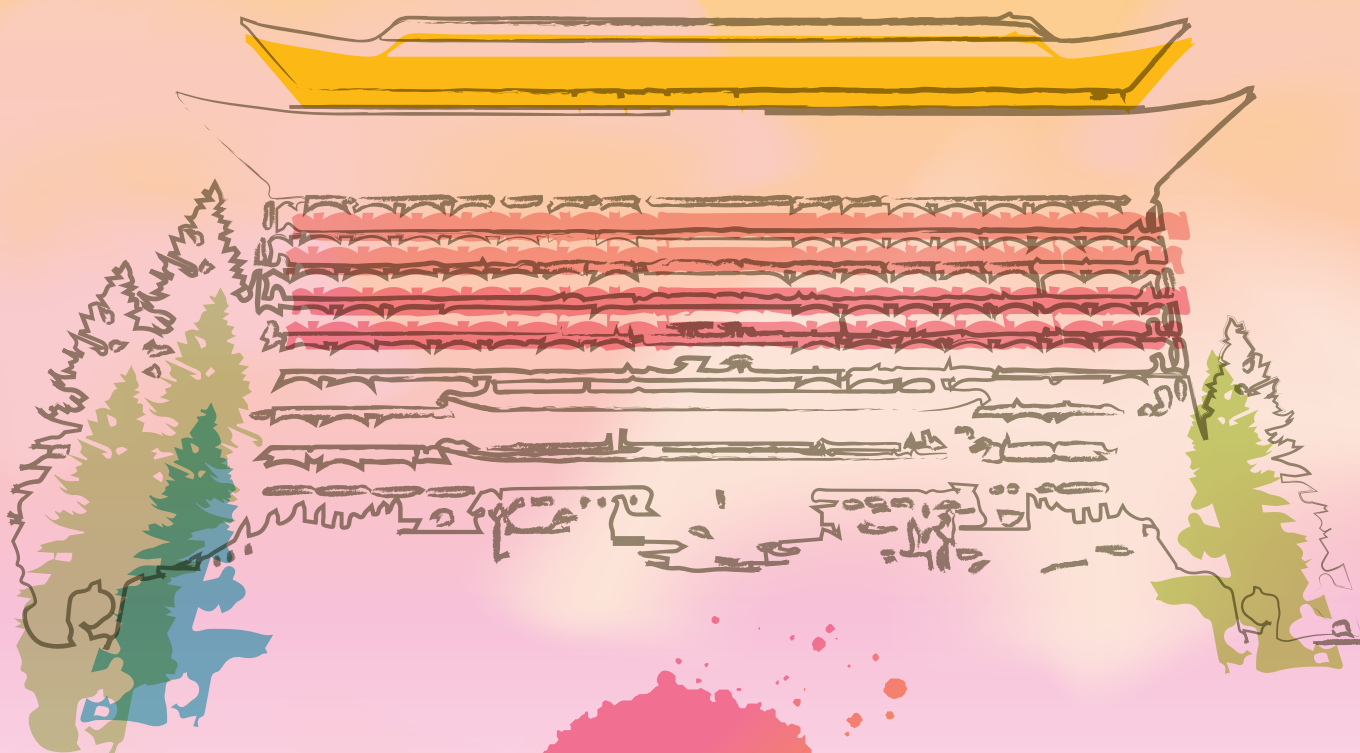


TAOG 2022

台灣婦產科醫學會

11年度 | 年會暨學術研討會

The 61st Annual Congress of
Taiwan Association of Obstetrics
and Gynecology



2022

8.13~14

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台灣婦產科醫學會
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*The 61st Annual Congress
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台灣婦產科醫學會111年度年會暨學術研討會

2022年8月13日 (六)

08:30	(V樓) 敬睦廳 (預備)	(10樓) 長青廳 口頭報告	(10樓) 松柏廳 口頭報告	(10樓) 國際會議廳 口頭報告	(12樓) 崑崙廳 口頭報告
08:50	主持人：吳成玄、莊麗倫 生殖內分泌 Oral OF3-9	主持人：張幸治、江盈達 婦癌 Oral OC1-9	主持人：鄭宗和、林瑛璧 產科 Oral OO1-9	主持人：翁仕賢、嚴孟傑 內視鏡 Video V2-10	主持人：林姿吟、洪煥程 婦女泌尿 Oral +Video OU1-8+ V24
10:00			Coffee Break		
10:30	主持人：鍾明廷、吳信宏 生殖內分泌 Oral OF10-14、16	主持人：劉文雄、許敬福 婦癌 Oral +Video OC10-11、13-14 + V1	主持人：郭麗珍、林芯伶 產科 Oral OO10-18	主持人：丘林和、龔福財 內視鏡 Video + Oral V11-14 + OE1-5	主持人：洪滿榮、蕭聖謀 婦女泌尿 Oral +Video OU9-16 + V25
12:20	午餐會報：拜耳 主持人：崔冠謙、張芳維 12:20-12:50 [L1] Endometriosis as a systemic disease: What's the relevance_江心茹 12:50-13:20 [L2] APAC Consensus: Early diagnosis and management in endometriosis_吳孟興	午餐會報：博而美 主持人：鄭丞傑、陳保仁 12:20-12:50 [L3] The application of new generation Femi Lift laser on GSM and SUI Treatment_龍震宇 12:50-13:20 [L4] Beneficial of FemiLift Laser of Labiaplasty_ 洪芝麗	午餐會報：華聯生物科技 主持人：鄭雅敏、許博敏 12:20-13:20 [L5] Endometrial cancer screening: current status and where to go?_溫國璋	午餐會報：諾和諾德 主持人：周麗政、李弘元(臺大內科部主治醫師) 12:20-13:20 [L6] Female Obesity and its Management_杜思德 (彰基體系國際婦科系代謝及傳病康復e院院長/中華 民國婦科系教學會第八屆理事長)	
13:20		專題演講：婦癌 Symposium	專題演講：產科 Symposium	專題演講：內視鏡 Symposium	Invited Speaker Lecture (提訊)
13:30	(晚宴預備)	主持人：黃思誠、顧明賢 13:30-13:50 [SY1] 台灣子宮頸抹片篩檢的回顧與展望_林莉茹 (國民健康署癌症防治組組長) 13:50-14:10 [SY2] 子宮頸癌篩檢的挑戰_賴憶如 (台灣病理學會 理事長) 14:10-14:30 [SY3] 台灣抹片篩檢的挑戰與機會_鄭文芳 14:30-14:50 [SY4] Primary HPV screening for cervical cancer_ 洪耀欽 14:50-15:00 Discussion	主持人：洪泰和、陳震宇 ★Save the mothers and save the babies 13:30-14:00 [SY9] Fetal therapy in Taiwan_蕭勝文 14:00-14:30 [SY10] Prenatal diagnosis of fetal mosaic aneuploidy: misconceptions and misinterpretations_徐英倫 14:30-15:00 [SY11] "The golden minute" after birth: the role of Obstetricians_王麗鳳	主持人：張裕、戴育哲 ★L.M 13:30-14:00 [SY15] Methods of Extracting Myoma During Laparoscopic Myomectomy_童寶玲 14:00-14:30 [SY16] Fibroids and Fertility: When to operate: MIS or Laparotomy_張基昌 14:30-15:00 [SY17] Ovarian Reserve in Endometrioma Surgery_ 顏志峰	主持人：蘇聰賢、謝御宏 13:30-14:00 [IS1] COVID-19: A Silver Lining?_ Ravi Chandran (FIGO Trustee for Asia Oceania, Malaysia) 14:00-14:30 [IS2] OBGYNs as Leaders: Climate Change and Our Environment_Jeanne Conry (President of FIGO, USA) 14:30-15:00 [IS3] Telehealth expansion as a result of covid_ Diana Ramos (Kaiser Permanente Anaheim and Irvine Medical Centers, USA)
15:00			Coffee Break		
15:30	(晚宴預備)	主持人：王聯惠、呂建興 15:30-15:50 [SY5] HPV vaccination in men_周宏學 15:50-16:10 [SY6] The use of molecular testing in ovarian cancer_ 許世興 16:10-16:30 [SY7] WHO 2020婦癌病理主要改變_王道遠 (馬偕病理 科資深主治醫師) 16:30-16:50 [SY8] 免疫療法在子宮頸癌跟子宮內膜癌的應用_ 張廷彰 16:50-17:00 Discussion	主持人：蔡明松、蕭國明 15:30-16:00 [SY12] Taiwan maternal safety bundles_何銘 16:00-16:30 [SY13] Thromboembolism in pregnancy_ 李汶芳 16:30-17:00 [SY14] Preeclampsia and peripartum cardiomyopathy_康巧珏	主持人：林武周、黃富仁 ★Controversies 15:30-16:00 [SY18] The Approach Method in Difficult Staging Surgery for Endometrial Cancer_王功亮 16:00-16:30 [SY19] The New Advances in Treating Tubo-ovarian Abscess_李奇龍 16:30-17:00 [SY20] How to Explain the Benefits in Laparoscopy Ovarian Cancer Surgery_張穎宜	主持人：楊友仕、蔡鴻德 15:30-16:00 [IS4] Collaborative effort to reduce unnecessary cesarean section in Thailand_Pisake Lumbiganon (President of AOFOG, Thailand) 16:00-16:30 [IS5] Electrophysiological determination of uterine receptivity (EDUR) system: for detection of unfavourable cycle for embryo transfer_ Tadashi Kimura (Chairperson of JSOG, Japan) 16:30-17:00 [IS6] Nonalcoholic Fatty Liver Disease (NAFLD) as an early manifestation of metabolic syndrome during pregnancy_Joong Shin Park (Chairman of KSOG, Korea)
17:00			18:00 晚宴 (V樓敬睦廳)		
18:00					

2022年8月14日 (日)

(V 樓) 敦睦廳		(10 樓) 長青廳	(10 樓) 松柏廳	(10 樓) 國際會議廳	(12樓) 崑崙廳
08:30	專題演講：更年期醫學 Symposium	★Oncology-- 主持人：何志明、王博輝 台灣年輕醫師英文演講 Y1-7	★Reproduction-- 主持人：易瑜嬌、賴宗炫 台灣年輕醫師英文演講 Y16-22	特別演講：大會演講 08:55-9:00 Opening Remarks_黃國照(TAOG 理事長) 09:00-9:30 [P1] Facts (differences) in Laparoscopic & Robotic surgery between Taiwan and U.S.A._歐朝士 09:30-10:00 主持人：何弘能、吳秀梅(衛福部食藥署署長) [P2] 3D 列印醫療應用及未來_曹芳海(工研院南分院 執行長)	口頭報告 主持人：詹景全、陳國明 一般婦科 Oral + 更年期 Oral OG1-6 + 8 + OM1
09:00	主持人：韓震宇、藍國忠 [SY21] Progesterin-only systemic hormone therapy for menopausal hot flashes_陳美洲 [SY22] Management of perimenopausal endometrioma_黃泓淵 09:10-09:30 [SY23] Female hormones and Covid – how relevant are they?_曾志仁 09:30-09:50 [SY24] Optimal dosage of estrogen for MHT_蔡永杰 09:50-10:00 Discussion				
10:00	專題演講：一般婦科 Symposium				
10:30	主持人：李麗泰、黃莉文 10:30-11:00 [SY25] 高尿酸血症與婦女健康之精準醫療_鄭碧華 11:00-11:30 [SY26] 超音波卵巢癌評估系統_陳怡仁 11:30-12:00 [SY27] 子宮頸癌篩檢結果異常與子宮頸癌前驅病變之處理_陳子健				
12:00	午餐會報：耀凌				
12:20	主持人：徐明光、陳治平 12:20-13:20 [L7] 高危險妊娠案例分享 - (1) 產前症早期診斷與治療 (2) 早產診斷、管理與治療_詹富富	午餐會報：羅聯生命科學 主持人：李慧南、洪秉坤 12:20-13:20 [L8] 維生素 B6 補充對孕吐的重要性_林芯存	午餐會報：亞培 主持人：武國璋、王麗霞 12:20-13:20 [L9] The Chamber of Secrets- Endometrial Preparation and Embryo Transfer_ Dr. Shari Mackens (比利時)	午餐會報：諾華 主持人：陳明輝、林俊沛(馬偕紀念醫院罕見疾病中心資深主治醫師) 12:20-12:45 [L10] Shining a Light: Gene Therapies for Genetic Disorders_簡穎秀(臺大醫院小兒傳導科醫師) 12:45-13:05 [L11] Genetic Screening and Family-centric Genetic Counseling_郭佩雲(高醫附醫遺傳諮詢師) 13:05-13:20 Q&A	午餐會報：默沙東 主持人：張維君、王有利 12:20-13:20 [L12] Gender Equity in HPV Disease Prevention : What can we do more _張志騰
13:20	專題演講：醫療倫理法律	專題演講：婦女泌尿 Symposium 主持人：梁守善、盧佳序 13:30-14:00 [SY34] Combination Pharmacotherapy for Treatment of Overactive Bladder (OAB)_黃淑君 14:00-14:30 [SY35] Vaginal laser on the sexual function of postmenopausal women affected by GSM_廖韻涵 14:30-15:00 [SY36] Pessaries for management of symptomatic pelvic organ prolapse and incontinence_林益豪	專題演講：生殖內分泌 Symposium 主持人：林明輝、李宗賢 13:30-14:00 [SY40] The influence of covid-19 on human infertility_李毅評 14:00-14:30 [SY41] Physical and psychologic comorbidity of endometriosis_林立德 14:30-15:00 [SY42] Recurrent Implantation Failure: Controversy over Definition,Diagnosis, and Treatment Efficacy_許沛揚	會員代表大會 (13:30 報到，14:00 開會)	專題演講：住院醫師教育訓練 主持人：江千代、王功亮 13:30-14:00 [SY46] 健保給付制度的歷史_林金龍(TAOG 顧問) 14:00-14:30 [SY47] 健保申報技巧及申報陷阱_譚卿宏 14:30-15:00 [SY48] 立足醫藥 心懷天下_葉光茂
13:30	主持人：蔡英美、胡峰寶(律師/消費者文教基金會 執行董事暨發言人) 13:30-14:00 [SY28] COVID-19防疫中的性別衝突_林錦紅(台灣受試者 保護協會 前理事長) 14:00-14:30 [SY29] 避孕藥發明對世界的影響_江盛 14:30-15:00 [SY30] 疫情下遠距醫療倫理法律議題 蔡甫昌(臺大醫 學院醫學教育暨生醫倫理學科暨研究所教授)	會員代表大會 (13:30 報到，14:00 開會)	會員代表大會		
15:00	專題演講：醫療倫理法律		Coffee Break		
15:30	主持人：李茂盛、張陽鳳(臺北地方法院行政訴訟庭法官) 15:30-16:00 [SY31] 婦產科專業到政治_林靜儀(中華民國第10屆 立法委員) 16:00-16:30 [SY32] 醫法對話 (1)-從手術同意書、醫療診斷書談起 王卿瑋(TAOG 第 19 屆醫療法制暨 醫療糾紛委員會召集人) 16:30-17:00 [SY33] 醫法對話 (2)-從手術同意書、醫療診斷書談起 廖運輝(臺灣高等法院刑事法官)		主持人：陳明哲、何信順 15:30-16:00 [SY43] Revisiting add-ons for assisted reproductive technology_王家瑋 16:00-16:30 [SY44] Epigenetics in assisted reproductive technology: how much the evidence?_ 郭保麟 16:30-17:00 [SY45] Vaginal microbiome in reproductive health_翁國璽	主持人：楊育正、許德耀 15:30-16:00 [SY49] 醫療爭議事件的根本原因分析_洪聖惠(財團法人 醫院評鑑醫療品質策進會 副執行長) 16:00-16:30 [SY50] 醫病大和解_李詩雁(陳忠純紀念促進醫病關係 教育公益信託 執行長) 16:30-17:00 [SY51] 婦產科醫師對醫療判例的省思_潘恒新	
17:00					

請確實遵守以下時間：

★簽到時間 (無須簽退)：

現場 簽 到 8月13-14日 (六、日) 上午8:15~下午3:00。

線上直播簽到 無法親臨現場者，請於兩日課程直播期間，於直播平台完成一次線上簽到即可。

★午餐時間：每日中午12:00~下午1:30

台灣年輕醫師英文演講

8 月 14 日(日) 上午 (10 樓) 長青廳	8 月 14 日(日) 上午 (10 樓) 松柏廳
★ Oncology-- 主持人：何志明、王博輝 08:30-08:40 [Y1] Bilateral Ovarian Thecomas With Sclerosing Peritonitis Mimicking Epithelial Ovarian Cancer_Yi-Chieh Chen 陳怡潔 08:40-08:50 [Y2] Synergistic therapeutic effect of low-dose bevacizumab with cisplatin-based chemotherapy for advanced or recurrent cervical cancer_Chia-Hao Liu 劉家豪 08:50-09:00 [Y3] The Potential Role of Cell Membrane and Transporter related Functionomes for Tumorigenesis inferred by the Gene Ontology-Based Integrative Analysis of Ovarian Clear Cell Carcinoma_Yi-Liang Lee 李易良 09:00-09:10 [Y4] DOCK4 could be a Potential Biomarker for the Outcome of Epithelial Ovarian Cancer_Yen-Han Wang 王彥涵 09:10-09:20 [Y5] Laparoscopy Compared with Laparotomy for Comprehensive Surgical staging for clinical stage 1 endometrial cancer: a single institute experience in Taiwan_Ting-Fang Lu 呂亭芳 09:20-09:30 [Y6] Outcome and Optimal Therapy of Uterine Serous and Clear Cell Carcinomas: a Population-based Study_Jung Chen 陳琮 09:30-09:40 [Y7] Risk of head-and-neck cancer following a diagnosis of moderate cervical intraepithelial neoplasia: analyses from national health insurance research database in Taiwan_Kai-Yuan Jheng 鄭凱元	★ Reproduction-- 主持人：易瑜嶠、賴宗炫 08:30-08:40 [Y16] Reproductive outcomes of subclinical hypothyroidism women after in vitro fertilization and embryo transfer_Yi-Ting Chen 陳怡婷 08:40-08:50 [Y17] Endometriosis does not affect fallopian tubal status as imagination. Evaluating fallopian tube condition in infertile women by hysterosalpingogram and laparoscopy_Chia-Yun Lin 林佳鈞 08:50-09:00 [Y18] Effect of post-thawed culture duration on morphological changes and clinical outcomes of vitrified blastocysts_Siew-Yen Lai 賴秀燕 09:00-09:10 [Y19] Progesterin-primed ovarian stimulation versus GnRH antagonist protocol in preventing premature LH surge for poor ovarian responders_Tzu-Ching Kao 高子晴 09:10-09:20 [Y20] Reduced Endometrial Expression of ILK and ITGB3 in Patients with Adenomyosis During Window of Implantation_Angel Hsin-Yu Pai 白欣玉 09:20-09:30 [Y21] Improvement of Endometrial Receptivity by Guizhi Fuling Wan in endometriosis_Yu-Chieh Fang 方郁婕 09:30-09:40 [Y22] Male factor infertility and its impact on early embryonic morphokinetic parameters observed under time-lapse imaging incubator_Wei-Kuang Ju 朱偉光
Coffee Break	
★ Obstetrics-- 主持人：陳宜雍、葉長青 10:30-10:40 [Y8] Pathognomonic Ultrasonographic Features of First- and Second-degree Uterine Inversion_Yu-Hsuan Chen 陳宇軒 10:40-10:50 [Y9] Expanded genetic screening in Taiwan_Han-Ying Chen 陳涵英 10:50-11:00 [Y10] Clinical outcomes of induction of labor at different gestational weeks in low-risk nulliparous women_Che-Yen Kuan 關哲彥 11:00-11:10 [Y11] Transvaginal cervical length measurement to predict successful labor induction_Pei-Chen Li 李佩蓁 11:10-11:20 [Y12] Immediate postpartum hemorrhage with referral from local clinics : 10-Year Experience at Mackay Memorial Hospital, Taipei, Taiwan_Hao-Yang Chang 張皓揚 11:20-11:30 [Y13] Bio-functionalized magnetic nanoparticles for the immunoassay of C-reactive protein and procalcitonin in cervicovaginal secretions of pregnant women with preterm prelabor rupture of membranes to predict early-onset neonatal sepsis_Sau Xiong Ang 鄧肇雄 11:30-11:40 [Y14] Differential Changes in Akt and AMPK Phosphorylation Regulating mTOR Activity in the Placentas of Pregnancies Complicated by Fetal Growth Restriction and Gestational Diabetes Mellitus With Large-For-Gestational Age Infants_Meng-Syuan Lin 林孟萱 11:40-11:50 [Y15] Prevention of defective physical and neurodevelopmental outcomes following intrauterine growth restriction_Meng-Han Lu 盧孟涵	★Reproduction/Endoscope/Gynecology/Urogynecology-- 主持人：陳美州、劉蕙瑄 10:30-10:40 [Y23] Exposure to Polycyclic Aromatic Hydrocarbons and Its Relationship with Increased Human Epididymal Secretory Protein 4_Hsin-I Liang 梁心怡 10:40-10:50 [Y24] Robotic or laparoscopic treatment of cesarean scar defects or cesarean scar pregnancies with a uterine sound guidance_Hsiao-Fen Wang 王孝葵 10:50-11:00 [Y25] Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for benign adnexal surgery_Hao-Ting Lien 連顯庭 11:00-11:10 [Y26] Immunochemical and urodynamic outcomes after polypropylene mesh explant from the pelvic wall of rats_Aileen Ro 羅艾琳 11:10-11:20 [Y27] Maintenance dienogest therapy combined with adjuvant gonadotropin-releasing hormone agonist treatment after uterus-sparing surgery in adenomyosis: A retrospective cohort study_I-SAN Chan 陳綺珊 11:20-11:30 [Y28] De novo detrusor overactivity and urgency after mid-urethral slings for urodynamic stress incontinence_Min Feng 馮敏 11:30-11:40 [Y29] Ultrasonography and clinical outcomes following anti-incontinence procedures(Solix™ tape): a 3-year post-operative review_Yi-Chun Chou 周怡君 11:40-11:50 [Y30] The Effect of Vaginal Pixel CO2 Laser Treatment on Stress Urinary Incontinence_Chieh-Yu Chang 張介禹

台灣婦產科醫學會
111 年度年會暨學術研討會
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秘書：	林家翎	吳純琪	陳佳妤	沈姝慈	翁櫻瑄	黎婉青	賈豫琪

理事長的話

台灣疫情朝開放前進，這當中也必須經歷陣痛才能向開放邁出。感謝所有第一線的醫療工作人員，尤其是照顧 COVID-19 確診產婦的產科醫師們，學會今年疫情爆發時，即刻向衛福部爭取專責生產補助獲得通過，至少在健保杯水車薪下，能夠獲得一些額外獎勵，也再次感謝您們！

民國 88 年時承蒙當時蘇聰賢理事長及陳鴻生秘書長抬愛，便進到學會協助業務。之後在林金龍顧問協助下爭取陰道生產及剖腹生產同額給付、陰道內診、沖洗費用，至少給即將崩盤的婦產科一點生機。記得在當天支付標準會議中，本來有人要發言討論內診費用，突然好幾個委員仗義執言說：「人家婦產科已經活不下去，不要再為難了」，直接通過新增內診費用，可見當時婦產科困境。在健保重大給付改革下，也有幸參與二次 RBRVS 修正及 60 億急重難給付，第一次 RBRVS 在各次專科委員討論下，花了約一年時間，討論出合理相關點值，第二次 RBRVS 則大幅提升婦科手術點值至少 42% 以上，而婦產科近 9 億的急重難，則用於提升產科點值，尤其是高危險妊娠給付及通過新增陰道超音波取代婦產超音波，點值提高一倍以上，連帶基層也在隔年通過。產檢給付上，自謝卿宏理事長開始不斷向國健署爭取二代產檢及超音波給付，也終於在去年吳昭軍署長任內通過新的產檢內容，注入年度預算近 7 億。同時感謝邱文達、林奏延、陳時中、薛瑞元部長，石崇良、王宗熙、劉越萍、黃淑英等，共同推動生產事故救濟條例，改善產科濫訴，也讓住院醫師招生回春。

回顧近 24 年在學會的工作，歷歷在目。12 年前獲謝卿宏理事長推薦為台灣婦產科醫學會秘書長，後經何弘能、郭宗正理事長，也在 3 年前在大家支持下擔任第 22 屆理事長，理事長任內，遇到疫情來襲，但學會運作完善，持續為會員爭取福利。只不過，實體碰面機會較少了，今年 7 月個人榮獲衛福部醫療專業獎章，我代表致詞說到，這個獎章不是屬於個人的，而是代表所有的婦產科醫師，他們日日夜夜在第一線照顧我們的婦幼安全。最後在疫情期間，敬祝大會順利成功，我也對自己作為一個婦產科醫師感到驕傲！

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，致使會員們赴國外參加活動幾乎受限，年會亦順延，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終於可以在台北圓山飯店盛大召開了。

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。

今年度台灣婦產科醫學會特別於 5 月 8 日至 6 月 30 日期間推出「尋找孕期神隊友」，學會考量兩性平權及準爸爸在孕期過程的角色推動孕期神隊友計劃，希望準爸爸能體諒婦女懷孕生產的辛苦並一起共同努力。這項活動除了可增進院所與民眾互動之外，亦可維持良好醫病關係，並提升院所曝光度及社會形象。感謝各位會員代表的響應，本次活動非常熱烈也順利圓滿結束。謝謝院士、理事長及秘書長，辛苦了！

今年度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，雖然減少了國外面對面的互動，但採用視訊會議來維持國際間的關係。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』、『醫療倫理法律』、『國外講師視訊課程』、『住院醫師教育訓練』。今年特別邀請馬來西亞、美國、泰國、日本、韓國等學者視訊演講，內容精采可期，希望能提供給台灣婦產科醫師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 2021 年 12 月 19 日之高雄羅木斯登山健行、2022 年 03 月 13 日之北區滿月圓登山健行活動等，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！

監事長任務即將結束，看到學會一直向前，人丁一再興旺，會員業務順利，婦女健康就緒，台灣婦產科醫學會是驕傲的。

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第六十一屆的年會，也是連續三年都因疫情而延期後，終於能在台北圓山大飯店來舉行。為綠色環保，今年大會手冊也採電子版、簡版、傳統版三者並行方式，電子版在學會網頁年會專區就能直接下載，或手冊內頁有 QRcode 連結，簡版於報到時會拿到，厚重的傳統版則是有需要者自取。

大會演講於星期天早上邀請到歐朝士教授來講台美在腹腔鏡與機器人手臂手術之差別，以及最近火紅的 3D 列印、幹細胞醫療、智慧醫院及這幾年影響最大的 COVID-19。星期六下午的國際論壇有 FIGO、AOFOG、JSOG、KSOG 的現任理事長及貴賓，來談氣候變遷、COVID-19、遠距醫療、不孕症、產科的重要議題。還有星期天早上台灣婦產科未來的希望-年輕醫師們於國際研討會用英文來發表演講。

星期天下午醫法倫方面有疫情的性別衝擊與遠距醫療的法律倫理問題，林靜儀委員的從婦產科醫療專業到從政，避孕藥對世界的影響、醫法界代表對談，都相當值得一聽。住院醫師訓練課程從健保的沿革、申報技巧及陷阱，醫療爭議的根本原因分析、判例分析，到醫病大和解，立足醫業心懷天下萬民，都是住院醫師成長必須了解及將來能濟世救民的關鍵。

本次也有各次專科的特別演講，請到各個領域的翹楚，來跟大家談近來最熱門的議題，大家可以各自找有興趣的題目來參加。午餐會報方面也有一般婦產科、高危險妊娠、生殖醫學、遺傳、婦女泌尿、婦癌等議題，供大家選擇，學會也備妥營養均衡、種類豐富、衛生安全的便當給大家於各會場內遵守防疫規定下使用。廠商方面今年參展也是全滿，歡迎大家去看看老朋友及新東西。

晚宴則在星期六晚上於圓山飯店 V 樓敦睦廳舉行，報到資訊及座位名牌也會提前寄給受邀及已報名者，晚宴中也將安排優秀論文頒獎，學會也備妥美食、美酒及餘興節目，歡迎大家開心來參與，一起會會老友。

上下山交通方面，學會也注意到圓山飯店位居半山腰上出入較不方便，因此除原飯店提供的接駁車外，另再加訂了免費的交通車在會場、圓山捷運站間循環行駛，會場上車處請會員及眷屬憑報到名牌上車，其他點則可直接上車，通常 10-20 分鐘就會有車班，自早上 7:45 開始服務到當天活動(包括晚宴)結束後一小時收班，希望能減少往年上下山的不便，也請大家多多利用。

最後感謝大家的參與，因為有您們的參與，年會才有意義。

感謝台大陳思原教授帶領下各學術委員會委員的幫忙規劃，

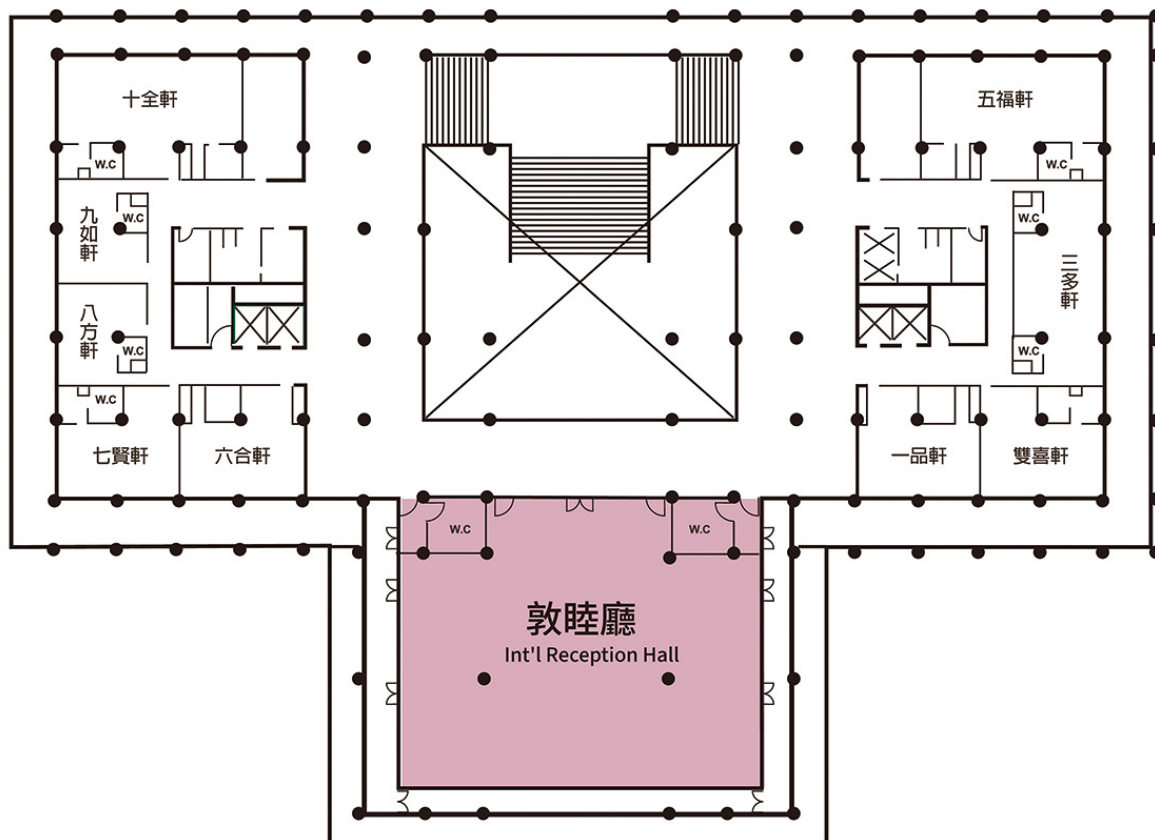
也謝謝各協力廠商的幫忙，有您們相挺，大會才辦得起來。

預祝大會順利成功。

秘書長 **黃建霖** 敬書

會場平面圖

VF



VF 敦睦廳 Int'l Reception Hall

8/13
SAT

- 生殖內分泌 Oral
- 午餐會報－拜耳

8/14
SUN

- 更年期醫學 Sym
- 一般婦科 Sym
- 午餐會報－輝凌
- 醫療倫理法律

松柏廳
Song Bo Room

國際會議廳
Auditorium

長青廳
Chang Chin Room

[illegible]

12F 崑崙廳
Kunlun Hall

- 婦女泌尿 Oral / Video
- Invited Speaker Lecture

- 一般婦科 Oral / 更年期 Oral
- 內視鏡 Video
- 午餐會報—默沙東
- 住院醫師教育訓練

台灣婦產科醫學會
111 年度年會暨學術研討會

*The 61st Annual Congress
of Taiwan Association of Obstetrics and Gynecology 2022*

大會節目表

111 年 8 月 13 日 (星期六) 上午
(V 樓) 敦睦廳

生殖內分泌 Oral

主持人：吳成玄、莊蕙瑜

- 08:50-09:00 OF3 在縮時攝影培養下男性不孕症的早期胚胎發育型態變化
Male factor infertility and its impact on early embryonic morphokinetic parameters observed under time-lapse imaging incubator
朱偉光¹ 吳兆昀¹ 邱上琪¹ 周奎銘¹ 李國光¹ 林明輝¹
馬偕醫院婦產部¹
- 09:00-09:10 OF4 正常卵巢反應族群在試管嬰兒新鮮胚胎移植週期個別化早期停止使用黃體支持
Individualized early stop of luteal phase support in IVF/ICSI fresh embryo transfer cycles in normal ovarian responders
潘松坡¹ 黃琺琦² 吳明義¹ 趙光漢¹ 陳美州¹ 楊政憲¹ 陳思原¹
臺大醫院婦產部¹ 臺大新竹分院婦產部²
- 09:10-09:20 OF5 分段體外受精併冷凍胚胎移植合併藥物、手術與海扶刀在子宮肌腺症病人之治療成效
Efficacy of medical, surgical therapies and high-intensity focused ultrasound for segmented in vitro fertilization and frozen embryo transfer in patients with adenomyosis
馮敏¹ 陳亮萱¹ 黃惠鈺¹ 宋永魁¹ 吳憲銘¹
林口長庚醫院婦產部¹
- 09:20-09:30 OF6 應用高光譜成像於胚胎品質人工智慧預測模型之研發
Research and Development of Artificial Intelligence Prediction Model for Embryo Quality by Hyperspectral Imaging
李品萱¹ 陳柏瑞¹ 宋泊錡¹ 王偉中¹ 李宗賢²
國立清華大學動力機械工程學系¹ 中山醫學大學附設醫院婦產部生殖醫學中心²

- 09:30-09:40 OF7 **金屬蛋白酶組織抑制因子 2 之基因多型性與婦女進行試管嬰兒療程臨床結果相關**
Tissue inhibitors of metalloproteinases 2 gene polymorphisms associated with clinical outcomes of women undergoing in vitro fertilization
李侑蓁¹ 鄭恩惠¹ 曹惠美¹ 黃俊嘉¹ 李宗賢^{1,2,3} 林秉瑤¹ 陳忠義¹ 楊順發² 李茂盛^{1,2,3}
 茂盛醫院¹ 中山醫學大學醫學研究所² 中山醫學大學附設醫院婦產部³
- 09:40-09:50 OF8 **精蟲去氧核糖核酸碎片化對於試管嬰兒授卵療程的囊胚染色體非整倍體之影響**
Impact of sperm DNA fragmentation on blastocyst aneuploidy from patients undergoing IVF oocyte donation cycles
曹惠美¹ 鄭恩惠¹ 黃俊嘉¹ 陳忠義¹ 李茂盛^{1,2}
 茂盛醫院¹ 中山醫學大學醫研所²
- 09:50-10:00 OF9 **胚胎非整倍體基因檢測後的冷凍囊胚在植入時放置的子宮深度位置對於臨床懷孕率的影響**
The influence of the depth of frozen blastocyst replacement into the uterine cavity on clinical pregnancy rate after preimplantation genetic testing for aneuploidy
陳秀惠¹ 陳怡婷¹ 黃俊嘉¹ 陳建宏¹ 李俊逸¹ 陳忠義¹ 黃梨香^{1,2} 李宗賢^{3,4} 李茂盛^{1,3,4}
 茂盛醫院生殖中心¹ 中山醫學大學護理系² 中山醫學大學附設醫院婦產部³ 中山醫學大學醫研所⁴

111 年 8 月 13 日 (星期六) 上午
(V 樓) 敦睦廳

生殖內分泌 Oral

主持人：鍾明廷、吳信宏

- 10:30-10:40 OF10 利用小鼠囊胚研究冷凍解凍過程對於微型核糖核酸及基因表現的影響
Study on the effect of frozen-thawed process on microRNA and gene expression profiles by blastocyst stage mouse embryos
蔡漢寬¹ 鄭恩惠¹ 陳建宏¹ 黃俊嘉^{1,2,3} 李宗賢^{4,5} 林秉瑤¹ 陳忠義¹ 李茂盛^{1,2,4}
茂盛醫院¹ 中國醫藥大學醫學檢驗生物技術系² 中台科技大學醫學檢驗生物技術系³ 中山醫學大學醫學研究所⁴ 中山醫學大學附設醫院婦產部⁵
- 10:40-10:50 OF11 以非侵入性胚胎染色體篩檢預測染色體套數並探討臨床預後
The ploidy prediction by Non-invasive preimplantation genetic testing for aneuploidy in IVF prognosis.
施惠馨¹ 陳怡君¹ 白依萍¹ 鄭恩惠¹ 黃俊嘉^{1,2} 林秉瑤¹ 李茂盛^{1,3,4}
茂盛醫院^{1,2} 中山醫學大學醫學研究所³ 中山醫學大學附設醫院婦產部⁴
- 10:50-11:00 OF12 分裂早期發生多核化之胚胎較易形成高度染色體嵌合狀態
An increased incidence of high-level mosaicism in embryos with the occurrence of multinucleation at early cleavage stages
陳建宏¹ 李俊逸^{1,2,3} 黃俊嘉¹ 鄭恩惠¹ 何舒婷¹ 陳秀惠¹ 陳忠義¹ 黃梨香^{1,4} 李茂盛^{1,2,3} 李宗賢^{1,2,3}
茂盛醫院¹ 中山醫學大學附設醫院婦產部² 中山醫學大學醫研所³ 中山醫科大學附屬醫院護理學院⁴
- 11:00-11:10 OF13 IL-33 在人類子宮內膜異位症所扮演的角色
Role of IL-33 in human ovarian endometriosis
王凱弘¹ 蔡青浣¹ 林大欽^{1,2} 郭宗正^{1,2}
台南郭綜合醫院生殖醫學中心¹ 台南郭綜合醫院婦產部²

- 11:10-11:20 OF14 褪黑激素透過降低 COX-2 表現對 BPA 刺激而減少 Cx43 間隙連接蛋白表現之顆粒細胞產生保護作用
Protective effect of melatonin on BPA-reduced Cx43 gap junction protein expression in human granulosa cells by down-regulation of COX-2 expression
王凱弘¹ 蔡青浣¹ 林大欽^{1,2} 郭宗正^{1,2}
台南郭綜合醫院生殖醫學中心¹ 台南郭綜合醫院婦產部²
- 11:20-11:30 OF16 chromosome inv(9)(p12q13) 在不明原因男性不孕的角色
Role of chromosome inv(9)(p12q13) in unexplained male infertility
停寧萱¹ 陳寶珠¹
花蓮慈濟醫院¹

111 年 8 月 13 日 (星期六) 上午
(10 樓)長青廳

婦癌 Oral

主持人：張幸治、江盈澄

- 08:30-08:40 OC1 乳房外柏哲德氏病案例報告
A Rare Case of Extramammary Paget's Disease
賴彥汝¹ 周麗雲¹ 林珮瑩¹
基督復臨安息日會醫療財團法人臺安醫院婦產部¹
- 08:40-08:50 OC2 生育保留式分期手術是否影響臨床上第一期卵巢清亮細胞癌患者的預後？單中心回溯性研究
Does Surgical Fertility Sparing Procedure Worsen Outcome of Stage I Ovarian Clear Cell Carcinoma? Single Institute Retrospective Study
楊雅淳¹ 郭曉莉² 陳子健¹ 翁嘉穗¹ 林鈴¹ 黃琬琚¹ 張志隆³ 蘇聰賢¹ 王國恭¹ 王功亮⁴ 楊育正¹ 陳楨瑞¹
馬偕紀念醫院婦產部¹ 馬偕紀念醫院癌症中心² 馬偕紀念醫院醫研部³ 台東馬偕醫院⁴
- 08:50-09:00 OC3 卵巢上皮細胞癌患者腹水 YKL40 表現量與臨床預後的關聯性
The Correlation of YKL40 expression in Ascites and Clinical Outcomes of Epithelial Ovarian Cancer Patients
吳佳穎¹ 江盈澄¹ 鄭文芳¹
台大醫院婦產部¹
- 09:00-09:10 OC4 **Platinum+ Topotecan 治療復發性卵巢癌的回顧和真實世界數據**
Review of recurrent ovarian cancer treated with Platinum+ Topotecan & The real-world data
林建棟¹ 周宏學² 張廷彰² 張淑涵²
台北長庚醫院婦產部¹ 林口長庚醫院婦產部²
- 09:10-09:20 OC5 **Bevacizumab 合併化學治療運用在持續性、復發性或轉移性子宮頸癌真實世界經驗分享**
The addition of bevacizumab to combination chemotherapy in patients with recurrent, persistent, or metastatic cervical cancer
張淑涵¹
林口長庚醫院¹

- 09:20-09:30 OC6 **應用聊天機器人給予婦癌病人化療中個人化的醫療照護**
Using a ChaBot for Personalized Care among Patients with Gynecologic Malignancies During Chemotherapy
白蕙瑄¹ 翁嘉穗¹
 馬偕紀念醫院婦產部¹
- 09:30-09:40 OC7 **Pembrolizumab 和 bevacizumab 結合使用在復發性卵巢癌的治療成效**
Combined pembrolizumab and bevacizumab therapy in heavily treated recurrent ovarian cancer: a single-centre case series
王欣怡¹ 周予婷¹ 溫國璋¹ 朱凌慧¹ 蘇博玄² 黃瑞蘭¹ 陳林鈺¹
賴鴻政¹
 衛生福利部雙和醫院婦產部¹ 衛生福利部雙和醫院表基因轉譯醫學中心²
- 09:40-09:50 OC8 **Serine/threonine kinase 31 (STK31) 是卵巢亮細胞癌有潛力的預後生化指標**
Serine/threonine kinase 31 (STK31) is a potential favorable prognostic biomarker in patients with ovarian clear cell carcinoma
江盈澄¹ 戴依柔¹ 吳佳穎¹ 許恒誠² 沈鴻² 李家儀² 陳祈安¹ 鄭文芳¹
 臺大醫院婦產部¹ 臺大醫院新竹分院婦產部²
- 09:50-10:00 OC9 **卵巢亮細胞癌形態及分子異質性之空間分析**
The spatial analysis of morphology and molecular heterogeneity in ovarian clear cell carcinoma
戴雅亭¹ 王以德² 葉潔茹² 林維洲³ 魏凌鴻⁴ 黃韻如²
 台大醫院教學部¹ 台灣大學醫學院醫學系² 台大醫院病理部³ 台大醫院婦產部⁴

111 年 8 月 13 日 (星期六) 上午
(10 樓)長青廳

婦癌 Oral + Video

主持人：劉文雄、許耿福

- 10:30-10:40 OC10 利用患者之腫瘤類器官作為婦癌精準醫療
Precision medicine by patient-derived cancer organoids in gynecology
周予婷¹ 陳林鈺¹ 朱凌慧¹ 溫國璋^{1,2} 翁瑜君³ 黃瑞蘭^{1,2} 蘇博玄⁴
賴鴻政^{1,2,4}
衛生福利部雙和醫院婦產部¹ 台北醫學大學醫學院婦產科² 衛生福利部雙和醫院研究部³ 衛生福利部雙和醫院研究部轉譯醫學中心⁴
- 10:40-10:50 OC11 同步子宮內膜樣癌和卵巢透明細胞癌：Precursor escape 的分子證據的新例子？
Molecular evidence for a clonal relationship between synchronous uterine endometrioid carcinoma and ovarian clear cell carcinoma: a new example of “precursor escape”?
趙安琪¹ 翁瑄¹ 王錦榮¹ 賴瓊慧¹
林口長庚醫院¹
- 10:50-11:00 OC13 單次尿液白蛋白肌肝酸比例可適當預測使用癌思停婦癌病患之總蛋白尿量
Urine Albumin Creatinine Ratio for the Assessment of Bevacizumab Induced Proteinuria in Gynecologic Cancer Patients
黃冠儒¹ 謝昊頤² 潘威霖² 李盈萱³ 吳晉睿⁴ 張文君³ 魏凌鴻³ 許博欽³
台大醫院雲林分院¹ 台大醫學系² 台大醫院³ 新竹臺大分院新竹醫院⁴
- 11:00-11:10 OC14 雄激素受體表現對卵巢高度漿液性癌患者鉑金敏感度及存活結局的影響
The impact of androgen receptor expression on platinum-sensitivity and survival outcomes in patients with ovarian high-grade serous carcinoma
黃偲煒¹ 歐育哲^{1,2} 傅宏鈞¹ 吳貞璇¹ 林浩¹
高雄長庚紀念醫院¹ 嘉義長庚紀念醫院²
- 11:10-11:20 V1 利用 ICG 來輔助進行神經保留式主動脈旁淋巴切除手術
ICG-assisted nerve-sparing paraaortic lymph node dissection
孫仲賢¹ 方俊能¹ 王元勇¹ 李宜明¹ 李儉潔¹ 莊國泰¹
四季台安醫院¹

111 年 8 月 13 日 (星期六) 上午
(10 樓)松柏廳

產科 Oral

主持人：應宗和、林珮瑩

- 08:30-08:40 OO1 分析妊娠中期羊膜穿刺術之產前診斷染色體倒位的頻率和臨床意義
Frequency and clinical significance of chromosomal inversions prenatally diagnosed by second trimester amniocentesis
趙安祥^{1,2} 簡誌緯^{1,2} 陳冠儒^{1,2} 彭秀慧² 張舜智² 詹耀龍²
新北市立土城醫院¹ 林口長庚醫學中心²
- 08:40-08:50 OO2 異常羊水晶片下，不同遺傳模式對懷孕預後的影響
The pattern of mutation matters in pregnancy outcomes with abnormal single-nucleotide polymorphism arrays
陳怡婷¹ 康巧鈺¹ 林芯仔¹
台大醫院¹
- 08:50-09:00 OO3 不同孕期體重增加和妊娠糖尿病的關聯性
The association between weight gain at different stages of pregnancy and risk of gestational diabetes mellitus
薛丞芳¹ 洪泰和¹ 莊雅淳¹ 瞿馥苓²
基隆長庚紀念醫院¹ 長庚科技大學²
- 09:00-09:10 OO4 非侵入性產前檢測狄喬治氏症候群的台灣經驗
Noninvasive Prenatal Testing for DiGeorge Syndrome in Taiwan
李冠瑩¹ 黃惠鈺¹ 洪泰和¹ 蕭勝文¹
台北長庚醫院婦產科¹
- 09:10-09:20 OO5 一個家庭出現多重基因變化的產前基因諮詢困擾
Difficulties of Prenatal Genetic Counseling for a Subsequent Child in a Family With Multiple Genetic Variations
黃亭瑄¹ 馬國欽² 陳明² 李汶芳¹ 蕭勝文³
林口長庚紀念醫院婦產部¹ 彰化基督教醫院基因醫學部² 台北長庚紀念醫院婦產科³

- 09:20-09:30 006 產前多學科專家會議諮詢對於唇顎裂診斷及治療計畫之影響
Multidisciplinary team approach to the prenatal management of orofacial clefts: a single center cohort study in Taiwan
 葛萱¹ 張東曜¹ Eric. C. Lussier¹ Ksenia Olisova¹ 宋展毓¹ 陳國鼎²
 李文車³ 楊子逸¹ 王儒萱¹ 陳彥妮¹
 台兒診所¹ 臺北醫學大學附設醫院整型外科² 埔里基督教醫院婦產科³
- 09:30-09:40 007 胎兒心律不整案例系列報告-單一中心近四年之臨床經驗
Case series of fetal arrhythmia-A single-center experience in recent 4 years
池宛玲¹ Ksenia Olisova¹ 董于瑄¹ 黃怡伶¹ 張東曜¹
 台兒診所¹
- 09:40-09:50 008 嚴重雙胞胎輸血症候群伴隨右心室出口阻塞在接受者中經由胎兒內視鏡雷射手術後的預後及預測因子
Incidence, Prognosis and Predictors of Severe Twin-Twin Transfusion Syndrome with Right Ventricular Outflow Tract Obstruction in Recipient Twins post Fetoscopic Laser Therapy
 詹耀龍¹ 朱庭儀¹
 林口長庚¹
- 09:50-10:00 009 在胎兒心臟超音波發現異常右肺動脈走向:作為診斷主動脈肺動脈窗合併右肺動脈異常起源於升主動脈的線索
Abnormal course of the right pulmonary artery found in RVOT view is a hint to the prenatal diagnosis of aorto-pulmonary window with anomalous origin of the right pulmonary artery from the ascending aorta
彭依婷¹
 奇美醫學中心¹

111 年 8 月 13 日 (星期六) 上午
(10 樓)松柏廳

產科 Oral

主持人：郭富珍、林芯仔

- 10:30-10:40 OO10 **Junctional adhesion molecule 3 表現降低引起胎盤滋養細胞過氧分子產生和細胞凋亡**
Decreased junctional adhesion molecule 3 expression induces reactive oxygen species production and apoptosis in trophoblasts
陳治平¹ 王亮凱¹ 陳宜雍¹ 陳震宇¹ 陳佳玉² 郭怡秀² 吳以馨²
馬偕紀念醫院高危險妊娠科¹ 馬偕紀念醫院醫學研究部²
- 10:40-10:50 OO11 **胎兒先天性靜脈異常：系統性產前超音波診斷與臨床意義**
Congenital Malformations of the Fetal Central Veins and Umbilico-Portal System: a Stepwise Systematic Ultrasound Approach and Clinical Implications
曾振志¹ 曾暉翔² 賴錫鉅³ 林俐玲¹
台中榮民總醫院婦女醫學部¹ 慈濟大學醫學系² 台中孕兒診所³
- 10:50-11:00 OO12 **嚴重產後大出血轉診個案之處置及預後：醫學中心經驗之分享(三軍總醫院)**
The experiences of management on Inter-hospital transfer of severe postpartum hemorrhage patients in a Tertiary care Hospital (TSGH)
李易良^{1,2} 黃士庭¹ 張嘉慶¹ 尹致翔¹ 林宜璋³ 潘雪幸^{4,5} 張芳維¹ 林啟康¹
國防醫學院三軍總醫院婦產部¹ 康寧醫院婦產科² 國防醫學院三軍總醫院心臟血管外科部³ 國防醫學院護理學科⁴ 三軍總醫院護理部⁵
- 11:00-11:10 OO13 **新冠肺炎疫苗於孕婦施打後症狀與預後分享--單一醫學中心經驗分享**
COVID-19 vaccine in pregnancy woman-- One medical center experience
陳妍樺¹ 何銘¹
中國醫藥大學附設醫院婦產部¹

- 11:10-11:20 OO14 足月分娩時的兩種胎盤輸血方式與胎盤血液餘量之相關性
The Association Between Placental Residual Blood Volume and Two Placental Transfusion Methods After Delivery at Term
林杰進¹ 洪泰和^{2,3} 莊雅淳³ 黃怡儒³
 林口長庚紀念醫院婦產科¹ 台北長庚紀念醫院婦產科² 基隆長庚紀念醫院婦產科
- 11:20-11:30 OO15 15q11.2 拷貝數異常和周產期及新生兒不良預後的相關分析
Adverse perinatal and infantile outcomes following 15q11.2 CNV diagnosis
林建棟¹ 初福傑¹ 洪泰和¹
 台北長庚紀念醫院¹
- 11:30-11:40 OO16 建構妊娠性糖尿病之第一孕期預測模型
Establishment of a first-trimester predictive model for gestational diabetes mellitus
呂羽婷¹ 陳治平¹ 王國恭¹ 陳宜雍¹ 王亮凱¹ 陳震宇¹
 台北馬偕紀念醫院婦產部高危險妊娠科¹
- 11:40-11:50 OO17 利用新的生化指數與母體變數作為子癩前症的預測模組
Circulating biomarkers and maternal factors combination in first and third trimester preeclampsia prediction in Taiwan
李冠瑩¹ 陳彥廷¹ 蕭勝文¹
 台北長庚醫院婦產科¹
- 11:50-12:00 OO18 探討子宮頸環紮手術後子宮頸彈性、子宮頸長度和子宮頸內管寬度的變化
Changes of cervical elastography, cervical length and endocervical canal width after cerclage
謝孟軒¹ 陳治平¹ 王國恭¹ 陳宜雍¹ 王亮凱¹ 陳震宇¹
 台北馬偕紀念醫院婦產部高危險妊娠科¹

111 年 8 月 13 日 (星期六) 上午
(10 樓)國際會議廳

內視鏡 Video

主持人：翁仕賢、嚴孟祿

- 08:30-08:40 V2 腹腔鏡輔助扇葉狀-腹膜陰道重建手術於苗勒管發育不全(MRKH 綜合症)病患的身心理滿意度結果
Outcomes of Laparoscopic fan-blade shape peritoneal Vaginoplasty Technique in Patients with Mayer-Rokitansky-Küster-Hauser Syndrome
李易良^{1,2} 尹長生^{1,2} 白尹瑄^{2,3} 余慕賢¹
國防醫學院三軍總醫院婦產部¹ 康寧醫院婦產科² 國防醫學院生命科學所³
- 08:40-08:50 V3 如何在子宮內膜異位瘤剝離手術中保留最多的卵巢功能
Optimize the stripping procedure in endometriosis surgery to maximize ovarian reserve
楊佳璇¹ 顏志峰¹
林口長庚醫院¹
- 08:50-09:00 V4 達文西機器人腸沾黏分離術應用於有複雜手術史的患者，包括剖腹探查腹膜炎手術、開腹子宮肌瘤切除術和多次腹腔鏡手術
da Vinci robotic enterolysis and adhesiolysis for patients with operation histories including explore laparotomy for peritonitis, laparotomy myomectomy and multiple laparoscopic surgeries
莊乙真¹ 劉馨鎂¹ 王孝榮¹ 黃芃瑄¹ 鍾佳翰¹ 李大成¹ 盧信芬¹
彭福祥¹ 陳思原²
亞東紀念醫院¹ 台大醫院²
- 09:00-09:10 V5 吊頸式止血帶：在腹腔鏡子宮肌瘤切除時一個創新的暫時性止血技法
Hangman's tourniquet(HMT)：a novel technique to temporarily reduce blood loss during laparoscopic myomectomy
陳欣儀¹ 郭信宏¹
林口長庚醫院婦產部¹
- 09:10-09:20 V6 以子宮鏡手術移除第一孕期子宮角懷孕的胚胎組織
Hysteroscopic removal of the first trimester angular pregnancy
蔣奧巧¹ 白欣玉¹ 顏志峰¹
林口長庚紀念醫院婦產部¹

- 09:20-09:30 V7 用達文西就不困難肌瘤切除術
Difficult deep pelvic myomectomy by robotic approach
張季涵¹ 龐浸醛^{1,2}
 花蓮慈濟婦產部¹ 花蓮慈濟婦產部婦科微創手術中心²
- 09:30-09:40 V8 速潔刀 5.0 的應用技巧：不施行擴張術下於停經後婦女併子宮頸狹窄的案例分析
Tips and tricks of using Truclear 5.0™ system in postmenopausal women without cervical dilation
鄭詩瑾¹ 張裕¹
 義大醫院婦產部¹
- 09:40-09:50 V9 達文西機械手臂輔助手術用於治療深部浸潤型子宮內膜異位症，包含輸尿管輸尿管吻合術
Robotic surgery approach for deep infiltrating endometriosis, including ureteroureterostomy
陳緒鵬¹ 劉錦成¹
 童綜合醫療社團法人童綜合醫院婦產部¹
- 09:50-10:00 V10 面對嚴重沾黏之巨大子宮以非傳統肚臍孔進行腹腔鏡手術
Laparo-endoscopic Surgery via Non-umbilical Access at a Severe Abdominal Adhesion Huge Uterus
陳俊男¹ 桂羅利² 張基昌³ 張裕²
 義大醫院婦產部¹ 義大醫院婦產部內視鏡科² 義大大昌醫院婦產科³

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內視鏡 Video + Oral

主持人：丘林和、龔福財

- 10:30-10:40 V11 達文西輔助經陰道自然孔內視鏡全子宮切除手術
Robotic assisted transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for total hysterectomy
莊斐琪¹ 黃寬慧¹ 楊采樺¹ 吳昱靜¹ 陳文欣² 周鈺敏¹ 龔福財¹
高雄長庚紀念醫院婦產部¹ 嘉義長庚紀念醫院婦產科²
- 10:40-10:50 V12 子宮鏡子宮黏膜下肌瘤切除：速潔刀與雙極切割之比較
Hysteroscopic myomectomy : comparison of intrauterine morcellation and bipolar resection.
盧孟涵¹ 桂羅利¹
義大醫療財團法人義大醫院婦產部¹
- 10:50-11:00 V13 經陰道自然孔洞內視鏡手術在有卵巢腫瘤的懷孕婦女的應用
vNOTES for ovarian tumor during pregnancy
陳俐曄¹ 丁大清¹ 賴佩璇¹
花蓮慈濟醫院婦產部¹
- 11:00-11:10 V14 腹腔鏡手動直腸圓盤狀切除及重建以治療深度子宮內膜異位症的實用技巧
Tips and tricks in laparoscopic manual rectal discoid resection and reconstruction to treat advanced deep infiltrating endometriosis
李侖潔¹ 孫仲賢¹ 方俊能¹ 莊國泰¹
高雄四季台安醫院¹
- 11:10-11:20 OE1 從傳統的腹腔鏡手術到經陰道自然孔洞內視鏡手術 (vNOTES)，它是否是進行卵巢畸胎瘤摘除術的更好方法？
From Conventional Laparoscopy to Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES), is it a Better Way to Perform Enucleation of Ovarian Teratoma?
吳昱靜¹ 莊斐琪² 黃寬慧² 楊采樺² 龔福財² 張育維²
嘉義長庚醫院¹ 高雄長庚醫院²

- 11:20-11:30 OE2 經陰道自然孔洞內視鏡手術與經肚臍單孔腹腔鏡手術應用於卵巢囊腫切除之比較
Comparison of vaginal natural orifice transluminal endoscopic surgery (vNOTES) versus transumbilical laparoendoscopic single-site surgery (LESS) in ovarian cystectomy
張季涵¹ 丁大清^{1,2}
 花蓮慈濟醫院婦產部¹ 花蓮慈濟醫院研究部²
- 11:30-11:40 OE3 單孔腹腔鏡子宮頸韌帶保留子宮切除手術：一百個案的經驗分享
Cervical Ligament Sparing Hysterectomy: Experience of 100 cases
龐浸醛¹
 花蓮慈濟醫院婦產部¹
- 11:40-11:50 OE4 子宮肌瘤於海扶治療後的手術再介入
Surgical Re-Intervention for uterine leiomyomas after High Intensity Focused Ultrasound
張至婷¹ 鄭丞傑^{1,2} 龍震宇¹ 莊蕙瑜¹ 林冠伶¹
 高雄醫學大學附設醫院¹ 台北秀傳醫院²
- 11:50-12:00 OE5 以全新肌瘤指數協助選擇最適微創肌瘤切除手術平台
Novel Myoma Score to Aid Selection of the Optimal Minimally Invasive Surgery Platform for Myectomy
黃冠儒¹ 李盈萱² 吳晉睿³ 張文君² 魏凌鴻² 許博欽²
 台大醫院雲林分院¹ 台大醫院² 新竹台大分院³

111 年 8 月 13 日 (星期六) 上午
(12 樓)崑崙廳

婦女泌尿 Oral + Video

主持人：林姿吟、洪煥程

- 08:30-08:40 OU1 有效性及安全性 I stop mini adjustable sling system 及 Obtryx sling system 針對應力性漏尿之比較：回溯性研究
Efficacy and Safety of “I-stop-mini adjustable” Sling System Versus Transobturator Midurethral “Obtryx” Sling System in Stress Urinary Incontinence: A Retrospective Cohort Study
趙偉廷¹ 陳冠宇¹ 劉家豪¹ 陳綺珊¹ 張嘉珮¹ 陳怡仁¹ 王鵬惠¹ 洪煥程¹
臺北榮總婦女醫學部¹
- 08:40-08:50 OU2 探討膀胱過動症及尿路動力學診斷上的逼尿肌活性過強相關性
Correlation between overactive bladder and detrusor overactivity: a retrospective study
黃亭瑄¹ 盧佳序^{1,2,3,4} 林益豪^{1,4} 梁景忠^{1,4} 謝武喬¹
林口長庚紀念醫院¹ 基隆長庚紀念醫院² 台北長庚紀念醫院³ 長庚大學⁴
- 08:50-09:00 OU3 探討應力性尿失禁於尿路動力學診斷上的相關性
Correlation between stress urinary incontinence and urodynamics stress incontinence: a retrospective study
沈玉華¹ 盧佳序² 黃詩穎¹ 林芝卉¹ 高川琪¹
基隆長庚婦產科¹ 林口長庚婦產科²
- 09:00-09:10 OU4 女性夜尿症在尿動力學檢查的主要結果
The main finding of urodynamic study in women with nocturia: a retrospective study
張藍心¹ 盧佳序¹ 梁景忠¹ 林益豪¹ 謝武橋¹
林口長庚紀念醫院婦產部¹
- 09:10-09:20 OU5 生物反饋與電刺激輔助之骨盆底肌肉訓練使用於女性輕度與中重度應力性尿失禁之效果
Efficacy of biofeedback and electrical stimulation-assisted pelvic floor muscle training between women with mild and moderate to severe stress urinary incontinence
黃俊淇¹ 孫芳如² 蘇聰賢¹ 劉蕙瑄¹
馬偕紀念醫院婦產部¹ 馬偕紀念醫院醫學研究部²

- 09:20-09:30 OU6 以延長吊帶的方式治療中段尿道吊帶術後膀胱出口阻塞：長期追蹤報告
Maintenance of long-term continence rate after revision of obstructed mid-urethral slings with tape elongation : A cohort study including two sling procedures
蔡青倍¹ 洪滿榮² 劉芝谷¹ 陳明哲¹
台中榮民總醫院¹ 中山醫學大學附屬醫院²
- 09:30-09:40 OU7 使用自體奈米脂肪合併濃縮血小板血漿經膀胱內注射，改善女性頑固性間質性膀胱炎症狀與徵兆
Improved symptoms and signs of refractory interstitial cystitis in women after intravesical therapy with autologous emulsified fat (Nanofat) plus platelet-rich plasma grafting: Results from a pilot study
楊昀臻¹ 廖韻涵¹ 應宗和¹ 陳進典¹ 曾志仁¹ 洪滿榮¹
中山醫學大學附設醫院婦產部¹
- 09:40-09:50 OU8 台灣地區女性「剖腹產」對是否「神經性膀胱障礙」之世代研究
Relationship between cesarean section and neurogenic lower urinary tract dysfunction: a retrospective cohort study
張崑敏¹
衛福部豐原醫院¹
- 09:50-10:00 V24 尿失禁手術中以咳嗽功能測試達到吊帶的適當張力
To Achieve A Proper Tension of TVT-Tape by Using Functional Test in An Anti-UI Operation
余堅忍¹
振興醫院¹

111 年 8 月 13 日 (星期六) 上午
(12 樓)崑崙廳

婦女泌尿 Oral + Video

主持人：洪滿榮、蕭聖謀

- 10:30-10:40 OU9 最大尿道閉鎖壓的改變與骨盆腔器官脫垂術後新發生應力性尿失禁的關聯性
The association between maximum urethral closure pressure after reduction test during urodynamic study and de novo stress urinary incontinence following pelvic organ prolapse surgery
劉奕吟¹ 盧紫曦² 林冠伶³ 龍震宇³
高雄市立小港醫院婦產科¹ 高雄市立大同醫院婦產科² 高雄醫學大學附設醫院婦產部³
- 10:40-10:50 OU10 台灣地區 15 年來婦女尿失禁手術方式及手術醫師手數量轉變期間比較研究
A time-frame comparison study of surgical types and surgical volume shifts on female primary stress urinary incontinence surgery during 15 year study period in Taiwan
謝宛玲¹ 黃俊哲² 吳銘斌^{1,3}
奇美醫學中心婦女泌尿科¹ 義大醫學院醫務管理系² 輔大醫學院婦產學科³
- 10:50-11:00 OU11 應力性尿失禁術後體重變化是否影響手術成效
The impact of body weight change of the out come of sling treatment for USI
王昇元¹ 劉蕙瑄² 蘇聰賢²
台東馬偕紀念醫院¹ 馬偕紀念醫院婦產部²
- 11:00-11:10 OU12 子宮內膜異位與間質性膀胱炎關係:邪惡的雙胞胎症候群,是否正確?
The coexisting of interstitial cystitis/bladder pain syndrome (IC/BPS) and endometriosis: The dilemma of evil twin syndrome, Is it true??
辜家儀¹ 許鈞碩^{1,2}
大林慈濟婦產部¹ 花蓮慈濟大學²

- 11:10-11:20 OU13 使用 Calistar 與 MIPS 經陰道人工網膜於女性骨盆腔器官脫垂的臨床療效比較
Comparison of clinical effects between transvaginal mesh surgery with Calistar and MIPS mesh for the treatment of female pelvic organ prolapse
盧紫曦¹ 林冠伶² 劉奕吟³ 葉建麟² 龍震宇²
 高雄市立大同醫院婦產科¹ 高雄醫學大學附設中和紀念醫院婦產部²
 高雄市立小港醫院婦產科³
- 11:20-11:30 OU14 **Managements of de novo SUI following transvaginal mesh surgery**
Managements of de novo SUI following transvaginal mesh surgery
林冠伶¹ 盧紫曦¹ 劉奕吟¹ 龍震宇¹
 高雄醫學大學附設中和醫院¹
- 11:30-11:40 OU15 薦棘韌帶固定術治療骨盆底器官脫垂之成效與併發症
The Effect and Complication of Sacrospinous Ligament Fixation on Pelvic Organ Prolapse
葉建麟¹ 盧紫曦² 劉奕吟³ 張介禹¹ 林冠伶¹ 龍震宇¹
 高雄醫學大學附設醫院婦產部¹ 高雄市立大同醫院婦產科² 高雄市立小港醫院婦產科³
- 11:40-11:50 OU16 **G 動椅治療婦女應力性尿失禁之成效評估**
Effect of High-Intensity Focused Electromagnetic (HIFEM) technology for the treatment of Female Stress Urinary Incontinence
龍震宇¹ 劉奕吟² 盧紫曦³ 葉建麟¹ 張介禹¹ 林冠伶¹
 高雄醫學大學附設醫院婦產部¹ 高雄市立小港醫院婦產科² 高雄市立大同醫院婦產科³
- 11:50-12:00 V25 腹腔鏡恥骨梳韌帶懸吊手術之術後膀胱出口堵塞
Bladder outlet obstruction after laparoscopic pectopexy
蕭郁儒¹ 楊采樺¹ 莊斐琪¹ 黃寬慧¹
 高雄長庚醫院婦產部¹

111 年 8 月 13 日 (星期六) 中午

(V 樓) 敦睦廳

午餐會報 (拜耳)

主持人：崔冠濠、張芳維

- | | | |
|-------------|----|---|
| 12:20-12:50 | L1 | Endometriosis as a systemic disease: What's the relevance
<i>Speaker</i> ：江心茹 |
| 12:50-13:20 | L2 | APAC Consensus: Early diagnosis and management in endometriosis
<i>Speaker</i> ：吳孟興 |

111 年 8 月 13 日 (星期六) 中午

(10 樓) 長青廳

午餐會報 (博而美)

主持人：鄭丞傑、陳保仁

- | | | |
|-------------|----|---|
| 12:20-12:50 | L3 | The application of new generation FemiLift laser on GSM and SUI Treatment
<i>Speaker</i> ：龍震宇 |
| 12:50-13:20 | L4 | Beneficial of FemiLift Laser of Labiaplasty
<i>Speaker</i> ：洪芝晨 |

111 年 8 月 13 日 (星期六) 中午
(10 樓) 松柏廳

午餐會報 (華聯生物科技)

主持人：鄭雅敏、許博欽

12:20-13:20 L5 Endometrial cancer screening: current status and where to go?
Speaker : 溫國璋

111 年 8 月 13 日 (星期六) 中午
(10 樓) 國際會議廳

午餐會報 (諾和諾德)

主持人：周輝政、李弘元 (臺大內科部主治醫師)

12:20-13:20 L6 Female Obesity and Its Management
Speaker : 杜思德 (彰基體系國際糖尿病代謝及慢病康復 e 院院長/
中華民國糖尿病衛教學會第八屆理事長)

111 年 8 月 13 日 (星期六) 下午
(10 樓) 長青廳

婦癌 Symposium

主持人：黃思誠、顏明賢

- 13:30-13:50 SY1 台灣子宮頸抹片篩檢的回顧與展望
Speaker：林莉茹 (衛生福利部國民健康署癌症防治組 組長)
- 13:50-14:10 SY2 子宮頸癌篩檢的挑戰
Speaker：賴瓊如 (台灣病理學會 理事長)
- 14:10-14:30 SY3 台灣抹片篩檢的挑戰與機會
Speaker：鄭文芳
- 14:30-14:50 SY4 Primary HPV screening for cervical cancer
Speaker：洪耀欽
- 14:50-15:00 Discussion

主持人：王鵬惠、呂建興

- 15:30-15:50 SY5 HPV vaccination in men
Speaker：周宏學
- 15:50-16:10 SY6 The use of molecular testing in ovarian cancer
Speaker：許世典
- 16:10-16:30 SY7 WHO 2020 婦癌病理主要改變
Speaker：王道遠 (馬偕醫院病理部 主治醫師)
- 16:30-16:50 SY8 免疫療法在子宮頸癌跟子宮內膜癌的應用
Speaker：張廷彰
- 16:50-17:00 Discussion

111 年 8 月 13 日 (星期六) 下午
(10 樓) 松柏廳

產科 Symposium

主持人：洪泰和、陳震宇

★ Save the mothers and save the babies--

- 13:30-14:00 SY9 **Fetal therapy in Taiwan**
Speaker：蕭勝文
- 14:00-14:30 SY10 **Prenatal diagnosis of fetal mosaic aneuploidy: misconceptions and misinterpretations**
Speaker：徐英倫
- 14:30-15:00 SY11 **“The golden minute” after birth: the role of Obstetricians**
Speaker：王亮凱

主持人：蔡明松、蕭國明

- 15:30-16:00 SY12 **Taiwan maternal safety bundles**
Speaker：何銘
- 16:00-16:30 SY13 **Thromboembolism in pregnancy**
Speaker：李汶芳
- 16:30-17:00 SY14 **Preeclampsia and peripartum cardiomyopathy**
Speaker：康巧鈺

111 年 8 月 13 日 (星期六) 下午
(10 樓) 國際會議廳

內視鏡 Symposium

主持人：張裕、歐育哲

13:30-14:00 SY15 **Methods of Extracting Myoma During Laparoscopic Myomectomy**
Speaker：童寶玲

14:00-14:30 SY16 **Fibroids and Fertility: When to operate: MIS or Laparotomy**
Speaker：張基昌

14:30-15:00 SY17 **Ovarian Reserve in Endometrioma Surgery**
Speaker：顏志峰

主持人：林武周、黃富仁

15:30-16:00 SY18 **The Approach Method in Difficult Staging Surgery for Endometrial Cancer**
Speaker：王功亮

16:00-16:30 SY19 **The New Advances in Treating Tubo -ovarian Abscess**
Speaker：李奇龍

16:30-17:00 SY20 **How to Explain the Benefits in Laparoscopy Ovarian Cancer Surgery**
Speaker：張穎宜

111 年 8 月 13 日 (星期六) 下午
(12 樓) 崑崙廳

Invited Speaker Lecture (視訊)

主持人：蘇聰賢、謝卿宏

- | | | |
|-------------|-----|--|
| 13:30-14:00 | IS1 | COVID-19: A Silver Lining?
<i>Speaker : Prof. Ravi Chandran (FIGO Trustee for Asia Oceania, Malaysia)</i> |
| 14:00-14:30 | IS2 | OBGYNs as Leaders: Climate Change and Our Environment
<i>Speaker : Prof. Jeanne Conry (President of FIGO, USA)</i> |
| 14:30-15:00 | IS3 | Telehealth expansion as a result of covid
<i>Speaker : Dr. Diana Ramos (Kaiser Permanente Anaheim and Irvine Medical Centers, USA)</i> |

主持人：楊友仕、蔡鴻德

- | | | |
|-------------|-----|---|
| 15:30-16:00 | IS4 | Collaborative effort to reduce unnecessary cesarean section in Thailand
<i>Speaker : Prof. Pisake Lumbiganon (President of AOFOG, Thailand)</i> |
| 16:00-16:30 | IS5 | Electrophysiological determination of uterine receptivity (EDUR) system: for detection of unfavourable cycle for embryo transfer
<i>Speaker : Prof. Tadashi Kimura (Chairperson of JSOG, Japan)</i> |
| 16:30-17:00 | IS6 | Nonalcoholic Fatty Liver Disease (NAFLD) as an early manifestation of metabolic syndrome during pregnancy
<i>Speaker : Prof. Joong Shin Park (Chairman of KSOG, Korea)</i> |

111 年 8 月 14 日 (星期日) 上午
(V 樓) 敦睦廳

更年期醫學 Symposium

主持人：龍震宇、藍國忠

- | | | |
|-------------|------|--|
| 08:30-08:50 | SY21 | Progestin-only systemic hormone therapy for menopausal hot flashes
<i>Speaker</i> ：陳美州 |
| 08:50-09:10 | SY22 | 環更年期子宮內膜異位症的治療
Management of perimenopausal endometrioma
<i>Speaker</i> ：黃泓淵 |
| 09:10-09:30 | SY23 | Female hormones and Covid – how relevant are they?
<i>Speaker</i> ：曾志仁 |
| 09:30-09:50 | SY24 | Optimal dosage of estrogen for MHT
<i>Speaker</i> ：蔡永杰 |
| 09:50-10:00 | | Discussion |

111 年 8 月 14 日 (星期日) 上午
(V 樓) 敦睦廳

一般婦科 Symposium

主持人：李耀泰、黃莉文

10:30-11:00 SY25 高尿酸血症與婦女健康之精準醫療
Speaker：鄭碧華

11:00-11:30 SY26 超音波卵巢癌評估系統(O-RADS and ADNEX model)
Speaker：陳怡仁

11:30-12:00 SY27 子宮頸癌篩檢結果異常與子宮頸癌前驅病變之處理(Management for abnormal cervical cancer screening tests and cancer precursors)
Speaker：陳子健

111 年 8 月 14 日 (星期日) 上午
(10 樓) 長青廳

台灣年輕醫師英文演講

主持人：何志明、王博輝

★ Oncology --

- 08:30-08:40 Y1 **Bilateral Ovarian Thecomas with Sclerosing Peritonitis Mimicking Epithelial Ovarian Cancer**
Yi-Chieh Chen 陳怡潔 (Cathay General Hospital)
- 08:40-08:50 Y2 **Synergistic therapeutic effect of low-dose bevacizumab with cisplatin-based chemotherapy for advanced or recurrent cervical cancer**
Chia-Hao Liu 劉家豪 (Taipei Veterans General Hospital)
- 08:50-09:00 Y3 **The Potential Role of Cell Membrane and Transporter related Functionomes for Tumorigenesis inferred by the Gene Ontology-Based Integrative Analysis of Ovarian Clear Cell Carcinoma**
Yi-Liang Lee 李易良 (Tri-Service General Hospital)
- 09:00-09:10 Y4 **DOCK4 could be a Potential Biomarker for the Outcome of Epithelial Ovarian Cancer**
Yen-Han Wang 王彥涵 (National Taiwan University Hospital)
- 09:10-09:20 Y5 **Laparoscopy Compared with Laparotomy for Comprehensive Surgical staging for clinical stage 1 endometrial cancer: a single institute experience in Taiwan**
Ting-Fang Lu 呂亭芳 (Taichung Veterans General Hospital)
- 09:20-09:30 Y6 **Outcome and Optimal Therapy of Uterine Serous and Clear Cell Carcinomas: a Population-based Study**
Jung Chen 陳璿 (National Taiwan University Hospital)
- 09:30-09:40 Y7 **Risk of head-and-neck cancer following a diagnosis of moderate cervical intraepithelial neoplasia: analyses from national health insurance research database in Taiwan**
Kai-Yuan Jheng 鄭凱元 (Chi Mei Medical Center)

111 年 8 月 14 日 (星期日) 上午
(10 樓) 長青廳

台灣年輕醫師英文演講

主持人：陳宜雍、葉長青

★ Obstetrics --

- 10:30-10:40 Y8 **Pathognomonic Ultrasonographic Features of First- and Second-degree Uterine Inversion**
Yu-Hsuan Chen 陳宇軒 (Tri-Service General Hospital)
- 10:40-10:50 Y9 **Expanded genetic screening in Taiwan**
Han-Ying Chen 陳涵英 (National Taiwan University Hospital)
- 10:50-11:00 Y10 **Clinical outcomes of induction of labor at different gestational weeks in low-risk nulliparous women**
Che-Yen Kuan 關哲彥 (Chi Mei Medical Center)
- 11:00-11:10 Y11 **Transvaginal cervical length measurement to predict successful labor induction**
Pei-Chen Li 李佩蓁 (Hualien Tzu Chi Hospital)
- 11:10-11:20 Y12 **Immediate postpartum hemorrhage with referral from local clinics: 10-Year Experience at Mackay Memorial Hospital, Taipei, Taiwan**
Hao-Yang Chang 張皓揚 (Mackay Memorial Hospital)
- 11:20-11:30 Y13 **Bio-functionalized magnetic nanoparticles for the immunoassay of C-reactive protein and procalcitonin in cervicovaginal secretions of pregnant women with preterm prelabor rupture of membranes to predict early-onset neonatal sepsis**
Sau Xiong Ang 鄧肇雄 (Mackay Memorial Hospital)
- 11:30-11:40 Y14 **Differential Changes in Akt and AMPK Phosphorylation Regulating mTOR Activity in the Placentas of Pregnancies Complicated by Fetal Growth Restriction and Gestational Diabetes Mellitus With Large-For-Gestational Age Infants**
Meng-Syuan Lin 林孟萱 (Taipei Chang Gung Memorial Hospital)
- 11:40-11:50 Y15 **Prevention of defective physical and neurodevelopmental outcomes following intrauterine growth restriction**
Meng-Han Lu 盧孟涵 (E-DA Hospital)

111 年 8 月 14 日 (星期日) 上午
(10 樓) 松柏廳

台灣年輕醫師英文演講

主持人：易瑜嶠、賴宗炫

★ Reproduction --

- 08:30-08:40 Y16 **Reproductive outcomes of subclinical hypothyroidism women after in vitro fertilization and embryo transfer**
Yi-Ting Chen 陳怡婷 (Chi Mei Medical Center)
- 08:40-08:50 Y17 **Endometriosis does not affect fallopian tubal status as imagination. Evaluating fallopian tube condition in infertile women by hysterosalpingogram and laparoscopy**
Chia-Yun Lin 林佳昀 (Kaohsiung Chang Gung Memorial Hospital)
- 08:50-09:00 Y18 **Effect of post-thawed culture duration on morphological changes and clinical outcomes of vitrified blastocysts**
Siew-Yen Lai 賴秀燕 (Changhua Christian Hospital)
- 09:00-09:10 Y19 **Progestin-primed ovarian stimulation versus GnRH antagonist protocol in preventing premature LH surge for poor ovarian responders**
Tzu-Ching Kao 高子晴 (National Taiwan University Hospital)
- 09:10-09:20 Y20 **Reduced Endometrial Expression of ILK and ITGB3 in Patients with Adenomyosis During Window of Implantation**
Angel Hsin-Yu Pai 白欣玉 (Linkou Chang Gung Memorial Hospital)
- 09:20-09:30 Y21 **Improvement of Endometrial Receptivity by Guizhi Fuling Wan in endometriosis**
Yu-Chieh Fang 方郁婕 (E-DA Hospital)
- 09:30-09:40 Y22 **Male factor infertility and its impact on early embryonic morphokinetic parameters observed under time-lapse imaging incubator**
Wei-Kuang Ju 朱偉光 (Mackay Memorial Hospital)

111 年 8 月 14 日 (星期日) 上午
(10 樓) 松柏廳

台灣年輕醫師英文演講

主持人：陳美州、劉蕙瑄

★ Reproduction/Endoscope/Gynecology/Urogynecology --

- 10:30-10:40 Y23 **Exposure to Polycyclic Aromatic Hydrocarbons and Its Relationship with Increased Human Epididymal Secretory Protein 4**
Hsin-I Liang 梁心怡 (Tri-Service General Hospital)
- 10:40-10:50 Y24 **Robotic or laparoscopic treatment of cesarean scar defects or cesarean scar pregnancies with a uterine sound guidance**
Hsiao-Fen Wang 王孝繁 (Far Eastern Memorial Hospital)
- 10:50-11:00 Y25 **Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for benign adnexal surgery**
Hao-Ting Lien 連顥庭 (Kaohsiung Chang Gung Memorial Hospital)
- 11:00-11:10 Y26 **Immunochemical and urodynamic outcomes after polypropylene mesh explant from the pelvic wall of rats**
Aileen Ro 羅艾琳 (Linkou Chang Gung Memorial Hospital)
- 11:10-11:20 Y27 **Maintenance dienogest therapy combined with adjuvant gonadotropin-releasing hormone agonist treatment after uterus-sparing surgery in adenomyosis: A retrospective cohort study**
I-San Chan 陳綺珊 (Taipei Veterans General Hospital)
- 11:20-11:30 Y28 **De novo detrusor overactivity and urgency after mid-urethral slings for urodynamic stress incontinence**
Min Feng 馮敏 (Linkou Chang Gung Memorial Hospital)
- 11:30-11:40 Y29 **Ultrasonography and clinical outcomes following anti-incontinence procedures (Solyx™ tape): a 3-year post-operative review**
Yi-Chun Chou 周怡君 (Linkou Chang Gung Memorial Hospital)
- 11:40-11:50 Y30 **The Effect of Vaginal Pixel CO2 Laser Treatment on Stress Urinary Incontinence**
Chieh-Yu Chang 張介禹 (Kaohsiung Medical University Hospital)

111 年 8 月 14 日 (星期日) 上午
(10 樓) 國際會議廳

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：黃閔照、張基昌

09:00-09:30 P1

腹腔鏡及機械手臂手術在台.美發展的異同

Facts (differences) in Laparoscopic & Robotic surgery between Taiwan and U.S.A.

