undergo a diagnostic evaluation that includes a physical examination finding of a painful nodule, fixed uterus, or scarring, or by findings on pelvic sonography. Imaging examinations of transvaginal ultrasound (TVUS), trans-rectal ultrasound (TRUS), CT and pelvic MRI can provide information about depth of infiltration in the intestinal wall, percentage of the intestinal circumference, distance between intestinal lesions and the anal verge. Sigmoidoscopy or colonoscopy is rarely useful to diagnose bowel endometriosis as lesions that penetrate the mucosa are unusual. However, women with symptoms or findings of bowel malignancy, obstruction, or an abnormal double-contrast enema study should undergo endoscopy as part of their evaluation.</p> <p>The treatments include medical management and surgeries. For medical management, medications used in endometriosis are hormones, including contraceptives, gonadotrophin-releasing hormone analogue and selective progesterone receptor modulators, and non-hormonal drugs such as NSAIDs, aromatase inhibitors and danazol. Surgical treatment of rectovaginal or bowel endometriosis is guided by the location, size, and depth of infiltration of the endometriotic lesions. Techniques include bowel resection or nodule excision. Retrospective studies suggest that complete pain relief is more likely in women who undergo segmental or discoid resection compared with nodule excision, but complication rates also elevate with the increasing extent of resection.</p> <p>Conclusion</p> <p>Rectal endometriosis should always be considered as one of the differential diagnoses in female who have rectal bleeding that coincides with menstrual periods. Histopathological result of an adequate biopsy specimen should be performed to confirm the diagnosis and then guide the proper treatment.</p>
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台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P192	卵巢甲狀腺瘤：來自一間醫學中心的 21 名案例報告 Struma Ovarii: a rare ovarian tumor of 21 cases in a single medical center  林亮華 <sup>1</sup> 黃家彥 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
臨時稿件編號：0287	
論文發表方式：海報	
論文歸類：一般婦科	<p><b>Introduction</b></p> <p>Struma ovarii (SO) is an unusual ovarian tumor that the tumor composed of more than 50% of thyroid tissue; it accounts for about 3% in teratoma, and malignant struma ovarii (MSO) accounts only 5-10% in SO. The purpose of this study is to analyzed the clinicopathologic characteristics of this rare tumor.</p> <p><b>Materials and Methods</b></p> <p>Patients with pathologic diagnosis of ovarian struma ovarii were collected in Cathay general hospital between 2013 to 2018. The operation methods and types of surgery were also reviewed. Other clinical details including age at diagnosis, parity, initial symptoms before treatments, tumor laterality, tumor marker CA-125, and tumor size were collected. We also analyzed the pre-operation ultrasound images.</p> <p><b>Results</b></p> <p>A total of 21 cases of ovarian struma ovarii were collected. 9 (42.9%) SO patients received cystectomy, 6 (28.5%) patients received unilateral salpingo-oophorectomy, and 6 (28.5%) patients received bilateral salpingo-bilateral oophorectomy. 2 of these patients were diagnosed as malignant struma ovarii. None of these patients was diagnosed pre-operatively. The detailed ultrasound features of these 21 patients were described.</p> <p><b>Conclusion</b></p> <p>SO is quite difficult in pre-operative diagnosis. Whether the clinical initial symptoms or pre-operative image could not identify them correctly. Pelvic ultrasound of SO is hard to make the diagnosis of SO even performed via a experienced ultrasound performers. Other images including CT or MRI play a limited role in diagnosis of SO. Due to SO usually had relationship with thyroid dysfunction, physicians should keep in mind that once patients are diagnosed with SO should be examined the thyroid function no matter it is benign or malignancy.</p>

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P193	病例报告:巨大肌瘤術後併發影像診斷困難之膀胱破損及下腔靜脈血栓 Huge uterine myoma after operation complicated with difficult diagnosis of bladder perforation and IVC thrombus  鄭凱元 <sup>1</sup> 康介乙 <sup>1</sup> 林復宏 <sup>1</sup> 永康奇美醫院婦產部 <sup>1</sup>
臨時稿件編號：0298	
論文發表方式：海報	
論文歸類：一般婦科	<p><b>Background：</b></p> <p>Bladder perforation was one of the most common complication after gynecology surgery. The diagnosis of bladder perforation was most based on image study or ascites examination. However, we encountered a case of difficult diagnosis bladder perforation after subtotal hysterectomy. The image study and ascites examination both showed low possibility of bladder perforation with unknown origin of ascites. The final diagnosis was made by a diagnostic laparoscopic surgery.</p> <p><b>Patient and Methods：</b></p> <p>A 50-year-old woman without systemic disease had operation history of cesarean section. She presented with hypermenorrhea, urinary frequency, urinary retention and constipation for two years and progressed gradually. She also noted a palpable low abdominal mass since 3 months before admission. Due to the above symptoms, she went to a local clinic where huge uterine myoma was told and was transferred to our out patient department. At our out patient department, huge uterine myoma with size up to 12 cm was confirmed and subtotal hysterectomy with bilateral salpingectomy was arranged after discussion with the patient.</p> <p>During the operation, severe adhesion over uterine-bladder junction was noted and subtotal hysterectomy, bilateral salpingectomy as well as adhesiolysis was done with blood loss up to 1200 ml.</p> <p>Progressed abdominal fullness was noted after the operation and small bowel ileus with ascites was confirmed by abdominal X-ray. Besides, mild hematuria was noted too. Due to the above clinical findings, bladder perforation was suspected and cystography was performed. However, no evidence of urinary bladder rupture was noted. After symptomatic treatment, this patient was discharged without Foley tube insertion.</p> <p>Quickly, just 4 days after discharge, this patient came back to our emergency room due to significant abdominal fullness. Bedside sonography at ER found massive ascites and ascites tapping was performed. Ascites examination was also performed and only showed mild elevated creatinine [Cr: 7.77 mg/dL]. By the way, the urine creatinine was up to 326.8 mg/dL.</p> <p>Due to no definite diagnosis was made, abdominal CT was performed too and found IVC thrombus with massive ascites. No cause of ascites could be identified by the abdominal CT. After that, intravenous pyelography and CT-urography were also performed but no urinary tract abnormality could be identified.</p> <p>The ascites persisted for 2 weeks even after IVC filter insertion and medication. Finally, we performed a diagnostic laparoscopic surgery without any definite impression. During that operation, bladder perforation was finally confirmed by cystoscope and laproscope. Bladder repaired was done smoothly with laproscopic method and kept Foley insertion for 2 weeks. There was no significant ascites noted during the out-patient department follow-up.</p>

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P194	TGF-β2 在 9 例痛經女性中的療效和縱向追蹤 Efficacy and Longitudinal Follow-up of TGF-β2 in Nine Women with Dysmenorrhea  張婉應 <sup>1</sup> 黃建霈 <sup>1</sup> 馬偕紀念醫院 <sup>1</sup>
臨時稿件編號：0333	
論文發表方式：海報	
論文歸類：一般婦科	<p><b>Objective:</b> Dysmenorrhea is one of the most common complaints in gynecology among women of reproductive age. Uncontrolled dysmenorrhea can have a large impact on women's physical and mental health so much so it can become a burden to their social and economic status. TGF-β family member genes are found to be related to down-regulate the pro-inflammatory cytokines throughout the whole menstruation cycle and may be involved in the regulation of menstrual events which can act indirectly to reduce dysmenorrhea. The aim of this study is to observe the clinical effect of TGF-β2 in managing dysmenorrhea and premenstrual syndrome through a case-series study.</p> <p><b>Materials and Methods:</b> We enrolled a total of nine patients suffering from primary or secondary dysmenorrhea who do not desire hormonal or surgical treatment. Pill containing TGF-β2 (Domilex™ 400mg ) was given three times per day for the first ten days then decreased to twice per day or once per day according to patients improvement. Subjective pain was measured by a 100-mm visual analogue scale (VAS) before and after TGF-β2 use. Cox Menstrual Symptom Scale (CMSS) was used for evaluating the symptoms in each of the menstrual cycles of treatment.</p> <p><b>Results:</b> The mean VAS scores was 290 in these patients before the use of TGF-β2. After TGF-β2 use, the mean VAS scores decreased to 120 in these patients. The average of VAS scores decreased by 61% in our patients after TGF-β2 use. Intensity of menstrual symptoms measured by the CMSS score also decreased following treatment.</p> <p><b>Conclusions:</b> Our result suggested that TGF-β2 significantly improved the pain during menstruation and has the advantage of relieving the menstruation-related symptoms and improving the patient's quality of life.</p>



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P195	女性人類乳突病毒感與子宮外孕風險不相關：一個全國族群回溯性研究 Female Human Papillomavirus Infection Not Associated with Risk of ectopic pregnancy: A Nationwide Population-Based Cohort Study
臨時稿件編號：0011	
論文發表方式：海報	許力權 <sup>1</sup> 崔冠濠 <sup>1</sup> 魏正宗 <sup>2</sup> 葉晴彤 <sup>3</sup> 洪堯民 <sup>4</sup> 張人尹 <sup>5</sup> 高雄榮民總醫院婦女醫學部 <sup>1</sup> 中山醫學大學附設醫院過敏免疫風濕科 <sup>2</sup> 中國醫藥大學附設醫院臨床試驗中心 <sup>3</sup> 高雄市立聯合醫院醫學教育中心 <sup>4</sup> 高雄榮民總醫院急診部 <sup>5</sup>
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P196	範例報告:骨盆腔及卵巢結核菌感染與卵巢癌臨床症狀及影像相似 The ovarian tuberculosis can mimic ovarian cancer : a case report.
臨時稿件編號：0101	
論文發表方式：海報	盧孟涵 <sup>1</sup> 義大醫療財團法人義大醫院 <sup>1</sup>
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P197	海扶刀治療子宮肌瘤後腹壁肌膚燙傷之病例報告 Thermal injury to skin and abdominal wall structures in HIFU ablation of uterine fibroids: Three cases reports
臨時稿件編號：0102	
論文發表方式：海報	楊莖雲 <sup>1</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P198	子宮外孕手術後妊娠組織於子宮表面再植入：病例報告 Reimplantation of Trophoblastic Tissue on Uterine Surface Following Laparoscopic Salpingectomy for Tubal Pregnancy: Case Report
臨時稿件編號：0120	
論文發表方式：海報	江佳慧 <sup>1</sup> 蘇美慈 <sup>1</sup> 成大醫院婦產部 <sup>1</sup>
論文歸類：一般婦科	

稿件編號：P199	13 歲女童接受子宮鏡治療完全性陰道隔膜 Hysteroscopic resection for complete vaginal septum in a 13 years-old girl
臨時稿件編號：0121	蘇學宇 <sup>1</sup> 吳珮如 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	This 13-year-old female has no known systemic disease. Her OB/GYN hitstory was G0P0, menarchae was since 12-year-old, and her menstruation was irregular with few amount
論文歸類：一般婦科	She sometimes had abdominal dull pain, tenesmus and constipation in daily life since two months ago. Therefore, she ever visited LMD for help where sonography showed a 8*7 mass was in her pelvic. Hence, she was refered to Chung Shan Medical University Hospital for further survey. In the OPD, the physical examication showed intact hymen and no rebounding pain. The trans-abdominal sonography was arrngned and showed uterus size with 3.0 x 6.10 cm, but with hematocolpos. There was no postive finding from tumor marker including CEA, CA-125, CA19-9. Due to pelvic tumor and highly suspected mullarian anomaly, the abdominal MRI was arranged and revealed didelphys uterus with obstructive right hematocolpos and right renal agenesis. From those finding, the Herlyn-Werner-Wunderlich syndrome was considered. Further hysteroscopy was done which revealed longitudinal vaginal septum, complete type, with hematocolpo formation. Therefore, the transcervical resectoscopic vaginal septum excision was done. After one month of operation, recheck of trans-abdominal sonography showed double uterus without other specific finding; hysteroscopy revealed no new formation of vaginal septum. Hence, the patient was suggested for follow up every 3 month.

稿件編號：P200	腹腔鏡術後併發腹膜彌散性平滑肌瘤-個案報告 Iatrogenic leiomyomatosis peritonealis disseminata
臨時稿件編號：0133	謝昶樵 <sup>1</sup> 江盈澄 <sup>1</sup> 臺大醫院婦產部 <sup>1</sup>
論文發表方式：海報	A 34-year-old woman presented to our hospital with a palpable tumor at the right lower abdomen. She occasionally complained of RLQ dull pain. She had a history of laparoscopic myomectomy with power morcellation 7 years ago. Physical examined revealed one quail-egg sized movable tumor in subcutaneous layer and one fetal-head sized movable tumor in the right lower quadrant of abdomen. Computed tomography showed one solid tumor in the abdominal wall (Panel A, arrowhead) and several solid tumors in abdominal cavity (right paracolic gutters (Panel A, arrow) and mesentery of small bowels (Panel A, arrow)). The well-defined tumors attached to the peritoneum and mesentery were found in the laparotomic tumor resection (Panel C and D). The pathology reported smooth muscle neoplasm in favor of leiomyoma, and she was diagnosed with iatrogenic leiomyomatosis peritonealis disseminata, which refers to uterine leiomyoma disseminated in the abdominal and pelvic cavity after morcellation. She received six courses of leuporelin after operation, and follow-up computed tomography showed no recurrent tumor in 9 months later.
論文歸類：一般婦科	

稿件編號：P201	個案報告: 非懷孕和泌乳相關的罕見發炎性乳腺炎合併不明原因的高泌乳素血症 A rare inflammatory mastitis associated with hyperprolactinemia outside of pregnancy and lactation: case report
臨時稿件編號：0157	洪雅珊 <sup>1</sup> 永康奇美醫學中心婦產部 <sup>1</sup>
論文發表方式：海報	A tender breast mass is a common complaint in women of childbearing age and they often seek help in OBGYN clinic. Especially when milky nipple discharge is associated, many parous women with breastfeeding history will think that it might be a lactational problem even though she had weaned breastfeeding for a long time. Here we report a case of 30-year-old female who was diagnosed as non-lactational right breast abscess initially but was changed to the diagnosis of idiopathic granulomatous mastitis after surgical intervention. Our patient, G1P1, had discontinued breastfeeding for over 1 year and presented to our OBGYN outpatient clinic with a right painful breast mass associated with galactorrhea for 2 months. Breast ultrasound showed a right lateral breast abscess about 5x6cm and hyperprolactinemia (110.02 ng/ml) was also found. Antibiotics treatment with several attempts of needle aspirations were done but failed to resolve her problem. Bacterial culture and cytology were negative. Further brain MRI reported no pituitary adenoma. Finally, she was referred to a breast surgeon for incision and drainage. The breast abscess was huge and measured as 8x8cm. Some breast tissue of the lesion was obtained for pathological examination which revealed the histopathological features were consistent with idiopathic granulomatous mastitis (IGM). IGM is a rare, benign, inflammatory breast disease which often mimics as breast abscess or breast cancer. Literatures review reported that most of the IGM cases had history of pregnancy and breast feeding and a part of them associated with hyperprolactinemia induced by pituitary adenoma or antipsychotic drug. There was no standard treatment strategy in the world so far. A large part of patient underwent at least one operation and some authors treated successfully with oral steroid therapy or Methotrexate because they supposed that IGM was an autoimmune disease. In our case, hyperprolactinemia is idiopathic. Our patient has just undergone I&D and the wound is in healing process. She is also taking Cabergoline for hyperprolactinemia. Subsequent steroid therapy may be considered if the lesion cannot heal completely. We hope this rare case will increase the awareness of IGM in OBGYN practice.
論文歸類：一般婦科	