Speaker：歐朝士 教授

主持人：何弘能、吳秀梅（衛福部食藥署署長）

09:30-10:00 P2

3D 列印醫療應用及未來

Speaker：曹芳海（工研院南分院執行長）

主持人：郭宗正、黃玉成（衛福部傳染病防治醫療網北區指揮官）

10:30-11:00 P3

Prevention of COVID-19

Speaker：李秉穎（台灣疫苗推動協會榮譽理事長）

主持人：陳思原、黃建霈

11:00-11:30 P4

幹細胞醫療運用現況及將來

Speaker：杜元坤（義大醫院院長）

主持人：李茂盛、劉越萍（衛福部醫事司司長）

11:30-12:00 P5

智慧醫院醫療產業的數位轉型

Speaker：余金樹（慧誠智醫創辦人兼總經理）

111 年 8 月 14 日 (星期日) 上午
(12 樓) 崑崙廳

一般婦科 Oral + 更年期 Oral

主持人：詹景全、陳國珣

- 08:30-08:40 OG1 慢性腎病的子宮內膜癌中增加血清 HE4 值一病例報告
Elevated Serum Human Epididymis Protein 4 in Endometrial Cancer with Chronic Kidney Disease: A Case Report
李耀泰¹ 鄭雅敏¹ 林大欽¹ 關龍錦¹ 朱益志¹ 王尚文¹ 郭宗正¹
台南郭綜合醫院婦產部¹
- 08:40-08:50 OG2 超音波引導下使用子宮鏡冷刀吸除無性經驗病人之子宮內膜息肉手術
Hysteroscopic removal of endometrial polyps using truclear incisor under ultrasound guidance in nulliparous patients
侯琮秀^{1,2} 李沁駕^{1,2} 陳碧華^{1,2}
臺北醫學大學¹ 衛生福利部雙和醫院婦產部²
- 08:50-09:00 OG3 超音波造影劑 SonoVue 使用於子宮肌瘤海扶手術的副作用觀察
A prospective study of the safety of Sonovue in enhancing high-intensity focused ultrasound (HIFU) for the treatment of uterine myoma
林瑜萱¹ 吳亮瑩² 楊茜雯¹ 應宗和¹
中山醫學大學附設醫院婦產部¹ 台中榮總放射線部²
- 09:00-09:10 OG4 子宮內膜複雜性增生及子宮內膜癌之保守性治療
Conservative treatment for early-stage endometrial cancer and complex atypical hyperplasia: National Cheng-Kung University Hospital single-center experience
林廷謙¹ 鄭雅敏^{1,2}
國立成功大學醫學院附設醫院¹ 郭綜合醫院²
- 09:10-09:20 OG5 徒手復位治療非懷孕婦女之子宮籍閉-個案報告
Manual reduction for uterine incarceration in non-pregnant women
余沛修¹ 鄭雅敏¹ 郭宗正¹
台南郭綜合醫院婦產部¹

- 09:20-09:30 OG6 巨大或瀰漫性子宮肌腺症為生育保存做腫瘤減積之創新手術方式—南瓜法
An innovative fertility-preserving reduction surgery with multiple-striped resections and pumpkin-shaped suturing for large or diffuse adenomyosis: the pumpkin method
龔喬昕¹ 龔福財¹ 陳文欣² 周鈺敏¹ 蔡慶璋¹
高雄長庚紀念醫院婦產部¹ 嘉義長庚紀念醫院婦產部²
- 09:30-09:40 OG8 預防性輸卵管切除於良性子宮切除手術可能會造成提早停經:回溯性世代研究
Long term effect of opportunistic salpingectomy at time of hysterectomy may cause earlier menopause: a retrospective cohort study
陳珮辰¹ 丁大清^{1,2}
花蓮慈濟醫院婦產部¹ 花蓮慈濟醫院研究部²
- 09:40-09:50 OM1 停經後荷爾蒙治療使用口服馬結合性雌激素相較於雌二醇有較高的出血性中風的風險：人口回顧性世代研究
Menopausal hormone therapy with conjugated equine estrogen is associated with a higher risk of hemorrhagic stroke than estradiol: a retrospective population-based cohort study
賴珮璇¹ 丁大清^{1,2}
花蓮慈濟醫院婦產部¹ 慈濟大學醫學科學研究所²

111 年 8 月 14 日 (星期日) 上午
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內視鏡 Video

主持人：莊斐琪、魏君卉

- 10:30-10:40 V15 腹腔鏡分期手術進行後腹腔淋巴腺廓清時偶然發現重複輸尿管
Incidental finding of duplicated ureter during laparoscopic retroperitoneal lymph nodes dissection
謝耀德¹ 王功亮² 陳楨瑞¹
馬偕紀念醫院婦產部¹ 台東馬偕醫院²
- 10:40-10:50 V16 因 COVID-19 疫情導致延宕及困難診斷的卵巢克魯根勃氏瘤：使用諧波刀同時進行胃癌及卵巢腫瘤切除術案例報告
Delay or difficult diagnosis of Krukenburg tumor during COVID-19 pandemic - Simultaneous gastric and ovarian cancer surgery with harmonic scalpel
王孝榮¹ 莊乙真¹ 吳建明² 劉馨鎂¹ 盧信芬¹
亞東醫院婦產部¹ 亞東醫院外科部²
- 10:50-11:00 V17 腹腔鏡處理巨大子宮頸肌瘤併子宮內頸變形的手術技巧
Laparoscopic management for large cervical myoma with cervix distorsion
方俊能¹ 孫仲賢¹ 陳曼玲¹ 施兆蘭¹ 陳宥臻¹ 莊國泰¹
四季台安醫院¹
- 11:00-11:10 V18 利用 ICG 來輔助進行術中輸尿管辨認與保留
ICG assisted ureter identification during difficult retroperitoneal dissection
王元勇¹ 孫仲賢¹ 方俊能¹ 李宜明¹ 李侑潔¹ 莊國泰¹
四季台安醫院¹
- 11:10-11:20 V19 針對大子宮之結合袋內手切碎瘤法的單孔腹腔鏡次全子宮切除術
Contained manual morcellation techniques of large uterus in laparo-endoscopic single-site subtotal hysterectomy
張婷瑜¹ 桂羅利¹ 張基昌¹ 張裕¹
義大醫院婦產部¹

- 11:20-11:30 V20 剖腹產後切口疝氣經減孔腹腔鏡修復之病例報告
A case report of previous Cesarean section incisional hernia, managed by reduced port surgery
張雅婷¹ 桂羅利¹
 義大醫院婦產科¹
- 11:30-11:40 V21 單孔腹腔鏡應用於單側巨大雙畸胎瘤之影片演示
Laparoendoscopic single-site (LESS) ovarian cystectomy of two mature cystic huge teratomas in one ovary
龐浸馨^{1,2} 陳佩辰¹
 花蓮慈濟醫院婦產部¹ 花蓮慈濟醫院微創中心²
- 11:40-11:50 V22 腹腔鏡子宮肌腺瘤切除：改良式四瓣手術
Laparoscopic adenomyomectomy with a modified 4-petal method
停寧萱¹ 丁大清¹
 花蓮慈濟醫院¹
- 11:50-12:00 V23 在放置子宮內投藥系統下利用子宮鏡碎瘤器治療子宮內膜增生的訣竅
Tips and tricks of using hysteroscopic morcellation for treatment of endometrial hyperplasia with Mirena in situ
王祉茵¹ 桂羅利¹ 張基昌¹ 張裕¹
 義大醫院婦產科¹

111 年 8 月 14 日 (星期日) 中午
(V 樓) 敦睦廳

午餐會報 (輝凌)

主持人：徐明洸、陳治平

12:20-13:20 L7 Weight Management and The Role of GLP-1 RA 高危險妊娠案例分享-
(1)子癲前症早期診斷與治療 (2)早產診斷、管理與治療
Speaker：詹德富

111 年 8 月 14 日 (星期日) 中午
(10 樓) 長青廳

午餐會報 (躍聯生命科學)

主持人：李建南、洪秉坤

12:20-13:20 L8 維生素 B6 補充對孕吐的重要性
Speaker：林芯仔

111 年 8 月 14 日 (星期日) 中午
(10 樓) 松柏廳

午餐會報 (亞培)

主持人：武國璋、王懷麟

12:20-13:20 L9 **The Chamber of Secrets- Endometrial Preparation and Embryo Transfer**
Speaker : Dr. Shari Mackens (比利時)

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(10 樓) 國際會議廳

午餐會報 (諾華)

主持人：陳明、林炫沛 (馬偕紀念醫院罕見疾病中心資深主治醫師)

12:20-12:45 L10 **Shining a Light: Gene Therapies for Genetic Disorders**
Speaker : 簡穎秀 (臺大醫院小兒遺傳科醫師)

12:45-13:05 L11 **Genetic Screening and Family-centric Genetic Counseling**
Speaker : 郭佩雯 (高醫附醫遺傳諮詢師)

13:05-13:20 Q&A



午餐會報 (默沙東)

主持人：張維君、王有利

12:20-13:20 L12 **Gender Equity in HPV Disease Prevention: What can we do more**
Speaker：張志隆

111 年 8 月 14 日 (星期日) 下午
(V 樓) 敦睦廳

醫療倫理法律

主持人：蔡英美、胡峰賓（律師/消費者文教基金會執行董事暨發行人）

13:30-14:00 SY28 COVID-19 疫情對性別的衝擊

Speaker：林綠紅（台灣受試者保護協會 前理事長）

14:00-14:30 SY29 避孕藥發明對世界的影響

Speaker：江盛

14:30-15:00 SY30 疫情下遠距醫療倫理法律議題

Speaker：蔡甫昌（臺大醫學院醫學教育暨生醫倫理學科暨研究所教授）

主持人：李茂盛、張瑜鳳（臺北地方法院行政訴訟庭法官）

15:30-16:00 SY31 婦產科專業到政治

Speaker：林靜儀（中華民國第10屆立法委員）

16:00-16:30 SY32 醫法對談- 從手術同意書、醫療診斷書談起(1)

Speaker：王炯琅

16:30-17:00 SY33 醫法對談- 從手術同意書、醫療診斷書談起(2)

Speaker：廖建瑜（臺灣高等法院刑事法官）

111 年 8 月 14 日 (星期日) 下午
(10 樓) 長青廳

婦女泌尿 Symposium

主持人：梁守蓉、盧佳序

- 13:30-14:00 SY34 **Combination Pharmacotherapy for Treatment of Overactive Bladder (OAB)**
Speaker : 黃淑君
- 14:00-14:30 SY35 **Vaginal laser on the sexual function of postmenopausal women affected by GSM**
Speaker : 廖韻涵
- 14:30-15:00 SY36 **Pessaries for management of symptomatic pelvic organ prolapse and incontinence**
Speaker : 林益豪

主持人：楊振銘、孫茂榮

- 15:30-16:00 SY37 **Pelvic Organ Prolapse: Controversies in Surgical Treatment**
Speaker : 潘恒新
- 16:00-16:30 SY38 **Stress urinary incontinence in women: Persistent/recurrent symptoms after surgical treatment**
Speaker : 許鈞碩
- 16:30-17:00 SY39 **Laparoscopic Pectopexy and sacrocolpopexy Procedure for Pelvic Organ Prolapse**
Speaker : 蔡青倍

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(10 樓) 松柏廳

生殖內分泌 Symposium

主持人：林明輝、李宗賢

- 13:30-14:00 SY40 **The influence of COVID-19 on human infertility**
Speaker：李毅評
- 14:00-14:30 SY41 **Physical and psychologic comorbidity of endometriosis**
Speaker：林立德
- 14:30-15:00 SY42 **Recurrent Implantation Failure: Controversy over Definition, Diagnosis, and Treatment Efficacy**
Speaker：許沛揚

主持人：陳明哲、何信頤

- 15:30-16:00 SY43 **Revisiting add-ons for assisted reproductive technology**
Speaker：王家瑋
- 16:00-16:30 SY44 **Epigenetics in assisted reproductive technology: how much the evidence?**
Speaker：郭保麟
- 16:30-17:00 SY45 **Vaginal microbiome in reproductive health**
Speaker：翁順隆

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(12 樓) 崑崙廳

住院醫師教育訓練

主持人：江千代、王功亮

- 13:30-14:00 SY46 健保給付制度的歷史
Speaker：林金龍 (台灣婦產科醫學會 顧問)
- 14:00-14:30 SY47 健保申報技巧及申報陷阱
Speaker：謝卿宏 (台灣婦產學會第 19 屆理事長/博物館館長)
- 14:30-15:00 SY48 立足醫業 心懷天下 (為台灣.為地球 醫師能做什麼?)
Speaker：葉光芃

主持人：楊育正、許德耀

- 15:30-16:00 SY49 醫療爭議事件的根本原因分析
Speaker：洪聖惠 (財團法人醫院評鑑暨醫療品質策進會 副執行長)
- 16:00-16:30 SY50 醫病大和解
Speaker：李詩應 (陳忠純紀念促進醫病關係教育公益信託 執行長)
- 16:30-17:00 SY51 婦產科醫師對醫療判例的省思
Speaker：潘恆新 (台灣婦產科醫學會 醫療法治暨醫療糾紛委員會 召集人)

111 年 8 月 13-14 日

E-poster 展示

(12 樓) 大會廳內

- E001 **結合影像資訊及分子檢測之分析流程以幫助貝克威斯-韋德曼氏症的產前診斷**
A Proposed Flow Chart by Integration of Image and Molecular Modalities to Facilitate Prenatal Diagnosis of Beckwith Wiedemann Syndrome
陳明^{1,2,3,4,5} 馬國欽¹
彰化基督教醫院基因醫學部¹ 臺大醫院基因醫學部² 台大醫學院婦產科³ 清華大學醫學科學系⁴ 中興大學醫學院籌備處⁵
- E002 **在常規產房中減少傳播 SARS-CoV-2 感染的產科措施**
Obstetric measures to decrease dissemination of SARS-CoV-2 infection in the conventional labor room
陳惠華¹ 楊詩蘋¹ 彭福祥¹ 蕭聖謀¹
亞東紀念醫院¹
- E003 **FOXM1 基因在妊娠糖尿病患者週邊血及臍帶血中之表現**
The correlation of forkhead box protein M1 (FOXM1) between gestational diabetes mellitus maternal peripheral blood and neonatal umbilical cord blood
陳涵英¹ 林芯仔¹ 李建南¹
台大醫院婦產科¹
- E004 **以羊水過多為表現的 anti-c 紅血球異體免疫胎兒溶血性貧血--案例報告與文獻回顧**
fetal hemolytic anemia caused by anti-c alloimmunization presenting as polyhydramnios
吳允佳¹ 吳琬如^{1,2,3} 楊珮音¹ 郭夙峯⁴ 王世忠⁵ 陳明^{1,2,6,7,8,9,10}
彰化基督教醫院婦產部¹ 彰化基督教醫院基因醫學部及醫學遺傳中心² 國立中興大學轉譯醫學博士學程³ 彰化基督教醫院檢驗科⁴ 彰化基督教醫院小兒血液腫瘤科⁵ 台大醫院基因醫學部⁶ 國立台灣大學醫學院婦產科⁷ 大葉大學生物醫學系⁸ 國立清華大學醫學科學系⁹ 國立中興大學醫學院籌備處¹⁰
- E005 **快速進展之早發性雙胞胎輸血症候群:案例報告**
A case of early-onset rapid-progression twin-twin transfusion syndrome(TTTS).
陳珮凌¹
東元綜合醫院¹
- E006 **血小板缺乏症與妊娠及新生兒 - 舊雨新知**
Idiopathic thrombocytopenia purpura in pregnancy and newborn-case report and updates
謝俊吉¹ 謝宗穎¹ 闕貝如¹ 魏君卉¹ 何坤達¹ 黃順賢¹
奇美柳營分院¹

- E007 **母體的肥胖及高脂飲食將重塑胎盤和腸道微生物而導致胎兒代謝異常**
Maternal high-fat-diet-induced placenta remodeling and gut microbiome shaping responsible for fetal liver lipid dysmetabolism
王映文¹ 于鴻仁² 蔡景州¹
 高雄長庚紀念醫院婦產部¹ 高雄長庚紀念醫院兒科部²
- E008 **剖腹產傷疤妊娠引發休克 -- 處理原則**
Cesarean section scar ectopic pregnancy induced shock – case report and update management
謝俊吉¹ 謝宗穎¹ 闕貝如¹ 魏君卉¹ 何坤達¹ 黃順賢¹
 奇美柳營分院¹
- E009 **極度早產及羊膜脫垂之產婦，拯救性子宮頸環紮可作為最後得拯救手段**
Rescue cerclage, the final shot for rescuing preterm labor fetus with gestational sac prolapse to the vagina
黃士庭¹ 余慕賢¹
 三軍總醫院¹
- E010 **植入性胎盤剖腹產術中一站式和兩段式子宮動脈栓塞術的直接比較-三級轉診醫院同月發生的兩則案例報告**
Head-to-Head Comparison of One-Stop and Two-Staged Intraoperative Uterine Artery Embolization during Cesarean Delivery with Placenta Accreta: Report of Two Cases Occurred at Same Month in a Tertiary Referral Medical Center
林祖薇¹ 李唯揚² 黃元俊² 吳琬如¹ 陳明¹
 彰化基督教醫院婦產部¹ 彰化基督教醫院放射部²
- E011 **針對高出血風險妊娠預防性總髂動脈栓塞之決策流程-兩年回溯性研究**
A theoretical analysis of prophylactic common iliac arterial occlusion for potential massive bleeding during cesarean delivery: Decision-making considerations — A 2-year retrospective study
趙偉廷¹ 葉長青¹ 王鵬惠¹ 洪煥程¹
 臺北榮總婦女醫學部¹
- E012 **產前基因晶片診斷胎兒 Williams–Beuren 症候群**
Prenatal diagnosis of de novo Williams–Beuren syndrome by microarray-based comparative genomic hybridization
彭秀慧¹ 張舜智¹ 闕河晏¹ 詹耀龍¹ 李彥璋¹ 游舒涵¹ 李汶芳¹ 江啟源¹
 許晉婕¹ 鄭博仁¹
 林口長庚醫院婦產科¹
- E013 **台灣地區產後憂鬱症與自殺行為之風險**
Postpartum depression association of maternal suicide: a nationwide study in Taiwan
李易良^{1,2,3} 白尹瑄^{4,3} 簡戊鑑⁴ 武國璋^{1,2} 張芳維^{1,2} 林啟康^{1,2} 尹長生^{1,2,3}
 國防醫學院¹ 三軍總醫院婦產部² 康寧財團法人康寧醫院³ 國防醫學院生命科學所⁴
- E014 **水泡型先天性魚鱗癬樣紅皮症：從胎兒到新生兒**
Epidermolytic Ichthyosis: From Fetus to Newborn
粘雨澄¹ 曾振志¹ 林俐伶¹
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廖建勝¹ 徐英倫¹ 嚴嘉琪¹ 彭依婷¹ 郭恬妮¹ 林鏡川¹
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 國立台灣大學附設醫院婦產部¹ 國立台灣大學附設醫院內科部²
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蘇筠涵¹
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林鈺維¹ 陳其葳¹
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蔡祥維¹ 李如悅¹
高雄榮民總醫院婦女醫學部¹
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梁世蓓¹ 謝明智¹ 莊啟柔¹
大林慈濟醫院¹
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劉相宜¹
高雄榮總婦女醫學部¹
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何宜軒¹ 何銘¹
中國醫藥學院附設醫院婦產部¹
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邱俊霈¹ 郭恬妮¹ 蔡永杰¹
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郭昱伶^{1,2,3} 王禎鞠² 郭佩雯² 陳阿香³ 洪慈苑³ 吳依萍³ 黃雅薇³ 洪宜慧³
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李孟剛¹ 何銘¹ 邱燦宏¹ 蘇俊維¹ 陳怡燕¹ 袁嘉駿¹ 林武周¹
中國醫藥大學附設醫院婦產部¹
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王尚文¹ 余沛修¹ 朱益志¹ 鄭雅敏¹ 郭宗正¹
台南郭綜合醫院婦產部¹
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高琬雲¹ 吳琬如^{1,2,3} 吳佩紋¹ 張庭毓^{2,4} 馬國欽^{2,4,5} 陳明^{1,2,6,7,8,9,10}
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王美雲¹ 洪韻翔¹
義大醫院¹

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詹文宗¹ 鄭吟豪¹
 臺北榮民總醫院玉里分院¹
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鍾佳翰¹ 林毅倫¹
 奇美醫學中心¹
- E043 **妊娠期急性脂肪肝**
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鍾佳翰¹ 郭恬妮¹
 奇美醫學中心¹
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曾浩原¹ 袁嘉駿¹ 邱燦宏¹ 何銘¹ 蘇俊維¹ 陳怡燕¹ 林武周¹
 中國醫藥大學附設醫院婦產部¹
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黃巧芸¹ 黃千竹¹
 中國醫藥大學附設醫院婦產部¹
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謝宛玲¹ 林鏡川¹ 郭恬妮¹ 徐英倫¹ 彭依婷¹ 嚴嘉琪¹ 程葦倫¹
 台南奇美醫院婦產部¹
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牛思云¹ 林俐伶¹
 台中榮民總醫院¹
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程葦倫¹ 郭恬妮¹ 蔡永杰¹ 林鏡川¹ 徐英倫¹ 彭依婷¹ 嚴嘉琪¹ 何坤達²
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蔡亞築¹ 方詩雯¹
 嘉義長庚紀念醫院婦產科¹

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王祉茵¹ 洪韻翔¹
 義大醫院婦產科¹
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江彥昀¹ 康巧鈺¹ 李建南¹ 蘇怡寧² 林明緯³ 戴怡芸⁴ 許文瑋⁵ 黃冠穎³
陳智齡⁴ 洪千惠¹ 林芯仔¹
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張博涵¹ 陳怡燕¹
 中國醫藥大學附設醫院¹
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古宇倫¹ 歐育哲¹ 陳科榕² 李全濱²
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薛雅文¹ 邱燦宏¹ 何銘¹ 蘇俊維¹ 陳怡燕¹ 袁嘉駿¹ 楊稚怡¹
 中國醫藥大學附設醫院¹
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陳妍樺¹ 袁嘉駿¹
 中國醫藥大學附設醫院婦產部¹
- E058 **纖維蛋白密封劑應用於早期破水之孕婦**
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游正暉¹ 何鎮宇¹
 新光吳火獅紀念醫院¹
- E059 **使用胎兒生理評估法監測妊娠 36 週之子宮內胎兒生長遲滯合併臍帶胎盤邊緣附著之個案**
Use of Biophysical Profile (BPP) to monitor pregnancy at 36 weeks with Intrauterine Growth Restricted Fetus and marginal umbilical cord insertion : A case report
周芷佑¹ 楊茜雯¹ 楊昀臻¹ 游馥瑤¹ 應宗和¹
 中山醫學大學附設醫院婦產部¹

- E060 胎兒心臟異常導引產前 Cornelia de Lange 症候群之診斷
Cardiac anomaly as a single clue leading to the prenatal diagnosis of Cornelia de Lange syndrome
丁昀¹ 廖敏君¹ 王彥筑¹
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- E061 關於 TCOF1 基因的微小缺失導致的下頷骨顏面發育不全的產前診斷
Prenatally diagnosed microdeletion in the TCOF1 gene in fetal congenital primary Treacher Collins Syndrome
周維薪¹
 臺北市立聯合醫院婦幼院區¹
- E062 反覆性第二產程流產或早產
recurrent stillbirth or preterm birth during 2nd trimester
張浩榕¹ 李宗賢¹
 中山醫學大學附設醫院¹
- E063 有偽囊腫形成之胎便性腹膜炎的產前診斷：個案報告與文獻分析
Antenatal diagnosis of meconium peritonitis with pseudocyst formation: case report and review literature
陳立珊¹ 李毅評¹
 新光吳火獅紀念醫院婦產科¹ 中國醫藥大學附設醫院¹
- E064 與 Clomiphene 誘導引卵有關的雙側輸卵管妊娠：病例報告
Bilateral Ectopic Tubal Pregnancy with clomiphene induction: A case report
柯俊丞¹ 梁心怡^{1,2} 蘇國銘¹ 黃馨慧¹
 三軍總醫院¹ 台中總醫院²
- E065 罕見的懷孕感染帶狀疱疹併發嚴重坐骨神經痛
Unusual pregnancy status with severe sciatica due to VZV infection
劉子榕¹
 台北內湖三軍總醫院婦產部¹
- E066 唇顎裂的超音波診斷
Ultrasound diagnosis of orofacial clefts
楊子逸¹
 台兒診所¹
- E067 Propess 及 Prostin E2 應用於初產婦催生之效果比較
Comparison of Dinoprostone slow release pessary (Propess) with Vaginal Tablet (Prostin E2) for induction of labor in primigravida
停寧萱¹ 魏佑吉¹
 花蓮慈濟醫院¹
- E068 胎兒大頭症併蜘蛛網膜下腔擴大：意外發現或可能為染色體多倍體症候群的全新軟標記
Fetal macrocephaly with enlarged subarachnoid space: an incidental finding or a possible novel soft marker for trisomy syndromes
黃靖貽¹ 王彥筑¹
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- E069 雙絨毛膜雙胞胎之一併發左心發育不全症候群
Discordance for Hypoplastic Left Heart Syndrome in a Dichorionic Twin Pregnancy- A Case Report
楊子瑤¹ 易瑜嶠¹
台中榮民總醫院¹
- E070 產後肺栓塞使用心肺復甦器之案例研討
pulmonary embolism in postpartum patients with V-V ECMO usage, a case report
牛思云¹ 易瑜嶠¹ 陳威志¹
台中榮民總醫院¹
- E071 孕期時新發作的癲癇真的是子癲症嗎?或是其他存在大腦中的隱形炸彈?
A devil in disguise: does it really newly onset seizure during late pregnancy is eclampsia or other invisible bomb in brain?
李秀庭¹ 林啟康¹
三軍總醫院婦產部¹
- E072 罕見的神經管缺損疾病：脊髓裂的個案報告
A rare type of neural tube defect, myeloschisis; case report
陳柏廷¹ 何銘¹ 邱燦宏¹ 蘇俊維¹ 陳怡燕¹ 袁嘉駿¹ 林武周¹ 楊稚怡¹
中國醫藥大學附設醫院婦產部¹
- E073 快速一家三口外顯子定序應用於以反覆羊水過少表現之體染色體隱性遺傳腎小管發育不全症
Rapid Trio Exome Sequencing for Autosomal Recessive Renal Tubular Dysgenesis in Recurrent Oligohydramnios
江彥昀¹ 林芯仔¹ 莊國璨² 洪千惠¹ 林維洲³ 鄭永銘³ 顏玳安² 簡穎秀^{2,4} 胡務亮^{2,4} 李建南¹ 蔡宜蓉² 李妮鍾^{2,4}
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- E074 足月妊娠併 IUFD 發生帆狀臍帶插入胎盤的病例報告
A case report of velamentous umbilical cord inserted placenta in a term pregnancy with IUFD
方俊能¹
高雄市四季台安醫院¹
- E075 單側卵巢缺損併正常子宮於不孕女性的案例報告
Unilateral ovarian absence in an infertile woman with a normal uterus: a case report
陳彥甫¹ 張瑞君¹
台中榮民總醫院婦女醫學部¹
- E076 (略，放棄上傳)
- E077 做人工受孕時排卵的有無對成功率的影响
Ovulation before or after intrauterine insemination does not affect clinical outcome
張瑞君¹ 陳明哲¹ 谷化芬¹ 陳雅芳¹ 權詩婷¹ 易瑜嶠¹ 宮曉帆¹ 陳麗宇¹
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- E078 雌激素對取卵數的比值在卵巢反應低下患者接受微刺激治療結果的影響
The influence of estradiol/oocyte ratio on the outcome of POSEIDON 3 and 4 patients under mild ovarian stimulation
蔡天琦¹ 吳憲銘¹
林口長庚紀念醫院婦產部¹
- E079 在紡錘體輔助的單一精蟲顯微注射時，使用人工輔助卵子活化是否可以改善其生殖治療結果？
The fertility outcome of addition of assisted oocyte activation into spindle view-assisted intracytoplasmic sperm injection.
羅偉哲¹ 吳憲銘¹
林口長庚醫院婦產部生殖內分泌科¹
- E080 子宮內膜異位瘤之單雙側對於卵巢保留(AMH)之影響
The impact of ovarian endometrioma's laterality on ovarian reserve (AMH)
黃元熙¹ 林明輝¹
台北馬偕紀念醫院婦產部¹
- E081 本院囊胚的形態分級對植入和活產率之影響
Morphologic grading of blastocysts influences implantation and ongoing pregnancy rates in our hospital
陳昭穎¹ 陳明哲¹ 易瑜嶠¹ 谷化芬¹ 陳麗宇¹ 陳雅芳¹ 權詩婷¹ 宮曉帆¹ 張瑞君¹
台中榮總婦產部¹
- E082 產前診斷一例複雜性第五對染色體長臂缺失
Prenatal diagnosis of one case with complex chromosome 5q deletion
林淑娟¹ 關龍錦² 吳祝美¹ 杜佩玲¹ 鍾怡屏¹ 蘇羽巡¹ 王昱婷¹ 郭保麟³ 郭宗正²
台南郭綜合醫院生殖醫學中心¹ 台南郭綜合醫院婦產部² 國立成功大學醫學院附設醫院³
- E083 Mifepristone 在細胞壓力與破壞去氧核糖核酸中影響體外胚胎的發育
Mifepristone affects embryonic development in vitro in cell stress and DNA damage
蘇鈺婷¹ 吳承寯²
高雄長庚醫院婦產部¹ 義守大學醫學院²
- E084 探討囊胚型態等級之優劣對於冷凍胚胎植入療程中的周產期結果之影響
Comparison of perinatal outcomes of live births between poor-and good-quality embryo transfers in frozen embryo transfer cycles
林瑾蘭¹ 周奎銘¹ 邱上琪¹ 吳兆昀¹ 李國光¹ 林明輝¹
台北馬偕紀念醫院¹
- E085 如何簡易決定囊胚植入數目？保持高懷孕率並減少多胞胎率之囊胚植入策略
Analysis of blastocyst transfer policy to maintain high live birth rates and low multiple pregnancy rates
王瑀¹ 易瑜嶠^{1,2} 谷化芬^{1,2} 陳雅芳^{1,2} 宮曉帆^{1,2} 張瑞君^{1,2} 權詩婷^{1,2}
陳麗宇^{1,2} 陳明哲¹
臺中榮民總醫院婦女醫學部¹ 生殖內分泌科暨不孕症科²

- E086 孕保寧濃縮輸注液對肌腺症或子宮肌瘤不孕病人之影響
The effect of atosiban on infertile women with adenomyosis or uterine fibroids.
林嘉玲¹ 吳成玄¹ 吳信宏¹ 陳郁菁¹ 楊小萱¹ 黃筱秦¹ 賴秀燕¹ 莊羽
 豐¹ 吳翠篁¹ 湯琳玉¹ 蔡鴻德¹
 彰化基督教醫院¹
- E087 子宮內膜異位症相關之不孕症使用油性顯影劑行輸卵管沖洗後成功懷孕的案例
Successful pregnancy after laparoscopic tubal flushing with oil contrast medium in endometriosis-related infertility women - case series
李瑋婷¹ 黃佩真¹
 中國醫藥大學附設醫院¹
- E088 43 歲以上婦女取卵數 4-10 顆和 10 顆以上之累積活產率相似
The Cumulative Live Birth Rate was Comparable in Women ≥ 43years with Hyper Response (>10 oocytes retrieved) and Normo Response (4-10 oocytes retrieved).
宮曉帆¹ 陳明哲¹ 谷化分¹ 易嶢嶠¹ 張瑞君¹ 陳雅芳¹ 權詩婷¹ 陳麗宇¹
 台中榮總¹
- E089 以子宮鏡來當作子宮內膜受容性的檢測標準評估懷孕率
Assessment of Endometrial Receptivity and Associated Pregnancy Rate with Hysteroscopy
宋衍儒¹ 陳亮萱¹ 金孜璇¹ 黃尚玉¹ 張嘉琳¹ 黃泓淵¹ 宋永魁¹ 吳憲
 銘¹
 林口長庚紀念醫院¹
- E090 少精症和早期胚胎發育之關聯
The relationship between oligospermia and early embryogenesis
徐以樂¹ 張至婷¹ 羅匯文¹ 莊蕙瑜¹ 蔡英美¹
 高醫婦產部¹
- E091 以淋巴細胞免疫療法治療不明原因複發性流產的台灣女性：病例報告
Paternal lymphocyte immunotherapy for unexplained recurrent pregnancy loss
蕭存雯¹ 林亮吟¹ 陳怡婷¹ 林毅倫¹ 溫仁育¹ 蔡永杰¹
 奇美醫院婦產部¹
- E092 精子線粒體中氧化磷酸化的副產物(ROS)， 會損害精子質量。
Excessive reactive oxygen species (ROS) as a side-product of oxidative phosphorylation in sperm mitochondria can harm sperm quality.
黃允瑤¹ 李宗賢¹
 中山醫學大學附設醫院¹
- E093 根據 Bologna 及 POSEIDON criteria 定義的卵巢反應不良患者之流產率分析
Miscarriage rate of poor ovarian responders according to Bologna and POSEIDON criteria, a retrospective cohort study
蕭宇揚¹ 蘇鈺婷¹ 蔡妮瑾¹ 藍國忠^{1,2}
 高雄長庚紀念醫院婦產部¹ 台中仁愛醫院²

- E094 冷凍卵子解凍時出現內質網群聚現象影響受精率及胚胎發育
Thawed oocyte with smooth endoplasmic reticulum clusters affects fertilization and embryo development
周奎銘¹ 李國光¹ 吳兆昀¹ 邱上琪¹ 林明輝¹
 台北馬偕醫院婦產部不孕症科¹
- E095 大的卵巢內膜異位瘤對 IVF/ICSI 卵巢反應之影響
Impact of large endometrioma on ovarian response in IVF/ICSI
范鈞婷¹ 張瑞君¹ 陳明哲¹ 易瑜嶠¹ 宮曉帆¹ 谷化芬¹ 陳麗宇¹ 陳雅芳¹ 權詩婷¹
 台中榮總¹
- E096 為達成最佳累積活產率在為高抗穆勒氏荷爾蒙患者進行人工生殖時最合適的誘導排卵期間是幾天?
Looking for an optimal duration of ovulation induction before triggering to achieve highest cumulative live birth rates in high AMH patients
陳明哲¹ 陳雅芳² 谷化芬² 易瑜嶠² 宮曉帆² 張瑞君² 陳麗宇² 權詩婷²
 台中榮民總醫院婦女醫學¹ 台中榮民總醫院婦女醫學部內分泌暨不孕症科²
- E097 (略，放棄上傳)
- E098 停經後乳癌患者接受 tamoxifen 治療引發由內膜異位瘤誘發卵巢類內膜癌(個案報告)
Ovary endometrioid carcinoma and endometriosis developing in a postmenopausal breast cancer patient during tamoxifen therapy A Case Report and Review of the Literature
張維鑑¹ 簡婉儀¹
 高雄阮綜合醫院¹
- E099 子宮頸癌惡性肉瘤(個案報告)
Carcinosarcoma of cervix A Case Report and Review of the Literature
張維鑑¹ 簡婉儀¹
 高雄阮綜合醫院¹
- E100 STIP1 在癌症的角色
Intracellular targeting of STIP1 inhibits human cancer cell line growth
黃慧君¹ 吳凱筠¹ 趙安琪¹
 林口長庚紀念醫院¹
- E101 反覆復發之外陰部肌上皮瘤樣腫瘤: 案例報告
Recurrence myoepithelioma tumor of the vulvar region: a case report
王瑀¹ 許世典¹
 臺中榮民總醫院婦女醫學部¹
- E102 子宮頸原發性惡性黑色素瘤：病例報告
Primary malignant melanoma of the Cervix: A Case Report
沈姿岑¹ 康介乙¹ 黃國峯¹ 孫怡虹¹ 林俊宏¹
 奇美醫學中心¹

- E103 **乙酰輔酶 A 合成酶 2 在子宮頸癌與免疫浸潤作為預後的生物標誌物之研究**
Acetyl Coenzyme A Synthase 2 Acts as a Prognostic Biomarker Associated with Immune Infiltration in Cervical Squamous Cell Carcinoma
蔣安仁¹
 高雄榮民總醫院¹
- E104 **一個停經後婦女罹患第 4 期卵巢神經內分泌小細胞癌**
A postmenopausal women suffered from stage IV small cell neuroendocrine carcinoma of the ovary
許証揚¹ 吳鏡瑚¹
 高雄醫學大學附設醫院婦產部¹
- E105 **高分化漿液型卵巢癌合併胃上淋巴結轉移-個案報告**
High grade serous ovarian cancer with supra-pyloric lymph node metastasis-Case report
陳怡婷¹
 台大醫院¹
- E106 **使用異位寧治療期間新發生子宮內膜型卵巢癌-病例報告**
Newly formed ovarian endometrioid adenocarcinoma during 2-year dienogest treatment - Case report
陳怡婷¹
 台大醫院¹
- E107 **高鈣型卵巢小細胞癌：案例分析與文獻回顧**
Small-Cell Carcinoma of the Ovary hypercalcemic type (SCCOHT): A Case Report and Literature Review
廖柔謙¹ 江盈澄¹
 國立臺灣大學醫學院附設醫院¹
- E108 **使用 pazopanib 做為轉移性子宮惡性肉瘤維持治療:個案報告**
Pazopanib in treatment of metastatic uterine leiomyosarcoma: a case report
李芸菲¹ 劉芝谷² 許世典²
 台中榮總教學部¹ 台中榮總婦女醫學部²
- E109 **卵巢顆粒細胞瘤復發:個案報告和文獻探討**
Granulosa cell tumor recurrence: case report and literature review
許嘉樺¹ 戴依柔¹
 國立臺灣大學醫學院附設醫院婦產部¹
- E110 **台灣子宮頸癌前病變比例、發生率與趨勢變化**
The proportions, incidences, and trends of cervical precancer in Taiwan
宋潔¹ 方紹軒¹ 廖正義¹
 高雄榮民總醫院婦女醫學部¹
- E111 **台灣子宮頸癌發生率趨勢變化與案例分佈**
The proportions, incidences, and trends of cervical cancer in Taiwan
方紹軒¹ 宋潔¹ 廖正義¹
 高雄榮民總醫院婦女醫學部¹

- E112 台灣上皮性卵巢癌發生率之趨勢變化
The proportions, incidences, and trends of epithelial ovarian cancer in Taiwan
林柏文¹ 李宜姍¹ 廖正義¹
 高雄榮民總醫院婦女醫學部¹
- E113 台灣卵巢癌發生率、趨勢與案例分佈
Ovarian cancer incidence in Taiwan from 2001 to 2017
李宜姍¹ 林柏文¹ 廖正義¹
 高雄榮民總醫院婦女醫學部¹
- E114 與腺原位癌共伴出現之罕見子宮頸大細胞神經內分泌癌:個案報告
Neuroendocrine large cell carcinoma of cervix associated with cervical adenocarcinoma in-situ: a case report
李光晏¹ 李盈萱¹ 張文君¹
 台大醫院婦產部¹
- E115 子宮頸疣狀上皮細胞癌：病例報告與文獻回顧
Verrucous carcinoma of the cervix: a rare case report and literature review
許伊婷¹ 劉錦成¹
 童綜合醫院婦產部¹
- E116 案例報告：發生於青少年之罕見黏液性腺癌
Case Report: A rare case of mucinous adenocarcinoma in a 14-year-old girl.
張益婷¹ 孫珞¹
 台中榮總¹
- E117 藉由基因功能體的綜合分析探討 AHR 結合路徑與 EMT 對漿液性卵巢腫瘤之協同作用
Synergistic Effects of AHR Binding Pathway accompanied with EMT on Serous Ovarian Tumors Investigated by functionome-based Integrative Analysis
蘇國銘¹ 張家銘² 張正昌¹ 余慕賢¹
 三軍總醫院婦產部¹ 台北榮總婦女醫學部²
- E118 台灣子宮上皮癌發生率之趨勢變化
The proportions, incidences, and trends of uterine epithelial cancer in Taiwan
許乃元¹ 郭閔珊¹ 廖正義¹
 高雄榮民總醫院婦女醫學部¹
- E119 台灣子宮體癌之案例分佈與趨勢變化
The proportions, incidences, and trends of uterine cancer in Taiwan
郭閔珊¹ 許乃元¹ 廖正義¹
 高雄榮民總醫院婦女醫學部¹
- E120 (略，放棄上傳)
- E121 FBXW7 在子宮內膜異位症相關卵巢惡性演變過程中的功能及下游基因調控的影響
The function of FBXW7 in the process of endometriosis-associated ovarian malignant transformation and the effect of downstream gene regulation
蔡景州^{1,2} 蔡英美^{3,4}
 長庚大學高雄長庚紀念醫院婦產科¹ 高雄醫學大學臨床醫學研究所² 高雄醫學大學附設中和紀念醫院婦產部³ 高雄醫學大學醫學研究所⁴

- E122 子宮上皮樣平滑肌肉瘤診斷討論-個案報告
A case report of diagnostic dilemmas in Uterine epithelioid leiomyosarcoma
周靜汶¹ 江盈澄¹
 國立台灣大學醫學附設醫院婦產部¹
- E123 低度惡性子宮內膜基質肉瘤多年後在腹壁和骨盆腔復發：一病例報告和文獻回顧
Low-Grade Endometrial Stromal Sarcoma with Remote Recurrence in the Abdominal Wall and Pelvis: A Case Report and Literature Review
李耀泰¹ 鄭雅敏¹ 林大欽¹ 關龍錦¹ 朱益志¹ 王尚文¹ 郭宗正¹
 台南郭綜合醫院婦產部¹
- E124 子宮內膜異位症和骨盆腔發炎疾病對卵巢癌發生率的不同影響
Different Influences of Endometriosis and Pelvic Inflammatory Disease on the Occurrence of Ovarian Cancer
葉敏儒¹ 曾志仁^{1,2} 沈煌彬^{1,2} 吳珮如^{1,2} 王博輝^{1,2}
 中山醫學大學附設醫院婦產部¹ 中山醫學大學醫學院²
- E125 罕見個案報告：非人類乳突病毒感染相關子宮頸胃型腺癌
A rare case of HPV-independent gastric type endocervical adenocarcinoma
黃靖貽¹ 許瑞昌¹
 彰化基督教醫院婦產部¹
- E126 卵巢癌肝轉移之處理方式
The management of metastatic liver tumors of ovarian cancer
李盈萱¹ 徐靖² 黃冠儒³ 吳晉睿² 張文君¹ 魏凌鴻¹ 許博欽¹
 台灣大學醫學院附設醫院婦產部¹ 台灣大學醫學院附設醫院新竹分院婦產部²
 台灣大學醫學院附設醫院雲林分院婦產部³
- E127 Avastin 用於復發性卵巢癌之真實世界的療效
Real-world efficacy of Bevacizumab in patients with recurrent epithelial ovarian cancer
洪若霓¹ 呂建興¹
 台中榮民總醫院婦產部¹
- E128 將黃體素受體表達結合到預估模型中以預測高惡性度漿液性卵巢癌的鉑金敏感性
Integration of progesterone receptor expression into a prediction model for estimating of platinum-sensitivity in high-grade serous ovarian cancer
林浩¹ 傅宏鈞¹ 歐育哲² 吳貞璇¹
 高雄長庚紀念醫院婦產部¹ 嘉義長庚紀念醫院婦產部²
- E129 肋膜沾黏術在婦科惡性腫瘤合併惡性胸水之應用病例系列報告
Pleurodesis for malignant pleural effusion in gynecologic cancer- case series
張恆綱¹ 葉聯舜¹ 林武周¹ 張維君¹ 洪耀欽¹ 張穎宜¹
 中國醫藥大學附設醫院婦產部¹
- E130 高度惡性子宮內膜基質性肉瘤
High grade endometrial stromal sarcoma (High-grade ESS) and undifferentiated uterine sarcoma (UUS): a single-institutional experience and review of literature
周宏澤¹ 顏明賢¹
 台北榮民總醫院¹

- E131 低度惡性子宮內膜基質性肉瘤
Low grade endometrial stromal sarcoma: a single-institutional experience and review of literature
冀彥婷¹ 顏明賢¹
台北榮民總醫院¹
- E132 子宮間質惡性腫瘤含類卵巢性索瘤之子宮腫瘤、血管周圍上皮樣細胞瘤、發炎性肌纖維母細胞瘤之單一醫學中心治療經驗及文獻回顧
Miscellaneous Mesenchymal tumors including uterine tumor resembling ovarian sex cord tumor (UTROSCT), perivascular epithelioid cell tumors (PEComa) and Inflammatory myofibroblastic tumor (IMT): a single-institutional experience and review of literature
胡育嘉¹ 顏明賢¹
台北榮民總醫院婦產部¹
- E133 子宮內膜大細胞神經內分泌癌之案例報告
Large cell neuroendocrine carcinoma of the endometrium: a case report
楊凱翔¹
天主教耕莘醫療財團法人耕莘醫院婦產部¹
- E134 (與 E108 同，刪)
- E135 微創手術與開腹手術治療低危和中高危子宮內膜癌疾病生存率的比較
A comparison of disease survival between minimally invasive surgery and laparotomy in low-risk and intermediate/high-risk endometrial cancer
郭竹軒¹ 溫國璋¹ 賴鴻政¹
衛生福利部雙和醫院¹
- E136 (略，放棄上傳)
- E137 利用體外研究 Adept 溶液對於卵巢癌細胞增殖的影響
In vitro assessment of the Effects of Icodextrin Solution (Adept®) on Ovarian Cancer Cell Proliferation
陳文欣¹ 林浩² 傅宏鈞² 吳貞璇² 蔡景州² 歐育哲¹
嘉義長庚紀念醫院婦產科¹ 高雄長庚紀念醫院婦產部²
- E138 同時患有平滑肌瘤、惡性潛能未定的平滑肌瘤和平滑肌肉癌的病例報告
A case report of a patient with benign metastasizing leiomyoma, smooth muscle tumors of uncertain malignant potential and leiomyosarcoma
林肇柏¹
大林慈濟醫院婦產部¹
- E139 晚期原發性女性尿道癌之多學科癌症治療及臨床結果 - 病例報告和文獻綜述
Multidisciplinary Cancer Treatment and Clinical Outcomes in Advanced Primary Carcinoma of the Female Urethra – A Case Report and Literature Review
陳綺珊¹ 邵芷萱¹ 林子平² 張世慶³ 石育仲⁴ 王鵬惠¹ 陳怡仁¹
臺北榮民總醫院婦女醫學部¹ 臺北榮民總醫院泌尿部² 臺北榮民總醫院外科部大腸直腸外科³ 臺北榮民總醫院外科部整型外科⁴
- E140 輸卵管漿液性乳突狀囊腺纖維瘤
Serous papillary cystadenofibroma of fallopian tube
黃怡婷¹ 王錦榮¹
林口長庚醫院¹

- E141 子宮內避孕器碎片:子宮鏡診斷不尋常之婦女停經後出血原因
Fractured intrauterine device (IUD) retained in senile uterus: An unusual cause of postmenopausal uterine bleeding
李易良^{1,2} 白尹瑄^{2,3} 武國璋¹ 余慕賢¹ 張芳維¹ 尹長生^{1,2}
三軍總醫院婦產部¹ 康寧醫院婦產科² 國防醫學院生命科學所³
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國防醫學院三軍總醫院婦產部¹ 康寧財團法人康寧醫院² 國防醫學院生命科學所³
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衛生福利部雙和醫院¹ 台北醫學大學醫學系婦產學科²
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彰化基督教醫院¹
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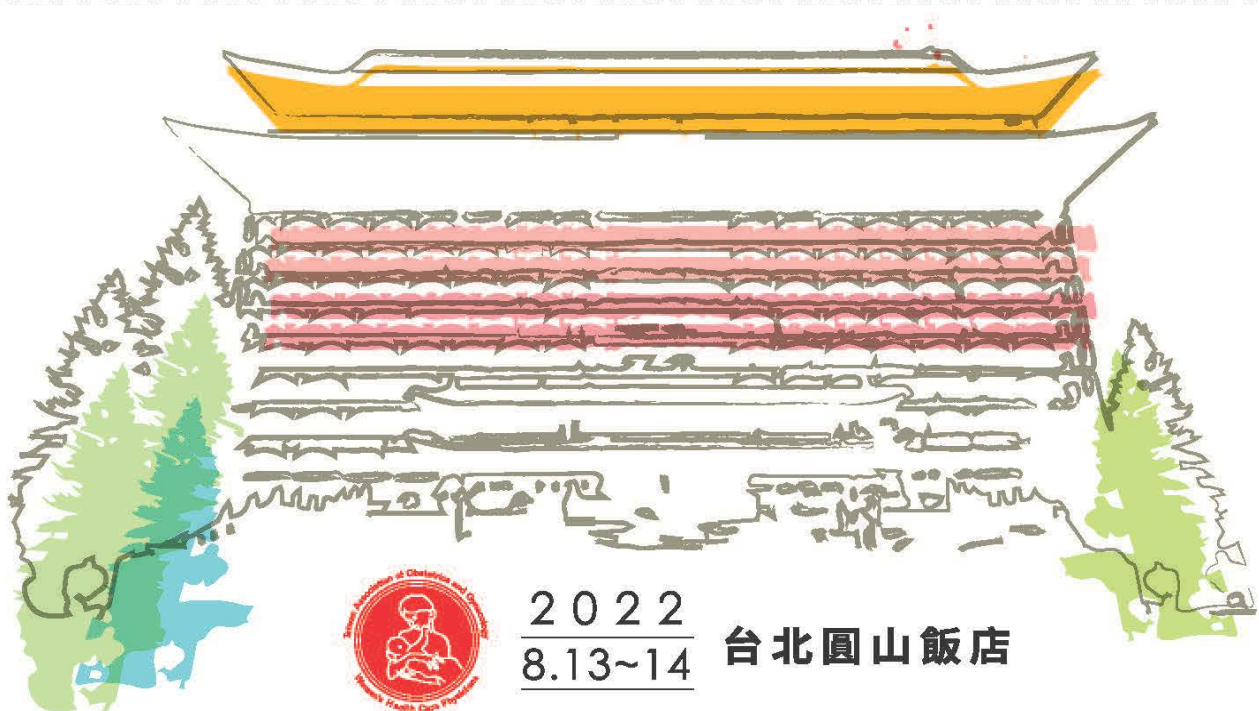
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 林口長庚醫院¹

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曾浩原¹ 黃佩真¹ 林武周¹
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郭信宏¹ 李奇龍¹ 顏志峰¹ 王錦榮¹ 盧佳序¹ 周宏學¹ 謝明儒²
林口長庚醫院婦產部¹ 林口長庚醫院外科部胸腔及食道外科²
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 黃兆麒¹ 林映枚¹
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 國立成功大學醫學院附設醫院婦產部¹ 國立成功大學醫學院附設醫院外科部² 國立成功大學醫學院附設醫院影像醫學部³
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 黃園詠¹
 台北國泰醫院婦產部¹
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 林宜衡^{1,2} 陳啟豪¹
 國立臺灣大學醫學院附設醫院婦產部¹ 國立臺灣大學醫學院附設醫院雲林分院婦產部²
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孫怡虹¹
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蔡學宇¹ 王博輝¹
中山醫學大學附設醫院婦產部¹
- E206 有無胞漿精子注射對於非男性不孕症的患者接受體外受精的治療預後影響
The ART outcome in non-male factor with or without ICSI procedure
羅匯文¹ 陳鴻昇¹ 蔡英美¹
高雄醫學大學附設醫院婦產部¹



2022
8.13~14

台北圓山飯店

台灣婦產科醫學會
111 年度年會暨學術研討會

*The 61st Annual Congress
of Taiwan Association of Obstetrics and Gynecology 2022*

論文摘要

IS : Invited Speaker Lecture

Y : 台灣年輕醫師英文演講

P : 大會演講

SY : 專題演講

L : 午餐會報

O : 口頭報告

E-Poster

英 文 演 講

【IS】

8 月 13 日 (六) 下午

◆ Invited Speaker Lecture (12 樓) 崑崙廳

IS1	Ravi Chandran	COVID-19: A Silver Lining?
IS2	Jeanne Conry	OBGYNs as Leaders: Climate Change and Our Environment
IS3	Diana Ramos	Telehealth expansion as a result of covid
IS4	Pisake Lumbiganon	Collaborative effort to reduce unnecessary cesarean section in Thailand
IS5	Tadashi Kimura	Electrophysiological determination of uterine receptivity (EDUR) system: for detection of unfavourable cycle for embryo transfer
IS6	Joong Shin Park	Nonalcoholic Fatty Liver Disease (NAFLD) as an early manifestation of metabolic syndrome during pregnancy

Ravi Chandran

(IS1)



CURRICULUM VITAE

CHANDRAN, Ravi

Dr Ravi Chandran is currently Consultant Obstetrician and Gynaecologist at the prestigious Gleneagles Medical Centre in Kuala Lumpur Malaysia. He obtained his Membership of the RCOG UK in 1988 followed by sub-speciality training in Maternal Fetal Medicine at King' s College Hospital London and the John Radcliffe Hospital at Oxford University. He pursued an academic career at the National University of Malaysia and during his tenure as Associate Professor, was involved in research activities culminating in publications in leading journals including the BJOG, AJOG and Lancet. In 1998 he was made a Fellow of the Royal College of Physicians of Ireland and in 2001 was elevated to the Fellowship of the RCOG UK.

Over the last 15 years, he has been actively involved in the AOFOG and joined the Executive Board as Treasurer in 2009 during which time he streamlined the application process for scientific workshop grants. As Vice-President in 2013 – 2015, he played a leading role in the review of the AOFOG Constitution. In June 2017, he was elected as President of AOFOG. During his tenure, he made it his mission to make the AOFOG a more efficient and pro-active organisation and one that is relevant to all member National Societies. Under his leadership, the AOFOG has promoted more scientific activity in the less fortunate National Societies including Bangladesh, Nepal, Pakistan, Myanmar, Cambodia, Laos, Mongolia, Fiji and Papua New Guinea whilst tapping into the knowledge and expertise of our more developed National Societies from Japan, Korea, Taiwan, Hong Kong and India. He has also been instrumental in fostering a better working relationship with both regional and international organisations such as the SAFOG, RCOG, ACOG and FIGO. In recognition of his work, he was awarded an Honorary Fellowship of the Indian College of Obstetricians & Gynaecologists in 2019, and Taiwan Association of Obstetrics and Gynecology in 2022.

He was a member of the Strategic Planning Committee of FIGO and played an active role in mapping the road ahead for FIGO. In October 2021, he was elected to the Board of Trustees of FIGO. He is thus ideally placed to align the aspirations of both FIGO and AOFOG in an efficient and cost-effective manner for the betterment of women' s health in the Asia Oceania region.

COVID -19: A SILVER LINING?

The impact of the Covid-19 pandemic has gone far beyond the disease itself. In addition to the large number of Covid-19 related deaths, the pandemic has deepened social and economic inequalities. Amidst all this negativity surrounding us, there have been some positive consequences resulting from this pandemic. It has had a positive impact on physician well-being as well as our environment and stimulated changes in clinical medicine delivery. It has asked of us hard questions regarding equitable healthcare delivery and given us an opportunity to re-examine and re-visit the concept of Universal Health Care. Even as we transition to an “endemic” phase, it will no longer be “business as usual” . Phrases such as “thinking out of the box” and “thinking on your feet” have been oft repeated during this pandemic but it will stand us in good stead as we rise to the challenges of this pandemic and prepare ourselves for future disasters.

Jeanne Ann Conry
(IS2)



CURRICULUM VITAE

Jeanne Ann Conry, MD, PhD

President, The International Federation of Gynecology and Obstetrics
Past-President, American College of Obstetricians and Gynecologists

Employment/Leadership Positions

2017-present	President, CEO and founder Environmental Health Leadership
2021-2024	The Partnership for Maternal, Newborn and Child Health (PMNCH) ,WHO
2016-2026	Chair, Women' s Preventive Services Initiative
2013-2014	Past-President of the American College of Obstetricians and Gynecologists (ACOG).

Education

1982-1986	Medical Degree, University of California, Davis
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Awards and Fellowships

2018-present	Honorary Fellow, Taiwan Association of Obstetrics and Gynecology
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OBGYNs as Leaders: Climate Change and Our Environment

Jeanne A. Conry, MD, PhD

President of the International Federation of Gynecology and Obstetrics

Honorary Fellow of Taiwan Association of Obstetrics and Gynecology

Climate change is one of the major global health threats to the world's population. It is brought on by global warming due in large part to increasing levels of greenhouse gases resulting from human activity. Climate change results in extremes of weather, giving rise to floods, wildfires, air pollution, changing sea levels and ecology. These perturbations result in displaced populations, family disruptions, violence, shifts in vector-borne diseases and failures of our health system infrastructure. Women and children are particularly vulnerable to these stresses. Disadvantaged communities, and low-income countries are disproportionately impacted. Obstetrician gynecologists have a unique opportunity to educate and advocate on behalf of our patients. Climate change adversely impacts pregnancy outcomes with increase in preterm birth and low birth weight infants as a result of air pollution and heat. Climate change is both a social justice concern and a human rights issue.

FIGO brings attention to the increased risk to populations because of environmental toxics found in the air we breathe, the water we drink, the food we consume and the products we use. Toxics in the form of endocrine disruptors impact conception, pregnancy outcomes, newborn health, cancer, obesity and most certainly neurologic health. It is not enough to change one's personal habits, but rather the need is to advocate for a cleaner and healthier planet so that the health of the next generation is preserved.

Diana Ramos (IS3)



CURRICULUM VITAE

Diana E. Ramos, MD,MPH,MBA,FACOG

Dr. Diana E. Ramos is a well-recognized public health opinion leader and adjunct Associate Professor, at the Keck University of Southern California School of Medicine. She serves as chair for the American College of Obstetricians and Gynecologist, California & Ecuador (IX) District, secretary for the executive board of the National Hispanic Medical Association, and is Co-Chair for the Women' s Preventive Service Initiative implementation committee.

She serves on many national and international women' s health improvement and equity committees. Her areas of expertise include health disparities, social determinants of health, preconception/interconception health, preterm birth, contraception and quality improvement in health. Dr. Ramos has written and contributed numerous articles to the obstetrics and gynecology and public health literature and has lectured in Spanish and English, locally, nationally and internationally. She has received numerous innovation awards for her work in health, technology and communication. Dr. Ramos is the founder of: GamiFi-Health, a start-up that merges improving health and gaming.

Recent awards include 2021 March of Dimes Volunteer of the Year, 2020 UCI Latino Excellence and Achievement Award, 2019 UC Irvine Dynamic Womxn Award for Academic Achievement, 2018 National Hispanic Medical Association Fellow of the Year, Let' s Get Healthy California' s 2017 Innovation Challenge Finalist, 2017 Global Health& Innovation: Semifinalist for Choose Health LA MOMs 2016 Health Officers Association of California Public Health Communications Award and 2016 American Congress of Obstetricians and Gynecologists District Service Award.

Dr. Ramos received her medical degree from the University of Southern California with honors and completed her residency training in obstetrics and gynecology at Los Angeles County-University of Southern California Medical Center. She received her MBA from the UCI Paul Merage School of business with an emphasis in entrepreneurship and innovation and her master' s in public health from the University of California, Los Angeles. Dr. Ramos completed her undergraduate degree, a BA in Communications, Arts & Science from the University of Southern California.

Telehealth expansion as a result of covid

Dr. Diana Ramos

The COVID pandemic changed the way we lived and obtained healthcare. Prior to COVID, the provision of healthcare was limited to in-person. Provision of healthcare to rural, remote and those with transportation or childcare difficulty was disproportionately unavailable. But with innovation and technology various modalities of telehealth were implemented. For women's health in particular, prenatal care, gynecologic visits and post-surgical evaluations have been incorporated into telehealth delivery. This session will review the various types of telehealth, adoption and how telehealth has improved access and healthcare quality.

Pisake Lumbiganon
(IS4)



CURRICULUM VITAE

Pisake Lumbiganon

Pisake Lumbiganon is a Professor of Obstetrics and Gynecology, Convenor of Cochrane Thailand and Director of the WHO Collaborating Centre on Research Synthesis in Reproductive Health based at Faculty of Medicine, Khon Kaen University, Thailand. He is currently the President Elect of the Asia Ocenia Federation of Obstetrics and Gynecology. He has published more than 150 papers in various international journals including many Cochrane reviews. He was a dean of the Faculty of Medicine at Khon Kaen University from 2009 to 2013 and the President of the Royal Thai College of Obstetricians and Gynecologists from 2016 to 2018. In 2019 he received Fellow ad eundum from the Royal College of Obstetricians and Gynaecologists. His main areas of interest includes maternal and perinatal health, evidence based practices, systematic review and meta-analysis.

COLLABORATIVE EFFORT TO REDUCE UNNECESSARY CESAREAN SECTION IN THAILAND

Lumbiganon Pisake, MD, MS, FRCOG (ad eundem)

Faculty of Medicine, Khon Kaen University

President-Elect, Asia Oceania Federation of Obstetrics and Gynecology,

Caesarean section (CS) is a surgical procedure that can effectively prevent maternal and newborn mortality when used for medically indicated reasons. CS rates have been rising globally in recent decades. The overall annual CS rate in Thailand increased significantly from 23.2% in 2009 to 32.5% in 2017. In December 2017, The Royal Thai College of Obstetricians and Gynaecologists and Ministry of Public Health signed a memorandum of understanding to reduce unnecessary CS. In January 2020, Thailand joined the research project “appropriate use of caesarean section through QUALity DECision-making by women and providers (QUALI-DEC project). This research project is co-funded by the European Commission (H2020 program) and WHO. Eight hospitals in Thailand are participating in this project. From 2020 to 2021, a team of social scientists from three faculties of nursing conducted formative research to assess barriers and facilitators for the implementation of four main interventions in QUALI-DEC project. A meeting was organized to disseminate these findings to all stakeholders. We also conducted a 5-day training workshop for opinion leaders, data collectors, and antenatal care and labour room nurses to plan for appropriate implementation of QUALI-DEC interventions. In March 2022, we started the implementation phase of the project that will run for two years. We will monitor CS rates in these eight participating hospitals using Robson Ten Group Classification during this implementation and one year after. Additionally, we are providing Knowledge Transfer (KT) regarding appropriate use of CS using various platforms, e.g., social media, booklets, webinars, etc.

Keywords: optimizing, caesarean section, Thailand

Tadashi Kimura (IS5)



CURRICULUM VITAE

Tadashi Kimura, MD.,Ph.D.

Professor and Chairperson, Department of Obstetrics and Gynecology, Osaka University Graduate School of Medicine/Chairperson of the Executive Board, Japan Society of Obstetrics and Gynecology

Positions

1985	Medical Doctor, Osaka University, Faculty of Medicine
1991	Assistant Professor, Osaka University Graduate School of Medicine
1995-1997	Visiting Scientist, Institute for Hormone and Fertility Research, University of Hamburg
1997-2006	Assistant Professor, Osaka University Graduate School of Medicine
2007	Lecturer, Osaka University Graduate School of Medicine
2008	Professor and Chairperson, Osaka University Graduate School of Medicine
2018-2020	Director, Osaka University Hospital
2019-Present	Chairperson of the Executive Board, Japan Society of Obstetrics and Gynecology

Publications

523 papers appeared in PubMed. Representative papers are as follows. Cancer 1989, Nature 1992, PNAS 2005, 2011, 2017, Endocrinology 1993, 1996, 2019, J Clin Invest 1994, J Biol Chem 1994, J Natl Cancer Inst 2014, Lancet Oncol 2016, 2018, JAMA New Open 2020,

Electrophysiological determination of uterine receptivity (EDUR) system: for detection of unfavourable cycle for embryo transfer

Implantation failure has long been considered a major problem of assisted reproductive technology (ART) treatment. Even though the implantation period is short, the uterus goes through many complexes, orchestrated changes to prepare for it. To investigate this complex system, we developed a transient and local in-vivo gene transfer system to murine uterine cavity using haemagglutinating virus of Japan envelope (HVJ-E) vector [1]. Using this system, we established an infertile mouse model with approximately 50% suppression of signal transducer and activator of transcription-3 (STAT-3) activity during implantation, resulting in < 30% implantation with normal hormonal milieu resembling human implantation failure [2].

We know that uterine receptivity is associated with various glycosylation changes that affect charge density at the luminal epithelium. We hypothesized uterine receptivity could be evaluated electrophysiologically. We analysed STAT-3 suppressed infertile mouse model via in-vivo intrauterine oxidation-reduction potential (ORP) [3] and vaginal bioelectrical impedance (Z) [4] and noticed the alterations of ORP and Z reflected prospective uterine receptivity. Receiver-operator characteristic (ROC) curve analysis of each ORP and Z as a predictor of non-conception showed an area under the ROC curve of 0.96 [0.92-1.00], and 0.91 [0.83– 0.99], respectively.

We then developed a probe for human uterus for simultaneous detection of ORP and Z. A prospective cohort study was conducted for patients who received a frozen-thawed single embryo transfer (ET) in a programmed, hormonally controlled cycle. The in-vivo intrauterine ORP and Z were measured at 3 points during the treatment cycle, at cycle days 9-10, 1 day before progesterone administration and immediately before ET. ORP and Z at 9-10 days were significantly lower in successful ET group than in failure ET group. ROC curve analysis of the ORP and Z at days 8-10 as a predictor of ET-failure showed an area under the curve of 0.80, and 0.88, respectively [5]. We chose intrauterine Z as a parameter, because the sensor for ORP was too expensive for market. In order to detect the unfavourable cycle for ET in daily practice, we collaborate with two Japanese companies for developing commercially available intrauterine probe and detector for Z and got an approval from Japanese authority. We are planning novel clinical trial with this device, and collaboration with TAOG members to use this device to detect unfavourable ET cycle during IVF-ET procedure is highly welcome.

[1] Mol Hum Reprod. 2003;9(10):603-9.

[2] FEBS Lett. 2006;580(11):2717-22.

[3] Reprod Fertil Dev. 2018;30(4):619-623.

[4] Hum Reprod. 2018;33(12):2241-2248.

[5] Reprod Med Biol. 2018;17:255– 261.

Joong Shin Park (IS6)



CURRICULUM VITAE

Joong Shin Park, MD, PhD

Professor & Chairman

Department of Obstetrics and Gynecology

Seoul National University College of Medicine

Seoul National University Hospital

Education

Seoul National University College of Medicine (M.D.)

Seoul National University Graduate School (M.S.)

Seoul National University Graduate School (Ph.D.)

Residency, Dept. of Obstetrics and Gynecology, Seoul National University Hospital

Fellowship, Dept. of Obstetrics and Gynecology, Seoul National University Hospital

Postgraduate position

2012~2014 Director, Dept. of Education and Training, Seoul National University Hospital

2014~2016 Associate Dean for Public Relations, Seoul National University College of Medicine

2014~2016 Director of Medical Library, Seoul National University

2015~2018 Director of Graduate Medical Education, Korean Academy of Medical Sciences

2015~2017 President, Korean Society of Ultrasound in Obstetrics and Gynecology

2016~2017 Associate Dean for Academic Affairs, Seoul National University College of Medicine

2018~2021 Director of Specialty Examination, Korean Academy of Medical Sciences

2018~2020 Chair of Scientific Committee, Korean Society of Maternal Fetal Medicine

2018~2021 Chair of Scientific Committee, Korean Society of Obstetrics & Gynecology

Current position

1998~Present Assistant Professor, Associate Professor, Professor, Dept. of Obstetrics & Gynecology,
Seoul National University College of Medicine & Seoul National University Hospital

2018~Present Chairman, Dept. of Obstetrics & Gynecology, Seoul National University College of
Medicine & Seoul National University Hospital

2019~Present Director of Medical Museum, Seoul National University Hospital

■Invited Speaker Lecture

2020~Present	Vice President, Korean Society of Maternal Fetal Medicine
2020~Present	Vice President, The Korean Society of Medical Education
2020~Present	Director of Headquarters of Research Administration & Coordination, Seoul National University Hospital
2021~Present	Vice President, Korean Academy of Medical Sciences
2021~Present	Chairman, Council for Graduate Medical Training, Ministry of Health & Welfare, Korea
2021~Present	Chairman of the Board, Korean Society of Obstetrics & Gynecology
2022~Present	Treasurer, Asia & Oceania Federation of Obstetrics & Gynecology

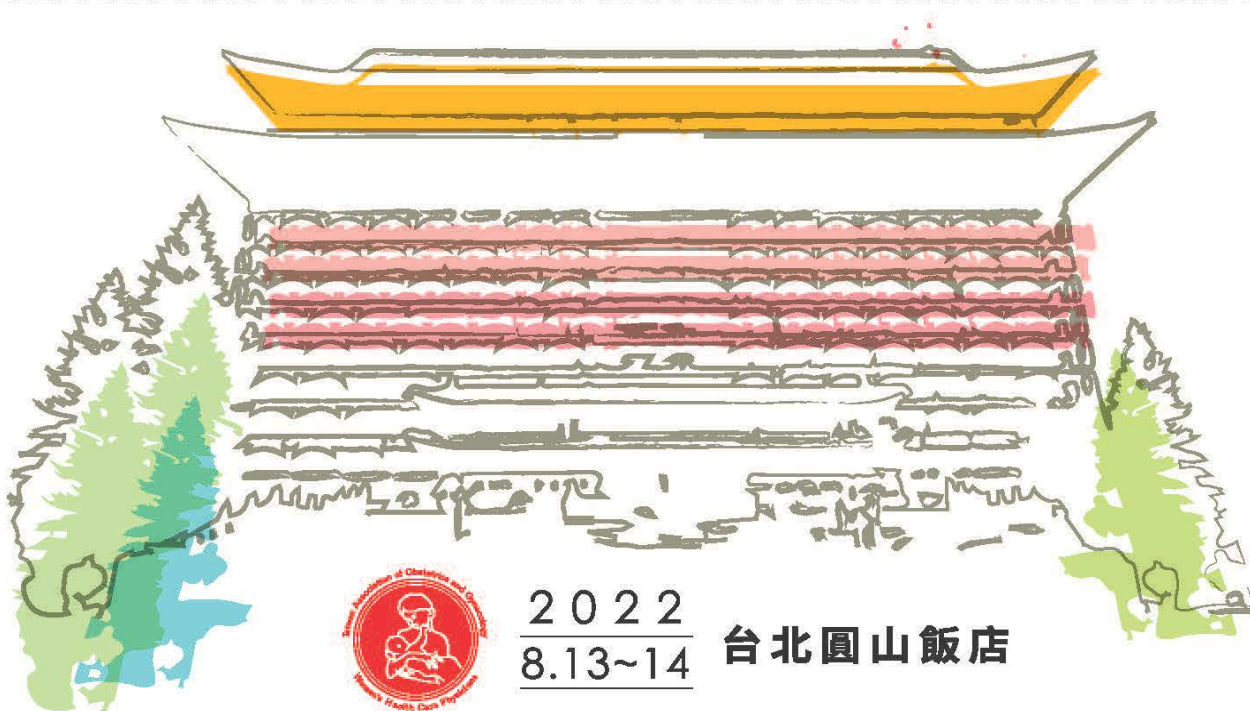
Nonalcoholic Fatty Liver Disease (NAFLD) as an early manifestation of metabolic syndrome during pregnancy

Joong Shin Park, MD, PhD

Department of Obstetrics and Gynecology, Seoul National University College of Medicine, Seoul, Korea

Non-alcoholic fatty liver disease (NAFLD) is often referred to as the hepatic manifestation of metabolic syndrome. Pregnancy and NAFLD are both insulin-resistant states, and their impact on maternal and neonatal outcomes is of great interest. However, the clinical significance of NAFLD in pregnant women has not been well determined. To determine whether NAFLD during pregnancy confers adverse risks for maternal or perinatal outcomes, a multicentre, prospective cohort study and its secondary analysis were conducted. In the study, singleton pregnant Korean women were assessed for NAFLD at 10–14 weeks using liver ultrasound, fatty liver index and hepatic steatosis index. Maternal plasma adiponectin, selenoprotein P (SeP) and free fatty acid (FFA) concentrations were measured. Pregnancy and neonatal outcomes were evaluated such as gestational diabetes (GDM), pregnancy-associated hypertension, large for gestational age (LGA) and other abnormal pregnancy outcomes. The risk of developing GDM was significantly increased in participants with NAFLD and was positively correlated with the severity of steatosis. This relationship between NAFLD and GDM remained significant after adjustment for metabolic risk factors, including measures of insulin resistance. Maternal plasma adiponectin and SeP levels were also correlated with both NAFLD severity and the risk of developing GDM. Grade 2–3 steatosis was a significant predictor of pregnancy-associated hypertension, even after adjustment for metabolic risk factors. Circulating levels of SeP were significantly higher in women with versus those without NAFLD ($P = .001$) and was significantly higher also in women who subsequently developed pregnancy-associated hypertension compared with those who did not ($P < .005$). The relationship between Grade 2–3 steatosis and LGA remained significant after adjustment for maternal age, pre-pregnancy BMI, GDM, and maternal serum triglyceride levels. The concentration of maternal blood adiponectin at 10–14 weeks was significantly lower in cases with LGA than non-LGA, but the maternal blood FFA concentrations were not different between the groups. In summary, NAFLD in early pregnancy is an independent risk factor for GDM, hypertensive disorders and other pregnancy adverse outcomes. These data support that pregnant women with NAFLD may need careful care to improve their pregnancy outcomes. The addition of screening for NAFLD to the existing prenatal care is expected to improve predictive performances for adverse pregnancy outcomes.

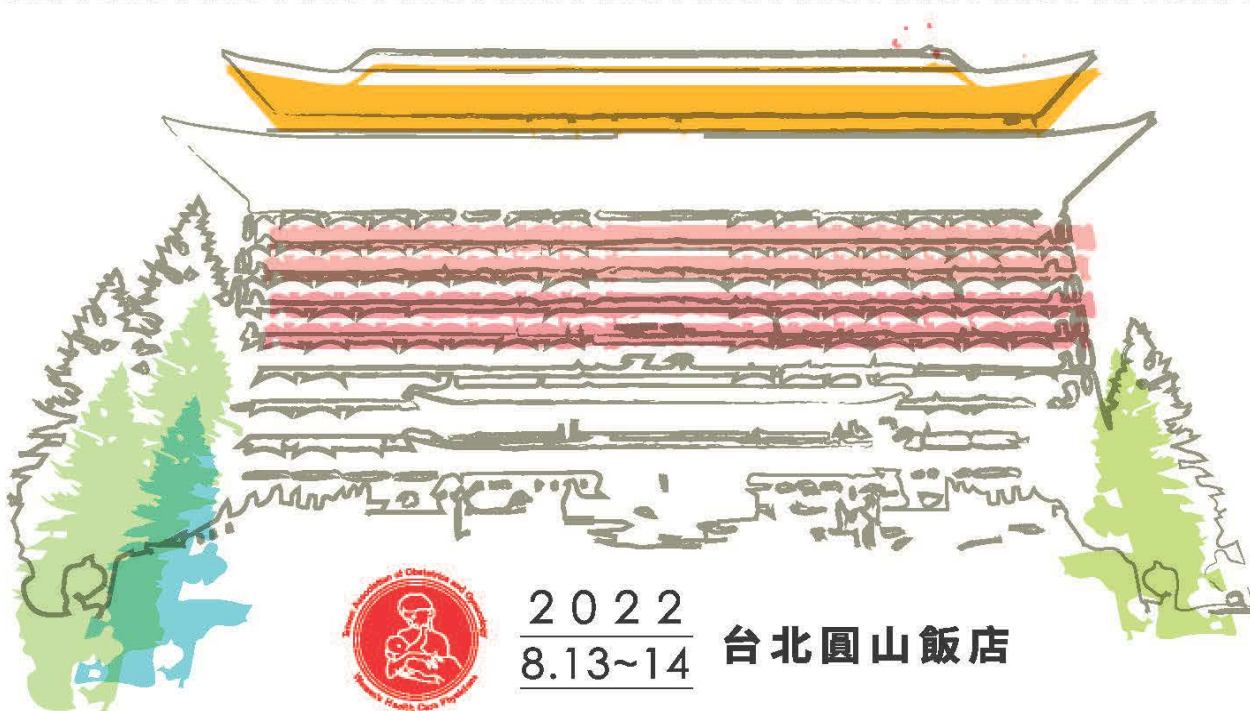
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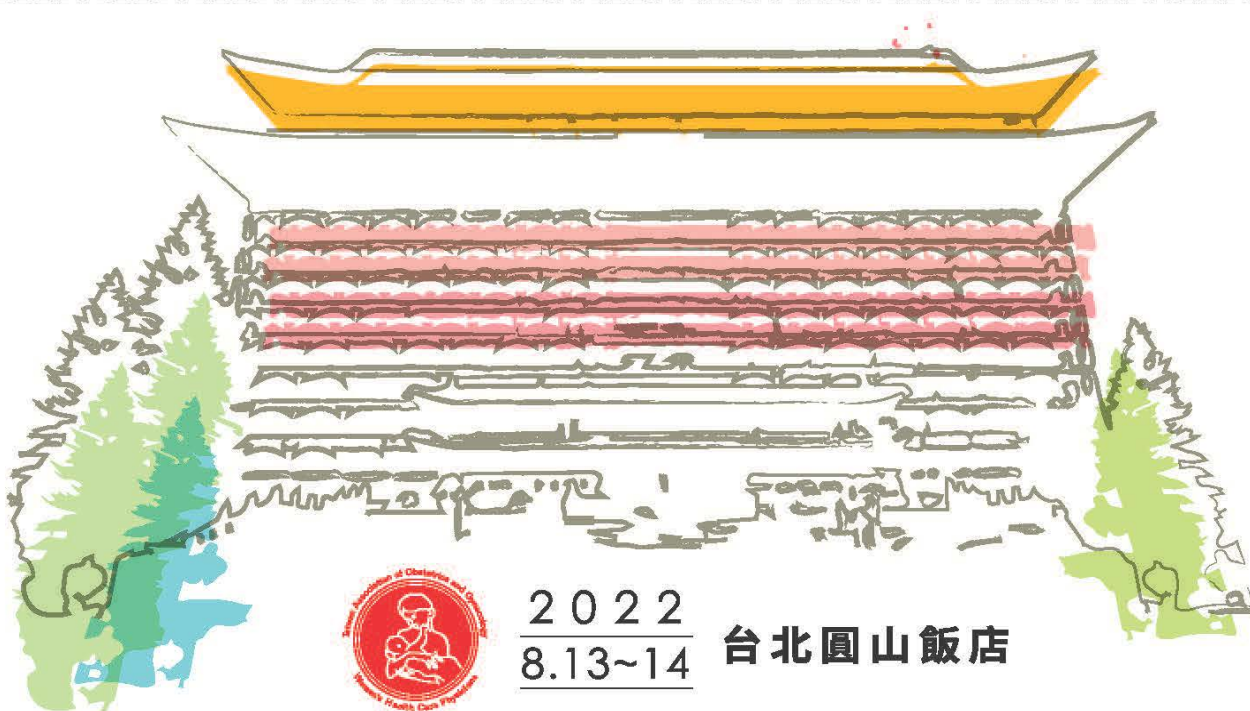
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2022
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2022
8.13~14

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台灣年輕醫師演講

【Y】

8月14日(日)上午

◆ 台灣年輕醫師演講 (10樓) 長青廳

Y1	Yi-Chieh Chen 陳怡潔	Bilateral Ovarian Thecomas With Sclerosing Peritonitis Mimicking Epithelial Ovarian Cancer
Y2	Chia-Hao Liu 劉家豪	Synergistic therapeutic effect of low-dose bevacizumab with cisplatin-based chemotherapy for advanced or recurrent cervical cancer
Y3	Yi-Liang Lee 李易良	The Potential Role of Cell Membrane and Transporter related Functionomes for Tumorigenesis inferred by the Gene Ontology-Based Integrative Analysis of Ovarian Clear Cell Carcinoma
Y4	Yen-Han Wang 王彥涵	DOCK4 could be a Potential Biomarker for the Outcome of Epithelial Ovarian Cancer
Y5	Ting-Fang Lu 呂亭芳	Laparoscopy Compared with Laparotomy for Comprehensive Surgical staging for clinical stage 1 endometrial cancer: a single institute experience in Taiwan
Y6	Jung Chen 陳琮	Outcome and Optimal Therapy of Uterine Serous and Clear Cell Carcinomas: a Population-based Study
Y7	Kai-Yuan Jheng 鄭凱元	Risk of head-and-neck cancer following a diagnosis of moderate cervical intraepithelial neoplasia: analyses from national health insurance research database in Taiwan
Y8	Yu-Hsuan Chen 陳宇軒	Pathognomonic Ultrasonographic Features of First- and Second-degree Uterine Inversion
Y9	Han-Ying Chen 陳涵英	Expanded genetic screening in Taiwan
Y10	Che-Yen Kuan 關哲彥	Clinical outcomes of induction of labor at different gestational weeks in low-risk nulliparous women
Y11	Pei-Chen Li 李佩蓁	Transvaginal cervical length measurement to predict successful labor induction

Y12	Hao-Yang Chang 張皓揚	Immediate postpartum hemorrhage with referral from local clinics : 10-Year Experience at Mackay Memorial Hospital, Taipei, Taiwan
Y13	Sau Xiong Ang 鄧肇雄	Bio-functionalized magnetic nanoparticles for the immunoassay of C-reactive protein and procalcitonin in cervicovaginal secretions of pregnant women with preterm prelabor rupture of membranes to predict early-onset neonatal sepsis
Y14	Meng-Syuan Lin 林孟萱	Differential Changes in Akt and AMPK Phosphorylation Regulating mTOR Activity in the Placentas of Pregnancies Complicated by Fetal Growth Restriction and Gestational Diabetes Mellitus with Large-For-Gestational Age Infants
Y15	Meng-Han Lu 盧孟涵	Prevention of defective physical and neurodevelopmental outcomes following intrauterine growth restriction

8 月 14 日 (日) 上午

◆ 台灣年輕醫師演講 (10 樓) 松柏廳

Y16	Yi-Ting Chen 陳怡婷	Reproductive outcomes of subclinical hypothyroidism women after in vitro fertilization and embryo transfer
Y17	Chia-Yun Lin 林佳昀	Endometriosis does not affect fallopian tubal status as imagination. Evaluating fallopian tube condition in infertile women by hysterosalpingogram and laparoscopy
Y18	Siew-Yen Lai 賴秀燕	Effect of post-thawed culture duration on morphological changes and clinical outcomes of vitrified blastocysts
Y19	Tzu-Ching Kao 高子晴	Progestin-primed ovarian stimulation versus GnRH antagonist protocol in preventing premature LH surge for poor ovarian responders
Y20	Angel Hsin-Yu Pai 白欣玉	Reduced Endometrial Expression of ILK and ITGB3 in Patients with Adenomyosis During Window of Implantation
Y21	Yu-Chieh Fang 方郁婕	Improvement of Endometrial Receptivity by Guizhi Fuling Wan in endometriosis
Y22	Wei-Kuang Ju 朱偉光	Male factor infertility and its impact on early embryonic morphokinetic parameters observed under time-lapse imaging incubator

Y23	Hsin-I Liang 梁心怡	Exposure to Polycyclic Aromatic Hydrocarbons and Its Relationship with Increased Human Epididymal Secretory Protein 4
Y24	Hsiao-Fen Wang 王孝榮	Robotic or laparoscopic treatment of cesarean scar defects or cesarean scar pregnancies with a uterine sound guidance
Y25	Hao-Ting Lien 連顥庭	Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for benign adnexal surgery
Y26	Aileen Ro 羅艾琳	Immunochemical and urodynamic outcomes after polypropylene mesh explant from the pelvic wall of rats
Y27	I-San Chan 陳綺珊	Maintenance dienogest therapy combined with adjuvant gonadotropin-releasing hormone agonist treatment after uterus-sparing surgery in adenomyosis: A retrospective cohort study
Y28	Min Feng 馮敏	De novo detrusor overactivity and urgency after mid-urethral slings for urodynamic stress incontinence
Y29	Yi-Chun Chou 周怡君	Ultrasonography and clinical outcomes following anti-incontinence procedures (Solyx™ tape): a 3-year post-operative review
Y30	Chieh-Yu Chang 張介禹	The Effect of Vaginal Pixel CO2 Laser Treatment on Stress Urinary Incontinence

Yi-Chieh Chen 陳怡潔
(Y1)



Bilateral Ovarian Thecomas with Sclerosing Peritonitis Mimicking Epithelial Ovarian Cancer

Yi-Chieh Chen^a, Hui-Juan Chen^b, and Chia-Yen Huang^{a,c,d}.

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b Department of Pathology, Cathay General Hospital, Taipei, Taiwan

c School of Medicine, Fu Jen Catholic University, Hsinchuang, New Taipei City, Taiwan

d Department of Biological Science and Technology, National Chiao Tung University, Hsinchu, Taiwan

Abstract

A rare bilateral ovarian thecomas with sclerosing peritonitis is reported in clinical and pathologic features. Ovarian thecomas are benign ovarian sex-cord stromal tumors that only represented for 0.5-1% of all ovarian tumors. Bilateral ovarian thecomas with sclerosing peritonitis is even more rare condition that less than a hundred case reports were published worldwide.

The patient had small bowel obstruction and persistent massive ascites after total abdominal hysterectomy and bilateral salpingo-oophorectomy. Thus, GnRH agonist and tamoxifen were given. When benign ovarian thcomas combining with sclerosing peritonitis, the disease may become life-threatening and multimodality treatment with both surgical and medical treatment remained the most effective treatment to reduce morbidity and even mortality .

Chia-Hao Liu 劉家豪 (Y2)



Synergistic therapeutic effect of low-dose bevacizumab with cisplatin-based chemotherapy for advanced or recurrent cervical cancer

Chia-Hao Liu^{a,b,c}, Yen-Hsuan Kung^{a,b}, Jeff Chien-Fu Lin^{d,e}, Chi-Mu Chuang^{a,b}, Hua-Hsi Wu^{a,b,c}, Ling-Yu Jiang^{a,b,c}, Ying-Chu Shih^{a,b}, Peng-Hui Wang^{a,b,c,f}, Yi-Jen Chen^{a,b,c,*}

^aDepartment of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan, ROC; ^bDepartment of Obstetrics and Gynecology, National Yang Ming Chiao Tung University, Taipei, Taiwan, ROC; ^cInstitute of Clinical Medicine, National Yang Ming Chiao Tung University, Taipei, Taiwan, ROC; ^dDepartment of Statistics, National Taipei University, Taipei, Taiwan, ROC; ^eDepartment of Orthopedic Surgery, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan, ROC; ^fDepartment of Medical Research, China Medical University Hospital, Taichung, Taiwan, ROC

Background: Cisplatin-based chemotherapy (CBC) is highly efficacious for advanced cervical cancer; its efficacy can be enhanced by combining with 15mg/kg (standard dose) bevacizumab (BEV). However, this standard dose is associated with various adverse events (AEs). Therefore, in this retrospective study, we analyzed the survival outcomes and AEs in patients with advanced or recurrent cervical cancer treated with CBC in combination with BEV 7.5mg/kg.

Methods: Registered patient data were retrieved between October 2014 and September 2019, and 64 patients with advanced or recurrent cervical cancer treated with CBC + BEV (n = 21) or CBC alone (n = 43) were analyzed. The primary endpoints were progression-free survival (PFS) and overall survival (OS); the secondary endpoints were the frequency and severity of AEs. The Cox proportional-hazards model was applied to explore prognostic factors associated with PFS and OS.

Results: The 1-, 2-, and 3-year PFS rates (95% CI) were 36.24% (22.0-50.5), 20.7% (9.8-34.2), and 17.7% (7.7-31.1) for the CBC group; and 71.4% (47.1-86.0), 51.0% (27.9-70.1), and 51.0% (27.9-70.1) for the CBC + BEV group, respectively. The 1-, 2-, and 3-year OS rates were 62.6% (46.4-75.18), 32.4% (18.8-46.9), and 23.2% (11.2-37.6) for the CBC group; and 85.7% (61.9-95.1), 66.6% (42.5-82.5), and 55.5% (27.1-76.7) for the CBC + BEV group, respectively. The CBC + BEV group presented higher PFS and OS rates, $p = 0.003$ and $p = 0.005$, respectively. Proteinuria (6 vs 9, $p = 0.025$) and hypertension (0 vs 10, $p < 0.001$) were less common, but anemia was more common in the CBC group (35 vs 11, $p = 0.021$).

Conclusion: Overall, CBC + BEV significantly improved the PFS and OS compared with CBC alone. CBC + BEV also prevents severe AEs and hence is an efficacious and safe therapeutic option.

Yi-Liang Lee 李易良 (Y3)



The Potential Role of Cell Membrane and Transporter related Functionomes for Tumorigenesis inferred by the Gene Ontology-Based Integrative Analysis of Ovarian Clear Cell Carcinoma

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Background: Epithelial ovarian cancers (EOCs) are fatal and obstinate among gynecological malignancies in advanced stage or relapsed status, with serous carcinomas accounting for the vast majority. Ovarian clear cell carcinoma (OCCC) is the second most common epithelial ovarian carcinoma (EOC). It is refractory to chemotherapy with a worse prognosis after the preliminary optimal debulking operation, such that the treatment of OCCC remains a challenge. According to the result of our previous finding of immunofunctionomes analysis in OCCC, we arrange a further comprehensive integrated analysis of functionomes for early and advanced stages of OCCC.

Method: DNA microarray gene expression profiles were used to convert 85 OCCCs and 136 normal controls into the gene ontology (GO) based functionomes. We utilized the functionome-based speculative model from the aggregated obtainable datasets to explore the expression profiling data among the early and advanced stages of OCCC by analyzing the functional regularity patterns and clustering the separate gene sets. Quantified biological functions defined by 14998 GO terms downloaded from the Gene Expression Omnibus (GEO) database were used.

Results: The results exhibited the top 5 common dysregulated biomolecular functions that could be categorized as the cell membrane and transporter related group and 3 meaningful related Differentially Expressed Genes(DEGs) including ATP1A2, P2RX4 and SLC9A3R1 were sorted out. We also discovered and select interactively 16 GO-based dysregulated pathogenic pathways that could be reclassified as 4 functional genetic groups (MAN, EDEM, CYP, and SLC series).

Conclusion: The result of these important findings demonstrated the dysregulated functionomes and dysfunctional pathways as potential roles during the tumorigenesis of OCCC and may be helpful for the diagnosis and therapy in the future.

Yen-Han Wang 王彥涵
(Y4)



DOCK4 could be a Potential Biomarker for the Outcome of Epithelial Ovarian Cancer

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Purpose: To investigate the expression of *DOCK4* and the correlation with the clinical outcomes in epithelial ovarian cancer patients.

Materials and Methods: The gene expression of *DOCK4* were evaluated by quantitative real-time PCR in 198 epithelial ovarian cancer patients. The correlation of *DOCK4* expression with the clinical outcomes were analyzed.

Results: The mean expression level of *DOCK4* was higher in the advanced staged (0.00766 ± 0.001540 versus 0.00318 ± 0.000689 , $p=0.009$), and recurrent (0.00827 ± 0.001762 versus 0.00372 ± 0.001206 , $p=0.034$) patients. Advanced stage (H.R.: 2.59, 95% C.I.: 1.39-4.86, $P=0.003$), optimal debulking (H.R.: 0.47, 95% C.I.: 0.33-0.67, $P<0.001$) and high *DOCK4* expression (H.R.: 1.89, 95% C.I.: 1.30-2.75, $P=0.001$) were independent factors for disease recurrence. Advanced stage (H.R.: 13.46, 95% C.I.: 2.60-69.61, $P=0.002$), optimal debulking (H.R.: 0.27, 95% C.I.: 0.16-0.45, $P<0.001$) and high *DOCK4* expression (H.R.: 2.38, 95% C.I.: 1.46-3.89, $P<0.001$) were independent factors for disease death.

Conclusions: high *DOCK4* expression may correlate with disease recurrence and death in epithelial ovarian cancer patients and could be a potential prognostic biomarker.

Ting-Fang Lu 呂亭芳 (Y5)



Laparoscopy Compared with Laparotomy for Comprehensive Surgical staging for clinical stage 1 endometrial cancer: a single institute experience in Taiwan

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Objective: Endometrial cancer is the most common gynecological cancer in developed countries and accounts for 6% of all cancers in women. In Taiwan, lifestyle-related changes in the recent decades have led to a rise in the incidence of obesity and metabolic syndrome-related diseases, which are potential risk factors for endometrial cancer. With the recent advances in laparoscopic equipment and knowledge, laparoscopic surgery is widely accepted as safe and feasible for managing benign gynecologic disease, and several authors have reported laparoscopic approaches for the treatment of endometrial cancer. As many gynecologists are moving toward laparoscopy, this study will examine the outcome of both surgical methods.

Materials and Methods: We retrospective reviewed 689 patients with clinical stage 1 endometrial cancer from 2010 to 2020 in our institute. All patients underwent comprehensive surgical staging procedures including total hysterectomy, bilateral salpingo-oophorectomy, pelvic lymphadenectomy and some patients also received paraaortic lymphadenectomy. The safety, morbidity, progress free survival and overall survival rates of the two groups were compared.

Results: 417 patients received laparoscopic surgery and 272 underwent laparotomy. Operation time for the laparoscopic procedure was 244(204-284) minutes, which showed significant difference from the 265(230-300) minutes ($p < 0.001$) of the laparotomy group. The estimated blood loss of patients undergoing laparoscopic surgery was 75(50-100) mL. This was significantly less than that of the laparotomy group 430(250-650) mL, ($p < 0.001$). The laparoscopic group had an average of 19 nodes retrieved, as compared to 20 pelvic nodes retrieved in the laparotomy group. The mean hospitalization duration was significantly longer in the laparotomy group than the laparoscopic group (9 and 4 days, $p = 0.001$). The laparoscopic group has statistically significant difference in the 5 year overall survival rate (98.5% and 88.8%, $P < 0.001$) and progress free survival (93.2% and 83.0%, $P < 0.001$). More adverse risk factors including grade 3, not endometrioid type, lymph node metastasis were also found in laparotomy group.

Conclusion: Laparoscopic operation was an effective surgery for clinical stage 1 endometrial carcinoma in clinical setting. Compared to laparotomy staging, laparoscopic staging has good survival rate with less hospital stay and complications.

Jung Chen 陳蓉 (Y6)



Outcome and Optimal Therapy of Uterine Serous and Clear Cell Carcinomas: a Population-based Study

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Objective: Uterine serous carcinoma (USC) and uterine clear cell carcinoma (UCCC) have been considered of having aggressive tumor biology and poor outcomes compared to endometrioid-type uterine cancer. The purpose of this study is to identify the optimal adjuvant treatment strategies relevant to prolong overall survival (OS) in the rare gynecologic cancers of USC and UCCC.

Material and methods: The Taiwan Cancer Registry Long-Form Database was queried from 2009 to 2018 for uterine serous carcinoma (USC) and uterine clear cell carcinoma (UCCC) patients who underwent primary surgery with or without the other adjuvant therapies as definitive treatment. Overall survival was calculated using the Kaplan-Meier analysis and log-rank test was used to compare between groups.

Results: A total of 976 patients with USC or UCCC histology type were eligible for analysis. For patients with USC (n = 638), the five-year OS was 85.4% for stage I, 79.7% for stage II, 40.2% for stage III, and 23.3% for stage IV. For patients with UCCC (n = 338), the five-year OS was 88.1% for stage I, 74.1% for stage II, 65.1% for stage III, 22.8% for stage IV. No difference was observed on the five-year OS after receiving different adjuvant treatments in early-stage (FIGO I/II) USC patients (p=0.54) and in early-stage UCCC patients (p=0.45). Combined adjuvant therapy with chemotherapy and radiation had the best five-year OS with 41.6% for stage III and 44.8% for stage IV USC patients compared with the other adjuvant strategies (p=0.0015). Combined adjuvant therapy also showed the best five-year OS (72.6%) for advanced stages (III/IV) UCCC patients (p=0.0005, log rank test).

Conclusions: Early-stage USC and UCCC had similar survival regardless of which adjuvant therapy. For advanced-stage USC and UCCC, combined adjuvant therapy with chemotherapy and radiation could improve survival after comprehensive staging surgery.