稿件編號：P202	卵巢漿液黏液性腺纖維瘤引發非典型梅格森綜合症 Atypical Meigs syndrome associated with ovarian seromucinous adenofibroma: an uncommon pathology
臨時稿件編號：0165	曾睦原 <sup>1</sup> 張維君 <sup>1</sup> 黃佩真 <sup>1</sup> 中國醫藥大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	Meigs syndrome is a triad of benign ovarian tumor, ascites and pleural effusion. Most common pathology of the ovarian tumors in Meigs syndrome are sex cord-stromal tumors. Ascites and pleural effusion usually resolved upon surgical removal of the ovarian tumor. It is termed atypical Meigs syndrome if only benign ovarian tumor and pleural effusion in the absence of ascites. We are reporting a case of atypical Meigs syndrome associated with ovarian seromucinous adenofibroma.
論文歸類：一般婦科	The patient was a 65-year-old woman with a history of adenomyosis and had undergone total abdominal hysterectomy 25 years ago. She was doing well until progressive chest tightness in the past 4 months. Sequential chest X-ray showed progressive right pleural effusion. Thoracentesis was done and showed no evidence of malignancy. In addition, a 10 cm solid pelvic tumor was noted with transvaginal ultrasound with minimal amount of ascites. Laparotomy was done at our hospital. A 10 cm pale yellow, elastic solid tumor was noted in the left ovary. The right ovary was grossly unremarkable. Bilateral salpingoophorectomy was done. Intraoperative frozen section of the left ovary showed fibrothecoma. She was discharged home on the third day after the operation. Subsequent chest X-ray showed resolution of the pleural effusion. Final pathology reported bilateral ovarian seromucinous adenofibroma.  Ovarian seromucinous adenofibroma is a uncommon pathological entity that only few cases have been reported. To our knowledge, there is no previous literature reporting Meigs syndrome associated with ovarian seromucinous adenofibroma.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P203	抗粘連隔離物之異物反應引起的子宮內膜炎 Endometritis as a result of a foreign body reaction to an anti-adhesive barrier  王錦瑩 <sup>1</sup> 翁琨 <sup>1</sup> 林玉珊 <sup>1</sup> 吳凱筠 <sup>1</sup> 麥迪森 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup>
臨時稿件編號：0279	
論文發表方式：海報	Background: We present two patients who suffered from endometritis as a result of a foreign body reaction to an anti-adhesive barrier positioned during hysteroscopic surgery. Case report: The first case – who had previously undergone hysteroscopic lysis of intrauterine adhesions – presented with persistent abdominal pain and vaginal discharge. Ultrasound revealed an irregularly shaped strip of hyperechoic lesion. On diagnostic hysteroscopy, a foreign body presenting as a flattened bundle was observed and identified as the anti-adhesive barrier positioned during her previous surgery. The second patient – who had previously undergone laparoscopic surgery and hysteroscopic polypectomy – presented with abdominal pain in the left lower quadrant. Ultrasound revealed an intrauterine hyperechoic avascular lesion, while hysteroscopy identified a piece of crumpled plastic wrap. Both patients showed clinical improvement after removal of the extraneous material. Conclusion: Intrauterine positioning of anti-adhesive barriers during hysteroscopic surgery can give rise to endometritis as a result of foreign body reactions.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P204	子宮動靜脈畸形的新治療方式 A new fertility-preserving treatment modality for life-threatening bleeding caused by acquired uterine arteriovenous malformation: Combination laparoscopic ligation of uterine arteries and AVM suture  石宇翔 <sup>1</sup> 呂建興 <sup>1</sup> 孫瑤 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
臨時稿件編號：0293	
論文發表方式：海報	Uterine arteriovenous malformation (AVM) is classified as either congenital or acquired. Congenital uterine AVM is thought to develop from a defect during embryologic differentiation leading to abnormal vascular connections, whereas acquired uterine AVM may be due to a previous uterine trauma, such as curettage or cesarean delivery, or is associated with neoplastic disorders, including gestational trophoblastic disease (GTD) and endometrial adenocarcinoma. Uterine AVM may be symptomatic or asymptomatic. Symptomatic AVM is characterized by irregular vaginal bleeding or a large amount of sudden vaginal bleeding, which can cause shock in severe cases and may even be life-threatening[1]. Regression of asymptomatic AVMs have been reported [2]. Peltsidis et al. report spontaneous resolution in 6 % of patients[2]. Hysterectomy, hysteroscopy resection AVM, USgHIFU, uterine artery embolization(UAE), ligation of the uterine vessels, combined treatment modality with ligation of uterine arteries and resection of AVM were reported in the literature for symptomatic AVM. We report herein a 39-year-old female with heavy vaginal bleeding. She was diagnosed with uterine AVM using color Doppler ultrasound, hysteroscopy, and angiography. She was successfully treated using laparoscopic bilateral uterine artery ligation followed by application of uterine AVM suture via 2-o Covidien™ V-Loc 180 Absorbable Wound Closure Device. Vaginal bleeding stopped and no AVM was found on sonography 8 months after surgery.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P205	雙胞胎妊娠合併完全性葡萄胎: 案例分享 Twin pregnancy with one complete mole pregnancy : case report  陳涵英 <sup>1</sup> 許博欽 <sup>1</sup> 國立台灣大學附設醫院 <sup>1</sup>
臨時稿件編號：0028	
論文發表方式：海報	Introduction: No robust correlation between infertility treatment and the increased incidence of gestational trophoblastic tumor.  Case presentation: Two Taiwanese women diagnosed with gestational trophoblastic tumor. Both of the patients received infertility treatment and are both twin pregnancy with one molar and one normal fetus. Through reviewing the previous reported cases, we tried to find if there is relationship between trophoblastic tumor and infertility treatment.  Result: There is no robust relationship between infertility treatment and gestational trophoblastic tumor. However, increased incidence of persistent trophoblastic tumor is significantly higher in cases with twin pregnancy and one trophoblastic tumor.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P206	大網膜子宮外孕 Omental pregnancy  黃翠玉 <sup>1</sup> 黃翠娜 <sup>1</sup> 彰化秀傳紀念醫院 <sup>1</sup>
臨時稿件編號：0061	
論文發表方式：海報	Background: Fertilized ovum is normally implanted within the uterine cavity. When implantation takes place outside the uterine cavity it is referred to as an ectopic pregnancy. Abdominal pregnancy is a rare type of ectopic pregnancy where the developing embryo implants and grows within the peritoneal cavity. Here we present a case of omental pregnancy.  Case report: A 32-year-old G3P2 woman complained of irregular menstrual period with lower abdominal dull pain noted for several days. Abnormal vaginal bleeding for 2 days, scanty in amount, was noted from 2020.10.09 until 10.10, with last menstrual period on 2020.09 recalled. Progressive lower abdominal dull pain was complained since several days ago, so she visited our OPD on 2020.11.02 where pelvic examination revealed scanty bloody discharge with prominent left adnexal tenderness sensation. Transvaginal sonography revealed normal size uterus with thin endometrial stripe measuring 1.18 cm. Moderate amount of fluid accumulation was noted instead of normal appearance of bilateral adnexaes. Culdocentesis was performed with fresh uncoagulatable blood collected. Urine pregnancy test confirmed pregnancy status. Both serum and collected pelvic bloody fluid titers of beta-human chorionic gonadotropin (beta-hCG) were checked with 708 mIU/mL & 22,938 mIU/mL reported, with ectopic pregnancy highly suspected. Under the impression of ruptured ectopic pregnancy induced hemoperitoneum, emergent laparoscopic intervention was arranged. Mild engorged left fallopian tube with slow oozing from fimbrial end and adhesion of products of conception at nearby omental surface were noted. Laparoscopic left salpingectomy and partial omentectomy was arranged on 2020.11.02 with congested left fallopian tube and omental tissue with normal appearing chorionic villi covered with cytotrophoblasts and syncytiotrophoblasts, with absent of fetal part pathologically reported. Final diagnosis of complete tubal abortion with implantation of product of conception on omentum (omental pregnancy) induced hemoperitoneum was made. The patient recovered smoothly after operation and abdominal pain subsided.  Conclusion: Early diagnosis of ectopic pregnancy remains vital for reducing morbidity and mortality in this potentially life-threatening entity. The measurement of beta-hCG titer in peritoneal fluid and serum is a useful diagnostic tool in differentiating ectopic from intrauterine pregnancy. Intact intrauterine pregnancies were associated with lower hCG-levels in the peritoneal fluid than in the serum.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P207	子宮內頸口之子宮內膜異位-偽裝骨盆腔惡性腫瘤 Endocervicosis of the Uterine Cervix mimicking pelvic tumor  李易良 <sup>1</sup> 尹長生 <sup>1,2</sup> 白尹瑄 <sup>3</sup> 黃莊彥 <sup>1</sup> 白尹瑄 <sup>1</sup> 張正昌 <sup>1</sup> 國防醫學院三軍總醫院婦產部 <sup>1</sup> 康寧醫院婦產科 <sup>2</sup> 國防醫學院生命科學所 <sup>3</sup>
臨時稿件編號：0085	
論文發表方式：海報	Objective: We report a case of intramural florid cystic endocervicosis in the lower uterine segment of the uterus which presents with appearance of neoplastic glandular lesions. To our knowledge, this is the largest report of endocervicosis in the lower uterine segment of the uterus in Taiwan.  Case report: A 73-year-old female presented with asymptomatic pelvic mass lesion. Abdominal computed tomography revealed a 8.4. cm 6.7 cm well-defined lobulated mass mixed with soft-tissue and cystic components which are inseparable from the cervix in the lower uterine segment, which suggested a neoplastic lesion. A total hysterectomy and bilateral salpingoophrectomy revealed a 6.0 cm 5.2 cm cystic lesion over endocervix of uterus. The glandular spaces were surrounded by normal myometrium with no evidence of other cytologic atypia, which was consistent with the diagnosis of Endocervicosis of endocervix.  Conclusion: Endocervicosis involving the uterus is a rare and clinically unexpected finding; however, it should be considered in the differential diagnosis of a uterine mass or other possible neoplastic lesions of pelvic cavity.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
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稿件編號：P208	影像難以診斷之難治性抗 NMDA 受體腦炎患者的卵巢切除術 Case report: Oophorectomy in a refractory anti-NMDA receptor encephalitis with negative conventional pelvic imaging  吳昱靜 <sup>1</sup> 黃彥筑 <sup>1</sup> 陳兆暉 <sup>1</sup> 歐育哲 <sup>1</sup> 嘉義長庚醫院 <sup>1</sup>
臨時稿件編號：0090	
論文發表方式：海報	Abstract: Anti-N-methyl-D-aspartate (anti-NMDA) receptor encephalitis is an autoimmune-mediated neuropsychiatric disorder that is common in young female patients with ovarian teratomas. When a teratoma is detected on imaging, its removal is first-line therapy. However, the detection of an ovarian teratoma is age dependent; approximately 50 percent of female patients older than 18 years have uni- or bilateral ovarian teratomas, while less than 9 percent of girls younger than 14 years have a teratoma (1). We presented a case of 20-year-old girl with sudden onset conscious disturbance and agitation. We gave intravenous pulse therapy with methylprednisolone and Intravenous immunoglobulin (IVIg). Her condition deteriorated with diminished level of consciousness and autonomic instability, requiring intubation and intensive care unit admission. Cerebrospinal fluid (CSF) studies showed high CSF titer of autoantibodies to NMDA receptor. Pelvic ultrasonography, CT scan of the chest, abdomen and pelvic; Gallium-67 scan of whole body showed no evidence of tumor, particularly teratoma. She continued treatment with rituximab intravenously separated by 2 weeks and plasmapheresis. There was still no clinical improvement. Pelvic MR scan with T1 weighted fat-suppressed sequence showed  Reference: 1. Titulaer MJ, McCracken L, et al, Lancet Neurol. 2013 Feb;12(2):157-65. Epub 2013 Jan 3.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
論文摘要

稿件編號：P209	困難治療之子宮不正常出血-個案報告 Refractory Abnormal Uterine Bleeding - Case Report  李佳臻 <sup>1</sup> 陳宜雍 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0127	
論文發表方式：海報	Objectives To review the etiologies of acute abnormal uterine bleeding (AUB) and the decision of management.  Case report A 40-year-old woman without disease had regular menstrual period. She presented to OPD of Mackay Memorial Hospital (MMH), because of heavy menstrual flow in the recent period. She had received cesarean section(CS) twice before. Pelvic exam showed no visible lesions or palpable mass. TVS presented that the the thickness of endometrium was 0.8 cm with normal size uterus and no adnexal mass. Following two weeks, the patient was sent to ER of MMH several times because of vaginal massive bleeding off and on even after various treatments. Medical treatment with tranexamic acid was prescribed initially. Following hormone therapy with Gynera three times daily was administered. Diagnostic D&C was taken and pathology revealed mid proliferative phase. Less vaginal bleeding was observed after the procedure. However, vaginal bleeding recurred one week later. Inflation of Foley balloon with 30 ml distilled water was inserted into uterine cavity. Computed Tomography Angiography was performed and showed no obvious extravasation or vascular malformation. Followed trans-arterial embolization(TAE) with embosphere at bilateral uterine artery was arranged. However, intermittent vaginal bleeding persisted. Diagnostic hysteroscopy (HSC) was taken. Some irregular tissue with oozing were seen, subsequent endometrial ablation was done. The pathology disclosed hemorrhage and necrotic tissue without hyperplasia or atypia.  Discussion Abnormal uterine bleeding (AUB) is a common complaint that affects women of all ages. The most common etiologies are divided to structural or functional abnormalities, acronym as PALM-COEIN. Some special cases, such as CS scar defect (known as isthmocoele), represents myometrial discontinuity at the site of CS scar. Initial assessment of signs of hypovolemia is necessary. Prompt fluid resuscitation and blood transfusion should be carried out if the condition is unstable. Endometrial sampling should be concerned if AUB are failed to medical treatment. Treatment options depend on the clinical stability, etiologies of AUB, underlying medical disease, and the fertility desire. Medical therapy is preferred initial treatment. Hormonal management includes IV conjugated estrogen, combined oral contraceptives, oral progestins, and levonorgestrel-releasing intrauterine system. Non-hormonal management includes NSAIDs and tranexamic acid. Surgical treatment should be considered if medical treatment fails or known endometrial lesions. Diagnostic D&C is relatively conservative method of therapeutic and pathologic way. Hysteroscopy with endometrial ablation and hysterectomy are alternative choices. Other methods are TAE of uterine artery and intrauterine tamponade. Surgical repair of CS scar defect for symptomatic isthmocoele can also be performed.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會  
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稿件編號：P210	原發腹股溝子宮內膜異位瘤併腹股溝疝氣之案例分析 Primary pubic endometrioma accompanied with an inguinal hernia: a case report and review of literature  陳颯辰 <sup>1</sup> 李佩蓁 <sup>1</sup> 丁大濤 <sup>1,2</sup> 花蓮慈濟醫院婦產部 <sup>1</sup> 研究部 <sup>2</sup>
臨時稿件編號：0135	
論文發表方式：海報	Objective: Subcutaneous primary endometriosis is rare. It is usually associated with progressive symptoms during the menstrual cycle and with a history of dysmenorrhea. We presented a case with pubic endometrioma without typical cyclic pain received surgical treatment. Case report: A case of a 40-year-old female, with an increased inguinal painless nodule for three months. The symptoms are especially not associated with the menstrual cycle. Ultrasonography showed a hypoechoic lesion (2.57 x 1.01cm). Lipoma was suspected at first. Surgical excision was done and pathology showed endometriosis accompanied by a hernia sac. Conclusion: Primary pubic endometrioma is rare. This case without the typical symptoms of endometriosis and the diagnosis was confirmed by the pathology.
論文歸類：一般婦科	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P211	罕見先天性穆勒氏異常發育病例分享 A rare case sharing of congenital müllerian anomaly
臨時稿件編號： 0164	
論文發表方式： 海報	張珈瑋 <sup>1</sup> 楊東川 <sup>1</sup> 林武周 <sup>1</sup> 黃佩真 <sup>1</sup> 中國醫藥大學附設醫院 <sup>1</sup>
論文歸類： 一般婦科	
	A 36-year-old female with fertility desire for several years, and visited our reproductive medical center for help. Initially we only noted double vagina and cervix by physical examination, and double uterine cavity by 2D vaginal ultrasound. X-shape uterine cavity was noted on HSG during evaluating the tubal patency. MRI was arranged for further evaluation, which revealed complete septate uterus with cervical duplication and vaginal septum, but not really comparable to HSG findings which implied a partial septum uterus. However, hysteroscopy examination could not find the communication site between two uterine cavities. This rare congenital anomaly is inconsistent with the generally accepted understanding of müllarian development but fits with another hypothesis. Although pelvic MRI can definitely offer clear image to müllarian anomaly, HSG examination still has its role on evaluating endometrial cavity.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P212	個案報告:續發於輸卵管外孕經手術及藥物治療後的網膜外孕 Secondary omental pregnancy following laparoscopic salpingostomy, salpingectomy and multiple-dose methotrexate for ectopic tubal pregnancy
臨時稿件編號： 0276	
論文發表方式： 海報	洪若霓 <sup>1</sup> 謝筱芸 <sup>1</sup> 台中榮總婦產部 <sup>1</sup>
論文歸類： 一般婦科	
	Introduction Secondary omental pregnancy, a rare form of persistent ectopic pregnancy, can occur after tubal ectopic pregnancy managed with surgical treatment. Since omental pregnancy often complicated with hemoperitoneum and unstable hemodynamics, most cases are managed with surgical intervention. Herein, we displayed an unusual case of secondary omental pregnancy in a woman with right tubal pregnancy receiving salpingostomy, salpingectomy and multiple-dose methotrexate treatment. Case presentation A 19-year-old primigravida woman presented to emergent department 14 days after salpingostomy for right tubal pregnancy with elevated $\beta$ -HCG level. Laparoscopic salpingectomy was performed under the impression of persistent tubal pregnancy. Two weeks after the surgery, she had recurrent lower abdominal pain. Abdominal CT disclosed an ectopic mass attached to omentum at left lower quadrant. Since managements of an omental pregnancy are not as well established as they are in persistent ectopic pregnancy, we attempted to use multiple-dose MTX to treat the omental pregnancy initially but she underwent partial omentectomy due to active bleeding 8 days after the first dose of MTX injection. Conclusion Secondary omental pregnancy can occur after surgical treatment of ectopic pregnancy, and should be taken into consideration as a cause in a woman with persistent ectopic pregnancy. Postoperative serial HCG and meticulous monitoring of clinical symptoms are both significant to detect persistent trophoblastic tissue. Women presented with abdominal pain should be thoroughly investigated to rule out this rare but fatal condition. Clinicians should always consider the possibility of persistent omental trophoblastic implants in a patient with post-operative pain.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P213	小腸扭轉發生在大型骨盆腔腫塊之病人:病例報告 Small bowel volvulus in elderly patient with huge adnexal mass: a case report
臨時稿件編號： 0311	
論文發表方式： 海報	停寧瑩 <sup>1</sup> 魏佑吉 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文歸類： 一般婦科	
	Background: Adnexal mass is a common gynecology problem. Given a wide variety of types and etiologies of adnexal mass with abdominal pain, the diagnosis process is challenging. We present a case who had huge adnexal mass and presented to the emergency department with acute abdominal pain finally diagnosed as small bowel volvulus. Case Report: A 86 year-old postmenopausal woman, previously known huge adnexal mass and refused the operation, came to our emergency department complaining of sudden onset of diffuse abdominal pain. A computed tomography scan demonstrated a huge tumor arising from the right adnexa displacing the bowels to the left side of abdomen with increased ascites suggestive of ovarian tumor rupture. Emergency exploratory laparotomy showed the root of the small bowel was encircled by the omentum and contributed to volvulus and caused small bowel ischemic change and infarction. An enlarged left ovary mass 21x20x10 cm in size was found without rupture. Ischemic small bowel resection and left salpingo oophorectomy were performed. The postoperative course was uncomplicated. Conclusion: Patients with adnexal mass presenting acute abdominal pain are usually impressed with tumor torsion or rupture. Clinicians must be aware of the possibility of other organ system emergencies such as small bowel volvulus. The diagnosis would be misinterpreted due to huge mass under image study. Keywords: adnexal mass, small bowel volvulus, exploratory laparotomy