Kai-Yuan Jheng 鄭凱元 (Y7)



Risk of head-and-neck cancer following a diagnosis of moderate cervical intraepithelial neoplasia: analyses from national health insurance research database in Taiwan

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Intruduction: More than 99% of cervical carcinomas was associated with Human papillomavirus (HPV) infection. High risk HPV type infection was thought as essential for cervical moderate dysplasia and carcinoma. Similar risk was found between HPV infection and head and neck squamous cell carcinomas (HNSCCs). The FDA also approved the HPV vaccine for HNSCCs prevention. 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. Thus, we want to know if the lifetime risk of head and neck cancer in patients with history of moderate cervical dysplasia is higher 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: Squamous cell carcinoma of the head and neck can be classified as keratinized or nonkeratinized type. The former is associated with smoking and alcohol consumption and the later is HPV-involved. Based on our hypothesis, the linkage between cervical moderate dysplasia and head-and-neck cancer is persistent HPV infection. However, 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, the insufficient following up duration or the low prevalence of persistent HPV infection of oropharynx in Tainwan. However, the spectrum of diseases between cervical cancer, severe dysplasia and mild dysplasia should still be considered.

Yu-Hsuan Chen 陳宇軒 (Y8)



Pathognomonic Ultrasonographic Features of First- and Second-degree Uterine Inversion

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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.

Han-Ying Chen 陳涵英 (Y9)



Expanded genetic screening in Taiwan

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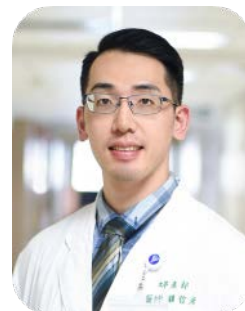
Objective: To assess the effect of a cost-efficient approach to developing a more accurate genotypic data set.

Materials and methods: Expanded carrier screening was introduced to nulligravid pregnant women, their spouse and individuals who were visiting for pre-gravid consultation at National Taiwan University Hospital Obstetric department clinic. For pregnant women, this examination would be introduced and exam during first trimester. 6ml of peripheral blood was drawn and kept at two tubes containing EDTA (Ethylene Diaminete Triacetic Acid). The specimen was kept in room temperature and been processed within three days by Invitae. The spouse could have the blood drawn at pre-gravid consultation, 1st trimester of pregnancy or when his wife was reported positive result. Comprehensive genetic counseling was provided to whoever came back with positive screening result.

Result: Amongst the 455 patients screened with expanded carrier sequencing, 130 mutations were revealed from this sample size with a positive screening rate of 71%. Regarding the total sample population, paired (couples sharing the same variants) variants occurred at a rate of 4.8%. Amongst these mutations screened, GJB2 held the highest prevalence of 17%. Following by GJB2, CFTR at a prevalence of 8% When analyzing the detection rate of paired variants within couples, GJB2 maintained the highest prevalence of 42% and HBA1/HBA2 held the second highest prevalence of 13% followed by CFTR at 8%.

Conclusion: Through this advanced screening method, we could identify individuals who carries genetic problem without clinical expression. we can provide them with earlier intervention as well as treatment to prevent costly complications that may arise later in life.

Che-Yen Kuan 關哲彥 (Y10)



Clinical outcomes of induction of labor at different gestational weeks in low-risk nulliparous women

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Objective: Optimal management of pregnancies around 39 weeks gestational age in low-risk nulliparous women is inconclusive. This study aimed to evaluate the clinical outcomes of induction of labor at different gestational weeks using data in Chi Mei Medical Center between 2020-2021.

Materials and Methods: Two hundred and fifty-seven women were included in this study. Those women were divided in two groups – one group was less than pregnancy 40+0 week, another group was over pregnancy 40+0 week. All pregnancy women were admitted for induction of labor who were primiparous without gestational systemic disease, including preeclampsia and pregnancy induced hypertension or emergent condition including placental abruption, fetal distress, and eclampsia. The outcomes were Caesarean section (CS) rate, total induction time, fetal body weight, and neonatal intensive care unit (NICU) admission rate. The difference between two groups were calculated by t-test, Chi-square test, and odds ratio.

Result: Compared to women with pregnancy > 40+0 week, women with pregnancy < 40+0 week were not associated with higher Caesarean section (CS) rate (26.6% vs 22.0%; OR, 1.52; 95% CI, 0.72- 2.29), longer total induction time (NSD group: 1634 min vs 1525 min, $p = 0.38$, CS group: 2562 min vs 2373 min, $p = 0.34$), lower fetal body weight (NSD group: 3055.6 g vs 3096 g, $p = 0.38$; CS group: 3417.1 g vs 3356.5 g, $p = 0.45$), and higher neonatal intensive care unit (NICU) admission rate (1.4% vs 1.8%; OR, 0.79; 95% CI, 0.11-5.72).

Conclusion: Due to CS rate, induction time, fetal body weight and NICU admission rate did not get the significant different in this study, so if pregnancy women over 39 weeks, after well discussion, induction of labor maybe consider.

Pei-Chen Li 李佩蓁 (Y11)



Transvaginal cervical length measurement to predict successful labor induction

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Objective: To determine if the transvaginal sonographic measurement of the cervical length before labor induction can predict successful induction.

Materials and Methods: This prospective observational study recruited 60 pregnant women undergoing induction of labor at 37– 41 weeks from December 2018 to April 2020. Cervical length was measured by transvaginal sonography (TVS) prior to induction of labor. Induction of labor was performed according to hospital protocol. Age, parity, body mass index, Bishop score, hemoglobin, maternal disease, use of epidural anesthesia was also recorded. Labor induction outcomes including the cesarean section for failed induction, time of induction, and three labor stages were assessed.

Results: Among 60 women, 51 (85%) of the patients delivered vaginally with a mean of cervical length 2.71 ± 0.65 , and 9 (15%) required cesarean section with a mean cervical length of 3.38 ± 0.79 cm. The cervical length was significantly shorter in patients with successful labor induction ($P=0.007$). The induction time was 5194.50 ± 446.18 minutes and 1217.22 ± 879.94 minutes in women with failed and successful induction, respectively. The Bishop' s score was higher in the patients with successful induction (2.86 ± 2.17), compared with the patients delivered by cesarean section (1.67 ± 2.50). In multivariate analysis, the cervical length was negatively associated with successful labor induction [adjusted odds ratio (95 CI), 0.24 (0.06-0.96), $P=0.044$]. The total labor time was significantly higher in women with higher BMI and longer cervical length. Parity was negatively associated with total labor time. A Scatter plot also showed a negative association between cervical length and Bishop score. Women with a cervical length < 3.31 cm were more likely to have successful induction. Using this cut-off value the sensitivity of a successful labor induction was 78.4% and the specificity was 66.7%.

Conclusion: Transvaginal measurement of cervical length is a useful parameter to predict successful labor induction.

Hao-Yang Chang 張皓揚 (Y12)



Immediate postpartum hemorrhage with referral from local clinics : 10-Year Experience at Mackay Memorial Hospital, Taipei, Taiwan

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Postpartum hemorrhage (PPH) is one of the most common causes of maternal mortality worldwide, accounting for 25%– 30% of all maternal deaths. PPH may occur any time regardless of delivery method. Furthermore, risk of PPH is sometimes unpredictable; and sudden massive life-threatening hemorrhage may cause maternal mortality. Obstetricians should recognize this emergent situation as early as possible and to differentiate the hemorrhage that could be resolved immediately or need call for help or transferred to the medical center which has adequate staff, equipment, and blood bank to save the maternal life. Due to the limitation of equipment in local clinic, referral for treatment of acute postpartum hemorrhage is necessary.

From 2011 to 2020, 146 women experienced intractable primary PPH at local clinic were transferred to Mackay memorial hospital, Taipei, Taiwan. Women with diagnosis of delayed PPH was excluded.

Of the 146 women with complete record, 96 (65.7%) received vaginal delivery, 39(26.7%) received cesarean section and 11 (7.5%) received vacuum-assisted vaginal delivery. Uterine atony is the leading cause of PPH, but the majority of these patients transferred to our hospital had combined causes of PPH at the same time.

85 (58.2%) women were admitted to operation room for receiving surgical intervention, 11 (12.9%) underwent total hysterectomy, and the others received either hypogastric artery ligation, uterine compressive sutures or repairs of vaginal laceration. The decisions for use of these aggressive methods are sometimes difficult and their outcome is important because failure to reverse PPH could result in mortality.

3 women underwent transarterial embolization (TAE) before the surgical intervention, but 2 of them underwent further intervention after TAE failure. Only one patient received TAE successfully. 57 (39%) patients admitted in ICU. 3 patients expired and the mortality rate is 2%. One patient was transferred to other hospital for liver transplantation. The efficacy of referral system is important because delayed treatment due to lack of facilities could result in mortality, and most patients have good survival outcomes with timely treatment.

Sau Xiong Ang 鄧肇雄 (Y13)



Bio-functionalized magnetic nanoparticles for the immunoassay of C-reactive protein and procalcitonin in cervicovaginal secretions of pregnant women with preterm prelabor rupture of membranes to predict early-onset neonatal sepsis

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Objective: Early-onset sepsis is a major cause of neonatal morbidity and mortality. C-reactive protein (CRP) and procalcitonin (PCT) are acute phase reactants related to infection. The aim of this study was to explore the feasibility of measuring CRP and PCT concentrations in cervicovaginal secretions of pregnant women with preterm prelabor rupture of membranes (PPROM) using an immunomagnetic reduction (IMR) assay to predict early-onset neonatal sepsis.

Materials and Methods: This prospective study was performed at Mackay Memorial Hospital, Taipei, Taiwan from February 2015 to January 2018. Pregnant women with PPRM between 22 and 34 weeks of gestation were recruited. CRP and PCT concentrations in cervicovaginal secretions were measured using an IMR assay.

Result: Thirty-five cervicovaginal secretion samples were obtained. After excluding two neonatal deaths, early-onset neonatal sepsis was diagnosed in 15 of the 33 surviving neonates. There was no significant relationship between cervicovaginal secretion CRP level and neonatal sepsis, however cervicovaginal secretion PCT levels were significantly higher in the neonatal sepsis group than in the non-sepsis group (45.99 vs 9.54 ng/mL, $P = 0.039$). Receiver operating characteristic (ROC) curve analysis revealed a PCT cut-off level of 20.60 ng/mL to predict early-onset sepsis, and the area under the ROC curve was 0.71 (95% confidence interval 0.52 to 0.90, $P = 0.039$), with sensitivity and specificity of 73.3% and 77.8%, respectively.

Conclusion: Measuring the concentration of PCT in cervicovaginal secretions with an IMR assay can predict early-onset sepsis in neonates born to mothers with PPRM.

Meng-Syuan Lin 林孟萱 (Y14)



Differential Changes in Akt and AMPK Phosphorylation Regulating mTOR Activity in the Placentas of Pregnancies Complicated by Fetal Growth Restriction and Gestational Diabetes Mellitus with Large-For-Gestational Age Infants

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Background: Dysregulation of placental mechanistic target of rapamycin (mTOR) activity has been implicated in the pathophysiology of pregnancies complicated by idiopathic fetal growth restriction (FGR) and gestational diabetes mellitus (GDM) with large-for-gestational-age (LGA) infants. However, the underlying mechanisms remain unclear.

Methods: We obtained placentas from women with normal pregnancies (n = 11) and pregnancies complicated by FGR (n = 12) or GDM with LGA infants (n = 12) to compare the levels of total and phosphorylated forms of Akt, AMPK, TSC2, and mTOR among the three groups and used primary cytotrophoblast cells isolated from 30 normal term placentas to study the effects of oxygen– glucose deprivation (OGD) and increasing glucose concentrations on the changes of these factors in vitro.

Results: Placentas from FGR pregnancies had lower phosphorylated Akt (p-Akt) levels (P < 0.05), higher p-AMPK α levels (P < 0.01), and lower mTOR phosphorylation (P < 0.05) compared to that of normal pregnant women. Conversely, women with GDM and LGA infants had higher p-Akt (P < 0.001), lower p-AMPK α (P < 0.05), and higher p-mTOR levels (P < 0.05) in the placentas than normal pregnant women. Furthermore, primary cytotrophoblast cells subjected to OGD had lower p-Akt and p-mTOR (both P < 0.05) and higher p-AMPK α levels (P < 0.05) than those cultured under standard conditions, but increasing glucose concentrations had opposite effects on the respective levels. Administering compound C, an AMPK inhibitor, did not significantly affect Akt phosphorylation but partially reversed mTOR phosphorylation. Administering LY294002, an Akt inhibitor, decreased p-mTOR levels, but did not change the levels of total and phosphorylated AMPK α .

Conclusion: These results suggest that Akt and AMPK are involved in the regulation of trophoblast mTOR activity in the placentas of pregnancies complicated by FGR and GDM with LGA infants.

Meng-Han Lu 盧孟涵 (Y15)



Prevention of defective physical and neurodevelopmental outcomes following intrauterine growth restriction

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Aims: Increasing evidence indicates that lifelong health foundations are programmed *in utero* by signals that crucially affect early fetal growth plasticity. Dysregulated fetal programming-initiated intrauterine growth restriction (IUGR) contributes to long-term systemic, intellectual, motor and behavioral disorders without effective prevention. About 1,800 years ago, Chinese canonical medicine described treating spontaneous abortion with a multi-herbal formula, Guizhi Fuling Wan (GFW), with minimal side effects. Our previous results showed that GFW improved fetal-placental development in a spontaneous abortion /IUGR-prone CBAxDBA/2 mouse model. Thus, the current study aims to test the hypothesis that prenatal GFW improves development in IUGR-complicated progeny.

Main methods: Oral gavage of 8-week-old female CBA mice with vehicle or GFW (0.3 gm/kg in ddH₂O/day) initiated 7d before mating with 10-week-old male DBA/2 mice and continued throughout gestation. Neurodevelopment and neonatal growth of IUGR-prone offspring were monitored by several behavioral tests and various biophysical parameters. Placental development and expression of SNAT2, an amino acid transporter, were also evaluated.

Key findings: Prenatal GFW reduced body weight gain of CBAxDBA/2 offspring and serum leptin levels, lowered blood pressure, and improved glucose tolerance. GFW-treated CBAxDBA/2 offspring also displayed improved negative geotaxis, cliff aversion, open field, elevated Y-maze, and subjective handling tests. Moreover, placental maturity and SNAT2 expression were also promoted by prenatal GFW.

Significance: In conclusion, prenatal GFW promotes physical development in adult mice born with IUGR and improves vestibular and proprioceptive functions, labyrinthine reflexes as well as strength and coordination during neonatal development. The improvement of placental maturity and SNAT2 expression suggests the effects of GFW on fetal programming.

Yi-Ting Chen 陳怡婷 (Y16)



Reproductive outcomes of subclinical hypothyroidism women after in vitro fertilization and embryo transfer

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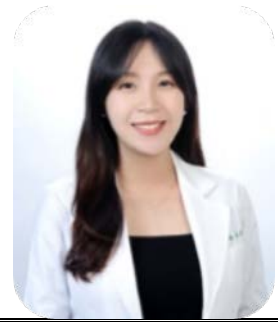
Objective: The aim of this study is to review the reproductive outcomes of women whose serum Thyroid Stimulating Hormone (TSH) concentration exceed 4mIU/L and between 2.5-4mIU/L.

Materials and methods: This is a retrospective study, women who received their first IVF cycle with newly diagnosed subclinical hypothyroidism ($TSH \geq 4$ mIU/L) and women whose TSH concentrations between 2.5-4mIU/L were included. Data were collected from both electronic and paper medical records between January 2018 and December 2020 at a single tertiary hospital. Reproductive outcomes such as clinical pregnancy rate, miscarriage rate, live birth rate, preterm birth and low birth weight were compared between two groups. The Chi-square test or Fisher exact test and Wilcoxon rank sum test were used to compare distributions of categorical and continuous variables between subjects with TSH level of 2.5 - 4 and ≥ 4 . Logistic regression was conducted to estimate the odds ratio (OR) of TSH level and reproductive outcomes.

Result: Totally, 589 women were screened and 132 cases were identified. TSH concentrations between 2.5-4mIU/L was found in 93 women, TSH concentrations ≥ 4 mIU/L with a normal free T4 value was found in 39 women. There were no significant differences in basic characteristics such as age, BMI, AMH between two groups. The clinical pregnancy rate, live birth rate, miscarriage rate and preterm birth were also comparable between two groups. (Clinical pregnancy rate: P value = 0.2507; Live birth rate: P value = 1.0000; Miscarriage rate: P value = 1.0000). However, significant difference was found in newborn with small for gestational age (SGA) in women who were diagnosed with subclinical hypothyroidism.

Conclusion: The results of our study indicate that pregnant women with subclinical hypothyroidism had increased risks to give birth to a SGA baby. There was no increased risk in general obstetric and perinatal outcome in women with subclinical hypothyroidism.

Chia-Yun Lin 林佳昀 (Y17)



Endometriosis does not affect fallopian tubal status as imagination. Evaluated fallopian tube condition in infertile women by hysterosalpingogram and laparoscopy

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Objective: This study is to determinate the effeteness of the endometriosis to the fallopian tube.

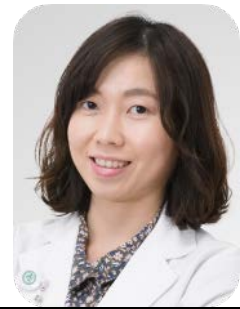
Materials, Settings and Methods: Retrospective study from 2010 to 2020. Total 308 infertile women with both received HSG and laparoscopy surgery selected from 4568 patients who received Laparoscopic adnexal surgery in single medical center (KCGMH).

First, to clarify the diagnostic value of HSG in tubal occlusion, hydrosalpinx and peri-tubal adhesion, HSG was performed first to rule out tubal pathologies. The laparoscopy surgery with chromotubation is performed subsequent to the HSG. The sensitivity, specificity, positive predict value and negative predict value of unilateral and bilateral fallopian tubes were calculated. Second, to evaluated the correlation between endometriosis and fallopian tube status, patients were divided into endometriosis group and non-endometriosis group. Both groups were evaluated with tubal condition, such as occlusion, peri-tubal adhesion and hydrosalpinx.

Result: HSG in detected bilateral tubal occlusion and bilateral peri-tubal adhesion has higher specificity (75% and 92% separately) than unilateral occlusion (41%) and unilateral peri-tubal adhesion (75%). The endometriosis group has significant lower effect ($p < 0.001$) on the tubal occlusion, fimbria phimosis and hydrosalpinx than the non-endometriosis group. When analyzed the correlation of tubal pathologies and the endometriosis stage, there is no significant difference between stage I,II,III,IV in tubal occlusion, fimbria phimosis and hydrosalpinx. Only peri-tubal adhesion has significant difference when compared minimal and mild groups to moderate group and severe group. There is also a linear association between peri-tubal adhesion and endometriosis stages. Post-operative 12 months cumulative pregnancy rate (nature or clomid/letrozole) revealed no significance difference between endometriosis (37.5%) and non-endometriosis group (25.4%).

Conclusion: Endometriosis has no significance worse effect in tubal occlusion, fimbria phimosis or hydrosalpinx but may cause peri-tubal adhesion. Also, the severity of endometriosis does not affect tubal pathologies except peri-tubal adhesion.

Siew-Yen Lai 賴秀燕 (Y18)



Effect of post-thawed culture duration on morphological changes and clinical outcomes of vitrified blastocysts

Siew-Yen Lai^{*1}, Shiao-Hsuan Yang^{*1}, Cheng-Hsuan Wu¹, Hsin-Hung Wu¹, Yu-Ching Chen¹, Hsiao-Chin Huang¹, Chueh-Ko Yang², Tsui-Huang Wu³, Pei-Chi Chen³, Hong-Der Tsa¹

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Study Question: What are the clinical outcomes and morphological indicator of different post-thawed culture duration in blastocyst frozen-thawed embryo transfer (FET) cycles?

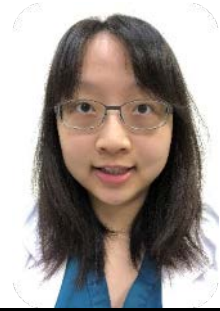
Study Design, Size, Duration: This prospective study was performed at Changhua Christian Hospital from June 2018 till July 2020. In total, 121 FET cycles were studied.

Materials, Setting, Methods: The FET cycles were divided into two groups according to their post-thawed culture period: short culture period (2– 5 hours) and long culture period (16– 20 hours) groups. Treatment cycles with patients aged <38 years at the day of ovum retrieval, first IVF attempt had embryos freezing all on day 5 without fresh embryo transfer and underwent first time FET, artificial hormonally-controlled FET (AC-FET) cycle, and transfer of two day-5 embryos were included in this study. At the day of embryo transfer, the patient who had embryo encountered degeneration which cause less than two embryos to transfer were also excluded. The clinical outcomes of the two groups were compared. Also, spent culture media of both groups were also collected for analyzing the changes of 8 essential amino acids.

Main Results: There were no significant difference in miscarriage rate per biochemical pregnancy or miscarriage rate per clinical pregnancy between two groups. About morphological parameters, more embryos resumed the ability of expansion and reached better expansion status of grade 5 or 6 (96.7% v.s. 47.5 %) at FET day in long culture group compared to short 124 culture group. In the spent culture media during the period of after thawing and before transfer represented that tryptophan was more depleted in long culture group compared to short culture group.

Conclusion: This study indicated that prolonged post-thawed culture period of 16-20 hours before FET resulting in better blastocysts morphological status and higher live birth rate.

Tzu-Ching Kao 高子晴
(Y19)



Progestin-primed ovarian stimulation versus GnRH antagonist protocol in preventing premature LH surge for poor ovarian responders

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Objective: The study aims to compare progestin and GnRH antagonist in the prevention of premature LH surge (LH >10 mIU/mL) for poor ovarian responders (PORs).

Materials and Methods: This is a single-center retrospective study, which enrolled the PORs undergoing ovarian stimulation with PPOS or flexible GnRH antagonist protocol during January 2018 to December 2020. The primary outcomes were incidence of premature LH surge (LH >10 mIU/mL during ovarian stimulation) and stratification of the pattern of LH elevation. The secondary outcomes were number of oocytes retrieved and metaphase two (MII) rates.

Result: A total of 316 women were recruited, with 49 in the PPOS group and 267 in the GnRH antagonist group. There were no significant differences between the two groups regarding the incidence of premature LH surge, the number of oocytes retrieved, and the MII rates.

Conclusion: There is no sufficient evidence indicating that PPOS has better control of preventing premature LH surge, compared with GnRH antagonist protocol, for the PORs.

Angel Hsin-Yu Pai 白欣玉 (Y20)



Reduced Endometrial Expression of ILK and ITGB3 in Patients with Adenomyosis During Window of Implantation

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Objective: To investigate the expression of integrin-linked kinase (ILK) and integrins (ITG) in the endometrium (EM) of patients with adenomyosis patients during window of implantation (WOI).

Materials and Method: Biopsies of eutopic EM from adenomyotic and control groups were obtained from surgical specimens across menstrual cycle, as well as first-trimester decidua of normal pregnancies from voluntary terminations. RT-PCR was performed using specific primer set for ILK, ITGB3, and GAPDH. Two-micrometer formalin-fixed paraffin-embedded sections were immunohistochemically (IHC) stained using specific monoclonal antibody against ILK and followed by biotinylated secondary antibody. Diaminobenzidine (DAB) was used as chromogen and assessed with computer-generated HSCORE, ranging between 0 - 100.

Results: Significantly higher expression of ILK was observed in EM of control during secretory than proliferative phase ($p < 0.001$) while markedly reduced endometrial expression of ILK was detected in adenomyosis during secretory phase ($p < 0.001$). Interestingly, ITGB-3 demonstrated the same pattern of reduced expression in adenomyosis compared to control during WOI. In addition, EM stromal cells (ESC) from adenomyotic samples did not vary significantly in morphology for only scanty amount of ILK were present. With the actin fibers more parallelly aligned, these ESCs resembled the morphology of un-decidualized cells. On the other hand, IHC staining of ESC from control had prominent immune-intensity of ILK, and the cells were more expanded in size and polygonal in appearance.

Conclusion: ILK, as well as ITGB-3, expressions are significantly reduced in the EM of patients with adenomyosis during WOI when compared to control. ILK has the ability to reorganize actin fibers and regulate signal transduction essential for decidualization while ITGs are important molecular markers for endometrial development. Hampered morphologic transformation of the cells can negatively affect endometrial decidualization. ILK and ITGB may be potential markers for decidualization.

Yu-Chieh Fang 方郁婕 (Y21)



Improvement of Endometrial Receptivity by Guizhi Fuling Wan(GFW) in endometriosis

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Objective: To assess the effects of GFW on receptivity in the eutopic endometrium from mouse with endometriosis.

Materials and Methods: Nine-week-old female C57B/6 mice were treated with 0.6 gm/kg body weight of GFW. The treatments were started a week before generating endometriosis and ended at 28 days. Briefly, mice were anesthetized with Zoteil by intraperitoneal injection. The uterus was ligated at the cervix followed by removal of uterus with both ovaries spared. The uterine horns were opened longitudinally. Four pieces of identical uterine tissues were obtained using a disposable 2-mm dermal biopsy punch. Two pieces were sutured to each side of the peritoneal wall. At 28 days, the mice were mated with 8-week-old C57B/6 male mice. The morning of sighting a vaginal plug was denoted as gestation day 0.5. The pregnancy outcomes, including: 1) implantation number (live delivery number at birth + miscarriage counting after sacrificing dams following weaning); 2) fecundity rate; 3) rate of dams with live birth; 4) live delivery number; 5) pup survival number, survival and mortality rate at 1 week-old were recorded. All of the uteri were harvested at GD4 for the evaluation of endometrial receptivity by examining endometrial HOXA10, HOXA11, LIF expression, pERK, pSTAT3, PCNA, and E-cadherin by immunohistochemistry, Western blot and quantitative reverse transcription-polymerase chain reaction.

Results: The size of ovarian cysts and grade of adhesion were significantly decreased. The expression of HOXA10, HOXA11, LIF, and pSTAT in eutopic endometrium of endometriotic mice was increased by GFW in qRT-PCR and IHC. Pregnancy outcome including 1) fecundity rate; 2) rate of dams with miscarriage; 3) rate of dams with live birth; 4) live birth/dam; 5) pup weight; 6) pup survival rate were all improved by GFW.

Conclusion: GFW improves endometrial receptivity in endometriosis.

Wei-Kuang Ju 朱偉光 (Y22)



Male factor infertility and its impact on early embryonic morphokinetic parameters observed under time-lapse imaging incubator

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Department of Obstetrics and Gynecology, Mackay Memorial Hospital

Objective: Whether there is an effect of male factor infertility (MFI) on early morphokinetic parameters obtained during embryonic culture in a time-lapse imaging (TLI) incubator.

Study Design, Size and Duration: This is a single center, retrospective cohort study conducted between April 2019 to May 2021. A total of 373 embryos were analyzed, including 157 embryos derived from couples (n=48) with a diagnosis of MFI, and 216 embryos from couples with other, non-MFI diagnosis of infertility (n=39).

Materials and Methods: Data from 373 embryos cultured to the 8-cell stage in a TLI-monitored incubator were retrospectively reviewed. Embryos derived from the sperm of men with MFI were compared with those derived from patients with other, non-MFI diagnosis of infertility. Markers of early embryo development included P1: pronuclei fading time (tPNf) to first cytokinesis (t2), P2: time from 2– 3 cells (t2–t3), P3: 3– 4 cells (t4–t3), (P4) 4– 5 cells (t5–t4), (P5) 5–8 cells (t8–t5), and tPNf to 8 cell embryo stage (t8–tPNf).

Results: Antral follicle counts (AFCs), anti-Müllerian hormone (AMH) levels, and ages of both the men and women in MFI couples were comparable to that of couples with other, non-MFI diagnosis of infertility. ICSI was utilized in all embryos of couples with MFI, and 25% of embryos in couples with non-MFI infertility (non-MFI ICSI group). 75% of embryos of non-MFI couples underwent IVF (non-MFI IVF group). When all embryos of MFI and non-MFI groups were compared, a shorter time for 3 to 4 cell division of 0.54 hours (p=0.02) was seen in the MFI group, but the overall time from tPNf to 8-cell stage embryo development was comparable (t8–tPNf difference: -0.82 hours, p=0.41). Similarly, when only embryos fertilized via ICSI were analyzed, a shorter 3 to 4 cell division time by 1.36 hours was seen (p=0.02) in those with MFI, but no significant difference was seen in the overall t8–tPNf times (t8–tPNf difference: -2.13 hours, p=0.21). When the MFI group was compared to the non-MFI IVF group, or when comparing different fertilization (ICSI vs. IVF) in the non-MFI group, no significant difference in any parameter of early embryo development was demonstrated.

Conclusion: Our findings show that MFI had no impact on overall parameter of early embryogenesis, despite a shorter 3 to 4 cell division time of early embryogenesis in embryos of couples with MFI compared to non-MFI, and non-MFI ICSI groups. Furthermore, a comparison between different fertilization methods within the non-MFI groups showed that whilst no significant differences was seen in times of early embryogenesis between non-MFI ICSI vs. IVF, a trend towards delayed embryo development was seen when ICSI was utilized.

Hsin-I Liang 梁心怡 (Y23)



Exposure to Polycyclic Aromatic Hydrocarbons and Its Relationship with Increased Human Epididymal Secretory Protein 4

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Objectives: Ovarian cancer is the most lethal gynecologic malignancy, and early detection of ovarian cancer is important for prognosis. Human epididymal secretory protein 4 (HE4) elevation has been studied as a crucial biomarker for ovarian cancer. There are currently many organic pollutants in the environment, including polycyclic aromatic hydrocarbons (PAHs). The purpose of our study was to determine relationships among PAH exposure, HE4 levels and ovarian cancer.

Materials and methods: Our study enrolled 799 participants over the age of 20 from U.S. National Health and Nutrition Examination Survey (NHANES) datasets (2001 and 2002) with complete data for multivariable analysis consisting of urinary PAH metabolites. A multivariable linear regression model was used to investigate the associations between PAH metabolites and HE4 in ovarian cancer.

Results: Multivariable linear regression analysis showed that except for 2-hydroxyphenanthrene, PAH metabolites correlated positively with In(HE4) after adjustment for relevant covariates (all $P < 0.05$). Higher quartiles of PAH metabolites tended to be associated with higher HE4 levels, with statistical significance in quartile-based analysis. A dose-dependent relationship between PAH metabolites and HE4 was found (all P -trends < 0.05).

Conclusions: Exposure to PAH was found to be associated with elevated HE4 levels and a higher risk of ovarian cancer, and epidemiological evidence revealed the influential impact. This result will alert gynecologists and public health experts to pay more attention to the potential role of PAH metabolites in the tumorigenesis of ovarian cancer.

Hsiao-Fen Wang 王孝禁 (Y24)



Robotic or laparoscopic treatment of cesarean scar defects or cesarean scar pregnancies with a uterine sound guidance

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Objective: To evaluate the feasibility and effectiveness of robotic/laparoscopic repair of cesarean scar defects or cesarean scar pregnancies with a uterine sound.

Materials and methods: All consecutive women with cesarean scar defects or cesarean scar pregnancies who underwent robotic/laparoscopic repair with a bent uterine sound guidance were reviewed. Subjective changes in symptoms and objective changes in the depth and width of cesarean scar defects after surgery were reviewed.

Results: A total of 20 women underwent robotic (n = 3) or conventional laparoscopic (n = 17) repair of cesarean scar defects, which included postmenstrual vaginal bleeding associated with cesarean scar defects (n = 15), cesarean scar pregnancies (n = 3), accumulated pus in the cesarean scar defect (n = 1) and an incomplete abortion incarcerated in the cesarean scar defect (n = 1). Bladder perforation occurred in one woman during robotic adhesiolysis. All women with cesarean scar defects (n = 15) reported an improvement in postmenstrual vaginal bleeding after surgery. Follow-up sonography showed a decrease in the depth and width of the cesarean scar defect and an increase in the residual myometrial thickness.

Conclusion: Robotic or laparoscopic repair with a uterine sound guidance seems to be a feasible and effective method in the treatment of cesarean scar defect or cesarean scar pregnancy

Hao-Ting Lien 連顥庭 (Y25)



Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for benign adnexal surgery

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Objective: To show the benefit of transvaginal natural orifice transluminal endoscopic surgery (vNOTES) in different kinds of benign adnexal surgery.

Materials and Methods: This retrospective study analyzed the medical records of selected patients who underwent vNOTES for adnexal surgery from June 2018 to August 2021 at Kaohsiung Chang Gung Memorial Hospital. Those selected patients were received adnexal surgery as following: enucleation, unilateral salpingectomy for tubal ectopic pregnancy, salpingo-oophorectomy. All surgeries were performed by a single experienced surgeon (Dr. Fei-Chi Chuang). The data of these study population included age, parity, body mass index (BMI), the largest dimension of the mass on ultrasound, duration of surgery, the presence of intra- and postoperative complications, hospitalization days after surgery day (days), postoperative numerical rating scale (NRS) pain scores at the 24th hours, and final pathology results.

Results: 31 patients underwent vNOTES for the benign adnexal surgery were collected. These surgeries including cystectomy in 17, unilateral salpingo-oophorectomy in 6, bilateral salpingo-oophorectomy in 7, and salpingectomy due to ectopic pregnancy in 1. Among all these patients, the mean postoperative numerical rating scale (NRS) pain scores at 24th hour after operation was 2.84 (range, 1-6). All patients discharged from hospital within 3 days post-operation, 45.2% patients (14/31) discharged on post-operative day 1. There was no blood transfusion case, no conversion to laparoscope, nor bowel injury or bowel perforation. There was only 1 patient reported delay vaginal bleeding during immediate back to work, but she was completely cured with conservative treatment.

Conclusions: Our experience showed vNOTES for different kinds of benign adnexal surgery is a safety, scarless and quick recovery strategy.

Aileen Ro 羅艾琳 (Y26)



Immunochemical and urodynamic outcomes after polypropylene mesh explant from the pelvic wall of rats

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Objective: To analyze the immunochemical and urodynamic outcomes after partial versus complete excision of transvaginal polypropylene mesh (PPM) from pelvic walls of rats.

Materials and Methods: Forty-eight female Sprague-Dawley (SD) rats were randomly distributed into seven groups: control, mesh total removal 60 days (M-T 60D), mesh total removal 180 days (M-T 180D), mesh partial removal 60 days (M-H 60D), mesh partial removal 180 days (M-H 180D), sham 60 days (Sham 60D), and sham 180 days (Sham 180D). In the mesh groups, PPM was inserted and partially (0.3 × 0.3 cm) or completely removed 30 days later. In the Sham group, the space between the vagina and bladder was dissected without placing or removing the synthetic mesh at day 1 and day 30 later. Urodynamic studies, immunochemical analysis, and Western blot were done at days 60 and 180.

Result: The M-T 60D voiding pressure was significantly decreased compared to the Sham 60D and M-H 60D. The voiding interval of M-T 60D was significantly shorter than that of M-H 60D. In the M-T 60D and M-T 180D groups, the leak point pressure was significantly less than in their corresponding sham groups. IL-1 and TNF- α were significantly more intense in M-T 60D compared to M-H 60D and Sham 60D. NGF was significantly greater in M-T 60D compared to Sham 60D. There were no significant differences in MMP-2 and CD-31s throughout the group.

Conclusion: Total mesh excision incites a host inflammatory response and transitory lower urinary tract dysfunction. Despite the good outcomes after total excision, the invasiveness and surgical risk associated with repeated procedures should not be underestimated.

I-San Chan 陳綺珊 (Y27)



Maintenance dienogest therapy combined with adjuvant gonadotropin-releasing hormone agonist treatment after uterus-sparing surgery in adenomyosis: A retrospective cohort study

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Objective: Adenomyosis is a complex estrogen-dependent disease. The role of long-term maintenance therapy after uterus-sparing surgery to prevent the recurrence of adenomyosis is undetermined. The objective of this study was to investigate the safety and efficacy of combined adjuvant gonadotropin-releasing hormone agonist (GnRH-a) treatment followed by maintenance dienogest (DNG) therapy after uterus-sparing surgery, which included adenomyomectomy and cytroreductive surgery for adenomyosis.

Material and methods: A total of 190 women with severe symptomatic adenomyosis underwent uterus-sparing surgery between January 2010 and June 2020. Of these women, 90 were eligible for this historical cohort study. Forty-six women (reference group) received adjuvant 6-month GnRH-a therapy alone after uterus-sparing surgery, and 44 women (maintenance group) received postoperative 6-month GnRH-a treatment followed by maintenance DNG therapy (2 mg per day orally). The median period of follow-up was 18 months.

Results: At baseline, the characteristics of women were comparable between groups. Women in the maintenance group had a more significant decrease in visual analog scale score of dysmenorrhea ($\beta = -2.87$; 95% CI, -3.84 to -1.90; $P < 0.001$) and a significantly higher hemoglobin level ($\beta = 1.10$; 95% CI, 0.36-1.84; $P = 0.004$) from baseline to 18 months after uterus-sparing surgery than the reference group. Compared to the reference group, the decline in uterine volume was more significant in the maintenance group ($\beta = -90.85$; 95% CI, -152.75 to -28.95; $P = 0.004$) from baseline to 18 months postoperatively. However, no significant differences were found between groups in terms of CA-125 levels at the 18-month follow-up ($P = 0.198$). The symptom recurrence rate was significantly lower in the maintenance group than in the reference group (4.6% vs 37.0%, $P < 0.001$).

Conclusion: Combined adjuvant GnRH-a treatment and maintenance DNG therapy provided a safe and more effective long-term therapy than GnRH-a only after uterus-sparing surgery for adenomyosis.

Min Feng 馮敏 (Y28)



De novo detrusor overactivity and urgency after mid-urethral slings for urodynamic stress incontinence

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Introduction: The objective was to identify incidence and risk factors of de novo urgency and detrusor overactivity (DO) following mid-urethral slings (MUS) in patients with urodynamic stress incontinence (USI) without urgency.

Methods: A total of 688 women between January 2004 and July 2017 were reviewed retrospectively. De novo urgency was established with a positive response to question 2 on the Urogenital Distress Inventory-6 questionnaire (UDI-6). Objective cure of USI is no involuntary urine leakage during filling cystometry and pad test < 2 g. Subjective cure of stress urinary incontinence (SUI) is defined as a negative response to question 3 on UDI-6. Multivariate logistic regression was used to identify risk factors for failure.

Results: Forty-four out of 688 women (6.4%) developed de novo urgency, with 16 out of 688 (2.3%) demonstrating de novo DO. Subjective cure for women with de novo urgency was significantly lower at 35 out of 44 (79.5%) compared with 556 out of 644 (86.3%) in those with no urgency ($p < 0.001$). Objective cure for women with de novo DO was significantly lower at 8 out of 16 (50%) compared with 599 out of 672 (89.1%) in those with detrusor stability ($p < 0.001$). Quality of life improved for all. Age ≥ 66 (OR, 1.23; 1.07), increased bladder sensation (OR, 4.18; 3.80), lower bladder capacity (OR, 5.28; 4.97), lower maximum urethral closure pressure (OR, 2.32; 5.20), and pad test > 100 g (OR, 1.08; 1.15) were independent risk factors for de novo urgency and DO. Diabetes (OR, 1.32) was an independent predictor of de novo urgency.

Conclusion: Cure is significantly reduced in women who report symptoms of de novo urgency or demonstrate DO after MUS at 1 year. Independent risk factors include age ≥ 66 , increased bladder sensation, lower bladder capacity, lower maximum urethral closure pressure, greater pad loss, and diabetes.

Yi-Chun Chou 周怡君 (Y29)



Ultrasonography and clinical outcomes following anti-incontinence procedures (Solyx™ tape): a 3-year post-operative review

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Introduction and hypothesis: Our primary objective was to study objective and subjective outcomes of patients with urodynamic stress incontinence (USI) following Solyx™ at 3-year follow-up. Our secondary objective was to evaluate ultrasonographic tape and bladder neck position and mobility.

Methods: Records of 88 women who received Solyx™ surgery between September 2015 and December 2017 were reviewed. Ultrasonographic sling evaluation was performed at 6 months and 3 years postoperatively. Primary outcomes were objective and subjective cure of stress incontinence, defined as no involuntary urine leakage during filling cystometry, 1-h pad test < 2 g and negative response to Urogenital Distress Inventory-6 Question 3.

Results: Subjective and objective cure rates at 3 years were 85.2% and 87.5%, respectively, with no complications reported. QOL improvements were maintained. Bladder neck position and mobility had no significant change between 6-month and 3-year follow-up. Tape position demonstrated significant shifts in the y-axis at both rest and Valsalva and in the x-axis at Valsalva between 6 months and 3 years; overall mobility was unchanged. Percentile of sling location remained unchanged at 60.1%, as did percentage of urethral kinking (67.9%) achieved. Risk factors for failure were bladder neck hypomobility postoperatively and no urethral kinking postoperatively.

Conclusions: There was good sustained objective and subjective cure with improved QOL in women who underwent Solyx™ for USI at 3-year follow-up. Ultrasonographic evaluation showed a tape position shift upwards and backwards with unchanged tape and bladder neck mobility. Percentile of sling location and rates of dynamic kinking were maintained.

Chieh-Yu Chang 張介禹 (Y30)



The Effect of Vaginal Pixel CO2 Laser Treatment on Stress Urinary Incontinence

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Kaohsiung Medical University, Kaohsiung, Taiwan.

³ Department of Obstetrics and Gynecology, Kaohsiung Municipal Siao-Gang Hospital,
Kaohsiung Medical University, Kaohsiung, Taiwan

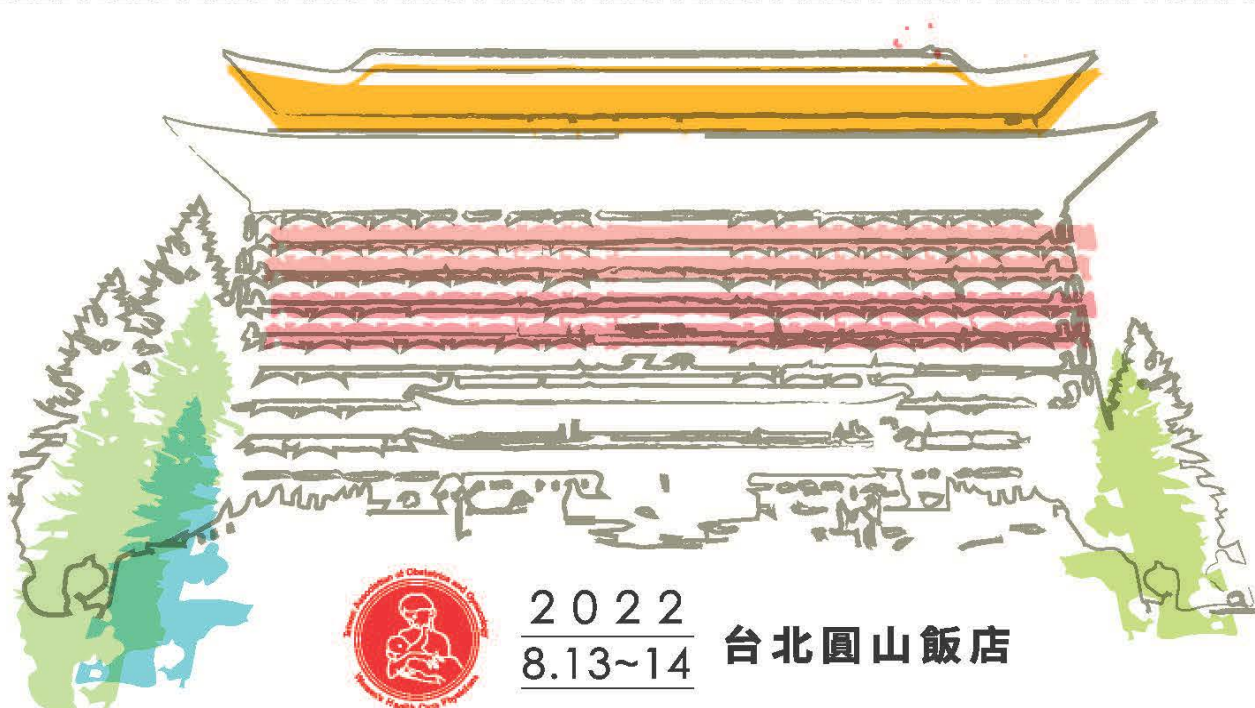
Purpose: Our study aims to assess the efficacy of a non-invasive CO2 laser (Pixel CO2 laser) for female stress urinary incontinence (SUI).

Materials and Methods: Twenty women with SUI were included in the study and completed three vaginal Pixel CO2 laser (by ALMA Laser, Israel) treatment sessions with an interval of thirty days. All subjects had a baseline and post-treatment assessment, including pad tests, lower urinary tract symptoms with questionnaires, and trans-perineal ultrasound.

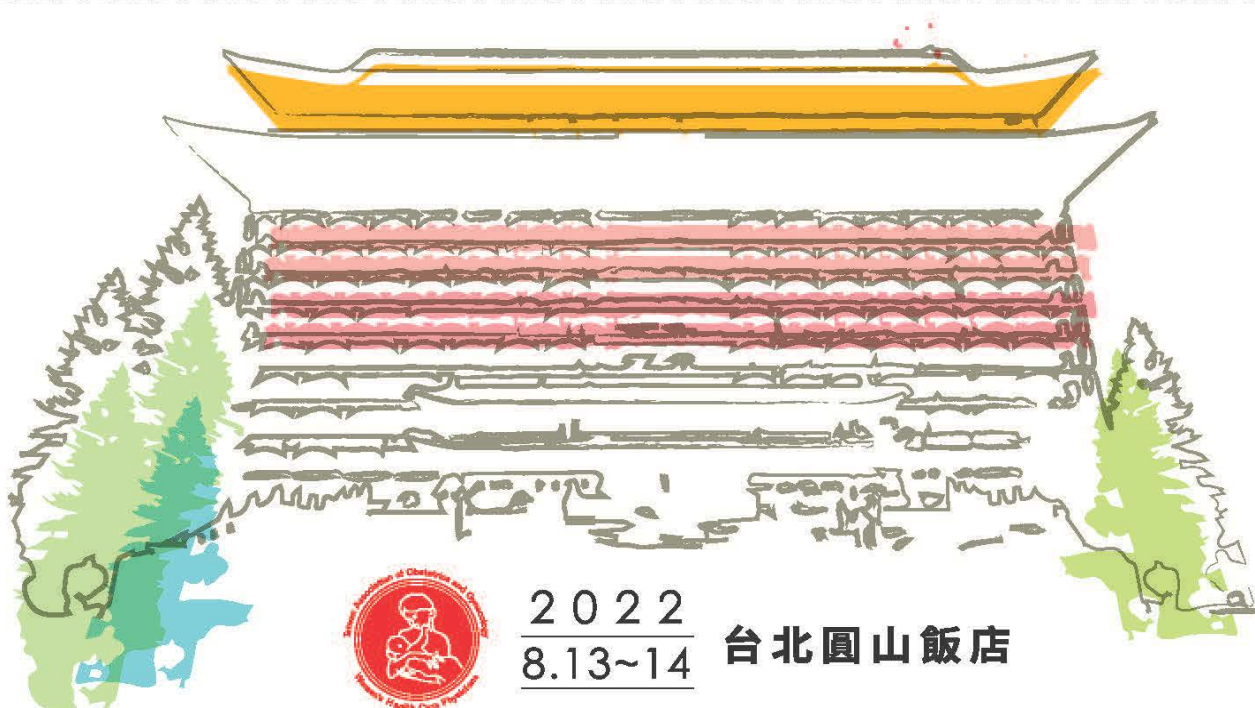
Results: Significant improvements in SUI were found six months after vaginal Pixel CO2 laser treatment compared to the baseline results (Paired t-test, $P < 0.05$). The battery of questionnaires administered to patients, including the OABSS, UDI-6, IIQ-7, and VLQ, all showed significant improvement following therapy (Paired t-test, $P < 0.05$). Proximal urethral rotational angle and urethral kinking angle under trans-perineal ultrasound had significantly decreased after treatment (Paired t-test, $P < 0.05$). The treatment efficacy (including both cured and improved groups) for vaginal CO2 laser for SUI was 85 % at a six-month follow-up. No permanent or severe adverse events were found.

Conclusions: The short-term results showed that vaginal Pixel CO2 laser is a safe and efficacious treatment for mild to moderate SUI women.

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Handwriting practice lines consisting of 10 sets of horizontal dashed lines on a white background.



大 會 演 講

【P】

8 月 14 日 (日) 上午

◆ **大會演講 (10 樓) 國際會議廳**

P1	歐朝士	腹腔鏡及機械手臂手術在台.美發展的異同
P2	曹芳海	3D 列印醫療應用及未來
P3	李秉穎	Prevention of COVID-19
P4	杜元坤	幹細胞醫療運用現況及將來
P5	余金樹	智慧醫院醫療產業的數位轉型

歐朝士 (P1)



CURRICULUM VITAE

歐朝士

Education:

- (1) Chang-Shan university medical school in Taichung Taiwan Graduated M.D.
- (2) University Washington medical school in Seattle Washington public health cancer epidemiology M.P.H.

Training & Experience:

- (1) Downstate university medical school affiliated brook dale hospital in Brooklyn New York City. General surgery Residents.
- (2) Albert Einstein University medical school affiliated Bronx Lebanon hospital in Bronx New York City. OB/Gyn residents.
- (3) Group Health medical center (now Kaiser Permanent medical center in Seattle) in Seattle Washington. General surgery and OB/Gyn Physician. Clinical Faculty UW medical school.
- (4) University Washington medical school northwest medical center. Clinical faculty and Physician.
- (5) Yuen's General Hospital in Kaohsiung Taiwan Part time consultant Physician.

Facts (differences) in Laparoscopic & Robotic surgery between Taiwan and U.S.A.

歐朝士 教授

Laparoscopic Surgery range of surgical techniques performed through small metal or plastic ports inserted through short incisions in the skin. The instruments are externally controlled and the operation site is internally illuminated and is commonly viewed on a computer- monitor. Since much of post-operative mortality relates to the use of large skin and muscle incisions, this method is popular with patients and substantially shortens recovery time. Older surgeons must master some entirely new techniques and adapt to the change in the relationship of hand and eye. The method is rapidly replacing earlier and cruder method.

Robotic surgery continues to diffuse across an increasingly broad range of surgical procedures. However, concerns have been raised that robotic surgery is more costly and may be no more effective than other established operative approaches, such as traditional laparoscopic minimally invasive and open surgery. With respect to costs, for example, robotic surgery has been associated with episode costs as much as 25% higher compared with laparoscopic surgery. There are also concerns about the rapid growth of robotic surgery in areas with limited evidence to support its use and little theoretical benefit or clinical rationale (e.g., inguinal hernia repair). The US Food and Drug Administration (FDA) recently issued a warning against the use of robotic surgery for the treatment of breast and cervical cancers.⁵ In their communication, they expressed concerns about the lack of epidemiologic data characterizing the use of robotic surgery in real-world practice settings. Current estimates are limited to single-center studies, device manufacturers' financial statements, and claims data, which may be inaccurate owing to unreliable coding. We used population-based data from a manually abstracted statewide clinical registry to characterize contemporary trends in the adoption of robotic surgery across a range of general surgical procedures, which now represent the largest market for the technology in the United States.

When all influence factors are taken into account, robotic surgery need not necessarily be more expensive than open and laparoscopic surgery. Even for demanding visceral surgery procedures, the perioperative complication rate for robotic surgery is not higher than for open or laparoscopic surgical procedures. In cancer cases, the oncological accuracy of robotic resection for gastric, pancreatic, and rectal resection is seen to be adequate. Only the operating time is generally longer than for standard laparoscopic and open procedures. But,

on the other hand, in some procedures blood loss is less, conversion rates are lower, and hospital stay shorter.

To evaluate the future role of the robotic technique for visceral surgery, high-quality prospective randomized trials are urgently needed. To that effect, surgeons should definitely have mastered the learning curve. But already the existing evidence indicates that robotic surgery will have a permanent future role in visceral surgery. Therefore, visceral surgeons should actively contribute to further development of robotic surgery and initiate high-quality comparative studies in this area.

The most common question asked of us about robotic surgery is whether or not the robot is better. The short answer is “it depends.” While the robot is being used for a large number and many types of procedures, there are really only a handful of surgeries where using the robot is actually considered an advantage over traditional laparoscopic surgery. Some examples of procedures that are almost exclusively done using the robot these days are prostate surgery, hysterectomies, lung resections, and Nissen fundoplication. While the robot is sometimes used for more “routine” surgeries like hernia repairs and gallbladder surgery, there is no clinical benefit in using the robot in these situations, but there is often a greater cost to the patient as very few robotic procedures are done in outpatient surgery centers where costs for surgeries are typically less than at inpatient facilities.

The most important thing to remember when deciding which type of surgery is best for you is that you are a unique individual, and as such the factors that should be considered are also unique to you. As such, you should always discuss the different options with the surgeon who will actually be performing your surgery. Do not rely solely on “Dr. Google” or your primary care physician or your friends/family to make your decision, as while they can all be helpful, none of them will have as much knowledge about the procedure you are considering as will the surgeon who will be doing it. As such, it is very important to find someone you feel comfortable with who can help tailor the surgical technique used to your unique needs.

With surgical tool improved. It should be beneficial to patient as well as health care provider. But there are culturally different, each country with their own health care system. Hopefully advance medicine wouldn't make extra economic burden at all when they make decision what to use before surgery.

曹芳海 (P2)



CURRICULUM VITAE

曹芳海

現職:

工業技術研究院 南分院 執行長 2022-迄今

學歷:

美國喬治亞理工學院 航太博士 1988

美國喬治亞理工學院 航太碩士 1986

國立成功大學 航空學士 1982

經歷:

工業技術研究院 雷射與積層製造科技中心 執行長	2016-2022
工業技術研究院 南分院 副執行長	2013-2016
工業技術研究院 綠能與生態中心 主任	2012-2013
中強光電集團 揚光綠能公司 協理/技術長	2010-2012
工業技術研究院 綠能與環境研究所 正研究員	2000-2009
標準檢驗局國家標準技術委員會 電機工程標準委員	2005-2009
亞太經合會能源工作組 能源效率與節能專家分組主席	2002-2005
工業技術研究院 綠能與環境研究所 主任	1991-2009
美國加州大學(UC Irvine) 助理專家(Assistant Specialist)	1988-1991

3D 列印醫療應用及未來

曹芳海

工業技術研究院 南分院 執行長

積層製造(Additive Manufacturing)一般又簡稱 3D 列印(對岸則稱為增材製造)，顧名思義是將材料以特定方式堆砌成形，有別於傳統從塊材的切/削/鑽/刨之去除式製造方法，也不同於模具製造的方法(雖然 3D 列印也可用來製作模具)。3D 列印近十多年來已從模型製作進化到零組件/模具/產品的直接製造階段，凡屬性上是少量多樣、個體化需求或特殊功能/功用者，都適合進行 3D 列印製造，製作技術資料的數位化更代表可靠度高、設計改變容易、大幅縮短 prototyping 的時間與費用。本次分享包含積層製造技術進展、國內發展狀態及如何與工研院的醫材 3D 列印合作。

李秉穎 (P3)



CURRICULUM VITAE

李秉穎

現職：

- | | |
|-------------|---------------------------------------|
| 1997/8 - 迄今 | 國立台灣大學醫學院小兒科副教授 |
| 1990 - 迄今 | 國立台灣大學醫學院附設醫院小兒部主治醫師 |
| 2020 - 迄今 | 台灣疫苗推動協會榮譽理事長 |
| 2013 - 迄今 | 行政院衛生福利部疾病管制署預防接種諮詢小組召集人 |
| 2017 - 迄今 | 亞洲鏈球菌預防策略聯盟主席 |
| 2020 - 迄今 | 嚴重特殊傳染性肺炎中央流行疫情指揮中心「嚴重特殊傳染性肺炎專家諮詢會」委員 |

學歷：

- | | |
|-----------------|-----------------|
| 1976/9 - 1993/6 | 國立台灣大學醫學系學士 |
| 1990/9 - 1998/1 | 國立台灣大學臨床醫學研究所博士 |

經歷：

- | | |
|------------------|---------------|
| 1985/8 - 1990/7 | 台大醫院小兒部住院醫師 |
| 2010/9 - 2012/11 | 亞洲兒童感染症學會主席 |
| 2008/4 - 2017/4 | 台灣兒科醫學會秘書長 |
| 2013 - 2020 | 台灣疫苗推動協會理事長 |
| 2018 - 2020 | 台灣兒童感染症醫學會理事長 |

專長：兒童感染症、疫苗學、病毒學

Prevention of COVID-19

Ping-Ing Lee, MD, PhD

Department of Pediatrics, National Taiwan University Children's Hospital

COVID-19 is caused by SARS-CoV-2. Severe illness occurs in 10%– 20% of patients with a mortality of 2%– 4%. The illness is reported to be mild in children. Taiwan has been very successful in controlling COVID-19. One of the major reasons is an immediate and rapid response. To prevent droplet transmission, regular wearing of a face mask is recommended. Analyzing global data on the incidence and the mortality of COVID-19, it appears that countries emphasizing social distancing but not wearing face mask tend to have a more severe outbreak.

To prevent contact transmission, people are advised to wash their hands frequently. Public places are disinfected regularly, especial for those frequently touched by people. Public awareness of effective preventive measures against COVID-19 contribute to the control of COVID-19 in Taiwan. Key elements for a successful control of COVID-19 have been wearing face mask, no touch of eye/nose/ear, hand washing, and environmental disinfection.

COVID-19 vaccines used in Taiwan include RNA vaccine, adenovirus-vectored vaccine, and protein subunit vaccine. RNA vaccines are highly immunogenic with high T-cell responses. They are associated with relatively high incidences of adverse reactions. There are some unique adverse reactions, including a higher incidence of anaphylaxis, delayed cutaneous hypersensitivity, and myocarditis/pericarditis. A high immune response and the association with some unique reactions may both be related to a high T-cell response and possible dissemination of the vaccine.

Adenovirus-vectored vaccines can also induce a high T-cell response. Antibody response after repeated dose may be hampered by adenovirus antibody induced by the first dose. This type of vaccine is also associated with some unique reactions, including a higher incidence of anaphylaxis, delayed cutaneous hypersensitivity, and thrombosis with thrombocytopenic syndrome. The associations with these reactions may both be related to a high T-cell response and possible dissemination of the vaccine.

Protein subunit vaccines are vaccine made by traditional technology. After adding adjuvant(s), the immunogenicity is similar or slightly lower than that of RNA vaccines. They are characterized by high safety profiles and satisfactory protection.

杜元坤

(P4)



CURRICULUM VITAE

杜元坤 Yuan-Kun Tu, MD. PhD

Medical Education:

Taipei Medical University; School of Medicine

Mayo Clinic, Medical Graduate school, Research fellow.

Cheng Kung University, Graduate School of Medical Engineering. PhD

Professional affiliations:

1. Professor in Orthopedic & Medical Engineerings, E-DA hospital/ I-Shou University
2. Professor, Department of Medicine, I-Shou medical school / University
3. Superintendent, E-DA hospital / I-Shou University.
4. President, Taiwan hand surgery society (2006-08)
5. President, Taiwan orthopedic trauma society (2010-12)
6. AO Trustee, (2012-2016)
7. President APFSSH (2014-17)
8. Chairman, Committee of Brachial plexus injury, International Federation for the Society of Surgery of Hand (IFSSH). (2014-17)
9. CEO, E-Da Health Care Institutes

Surgical Specialty:

- (1). Orthopedic trauma, such as open fracture, mangled extremity.
- (2). Microsurgery in adult & children, flaps, toe-to-hand transfer.
- (3) Brachial plexus reconstruction
- (4) Hand & wrist surgery
- (5) Treatment for osteomyelitis
- (6) Spine surgery (Cervical spine & Tetraplegia)

Academic works (Attached references)

153 scientific SCI papers in JBJS, JHS, JOR, JRM. J Trauma, Acta Orthop, CORR, Spine, Orth Clin NA, Injury, Biomaterial, Microsurgery, Bioengineering, etc._

Reviewer & Board of editor: Microsurgery, The Scientific World Journal, Journal of Hand Surgery, Clinical Biomechanics, JOS, JBMS, J Wrist surgery, Injury, Biomedical J..

12 Chapters author in orthopedic and microsurgery textbooks.

85 research projects (1991~2019) focus on biomechanics of hand, nerve, vessel, endothelial cells, stem cell, and implants (spine, fracture, hand & wrist).

**** International Invited Lectures:** more than 300 invited speeches in international conferences.

**** Honors & Awards:**

1. The "Whole National 10 Most Outstanding Youth Award" , Taiwan, 2000.
2. The "Distinguished best 100 doctors in Taiwan" Award (2009-2010)
3. The National Outstanding and the Best Doctor in Taiwan Award, 2012
4. The Taiwan National Special Contribution & Dedication Award, 2013
5. The Distinguished Outstanding Alumni Award, Taipei Medical University, 2015
6. The Distinguished Outstanding Alumni Award, National Cheng Kung University, 2016
7. The Distinguished honorable Citizen Award, Peng-Hu City, 2017
8. The International College of Surgeon: Special Contribution & Dedication Award, 2018
9. The Distinguished Outstanding Citizen Award, Kao-Hsiung City, 2019

幹細胞醫療運用現況及將來

杜元坤
義大醫院院長

Osteoarthritis of the knee with cartilaginous defect is a common cause for knee pain and disability. Cell-based therapies for osteoarthritis have become thriving areas of research and development. Cell-sheet technology has been successfully implemented in clinical research for the regeneration of tissues such as the cornea, myocardium, esophagus, and cartilage. Here, we report the results of using layered chondrocyte sheets with or without high tibia osteotomy to treat the patients with osteoarthritis and cartilage defect. All the patients showed significant improvement of pain, functional score, and quality of life. Furthermore, complete full-thickness cartilage regeneration was confirmed by the MRI. In addition to the satisfaction of autologous layered chondrocyte sheet transplantation, heterogenic layered chondrocyte sheet transplantation provides a one-stage treatment strategy with higher quality of chondrocyte sheet.

Spinal cord injury is a devastating disease, and caused severe loss of extremities function. Patients with paraplegia require full-time assistance to perform daily activities. Nerve transfers have been widely used to treat the peripheral nerve injury, such as brachial plexus injury. Using the nerve transfers to treat the SCI also has been investigated with reasonable outcome. We further assess the feasibility and clinical outcome of nerve bypass surgery by transferring intercostal nerves (ICNs) into spinal cord, and the results showed improvement of both motor and sensory outcome.

In addition to nerve bypass surgery for SCI, cell therapy has also been an another attractive treatment strategy. Numerous studies have demonstrated that Olfactory ensheathing cells (OECs) support neural regeneration by stimulating axonal myelination, secreting important survival factors, and regulating cell debris phagocytosis and neuroinflammation. Recently, extracellular vesicles (EVs) have been considered to play a key role in the regeneration of spinal cord. We investigated the effects of OEC-derived EVs on neuronal disorder, and results showed benefit effects in neuroprogenitor cells proliferation, and oxidative stress-induced cell toxicity.

余金樹 (P5)



CURRICULUM VITAE

余金樹

現職：

慧誠智醫創辦人兼總經理

彰化基督教醫院專業顧問

香港大學 SPACE 商業學院客席講師 (HKU SPACE EXECUTIVE ACADEMY)

臺北電腦公會智慧城市智慧醫療召集人

中華民國軟體協會理事

臺灣高齡產業創新發展協會理事

學經歷：

研華智能 副總經理

逢甲大學資訊工程系

超過 20 年 ICT 科技與醫療經驗

智慧醫院醫療產業的數位轉型

余金樹

慧誠智醫創辦人兼總經理

全球吹起智慧城市發展風潮下，醫院扮演著大健康醫療照護核心，唯有一套完整的智能應用規劃，才能讓病患在醫院、機構、居家不同場域轉換時，能得到不間斷的連續性照護，並能驅動醫院智慧轉型的風潮。醫院數位轉型可由兩面向導入，分別為醫院場域的智慧化以及專科治療的智慧化。

在 AIoT 科技日新月異發展下，醫院場域的智慧化可以由 5 大環節著手，(1)智慧手術室，為手術安全建立標準化作業排程管理，(2)遠距醫療，為全球各據點建置與總院所之服務連線，並串聯多種醫療檢測裝置，提供專科醫師診斷資訊，(3)智慧病房，建置電子床頭卡、房門卡以及電子白板，整合醫療團隊與病床狀態資訊，(4)用藥安全，藉由智慧藥櫃的導入，提供高安全性的用藥管理，避免醫療糾紛，(5)病人安全，以去識別化、無接觸 ToF 技術，讓病患在隱私不被侵犯的狀態下，醫護人員也能隨時掌握病患狀態。透過醫院智慧化的導入，可以提升病患體驗，並且降低醫療人員的壓力。

另一方面，科技的進步也為病患帶來新的治療模式，智慧無創醫療逐漸成為趨勢，可以提升治療效果並且縮短疾病恢復期，減輕治療不適。目前廣泛應用治療的超音波聚焦無創治療 (High-intensity focused ultrasound，簡稱為 HIFU，海芙刀)，是利用超音波聚焦產生熱能的原理，以及超音波在治療的同時兼具即時觀察的特性，完美結合成無創治療的應用。經由科技的進步，治療的能量能精準地投放在肌瘤上，使病兆發生凝固性壞死，血流也會因熱治療而被切斷營養供給路線。這個瘤體在治療後會逐漸變軟、慢慢被子宮正常組織吸收，而達到縮小並改善患者的經痛、經血過多、頻尿或便秘等等症狀。海芙治療不需要麻醉、插管，皮膚完全沒有傷口、可以保留子宮，術後能夠迅速恢復正常生活和工作，且能讓女性大眾做一個完美的女人。

專 題 演 講

【SY】

8 月 13 日 (六) 下午

◆ 婦癌 Symposium (10 樓) 長青廳

SY1	林莉茹	台灣子宮頸抹片篩檢的回顧與展望
SY2	賴瓊如	子宮頸癌篩檢的挑戰
SY3	鄭文芳	台灣抹片篩檢的挑戰與機會
SY4	洪耀欽	Primary HPV screening for cervical cancer
SY5	周宏學	HPV vaccination in men
SY6	許世典	The use of molecular testing in ovarian cancer
SY7	王道遠	WHO 2020 婦癌病理主要改變
SY8	張廷彰	免疫療法在子宮頸癌跟子宮內膜癌的應用

◆ 產科 Symposium (10 樓) 松柏廳

★ Save the mothers and save the babies --

SY9	蕭勝文	Fetal therapy in Taiwan
SY10	徐英倫	Prenatal diagnosis of fetal mosaic aneuploidy: misconceptions and misinterpretations
SY11	王亮凱	"The golden minute" after birth: the role of Obstetricians
SY12	何銘	Taiwan maternal safety bundles
SY13	李汶芳	Thromboembolism in pregnancy
SY14	康巧鈺	Preeclampsia and peripartum cardiomyopathy

8 月 13 日 (六) 下午

◆ 內視鏡 Symposium (10 樓) 國際會議廳

SY15	童寶玲	Methods of Extracting Myoma During Laparoscopic Myomectomy
SY16	張基昌	Fibroids and Fertility: When to operate: MIS or Laparotomy
SY17	顏志峰	Ovarian Reserve in Endometrioma Surgery
SY18	王功亮	The Approach Method in Difficult Staging Surgery for Endometrial Cancer
SY19	李奇龍	The New Advances in Treating Tubo -ovarian Abscess
SY20	張穎宜	How to Explain the Benefits in Laparoscopy Ovarian Cancer Surgery

8 月 14 日 (日) 上午

◆ 更年期醫學 Symposium (V 樓) 敦睦廳

SY21	陳美州	Progestin-only systemic hormone therapy for menopausal hot flashes
SY22	黃泓淵	Management of perimenopausal endometrioma
SY23	曾志仁	Female hormones and Covid – how relevant are they?
SY24	蔡永杰	Optimal dosage of estrogen for MHT

◆ 一般婦科 Symposium (V 樓) 敦睦廳

SY25	鄭碧華	高尿酸血症與婦女健康之精準醫療
SY26	陳怡仁	超音波卵巢癌評估系統
SY27	陳子健	子宮頸癌篩檢結果異常與子宮頸癌前驅病變之處理

8 月 14 日 (日) 下午

◆ 醫療倫理法律 (V 樓) 敦睦廳

- | | | |
|------|-----|--------------------------|
| SY28 | 林綠紅 | COVID-19 疫情對性別的衝擊 |
| SY29 | 江盛 | 避孕藥發明對世界的影響 |
| SY30 | 蔡甫昌 | 疫情下遠距醫療倫理法律議題 |
| SY31 | 林靜儀 | 婦產科專業到政治 |
| SY32 | 王炯琅 | 醫法對談- 從手術同意書、醫療診斷書談起 (1) |
| SY33 | 廖建瑜 | 醫法對談- 從手術同意書、醫療診斷書談起 (2) |

◆ 婦女泌尿 Symposium (10 樓) 長青廳

- | | | |
|------|-----|--|
| SY34 | 黃淑君 | Combination Pharmacotherapy for Treatment of Overactive Bladder (OAB) |
| SY35 | 廖韻涵 | Vaginal laser on the sexual function of postmenopausal women affected by GSM |
| SY36 | 林益豪 | Pessaries for management of symptomatic pelvic organ prolapse and incontinence |
| SY37 | 潘恒新 | Pelvic Organ Prolapse: Controversies in Surgical Treatment |
| SY38 | 許鈞碩 | Stress urinary incontinence in women: Persistent/recurrent symptoms after surgical treatment |
| SY39 | 蔡青倍 | Laparoscopic Pectopexy and sacrocolpopexy Procedure for Pelvic Organ Prolapse |

8 月 14 日 (日) 下午

◆ 生殖內分泌 Symposium (10 樓) 松柏廳

SY40	李毅評	The influence of covid-19 on human infertility
SY41	林立德	Physical and psychologic comorbidity of endometriosis
SY42	許沛揚	Recurrent Implantation Failure: Controversy over Definition, Diagnosis, and Treatment Efficacy
SY43	王家瑋	Revisiting add-ons for assisted reproductive technology
SY44	郭保麟	Epigenetics in assisted reproductive technology: how much the evidence?
SY45	翁順隆	Vaginal microbiome in reproductive health

◆ 住院醫師教育訓練 (12 樓) 崑崙廳

SY46	林金龍	健保給付制度的歷史
SY47	謝卿宏	健保申報技巧及申報陷阱
SY48	葉光芃	立足醫業，心懷天下（為台灣.為地球 醫師能做什麼？）
SY49	洪聖惠	醫療爭議事件的根本原因分析
SY50	李詩應	醫病大和解
SY51	潘恒新	婦產科醫師對醫療判例的省思

林莉茹 SY1

現職：國民健康署癌症防治組組長

經歷：國民健康署社區健康組組長

臺北市政府衛生局健康管理處處長

臺北市南港區健康服務中心主任

台灣子宮頸抹片篩檢的回顧與展望

衛生福利部國民健康署

我國自民國84年起補助30歲以上婦女每年1次子宮頸抹片檢查，30-69歲婦女子宮頸癌3年篩檢率自86年的37.6%提升至110年的51.5%；曾篩率亦提升達83.0%。子宮頸癌標準化發生率由84年每10萬人25.2人下降至108年每10萬人7.7人；109年子宮頸癌死亡人數為668人，子宮頸癌標準化死亡率由84年每10萬人11.0人下降至109年每10萬人3.1人，降幅均達約7成。目前每年約200萬人接受子宮頸抹片檢查，其中發現約1,200名子宮頸癌個案及約12,000名癌前病變個案，並由醫療院所與衛生單位合作執行子宮頸抹片陽性個案之追蹤，陽性個案追蹤完成率達約9成。

研究證實，子宮頸癌大多是因為持續感染人類乳突病毒所致，預防子宮頸癌的發生，除安全性行為及定期接受抹片篩檢外，接種HPV疫苗亦能有效預防7成以上的子宮頸癌，為降低子宮頸癌對婦女健康的威脅，我國參考世界衛生組織(WHO)建議，自107年12月底開始，推動國一女生公費接種HPV疫苗的服務，109學年度接種率為84.4%。國民健康署已於110年起試辦6年以上未做子宮頸癌篩檢之婦女HPV檢測(HPV test)服務，未來將檢視成效及實證資料，提供婦女HPV檢測服務。

未來我國將持續推動子宮頸癌防治，以達2030年WHO加速消除子宮頸癌之90/70/90目標：(1)90%的女孩，到15歲時已完整接種HPV疫苗、(2)70%的女性在35歲前接受高效能的子宮頸癌篩檢，到45歲前再次篩檢、(3)90%被確診為子宮頸癌(癌前病變或癌症)的女性能得到治療及照護，期能持續降低子宮頸癌標準化發生率至每10萬人小於4人。

賴瓊如

SY2

現職：台北榮總病理部主治醫師

經歷：台灣病理學會理事長

台灣臨床細胞學會理事長

衛福部癌症政策委員會委員

醫策會實驗室開發檢測審查委員會委員

衛福部預防接種受害救濟審議委員會委員

財團法人病理發展基金會董事

子宮頸癌篩檢的挑戰

我國的子宮頸癌篩檢防治政策自民國八十四年起國民健康署以公費給付 30 歲以上婦女每年一次子宮頸抹片檢查，執行迄今成效卓著，歷經超過廿五年的努力後，不論是子宮頸侵襲癌的發生率還是死亡率，皆有大幅度的降低，子宮頸抹片的篩檢、追蹤、與品質管理系統亦發展成熟且建置完備，與其他先進國家相比毫不遜色。但唯有抹片覆蓋率一直無法再提高，造成仍有大量的婦女仍然沒有規律做抹片檢查，無法有效防止子宮頸癌的發生，這個問題可說是目前子宮頸抹片面臨最大的難題。

為了增加覆蓋率，也增進篩檢間隔過長的婦女保護力，國民健康署於民國 110 年起規劃 HPV 檢測試辦計畫，以子宮頸抹片合併 HPV 檢測的協同檢測模式，針對六年以上未接受抹片的婦女，合併進行 HPV 檢測，110 年起也可單獨以 HPV 檢測作為第一線篩檢（primary screening）的工具。透過此試辦計畫，除了可以達到篩檢的目的外，更能收集本土的 HPV 檢測數據，結合子宮頸抹片的資料庫，做為日後子宮頸癌篩檢的政策參考。

世界衛生組織（WHO）也在 2020 年提出了「子宮頸癌根除倡議」，為了使子宮頸癌不再是全球的公共衛生問題，設定了年齡標準發生率需小於每 10 萬人口發生 4 人的目標。而為了加速達到此目標，又進一步提出了「90-70-90」的全球策略，希望在 2030 年前各國必須實現：90% 的女孩到 15 歲時已完整接種 HPV 疫苗、70% 的女性在 35 歲前接受高效能的子宮頸癌篩檢，並在 45 歲前再次篩檢、以及 90% 被確診為子宮頸癌(癌前病變或癌症)的女性能得到治療及照護。所謂高效能的子宮頸癌篩檢包含了好的抹片檢查及 HPV 檢測。

今日將重點介紹抹片的瓶頸、HPV 檢測的優缺點與實驗室認證及檢測平台的規格，期與各位先進做更深度的討論。

鄭文芳 SY3

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台灣婦產科醫學會常務理事
學經歷：台大臨床醫學研究所博士
台大管理學院 EMBA 碩士
美國約翰霍普金斯大學醫學院病理科博士後研究

台灣抹片篩檢的挑戰與機會

在台灣子宮頸癌是受重視的婦女癌症之一，自 1995 年的發生率第一位(24.9/100,000)及死亡率第四位，而在 2019 年的發生率為第九位(7.7/100,000) 及死亡率第八位。這最重要的關鍵在於政府(國民健康署)自 1995 年開始提供 30 歲以上婦女每年接受子宮頸抹片檢查。目前政府的子宮頸癌防治網分為三部分。初級(primary) 防治，對國中女生施打人類乳突病毒疫苗。次級(secondy)防治，提供 30 歲以上婦女每 1 至 3 年接受子宮頸抹片檢查。三級(tertiary) 防治，被診斷為子宮頸中度癌前病變以上(CIN2+)的婦女接受完整的治療。

我將呈現目前台灣子宮頸癌防治的現況、挑戰及機會。而如何解決這些挑戰及機會，讓台灣早日達到世界衛生組織(WHO) 90/70/90 (90% 15 歲青少年施打 HPV 疫苗；70% 35-45 歲婦女接受高品質的子宮頸癌篩檢；90%被診斷子宮頸疾病的婦女接受治療及照顧) 子宮頸癌消滅目標，將是我們未來努力的方向。

洪耀欽

SY4

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經歷：中國醫藥大學醫學系婦產學科主任

中國醫藥大學附設醫院婦產部部主任、婦癌科主任

日本大阪醫科大學大學院醫學研究所醫學博士

美國賓州大學附醫赫錫醫學中心-婦癌科博士後研究員

Primary HPV Screening for Cervical Cancer

子宮頸癌初級的 HPV 篩檢

Yao-Ching Hung (洪耀欽),

Dept. of Obs/Gyn, Asia University Hospital

Dept. of Obs/Gyn, China Medical University Hospital

Cytology-based screening for cervical cancer has significant limitations which reduce the overall effectiveness --- 1. Cytology has low sensitivity for detecting CIN2 or worse. 2. Cytology is less effective in detecting AIS and adenocarcinoma. 3. Subjectivity of cytology leads to low reproducibility and intra- and inter-laboratory variability. 4. Identifies individuals with cancer *precursors* but not women at *risk* of developing these. While **HPV DNA testing**: (Addresses limitations associated with cytology-based screening) --- 1.

Increases sensitivity of CIN2+ and CIN3+ detection compared to cytology and leads to a reduction in incidence of cervical cancer. 2. Provides a higher negative predictive value than cytology and longer safety interval. 3. Is more effective in detecting AIS and adenocarcinoma. 4. Is able to predict short-and long-term risk of developing high-grade lesions and HPV 16/18 genotyping is able to further stratify this risk. **The Recommendations and Benefits of primary HPV screening** --- 1. A negative hrHPV test provides greater reassurance of low CIN3+ risk than a negative pap (cytology) result. 2. Because of equivalent or superior effectiveness, primary hrHPV screening can be considered as an alternative to cytology based cervical cancer screening. 3. More reproducible than Pap cytology. 4. Negative test (and most women will test negative) associated with very low risk of developing precancer / invasive cancer (also, a much better predictor). 5. More sensitive than cytology (lower FN rates): pick up most women with precancers. **Why is HPV Testing an Attractive Option for Cervical Cancer Screening?** --- 1. More sensitive and reproducible than the Pap test. 2. More “upstream” in the carcinogenic process, thus enabling a longer safety margin for screening intervals. 3. Assesses future risk (and not just the presence of current disease). 4. Can be automated, centralized, and be quality-checked for large specimen throughput. 5.

May be more cost-effective than cytology if deployed for high volume testing, such as in primary screening. 6. A more logical choice for screening women vaccinated against HPV infection. **Conclusions of Clinical implications of HPV primary screening** --- 1. Cytology based screening has been successful, but has limitations. 2. HPV primary screening allows for improved clinical sensitivity over cytology while maintaining high efficiency. 3, HPV primary screening utilizing integrated HPV 16/18 genotyping and cytology reflex of the 12 other hrHPV genotypes, demonstrates a good balance of clinical resources --- (a) Provides improvements in clinical sensitivity while maintaining high efficiency (colposcopies per disease case detected),--- (b) In younger women, the primary screening algorithm finds more disease while addressing concerns about unnecessary follow-ups. 4. Primary HPV testing is now an alternative option to current cytology-based screening methods due to equivalent or superior effectiveness.

周宏學 SY5

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長庚醫院婦癌團隊召集人

長庚醫院腫瘤委員會委員

長庚醫院癌症中心委員

醫策會西醫畢業後一般醫學(PGY)訓練計畫工作小組」委員

HPV vaccination in men

HPV-related diseases in men include anal cancer, penile cancer, and oropharyngeal cancers, as well as their precancer lesions. Ano-genital wart is another benign disease caused by HPV. Data from many studies revealed that the prevalence of HPV in the genital organ and oral cavity is much higher in men than in women. Gender-neutral vaccination not only protects man from persistent infection and subsequent diseases caused by HPV, but also protects their sexual partners. Taiwan is the 2nd country in the world that approved HPV vaccine indication of preventing HPV-related oropharyngeal cancer. Therefore, it justified to promote HPV vaccination in men.

許世典 SY6

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中國醫藥大學基礎醫學研究所博士

The use of molecular testing in ovarian cancer

Shih Tien Hsu, MD, PhD

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BRCAM 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. Many phase 3 clinical trials confirmed the promising benefits and 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.

HRD testing provides an opportunity to optimise PARPi use in HGOC but the methodologies of genetic testing are diverse. 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.; (iv) discuss about current kit solutions in Taiwan.

王道遠 SY7

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台北榮民總醫院病理部 住院醫師

WHO 2020 婦癌病理主要改變

Tao Yeuan Wang, MD,

Department of Pathology, MacKay Memorial Hospital, Taipei, Taiwan

The revision of the WHO classification of tumors of the female genital tract is released in 2020. There are significant changes and increased emphasis on the use of molecular data to classify tumors.

The significant update listed here:

- HPV-independent cervical carcinomas, in particular adenocarcinomas (ADC) and rare squamous cell carcinomas (SCC), has been described. They are generally more aggressive than HPV-associated carcinomas. The HPV-independent ADCs are dividing into gastric, clear cell, mesonephric, and endometrioid types.
- According to the FIGO 2018 staging system, the assessment of stage IA cervical carcinoma is based on the the depth of stromal invasion only.
- The Cancer Genome Atlas integrating genomic data and identified four groups of endometrial carcinomas: 1, with POLE mutations; 2, with microsatellite instability; 3, low-copy-number alterations; and 4, with high-copy-number alterations & *TP53* mutation.
- The spectrum of high-grade endometrial stromal sarcoma is widening according to the molecular genetic findings.
- The ovarian low-grade and high-grade serous carcinomas are two completely different tumor types rather than low- and high-grade forms of the same neoplasm.
- Ovarian seromucinous carcinoma has been removed and is considered a subtype of ovarian endometrioid carcinoma. Serous carcinoma of the cervix and adenofibroma of the cervix & endometrium have been removed.
- Any percentage of a second type of carcinoma is enough to called mixed carcinoma of the ovary or endometrium.

張廷彰 SY8

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經歷：長庚紀念醫院北院區婦產部 部長
台灣婦癌醫學會 理事長
台灣精準醫學學會 創會理事長
台灣癌症登記學會 創會理事長

免疫療法在子宮頸癌跟子宮內膜癌的應用

Ting-Chang Chang, MD, MPH

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

Antibody blocking of programmed cell death protein 1 (PD-1) receptor at the cell surface of T cells, B cells, monocytes, natural killer T cells and dendritic cells, or blocking of programmed death-ligand 1 (PD-L1), to inhibit the negative regulation of cancer-associated immune response is the backbone of current immuno-oncology therapy.

Clinical trials showed adding the anti-PD-1 monoclonal antibody to chemotherapy improved overall survival of cervical cancer patients with disease progression after platinum-based chemotherapy. Anti-PD-1 antibody, along with first-line chemotherapy for persistent, recurrent, or metastatic cervical cancer, compared to placebo and chemotherapy, showed improved median progression-free survival and two-years overall survival rates. Adverse effects related to PD-1 antibody are common and severe diarrhea, marked increase of liver function markers are observed while thyroid disorders, as hypothyroidism or hyperthyroidism, can be managed well.

Endometrioid adenocarcinoma is the most common histology of endometrial cancer. Molecular profiling becomes the current interest in managing endometrial cancer. A substantial proportion of endometrioid endometrial cancer is associated with the deficient DNA mismatch repair (dMMR), or high level of microsatellite instability (MSI-H). Such endometrial cancer tends to present as a large tumor arises from the lower uterine corpus, with a higher risk of advanced disease and recurrence. Anti-PD-1 antibody has demonstrated antitumor activity in patients with MSI-H/dMMR endometrial cancer. For advanced (metastatic and/or unresectable) non-MSI-H/dMMR endometrial cancer that was incurable and had disease progression on or intolerance to standard therapies, the combination of anti-PD-1 antibody and lenvatinib, a multiple receptor tyrosine kinase inhibitor, showed a significant better effect compared to conventional treatments.

The affordability of immune therapies may determine the popularity of such treatments for cervical cancer and endometrial cancer, both are common malignancies in Taiwan.

蕭勝文 SY9

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長庚大學醫學系部定副教授
英國倫敦大學學院胎兒醫學博士

Fetal therapy in Taiwan

胎兒也有接受治療的權利，這個觀念已經發展超過二十年。隨著產前診斷的進步，越來越多缺陷可以在很早期就被發現，也有了治療這些胎兒的機會。本次演講將整體的介紹台灣胎兒治療的歷史，從各大醫學中心的發展，到最新的胎兒治療近況。內容包含了非侵入性的胎兒治療：胎兒心律不整，侵入性的胎兒治療：從雙胞胎輸血症候群，單一絨毛膜多胞胎的選擇性減胎，胎兒胸水導管放置，胎兒貧血胎內輸血，玻璃娃娃胎內幹細胞移植，到胎兒內視鏡手術等。最後也會分享未來胎兒治療的走向，以及多元化的疾病治療型態。

徐英倫
SY10

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奇美醫學中心羊水實驗室報告簽署人
經歷：衛生福利部澎湖醫院婦產科主治醫師
台北榮民總醫院婦女醫學部研修醫師
台北榮民總醫院婦女醫學部住院醫師

**Prenatal Diagnosis of Fetal Mosaic Aneuploidy: Misconceptions and
Misinterpretations**

Ing Luen Shyu

Department of OBS&GYN, Chi-Mei Medical Center, Tainan, Taiwan

Chromosomal mosaicism is the presence of 2 or more cell lines with different karyotypes. Mosaicism is the dilemma of cytogenetic prenatal diagnosis. Most times, it turn out to have been a false alarm, and the mosaicism in villus tissue or amniocytes does not reflect a true constitutional mosaicism of the embryo. Mosaicism may involve aneuploidy for an intact chromosome or for an abnormal chromosome, along with a normal cell line. The underlying mechanism may be due to mitotic error or an initially abnormal conceptus, which will be reviewed in this session.

Some mosaic trisomies have high risks for phenotypic abnormality in the fetus or term infant but some are toward the lower risks. Actually, the majority of abnormal karyotypes in spontaneous miscarriages are autosomal trisomies. Moreover, the autosomal trisomies are the major type of chromosome abnormalities observed in confined placental mosaicism (CPM). This makes prenatal consultation more complicated. The phenomenon of uniparental disomy (UPD) and possible genomic imprinting effects should also be taken into consideration— especially the mosaicism is formed from meiotic nondisjunction with subsequent trisomy rescue.

王亮凱

SY11

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經歷：台灣周產期醫學會 副秘書長

馬偕醫學院生物醫學研究所 碩士

“The golden minute” after birth: the role of Obstetricians

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Department of OBS&GYN, Macky memorial Hospital, Taipei, Taiwan

The number of births in Taiwan decreased in recent years and the responsibility of obstetricians increased, therefore. Delivery room handling of the newborn covers all procedures carried out on the newborn immediately following birth and it also related to the perinatal mortality or morbidity even further outcome of the newborn. This critical time period was first called “the golden minutes” by Vento et al. in 2009. The following year, the International Liaison Committee on Resuscitation (ILCOR) emphasized the importance of the first minute of life using the term the Golden Minute. Interventions in pregnancy and delivery should as far as possible be evidence based. It included selection of birth mode, antenatal steroid therapy, delayed cord clamping for preterm and term infants, thermal control and wrap infants <28 weeks of gestation in plastic, ventilatory support and surfactant instillation but routine suctioning of the mouth and airways is not required. The training of neonatal resuscitation program (NRP) was also important to the members in delivery room including obstetricians.

何銘

SY12

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中國醫藥大學附設醫院產後護理之家暨產後病房主任

中國醫藥大學附設醫院婦產部檢查室主任

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Taiwan maternal safety bundles

醫學文獻顯示，inadequate hospital protocols 或缺乏一致性的診斷、管理、諮詢和轉診 protocols 可導致患者照護中的混亂和不必要的變化。大量的資料證明 clinical settings 的不協調會損害病患預後結果和降低照護的質量。因此，制定和採用標準化的 protocols 是解決及降低醫療不良事件發生的最佳方法，更是 health care quality and safety 重中之重的倡議。為預防及降低生產事故風險發生及協助醫療機構建立內部風險管控概念，衛福部於 108 年委託臺灣婦產科醫學會及醫策會辦理「生產事故事件通報及品質輔導案」彙集國內生產通報與救濟資料庫，由國內生產高風險項目中挑選出六大風險主題，並參考美國 Alliance for innovation on maternal health (AIM) 的孕產婦安全組合式照護 (maternal safety bundles)，發展出臺灣婦產科六大風險管控重點包含「事前準備」、「辨識與預防」、「緊急應變」、「檢討與學習」，提供醫療機構及助產機構參考使用

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Thromboembolism in pregnancy

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Pulmonary embolism is one of the leading causes of death in pregnancy, with mortality estimated to be as high as 20%. In Taiwan, thromboembolism is always the 4th leading cause of death in pregnancy. Pregnancy is a state of hypercoagulability that increases the chance of developing venous thromboembolism, deep vein thrombosis, and pulmonary embolism, by five to ten fold when compared with the nonpregnant population. Untreated pulmonary embolism can result in 30% mortality, which is reduced to as low as 2% with anticoagulation treatment. Although minimal, anticoagulation carries a risk of haemorrhage. Early and accurate diagnosis of pulmonary embolism is thus crucial to reduce morbidity and mortality in pregnancy. The symptoms of pulmonary embolism, such as tachycardia, tachypnoea, desaturation, dyspnoea, and pleuritic chest pain, mimic the normal physiological changes of pregnancy, thus making an accurate and timely diagnosis difficult relative to the non-pregnant population. To diagnose pulmonary embolism, clinicians commonly use several clinical key components. However, many of these components, such as clinical prediction tools, risk stratification, and laboratory tests, have shown limited use in pregnancy. This time, here we share the experience and outcome of the clinical cases of the thromboembolism in pregnancy. Then, we furtherly review the latest clinical practices and guideline in order to improve the mortality and morbidity of thromboembolism in pregnancy.

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Preeclampsia and peripartum cardiomyopathy

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The leading cause of maternal mortality is amniotic fluid embolism, postpartum hemorrhage (PPH) and hypertensive disorders of pregnancy. There is no better way to prevent amniotic fluid embolism, while active management of the third stage of labor and carbetocin play an important role in preventing PPH. As for hypertensive disorders, low-dose aspirin has been used during pregnancy most commonly to prevent or delay the onset of preeclampsia.

Peripartum cardiomyopathy (PPCM) is an idiopathic cardiomyopathy presenting with heart failure secondary to LV systolic dysfunction towards the end of pregnancy or in the months following delivery, where no other cause of heart failure is found. PPCM is a significant cause of maternal and infant mortality worldwide, yet its etiology remains unknown.

Preeclampsia is often cited as a risk factor for the development of PPCM, and recent research suggested that preeclampsia and PPCM may share mechanisms to their pathology. In this talk, I will introduce the methods currently suggested in prevention of preeclampsia, the basic knowledge of peripartum cardiomyopathy and an update of the relationship between these two diseases.

Keywords: preeclampsia, aspirin, peripartum cardiomyopathy

Highlights

- Low-dose aspirin has been used during pregnancy most commonly to prevent or delay the onset of preeclampsia.
- PPCM is an idiopathic cardiomyopathy presenting with heart failure secondary to LV systolic dysfunction.
- The symptoms of PPCM mimic typical symptoms of pregnancy / early post-partum period.
- Both preeclampsia and PPCM cause cardiac dysfunction, but PPCM is not simply a manifestation of severe preeclampsia.
- The strong association between preeclampsia and PPCM suggests that they may share mechanisms of pathophysiology.

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Methods of Extracting Myoma During Laparoscopic Myomectomy

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Extraction of large myoma after laparoscopic myomectomy has been a great challenge to many minimally invasive surgeons. Uterine tissue power morcellator was introduced in 1993 to extract myomas and uterus during laparoscopic surgery. We previously reported the use of in-situ morcellation during laparoscopic myomectomy that allows more effective and time saving in large myomas and uterus. However, due to the concerns of tissue dissemination and upstaging in cases of occult uterine malignancy, power morcellation was discouraged by Food and Drug Administration (FDA) in April 2014. The safety concerns of power morcellation have been raised since its start of use. Direct tissue injury from the morcellation process is a major issue. Parasitic myomas (52%) and disseminated peritoneal leiomyomatosis (32%) are two major issues reported in the benign sequela from morcellation. In-bag morcellation accompanied with checking for uterine cells in pelvic washings after contained morcellation was reported to reduce benign tissue dissemination incidences to less than 2%. Unfortunately, in bag morcellation was not commonly used by surgeons in Taiwan. Some surgeons preferred culdotomy to extract uterine myoma after laparoscopic surgery. But most surgeons preferred myoma extraction by hand morcellation from umbilical wound after laparoscopic myomectomy. In this talk, I will show my technique of hand morcellation that is time saving and no tissue dropped out during myoma extraction after laparoscopic myomectomy.

Keywords: myoma extraction, laparoscopic myomectomy

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Fibroids and Fertility: When to operate: MIS or Laparotomy

Fibroids are the most common benign tumours of the female genital tract and are associated with numerous clinical problems including a possible negative impact on fertility. In women requesting preservation of fertility, fibroids can be surgically removed (myomectomy) by laparotomy, laparoscopically or hysteroscopically depending on the size, site and type of fibroid. Myomectomy is however a procedure that is not without risk and can result in serious complications. It is therefore essential to determine whether such a procedure can result in an improvement in fertility and, if so, to then determine the ideal surgical approach.

One study examined the effect of myomectomy compared to no treatment. Results found insufficient evidence to determine a difference between treatment options for clinical pregnancy rate or miscarriage rate. This study did not report on live birth, preterm delivery, ongoing pregnancy or caesarean section rate. Regarding the best surgical approach, three studies were identified. Two studies compared myomectomy by mini-laparotomy or laparotomy to laparoscopic myomectomy and found insufficient evidence to determine a difference for live birth, preterm delivery, clinical pregnancy, miscarriage, caesarean section and ongoing pregnancy rate. The third study compared use of different surgical equipment during hysteroscopic myomectomy and found insufficient evidence to determine a difference for live birth/ongoing pregnancy rate, clinical pregnancy rate and miscarriage rate. This study did not report on caesarean section or preterm delivery rate.

In short, in asymptomatic women with cavity-distorting myomas (intramural with a submucosal component or submucosal), myomectomy (open or laparoscopic or hysteroscopic) may be considered to improve pregnancy rates.

Myomectomy is generally not advised to improve pregnancy outcomes in asymptomatic infertile women with non-cavity-distorting myomas. However, myomectomy may be reasonable in some circumstances, including but not limited to severe distortion of the pelvic architecture complicating access to the ovaries for oocyte retrieval.

In determining the effect of myomectomy on fertility outcomes is regarding the use of laparoscopy versus laparotomy. However, the difficulty with comparing the two abdominal approaches remains the fact that there is a large variation in surgical practice, for example level of skill, surgical technique and use of anti-adhesion agent, all of which may influence fertility outcomes.

It is clear that more studies are needed before a consensus can be reached on the role of myomectomy for infertility.

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Ovarian Reserve in Endometrioma Surgery

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Endometriosis (EM' sis), a disease defined by the ectopic growth of endometrium, is an estrogen-dependent and chronically inflammatory disease, and that typically manifests debilitating pain, ovarian mass, or subfertility. Endometriotic ovarian cyst or endometrioma (Em' ma) is the most pathognomonic feature of EM' sis, always brings the affected women presenting to gynecologic (endoscopic) surgeons or reproductive medicine specialists. However, the detrimental effects of Em' ma stripping cystectomy on ovarian reserve as well as its surgical indications in infertile patients has been a long-time debated issue.

EM' ma *per se* could affect ovarian reserve, which was implied when histological studies reported a significant reduction in the primordial follicle cohort in affected ovaries. Recent systematic and meta-analysis review found that Endometriotic cystectomies are associated with a significant reduction in the serum anti-Mullerian hormone (AMH) levels but not in the antral follicle counts (AFCs), with the detrimental effects on the AMH levels consistently detectable at the early (1 week to 1 month), intermediate (6 weeks to 6 months) and late (9– 12months) time points. The effect is more profound following bilateral as compared to unilateral endometrioma excision. Maximum post-operative AMH drop, during the analysis, was 39.5% and 57.0% in the unilateral and bilateral Em' ma cystectomy groups, respectively, far exceeding any natural decline in AMH. Since low AMH implies a shorter reproductive lifespan, excision of endometrioma should be cautiously considered, especially in bilateral cases.

The ovarian reserve damage was most likely caused by the excessive manipulation of the cortex with subsequent tearing, bleeding, and the need for hemostasis. Studies from histologic analysis of specimens from laparoscopic EM' ma excision performed by different surgeons has revealed the level of expertise in EM' sis surgery is inversely correlated with inadvertent removal of healthy ovarian tissue along with the EM' ma capsule. Specimens obtained via surgery performed by residents have statistically significantly more ovarian tissue when compared with those obtained by experienced surgeons with years of practice in the field of reproductive and EM' sis surgery. In experienced hands, laparoscopic stripping of EM' mas appears to be a technique that does not significantly damage the ovarian tissue.

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The Approach Method in Difficult Staging Surgery for Endometrial Cancer

Since the first documentations of laparoscopic lymphadenectomy by Dargent in 1987 to the comparison of laparoscopically assisted radical vaginal hysterectomy (LARVH) with radical abdominal hysterectomy (ARH) by Steed et al. in 2004, long-term follow-up and comparative studies highlight the use of modern laparoscopy in the field of gynecological oncology. It is clear that we can manage several gynecologic malignancies after more than twenty years of experience with laparoscopic procedures. Laparoscopy has emerged as the new surgical approach that can potentially replace the conventional role of surgery by laparotomy for the treatment of patients with endometrial cancer. This type of surgery is associated with significantly more benefits than the conventional laparotomy. It renders the patients little blood loss, short hospital stay, quick recovery time, less need for analgesia, rapid return to normal daily activity, and a better cosmetic appearance. Moreover, laparoscopy not only possesses an outstanding feature of minimal postoperative peritoneal adhesion, but it also does not compromise the survival and recurrence rates of the patients with early endometrial cancer. Laparoscopic tools do have their limitations, however, particularly in very obese women.

In 2005 the DaVince robotic surgical system received FDA approval for gynecologic surgery. Since then, many institutions have published several series documenting feasibility and benefit over laparoscopy in endometrial cancer treatment. The rapid adoption of robotic assisted surgery in endometrial cancer treatment is attributed to the advantages of 3D vision, wristed instruments and improved ergonomics.

Para-aortic Lymphadenectomy, either a partial lymphadenectomy (lymph node sampling) or complete lymphadenectomy provides the most accurate information on lymph node status in patients with endometrial carcinoma. The lymphatic dissemination of tumor cells is one of the main metastatic routes of early-stage endometrial cancer. Nodal metastases have important prognostic and therapeutic implications on the survival of these patients. Improvements in laparoscopic or robotic surgical techniques and instrumentation have made it feasible to perform surgical staging of endometrial cancer. In this conference, I would like to discuss the approach method of laparoscopic and robotic staging surgery in endometrial cancer.

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The New Advances in Treating Tubo-ovarian Abscess

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Tubo-ovarian abscess is a serious and potentially life-threatening condition requiring aggressive therapies. TOAs occur in 15% of women with pelvic inflammatory disease (PID) with 100,000 admissions per year in the United States. Approximately 25– 30% of all patients require surgical intervention.

Treatment of PID complicated by tubo-ovarian abscess includes broad-spectrum antibiotics, minimally invasive drainage procedures, laparotomic or laparoscopic surgery. There are no specific criteria or recommendations for surgical intervention. However, laparoscopy may help with early resolution of the disease by dividing adhesions and draining pelvic abscesses. Moreover, minimally invasive surgery may have clinical advantages over laparotomy in patients with moderate to severe PID requiring surgical intervention including fewer blood transfusions, decreased postoperative length of hospital stay and decreased surgical complications. Surgeries for tubo-ovarian abscess can be very complicated because of extensive intrapelvic adhesions and surrounding necrotic and inflamed tissues. The most propiate treatment should be depended on the skill and experience of the surgeon.

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How to Explain the Benefits in Laparoscopy Ovarian Cancer Surgery

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According to the published statistics in 2020, ovarian cancer is the 10th causes of mortality in Taiwan. In general, ovarian cancer is managed by comprehensive surgical staging through laparotomic bilateral salpingo-oophorectomy, total abdominal hysterectomy, omentectomy, aortic and pelvic lymphadenectomy, peritoneal biopsies, and peritoneal washing and followed by chemotherapy or chemotherapy with or without target treatment. With the advancement of laparoscopic instruments, laparoscopic surgery in early-stage ovarian cancer starts since -1990s. There was some merits of laparoscopic staging surgery for early stage of ovarian cancer which includes the better cosmetic, postoperative pain, less blood loss, and shorter hospital day. However, there are some disadvantages such as difficult manipulation of large or adhesive tumor, rupture of the ovarian capsule, and the risk of trocar site metastasis. In addition, some studies have controversies about the accuracy of complete surgical staging and transperitoneal tumor dissemination. Today, we will explore the effectiveness of minimal invasive surgery for the treatment of early-stage ovarian cancer.

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Progestin-only systemic hormone therapy for menopausal hot flashes

Mei-Jou Chen, M.D., Ph.D

Hot flash is one of the most common vasomotor symptoms related to hypoestrogenemia in postmenopausal women. Although estrogen replacement therapy is the best and direct treatment for hot flash, it is always concerned regarding its risk of increasing thromboembolic events, breast and endometrial cancers, and hepatobiliary function deterioration. Especially for women with pre-existing diseases as endometrial cancer, endometriosis, leiomyoma, gall bladder stone and liver diseases etc. that make estrogen containing hormone replacement contraindicated.

The field of menopausal medication is dominated by studies reporting the effectiveness of systemic estrogen or estrogen-progestin hormone therapy for hot flashes. The effectiveness of progestin-only systemic hormone therapy for the treatment of hot flashes is much less studied and seldom utilized in clinical practice. Recently, increasing evidences have revealed progestin-only therapy can also effectively treat hot flushes and is an option for women with a contraindication to estrogen therapy.

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Management of perimenopausal endometrioma

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Endometriosis affects up to 10 percent of women and is defined as the presence of endometrial glands and stroma outside the uterine cavity, predominantly, but not exclusively, in the pelvic compartment. It is an estrogen-dependent chronic inflammatory condition that affects women in their reproductive period, and is associated with pelvic pain and infertility. One of the most common manifestations of the disease is the presence of an ovarian mass arising from growth of ectopic endometrial tissue in the ovary, called ovarian endometrioma or chocolate cyst. Between 17% and 44% of patients with endometriosis have ovarian endometrioma. In addition, the association between endometriosis and specific epithelial ovarian cancer histotypes is assumed to be causal.

As defined by the STRAW criteria the terms perimenopause or menopausal transition cover the transition from the reproductive age through to menopause, i.e. early perimenopause stage -2, late perimenopause stage -1, the last menstrual period stage 0 and early postmenopause stage +1. Menstrual periods may be more frequent and heavier during the years leading up to full menopause, meaning women with endometriosis may find symptoms occur more often and are worse during this time. Endometriosis is estrogen-dependent, so when estrogen is gone, so is the disease. However, this does not mean every woman suddenly finds herself pain-free at menopause. Chronic pelvic pain may continue, and we'll tackle that very important condition in a future blog.

Whether symptoms abate or not, after menopause, conversations about endometriosis may need to include some additional concerns: Osteoporosis; women who have been controlling endometriosis symptoms by taking medications that reduce estrogen may be at higher risk of osteoporosis. Recommendation of women ask about osteoporosis medications like anti-resorptive drugs and be diligent about bone density testing, bone-healthy habits, and follow-up. Auto-immune disorders; endometriosis is not considered an autoimmune disease, but

it does appear that women who have endo are at higher risk of such diseases, including lupus, MS, arthritis and coeliac disease, as well as allergies and asthma. Women should be vigilant about their health, and if they start to develop new symptoms should pay more attention. Cancer; women with endometriosis may face a slightly higher risk of ovarian cancer, and because the symptoms can mimic those of endometriosis, women should pay attention if symptoms worsen or return.

MHT may or may not bring symptoms back, as it is lower dose than menstrual hormones. Many women do just fine if they wait a year or so to start. Hormones that are applied topically may also have less chance of reviving endometriosis.

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Female hormones and Covid – how relevant are they?

病毒對人類的健康威脅，尤其是在新冠病毒肆虐之後顯得越來越嚴重。在美國的報告，新冠病毒所造成的人類死亡，已經位居十大死亡原因的首位。臺灣在今年，由於新冠病毒的變異，導致防疫越來越困難。從世界各國的經驗，接種新冠病毒疫苗是最有效的防疫方法。但是目前的新冠病毒疫苗，也常見有一些嚴重的副作用，其中最重要的就是血栓，尤其是在婦女族群，當使用避孕藥會加重血栓發生。因此，有關女性使用荷爾蒙，與新冠病毒疫苗接種，是否應列為警示，於是出現很多爭議。在今天演講，將會闡述婦女荷爾蒙與新冠病毒疫苗的相關性。

在去年世界各國接種新冠病毒疫苗後，統計數據發現有較高的血栓發生。因此，在去年的臨床指引，便有針對正在使用荷爾蒙藥物的女性，告知要務實且應謹慎使用新冠病毒疫苗。但是在後來的各國數據報告呈現，會產生血栓真正的原因，與荷爾蒙的關係仍有很多爭議。

首先，會導致血栓最主要的原因，並不是荷爾蒙，而是由新冠病毒所造成的血管發炎反應，帶有新冠病毒的人會造成血栓的發生率，是服用荷爾蒙製劑病患的 100 倍。尤其是使用荷爾蒙複方藥，也就是有黃體素合併動情素的荷爾蒙，確實會增加血栓的風險。可是從文獻的資料呈現，如果只是使用黃體素荷爾蒙製劑的婦女，並不會增加血栓的風險。也就是意謂著，會造成血栓風險的荷爾蒙，只限於有複方成份的荷爾蒙，而不是黃體素荷爾蒙。因此，當使用黃體素荷爾蒙的婦女，仍可安全接種新冠病毒疫苗。同時，全世界在經過 1 年多新冠病毒肆虐之後，意外發現女性罹患新冠病毒的感染率，與男性相同。但是，女性罹患新冠病毒的死亡率，卻只有男性的一半，也就是女性荷爾蒙對新冠病毒，有降低演變成重症，以及減低死亡率的效益。

事實上，在以往流行性感冒的重症與死亡率，也有發現同樣的結果，也就是女性荷爾蒙，可以降低病毒感染的重症率與死亡率。因此，荷爾蒙對於新冠病毒，到底是正向還是負向的因素？反而引起醫學界更大的重視。

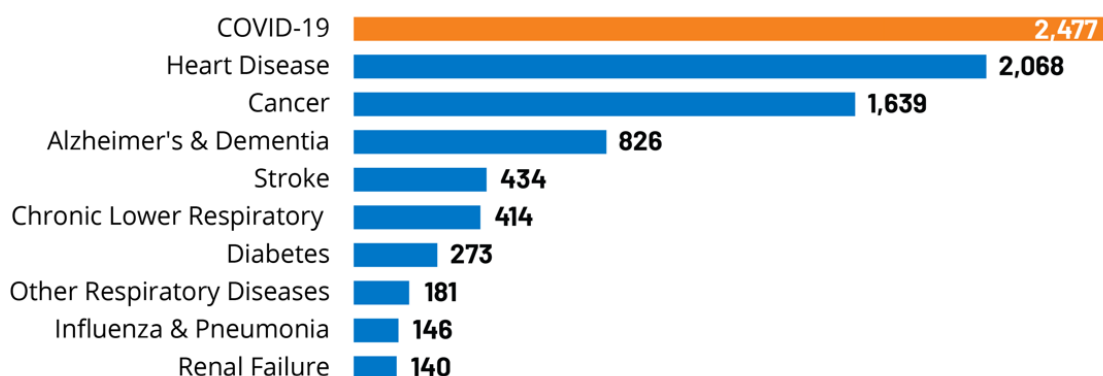
在今年，經過感染族群的大數據分析結果呈現，有荷爾蒙分泌的女性，罹患新冠病毒的重症率和死亡率遠低於男性，或是也低於更年期的婦女。因此，女性荷爾蒙對於新冠病毒來說，並不是一個負向的機轉。謹慎地使用荷爾蒙，反而對新冠病毒的重症率和死亡率，具有預防與保護的效果。因此在荷爾蒙的使用，對新冠病毒來說，除了有積極的預防成為重症與降低死亡率的效果之外，黃體素荷爾蒙也不會增加血栓的風險。所以當民眾接種新冠病毒疫苗時，並不需要禁止或限制使用黃體素荷爾蒙。此外，新冠病毒疫苗與血栓的關係，經過兩年來的世界大數據觀察發現，不管是哪一種疫苗，其

發生血栓的風險一致，發生的機率是十萬分之 4 至 6，所以也不會有血栓風險的人，應該避免接種疫苗。

總結，當民眾接種新冠病毒疫苗時，可以告知婦女朋友們，應避免使用複方的避孕藥，可以轉換成為使用單方黃體素的避孕藥。除此之外，當民眾使用荷爾蒙製劑，用來預防子宮內膜異位的時候，使用黃體素單方的相關藥物是安全的。

COVID-19 is the Number One Cause of Death

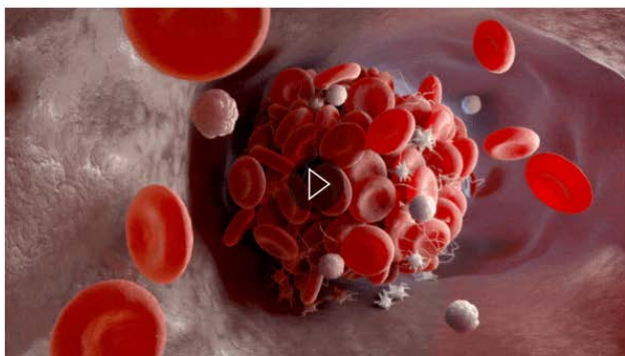
Average Daily Deaths in the United States from COVID-19 (February 2021)
and Other Leading Causes (2020)



[COVID-19 is the Number One Cause of Death in the U.S. in Early 2021 | KFF](#)

荷爾蒙和 COVID-19： 朋友還是敵人？

Blood clots of women with COVID:
From pill? or COVID-19 Vaccine? or COVID itself?



J&J COVID-19 VACCINE RISK COMPARISON: BLOOD CLOTS

JOHNSON & JOHNSON
COVID-19 VACCINE **0.000088%**
(6 reports of 6,800,000 doses administered)

COVID-19
ILLNESS **20 - 30%**
(31-33% in ICU patients, 5-8% among non-ICU patients)

GENERAL POPULATION
INCIDENCE OF CLOTS **0.1%**
(300,000 - 500,000 cases per year of 351 million people)

HORMONAL
BIRTH CONTROL **0.3 - 1%**
Incidence rates vary based on formulation

Regulatory review by the CDC and FDA is doing what it *should* be doing: evaluating the **relative risk of vaccination**, assessing **potential risk factors**, and **determining if there is a causal relationship**. This does not mean the vaccine is unsafe or you should be concerned if you've received the J&J vaccine.

THE
UNBIASED
SCIENCE
PODCAST

<https://theconversation.com/blood-clot-risks-comparing-the-astrazeneca-vaccine-and-the-contraceptive-pill-158652>

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Optimal Dosage of Estrogen for MHT

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Despite previous reports have suggested it might be some specific progestins in the regimen of MHT that increased the risk of breast cancer, long-term estrogen exposure alone might increase breast cancer risk has been reported in some studies. It is not known whether use of lower dosages of estrogen will be less likely to increase the risk of breast cancer but high dose of estrogen can increase the breast density as demonstrated in mammography.

Lower doses of estrogen appear to be as effective as the most commonly prescribed doses for relief of vasomotor symptom after menopause and may allow more patients to obtain the benefits of MHT. Although Recent studies have suggested transdermally administered estrogen has little or no effect in elevating prothrombotic substances, but the result is dose depended. The use of transdermal MHT containing low doses of oestrogen was proved safer and not associated with an increased risk of stroke. Garcia-Perez et al. reported similar efficacy of low and standard doses of transdermal estradiol in controlling bone turnover in postmenopausal women. Low dose estrogen and calcium have an additive effect on bone resorption in older women. Lower doses of CEE/MPA were also reported to be effective in relief patient from vaginal atrophy and protecting the endometrium.

Women taking low dosages of estrogens are less likely to have unacceptable side effects and potential harm caused by standard dosages of estrogen with progestin may be prevented by use of lower estrogen doses. Start MHT with lower doses, and titrate up to relieve symptoms if necessary. The intention, dose and regimen of HRT need to be individualized, based on the principle of choosing the lowest appropriate dose in relation to the severity of symptoms and the time and menopause age.

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高尿酸血症與婦女健康之精準醫療

Bi Hua Cheng, MD, PhD

血中尿酸濃度高會引發“痛風” [Gout, Podagra]，是一個非常古老的疾病，為公元前 2640 年埃及人首先發現稱“podagra”好發在第一跖趾關節的急性痛風；西元前四百六十多年，醫學始祖醫學之父 Hippocrates[西波克拉底]對這個“腳痛且不良於行的現象稱“無法行走的疾病”並有五個經典性描述 1.太監不禿頭不痛風 2.女人不痛風，除非她的月經停止了 3. 青少年在性交前不會患痛風 4. 痛風發作、炎症要 40 天 5. 痛風在春秋兩季活躍。縱觀歷史，痛風與豐富的食物和過量飲酒有關。因為痛風在過去，顯然與富人才能負擔得起的生活方式有關，所以痛風被稱為“國王病”。在 2000 多年前古希臘有證據當時人們能從秋番紅花（秋水仙）中提取秋水仙素，此種生物鹼被用作強效瀉藥，秋水仙素首次作為選擇性和特異性治療痛風的方法是歸功於拜占庭公元六世紀，Tralles 的基督教醫師亞歷山大。在現代 20 世紀，非副腎皮質體類抗炎藥 (NSAID)則是治療急性痛風的首選藥物。治療高尿酸血症最重要的歷史進展，實屬黃嘌呤氧化酶抑制劑(Xanthineoxidase inhibitors)的開發，該抑制劑可有效降低血漿尿酸濃度，排尿酸劑於 19 世紀末首次使用。可以逆轉痛風石沉積物的形成。

尿酸是嘌呤的代謝產物在高等哺乳類動物生理系統如人類或者是人猿才有在生理的情況：尿酸形成、分泌和排泄系統是要維持血尿酸平衡，當系統出問題，發生高尿酸血症，檢驗報告後面加註的正常範圍，是根據多年來流行病學的調查：男性的尿酸超過 7mg/dL,女性高過 6 可稱之高尿酸血症，然近年來對心臟血管更深入研究發現尿酸濃度女性高過 4.7，男性的尿酸超過 5.6，都會增加整體死亡率和心臟血管疾病的死亡率；由於不健康的生活形態越來越多，不止三高愈多，高尿酸血症的情況也日益增加。2019 中國大陸就報告境內高尿酸的有 170 百萬人口而同時美國有 32.5 百萬人口；1980 開始 Framingham 心血管疾病研究顯示高尿酸與心血管疾病風險相關，帶起專家學者之重視，對高血壓、糖尿病、血管粥狀硬化、慢性腎臟病疾病，和心房顫動影響不容忽視，尤其分生病理研究尿得知高尿酸血症之酸結晶分子會導致發炎反應，胰島素阻抗，內皮細胞功能失調，和胞內內質網破壞的病理分生變化，至今高尿酸與健康的關係是不亞於高膽固醇心血管疾病，高血糖新陳代謝，高血壓等慢性三高後的第四高！實證臨床使用降尿酸藥物 allopurinol 經驗顯示降尿酸藥物可以改善心血管疾病的預後 (all course of morality, MI, congestive HF) CHD 有 hyperuricemia 患者)。降低尿酸的藥(ULT)實分二大類一、降低尿酸合成 (如 allopurinol, febuxostate)二、增加尿酸排出(如

benzbromarone, probenecid, dapagliflozin... etc) 近期研究重點是 ULT 不止對慢性疾病的改善預後，更期盼對慢性疾病的預防，例如在年輕高血壓病患，allopurinol 有不錯的預防效果。

21 世紀近年來 分生技術進步，尿酸的代謝研究，進入生理病理分子機轉和並進一步了解其調控蛋白質與基因背景分析調查，多個跟腎臟廓清尿酸蛋白：SLA2A9, ABCG2, SLC17A1, SLC22A11, PDZK1, SLC16A9, SLC11A122 的基因多形性與高尿酸血症明顯相關，公衛的調查顯示：一般 女性血中尿酸濃度較同齡男性較低，與雌激素明顯相關，因為雌激素對腎臟近端調控尿酸再回收轉運蛋白質功能有重要之調控角色！

21 世紀重個人化醫療 強調超前部署已是時勢所趨，高尿酸血症不只影響男性 也影響女性心血管健康；高尿酸血症不只是男人的痛風病，其對婦女健康有明顯不良影響，故高尿酸血症體質，若在合併 相關慢性病必需精準管理尿酸濃度減少對心血管，腎臟之傷害：諸如減重至理想體之體脂，膳食成分要質與量的調整，即時添加膳食優化補充劑，例如櫻桃；儘量減少酒精之攝入；在可能、適當和安全的情況下，不用“減少尿酸鹽排泄或增加尿酸鹽產生的藥物和膳食添加劑”，賀爾蒙失調女性，尤其建議善用精準醫療。

Hyperuricemia is due to high levels of uric acid in the blood and is the main cause of gout. A manifestation of gout is podagra, which is a painful condition of the big toe and was first identified by the Egyptians in 2640 BC. In 460 BC, Hippocrates, the father of medicine, referred to podagra as “the unwalkable disease.” In the distant past, gout was most common in wealthy people with excessive food and alcohol intake; therefore, it was also called “the disease of kings.”

Uric acid is a metabolite of xanthine, which is a purine, by the action of xanthine oxidase. Normally, uric acid is converted to allantoin by uricase and later to urea, which are excreted in the urine. Normal uric acid levels are 2.4-6.0 mg/dL for women and 3.4-7.0 mg/dL for men. However, it was recently found that females with a level > 4.7 mg/dl and males with a level > 5.6 mg/dl have increased mortality rates and higher risk of cardiovascular diseases.

Colchicine is an alkaloid derived from *Colchicum autumnale*. It was originally used as a laxative in ancient Greece about 2000 years ago and was first used to treat gout by the Byzantine Christian physician Alexander of Tralles at about 600 Anno Domini (AD). *Colchicine* has anti-inflammatory effect and can quickly reduce the swelling and buildup of uric acid crystals in affected joints. Although colchicine is generally well tolerated at prescribed doses, it has a narrow therapeutic window and has caused fatalities with single doses as low as 7 mg. The most common side effects are diarrhea, vomiting, and nausea, which may occur in > 20% of colchicine users.

In recent years, non-steroid anti-inflammatory drugs (NSAID) are the first line medicines for gout. The most important historical advance in the treatment of gout was the development of xanthine oxidase inhibitors, which reduce the production of uric acid. Currently, there are two different ways to treat hyperuricemia. The first one is to reduce the production of uric acid using drugs such as allopurinol and febuxostat. The second method is

to increase the excretion of uric acid with drugs such as benzbromarone, probenecid, and dapagliflozin.

Similar to hypertension, hyperlipidemia, and hyperglycemia, the prevalence of hyperuricemia has significantly increased in recent years because of unhealthy lifestyles. In a recent study, 170 million in China and 32.5 million in the US were found to have hyperuricemia. High serum uric acid levels have been shown to be a prognostic predictor of survival in heart failure. Furthermore, hyperuricemia associated with uric acid deposit has been identified as a risk factor for ischemic heart disease, stroke, peripheral arteriopathy, and renal failure. The risk of developing hyperuricemia in men is 5 times higher than women. However, postmenopausal women have a risk almost as high as that of men, mainly because of decreased levels of estrogen, as it can enhance the activity of proteins involved in the reabsorption of uric acid.

With the advance in molecular medicine, several proteins such as SLA2A9, ABCG2, SLC17A1, SLC22A11, PDZK1, SLC16A9, and SLC11A122 have been associated with the production, transport, metabolism, or excretion of uric acid. As uric acid has adverse effects on the cardiovascular system, women are as susceptible as men to complications of hyperuricemia. Adequate physical exercise and appropriate diets are beneficial. Reduced consumption of alcohol and intake of medicines that may increase the production or decrease the excretion of uric acid are also critical in the maintenance of health, especially in women with hormone imbalance.

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超音波卵巢癌評估系統 (O-RADS and ADNEX model)

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To date, ultrasound represents the first-line imaging tool for the evaluation of adnexal lesions. Ovarian cancer (OC) has a low prevalence but is highly lethal. The overall five-year survival rate of OC is less than half. Accurately diagnosing adnexal lesions plays a vital role in patient management.

In recent years, several ultrasound structured reporting systems have been developed to assess the risk of OC. In 2000, the International Ovarian Tumor Analysis (IOTA) group presented the terminology and definitions to describe sonographic features of adnexal tumors, and it subsequently developed the "Logistic Regression Model" in 2005, "Simple-Rules" in 2008, "ADNEX Model" in 2014, and "Simple-Rules-Risk model (SR-Risk)" in 2016. A large multicenter study included 4905 patients with adnexal lesions undergoing surgery and it concluded that the ADNEX model had more practical advantages than other 5 models. In 2018, the American College of Radiology (ACR) published a white paper lexicon for descriptions of adnexal lesions. In 2020, the ACR developed Ovarian-Adnexal Reporting and Data System (O-RADS) ultrasound risk classification into six categories. O-RADS 0 represents incomplete evaluation. O-RADS 1 Indicates a normal ovary with physiologic cyst. O-RADS 2 indicates an almost certainly benign lesion with <1% of malignant risk. O-RADS 3 indicates lesions with a low risk of malignancy (1% to <10%). O-RADS 4 indicates intermediate malignant risk (10% to <50%). Furthermore, O-RADS 5 indicates high risk malignancy (≥50%).

The goals of this lecture were to compare the O-RADS with the ADNEX model.

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子宮頸癌篩檢結果異常與子宮頸癌前驅病變之處理

本次報告的內容，包含子宮頸篩檢工具的操作要點、陰道鏡檢查要點、子宮頸癌前驅病變手術治療之操作要點，以及美國 2019 ASCCP 臨床指引之台灣應用。25 歲以上女性的子宮頸篩檢，宜以 HPV 為主，輔以細胞學檢查。子宮頸若有肉眼可見的可疑病灶，則不管子宮頸細胞學或 HPV 檢查結果如何，皆應進行切片檢查。CIN1 以追蹤為主；持續 CIN1 至少兩年以上者，通常還是繼續追蹤，但若想治療也可以。HPV 16 或 18 呈陽性者，即使子宮頸細胞學檢查正常，仍應進行陰道鏡檢查。細胞學檢查為 HSIL 及以上或 HPV 檢查為 16 或 18 型者，應充分進行陰道鏡與切片(至少 2-4 切)。然而，有些狀況之下，可以不經過陰鏡切片，而直接進行治療。除了考量減少後續早產風險的個案，HSIL 的切除性 (excisional) 治療比燒蝕性 (ablative) 治療受到青睞；如果沒切乾淨，可以先追蹤或繼續再切。另一方面，24 歲或以下的 CIN2 患者，也可考慮不治療，而改以每半年進行追蹤。懷孕期間，不可做子宮內頸搔刮或子宮內膜切片，也不進行 HSIL 的治療，但若高度懷疑有癌症，而子宮頸切片無法確認診斷，就只好考慮進行診斷性子宮頸圓錐狀切除手術。細胞學檢查呈良性子宮內膜細胞者，若已停經，則進行子宮內膜切片。細胞學檢查呈 AGC 的患者，除了陰道鏡，還需考慮子宮內頸搔刮與子宮內膜切片之需要。如果細胞學檢查是 AGC favor neoplasm 或是 AIS，但是陰道鏡和諸切片皆找不到病灶，則要進行診斷性子宮頸圓錐狀切除手術。AIS 患者需進行子宮頸圓錐狀切除手術，且要切到手術切緣已無病灶為止，而若無生育考量，則建議切除子宮。子宮頸癌前驅病變的追蹤，宜以 HPV 為主，輔以細胞學檢查。HSIL 或 AIS 治療之後，即使子宮已切除，至少要追蹤 25 年。

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COVID-19 疫情對性別的衝擊

Covid-19 大流行導致全世界受到前所未有的衝擊，對於性別平等亦造成不小的影響。依據世界經濟論壇(World Economic Forum)每年 3 月提出全球性別落差報告(global gender gap report)，比較近年來性別平等受疫情的衝擊，2021 年報告指出，因為公共衛生的緊急狀況和經濟衰退等原因，消弭全球性別落差所需的時間從 99.5 年增加至 135.6 年；而 2022 年報告則可看見因多數國家疫情稍緩，消弭性別落差的時間又拉近至 132 年ⁱ，不過整體而言，女性的處境仍是較疫情前倒退。

關於Covid-19 疫情對於性別的衝擊，各大國際組織，例如歐盟的歐洲性別平等研究所(European Institute for Gender Equality, EIGE)、聯合國婦女署等皆有關注的面向。主要是Covid-19 疫情導致大規模、長時間的托育、照顧機構關閉，與女性從事的職業較易受到疫情的影響等因素，再再加劇的照顧責任壓力以及對身心健康上的影響。以EIGE而言，在官網的「Covid-19 與性別平等」專區 (Covid-19 and gender equality)，羅列六大議題，提醒各國或政策制定者應認知Covid-19 疫情造成的危機對於男性、女性有不同的影響，在政策制定上不應忽略性別觀點ⁱⁱ，其六大議題與內容分述如下：

- (一) 疫情相關之必要性的工作人員：勞動力市場的性別隔離導致女性與男性接觸 Covid-19 的程度不同。
- (二) 健康：女性、男性在 Covid-19 的健康風險；更重要的是，對 Covid-19 疫苗反應，應按男性、女性分類蒐集其不同的反應之統計數據。
- (三) 無償的照顧與家事：疫情使許多學校關閉，因此增加家庭無償工作份量，使得女性在原本性別失衡的家務分工結構下，負擔更沉重。
- (四) 經濟困難：Covid-19 大流行導致經濟下滑，這對勞動力市場中的女性和男性產生不同的後果。以歐洲國家來說，女性工時下滑的幅度大於男性。
- (五) 性別暴力：許多國家封城措施下，家庭暴力案件通報激增。
- (六) 處於弱勢地位的人：疫情導致少數群體的女性和男性面對來自社會的偏見與刻板印象的情況加劇，處境更加艱難。ⁱⁱⁱ

由 EIGE 蒐集的數據與研究資料可見，Covid-19 疫情對性別平等有全面性的影響。而就公共衛生與婦女角度而言，如何思考傳染病大流行其過的性別衝擊？2016 年 WHO 發布「傳染病爆發倫理議題管理指引」(Guidance for managing ethical issues in infectious disease outbreaks)，其中特別提及生物性別 (sex)、社會性別(gender)影響傳染病爆發的傳播、控制、結果的影響，並認為相關的性別統計、分析，以及生育保健相關服務，以及傳染病防治政策上具性別敏感度與性別觀點的重要性。而從相關醫學或公共衛生的研究或臨床試驗上，融入觀點與不會不成比例排除特定性別，並確保懷孕女性或可能懷孕女性不會被不適當地排除於研究參與之外，以確保傳染病之預防與治療上平等。此指引亦可提供思考因應 Covid-19 對公共衛生與健康政策上之參照。

綜上所述，討論 Covid-19 疫情對性別平等的衝擊，重要的是，需看得見各個面向上，疫情對於不同性別處境上產生的結果，並據以提出具性別觀點的因應之道，才得以因應後疫情時代之性別處境。

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- i. <https://www.weforum.org/reports/global-gender-gap-report-2022/digest/> . Accessed July,24,2022.
 - ii. <https://eige.europa.eu/topics/health/covid-19-and-gender-equality>. Accessed July,24,2022.
 - iii. 行政院性平會第 25 次會前會會議「疫情下性別議題分析報告」

江盛
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避孕藥發明對世界的影響

1962，避孕藥(Enovid)上市，是 20 世紀最重要的發明之一，對性關係、性解放、文化與社會的影響，Pill 依然是「小，威力巨大，廣受誤解」。相較之下，1998 核准的威而鋼卻是「廣受歡迎」。

絕大篇幅的人類演化史，女人的命運多半就是不間斷的生育，在採獵農耕時期，女人付出貧血，腰痠背痛，營養不良，牙病等代價。台灣婦產先驅陳庵君醫師在其回憶錄描繪五零年代的台灣孕婦：「大家都貧血，血紅素總是 8 或 9，生產很容易出血，沒有好辦法．．．只有等死」，至於女人的地位則是：「分擔大部分的家務，還要到田裡做事，是最後一個吃飯的人，假如碰上不會設想的長輩，沒有留菜，就只有白飯淋湯的分」。美國約翰霍普金斯大學婦產科醫師 Alan Guttmacher (1898-1974) 說：「除非能完全控制生育，沒有女人是完全自由」。

避孕藥研發是美國節育推動者 Magaret Sanger (1879-1966) 和一位富孀 Katharine McCormick 的支持，聯合科學家 Gregory Pincus 和 John Rock 醫師研發成功。人類最偉大的進步，不僅在最新的科學發明或政經理念，而更在運用這些發明去減少人與人之間的不平等。

避孕藥的誕生，並未改變世界人口不斷增加的趨勢，從二十世紀中葉的 25 億人，目前超過 77 億 5 千萬，預估到 21 世紀中將越過 90 億。台灣出生率從戰後嬰兒潮後逐年下降，但人口密度每平方公里高達 660 人(2020)，遠高於日本(332)，菲律賓(329)和中國(149)。

台灣婦產醫學會在 2015/9/26 世界避孕日公布大學新鮮人有性經驗比例為 16%，十年當中增加兩倍，其中 10%沒有避孕。學會呼籲重視進性教育。相較下，從 2001 到 2010 年，紐約公立高中女生懷孕率下降 27%，歸功於政策將性教育和避孕措施搭配，廣泛在公立高中實施，2009 到 2011 年，使用避孕藥、避孕器比率從 17%上升到 27%。在美國，法院和美國婦產醫學會支持需要緊急避孕的女人不需醫師處方買藥，認為此舉有助降低意外懷孕衍生的 111 億美元醫療支出。非預期懷孕者以年輕人、未婚和低收入女人居多。支持生育和支持避孕並非對立，現況則是生殖階段的女人大部分時間處於避孕狀態。台灣健保目前補助產檢和生產，卻不支持避孕器、避孕藥、結紮和青少年中止妊娠費用，數十年來生產數下降所省下的支出，並未回饋到婦女健康之上。

蔡甫昌

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台灣大學生醫倫理中心主任
行政院衛福部嚴重特殊傳染性肺炎專家諮詢會委員
經歷：台大醫學院社會醫學科 教授兼主任
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疫情下遠距醫療倫理法律議題

2020 年武漢肺炎全球大流行，使得遠距醫療的需求快速增加，也推升遠距醫療的發展與應用，本演講將探討遠距醫療相關倫理法律問題，包括：遠距醫療與健康穿戴裝置（H-IoT）相關之設備安全、隱私、非專業照護、社會關係等倫理問題，以及我國開放遠距醫療業務修法之相關考量。

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婦產科專業到政治

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民主政治的理想，就是透過選舉的過程，選出代議士，為人民監督施政、制定政策、分配資源。除了選舉，更包括政策的溝通與 transparency，和滿足民眾的需求，並在各 stakeholders 之間協助平衡、搜集資訊，改善政策或法律流程。

就像醫療是一門專業，政治也是一門專業；法政訓練背景理論上對於政治運作、各種不同法系與政治治理制度之差異與優劣，均有其他科系專業的人所缺乏的基礎。然而，區域民選的民意代表，其最重要的價值在地方民意之基礎，不論其經營「能力」是透過如何的方式，在法律基礎和民主精神上，其具有最根本的代表性，尤其對於該區域的地區需求與生態。另外在台灣所謂「不分區」，即一般所稱 party list 或 at-large 的民意代表，則多半以具各種專業背景（包括法政），作為各政黨對政策多元與專業的立法及施政基礎。

也就是說，民主制度試圖以各種方式，增加政治政策參與的多元性，增添不同背景、不同區域、不同階級、不同職業及社會經濟地位人民所需之代議者。台灣的政治參與，包括民眾對於選舉和政治新聞的關注和討論，以及包括年輕族群的投票率，相較於歷史悠久的民主國家，是熱烈與高得多。

我國醫療專業政策的擬定，除了專業的事務官和政務官之外，包括各專業組織（學會、協會、公會等）的代表；這些代表包括專業組織內部透過民主程序，所選出來的專業團體代表，或是團體幹部所推薦的專家，給予專業意見。在這過程中，若有具專業背景的代議士，其主要職責，應是專業組織、民眾和政府主管機關之間的溝通協調者，在政策上給予專業意見，或是協助專業組織和民眾轉達其需求、協調政府部門間的溝通，以及修法。

在許多國家，具有醫療等專業背景，參與政治或成為代議士，並不罕見；這與各國在文化、經濟、專業工作的專一性或收入等職涯選擇等等都有不同的差異和背景；且不同國家包括總統制或內閣制之差異，及上下議院或多政黨的聯合政府，因此各國之專業參政無法完全比照。

促進專業組織及團體內部的民主參與，增加與社會之間的溝通，再加上具專業背景或能充分關心及了解專業議題的代議士，有助於協助專業政策之推動與討論。

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衛生署醫事處、署長室 專門委員

台灣醫事法律學會 理事長

醫法對談(1)- 從手術同意書、醫療診斷書談起

醫療法第 82 條

醫療業務之施行，應善盡醫療上必要之注意。

醫事人員因執行醫療業務致生損害於病人，以故意或違反醫療上必要之注意義務且逾越合理臨床專業裁量所致者為限，負損害賠償責任。

醫事人員執行醫療業務因過失致病人死傷，以違反醫療上必要之注意義務且逾越合理臨床專業裁量所致者為限，負刑事責任。

前二項注意義務之違反及臨床專業裁量之範圍，應以該醫療領域當時當地之醫療常規、醫療水準、醫療設施、工作條件及緊急迫切等客觀情況為斷。

醫療機構因執行醫療業務致生損害於病人，以故意或過失為限，負損害賠償責任。

醫學非萬能而有其限制，且醫師並非造物者，因此醫師之臨床臆診雖然未必正確，但醫師已依照一般醫療常規進行合理檢查與診斷等相關處置，即應認為無過失。告知義務之履行，重在尊重及保障病患之身體自主決定權；以契約法之角度而言，並在於使病患對契約標的能有正確認識而不至發生錯誤，藉以平衡醫病雙方當事人之平等締約關係，承此，告知義務已否履行，應以能否使病患理解與自身醫療行為有關之資訊為斷，至是否為醫師親自說明、甚或以口頭或書面說明，均在所不論。

醫師法第 12 條之 1 規定之告知義務，或醫師依醫療法第 63 條第 1 項規定應向病患或其家屬說明手術原因、成功率、可能併發症及危險，及醫療機構依醫療法第 81 條規定應向病人或其配偶、親屬告知其病情、治療方針、處置、用藥、預後情形及可能之不良反應等，均係基於對病患自主決定權之保障與尊重，使病患或其家屬事先認識醫療行為之風險，並自主決定是否願意承擔該風險，故應告知之內容，應以使病患能充分理解並決定是否接受該醫療行為有關之資訊為據，並非要求醫師或醫療機構應就各項枝節均為詳細之說明，即告知義務應限於與自主決定權之行使間有重要關聯部分，以維醫病間權益之平衡。

被告○○未告知原告有上開各種藥物可作為手術之外選項，亦未告知各種可能方案之利弊風險，自難認已經被告乙○○口頭說明併發症及施行該手術之利弊得失，並與原告共同討論，經其等慎重斟酌考量後而同意原告○○接受系爭手術；則原告○○雖於手術同意書簽名同意，然既非經為口頭充分說明，經原告慎重思慮後所為之同意，原則上不生效力，不阻卻違法。被告辯稱已盡告知說明義務，難認有據。

廖建瑜

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福建連江地方法院院長兼法官 (108.08.28~109.08.26)

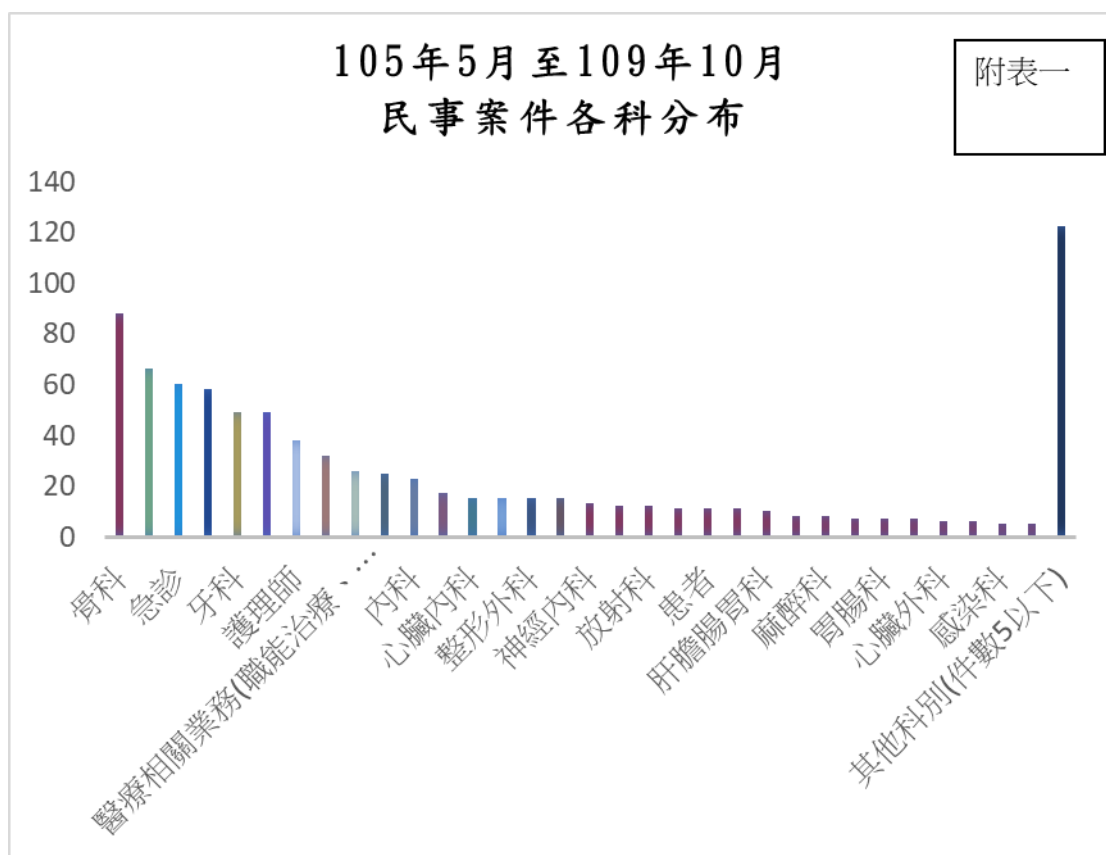
擔任司法院法官學院講座 (105 年~)

擔任法務部司法官學院講座 (105 年~)

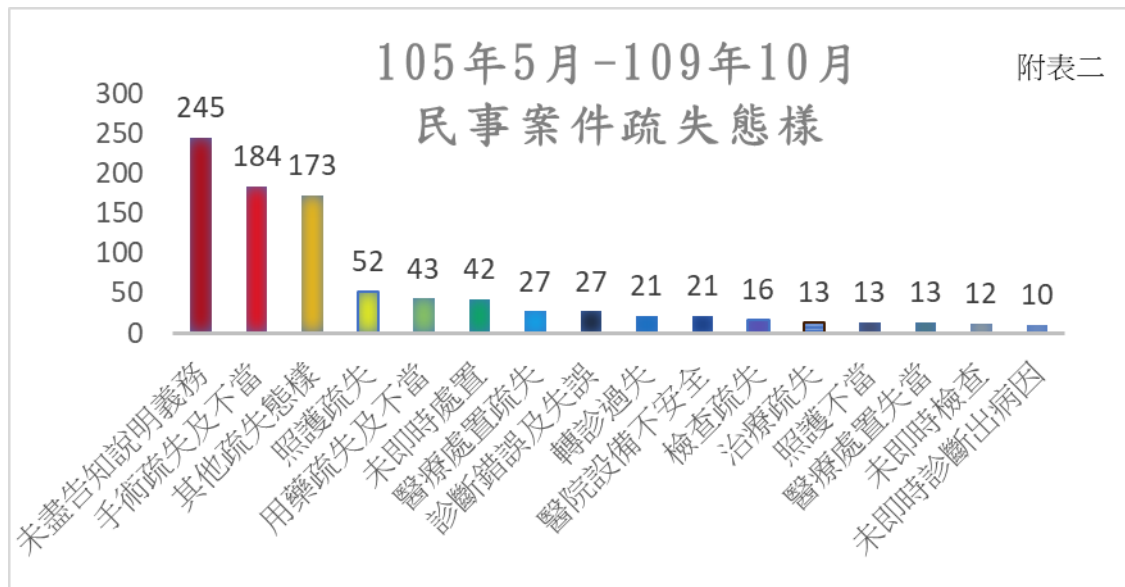
學歷：成功大學法律學研究所博士 (論文題目：論臺灣處方藥仿單外使用之管制，102 年)

醫法對談(2)- 從手術同意書、醫療診斷書談起

從 105 年 5 月至 109 年 10 月醫療民事案件各科分布統計 (如附表一)，婦產科位居第四名，從分布來看，所謂內外婦兒涉訟比例，僅婦產科仍在四名。



從附表二醫糾案件請求原因分析，第一名是醫院或醫師未盡告知說明義務，第二名則是手術疏失或不當，從第一名請求原因係未盡告知說明義務，或許與原告舉證責任較輕有關，醫院或醫院必須先證明已盡知說明義務並取得患者同意，此時最基本之證據即手術同意書。而如何證明手術疏失有無疏失或不當，病歷及診斷證明書之記載則為證據之王，本次演講將以實際個案說明，手術同意書及醫療診斷書在醫療訴訟中之作用，並藉以提醒醫界目前在上開文書上記載有何缺失，以避免在醫療訴訟上舉證出現難題。



黃淑君
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臺灣福爾摩沙婦女泌尿醫學會 理事

Combination Pharmacotherapy for Treatment of Overactive Bladder (OAB)

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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. Current treatment strategies for OAB includes behavior therapy, combination pharmacologic therapy, intravesical onabotulinumtoxin (BoNT-A) injection, peripheral tibial nerve stimulation (PTNS), sacral neuromodulation (SNS) etc.

Combination pharmacologic therapy is a reasonable alternative when monotherapy is associated with suboptimal efficacy and /or bothersome side effects. In my speech, special considerations and evidence will be emphasized on combination pharmacologic therapy for OAB.

廖韻涵

SY35

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Vaginal laser on the sexual function of women affected by GSM

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Vaginal laser therapy has been reported to be a safe, effective and noninvasive procedure which can restore vaginal health and improve sexual function. Currently, there are radiofrequency devices which produce tissue contraction as heat develops, CO₂ lasers which fractionally ablate the tissue and cause contraction with subsequent tissue remodeling, and Er:YAG lasers which produce wound contraction secondary to tissue heating. Studies have found that laser therapy is able to stimulate angiogenesis, increase fibroblast activity and induce collagen formation without any associated ablative or thermal damage to the vagina. Specifically, fractional CO₂ laser therapies have been shown to improve blood flow in vaginal tissues which assists in restoring elasticity and moisture of the vaginal canal. Furthermore, previous studies that have investigated the histological changes in vaginal epithelium found that post-fractional CO₂ laser treatments, there was increased amount of collagen deposits and elastic fibers, a thicker epithelium, and an increased submucosal vascularity. The present study evaluated the long-term efficacy of fraction CO₂ laser treatment in postmenopausal women with symptoms of GSM. The results presented in this study showed statistically significant improvement in the assessment of GSM symptoms and sexual function by VAS and the FSFI questionnaire. Significant improvements in GSM symptoms of dyspareunia, dysuria, vaginal itching, vaginal burning and vaginal dryness were seen at one-month follow-up after three laser treatment and these improvements were sustained up to one-year follow-up. Of the FSFI domains, only lubrication did not show a statistically significant improvement at one-month follow-up. However, at six-month follow-up, FSFI lubrication domain scores showed a statistically significant improvement when compared with baseline and this improvement was sustained at the one-year follow-up. All other FSFI domains including arousal, orgasm, pain, satisfaction and desire showed a statistically significant improvement over baseline at the one-month follow-up and was sustained up to the one-year follow-up.

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Pessaries for management of symptomatic pelvic organ prolapse and incontinence

林益豪 醫師

Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) are common problems in women. A pessary is made of silicone or plastic and it can be used to treat symptoms of POP and SUI. Therefore, the vaginal support device could be avoid the patients undergo surgery. Pessaries are used when symptoms of POP are mild or when childbearing is not complete. They can also be used in women who have other serious chronic health problems, such as heart or lung disease, that make a surgical procedure more dangerous. Pessaries are sometimes used to treat uterine prolapse or urinary incontinence in young women during pregnancy.

A variety of pessaries are available, including the inflatable,doughnut, and Gellhorn, etc. These pessaries can be classified into two categories: support and space-filling. Support pessaries are two-dimensional. Types of support pessaries include the ring (with or without a support diaphragm), the lever, the Gehrung, the Shaatz, and the incontinence ring or dish pessaries. Sexual intercourse is still possible when they are in place. Space-filling pessaries are three-dimensional. They include the Gellhorn, donut, cube, Inflatoball, and Colpexin sphere pessaries. They are often needed in women with severe (stage III or IV) POP. Incontinence pessaries are designed specifically to treat SUI. They compresses the urethra against the upper posterior portion of the symphysis pubis, causing an increase in urethral resistance. Whereas pessaries for POP are typically used all day, pessaries for SUI can be used as needed (for example, during exercise). Common complications include vaginal discharge and odor, new onset difficulty in voiding, spontaneous expulsion, and vaginal erosion. Treatment of these complications includes local administration of estrogen, regular follow-up, and appropriate fitting of the pessary.

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Pelvic Organ Prolapse: Controversies in Surgical Treatment

Pelvic floor disorders affect the quality of life of millions of women worldwide. Many different operations exist for the treatment of pelvic organ prolapse and urinary incontinence. Even though uncommon, all surgery has complications which can cause morbidity and rarely mortality.

Patients often ask, “what is the best surgery to fix my problem?” This is a seemingly simple question that involves a clear understanding of what the actual “problem” is and what perceived risks the patient is willing to take on in return for the potential benefits to achieve their desired goals. In a field where most surgical procedures are elective, patients have high expectations for postoperative outcomes and providers aim to meet them. In striving to meet those expectations and examining the relationship between patient goals and provider perspectives, it has become apparent that often what a provider considers a success or complication may not be the case for the patient and vice versa. This lack of understanding is the root of some of the “controversies” (or debates) regarding pelvic organ prolapse surgery that currently demand attention and research. Other current controversies exist because of a lack of sufficient data to give a clear picture regarding the balance of outcomes and risks with different approaches to surgery and perioperative care. This talk discusses a few of the most prominent controversies currently confronting providers and patients when planning for surgical repair of pelvic organ prolapse (POP).

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Stress urinary incontinence in women: Persistent/recurrent symptoms after surgical treatment

Surgery is a common treatment modality for stress urinary incontinence (SUI), usually offered to women for whom conservative treatments have failed. The surgical standard for treating SUI has changed from the pubovaginal sling (PVS) and Burch colposuspension to the midurethral sling (MUS) because of comparable cure rates and lower surgical morbidity after the introduction of the MUS in 1996. The long-term objective and subjective cure rates for retropubic (RP) and transobturator (TO) slings were found to be 61.6% and 76.5%, and 64.4% and 81.3%, respectively. The failure rate was about 5-20%. There is no level 1 evidence for the best next step after a failed MUS. Repeat MUS, PVS, Burch colposuspension, tape shortening, and transurethral bulking agent injections can be considered as second-line surgical procedures. A newer bulking agent, polyacrylamide hydrogel, demonstrated excellent short-term success rates in patients after a failed sling.

There is not yet any consensus regarding the choice of adequate second-line surgery for failed MUS. However, it is necessary to approach surgical options according to the cause of the previous failure rather than uniformly determining a single treatment option. Since transurethral bulking agent injections or tape shortening can be performed with minimal invasiveness, they may be suitable as office-based procedures, but have lower durability and efficacy than other treatment options. Repeat MUS is still being performed most frequently, and recently, PVS and colposuspension are receiving attention again because issues relating to the mesh-related complications have been highlighted.

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Laparoscopic Pectopexy and sacrocolpopexy Procedure for Pelvic Organ Prolapse

Laparoscopic sacrocolpopexy is reported to offer good clinical results similar to those of abdominal sacrocolpopexy, with the added benefit of being minimally invasive. However, LSC is a lengthy procedure, which is the main limitation of this approach. In order to overcome this problem, modification to the original technique to improve its effectiveness is very important. Besides, sacrocolpopexy is still associated with some problems, and the most frequently reported complications include ileus, defecation disorders and stress urinary incontinence. Presacral hemorrhage is the most worrying intraoperative complication of sacrocolpopexy, and may have life-threatening consequences.

Laparoscopic pectopexy is a new type of endoscopic prolapse surgery. It uses the lateral parts of the iliopectineal ligament for a bilateral mesh fixation of the descended structures, so fewer potential long-term problems are expected. The pelvic outlet does not narrow with this procedure, as is expected with sacrocolpopexy, and, compared to the latter, laparoscopic pectopexy is not associated with a high intraoperative risk.

Further studies showed comparable outcomes in supporting the apical compartment at intermediate follow-up duration compared with laparoscopic sacrocolpopexy. Advantages of LP compared with LS are shorter operation time and lower complication rate. Therefore, Laparoscopic pectopexy is a feasible surgical method for apical prolapse, with a shorter operation time and less postoperative discomfort than LS.

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新冠肺炎對人類生殖系統的影響

The influence of COVID-19 on human infertility

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The COVID-19 pandemic is an extraordinary global situation, and all countries have adopted their own strategies to diminish and eliminate the spread of the virus. All measures are in line with the recommendations provided by the World Health Organization. Taiwan was a special place and we had relative fewer COVID-19 cases attributed to a strict border control. However, the entrance of COVID-19 might be inevitable someday due to the global pandemic situation. We had to be well-repared for the day to coexist with the virus.

The influence of COVID-19 on human infertility was an important issue worldwide. Scientific societies, such as the ESHRE and ASRM, have provided recommendations and guidance to overcome and flatten the growing curve of infection in patients who undergo IVF treatments. Although there is as yet no evidence that the virus causing COVID-19 might have negative effects on IVF outcomes, fertility treatments have been postponed and international IVF patients were prohibited since the global pandemic. This March 1st, Taiwan government finally allowed the foreigners applying to Taiwan for an IVF treatment and patients with previous COVID-19 infection history might enter Taiwan for help.

Coronavirus binding to cells involves the S1 domain of the spike protein to receptors present in reproductive tissues, including angiotensin-converting enzyme-2 (ACE2), CD26, Ezrin, and cyclophilins. Men showed higher vulnerability to COVID-19 and presented with depleted testosterone levels, which possibly result in compromised male reproductive health. Reports also indicated decreased sperm concentration and motility for 72– 90 days following COVID-19 infection. Besides, gonadotropin-dependent expression of ACE2 was found in human ovaries, but it is still unclear whether COVID-19 adversely affects female gametogenesis. Although data are limited, and incomplete at this time, there is justifiable concern that negative reproductive consequences of the novel coronavirus may have lasting effects for human fertility.

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Physical and psychologic comorbidity of endometriosis

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子宮內膜異位症為一慢性發炎性疾病，對婦女長期的身心狀態有著深遠的影響。子宮內膜異位症造成婦女身體或心理合併症(comorbidity)的原因包括下列四項：(1)Altered milieu：子宮內膜異位症引起的慢性發炎可能導致體內免疫和荷爾蒙等微環境的改變而造成影響；(2) Shared risk factors：子宮內膜異位症和合併症有共同的危險因子，如基因、環境因子等；(3)Clinical presentations：疼痛和不孕為子宮內膜異位症之兩大臨床表現，其中疼痛會對婦女心理層面帶來巨大的負面影響；(4)Treatment-related comorbidity：因子宮內膜異位症之治療(藥物或手術)而延伸的問題。今天，針對子宮內膜異位症引起的身體合併症和心理合併症，各有四個面向提出向大家報告。

子宮內膜異位症導致的身體合併症主要包括下列四個面向：(1)癌症：目前最明確的證據是子宮內膜異位症會增加卵巢癌(clear cell&endometrioid type)的風險，至於是否增加子宮內膜癌和乳癌之風險，仍有爭議，其他癌症則尚需更多研究；此外，子宮肌腺症可能增加子宮內膜癌的風險，不過，併有子宮肌腺症之子宮內膜癌患者，其預後較佳。(2)心血管疾病：子宮內膜異位症之慢性發炎和高凝血狀態會破壞血管內皮，導致動脈粥狀硬化(atherosclerosis)，進而增加心血管疾病之風險。(3)免疫相關疾病：子宮內膜異位症和自體免疫疾病共有異常的基因表現、免疫環境和自體抗體，目前研究顯示，子宮內膜異位症可能會增加全身性紅斑性狼瘡(Systemic lupus erythematosus, SLE)、類風濕性關節炎(Rheumatoid arthritis, RA)、修格蘭氏症候(Sjogren's syndrome)、多發性硬化症(Multiple sclerosis, MS)、發炎性腸道疾病(Inflammatory bowel disease, IBD)等自體免疫性疾病的風險；此外，也可能會增加過敏性疾病及氣喘的風險，不過，皆需更多的研究佐證。(4)其他疾病：子宮內膜異位症可能增加大腸激躁症(Irritable bowel syndrome, IBS)、纖維肌痛症(Fibromyalgia)、間質性膀胱炎(Interstitial cystitis, IC)或膀胱疼痛症候群(Bladder pain syndrome)等疾病之風險。

子宮內膜異位症導致的心理合併症主要包括下列四個面向：(1)生活品質；(2)心理健康(如憂鬱和焦慮)；(3)社會功能(如工作生產力和日常活動能力)；(4)性生活。子宮內膜異位症對這四個面向皆造成負面影響的主要因為疼痛，疼痛愈嚴重，負面影響愈大；除了疼痛外，睡眠障礙、慢性疲勞、憂鬱和焦慮等亦會加重此負面影響；此外，人格特質、家庭計畫、親友支持及身體共病等都是可能的影響因子，而這些因子彼此也會交互影響。子宮內膜異位症之治療，尤其是手術治療，能改善生活品質、減少憂鬱和焦慮、增加工作生產力和日常活動能力及改善性生活。

子宮內膜異位症造成婦女身體或心理的合併症，對其生命歷程(life course)會產生很大的衝擊，可能影響學校課業、職業生涯、家庭計畫、夫妻關係、人際關係、社會生活、心理健康及生活品質等。醫師的角色在於早期診斷、有效治療及長期照護，來降低子宮內膜異位症身體或心理的合併症對生命歷程的衝擊。

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Recurrent Implantation Failure: Controversy over Definition, Diagnosis, and Treatment Efficacy

反覆著床失敗：定義、診斷與治療的爭議

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反覆著床失敗是試管嬰兒治療的未解之題，首先對於定義就有諸多不同討論，除了傳統上以植入失敗的胚胎數量或次數加以定義外，近期在預測模型盛行的推波助瀾下也有了一些動態的定義，值得參考。

造成反覆著床失敗的原因目前也有諸多未知，文獻中目前持續探討的可能造成反覆著床失敗的相關原由包括：精蟲因子、卵子因素、子宮及其附屬器因素、免疫及易栓因素、內分泌因素等。這些診斷面相及其所對應的治療，是否能避免著床失敗的發生仍有爭議，在與個案的諮詢上需注意檢查的適切性。

在治療方面，近年加拿大及英國的生殖醫學會陸續推出了對於反覆著床失敗的治療建議，值得我們參考。一些被視為試管嬰兒的附加治療(Add-ons)的做法，包括：胚胎著床前染色體篩查(PGT-A)、內膜容受性檢測、免疫療法等等，雖然尚未有定論，也不建議廣泛使用於所有反覆著床失敗個案，但相關的研究及未來的發展性，是本次討論的重點。

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Revisiting add-ons for assisted reproductive technology

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Since the birth of Louis Brown in 1978, millions of children have been born following IVF, and assisted reproductive technology has become a rapidly evolving field. Despite our best efforts, IVF live birth rate is limited. While the basic steps of the IVF process are typically rather uniform, patients who are undergoing IVF are highly motivated to achieve a higher successful pregnancy, consequently new technologies are constantly developed with the intent to improve treatment outcomes. Therefore, IVF add-ons have emerged as optional extras which usually aim to increase the chance of IVF success.

What are treatment add-ons?

- optional additional treatments, also referred to as 'supplementary' , 'adjuvants' or 'embryology treatments' .
- Often claim to be effective at improving the chances of live birth rate but the evidence to support this for most fertility patients is usually missing or not very reliable.
- Likely to involve an additional cost on top of the cost of a routine cycle of proven fertility treatment.

While there is a plethora of currently available IVF add-ons, most offer rather limited convincing evidence of clinical effectiveness, and they often increase the financial burden of fertility care. Some existing add-ons will be perfected and become an integral part of routine practice, while others will be phased out entirely as their utility is questionable. In the meantime, both laboratories and clinical practices should take a critical eye to the add-on treatments they have incorporated to assess if they are producing true benefit to patients and are therefore justifiable interventions.

Here we attempt to provide an overview of the evidence, potential benefits and risks associated with several common IVF add-ons, and discuss future directions for managing add-ons in assisted reproductive technology.

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Epigenetics in assisted reproductive technology: how much the evidence?

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Perinatal outcomes and life-long health of the offspring.

More than 8 million individuals have been conceived by Assisted Reproductive Technologies (ART) and there is clear evidence that ART is associated with a range of adverse short term health outcomes, including rare imprinting disorders. Despite of contradictive data, accumulating evidences also linked ART with potentially increased risks of neurodevelopmental disorders, cardiovascular dysfunction and metabolic abnormality in offspring. A major challenge for research into these adverse outcomes is the difficulty in separating the contribution of infertility *per se* from the ART treatment. Pregnancies resulting from ART are generally associated with adverse obstetric and perinatal outcomes when compared to spontaneously conceived pregnancies mainly related to the higher rate of multiple gestations. Although the decline in multiple birth rates resulting from adoption single embryo transfer has considerably reduced perinatal risks for ART children, singletons born after ART still carry a 2- to 3-fold increased risk of adverse perinatal outcomes, which in turn increase the odds of life-long health problems.

Both fertility status and fertility treatment are associated with epigenetic alterations.

Epigenetic modifications are heritable alterations that do not result from changes in the DNA sequence. They are affected by the genetic variability and environmental influences in disease. These noncoding mechanisms of gene regulation include DNA methylation and noncoding regulatory elements. They alter DNA accessibility and chromatin structure, thereby regulating patterns of gene expression. The noncoding transcriptome, which includes long noncoding RNAs and miRNAs, also affects overall gene expression. Changes in the levels of DNA methylation, histone modifications and changes in non-coding RNA (ncRNA) function are common

in various non-communicable diseases, including male and female infertility.

The periconception period and early embryogenesis are associated with widespread epigenetic remodeling of gametes and early embryos, which can be influenced by ART, with

effects on the pregnancy course as well as developmental trajectory in utero, and potentially on health throughout life. ART-related epigenetic alterations is a “chicken or egg” issue given epigenetic defects in gametes also have been documented in infertile men and women. There epigenetic defects can be transmitted to the offspring via gametes.

Summary

1. Epigenetic defects in gametes also have been documented in infertile men and women. However, there does not seem to have recurrent patterns of epimutations.
2. Fertility treatment is associated with increased incidence of rare imprinting disorders. Whether
3. The rates of epigenetic defects in gametes, early embryos, and placenta are increased by various modes of fertility treatment, including superovulation, ICSI, and *in vitro* culture of embryos. However, most evidence came from animals. Whether findings of animal experiments could be translated to humans is still an open question.

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Vaginal Microbiome in Reproductive Health

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The human vaginal microbiome is an important determinant of female reproductive health, which is a dynamic ecosystem composed of more than 200 microbial species. Although the vaginal microbiome can vary considerably between individuals and over time. Accumulated pieces of evidence have well documented that the vaginal communities are often dominated by *Lactobacillus species* in the majority of healthy reproductive age women, which is also composed of a mixed group of facultative and obligate anaerobes.

Many epidemiological and clinical studies have carried out that vaginal dysbiosis is associated with obesity, congenital diseases, gynaecological cancers, and even female infertility. However, due to the limitations of technology in the past, there are very few studies to determine the causative relationships between the vaginal microbiota and these diseases. Since recent decades have seen a dramatically accelerating pace in the development of new sequencing technologies, which have revolutionized our understanding of microbial communities.

Here, we summarize the current understanding of the vaginal microbiome and its connection with host reproductive health. We also discuss the state-of-art for investigating the human microbial communities, providing an overview of the main approaches including targeted and shotgun metagenomics and metatranscriptomics, together with an outlook on the major challenges and perspectives over the use of these technologies for vaginal microbial studies.

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健保給付制度的歷史

林金龍

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台灣的全民健康保險(以下簡稱全民健保)開辦於1995年3月1日。全民健保將開辦前非屬工作人口的眷屬、榮民及無職業者，含婦女、學生、孩童、老人等，納入保險範圍，讓人人享有平等就醫的權利。在此前提下，凡具有中華民國國籍，在臺灣地區設有戶籍滿6個月以上的民眾，以及在臺灣地區出生之新生兒，都必須參加全民健保。全民健保歷經數次修法，逐步擴大加保對象，包括新住民、長期在臺居留的外籍人士、僑生及外籍生、軍人等均納入健保體系。二代健保施行後，將矯正機關之受刑人亦納入健保納保範圍內，而達到真正的全民健保。

全民健保運作架構，以收取投保單位、保險對象及政府補助之保險費，作為保險財源。保險對象如因傷病、生育等需要醫療服務時，由全民健保特約醫事服務機構提供醫療服務，提供醫療服務的保險特約醫療機構，依據「全民健康保險醫療服務給付項目及支付標準」(以下簡稱支付標準)、全民健康保險藥物給付項目及支付標準(以下簡稱藥品支付)申報醫療費用，保險人依據審查辦法辦理申報醫療費用之審核及支付。目前全民健保提供的醫療服務包括：門診、住院、中醫、牙科、分娩、復健、居家照護、慢性精神病復健等項目；醫療支付的範圍則包括：診療、檢查、檢驗、手術、麻醉、藥劑、材料、處置治療、護理及保險病床等。截至2021年6月底止，全民健保特約醫療院所合計21,594家，占全國所有醫療院所總數的92.58%；特約藥局6,716家、居家護理機構722家、精神復健機構231家、助產機構19家、醫事檢驗所208家、物理治療所32家、醫事放射所10家、職能治療所4家及居家呼吸照護所8家。2020年平均每人每年門診就醫次數14.2次，平均每百人住院次數14.1次，全國每人每年平均住院日數1.3日。

全民健保支付制度採第三者付費機制，故醫療費用支付制度扮演重要的角色。全民健保實施時，係沿用「勞工保險診療費用支付標準表(甲乙丙表)」，並以論量計酬(Fee-for-Service)方式為主。但因當時的勞工保險，對於生育係以分娩費及生育補助的現金給付方式辦理，全民健保將生育改以醫療給付，即因甲乙丙表的支付項目與點數不完整而造成許多不平衡的情形，之後也因為有多位熱心的婦產科專科醫師及台灣婦產科醫學會學會的不斷努力爭取，全民健保在婦產科的支付標準才逐漸完備。

全民健保實施的25 年間，陸續因保險給付範圍調整及給付制度的改變而多次進行支付制度或支付標準的修訂，該類修訂，大致歸納為三大類：屬於總體性質的修訂、單項或特定類別的修訂或調整及特定醫療給付改善方案等。

1998 年起全民健保陸續推動牙醫、中醫、西醫基層、醫院等部門總額支付制度，至2002 年起全面採行總額預算支付制度 (Global Budget Payment System)。透過支付制度設計以增進醫療服務體系整合，如論病例計酬 (CasePayment)、論質計酬 (Pay-for-PerformanceP4P) 方案、山地離島地區醫療給付效益提升計畫 (IDS)、家庭醫師整合照護計畫等。加上2010 年1 月1 日起實施全民健保住院診斷關聯群支付制度 (Taiwan Diagnosis Related Groups, TwDRGs)，並於2014 年7 月1 日起實施第2 階段TwDRGs。至此，涉及總體性質的全民健保支付制度修訂，大致都已實施。

屬於單項或特定類別的全民健保支付標準修訂或調整，自全民健保截至2021 年6 月，支付標準共計有4,605 項診療項目，經統計2004 年至2021 年6 月，共計106 次公告調整支付標準，共修訂2,664 項診療項目的支付點數。其中重要的調整，如2017 年以醫院總額部門「醫療服務成本指數改變率」增加之預算，用於調整急重症項目 (共60 億元) 之支付點數。為提高西醫基層診所服務量能，自2017 年起至2021 年對基層醫療機構陸續開放表別項目，其中2017 年開放「流行性感冒A 型病毒抗原」等25 項診療項目、2018 年起開放「陰道式超音波」等9 項診療項目、2019 年起開放「淋巴球表面標記-感染性疾病檢驗」等11 項診療項目、2020 年起開放「部分凝血活酶時間」等17 項診療項目及2021 年起開放「無壓迫性試驗」等5 項診療項目至基層院所執行等。

全民健保特定醫療給付改善方案，係全民健保另一項特色，主要是透過調整支付醫療院所醫療費用方式，引導醫療服務提供者提供整體性醫療照護發展，並以醫療品質及效果做為支付依據。自2001 年10 月起，分階段實施子宮頸癌、乳癌、結核病、糖尿病及氣喘等5 項醫療給付改善方案。子宮頸癌方案自2006 年起業務移由國民健康署辦理，2006 年於西醫基層診所試辦高血壓醫療給付改善方案，2007 年更擴及醫院執行。自2008 年起實施結核病醫療給付改善方案，導入支付標準全面實施辦理。2010 年1 月新增思覺失調症、慢性B 型肝炎帶原者與C 型肝炎感染者等2 項論質方案，2011 年1 月再新增初期慢性腎臟病論質方案(該方案已自2016 年4 月起導入支付標準全面實施辦理)。2015 年孕產婦全程照護醫療給付改善方案從衛生福利部醫療發展基金回歸至健保署；2015 年10 月新增早期療育門診醫療給付改善方案，2017 年新增慢性阻塞性肺病方案，2019 年新增提升醫院用藥安全與品質方案。糖尿病方案因執行成效良好，於2012 年10月導入支付標準全面實施。

謝卿宏 SY47

台灣婦產科醫學會 博物館館長
台灣婦產科醫學會 院士
台灣婦產科醫學會 第19屆理事長
部定副教授
茂盛醫院 泌尿婦科主任

健保申報技巧及申報陷阱

謝卿宏

台灣婦產科醫學會 第十九屆理事長

1. 要充分了解「全民健康保險法」，下載列印一份。隨時可以翻閱參考。
2. 要閱讀並充分了解「全民健康保險支付標準」所有檢驗、檢查、處置、與手術，尤其是手術通則。
3. 每期的學會會訊一定要看，尤其是有關健保醫政的公文或公告，此外，前輩醫師整理刊在會訊的健保申報技巧，一定不能錯過，而且要列印建檔。
4. 要知道，熟悉學會的基層和醫院的審查共識，絕對不能擴大解釋。
5. 執業時的任何申報千萬不可作假，也不可以訛傳訛，聽信同業路邊消息，若有疑慮，一定要跟學會確認。
錯誤的訊息：如 可以用超音波檢查子宮的受孕囊胚代替驗孕，申報驗孕。
無法內診或沒有內診，用超音波替代，卻申報 55021C。
6. 沒有做的處置，一定不能申報；做了手術、處置或檢查、檢驗，就據實申報。若遇到被不合理核刪，只要自己合於學理與支付標準之規定，一定要據理力爭，甚至尋求學會幫助。
7. 健保永遠影響我們的執業，若有任何資料，一定要收集起來，一定要用一個專用卷宗或資料夾，依照時間順序、種類(如申報資料、法令、健保統計資料---最重要、公文等)放好；只要當醫師，有朝一日一定會有參考價值。
8. 多參加學會活動，發現問題、提出問題，並思考解決對策，大家集思廣益，共同創造學會服務會員的廣度與深度，提升婦女健康照護醫療品質。
9. 一般而言，我們在申復時，常會講學理，引經據典爭取；但是，進入訴訟時(以健保來說是行政訴訟)，就是要講事實、講對不對、講是非、講有沒有違法(講誰是誰非、講誰違法)，法律絕對不是從醫學引經據典來講學理的地方。
結論：申復時也要像訴訟一樣，根本不要(不必)講學理，只跟審查醫師講事實、指出審查醫師的不對、指出審查醫師的非、指出審查醫師違法之處。
10. 問題：打官司時，您會找醫法雙修的律師嗎？

葉光芃 SY48

現職：彰基婦產部主治醫師

台灣健康空氣行動聯盟發起人 (2011) 暨創會理事長 (2016-)

台灣婦產科醫學會環境與婦女健康委員會創會召集人 (2019-)

經歷：彰基婦產部主任

台灣婦產科醫學會人力委員會創會召集人 (1998-2010)

慈林教育基金會董事

2011 醫療事故之預防及不責難補償制度國際研討會總策劃

民報 Taiwan People News 董事

台灣婦產科內視鏡暨微創醫學會理事長 (2014-2016)

立足醫業 心懷天下 「為台灣 為地球 醫師能做些什麼？」

每個年代每個世代都有當時天大的社會問題、國家困境，醫師可試從醫師視角發現病灶，提出處方，採取行動，協助社會及國家做出正面的改變。

我出生成長在一個沒有言論集會結社自由的戒嚴時期(1949– 1987)，在鄉下做童工長大。我試將自己的人生粗分成三階段：

一、生涯前期：自我探索、學習成長、困惑的憤青期 (1971-1985)，橫跨我的北醫學生(北部觀)、左營當兵(南部觀)，及彰基住院醫師(中部觀)階段

歷經台灣退出聯合國(1971)、蔣中正逝世(1975)、宜蘭立委選舉作票郭雨新事件(1975)、中壢事件(我在現場)(1977)、台灣長老教會人權宣言(1977) (使台灣成為新而獨立國家)，及台美斷交(1978)、美麗島事件(1979)、228 林義雄宅祖孫慘案美麗島大審(1980)等重大事件的衝擊，年輕氣盛的我對於台灣的主權定論、戒嚴的正當性，及選舉作票充滿憤怒與質疑，卻只能握拳，並透過大量閱讀黨外雜誌，及訂閱南部發行的民眾日報台灣時報，尋求解答，無法進一步做什麼，總覺自己很無能！

二、生涯中期：為台灣民主打拚期(1986-2004)，由彰化縣做起，為民代及公職候選人助選

- 1) 總策劃及主導百位彰基醫師敬向父老鄉親推薦楊文彬選國代的一封信：被媒體譽為翻轉選情、成功的文宣
- 2) 全力輔選翁金珠一路由國代轉戰立委、連任立委，至 2002 年選上彰化縣長
- 3) 2002 年舉辦一場慈林音樂會，並請吳音寧編製「歷史不曾走遠」一書，為林義雄的「台灣民主運動館」募款
- 4) 擔任彰化阿扁之友會副會長(1999 2003)

三、生涯中後期：略盡醫師社會責任期(1996-)，透過醫學會及台灣健康空氣行動聯盟(ACT 及 CAN)

(一) 經由 TAOG、TAMIG、SUMROC 等醫學會的參與，協助突破醫病困境(1996-)

- 1) 1998 在 TAOG 創立婦產科人力委員會：關切少子女化，給付低，醫糾等三議題。
- 2) 2010 舉證健保給付對婦產科不公的資料，委請黃淑英立委於 7/21 舉行記者會，隨即為蘋果日報引用而寫成 7/22 蘋論「健保給付竟有性別差異！」，引發社會關注，健保署被要求到立院專案報告，促成給付之調高。
- 3) 1997/1 深受芬蘭 Harrki-Siren “A nationwide analysis of laparoscopic complications” 論文啟蒙；2003 年 SARS 期間因多位醫護染疫殉職、更強烈感受到「醫病本是命運共同體」，而行文阿扁總統及立委提三呼籲：1. 訂 2003 年為台灣病人人權元年 2. 成立病人保險協會 3. 採北

歐的不責難補償制度 (No Blame Compensation, NBC) · 因而促成立委賴清德草擬出 NBC 賴版草案(參考瑞典 NBC)。

- 4) 2011 主辦「醫療事故之預防及不責難補償制度國際研討會」，獲台大法學院副院長陳聰富、台大公衛學院院長陳為堅、彰基院長郭守仁、成大附醫院長林炳文、秀傳黃明和古鳴洲正副總裁、各醫學會理事長—TAOG 謝卿宏、黃閔照、TAMIG 宋永魁、龔福財、APAGE 李奇龍、SUMROC 謝景璋、謝豐舟、台灣麻醉醫學會謝宜哲、賴清德、翁岳生、蘇永欽等大力相挺加持；及護理師公會全聯會、外科醫學會、北市牙醫師公會及牙醫師公會全聯會陳時中、柯文哲之參與。除了一整天會議及二天的座談，也南下至成大與醫學生座談。此會除了邀請瑞典法律顧問及丹麥醫師來台現身說法，主要目的是介紹北歐 NBC 不只適用在生產救濟，亦適用於麻醉、內外婦兒牙科、感染等併發症。

(二) 試從空氣看台灣、氣候看天下而創立台灣健康空氣行動聯盟(2011 ACT, Air Clean Taiwan)及 Climate Air Nature (CAN)，期間透過數十場遊行、超過百場記者會之初效如下：

- 2011/4 主辦「國光石化萬人餐會」、編印「PM2.5 與健康」手冊，促成蘇貞昌、蔡英文、馬英九簽署同意台灣 PM2.5 立法管控；5/7 母親節當天，獲 TAOG 謝卿宏理事長及黃閔照祕書長的加持，加開了一場成功的記者會，對 PM2.5 的立法管控起了很大的作用
- 2012 年起 ACT 每年公佈 PM2.5 /PM10 等空品年報，促成政院及地方政府重視空污防制
- 2013 年：政院宣布自 1 月 1 日起台灣正式依法管控 PM2.5，採用年均標準 $15\mu\text{g}/\text{m}^3$
- 2014 年：1 月 ACT 公佈 2013 年 PM2.5 年報，次日自由時報下標「PM2.5 有管控沒成效」大肆報導，2 月環署長被告知去職
- 2015 年：促成中彰投嘉縣市政府成立「空污防制委員會」，於全台共舉辦 11 場反空污遊行，促成中火減煤四成，其中，年底「無煤家園」遊行，李遠哲及三黨副總統參選人陳建仁等全數出席，促成政院成立「能源及減碳辦公室」
- 2016 年：918 彰化遊行，促成彰化台化廠即刻停煤至今
- 2017 年：610 斗六遊行促成六輕減煤兩成；2 月「呼吸平權 健康平權」「終結一個天空 兩個台灣」及 12 月「反歧視 節能救台灣」遊行，促成政院全面翻修空污法
- 2018 年：2018/11 選前北市、高雄、台中三場遊行促成政院停建深澳燃煤電廠
- 2019 年：響應瑞典少女 Thunberg Friday for Future 罷課行動，主辦四場「台灣零碳排 囡仔有未來」氣候行動，年底遊行副總統參選人賴清德、張善政出席
- 2020 年：88 父親節醫療人員著白袍於台中市議會前排字，訴求台灣 NET 0 CARBON
- 2021 年：44 兒童節，陳其邁市長出席「高雄零碳排 囡仔有未來」遊行，4/22 蔡總統宣佈台灣 2050 淨零碳排。12 月於台北舉行非「褐」家園 (無化石燃料家園) 遊行
- 2022/6：於行政院陳情：台灣能源要獨立、應戒斷依賴煤油氣 (烏俄戰爭的啟發)

小結：一路走來，感謝我的病人，以及提攜我、支持我、給我機會的貴人和一起奮戰的夥伴們！

1. 不責難補償制度能為醫病建構更和諧安全的醫療環境，宜擴及內外婦兒牙等科別。
2. 加嚴台灣空品標準：台 PM2.5 年均標準 15 是 WHO 2021 空品新指引 $5\mu\text{g}/\text{m}^3$ 的 3 倍。
3. 台灣呼吸極不平權，對南部人極不公平：空污影響每個器官、每個細胞，會過胎盤，影響胎兒；今年 1-6 月 PM2.5 濃度，北北基桃與嘉南高屏分別為 11 與 $21\mu\text{g}/\text{m}^3$ ，南北差距高達 $10\mu\text{g}/\text{m}^3$
4. 地球發燒，氣候緊急：極熱、旱澇、野火已非新聞，主要肇因於人類使用過多的煤油氣等化石燃料。減碳是你我的責任，如果我們不關心地球，地球就會來關心我們，就讓我們從自身做起！
5. 歡迎加入 TAOG 的環境與健康小組，一起來關心呼吸自由、健康平權、氣候正義。

洪聖惠 SY49

現職：團法人醫院評鑑暨醫療品質策進會 副執行長
台灣擬真醫學教育學會 理事

學歷：國立台灣大學健康政策與管理研究所 博士
國立台灣大學護理學研究所 碩士

經歷：國泰綜合醫院品質管理部 副主任
國立台灣大學醫學院附設醫院 護理部護理師

醫療爭議事件的根本原因分析

*Sheng Hui Hung, M.S., Ph.D.
Deputy Executive Officer, Joint Commission of Taiwan, Taipei*

長久以來醫療專業人員常將治療視為個人責任，當醫療環節一旦發生錯誤，個人往往需擔負最大的責任，也常受外界質疑是否囿於專業不足導致錯誤未能及時發現，而衍生出所謂的醫療錯誤或醫療疏失。

其實，醫療環節上的錯誤絕大多數是來自於不良的系統設計、作業流程或工作條件等，人員僅是在特殊條件下被誘導製造結果上的疏失。衛生福利部於 104 年公布生產事故救濟條例，其中第 22 條醫療機構及助產機構應建立機構風險事件管控與通報機制，針對重大生產事故事件分析根本原因、提出改善方案，及配合中央主管機關要求進行通報及接受查察。

根本原因分析(Root Cause Analysis, RCA)是一種回溯性失誤分析之工具，利用結構化、系統化方式檢視醫療不良事件，主要內涵是將事件調查分析重點放在整個系統及過程的改善，而非個人行為上的咎責，經由 RCA 的分析，可瞭解造成失誤的過程及原因，探討人為因素的影響，除了顯而易見的失效，更深入挖掘潛藏的問題、甚或監督、組織層面的影響，進而檢討及改善程序以避免失誤再重複發生。透過 RCA 調查結果找出根因，進而發展改善行動計劃，實際進行系統性的改善，從中汲取經驗及學習，並追蹤成效，以有效杜絕問題。醫療同仁應了解 RCA 的本質與精神，以正向開放的態度、系統性宏觀的視野來看待異常事件，以營造更正向之病安文化。

李詩應 SY50

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輔仁大學社科院 專技副教授
CDPET 執行長
台灣高院、台北地院等法院 調解委員
台北市衛生局 調處委員
經歷：美國哈佛醫學院附屬教學醫院布列根及婦女
醫院神經疾病中心研究員

醫病大和解

李詩應醫師、法學碩士、法學博士候選人
西園醫療財團法人西園醫院神經科、東吳大學法律系

預計回答以下三個問題：1.為何需要看醫病大和解？2.醫病大和解內容摘要？3.如何從閱讀醫病大和解獲益？

1.為何需要看醫病大和解？心力交瘁是必然的、關懷為趨勢所向、同儕調解的同儕支援、自我支援。

2.醫病大和解內容摘要？從整體（巨觀、中觀與微觀）看醫病關係、衝突管理、敘事著手及永續關懷、支援力、覺察力與轉換力。

3.如何從閱讀醫病大和解獲益？以關懷他人為出發，學習如何自保與互相關懷，理解認識人性、改變自己並改變文化。

關鍵詞：醫病關係、醫療爭議、心力交瘁、同儕支援、同儕調解、關懷式調解

潘恆新 SY51

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經歷：台灣婦產科醫學會理事

台灣福爾摩沙婦女泌尿醫學會理事

台灣婦產科醫學會會員代表

台灣婦女泌尿暨骨盆腔醫學會理事

台灣婦產科醫學會法制暨醫療糾紛處理委員會召集人

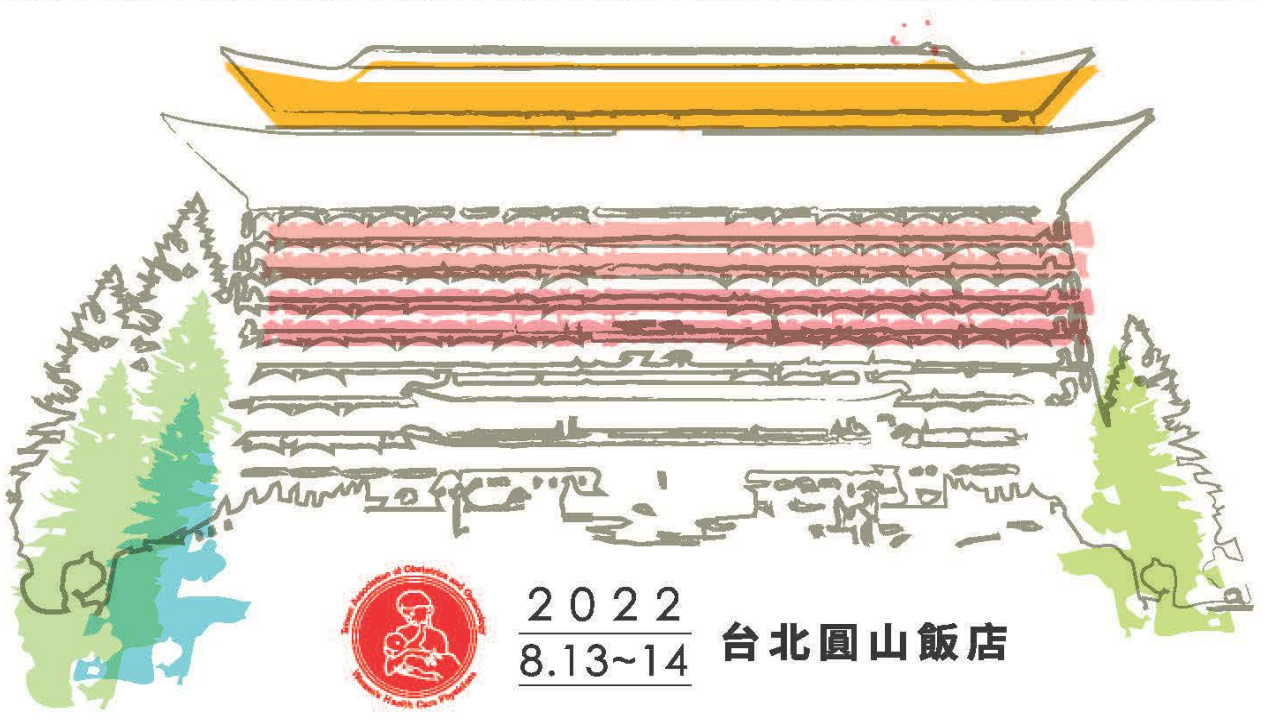
婦產科醫師對醫療判例的省思

俗話說男怕入錯行女怕嫁錯郎，醫師入行後，如果行醫生涯，出現突發狀況，病人或家屬認為你的醫療品質不適當，有時就會遇到醫療糾紛，整個心情就會像坐溜滑梯一樣，上上下下，怕整個人生被死當！所以，當住院醫師在訓練時，不僅要練好一身好功夫，解釋病情也要知道，符合邏輯，知道如何安撫！各位未來的精英大夫，你的功夫不是像在市場買豆腐，隨便買就隨便有！這個時候就必須要向前輩學習以及多看看別的人慘痛的經驗，就可以趨吉避凶，走向人生的坦途！醫療糾紛在行醫生涯中，多多少少都會遇得到，有時候是要靠一個人和，還有為病人著想的心態！今舉一些例子來提醒各位後進。我們都知道自從醫藥分業後，有些開業醫的門前藥局，人與人的相處難免有摩擦，所以必須學習人和忍耐，如果這時候我們跟周遭的朋友們有不愉快，明槍易躲暗箭難防，以下這個案例就是有關於吃藥的問題，雖然不是什麼大糾紛，可是也會讓人燒腦，案件如下：目前衛生福利部所核准的適應症為「懷孕前期（小於七週）子宮內孕之人工流產」。使用此藥施行人工流產，只限於婦產科醫師在公私立醫療院所執行，病人須簽妥同意書，並在婦產科醫師面前服用，方法為：一次服用 mifepristone 600mg，36~48 小時後回診，口服前列腺素 misoprostol 400μg 來誘發子宮收縮，若 3 小時內未見出血，再服用前列腺素 misoprostol 200μg 加強子宮收縮。服用前列腺素後，病人應留置醫療院所觀察至少 3 小時；在 mifepristone 服用 2 週內，病人應確實回診追蹤，以確定胚胎完全排出，考量 mifepristone 可能具有濫用傾向，及避免濫用後嚴重的併發症，衛生福利部業已將之列為第四級管制藥品嚴格管理。依「管制藥品管理條例」規定，該藥品需由醫師開立處方箋，至領有核發管制藥品登記證之藥局、診所或醫院，方可取得。若非經醫師處方，擅自購買取得者，均屬非法行為。根據釋字 778 字解釋：實施醫藥分業政策。此項政策乃立法選擇，釋憲機關原則上應予尊重，在未變更此項政策之前，有關機關應本於系爭規定一之立法意旨，儘速貫徹社區藥局之可近性與方便性，以保障民眾得及時取得藥師調劑藥品服務之權益。於上開制度未臻完備前，有關機關亦應配合醫藥分業實際發展程度，衡酌系爭規定一醫師得例外調劑藥品之範圍是否足敷病人醫療權益維護之最高利益，適時檢討並為合理之調整。在本次解釋之系爭規定合憲部分，許多討論均鎖定藥事法第 102 條基於貫徹醫藥分業政策，並未過度限制醫師之調劑工作權因此被認定合憲。然而，醫療體系的建立與運作，除考量「醫師工作權」與「藥師工作權」以外，基於憲法所保障的「病人健康權」，才是醫療工作的核心。醫藥分業政策的規劃和執行，若僅淪於醫藥工作權之爭，卻未將病人健康權列為優先，未能考量病人對於醫事人員的可信任性、藥事服務之可接近性與可獲得性、以及對於所處方之藥品與病人病情之關連性等，忽略病人的用藥需求，只一再強調醫藥分業藥師單純「把關」的角色，

卻無視醫師既然有專業能力可以開給藥方，自然亦有充分之專業能力可以抓藥、調劑，強行採取分業，則制度面是否已經做最適當的均衡而能提供保障病人健康權之服務品質，實有疑義。

醫師公會全聯會於 108 年 4 月 10 日回覆司法院詢問時，即已明確表達醫藥最核心的價值及公共利益是「病人的權益」；且在強調病人自主、以病人為中心的醫療倫理方向上，病人究應由醫師或藥師處取得醫師處分箋上所示藥品，涉及病人之財產權及選擇交易對象自由，並兼有避免不當、不合理處方用藥之機會，故病人之「知藥」加上「自由選擇調劑」，實為重要公共利益。醫師是民眾「知藥」之主要訊息來源，不僅是對於藥物本身，尚包含藥物與病人體質間、疾病之間之適合程度，均非藥師單純從藥物或處方簽上即可明瞭醫師開立之依據。醫藥分業政策下之系爭規定要求病人不能在其診治醫師處拿藥，只能在藥師處或藥局拿藥，對病人造成更大之不便；且就病人言，病人因而失去選擇由醫師給藥之可能，此一醫藥分業下系爭規定之適用卻適得其反，而生限制病人之自由選擇調劑之結果。另外還有臨床上幾個案例將會在現場報告的時候，再跟各位說清楚！希望各位住院醫師都能夠平安順利。

Handwriting practice lines consisting of 10 sets of horizontal dashed lines on a white background.