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P214	MRI 於術前評估子宮角妊娠－個案報告及文獻回顧 The use of MRI for evaluation of cornual pregnancy – A case report and literature review
臨時稿件編號： 0339	
論文發表方式： 海報	林宜衡 <sup>1,2</sup> 李文瑞 <sup>1,2</sup> 徐明洸 <sup>1,2</sup> 國立臺灣大學醫學院附設醫院雲林分院婦產部 <sup>1</sup> 國立臺灣大學醫學院附設醫院婦產部 <sup>2</sup>
論文歸類： 一般婦科	
	Although ultrasound remains the first line diagnostic imaging tool for ectopic pregnancy, advanced imaging modality such as magnetic resonance imaging (MRI) and three-dimensional ultrasound may be indicated for evaluating ectopic pregnancy of atypical locations. Herein we present a case of a 39-year-old woman, G2P0SA1, without underlying systemic disease. She had history of adenomyosis and received laparoscopic adenomyoma excision surgery five years ago. She presented to our outpatient department on gestational age 7+3/7 weeks, by last menstrual period, due to persistent vaginal spotting and left lower abdominal dullness sensation for three weeks. A declining trend of beta-hCG, from 33000 mIU/mL (5+6/7 weeks) to 6665 mIU/mL (6+3/7 weeks) was told at local obstetric clinic one week prior to presentation. Sonography revealed one intrauterine gestational sac with fetal heart beat and crown-rump-length of 10.9 mm, suspicious for bicornuate uteri with left cornual pregnancy or implantation at previous operative scar. There was no free fluid collection at rectouterine pouch. Because of difficulty to decipher the exact implantation location and patient's strong desire to keep this pregnancy, MRI was arranged. Image study showed one heterogeneous mass with predominantly high T2 signal intensity at left side of uterine cavity, giving the impression of left cornual pregnancy. Patient developed increased vaginal bleeding and acute left lower abdominal pain on 8+2/7 weeks. Vital signs were relatively stable without noticeable tachycardia or hypotension. Laboratory data revealed hemoglobin level of 10.5 g/dL. Laparotomy was performed which found a bulging mass on the left uterine cornu with a rupture hole, with villi emerging from the hole. Surgical intervention of left uterine cornu excision was performed. Pathologic report showed gestational tissue including trophoblastic cells and chorionic villi with fetal red blood cells. Patient was discharged on postoperative day 5 after smooth recovery. MRI can be a noninvasive additional tool when nature and site of pregnancy is ambiguous from ultrasound and facilitate our clinical decision making steps. Literature review on the use of MRI for evaluation of cornual pregnancy is also included in this report.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P215	外陰平滑肌瘤: 個案報告
臨時稿件編號：0345	A primary vulvar leiomyoma in a woman with small bowel gastrointestinal stromal tumor: a case report  洪怡安 <sup>1</sup> 張孔昭 <sup>2</sup> 黃于芳 <sup>1</sup> 成功大學醫學院附設醫院婦產部 <sup>1</sup> 成功大學醫學院附設醫院病理部 <sup>2</sup>
論文發表方式：海報	Background Unilateral vulvar induration in women of reproductive age is commonly recognized as Bartholin's cyst or abscess. Leiomyomas are common benign gynecologic tumors but they are rarely seen in the vulva. Here we report a case of vulvar leiomyoma, mimicking a Bartholin's cyst.  Case presentation A 63-year-old female, G3P3, has a history of small bowel gastrointestinal stromal tumor (GIST), chronic hepatitis B and multiple hepatic tumors. She reported a left labial mass had been enlarging over a 7-year period. There was no history of tenderness, bleeding, discharge, fever, or weight loss. Physical examination was unremarkable except for a 4.0-cm soft mass in the left labial area. A Bartholin cyst was suspected initially. Marsupialization was scheduled. Intraoperatively, a 3.5-cm solid mass was identified. Differential diagnosis included primary vulvar leiomyoma, or metastatic GIST. Thus, H & E and special stains were used for diagnosis. On pathologic examination, a primary vulvar leiomyoma was preferred.  Conclusion Vulvar leiomyoma is a rare tumor that is commonly thought as a Bartholin's cyst preoperatively by physical examination. It is a challenge of differential diagnosis. The diagnosis is often made only by postoperative pathological diagnosis. GIST is also a spindle cell tumor and should be excluded in this case. Since surgical excision is the treatment of choice for vulvar leiomyoma, long-term follow-up is recommended.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P216	病態肥胖影響婦科手術--病例報告
臨時稿件編號：0349	The morbid obesity complicated the gynecologic surgical intervention - a case report  林肇柏 <sup>1</sup> 大林慈濟醫院婦產科 <sup>1</sup>
論文發表方式：海報	Obesity is a worldwide problem. The obese people (BMI≥30) account for 13% of the world's population. In Taiwan, 17.2% of people over 18 years old are obese. Obesity will be accompanied by many comorbidities, including high blood pressure, diabetes, hyperlipidemia, respiratory disorder, cardiovascular disease, arthritis, and even cancer. And these problems may also discourage the surgeon from the aggressive surgical intervention. Here we report a case of delayed surgery due to morbid obesity and finally died of rapid progressing ovarian cancer. This 73-year-old woman was initially diagnosed as the tubal ovarian abscess. The computerized tomography revealed a 15 cm pelvic cyst containing of cysts and septa. Because of morbid obesity (BMI>40), the diagnostic hysteroscopy were done with the culture of Klebsiella pneumonia. Then, she went to our emergency department for extensive abdominal pain. The surgical intervention was considered. The rigorous preoperative evaluation was arranged with the result of good heart function but insufficient lung volume, respiratory acidosis and metabolic compensation, and mild obstructive pulmonary disease. However, the patient chose the computer tomography guided tumor drainage first. The ascites developed later and the drained ascites and tumor content both showed bloody fluid. The patient was arranged emergent laparotomy for hypovolemic shock possibly due to internal bleeding. The operative findings were the necrotic pelvic tumor, extensive oozing over omental cake, and severe adhesion. The bleeding was controlled, but the abdominal wall was unable to be closed due to severe distended bowel. Therefore a vacuum-assisted temporary abdominal wall closure was used. Unfortunately, the following computerized tomography showed multiple liver and peritoneal metastases with para-aortic lymph node metastases. Before the abdominal wall closure, the patient died of septic shock with multiple organ failure 5 days later. The obesity may increase postoperative complications of breathing, cardiovascular, and wound recovery. According to the literature, these complications may not increase the risk of postoperative death. There is some tool like ACS NSQIP SRC to help preoperative evaluation and reduce the short-term mortality. However, in clinical practice, the morbidly obese patients have a significantly higher risk of complications and death.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P217	個案分享: 完全性閉鎖處女膜併陰道血腫
臨時稿件編號：0048	Imperforate hymen presenting with massive hematometra and hematoocolpos: a case report  曾郁雯 <sup>1</sup> 曹國桃 <sup>1</sup> 陳銳欣 <sup>2</sup> 衛生福利部臺北醫院婦產科 <sup>1</sup> 衛生福利部臺北醫院泌尿科 <sup>2</sup>
論文發表方式：海報	Imperforate Hymen (IH), with an incidence between 0.1% and 0.05%, is the most common obstructive congenital abnormality of the female genital tract. arises as a result of complete failure of the inferior end of the vaginal plate to canalize. We report a case of a 14-year-old girl who presented with delayed menarche, eight-month history of cyclic abdominal pain, and a three-week history of lower abdominal swelling, also acute urinary retention. The development of her secondary sexual characteristics was normal for her age. A 20 cm-sized suprapubic mass, and a bulging pinkish imperforate hymen were found on examination. Her transabdominal ultrasound revealed massive hematometra and hematoocolpos. Standard' surgical treatment of imperforate hymen involves hymenectomy after a cruciate, plus, or X-shaped hymenotomy incision. we managed with incision and evacuation of about 1000 mls of accumulated coffee-colored menstrual blood. Here we described a simple procedure without need for prophylactic antibiotic treatment and foley catheter application to form an intact annular hymen in our cases.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P218	病例報告：處女膜閉鎖合併陰道、子宮及雙側輸卵管積血
臨時稿件編號：0068	A case report: Imperforate hymen with hematocolpos, hematometra and hematosalpinx  黃子菲 <sup>1</sup> 陳麗琴 <sup>1</sup> 衛生福利部南投醫院婦產科 <sup>1</sup>
論文發表方式：海報	Purpose：The hymen is the junction of the urogenital sinus and the sinovaginal bulbs. In embryonic stages, the hymen is perforated to make a connection between the vestibule and the vaginal canal. If the stage fails, individuals are born with imperforate hymen. The most common syndrome of Imperforate hymen is abdominal pain and urinary retention.  Methods：Case Report  Results：A 13-year-old female patient who denied any history of systemic disease. She denied ever have sexual intercourse and did not have menarche yet. She had lower abdominal pain and dysuria for 1 weeks. She ever visited local medical doctor and took some medicines. However, the symptoms became worse. Hence, she was brought to our gynecologic department for medical consultation. The transabdominal sonography showed a large well-circumscribed hypogastric mass. The pelvic examination found imperforate hymen. Then abdominal and pelvic CT was done and found bilateral hydrosalpinx, hematoocolpos and hematometra. The patient accepted hymenotomy surgery and drained old blood 1200 ml.  Conclusions：imperforate hymen is a rare disease, with an estimated incidence rate of 0.05%–0.1% . Generally, this rare congenital anomaly is diagnosed during adolescence after menarche, presenting with abdominal pain and amenorrhea. Most patients are asymptomatic and not diagnosed until menarche. Hymenectomy and hymenotomy were the main treatment modalities for imperforate hymen with good prognosis. Imperforate hymen should be considered a possibility in patients who complain of abdominal pain, lower back pain, or urinary retention and assessed by conducting prompt and appropriate physical examinations of the genital introitus.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P219	停經後婦女左側卵巢巨大腫瘤併扭轉: 個案報告及文獻回顧
臨時稿件編號： 0168	Torsion of a huge left ovarian tumor in a postmenopausal woman: a case report and literature review  徐以樂 <sup>1</sup> 羅匯文 <sup>1</sup> 蔡英美 <sup>1</sup> 高醫 <sup>1</sup>
論文發表方式： 海報	BACKGROUND: Torsion of adnexal tumor commonly occur in reproductive age and is rarely found in postmenopausal age. The risk factors of adnexal tumor torsion are presence of ovary mass which size is larger than 5cm, reproductive age, post ovulation induction, and ovarian torsion history. The huge adnexal tumor in postmenopausal women is usually regards as malignancy. There we present a case with large benign ovarian mass torsion in postmenopausal women. CLINICAL CASE: We present a case with a 77-year-old postmenopausal woman who visited emergency room due to aggravated fullness of abdomen and exacerbated while lying for one week. Abdomen distention has been noticed for one year. Associated symptoms were poor appetite, acid regurgitation, urinary frequency, and constipation in one week. Ultrasound revealed a huge homogenous cystic pelvic mass without solid content. A huge cystic adnexal tumor about 30 x 30 x 20cm without ascites was noted in abdomen computed tomography. Ongoing anemia, hyponatremia and elevation of C-reactive protein were noted in 2 days. Only elevation in CA-125 (45.4 U/ml) noted in tumor marker surveillance. Under the impression of huge pelvic mass, laparotomy with total hysterectomy with bilateral salpingo-oophorectomy was performed 2 days later. During the surgery, a well capsuled ischemic tumor and double twists of the left ovary pedicle was noted. Around 10,000ml clear serous yellow tumor fluid were collected. Frozen pathology of the left ovary tumor was mural tumors of ovarian cysts with complete infarction. And the final pathology was infarcted serous cystadenoma of left ovary, with 34.5 x 23 x 4cm in size, and 661.3 grams in weight. Multiple mural nodules within a huge ovarian cyst with marked hemorrhage was noted. Further literature review and discussion will be present in the poster. CONCLUSION: We present this rare case of a huge adnexal torsion in a postmenopausal woman to emphasize that adnexal torsion can occur at any age and any size. However, malignancy still should be considered in postmenopausal women with huge ovarian tumor.
論文歸類： 一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P220	抗 NMDA 受體腦炎合併卵巢畸胎瘤的診斷與治療經驗
臨時稿件編號： 0189	Diagnosis and treatment of a case with anti-NMDA receptor encephalitis and ovarian teratoma  王瑤 <sup>1</sup> 蘇修緯 <sup>1</sup> 臺中榮民總醫院 <sup>1</sup>
論文發表方式： 海報	Anti-NMDA receptor (NMDAR) encephalitis was first described in 2008. It remains a challenge in both diagnosis and treatment. An association between this life-threatening disease and a mature cystic teratoma has been frequently described. Surgical removal of a teratoma, if the tumor is found, should be considered as it helps patients recover. We share our experience on a 26-year-old woman presenting with irritation and personality change. Her symptoms progressed rapidly to severe cognition impairment and respiratory dysfunction. She got intubated and hospitalized to intensive care unit within a few days. Anti-NMDA receptor antibody was found in her cerebrospinal fluid, and subsequently an ovarian teratoma was noted. She underwent methylprednisolone pulse therapy, double-filtration plasmapheresis and laparoscopic teratoma removal. She regained her consciousness gradually and was discharged 61 days after initializing treatment, with mRS score 3 and GCS score E4VTM6.
論文歸類： 一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P221	青少年罕見巨大卵巢瘤併慢性盲腸週邊發炎—一病例報告
臨時稿件編號： 0232	A giant ovarian tumor associated with periappendicitis in adolescence – a rare case report  朱益志 <sup>1</sup> 黃閃暄 <sup>1</sup> 李耀泰 <sup>1</sup> 鄭雅敏 <sup>1</sup> 康婉儀 <sup>2</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup> 郭綜合醫院病理科 <sup>2</sup>
論文發表方式： 海報	Introduction Giant ovarian tumors are rare. Mucinous cystadenoma make up 15-20% of all ovarian tumors and they are among largest. It most commonly occurs in the third to sixth decades of life, and rarely occurs at the extremes of age. We present a case of giant mucinous cystadenoma in a 16-year-old girl.  Case report A 16-year-old girl was in fine health until she felt gradual abdominal distention over a 4 to 5-month period. She had no other symptoms such as nausea, vomiting or constipation; however, no menses had occurred for 5 months. The subject was brought to our gynecologic department, where physical examination showed a giant abdominal soft mass of about 36 x 25 cm. Sonography revealed a giant cystic tumor with septum and ascites. Consequently, tumor makers and endocrine hormones were checked and abdomen-pelvic CT was arranged. The high vales of CA125 and CEA were 280.5 ng/ml and 27.3 ng/ml, respectively. Unfortunately, the report of the CT scan showed a huge pelvic tumor suspected to be from the left ovary—a stage IIIB colon invasion with peritoneal tumor. Surgical treatment was arranged after consulting a general surgery doctor. During the operation, frozen pathology was performed and showed mucinous cystadenoma. In addition, left salpingo-oophorectomy, omentectomy and appendectomy were performed. The final pathology revealed mucinous cystadenoma and chronic periappendicitis. She had an uneventful post-operative period and was discharged after the 7th post-operative day. After discharge, tumor makers including CA125 and CEA were followed up on, and were shown to be within normal range. Sonography of the pelvis was arranged again and revealed a normal image. She remains well, 6 months following the operation.  Discussion Mucinous cystadenoma is divided into three categories: benign, borderline and malignant. Ovarian mucinous cystadenoma is a benign cystic tumor arising from the epithelium of the ovary. It usually presents itself with vague, unspecific abdominal symptoms, often becoming very large and potentially extending up into the abdomen. Conservative surgery of ovarian cystectomy and salpingo-oophorectomy are adequate for benign lesions. In our case, massive mucinous fluid and nodes of omentum were found. As such, omentectomy and appendectomy were performed due to suspected malignant change with the mucinous tumor possibly originating from the ovary or appendix. Care should be taken in following up on this case.
論文歸類： 一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P222	微创手術後檢體未裝袋下切條取出併發部份子宮檢體和避孕器遺留在體內
臨時稿件編號： 0329	Fragment of uterine body and missed IUD unintentionally left in abdomen during specimen removal by uncontained manual morcellation  陳盈希 <sup>1</sup> 龐漢隆 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文發表方式： 海報	The use of power morcellators in minimally invasive surgery (MIS) was banned for the possibility of dissemination of cancer cells when morcellating the occult uterine sarcoma. Actually, benign consequences of morcellation without containment occurred more often than malignant dissemination of uterine sarcomatous tissue. For example, parasitic myoma, endometriosis gland or ineffective tissue leave in the abdomen. We report two cases with complications of uncontained manual morcellation after surgery. Case 1: a 52-year-old woman with adenomyosis and IUD in situ. She received laparoscopic hysterectomy and the IUD was missed in abdomen during uncontained manual morcellation, complicated with peritonitis. Case 2: a 49-year-old woman with adenomyosis received laparoscopic hysterectomy and specimen removal by uncontained manual morcellation. A fragment of the uterine body was left in the abdomen complicated with peritonitis and pelvic abscess later. This case report enlightened the importance of contained morcellation during MIS.
論文歸類： 一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P223	針對使用 Dienogest 後引發肺栓塞患者,利用子宮內水球壓迫止血,以治療大量月經出血 Successful Management of Massive Menstrual Bleeding with Intrauterine Balloon Tamponade in a Pulmonary Embolism Patient after Dienogest  沈壹瑩 <sup>1</sup> 蔡永杰 <sup>1</sup> 鍾明廷 <sup>1</sup> 林毅倫 <sup>1</sup> 溫仁育 <sup>1</sup> 永康奇美醫院婦產部 <sup>1</sup>
臨時稿件編號：0026	
論文發表方式：海報	The risk of venous thromboembolism (VTE) in patients using combined contraceptives is well known. Recent studies showed differences in the risk of venous thrombosis between different combined contraceptives with a tendency for increased risk of third- and fourth-generation contraceptives. Dienogest is a 4th generation progestogen for the treatment of endometriosis. Abnormal uterine bleeding and several cases of profuse bleeding causing severe anemia have been reported in association with dienogest therapy, but none developing pulmonary embolism at the same time have previous been reported. Here, we present a case with adenomyosis and heavy menstrual bleeding developing bilateral pulmonary embolism after 7 days of dienogest treatment. We successfully used intrauterine foley balloon tamponade to stop acute heavy menstrual bleeding and no sign of vaginitis or endometritis happened.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P224	梅格斯症候群：貌似卵巢癌的良性纖維瘤 Meig's syndrome: A benign ovarian fibroma mimics ovarian cancer  黃士庭 <sup>1</sup> 許海寧 <sup>1</sup> 三軍總醫院 <sup>1</sup>
臨時稿件編號：0056	
論文發表方式：海報	The patient is a 53-year-old female with progressed shortness of breath and abdominal fullness for about one year. On 202008, chest radiography was performed which revealed bilateral nodule lesions. Further contrast enhanced chest and abdominal computed tomography showed bilateral pleural effusion, ascites and massive pelvic mass measuring up to 20cm. Malignant ovarian tumor was impressed at first. Thoracocentesis and pleural biopsy were performed which revealed negative findings. Due to combination of adnexal mass, ascites, and pleural effusion, ovarian fibroma related Meig's syndrome was impressed. Surgical intervention with total abdominal hysterectomy + bilateral salpingo-oophorectomy was performed on 20200828. The final pathology report revealed cellular fibrothecoma of ovary. After the surgery, condition of pleural effusion and ascites improved which compatible with Meig's syndrome and she was discharged on 20200909 without obvious complication.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P225	案例報告：以子宮肌瘤表現之乳癌轉移 Uterine leiomyoma as sign of metastatic breast cancer  張嘉慶 <sup>1</sup> 劉勇良 <sup>1</sup> 三軍總醫院 <sup>1</sup>
臨時稿件編號：0160	
論文發表方式：海報	Objective: Ovarian tumor is a frequently encountered gynecological disease. Usually, the tumor is anchored by a pedicle. In rare cases, it may detach and derive nourishment from other abdominal structures to which it adheres. Even rarer is for the tumor to be freely mobile, with no ligamentous attachment. Case report: A 21-year-old woman with delayed menstruation with chronic low abdominal pain for months, had a well-defined cystic lesion of approximately 9 × 9 cm in the middle of the pelvis, identified on transabdominal sonography and abdominal computed tomography. During an exploratory laparotomy, we found an ovarian tumor on the left side of the pelvis, in which the pedicle had spontaneously detached; it was removed without dissection or resection. The tumor was well-encapsulated and suspended without any ligament attachments. Conclusion: Freely mobile ovarian tumors with all ligament spontaneously detached may be misdiagnosed because there is no pain caused by torsion, and the absence of blood flow lead to internal necrosis, easily mistaken for malignancy or other diseases. Also, the location may change from the time images are captured until surgery. Surgery is the best option, regardless of the final diagnosis.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P226	外陰平滑肌瘤案例報告及文獻回顧 Vulvar leiomyoma: a case report and review of literature  張季涵 <sup>1</sup> 李佩蓁 <sup>2</sup> 丁大清 <sup>2</sup> 花蓮慈濟醫院醫務部 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>2</sup>
臨時稿件編號：0177	
論文發表方式：海報	Objective: Vulvar myoma is very rare and usually misdiagnosed as a Bartholin cyst. Case Report: A 50-years-old woman with acne over the left labia majora came to our outpatient department. Pelvic examination showed swelling and redness of left labia majora. A nodule with firm consistency approximately 2 cm near the vaginal opening was found. There was no inguinal lymphadenopathy. Bartholin cyst was suspected and oral cephalixin was prescribed for 1 week but in vain. Therefore, she received an excision of the nodule. The pathology showed a benign vulvar myoma. The patient recovered well and no recurrence was noted after 2 months of follow-up. Conclusion: Vulvar myoma is rare and the diagnosis of vulvar myoma is usually made by surgical excision and histopathology.  Keywords: vulvar myoma, Bartholin cyst, leiomyoma
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P227 臨時稿件編號：0191	一位被診斷有疑似卵巢扭轉的年輕女生短時間內自然緩解 Case report: Shortly spontaneous resolution of adnexa tumor suspect ovarian torsion in an adolescent girl.  張雅婷 <sup>1</sup> 義大醫院 <sup>1</sup>
論文發表方式：海報	This is a case of a 14-year-old girl, admitted from emergency department due to progressive right periumbilical intermittent pain for 1 day. Laboratory data had no significant findings. Abdominal CT was performed at ER under the suspicion of appendicitis, which revealed right ovarian cyst 6.4cm in diameter with thickened right fallopian tube. Sonography revealed the same findings as well. Right ovarian torsion was highly suspected. Under conservative treatment without surgical intervention, the patient didn't complaint about severe cramping pain nor other severe symptoms during hospitalization. She was discharged after 8 days. In the outpatient department follow-up 4 days later, no obvious ovarian tumor can be marked significantly as well as the cramping pain subsided. We are supposed to review the treatment of ovarian torsion in adolescence and discuss about the indication without surgical intervention.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P228 臨時稿件編號：0178	17β-雌二醇增加雄性素不敏感症候群小鼠模式中骨骼質量和生物力學特性 17β-Estradiol Increases the Bone Mass and Biomechanical Properties in a Mouse Model of Complete Androgen Insensitive Syndrome  藍國忠 <sup>1</sup> 劉雅蓁 <sup>2</sup> 張傳祥 <sup>3</sup> 黃國恩 <sup>1</sup> 康宏佑 <sup>1</sup> 高雄長庚醫院婦產部 <sup>1</sup> 長庚臨床醫學研究所 <sup>2</sup> 中國醫藥大學附設醫院性荷爾蒙研究中心 <sup>3</sup>
論文發表方式：海報	Introduction: Complete androgen insensitivity syndrome (CAIS) is the most common frequent cause of 46, XY female disorder of sex development and caused by X-linked androgen receptor (AR) mutations, which completely inactivate androgen-mediated sexual differentiation. Gonadectomy after puberty is generally recommended to avoid the risk of gonadal tumors but leads to reduce bone mineral density (BMD) in CAIS patients. Hormone replacement therapy (HRT) is required after gonadectomy to maintain secondary sexual characteristics, however, whether appropriate HRT is sufficient to maintain bone health remains unclear. Here we aimed to evaluate the effects of sex hormone treatments on bone microarchitectures in gonadectomized mice with inactivation of AR. Methods: These global androgen receptor knockout (ARKO) mice were classified according to their sex gender, AR status, and types of surgery and sex hormone implants. Sex hormone supplements, including dihydrotestosterone (DHT), dehydroepiandrosterone (DHEA), or 17β-estradiol (E2), were given to gonadectomized control and ARKO mice at 18 weeks old and the effects were evaluated at 30 weeks old by microcomputed tomography. Results: The results showed bone mass decreased in ARKO mice at 6, 18, and 30 weeks old. Gonadectomy did not further worsen the bone microstructure in ARKO mice at 18 weeks of age. Bone strength and stiffness decreased in female and male ARKO mice. While none of the hormones significantly increased bone strength, E2 but not DHT or DHEA treatment rescued trabecular bone mass and increased bone stiffness in gonadectomized ARKO mice. Conclusion: Given that the prevalence of osteoporosis and osteopenia was significantly higher in the CAIS patients, HRT was prescribed for 91% of patients with CAIS after gonadectomy to increase BMD. Our ARKO mice can serve as a mouse model of CAIS to recapture the clinical observation of bone loss in CAIS patients. E2 supplementation can rescue the trabecular bone loss in mice with AR deficiency, reinforcing the importance of adequate hormonal treatment for women with CAIS.
論文歸類：更年期醫學	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P229 臨時稿件編號：0062	南台灣單一醫學中心婦女停經症狀盛行率及不同荷爾蒙替代療法的偏愛率 Prevalence of post-menopausal symptoms and preference of hormone replacement regimen in a single hospital of southern Taiwan  林毅倫 <sup>1</sup> 蔡永杰 <sup>1</sup> 鍾明廷 <sup>1</sup> 永康奇美醫院 <sup>1</sup>
論文發表方式：海報	Background: The average life span of Taiwanese woman is 83.6 year old in 2019. When compared to the menopausal age at around 49-51 year old, Taiwanese women spent more than 30 years in post menopause period. Menopause is well known to induce many physical, psychological and emotional symptoms. Some of these symptoms are so severe that even can jeopardize one's daily life. Fortunately, Hormone Replacement Therapy (HRT) have been proved to be effective in eliminating climacteric symptoms and improving the quality of life. In this study, we try to investigate whether the symptoms of menopause and the preference of HRT regimen might be different due to the difference in Ethnic. Study question: What are the most common complaints after menopause and which is the most preferred HRT regimen in Taiwanese women. Materials, Setting, Methods: This is a retrospective data analysis. From 2019 January 1st to 2020 December 15th, 235 patients with menopausal symptoms and received HRT were included in this study. Type of patient's complaint and choices of patient's HRT regimen were recorded and analyzed. Result: According to our data from 2019 to 2020, the medium menopausal age of Taiwanese women was 49.8 years old, and the mean age of their starting HRT was 53.4 years old. The top 5 most common complaints from post-menopausal women in our center were insomnia (103/235, 43.8%) followed by hot flush (93/235, 39.5%), vaginal discomfort (91/235, 38.7%), general malaise (77/235, 32.7%) and emotional change (40/235, 17%)( Fig.1). The most favorite choices of HRT regimen is Livial ( 44/235, 18.7%) followed by premarin vaginal cream( 42/235, 17.8%), transdermal estrogen+ oral progesterone ( 34/235, 14.4%), oral estrogen+ oral progesterone ( 24/235, 10.2%), transdermal estrogen+ vaginal progesterone( 23/235, 9.7%), Femoston( 21/235, 8.93%) and black cohosh(20/235, 8.5%) in sequence( Fig.2). Discussion: In contrast to African Americans whose vasomotor symptom is the most complaint (80%) in menopausal woman. Insomnia (43.8%) is the most common complaint in Taiwanese women followed by hot flush (39.5%). The possible explanations could be difference in body mass index (BMI) or life style such as exercise, smoking, diet habit between East and West <sup>1,2</sup> . Transdermal route of estrogen with/without progesterone was recommended as first choice for woman looking for HRT due to the benefit from first pass effect. <sup>3,4,5</sup> . In our data, most Taiwanese women preferred oral route instead of transdermal route of administration (75% vs 25%). This could be explained by the humidity and hot weather in southern Taiwan which reduced patients' wellness to take trans-dermal form of estrogen. In addition, we noticed women in the group of vaginal cream only has higher average age of starting HRT about 59.3 y/o compare to other type of treatment whose average age is only 51.7 y/o. We believed as women getting older and even they no longer need systemic HRT, they still need the vagina estrogen to relieve them from the discomfort of vagina atrophy <sup>6</sup> . Finally, there were 9% of women in this study that preferred non-traditional HRT such as black cohosh( 9%) instead of traditional HRT.
論文歸類：更年期醫學	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P230 臨時稿件編號：0147	台灣婦女停經後賀爾蒙治療與乳癌之相關性：健保資料庫分析 Menopausal Hormone Therapy and the Risk of Breast Cancer among Taiwanese Women: National Health Insurance (NHI) database analysis  蔡尹真 <sup>1</sup> 王琳華 <sup>2</sup> 楊雅惠 <sup>3</sup> 蔡景州 <sup>4,1</sup> 高雄長庚醫院婦產科 <sup>1</sup> 輔英科技大學護理系 <sup>2</sup> 輔英科技大學健康事業管理系 <sup>3</sup> 長庚大學 <sup>4</sup>
論文發表方式：海報	Objective: To investigate the relationship between menopausal hormone therapy (MHT) and the risk of breast cancer in menopausal Taiwanese women over a period of time using a national sample and to examine whether the relative risk (RR) of breast cancer was related to the different types of MHT, routes of administration, dosage, first time MHT use, and duration of MHT use.  Materials and Methods: We collected the data from January 1, 2001, through December 31, 2011, via the National Health Insurance (NHI) program retrospectively. Total 1795211 postmenopausal women was collected, using the age criterion between 45 and 54 years old, were divided into two groups: women who never used MHT ("never use and ever use less than 3 months") and those who did use MHT ("ever use more than 3 months"). The percentage of breast cancer was calculated individually in these two groups, and the relationship between breast cancer and different MHT was analyzed.  Results: Of the total postmenopausal women (n=1,795,211), 54.36% (n=975,889) had never used MHT and 45.64% (n=819,322) had used MHT. Among the women with breast cancer, the odds ratio for the ever users of the hormone was 0.68 (p<0.001). In the 37,809 postmenopausal women who had used MHT more than 3 months, 398 people developed breast cancer (OR= 0.72, p<0.001). More postmenopausal women (87.2%) used the combination of estrogen plus progesterone HRT than estrogen only or progesterone only. The risks of breast cancer was also analyzed, we found that when the older age for first time to use MHT, the odds ratio of breast cancer incidence became significantly increased.  Conclusions: Taiwanese women after menopause are at risk of breast cancer regardless of whether they use hormones or not. In our study, postmenopausal women who used MHT seems to have lower risk of breast cancer than who never used. Further, the earlier women use MHT after menopause, the risk of breast cancer may be lower than who use MHT later after menopause.
論文歸類：更年期醫學	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P231	針對停經後婦女審視 FRAX®當中的風險因子重要性 Review the importance of the risk factors in FRAX® in postmenopausal women  歐育哲 <sup>1</sup> 陳昱任 <sup>1</sup> 嘉義長庚婦產科 <sup>1</sup>
臨時稿件編號：0207	
論文發表方式：海報	【Introduction】 FRAX® is a very popular screening tool for osteoporotic fracture. However, all the risk factors included in the FRAX® are designed for all human beings with both genders. In this study, we reviewed the real meaningful risk factors for Taiwan postmenopausal women. 【Materials and Methods】 A nationwide osteoporosis survey conducted by the Taiwan Osteoporosis Association (TOA) used a bus with a dual-energy X-ray absorptiometry (DXA). All of the postmenopausal women with bone mineral density (BMD) measured in this nationwide BMD screening during Jan, 2008~Dec, 2011 were enrolled. Before the BMD measurement, all participants completed the questionnaire with elements in FRAX®. We use logistic regression to compare the odds ratio (OR) of most factors in FRAX® to premature menopause (menopause before 45 years old) for Taiwan postmenopausal women, except age, body weight, and height. 【Results】 A total of 12,776 postmenopausal women were enrolled. Univariate logistic regression showed all risk factors had significant correlation with major fracture risk (RR) ≥20%. In multivariate logistic regression, only smoking did not have significant correlation with MF≥20%. The result in multivariate logistic regression showed that RR of premature menopause is 3.86 higher than all other risk factors except previous fracture and parent hip fracture. 【Discussions and conclusions】 Our investigation showed that premature menopause is a very important risk factor for menopausal women. We should consider taking it as an important independent item in FRAX® calculation, rather than combining it with other medical illness, including Type I diabetes, hypogonadism .etc. as secondary osteoporosis.
論文歸類：更年期醫學	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P232	針對停經後婦女以混合式閾值方式來篩檢骨鬆性骨折的風險 Hybrid intervention threshold for screening the risk of osteoporotic fracture in postmenopausal women  陳昱任 <sup>1</sup> 蔡景州 <sup>2</sup> 嘉義長庚婦產科 <sup>1</sup> 高雄長庚婦產部 <sup>2</sup>
臨時稿件編號：0210	
論文發表方式：海報	【Introduction】 Intervention threshold (IT) is a useful tool for assessment and management of osteoporotic fracture in postmenopausal women. Three models of IT had been established, namely age-specific, fixed, and hybrid, globally. Current study, we used the hybrid intervention threshold (HIT) to screen the risk of fragility fracture for Taiwan postmenopausal women. 【Materials and Methods】 A nationwide osteoporosis survey conducted by the Taiwan Osteoporosis Association (TOA) used a bus with a dual-energy X-ray absorptiometry (DXA). All of the postmenopausal women with bone mineral density (BMD) measured in this nationwide BMD screening during Jan, 2008~Dec, 2011 were enrolled. Before the BMD measurement, all participants completed the questionnaire with elements in FRAX®. We compared two models of IT, namely age specific and HIT, to evaluate the risk of fragility fracture for Taiwan postmenopausal women. 【Results】 A total of 12,776 postmenopausal women were enrolled. According to age-specific IT, proposed by Kanis JA et al. 2020, A total of 11,177 (87.5%) participants were in the category of low risk, while 1,599 (12.5%) participants were in the group of high / very high-risk patients. Meanwhile, the fracture risk evaluated by HIT, proposed by Hsu et al., revealed that there were 10,603 (83.0%) and 2,173 (17.0%) participants were in the low risk and high/very high-risk group, respectively. It demonstrated that significant higher rate (p< 0.01) of high/very high-risk were identified by HIT than age-specific IT. 【Discussions and conclusions】 Our investigation showed that Taiwan version of HIT could identify more postmenopausal women with high/very high-risk subjects who need pharmacologic intervention than those identified by age-specific IT.
論文歸類：更年期醫學	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P233	C 型肝炎感染的女性在因為手術停經後的肝硬化風險: 台灣健保資料庫研究 Surgical menopause and the risk of liver cirrhosis in women infected with hepatitis C: a nationwide population-based study  陳兆瑜 <sup>1</sup> 王鼎堯 <sup>2</sup> 陳恩明 <sup>3</sup> 楊曜旭 <sup>4</sup> 嘉義長庚紀念醫院婦產科 <sup>1</sup> 嘉義長庚紀念醫院血液腫瘤科 <sup>2</sup> 嘉義長庚紀念醫院肝膽腸胃科 <sup>3</sup> 嘉義長庚紀念醫院中醫科;嘉義長庚紀念醫院健康資料加值中心 <sup>4</sup>
臨時稿件編號：0201	
論文發表方式：海報	Background & Aims: Patients with chronic hepatitis C virus (HCV) are at high risk of developing liver cirrhosis (LC). Previous studies have suggested that estrogen is a protective factor against LC, thus menopause may increase the risk of LC. This study aimed to investigate the association between surgical menopause and the risk of LC in women with HCV infection. Approach and Results: We used data from the National Health Insurance Research Database of Taiwan in this population-based study. A total of 136796 women with HCV infection were included. We conducted a matched cohort study and used competing risk and Cox regression models to adjust for potential confounding factors. From 1997-2013, we identified 1994 patients with bilateral oophorectomy (BO) and 7976 controls. A total of 329 LC cases during 18705.4 person-years were identified in the BO group compared to 1425 LC cases during 76238.5 person-years in the control group. Competing risk models showed that BO did not increase the risk of developing LC (adjusted hazard ratio [aHR] =0.90, CI=0.80-1.01, p=0.08). In addition, the use of hormone replacement therapy (HRT) did not influence the risk of developing LC (aHR =0.92, CI=0.72-1.17, p=0.49) even in the different age groups by the cut-offs of 50 years (in patients < 50 years, aHR=1.17, CI=0.56-2.47, p=0.67; in patients ≥ 50 years, aHR= 0.88, CI=0.68-1.14, p=0.33) Conclusions: This is the first study to discuss the relationship between surgical menopause and the risk of LC in HCV-infected women. Our findings suggested that BO did not increase the risk of LC even with or without HRT in these HCV-infected women.
論文歸類：更年期醫學	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P234	一個關於卵巢早衰合併子宮內膜異位症深度浸潤的年輕患者之不孕症治療 The fertility of treatment rationale: A case report about a young female with premature ovarian failure and deep infiltrating endometriosis  林佳昀 <sup>1</sup> 藍國忠 <sup>1</sup> 高雄長庚婦產部 <sup>1</sup>
臨時稿件編號：0284	
論文發表方式：海報	Study Question: Studies showed that ovarian fragmentation suppressed Hippo signaling pathway, leading to ovarian follicle growth. It enables POF patients to conceive using their own eggs by activation of residual dormant follicles. Management of the bilateral ovarian endometrioma using laparoscope operation can benefit or not to a reproductive age woman with POF and DIE with ovarian hyperstimulation failure. Case: A 37-year-old female patient with a BMI 32 kg/m2 had primary infertility for 3 years. Her medical history and operation history were unremarkable. The chief complaint is amenorrhea for 1.5 years, and POF told. Her AMH was < 0.01 ng/mL, FSH 72.2mIU/mL, LH 36.7 mIU/mL, E2 14.69pg/mL, prolactin 5.8 ng/mL, thyroid function within normal limit, CA-125 was 48.2 u/mL and her transvaginal sonography with retroverted uterus with multiple myoma and right adnexal lesion suspect endometrioma. Her received HRT and two trial for ART by controlled ovarian hyperstimulation or minimal stimulation but in vain. Pre-op FSH 65.1mIU/mL, LH 26.8mIU/mL, E2 14.93pg/mL. She received laparoscopic operation and found deep infiltrating endometriosis (AFS score 140). She received laparoscopic ovarian endometrioma enucleation and adhesiolysis procedure . Electrocauterizing and excision of endometriosis foci also done. After 2 month later, her FSH 85.3mIU/mL, LH 41.2mIU/mL, E2 19.2pg/mL and without menstruation withdrawing. Next step, the treatment pan is HRT re-initiated again to decrease FSH to 15 mIU/mL and montitory the ovulation possibility. Conclusion: Poor ovarian reserve but combined with ovarian endometriosis are always hesitating to impair fertility in consideration of surgery further, but if women with premature ovarian failure may consider ovarian surgery maybe has a better chance of getting residual follicles. However, we report case seems not to benefit from this procedure by preliminary post-operation two months observation.
論文歸類：更年期醫學	