2022
8.13~14 台北圓山飯店

午餐會報

【L】

◆ 8月13日 (六)

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| L4 | 洪芝晨 | Beneficial of FemiLift Laser of Labiaplasty |
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| L8 | 林芯仔 | 維生素 B6 補充對孕吐的重要性 |
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| L10 | 簡穎秀 | Shining a Light: Gene Therapies for Genetic Disorders |
| L11 | 郭佩雯 | Genetic Screening and Family-centric Genetic Counseling |
| L12 | 張志隆 | Gender Equity in HPV Disease Prevention: What can we do more |

江心茹

L1

現職：高雄市立鳳山醫院 婦產科 主治醫師

高雄長庚婦產部生殖醫學科主治醫師

經歷：高雄長庚醫院 生殖醫學及內分泌科 研究員

高雄長庚醫院 婦產科 住院醫師及總醫師

Endometriosis as a systemic disease: What' s the relevance

Endometriosis is now considered a systemic disease with systemic hormonal, pro-inflammatory, pro-angiogenic, immunologic, and genetic process rather than a disease predominantly affecting the pelvis. Endometriosis affects metabolism in liver and adipose tissue, leads to systemic inflammation, and alters gene expression in the brain that causes pain sensitization and mood disorders. Recent clinical evidence also discuss how endometriosis interacts with cardiovascular risk factors and cardiovascular disease (CVD). The full effect of the disease is not fully recognized and goes far beyond the pelvis. Recognition of the full scope of the disease will facilitate clinical diagnosis and allow for more comprehensive treatment.

In this lecture, we discuss the latest understanding of endometriosis as a systemic disease with multiple manifestations outside the parameters of classic gynecological disease. Modern approaches to this disease include early identification through clinical diagnosis, recognition of associated systemic manifestations, judicious use of imaging, and long-term management of all aspects of the disease. Hormonal therapy and surgery are aimed at treating pelvic disease, but both approaches have associated failure rates, and do not completely address the systemic effects of this disorder. Dienogest, as the 4th generation progestin with local systemic effect, could potentially contribute to the better management of endometriosis progression.

吳孟興 L2

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經歷：成大醫學院婦產學科主任

成大醫院婦產部主任

美國貝勒醫學院(Houston, Texas Baylor College
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成大醫學院婦產學科教授

成大醫院婦產部生殖內分泌科主任

成大醫院婦產部主治醫師

APAC Consensus: Early diagnosis and management in endometriosis

The diagnosis and treatment of endometriosis has recently undergone considerable changes with an increasing focus on patient-centered care that includes more frequent clinical management, including use of questioning and imaging, and early medical treatment. In 2019, clinicians with expertise in the diagnosis and treatment of endometriosis within APAC region met to critically evaluate available evidence at the time, including international guidelines and consensus reports on clinical diagnosis and early medical management of endometriosis and their applicability to current clinical practices, with a predominant focus within Asia.

This lecture will provide an overview of this APAC Consensus that was presented in the recent international SEUD Conference in December 2021 which incorporated an algorithm to emphasize the importance of early clinical diagnosis and early medical management for endometriosis in Asia. Additionally, this lecture will also discuss how this APAC consensus is in alignment with the most updated ESHRE 2022 Guidelines on Endometriosis Management, including the role and duration of medical treatment post-surgical intervention.

龍震宇 L3

高雄醫學大學附設醫院婦產部 主任 (2020/08 迄今)
高雄市立小港醫院 副院長(2018/08-2020/07)
高雄醫學大學醫學系婦產科學 教授(2012/08 迄今)
高雄醫學大學醫學研究所 醫學博士(2009/08 迄今)
高雄醫學大學附設醫院婦產部 主任 (2014/08-2018/07)
台灣福爾摩莎婦女泌尿暨骨盆醫學會 理事長 (2019/12 迄今)
台灣婦產科內視鏡暨微創醫學會理事 (2014/08 迄今)
國際婦科微無創海扶刀醫學會理事 (2018/08 迄今)
台灣更年期醫學會 理事 (2019/08 迄今)
美國佛羅里達州 Cleveland Clinics 婦女泌尿中心研究員

The application of new generation FemiLift laser on GSM and SUI Treatment

GSM (Genito-Urinary Syndrome of Menopause) is becoming an increasing concern for women worldwide. According to the North American Menopause Society, by the year 2025 the number of postmenopausal women is expected to rise to 1.1 billion, more than half of which will likely experience vulvovaginal symptoms that significantly impact their lifestyle, emotions and sex life.

The shift in hormones that occurs with menopause can cause the lining of the vagina to become thinner, drier, less elastic and inflamed. FemiLift rejuvenates the vaginal lining, increasing the thickness of the vaginal walls and restoring natural lubrication. The treatment reduces uncomfortable symptoms such as itching, burning and friction and helps improve sexual function.

Alma FemiLift is a state-of-the-art, minimally-invasive outpatient solution that incorporates CO2 technology to provide optimal care for various feminine concerns. The procedure is fast, painless and completely safe, and provides highly effective results. It's a versatile solution that enables medical practitioners to treat various feminine indications quickly and effectively. Procedures are conducted in an outpatient setting, and do not require anesthesia or downtime, ensuring that women can resume their routine – and regain their confidence – soon after.

FemiLift opens up your clinic to a wide range of patients, varying in age and stage in life, broadening your reach – and adding real value to your practice.

The benefits of alma femilift:

- *Fast, homogeneous treatments
- *Minimally invasive
- *Outpatient treatment co2 technology: Clinically proven
- *Optimal For collagen remodeling
- *Safe, easy & effective
- *Immediate results
- *Hygienic, single use probe

洪芝晨

L4

現職：臺北市立中心診所婦產科主治醫師

臺北市立中心診所『性好門診』婦產科主治醫師

瑞麗嘉健康美學診所院長

海亞大健康管理診所院長

台北尼斯診所私密美學醫師

Beneficial of FemiLift Laser of Labiaplasty

Labiaplasty, a surgery with growing demand as more and more women find that there is an answer to their problems by surgical relief of functional and cosmetic appearance. Procedure may involve simply reducing large or hanging labia, matching asymmetric labia, or tightening or filling the labial area. Using linear surgical technique approach with CO2 laser is relatively simple and can greatly enhance the patient's confidence with satisfactory results.

Another fast-growing industry will be non-surgical female rejuvenation procedure in office procedure, easy yet effective. Alternatives for the management of uro-vulvo-vaginal disorders, not only innovation in the treatment of womens' intimacy disorders, but A REAL FEMININE REVOLUTION.

溫國璋

L5

現職：雙和醫院婦產部主任

臺北醫學大學婦產學科助理教授

中華婦癌醫學會婦癌專科醫師

經歷：臺北榮民總醫院婦女醫學部主治醫師

陽明大學臨床醫學研究所博士

Endometrial cancer screening: current status and where to go?

After decades of efforts in cancer research, the improvements in the incidence and survival of most cancers are encouraging. However, one of the exceptions is endometrial cancer (EC), the most common gynecologic cancer, for which both the incidence and mortality rates are increasing. According to GLOBOCAN 2018, approximately 382,000 cases of EC were reported and nearly 90,000 deaths were caused by EC in 2018. The number of women with newly diagnosed EC is estimated to grow by 52.7%, reaching 544,178 in 2040. The mortality rate of EC is increasing and is estimated to increase at an average of 16% every 5 years from 2018 to 2040.

Abnormal uterine bleeding is the most frequent symptom of endometrial cancer, but many other disorders give rise to the same symptom. Even when bleeding occurs in postmenopausal women, only 10% of cases are caused by an endometrial cancer. The choice of the ideal detection strategy depends upon the sensitivity, specificity, probability of accuracy, and cost. Transvaginal ultrasound (TVU) is used to exclude endometrial cancer. The cut-off value for TVU in symptomatic premenopausal women and those taking hormone replacement therapy is lower because of variations in endometrial thickness under the influence of circulating female steroid hormones. Endometrial samples obtained by suction curettage in an outpatient setting may have a higher sensitivity and specificity compared with TVU. However, the failure rate of this invasive procedure can be up to 54%. The clinical guidelines recommend fractional dilatation and curettage (D & C) under anesthesia if the endometrial sampling is inadequate or inclusive for diagnosis. Thus, many patients undergo repeated invasive evaluations by endometrial sampling or D & C, which is inconvenient, stressful, and costly. The diagnostic accuracy of hysteroscopy can achieve an overall sensitivity of 86.4% and specificity of 99.2% in both pre- and postmenopausal women. However, there is debate over the best cut-off value for endometrial thickness diagnosed with TVU that should warrant endometrial sampling or hysteroscopy. Cytology from cervical scrapings have also been used for detecting endometrial cancers, but the rate of abnormal results ranges from 32.3% to 86.0% for type I endometrial cancer and 57.1% to 100% for type II endometrial cancer. There is a need for a better method for endometrial cancer screening.

Studies on epigenetic silencing have revealed a role of DNA methylation in carcinogenesis. DNA methylation may occur early in carcinogenesis and is sufficiently stable for analysis. The application of DNA methylation as a biomarker for cancer detection or patient stratification has been increasing. However, research on EC epigenomics, especially for screening purposes, is relatively limited. Our previous comprehensive methylomics study illustrated a methylation panel of BHLHE22/CDO1/CELF4 genes for predicting EC risk using cervical scrapings. The proof-of-concept real-time polymerase chain reaction (PCR)-based detection of methylated BHLHE22/CDO1 genes has been further prototyped in a retrospective cohort with a sensitivity of 84.8% and a specificity of 88.0% for the diagnosis of EC. A multicenter, two-stage confirmatory study was conducted to validate the cancer-detection performance of MPap, including BHLHE22/CDO1/age/BMI. In stage 1, the sensitivity, specificity, and positive and negative predictive values of MPap were 92.9% (80.5-98.5%), 71.5% (64.8-77.5%), 39.8% (82.9-100.0%), and 98.0% (94.3-99.3%), respectively, for 249 patients. These values were validated in stage 2, where they were 92.5% (82.9-100.0%), 73.8% (67.6-79.4%), 40.2% (30.8-50.5%), and 98.1% (95.8-100.0%), respectively, for 245 patients. MPap outperformed transvaginal ultrasound in all these aspects.

MPap uses the infrastructure for cervical cancer screening and provides a feasible alternative for endometrial cancer detection. This is the first study to validate the utility of MPap using cervical scrapings with least physical injury in routine clinical practice. Further validations in different populations and in various clinical dilemmas such as breast cancer patients with tamoxifen treatment, asymptomatic women with hereditary cancer gene mutations, or fertility sparing in early endometrial cancer patients, may broaden the use of this molecular screening of endometrial cancer in the future.

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L6

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Female Obesity and Its Management

杜思德

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根據學者專家 20 歲以上人群肥胖發生率的調查統計表明，發胖者占調查總人數 21.7%，其中男性佔 46.1%，女性佔 53.9%，在一般人群中，女性肥胖人數明顯比男性多。

而 Liraglutide 是一種與人體腸道荷爾蒙 GLP-1 結構類似的注射藥物。GLP-1 可以經由作用於身體的重要器官，包含屬於中樞神經系統的下視丘，增加飽足感，對於胃部則有延緩胃部排空的效果，使食物停留在胃部的時間拉長，較不會感覺到飢餓，因此使用 liraglutide 有效減少食物總量的攝取、減輕體重，而我們也可以由臨床使用 liraglutide 3.0 mg 的 SCALE 一系列研究得知其效果與安全性。而 Liraglutide 3.0 在台灣是唯一具有體重控制適應症的 GLP-1 注射藥物，如何正確使用 on label 的藥物於體重管理以保護醫療照護者與病患為一重大課題。

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高危險妊娠案例分享- (1)子癲前症早期診斷與治療 (2)早產診斷、管理與治療

高危險妊娠是在妊娠期間，母親和胎兒有潛在的危險，導致胎兒或母體的健康，可能因此發生不良於懷孕結果的狀況，甚至生命安全受到影響。根據目前的統計結果顯示，高危險妊娠佔所有懷孕婦女的比例約 15-20%，因素可能與母體本身有關，包含疾病史，重要器官的功能異常、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，妊娠高血壓，妊娠毒血症，妊娠糖尿病，胎盤異常，早產，等等的因子。

子癲前症是發生妊娠時的嚴重高血壓，定義為血壓>140/90 mmHg，並且伴隨蛋白尿以及/或孕婦急性腎損傷、肝功能異常、神經學特徵、溶血、血小板減少症或胎兒生長遲滯。子癲前症在世界盛行率約3-8%，發生率約3-5%，然而在開發中國家有更高的子癲前症發生率。子癲前症是造成胎兒及母體併發症其中之一的主因，14%的孕婦死亡與子癲前症有關。子癲前症的發展與胎盤有關，因此移除胎盤是治療子癲前症的唯一方法。歐洲心臟病學會指引建議使用可溶性血管內皮生長因子受體1(sFlt-1)/胎盤生長因子(PlGF)比值：若sFlt-1/PlGF比值<38，代表孕婦未來一週內臨床上疑似子癲前症的孕婦，發展子癲前症機率極低。

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年實施至今的口生產事故救濟條例¹，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。

早產及妊娠高血壓是造成胎兒或母親常見併發症的原因之一，嚴重還會危害孕婦與胎兒生命安全。國內的早產率約佔10%，而妊娠高血壓則是國內孕產婦死亡或子宮切除的主因之一，兩者都對母胎健康或社會帶來許多醫療成本及社會照護支出。因此，無論是孕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現象及妊娠高血壓即早一步預防，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及衝擊，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。早產現象的治療的安全及有效的催產素受體抑制劑即將取得健保給付，提升醫療照護品質，並嘉惠患者。

林苾仔

L8

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維生素 B6 補充對孕吐的重要性

The importance of Vitamin B6 supplementation for morning sickness

孕期噁心嘔吐 (Nausea and vomiting of pregnancy, NVP) 是女性在懷孕初期很常見的症狀，其盛行率高達 80%。典型的孕吐症狀發生在懷孕第四週至第十六週之間，約有 10% 的婦女症狀會持續至懷孕第二十週。孕吐會造成孕婦龐大的生理及心理壓力，影響生活品質，增加醫療保健費用，甚至可能導致營養不均、體重減輕，影響孕婦及胎兒的健康。一旦孕婦出現噁心、嘔吐的情況，控制症狀就會變得更加困難，因此早期治療甚至預防性投藥可避免更嚴重的併發症發生。

維生素 B6 是每天都需要攝取的水溶性維生素，在人體的許多代謝過程中皆扮演至關重要的角色。維生素 B6 參與胺基酸合成與正常代謝、有助於紅血球的合成、幫助神經系統的發育，以及維持健全的免疫系統。若妊娠婦女缺乏維生素 B6，可能會造成孕婦疲倦、憂鬱、焦慮，增加噁心、嘔吐及妊娠劇吐的風險，以及影響胎兒神經系統的發育。

對早期妊娠婦女而言，維生素 B6 緩解孕吐的功效已被廣泛研究，許多文獻皆證實其可有效減輕孕婦噁心嘔吐症狀，美國婦產科學會(ACOG)將維生素 B6 列為第一線治療用藥。補充維生素 B6 能有效縮短孕吐病程及改善症狀嚴重程度，且為孕婦用藥 A 級安全，因此，早期妊娠孕吐婦女可建議補充維生素 B6 以緩解孕吐。

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L9

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 - 2012-present: Research fellow, Centre for Reproductive Medicine at the University Hospital Brussels, Belgium
 - 2012-2017: Researcher FWO, Aspirant, Research Foundation – Flanders
 - 2008-2012: Master in Medicine, summa cum laude, Vrije Universiteit Brussel
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The Chamber of Secrets- Endometrial Preparation and Embryo Transfer

Shari Mackens (8/7/1987) graduated as a medical doctor from the Vrije Universiteit Brussel (VUB), Belgium, in 2012. Immediately afterwards, she started working at the Centre for Reproductive Medicine at the University Hospital Brussels, Belgium, as a PhD student and as a specialist in training in obstetrics and gynecology. From 2012 until 2017, she performed basic science research on endometrial receptivity and human embryo implantation. Her research was presented in her PhD thesis entitled 'Hypes and hopes for endometrial receptivity in ART' (2020). At present, she is a medical director at the Centre for Reproductive Medicine at the University Hospital Brussels and a professor at the VUB with a specific interest in translational research focusing on the role of the endometrium in ART.

In her presentation, Prof. Shari will elaborate on the role of the endometrium in human embryo implantation in fresh and frozen transfers following ART. The impact of ovarian stimulation on the endometrium will be discussed, as well as the different possibilities to prepare for frozen embryo transfer. Novel diagnostics and therapeutics will be critically evaluated and a roadmap for future research in this field will be put forward.

Keywords: ART, Endometrium, Embryo Transfer

簡穎秀 L10

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Shining a Light: Gene Therapies for Genetic Disorders

Prof. Chien Yin-Hsiu

Gene therapy can provide the opportunity to correct the underlying genetic defect by replacing a functional gene and offers therapeutic benefits to millions of people. 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, emerging evidence from clinical trials showed that most patients can achieve motor milestones within normal range by treating them before symptom develops, right after newborn screening.

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L11

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Genetic Screening and Family-centric Genetic Counseling

Kuo Pei-Wen

Gene therapy is changing the treatment landscape of spinal muscular atrophy. Moreover, Taiwan has a world-renowned newborn screening system, which saved numerous babies from tragic consequences before damage occurs. Accurate genetic counseling and an appropriate screening approach are imperatives to optimize the management of patients with SMA. Knowing the caveats, especially the false negatives of genetic testing and carefully interpreting the results are phenomenal for the professional interaction between a healthcare provider and the caregivers.

張志隆 L12

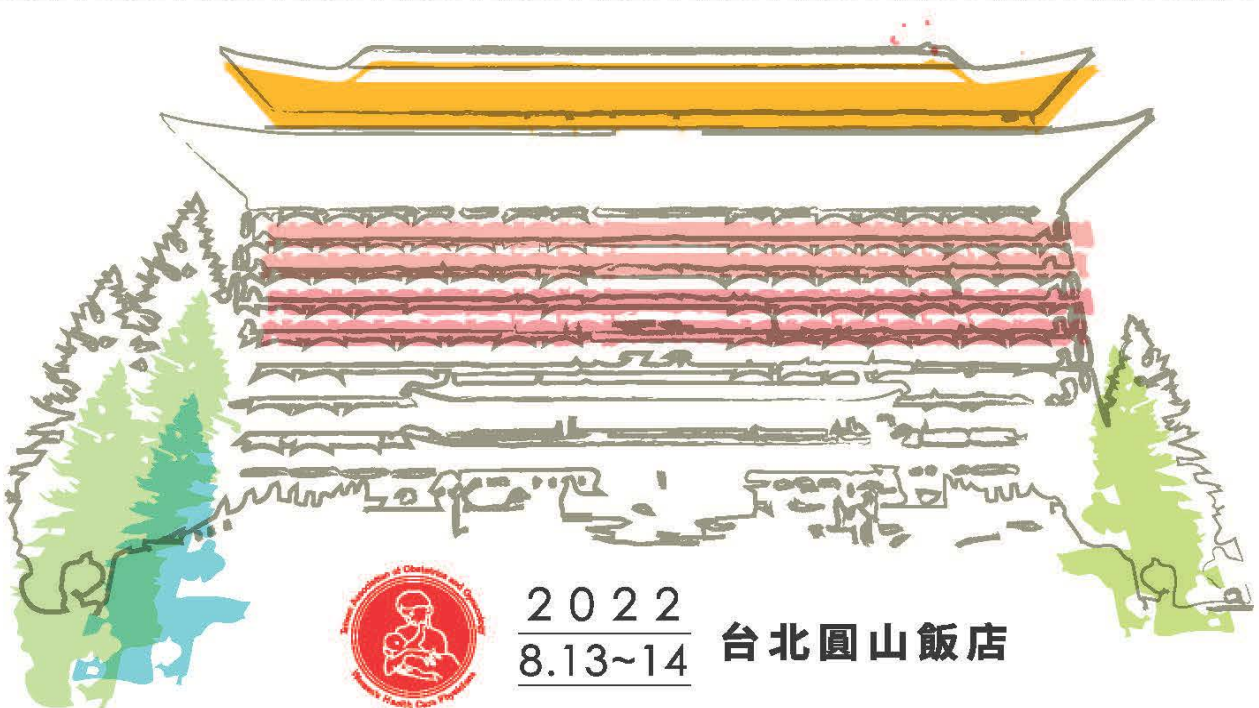
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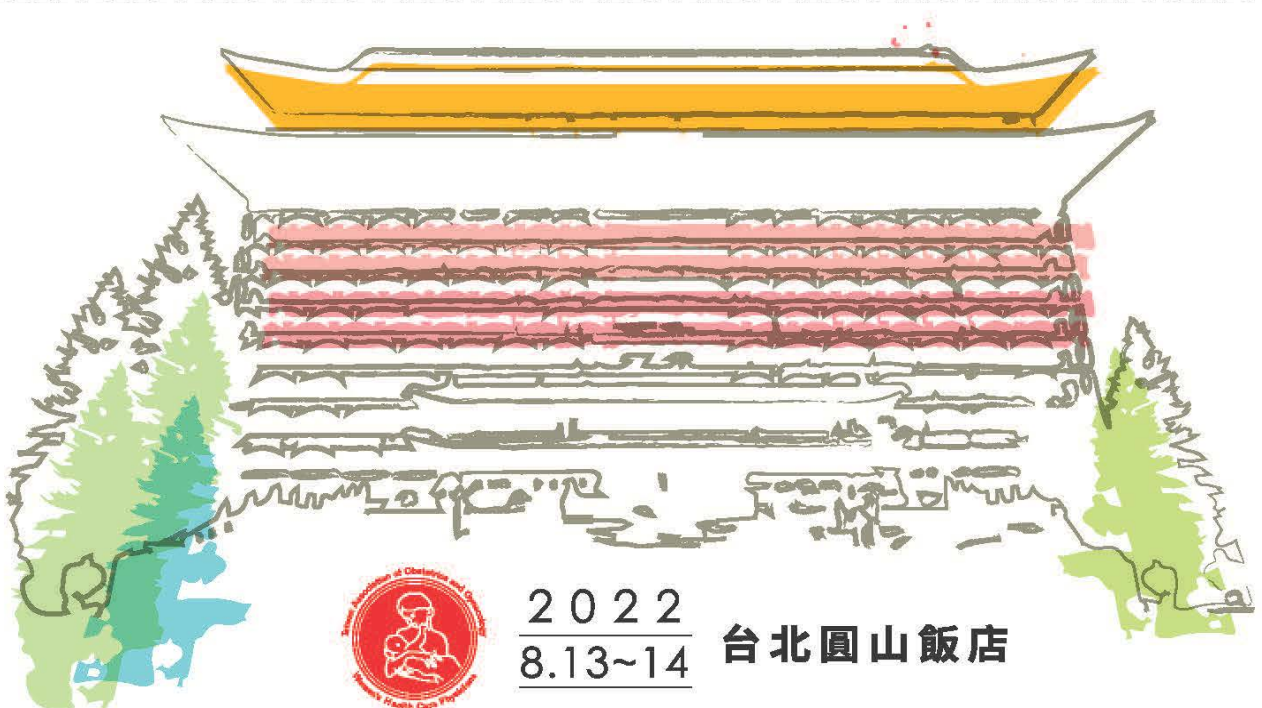
Gender Equity in HPV Disease Prevention: What can we do more

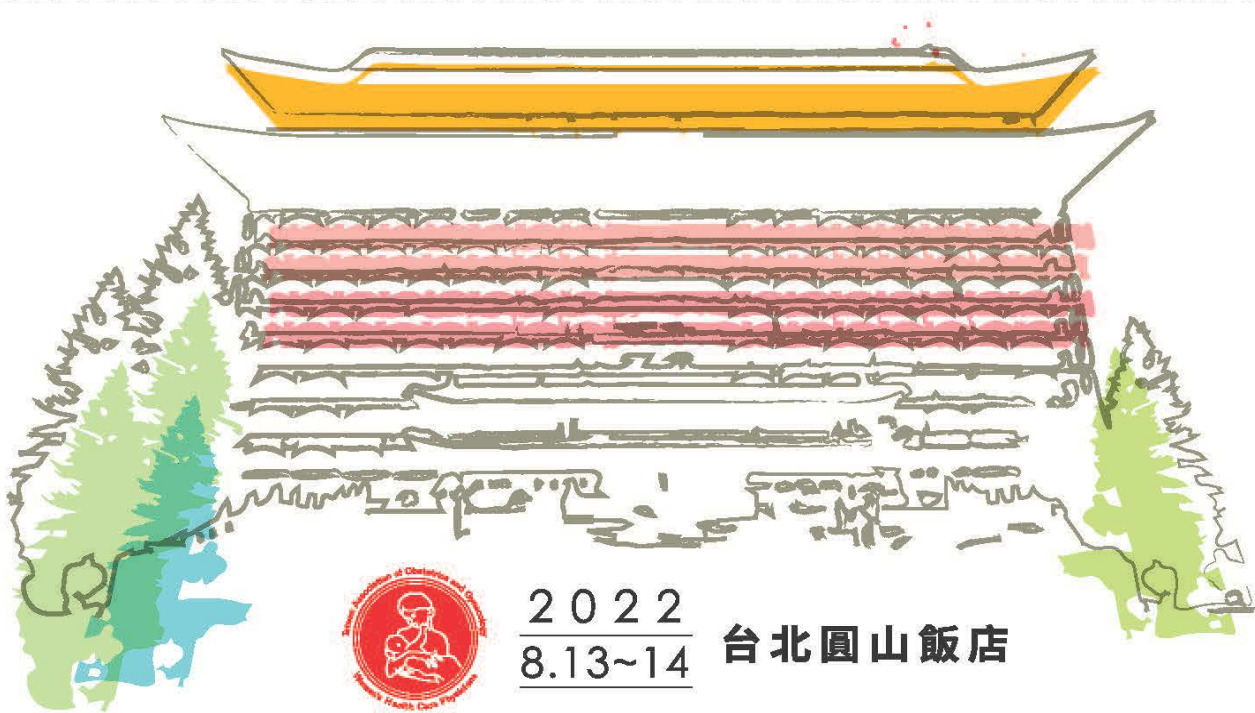
The human papillomavirus is a DNA tumor virus that causes epithelial proliferation at cutaneous and mucosal surfaces. More than 100 different types of the virus exist, including approximately 30 to 40 strains that infect the human genital tract. Of these, there are oncogenic or high-risk that are associated with cervical, vulvar, vaginal, and anal cancers, and non-oncogenic or low-risk types that are associated with genital warts.

In recent years, a clear role for this virus in other malignancies is also emerging. Indeed, HPV plays a pathogenic role in a subset of head and neck cancers—mostly cancers of the oropharynx—with distinct epidemiological, clinical and molecular characteristics compared with head and neck cancers not caused by HPV. A rise in oropharyngeal squamous cell carcinoma are being found in a much younger population. Young men and women without the traditional risk factors, like smoking and drinking, are part of a growing trend of patients thought to have contracted the disease from exposure to the HPV.

HPV can also cause genital warts in men, just as in women and increase a man's risk of getting genital cancers, although these cancers are not common. For vaccination programs aiming solely at girls, the protection of men is dependent on the vaccination status of their female partners, and they leave men who have sex with men unprotected. Current girls-only vaccination programs vary by country. In more developed countries, 34% of the females aged 10–20 years received all three doses of HPV vaccine, compared with only 3% of the females in the less developed regions. Such low vaccination coverage will not provide adequate cancer control or HPV-disease elimination. Gender-neutral vaccination approach can provide benefits to both males and females to help accelerating the elimination HPV related disease.







口 頭 報 告

【 0 】

◆ 8 月 13-14 日

OF：生殖內分泌

OC：婦癌

OO：產科

OE：內視鏡

OU：婦女泌尿

OG：一般婦科

OM：更年期醫學

V：影片展示

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF3	<p>在縮時攝影培養下男性不孕症的早期胚胎發育型態變化 Male factor infertility and its impact on early embryonic morphokinetic parameters observed under time-lapse imaging incubator</p> <p>朱偉光¹吳兆昀¹邱上琪¹周奎銘¹李國光¹林明輝¹ 馬偕醫院婦產部¹</p> <p>Objective: Whether there is an effect of male factor infertility (MFI) on early morphokinetic parameters obtained during embryonic culture in a time-lapse imaging (TLI) incubator</p> <p>Study Design, Size and Duration: This is a single center, retrospective cohort study conducted between April 2019 to May 2021. A total of 373 embryos were analyzed, including 157 embryos derived from couples (n=48) with a diagnosis of MFI, and 216 embryos from couples with other, non-MFI diagnosis of infertility (n=39).</p> <p>Materials and Methods: Data from 373 embryos cultured to the 8-cell stage in a TLI-monitored incubator were retrospectively reviewed. Embryos derived from the sperm of men with MFI were compared with those derived from patients with other, non-MFI diagnosis of infertility. Markers of early embryo development included P1: pronuclei fading time (tPNf) to first cytokinesis (t2), P2: time from 2–3 cells (t2-t3), P3: 3–4 cells (t4-t3), (P4) 4–5 cells (t5-t4), (P5) 5-8 cells (t8-t5), and tPNf to 8 cell embryo stage (t8-tPNf).</p> <p>Results: Antral follicle counts (AFCs), anti-Müllerian hormone (AMH) levels, and ages of both the men and women in MFI couples were comparable to that of couples with other, non-MFI diagnosis of infertility. ICSI was utilized in all embryos of couples with MFI, and 25% of embryos in couples with non-MFI infertility (non-MFI ICSI group). 75% of embryos of non-MFI couples underwent IVF (non-MFI IVF group). When all embryos of MFI and non-MFI groups were compared, a shorter time for 3 to 4 cell division of 0.54 hours (p=0.02) was seen in the MFI group, but the overall time from tPNf to 8-cell stage embryo development was comparable (t8-tPNf difference: -0.82 hours, p=0.41). Similarly, when only embryos fertilized via ICSI were analyzed, a shorter 3 to 4 cell division time by 1.36 hours was seen (p=0.02) in those with MFI, but no significant difference was seen in the overall t8-tPNf times (t8-tPNf difference: -2.13 hours, p=0.21). When the MFI group was compared to the non-MFI IVF group, or when comparing different fertilization (ICSI vs. IVF) in the non-MFI group, no significant difference in any parameter of early embryo development was demonstrated.</p> <p>Conclusion: Our findings show that MFI had no impact on overall parameter of early embryogenesis, despite a shorter 3 to 4 cell division time of early embryogenesis in embryos of couples with MFI compared to non-MFI, and non-MFI ICSI groups. Furthermore, a comparison between different fertilization methods within the non-MFI groups showed that whilst no significant differences was seen in times of early embryogenesis between non-MFI ICSI vs. IVF, a trend towards delayed embryo development was seen when ICSI was utilized.</p>
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論文發表方式：口頭報告	
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF4	<p>正常卵巢反應族群在試管嬰兒新鮮胚胎移植週期個別化早期停止使用黃體支持 Individualized early stop of luteal phase support in IVF/ICSI fresh embryo transfer cycles in normal ovarian responders</p> <p>潘松坡¹黃珽琦²吳明義¹趙光漢¹陳美州¹楊政憲¹陳思原¹ 臺大醫院婦產部¹臺大新竹分院婦產部²</p> <p>Objective: To evaluate the best cut-off value of progesterone (P4) serum level which could determine early stop of luteal phase support (LPS) after in vitro fertilization (IVF)/intracytoplasmic sperm injection (ICSI) fresh embryo transfer (ET) fresh embryo transfer (ET) cycles in patient of normal ovarian response.</p> <p>Design: Retrospective cohort study between Jan. 2010 and Dec. 2020 in single tertiary medical center.</p> <p>Materials and Methods: Women (n=1221) who underwent IVF/ICSI fresh ET cycle after standard controlled ovarian stimulation (COS) and ovum pick-up (OPU) with subsequent LPS by one tube of Crinone (8% P4 vaginal gel) and 4 mg of estradiol valerate twice a day. The LPS were started 2 days after OPU (day 0) and lasted for 14 days (day 16) until pregnancy test was positive, which was defined as serum β-HCG ≥20 mIU/mL. The pregnant women were divided into two groups dependent on different doctor's ideas: the control group kept using LPS ≥ 9th week, and the early stop group ceased the LPS at ≤ 6th weeks.</p> <p>A received operative curve (ROC) based on the maximization of Yuden index was applied twice for identifying the best cut-off values of the P4 level on day 16 in all women and on day 23 in all pregnant women in recognizing the 12th week ongoing pregnancy status respectively. Using the best cut-off values of the P4 level at day 16 (primary) and day 23 (secondary), we categorized our infertile patients into condition of “with CLR (corpus luteum rescue)” and “without CLR”.</p> <p>Results: There were no significant differences in age, parity, hormone data, stimulation duration, number of oocytes retrieved, and number of embryos transferred between the early stop group and control group. A total of 677(55.4%) women were confirmed as pregnancy on day16. Among them, 179(26.4%) women in the control group, and 498 (73.6%) women in the study group. There were 529 (78.1%) women with primary CLR (P4 >21.2 ng/ml) and 148 (21.9%) women without primary CLR (P4 ≤ 21.2 ng/ml). Total 595 woman had gestational sac presentation, and there were 547 (91.9%) women with secondary CLR (P4 > 35.1 ng/ml) and 48 (8.1%) women without secondary CLR (P4 ≤ 35.1 ng/ml).</p> <p>The area under the curve (AUC) of ROC is 0.92 for primary CLR and 0.763 for secondary CLR, which refer to highly and moderately predictive model respectively. In women with primary CLR, compared to control group, no significant risk was noted in early stop group with miscarriage rate (OR = odds ratio, 1.14; 95% CI = confidence interval, 0.49-2.61). The same condition was noted in patients with secondary CLR (OR, 1.45; 95% CI, 0.63-3.37). In women without primary CLR, compared to control group, early stop group had significant higher risk in miscarriage (OR, 2.72; 95% CI, 1.19-6.23). A similar outcome was also noted in patients without secondary CLR (OR, 2.71; 95% CI, 1.08-6.78).</p> <p>Conclusion: Our study indicates that individualized early stop of LPS ≤ 6th weeks of pregnancy for infertile patients of normal ovarian response in IVF/ICSI fresh ET cycles is safe if the patient achieves primary or secondary CLR. While early stop of LPS for patients without CLR may increase the risk of miscarriage.</p>
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論文發表方式：口頭報告	
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF5	<p>分段體外受精併冷凍胚胎移植合併藥物、手術與海扶刀在子宮腺肌症病人之治療成效 Efficacy of medical, surgical therapies and high-intensity focused ultrasound for segmented in vitro fertilization and frozen embryo transfer in patients with adenomyosis</p> <p>馮敏¹陳亮瑩¹黃惠鈺¹宋永魁¹吳憲銘¹ 林口長庚醫院婦產部¹</p> <p>Objective: To determine the best therapeutic strategy for segmented in vitro fertilization (IVF) and frozen embryo transfer (FET) in patients with adenomyosis by comparing the fertility outcomes.</p> <p>Methods: The retrospective study included 120 cases of women with adenomyosis undergoing segmented IVF and FET in Chang Gung Memorial Hospital from January 2020 to December 2021. Adenomyosis was diagnosed by sonographic exam and an elevated cancer antigen 125 (CA-125). Depending on imaging findings, the patients were further classified into focal and diffuse types. FET cycles following either medical treatment alone (group A), surgical intervention with or without medical treatment (group B), and high-intensity focused ultrasound (HIFU) with or without medical treatment (group C) were compared.</p> <p>Results: Early follicular hormone profiles, treatment outcomes of adenomyosis (changes in CA-125 and size of adenomyoma) were obtained. IVF outcomes including stimulation duration (day), total dosage of gonadotropin (IU), estradiol on hCG day (pg/mL), number of retrieved oocytes, mature oocyte rate (%), fertilization rate (%), number of transferred embryos, clinical pregnancy rate (%), median time to conceive (months) would be compared.</p> <p>Conclusion: For patients with adenomyosis opting for IVF cycle segmentation, treatment strategy may differ depending on severity of adenomyosis. For focal adenomyosis, patients may benefit the most from accepting both medical treatment and adenomyomectomy. However, for diffuse disease, cycle segmentation with medicine and HIFU therapy may result in greater fertility outcome.</p>
臨時稿件編號：0545	
論文發表方式：口頭報告	
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF6	<p>應用高光譜成像於胚胎品質人工智慧預測模型之研發 Research and Development of Artificial Intelligence Prediction Model for Embryo Quality by Hyperspectral Imaging</p> <p>李品瑩¹陳柏瑞¹宋泊鎬¹王偉中¹李宗賢² 國立清華大學動力機械工程學系¹中山醫學大學附設醫院婦產部生殖醫學中心²</p> <p>不孕症已為全球性危機，不孕症療程重點即在於胚胎品質檢測，目前主要的胚胎品質檢測方法可區分為胚胎影像、胚胎縮時攝影與胚胎著床前染色體篩檢 (Preimplantation Genetic Screening, PGS)。然而，胚胎影像及胚胎縮時攝影需透過胚胎師主觀判斷篩選品質，故不同的醫院和胚胎師可能會有不同的判斷品質結果，而 PGS 是至今普遍的胚胎染色體檢測方式，但此方法卻可能對胚胎造成傷害。因此發展不同於上述的非侵入式檢測的技術具有其重大意義。</p> <p>高光譜成像 (Hyperspectral Imaging, HSI) 為光譜學與成像技術的結合，透過收集不同時間及不同波段波長下的連續波段光譜，可呈現定性和定量多種物理特徵，已被廣泛應用於分析複雜的結構。於臨床醫學上，分析特定的波段對應的胚胎發育的光譜資訊也許有助於胚胎細胞之研究。</p> <p>本研究使用 HSI 方法拍攝人體胚胎高光譜影像，並對高光譜影像進行影像處理以得到 26 種細節影像，接著結合人工智慧(Artificial Intelligence, AI)對 26 種細節影像進行訓練和預測，發展非侵入式的胚胎檢測技術。本研究使用受精後時數(Hours Post Insemination, hpi)24 小時胚胎高光譜影像預測 72 hpi 胚胎品質，結果顯示不同的細節影像能提供卷積神經網路(Convolution Neural Network, CNN)模型不同的資訊而可用於預測，最高預測正確率能達到 87.50%，此外，更在 AI 預測模型中使用影像擴增技術增加訓練資料量以提升各模型之預測準確率，最後，本研究將所有達 87.50%預測正確率的組合歸納統整，期望此些組合能幫助其它胚胎細胞研究快速發展最佳預測率的 CNN 模型。</p> <p>本研究證實胚胎的高光譜影像比單一波長的影像提供更多的資訊，有助於 CNN 模型辨別胚胎的品質，且 26 種細節影像之處理使層數較少之 CNN 模型能得到較佳的預測結果，有效減少資料運算量與運算時間，由結果也初步證實高光譜成像 AI 預測模型應用於胚胎品質預測之可行性，亦說明了此模型未來的發展潛力與應用價值。</p>
臨時稿件編號：0625	
論文發表方式：口頭報告	
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF7	金屬蛋白酶組織抑制因子 2 之基因多型性與婦女進行試管嬰兒療程臨床結果相關 Tissue inhibitors of metalloproteinases 2 gene polymorphisms associated with clinical outcomes of women undergoing in vitro fertilization 李倩蓁 ¹ 鄭思惠 ¹ 曹惠美 ¹ 黃俊嘉 ¹ 李宗賢 ^{1,2,3} 林秉瑞 ¹ 陳忠義 ¹ 楊順發 ² 李茂盛 ^{1,2,3} 茂盛醫院 ¹ 中山醫學大學醫學研究所 ² 中山醫學大學附設醫院婦產部 ³
臨時稿件編號：0609	
論文發表方式：口頭報告	Objective: Matrix metalloproteinases (MMPs) and tissue inhibitors of metalloproteinases (TIMPs), involved in the mechanism of extracellular matrix proteolysis, have the ability to regulate the degradation of extracellular matrix and play a key role in trophoblasts invasion. The aim of this study was to examine the effects of single-nucleotide polymorphisms (SNPs) in the MMPs and TIMPs genes of clinical outcomes of women undergoing in vitro fertilization (IVF). Material and methods: A prospective study was composed of 1014 women undergoing their first fresh IVF cycle with non-donor in Lee Women's Hospital from January 2014 to December 2015. DNA was extracted from the peripheral blood of all participants, and the SNPs were genotyped by real-time polymerase chain reaction. The effects of the following three single nucleotide polymorphisms (SNPs) on IVF outcomes were explored: TIMP1 (rs4898 C/T), TIMP2 (rs2277698 C/T) and MMP2 (rs243865 C/T). The SNP genotype, correlation with clinical pregnancy, embryo implantation, abortion and live birth rates of IVF were analyzed. Results: In the analysis of 1014 patients attempting their first cycle of IVF, TIMP1 and MMP2 gene polymorphisms were no significant difference in clinical outcomes. For TIMP2 polymorphisms, wild genotype (CC) had higher clinical pregnancy rate (34.8% v.s 28.0%; p=0.032), embryo implantation rate (19.4% v.s 15.4%; p=0.009), live birth rate (29.8% v.s 22.1%; p=0.006), and lower abortion rate (7.0% v.s 17.1%; p=0.005) compare with CT/TT genotype. Conclusions: This study showed that the minor T allele of TIMP2 (rs2277698 C/T) SNP polymorphisms (CT/TT) was associated with poor clinical outcomes. The mechanism of TIMP2 gene T allele affected the outcome of IVF remains to be determined. Further studies should focus on the mechanism of these associations in a larger, more heterogeneous cohort.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF8	精蟲去氧核糖核酸碎片化對於試管嬰兒授卵療程的囊胚染色體非整倍體之影響 Impact of sperm DNA fragmentation on blastocyst aneuploidy from patients undergoing IVF oocyte donation cycles 曹惠美 ¹ 鄭思惠 ¹ 黃俊嘉 ¹ 陳忠義 ¹ 李茂盛 ^{1,2} 茂盛醫院 ¹ 中山醫學大學醫研所 ²
臨時稿件編號：0459	
論文發表方式：口頭報告	Objective: Sperm DNA fragmentation is a known etiology for male infertility. The aim of this study was to assess the relationship between sperm DNA fragmentation on blastocyst aneuploidy from patients undergoing IVF oocyte donation cycles. Materials and Methods: This study collected 24 infertile patients undergoing IVF oocyte donation cycles in Lee women's hospital from Feb. 2019 and Nov. 2020. Sperm samples were identified sperm DNA fragmentation by terminal deoxynucleotidyl transferase dUTP nick end labeling (TUNEL) assay. Blastocysts were subjected to trophectoderm biopsy and pre-implantation genetic testing for aneuploidies (PGT-A) by next-generation sequencing (NGS). Results: According to sperm DNA fragmentation index (DFI), IVF oocyte donation cycles were divided into 3 groups: group 1: DFI>=15% (n=5); group 2: 8%<=DFI<15% (n=13); group 3: DFI<8% (n=6). Blastocyst formation rate in group 1 were significantly lower than group 3 (37.3% v.s. 55.8%, p=0.02). And, blastocyst formation rate in group 2 were also significantly lower than group 3 (43.6% v.s. 55.8%, p=0.03). The blastocyst euploidy rates were 26.5% in group 1, 37.6% in group 2 and 35.7% in group 3. The blastocyst mosaic rate were 58.8% in group 1, 40.6% in group 2 and 47.6% in group 3. The blastocyst aneuploidy rate was 14.7% in group 1, 21.8% in group 2 and 16.7% in group 3. Pregnancy rates were 60.0% in group 1, 61.5% in group 2 and 66.7% in group 3. Conclusions: This study showed that high levels of sperm DNA fragmentation impacts on blastocyst formation rate. But it seems that DFI does not correlate with blastocyst aneuploidy or pregnancy outcomes.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF9	胚胎非整倍體基因檢測後的冷凍囊胚在植入時放置的子宮深度位置對於臨床懷孕率的影響 The influence of the depth of frozen blastocyst replacement into the uterine cavity on clinical pregnancy rate after preimplantation genetic testing for aneuploidy 陳秀惠 ¹ 陳怡婷 ¹ 黃俊嘉 ¹ 陳建宏 ¹ 李俊逸 ¹ 陳忠義 ¹ 黃梨香 ^{1,2} 李宗賢 ^{3,4} 李茂盛 ^{1,3,4} 茂盛醫院生殖中心 ¹ 中山醫學大學護理系 ² 中山醫學大學附設醫院婦產部 ³ 中山醫學大學醫研所 ⁴
臨時稿件編號：0667	
論文發表方式：口頭報告	Background: The influence of the depth of embryo replacement into the uterine cavity has been postulated as being one of the most important factors to the success of an IVF treatment cycle. The ASRM guideline suggested that placement of the catheter tip in the upper or middle (central) area of the uterine cavity, greater than 10 mm from the fundus for embryo expulsion, optimizes pregnancy rates. However, there was no study to evaluate the effect of the depth of frozen blastocyst transfer (FET) replacement on clinical pregnancy rate after preimplantation genetic testing for aneuploidy (PGT-A). This study investigates the influence of the depth of embryo replacement less than 10 mm on the clinical outcomes when controlled embryo quality in PGT-A cycles. Methods: Data from a total of 114 FET cycles (patients) were collected for this study from 2021 Mar. to 2021 Aug. in Lee Women's Hospital. All patients underwent blastocyst biopsy for PGT-A. Only qualified and expanded blastocyst was selected for trophectoderm biopsy. A hormone replacement treatment (HRT) protocol was used for the endometrium preparation. The procedure of embryo transfer is utilized ultrasound guidance to direct the placement of the catheter tip, allowing for more accurate placement. The patients were matched in three groups according to the distance between the tip of the catheter and the uterine fundus at transfer undergoing ultrasound guided (group A < 5 mm (n=33), group B ≥ 5 and < 10 mm (n=71) and group C ≥10 mm (n=11)). The same method of loading embryos into the embryo transfer catheter was used. All FET cycles have least one euploidy or low mosaicism (30%) blastocyst for transfer. Results: Average of women age was 37.7±5.9 years. The overall clinical pregnancy and implantation rates were 73.7% (84/114) and 62.7% (138/220), respectively. the average distance of embryo transfer into the uterine cavity was 6±2 mm (range: 2-13 mm). The mean number of embryos transferred no significant difference between the groups (A-C groups: 2.0±0.4, 1.9±0.5, 1.9±0.3). The clinical pregnancy rates between all groups (75.8%, 73.2% and 70.0%, respectively) were no significant difference. The implantation rates between all groups (60.6%, 64.4% and 57.9%, respectively) were no significantly different. Furthermore, in a multivariate regression analysis adjusted for women age and patient characteristics, no significant differences in clinical pregnancy rates between different depths of embryo replacement. Conclusions: The results suggest that the depth of embryo replacement undergoing ultrasound guided, even less than 10 mm, may not impact the clinical pregnancy and implantation rates after blastocyst FET with PGT-A.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF10	利用小鼠囊胚研究冷凍解凍過程對於微型核糖核酸及基因表現的影響 Study on the effect of frozen-thawed process on microRNA and gene expression profiles by blastocyst stage mouse embryos 蔡漢寬 ¹ 鄭思惠 ¹ 陳建宏 ¹ 黃俊嘉 ^{1,2,3} 李宗賢 ^{4,5} 林秉瑞 ¹ 陳忠義 ¹ 李茂盛 ^{1,2,4} 茂盛醫院 ¹ 中國醫藥大學醫學檢驗生物技術系 ² 中台科技大學醫學檢驗生物技術系 ³ 中山醫學大學醫學研究所 ⁴ 中山醫學大學附設醫院婦產部 ⁵
臨時稿件編號：0478	
論文發表方式：口頭報告	Objective: The frozen-thawed embryo is frequently applied in the assisted reproductive technology. The advantage of delayed embryo transfer obtains enough time to wait genetic test results and prepare accepted uterine environment to avoid the risk of ovarian hyperstimulation syndrome. So far, whether the frozen-thawed process would affect embryo development remains to be clarified. The aim of this study is to investigate the effect of frozen-thawed process on embryo development and clarify the underlying regulatory mechanism. Material and methods: We explored the effect of frozen-thawed process on embryo development after the embryo transferred. Briefly, the fresh and frozen-thawed blastocysts were separately transferred into different sides of the uteri of 2.5-day pseudo-pregnant female mice. After 5 days, mice were sacrificed and collected tissue of visualized implantation sites. In addition, we collected 100 fresh and frozen-thawed blastocysts and analyzed by microRNA (miRNA) and gene expression profiles using the miRCURY LNA miRNA miRNome PCR Panels and next-generation sequencing (NGS) system, respectively. Results: The results of implantation rate in frozen-thawed blastocysts embryo transferred group showed higher than fresh blastocysts transferred group. Compared with the control fresh blastocysts, we found that 36 miRNAs were down-regulated (≤2 fold) and 6 miRNA were up-regulated (≥2 fold) in frozen-thawed blastocysts. In addition, 1606 genes were down-regulated (≤2 fold) and 1215 genes up-regulated (≥2 fold) in frozen-thawed blastocysts. The data indicated that the frozen-thawed process affected the miRNA and gene expression profiles of blastocysts. Conclusions: The results showed that embryo implantation rate was slightly improved by the frozen-thawed process but there was no significant effect on embryo development. In addition, we suggested that the miRNA and gene expression profiles of blastocysts were changed during the frozen-thawed process. In the future, we will further elucidate the underlying regulatory mechanism of frozen-thawed process on embryo development. A more detailed understanding of embryo cryopreservation should help improving the clinical use of this technology in reproductive medicine.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF11	以非侵入性胚胎染色體篩檢預測染色體套數並探討臨床預後 The ploidy prediction by Non-invasive preimplantation genetic testing for aneuploidy in IVF prognosis. 施惠馨 ¹ 陳怡君 ¹ 白依萍 ¹ 鄭思惠 ¹ 黃俊嘉 ^{1,2} 林秉瑞 ¹ 李茂盛 ^{1,3,4} 茂盛醫院 ^{1,2} 中山醫學大學醫學研究所 ³ 中山醫學大學附設醫院婦產部 ⁴
臨時稿件編號：0466	
論文發表方式：口頭報告	Study Question: To investigate the concordance of ploidy results between TE biopsy samples and spent culture medium from the same blastocyst by high-resolution NGS platform.
論文歸類：生殖內分泌	Study Design, Size and Duration: The study was conducted from March 2021 to Nov 2021 in Lee Womens' Hospital. A total of 97 TE biopsy samples and their spent culture medium (SCM) from 44 couples underwent PGT-A cycles were performed. DNA extracted from the spent culture medium and from TE biopsy samples were analyzed for chromosome abnormalities. This study was approved by the Institutional Review Board of Chung Shan Medical University Hospital (IRB No. CS1-21005). All patients signed an informed written consent. Materials and Methods: Ninety-seven freshly cultured day-5/6 blastocysts and their surrounding culture media from couples undergoing in vitro fertilization were included. Embryos were fertilized by intracytoplasmic sperm injection (ICSI) and cultured until the blastocyst stage. The culture medium was changed on Day 3, and assisted hatching was performed on Day 4. On Day 5-6, a trophectoderm biopsy was performed for PGT-A analysis as part of the clinical routine, and SBM was collected from each embryo for niPGTA analysis. TE biopsy samples and SBM cells were lysed and the cell's genomic DNA was amplified using the SurePlex DNA Amplification System. The NGS libraries were prepared using a VeriSeq PGS-MiSeq kit from quantified WGA products. The resulting library pools were sequenced by synthesis on a MiSeq instrument using the VeriSeq PGS recipe. The amplification rate and its affecting factors, the concordance rate between niPGT-A and TE biopsy results were analyzed, and clinical outcomes were also evaluated. Main Results: A total of 97 TE biopsy samples and their spent culture medium (SCM) from 44 couples underwent PGT-A cycles were performed. Informatively NGS result of SCM was significantly increased on day 6 compared with day 5 sample collection (75% vs. 100%; P=0.0005). The concordance rate for ploidy of TE biopsy and SCM was 78.3%. 100% concordance rate of sex chromosome means there are no DNA contamination in spent culture medium. There are 11 blastocysts that underwent single embryo transfer (SET), guided by PGT-A results of the TE biopsy. Clinical outcomes were retrospectively calculated in two different scenarios: when euploid TE was concordant with euploid SCM and when euploid TE was discordant with aneuploid SCM. The clinical pregnancy rate for euploid TE/ euploid SCM and euploidy TE/aneuploidy SBM are 50% vs. 100%, respectively. Because of the low number of SETs performed, differences were not significant. Conclusion: Spent culture medium is an alternative approach to obtaining embryo DNA. Non-invasive preimplantation genetic testing for aneuploidy (niPGTA) has the potential of applicability in clinical IVF to provide another selection to predict the ploidy status of a blastocyst.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF12	分裂早期發生多核化之胚胎較易形成高度染色體嵌合狀態 An increased incidence of high-level mosaicism in embryos with the occurrence of multinucleation at early cleavage stages 陳建宏 ¹ 李俊逸 ^{1,2,3} 黃俊嘉 ¹ 鄭思惠 ¹ 何舒婷 ¹ 陳秀惠 ¹ 陳志義 ¹ 黃梨香 ^{1,4} 李茂盛 ^{1,2,3} 李宗賢 ^{1,2,3} 茂盛醫院 ¹ 中山醫學大學附設醫院婦產部 ² 中山醫學大學醫研所 ³ 中山醫科大學附屬醫院護理學院 ⁴
臨時稿件編號：0666	
論文發表方式：口頭報告	Background: In the mouse model, the multinucleation (MN) occurrence at the 2-cell stage (MN2) or the 4-cellstage (MN4) appears to affect blastomere ploidy and compromises blastocyst developmental potential. However, the pregnancy loss rate was not significantly increased by transferring MN-derived blastocysts to surrogate mothers. The effects of MN on embryo ploidy in humans are still under debate and worth further investigation. Methods: The current retrospective study was aimed to evaluate the effects of MN on ploidy status of biopsied blastocysts derived from IVF patients using time-lapse (TL) monitoring and next-generation sequencing (NGS)-based preimplantation genetic tests for aneuploidy (PGT-A) and enrolled 178couplesfrom January 2017 to August 2018.The embryonicmorphokintics and morphologywere evaluated by all of the recorded images at118hours post insemination (hpi).The blastocysts with morphology >4CC on day 5 or day 6 were selected for TE biopsy andPGT-A (n = 918). The statistical analysis was performed by generalized estimating equations (GEE), Pearson's chi-squared test, or Fisher's exact test. Results: This study revealed that the rates of MN2 (36%) and MN4 (18.9%) in high-level mosaic embryos were higher thanthose of euploid (21.6% and 12.1%), low-level mosaic (22.7% and 11.6%) and aneuploid (20% and 8.2%) embryos. In consideration of confounding variables, i.e. female age, matureoocyte numbers, oocyte sources, the timingof the blastocyst with a full-filled blastocoel (tB), and blastocyst morphology, the GEE analysisdemonstrated the occurrences offMN2 (odds ratio [OR] = 1.57, 95% confidence interval [CI] = 1.039-2.372, p
論文歸類：生殖內分泌	Conclusion: This study demonstrates that multinucleated blastocysts with MN have similar rates of euploidy and low-level mosaicism but a higher rate of high-level mosaicism as compared with non-multinucleated blastocysts. In order to reduce the possibility of selecting blastocysts with high-level mosaicism, this study thus suggests to lower the priority of good morphology blastocysts with MN4 for embryoselection.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF13	IL-33 在人類子宮內膜異位症所扮演的角色 Role of IL-33 in human ovarian endometriosis 王凱弘 ¹ 蔡青沅 ¹ 林大欽 ^{1,2} 郭宗正 ^{1,2} 台南郭綜合醫院生殖醫學中心 ¹ 台南郭綜合醫院婦產部 ²
臨時稿件編號：0473	
論文發表方式：口頭報告	Introduction Endometriosis is a leading cause of infertility in women of reproductive age. Currently, various theories on the pathogenesis of endometriosis have been proposed; however, the underlying mechanisms are not clearly elucidated. Among these theories, the most commonly accepted mechanism of endometriosis is Sampson's theory. The theory indicates that viable endometrial cells are shed from the endometrium to the pelvic peritoneum or ovaries, possibly through menstrual retrograde. These cells subsequently attach, invade, and injure other tissues. According to this theory, cytokines that can regulate the growth and angiogenesis of these endometrial cells play a vital role in the progression of endometriosis. Interleukin-33 (IL-33) is expressed in the nucleus of various cell types including endometrial stromal cells. Previous studies showed that IL-33 is a key regulator of many processes including inflammation, angiogenesis, and lesion proliferation, and speculated that IL-33 expression may also have a potential role in the pathogenesis of endometriosis. Therefore, the present study aimed to evaluate the possible role of IL-33 in the pathogenesis of endometriosis. Materials and methods The study used human endometriotic stromal cells derived from ovarian endometrioma (hOVEN-SCs) as the experimental cell. Proliferation potential was measured by cumulative population doubling level and colony-forming efficiency. Gene expression was confirmed by RT-PCR analysis. Results Previously, our study revealed that 17β-estradiol could increase IL-33 expression through the estrogen receptor pathway in hOVEN-SCs. Moreover, IL-33 upregulated MMP-9 expression in and enhanced the invasion ability of hOVEN-SCs through the MAPK signaling pathway. This study aimed to investigate the effects of IL-33 on the cell adhesion and angiogenesis of hOVEN-SCs. We examined the expression of the cell adhesion molecule (vascular cell adhesion molecule-1, VCAM-1) and angiogenesis molecule (vascular endothelial growth factor, VEGF) in hOVEN-SCs/IL-33 and hOVEN-SCs by RT-PCR analysis. The results found that treatment of hOVEN-SCs with IL-33 significantly increased VCAM-1 and VEGF expression in a dose-dependent manner (0, 1, 2, 3, 4, and 5 ng/ml). Moreover, we observed that IL-33 up-regulated the expression of VCAM-1 and VEGF in hOVEN-SCs through the ST2 (an IL-33 specific receptor)/MAPK signaling pathway. Furthermore, the cell adhesion results showed that 73% and 51% of cells detached from hOVEN-SCs and IL-33-treated hOVEN-SCs monolayer cultures respectively after 12 minutes of trypsinization, indicating that IL-33 can increase hOVEN-SCs adhesion. Conclusion These findings indicate that IL-33 may play a key role in the pathogenesis of endometriosis by increasing the adhesion, inflammation, angiogenesis and invasion of endometriotic stromal cells. Further investigation on the IL-33 signaling pathway contributes to developing more effective treatments for endometriosis.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF14	褪黑激素透過降低 COX-2 表現對 BPA 刺激而減少 Cx43 間隙連接蛋白表現之顆粒細胞產生保護作用 Protective effect of melatonin on BPA-reduced Cx43 gap junction protein expression in human granulosa cells by down-regulation of COX-2 expression 王凱弘 ¹ 蔡青沅 ¹ 林大欽 ^{1,2} 郭宗正 ^{1,2} 台南郭綜合醫院生殖醫學中心 ¹ 台南郭綜合醫院婦產部 ²
臨時稿件編號：0472	
論文發表方式：口頭報告	Introduction Female infertility may be closely related to endocrine-disrupting chemicals (EDCs) such as bisphenol A (BPA), which are widely used in the production of epoxy resins and polycarbonate plastics. Many studies have shown that important signaling pathways involved in folliculogenesis and oocyte maturation are mediated by gap junctions. BPA may cause reproductive toxicity by inducing apoptosis of granulosa cells (GCs), altering oocyte maturation by prematurely closing gap junctions in the GCs-oocyte complex. Connexin43 (Cx43) is an important gap junction protein required for communication between GCs and GCs or oocytes, which is present at every stage of folliculogenesis. Studies have shown that increased expression of cyclooxygenase-2 (COX-2) contributes to aberrant expression of connexin in many cell types. Melatonin, well-known for its anti-inflammatory and antioxidant effects, can participate in the regulation of reproductive processes. Former studies have shown that melatonin has therapeutic effects on steroidogenesis, folliculogenesis and oocyte maturation in PCOS. The aim of this study is to investigate whether melatonin has protective effects on BPA-treated GCs reproductive toxicity. Materials and methods The human GCs were collected from patients undergoing IVF procedures after controlled ovarian stimulation. To explore the effect of melatonin on BPA-induced Cx43 and COX-2 expression of GCs, we used RT-PCR and western blotting assays in this study. Results Previously, we reported that BPA (10-7 M) could down-regulate Cx43 expression through the estrogen receptor-dependent signaling pathway in GCs. In this study, we found that BPA treatment of GCs significantly increased COX-2 gene expression. Next, we analyzed the dose-dependent effect of melatonin (concentration: 10-5 to 10-8 M) on the expression of Cx43 and COX-2 in BPA-treated GCs. The results showed that GCs treated with melatonin (concentrations: 10-5, 10-6, and 10-7 M) significantly inhibited the expression of the COX-2 gene increased by BPA. In addition, melatonin (concentration: 10-5 M) significantly restored Cx43 gene expression in GCs with reduced BPA. We also conducted experiments to clarify the effects of melatonin on the expression of Cx43 and COX-2 in BPA-treated GCs, and further explained the underlying mechanisms of these effects. The results showed that the expression of COX-2 was essential for BPA-reduced Cx43 expression of GCs, as the effect can be negated by NS398 (a selective COX-2 inhibitor). Conclusion Our current results speculate that melatonin restores the expression of Cx43 in BPA-treated GCs by reducing the expression of COX-2. However, this mechanism needs more evidence to further clarify this hypothesis.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OF16	chromosome inv(9)(p12q13) 在不明原因男性不孕的角色 Role of chromosome inv(9)(p12q13) in unexplained male infertility
臨時稿件編號： 0630	停寧萱 ¹ 陳寶珠 ¹ 花蓮慈濟醫院 ¹
論文發表方式： 口頭報告	Objective Chromosome inv(9)(p12q13) is a common normal variant polymorphism in humans. However, poor reproductive outcomes related to de novo or familial inv(9)(p12q13) were reported. We found a man with chromosome inv(9)(p12q13) presented with 80% of embryos being chromosomal multiploidy. The gene manipulations among this inversion region were explored. Methods At the region of the breakpoint, 5 genes (PRKACG, DCTN3, C9orf24, SPATA3 and TESK1) related to G2M transition were tested for the effect on cell division. Knockdown (siRNA) and overexpression (adenovirus) of the Dynactin subunit 3 (DCTN3) gene for testing its function. Three cell lines including embryonic carcinoma (NCCIT), trophoblast cell (NTERA-2) and fibroblast were used for the above experiments. Results Knockdown of DCTN3, TESK1, C9orf24 genes showed polyploidy and DCTN3 was known as microtubule related genes. Knockdown of DCTN3 led to cell multiploidy in above cell lines. But overexpression of DCTN3 did not show any chromosome abnormality in above cell lines. Interestingly, both knockdown and overexpression of DCTN3 led to an increase in the expression of stem cell markers (LGR5, SOX-2). Conclusion DCTN3 is found to play an important role in cell division, especially in the G2M phase of the cell cycle. Further exploration of the role of DCTN3 in male reproductive medicine can be anticipated.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC1	乳房外柏哲德氏病案例報告 A Rare Case of Extramammary Paget's Disease
臨時稿件編號： 0558	賴彥汝 ¹ 周麗雲 ¹ 林珮瑩 ¹ 基督復臨安息日會醫療財團法人臺安醫院婦產部 ¹
論文發表方式： 口頭報告	Introduction: Extramammary Paget's disease (EMPD) is a rare intraepithelial neoplasm which develops in the apocrine gland-bearing areas of elder adults. The most common locations in females are labium majus, labium minus and clitoris (vulva encompasses 65% of EMPD), followed by perineal and perianal areas. Most EMPD cases are carcinoma in situ with indolent progression. Common initial presentations are chronic pruritis with well-circumscribed erythematous plaque. EMPD can often mimic various types of other dermatosis such as eczema or dermatitis. Case: A 61-year-old postmenopausal woman was presented with chronic pruritic plaque on bilateral vulvas for several years. Empirical treatment of topical steroids and antifungals were applied without satisfactory response. Excisional biopsy was done. The histopathological picture and immunohistochemical markers confirmed EMPD. Surgical excision was done, along with further investigations to rule out secondary EMPD with other underlying malignancies. Discussion: This article reports this rare EMPD case, as well as further discussion regarding the latest insight in this topic, including classifications, diagnosis, and management strategies. This case also reminds the importance of screening for underlying malignancies when encountering such lesions. Regular follow up is also necessary due to its high recurrence rate.
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC2	生育保留式分期手術是否影響臨床第一期卵巢清楚細胞癌患者的預後？單中心 回溯性研究
臨時稿件編號： 0409	Does Surgical Fertility Sparing Procedure Worsen Outcome of Stage I Ovarian Clear Cell Carcinoma? Single Institute Retrospective Study 楊雅淳 ¹ 郭曉莉 ² 陳子健 ¹ 翁嘉穗 ¹ 林鈴 ¹ 黃琬琇 ¹ 張志隆 ³ 蘇聰賢 ¹ 王國恭 ¹ 王功亮 ¹ 楊育正 ¹ 陳楨瑞 ¹ 馬偕紀念醫院婦產部 ¹ 馬偕紀念醫院癌症中心 ² 馬偕紀念醫院醫研部 ³ 台東馬偕醫院 ⁴
論文發表方式： 口頭報告	Ovarian clear cell carcinoma (OCCC) is the second common histologic type of epithelial ovarian cancer in Taiwan. OCCC is considered to be related to pelvic endometriosis or ovarian endometrioma, which is co-existed in the reproductive age of female patients. OCCC is sometimes found incidentally during minimally invasive or open benign ovarian surgeries, and tumor often is restricted inside the posterior cul-de-sac, the adhesion area caused by pelvic endometriosis. To preserve normal uterus and the other not affect ovary is still controversial even in the manuscript of current national collaborative cancer network (NCCN) guideline from USA. Retrospectively we collected the early stage (final surgical stage I) OCCC cases from 2008 to 2021 in MacKay memorial hospital, Taipei, Taiwan, and performed the chart review after IRB approval. Total 147 cases fit our selective criteria. These cases were divided into 2 groups by surgical procedures (complete staging without preservation of uterus (n=141) and another ovary versus fertility sparing procedure (n=6)) for recurrence and survival analysis. Currently we are running the statistic analysis for our cases and we would like to present our data after statistic specialist's audit in the annual meeting in 2022. After data collecting, the limitation of our study should be the limited case number of fertility sparing cases, the imbalance case numbers between these 2 groups could cause the low reliability of statistic analysis. However, we found several interesting cases who experienced the unpredictable recurrence away from pelvic cavity even after complete staging procedure. Based on this observation, the surgical procedure might not be the major factor to effect the outcome of such early stage cases of OCCC. Multi-center collaborative data collection would be the better way to gain more power of our study in the future.
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC3	卵巢上皮細胞癌患者腹水 YKL40 表現量與臨床預後的關聯性 The Correlation of YKL40 expression in Ascites and Clinical Outcomes of Epithelial Ovarian Cancer Patients
臨時稿件編號： 0388	吳佳穎 ¹ 江盈澄 ¹ 鄭文芳 ¹ 台大醫院婦產部 ¹
論文發表方式： 口頭報告	Background: Epithelial ovarian cancer (EOC) is the most lethal gynecologic malignancies all over the world. Most patients are diagnosed at advanced stages (stage III–IV) with disseminated abdominal-pelvis metastasis and the formation of massive ascites. Current standard treatments include debulking surgery and adjuvant carboplatin/paclitaxel chemotherapy, but disease recurrence occurs in 2 years after completing primary treatments. YKL-40, the product of CHI3L1 gene, is expressed in several human inflammation diseases or cancers. In the study, we measured the expression of YKL 40 in the ascites of EOC patients and correlated it with the clinical outcomes. Methods: The specimens of ascites were separated into supernatant or sera and cellular components. Enzyme-linked immunosorbent assay (ELISA) were performed to evaluate the amount of YKL40 in the ascites. The correlation of YKL-40 expression and these clinic-pathologic parameters were analyzed. Results: There were 150 EOC patients collected. The expression of YKL-40 in ascites of EOC patients were associated with FIGO stage, ascites cytology, tumor recurrence and tumor related death. Conclusion: According to the current results, the higher expression of YKL-40 in ascites was a poor prognostic factor for EOC patients.
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC4	Platinum+ Topotecan 治療復發性卵巢癌的回顧和真實世界數據 Review of recurrent ovarian cancer treated with Platinum+ Topotecan & The real-world data 林建捷 ¹ 周宏學 ² 張廷彰 ² 張淑涵 ² 台北長庚醫院婦產部 ¹ 林口長庚醫院婦產部 ²
臨時稿件編號：0588	
論文發表方式：口頭報告	Objective NCCN guideline suggested topotecan+ Bevacizumab as an acceptable therapy option for Platinum-Resistant(P-R) patient with recurrent ovarian cancer (ROC). HECTOR trial showed carboplatin(AUC5)+ topotecan(0.75 mg/m2, D1-3) in platinum-sensitive(P-S) patient with ROC had similar response rate and clinical benefit rate to the established regimens(Carboplatin+ Paclitaxel/Gemcitabine/PLD). A retrospective study in Korean found Cisplatin(50mg/m2 D1)+ Topotecan(0.75mg/m2 D1-3) every 21 days for P-R and P-S ROC effective, especially in the P-S group. Thus, the aim of this study was to evaluate the outcomes of patients with ROC treated with Platinum+ Topotecan as palliative chemotherapy in both P-S and P-R groups. Design This retrospective study enrolled total 28 patients with ROC who received cisplatin(50mg/m2 D1)/carboplatin+ Topotecan(0.75mg/m2 D1-3) every 21 days as palliative chemotherapy between October, 2016 and August, 2021 in Chang Gung Memorial Hospital in Taiwan. We observed overall response rates (ORR), progression-free survival (PFS) and duration of response (DOR) in both P-S and P-R groups. The response to chemotherapy was defined by Response Evaluation Criteria In Solid Tumors (RECIST) and CA-125 values of Gynecological Cancer Intergroup (GCIG) criteria. Adverse event was defined by Common Terminology Criteria for Adverse Events 5.0(CTCAE 5.0). Result A total of 28 patients/29 cases with 19 in P-S group and 10 in P-R group were enrolled. ORR (Complete Response (CR)+ Partial Response (PR)) in P-S group and P-R group were 57.8% and 30%. Clinical benefit rate (CR+ PR+ Stable Disease (SD)) in P-S group and P-R group were 58% and 60%. Total ORR and clinical benefit rate were 48% and 59% respectively. Total median duration of response, median of best response and median PFS were 7.17 month, 4.56 and 7.04 months. The most common grade 3/4 adverse effects was thrombocytopenia(35.2%) in P-S group and neutropenia(15%) in P-R group. Conclusion This real-world experience showed it is feasible to administrate Platinum+ Topotecan as second- or higher-line palliative chemotherapy in patient with recurrent ovarian cancer. Moderate toxicity and nearly 60% of Clinical benefit rate was observed in both P-S groups and P-R groups.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC5	Bevacizumab 合併化學治療運用在持續性、復發性或轉移性子宮頸癌真實世界經驗分享 The addition of bevacizumab to combination chemotherapy in patients with recurrent, persistent, or metastatic cervical cancer 張淑涵 ¹ 林口長庚醫院 ¹
臨時稿件編號：0549	
論文發表方式：口頭報告	Cervical cancer is the fourth most common women's cancer worldwide. Treatments for cervical cancer are surgery for the early-stage disease and concurrent chemoradiotherapy for the late-stage. The addition of Bevacizumab to combination chemotherapy in patients with recurrent, persistent, or metastatic cervical cancer was associated with an improvement of 3.7 months in median overall survival according to Gynecologic Oncology Group (GOG) 240 trial. The primary objective of this study is to evaluate the outcome of the addition of bevacizumab with combination of chemotherapy on recurrent, persistent, or metastatic cervical cancer in Chang Gung Memorial Hospital. During 2020/06 to 2021/11 (15 months), 109 patients applied for the use of Bevacizumab and 81 received more than 2 cycles of Bevacizumab. Mean duration of Bevacizumab use is 7.08 ± 4.69 months (8.83 ± 5.23 cycles). The clinical benefit rate is 79.0% and overall response rate is 44.4%. Adverse effect included anemia (91.4%), neutropenia (76.5%), proteinuria (63.0%), thrombocytopenia (60.5%) and hypertension (55.6%). Fistula occurred in 8.6% patients.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC6	應用聊天機器人給予婦癌病人化療中個人化的醫療照護 Using a ChaBot for Personalized Care among Patients with Gynecologic Malignancies During Chemotherapy 白蕙瑄 ¹ 翁嘉穗 ¹ 馬偕紀念醫院婦產部 ¹
臨時稿件編號：0663	
論文發表方式：口頭報告	Introduction:A chatbot is an automatic text-messaging tool that creates a dynamic interaction and simulates a human conversation through text or voice via smartphones or computers. A chatbot could be an effective solution for cancer patients' follow-up during treatment, and could save time for healthcare providers. Objective We conducted a retrospective cohort pilot study to evaluate whether a chatbot-based collection of patient-reported symptoms during chemotherapy, with automated alerts to clinicians, could decrease emergency department (ED) visits and hospitalizations. A control group received usual care. Methods:Self-reporting symptoms were communicated via the chatbot, a Facebook Messenger-based interface for patients with gynecologic malignancies. The chatbot included questions about common symptoms experienced during chemotherapy. Patients could also use the text-messaging feature to speak directly to the chatbot, and all reported outcomes were monitored by a cancer manager. The side effects reported by patients and their patterns of use on the chatbot were described. Factors associated with long-term use of the chatbot were analyzed. Result:Sixty patients were included in the chatbot group, and 43 in the usual-care group. A total of 2560 evaluations of chemotherapy induced side effects were recorded. Patients in the chatbot group were younger with higher education. Clinical factors including tumor type, age, stage and chemotherapeutic drugs were found to be no differences among long-term users and short-term users. Conclusions The chatbot was helpful for personalized care in patients with gynecologic malignancies who were receiving chemotherapy with early intervention to chemotherapy-induced side effects. These findings are valuable for inspiring the future design of digital health interventions for cancer patients.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC7	Pembrolizumab and bevacizumab 結合使用在復發性卵巢癌的治療成效 Combined pembrolizumab and bevacizumab therapy in heavily treated recurrent ovarian cancer: a single-centre case series 王欣怡 ¹ 周子婷 ¹ 溫國璋 ¹ 朱凌慧 ¹ 蘇博玄 ² 黃瑞蘭 ¹ 陳林鈺 ¹ 賴鴻政 ¹ 衛生福利部雙和醫院婦產部 ¹ 衛生福利部雙和醫院表基因轉譯醫學中心 ²
臨時稿件編號：0533	
論文發表方式：口頭報告	Introduction Epithelial ovarian cancer (EOC) is usually treated by surgery and chemotherapy. However, recurrence is common especially in late stage diseases. Once recurrence is considered always recurrence, leading to a median five years survival rate around 40%. Although EOC was considered as an immuno-reactive cancer, the phase II KEYNOTE-100 study using pembrolizumab monotherapy demonstrated a disappointing objective response rate (ORR) of 8% in advanced recurrent EOC patients. Nevertheless, a recent phase 2 trial combining pembrolizumab, bevacizumab, and oral cyclophosphamide in patients with recurrent EOC presented with an ORR of 47.5%. However, severe adverse events were found in 32.5% patients, which mainly were associated with cyclophosphamide. We analyzed the response of heavily treated EOC by pembrolizumab and bevacizumab without cyclophosphamide in our hospital. Method We retrospectively reviewed the therapeutic response and side effects of EOC patients, who had been treated by at least 3 lines of chemotherapies, receiving combination therapy of pembrolizumab and bevacizumab from 2018 to 2021. The response rates were evaluated by Gynaecological Cancer Inter Group (GCIG) criteria using serum CA-125 (response and normalized; response; non response; progression) or RECIST criteria if pretreatment CA-125 is within the normal limit. Side effects were reviewed by patients medical records. Result There were 12 patient included in the study, including 6 (50.0%) high grade serous, 3 (25.0%) clear cell carcinoma, 1 (8.3%) mucinous, 1 (8.3%) endometrioid, and 1 (8.3%) mixed type EOCs. The initial diagnosis stage are 3 in early and 9 in late stages. The median age was 55(39-69) years. There was one patient (8.3%) with response and normalized, 4 patients (33.3%) with response, 4 patients (33.3%) with non response and 3 patients (25.0%) with disease progression. The overall response rate was 41.7 %, especially clear cell type (3/3, 100%), including the one with response to normalized. The CA-125 decreased after the first cycle in 9 cases (75%). There were no severe adverse effects in all treatments. Conclusion The combination therapy of pembrolizumab and bevacizumab is promising in recurrent EOCs, especially for clear cell type. Further prospective trials using this combination in clear cell carcinoma are warranted. The ongoing ovarian clear cell cancer moonshot (OCCMoS) project will provide more in depth biomarkers for this regimen.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC8	Serine/threonine kinase 31 (STK31) 是卵巢亮細胞癌有潛力的預後生化指標 Serine/threonine kinase 31 (STK31) is a potential favorable prognostic biomarker in patients with ovarian clear cell carcinoma 江盈澄 ¹ 戴依柔 ¹ 吳佳穎 ¹ 許恒誠 ² 沈鴻 ² 李家儀 ² 陳祈安 ¹ 鄭文芳 ¹ 臺大醫院婦產部 ¹ 臺大醫院新竹分院婦產部 ²
臨時稿件編號：0372	
論文發表方式：口頭報告	[Objective] The incidence of ovarian clear cell carcinoma is estimated to be 15% in East Asia, especially in Japan and Taiwan. STK31 is one of the novel cancer/testis antigens for which its biological functions remain largely unclear. In the study, we investigated the STK31 expression in ovarian clear cell carcinoma and correlated with the clinical outcomes. [Methods] We investigated the expression of STK31 in 88 clear cell carcinomas by real-time Q-PCR method. [Results] The median expressions of STK31 were significantly different in FIGO stage (Early versus Advanced: 1.96 versus 0.66; Kruskal-Wallis test, p = 0.013), lymph node metastasis (No versus Yes: 1.12 versus 0.11, p = 0.009), recurrence (No versus Yes: 2.63 versus 0.62, p = 0.005), chemo-response (Sensitive versus Resistant: 1.90 versus 0.23, p = 0.010) and prognosis (Alive versus Death: 2.16 versus 0.11, p < 0.001). The patients with high STK31 expression had better progression free survival and overall survival than those with low STK31 expression. The Cox regression models for evaluating the risk of recurrence and death were performed. Advanced FIGO stage (H.R.: 4.02, 95% C.I.: 1.84-8.81), optimal debulking surgery (H.R.: 0.45, 95% C.I.: 0.21-0.97) and STK31 expression (H.R.: 0.37, 95% C.I.: 0.16-0.83) were independent factors for disease recurrence. Also, advanced FIGO stage (H.R.: 5.11, 95% C.I.: 1.59-16.31), optimal debulking surgery (H.R.: 0.29, 95% C.I.: 0.12-0.71) and STK31 expression (H.R.: 0.27, 95% C.I.: 0.08-0.96) were independent factors for disease related death. [Conclusion] STK31 expression is a potential favorable biomarker in patients with ovarian clear cell carcinoma.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC9	卵巢亮細胞癌形態及分子異質性之空間分析 The spatial analysis of morphology and molecular heterogeneity in ovarian clear cell carcinoma 戴雅亭 ¹ 王以德 ² 葉潔茹 ² 林維洲 ³ 魏凌鴻 ⁴ 黃韻如 ² 台大醫院教學部 ⁴ 台灣大學醫學院醫學系 ² 台大醫院病理部 ³ 台大醫院婦產部 ⁴
臨時稿件編號：0560	
論文發表方式：口頭報告	Background Ovarian clear cell carcinoma (OCCC) is a histotype of ovarian cancer with high incidence in Asia. It has distinct pathological features of clear cytoplasm at the cellular level and 3 complex morphology of papillary, tubulocystic, and solid patterns at the architectural level. Although these 3 patterns have been correlated with clinical outcomes, specific molecular signatures associated with the morphologic intra-tumoral heterogeneity (ITH) have yet to be defined. Methods Formalin-fixed paraffine embedded (FFPE) tumor sections from 10 primary OCCC patients were included. Digital Spatial Profiling (DSP) of 18 protein targets from the Human Protein Core was conducted by using the nanoStringGeoMx system to select regions of interest (ROIs) and define areas of illumination (AOIs) according to ROI segmentation by the fluorescence signals of visualization markers pan-cytokeratin (PanCK), CD45, or DNA and the reference H&E staining morphology. The digital signals were quantified by the nanoStringnCounter system. Results Unsupervised hierarchical clustering of 252 AOIs from 229 ROIs showed 5 distinct clusters. PanCK+ AOIs were mainly distributed in 4 clusters: PanCK-high epithelial cells (C1-a), immune-like epithelial cells (C1-b), fibronectin-high epithelial cells (C2-a), and signal-cold epithelial cells (C2-b), while the CD45+ AOIs were mostly in 1 cluster: immune cells (C1-c). Infiltrating CD45+ immune cells, especially with high HLA-DR expressed, were more frequently found in those C1-b AOIs with high expression of B2M (beta-2-globulin). Interestingly, samples (N=2) with more infiltrating CD45+ immune cells show poorer prognosis with a median progression-free survival (PFS) of 14 months. However, samples with molecular signatures of C1-a (N= 4) showed better outcome with a median PFS of 26 months. Correlating with the morphology, the PanCK+ AOIs in C1-a were predominantly tubulocystic (23/46, 50%) and solid (19/46, 41.3%); the PanCK+ AOIs in C1-b were predominantly papillary (20/39, 51.3%) and tubulocystic (17/39; 43.6%). The papillary pattern accounted for 100% of PanCK+ AOIs in C1-c. The C2-a cluster showed an equal distribution among the 3 patterns (papillary: 16/55, 29.1%; tubulocystic: 19/55, 34.5%; solid: 20/55, 36.4%). The C2-b cluster showed a slightly higher enrichment of the solid pattern (28/64, 43.8%) in PanCK+ AOIs. The tubulocystic pattern predominant samples (N= 2) were noted with better prognosis with a median PFS of 37 months. Conclusions There exists significant ITH within OCCC tumors. Tumor cells with high expression of PanCK and B2M were associated with more CD45+ immune cells infiltration, suggestive of intensive inflammation and worse prognosis. The tubulocystic pattern predominant samples would have better prognosis and were associated with C1-a molecular features.
論文發表方式：口頭報告	
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC10	利用患者之腫瘤類器官作為婦癌精準醫療 Precision medicine by patient-derived cancer organoids in gynecology 周子婷 ¹ 陳林鈺 ¹ 朱凌慧 ¹ 溫國璋 ^{1,2} 翁瑜君 ³ 黃瑞蘭 ^{1,2} 蘇博玄 ⁴ 賴鴻政 ^{1,2,4} 衛生福利部雙和醫院婦產部 ¹ 台北醫學大學醫學院婦產科 ² 衛生福利部雙和醫院研究部 ³ 衛生福利部雙和醫院研究部轉譯醫學中心 ⁴
臨時稿件編號：0429	
論文發表方式：口頭報告	1. Background Current treatment modalities of gynecological cancers include surgery, chemotherapy, and radiotherapy. However, the current guideline takes limited considerations in the tumor heterogeneity. Tumor heterogeneity may cause an individual response to the same chemotherapy. This concept of one-fit-for-all should be revisited. Identifying the individual tumor heterogeneity before chemotherapy is needed in future precision medicine. Cancer organoid is a 3D culture technology preserving the heterogeneity of patient tumors, which has been demonstrated as a better model for in vitro drug testing than patient-derived xenograft in mice. Therefore, we tried to establish PDOs from gynecological cancer tissues and test the feasibility of precision medicine by in vitro drug testing. 2. Methods We collected fresh tumor specimens during surgery of cancer patients and cultured them to 3D organoids. The morphology and molecular profiles were compared between organoids and clinical pathology results. In vitro drug testing was performed using a panel of commonly used drugs, such as paclitaxel, carboplatin, cisplatin, epirubicin, doxorubicin, gemcitabine, and topotecan. 3. Result Totally, 30 ovarian cancer patients and 16 endometrial cancer patients were enrolled. We successfully established 29 PDOs, including 17 ovarian cancer PDOs and 12 endometrial cancer PDOs. Pathological exams including H&E stain, immunohistochemical, and immunofluorescence staining confirmed the similarity of PDO to original tumor tissues. In vitro drug testing was performed in 10 ovarian cancer PDOs and five endometrial cancer PDOs. Each patient reveals an individual profile for chemotherapeutic drugs, even with the same cell types. 4. Conclusion We have successfully established PDOs and in vitro drug testing for gynecological cancers. Further investigation of this PDOs-based chemotherapy may shed new light on precision gynecological oncology in the future.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC11	同步子宮內膜樣癌和卵巢透明細胞癌：Precursor escape 的分子證據的新例子？ Molecular evidence for a clonal relationship between synchronous uterine endometrioid carcinoma and ovarian clear cell carcinoma: a new example of “precursor escape”? 趙安琪 ¹ 翁琄 ¹ 王錦榮 ¹ 賴瓊慧 ¹ 林口長庚醫院 ¹
臨時稿件編號：0394	
論文發表方式：口頭報告	Synchronous endometrial and ovarian carcinomas (SEOCs) that share the same endometrioid histology are generally considered as the result of metastatic spread from one organ to another. However, SEOCs with different histologies are regarded as distinct primary lesions that arise independently from each other. We attempted a potential explanation -precursor escape- as precursor cells of endometrial cancer spread beyond the uterus to reach the pelvis and eventually evolve into an OCCC under an increasing mutational burden. Four patients with synchronous uterine endometrioid carcinoma (UEMC) and ovarian clear cell carcinoma (OCCC) were examined. UEMCs were accompanied by endometrial hyperplasia/endometrioid intraepithelial neoplasia, whereas endometriosis was evident in two cases. Paired UEMC and OCCC specimens were subjected to mutation analysis with massively parallel sequencing. Surprisingly, we found that 50% (2/4) of paired SEOCs with different histologies shared the same somatic mutations, some of which localized in cancer driver genes. Clonality analyses indicated that these tumors were clonally related to each other. Notably, 75% (3/4) of the study patients had Lynch syndrome. The cancer-specific survival figures of patients with synchronous UEMCs and OCCCs were more favorable than those observed in a historical cohort of patients with isolated stage 2/3 OCCCs. The mutational landscape of clonally-related SEOCs with different histologies to confirm or refute the hypothesis of an independent origin is discussed.
論文發表方式：口頭報告	
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC13	單次尿液白蛋白肌肝酸比例可適當預測使用癌思停婦癌病患之總蛋白尿量 Urine Albumin Creatinine Ratio for the Assessment of Bevacizumab Induced Proteinuria in Gynecologic Cancer Patients 黃冠儒 ¹ 謝昊頤 ² 潘威霖 ² 李昱登 ³ 吳晉睿 ⁴ 張文君 ³ 魏凌鴻 ³ 許博欽 ³ 台大醫院雲林分院 ¹ 台大醫學系 ² 台大醫院 ³ 新竹臺大分院新竹醫院 ⁴
臨時稿件編號：0361	
論文發表方式：口頭報告	[Background] 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 ratio (UACR) 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. [Materials and Methods] The study retrospectively evaluated patients with gynecologic malignancy receiving Bevacizumab with risk of grade 2 (or higher grade) proteinuria. Patients with spot urine protein 2+ or spot urine albumin to creatinine ratio 2+ by dipstick test (screen tests) were eligible for study. The spot microalbumin, total protein and creatinine levels, and 24-hour microalbumin, total protein and creatinine levels were recorded and compared subsequently. [Results] 70 records were available between Jan. 2020 to Nov. 2021. For those with positive results in screen tests, only 10 (14.29%) records were regarded as clinical significant proteinuria that prohibited bevacizumab use temporary or permanently. The correlation between UACR, urine total protein to creatinine ratio, and 24-hour urine protein were 0.73 and 0.71 (0.72 and 0.70 by MDRD methods, respectively). Urine albumin account for 67% of total urine protein. [Conclusion] Despite relative lower percentage excretion of albumin in urine compared with glomerular disease, UACR remains as an effective way to predict urine total protein amount and aid clinical managements for gynecologic patients receiving bevacizumab with a risk of grade 2 (or higher grade) proteinuria.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OC14	雄激素受體表現對卵巢高度漿液性癌患者鉑金敏感度及存活結局的影響 The impact of androgen receptor expression on platinum-sensitivity and survival outcomes in patients with ovarian high-grade serous carcinoma 黃德緯 ¹ 歐育哲 ^{1,2} 傅宏鈞 ¹ 吳貞琳 ¹ 林浩 ¹ 高雄長庚紀念醫院 ¹ 嘉義長庚紀念醫院 ²
臨時稿件編號：0637	
論文發表方式：口頭報告	Objective: The presence of sex steroid hormone receptors in many of epithelial ovarian cancer (EOC) tissues proposes a potential role for hormones in the origin and promotion of this disease. Although studies have found that strong androgen receptor (AR) expression was associated with improved disease-specific survival in patients with triple negative breast cancer, the results in EOC were conflicting due to limited sample sizes and statistical power. In present study, we attempted to investigate the impact of AR expression on platinum-sensitivity and survival outcomes in patients with ovarian high-grade serous carcinoma (HGSC) and to evaluate underlying mechanism. Materials and Methods: We retrospectively reviewed 90 patients with ovarian HGSC who underwent surgery followed by adjuvant chemotherapy and analyzed AR expression by immunohistochemical (IHC) staining. The AR expression was quantified using the H-score. The platinum-sensitivity and survival outcomes were compared between weak and strong AR expression. Cisplatin viability experiments were performed in OC-3-VGH cells with different AR expression. We also analyzed the changes of apoptosis-related proteins and DNA damage marker γH2AX after cisplatin exposure using Western blotting. Results: Among 90 patients, 49 and 41 patients were considered as platinum-sensitive and platinum-resistant disease, respectively. In platinum-sensitive patients, the mean AR H-score was significantly higher than platinum-resistant patients (18.1 vs. 8.7, p=0.037). Although there was no significant difference of progression-free and overall survival between patients with high and low AR expression, the patients with high AR expression had a trend towards better survival. In cell models, AR protein was weakly detectable in OC-3-VGH cells. Through transfection of AR gene, OC-3-VGH cells with strong AR expression were verified by western blot analysis. After treatment of OC-3-VGH cells with cisplatin, we found that overexpressing of AR enhanced cisplatin cytotoxicity. The apoptosis-related proteins cleaved-caspase 8, 9, 3, and cleaved PARP1 were found to be more in OC-3-VGH-AR than OC-3-VGH-vector cells. DNA damage marker γH2AX was also found more in OC-3-VGH-AR cells. Conclusions: Our data suggest AR expression increased cisplatin-induced cell apoptosis via regulating DNA damage. The value of AR as a tumor sensitizer to cisplatin in ovarian HGSC should be further investigated.
論文發表方式：口頭報告	
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO1	分析妊娠中期羊膜穿刺術之產前診斷染色體倒位的頻率及臨床意義 Frequency and clinical significance of chromosomal inversions prenatally diagnosed by second trimester amniocentesis 趙安祥 ^{1,2} 簡誌緯 ^{1,2} 陳冠儒 ^{1,2} 彭秀慧 ² 張舜智 ² 詹耀龍 ² 新北市立土城醫院 ¹ 林口長庚醫學中心 ²
臨時稿件編號：0402	
論文發表方式：口頭報告	OBJECTIVE: To compare the frequency and clinical significance of familial and de novo chromosomal inversions during prenatal diagnosis. MATERIALS AND METHODS: This was a retrospective study of inversions diagnosed prenatally in an Asian population by applying conventional GTG-banding to amniocyte cultures. Data from 2005–2019 were extracted from a single-center laboratory database. The types, frequencies, and inheritance patterns of multiple inversions were analyzed. Pericentric variant inversions of chromosome 9 or Y were excluded. RESULTS: In total, 56 (0.27%) fetuses with inversions were identified in the 15-year database of 21,120 confirmative diagnostic procedures. Pericentric and paracentric inversions accounted for 62.5% (35/56) and 37.5% of the inversions, respectively. Familial inversions accounted for nearly 90% of cases, and de novo mutation was identified in two pericentric and two paracentric cases. Inversions were most frequently identified on chromosomes 1 and 2 (16.1% of all inversions), followed by chromosomes 6, 7, and 10 (8.9% of all cases). The indications for invasive testing were as follows: advanced maternal age (67.3%), abnormal ultrasound findings (2.1%), abnormal serum aneuploidy screening (20.4%), and other indications (10.2%). The mode of inheritance was available for 67.9% of cases (38/56), with 89.5% of inversions being inherited (34/38). A slight preponderance of inheritance in female fetuses was observed. Three patients with inherited inversions opted for termination (two had severe central nervous system lesions and one had a thalassemia major). Gestation continued for 53 fetuses, who exhibited no structural defects at birth or significant developmental problems a year after birth. CONCLUSION: Our study indicates that approximately 90% of prenatally diagnosed inversions have familial inheritance for both common and uncommon inversions. This finding can help to alleviate anxiety during prenatal counseling. Parental chromosomal analysis, further genetic studies, and appropriate counseling are crucial in cases where a nonfamilial inversion is diagnosed. Keywords: chromosomal inversion, prenatal diagnosis, amniocentesis, cytogenetics
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO2	異常羊水晶片下，不同遺傳模式對懷孕預後的影響 The pattern of mutation matters in pregnancy outcomes with abnormal single-nucleotide polymorphism arrays 陳怡婷 ¹ 康巧鈺 ¹ 林芯仔 ¹ 台大醫院 ¹
臨時稿件編號：0406	
論文發表方式：口頭報告	Background: Single-nucleotide polymorphism (SNP) array is a high resolution technique which provides detailed results to detect major fetal defect prenatally. Variants with uncertain pathogenicity make prenatal genetic counseling challenging. We aim to find the association between the pattern of mutation and fetal outcome in different types of copy number variants (CNVs). Materials and methods: We analyzed 1,560 cases who received prenatal SNP array analysis in National Taiwan University Hospital from 2015 to 2020. The parental blood samples of positive array cases were checked to identify if the CNVs were inherited or not. Results: 80 cases out of 1,560 were diagnosed with aneuploidy and CNVs. 17.4% of the fetuses with trisomy diagnosed prenatally were delivered. All of them had sex chromosome abnormalities. The patterns of mutation and the delivery rate were significantly correlated in the microdeletion group (p=0.02), while there was no association in the microduplication group (p = 0.137). Dosage variant of 22q11.21 was most commonly detected and accounted for 15% of all abnormal cases. No correlation was identified between birth weight, gestational age and the size of CNVs in the four common CNV (15q11.2 microdeletion, 16p13.11 microduplication, 22q11.21 microdeletion and 22q11.21 microduplication) groups. The maternal age was not different between the microduplication/microdeletion group and normal group. Conclusion: The pattern of mutation may affect the fate of the fetuses with abnormal SNP array results. The parents tend to continue their pregnancy when the CNVs were inherited.
論文發表方式：口頭報告	
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO3	不同孕期體重增加和妊娠糖尿病的關聯性 The association between weight gain at different stages of pregnancy and risk of gestational diabetes mellitus 薛丞芳 ¹ 洪泰和 ¹ 莊雅淳 ¹ 瞿馥苓 ² 基隆長庚紀念醫院 ¹ 長庚科技大學 ²
臨時稿件編號：0489	
論文發表方式：口頭報告	Aims/Introduction: Women with excessive gestational weight gain (GWG) are at a higher risk for complications during pregnancy, such as preeclampsia. However, the association between excessive GWG and gestational diabetes mellitus (GDM) remains unclear. Materials and Methods: We retrospectively reviewed 8,352 women from our obstetric database with singleton pregnancies who gave birth after 28 completed weeks of gestation between January 1, 2012, and December 31, 2016, excluding pregnancies complicated by fetal anomalies, fetal death, and overt diabetes. Diagnosis of GDM was based on the criteria recommended by the International Association of Diabetes and Pregnancy Study Groups. We used two classification methods to define excessive GWG: a weight gain above the 90th percentile of the population, or exceeding the upper range recommended by the Institute of Medicine, stratified by pre-pregnancy body mass index. Statistical analysis was performed using multiple logistic regression to determine the association between excessive GWG and the risk of GDM. Results: Overall, 1,129 women (13.5%) were diagnosed with GDM. There was no difference in GWG between women with and without GDM in the first trimester and before GDM screening. Women with GDM had significantly less GWG in the second trimester, after GDM screening, and throughout the whole gestation than women without GDM. No correlation was found between excessive GWG in the first and second trimesters, before GDM screening, and the later development of GDM. Conclusions: Our results indicate that excessive GWG prior to GDM screening is not associated with an increased risk of GDM.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO4	非侵入性產前檢測狄喬治氏症候群的台灣經驗 Noninvasive Prenatal Testing for DiGeorge Syndrome in Taiwan 李冠瑩 ¹ 黃惠鈺 ¹ 洪泰和 ¹ 蕭勝文 ¹ 台北長庚醫院婦產科 ¹
臨時稿件編號：0424	
論文發表方式：口頭報告	Objective: DiGeorge syndrome (DGS) is associated with microdeletions of chromosome 22q11. It is the second most common cause of congenital heart disease and is an important consideration whenever a conotruncal cardiac anomaly is identified. The availability of noninvasive prenatal testing (NIPT) is altering the practice of prenatal genetics and maternal-fetal medicine, resulting in a decline in invasive testing. Antenatal ultrasound and other biomarkers have their own limitation. NIPT was proposed to screen DGS with cell-free DNA in Taiwan. Here, we present our experience of prenatal diagnosis of DGS in our center. Methods: This was a retrospective study between November 1, 2019, and August 31, 2020, in Taiwan. Data were collected from 7,826 pregnant women self-referred for DGS screening with massive parallel shotgun sequencing-based NIPT. High-risk cases subsequently received amniocentesis for array comparative genomic hybridization (aCGH) to confirm the diagnosis. Characteristics of pregnancies were documented when participants received the test. Report of NIPT was completed 2 weeks after the test. Follow-up on high-risk cases was completed by telephone interview on January 30, 2021. Results: Thirteen cases showed high risk by NIPT, and 7 cases were confirmed by aCGH. The sensitivity and specificity were 100% (95% confidence interval [CI] 64.57-100.00%) and 99.92% (95% CI 99.83-99.96%). The prevalence of DGS was 1 in 1,118 pregnancies. The positive predictive rate was 53.85% (95% CI 29.14-76.79%). One true positive (TP) showed US anomaly, and 5 TPs selected termination. Discussion/conclusion: NIPT demonstrated good performance in DGS screening. Detection of 22q11.2 deletion could be combined with routine screening to facilitate proper intervention.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO5	一個家庭出現多重基因變化的產前基因諮詢困境 Difficulties of Prenatal Genetic Counseling for a Subsequent Child in a Family With Multiple Genetic Variations 黃亭瑄 ¹ 馬國欽 ² 陳明 ² 李汶芳 ¹ 蕭勝文 ³ 林口長庚紀念醫院婦產部 ¹ 彰化基督教醫院基因醫學部 ² 台北長庚紀念醫院婦產科 ³
臨時稿件編號：0574	
論文發表方式：口頭報告	Many parents with a disabled child caused by a genetic condition appreciate the option of prenatal genetic diagnosis to understand the chance of recurrence in a future pregnancy. Genome-wide tests, such as chromosomal microarray analysis and whole-exome sequencing, have been increasingly used for prenatal diagnosis, but prenatal counseling can be challenging due to the complexity of genomic data. This situation is further complicated by incidental findings of additional genetic variations in subsequent pregnancies. Here, we report the prenatal identification of a baby with a MECP2 missense variant and 15q11.2 microduplication in a family that has had a child with developmental and epileptic encephalopathy caused by a de novo KCNQ2 variant. An extended segregation analysis including extended relatives, in addition to the parents, was carried out to provide further information for genetic counseling. This case illustrates the challenges of prenatal counseling and highlights the need to understand the clinical and ethical implications of genome-wide tests.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO6	產前多學科專家會議諮詢對於唇顎裂診斷及治療計畫之影響 Multidisciplinary team approach to the prenatal management of orofacial clefts: a single center cohort study in taiwan 葛瑩 ¹ 張東曜 ¹ Eric. C. Lussier ¹ Ksenia Olisova ¹ 宋展毓 ¹ 陳國鼎 ² 李文車 ³ 楊子逸 ¹ 王儒瑩 ¹ 陳彥妮 ¹ 台兒診所 ¹ 臺北醫學大學附設醫院整型外科 ² 埔里基督教醫院婦產科 ³
臨時稿件編號：0436	
論文發表方式：口頭報告	We present a retrospective cohort of patients prenatally diagnosed with orofacial clefts who were offered consultation by an expert multidisciplinary team, including: a fetal medicine specialist, an obstetrician, a plastic surgeon, and a case managing nurse. We analyzed factors influencing parents' decision to utilize a consultation service, as well as their decision about pregnancy continuation. Our results suggest that the presence of other anomalies and maternal age heavily influenced the decision about the uptake of consultations. If consulted by the team, parents tended to continue with the pregnancy, even when accounting for fetal gender and maternal age. On the other hand, having a consultation had varying effects depending on the cleft type. The findings suggest that multidisciplinary consultations may be an efficient approach in managing pregnancies complicated by orofacial cleft anomalies; which may help in preventing unnecessary pregnancy terminations and developing a sufficient postnatal care plan.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO7	胎兒心律不整案例系列報告-單一中心近四年之臨床經驗 Case series of fetal arrhythmia-A single-center experience in recent 4 years. <u>池宛玲</u> ¹ Ksenia Olisova ¹ 董于瑄 ¹ 黃怡伶 ¹ 張東曜 ¹ 台兒診所 ¹
臨時稿件編號：0497	
論文發表方式：口頭報告	Case series of fetal arrhythmia-A single-center experience in recent 4 years. Wan-Ling Chih1, Ksenia Olisova1, Yu-Hsuan Tung1, Yi-Ling Huang1 , Tung Yao Chang1 1. Taiji Clinic, Taipei, Taiwan
論文歸類：產科	<p>Introduction</p> <p>Fetal arrhythmias are common during pregnancy and mostly transient. In rare instances, arrhythmias are associated with structural defects or can cause heart failure, hydrops fetalis, and as a result, intrauterine demise. Most existing literature focused on classifications of fetal arrhythmias in referral centers, but not in general obstetric screening. The main objective of this report was to analyze types, clinical characteristics, and outcomes for arrhythmia cases in general practice.</p> <p>Methods</p> <p>By retrospective review, we present a case series of fetal arrhythmias from obstetric screening in a fetal medicine clinic from Sep. 2017 to Aug. 2021. Types of arrhythmia, clinical characteristics, and outcomes are analyzed.</p> <p>Results</p> <p>A total of 66 cases were included in this case series. Gestational age at diagnosis ranged from 18 to 36 weeks. Proportions of different types of fetal arrhythmias are as follows: ectopy (86%, n=57), bradyarrhythmia (11%, n=7), and tachyarrhythmia (3%, n=2). None of them was associated with a cardiac structural anomaly, except one tachyarrhythmia case associated with Ebstein's anomaly. Most mothers (80%) with atrioventricular block fetuses were seropositive for anti-Ro (SSA) antibodies. Outcomes of ectopy cases were excellent, while fetal bradyarrhythmia cases had guarded outcomes. Two cases of second-degree AV block received transplacental fluorinated steroid therapy with recovery of fetal cardiac rhythm in later gestation. One case of complete AV block developed hydrops fetalis.</p> <p>Conclusion</p> <p>Detection and careful stratification of fetal arrhythmias in obstetric screening are crucial. While most arrhythmias are benign and self-limited, some require a prompt referral and timely intervention.</p>