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P235	以傳統腹腔鏡器械行單孔及雙孔腹腔鏡子宮附屬手術之比較 Single Incision Laparoscopic Surgery Using Conventional Laparoscopic Instruments versus Two-Port Laparoscopic Surgery for Adnexal Lesions  黃冠儒 <sup>1</sup> 林冠廷 <sup>1</sup> 吳晉睿 <sup>2</sup> 李盈瑩 <sup>1</sup> 張文君 <sup>1</sup> 許博欽 <sup>1</sup> 台大醫院產部 <sup>1</sup> 台大醫院新竹分院婦產科 <sup>2</sup>
臨時稿件編號：0324	
論文發表方式：海報	Background Single incision laparoscopic surgery (SILS) has emerged as least invasive interventions for gynecologic disease. However, SILS is slow to gain in popularity due to difficulties in triangulation and instrument crowding. Besides, the costly instruments may influence patients' will to have this procedure, and limit other medical expense as well. To optimize outcome and reduce cost, the objective of this study is to evaluate the feasibility and safety for patients undergoing adnexal surgeries using conventional laparoscopic instruments with SILS (SILS-C), and to compare with those of patients subject to TP using conventional laparoscopic instruments (TP-C). Methods This is a retrospective case-control study. The data dated from April 2011 to April 2018. Patients who received concomitant multiple surgeries, were diagnosed with suspected advanced stage ovarian malignancy, or required frozen sections for intraoperative pathologic diagnosis were excluded. Demographic data, including the age, body weight, height, previous abdominal surgery were obtained. The surgical outcomes were compared using conventional statistical methods. Results 259 patients received SILS-C. The operating time was 63.83 ± 25.31 minutes. Blood loss was 2.38 ± 6.09 c.c. 58 patients (24.38%) needed addition of port to complete surgery. 384 patients received TP-C. Compared with SILS-C, the operating time was shorter (57.32 ± 26.38 minutes, OR = 0.984, CI = 0.975-0.992). The patients were further divided into unilateral or bilateral adnexectomy, and unilateral or bilateral cystectomy. Other than the operating time in unilateral cystectomy (66.12 ± 19.5 vs. 58.27 ± 23.92 minutes, p = .002), no statistical differences were observed in the subgroup analysis. Conclusion: Single incision laparoscopic surgery using conventional laparoscopic instruments is feasible and safe as initial approach to adnexal lesions. In complex setting as unilateral cystectomy or pelvic adhesions, two-port access may be considered.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P236	單孔腹腔鏡子宮頸勒帶保留子宮切除手術:一百個個案的經驗分享 Cervical Ligament Sparing Hysterectomy: experience of 100 cases  龐漢璽 <sup>1</sup> 花蓮慈濟醫院產部 <sup>1</sup>
臨時稿件編號：0273	
論文發表方式：海報	Aims and objective To report the experiences and clinical outcomes of the two-phase laparo-endoscopic single-site cervical ligament-sparing hysterectomy (LESS-CLSH).
論文歸類：內視鏡	Methods and material A review on 100 cases of the two-phase laparoendoscopic single-site cervical ligament-sparing hysterectomy was performed since the first case in 2014. LESS-CLSH composed of two phases: (1) laparoscopic subtotal hysterectomy and internal os conization of cervix, Specimen removed by Contained Manual Morcellation with a tissue pouch; (2) Transvaginal external os conization of cervix. A comprehensive review on the surgical and short term clinical outcomes will be reported. The histopathologic adequacy of cervical specimens whether it contains squamous-columnar junction was examined by experienced pathologist. The patients were followed up for the event of cyclic vaginal spotting or vaginitis those need medication treatment. The pap smear after LESS-CLSH was also analysed.  Results The mean surgical time was 100.2 ± 10.5 min (including the internal os conization and contained manual morcellation time), and the mean blood loss was 180.5 ± 15.3 mL. The VAS pain scores at 0-4, 24, and 48 h after surgery were 7.1 ± 1.9, 3.2 ± 1.6, and 1.3 ± 1.5, respectively. A ratio of 5% (5/100) women had major blood loss (1000 ± 115 cc), no ureter or bladder injury, no residual stump or wound infection were noted. In the initial 40 cases, delayed onset vaginal bleeding on the 7th-14th day postoperation was observed in 11% (11/100) women. Asymptomatic mucus accumulation (ECMA) in the endocervical canal was also observed in 11% (11/100) women. After a modification on the cervical suturing, postoperative vaginal bleeding and asymptomatic ECMA were reduced to 6% (3/50) and 2% (1/50), respectively. The squamous columnar junction of cervix can be found in all specimen 50/50 (100%) of external os conization cervix. After two years follow up, no patient has cyclic vaginal spotting and no cervical neoplasia was found by pap smear report. Of them 64% (31/50) revealed normal limit and 26% (13/50) inflammation without atypia or neoplasia in the first year. Pap smear of the all the patients 50/50(100%) showed normal limit in the second year. No patient had vaginitis in the first year and only 2% (1/50) of them had vaginitis that need vaginal suppository treatment in the second year follow up. Internal and external os conization during LESS-CLSH confers adequate removal of endocervical glands and squamous columnar junction that resulted in seldom vaginitis and no cyclic vaginal spotting and no cervical neoplasia after a two years follow-up.  Conclusion LESS-CLSH is a minimally invasive, safe and feasible approach of hysterectomy that can reduce trauma on the pelvic floor and eliminate the occurrence of cervical neoplasia and cyclic vaginal bleeding. Base on the favorable postoperative outcomes, it may be a better approach of hysterectomy.  Keywords: Hysterectomy, cervical ligament sparing hysterectomy

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P237	比較微創手術及開腹手術在低及中度風險的子宮內膜癌之疾病存活率 A comparison of disease survival between minimal invasive versus laparotomy approach in low and intermediate-high risk endometrial cancer  李東衡 <sup>1</sup> 王毓淇 <sup>2</sup> 張路得 <sup>3</sup> 宋碧琳 <sup>3</sup> 林雨倩 <sup>3</sup> 黃瑞蘭 <sup>3</sup> 賴鴻政 <sup>3,4</sup> 溫國璋 <sup>3,4</sup> 花蓮門諾醫院 <sup>1</sup> 三軍總醫院 <sup>2</sup> 鄧立雙和醫院 <sup>3</sup> 台北醫學大學醫學系婦產學科 <sup>4</sup>
臨時稿件編號：0107	
論文發表方式：海報	Abstract Objective There are several benefits of minimal invasive surgery like shorter hospital days, lower post-operative pain and better quality of life. In addition, we aimed to compare the oncologic outcomes between open methods and minimal invasive surgery in low and intermediate-high risk endometrial cancer cases.  Materials and methods 253 patients who diagnosed as low and intermediate-high risk endometrial cancer from 2014 to 2020 and treated in multiple centers as Shuang Ho hospital, Tri-service general hospital and Mennonite Christian Hospital were enrolled in this retrospective cohort study. Those cases were staged with robotic surgery, laparoscopy or laparotomy and identified to two groups as minimal invasive group, including laparoscopy and robotic surgery, and laparotomy group. Multiple parameters and surgical methods were investigated and analyzed with oncologic outcomes.  Results 135 cases were eligible in minimal invasive group patient and 118 in laparotomy group. The general characteristics of minimal invasive surgery and laparotomy groups were similar except cancer type, grade and stage of endometrial cancer. In the minimal invasive group, patients were more focus on the lower grade and Type 1 endometrial cancer. By the way, the case number distribution of minimal invasive procedure was increased with time compared with laparotomy. About overall survival rate, the minimal invasive group had better outcome (P = 0.0063) in first 40 weeks but the disease-free survival rate did not showed obvious different in total cases (P = 0.33). When focus on the type of endometrial cancer, minimal invasive group was better in overall survival rate of type 1(P = 0.0173) but laparotomy group performed well in disease-free survival rate of Type 2. There was no statistically significant difference in stage 1, low risk or intermediate-high risk between two groups. In univariate and multivariate Cox analyses, several factors as age, stage, histology type, operation method and risk were considered. There were statistically significant difference of stage (P<0.01) and histology type (P = 0.002) in univariate analyses but all factors were no different in multivariate analyses.  Conclusion Although there were several parameter distribution differences between laparotomy group and minimal invasive group, the multivariate analysis result disclosed that there was no significant statistical difference in overall survival rate between these two groups. Thus, in the operation methods selection of endometrial cancer, a less comorbidity and better recovery way should take into considered.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P238	以陰道自然孔內視鏡行良性子宮附屬器官手術 Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for benign adnexal surgery  連顯庭 <sup>1</sup> 周鈺敏 <sup>1</sup> 陳文欣 <sup>1</sup> 楊采樺 <sup>1</sup> 黃寬慧 <sup>1</sup> 莊斐琪 <sup>1</sup> 高雄長庚紀念醫院 <sup>1</sup>
臨時稿件編號：0337	
論文發表方式：海報	Background: Ovarian teratoma enucleation is a common surgery in obstetrics and gynecology which can be perform in multiple surgical method. Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) is a novel surgical method which can limits the magnitude of surgical trauma and potentially reduces postoperative pain. This aim of these videos is to show applying Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) in different adnexal surgeries. Patient and Methods: There were four patient received different kinds of adnexal surgeries: A 41-year-old female, G1P0AA1, denied any systemic disease before. Intermittent lower abdominal dullness with vaginal bleeding for more than 2 weeks. Laboratory examination showed β-HCG: 7661.9. Sonography revealed Gestational sac (11.2mm) over left fallopian tube. Due to left ectopic pregnancy, she received vNOTES left salpingectomy. A 69-year-old female (menopause status) received right salpingo-oophrectomy in young age. A left adnexa cystic mass (8x7cm) was accidentally found during health examination. Then, she received vNOTES left salpingo-oophrectomy. A 32-year-old female, G1P1 (NSD*1), suffered from intermittent left lower abdominal pain for more than years. Sonography revealed left adnexa cyst(6.28x4.95cm). Due to ovarian cyst, she received vNOTES Enucleation of ovarian cyst. A 38-year-old female, G0P0, Sex(+), accidentally found a left adnexal heterogeneous complex cyst (6.83 x 7.84cm), suspect teratoma. Then, she received vNOTES Enucleation of left ovarian teratoma. Conclusions : vNOTES is a safety, scarless and quick recovery surgical strategy for adnexal surgery. Even patients denied sexual experience history or had received cesarean section before could receive vNOTES adnexal surgery. Pre-operative evaluation is crucial, and the most important thing is avoiding tumor rupture.
論文歸類：內視鏡	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P239	微創手術檢體裝袋下人工切條法:經驗分享和技巧
臨時稿件編號： 0267	Experiences and Tips of Contained Manual Morcellation in minimal invasive surgery  鹿漢璽 <sup>1</sup> 花蓮慈濟醫院產部 <sup>1</sup>
論文發表方式： 海報	Aims and objective To show the tips and our experiences in contained manual morcellation (CMM) in minimal invasive surgery (MIS).
論文歸類： 內視鏡	Methods and material Specimen removal is an important issue in MIS nowadays, our center developed contained manual morcellation (CMM) in 2014. All we need in CMM are tissue pouch and cold knife. The specimen was postoperatively contained in the abdominal cavity with a tissue pouch then pulled out via the umbilical wound, and then sliced into one or more long strips with cold knife. A retrospective cohort study included women who underwent robotic or laparoendoscopic single-site surgery at Hualien Tzu Chi Medical Center was performed. The experiences and and tips in CMM will be shared in three parts: 1.Pouch modification;2.Intraabdominal specimen containment;3.Tips in CMM.  Results The average time for CMM was 6.7 ± 5.0 min, respectively. The mean morcellation speed was 25.1 ± 8.5 g/min. Among the specimens, those of the uterus with adenomyosis had the lowest CMM speed (21.4 ± 8.0 g/min), whereas those of the uterus with myoma had the highest speed (27.5 ± 8.9 g/min).No CMM related complication was noted.The tips and techniques will be presented by vedio.  Conclusion CMM is an efficient method for specimen removal in MIS which can improve the safety of patient. There are some tips in CMM that makes it easy to be performed.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P240	探討婦癌存活者的照護需求和伴隨症狀
臨時稿件編號： 0198	Understanding the Needs and Symptoms of Gynecologic Cancer Survivors  潘衍廷 <sup>1</sup> 翁嘉穗 <sup>1</sup> 張志隆 <sup>1</sup> 陳子健 <sup>1</sup> 陳楨瑞 <sup>1</sup> 林鈴 <sup>1</sup> 黃琬珺 <sup>1</sup> 馬偕紀念醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Objective According to Taiwan's nationwide cancer registry report, five-year survival for gynecologic cancer patients in Taiwan varies from 60% to 80% meaning that most gynecologic cancer patients will experience physical changes due to disease or side effects from cancer treatment as well as emotional problems such as fear of recurrence for years after the treatment. An individual is considered a cancer survivor from the time of diagnosis, during and immediately after treatment, and through the balance of her life. This study aims to explore the symptoms of gynecologic cancer survivors and the impact of treatment on health issues.
論文歸類： 婦癌	Material & method Patients diagnosed and treated with gynecological cancer (cervical, ovarian/peritoneal/tubal, endometrial cancer) between Jan. 2010 and Dec. 2018 in MacKay Memorial Hospital were included. Clinical information was extracted from cancer registry database. Symptoms and consultation records were retrieved from cancer case navigation system in our hospital. Clinical disease status and treatment as well as symptoms of the patients were analyzed.  Results A total of 2926 patients with 28921 symptom reports were reviewed in this study. Patients diagnosed with ovarian cancer were younger than cervical or endometrial cancer with mean ages as 57.1, 56.3, 51.8 years, p<0.01(n=823,747,1356 respectively). Ovarian cancer patients reported symptoms most frequently with the average of 12.3 times when the average was 8.9 for both cervical and endometrial cancer patients (range 1-64). The majority of the symptom reports were received through telephone calls (51.2%) followed by clinic follow-up (28.1%) and in-person visits by case manager (20.7%). With statistically significance, more cervical cancer patients presented with anemia, hematuria and bleeding whereas ovarian cancer patients suffered more from poor appetite, emesis, constipation and ascites. Symptoms of insomnia, cough, depressed mood, diarrhea or edema did not differ among the three groups. Distribution of symptom reports also varies among these groups. Cervical cancer patients manifested with most of the symptoms at the first 2 months after diagnosis and endometrial cancer at 7th months and ovarian cancer peaked at 8th months after diagnosis. The onset of each symptoms also differed significantly such as tiredness was usually reported among cervical cancer patients at 8 months after diagnosis whereas endometrial and ovarian cancer patients were reported at 11 months and 16 months (p<0.01).  Conclusions By understanding the symptoms among gynecological cancer survivors, preventive medication and precise timing for health education may be tailored to individual needs.