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO8	嚴重雙胞胎輸血症候群伴隨右心室出口阻塞在接受者中經由胎兒內視鏡雷射手術後的預後及預測因子 Incidence, Prognosis and Predictors of Severe Twin-Twin Transfusion Syndrome with Right Ventricular Outflow Tract Obstruction in Recipient Twins post Fetoscopic Laser Therapy <u>詹耀龍</u> ¹ <u>朱庭儀</u> ¹ 林口長庚 ¹
臨時稿件編號：0364	
論文發表方式：口頭報告	Background: Fetoscopic laser therapy (FLT) is recognized as the first-line therapy for severe twin-to-twin transfusion syndrome (TTTS) which was defined as diagnosed before 26 weeks of gestation. Right ventricular outflow tract obstruction (RVOTO) is the most frequently encountered congenital heart disease in TTTS patients, especially in recipient twins. This retrospective study is designed to evaluate the incidence, prognosis, predictors and postnatal management of RVOTO of the recipient twins in severe TTTS who received FLT in a single center of Taiwan. Methods: TTTS patients post FLT between October 2007 and March 2021 were included. RVOTO was diagnosed by fetal or postnatal echocardiography. Fetal outcomes were evaluated by the perinatal survival, neonatal brain image anomaly, gestational age at delivery and birth weight. Results: 187 severe TTTS were included in the study, fourteen (7.49%) had recipient twins RVOTO with twelve cases of pulmonary stenosis and two affected with pulmonary atresia. Three (21.4%) of the fourteen cases with recipient RVOTO showed improvement of outflow obstruction after FLT, and eleven (78.6%) of the fourteen cases with recipient RVOTO resulted in perinatal survival. Five (45.5%) of the eleven surviving recipients with RVOTO received trans-catheter balloon valvuloplasty to relieve the obstruction. The perinatal survival rate, gestational age at delivery, neonatal brain image anomaly rate and birth weights were not significantly different between severe TTTS with and without recipient RVOTO treated by FLT. Severe TTTS with recipient RVOTO received FLT at an earlier gestational age (19.3± 2.4 vs 20.7±2.6, respectively, p=0.048) and recorded a higher percentage of presenting as Quintero stage IV (50.0% vs 12.1%, respectively, p<0.001) than their counterpart without recipient RVOTO. A combination of early gestational age (p = 0.046, odds ratio = 0.779) of FLP and manifestation of Quintero stage IV (odds ratio = 7.206, p = 0.001) could predict the occurrence of recipient twin RVOTO in severe TTTS. Conclusions: The neonatal outcomes between TTTS with and without recipient RVOTO are comparable in this series of severe TTTS undergoing FLT, which may be due to similar gestational age of delivery and severity with high Quintero stage (defined as stage III and IV).
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO9	在胎兒心臟超音波發現異常右肺動脈走向:作為診斷主動脈肺動脈窗合併右肺動脈異常起源於升主動脈的線索。 Abnormal course of the right pulmonary artery found in RVOT view is a hint to the prenatal diagnosis of aorto-pulmonary window with anomalous origin of the right pulmonary artery from the ascending aorta. <u>彭依婷</u> ¹ 奇美醫學中心 ¹
臨時稿件編號：0446	
論文發表方式：口頭報告	Aorto-pulmonary window (APW) is a rare congenital heart disease in which an abnormal connection between the great arteries, aorta and pulmonary artery, formed before birth. This connection would cause abnormal communication between the systemic and pulmonary circulation. Blood from the aorta flows into the pulmonary artery after birth and would cause pulmonary hypertension. The neonates with this disease may develop heart failure shortly after birth and require a corrective heart surgery within a couple of days after birth. Prenatal diagnosis is crucial to early intervention of this disease and better outcomes. Mostly a APW can be detected in a 3-vessel while taking screening prenatal echocardiography. But small defects between the aorta and pulmonary maybe missed. Here we present a case, in which we initially detected unclear origin and unusual, interrupted course of the right pulmonary artery. Then we thoroughly looked into each view and the connection between each segment and used color doppler to better imaging of the vessels. Finally the course of the right artery could be defined and the final diagnosis was made: aorto-pulmonary window with anomalous origin of the right pulmonary artery from the ascending aorta.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO10	Junctional adhesion molecule 3 表現降低引起胎盤滋養細胞過氧分子產生和細胞凋亡 Decreased junctional adhesion molecule 3 expression induces reactive oxygen species production and apoptosis in trophoblasts <u>陳治平</u> ¹ <u>王亮凱</u> ¹ <u>陳宜雍</u> ¹ <u>陳震宇</u> ¹ <u>陳佳玉</u> ² <u>郭怡秀</u> ² <u>吳以馨</u> ² <u>馬偕紀念醫院高危險妊娠科</u> ¹ <u>馬偕紀念醫院醫學研究部</u> ²
臨時稿件編號：0599	
論文發表方式：口頭報告	Background: The molecular mechanisms underlying the role of junctional adhesion molecule 3 (JAM3) in placental dysfunction remain unclear. We hypothesized that JAM3 expression is involved in trophoblast fusion, differentiation, proliferation, and apoptosis. Methods: Placental tissues from first-trimester and term were examined by immunofluorescence. BeWo and JAR trophoblasts were used as an in vitro model for JAM3 expression, cell cycle alterations and apoptosis evaluated by Western blot and flow cytometry. Results: JAM3 was expressed in the cytotrophoblasts and syncytiotrophoblasts of first-trimester and term placental villi. JAM3 expression in cell-cell junctions decreased with the formation of syncytiotrophoblasts. Forskolin and JAM3 knockdown significantly reduced JAM3 expression and increased syncytium formation. JAM3 knockdown additionally inhibited trophoblast proliferation and increased the number of trophoblasts in the sub-G1 and G2/M phases, indicating cell cycle disturbance and apoptosis. Cell cycle arrest was associated with the engagement of Checkpoint kinase 2–cell division cycle 25C–Cyclin-dependent kinase 1/Cyclin B1 signaling. Increased expression of BIM, NOXA, XAF1, cytochrome c, and cleaved caspase-3 further indicated trophoblast apoptosis. Overexpression of JAM3 or recombinant JAM3 protein enhanced trophoblast adhesion and migration, which were inhibited by JAM3 knockdown. JAM3 knockdown induced reactive oxygen species production in trophoblasts. Furthermore, H2O2-induced oxidative stress reduced JAM3 expression in BeWo and JAR cells and cell culture supernatants. H2O2 simultaneously induced trophoblast apoptosis. Conclusions: JAM3 may not only be a structural component of trophoblast cell junctions but also regulate trophoblast fusion, differentiation, proliferation, apoptosis, and motility. Dysregulated trophoblast JAM3 expression may be involved in preeclampsia development.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO11	胎兒先天性靜脈異常: 系統性產前超音波診斷與臨床意義 Congenital Malformations of the Fetal Central Veins and Umbilico-Portal System: a Stepwise Systematic Ultrasound Approach and Clinical Implications 曾振志 ¹ 曾緯翔 ² 賴錫鉅 ³ 林俐玲 ¹ 台中榮民總醫院婦女醫學部 ¹ 慈濟大學醫學系 ² 台中孕兒診所 ³
臨時稿件編號：0400	
論文發表方式：口頭報告	Objectives: Anomalies of the human fetal venous system occur sporadically, possibly associated with cardiac or other malformations. Four major types, cardinal (CV), umbilical (UV), vitelline (VV), and pulmonary (PV), are classified for central and umbilico-portal venous anomalies. We present our experience in the prenatal diagnosis of fetal venous disorders by using 2D/3D/4D ultrasound modalities and evaluate associated anomalies and outcomes. Methods: We conducted a retrospective review for identifying congenital malformations of the fetal central veins and umbilico-portal system at Taichung Veterans General Hospital and Your Clinic in Taichung from November, 2015 to May, 2021. We used a sonographic algorithm via a stepwise and systematic 2D and 3D/4D spatiotemporal image correlation (STIC) approach incorporating with HD color Doppler for the fetal central and umbilical-portal veins. Six planes were sequentially scanned, including abdominal, coronary sinus, 4-chamber, 3-vessel-tracheal, left brachiocephalic and bicaval views. 2D HD color Doppler imaging was routinely applied. 3D/4D STIC was performed as necessary, when anomalous cases were encountered. Clinical demographics, prenatal features, postnatal characteristics and the outcomes of fetuses with venous disorders were recorded and statistically analyzed. Results: 6,841 singleton and 414 twin fetuses were consecutively recruited. There were 104 fetuses with either abnormal connections between the central veins and the heart, or abnormalities of the umbilico-portal system (104/7,255; 1.43%), including 51 abnormal connections of CV (48 PLSVCs and 3 others) (0.70%), 46 abnormalities of the UV/VV (39 PRUVs and 6 others) (0.63%) and 7 abnormal PV connections (0.10%). Of 51 fetuses in the CV group, there were 43 singleton (43/6,841; 0.63%) and 8 twin (8/414; 1.93%) fetuses (p = 0.008). However, there was no statistical significance in both UV/VV and PV groups (p > 0.05). The maternofetal characteristics of the 104 fetuses in 3 groups (CV, UV/VV and PV) were analyzed. Median maternal ages were 34, 32 and 34 years, respectively (p = 0.035). Prenatal ultrasound findings significantly demonstrated isolated findings (88.2% vs. 93.5% vs. 57.1%, p = 0.020), associated cardiac anomalies (43.1% vs. 8.7% vs. 57.1%, p < 0.001), associated extracardiac anomalies (11.8% vs. 21.7% vs. 28.6%, p = 0.309) and associated multiple anomalies (11.8% vs. 0.0% vs. 28.6%, p = 0.009). Median birthweight (2152.5 vs. 2660 vs. 1247.5 g) and gestational age at delivery (37 vs. 39 vs. 26 weeks) were also statistically significant (p = 0.011 and 0.009, respectively). Survival outcome showed 64.1%, 87.5% and 28.6%, respectively (p = 0.008). However, there was no significance related to gravidity, parity, gestational age at diagnosis, assisted reproduction, associated chromosomal or genetic disorders, twin pregnancy, SGA/FGR, delivery mode and gender (p > 0.05). Conclusions: Fetal venous disorders can be accurately diagnosed prenatally. Stepwise and systematic 2D and 3D/4D STIC ultrasound approaches for various venous anomalies are useful and complementary. A diagnosis of fetal venous disorder should be followed by a thorough fetal morphology scan in order to exclude any other malformations. The prognosis depends on the presence of associated anomalies. In isolated cases, the prognosis is generally better.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO12	嚴重產後大出血轉診個案之處置及預後:醫學中心經驗之分享(三軍總醫院) The experiences of management on Inter-hospital transfer of severe postpartum hemorrhage patients in a Tertiary care Hospital (TSGH) 李易良 ^{1,2} 黃士庭 ¹ 張嘉慶 ¹ 尹致翔 ¹ 林宜璋 ³ 潘雪幸 ^{4,5} 張芳維 ¹ 林啟康 ¹ 國防醫學院三軍總醫院婦產部 ¹ 康寧醫院婦產科 ² 國防醫學院三軍總醫院心臟血管外科部 ³ 國防醫學院護理學科 ⁴ 三軍總醫院護理部 ⁵
臨時稿件編號：0495	
論文發表方式：口頭報告	Introduction: Postpartum hemorrhage is defined as a blood loss of 500ml or more within 24 hours after birth. It is one of the leading causes of maternal mortality in Taiwan and the primary cause of nearly one-quarter of all maternal deaths globally. It occurs in up to 18% of total births. We aim to share the experiences of management of severe PPH in a tertiary care hospital. Method: A case series(total 7 cases) study was conducted in tri-service general hospital from July 2019 to October 2021. Results: Severe postpartum hemorrhage sometimes needs inter-hospital transfer for arterial embolization or admission in the intensive care unit. Validation of this transfer needs a multidisciplinary decision, including obstetricians, anesthesiologist-intensivists of primary and tertiary center, inter-hospital communications, and prehospital medical team. Hereby, we presented cases of uterine atony, uterine rupture, deep birth tract laceration, and other unusual etiology of PPH. On certain conditions of severe PPH patients, patients should be transferred to a multidisciplinary center (surgery, anesthesiology and ICU, interventional radiologist, blood bank). Conclusion: Inter-hospital transfer for severe postpartum hemorrhage is important under certain conditions and a multidiscipline medical center with adequate equipment (hybrid-OR, ICU, blood bank, 24/7 anesthesiologist and experienced obstetrician) is key for the prognosis on severe PPH patients.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO13	新冠肺炎疫苗於孕婦施打後症狀與預後分享--單一醫學中心經驗分享 COVID-19 vaccine in pregnancy woman-- One medical center experience 陳妍樺 ¹ 何銘 ¹ 中國醫藥大學附設醫院婦產部 ¹
臨時稿件編號：0581	
論文發表方式：口頭報告	Pregnant women are at increased risk for morbidity owing to infection with the COVID-19 virus. Vaccination presents an important strategy to mitigate illness in this population. However, there were no evidence of safety regarding vaccination in pregnant woman due to lack of major trial. Our objective was to describe the maternal, neonatal, and obstetrical outcomes of women who received a full dose of COVID-19 vaccination. To date, most women in this series have had uncomplicated pregnancies and have delivered at-term. By performing manual chart reviews, we obtained detailed and reliable information about individual patients. Symptoms were recorded by history taking upon admission. Limitation included self-enrollment and self-report bias. In addition, our cohort is small and may not be generalizable.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO14	足月分娩時的兩種胎盤輸血方式與胎盤血液餘量之相關性 The Association Between Placental Residual Blood Volume and Two Placental Transfusion Methods After Delivery at Term 林杰進 ¹ 洪泰和 ^{2,3} 莊雅淳 ³ 黃怡儒 ³ 林口長庚紀念醫院婦產科 ¹ 台北長庚紀念醫院婦產科 ² 基隆長庚紀念醫院婦產科 ³
臨時稿件編號：0435	
論文發表方式：口頭報告	Background: Despite reports of the beneficial effects, such as increasing hemoglobin level and iron store in the neonatal period, of delayed cord clamping, or umbilical cord milking after delivery in healthy term-born infants, the duration of delayed clamping or rounds of milking in most previous reports were determined arbitrarily and varied widely across different studies. Methods: We prospectively recruited 80 women with normal singleton pregnancies at 38–40 weeks' gestation. Participants were classified according to the mode of delivery and randomly assigned to either collecting blood from the placenta by umbilical cord drainage (CD) or cord milking (CM), with the placenta left in the uterus. The volume of blood collected, the duration of CD, and the number of rounds of CM were recorded. Results: Collected placental residual blood volume positively correlated with birth weight, placental weight, and length of the cord. When 80% of the total placental residual blood volume collected was set as the threshold, more than 80% of women who delivered vaginally reached this level within 60 s of CD or seven repetitions of CM. This amount of blood could be obtained within 120 s of CD or after seven repetitions of CM in more than 80% of women who underwent cesarean delivery. Conclusion: In most women, regardless of birth weight and placental weight, more than 80% of placental residual blood volume could be collected by CD within 60 s after vaginal delivery, 120 s after cesarean delivery, and seven repetitions of CM in both vaginal and cesarean deliveries.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO15	15q11.2 拷貝數異常和周產期及新生兒不良預後的相關分析 Adverse perinatal and infantile outcomes following 15q11.2 CNV diagnosis
臨時稿件編號： 0425	林建達 ¹ 初福傑 ¹ 洪泰和 ¹ 台北長庚紀念醫院 ¹
論文發表方式： 口頭報告	Copy number variation (CNV) of 15q11.2, an emerging and common condition observed during prenatal obstetrician counseling, is encompassed by four highly conserved and non-imprinted protein genes: TUBGCP5, CYFIP1, NIPA1, and NIPA2; they have been reportedly related to developmental delays or general behavioral problems. We retrospectively analyzed 1337 samples from genetic amniocentesis for fetal CNV using microarray-based comparative genomic hybridization analysis between January 2014 and December 2019. 15q11.2 CNV showed a prevalence of 1.5%(21/1337). Separately, 0.8% for 15q11.2 microduplication and 0.7% for 15q11.2 microdeletion were noted. Compared to the normal array group, the Burnside-Butler syndrome group had more cases with NICU transfer, an Apgar score of
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO16	建構妊娠期糖尿病之第一孕期預測模型 Establishment of a first-trimester predictive model for gestational diabetes mellitus
臨時稿件編號： 0658	呂羽婷 ¹ 陳治平 ¹ 王國恭 ¹ 陳宜雅 ¹ 王亮凱 ¹ 陳震宇 ¹ 台北馬偕紀念醫院婦產部高危險妊娠科 ¹
論文發表方式： 口頭報告	Objective: To establish a predictive model for gestational diabetes mellitus (GDM) based on maternal characteristics and various markers of first-trimester aneuploidy and preeclampsia screening.
論文歸類： 產科	Methods: A retrospective cohort study of pregnant women who received first-trimester aneuploidy and preeclampsia screening was conducted at a tertiary medical center from October 25, 2019 to May 31, 2021. Receiver operating characteristic (ROC) curve analyses were used to evaluated various variables between the GDM and non-GDM groups. Results: Of the 1019 pregnant women enrolled, 78 developed GDM and 941 did not. The levels of pregnancy-associated plasma protein A (PAPP-A) (5.29 ± 2.62 vs. 6.43 ± 3.35 IU/L, $P = 0.003$) and placental growth factor (PlGF) were significantly lower in the GDM group than in the non-GDM group (40.64 ± 18.83 vs. 45.02 ± 20.93 pg/mL, $P = 0.048$). Besides, maternal body mass index ($P < 0.001$), family history of diabetes ($P = 0.027$), previous GDM history ($P < 0.001$), and first-trimester glycosuria ($P = 0.013$) were also related to the development of GDM. However, there were no significant differences in maternal age, previous giant babies, beta-hCG level, and uterine artery pulsatility index between the two groups. ROC curve analyses revealed that the area under the ROC curve (AUC) of PAPP-A was 0.69 (95% confidence interval (CI) 0.63-0.76, $P = 0.004$) and the AUC of PlGF was 0.56 (95% CI 0.49-0.62, $P = 0.032$). The AUC of combined maternal characteristics and biomarkers was 0.81 (95% CI 0.76-0.83, $P = 0.007$). Conclusion: PAPP-A and PlGF levels were significantly lower in the GDM group. The model based on maternal characteristics and first-trimester biomarkers could predict the development of GDM.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO17	利用新的生化指數與母體變數作為子癩前症的預測模組 Circulating biomarkers and maternal factors combination in first and third trimester preeclampsia prediction in Taiwan
臨時稿件編號： 0570	李冠瑩 ¹ 陳彥廷 ¹ 蕭勝文 ¹ 台北長庚醫院婦產科 ¹
論文發表方式： 口頭報告	Objective This study aims to find the best way to identify patient with high risk of first and third trimester preeclampsia in Asian population, through a combinatorial analysis of maternal characteristics and circulating biomarkers.
論文歸類： 產科	Methods Between 2017 and 2020, a multicenter study was conducted in four recruiting centers in Taiwan. A total of 212 pregnant women were screened for preeclampsia. Maternal characteristics and pregnancy outcomes were recorded. Serum level of sFlt-1/PlGF ratio, miR-181a, miR-210, miR-223 were measured and transformed into multiple of median. Various combinations of maternal characteristic and biomarker level were developed as statistically validated algorithmic models. Results First trimester preeclampsia prediction model was established from 152 women with a combination of miR-210, miR-181a and BMI, with performance of training (0.848 AUC, 0.73-0.96 95% CI, 80% sensitivity, 85% specificity, $p < 0.001$) and validation cohort (0.852 AUC, 0.74-0.98 95% CI, 75% sensitivity, 87% specificity, $p < 0.001$). Additionally, miR-181a and miR-210 level were significantly lower in preeclampsia than normal pregnancy. Third trimester preeclampsia prediction model was established from 177 women with a combination of BMI, sFlt-1/PlGF, miR-181a, miR-210 and miR-223. All these biomarkers were significantly higher in women with preeclampsia. Conclusion Combinatorial analysis using circulating biomarkers and BMI were effective to identify first and third trimester preeclampsia high risk population.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OO18	探討子宮頸環紮手術後子宮頸彈性、子宮頸長度及子宮頸內管寬度的變化 Changes of cervical elastography, cervical length and endocervical canal width after cerclage
臨時稿件編號： 0564	謝孟軒 ¹ 陳治平 ¹ 王國恭 ¹ 陳宜雅 ¹ 王亮凱 ¹ 陳震宇 ¹ 台北馬偕紀念醫院婦產部高危險妊娠科 ¹
論文發表方式： 口頭報告	Objective: Our previous study has demonstrated that pregnant women with cervical insufficiency have softer anterior cervical lip, shorter cervical length, and wider endocervical canal width in the first trimester. The aim of this study was to investigate the changes of cervical elasticity, cervical length, and endocervical canal width after cerclage and their association with preterm delivery.
論文歸類： 產科	Methods: This was an observational ultrasound study of cervical changes after cerclage in singleton pregnancies between January 2016 and June 2018. Cervical elastography, cervical length and endocervical canal width were measured in the second trimester. Strain elastography under transvaginal ultrasound was used to estimate the stiffness of anterior and posterior cervical lips and was expressed as percentages (strain rate). Results: Of the 339 pregnant women enrolled, 24 of them had history of cervical insufficiency and received cervical cerclage. Both anterior and posterior cervical lips were significantly softer in the cervical insufficiency group even they received cerclage (anterior strain rate: $0.18 \pm 0.06\%$ vs $0.13 \pm 0.04\%$, $P = 0.001$; posterior strain rate: $0.11 \pm 0.03\%$ vs $0.09 \pm 0.04\%$, $P = 0.017$). Also, cervical length was significantly shorter in the cervical insufficiency group (36.3 ± 3.6 mm vs 38.3 ± 4.6 mm, $P = 0.047$). However, there was no significant difference in endocervical canal width between the two groups after cerclage (5.40 ± 0.68 mm vs 5.61 ± 0.69 mm; $P = 0.159$). Multiple logistic regression analysis revealed significant differences in anterior cervical strain rate (adjusted odds ratio [aOR] 7.32, 95% confidence interval [CI] 1.70-31.41, $P = 0.007$), posterior cervical strain rate (aOR 5.22, 95% CI 1.42-19.18, $P = 0.013$) and cervical length (aOR 3.17, 95% CI 1.08-9.29, $P = 0.035$). Receiver operating characteristic curve analyses showed that the optimal cut-off values of anterior cervical lip, posterior cervical lip, and cervical length after cerclage were 0.14%, 0.09% and 37.4 mm. Besides, a negative association was noted between anterior cervical strain rate and delivery age ($r = -0.165$, $P = 0.012$). Conclusion: Cervical cerclage can ameliorate endocervical canal width, but cervical elasticity remains softer and cervical length remains shorter. Besides, anterior cervical strain rate is negatively associated with delivery age.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OE1 臨時稿件編號：0525	從傳統的腹腔鏡手術到經陰道自然孔洞內視鏡手術(vNOTES)，它是否是進行卵巢畸胎瘤摘除術的更好方法？ From Conventional Laparoscopy to Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES), is it a Better Way to Perform Enucleation of Ovarian Teratoma? 吳昱靜 ¹ 莊斐琪 ² 黃寬慧 ² 楊采樺 ² 龔福財 ² 張育維 ² 嘉義長庚醫院 ¹ 高雄長庚醫院 ²
論文發表方式：口頭報告	ABSTRACT Objective: To compare the pros and cons of conventional single-port laparoscopy and transvaginal natural orifice transluminal endoscopic surgery (vNOTES) approaches for enucleation of benign ovarian teratoma.
論文歸類：內視鏡	Materials and Methods: We will demonstrate our videos comparing conventional single-port laparoscopy and vNOTES approaches for enucleation of benign ovarian teratoma. Results: Comparing with conventional laparoscopic enucleation of ovarian teratoma, vNOTES approach is easy to combine with manual dissection and repair. Hemostasis can be achieved easily by primary suture with the conventional surgical instruments. In additional, spillage of tumor content is restricted in cul-de-sac which is easier to clean up. During post-operation course, vNOTES approach showed advantages of no abdominal wound, which contributes painless and rapid recovery. Conclusions: Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) for enucleation of benign ovarian teratoma is feasible and it can be a preferable surgical route for both patients and surgeons.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OE2 臨時稿件編號：0519	經陰道自然孔洞內視鏡手術與經肚臍單孔腹腔鏡手術應用於卵巢囊腫切除之比較 Comparison of vaginal natural orifice transluminal endoscopic surgery (vNOTES) versus transumbilical laparoendoscopic single-site surgery (LESS) in ovarian cystectomy 張季涵 ¹ 丁大清 ^{1,2} 花蓮慈濟醫院婦產部 ¹ 花蓮慈濟醫院研究部 ²
論文發表方式：口頭報告	Objective To compare the outcomes of ovarian cystectomy performed by vaginal natural orifice transluminal endoscopic surgery (vNOTES) versus transumbilical laparoendoscopic single-site surgery (LESS).
論文歸類：內視鏡	Material and methods We retrospectively analyzed the data of all patients in our hospital who had undergone vNOTES and LESS ovarian cystectomy due to 'benign ovarian cystic lesion' from July, 2016 to September, 2021 (ICD10 N83.2). Demographic data were collected. Primary outcome was the conversion rate. Secondary outcome was duration of surgery(minutes), duration of hospitalization(days), estimated blood loss(mL), maximum body temperature within 48h after operation, timing of maximum body temperature(hours), maximum VAS score within 48h after operation, and timing of maximum VAS score(hours). Statistical analysis was using SPSS software and p<0.05 was considered statistically significant. Results Total 254 patients were screened, and 21 patients and 28 patients were recruited in the vNOTES and LESS group, respectively. Compared with the vNOTES group, the LESS group has larger diameter of cyst(mm) [6.14±2.42 vs. 4.69±1.29, p=0.016], more endometriotic cysts [15(53.6%) vs. 2(9.5%), p=0.001] and pelvic adhesions requiring adhesiolysis [16(57.1%) vs. 4(19.0%), p=0.007]. Otherwise there was no other difference between two groups at baseline. The conversion rate showed no significant difference between the two groups. But the LESS group had 4 patients (14.3%) converted to conventional laparoscopy, whereas there was no conversion in the vNOTES group. The secondary outcomes demonstrated a shorter duration of surgery(70.14±27.30 min vs. 101.29±40.32 min, p=0.004) and lower estimated blood loss (64.29±39.19 ml vs. 121.43±109.23 ml, p=0.027) in the vNOTES group. There were no other statistical significant differences between the two groups regarding secondary outcomes, including duration of hospitalization(days), maximum body temperature within 48h after operation, timing of maximum body temperature(hours), maximum VAS score within 48h after operation, and timing of maximum VAS score(hours). However, there was a trend for more adverse events in the vNOTES group. Conclusion The outcome of vNOTES was comparable to LESS regarding ovarian cystectomy.

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稿件編號：OE3 臨時稿件編號：0507	單孔腹腔鏡子宮頸動帶保留子宮切除手術：一百個案的經驗分享 Cervical Ligament Sparing Hysterectomy: Experience of 100 cases 龐溪璽 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式：口頭報告	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 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 smears after LESS-CLSH were 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% 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% women. Asymptomatic mucus accumulation (ECMA) in the endocervical canal was also observed in 11% women. After a modification on the cervical suturing, postoperative vaginal bleeding and asymptomatic ECMA were reduced to 6% and 2%, respectively. The squamous columnar junction of cervix can be found in all specimen 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% revealed normal limit and 26% inflammation without atypia or neoplasia in the first year Pap smear of the all the patients showed normal limit in the second year. No patient had vaginitis in the first year and only 2% 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

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稿件編號：OE4 臨時稿件編號：0504	子宮肌瘤於海扶治療後的手術再介入 Surgical Re-Intervention for uterine leiomyomas after High Intensity Focused Ultrasound 張至婷 ¹ 鄭丞傑 ^{1,2} 龍震宇 ¹ 莊蕙瑜 ¹ 林冠伶 ¹ 高雄醫學大學附設醫院 ¹ 台北秀傳醫院 ²
論文發表方式：口頭報告	Objective Issues regarding the abuse of HIFU treatment and consequent complications were raised. However, there is little information regarding the indications for surgery or re-intervention after HIFU treatment or even HIFU failure. The purpose of this study was to evaluate the clinical characteristics of patients who underwent surgery for treatment of leiomyoma after HIFU.
論文歸類：內視鏡	Method From April 2015 to June 2020, a total of 557 patients with myomas were included for treatment using Haifu JC Focused Ultrasound Tumor Therapeutic System (Chongqing, China) in Kaohsiung Medical University Hospital. After follow-up time of 6-60 months, patients who underwent an operative procedure including hysterectomy, myomectomy or hysterectomy were selected. A total of 28 patients were included in this study. We investigated the reason for surgical re-intervention. We retrospectively reviewed the medical records for total treatment time during HIFU, sonification time, average sonification power, and adverse reaction during treatment. The volume change of uterus and leiomyoma were calculated with MRI before and 3 months after treatment. The evaluation of symptoms improvement was based on the clinical visit. 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 12-60 months, a total of 28 patients were analyzed. The surgical re-intervention rate for HIFU-treated leiomyoma was 5.0%. The operations were performed for several reasons. Eight patients had poor reduction of myoma size, 10 patients complained of persistent or aggravation of symptoms, one had leukorrhea and delivering myoma, 2 patients had newly developed vaginal bleeding, 2 patients had newly found pelvic tumor (one ovarian tumor and one leiomyoma), 2 patients had suspect cancer under MRI, and 3 patients had planned hysterectomy. The median interval between HIFU and surgery was 14.65 months. If planned hysteroscopy is not included, the unexpected surgical re-intervention rate will be 4.49%. One patient was found to have endometrial cancer incidentally by the hysteroscopy, and staging surgery was performed. Among the 4 patients who had undergone hysterectomy, one came out to be leiomyosarcoma. Conclusions: There are several factors to consider when selecting uterine fibroids for treatment with HIFU, including fibroid size, numbers, and MRI T2 signal intensity. The most critical factor for re-intervention is the existence of uterine fibroids and the relevance to the patient's symptoms. Submucosal fibroids that project into the endometrial cavity may cause persistent uterine bleeding or even delivering myoma and requires hysteroscopic intervention after HIFU. The possibility of malignancy should always be alerted for increasing size of leiomyoma after HIFU ablation.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OE5	以全新肌瘤指數協助選擇最適微創肌瘤切除手術平台 Novel Myoma Score to Aid Selection of the Optimal Minimally Invasive Surgery Platform for Myectomy 黃冠儒 ¹ 李盈瑩 ² 吳晉睿 ³ 張文君 ² 魏凌鴻 ² 許博欽 ² 台大醫院雲林分院 ¹ 台大醫院 ² 新竹台大分院 ³
臨時稿件編號：0360	
論文發表方式：口頭報告	[Background] Minimally invasive myomectomy has evolved over the recent years, including single-incision laparoscopic surgery (SILS), 2-port laparoscopic surgery (TPA), conventional laparoscopic surgery (CL), and robotic-assisted myomectomy (RM). However, the indications and benefits of each surgical platform remain undefined. [Materials and Methods] The study evaluated patients receiving minimally invasive myomectomy within a single tertiary teaching hospital between 2015 and 2019. Per baseline factors, a myoma score was developed and used to compare groups. The efficacy of the score was evaluated in comparison to the results of previous studies. [Results] 322 patients underwent minimally invasive myomectomy by experienced operators (35, 155, 48, and 84 patients underwent SILS, TPA, CL, and RM, respectively). Operation time differed significantly between groups (SILS, 141.14 ± 59.99; TPA, 104.31 ± 48.5; CL, 125.96 ± 37.3; RM, 184.11 ± 59.06 minutes; all p <0.01), and the myoma burden was the greatest in the RM group, including size, number, weight, and volume. Among the outcomes and strength of correlation, a myoma score was built with 3 tiers applied to myoma size and number, and 2 tiers for BMI and FIGO subclassification. The score showed effective in determining myoma difficulty and relative operation time internally and most of the published literature externally. [Conclusion] The devised myoma score aids in appropriate preoperative evaluation and referral to specialists. SILS is the method of choice when considering cosmetic outcome. TPA is easy to perform, easily available, and cost-effective. For difficult myomas, CL remains of critical value; in cases when CL is not considered, RM may be preferred if cost is agreeable.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU1	有效性及安全性 I stop mini adjustable sling system 及 Obtryx sling system 針對應力性漏尿之比較：回溯性研究 Efficacy and Safety of “I-stop-mini adjustable” Sling System Versus TransobturatorMidurethral “Obtryx” Sling System in Stress Urinary Incontinence: A Retrospective Cohort Study 趙偉廷 ¹ 陳冠宇 ¹ 劉家豪 ¹ 陳綺珊 ¹ 張嘉珮 ¹ 陳怡仁 ¹ 王鵬惠 ¹ 洪煥程 ¹ 臺北榮總婦女醫學部 ¹
臨時稿件編號：0382	
論文發表方式：口頭報告	Study objective: To compare the safety, efficacy, and adverse events of the new mini-adjustable sling system “I-stop-mini” with transobturatormidurethral slings “Obtryx” in women with stress urinary incontinence (SUI). Design: A single-center, retrospective cohort study. Setting: Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taiwan, Patients: Three hundred and forty-seven patients who underwent I-stop-mini or Obtryx for SUI treatment. Intervention: Mid-urethral sling with either I-stop-mini or Obtryx. Measurements and main results: The primary outcomes were objective success and subjective cure rates between the two groups. Objective success was evaluated using a one-hour pad test and subjective cure was evaluated using a questionnaire score (IIQ-7, UDI-6, ICIQ-SF). Secondary outcomes were the evaluation of surgical outcomes, operative data, and adverse events between the two groups. In total, 171 of 200 I-stop-mini subjects and 127 of 147 Obtryx subjects completed 12 months of follow-up. Regarding the objective success between the I-stop-mini group and the Obtryx group, 1 month postoperative (3.6±5.2 vs. 3.9±12.6; p = .765), post-operative 6 month (3.9±5.1 vs. 4.2±12.6; p = .848), 12 month (4.6±5.6 vs. 4.5±13.6; p = .980) one-hour pad tests showed no significant difference. The 12-month subjective cure rates decreased from 94.7% (1 month post-operative) to 91.2% (12 months post-operative) in the I-stop-mini group and 95.2% (1 month post-operative) to 85.0% (12 months post-operative) in the Obtryx group. Similar and durable efficacy was observed between the two groups. The I-stop-mini group had shorter operative times and hospital stays than the Obtryx group; however, both groups showed similar adverse event rates. Conclusion: The objective success and subjective cure rates of I-stop-mini did not differ to those of Obtryx. However, long-term data and further prospective studies on I-stop-mini are necessary to arrive at a definite conclusion.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU2	探討膀胱過動症及尿路動力學診斷上的逼尿肌活性過強相關性 Correlation between overactive bladder and detrusor overactivity: a retrospective study 黃亭瑄 ¹ 盧佳序 ^{1,2,3,4} 林益豪 ^{1,4} 梁景忠 ^{1,4} 謝武喬 ¹ 林口長庚紀念醫院 ¹ 基隆長庚紀念醫院 ² 台北長庚紀念醫院 ³ 長庚大學 ⁴
臨時稿件編號：0571	
論文發表方式：口頭報告	Introduction and Hypothesis: Overactive bladder (OAB) is a syndrome diagnosed clinically with symptoms of urinary urgency associated with frequency and nocturia in the absence of urinary tract infection or other pathology. Detrusor overactivity (DO), as seen with detrusor contraction during the filling cystometry in a urodynamic study is a demonstratable finding correlating to OAB symptoms. However, the etiology of OAB and DO is not well defined, and half of the patients with OAB does not have DO. The primary objective of this study is to determine the prevalence of OAB and DO in patients from a single tertiary teaching center who were referred for UDS due to lower urinary tract symptoms (LUTS). The secondary objective is to determine the subjective and objective differences between OAB patients with and without urodynamically proven DO. Methods: All patients who underwent UDS in a single, tertiary medical center for LUTS between June 2016 to September 2019 were retrospectively reviewed. Personal history, medical history, and physical examination were collected. Patients were asked to complete validated questionnaire including OABSS, ICIQ-UI SF, UDI-6, POPDI-6, IIQ-7, PISQ-12, and CRADI-8. One-hour pad test and multichannel urodynamic study was performed according to ICS Standard Good Urodynamic Practices (ICS- GUP2016). Results: A total number of 4184 patients underwent UDS due to LUTS between June 2016 to September 2019. A total of 1524 patients were analyzed for OAB or DO/DOI. In all patients with lower urinary tract symptoms, the occurrence of OAB was 36.4%. The overall incidence of DO/DOI in patients with OAB was 15.5%. 9.5% of all patients had DO/DOI finding on UD study, and the incidental finding of DO/DOI was 4.6%. There were significant differences between mean age, parous number, ICIQ-UI SF, OABSS, and POPDI-6 between patients with and without DO/DOI. Except for maximal urethral pressure and pressure transmission ratio, all other urodynamic parameters had significant differences between the two groups. In patients with DO/DOI, there were no significant differences between age, parous, and BMI in patients with or without OAB symptoms. However, there were significant differences between the mean OABSS, ICIQ-UI SF, UDI-6, POPDI-6, IIQ-7, and pad test. Conclusions: UDS was previously considered as an invasive examination that should be limited to OAB patients that failed first line treatment regardless of presence and absence of DO. However, patient's perception of symptoms is often unreliable, leading to misdiagnosis and improper treatment. In the present study, we have found patients with DO are associated with older age, increased parity, greater urine leakage, and worse storage and micturition functions on UDS. The combination of subjective and objective measurements are better predictive models for OAB patients than either one alone.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU3	探討應力性尿失禁於尿路動力學診斷上的相關性 Correlation between stress urinary incontinence and urodynamics stress incontinence: a retrospective study 沈玉華 ¹ 盧佳序 ² 黃詩穎 ¹ 林芝卉 ¹ 高川琪 ¹ 基隆長庚婦產科 ¹ 林口長庚婦產科 ²
臨時稿件編號：0511	
論文發表方式：口頭報告	Introduction: The prevalence of stress urinary incontinence is 4-35% in female and most of them needed advanced treatment. The urodynamics study help us differentiate mixed type incontinence or other etiology that may need other treatment. Objectives: Our primary objective was to find the prevalence of patients with SUI symptoms with USI in our hospital and associating risk factors. Our secondary objective was to find the predictive values for USI in SUI patients. Methods: 4127 patients who had low urinary tract symptoms and received urodynamics studies between Feb 2018 and Aug 2020 were reviewed retrospectively. All patient received validated quality-of-life (QoL) questionnaires. Primary outcomes were the prevalence of patients with SUI symptoms and diagnosed USI. The secondary outcome was the associating risk factors. Results: 1649 out of 2835 women(58.2%) was diagnosed USI in SUI patient. The women with USI in SUI patient had higher BMI, larger amount of pad test. The urodynamics study in the women with USI in SUI patient had larger voiding volume, lower residual urine, larger first desire, larger maximal cystometric capacity, lower maximal urethral closure pressure, lower functional length and lower detrusor pressure at peak flow. The QoL questionnaires in the women with USI in SUI patient had significant higher score. Conclusions: In patient with SUI and diagnosed USI, they had larger MCC, lower RU and more severe in symptoms of incontinence.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU4	女性夜尿症在尿動力學檢查的主要結果 The main finding of urodynamic study in women with nocturia: a retrospective study 張藍心 ¹ 盧佳序 ¹ 梁景忠 ¹ 林益豪 ¹ 謝武橋 ¹ 林口長庚紀念醫院婦產部 ¹
臨時稿件編號：0526	
論文發表方式：口頭報告	Introduction: Nocturia is a high prevalence symptom of elder women, and much pathophysiology may cause this disease. Urodynamic study is an important diagnostic tool for lower urinary tract symptoms but its role in nocturia is still uncertain. This study wants to find the correlation between nocturia and urodynamic study. Materials and Method: This retrospective study included all results of urodynamic study and questionnaires of OABSS, ICIQ-SF, UDI-6, POPDI-6 IIQ-SF, CRADI-8, PISQ-12 in Chang Gung memorial hospital, Linkou branch in Taiwan during February 2018 to August 2020. We analysis the difference of all questionnaires, all parameters, and the diagnosis of urodynamic study between the patients with or without nocturia. Result: Total 4127 urodynamic study were enrolled and nocturia group was 2423(58.71%). The group with nocturia had significant decreased of maximal flow rate, voiding volume, Maximal cystometric capacity and Maximal urethral closure pressure, and significant increased of residual urine. The ratio who diagnosis with bladder outlet obstruction(187(7.72%) v.s. 87(5.11%), detrusor overactivity (236(9.74%) v.s. 49(2.88%), and bladder hypersensitivity(377(15.56%) v.s. 136(7.98%) were also significant higher. Conclusion: The urodynamic study may play a role to distinguish the uro-gynecological etiology of nocturia such as reduced bladder capacity or impaired bladder function.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU5	生物反饋與電刺激輔助之骨盆底肌肉訓練使用於女性輕度與中重度應力性尿失禁之效果 Efficacy of biofeedback and electrical stimulation-assisted pelvic floor muscle training between women with mild and moderate to severe stress urinary incontinence 黃俊淇 ¹ 孫芳如 ² 蘇聰賢 ¹ 劉蕙瑄 ¹ 馬偕紀念醫院婦產部 ¹ 馬偕紀念醫院醫學研究部 ²
臨時稿件編號：0485	
論文發表方式：口頭報告	Study objective: To evaluate the efficacy of biofeedback and electrical stimulation-assisted pelvic floor muscle training (PFMT) between women with mild and moderate to severe stress urinary incontinence (SUI). Design: Retrospective observational study. Setting: Tertiary referral center. Participants: Patients with urodynamically proven SUI who underwent a rehabilitation program from 2014 to 2021. Interventions: Biofeedback and electrical stimulation-assisted PFMT in women with mild and moderate to severe SUI. One-hour pad test from 2 to 10 g was defined as mild SUI, and > 11 g defined as moderate to severe SUI. Main outcome measures: Incontinence-related symptoms of distress and quality of life were measured using questionnaires including the short-form Urogenital Distress Inventory (UDI-6), Incontinence Impact Questionnaire (IIQ-7), incontinence severity index (ISI) and visual analog scale (VAS) at the first and last treatment sessions. Results: Fifty-seven patients were reviewed during the study period. Incontinence-related symptoms of distress including the UDI-6, ISI, and VAS all significantly improved in the mild SUI group (P=.001, P=.001 and P=.010, respectively), while only UDI-6 and VAS statistically improved in the moderate to severe SUI group (P=.027 and P=.010, respectively). There was significant improvement in IIQ-7 in the mild SUI group during serial treatments, but only in session 6 in the moderate to severe SUI group. After 18 sessions of treatment, the UDI-6, ISI and IIQ-7 scores showed significantly greater improvements in the mild SUI group compared to the moderate to severe SUI group (P=.003, P=.025 and P=.002, respectively). Conclusions: Although biofeedback and electrical stimulation-assisted PFMT is an effective treatment option for SUI, it is more beneficial for patients with mild SUI and a 1-hour pad weight < 10 g urine leak. Key Words: Biofeedback; Electrical stimulation; Electromyography; Stress urinary incontinence
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU6	以延長吊帶的方式治療中段尿道吊帶術後膀胱出口阻塞：長期追蹤報告 Maintenance of long-term continence rate after revision of obstructed mid-urethral slings with tape elongation：A cohort study including two sling procedures. 蔡貴煌 ¹ 洪滿榮 ² 劉芝谷 ¹ 陳明哲 ¹ 台中榮民總醫院 ¹ 中山醫學大學附屬醫院 ²
臨時稿件編號：0401	
論文發表方式：口頭報告	Purpose: Recurrent stress incontinence occurred frequently (9-61%) in patients who underwent sling incision/excision for iatrogenic urethral obstruction (UO). We hypothesized that sling revision with tape elongation help relieve the UO symptoms and maintain continence at long term follow-up. Materials and Methods: This is a retrospective cohort study. Women with urodynamic stress incontinence, who underwent either a single-incision (AJUST-HELICAL) or a conventional, trans-obturator (TVT-O) mid-urethral sling (MUS) procedure, at the same period, were enrolled and studied. The rates of iatrogenic UO and its outcomes after a two-staged management (i.e., an early transurethral sling mobilization, followed by sling revision with tape elongation at a later stage) were assessed and compared between groups. Key steps of sling elongation were illustrated in Figure 1 and 2. At up to 8 years follow-up, patients were interviewed by telephone using validated questionnaire UDI6 and chart reviewed. Results: Of the 119 (58 AJUST-HELICAL and 61 TVT-O) patients studied, 16 (13.4%) were diagnosed to have UO. Comparison of characteristics between groups were listed in Table 1 and 2. UO symptoms were relieved by transurethral sling mobilization in 9.1% (1/11) and 60% (3/5) of patients after AJUST-HELICAL and TVT-O, respectively. Of the remaining 12 patients who had refractory UO, sling revision with tape elongation were performed. Recurrent stress urine incontinence occurred in 8.3%(1/12) and 16.6%(2/12) in short term and long term follow-up, respectively(Table 3). Sling revision procedure had no impact on long term incontinence rate according to outcome analysis(Table 4). Conclusions: Variations in MUS procedures might affect the occurrence of UO and its management. Our results suggested sling revision with tape elongation is an effective treatment for refractory UO with the benefit of maintaining continence. Figure 1. Sling elongation procedures. (a) The sling is identified using careful sharp and blunt dissection (b) A right-angle clamp is used to create a plane for sling incision (c) The sling tension is released immediately after midline incision (cut edges labeled with white arrows) (d) A polypropylene mesh is used for elongation of the sling. Figure 2. Illustrations of sling elongation procedures. A.Before sling elongation. B. Midline incision of the sling. C.A polypropylene mesh is used for elongation of the sling. Table 1. Comparison of preoperative characteristics of patients who underwent a SIMS or TOT for treatment of urodynamic stress incontinence (USI) Table 2. Perioperative data of patients who underwent a SIMS or a TOT procedure for treatment of urodynamic stress incontinence (USI) Table 3. Characteristics of the 12 patients who had post-op BOO. Table 4. Comparison of characteristics between continent and incontinent patients at long-term follow-up.
論文發表方式：口頭報告	
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU7	使用自體奈米脂肪合併濃縮血小板血漿經膀胱內注射，改善女性頑固性間質性膀胱炎症狀與徵兆 Improved symptoms and signs of refractory interstitial cystitis in women after intravesical therapy with autologous emulsified fat (Nanofat) plus platelet-rich plasma grafting: Results from a pilot study 楊昀臻 ¹ 廖韻涵 ¹ 廖宗和 ¹ 陳進興 ¹ 曾志仁 ¹ 洪滿榮 ¹ 中山醫學大學附設醫院婦產部 ¹
臨時稿件編號：0540	
論文發表方式：口頭報告	Objective: Interstitial cystitis/Bladder pain syndrome (IC/BPS) is characterized by bladder pain accompanied by irritative urinary symptoms, and typical cystoscopic and histological features. In this pilot study, we assessed the impact of lesion-targeted bladder injection therapy using a bio-cellular regenerative medicine on patients with refractory IC/BPS. Materials and Methods: The medicine, which was an autologous emulsified fat (Nanofat) and platelet-rich plasma (PRP) combination, was prepared intraoperatively. Six patients (aged 40-54 years), who completed a standard protocol of four consecutive treatments at 3-month intervals, were followed up at six months postoperatively. Results: All (100%) patients reported marked (+3; +3~-3) improvement of their overall bladder conditions. Mean bladder pain (from 8.2 to 1.7; range: 0~10), IC related symptoms (from 18.5 to 5.7; range: 0~20) and bother (from 14.8 to 3.8; range: 0~16) improved significantly (P< 0.01). The normalization of bladder mucosal morphology with treatments was remarkable under cystoscopic examination and no significant adverse events were found. The cultured mesenchymal stem cells from Nanofat samples of the six patients were verified in vitro. Conclusion: Our preliminary results suggest novel intravesical therapy with autologous Nanofat plus PRP grafting is safe and effective for IC/BPS. Surgical effectiveness might be attributed to an in vivo tissue engineering process.
論文發表方式：口頭報告	
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU8	台灣地區女性「剖腹產」對是否「神經性膀胱障礙」之世代研究 Relationship between cesarean section and neurogenic lower urinary tract dysfunction: a retrospective cohort study 張崑敏 ¹ 衛福部豐原醫院 ¹
臨時稿件編號：0448	
論文發表方式：口頭報告	Objectives: Pregnancy or pelvic surgery may result in pelvic floor dysfunction. Therefore, cesarean section, which is one of the most common pelvic surgeries in women, may be associated with bladder nerve disorders in pregnant women. This study aimed to explore the relationship between cesarean section and neurogenic bladder disorder (NBD). Design: This is a retrospective cohort study included 63,426 delivered women from a nationwide database. Medical visits for NBD after delivery were identified during the twelve years study period. Methods: Women with a history of exclusive delivery by cesarean section or vaginal delivery were included in either a cesarean or vaginal delivery cohort from a nationwide database during 2002–2013. Both the cohorts were followed up to identify medical visits for NBD after delivery. The hazard ratio (HR) of medical care for NBD was compared between the cohorts by two models, with and without matching for confounding factors. Results: In the unmatched group, which included 22,756 women with cesarean deliveries and 40,670 women with vaginal deliveries, the cesarean cohort had an NBD care HR of 1.690 (95% confidence interval [CI], 1.053–2.713; p=0.030) after delivery when compared to the vaginal delivery cohort. In the matched group, which included 18,588 women in the cesarean and vaginal delivery cohorts each, the cesarean cohort had an NBD care HR of 2.504 (95% CI, 1.308–4.932; p=0.006). Both HRs were significantly increased in the cesarean cohort. Limitations: The main limitation of this study is that the nature and duration of patients' symptoms were not recorded in this database, the validity of results might be affected. Conclusions: The possibility of medical visits for NBD was higher in women undergoing cesarean delivery than in those undergoing vaginal delivery, after controlling for confounding factors. This association should be considered by women and physicians when choosing a delivery method. Further evaluation of pelvic floor sequelae of cesarean section delivery is needed.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU9	最大尿道閉鎖壓的改變與骨盆腔器官脫垂術後新發生應力性尿失禁的關聯性 The association between maximum urethral closure pressure after reduction test during urodynamic study and de novo stress urinary incontinence following pelvic organ prolapse surgery 劉奕吟 ¹ 盧紫曦 ² 林冠伶 ³ 龍震宇 ³ 高雄市立小港醫院婦產科 ¹ 高雄市立大同醫院婦產科 ² 高雄醫學大學附設醫院婦產部 ³
臨時稿件編號：0613	
論文發表方式：口頭報告	Introduction: Pelvic organ prolapse (POP) and stress urinary incontinence (SUI) coexist in up to 80 percent of women with pelvic floor dysfunction. The incidence of SUI after POP surgery is wide-ranging with reports of 8–60 %. There are several studies to evaluate the association of urodynamic study result and de novo SUI after POP surgery, such as elder age, 20 minutes pad test >8gm, low maximum urethral closure pressure (MUCP), and functional urethral length <2cm are risk factors. Purpose: the aim of our study was to evaluate the association between different MUCP after reduction test during urodynamic study and postoperative de novo SUI in POP women after transvaginal mesh surgery (TVM). Material and methods: From January 2018 through December 2020, 213 women with POP stage II to IV were referred for TVM procedures. We excluded patients had concomitant mid-urethral sling (overt or occult SUI), incontinence without sling operation and incomplete data. Of the remaining 156 women, 32 women reporting decreased MUCP after reduction test while 124 increased MUCP after reduction test. Clinical evaluations before and after surgery included pelvic examination, multichannel urodynamic study, and a personal interview to evaluate the lower urinary tract symptoms. Result: There were no significant difference at demographic data between two groups except history of hysterectomy were higher in the decreasing MUCP groups. In the increasing MCUP groups, residual urine, first sensation to void, maximal cytometric capacity, and MUCP had significant difference after POP surgery. There was no significant difference of post-op de novo SUI between 2 groups. The POP-Q values and urinary symptoms (urinary frequency, urge incontinence, incomplete emptying, and hesitancy) were all had signification difference after POP surgery in both groups. Conclusion: the decreasing MCUP after reduction test was not associated with post-operation de novo SUI following POP surgery.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU10	台灣地區 15 年來婦女尿失禁手術方式及手術醫師手數量轉變期間比較研究 A time-frame comparison study of surgical types and surgical volume shifts on female primary stress urinary incontinence surgery during 15 year study period in Taiwan 謝宛玲 ¹ 黃俊哲 ² 吳銘斌 ^{1,3} 奇美醫學中心婦女泌尿科 ¹ 義大醫學院醫務管理系 ² 輔大醫學院婦產學科 ³
臨時稿件編號：0418	
論文發表方式：口頭報告	Introduction. To investigate the surgical trends and volume effect shifts among female primary stress urinary incontinence (SUI) surgeries over a 15-year period (1999-2013) in Taiwan. We also evaluate the shifts among surgeon age, gender and specialties, and hospital levels. Material and methods. This was a retrospective cohort study from the Inpatient Expenditures by Admissions files of the Taiwan's National Health Insurance research database (NHIRD) from 1999 through 2013. We divided into three five-year time-frames: 1st period (1999–2003), 2nd period (2004–2008), and 3rd period (2009–2013). The variables included types of SUI surgery (retropubic urethropexy, RPU, pubo-vaginal sling, PVS, midurethral sling, MUS, and injection, etc.), patient age, surgeon age, gender, specialty (gynecology, and urology) and surgical volume (high >25, median 5-25, low <5), hospital accreditation level (medical centers, regional and local hospital) and service volume. Chi-square and trend tests were used to examine the association between the variables. Results: A total of 36,144 patients who underwent various surgical types for SUI were identified in the 15-year study period. The total numbers of SUI surgeries increased from 8,292 in the 1st period, to 12,696 in the 2nd period, and 15,156 in the 3rd period. The frequency of MUS increased from 27.1% in the 1st period, to 52.6% in the 2nd period, and 75.8% in the 3rd period. During the same time period, there was a decrease in the frequency of RPU (45.8%, 28.6% and 13.1%) and PVS (19.4%, 9.1% and 2.6%). The surgical volume shifts from high- to medium- and low-volume surgeons. The proportion of all types SUI surgeries by high-volume surgeons decreased from 51.4%, 44.8%, to 37.1%, as compared with an increase in medium-volume surgeons 22.4%, 28.7% to 34.9% during 3 time periods. Meanwhile, the hospital accreditation level shifts from medical center to regional, and local hospitals. All types of SUI surgeries performed by female surgeons increase, which is associated with a decrease by male surgeon during 3 time periods. Similar phenomenon happened in MUS. All types of SUI surgeries were performed equally by gynecologists and urologist during 3 time periods; while MUS were performed more by gynecologists than those by urologist during 3 time periods. Discussion: This 15-year study describes an increase of MUS over time and provides evidence of surgical trends and a paradigm shift of SUI surgeries. Surgical skills and performance extended from high- to low-surgical volume surgeons; and shift from medical centers to regional and local hospitals. This shift may have a great influence on patient and healthcare provider choice of treatment.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU11	應力性尿失禁術後體重變化是否影響手術成效 The impact of body weight change of the out come of sling treatment for UIS 王昇元 ¹ 劉蕙瑄 ² 蘇聰賢 ² 台東馬偕紀念醫院 ¹ 馬偕紀念醫院婦產部 ²
臨時稿件編號：0474	
論文發表方式：口頭報告	Objective Obesity is a common modern problem for middle aged women, and are at increased risk for many serious diseases including urinary incontinence. A few of studies reported the success rate of sling surgery appeared to be lower in the obesity women. But there's no study focusing on the impact of body weight change (BWC) outcome after surgery up to now. This study is to investigate the impact of BWC after sling surgery treatment outcome in stress urinary incontinence (SUI) patient. Materials and Methods We performed a retrospective review of 248 patients with urodynamic stress incontinence. More than 10% of body weight gain at 1-year follow up were recruited, and those with stable weight was as control group. The surgical outcome and quality of life (QoL) using valid questionnaires were compared. The objective success rate was defined as no urine leakage during the stress test in the filling phase of urodynamic studies. De novo overactive bladder (OAB) was defined as the appearance of urgency, and/or frequency, nocturia, with or without urinary incontinence after a mid-urethral sling surgery that persists after six months. Result A total of 248 women who received a mid-urethral sling for SUI during the study period completed the weight measurements and all evaluations. Of whom 131 were normal, 90 were overweight, and 27 obese. The median follow-up duration was 18 months (range, 8–47 months). The surgical outcomes between women with weight gain or stable after sling surgery revealed no significant differences regarding the objective cure rates, 1-hour pad test, and postoperative QoL (all p > 0.05). However, the women with weight gain had higher rate of de novo OAB symptoms (12 vs. 23%, p=0.055). Conclusion BWC after surgery or not doesn't impact patient's surgical outcome, but the women with weight gain are tends to have de novo OAB symptoms. Patients and physicians should be awarens of this condition after operation.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU12	子宮內膜異位與間質性膀胱炎關係:邪惡的雙胞胎症候群,是否正確? The coexisting of interstitial cystitis/bladder pain syndrome (IC/BPS) and endometriosis: The dilemma of evil twin syndrome, Is it true?? 辜家儀 ¹ 許鈞碩 ^{1,2} 大林慈濟婦產部 ¹ 花蓮慈濟大學 ²
臨時稿件編號：0569	
論文發表方式：口頭報告	Introduction: Chronic pelvic pain (CPP) was defined as “pain symptoms perceived to originate from pelvic organs/structures typically lasting more than 6 months (1). The etiology of CPP can be multifactorial, including interstitial cystitis/bladder pain syndrome (IC/BPS), irritable bowel syndrome, endometriosis, sexual dysfunction, myofascial and vulvodynia. According to WHO report, chronic pelvic pain (CPP) affects nearly 2.1~24% of women worldwide (2). From previous literature (Chung et al 2002), a term of “the evil twin syndrome” has reminded the high prevalence of coexisting endometriosis and interstitial cystitis when managing CPP. In a systematic review that included nine studies of 1,016 women with chronic pelvic pain who were evaluated for other conditions, the mean prevalence of bladder pain syndrome was 61% (range 11–97%; CI, 58–64%); of endometriosis, 70% (range 28–93%; CI, 67–73%); and of coexisting bladder pain syndrome and endometriosis, 48% (range 16–78%; CI, 44–51%).(4) Aim: To survey the prevalence of endometriosis disease in premenopausal BPS/IC women and the relationship of KCI test and bladder tenderness at pelvic examination in BPS/IC. Methods: We retrospectively review medical charts from 1 January 2005 to 31 December 2021 in Da Lin Tzu Chi hospital. Inclusion criteria is premenopausal women, diagnosed IC/BPS, and underwent cystoscopy bladder hydrodilatation and diagnostic laparoscopy or any laparoscopy surgery. Exclusion criteria is postmenopausal women who diagnosed IC/BPS without diagnostic laparoscopy. All IC/BPS patients has submucosal hemorrhage (at least Grade II gromerulation) in cystoscopy bladder hydrodilatation. Endometriosis disease was confirmed with visual inspection during laparoscopy or pathology confirmation. All data was recorded as table below. Results: In 244 IC/BPS women, 172 women underwent both laparoscopy and cystoscopy bladder hydrodilatation. Only 112 was premenopausal and met our inclusion criteria. In these 112 women, 74.1% has potassium chloride test positive and 61.6% palpated bladder tenderness during pelvic examination. Only 36.6% women has coexisting endometriosis and IC/BPS. Hunner ulcer was observed in 2 women (1.8%) only during cystoscopy. Discussion: <input type="checkbox"/> Comparing the previous literature (4), only 36.6% patient has the evil twin syndrome” in premenopausal women in our study. This data was compatible to the prevalence of endometriosis – 30.80%, range in 5~42% in Taiwan (5,6). <input type="checkbox"/> In postmenopausal women, only 6 of 60 patient (10%) has coexisting endometriosis and IC/BPS. <input type="checkbox"/> In managing chronic pelvic pain, multimodal approach is the best, thus the etiology of pain should be surveyed. If there is endometriosis disease among patients, treating the endometriosis with surgical excision, progestin therapy or GnRh agonist may help. Conclusions: The evil twin syndrome may exist when treating the chronic pelvic pain in BPS/IC patients especially in premenopausal women although the prevalence in this study is lower than previous literature. We recommended diagnostic laparoscopy to all premenopausal women in BPS/IC patients

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU14	Managements of de novo SUI following transvaginal mesh surgery Managements of de novo SUI following transvaginal mesh surgery 林冠伶 ¹ 盧紫曦 ¹ 劉奕吟 ¹ 龍震宇 ¹ 高雄醫學大學附設中和醫院 ¹
臨時稿件編號：0665	
論文發表方式：口頭報告	Abstract Background: De novo stress urinary incontinence (SUI) may occur in approximately a quarter of those who receive pelvic reconstruction surgeries. We review the efficacy of different managements for the patients with de novo SUI. Methods: This was a retrospective database review of one hundred fifty-six women who had surgery for POP from 2018 to 2021 and developed de novo SUI at ≥6 months postoperatively. Preoperatively, all patients had a negative stress test and no evidence of occult SUI on prolapse reduction urodynamics. Women with persistent de novo SUI were divided into groups with different managements including :pelvic muscle training, vaginal laser, and middle urethral sling. Results: We included 156 women of de novo SUI. There were one hundred thirty women without bothersome de novo SUI six months after transvaginal mesh surgery. The cure rate of de novo SUI under vaginal laser with three sessions was about 90% and the cure rate of middle urethral sling was about 80%. Otherwise, there was 75% of cure rate of pelvic muscle training for de novo SUI. Conclusions: Six months after transvaginal mesh surgeries, de novo SUI symptoms resolve in the vast majority of cases. The managements of persistent de novo SUI also appeal high cure rate.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU13	使用 Calistar 與 MIPS 經陰道人工網膜於女性骨盆器官脫垂的臨床療效比較 Comparison of clinical effects between transvaginal mesh surgery with Calistar and MIPS mesh for the treatment of female pelvic organ prolapse 盧紫曦 ¹ 林冠伶 ² 劉奕吟 ³ 葉建麟 ² 龍震宇 ² 高雄市立大同醫院婦產科 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ² 高雄市立小港醫院婦產科 ³
臨時稿件編號：0616	
論文發表方式：口頭報告	Objective: To compare the clinical effects between transvaginal mesh (TVM) surgery with Calistar and MIPS mesh for the treatment of female pelvic organ prolapse (POP).
論文歸類：婦女泌尿	Methods: Seventy-four women with anterior and/or apical prolapse with POP-Q stage II to IV were scheduled for TVM surgery with Calistar or MIPS mesh kit from March 2019 through March 2021. All subjects underwent multichannel urodynamic studies, one hour pad test, pelvic examination to assess POP-Q stage and urinary symptoms questionnaire assessments before and 6 months post operation with follow-up durations of 6-18 months. Intra-operative, postoperative and mesh-related complications were also recorded in Calistar and MIPS mesh groups. Results: Among these 74 patients, 43 patients were assigned in Calistargroup and 31 patients were in the MIPS group. All the patients were in postmenopausal status. There was significant improvement in anatomical correction of all POP-Q stage except the total vaginal length in both group and Ap point in MIPS group. The anatomical success rate was 93% in the Calistar mesh group while in the MIPS group was 90% respectively. Lower urinary tract symptoms with improvement of urinary frequency, urge incontinence, incomplete bladder emptying and urinary hesitancy postoperatively (P<0.05) were found in both groups. There was a significant reduction in residual urine amount and maximum urethral closure pressure from urodynamic studies parameters after 6-month after surgery. Regarding the mesh complications, vaginal mesh extrusion rate was higher in MIPS group (12.9%) compared to Calistar group (4.7%) . Conclusion: Calistar and MIPS created comparable anatomical success rate postoperatively, but with slightly high but not significant rate of vaginal mesh extrusion in MIPS group. Word Count: 265

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU15	薦棘韌帶固定術治療骨盆底器官脫垂之成效與併發症 The Effect and Complication of Sacrospinous Ligament Fixation on Pelvic Organ Prolapse 葉建麟 ¹ 盧紫曦 ² 劉奕吟 ³ 張介禹 ¹ 林冠伶 ¹ 龍震宇 ¹ 高雄醫學大學附設醫院婦產部 ¹ 高雄市立大同醫院婦產科 ² 高雄市立小港醫院婦產科 ³
臨時稿件編號：0612	
論文發表方式：口頭報告	Objective: To assess the therapeutic effects and complications of sacrospinous ligament fixation with Anchorsure® Suture Anchoring System (Neomedic) on pelvic organ prolapsed (POP). Materials and methods: This study recruited a total of 20 women who suffered from POP and received sacrospinous ligament fixation with Anchorsure® device. To assess objectively, all patients received urodynamic study and per vagina examination before and six months after the operation. The change of lower urinary tract symptoms was recorded simultaneously as well. Results: Our data revealed that residual urine had significantly decreased after the operation (Paired t-test, P<0.05). Among POP-Q parameters, nearly all items improved significantly except for the point Ap (Wilcoxon signed-rank test). Moreover, no patient had recurrent pelvic organ prolapse six months after the operation in our present study. There was a significant reduction in urinary frequency, incomplete bladder emptying, and urinary hesitancy (McNemar's test, P=0.037, 0.001, and 0.005, respectively), whereas nocturia showed no significant improvement (McNemar's test, P= 0.168). As for the complications, one patient had a bladder injury during operation, and three patients had postoperative urinary tract infections. Conclusion: The short term results showed that sacrospinous ligament fixation with Anchorsure® Suture Anchoring System is an effective and relatively safe treatment for women with POP.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OU16 臨時稿件編號：0577	G 動荷治療婦女應力性尿失禁之成效評估 Effect of High-Intensity Focused Electromagnetic (HIFEM) technology for the treatment of Female Stress Urinary Incontinence 龍震宇 ¹ 劉奕吟 ² 盧紫曦 ³ 葉建麟 ¹ 張介禹 ¹ 林冠伶 ¹ 高雄醫學大學附設醫院婦產部 ¹ 高雄市立小港醫院婦產科 ² 高雄市立大同醫院婦產科 ³
論文發表方式：口頭報告	Background: The aim of the study was to assess the effect of High-Intensity Focused Electromagnetic (HIFEM) technology in the treatment of female stress urinary incontinence (SUI). Materials and Method: 20 women with SUI were delivered a treatment course with HIFEM technology. Patients attended 6 therapies scheduled twice a week. Validated questionnaires were assessed, including OABSS, UDI-6, IIQ-7, ICI-Q, and Female Sexual Function Index (FSFI). Data was collected pre-, post-treatment, at 3- and 6-month follow-up visits. Scores of questionnaires were calculated and statistically evaluated through t-test. Results: Course of the treatment with the HIFEM technology significantly improved QoL of all women. This was demonstrated as 75% level of improvement in degree of incontinence according to the ICI-Q scores during 3-month follow-up. The average total FSFI scores increased significantly (p<0.05) during the 3-month follow-up. A significant improvement was observed in most domains of FSFI. Conclusion: The results suggest that HIFEM technology is an efficacious therapy for treatment of SUI
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG1 臨時稿件編號：0468	慢性腎病的子宮內膜癌中增加血清 HE4 值一病例報告 Elevated Serum Human Epididymis Protein 4 in Endometrial Cancer with Chronic Kidney Disease: A Case Report 李耀奎 ¹ 鄭雅敏 ¹ 林大欽 ¹ 關龍錦 ¹ 朱益志 ¹ 王尚文 ¹ 郭宗正 ¹ 台南郭綜合醫院婦產部 ¹
論文發表方式：口頭報告	Introduction 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 is involved in the maturation of sperm, and it is significantly correlated in endometrial cancer with histological grade, stage, lymph node metastasis, myometrial invasion, and cervical involvement, making it a good candidate for use as a diagnostic and prognostic biomarker. However, serum HE4 levels rise with age and renal dysfunction, which may affect the interpretation of results. Herein, we present the HE4 level in an early endometrial cancer complicated with ESRD (End-Stage Renal Disease) and diabetes mellitus (DM). Case Report This 55 year-old female, G1P1, having experienced menopause for five years, had hypertension and DM history for 20 years with oral linagliptin (5 mg) per day for treatment. She had undergone hemodialysis due to ESRD, QOD(W 1, 3, 5) for 2 years at an outside clinic. She also had left breast cancer, stage IIIa, received modified radical mastectomy and adjuvant concurrent radiation therapy in 2016, followed by tamoxifen treatment. She developed postmenopausal vaginal bleeding for one month in March 2021, and underwent transcervical resection of the endometrium on April 8, 2021. The pathologic report revealed endometrioid adenocarcinoma, grade 2. A magnetic resonance imaging (MRI) revealed compatible with endometrial cancer, T1aN0Mx, stage Ia, right ovarian teratoma and atrophy of right kidney. At that time, laboratory data showed Hb 10.5 g/dL, HbA1C 8.4%, BUN 53 mg/dL, eGFR 5.7, HE4 2229.5 pmol/L, SCC 4.2 ng/mL, CA125 29.1 U/mL, CEA 4.5 ng/mL on April 27, 2021. Subsequently, she underwent abdominal total hysterectomy and bilateral salpingo-oophorectomy on May 4, 2021. The pathologic report showed tiny residual endometrioid adenocarcinoma, grade 2, pT1aNX, stage Ia and right mature cystic teratoma. Immunohistochemical stain revealed ER(+), PR(+), PMS 2 protein expression(+), MSH 6 protein expression(+), and P53 of wild type staining pattern. She is alive and well without evidence of recurrence. A follow up HE4 on July 6, 2021, showed level still to be elevated to 1808 pmol/L. Discussion Although there is growing evidence that HE4 may be useful as a prognostic marker in endometrial cancer, however, several studies have shown that serum HE4 levels are elevated in chronic kidney disease(CKD). Because HE4, as a small molecule secreting protein, can be filtered freely in the glomerulus. Patients with CKD have a decline in renal function, which changes the removal of HE4 in the circulating blood, resulting in increased serum HE4. In addition, the serum HE4 is increased in DM, especially in diabetic kidney disease. Conclusion Even serum HE4 is significantly higher in patients with endometrial cancer compared to patients without endometrial cancer, and is associated with a poorer prognosis in high value. However, lower renal function must be considered when interpreting HE4 levels in those with cancer of the endometrium.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG2 臨時稿件編號：0397	超音波引導下使用子宮鏡冷刀切除無性經驗病人之子宮內膜息肉手術 Hysteroscopic removal of endometrial polyps using truclear incisor under ultrasound guidance in nulliparous patients 侯琮秀 ^{1,2} 李沁駕 ^{1,2} 陳碧華 ^{1,2} 臺北醫學大學 ¹ 衛生福利部雙和醫院婦產部 ²
論文發表方式：口頭報告	Study Objective: To investigate hysteroscopic truclear incisor combined using a small black speculum in nulliparous women with endometrial polyps under abdomen ultrasound with the aim of reducing post-operative pelvic pain. Design: Retrospective study. Setting: Gynecology department in a university affiliated hospital. Patients: Thirty nulliparous women received hysteroscopic removal of endometrial polyps by truclear incisor under intravenous sedation and abdomen ultrasound from January 2018 to November 2021. Intervention: Operation time and post-operative pelvic pain was assessed by VAS pain score at bed side after 4 hours of recovery. Measurements and Main Results: The mean age of 30 patients was 36.7±9.8 years old and one group of 17 patients were operated by using a small black speculum and another of 13 patients were operated by using a medium size of speculum for vaginal procedure. The cervix was dilated with Hegar's dilators up to 3.5mm. Using NaCl 0.9% solution as a distension media, the truclear incisor (Truclear TM system, Smith & Nephew, USA) fitted with 2.9 mm of blade and 5 mm window length under the intrauterine pressure of 100 mmHg at the speed rate of 800 rpm was used for removal of the specimens (video). All surgical procedures were completed without intra-operative complications. The average operation time from intravenous general anesthesia with medication administration to the completed operative hysteroscopy was 15.7 ± 3.2 minutes. Hysteroscopy revealed solitary endometrial polyp in 12 (40.0%) cases and combined submucosa myoma in 3 (10.0%) patients. On site abdomen ultrasound, an intact uterine cavity without fluid retention was seen in all patients. One patient (5.8%) among using a small black speculum had extrauterine ascites complained of pelvic pain (VAS pain score=2). Five patients (38.4%) with using a medium size of speculum had extrauterine ascites and complained of pelvic pain (P < 0.05). Conclusion: Hysteroscopic removal of endometrial polyps using truclear incisor and a small black speculum under sono guidance are associated with lower rates of complications and decrease procedure related pain.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG3 臨時稿件編號：0426	超音波造影劑 SonoVue 使用于子宮肌瘤海扶手術的副作用觀察 A prospective study of the safety of Sonovue in enhancing high-intensity focused ultrasound (HIFU) for the treatment of uterine myoma 林瑜瑩 ¹ 吳亮堯 ² 楊茹雯 ¹ 廖宗和 ¹ 中山醫學大學附設醫院婦產部 ¹ 台中榮總放射線部 ²
論文發表方式：口頭報告	High-intensity focused ultrasound(HIFU) has become a new option for non-invasive treatment for uterine fibroids. Currently, studies have shown that contrast-enhanced ultrasound agents could not only be used to evaluate the treatment results, but also enhance the ablation effect of HIFU. SonoVue, which contains 8 μL sulphur hexafluoride microbubbles, is widely applied in ultrasound imaging to enhance the echogenicity of the blood, which helps evaluate the efficacy of local ablation therapy. In previous studies, only 0.1% of serious adverse effects had been reported after the use of Sonovue in abdominal ultrasound examination. However, limited data is reported in Taiwan. The aim of this study was to investigate the complication and safety of using SonoVue in enhancing HIFU for the treatment of uterine myoma. We performed a prospective cohort study of patients who underwent HIFU treatment for uterine myoma. A total of 20 patients with uterine myoma were divided into 2 groups, 10 patients with sonovue (A) and 10 patients without Sonovue(B) groups, respectively. The patients chose whether to accept the injection of Sonovue after being informed of the risk. Inclusion criteria were (1) adult women between 20-50 years-old (2) single myoma (3) myoma measured length < 8 cm (4) myoma located at anterior wall (5) complete preoperative assessment of image and laboratory examination. Exclusion criteria were (1) <20 , or > 50 years-old (2) suspected uterine malignancy (with survey of laboratory data and MRI image) (3) pregnant, or breast-feeding women (4) menopausal woman (5) previous surgical intervention for uterine myoma (6) underlying disease which may cause severe complications or influence the efficacy of treatment. We then followed up the adverse event such as pain in the treated region, sciatic or buttock pain, leg numbness, skin discomfort, vaginal bloody discharge, or visible hematuria during and after the HIFU treatment. Our result showed that there's no increasing side effects in using Sonovue in HIFU treatment than the control group. In conclusion, our data support that SonoVue is safe and effective in treatment of myoma with HIFU therapy.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG4	子宮內膜複雜性增生及子宮內膜癌之保守性治療 Conservative treatment for early-stage endometrial cancer and complex atypical hyperplasia: National Cheng-Kung University Hospital single-center experience 林廷謙 ¹ 鄭雅敏 ^{1,2} 國立成功大學醫學院附設醫院 ¹ 郭綜合醫院 ²
臨時稿件編號：0417	
論文發表方式：口頭報告	Endometrial cancer (EC) is the most common gynecologic cancer in the United States, and had exceeded 2400 cases annually in the latest Taiwan Cancer registration annual report in 2018. Besides, complex atypical hyperplasia (CAH) is a precursor to endometrioid endometrial cancer, the most common subtype. While most endometrial cancer patients aged around 55 years old, endometrial cancer is striking younger female populations, as the prevalence of cases under 40 years old increased throughout the past few years. As the number of CAH/EC patients desiring to preserve fertility were increasing, evaluation of candidates suitable for conservative treatment became more important. In the latest NCCN guideline provided criteria for considering conservative treatment, including well-differentiated grade 1 endometrioid adenocarcinoma on dilation and curettage (D&C), disease limited to the endometrium on image study, and absence of suspicious or metastatic disease on imaging. For predicting conservative treatment response, Antonio et al constructed a meta-analysis to evaluate whether expression of estrogen receptor (ER) and progesterone receptor (PR) affects outcome, which showed significant results in levonorgestrel-intrauterine device group. Besides, Antonio et al also presented that longer menstrual cycles and infrequent menstrual bleeding appeared as independent predictive factors for conservative treatment failure in atypical endometrial hyperplasia and early-stage endometrial cancer. Further predictive markers for conservative treatment could be valuable in constructing treatment plans. Multiple studies provided conservative treatment protocols for CAH/EEC, including megestrol acetate, medroxyprogesterone acetate (MPA), levonorgestrel (LNG) intrauterine device (IUD), aromatase inhibitors (letrozole, anastrozole), analogue of gonadotropin-releasing hormone (GnRH), combined oral contraceptives, lynestrenol, tamoxifen, norethisterone acetate and hydroxyprogesterone caproate. So far, there was no consensus on the regimen for conservative treatment. In this report, we collected patients diagnosed with complex atypical hyperplasia or early-stage endometrial cancer, and treated with conservative treatment in National Cheng Kung University Hospital. We analyze possible predictive markers, present the data including treatment response as well as fertility outcome.