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P241	MMMT 的化學治療方式-台北榮總 10 年經驗
臨時稿件編號： 0139	Different chemotherapy in Malignant mixed Mullerian tumors- a 10 year experience in a single tertiary center  蘇茗軒 <sup>1</sup> 台北榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式： 海報	Malignant mixed Mullerian tumors (MMMT), also known as mixed mesodermal tumors are considered as the rapidly progressive tumors with a poor long-term prognosis. It comprising 2–5% of all uterine tumors, with an incidence of fewer than 3 per 100,000 women each year. MMMT include both malignant epithelial and mesenchymal or stromal elements, and determining predominating histologic component in MMMT is important for the chemotherapy selection. Surgical therapy is the initial necessary treatment, while the effectiveness of platinum-based chemotherapy in combination with ifosfamide or paclitaxel in uterine MMMT remained unclear. We retrospectively analyzed the outcomes of advanced stage uterus MMMT patients from 2009 to 2020 to compare the response of different adjuvant chemotherapies from a single tertiary center. The result showed that patients with platinum plus paclitaxel had better survival outcome compared to the ifosfamide group. Our results echoed the conclusion of GOG 261, which paclitaxel/carboplatin was not inferior to paclitaxel/ifosfamide regimen. We believe while facing the MMMT patients, our experience would help gynecologic oncologists to choose the chemotherapy to maximize the benefit and minimize the side effect.
論文歸類： 婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P242	體細胞錯配修復基因於子宮內膜癌之臨床表徵
臨時稿件編號： 0176	Clinical Features of Somatic Mismatch Repair Genes in Endometrial Cancer  毛惠喬 <sup>1</sup> 陳子健 <sup>1</sup> 陳楨瑞 <sup>1</sup> 林鈴 <sup>1</sup> 黃琬珺 <sup>1</sup> 張志隆 <sup>1</sup> 翁嘉穗 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup>
論文發表方式： 海報	objective The expression of DNA mismatch repair (MMR) genes have been shown to be associated with endometrial cancer. There is an emerging role of immune checkpoint inhibitors for mismatch repair deficient (dMMR) and proficient (pMMR) tumors in combination with tyrosine kinase inhibitors. However, the understanding of MMR deficient tumors and its clinical manifestation is limited. This study aims to explore the clinicopathological features and MMR status in endometrial cancer.
論文歸類： 婦癌	material & method Patients diagnosed and treated with endometrial cancer between Dec. 2019 and Oct. 2020 in Mackay Memorial Hospital included. Non-epithelial type endometrial cancer and patients without available pathology specimens were excluded. The clinical and pathological data were extracted from medical records. Immunohistochemical (IHC) staining was used to observe the expression of MLH1, MSH2, MSH6, and PMS2. Analysis of the prevalence of MMR deficiency, associated clinicopathological features, and treatment modality was done.  results A total of 73 patients were enrolled in this study. The prevalence of MMR somatic mutation was 30.1%. Patient age and BMI did not differ significantly by tumor MMR status. More patients with MMR defects were diagnosed as type 1 endometrial cancer (90.0% vs. 76.7%, p=0.309) at stage I (86.4% vs. 72.5%, p=0.242), though the differences were not statistically significant. Although no statistical significance was found, dMMR tumors tend to have higher tumor grades. Other established prognostic factors including tumor size, ER/PR status, presentation of complex hyperplasia, and status of lymph-vascular space invasion did not differ significantly by tumor MMR status. Less patients with dMMR tumors received adjuvant brachytherapy and chemotherapy.  conclusions Endometrial cancer patients with MMR somatic mutations were more likely to be diagnosed as endometrioid type at early stages. Adjuvant treatment with brachytherapy and chemotherapy was less observed in dMMR patients. Longer follow-up is needed to determine the prognostic value on MMR genes in endometrial cancer.



台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P243	N-L-N-T 技術在早期子宮頸癌之腹腔鏡根治性子宮切除手術之應用 No-Look-No-Touch Technique in Laparoscopic Radical Hysterectomy
臨時稿件編號：0081	
論文發表方式：海報	Objective: The comparison of oncologic outcomes between minimally-invasive radical hysterectomy and abdominal radical hysterectomy (ARH) for early cervical cancer patients remains controversial. Kanao et al. had demonstrated total laparoscopic radical hysterectomy (TLRH) with no-look no-touch technique. The technique incorporates 4 specific measures to prevent tumor spillage, including creating a vaginal cuff, avoiding a uterine manipulator, minimal handling of the uterine cervix, and bagging the specimen. They suggested that TLRH was associated with superior surgical outcomes to ARH for operative time, estimated blood loss, and hospital stay length. Survival outcomes were similar between the 2 groups. We shared the experience with the no-look-no-touch technique for laparoscopic radical hysterectomy. Patient and Methods: A 59-year-old woman, gravida 5, para 3, abortus 2, presented with postmenopausal bleeding for 2 months. Her menarche had occurred at 13 years of age and menopause at 53 years. The patient had been well until 2 months before this admission when she noticed postcoital bleeding. The pelvic exam revealed a fungating mass of about 2.0x2.4 cm at 11 o'clock of the cervix. Bilateral parametrium was free. The rectal mucosa was smooth. Pap smear and cervical biopsy were collected. The pathology report revealed adenocarcinoma of the cervix. PET disclosed a focal area of increased FDG uptake in the uterine cervix without metastasis. The case was diagnosed as stage IB1 according to the 2018 FIGO classification. The patient, under general anesthesia, was placed in Trendelenburg's position. Fifteen sutures with 3-0 silk are placed circumferentially, approximately 2 cm from the tumor, and the sutures are pulled to reveal the incision line. The vaginal mucosa is then incised circumferentially with a monopolar electrocautery device, leaving a vaginal cuff that is closed with a double layer of 1-0 Vicryl continuous sutures, as a no-look-no-touch isolation technique. To avoid using a uterine manipulator and minimize handling of the cervix, we placed a 10-mm extra-long trocar at the posterior vaginal fornix and introduced forceps through this port. A 1-0 Vicryl suture is placed around the uterine body, and the forceps are used to push and pull the suture to manipulate the uterus. Then we performed a total laparoscopic radical hysterectomy, bilateral salpingectomy, and bilateral pelvic lymph node dissection. Colpotomy was done. The specimen was put in the tissue bag and pulled out from the vagina. The vaginal cuff was secured with 1-0 Vicryl continuous double-layer sutures. One J-P drainage tube was placed over the Cul-de-sac, and the port sites were closed. Results: We performed a laparoscopic radical hysterectomy, bilateral salpingo-oophorectomy, and bilateral pelvic lymph node dissection with the no-look-no-touch technique. The operation lasted for 188 minutes. The operative blood loss was 100 ml. The final pathology was proven adenocarcinoma of the uterine cervix, pT1b1N1M0, FIGO stage IIIC1. Postoperative recovery was uneventful, and she was discharged from the hospital 10 days after the surgery. Adjuvant concurrent chemoradiation therapy will be arranged. Conclusion: Our experience shows the no-look no-touch technique may be a feasible and safe surgical procedure to prevent tumor spillage and manipulation of tumor cells during LRH for early-stage cervical cancer. Further oncologic outcomes should be investigated.
論文歸類：婦癌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P245	單次使用負壓防水換藥在腹腔鏡肚臍傷口應用之安全性及經濟效益 Single-use negative-pressure wound dressing (NPWD) with a transparent film for transumbilical laparoendoscopic single-site gynecology surgeries: The safety and cost effectiveness
臨時稿件編號：0326	
論文發表方式：海報	Objective The minimal invasive surgery is widely used in gynecology surgery nowadays, especially the single site laparoscopic surgery. The conventional wound dressing is used steri-stip and covered with gauze or other self-paid dressing. This study, we report a new method of wound dressing , "negative-pressure wound dressing (NPWD)".  Material and Method This is a retrospective study performed at Hualien Tzu Chi Hospital, in which we will follow up the outcome of 90 patients during the period of 2016.08.01 to 2019.08.30. We also calculate the cost reduction by comparison between patients with and without NPWD. NPWD method is performed at the time of closing the umbilical surgical wound. The umbilical surgical wound is closed with 3-0 Vicryl running subcutaneous suture and steri-strips are applied. The peanut sponge is placed in the middle of the umbilicus. Then an OP-site is covered over the umbilicus and a needle is used penetrating from the skin periumbilical to the middle of the umbilicus. Last, the air is drawn out and the negative pressure is formed under the OP-site. After the operation, we can observe the condition of the wound through the OP-site and no more wound dressing is needed before the discharge on the postoperative day 3.  Result No wound infection or other NPWD related complications were noted. This new method of wound dressing is cost effectiveness, it significantly reduced clinical cost, especially saving the medical team or nursing manpower. The other advantage of the NPWD is waterproof and patients can have showers after surgery which resulted in high satisfaction.  Conclusion NPWD is a new, safe, cost effective dressing method for laparoendoscopic single-site gynecology surgeries.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P244	鑲嵌型胚胎是否能植入？以產科分析羊水鑲嵌型染色體的觀點切入 Transferring Mosaic Embryos or Not: Cytogenetic View of True Mosaicism from Amniocentesis
臨時稿件編號：0063	
論文發表方式：海報	Background: Chromosomal mosaicism (CM) is more frequent in the preimplantation genetic testing for aneuploidies. Due to uncertainty of karyotype-phenotype correlation of mosaicism, it is difficult for clinical doctors to counsel when women lack of euploid embryos.  Objective: To demonstrate which types of mosaic embryos survive early pregnancy and develop into the second trimester.  Study Design: This study investigated 30587 pregnant women undergoing amniocentesis from January 2004 to March 2020 in the cytogenetic center of Kaohsiung Chang Gung Memorial Hospital. Samples from amniocentesis were cultured by the in situ method. The types and distribution of level III CM were reviewed.  Results: Seventy-eight cases (0.26%) with level III CM were identified in a total of 30587 cases. The types of CM were classified as sex chromosome mosaicism (SCM), autosomal chromosome mosaicism (ACM) and marker chromosome mosaicism (MCM). SCM, ACM and MCM accounted for 58.97%, 32.05% and 8.97%, respectively. Numerical anomaly was most common in SCM and ACM. The most common mosaic cell lines were monosomy X and trisomy 21. The mean percentage of abnormal cell lines in SCM, ACM and MCM were 38.05 ± 25.68%, 30.40 ± 19.32% and 40.83 ± 28.97%, respectively.  Conclusions: For women considering transfer of mosaic embryos under the circumstance of a lack of euploid embryos, these specific types of mosaic embryos, especially for monosomy X and trisomy 21, develop into the second trimester. Careful prenatal counseling, detailed ultrasound examination and amniocentesis should be recommended.
論文歸類：生殖內分泌	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P246	腹腔鏡子宮頸勒帶保留子宮切手術在生活品質、性生活滿意度及以尿道症狀的短期預後：一項前瞻比較性研究報告 The short term comparative outcomes of the laparoendoscopic cervical ligament sparing hysterectomy in quality of life, sexual gratification and urinary distress
臨時稿件編號：0312	
論文發表方式：海報	Aims and objective To report the short term postoperative outcomes of the two-phase laparoscopic cervical ligament-sparing hysterectomy (LCLSH).  Methods and material LCLSH composed of two phases: (1) laparoscopic subtotal hysterectomy and internal os conization of cervix, Specimen removed by Contained Manual Morcellation with a tissue pouch; (2) Transvaginal external os conization of cervix. A prospective cohort study was performed at Hualien Tzu Chi Hospital since 2015. We compare 48 cases of LCLSH with 50 cases of LAVH in term of Quality of life (QOL). The questionnaires used to evaluate the pre- and post operative QOL, urogenital distress and Sex life in this study are World Health Organization QOL-BREF (WHOQOL-BREF) and Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-9).  Results This comparative study revealed that LCLSH group confers a better QOL and sex life and less urogenital distress than LAVH group. The details of the results will be reported in the conference.  Conclusion LCLSH is a minimally invasive, safe and feasible approach of hysterectomy that can reduce trauma on the pelvic floor compare to LAVH. Base on the favorable postoperative outcomes, it may be a better approach of hysterectomy. A larger scale randomized clinical study is warranted to determine the advantages of LCLSH in improving QOL and sexual life in the future. Keywords: Hysterectomy, cervical ligament sparing hysterectomy
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P247	難以判讀之傳統子宮頸抹片:兩年回溯性追蹤研究 Two-year follow-up of unsatisfactory conventional pap smears: a retrospective observational study  田瑾堯 <sup>1</sup> 李佩綦 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院 <sup>1</sup>
臨時稿件編號：0304	
論文發表方式：海報	Objective: Women with unsatisfactory cervical cytology should be repeated within two to four months based on current guidelines. Our study aims to review the result of the unsatisfactory condition of conventional pap smear two years later and to evaluate whether the unsatisfactory cervical cytology is more likely to have cervical intraepithelial neoplasia or cancer on further follow-up.  Methods: This is a retrospective study of a medical center in Eastern Taiwan that performed about 5000-6000 pap smears annually. We included the patients who underwent pap smear with unsatisfactory results owing to scant cellularity, which was conducted by an obstetrician, a gynecologist, or a family physician, from January 1st, 2015 to December 31th, 2016 in Hualien Tzu Chi Hospital. Results of pap smears taken over the following two years were reviewed to confirm the outcome.  Results: We obtained 170 patients with unsatisfactory results of pap smear in the study period. The mean age of women with inadequate pap smears results was 51.53 (±10.83) years old. Forty-nine patients (28.8%) had menopause, seven (4.1%) had a hysterectomy, and one (0.5%) had been treated with radiotherapy. Of the 170 cases, 79 (46.47%) had a follow-up pap smear, and 91(53.5%) had lost follow-up after 2 years. All of 79 follow-up cases showed negative for malignancy.  Conclusions: The result showed that the pap smear’s unsatisfactory condition due to scant cellularity had no increased risk of intraepithelial neoplasia or cancer after 2 years. We raised the question of whether repeating pap smear within 2-4months as suggested by the current American Society of Colposcopy and Cervical Pathology (ASCCP) or as routine follow-up annually is sufficient.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P249	單一海扶治療中心子宮肌瘤海扶治療效果 Treatment outcome of Non-Perfusion-Volume(NPV) of uterine fibroids in a single HIFU center  林翰珊 <sup>1</sup> 鄭丞傑 <sup>2,3,4</sup> 楊承惠 <sup>5</sup> 博仁綜合醫院婦產科 <sup>1</sup> 台北秀傳醫院 <sup>2</sup> 彰化秀傳紀念醫院 <sup>3</sup> 高雄醫學大學附設醫院 <sup>4</sup> 博仁綜合醫院影像醫學科 <sup>5</sup>
臨時稿件編號：0282	
論文發表方式：海報	High intensity focused ultrasound ablation is now widely used in treating symptomatic uterine fibroids. It is a noninvasive thermal tissue ablation technique for the treatment of solid tumors. Previous studies showed that HIFU ablation is a safe and effective treatment for uterine fibroids. Volume reduction and symptoms relief are seen after HIFU treatment. Non-Perfusion Volume(NPV) is considered as necrosis volume of uterine fibroid after HIFU ablation. The association between the NPV ratio and clinical success was seen in multivariate analysis. The higher NPV ratio, the higher fibroid volume reduction rate and more symptomatic reduction were found. We enrolled total 128 patients from August 2019 to November 2020 with uterine fibroids who were treated by USgHIFU (Chungchun Hiafu JC 200 system). Pelvic MRI before and one day after USgHIFU treatment were done. The NPV ratio was calculated according to the following equation: NPV%= the volume of the necrotic tissue/the volume of the targeted lesions×100%. T2-weighted MRI revealed the vascularity of uterine fibroids which is believed to be related to the treatment efficacy of HIFU ablation. Patients were separated in three groups, uterine fibroids of T2-weighted MRI hypointensity, isointensity and hyperintensity; NPV ratio of these three groups is 81.79%, 82.60% and 84.12% respectively. NPV ratio of uterine fibroids of size below 8 cm and beyond 8 cm was also calculated and the result is 82.27% and 86.48% respectively. These data are the first NPV ratio of uterine fibroids after HIFU ablation in Taiwan. In previous studies, the reported NPV ratio range from 40% to 95%, our results are reproducible and meet the high standard of HIFU treatment.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P250	Clindamycin 合併 gentamicin 用來治療骨盆腔發炎是足夠的：回溯性世代研究 Clindamycin plus gentamicin is appropriate for pelvic inflammatory disease treatment: a retrospective cohort study  陳銲峰 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
臨時稿件編號：0073	
論文發表方式：海報	Background: Pelvic inflammatory disease (PID) is an infection that affects 4.4% of women aged 18-44 years old in the United States and may cause infertility under inappropriate treatment. To treat PID, we follow the CDC 2015 Sexual Transmitted Disease guideline and the main antibiotics used are clindamycin and gentamycin. Currently, regarding PID, the necessity of antibiotics for broader coverage of anaerobic microorganisms is controversial. The effectiveness of adding metronidazole to PID regimens were concerned. The objective of this study is to assess the effectiveness of adding metronidazole in the antibiotic regimen while treating PID.  Study design: This is a retrospective study that included 108 women diagnosed with PID from May 2013 to September 2020 in our hospital. three groups were divided, Group 1: treated with clindamycin + gentamycin (n=47), Group 2: treated with antibiotics plus metronidazole (n=27), and Group 3: treated with other antibiotics (n=34). The primary outcomes were surgical rate during hospitalization, the complication rate of a tubo-ovarian abscess, and readmission rate within three months after the treatment of PID. The secondary outcomes were the length of stay (LOS) and the expenditures during hospitalization.  Results: There were no significant differences in the surgical rates, the readmission rates, the LOS among the three groups. The expenditures during hospitalization were highest in group 3 (14758.34+9021.75, 26184.15+23164.93, 33078.88+37446.40; p=0.005, post-hoc: 1<3). Subgroup analysis showed the VAS (pain score) >4 would increase LOS 2.63 days (95% CI=1.93, 3.34, p<0.001). The body temperature>38.3 degrees Celsius would increase the expenditure of 18099.1 dollars (95% CI: 12469.72, 23728.47, p<0.001).  Conclusion(s): The results showed that clindamycin + gentamicin is appropriate for PID treatment. VAS and body temperature were associated with LOS and expenditure.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P251	預防性雙側輸卵管切除與提早停經之相關性:回溯性世代研究 Negative association between opportunistic salpingectomy and early menopause: a retrospective cohort study  陳嫻辰 <sup>1</sup> 李佩綦 <sup>1</sup> 丁大清 <sup>1,2</sup> 花蓮慈濟醫院婦產部 <sup>1</sup> 研究部 <sup>2</sup>
臨時稿件編號：0196	
論文發表方式：海報	Objective: Nowadays, opportunistic salpingectomy (OS) is suggested to be performed with the hysterectomy for prevention of epithelial ovarian cancer. We aimed to investigate the correlation between opportunistic salpingectomy (OS) accompanied by hysterectomy and menopause in 9-year follow up in Hualien Tzu Chi hospital.  Methods: This is a retrospective cohort study including all the female patients at age <=50 year old from 2007.01.01 to 2015.12.31, the patients who performed the hysterectomy only and hysterectomy with OS. The menopause defined as one of the following conditions: (1) the patients who had menopause related symptoms recorded on the chart in outpatient clinic (2) the patients who was under hormone therapy for the menopausal symptoms (3) the serum test showed Follicle-stimulating hormone >40 IU/L, estradiol level <20 IU/L, anti-Mullerian hormone was undetectable (<0.05 ng/mL). We used electronic medical records and telephone interviews to obtain the data. We compared the outcome between the two groups including age of the surgery, age of menopause, length of time from surgery to menopause.  Results: We included 48 patients in this study. There were 12 patients performed hysterectomy alone and 36 patients performed hysterectomy with opportunistic salpingectomy. There was no significant difference in the age of the surgery (45.89±2.87 in hysterectomy, 45.67±2.42 in OS, p=0.811), age at menopause (49.25±3.60 in hysterectomy, 48.78±3.40 in OS, p=0.683), length of time from surgery to menopause (3.58±2.47 in hysterectomy, 2.89±2.20 in OS, p=0.363).  Conclusions: Our results showed no difference between hysterectomy with or without OS regarding menopause. The OS did not cause earlier menopause. The OS could be performed during hysterectomy or other kind of pelvic surgery safely and without early menopause.
論文歸類：一般婦科	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P252	第三期以上之骨盆器官脫垂病人經自體組織骨盆重建手術及網膜手術在尿失禁結果之比較 Medium-term outcomes for primary native tissue reconstructive surgeries with and without transobturator vaginal meshes in stress continent women with stage 3 or higher pelvic organ prolapse  林昀潔 <sup>1</sup> 黃文貞 <sup>2</sup> 汐止國泰醫院婦產科 <sup>1</sup> 國泰醫院婦產科 <sup>2</sup>
臨時稿件編號：0342	
論文發表方式：海報	Aims: To compare the surgical outcomes of conventional surgeries with or without concomitant transobturator vaginal mesh (TVM) for ≥Stage 3 pelvic organ prolapse (POP).  Methods: We retrospectively investigated 166 women who received conventional surgery including vaginal total hysterectomy, modified McCall culdoplasty, and AP-repair (conventional group) and 98 women with concomitant TVM (mesh group). Follow-up at 3, 12, and 24 months comprised symptom interview, pelvic examination, and ultrasound assessments. The primary outcome was anatomical success defined as ≤Stage 1 POP. Secondary outcomes were subjective symptoms, ultrasound manifestations, and complications. Results: Both groups showed improvements in functional and anatomical outcomes after operations. Compared with the conventional group, the mesh group had higher rates of de novo stress urinary incontinence (SUI) at 3-month (3.6% vs 19.4%; P < .001), 12-month (3.7% vs 26.4%; P < .001), and 24-month (2.4% vs 21.4%; P = .001) follow-up, a higher POP-C point (-7.3 ± 0.7 cm vs -7.6 ± 0.6 cm; P < .001) at 3-month follow-up, a smaller straining bladder neck angle indicating a more cranioventral straining bladder neck position (117 ± 25° vs 102 ± 20°; P < .001) at 3-month follow-up, and a less bladder neck mobility at 3-month (19 ± 24° vs 8 ± 14°; P = .002) and 12-month (26 ± 18° vs 12 ± 15°; P = .003) follow-up. Conclusions: Concomitant TVM is associated with a higher rate of de novo SUI, more cranioventral straining bladder neck position, and less bladder neck mobility.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P253	子宮陰道壁脫垂在尿道壓力上的影響 Correlations between severity of anterior vaginal wall prolapse and parameters of urethral pressure profile  曾慶達 <sup>1</sup> 黃淑君 <sup>1</sup> 陳進典 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
臨時稿件編號：0030	
論文發表方式：海報	Objective: Previous studies have shown that anterior vaginal wall prolapse (AVWP) results in reduction of pressure in the proximal urethra. However, the effect of severity of AVWP on urethral pressure is controversial. This study aimed to evaluate parameters of the urethral pressure profile in different stages of AVWP.  Materials and methods: From 2016 to 2017, 286 consecutive patients with urogynecologic complaints who were referred to our urodynamic unit were enrolled in this study to analyze their urethral pressure profiles. Stages of AVWP were regrouped into three groups ranging from mild to severe stages (groups 1-3). Maximal urethral pressure, urethral closure pressure, functional urethral length, length of continence zone, as well as area of continence zone were compared among these three groups.  Results: Distribution of age, parity, and menopausal women were significantly different among these three groups. Maximal urethral pressure (pressures for groups 1, 2, and 3 were 74.675.9cmH2O, 69.773.4cmH2O, and 58.360.5cmH2O, respectively; all P<.05) and stress urethral closure pressure (pressures for groups 1, 2, and 3 were 69.3cmH2O,62.3cmH2O, and 52.2cmH2O, respectively; all P<.05) gradually and significantly decreased, consistent with the severity of AVWP. However, the attenuated maximal urethral pressure and stress urethral closure pressure in accordance with severity did not show any significant difference after controlling for age, body mass index, parity, menopause, and stress urinary incontinence symptoms.  Conclusion: Our results showed that AVWP significantly attenuated urethral pressure. However, patient age, menopausal status, and number of parities seem to be more influential in compromising urethral function than just AVWP alone.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P254	腹腔鏡經恥韌帶懸吊術-高雄長庚經驗 The initial experience of laparoscopic pectopexy of KCGMH  周鈺敏 <sup>1</sup> 莊斐琪 <sup>1</sup> 黃寬慧 <sup>1</sup> 吳伶穎 <sup>1</sup> 楊采樺 <sup>1</sup> 張育維 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
臨時稿件編號：0149	
論文發表方式：海報	Objectives Laparoscopic pectopexy (LP) is a novel surgical method which correct apex with synthetic mesh by fixing the bilateral mesh ends to the pectineal ligaments. The comparable intermediate term outcome with laparoscopic sacropexy (LS) has been reported. We aim to compare the operation time and the adverse events of LP and LS. The learning curve of LP was developed to determine the turning point of operation time. Several surgical technique modifications were also introduced. Methods The operation time and the adverse events of the LP (n=18) and the LS (n=21, since the 25th case which overcame steep learning curve) of single surgeon were compared. The learning curve was illustrated by cumulative sum analysis (CUSUM). Modified surgical techniques included absorbable tack for mesh fixation over bilateral pectineal ligaments and retroperitoneal tunnel creation to connect the anterior cervix to bilateral pectineal ligaments. Results The patients were older and the operation time was 73.3 minutes shorter in LP group. The learning curve of LP was at the 12th case. Low back pain and defecation symptoms occurred exclusively in LS. Absorbable tacks were used for mesh fixation and no recurrence occurred during follow-up period. Retroperitoneal tunnel could minimize mesh movement when adjusting the tension. Conclusions Laparoscopic pectopexy is a convincing surgical method for apical prolapse. It has shorter operation time and less adverse events comparing to laparoscopic sacropexy. The surgical procedure of LP is easier learning than LS because of less critical organs encountered during operation and the surgical field was limited to the anterior pelvis. Using of the absorbable tacks for mesh fixation is promising and reduces the surgical threshold concerning skillful laparoscopic suturing. Retroperitoneal tunnel makes three-arm robotic pectopexy feasible without assistant port.
論文歸類：婦女泌尿	

台灣婦產科醫學會 110 年度年會暨學術研討會 論文摘要	
稿件編號：P255	比較不孕症病人與婦科病人的微生物菌相:橫斷式研究 Comparison of female genital tract microbiome in infertile women with gynecological patients: a cross sectional study  停寧瑩 <sup>1</sup> 陳佩辰 <sup>1</sup> 陳寶珠 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
臨時稿件編號：0327	
論文發表方式：海報	Background One of the etiologies in infertility is implantation failure. The possible cause of implantation failure may be caused by pelvic inflammatory disease, especially chronic endometritis. Normal vaginal flora can disturb the endometrial flora environmental balance leading to implantation failure, which is challenging for the treatment. Therefore, this study will review the vaginal infection rate of infertile women compared to other gynecological patients.  Methods This is a cross-sectional study including all the infertile women and gynecological patients older than 20 year-old, from 2016.07.01 to 2019.12.31 at Hualien Tzu Chi Hospital. The vaginal discharge was obtained by aerobic and anaerobic culture swab stick. We stratify two groups by age in five subgroups, =50 y/o. The vaginal bacterial pathogens are divided in aerobic and anaerobic bacteria. The statistical analysis was conducted by SPSS software (version 20). P value  Results There were 29 infertile female patients and 566 gynecological patients included in our study. The percentages of anaerobic and aerobic bacteria were no statistical difference between the infertile and gynecologic patients (anaerobic: 62.1% vs. 65.5%; aerobic: 82.8% vs. 89.8%). The positive culture rate was significantly higher in infertile women of the age group 40-49 y/o compared to the gynecologic patients (48.3% vs. 19.6%, p=0.004). The most common pathogens in the infertile and gynecologic patients were Peptostreptococcus species (31% vs. 21%) in aerobic species and Escherichia coli (34.5% vs. 22.6%) in aerobic species.  Conclusion This is a preliminary study to investigate the prevalence of the vaginal microbiome in the infertile women and gynecological patients in Eastern Taiwan. Further study will be performed to investigate the correlation between vaginal microbiome and the outcome of infertile women.
論文歸類：生殖內分泌	

稿件編號：P256	子宮肌腺症患者的子宮傾斜方向與子宮肌肉層厚度的關係:回溯性觀察研究 The association between the uterine direction and myometrial thickness and adenomyosis: a retrospective observational study  陳盈希 <sup>1</sup> 黃琦 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟婦產部 <sup>1</sup>
臨時稿件編號：0307	
論文發表方式： 海報	Background: The ovulation fluid may be related to the pathogenesis of adenomyosis. Therefore, we assumed the posterior uterine wall may be predisposed to the formation of adenomyosis. We aimed to evaluate the relationship between the uterine direction and thickness of posterior myometrium and adenomyosis. Methods: This was a retrospective observational study. The patients who received hysterectomy with pathology of adenomyosis between 2013 and 2018 in our hospital were recruited. Then the patients were classified into three groups according to anteverted, anteverted, or retroverted uterus. Under transvaginal sonography, the degree of uterine curve and thickness of anterior and posterior myometrium were measured. The statistical analysis was made with the use of software of SPSS 20. The ANOVA test and Student t-test were performed. Results: Eighty-eight women who have adenomyosis with the histopathological diagnosis made after hysterectomy were enrolled. The myometrial thickness of anteverted (mean: 6.45cm) or anteverted (mean: 8.70cm) uterus were thicker than retroverted (mean: 5.69cm) uterus (P-value = 0.0285). Anteverted uterus showed the most thick uterine wall than an anteverted and retroverted uterus. Conclusions: Our study revealed that in cases of adenomyosis, the anteverted or anteverted uterus has more thick uterine wall than the retroflexed uterine. Anterior or posterior uterine wall could be thickened in adenomyosis.
論文歸類： 一般婦科	



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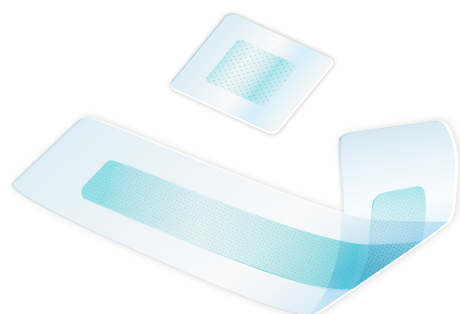