	<p>Discussion</p> <p>Uterine incarceration is a rare condition that is mostly reported during pregnancy, in around 1 in 3000 pregnancies since the second trimester. Any conditions make fundus entrapped in pelvic cavity during the growth of uterus to cause elongation of the cervix, while a further distorted urethra causes urinary retention. Treatment options include manual reduction, exploratory laparotomy for reduction, or expectant management with Cesarean section.</p> <p>However, reports of uterine incarceration in non-pregnant women are few. Traditionally, urinary frequency is a much more common complaint in gynecology clinics in patient with uterine myoma, which is thought to be related to the direct compression of myomas on the urinary bladder, especially in anterior wall myomas. Myomas located in the posterior wall are believed to cause compression symptoms mainly on pelvic organs such as pelvic vessels or the rectum, causing tenesmus or thrombosis rather than urinary retention. In these two cases, conservative treatment was successfully performed, but Case 1 received staging surgery due to endometrial cancer. Since uterine myoma is the most common gynecologically benign tumor, similar conditions may be underestimated, and conservative treatment may help these patients.</p> <p>Conclusion</p> <p>An incarcerated uterus will not only happen during pregnancy, but it is also found in non-pregnant women; conservative treatment still works for these patients.</p>
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台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG5	徒手復位治療非懷孕婦女的子宮籍閉-個案報告 Manual reduction for uterine incarceration in non-pregnant women 余沛修 ¹ 鄭雅敏 ¹ 郭宗正 ¹ 台南郭綜合醫院婦產部 ¹
臨時稿件編號：0471	
論文發表方式：口頭報告	Introduction Uterine incarceration is a rare complication causing acute urinary retention. Pathology such as uterine leiomyoma, pelvic adhesion or congenital Mullerian anomalies may cause the uterus to become entrapped beyond the sacral promontory during uterine enlargement. This induces an retroverted configuration change of the uterine isthmus leading to compression and narrowing of the bladder outlet. It may also cause preterm labor, uterine rupture, and other complications of pregnancy. This condition is, however, often reported in pregnancy and is managed with uterine reduction by manual, colonoscopy, or laparotomy. On the other hand, it may also be managed with Foley placement under expectant management until the suggested delivery time. It is typically reported as a complication of pregnancy and not reported in the literature for non-pregnant women. Here we present two cases of uterine incarceration in non-pregnant women treated with manual reduction. Case report Case 1 A 47-year-old woman, G3P3, by vaginal delivery, came to emergency room due to acute urinary retention episodes. She had experienced urinary retention episodes for several days and needed Foley placement, yet the same condition occurred again after removing the Foley tube. It always happened in the morning, with urine volume storage at around 1000 ml. A urologist survey showed no evidence of urinary tract infection, nor urolithiasis—however, it did identify a huge pelvic mass. Thus, she was thereafter referred to the OB-GYN department. She had her regular menstrual period, but with heavy menstrual bleeding which may have caused iron deficiency anemia. She had not had any previous pelvic surgery. She also had no diabetes or other systemic disease. When present in the OB-GYN OPD, pelvic sonography showed huge a post; wall uterine mass compression to the uterine low segment had caused a retroverted uterine configuration. Hematometra was impressed, too. Pelvic examination showed an upward tracked cervix behind the pubis symphysis. A CT scan showed a uterine mass of 6.7*5.8cm in the posterior uterine wall, an elongated cervix, and a low segment. Pap smear derived a negative result for malignancy. Manual reduction under anesthesia with simultaneous dilatation and curettage was performed due to endometrial neoplasm and should be ruled out. After manual reduction along with keeping prone in the knee-chest position before sleep, as well as scheduled voiding, the urinary retention episodes did nor reoccur for one month, until she had staging surgery for endometrial cancer proved by dilatation and curettage. Case 2 A 42-year-old female, G2P2, by vaginal delivery, had her regular menstrual period and a history of uterine mass, but without the pelvic surgery history. She had no diabetes or other systemic disease. She came to our clinic several times in one month for urinary retention episodes which needed urethra catheterization. The condition most occurred when trying to void in the morning after waking up. Ultrasound examination showed a post. wall uterine mass of 6.8*5.9 cm causing compression on the low segment of uterus, causing retroverted configuration of the uterus with a distended bladder. Pelvic examination showed an upward tracked cervix behind the pubis symphysis. Manual traction with an Allis clamp on the posterior lip of the cervix with digital lifting on post. fornix was attempted; she could then void in the outpatient clinic. We suggested the prone knee-chest position and scheduled voiding for her without medication, and she exhibited no further urinary retention episodes after that.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG6	巨大或瀰漫性子宮肌腺症為生育保存做腫瘤減積之創新手術方式—南瓜法 An innovative fertility-preserving reduction surgery with multiple-striped resections and pumpkin-shaped suturing for large or diffuse adenomyosis: the pumpkin method 龔喬昕 ¹ 龔福財 ¹ 陳文欣 ² 周鈺敏 ¹ 蔡慶璋 ¹ 高雄長庚紀念醫院婦產部 ¹ 嘉義長庚紀念醫院婦產部 ²
臨時稿件編號：0629	
論文發表方式：口頭報告	Objective: To demonstrate feasibility and safety of a novel debulking technique in conservative surgery of diffuse adenomyosis Design: Prospective observational study with follow-up > 6 months Introduction: Adenomyosis is classified into focal or diffuse form, and may be associated with infertility. Adenomyomectomy should be considered for those women who desire to preserve fertility or the uterus. The appropriate selection of surgical methods to remove lesions and to repair surgical uterine wall defects friendly remains controversial. Uterus-sparing resection of adenomyosis aims at debulking to the greatest extent, fertility preservation, and avoidance of uterine rupture. Materials and methods: This study recruited women with symptomatic uterine adenomyosis and fertility preservation desire. Main outcome measures included level of serum CA-125 and AMH, magnetic resonance imaging (MRI), and subsequent pregnancy outcomes. Surgical procedure: Adenomyosis should be identified by surgeon's squeezing palpation and preoperative MRI imaging. Multiple parallel straight uterine incisions in a distance of 2 cm were made longitudinally directly over the identified adenomyosis lesions. The depth should afford access to the extent of adenomyosis. Inadvertent extension to the uterine cornua or vessels should be avoided. The striped suspension seromuscular flaps were created by incision below the seromuscular tissue, remaining at least 1 cm of thickness. The upper and lower ends of the flap were still connected to the uterus. The adenomyotic tissues were removed piece by piece by Metzenbaum scissor and electric loop. The lesion should be excised maximally without entrance to the uterine cavity. The suspension seromuscular flaps were anchored to the remaining myometrium underneath by simple interrupted sutures to avoid dead space. The tension-free approximation and closure of parallel longitudinal uterine incisions was performed by mattress sutures. The final appearance of the sutured uterus resembled the pumpkin sculpture by the Japanese artist Yayoi Kusama. (video to be presented) Results: The procedure was performed on 5 patients. Intraoperative blood loss varied from 150 to 1,200 ml. Operative time varied between 229 and 514 minutes. To date, a total of 3 cases completed follow-up for >1 years. CA-125 dramatically declined. AMH reduced in 2 cases whereas elevated in 1 case. Postoperative MRI demonstrated marked regressive change of previous adenomyosis lesions, and adequate thickness of myometrium, though the shape of uterus was elongated. Two cases attempted to conceive, with 1 achieving a successful pregnancy and twin live births. On examination at Cesarean section, the whole uterine wall maintained its thickness without dehiscence. Conclusion: The pumpkin method offers an alternative surgical management of adenomyomectomy. The reconstruction of uterus becomes easy due to the well-organized uterine incisions. The repair between the suspension flaps and remaining myometrium is time-consuming but ensures adequate thickness of the myometrium. Postoperative MRI demonstrated a well-healed uterine wall. The recovered uterus could be able to conceive and gave live birth.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OG8	預防性輸卵管切除於良性子宮切除手術可能會造成提早停經:回溯性世代研究 Long term effect of opportunistic salpingectomy at time of hysterectomy may cause earlier menopause: a retrospective cohort study <u>陳颯辰</u> ¹ <u>丁大清</u> ^{1,2} 花蓮慈濟醫院婦產部 ¹ 花蓮慈濟醫院研究部 ²
臨時稿件編號：0521	
論文發表方式：口頭報告	Objective: Opportunistic salpingectomy (OS) is recommended to be performed concurrently with the hysterectomy for the prevention of epithelial ovarian cancer. We aimed to investigate the correlation between OS and time of menopause in women receiving hysterectomy.
論文歸類：一般婦科	Methods: This is a retrospective cohort study involving 75 women who underwent a hysterectomy from January 2007 to December 2015. Menopause was defined as one of the following conditions: (1) the patients had menopause-related symptoms recorded on the chart in outpatient clinic (2) the patients were under hormone therapy for the menopausal symptoms (3) the serum test showed Follicle-stimulating hormone (FSH) >40 IU/L, estradiol (E2) level <20 IU/L, anti-Mullerian hormone (AMH) 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 the age of the surgery, age of menopause, length of time from surgery to menopause. Results: We included 75 patients in this study. There were 31 patients who performed hysterectomy alone and 44 patients who performed hysterectomy with opportunistic salpingectomy. The duration of surgery to menopause was significantly shorter in the hysterectomy accompanied with the OS group (3.90±3.27 in hysterectomy, 2.59 ± 2.11 in OS, p=0.038). Subgroup analysis showed no significant difference at age <40 years, 40-44 years, and 45-50 years in the OS group. There was no significant difference in the age of the surgery (45.10±3.33 in hysterectomy, 45.43±3.14 in OS, p=0.658), age at menopause (49.00±4.20 in hysterectomy, 48.02±3.84 in OS, p=0.299). Conclusions: Our study showed hysterectomy plus OS would cause earlier menopause than without OS. The result of our study needs a further large scale of study to prove the phenomenon.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：OM1	停經後荷爾蒙治療使用口服馬結合性雌激素相較於雌二醇有較高的出血性中風的風險：人口回顧性世代研究 Menopausal hormone therapy with conjugated equine estrogen is associated with a higher risk of hemorrhagic stroke than estradiol: a retrospective population-based cohort study <u>賴颯璇</u> ¹ <u>丁大清</u> ^{1,2} 花蓮慈濟醫院婦產部 ¹ 慈濟大學醫學科學研究所 ²
臨時稿件編號：0611	
論文發表方式：口頭報告	This study aimed to evaluate the risk of hemorrhagic stroke (HS) in menopausal hormone therapy (MHT) with oral conjugated equine estrogen (CEE) and estradiol (E2) in postmenopausal women in Taiwan. A retrospective cohort study was conducted using the Taiwan National Health Insurance Research Database, population-based healthcare claims dataset. Eligible women, aged 40–65 years, who received HT with E2 and CEE orally were enrolled. The primary outcome was HS. Propensity score matching with menopausal age and comorbidities was used. Cox proportional hazard regression models were used to calculate the incidence and hazard ratios (HRs) for HS. The mean menopausal ages of the E2 and CEE groups were 50.31 ± 4.99 and 50.45 ± 5.31 years, respectively. After adjusting for age and comorbidities, the incidence of HS was 1.24-fold higher in the women treated with CEE than in those treated with E2 (8.06 vs. 6.49/1000 person-years), with an adjusted HR (aHR) of 1.50 (95% confidence interval [CI] 1.04–2.17). Moreover, HT with CEE initiated within 5 years of menopause had a higher HR than E2 (aHR = 1.47; 95% CI 1.01–2.41). In conclusion, HT with oral CEE might be associated with a higher risk of HS than E2 in postmenopausal Taiwanese women. The use of HT with CEE should be cautioned with the risk of HS.
論文歸類：更年期醫學	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V1	利用 ICG 來輔助進行神經保留式主動脈旁淋巴切除手術 ICG-assisted nerve-sparing paraaortic lymph node dissection <u>孫仲賢</u> ¹ <u>方俊能</u> ¹ <u>王元勇</u> ¹ <u>李宜明</u> ¹ <u>李侑潔</u> ¹ <u>莊國泰</u> ¹ 四季台安醫院 ¹
臨時稿件編號：0648	
論文發表方式：影片展示	Background: There are a lot of sympathetic nerve fibers lying in front of the abdominal aorta, and around the inferior mesentery artery. These nerve fibers are intermingled with lymphatic tissues, and are frequently destructed during the paraaortic lymph node dissection procedure. ICG injection for sentinel lymph node detection and removal is getting more and more popular, with the main purpose to minimize the numbers of removed lymph nodes, so as to decrease the morbidities and complications after complete lymphadenectomy. In this video, we are trying to illustrate another benefit of ICG injection: differentiation between lymphatic tissues and nerve fibers. The pre-aortic sympathetic nerve fibers will not be stained after transcervical or transfundal ICG injection. This will help us to maximally preserve the sympathetic nerve fibers even during more radical paraaortic lymph node dissection.
論文歸類：婦癌	Materials & Methods: Setting: single hospital, single surgeon. Video system: Storz TIPCAM 1 Rubina 4K-3D-NIR/ICG videoendoscope. Surgical videos review. Results: ICG was injected into both uterine cervix area and bilateral uterine cornus. Gradually, the pelvic and paraaortic lymph nodes will become ICG(+), while the nerve fibers will remain ICG(-). By tracing the ICG(-) nerve fibers, those important pre-aortic/paraaortic sympathetic nerve fibers (including inferior hypogastric plexus, intermenstery plexus, inferior mesentery ganglia and plexus, and even sympathetic trunk) can be identified and preserved as possible. Conclusions: ICG injection is not only an important way for sentinel lymph node detection, but also may be useful for performing nerve-sparing paraaortic lymph node dissection.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V2	腹腔鏡輔助扇葉狀-腹膜陰道重建手術於苗勒管發育不全(MRKH 綜合症)病患的身心滿意度結果 Outcomes of Laparoscopic fan-blade shape peritoneal Vaginoplasty Technique in Patients with Mayer-Rokitansky-Küster-Hauser Syndrome <u>李易良</u> ^{1,2} <u>尹長生</u> ^{1,2} <u>白尹瑄</u> ^{2,3} <u>余基賢</u> ¹ 國防醫學院三軍總醫院婦產部 ¹ 康寧醫院婦產科 ² 國防醫學院生命科學所 ³
臨時稿件編號：0421	
論文發表方式：影片展示	Objective: To describe modifications of peritoneal pull-down laparoscopic technique (Davydov's) in patients with Mayer-Rokitansky-Kuster (MRK) syndrome and evaluation anatomical, functional and peri-operation outcome of the novel technique with fan-blade shape peritoneal flap, known as Yu's modification. Design: Case series study Setting: Tertiary university hospital Patient(s): Women with Mayer-Rokitansky-Küster-Hauser syndrome (MRKHS) who underwent surgery between 2016 and 2020. Intervention(s): Laparoscopic fan-blade shape peritoneal vaginoplasty support to the neovagina. Main Outcome and Main Result (s): Anatomic and functional outcome and satisfaction results Patients underwent surgical creation of a neovagina. Total 7 patients who underwent the Yu's-modified Davydov procedure. Mean (SD) duration of surgery 140 minutes, Blood loss less than 100ml. The mean follow-up time was 50 months (range 16-66 months) after surgery, the mean vaginal length up to 8 cm, Among patients who had regular vaginal intercourse, the mean functional satisfaction was above average. The average hospital stay was 5.6 days No patient had peri-operative bladder injury, bowel injury, or rectovaginal fistula after long-term follow-up. One woman who did not comply with the prescribed postoperative mold exercises had no closure of neovagina. Conclusion: The Yu's-modified Davydov procedure appears to be an effective and safe surgical management option that is easy to learn and perform by gynecologic surgeons. Moreover, the use of a peritoneal graft may be a good alternative to other widely used neovagina techniques vaginoplasty.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V3	如何在子宮內膜異位瘤剝離手術中保留最多的卵巢功能 Optimize the stripping procedure in endometriosis surgery to maximize ovarian reserve 楊佳璇 ¹ 顏志峰 ¹ 林口長庚醫院 ¹
臨時稿件編號：0541	
論文發表方式：影片展示	Introduction: Endometriosis is one of the common benign gynecological problem among women and up to 44% of cases involving in ovaries. The group of patients who undergo surgical management have either bothersome symptoms or for infertility purposes which happening to be pre-menopausal, thus, to reserve as much ovarian function as possible, makes a significant difference among the group, most importantly, for the ones that desire to get pregnant. However, several authors have suggested that endometrioma cystectomy may be harmful for ovarian tissue and surgeons not only require to have knowledge of surgical procedures but also the histopathology of endometriomas in order to preserve the most ovarian parenchyma. Evidence of histopathologic studies have shown that endometrioma cystectomy frequently leads to the removal of large fragments of adjacent ovarian tissue, consequently ending up in decreased ovarian reserve function. Materials and methods: Surgical video of a case with a 35 y/o female without underlying diseases nor history of adnexal surgeries who presented dysmenorrhea for 1 year and sonography showed bilateral ovarian endometrioma with size up to 5cm. She also has plan to conceive in the future. Therefore, laparoscopic adnexal enucleation was suggested. In this video, the adjacent structures were identified including the lesion itself and IP ligament, most importantly, we demonstrated the “fibrotic layer”(white) and endometrial layer(dark red/black) of the ovarian endometrioma. The technical pearl for effective and optimized stripping procedure in endometriosis surgery is illustrated. Results: After inspecting the pelvic cavity via laparoscope, we can see some endometriosis spots in the pelvis with some adhesions, but bilateral adnexa were relatively free and intact. Since there was no obvious rupture or opening on the cyst, we made a central incision to reveal the cleavage plane which divides the cyst into two halves. The incision should be away from the blood vessels in the hilum/meso-ovarium to avoid unnecessary bleeding or damage to the ovarian blood supply. The identification of the cleavage plane is the key element for reserving as much ovarian tissue as possible. To know whether the dissecting layer is correct meaning we only tear the cystic capsule apart from the ovarian parenchyma, we see the white fibrosis layer remaining on the wanted plane and the unwanted part is only a very thin black layer. If this technique is executed consistently and skillfully, there would be barely any surgical related bleeding, moreover, requiring less bipolar coagulation for hemostasis which may also possibly damage the ovarian tissue. At the end, we reconstruct the ovary with monofilament using pursing string suture so the piece of ovarian tissue doesn't just hang in the pelvis, in the meanwhile, leaving a drainage site to avoid hematoma in the ovary. We have reviewed this patient's histopathology slides and discussed with the gynaecological pathologist. Most of the lesion parts indicated only the endometrial and fibrotic layer with minimal ovarian parenchyma. Conclusion: Endometriosis enucleation is a common surgical procedure, however, to minimize the damage of ovarian tissue during the process becomes a skill dependent issue and challenge for surgeons. With the corroboration of histopathology evidence, we believe the concept of optimizing stripping procedure in endometriosis based on the color separation is applicable and will maximize the ovarian reserve.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V5	吊頸式止血帶：在腹腔鏡子宮肌瘤切除時一個創新的暫時性止血技法 Hangman's tourniquet(HMT)：a novel technique to temporarily reduce blood loss during laparoscopic myomectomy 陳欣儀 ¹ 郭信宏 ¹ 林口長庚醫院婦產部 ¹
臨時稿件編號：0631	
論文發表方式：影片展示	Uterine leiomyoma is the most common benign tumor occurring in women of reproductive age. Treatment include expectant, medical, and surgical. For symptomatic patients requiring surgery, laparoscopic myomectomy offers fertility preservation and rapid postoperative recovery. However, due to the intricate surgical techniques required, the laparoscopic approach may be challenging and potentially result in severe intraoperative hemorrhage. Pharmacologic management for intraoperative hemorrhage include vasoconstrictors, uterotonics, and tranexamic acid while surgical intervention may be application of hemostatic clips on the uterine or ovarian vessels. Due to the abundant yet highly variable vessel supply around the uterus, tying off the uterine arteries may not necessarily reduce the blood supply to the uterus; as a result, the attempt to reduce intra-operative blood loss is suboptimal. Therefore, we propose using the HMT approach, which include the following steps: Expose the parametrial space around the broad ligament to create a window for passing a knotted suture. The knot can be made outside the abdominal cavity then slide intraoperatively to secure at the pericervical isthmic level, which occludes the ascending branch of uterine artery. Meanwhile, additional sutures are made at bilateral infundibulopelvic ligament to occlude the blood supply in that area. Upon completion of the operation, we then remove all the hemostatic sutures to monitor changes of the uterine and ovarian perfusion. This video demonstrates the surgical steps of HMT and highlights the effect before and after the HMT procedure
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V4	達文西機器人腸沾黏分離術應用於有複雜手術史的患者，包括剖腹探查腹膜炎手術、闌腹子宮肌瘤切除術和多次腹腔鏡手術 da Vinci robotic enterolysis and adhesiolysis for patients with operation histories including explore laparotomy for peritonitis, laparotomy myomectomy and multiple laparoscopic surgeries 莊乙真 ¹ 劉馨媛 ¹ 王孝蓁 ¹ 黃玕瑄 ¹ 鍾佳翰 ¹ 李大成 ¹ 盧信芬 ¹ 彭福祥 ¹ 陳思原 ² 亞東紀念醫院 ¹ 台大醫院 ²
臨時稿件編號：0624	
論文發表方式：影片展示	Objective: The formation of adhesions will distort the anatomical structures of the abdomen and pelvis, especially the adhesions between the greater omentum, intestines, abdominal wall, bladder, uterus and adnexa. In minimally invasive gynecological surgery, it has always been a difficult choice to perform an endoscopic approach with conversion to laparotomy. However, with the help of the 3D vision and endowrist function of the da Vinci surgical system, the conversion rate can be greatly reduced. Methods: Here we presented 3 video clips including Case 1: A 57-year-old menopausal woman, with an ovarian cyst lasting 9x9 cm without obvious solid parts, underwent robotic enterolysis and oophorectomy. She had a history of laparotomy for complicated peritonitis and intestine resection with a 20 cm longitudinal abdomen scar. Case 2 : A 46-year-old woman, with a huge adenomyoma and anemia underwent robotic adhesiolysis and subtotal hysterectomy. There were severe adhesions of the sigmoid colon and bladder to the posterior and anterior wall of the uterus. She had a history of laparotomy myomectomy. Case 3: A 43-year-old woman, with adenomyosis, endometriosis and chronic abdominal pain underwent robotic adhesiolysis and subtotal hysterectomy. She had a history of four laparoscopic and robotic surgeries. Results: All da Vinci robotic surgeries were completed without conversion to laparotomy. Conclusion: In our limited experiences, Da Vinci Robot could have a better role in entero-lysis and adhesion-lysis than traditional laparoscopy. Further studies are warranted.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V6	以子宮鏡手術移除第一孕期子宮角懷孕的胚胎組織 Hysteroscopic removal of the first trimester angular pregnancy 蔣奕巧 ¹ 白欣玉 ¹ 顏志峰 ¹ 林口長庚紀念醫院婦產部 ¹
臨時稿件編號：0589	
論文發表方式：影片展示	Introduction Angular pregnancy is referred to as an intrauterine implantation in either lateral angle of the uterine cavity, medial to the uterotubal junction. If left untreated, an angular pregnancy bears high risks of uterine rupture or placenta accreta, depending on its proximity to the interstitial portion. In current practice, main treatment options included transcervical suction evacuation, transabdominal cornuostomy and corneal wedge resection. Theoretically, angular pregnancy could be approached through the uterine cavity. The objective of this video is to present the successful application of hysteroscopy in the removal of angular pregnancy. Case report We reported a pregnant woman at 6w4d with abdominal pain transferring to Linkou Chang Gung memorial hospital for surgical management of a presumed angular ectopic pregnancy. Transvaginal sonography and computed tomography scan confirmed a left angular pregnancy. With hysteroscopy, the surgery started with careful exploration of the upper cervical canal. Separation of the decidua basalis and the associated chorionic frondosum from the uterus could be effectively achieved by gently sweeping the myometrial wall with the loop resectoscope, given that the placental cytotrophoblasts do not grow beyond the distal myometrial segment until the early second trimester. Electrocautery was rarely required. Upon completion, the chorionic villi can be grasped in between the working instrument and the hysteroscope and removed with minimal blood loss. Conclusion Operative hysteroscopy offers surgeons the benefit of direct visualization when confidently detaching the decidua basalis from the sharpened-angled and restricted cornual uterine cavity . It prevents patients from having uterine incision with abdominal wounds and avoids the risk of incomplete removal or inadvertent trauma of the traditional blind curettage.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V7	用達文西就不困難肌瘤切除術 Difficult deep pelvic myomectomy by robotic approach 張季涵 ¹ 龐漢隆 ^{1,2} 花蓮慈濟婦產部 ¹ 花蓮慈濟婦產部婦科微创手術中心 ²
臨時稿件編號：0614	
論文發表方式：影片展示	Aims and objective To present a case of multiple myomas including a deep pelvic myoma who received robotic myomectomy
論文歸類：內視鏡	Methods and material Miss Lin, P0, is a case of multiple myomas presented with the signs and symptoms of menorrhagia and anemia. The images study revealed two myomas, one at anterior fundus about 5.23 X 4.5 cm and one at deep left pelvis about 7.2 X 6.9 cm in size, laboratory data showed Hb 11.1g/dL. After discussion with the patient, we performed robotic myomectomy for her. The difficulties of this case are:1. Big protruding myoma ; 2. Deep left pelvic broad ligamentous myoma where ureter passed by close below myoma; 3. Hemostasis in a curved area in the pelvis (a big deep cave was noted after removal of the myoma).With the rotary arms and 3D vision of robotic system, these difficulties are not difficulty anymore. The most advantage of robotic approach is the reforming and ensured suturing of the uterine wounds can be achieved easily. Baseball suturing will be shown in the video. We removed the specimens with contained manual morcellation because this is an effective way to remove myoma and it can avoid parasitic myoma in the future. Results During surgery the findings were: 1. Multiple myomas were seen, the big and protruding one was located at anterior wall about 10x9 cm; There are small subserosal myomas, one on right posterior uterine wall about 3 cm ; two at posterior lower segment of uterus about 3.5 and 2 cm in diameter; Another big one was a broad ligament myoma, about 11x10cm in size, arising from the left side of cervix or lower segment of uterus extended to deep pelvis and very closed to the left ureter. 2. There were two paratubal cysts on the left fimbriae end, about 2.5 and 1cm in size. 3. Polycystic ovaries were seen, drilling surgery on bilateral ovaries were done. Conclusion We hope to share the video of the surgery on the coming meeting.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V9	達文西機械手臂輔助手術用於治療深部浸潤型子宮內膜異位症，包含輸尿管輸尿管吻合術 Robotic surgery approach for deep infiltrating endometriosis, including ureteroureterostomy 陳緒鵬 ¹ 劉錦成 ¹ 童綜合醫療社團法人童綜合醫院婦產部 ¹
臨時稿件編號：0490	
論文發表方式：影片展示	Endometriosis is a benign disease but affect woman in quality of life and the fertility. It is a condition that endometrial glands implant outside the uterine cavity. Deep infiltrating endometriosis(DIE) is defined as endometriosis which invades more than 5 mm deep to the peritoneum of the pelvic sidewalls, the rectovaginal septum, or the muscularis of the bowel, bladder or ureters. Endometriosis may cause pelvic pain and infertility, and DIE may induce other symptoms including dyspareunia, bowel and bladder dysfunction. For symptomatic DIE, surgery is often required to achieve symptoms relieving. And for the best outcomes, a complete resection of invaded tissue is required. When the surgery treatment is planned, the minimal surgery using laparoscopy is preferred then laparotomy with shorter length of hospitalization, faster recovery time and decreased wound pain. Robotic surgery is the advanced equipment which offered the 3D imaging, tremor filter, and articulated instruments, help to improve the accuracy of surgical procedure. We showed the video of one case with adenomyosis and deep infiltrating endometriosis with left lower third ureter stricture, da vinci hysterectomy and bilateral salpingectomy, and da vinci segmental resection of left ureter and left ureteroureterostomy were performed. After operation, she had regularly followed up at genitourinary doctor's OPD, with well outcomes. Under our experience, complex surgery with robotic approach is better way and bring the comfort and greater accuracy.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V8	達潔刀 5.0 的應用技巧：不施行擴張術下於停經後婦女併子宮頸狹窄的案例分享 Tips and tricks of using Truclear 5.0™ system in postmenopausal women without cervical dilation 鄭詩瑾 ¹ 張裕 ¹ 義大醫院婦產部 ¹
臨時稿件編號：0539	
論文發表方式：影片展示	Introduction Mechanical hysteroscopic tissue removal system, bipolar and monopolar resectoscope are important tools for the diagnosis and management of intrauterine pathology. Truclear™, the device provides an open cutting window, shaves and aspirates tissue so that improve visualization by avoidance production of tissue fragments. Truclear 5.0™ system consists of a 5-mm hysteroscope with a 0-degree direction of view and a 5.6 mm outer sheath require little-to-no dilation. Case report This 69-year-old woman, gravida 4 and para 4(all via vaginal delivery), suffered from post-menopausal bleeding for one week. Transvaginal sonography revealed focal endometrial thickening and fluid accumulation in uterine cavity. Hysteroscopic surgery was arranged. We share our experience of using Truclear 5.0™ system in post-menopause woman without cervical dilatation. Discussion In post-menopause woman with intra-uterine cavity abnormalities had higher risk of malignancy. Operative hysteroscope should be approach with carefully. Nevertheless, a stenotic cervix can obstruct surgery, dilation of stenotic cervix can lead to a cervical laceration or creation false passage or uterine perforation. In this video, we focus on discussion tips and tricks of using Truclear 5.0™ system, an alternative safety way to approach stenotic cervix and atrophic uterus.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V10	面對嚴重沾黏之巨大子宮以非傳統肚臍孔進行腹腔鏡手術 Laparo-endoscopic Surgery via Non-umbilical Access at a Severe Abdominal Adhesion Huge Uterus 陳俊男 ¹ 桂羅利 ² 張基昌 ³ 張裕 ² 義大醫院婦產部 ¹ 義大醫院婦產部內視鏡科 ² 義大大昌醫院婦產科 ³
臨時稿件編號：0438	
論文發表方式：影片展示	Background: In gynecology, laparo-endoscopic is used for many surgeries that were traditionally performed by laparotomy. Potential advantages of laparoscopy over laparotomy include smaller scars, faster recovery, decreased adhesion formation, and decreased cost. Gynecologic laparoscopic entry is usually through the umbilicus. However, some anatomic factors or conditions may increase the risk for complications with umbilical entry. For those patients who was known or suspected periumbilical adhesions, periumbilical mesh, umbilical or ventral hernia, large pelvic mass, and pregnancy, non-umbilical access may be preferred under these situations. Patient and Methods: A 48-year-old woman (gravida 0, sexual activity history) who presented to our hospital complaining of a palpable lower abdominal mass for months. She had history of multiple myoma and received laparo-myomectomy in 2008. She had followed up after surgery but lost followed since 2013. In recent years, heavy vaginal bleeding during menstrual cycle was noted. Urinary frequency and urgency were recurrence in this year. Due to above reasons, she came to our outpatient department for help. Gynecologic ultrasound revealed a huge uterus with multiple heterogeneous lesions about 21 x 8 cm. Computed tomography (CT) also confirmed a enlarged uterus with multiple mass sized 17.5 x 16.4 x 8.7 cm. Tentative diagnosis was multiple uterus leiomyoma. Patient received gonadotropin-releasing hormone (GnRH) analogue at first and kept follow up symptoms. Unfortunately, menorrhagia was still noted. After discussed, patient decided to receive surgical treatment. Results: Two-ports laparoscopic subtotal hysterectomy and left salpingectomy and right salpingo-oophrectomy and adhesiolysis was performed. The uterus had severe adhesion to pelvic wall, abdominal wall, descending colon, and omentum were noted during surgery. Bilateral tubal cyst were noted. Histopathological examination showed that leiomyoma, negative for malignancy. Finally, the patient recovered well and discharge 3 days after the operation. Conclusions: We need to do preoperative evaluation prior to laparoscopy of assessment for risk factors for adhesive disease and other conditions that may alter the anatomy of the abdominal wall and peritoneal cavity. For patients with a pelvic mass which is palpable and is within the insertion path of the insufflating instrument, non-umbilical entry site or entry at the umbilicus using an open technique are reasonable approaches.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V11	達文西輔助經陰道自然孔內視鏡全子宮切除手術 Robotic assisted transvaginal natural orifice transluminal endoscopic surgery (vNOTES) for total hysterectomy 莊斐璘 ¹ 黃寬慧 ¹ 楊采樺 ¹ 吳昱靜 ¹ 陳文欣 ² 周鈺敏 ¹ 龔福財 ¹ 高雄長庚紀念醫院婦產部 ¹ 嘉義長庚紀念醫院婦產科 ²
臨時稿件編號：0553	
論文發表方式：影片展示	Objective Vaginal route surgery avoids problems related to abdominal wall incisions and trocar-related complications. The vNOTES technique incorporating the advantages of endoscopic surgery can help overcome the limitations of vaginal hysterectomy in cases without uterine prolapse or with large sized uterus. However, the vNOTES procedures with conventional laparoscopic instruments are limited by some factors including loss of triangulation and unstable operative platform. Robotic system providing instrument of flexible wrist rotation, high-resolution 3-D magnification field of vision, and stable camera control conquers these limitations. Materials and Methods: The video will show the application of robotic system for vNOTES total hysterectomy. Results This procedure results in high patient satisfaction, rapid recovery, cosmetic advantages, and decreased postoperative pain. Conclusion The application of robotics in vNOTES intervention is feasible and it improves ergonomics for surgeon comfort .

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V12	子宮鏡子宮黏膜下肌瘤切除：遠深刀與雙極切割之比較 Hysteroscopic myomectomy : comparison of intrauterine morcellation and bipolar resection. Abstract 盧孟涵 ¹ 桂羅利 ¹ 義大醫療財團法人義大醫院婦產部 ¹
臨時稿件編號：0512	
論文發表方式：影片展示	Study Objective: To present hysteroscopic intrauterine morcellation and bipolar resectoscopic surgery for submucosal myoma removal. 論文歸類：內視鏡
論文歸類：內視鏡	Patient : Case 1. The 32 year-old female, G0 virgin, with no significant medical and surgical history. She presented to our outpatient clinic due to menorrhagia and intermenstrual bleeding for months. The ultrasonography examination showed endometrial thickening and submucosal myoma was considered. The office hysteroscopy revealed a 1.7cm of type II submucosal myoma. Case 2. The 44 year-old female, G1P1 vaginal delivery, with surgical hypothyroidism history. She has severe dysmenorrhea and also severe menorrhagia so she came to our out patient department for help. The sonography examination showed a 3.8 x 3 cm lesion. The office hysteroscopy revealed a 2.1 cm of type II submucosal myoma. Interventions: Hysteroscopic myomecymy with intrauterine morcellation and bipolar resection. Discussion : Since the introduction of hysteroscopic surgery, submucous myoma was preferably removed by hysteroscopic electrosurgery. Monopolar electrosurgical resection has been widely replaced by safer bipolar instruments because of the common potential complication of distending medium fluid. The disadvantages of hysteroscopic resection surgery was longer learning-curve, suboptimal surgical view due to bubble formation and repeated in and out instruments during surgery. The advantages of hysteroscopic intrauterine morcellation was shorter learning-curve and one instrument insertion for submucosal myoma removal. However, the tumor size and hemostasis were limitation of hysteroscopic intrauterine morcellation. The hysteroscopic myomectomy is a very important application of the gynecologic endoscopy, as it allows minimal invasive removal of the type 0, 1, and 2 fibroids.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V13	經陰道自然孔洞內視鏡手術在有卵巢腫瘤的懷孕婦女的應用 vNOTES for ovarian tumor during pregnancy 陳俐暉 ¹ 丁大清 ¹ 賴佩璇 ¹ 花蓮慈濟醫院婦產部 ¹
臨時稿件編號：0641	
論文發表方式：影片展示	Background Although ovarian mature cystic teratomas compromise 20-30% of all ovarian tumours, there are still many challenges faced by gynecologists on deciding upon the best surgical management, especially on pregnant women. Vaginal natural orifice transluminal endoscopic surgery (vNOTES) is a novel minimally invasive surgical technique allowing a variety of gynecological procedures that may be considered. We are presenting the first case of a pregnant woman with teratoma undergoing vNOTES. Patient concerns The lady concerned was a 21 y/o, G1P0, GA 14+3 weeks, Expected Date of Delivery(EED): 110/05/15 women who went to our Outpatient Clinic with presentation of intermittent mild sharp pain and dull pain at her right lower abdomen when walking or moving lower limbs recently. A 5.9x5.4cm heterogeneous mass suspected teratoma was found at her right adnexa by sonography. Therefore, Laparoendoscopic single-site(LESS) Laparoscopic Assisted Ovarian Cystectomy(LAOC) was arranged. Interventions Initially, right ovarian teratoma located at right side of Cul-De-Sac with hair and fatty tissue in contain (size: 5*6cm) was seen under laparoscopy. As an enlarged uterus occupying the pelvic cavity, the right ovarian tumor became more difficult to approach under laparoscopy. Therefore, we shifted the operation from LESS LAOC to vNOTES LAOC on 110/11/18. Total blood loss was less than 50ml. Pathology report showed mature cystic teratoma. The patient recovered well and was discharged two days after operation due to well recovery without any complication. Outcomes vNOTES was proved to improve patient comfort and cosmetic results while reducing blood loss and duration of the surgery. In this case, vNOTES also make ovarian cystectomy feasible during early pregnancy. This is the first case to show advantages of removing the right ovarian teratoma in pregnant women with vNOTES LAOC procedures. Conclusion This surgery allows us to have more consideration on vNOTES LAOC during pregnancy. When limitation occured in abdomen with enlarged uterus under laparoscopy, application of vNOTES may be considered. Advances in technology have enhanced the feasibility of vNOTES as a treatment option for gynecologic surgeries. Further studies are needed to clarify the application of the vNOTES for pregnant women in gynecologic surgeries.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V14	腹腔鏡手動直腸圓盤狀切除及重建以治療深度子宮內膜異位症的實用技巧 Tips and tricks in laparoscopic manual rectal discoid resection and reconstruction to treat advanced deep infiltrating endometriosis 李俊潔 ¹ 孫仲賢 ¹ 方俊能 ¹ 莊國泰 ¹ 高雄四季台安醫院 ¹
臨時稿件編號：0647	
論文發表方式：影片展示	Background The posterior compartment of the pelvis is frequently involved in deep infiltrating endometriosis (DIE), wherein the rectum is the most common site. Laparoscopic discoid resection has been considered an option to achieve complete removal of rectal endometriotic nodules. Such surgical procedure can be complicated in regards of maximal lesion removal and surefire rectal reconstruction to prevent the possible bowel complications. Patient and Methods We herein present our surgical videos of laparoscopic manual rectal discoid resection and reconstruction in a DIE patient with multiple previous endometriosis surgery. Results Due to the complexity of the bowel resection and repair, the excision of the endometriotic lesions at this area should be preceded by comprehensive restoration of the pelvic anatomy and adhesiolysis to free the whole affected rectal section. Laparoscopic excision at this area to achieve maximal lesion removal requires accurate positioning , complete mobilization of the rectum, visual and tactile discrimination of the target lesion from normal rectal tissue. A combination of gas-tight and water-tight sutures is then mandatory in multiple layers succeedingly to close the rectal defect. Conclusions Laparoscopic manual discoid resection and repair of the rectal DIE is practical to treat advanced rectal endometriosis to assure maximal lesion removal. Full restoration of the anatomy and adjunctive measures to prevent inadvertent complications are the cornerstones to obtain optimal outcomes.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V15	腹腔鏡分期手術進行後腹腔淋巴腺廓清時偶然發現重複輸尿管 Incidental finding of duplicated ureter during laparoscopic retroperitoneal lymph nodes dissection 謝耀德 ¹ 王功亮 ² 陳楨瑞 ¹ 馬偕紀念醫院婦產部 ¹ 台東馬偕醫院 ²
臨時稿件編號：0392	
論文發表方式：影片展示	Introduction: Duplicated ureter is the most common renal abnormality, occurring in approximately 1% of the population. It occurs in about 0.7% of healthy adults. Duplicated ureter is more common in White Americans than in African-Americans. Female is more common than male.
論文歸類：內視鏡	Case Report: This 49 year-old, sex(-), female was diagnosed to be endometrial endometrioid carcinoma, grade 2, after diagnostic D&C. Laparoscopic staging procedure was carried out after well explanation. During left pelvic lymph nodes dissection, duplicated ureter was identified incidentally after developing the retroperitoneal space. Because of adenomyosis and pelvic endometriosis, duplicated ureter was dissected to the ureter tunnel for preventing inadvertent damage during electro-sealing of uterine vessels. Staging procedure was completed laparoscopically without any complication. Conclusion: Although duplicated ureter is not a rare clinical condition, it is rarely showed and recorded during laparoscopic surgery. Before starting retroperitoneal lymph nodes dissection, accurate space development and vital structures identification should be the most important way to complete the surgery successfully.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V16	因 COVID-19 疫情導致延宕及困難診斷的卵巢克鲁根勃氏瘤: 使用谐波刀同時進行胃癌及卵巢腫瘤切除術案例報告 Delay or difficult diagnosis of Krukenberg tumor during COVID-19 pandemic - Simultaneous gastric and ovarian cancer surgery with harmonic scalpel 王孝荃 ¹ 莊乙真 ¹ 吳建明 ² 劉馨娛 ¹ 盧信芬 ¹ 亞東醫院婦產部 ¹ 亞東醫院外科部 ²
臨時稿件編號：0464	
論文發表方式：影片展示	A 40-year-old female was found to have left 8 cm ovarian tumor at local clinic health check -up. She had no body weight loss, loss of appetite, abdominal distension, no major surgery before. The gynecology ultrasound revealed a 8x6 cm ovarian tumor with homogenous, picture, no obvious solid part, no low pressure blood flow. The CA125 was 110 IU/ml. She was scheduled for a laparoscopic cystectomy or oophorectomy at mid May 2021. Due to outbreak of covid-19 at Taiwan, she disappeared for 3 months till August, when another ultrasound revealed the left ovarian tumor 5x5 cm, she was hesitated though but eventually received laparoscopic surgery at Sep 2021.
論文歸類：內視鏡	During surgery, the whole ovarian tumor was put in an endo-bag before trying to enucleation, the internal hard characteristic of ovarian tumor made the surgeon do the unilateral oophorectomy and sent to frozen section, the gross appearance of right ovary is normal. The frozen section revealed metastatic signet ring cell ovarian tumor. The surgery stopped. Upper and lower G-I scopy and CT scan of whole abdomen were done. Only mild gastric erosion found but the gastric biopsy revealed the same signet ring cell type. The CT scan revealed no obvious abdominal lesion or LN enlargement. 2 weeks later, simultaneously right oophorectomy and gastric cancer staging was done. A final pathology revealed gastric cancer, pT1bN3bM1, stage IV. The patient was referred to medical oncology for further chemotherapy.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V17	腹腔鏡處理巨大子宮頸肌瘤併子宮內頸變形的手術技巧 Laparoscopic management for large cervical myoma with cervix distorsion 方俊能 ¹ 孫仲賢 ¹ 陳曼玲 ¹ 施兆蘭 ¹ 陳宥臻 ¹ 莊國泰 ¹ 四季台安醫院 ¹
臨時稿件編號：0651	
論文發表方式：影片展示	Background: Large cervical myoma possesses special surgical difficulties. First, the proximity to adjacent organs (bladder, ureter, uterine vessels, and rectum) makes surgical field exposure difficult and sometimes dangerous. Second, during the myometrium repair stage, the cervical canal and cervical structure may be distorted and become occluded. In this video, we will demonstrate the tips and tricks for laparoscopic management for large cervical myoma.
論文歸類：內視鏡	Materials & Methods: Video review of some cases with large cervical myoma undergoing laparoscopic myomectomy Results: Before myomectomy for large cervical myoma, the overlying peritoneum should be opened. Bladder flap should be mobilized (for anterior cervical myoma), and the course of ureter and uterine vessels should be carefully traced (for lateral low cervical myoma). The myoma “capsule” was maximally preserved, to facilitate more secure suture for both anatomical restoration and good hemostasis. A large Foley catheter should be put inside the cervical canal before suturing the cervical stroma, to prevent inadvertent incorporation of the cervical canal during the reconstruction process. If the cervical canal was disrupted after myomectomy and the proximal end cannot be identified, then hysterotomy can be performed over the fundal region, exposing the uterine cavity, and we can introduce a grasper antegradely to pull the Foley catheter tip into the uterine cavity. The disrupted cervical canal can then be re-connected and re-constructed. Conclusions: Laparoscopic myomectomy is feasible for large cervical myoma. By careful and thorough dissection, and putting a Foley catheter inside the cervical canal, the cervical stroma can be safely reconstructed without the risk of cervical canal distorsion or occlusion.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V18	利用 ICG 來輔助進行術中輸尿管辨認與保留 ICG assisted ureter identification during difficult retroperitoneal dissection 王元勇 ¹ 孫仲賢 ¹ 方俊能 ¹ 李宜明 ¹ 李份潔 ¹ 莊國泰 ¹ 四季台安醫院 ¹
臨時稿件編號：0660	
論文發表方式：影片展示	Background: Identification and protection of pelvic ureter is the basic step of advanced gynecologic surgery. However, in some situation (for example, dense retroperitoneal fibrosis from previous surgery or endometriosis, previous hysterectomy or large pelvic tumor causing anatomy alteration, severe pelvic adhesion.....), ureter identification and ureterolysis may be very difficult. Besides, during the ureterolysis procedure, the bleeding control around or nearby the ureter become hazardous because of the potential thermal injury to the pelvic ureter. Traditionally, large area retroperitoneal dissection is necessary to achieve adequate anatomical exposure and safe hemostasis with energy device. In this video, we will demonstrate the usage of ICG to simplify identification of pelvic ureter.
論文歸類：內視鏡	Materials & Methods: Setting: single hospital Video system: Storz TIPCAM 1 Rubina 4K-3D-NIR/ICG videoendoscope. Surgical videos review. Results: Cystoscopy was performed first before the laparoscopic procedure. Ureter orifice was identified, and single J catheter was introduced into pelvic ureter, advanced up to renal calyx or at least 15 cm upward. ICG was then injected into the ureter. Under laparoscopy, the ICG-stained pelvic ureter can be easily identified, and can be easily traced. The ureterolysis became easier, faster, without the need for advanced retroperitoneal dissection to confidently clarify the course of pelvic ureter, which will induced more bleeding. With the aid of ICG staining, hemostasis can be more easily achieved with less chance of thermal injury to pelvic ureter. Conclusions: Ureteroscopic or cystoscopic ICG injection into pelvic ureter can be very helpful for identification and preservation for pelvic ureter, especially in those cases with dense retroperitoneal scarring.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V19	針對大子宮之結合袋內手切碎瘤法的單孔腹腔鏡次全子宮切除術 Contained manual morcellation techniques of large uterus in laparo-endoscopic single-site subtotal hysterectomy. 張婷瑜 ¹ 桂羅利 ¹ 張基昌 ¹ 張裕 ¹ 義大醫院婦產部 ¹
臨時稿件編號：0456	
論文發表方式： 影片展示	Introduction According to FDA's estimate, 1 in 352 women receiving hysterectomy or myomectomy for the treatment of myomas has in fact an unsuspected uterine sarcoma. After against power morcellation in 2014, the FDA recommends performing containment system in women when laparoscopic power morcellation is appropriate in 2020. The containment system is intended to isolate specimen, which may prevent the peritoneal spread of cancerous tissue, endometriosis or parasitic myomas. In this video, we demonstrate contained manual morcellation techniques of large uterus in single-port laparoscopic gynecologic surgeries.
論文歸類： 內視鏡	Case report This 52 y/o women, G3P2AA1, with an ultrasonographic feature of enlarged uterus (diameter to 15 cm), had menorrhagia for 3 years leading to chronic anemia. She received laparo-endoscopic single-site subtotal hysterectomy and bilateral salpingectomy. We used a secure containment bag (Alexis Contained Extraction system) for excised tissue and performed manual extraction through umbilicus incision site. The uterine weight was 613.5 g. The total manual morcellation time was 17 mins. The final pathology report was leiomyoma and adenomyosis.
	Discussion In this case, though she had no known or suspected gynecological malignancy (by preoperative image, tumor marker and cervix cytology report), the risk of occult cancer increases with age, particularly in women over 50 years of age. Therefore, it is reasonable to performed in-bag morcellation. The required technique was to place large specimen into contained system by single port setting, not to make bag rupture while we manually extracted the contained tissue with scalpel through the 2.5-cm incision wound. We regard contained manual morcellation is a reliable option and can be applied wisely in laparoscopic subtotal hysterectomy.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V20	剖腹產後切口疝氣經減孔腹腔鏡修復之病例報告 A case report of previous Cesarean section incisional hernia, managed by reduced port surgery 張雅婷 ¹ 桂羅利 ¹ 義大醫院婦產部 ¹
臨時稿件編號：0488	
論文發表方式： 影片展示	Ventral hernia is common after abdominal surgeries where incisional hernia occurs in approximately 10-15% of patients with a previous abdominal incision surgery. Open repair was the traditional method for management. Yet, due to laparoscopic surgeries thriving in recent years, laparoscopic repair of ventral incisional hernia has been performed successfully with evidence of shortened hospital stay and reduced recurrent rates. Despite the commonness of post-operative hernia, incisional hernia post cesarean section is rather rare with an incidence of 0.2%. Here, we present a rare case with omentum trapped in incisional hernia at the previous Cesarean section wound accidentally found during a laparoscopic assisted total hysterectomy operation, managed by releasing the trapped omentum and repair the abdominal wall with laparoscopic extracorporeal knots method.
論文歸類： 內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V21	單孔腹腔鏡應用於單側巨大雙畸胎瘤之影片演示 Laparoendoscopic single-site (LESS) ovarian cystectomy of two mature cystic huge teratomas in one ovary 龐浚隆 ^{1,2} 陳佩辰 ¹ 花蓮慈濟醫院婦產部 ¹ 花蓮慈濟醫院微創中心 ²
臨時稿件編號：0524	
論文發表方式： 影片展示	Objective: To present a case of huge ovarian teratoma who received LESS ovarian cystectomy.
論文歸類： 內視鏡	Methods and material: The patient was a 23 year old female, a nulliparity, presented with right lower abdominal pain for one month. Transvaginal ultrasound revealed a left ovarian cyst with two compartments and heterogeneous hyperdensened density about 9.2*6.5 cm in size. Under the impression of left ovarian teratoma, LESS ovarian cystectomy was done. The difficulties of this case are:1.Two teratoma in a big cyst;2.Single port approach;3.Patient is nulliparous and has fertility needs so we need to preserve as much as possible of her ovarian tissue. Enseal G2 was used in this surgery because of the advantage of blunt dissection. After incision on the serosa of ovary, effective blunt dissection by rolling skill with the tip of Enseal G2, without rupturing the teratoma cyst and avoiding content dissemination to peritoneal cavity.
	Results: During surgery a big whitish ovarian cyst arising from the left side, about 12x9cm in size. Enucleation was done, on dissection, two compartments were noted and each with yellowish fatty fluid and black hair in content, They were two teratomas. Chromotubation revealed free spillage of Methylene blue from bilateral fimbria.
	Conclusion: We hope to share the video of the surgery at the coming meeting.

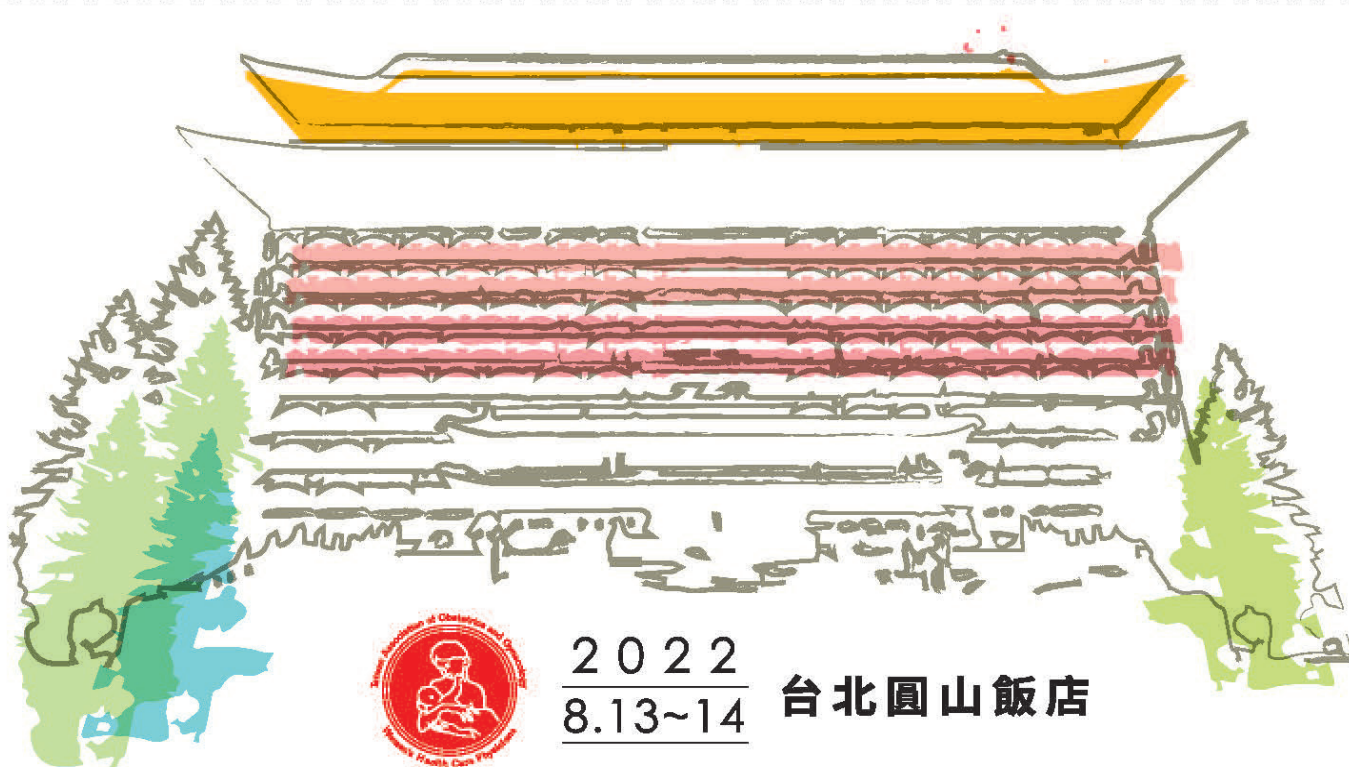
台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V22	腹腔鏡子宮肌腺瘤切除:改良式四瓣手術 Laparoscopic adenomyomectomy with a modified 4-petal method 停寧瑩 ¹ 丁大清 ¹ 花蓮慈濟醫院 ¹
臨時稿件編號：0627	
論文發表方式： 影片展示	Background Adenomyosis accounts for 20 % of reproductive age women and can be treated surgically or medically. Laparoscopic adenomyomectomy with the four-petal method was presented by Kuo et al. in APAGE 2017, which gave the advantages of full exposure to the localized adenomyosis and adequate thickness of the uterine wall after the operation. However, the surgical time spent on suturing on a serosal wound is longer. Therefore, we presented a modified method to shorten the suture time.
論文歸類： 內視鏡	Patient and Methods This is a 42 year-old female, P1, with chief complaints of dysmenorrhea for 7 months. Abdominal sonography showed adenomyoma with 4*5.5cm in size at the posterior wall. Due to the uterus sparing request by the patient, laparoscopic adenomyomectomy with a modified four-petal method was arranged. Laparoscopy was performed with one single port (with one 11mm and 5mm ports) and two acillary 5 mm trocars. An posterior bulge of the uterus was identified and a cruciate incision was made. Adenomyoma was fully exposed and was removed. Dissected myometrium was approximated by 1-0 V-loc suture. To repair the serosal wound, we anchor the right two serosal flaps to the subendometrial tissue first then left two serosal flaps overlapping on the right side two serosal flaps. This modified wound closure method could avoid dead space and more adequate thickness of the uterine wall after operation. The modified 4-petal method is that we skip serosal cruciate wound repair which can save surgical time.
	Result Adenomyoma was removed. Total surgical time was 2 hours and 10 minutes. Pathology report showed adenomyosis with ectopic island of endometrial gland and stroma . Blood loss was 100 ml. The postoperative course was uncomplicated and the patient was discharged on postoperative day 3.
	Conclusion We presented a modified 4 petal method mainly changed for the way of wound repair. In conclusion, laparoscopic adenomyomectomy with the modified four-petal method is a feasible and safe procedure and favored for women with uterine sparing requests.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V23	在放置子宮內投藥系統下利用子宮鏡碎瘤器治療子宮內膜增生的訣竅 Tips and tricks of using hysteroscopic morcellation for treatment of endometrial hyperplasia with Mirena in situ 王祉茵 ¹ 桂羅利 ¹ 張基昌 ¹ 張裕 ¹ 義大醫院婦產科 ¹
臨時稿件編號：0662	
論文發表方式：影片展示	Introduction Mirena (levonorgestrel intrauterine systems) are used for treatment of menorrhagia or endometrial hyperplasia. Hysteroscopy is the gold standard for evaluation of endometrium. Case report We present a 41-year-old female patient, Gravida 3 and Para 2 (Cesarean delivery), with abnormal uterine bleeding. Hysteroscopic surgery was performed, and pathology report revealed complex atypical hyperplasia. Further treatment was insertion of Mirena. Follow-up hysteroscopy showed persistent endometrial hyperplasia. We arranged hysteroscopic morcellation for treatment of endometrial hyperplasia with inserted Mirena. Discussion After placing Mirena for therapeutic purpose, regular supervision of the endometrium is needed. However, physicians often encountered difficulties while performing endometrial biopsy with inserted Mirena. In our case with persistent endometrial hyperplasia and Mirena, we used hysteroscopic morcellation for endometrial shaving successfully.
論文歸類：內視鏡	

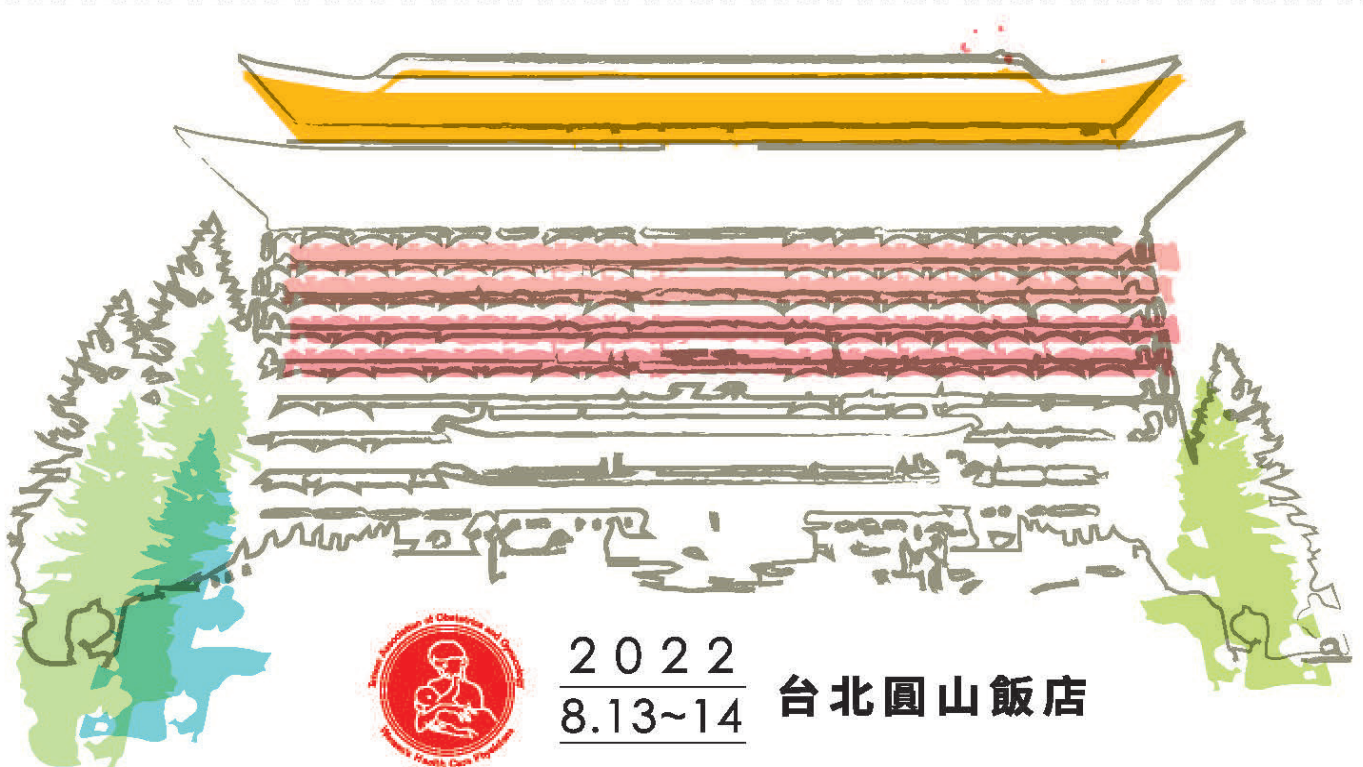
台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V24	尿失禁手術中以咳嗽功能測試達到吊帶的適當張力 To Achieve A Proper Tension OF TVT-Tape By Using Functional Test in An Anti-USI Operation 余堅忍 ¹ 振興醫院 ¹
臨時稿件編號：0396	
論文發表方式：影片展示	尿失禁手術中以咳嗽功能測試達到吊帶的適當張力 To Achieve A Proper Tension OF TVT-Tape By Using Functional Test in An Anti-USI Operation 余堅忍醫師。博士。副教授婦女泌尿台北振興醫院婦產部 KEN-JEN YU, M.D., Ph.D. Associate Professor Urogynecology Cheng Hsin General Hospital Abstract A functional test of intraoperative coughs is presented in anti-SUI surgery of TOT procedure. The procedure had combined several specific techniques to achieve a promising result by local anesthetic infiltration and functional coughing test. There are 5-key points will be demonstrated in this video. 1) Preoperative education for creating a condition reflex to have a good communication between patient and surgeon. 2) Local anesthesia with a dilute Lylocaine solution (20ml 2% lylocaine + 80ml N/S + 1ml pitress-20U). 3) The tension of sub-urethral tape was adjusted with a serial coughs in semi-sitting position with full bladder. 4) The Foley and vaginal gauze can be removed soon after back to ward. 5) A post-operative voiding diary should be used to evaluate the status of voiding function.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：V25	腹腔鏡恥骨梳勒帶懸吊手術之術後膀胱出口堵塞 Bladder outlet obstruction after laparoscopic pectopexy 蕭郁儒 ¹ 楊采樺 ¹ 莊斐琪 ¹ 黃寬慧 ¹ 高雄長庚醫院婦產部 ¹
臨時稿件編號：0654	
論文發表方式：影片展示	Background Advanced pelvic organ prolapse is a common cause of female bladder outlet obstruction. Restoration of pelvic support via conservative treatment or operation usually relieve the obstructive symptoms. De novo lower urinary tract symptoms may occur after operation, however, persistent urinary retention following the operation is rare. Herein, we reported a patient with vaginal vault prolapse with bladder outlet obstruction, who received laparoscopic pectopexy for pelvic reconstruction treatment. Persistent urinary retention and unable to void was noted after operation. Patient and methods This is a 59-year- old woman with 3 vaginal deliveries. She received hysterectomy due to uterine fibroid at age 40. She complained of bearing down sensation for more than 10 years, such discomfort worsens recently. In addition, urinary frequency and incomplete voiding sensation were also noted. Multichannel urodynamic study showed pelvic organ prolapse with bladder outlet obstruction. After thorough counseling, she received laparoscopic pectopexy for reconstruction. Results After operation, urinary retention was noted in the immediate postoperative course. She was discharged with Foley catheter indwelling. Foley catheter was removed on postoperative day 14 during outpatient follow up, however, she was still unable to void, and was under clear intermittent catheterization in home. Video urodynamic study was arranged 2 months after operation. The patient could not void on the examination table. Under fluoroscopy, the bladder seems to be divided into upper and lower parts by the mesh. After discussion with the patient, she decided to remove the mesh. Before removing the mesh, cystoscopy revealed an obvious band traversing the middle of the bladder, involving the trigone area. The patient was able to void after mesh removal, and is now under follow up in our clinic. Conclusions Persistent urinary retention is rare after pelvic reconstruction operation. Iatrogenic bladder outlet obstruction should be considered if clear temporal relationship of the symptoms to the index surgery. Videourodynamic study provides real time imaging and help in differential diagnosis. Removal of mesh may be necessary and the outcome is usually satisfying.
論文歸類：婦女泌尿	

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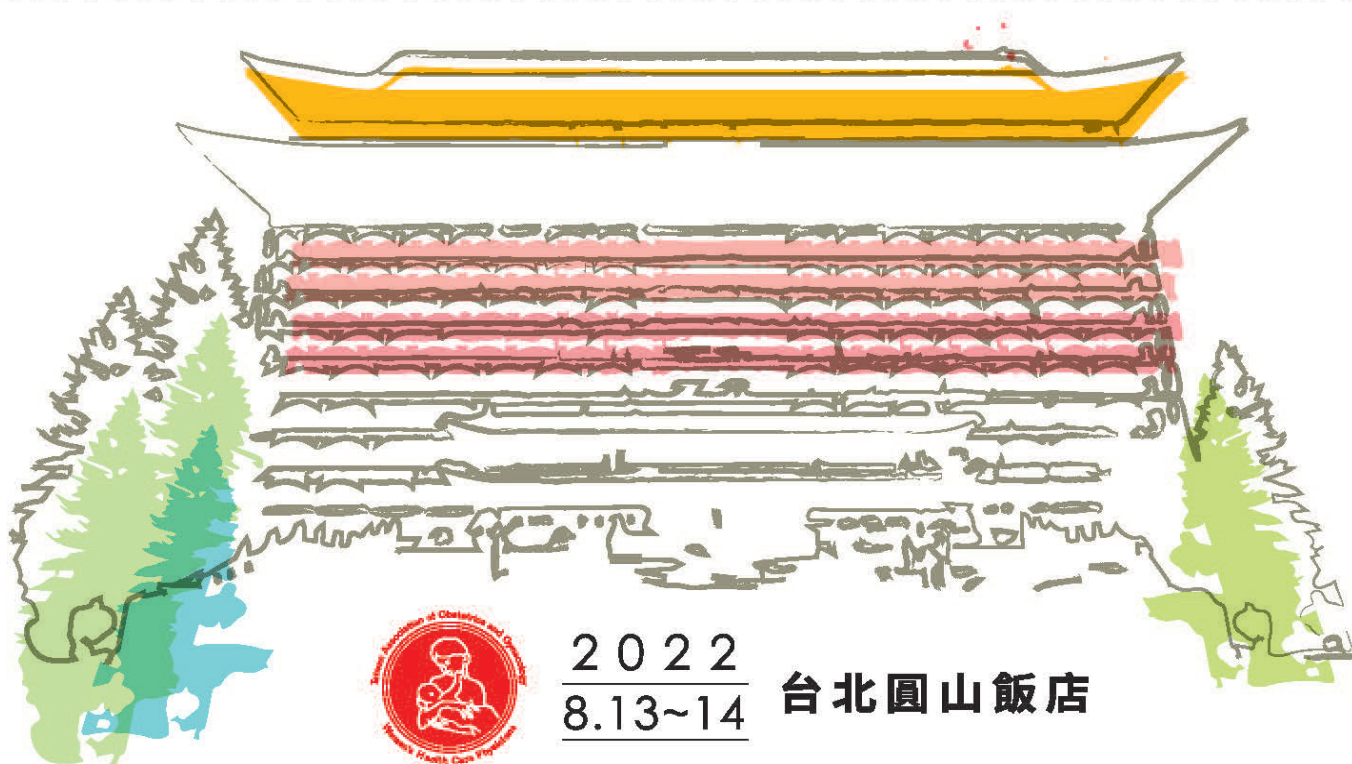


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台北圓山飯店



海報展示

E-Poster 摘要

台灣婦產科醫學會 111 年度年會暨學術研討會
論文摘要

稿件編號：E001	<p>結合影像資訊及分子檢測之分析流程以幫助貝克威斯-韋德曼氏症的產前診斷 A Proposed Flow Chart by Integration of Image and Molecular Modalities to Facilitate Prenatal Diagnosis of Beckwith Wiedemann Syndrome</p> <p><u>陳明</u>^{1,2,3,4,5} <u>馬國欽</u>¹ 彰化基督教醫院基因醫學部¹ 臺大醫院基因醫學部² 台大醫學院婦產科³ 清華大學醫學科學系⁴ 中興大學醫學院籌備處⁵</p>
臨時稿件編號：0353	
論文發表方式：海報	<p>Beckwith-Wiedemann Syndrome (BWS) is a multisystem malformation disorder with variable clinical manifestations and heterogeneous genetic etiology. Patients typically present with macrosomia, macroglossia, abdominal wall defects, hemihypertrophy, visceromegaly, and a predisposition to tumor development during early childhood. Nevertheless, there are no consensus criteria for prenatal diagnosis of BWS because some cardinal features are difficult to be detected in fetuses. The underlying causes of BWS are associated with epigenetic and genetic aberrations in the chromosome 11p15.4p15.5 region. Examination of molecular anomalies provides an alternative method for prenatal diagnosis of this complex disorder. In this study, we present three BWS patients and detail their clinical histories, prenatal ultrasonographic features, and results of molecular diagnosis. By incorporating the findings of these cases and literature review, we summarize the genotype-phenotype association of fetal BWS and propose a flowchart for prenatal diagnosis of BWS.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會
論文摘要

稿件編號：E002	<p>在常規產房中減少傳播 SARS-CoV-2 感染的產科措施 Obstetric measures to decrease dissemination of SARS-CoV-2 infection in the conventional labor room</p> <p><u>陳惠華</u>¹ <u>楊詩顏</u>¹ <u>彭福祥</u>¹ <u>蕭聖謀</u>¹ 亞東紀念醫院¹</p>
臨時稿件編號：0366	
論文發表方式：海報	<p>Coronavirus disease-2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has become a global pandemic, including Taiwan. In our hospital, pregnant women in labor are allowed to enter the labor ward without outdoor triage screening to avoid delay in the management of delivery. Thus, it should be prudent for caring every pregnant woman in labor with specific obstetric measures to decrease SARS-CoV-2 virus dissemination. Herein, we would like to report our obstetric measures.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會
論文摘要

稿件編號：E003	<p>FOXM1 基因在妊娠糖尿病患者週邊血及臍帶血中之表現 The correlation of forkhead box protein M1 (FOXM1) between gestational diabetes mellitus maternal peripheral blood and neonatal umbilical cord blood</p> <p><u>陳涵英</u>¹ <u>林芯仔</u>¹ <u>李建南</u>¹ 台大醫院婦產科¹</p>
臨時稿件編號：0367	
論文發表方式：海報	<p>Objective: FOXM1, known as a transcription activator, was reported to be essential for the beta-cell expansion and glucose homeostasis during the pregnant period in mice model. In this assay, we assumed that human shared the same mechanism what animal model suggested. We aim to find the correlation of FOXM1 and gestational diabetes mellitus in pregnant women.</p> <p>Materials and methods: Subjects were recruited and collected from a single tertiary medical center in Taiwan. Maternal peripheral blood was retrieved upon admission for labor. The postpartum cord blood was harvested within 5 minutes after delivery of the fetus to test the FOXM1 mRNA expression level, and test glucose, insulin and C-peptide protein concentration at the same time.</p> <p>Conclusion: This is the first study that proven there is relationship between FOXM1 and GDM in human. However, the exact linear correlation is still unknown, but this study certainly is a start for further research.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會
論文摘要