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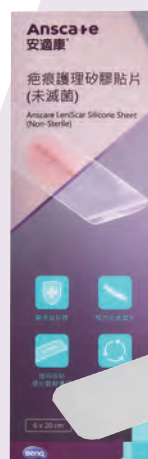
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【成分特性及含量】每毫升溶液含有 6 mg 的 liraglutide，每支預填式注射筆含有 3 毫升共 18 mg liraglutide。

【治療適應症】用於體重控制，做為低熱量飲食及增加體能活動外之輔助療法，適用對象為成人病人且初始身體質量指數 (BMI) 為  $\geq 30 \text{ kg/m}^2$ ；或  $\geq 27 \text{ kg/m}^2$  至  $< 30 \text{ kg/m}^2$ ，且病人至少有一項體重相關共病，例如第二型糖尿病、高血壓或血脂異常。以每天 3.0 mg 治療 12 週後，若病人初始體重並未減輕至少 5%，應停止善纖達治療。【劑量】起始劑量為每日一次 0.6 mg，劑量應按照至少一週的間隔，每次增加 0.6 mg 至每日一次 3.0 mg，以改善胃腸道耐受性。若增加至下一個劑量等級後連續兩週耐受不良，應考慮停止治療。不建議超過 3.0 mg 的每日劑量。

【第二型糖尿病病人】善纖達® 不應與其他 GLP-1 受體促效劑併用。善纖達與胰安普 (Victoza®) 含有相同的活性成分 (liraglutide)，故二者不可併用。開始使用善纖達® 時，應考慮減少併用的胰島素或胰島素促泌素 (例如磺脲類藥物) 的劑量，以減少低血糖的風險。需要進行血糖自我監測，以調整胰島素或胰島素促泌素的劑量。相反地，若停止使用善纖達時，應監測其血糖上升狀況。對於接受胰島素治療的病人，尚未進行與善纖達® 併用的評估。

【特殊族群】老年人 ( $\geq 65$  歲)：不需依據年齡調整劑量。≥ 75 歲病人的治療經驗有限，不建議用於這類病人。腎功能不全：輕度或中度腎功能不全病人 (肌酐清除率  $\geq 30 \text{ ml/min}$ ) 不需調整劑量。不建議將善纖達用於重度腎功能不全病人 (肌酐清除率  $< 30 \text{ ml/min}$ )。肝功能不全：輕度或中度肝功能不全病人不建議調整劑量。不建議將善纖達用於重度肝功能不全病人；用於輕度或中度肝功能不全病人應謹慎。小兒族群：尚未確立善纖達® 用於 18 歲以下兒童和青少年的安全性及療效，無法就劑量學提供建議。

【投與方式】善纖達® 僅限皮下注射使用，不得以靜脈注射或肌肉注射方式投與施用。在開始使用善纖達® 前，病人須接受專業醫療照護者指導正確的施打技術，以降低注射錯誤 (如針頭阻塞或施打劑量不完全) 的風險。善纖達® 為每日一次，可在一天中任何時間使用，無須隨用餐時間調整。應注射在腹部、大腿或上臂，可改變注射部位和時間點，而不需調整劑量。但決定一天當中最方便的時間後，最好每天固定在大約相同的時間注射善纖達®。善纖達® 不應與其他注射劑混合 (例如胰島素)。若錯過一劑且距延遲時間未超過 12 小時，應盡速使用藥。若錯過一劑且距離下一劑注射時間不到 12 小時，請勿再補注射，應等到下一次用藥時間再注射，並恢復每日一次治療。錯過的劑量不應以額外注射一劑或增加劑量的方式彌補。若在最近一次注射善纖達® 後已超過三日，應重新以 0.6 mg 起始劑量開始，並依照

【劑量】的遞增時程重新投與，以降低重新開始治療的胃腸道症狀。

【禁忌症】禁用於個人或是家族有甲状腺髓質癌 (Medullary thyroid carcinoma, MTC) 病史的病人，以及有第二型多發性內分泌腺瘤綜合症病人 (Multiple Endocrine Neoplasia syndrome type 2, MEN 2)。禁用於曾經對 liraglutide 或任何賦形劑過敏者。使用 Liraglutide 曾出現嚴重過敏反應，包括急性過敏性反應及血管性水腫。

【使用時的特殊警語及注意事項】糖尿病病人不得將善纖達® 做為胰島素的替代品，胰島素依賴型病人在快速停用胰島素或降低劑量後，曾有糖尿病酮酸

中毒的案例報告。不建議將 Liraglutide 用於第 IV 級急性心肌梗塞衰竭病人。尚未確立下列病人 (年齡 75 歲以上、與其他體重控制的产品併用、因內分泌疾病或飲食疾病，或接受可能導致體重增加的藥品治療造成的繼發性肥胖、重度腎功能不全、重度肝功能不全) 使用 liraglutide 控制體重的安全性和療效，故不建議用於上述病人。不建議將 liraglutide 用於發急性腸道疾病和糖尿病胃輕癱病人，以免發生暫時性胃腸道不良反應，包括噁心、嘔吐和腹瀉。應告知病人 liraglutide 治療與甲状腺髓質癌 (MTC) 之間的可能風險，以及甲状腺腫痛的症狀 (例如：頸部腫痛、吞嚥困難、呼吸困難、聲音持續沙啞)。如果病人的血清降鈣素檢查發現升高，應進一步評估，身體檢查或頸部造影如果發現甲状腺結節，也應進一步評估。使用 GLP-1 受體促效劑的病人曾發生急性胰臟炎，疑似發生胰臟炎時，應停用 liraglutide；如果確診為急性胰臟炎，不應重新開始 liraglutide。在體重控制的臨床試驗中，接受 liraglutide 治療的病人，膽結石和膽囊炎的發生率高於使用安慰劑的病人。應告知病人膽結石和膽囊炎的典型症狀。在第二型糖尿病的臨床試驗中，曾報告發生甲状腺不良事件，例如甲状腺腫大，尤其是原本有甲状腺疾病的病人，因此 liraglutide 用於甲状腺疾病的病人應謹慎。如果病人休息時發生具臨床意義的心跳速率持續增加，應停止 liraglutide 治療。接受 GLP-1 受體促效劑治療的病人，曾報告發生脫水的徵兆和症狀，包括腎功能不全和急性腎衰竭，須注意避免體液不足。曾有 GLP-1 受體促效劑過敏病史者，須謹慎使用。若發生過敏反應，應立即停止使用善纖達或任何疑似會造成過敏之藥物，並尋求醫療幫助。接受善纖達® 治療的病人，須監測是否有憂鬱症惡化、自殺意念、自殺行為或任何情緒及行為的不尋常變化。若病人出現自殺意念或行為，須停止使用善纖達®。對於現在有自殺意念或曾有嘗試自殺行為病史者，應避免使用善纖達®。第二型糖尿病病人接受 liraglutide 併用胰島素或磺脲類藥物，可能增加低血糖的風險，降低胰島素或磺脲類藥物的劑量可減少低血糖風險。對於接受胰島素治療的病人，尚未進行與善纖達併用的評估。

【藥物交互作用】liraglutide 可略微延遲胃部排空率，可能影響併用口服藥物的吸收。交互作用試驗並未發現具臨床意義的吸收延遲，因此不需調整劑量。交互作用試驗是以 1.8 mg liraglutide 執行，liraglutide 1.8 mg 和 3.0 mg 對胃部排空速率的作用相當。詳細內容請參考完整仿單。【生育能力、懷孕及哺乳】懷孕期間不應使用 liraglutide，如果病人想要懷孕或已懷孕，應停止 liraglutide 治療。哺乳期間不應使用善纖達®。除了存活著胎數數量略減少以外，動物試驗並未發現對生育能力有有害的作用。【對駕駛及操作機械能力的影響】開始使用善纖達® 的前三個月期間，可能會發生頭暈，若有頭暈症狀則駕駛或操作機械時須謹慎。【不良反應】胃腸道反應是善纖達治療中最常見的不良反應，包括噁心 (極常見)、嘔吐 (極常見)、腹瀉 (極常見) 及便秘 (極常見)。在善纖達® 所執行之臨床試驗中，常見不良反應包括低血糖、失眠、頭暈、味覺障礙、口乾、消化不良、胃炎、胃食道逆流疾病、上腹痛、腸胃脹氣、打嗝、腹脹、膽結石、注射部位反應、無力、倦怠、脂肪升高、黃粉脂升高，其他不良反應包括脫水、心悸過速、心臟衰竭、胃排空延遲、膽囊炎、毒蕈疹、不適、過敏反應 (anaphylactic reaction)、急性腎衰竭、腎功能不全、乳癌、乳房狀甲状腺癌、大腸直腸腫瘤、心臟傳導疾病、低血壓等。目前尚未能確切乳癌是否與善纖達® 治療相關，無法確切善纖達® 是否會對已存在的乳房腫瘤造成影響，無法確切善纖達® 與大腸直腸腫瘤之相關性，但對於具有大腸直腸癌家族史之病人，使用善纖達® 須謹慎評估。不建議將善纖達® 用於兒童病人。【用藥過量】在 liraglutide 的臨床試驗和上市後使用中，曾通報發生劑量高達 72 mg 的用藥過量 (為體重控制劑量的 24 倍)。通報發生的事件包括嚴重噁心、嚴重嘔吐和嚴重低血糖。

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確診之 SMA 脊髓性肌肉萎縮症病人，其  
SMN2 為 2 或 3 套或已出現症狀之 SMA 第一  
型病人，只需單劑 1 小時的靜脈注射。<sup>1</sup>

**91%**

**無事件存活期**  
(Event-free survival)

STRIVE 試驗中，顯示患者存活率達  
91% (20/22)、不需要永久通氣支持  
並持續參與試驗<sup>1</sup>。

**<1  
Month**

**作用迅速及  
改善運動功能**

STRIVE 試驗中，顯示最早在輸注後 1 個月  
即發揮作用，CHOP INTEND 分數比基準  
點平均增加 6.9 分 (N=22)，研究最終期  
間，95% (21/22) 病患達到 40 分以上<sup>1</sup>。

**↑ ↑**

**療效持續**

LTFU 試驗顯示持續療效且良好耐受結  
果。試驗繼續進行中且目前長達 5.2  
年，患者持續達到新的里程碑。<sup>2</sup>

References: 1. Day JW et al. Onasemnogene Apeparvovec Gene Therapy for Spinal Muscular Atrophy Type 1: Completed Phase 3 US Study (STRIVE) Efficacy and Safety. MDA 2020.  
2. Mendell J et al. Gene Therapy in Spinal Muscular Atrophy Type 1: Long-Term Follow-Up From the Onasemnogene Apeparvovec Phase 1 Clinical Trial. MDA 2020.

本藥須由醫師處方使用 北市衛藥廣字第 110030146 號

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**適應症** 治療 6 個月以下經基因確診之 SMA 脊髓性肌肉萎縮症病人，其 SMN2 為 2 或 3 套或已出現症狀之 SMA 第一型病人，但不適用於已使用呼吸器每天 12 小時以上且連續超過 30 天者。**用量與用法** 應在臨床中心啟動並執行治療，並由具 SMA 病人治療經驗的醫師負責監督。在給予 onasemnogene abeparvovec 前，需要進行基期實驗室檢測，包含：使用經適當驗證的檢測法對 AAV9 抗體進行測試；丙胺酸轉胺酶(ALT)、天門冬胺轉胺酶(AST)和總膽紅素和血小板計數及肌鈣蛋白 I。在確定 onasemnogene abeparvovec 治療的時機時，必須考量在給藥後是否需要密切監測肝臟功能、血小板計數和肌鈣蛋白 I，以及是否需要皮質類固醇治療。在發生急性或慢性未獲控制的活動性感染時，應延遲治療直到感染緩解或得到控制。**用量**：僅適用於單劑靜脈輸注。病人將接受一劑名義劑量為  $1.1 \times 10^{14}$  vg/kg 的 onasemnogene。**免疫調節療程**：第 9 血清型腺相關病毒載體(AAV9)殼體的免疫反應會在給予 onasemnogene abeparvovec 後產生。這可能導致肝臟轉胺酶上升、肌鈣蛋白 I 上升、或是血小板計數降低。為了抑制免疫反應，建議使用皮質類固醇進行免疫調節。在可行的情況下，在給予 onasemnogene abeparvovec 輸注前後，應適當調整病人疫苗接種的時程，以因應同時給予的皮質類固醇治療。**禁忌症** 對下列活性物質或任一賦形劑過敏者：氨基丁三醇、氯化鎂、氯化鈉、泊洛沙姆 188、鹽酸(調整 pH)、注射用水。**特殊警語與使用注意事項/不良反應 追朔性**：為改善生物醫療產品追朔性，應明確記錄給藥產品的名稱及批號。**對抗 AAV9 的既有免疫力**：在 onasemnogene abeparvovec 輸注前，應檢測病人體內是否存在 AAV9 抗體。若 AAV9 抗體效價通報高於 1:50，則可能需要重新檢測。**晚期 SMA**：onasemnogene abeparvovec 對病人症狀的效益，取決於在接受治療時的疾病負擔程度，早期治療可能會帶來較高的效益。儘管晚期症狀性 SMA 病人將無法達到與未受影響的健康同齡人相同的粗大動作發展，但他們可能會依照治療時疾病的進展，在臨床上受益於基因替代療法。**免疫原性**：輸注 onasemnogene abeparvovec 後，將發生對於第 9 血清型腺相關病毒載體(AAV9)殼體的免疫反應，包含生成對抗 AAV9 殼體的抗體。可能會發生以下症狀：肝臟損傷、血小板減少症、血栓性微血管病變、肌鈣蛋白 I 上升。不應在具活動性感染的同時展開免疫調節治療，無論是急性(例如急性呼吸道感染或急性肝炎)或未獲控制慢性感染。發生暫時 onasemnogene abeparvovec 脫離，主要經由身體排泄物排出。應告知照護者及病人家屬下列對於適當處理病人糞便的說明。此藥品每 mL 含有 4.6 mg 的鈉。每瓶 5.5 mL 的小瓶含有 25.3 mg 的鈉，且每瓶 8.3 mL 小瓶含有 38.2 mg 的鈉。**不良反應 (僅列出發生頻率 ≥ 1/10)**：轉胺酶升高。

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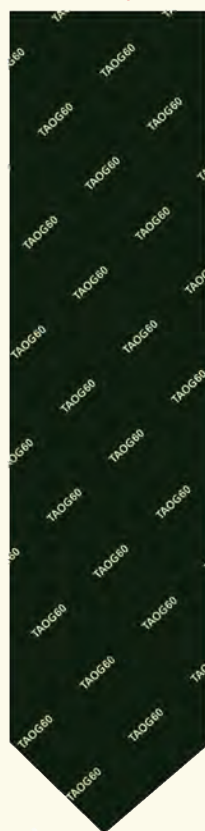
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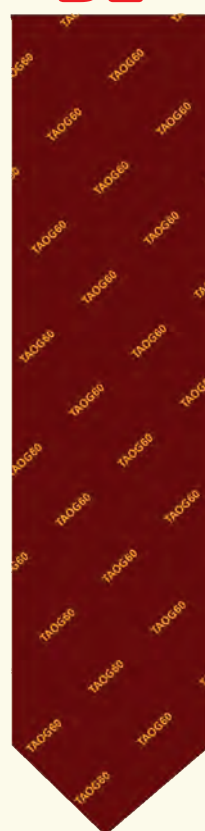
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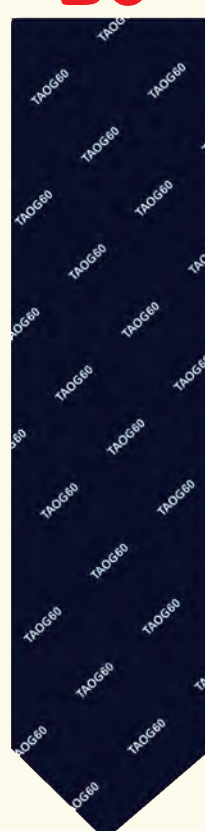
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**B2**



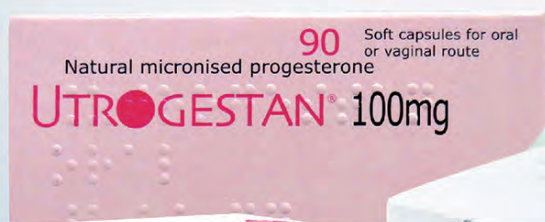
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10/10(日) 台北南港展覽館二館7樓
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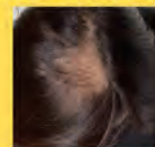
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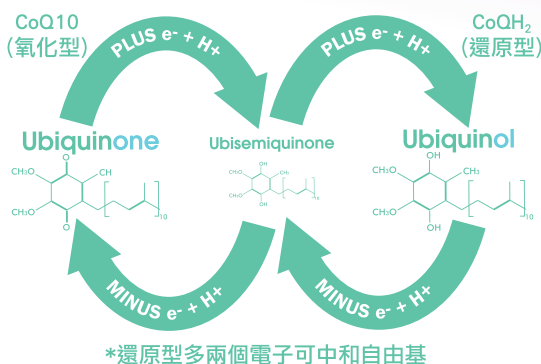




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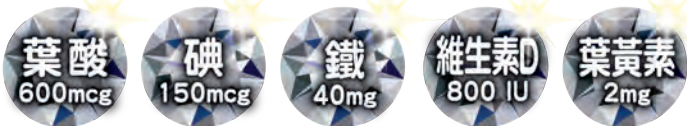
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