稿件編號：E004	<p>以羊水過多為表現的 anti-c 紅血球異體免疫胎兒溶血性貧血-- 案例報告與文獻回顧 fetal hemolytic anemia caused by anti-c alloimmunization presenting as polyhydramnios</p> <p><u>吳允佳</u>¹ <u>吳琬如</u>^{1,2,3} <u>楊琨音</u>¹ <u>郭夙峯</u>⁴ <u>王世忠</u>⁵ <u>陳明</u>^{1,2,6,7,8,9,10} 彰化基督教醫院婦產部¹ 彰化基督教醫院基因醫學部及醫學遺傳中心² 國立中興大學轉譯醫學博士學程³ 彰化基督教醫院檢驗科⁴ 彰化基督教醫院小兒血液腫瘤科⁵ 台大醫院基因醫學部⁶ 國立台灣大學醫學院婦產科⁷ 大葉大學生物醫學系⁸ 國立清華大學醫學科學系⁹ 國立中興大學醫學院籌備處¹⁰</p>
臨時稿件編號：0368	
論文發表方式：海報	<p>We introduced a case which had past history of fetal death due to severe hemolytic anemia in her last pregnancy. She underwent regular follow up with doppler ultrasonography MCA-PSV combined with maternal plasma irregular antibody titer. Rather than MCA-PSV higher than 1.5 multiple of medium (MoM) value, progressive unknown cause polyhydramnios was found during follow up. We took it as a sign of high-cardiac output as a result of fetal hemolytic anemia and termination of pregnancy was arranged for non-reassuring fetal heart beat after two courses of prophylactic antenatal steroid administration at GA 32+1 weeks. The infant underwent intensive care at NICU and diagnosed as neonatal hemolytic anemia caused by anti-c antibody. We review the article including 2000 Mari et al. took MCA-PSV by Doppler ultrasound more than 1.5MoM value a prediction of moderate-to-severe fetal anemia with a sensitivity of 100%, however prediction of fetal anemia by MCA-PSV ≥ 1.5 MoM value had a wide variation of sensitivity and specificity in the following studies. Thus, we indicated that closely monitor of all possible sign of fetal anemia necessary, in order to make the best decision for timely intervention for best neonatal benefit.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E005	快速進展之早發性雙胞胎輸血症候群: 案例報告 A case of early-onset rapid-progression twin-twin transfusion syndrome(TTTS).
臨時稿件編號： 0370	陳鳳凌 ¹ 東元綜合醫院 ¹
論文發表方式： 海報	Introduction: Monozygotic twins with an inner layer (amnion) surrounding the amniotic sac of each twin but only one common outer layer (chorion) surrounding both of the sacs are refer to as monochorionic, diamniotic (MCDA) pregnancies. This type of twinning occurs in 80-100 pregnancies annually in Taiwan. TTTS complicates about 8-15% of MCDA pregnancies. Somehow unbalanced blood flow through placental vascular anastomoses occur, leading to volume depletion in the donor twin, with oliguria and oligohydramnios, and to volume overload in the recipient twin, with polyuria and polyhydramnios. Quintero staging system quantify the severity of TTTS in five stages (Table 1). Case Report: A 22-year-old nulligravida Vietnamese woman without past medical history received prenatal exams in our hospital. Her last menstrual period was on May 7, 2019 and her due date would be on February 5, 2020. One gestational sac with two yolk sacs and two fetal poles were observed by transvaginal ultrasound on her first visit. The two amniotic sacs presented similar size of amniotic fluid pockets and estimated fetal weights of both fetuses were compatible with the gestational age on the sonar exam at 18 weeks' gestation. She was absent for the scheduled checkup at 20 weeks' gestation since she went abroad for family visit. However, she presented to emergency department due to progressive lower abdominal pain for 9 hours followed by vaginal bleeding at 21 weeks of gestation. Transabdominal ultrasound revealed that there was no fetal heart beat in both fetuses. Besides, oligohydramnios in one sac and polyhydramnios in the other sac were noted. On pelvic exam, her cervix was almost fully dilated. She delivered the twins vaginally on September 26, 2019. Twin A was pale with skin desquamation and weighed 305grams. Twin B looked hyperemic with skin desquamation, weighing 400grams. The pathological report confirmed the diagnosis of MCDA placenta (Fig. 1). The postpartum course was uneventful. One year later, she conceived with a singleton and delivered a male baby on October 30, 2021. Conclusion: We presented a case of rapid progression of TTTS from no ultrasonic evidence at all to stage V within less than 3 weeks at 21 weeks' gestation. TTTS is unpredictable in progression. Therefore, monochorionic twin pregnancies are suggested to be monitored for development of TTTS with ultrasound examination every two weeks, beginning at 16 weeks of gestation and continuing until the mid-third trimester. Earlier diagnosis and management may improve the mortality and morbidity outcomes associated with TTTS.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E006	血小板缺乏症與妊娠及新生兒－舊雨新知 Idiopathic thrombocytopenia purpura in pregnancy and newborn-case report and updates
臨時稿件編號： 0371	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 魏君卉 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
論文發表方式： 海報	Background: to report a case of idiopathic (immune) thrombocytopenia purpura (ITP) in pregnancy Case report: A 21-year-old girl, gravida 2 para 1, pregnancy 12 weeks, received regular prenatal care in our department as well as her previous pregnancy. Tracing back her history, she was told to have ITP since childhood and was referred to our medical oncology department for further treatment. The laboratory data were showed as table 1. Both of her pregnancies courses were uneventful except platelet and fresh frozen plasma transfusion before delivery. Both of the babies showed normal platelet after born. Discussion: ITP is diagnosed in approximately 1/1,000-10,000 pregnancies and accounts about 4-5% of all cases of pregnancy-related thrombocytopenia. It is the most common diagnosed in the first trimester (platelet count always below 70000 μ L, while the gestational thrombocytopenia generally presents much later in pregnancy (platelet count usually above 70,000). A slight drop in platelet count is normal in any pregnancy as blood volume expands. Platelets commonly fall 10% in the average pregnant woman and usually does not result in thrombocytopenia. Pregnancy is not contraindicated and approximately 1/3 of pregnant women with ITP will require treatment. Platelet count between 20,000-30,000 μ L can manage conservatively if there are no bleeding issues. For anesthesia, it is recommended to increase the platelet count to a minimum of 50,000-70,000 μ L for spinal anesthesia (>70,000 μ L for an epidural anesthesia). Vaginal deliveries can be safely performed at 30,000 μ L, > 50,000 μ L for Cesarean section is required. Mode of delivery in women with ITP should be based purely on obstetrical indications and vaginal delivery is safe for the baby. Treatments include typical first-line therapies such as corticosteroids and IVIG, or the combination for a synergistic affect. Maternal ITP in pregnancy comes with a 1/5 risk for thrombocytopenia in the newborn (NITP), and only about 4% of NITP are severe and life-threatening. Nevertheless, NITP of ITP mothers do not experience bleeding events while still in utero. A report enrolled 2017-2019, 180 pregnant women who were diagnosed with ITP prior to becoming pregnant. About 27.2% of babies born to mothers with ITP were thrombocytopenic, and approximately 10% of these neonates had severe thrombocytopenia (<30,000 μ L, more common among mothers whose ITP worsened during pregnancy). Only 2 NITP had bleeding complications, one was fatal, and both had a platelet count of <10,000 μ L. The study revealed NITP is more common among women who have had previous NITP and with worsening ITP. NITP should be treated if the platelet count is <50,000 μ L. The risk for serious bleeding complications is very low (approximately 1% overall). The risk for an intracranial bleed in NITP with severe thrombocytopenia (<30,000 μ L) is 0-1.5%, and it is self-limiting. If a newborn has persistently low platelet counts, beyond the first few months of life, it is advised to stop breast feeding for a short period of time for the possible that some of the anti-platelet antibodies are being passed to the baby through breast milk.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E007	母體的肥胖及高脂飲食將重塑胎盤及腸道微生物而導致胎兒代謝異常 Maternal high-fat-diet-induced placenta remodeling and gut microbiome shaping responsible for fetal liver lipid dysmetabolism
臨時稿件編號： 0373	王映文 ¹ 于鴻仁 ² 蔡景州 ¹ 高雄長庚紀念醫院婦產部 ¹ 高雄長庚紀念醫院兒科部 ²
論文發表方式： 海報	Background: Maternal obesity may affect fetal development in the uterus and cause metabolic problems during childhood and adulthood. Diet-induced maternal obesity can impair gut barrier integrity and change the gut microbiome, contributing to adverse placental adaptations and increasing the obesity risk in offspring. However, the mechanism through which maternal obesity causes offspring metabolic disorder must be identified. Methods: Eight-week-old female rats received a control or high-fat (HF) diet for 11 weeks before conception and persisted during gestation. The placentas were collected on the gestational day 21. Maternal gut microbiome, maternal short-chain fatty acids, placenta, and fetal liver tissues were studied. Results: Maternal HF diet and obesity altered the placental structure and metabolism-related transcriptome and decreased the expression of G protein-coupled receptor 43. HF diet and obesity also changed the gut microbiome composition and serum propionate level of dams. The fetal liver exhibited steatosis, enhanced oxidative stress, and increased acetyl-CoA carboxylase 1 and lipoprotein lipase subsequently in maternal HF diet and obesity. Conclusions: Maternal HF diet and obesity shape gut microbiota and remodel the placenta of dams, resulting in lipid dysmetabolism of the fetal liver, which may ultimately contribute to the programming of offspring obesity.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E008	剖腹產傷疤妊娠引發休克－處理原則 Cesarean section scar ectopic pregnancy induced shock – case report and update management
臨時稿件編號： 0374	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 魏君卉 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
論文發表方式： 海報	Background: to report a case of post medical abortion induced shock Case 1: A 36-year-old female, gravida 3 para 2, pregnancy at 7-8 weeks, visited our emergency department for persisted vaginal bleeding for about 2 weeks since medical abortion with RU-486. She was unstable vital signs and pending shock when arrival, and the ultrasound showed much blood clots over the low segment of uterus. Emergent laparotomy was arranged. A bulging mass over the cesarean scar was noted. Primary excision of the gestational site was done. The postoperation condition was uneventful. Case 2: A 37-year-old female, gravida 2 para 1, pregnancy at 6-7 weeks, was transferred from local medical department to our emergency for intractable vaginal bleeding and pending shock. Early intrauterine pregnancy was diagnosed before and persisted vaginal bleeding since then. The intra-uterine sac moved to the low segment of uterus and inevitable abortion was impressed. Curettage was done but in vain with massive bleeding and pending shock. Immediate laparotomy was done, and it showed gestational tissue with active bleeding below the cesarean scar. Local excision with bilateral uterine arteries ligation was done. Discussion: Cesarean scar ectopic pregnancy (CSEP) is a rare form of ectopic pregnancy of which the gestational sac is implanted within the cesarean scar (CS). The CSEP is one of the rarest forms of ectopic pregnancies range from 1/1800 to 1/2500 of all pregnancies. There was an increasing number of case reports and case series have been published in the last two to three decades due to the increasing rate of cesarean section. It can manifests as painless vaginal bleeding and often misdiagnosed as spontaneous miscarriage or cervical ectopic pregnancy. A misdiagnosis or a late diagnosis of CSEP can result in early uterine rupture with life-threatening maternal hemorrhage leading to hysterectomy. An early diagnosis is very important which offer conservative treatment (methotrexate) options that enable the preservation of the uterus. Surgical treatment or combined systemic and intragastrational methotrexate were both successful in the management. Nevertheless, the subsequent pregnancies may be complicated by uterine rupture. Recent research supports any method that removes the ectopic site with the scar to reduce morbidity and promote future fertility. Laparoscopic and transvaginal approaches are the options for CSEP treatment under certain circumstances. In one systematic review, 63% of CSEP women managed expectantly required hysterectomy for the management of life-threatening hemorrhage following spontaneous uterine rupture or abnormally adherent placenta. Although the risk of recurrent CSEP is low about 3.2–5.0%, women who intend to continue child-bearing should be informed of the potential serious sequelae of a recurrence. CSEP can have very fatal and poor outcomes, including uterine rupture, massive hemorrhage and maternal death. Thus, it is important that early and accurate diagnosis of CSEP is obtained in order to avoid complications and preserve fertility.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E009	極度早產及羊膜脫垂之產婦，拯救性子宮頸環緊可作為最後得拯救手段 Rescue cerclage, the final shot for rescuing preterm labor fetus with gestational sac prolapse to the vagina 黃士庭 ¹ 余慕賢 ¹ 三軍總醫院 ¹
臨時稿件編號：0376	
論文發表方式：海報	The patient is a 30 years old female without history of perterm birth. She transferred to our hospital due to pregnancy 19 1/7 weeks with cervical incompetence. Trans-abdominal sonography was prescribed at arrival which revealed protruding gestational sac. Rescue cerclage was performed and after the procedure, trans-vaginal sonography was recheck with 2.6cm of cervical length. The patient was discharged 1 week after the surgery and she return to our hospital and delivered a late-preterm baby with gestational age of 35 3/7 weeks. After review article, rescue cerclage revealed good pregnancy outcome for the patient with protruding sac who without history of preterm. The intervention-to-deliver time revealed around 50 days according to several articles. Here, we reported a patient with intervention-to-deliver time with 115 days which was 2 times longer than the previous article which may due to different in surgical procedure and post operative care.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E010	植入性胎盤剝離產術中一站式和兩段式子宮動脈栓塞術的直接比較-三級轉診醫院同月發生的兩則案例報告 Head-to-Head Comparison of One-Stop and Two-Staged Intraoperative Uterine Artery Embolization during Cesarean Delivery with Placenta Accreta: Report of Two Cases Occurred at Same Month in a Tertiary Referral Medical Center 林祖薇 ¹ 李唯揚 ² 黃元俊 ² 吳琬如 ¹ 陳明 ¹ 彰化基督教醫院婦產部 ¹ 彰化基督教醫院放射部 ²
臨時稿件編號：0379	
論文發表方式：海報	Introduction: Placenta accreta spectrum (PAS) described the anchoring placental villi attached or penetrate into/through the myometrium. PAS is clinically important because of the unpredictable bleeding amount when manually removed the defective decidualization at the endometrial-myometrial interface. Therefore, a multidisciplinary strategy for cesarean delivery with PAS is crucial. Postoperative embolization after cesarean hysterectomy in a hybrid suite was studied by many scientists. In this study, we demonstrated two cases of intraoperative embolization without hysterectomy in a hybrid operating room for cesarean delivery with placenta accreta. Case descriptions: Two cases got the pregnancy by in vitro fertilization frozen embryo transfer (IVF-FET). The characteristics were listed in table 1 and placenta previa had been noted since third trimester. The features of sonography and MRI findings were showed in Figure 1A and 1C (case 1), Figure 1B and 1D (case 2), and Table 1. Due to placenta previa with suspicious accreta, scheduled classical cesarean sections were arranged in conventional operating room (OR) on case 1 and Hybrid OR on case 2 respectively. After baby was delivered, uterus was repaired by one-layer continuous method and umbilical cords was fixed at uterus with compression suture (Figure 2A). Hypotension (80/35 mmHg) was noted in case 1 and two packs of leukocyte-reduced red blood cell was transfused intraoperation. Case 1 was transferred to radiology department for uterine artery embolization (UAE). Case 2 started UAE immediately after the hemostasis. Gelfoam particles mixed with cefazolin were used until vascular flow stasis by the same radiologist (Figure 3 for case 1 and Figure 4 for case 2). After UAE, case 1 was transformed to general anesthesia before delivery of the placenta because of severe pain. While general anesthesia was performed initially in case 2 due to previous experience but there was still some placenta tissue left in situ. Lynch suture of the uterus was followed (Figure 2B for case 1 and Figure 2C for case 2). Although mild pulmonary edema was noted in case 1. Both cases had been discharged under stable conditions. Conclusion: A hybrid suite was time-consuming and decreased the risk of morbidity due to need not to reposition and transfer patient.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E011	針對高出血風險妊娠預防性總髂動脈栓塞之決策流程-兩年回溯性研究 A theoretical analysis of prophylactic common iliac arterial occlusion for potential massive bleeding during cesarean delivery: Decision-making considerations — A 2-year retrospective study 趙偉廷 ¹ 葉長青 ¹ 王鵬惠 ¹ 洪煥程 ¹ 臺北榮總婦女醫學部 ¹
臨時稿件編號：0381	
論文發表方式：海報	Objective: According to the American College of Obstetricians and Gynecologists, there has been a rapid increase in the total cesarean birth rates. The rate of placenta accreta is increasing, and previous cesarean delivery is the most common risk factor. Labor is a major challenge in cases with an abnormally invasive placenta, considering the risk of massive blood loss during cesarean delivery and patient wishes for uterine preservation. Materials and methods: We retrospectively obtained clinical data and surgical outcomes of high-risk cases of placenta previa totalis and placenta accreta admitted between March 2018 and September 2020. A multidisciplinary discussion was conducted before surgery. We also constructed an organizational flowchart detailing this decision-making process. Results: Patients who underwent cesarean delivery for suspected placenta accreta or placenta previa totalis with clinical risk factors were reviewed. No patient required an emergency hysterectomy or intensive care unit admission. Conclusion: We shared our experience of multidisciplinary decision-making by presenting high-risk cases of placenta previa totalis with clinical risk factors or suspected placenta accreta. Based on our multidisciplinary decision-making process, all patients were discharged without complications.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E012	產前基因晶片診斷胎兒 Williams-Beuren 症候群 Prenatal diagnosis of de novo Williams-Beuren syndrome by microarray-based comparative genomic hybridization 彭秀慧 ¹ 張舜智 ¹ 閻河晏 ¹ 唐耀龍 ¹ 李彥璋 ¹ 游舒涵 ¹ 李汶芳 ¹ 江啟源 ¹ 許晉婕 ¹ 鄭博仁 ¹ 林口長庚醫院婦產科 ¹
臨時稿件編號：0383	
論文發表方式：海報	Abstract Objective Prenatal diagnosis of segmental amplification or deletion by microarray-based comparative genomic hybridization (array CGH) is uncommon. We report a case of fetal de novo Williams-Beuren syndrome diagnosed by prenatal array CGH. Material and Method We present a 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 Williams-Beuren syndrome. Clinical data on maternal age, fetal karyotyping, array CGH findings, sonographic findings, pregnancy outcome were obtained by chart review. Results A 31 y/o pregnant woman, she received amniocentesis at 22 weeks of gestational age due to fetal anomalies noted by prenatal ultrasound, with the presentations of fetal ventricular septum defect 0.2cm and umbilical cord consisting of one artery and one vein. The result of fetal karyotype showed 46, XY and array CGH showed 7q11.23 (72766313_74133332) x1, with Williams-Beuren syndrome. Maternal and paternal array CGH are normal. She decided to termination of pregnancy and delivered a dead male fetus with 760 gm. Congenital heart disease is associated with chromosomal anomalies, mostly trisomy 21, trisomy 18, trisomy 13, and 22q11 microdeletion. Fetuses with congenital heart disease are at increased risk of additional genetic anomalies including microdeletion or microduplication, such as Williams-Beuren syndrome (7q11.23), Potocki-Lupski syndrome (17p11.2 duplications), 8p deletion, 15q11.2 deletion, 16p 11.2 duplication, or monogenetic anomalies, such as Noonan syndrome. The phenotypic features of 7q11.23 deletion varied in fetuses, children and adults, which are influenced by the genes, deletion size and breakpoint. In our case of de novo microdeletion in chromosome 7q11.23 (72,766,313-74,133,332), the prenatal presentation included ventricular septum defect with umbilical cord consisting of one artery and one vein. 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 111 年度年會暨學術研討會 論文摘要	
稿件編號：E013	台灣地區產後憂鬱症與自殺行為之風險 Postpartum depression association of maternal suicide: a nationwide study in Taiwan 李易良 ^{1,2,3} 白尹琄 ^{4,3} 簡茂鑑 ⁴ 武國璋 ^{1,2} 張芳維 ^{1,2} 林啟康 ^{1,2} 尹長生 ^{1,2,3} 國防醫學院 ¹ 三軍總醫院婦產部 ² 康寧財團法人康寧醫院 ³ 國防醫學院生命科學所 ⁴
臨時稿件編號：0384	
論文發表方式：海報	Background: The strong association between postpartum depression and postpartum maternal morbidity and mortality in Western countries has been established; Suicide accounted for one of the leading causes of maternal mortality; however, whether the relationship can be generalized to the Asian population is unknown. Methods: In the current study, we used the Taiwan National Health Insurance Research Database, which enrolled 2,882 mothers who delivered their child and were diagnosed with postpartum depression from 2010 to 2015. Postpartum depression was assessed in the definition of ≥ 3 inpatient or outpatient visits. Postpartum depression (ICD-9-CM code: 648.4), Delivery (ICD-9-CM code:650-659), and suicide (E950-E959) were identified during the follow-up period to the end of 2015. Results: In all, suicide events were identified in 290 mothers(10.06%) with postpartum depression group over the 15 years follow-up period. Postpartum depression with Delivery was found to be related to increased risks of maternal suicide with hazard ratios (HRs) ranging between 20.051 (95% CI, 6.21–64.7333). In Cox regression, associations of suicide were also seen in subgroups of symptoms of anxiety and depression with hazard ratios (HRs) ranging between 3.053 (95% CI, 1.921–4.852) and 3.53(95% CI, 1.921–4.852). Conclusions: Per these findings, clinicians and health care providers should closely monitor the mental health condition of postpartum women and especially in the group present with anxiety and depression.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E014	水泡型先天性魚鱗癬樣紅皮症：從胎兒到新生兒 Epidermolytic Ichthyosis: From Fetus to Newborn 黏西澄 ¹ 曾振志 ¹ 林俐伶 ¹ 臺中榮民總醫院婦女醫學部 ¹
臨時稿件編號：0385	
論文發表方式：海報	A 31-year-old woman, primigravida, with a dichorionic diamniotic twin pregnancy, had one of her twins (twin B), developing snowflake-like linear materials in the amniotic fluid cavity since 22 weeks of gestation. Two baby boys were delivered at 37 weeks of gestation through an elective Cesarean section. Physical examination of twin B showed palmoplantar keratoderma, generalized erythroderma, blistering and erosive skin over perioral, abdomen, back and extremities. Skin biopsy revealed marked hyperkeratosis with hypergranulosis and superficial vacuolation, resulting in epidermal separations between the spinous and granular layers. A diagnosis of epidermolytic ichthyosis with keratin-1 mutation was made by genetic analyses. This autosomal dominant disorder was not reported in her family history. The surgical debridement was performed two days later. He was discharged on day 50 and treated with secukinumab and antibiotics during half-year follow-up till now. He may suffer from disfigurement and pungent body odors throughout life.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E015	早發性重度子癇前症合併急性發作之 HELLP syndrome: 案例報告與文獻回顧 Early-Onset Preeclampsia with Severe Features and Acute-onset HELLP syndrome: A case report and Literature Review 廖建騰 ¹ 徐英倫 ¹ 嚴嘉琪 ¹ 彭依婷 ¹ 郭恬妮 ¹ 林鏡川 ¹ 奇美醫學中心 ¹
臨時稿件編號：0387	
論文發表方式：海報	Preeclampsia is a multisystem progressive disorder characterized by the new onset of hypertension and proteinuria or the new onset of hypertension and significant end-organ dysfunction with or without proteinuria in the last half of pregnancy or postpartum. It is caused by placental and maternal vascular dysfunction and resolves after delivery over a variable period of time. We had a case of 44-year-old, G2P2AA1, woman with singleton pregnancy while gestation age 26+4 weeks. She received regular prenatal examination in the local medical department and got no specific problem. She presented initial symptoms with headache, vomiting, and epigastric pain after cookie intake in the morning of her presenting day. For above problem, she was sent to out emergency department at the same day. Laboratory data at time of 7 o'clock on her presenting day revealed elevated serum AST(556U/L), ALT(567U/L), and leukocytosis(WBC 11.5K/uL) but no hyperbilirubinemia(Bil Total 0.28mg/dL). Also proteinuria(1000mg/dL) and pyuria were noted. Severe initial hypertension (222/121mmHg) with persisted hypertension (167/106mmHg) at 4 hours later were noted. Bilateral low legs pitting edema was noted and was in recent one week described by the patient. Also transabdominal ultrasonography showed singleton pregnancy with estimated fetal body weight as 890gm in breech presentation without evidence of structure abnormality, placenta abruption, absent/reverse end-diastolic velocity of umbilical cord artery. For initial impression of preeclampsia with severe features, she was hospitalized for advanced care and evaluation. After admission, intravenous MgSO4 and betamethasone were prescribed. Fetal monitor showed normal fetal heart beat with good variability and no obvious uterine contraction. However oliguria and persisted gingiva bleeding for a few hours was noted just after the admission. Follow-up laboratory data at the time of 19 o'clock of 1st day of hospitalization showed flare-up serum liver enzymes(AST 2501 U/L and ALT 1257 U/L), hyperbilirubinemia(Bilirubin Total 4.65mg/dl), elevated serum BUN level (BUN 22mg/dL), elevated serum LDH(3293U/L), and thrombocytopenia (Platelet 40K/uL). For impression of preeclampsia with severe features and severe HELLP syndrome, emergent Cesarean delivery was performed on the same day. During Cesarean operation, an alive preterm male baby with body weight 750gm and Apgar score: 5' (1 min) to 7' (5min) was delivered and maternal disseminated intravascular coagulation was noted. After operation, she was transferred to the intense care unit for advanced evaluation. And Her skin jaundice and laboratory data including serum liver enzymes thrombocytopenia were improved after the operation. For her relative stable condition, she was transferred to the ordinary ward at 4th day after the operation. She was discharged with stable condition after 7-day hospitalization.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E016	合併帆狀臍帶附著異常之產中臍帶破裂的病例報告 Intrapartum rupture of umbilical cord associated with velamentous cord insertion, a case report 夏立忻 ¹ 廖韻涵 ¹ 中山醫學大學附屬醫院 ¹
臨時稿件編號：0393	
論文發表方式：海報	Velamentous cord insertion is a rare anomaly in the umbilical cord. It prevails in only 1% singleton pregnancy, but significantly increases risk in severe perinatal events, most notably adverse fetal outcome secondary to compression or even tearing of the cord. Firstly, we present this case of this patient who underwent emergent Cesarean section due to fetal distress during induction of labor. Velamentous cord insertion complicated with cord rupture was noted intraoperatively. Secondly, we reviewed the literature to delineate the pathophysiology of fetal injury, which includes hypoxic-ischemic encephalopathy and respiratory failure, in this condition. Due to the unique anatomy of the blood vessels in the umbilical cord, they are prone to constriction at intrapartum severing of the cord, and instead of exsanguination, the fetus is predispose to ischemia and hypoxia. Lastly we discuss the differential diagnoses of non-reassuring fetal status and intrapartum bleeding, and interventions to improve neonatal outcome. 1. Buchanan-Hughes A, Bobrowska A, Visintin C, Attalakos G, Marshall J. Velamentous cord insertion: results from a rapid review of incidence, risk factors, adverse outcomes and screening. Syst Rev 2020;9:147. 2. Nagao T, Kuriyama E, Sato A, Yamanaka M. Velamentous cord insertion ruptured during labour leading to acute fetal blood loss. BMJ Case Rep 2021;14. 3. Walker C, Ward J. Intrapartum umbilical cord rupture. Obstet Gynecol 2009;113:552-4.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E017	孕期中脂肪代謝、類胰島素生長因子-1 和胎兒過度生長 Maternal Plasma Lipids During Pregnancy, Insulin-like Growth Factor-1, and Excess Fetal Growth 王利婷 ¹ 陳冠宇 ² 林芯仔 ¹ 李建南 ¹ 李弘元 ² 國立台灣大學附設醫院婦產部 ¹ 國立台灣大學附設醫院內科部 ²
臨時稿件編號：0395	
論文發表方式：海報	Maternal lipids during pregnancy and placental growth factors are associated with excess fetal growth. However, how these factors interact to increase the risk of delivering large-for-gestational-age (LGA) neonates remains unclear. In this study, we investigated the relationship between maternal plasma triglycerides (TGs) and free fatty acids (FFAs) during pregnancy, cord blood insulin-like growth factors (IGF), and LGA.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E018	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 ¹ 蕭國明 ¹ 黃莉文 ¹ 新光醫療財團法人新光吳火獅紀念醫院 ¹
臨時稿件編號：0410	
論文發表方式：海報	OBJECTIVE: The primary aim of this study is to investigate the relationship between vitamin D serum level and the incidence of postpartum hemorrhage (PPH). The secondary objective is to determine the relative risk of low vitamin D associated with PPH. METHODS: This was a retrospective observational study. A total of 600 women who had delivered their babies in a single tertiary teaching hospital were enrolled. Serum blood test for 25(OH)D was performed at 35+0 to 36+6 weeks of pregnancy to measure vitamin D. A 25(OH)D level < 20 ng/mL was defined as vitamin D deficient, and a level 21–29 ng/mL as insufficient. RESULTS: Vitamin D levels were deficient in 145 (24.1%) and insufficient in 254 (42.3%) of the women tested. Women with deficient and insufficient vitamin D levels were significantly younger than those with sufficient vitamin D levels (p < 0.001). The overall rates of PPH in the deficient and insufficient groups were 6.9% and 6.7%, respectively, and were significantly higher than the rate of the normal vitamin D group (1.5%, p = 0.009). Women with sufficient vitamin D levels had significantly higher hemoglobin levels than those with low vitamin D levels. Increased vitamin D levels were associated with a significantly low risk of PPH (AOR: 0.93, CI: 0.89–0.98, p = 0.006). CONCLUSION: Our results suggest that a low vitamin D level is a risk factor for PPH. Thus, antepartum care should include vitamin D supplements for all women if possible.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E019	利用三親全外顯子定序診斷罕見 RTTN 基因突變造成小腦症病變 Diagnosis of fetal microcephaly resulted from RTTN mutation by Tri-Whole Exome sequencing 莊羽豐 ¹ 吳琬如 ¹ 張庭譽 ² 馬國欽 ² 黃惠婷 ¹ 陳明 ^{1,2} 彰化基督教醫院婦產部 ¹ 彰化基督教醫院基因醫學部及醫學遺傳中心 ²
臨時稿件編號：0413	
論文發表方式：海報	Introduction Central nervous system (CNS) anatomy screening is an import part of in antenatal sonographic examination. Congenital CNS malformation is the most common site in major congenital anomaly, about 10 per 1000 live birth. Microcephaly was defined as a head circumference (HC) is more than 2 SD below the mean. The genetic cause of microcephaly, such like primary autosomal recessive microcephaly, may be rare inherited condition. Searching the genetic disorder information on Online Mendelian Inheritance in Man (OMIM), there are 1619 results with clinical syndromes associated with microcephaly as of June, 2021. Exclusion of the cause of chromosome abnormalities that cause microcephaly, it is difficult to focus only some specific genes for diagnosis. Therefore, whole-exome sequencing is a powerful stool to identify the cause of fetal microcephaly. Herein, we presented a case of congenital severe microcephaly and the parents decided to terminate of pregnancy. After delivery the abortus, the specimen was collected for chromosome study and whole exome sequence. Karyotype revealed normal. However, whole exome sequence revealed point mutation on RTTN gene, which cause fetal brain development defect. Case A 30-year-old singleton pregnant woman, gravida 1 para 0, gestational age 23 weeks and 3 days when first visit, was transferred to Genetic Department, Changhua Christian Hospital for further evaluation. The couple declined any chronic or inherited diseases as well as consanguineous marriage. She had regular antenatal care at local hospital and was referred to our hospital due to fetal central neural system (CNS) anomaly. At visit, the sonographic scan showed 4.23 cm in bilateral parietal diameter (BPD), and 15.11 cm in head circumference (HC), which were only compatible with gestational age 18 weeks, below 1 percentile. Relatively, the abdominal circumference (AC) and femur length (FL) was compatible with gestational age 21 weeks. There were other defects noted at fetal brain, including cerebellum hypoplasia and absence of cavum septi pellucidi. The binocular distance (BOD) was also decreased, only 3.12cm, below 1 percentile. In conclusion, the fetus presented microcephaly, micrognathia, and consequently facial profile sloping forehead. After non-directive counselling the patient decided to termination the pregnancy. The muscular tissue from the abortus taken for further study in order to decipher the genetic etiology. Postmortem autopsy was also arranged. The chromosomal study showed normal female karyotyping (e.g.: 46,XX). Then, whole exome sequence were applicated. The parents' peripheral blood was also collected for trio analysis. Whole-exome sequence report was complete 3 months later. The analysis covered sequencing results from a trio family, including the abortus and unaffected parents. The result are 2 variants. One is hg38 chr18
論文歸類：產科	

	g.70139597A>C:NM_173630.4:exon21:c.2788+2T>G. Chromosome 18 has point mutation at chr18 g.70139597, and the nucleotide A is substituted by C. Coding DNA also has consequently change at 2788, which nucleotide T is substituted by G. The maternal result is also heterozygous. Therefore, this variant was derived from the mother. According to SIFT/Polyphen2-Hvar Mutation impact prediction analysis, the variant has no derivative protein change and no affected protein domain. Another one variant is hg38 chr18 g.70127521A>T:NM_173630.4:exon25:c.3364T>A:p.W1122R. There is variant at chromosome 18: 70127521, the nucleotide at reference position A is substituted by T. Consequently, the coding DNA has also changed and amino acid sequence 1122 Tryprophan is changed by Arginine. This variant also was found in paternal result, revealing the variant is deriving from father. According to SIFT/Polyphen2-Hvar Mutation impact prediction analysis, the change of protein sequence may affect protein Armadillo-like helical. The SIFT is deleterious and Polyphen2-Hvar showed damaging. According to the reference data base, this variant is RTTN gene, and the affected protein is Rotatin.
	Discussion RTTN mutation was first reported in 2012 and the case was in a three-members-family from Turkey. Most of cases with RTTN gene mutation were found in the country where allowed consanguineous mating. The location of the gene is at 18q22.2. RTTN is a protein coding gene. Among animal experiment, rotatin mutant has randomized heart looping, changes in neural plate and somatic development, revealing rotatin is essential to axial rotation. Rotatin is specified for ciliary function and axial rotation. Therefore, it has importance in notochord in early pregnancy and neurodevelopment. The phenotypes of RTTN mutation include short stature, epilepsy, microcephaly, and polymicrogyria. In this study, we checked chromosome abnormality first. Although chromosomal microarray was neglected in the case, the results of trio-WES was compatible with phenotyping. Therefore, we considered the compound heterozygosity in RTTN gene is meaningful for the family. Conclusion WES with trio-analysis is a powerful tool to notice the inherited risk to the offspring thus further IVF with PGT-M was anticipated for the risky family.

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E020	比較減痛分娩專責護理人員對產婦疼痛及滿意度之影響 Involving a Dedicated Epidural-Caring Nurse in Labor Ward Practice Improves Maternal Satisfaction towards Childbirth 蘇筠涵 ¹ 台中榮民總醫院婦女醫學部 ¹
臨時稿件編號：0414	
論文發表方式：海報	Background: Neuraxial analgesia for labor pain control should ideally be readily available when requested. In real-world practice, the anesthesia team sometimes fails to react to maternal demands immediately. To improve care quality, a dedicated nurse (DN) was recruited. This study aims to evaluate whether the involvement of a DN in epidural care results in higher maternal satisfaction. Methods: This retrospective cohort study was conducted in a single tertiary center. Medical records of women with singleton pregnancies above 36 gestational weeks who received neuraxial analgesia for vaginal deliveries between July 2020 and December 2020 were reviewed. Primary outcomes were maternal pain scores and satisfaction scores. Secondary outcomes were maternal, neonatal, and epidural-related complications. Results: 356 medical records were extracted. The DN was involved in 107 (30%) women's epidural care. The DN group had lower pain scores at requesting epidural analgesia (4.5 ± 2.0 versus 5.1 ± 2.2, p=0.032). Pain scores after epidural analgesia were even (1.7 ± 2.0 versus 1.8 ± 2.6). The satisfaction scores were higher in the DN group before epidural injection (4.7 ± 0.5 versus 4.5 ± 0.6, p=0.001), during epidural usage (4.7 ± 0.6 versus 4.5 ± 0.6, p=0.002), and at 24 hours postpartum (4.7 ± 0.5 versus 4.5 ± 0.5, p=0.001). No difference was found in maternal outcomes, neonatal outcomes, and epidural-related complications. Involving the DN was independently associated with higher postpartum satisfaction. Conclusion: Allocating a DN in epidural labor analgesia care raised maternal satisfaction and had no negative impact on maternal and neonatal outcomes.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E021	巨膀胱細小結腸蠕動不良症候群、泄殖腔外翻亦或膀胱管囊腫？產前檢查意外發現巨大會陰囊腫的一系列超音波追蹤與相關鑑別診斷探討 MMIHS, Cloacal exstrophy or Allantoic cyst ? The serial prenatal sonographic features of a case with giant perineal cyst. 丁筠 ¹ 吳佩紋 ¹ 吳琬如 ¹ 陳明 ¹ 彰化基督教醫院產部 ¹
臨時稿件編號：0423	
論文發表方式：海報	Objective : To present a case with giant perineal cyst found by prenatal ultrasound imaging, and to discuss the possible differential diagnosis. Materials and Methods : A 30-year-old, gravida 2, para 0, abortion 1 woman, visited our hospital at 14 weeks of gestational age due to prenatal ultrasound revealing a perineal cyst connecting to bladder. Her prior pregnancy ended in termination at 1st trimester under the impression of fetal polycystic kidney diseases. During the current pregnancy, Aspirin was prescribed for high risk of protein S deficiency. A hypochoic perineal cyst about 2*2cm in size was found at gestational age(GA)14 weeks. Chorionic villus sampling for karyotyping showed normal-appearing female chromosome complement. At GA 20 weeks, the cyst was 5*3*4cm in size, and seemly connected to the fetal bladder, which had normal configuration with two umbilical arteries around. Chromosomal microarray showed normal result. Specific gene test, ACTG2, association with megacystis-microcolon-intestinal hypoperistalsis syndrome (MMIHS) revealed no causative mutation except three benign/likely benign heterozygous variations (NCBI : rs702461, rs756128, rs891698) . The size of the cystic lesion progressed to 8*5 cm at 24 weeks of GA then shrank to 4*3cm with thick wall in appearance, which was suspected spontaneous rupture. Abnormal trend of umbilical vein around abdomen was also noted. Due to the above finding, though we cannot fully rule out cloacal exstrophy, allantoic cyst seemed a more likely diagnosis. At GA 28 weeks, the fetal magnetic resonance imaging (MRI) showed a 3.1 x 4.2 cm perineal cyst, slight distended urinary bladder and colon with mild hydrocolpos. The finding suspects the possibility of persistent cloaca with perineal cyst. She underwent regular antenatal care until the third trimester. Result : The patient is now pregnant at 34+4 weeks. The antenatal care observed GDM under diet control and aspirin use for protein S deficiency. The sonographic feature of the cystic lesion revealed no dramatic change - a hypochoic perineal cyst connecting to fetal bladder, with thick wall, suspect allantoic cyst. Small gestational age was also noted. We will keep the regular antenatal care until term. Discussion between patient, her family and all off the medical team members including obstetrician, pediatrician and pediatric surgeon should be made, to plan the delivery method and the following treatment of new born with congenital anomaly. Conclusion : The possible differential diagnosis of prenatal perineal mass based on it morphology and characteristics. For example, cloacal exstrophy is characterized by no visualization of the bladder due to its defects of the genitourinary system. On the other hand, megacystis with or without hydroureteronephrosis can be seen in about 88% of case with MMIHS. As for our case, communication between the bladder and the cyst since first trimester corresponds to the usual image presentation of allantoic cyst. Allantoic cyst results form a patent urachus, which allows extravasation of urine from the bladder into the base of the cord. In these cases, rapidly enlarging cyst may produce progressive obliteration of the blood flow within the cord, necessitating urgent delivery for a nonreactive fetal heart rate tracing with bradycardia and late decelerations. Urine leakage through the umbilicus had also been reported and postnatal surgical correction may be required. Early detection could help perinatologists to anticipate neonatal care requirement for the patients as well as provide the parents with physically, psychosocially and environmentally support.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E022	產前診斷 CDH2 基因突變所致多重器官發育異常之病例報告 Prenatal diagnosis of a de novo variant in CDH2 associated with agenesis of corpus callosum, ocular anomaly and a hypoplastic left heart 林鈺維 ¹ 陳其葳 ¹ 高雄榮民總醫院婦女醫學部 ¹
臨時稿件編號：0439	
論文發表方式：海報	A 27-year-old, gravida 1, para 0, woman was referred to our clinic at 26+6 weeks of gestation because of abnormal sonographic findings indicating brain and heart malformation in the fetus. Fetal echocardiogram revealed coarctation of the aorta with smaller left ventricle when compared with the right side of the heart. Sonograms showed absent cavum septi pellucidum and colpocephaly. Fetal MRI performed at 28+4 weeks revealed suspected partial dysgenesis of corpus callosum. She was born at 37+5 weeks of gestation via cesarean section. At the day 7 after birth, central corneal opacity in bilateral eyes was observed and the diagnosis of Peters anomaly was suspected. Brain MRI performed confirmed dysgenesis of corpus callosum with residual genu of the corpus callosum and with widely spaced lateral ventricles. Due to the unique combination of postpartum corneal opacification, along with multiple brain and heart anomalies, genetic survey was carried out. Parental karyotyping was normal and whole-exome sequencing identified a de novo variant in CDH2. As there was multiple organ involvement, with poor general quality of life, the patient's parents opted for comfort care and the patient passed away at 5 weeks of life.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E023	晚期早產雙胞胎妊娠中發現間腹式子宮肌瘤切除術後之無症狀子宮完全扭轉：罕見病例報告 Asymptomatic total uterine torsion after opened myomectomies presented in a late preterm twin pregnancy: a rare case report 王欣怡 ¹ 毛士鵬 ¹ 衛生福利部雙和醫院產部 ¹
臨時稿件編號：0442	
論文發表方式：海報	Background: A rare case of asymptomatic total uterine torsion was suspected secondary to opened myomectomies in a late preterm twin pregnancy. Case: A 41-year-old woman with twin pregnancy, at 36 weeks +3 days of gestation, presented with preterm premature rupture of membranes. Cesarean section was performed because of previously opened myomectomies. On entering the peritoneal cavity, dense adhesions were observed. After adhesiolysis, the uterine surface was exposed and incised, and the fetuses were delivered. We exteriorized the uterus and found it 180-degree twisted. Detorsion of the uterus and repair of incision of the posterior uterine wall were performed uneventfully. Conclusion: Asymptomatic uterine torsion may be secondary to abdominal surgery. Recognition of abnormal anatomy and immediate interventions are important in preventing future adverse events.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E024 臨時稿件編號：0447	<p>新冠肺炎下的產科防疫措施，對母嬰短期預後的影響 Changes in Women's Behavior and Obstetric Practice toward Childbirth in Response to Anti-pandemic Policies at a Tertiary Center Where No Pregnancy was Complicated with COVID-19.</p> <p>阮柏凱¹ 蘇修璋¹ 台中榮民總醫院婦產部¹</p>
論文發表方式：海報	<p>Background In response to a local outbreak of COVID-19 in Taiwan, women admitted to our labor and delivery unit (L&D) were requested to provide a negative SARS-COV-2 polymerase chain reaction report within 3 days prior to hospitalization; otherwise, they were managed in a negative-pressure room, and epidural anesthesia was prohibited. Besides, only one support person was allowed. Since the initiation of labor is usually unpredictable, these policies indirectly discouraged natural vaginal births. In consequence, many women opted for elective labor induction during the outbreak. The objective of this study is to investigate whether these practice changes caused any negative impact on maternal, fetal or obstetric analgesia outcomes. Methods This retrospective cohort study was conducted in a single tertiary center. Medical records of women with pregnancies above 36 gestational weeks who presented to our L&D for childbirth during the peak of local COVID-19 outbreak (May 17, 2021–July 10, 2021) were reviewed. Information regarding maternal characteristics, obstetric-related outcomes, neonatal outcomes and epidural-related complications were extracted. These outcomes were compared to our historical control in the previous year between 15 May 2020 and 10 July 2020, when the anti-epidemic policies hadn't been implemented. Results A total of 252 medical records were reviewed, including 128 women hospitalized during the local COVID-19 outbreak (the outbreak group) and 124 women from our historical control (the control group). No woman was diagnosed with COVID-19. 50.8% of women in the outbreak group received elective labor induction, compared to 13.7% in the control group, p<0.001. The mean gestational age at childbirth was significantly lower in the outbreak group (38+ 3/7 weeks ± 9.6 days, versus 39 weeks ± 6.7 days, p< 0.001). There was no difference in cesarean section rate or instrumental vaginal delivery rate or other obstetric outcomes. More newborns got admitted to our neonatal intensive care unit (NICU) during the outbreak (15.7% versus 6.6 %, p=0.019). Conclusion The anti-epidemic policies of the universal screening before hospitalization and the restriction of support person in our L&D resulted in significant changes in obstetric practices and NICU admission rate in a tertiary center where no pregnant woman was diagnosed with COVID-19. We encourage other obstetric care providers to re-examine their policies, taking into account the potential harms they might cause.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E026 臨時稿件編號：0462	<p>L1 syndrome: 透過外顯子定序診斷反覆性胎兒水腦症之病因 L1 syndrome: the diagnosis of recurrent congenital hydrocephalus by whole exome sequencing</p> <p>吳東穎¹ 吳琬如¹ 廖珮吟¹ 張庭毓¹ 馬國欽¹ 陳明¹ 彰化基督教醫院¹</p>
論文發表方式：海報	<p>Introduction: L1 syndrome is a X-linked, recessive disorder, primarily affects the nervous system of male individuals. It is caused by mutations in the L1CAM gene, which phenotypically characterized by X-linked hydrocephalus. We reported one family sustained L1 syndrome that presented with recurrent hydrocephalus and caused by L1CAM defects, which were finally identified by postmortem whole exome sequencing (WES). Case Report: The fetus was the second pregnancy of the healthy Taiwanese couple. They are not consanguineous. Their first male fetus ended in termination at 23 weeks of gestation due to severe hydrocephalus without further details information. At her second pregnancy, she was referred to our hospital at 20+5 weeks of gestation. At visit, severe hydrocephalus (Figure 1), agenesis of the corpus callosum and dilatation of third ventricular were detected by fetal ultrasound scan while clenched hands and feet were also noted (Figure 2, 3). The parents have no similar clinical manifestations. After non-directive counselling, the pregnancy was terminated at the 21+5 week of gestation per parents' request. In order to explore the possible genetic cause, we performed karyotype and aCGH to analyze the fetal blood sampling which showed normal male karyotyping (e.g. 46,XY) without segmental duplication nor deletions. Then, we conducted trio-whole exome sequencing for further evaluation. Since the familial pedigree seemed to show X-link inheritance (Figure 4), the whole exome sequencing revealed a potential disease-causing hemizygote variation in L1CAM gene. The L1CAM mutation, (NM_000425.5:exon16:c.2079C>A;p.N693K (p. R184Q)), was detected on the fetus. Alignments of the trio-WES captured reads spanning the L1CAM mutation in the women. It is a family of L1 syndrome inherited in a X-link recessive manner. Subsequent IVF+PGT-M was therefore guaranteed for the couple. Discussion: L1 syndrome shows an extremely variable presentation within and between families, which includes three clinical phenotypes: 1. X-linked hydrocephalus with stenosis of the aqueduct of Sylvius (HSAS). 2. MASA (mental retardation, aphasia, spastic paraplegia, adducted thumbs) syndrome. 3. X-linked complicated corpus callosum agenesis. The most consistent clinical signs in L1 syndrome is hydrocephalus with varying degrees of severity. The L1 cell adhesion molecule (L1CAM) gene, encodes the L1 cell adhesion molecule protein, involving in the central nervous system development. Its mutations result in L1 syndrome which is associated with brain malformation and nervous developmental delay. Conclusions: In summary, we documented a family sustained recurrent L1 syndrome which clinically presented with severe hydrocephalus. By the application of trio-WES, we identified the causative mutation in L1CAM gene and anticipate further PGT-M on the family. References: GeneReviews® [Internet]. Adam MP, Ardinger HH, Pagon RA, et al., editors. Seattle (WA): University of Washington, Seattle; 1993-2021. NORD gratefully acknowledges Joseph Kim, NORD Editorial Intern from the University of Notre Dame, and Connie Stumpel, MD, PhD, Department of Clinical Genetics, and School for Oncology & Developmental Biology (GROW), Maastricht University Medical (MUMC+), Maastricht, The Netherlands, for assistance in the preparation of this report. Taiwanese Journal of Obstetrics & Gynecology 59 (2020) 451e455</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E025 臨時稿件編號：0461	<p>產前超音波診斷胎兒腦部及心臟異常的病例報告 A case report for diagnosis of fetal anomaly of brain and heart at prenatal sonography</p> <p>蔡祥維¹ 李如悅¹ 高雄榮民總醫院婦女醫學部¹</p>
論文發表方式：海報	<p>Objective: To share a case of multiple fetal anomalies detected by sonography and finally diagnosed after the result of next generation sequencing.</p> <p>Case: A 26 years old pregnant nulliparous woman was referred to our hospital due to fetal anomalies. On our sonography, lateral ventricle and third ventricle of brain dilation and absent cavum septi pellucidi (CSP) were noted. MRI image confirmed lateral ventriculomegaly and suspected partial agenesis of corpus callosum. There were also cardiac anomalies including right ventricular (RV) enlargement, left ventricular(LV) hypoplasia, aortic stenosis(AS), mitral stenosis(MR), tricuspid regurgitation(TR) and atrial septal defect(ASD). The patient received a cesarean section at pregnancy 37 weeks 5 days due to fetal cardiac anomalies. After delivery, a serial exam for the newborn was arranged. Cardiac sonography showed coarctation of aorta, enlarged right atrium and RV with TR, large patent ductus arteriosus (PDA) and patent foramen ovale(PFO). Brain sonography revealed corpus callosum nearly total agenesis and right ventriculomegaly. In addition, both eyes corneal clouding was noted accidentally, suspected Peter's anomaly. Biopsy of cornea showed inflammation instead of infection. The newborn received microarray-based comparative genomic hybridization(aCGH) using blood but there was no detectable abnormality. Next generation sequencing (NGS, Illumina NovaSeq) using blood samples showed s heterozygous variant of CDH2 c.650G>T (p.Gly217Val), which was likely pathogenic. The couple also received NGS and the same variant was not detected on CDH2 gene.</p> <p>Discussion: We searched Online Mendelian Inheritance in Man (OMIM), CDH2 had been record to be related to agenesis of corpus callosum, cardiac, ocular, genital syndrome and familial arrhythmogenic right ventricular dysplasia. In our case, the newborn meets the abnormalities including agenesis of corpus callosum, coarctation of aorta, tricuspid regurgitation and Peter's anomaly. During prenatal screening, we had seen agenesis of corpus callosum and anomalies of heart, but could not find out abnormality even with aCGH. Therefore, sonography in prenatal screening plays an important role in detection.</p> <p>Conclusion: We reported a rare case with multiple anomalies. The anomalies of brain and heart were noted prenatally, while corneal clouding was found after delivery. Based on aforementioned findings, genetic syndrome was highly suspected. We sought for exact diagnosis upon exams including microarray-based comparative genomic hybridization(aCGH) and Next generation sequencing (NGS, Illumina NovaSeq). Finally, the gene mutation of the newborn but the negative findings in parents indicates that it is a de novo mutation in their offspring. For the future plan of childbearing, it is an essential information for the couple to exclude hereditary disease. It is the advancing development of biotechnology nowadays that we could give exact diagnoses much more than before.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E027 臨時稿件編號：0477	<p>在單絨毛膜-單羊膜雙胎妊娠出現臍帶纏繞：病例報告 Monochorionic-monoamniotic twin pregnancy with Cord entanglement: A case report</p> <p>梁心怡^{1,2} 三軍總醫院婦產部¹ 台中國軍醫院²</p>
論文發表方式：海報	<p>The patient was a 27-year-old married woman with no history of systemic disease or surgical procedures. She was a monochorionic monoamniotic twin pregnancy. She presented to the obstetrical clinic for a level II ultrasound at 23 weeks of gestation. Transabdominal ultrasonography revealed monochorionic monoamniotic twin pregnancy with both female fetuses. Umbilical cord entanglement was found. She received regular prenatal examination and no obvious abnormality. However, the less fetal movement was found at 27 and 3/7 weeks of gestation. One fetal demise was noted via ultrasound. The patient underwent an emergent cesarean delivery at 27 and 4/7 weeks of gestation. The infant A was stillbirth. The infant B was very low birth weight (995gm) and was under PICU caring for 3 months. The mother was discharged home on post-operative day 5. The baby was discharged home and outpatient department follow-up.</p> <p>Monochorionic Monoamniotic (MCMA) twin pregnancies have been associated with perinatal mortality rates as high as 28 to 47%. Umbilical cord entanglements and knots, twin-to-twin transfusion syndrome, congenital anomalies, prematurity, and intertwin locking during labor are responsible for their high perinatal morbidity and mortality. Cord entanglement is a severe complication in monoamniotic multiple pregnancies which increased the risk of structural anomalies and unexpected fetal demise. Ultrasonography is very useful for the diagnosis of umbilical cord entanglements and counseling with parents. We report a case of cord entanglement in an MCMA twin pregnancy with a single fetal demise.</p>
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E028	孕婦合併膽道結石:案例報告及文獻整理 Pregnant woman complicated with gallstone disease : case report and literature review 鄭凱元 ¹ 康介乙 ¹ 黃國峯 ¹ 孫怡虹 ¹ 林俊宏 ¹ 奇美醫學中心 ¹
臨時稿件編號：0479	
論文發表方式：海報	Introduction: The prevalence of gallstone disease was elevated during pregnancy due to the hormonal change. During pregnancy, the hormonal change will increase cholesterol secretion, reduces bile acid secretion and delays gallbladder emptying. All of the above lead to the supersaturation of bile with cholesterol and predisposition to gallstone formation. Thus, the diagnosis and management of gallstone disease is also important for obstetrician. Here we present a pregnant woman complicated with choledocholithiasis which was managed with endoscopic retrograde cholangiopancreatography (ERCP). Case report: A 34-year-old woman with no underlying disease was having her first pregnancy at gestational age 25+3 weeks. She received regular prenatal examination at other clinic and was uneventful until few days before admission. She suffered from upper abdominal pain since few days before admission and dilated common bile duct was told at LMD. Thus, she was transferred to our gastroenterology OPD. At the OPD, gallstones and dilatation of intrahepatic and extrahepatic bile ducts were noted by free echo. Thus, this patient was transferred to emergency room for further evaluation. Leukocytosis, elevated liver enzyme and bilirubin level were noted(S-GOT:137 U/L · S-GPT: 234 U/L · Bilirubin Total :3.93 mg/dL · Bilirubin Direct: 3.13 mg/dL) Due to highly suspect of common bile duct(CBD) obstruction with cholangitis, emergent ERCP was performed. During the ERCP, common bile duct stones was found and sphincterotomy and CRE balloon dilatation were performed. The CBD stone was removed smoothly and CBD stenting was inserted. After the ERCP, empirical antibiotics with Cefuroxime was given and there were no fever, chills, tarry stool or abdominal pain noted. Lab data showed significant improvement of bilirubin level(Bilirubin Total :1.68 mg/dL) and she was discharged 2 days after admission. Discussion: The hormonal change during pregnancy increase the chance of gallstone disease. The incidence of sludge or stones could be high up to 7.9% by third trimester. Cholecystectomy is also the second leading nonobstetrical indications for surgery during pregnancy. The clinical presentation of gallstone disease during pregnancy was identical to those non-pregnant patient. However, the obstetrician still needs to rule out other pregnancy-associated complications such as severe preeclampsia, HELLP syndrome, acute fatty liver and, in some rare cases, liver haemorrhage. Symptomatic cholelithiasis without acute cholecystitis, cholangitis or pancreatitis could be managed with conservative treatment. However, high recurrence rate after conservative treatment was confirmed by retrospective analysis. Thus, surgical intervention was recommended after conservative treatment failure or symptom recurrence. The safety of ERCP was evaluated by large retrospective matched-cohort study. Only elevated risk of post-ERCP pancreatitis was noted in pregnant woman. The other obstetric and non-obstetric outcome were comparable for pregnant patient and non-pregnant patient. Another concern about ERCP was radiation exposure. Proper lead shielding could minimize the fetal radiation exposure which was confirmed by a small prospective database. Furthermore, non-radiation ERCP is developing and showed comparable outcome compared with radiation ERCP. Conclusion Gallbladder disease in pregnant woman should one of the differential diagnosis for upper abdominal pain. Surgical intervention should be performed for Complicated gallstone disease, conservative treatment failure and recurrent symptoms. Further non-radiation ERCP may eliminate the concern of fetal radiation exposure.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E030	大腦中動脈尖峰收縮流速與胎兒貧血及子宮內生長遲滯之關聯探討：案例報告 Positive Middle Cerebral Artery Peak Systolic Velocity in Fetuses with Anemia and Intrauterine Growth Restriction：A Case Report 游馥瑀 ¹ 周芷佑 ¹ 楊茜雯 ¹ 應宗和 ¹ 中山醫學大學 ¹
臨時稿件編號：0481	
論文發表方式：海報	We presented a case of a woman who was diagnosed fetal anemia during second trimester, following by fetal cardiomegaly, oligohydramnios and symmetrical intrauterine growth restriction at her 33-week visit. Multiple factors leading to intrauterine growth restriction were discussed as perinatal mortality occurred in this newborn at 1 day of age. Fetal growth is dependent on genetic, fetal, placental and maternal factors. Prior studies have produced inconclusive evidence as to the association between maternal anemia and intrauterine growth restriction. However, fetal anemia is a relatively rare but serious condition, which can have several adverse effects, including cardiac complications. Increased surveillance of the amniotic fluid volume and fetal status was also suggested in patients who had fetus with IUGR.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E029	一例少見產後併發症—慢性產後子宮外翻行手術復位之病例 A case with rare complication of Chronic puerperal uterine inversion and underwent operation reduction 梁世蓓 ¹ 謝明智 ¹ 莊啟柔 ¹ 大林慈濟醫院 ¹
臨時稿件編號：0480	
論文發表方式：海報	Puerperal uterine inversion occurs about 1 in 3500 to 20000 deliveries. Among these, only 13.9 % were chronic. It is a rare and severe complication and is associated with short cord, uncontrolled cord traction, placenta accreta, or uterine atony. We reported a case of chronic puerperal uterine inversion who had clinically presented postpartum hemorrhage with hypovolemic shock, postpartum preeclampsia and urinary retention initially. It was a 29-year-old primigravida delivery a 2770gm female at term, and postpartum hemorrhage 1550ml with shock was noted in 5 hours. Resuscitation was done and the bleeding improved after uterine uterotonic agents used. However, elevated blood pressure with proteinuria was developed and MgSO4 pump was given for 24 hours for preeclampsia. She was then discharged 3 days postpartum and OPD followed-up 1 week later. She complained persist vaginal bleeding and lower abdominal dull pain, and was admitted again 2 months postpartum for suspected submucosal myoma. However, a protruding mass was noted through hysteroscopy; uterine inversion was diagnosed and laparoscope surgery reduction was arranged. During operation, an incision at fundus was created to loosened the contraction ring then reduction of the uterine was done; followed with satisfactorily suture.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E031	產婦周產期心肌梗變 case report: postpartum cardiomyopathy 劉相宜 ¹ 高雄榮總婦女醫學部 ¹
臨時稿件編號：0484	
論文發表方式：海報	A 35 year-old woman, gravida 1 para 0, came to our hospital for DCDA twin pregnancy 34+4 weeks with preterm prelabor rupture of membrane . There was no known history of cardiovascular disease and contributory factors. Her antenatal check-ups were uneventful. Due to twin pregnancy, Caesarean section was arranged after two doses of Betamethasone 12mg. Magnesium Sulfate was applied for tocolysis while pending second dose of betamethasone. Two female infant (Apgar score 6->8, 6->9) was delivered. However, postpartum hemorrhage (PPH) developed soon after delivery. The operation was smooth except for some difficulty in removal of placenta. After operation, much lochia amount during the patient staying at post-operative observation room was noted(> 2000mL). Bakri balloon was immediately applied then the patient was sent to T&E with bilateral uterine artery and branch of uterine artery supply from RT external artery embolized. Massive blood transfusion was arranged. However, the patient's vital signs stabilized temporarily but BP dropped and tachycardia noted with followed Hb 4.6 few hours after T&E was done. Operation for blood clot removal and checked bleeding was arranged the day after caesarean section. However, active bleeding from uterine could not be stopped even after placenta was removed and Bakri balloon was rearranged, thus we performed total hysterectomy and the wound stayed open due to intestine edema and swelling. During operation, the uterus was found purple and black color over posterior wall with blood clot and hematoma, suspect atony at posterior wall; also, whiten at anterior wall with couvelaire like. After operation, the patient was sent to ICU for further care. Operation wound was closed on 2021/11/22. On 2021/11/25. the patient was transferred to ordinary ward, but bilateral deoxygenation due to bilateral pulmonary edema originated from heart failure (LVEF:30%), suspected peripartum cardiomyopathy was noted. Intubation was arranged due to desaturation and the patient was then sent back to ICU. After few days of management, the patient's cardiac function with slightly improvement. But the patient started to have weird behavior and consciousness disturbance, suspected delirium or postpartum psychosis. After medications by psychologist and we transferred the patient back to ordinary ward, the patient's condition improved gradually. Removal of wound stitches was performed on 2021/12/06. The patient was transferred to CV OPD for further evaluation and management.
論文歸類：產科	

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E032	sFlt-1/PLGF 用於決定子癰前症患者生產時機之角色與重要性，系列個案回顧。 sFlt-1/PLGF ratio is crucial in prediction the progression of pre-eclampsia pregnancy
臨時稿件編號： 0487	何宜軒 ¹ 何銘 ¹ 中國醫藥學院附設醫院婦產部 ¹
論文發表方式： 海報	Abstract Introduction Pre-eclampsia is a leading cause of maternal and neonatal morbidity and mortality. Clinical diagnosis and definition of pre-eclampsia is commonly based on the measurement of laboratory data and non-specific symptoms. Currently consensus recommended that pregnancy with pregnancy should be delivery at 37 weeks', and pre-eclampsia with severe features should be delivery at 34 weeks'. But however, in some pre-eclampsia patients without any discomfort, the progression was too fast to alert the danger. Therefore, we use sFlt-1/PLGF to follow up the severity of pre-eclampsia, and decide the timing of delivery. Cases Series Case one was a 32-year-old G1P0 women pregnancy at 33+1 weeks and transferred to our outpatient department because sFlt-1/PLGF ratio raised rapidly with a week, which from 251.3 to 399.5. Blood pressure was well controlled with Nifedipine, which systolic blood pressure was around 130 to 140 mmHg and diastolic blood pressure was around 80 to 90 mmHg. No adverse symptoms were noted, including severe headache, blurry vision, right upper abdominal pain. Urine protein showed 100mg/dl. But other laboratory data was almost within normal range, such as liver enzyme, renal function, platelet level, LDH level. Although there was no significant abnormal of symptoms and laboratory finding, we also closely follow up her condition due to rapid elevation of sFlt-1/PLGF ratio. One week after, repeat laboratory data revealed that HELLP syndrome was happened. The liver enzyme was significant elevate, and renal function became worse, LDH level was increase, platelet level was decrease. Furthermore, she still didn't complaint any discomfort, and blood pressure was still within normal range. We arranged Cesarean section immediately, and the operation was smoothly. Case two was a 40-year-old G1P0 women pregnancy at 28+5 weeks transferred to our outpatient department because blood pressure was poor controlled, which SBP was around 170-180 mmHg, and DBP was around 110-120 mmHg. Routine laboratory survey of pre-eclampsia revealed that the liver enzyme, renal function, LDH level, and platelet level was within normal range. However, due to her blood pressure was hard to control, we check the sFlt-1/PLGF level, and which was 285.2. Although only the blood pressure was hard to control and the laboratory showed normal, we also closely monitor and follow up her condition due to sFlt-1/PLGF was abnormal. Two days later, creatine level elevated from 0.8 to 1.0. 8 days later, creatine level elevated to 1.2, and LDH was up to 253. 13 days later, creatine level was elevated to 1.27, and LDH level was up to 309. 14 days later, REDV was found and emergency Cesarean section was done. Conclusion According to the textbook or guideline, the severity of pre-eclampsia was evaluated by the symptoms and the level of liver enzyme, renal function, platelet level, LDH level. However, some of the cases worsen too fast to recognize immediately, and it would contribute to maternal or fetal morbidity and mortality. sFlt-1/PLGF level do play an important role in these cases, and it help us to recognize the high risk patients among those subclinical patients. Thus, we strongly recommend that we should not miss those pre-eclampsia patient with little symptoms and fair laboratory data but sFlt-1/PLGF was abnormal.

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E035	產前診斷 de novo 次發性三染色體 13 及文獻回顧 Prenatal diagnosis of de novo secondary trisomy 13 and literature review
臨時稿件編號： 0496	郭昱伶 ^{1,2,3} 王禎翰 ² 郭佩雯 ² 陳阿香 ³ 洪慈苑 ³ 吳依萍 ³ 黃雅薇 ³ 洪宜慧 ³ 高雄醫學大學附設醫院婦產部 ¹ 高雄醫學大學附設醫院遺傳諮詢中心 ² 高雄醫學大學附設醫院檢驗醫學部分子細胞病理及遺傳室 ³
論文發表方式： 海報	Objective To prenatal diagnosis of de novo secondary trisomy 13 in a pregnancy with fetal increased nuchal translucency, cleft lip and palate and review of literature. Case Report A 40-year-old, gravida 1, para 0 woman underwent amniocentesis at 17 weeks of gestation because of increased nuchal translucency and advanced maternal age. Conventional cytogenetic analysis and array comparative genomic hybridization (aCGH) was performed. Whole-genome aCGH on uncultured amniocytes was performed using a SurePrint G3 Human CGH ISCATM (Agilent) array. aCGH result showed arr[GRCh37] (X)x2,(13)x3 and compatible with trisomy 13. Cytogenetic analysis revealed a karyotype of 46,XX,+13,der(13;13)(q10;q10). The pregnancy was subsequently terminated, and a 260-g fetus was delivered with cleft lip and palate. Postnatal cytogenetic analysis showed that the fetal tissue had a karyotype of 46,XX,+13,der(13;13)(q10;q10). The father had a karyotype of 46,XY, and the mother had a karyotype of 46,XX. Discussion Trisomy 13 can be caused by simple trisomy 13 with a free supernumerary chromosome 13 (47,XX,+13 or 47,XY,+13) or secondary trisomy 13 as a Robertsonian translocation involving chromosome 13, such as rob(13q;13q), rob(13q;14q) or rob(13q;21q), or as a isochromosome i(13q). In a study of spontaneous abortions, secondary trisomy 13 was found to account for 26% of all trisomy 13 with rea(13q13q) trisomy 13 in the form of either rob(13q;13q) or i(13q). On the cytogenetic level it is not possible to distinguish an isochromosome i(13q) from a Robertsonian translocation of two chromosomes 13. A total of 15 cases of de novo rea(13q;13q) trisomy 13 investigated by DNA polymorphism analysis have now been reported. Two cases were rob(13q;13q), but the majority, 13 cases, were isochromosome i(13q). It indicates that trisomy 13 due to rea(13q;13q) might more often be caused by i(13q) than rob(13q;13q). Parental chromosome analyses are required in order to clarify if the secondary trisomy 13 is inherited or de novo in origin. If de novo in origin, the recurrence risk is generally considered to be 1% or less. The risk of parent carry the (13;13) chromosome is small but it is of importance that carriers of (13;13) chromosomes will always have gametes containing the (13;13) chromosome that lead to offspring with three copies of chromosome 13 (Patau syndrome). Genetic counseling is important.

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E033	比較腹腔鏡和傳統子宮肌瘤切除手術對後續剖腹產的影響 Cesarean Delivery after Previous Myomectomy: Comparing Laparoscopic to Laparotomic Approach
臨時稿件編號： 0492	邱俊霆 ¹ 郭恬妮 ¹ 蔡永杰 ¹ 奇美醫院婦產部 ¹
論文發表方式： 海報	BACKGROUND & PURPOSE Compared with laparotomy, the laparoscopic approach offers reduced postoperative pain, a shorter hospital stay, quicker returns to normal activity, and appears particularly advantageous in reducing the risk of postoperative adhesions, especially when pregnancy is desired. However, the strength of the hysterotomy scar post laparoscopic approach is controversial. This study is aimed to compare laparoscopic to laparotomic approaches with regard to obstetric outcomes in subsequent cesarean deliveries. MATERIAL & METHODS A retrospective study of 90 women with previously received either laparoscopic (n=40) or laparotomy (n=50) myomectomy underwent future cesarean deliveries was conducted between August 16, 2013, and December 31, 2021 in Chi-Mei Medical Center located in southern Taiwan. Informed consent was not required owing to the retrospective design. Those who underwent more than one cesarean delivery were excluded (2 (laparoscopy) and 9 (laparotomy), respectively.) Clinical and demographic characteristics including maternal age, the number of parities, gestational age, sex of neonates, and age at the time of uterine surgery were analyzed using x2 test. Obstetric outcomes were further adjusted by the confounding factors using multiple logistic regression conducted using STATA v.16.0 Results Among the 90 patients who had subsequent cesarean deliveries, demographic correlations show no clinical significance compared laparoscopic to laparotomic approach. For obstetric Outcomes, there were 5 cases of preterm deliveries (<37 weeks) for either approach. None of the uterine or placental abruption was recorded. No statistical significance was observed in all the analyzed obstetric outcomes, including blood transfusion, postpartum hemorrhage, premature rupture of membrane, preterm premature rupture of membrane, malpresentation, anemia before delivery, and incidence of preterm delivery. Fetal complications including low or very low birth weight and a low 5-minute Apgar score (≤ 7) was not observed. Conclusion A previous study (2013 Kim) also showed similar obstetric outcomes between two approaches for those who undergone myomectomy. In our study, however, neither specific suturing methods were being investigated for previous laparoscopic surgery nor the sizes of myoma were being assessed due to missing in the majority of data. Further detailed information regarding suturing methods and the size of lesions should be taken into consideration before a more accurate correlation can be established.

台灣產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E036	案例報告: 枕部腦膜腦膨出 Occipital meningoencephalocele: a case report
臨時稿件編號： 0500	謝佳容 ¹ 陳威志 ¹ 臺中榮總婦女醫學部 ¹
論文發表方式： 海報	A 20-week-old still born female fetus with occipital meningoencephalocele was born to a 29-year-old G3P1AA1 with a history of previous cesarean section and unremarkable family history. She was referred because of fetal head anomaly from local clinic department at 19 week of gestational age. Ultrasound revealed the fetus in transverse presentation, irregular calvarial outline, and a heterogeneous mass adjoining the cephalus which size was 4.5X2.3cm, suspected a protrusion of the brain tissue and meninges through a skull defect. Because of suspected fetal brain anomaly, she received medical termination with misoprostol. A 256g fetus was delivered via vaginal birth. The fetus showed a mass measuring 4X2 cm was seen in the occipital region with a midline defect in the occipital bone and part of the tissue in the region of pons and cerebellum was seen to have herniated into the encephalocele sac. The vertebral column and the spinal cord were well developed. Other anomaly was not observed. Intrapartum and postpartum period of mother was uneventful.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E037	胎兒自體免疫完全性房室傳導阻滯:病例報告 Fetal autoimmune complete AV block: a case report
臨時稿件編號： 0505	<u>李孟剛</u> ¹ <u>何銘</u> ¹ <u>邱燦宏</u> ¹ <u>蘇俊維</u> ¹ <u>陳怡燕</u> ¹ <u>袁嘉駿</u> ¹ <u>林武周</u> ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式： 海報	Autoimmune congenital atrioventricular block(CAVB) is an immune-mediated disease associated with the placental transference of maternal antibodies specific for anti-Ro/SSA and anti-La/SSB autoantibodies. We reported a case of 40-year-old female with Gravida3para2 who was referred to our hospital due to gestational age 20 weeks with fetal bradycardia. Sonography revealed fetal bradycardia(atrial 130bpm, ventricle 51bpm, compatible with complete AV block). Besides, pericardial effusion, elevated MCA PSV, ductus venosus reverse A wave, and umbilical vein pulsation was also noted. The maternal autoimmune profile showed anti-SSA: >240 U/mL and anti-SSB: 21 U/mL. Sjögren's syndrome was suspected. We prescribed dexamethasone, hydroxychloroquine and ritodrine for her; then we followed up sonography weekly. However, persistent fetal bradycardia with increased pericardial effusion and cardiomegaly was noted. At last, she decided termination of pregnancy at gestational age 22 weeks.
論文歸類： 產科	

	reactive oxygen species simultaneously, impairing endogenous cellular antioxidant capacity, which causes increased oxidative stress in the embryo. Oxidative stress may cause further genetic dysregulation and increased apoptosis, which then causes congenital abnormalities such as how activation of apoptosis signal-regulating kinase 1 (ASK1)-forkhead transcription factor 3a (FoxO3a)-caspase 8 pathway causes apoptosis in the neural tube defects (2). Longitudinal limb reduction defects refer to how a part of long bones fails to form completely during pregnancy. Mostly, it was thought to be associated with chemical agents, medications, and smoking. Kari Klungsoyr et al report the risk of limb reduction defects to be around three times higher than for children of women without diabetes, but also not associated with maternal epilepsy or smoking in a 40-year population-based study in Norway. Meanwhile, taking folic acid or multivitamins may lower risk in the next pregnancy (4). In our patient, maternal poorly controlled diabetes seems to be the etiology of his congenital anomalies in the absence of other risk factors.
	Conclusion Pregestational diabetes is associated with a markedly increased risk for many birth defects. Thus, successful preconception counseling for women with diabetes mellitus and metabolic control will reduce birth defects and maternal morbidity.
	References (1) Chih-Ping Chen. Congenital Malformations Associated with Maternal Diabetes, Taiwanese Journal of Obstetrics and Gynecology. 2005;44(1): 1-7 (2) Gabbay-Benziv R, Reece EA, Wang F, Yang P. Birth defects in pregestational diabetes: Defect range, glycemic threshold and pathogenesis. World J Diabetes. 2015;6(3):481-488. doi:10.4239/wjcd.v6.i3.481 (3) Wu Y, Liu B, Sun Y, Du Y, Santillan MK, Santillan A, Snetselaar LG, Bao W. Association of Maternal Prepregnancy Diabetes and Gestational Diabetes Mellitus With Congenital Anomalies of the Newborn. Diabetes Care. 2020 Dec;43(12):2983-2990. (4) Klungsoyr K, Nordtveit TI, Kaastad TS, Solberg S, Sletten IN, Vik AK. Epidemiology of limb reduction defects as registered in the Medical Birth Registry of Norway, 1970-2016: Population based study. PLoS One. 2019;14(7):e0219930.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E038	控制不佳第一型糖尿病之產婦及罕見的胎兒肢體異常-案例報告 Rare fetal limb abnormalities in pregnancies with poorly controlled type 1 diabetes mellitus - A case report
臨時稿件編號： 0510	<u>王尚文</u> ¹ <u>余沛修</u> ¹ <u>朱益志</u> ¹ <u>鄭雅敏</u> ¹ <u>郭宗正</u> ¹ 台南郭綜合醫院婦產部 ¹
論文發表方式： 海報	Introduction Maternal diabetes mellitus is toxic to the development of the human embryo and significantly increases the risk of congenital malformations (1). Pregestational diabetes complicates approximately 1 to 2 percent of all pregnancies and accounts for 13 to 21 percent of diabetes in pregnancy. The rate of birth defects is nearly linearly associated in step with the severity of hyperglycemia (2). Diabetic embryopathy can contribute to malformation mainly on the central nervous system and can cause congenital heart diseases. However, any organ system can be involved, including the musculoskeletal system, renal system, and gastrointestinal system. Here we present a case of a pregnant woman with poorly controlled type 1 diabetes mellitus and had rare fetal limb abnormalities.
論文歸類： 產科	Case report A 32-year-old-woman, G1P0, had type 1 diabetes mellitus under insulin control with a most recent HbA1c of 7.6. Her first visit was at the gestational age of around 22 weeks; she did not know she was pregnant, and as such had no prior prenatal care. HBV, VDRL, and HIV tests for pregnancy all showed negative results. Level II sonography at GA of 24 weeks showed single umbilical artery, mitral valve stenosis, and shortened femurs (R't and L't 3.4cm (<3rd percentile), around GA 21 weeks) and humerus (R't 3.2cm, L't 3.1cm (< 3rd percentile), around GA 21 weeks) with obvious malformation of right forearm. Its right radius length was 2.9 cm (<3rd percentile, around GA 21 weeks) and ulna length was 2.3 cm (< 3rd percentile, around GA17-18 weeks), which was also angulated in a shape showing ulnar site deviation of hand (Figure 1). Amniocentesis showed 46 XY, normal karyotype. She didn't have aCGH due to economic considerations. During the prenatal care since birth, the fetus developed appropriately in BPD and AC and slowly grew limbs as seen in sequential ultrasonography. She had vaginal delivery at GA 35+3 weeks with a male baby having a body weight of 2140 gm and a body weight of 41cm, with an Apgar score at 8 at 1 minute and 9 at 5 minutes, due to preterm labor. The newborn was healthy and discharged with good general condition. Postdelivery X-ray showed compatible with prenatal findings, and he was under regular orthopedic doctor follow up with further rehabilitation (Figure2). Discussion Pre-pregnancy diabetes and gestational diabetes mellitus are associated with several subtypes of congenital anomalies among newborns. In 2020, Yuxiao Wu et al. reported the adjusted RRs of congenital anomalies at birth were 2.44 (95% CI 2.33–2.55) for pre-pregnancy diabetes and 1.28 (95% CI 1.24–1.31) for GDM (3). Similar results were reported previously with a potential 2 to 9 times higher risk for birth defects in diabetic women (2). Gabbay-Benziv R et al reviewed the possible mechanism of hyperglycemia and birth defects. Further, an animal study showed maternal hyperglycemia increases cellular

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E039	全外顯子定序診斷魚鱗癬之個案討論 Exome Sequencing in Diagnosis of Harlequin Ichthyosis: a case report
臨時稿件編號： 0513	<u>高琬靈</u> ¹ <u>吳琬如</u> ^{1,2,3} <u>吳佩紋</u> ¹ <u>張庭毓</u> ^{2,4} <u>馬國欽</u> ^{2,4,5} <u>陳明</u> ^{1,2,6,7,8,9,10} 彰化基督教醫院婦產部 ¹ 彰化基督教醫院基因醫學部及醫學遺傳中心 ² 國立中興大學轉譯醫學博士學程 ³ 中原大學醫學工程系 ⁴ 中台科技大學醫學檢驗科學與生物技術系 ⁵ 台大醫院基因醫學部 ⁶ 國立台灣大學醫學院婦產科 ⁷ 大葉大學生物醫學系 ⁸ 國立清華大學醫學科學系 ⁹ 國立中興大學醫學院籌備處 ¹⁰
論文發表方式： 海報	Background Ichthyoses are skin disorders that feature keratinizing and redness of the skin with or without associated systemic abnormalities. The pathogenesis is related to mutation in lipid biosynthesis, intercellular adhesion and shedding of differentiated cells, among others. All result in accumulation of abnormal scale and then lead to skin barrier dysfunction. Harlequin ichthyosis is the most severe phenotype of nonsyndromic Autosomal Recessive Congenital Ichthyosis (ARCI). It results from autosomal recessive mutations in ABCA12, which encodes a transporter involved in epidermal lipid transport and secretion. The neonatal mortality rate is approximately 50 % and mostly owing to infection and respiratory compromise.
論文歸類： 產科	Presentation of case A 24-year-old primiparous lady, gravida 1 para 0, with polycystic ovary syndrome and gestational diabetes mellitus under diet control, was referred to our hospital at 34+1 weeks of gestation due to fetal scalp edema and left eyelid blister. In her present pregnancy, she had regular and non eventual antenatal care at clinic including normal karyotyping and chromosomal microarray. In her prior history, an ultrasound with three dimensional and four dimensional real time sonography was performed at 20+2 weeks, which showed unremarkable finding. At visit, the ultrasound revealed that fetal mouth was presented continuously open and eversion of the lips with a protruding tongue. The fetal nose was flat and the eyelids were everted. The fingers of the upper extremities were held in fixed flexion(clenched hand). The amniotic fluid showed cloudy and increased echogenicity. With probable diagnosis of Harlequin ichthyosis, we explained about poor prognosis of the baby and neonatal complications. The family opted to late terminate of pregnancy. She delivered a stillborn baby with thick and widespread keratin skin suggestive of Harlequin Ichthyosis. Array-based comparative genomic hybridization was then performed to identify pathogenic variants for the fetus. Maternal, paternal and fetal blood were collected for trio-whole exome sequencing. Autopsy and placenta were sent for histopathological examination. Results By using a trio-WES study with comprehensive gene set analysis, a biparental-origin heterozygous in HI was identified in two Taiwanese non-consanguineous families with fetal ichthyoses, supporting a diagnosis of HI. For the trio-WES analysis of the fetus, the same analysis pipeline was adopted to identify variations in the ABCA12 gene set that possessed an HI inheritance pattern. Two variation in a heterozygous status was identified in the fetus. The ABCA12 mutation (NM_015657.3:c.6052T>C;p.C2018R) detected in mother and (NM_015657.3:c.6490C>T;p.R2164*) detected in father were identical to that detected in the fetus. The spectrum of mutations identified and revealed a novel heterozygous mutation of ABCA12. Conclusion Specific sonography features in third trimester of harlequin ichthyosis was diagnosed. The family underwent genetic counseling, where they were explained about the risk of recurrence in subsequent pregnancies. Option of preimplantation genetic diagnosis for prenatal diagnosis in next pregnancy was offered to the parents. By trio-WES, it improves diagnostic rates and understanding of prenatal presentations of genetic disorders and lethal fetal syndromes.

台灣婦產科醫學會 111 年度年會暨學術研討會
論文摘要

稿件編號：E040	急性糖尿病酮酸中毒造成子宮內胎兒死亡 Abrupt intrauterine fetal death after acute onset of diabetic ketoacidosis
臨時稿件編號： 0518	
論文發表方式： 海報	Diabetic ketoacidosis (DKA) in pregnancy is considered an obstetrical emergency and is one of the leading causes of fetal loss. 0.5-10% of diabetic women will experience DKA during their pregnancy. Historical literature reports risk of fetal demise after diabetic ketoacidosis (DKA) in pregnancy as high as 9–35%. The presentation of DKA is the same in this population as the general population, though euglycemic DKA is more frequent. Since DKA needed our cautious, it is important for us clinicians to recognize this emergency and start treatment in time. Here we will present a case of gestational age 32+3 weeks combined with DKA developed during her third trimester which caused fetal demise.
論文歸類： 產科	

王美雲¹ 洪韻翔¹
義大醫院¹

台灣婦產科醫學會 111 年度年會暨學術研討會
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稿件編號：E041	10 年間偏鄉地區醫院生產相關死亡事故的分析 Analysis of birth-related mortality at a rural hospital for 10 years
臨時稿件編號： 0520	
論文發表方式： 海報	Method: we reviewed cases of birth-related maternal mortality and perinatal mortality at our hospital for 10 years. Discussion: From Jan 1,2012 to Dec 30,2021, there were 7 women in labor, resulted in 2 maternal deaths , 6 stillbirths and one neonatal death. The causes of maternal mortality were amniotic fluid embolism and postpartum hemorrhage. The causes of perinatal mortality were vasa previa , placental abruption , shoulder dystocia , vacuum extraction-related, and DM-related IUFD. Conclusion: Birth-related accidents may occur in any woman anywhere. Some are unexpected, and some can be avoidable . Obstetricians can only learn from the errors, either their own or other's.
論文歸類： 產科	

廖文宗¹ 鄭吟豪¹
臺北榮民總醫院玉里分院¹

台灣婦產科醫學會 111 年度年會暨學術研討會
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稿件編號：E042	腹腔內子宮外孕 Abdominal secondary pregnancy implantation
臨時稿件編號： 0527	
論文發表方式： 海報	The majority of Ectopic pregnancy occurs at the fallopian tube about 96 %. Abdomen pregnancy is rare. This article describes a Secondary Pregnancy Implantation at the inferior mesenteric vessel, which is a rare type of ectopic pregnancy, after the primary ectopic pregnancy site ruptured. A 32-year-old woman was diagnosed with ectopic pregnancy by beta-hcg and ultrasound revealed no intrauterine sac. Then she suffered from left lower quadrant abdominal pain accompanied with vaginal bleeding and syncope a few days later. Due to the unstable hemodynamic status, the laparoscopic intervention was performed. After removing the gestation tissue from inferior mesenteric vessels, the chorionic villi was obviously seen. The post-operative condition was stable without any complications. The pathology confirmed both of the primary implantation site (left fallopian tube) and secondary implantation site (inferior mesenteric vessels) were gestational tissue with chorionic villi and trophoblasts. The secondary pregnancy implantation may occur most in the case of rupture of adnexa and the primary ectopic pregnancy. Although the secondary pregnancy implantation in the abdomen is not easy to diagnose before the laparoscopic intervention. The laparoscopic intervention for the ectopic pregnancy is safe and suitable, especially with the risk of rupture in which hemoperitoneum sign was noted.
論文歸類： 產科	

鍾佳翰¹ 林靉倫¹
奇美醫學中心¹

台灣婦產科醫學會 111 年度年會暨學術研討會
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稿件編號：E043	妊娠期急性脂肪肝 Case report of Acute Fatty Liver of Pregnancy
臨時稿件編號： 0528	
論文發表方式： 海報	Acute Fatty Liver of Pregnancy (AFLP) is a rare obstetric maternal disease which often attacks in the third trimester. The characteristic of the AFLP is the liver dysfunction of the maternal and may cause complications of fetal and maternal even mortality. This article describes a case whose final diagnosis is Acute Fatty Liver of Pregnancy for sure. A 17 y/o woman with first gravida at gestation age 33+4 weeks came to our emergent department on 2021-08-01 mentioned lower abdomen pain. The monitor of the non-stress test (NST) showed well variability of fetal heart beats. The transabdominal echo revealed normal blood flow of umbilical cord(S/D ratio : 1.47). However, the patient came to our emergent department on 2021-08-04 again, complaining of severe abdominal pain with vomiting several times. The transabdominal echo revealed no fetal heart beats. Otherwise, the jaundice was noted and the lab data showed elevated bilirubin, troponin-I, creatinine and WBC but hypoglycemia. The emergent hysterotomy was performed and the patient was transferred to the intensity care unit for further care due to the multiple organ dysfunction. After admission for almost 14 days, the condition of the patient was much stable and the level of bilirubin returned to normal range. Acute Fatty Liver of Pregnancy causes impairment liver function which is similar to HELLP syndrome. To differentiate the HELLP syndrome from AFLP is difficult because the combination of the symptoms may occur at the same time. However, delivery and the supportive care is the treatment of the AFLP,, as same as HELLP or severe pre-eclampsia.
論文歸類： 產科	

鍾佳翰¹ 郭恬妮¹
奇美醫學中心¹

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E044	胎兒不平衡轉位 der(18)t(18;21)(p11.31;q21)類似唐氏症之產前超音波特牲 Prenatal ultrasonographic characteristics of Down syndrome in fetus with unbalanced translocation der(18)t(18;21)(p11.31;q21) 曾浩原 ¹ 袁嘉駿 ¹ 邱燦宏 ¹ 何銘 ¹ 蘇俊維 ¹ 陳怡燕 ¹ 林武周 ¹ 中國醫藥大學附設醫院婦產部 ¹
臨時稿件編號：0532	
論文發表方式：海報	Introduction Down syndrome is one of the most common human chromosome abnormalities. The classic Down syndrome is trisomy 21, which refers to the additional copy of the entire chromosome 21. However, advancement of genetic science in recent decades widened the definition of Down syndrome. Rarely, Down syndrome may also arise from partial trisomy 21. Partial trisomy differs from “full” trisomy as only a portion of the chromosome is supernumerary. In the case of Down syndrome with partial trisomy 21, the duplicated portion of chromosome is thought to be containing Down syndrome critical region (DSCR). Possible mechanisms include interstitial duplication and unbalanced translocation. Case report The patient was a 32-year-old woman with obstetric history G4P2S2. Her first pregnancy was a term, unremarkable vaginal delivery to a healthy female baby. She had two consecutive spontaneous abortion in the following 2 years. Preconception counseling showed normal karyotype of the patient but antiphospholipid syndrome was diagnosed. Her husband is a normal-looking man with an unremarkable past medical history. Karyotyping of the husband showed reciprocal translocation (18;21)(p11.31;q21). The husband mentioned cases of “mental retardation” in his family of orientation but was unwilling to provide further information regarding his family history. Subsequent pregnancy was achieved with ovulation induction with clomiphene citrate four years later. Amniocentesis was done at 18+1/7 weeks of gestation. Chromosomal analysis showed 46,XY,der(18)t(18;21)(p11.31;q21). Array CGH showed arr[GRCh37] (1-22)x2,(X,Y)x1,18p11.32p11.31(148963_5730872)x1,21q21.2q22.3(25227570_48090317)x3. Ultrasonographic findings at 20 weeks of gestation include absence of nasal bone, shortened femur, and ventricular septal defect, which were supportive for the diagnosis of Down syndrome. The patient eventually opted for termination of pregnancy and was admitted at 21+1/7 weeks of gestation. Misoprostol was given for induction abortion. A 200g male dead fetus was delivered vaginally later on the same day. The fetus showed Down syndrome-like appearances including hypertelorism, flat facial features, low-set small ear, and wide and short neck. Hospital course was uneventful and she was discharged home on the next day. Discussion To our knowledge, this is the first case reporting the unbalanced translocation der(18)t(18;21)(p11.31;q21). Individuals with reciprocal translocation are often asymptomatic. However, their offspring are at higher risk of having unbalanced translocation, therefore preconception counseling is crucial. Phenotypic manifestation of the offspring may be anticipated according to the breakpoint of the unbalanced translocation in the parents. As in our case, the paternal translocation breakpoint p21.21 is close to the DSCR. Thus, if his offspring inherits chromosome 18 containing p21.21 and has two full chromosome 21, Down syndrome is consequential because the offspring will carry 3 copies of DSCR. Mendelianly, there are four possible genotypic categories of the offspring from an individual with reciprocal translocation and another genotypically normal one. The inheritance pattern of reciprocal translocation is theoretically Mendelian. That is, the possibilities of all four scenarios aforementioned are thought to be equal. However, exact possibility of each genetic scenario in born neonate could be uneven because of some fetus with unbalanced translocation may loss due to either spontaneous of artificial abortion when diagnosed prenatally. Our case had also given birth to a phenotypically normal, healthy female baby. Genetic study of the healthy baby was not done. It is worth noting that normal phenotype does not necessarily imply normal genotype in this baby.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E047	重度子癩前症伴隨自發性肝臟包膜下血腫。病例報告和文獻綜述。 Spontaneous subcapsular liver hematoma in severe preeclampsia. A case report and literature review. 謝宛玲 ¹ 林鏡川 ¹ 郭恬妮 ¹ 徐英倫 ¹ 彭依婷 ¹ 嚴嘉琪 ¹ 程葦倫 ¹ 台南奇美醫院婦產部 ¹
臨時稿件編號：0538	
論文發表方式：海報	Objective: Spontaneous subcapsular liver hematoma is a rare but potentially life-threatening complication, often associated with severe preeclampsia or HELLP syndrome. The unspecific clinical pictures often lead to delays in diagnosis, and maternal and infant morbidity and mortality are often high. In this report, we describe a case of ruptured subcapsular hematoma that was diagnosed during surgery and successfully managed with hemostatic dressings and blood transfusion. Case report A 35-year-old pregnant woman (gravida 3 para 2) with a history of preeclampsia, presented to our hospital with progressive epigastric pain and right shoulder pain for 1 day at 33-5/7 weeks of gestation. Within a few hours, she developed intrauterine fetal demise. The patient was transferred for a Cesarean section for the stillbirth. Massive hemoperitoneum was found intra-operatively without obvious evidence of uterus rupture or placental abruption. Laparoscopy revealed a huge subcapsular hematoma over the right lobe of liver with continuous oozing. The bleeding was managed successfully with absorbable hemostatic dressings, without unroofing of the hepatic capsular hematoma. She improved and was discharged on postpartum day 9. After 6 months of follow up, most of the hematoma resolved spontaneously. Conclusion Subcapsular liver hematoma should be suspected in hypertensive pregnant women with nonspecific epigastric pain, shoulder pain or internal bleeding of uncertain causes. Early diagnosis, appropriate multidisciplinary management are key to improving patient prognosis.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E046	妊娠第三期診斷之直腸結腸癌: 案例報告及文憲簡要回顧 Colorectal cancer diagnosed in pregnancy: a case report and literature review 黃巧芸 ¹ 黃千竹 ¹ 中國醫藥大學附設醫院婦產部 ¹
臨時稿件編號：0535	
論文發表方式：海報	The incidence of malignancy during pregnancy is estimated at 1 : 1000 pregnancies, with an estimated incidence of colorectal cancer (CRC) of 1 : 13,000. Due to the fact that CRC signs and symptoms, including abdominal pain, nausea, vomiting, and altered bowel movements, are generally found even in normal pregnancy, the diagnosis may be late. A diagnosis of CRC during pregnancy imposes therapeutic challenges in addition to major psychosocial issues. Here, we present the case of a 39-year-old woman, pregnancy at 29 weeks, who had suffered from small caliber of stool and anal bleeding off and on for 1 month. And was transferred to our Colorectal Surgery Department from a local hospital with the diagnosis of recto-sigmoid colon cancer. Colonoscopy and biopsy at 29 weeks of gestation showed recto-sigmoid colon cancer. Cesarean section was performed after steroid therapy at 30 weeks of gestation. Loop T-colostomy and enterolysis + drainage of intraabdominal abscess were also performed at the same time due to partial obstruction and tumor rupture. Intraoperative biopsy revealed RAS mutation. The operation was followed by Bevacizumab + FOFIRI (folinic acid + FU + irinotecan) for treatment now.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E048	胎兒腦室過大的產前診斷與挑戰 Challenges in the prenatal counseling of fetal ventriculomegaly 牛思云 ¹ 林俐伶 ¹ 台中榮民總醫院 ¹
臨時稿件編號：0543	
論文發表方式：海報	The objective of this clinical case report was to highlight the challenges in the prenatal counseling of fetal ventriculomegaly. We presented two cases of prenatally diagnosed fetal ventriculomegaly. The first case was normal at first but severe and progressive bilateral ventriculomegaly was found at late second trimester, one week after the pregnant woman received cardiac radiofrequency ablation due to incessant paroxysmal supraventricular tachycardia. The second case was found to have an echogenic area in right ventricle of brain since early third trimester, suspecting second degree of intraventricular hemorrhage with mild ventriculomegaly. The first case decided to terminate the pregnancy and the second case chose to continue after thorough discussion. The newborn of the second case was normal in presentation and the postnatal fetal brain sonography showed no abnormality. There were different outcomes in fetal ventriculomegaly associated with various cerebral conditions. Serial sonography follow-up and the identification of causes for fetal ventriculomegaly may provide the clinicians more information for the prenatal counseling with the parents.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E049	關於妊娠期腸沾黏之病例報告 A case report of "Adhesion ileus in pregnancy"
臨時稿件編號： 0547	
論文發表方式： 海報	
論文歸類： 產科	程董倫 ¹ 郭恬妮 ¹ 蔡永杰 ¹ 林鏡川 ¹ 徐英倫 ¹ 彭依婷 ¹ 嚴嘉琪 ¹ 何坤達 ² 廖建勝 ¹ 鄭凱元 ¹ 沈安琴 ¹ 邱俊霽 ¹ 鍾佳翰 ¹ 謝宛玲 ¹ 關哲彥 ¹ 奇美醫學中心 ¹ 柳營奇美醫院 ²

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E051	個案報告：一名足月產婦因臍帶靜脈栓塞導致胎動減少 Case report: an early term pregnancy woman with decreased fetal movement due to umbilical vein thrombosis
臨時稿件編號： 0552	
論文發表方式： 海報	
論文歸類： 產科	蔡亞築 ¹ 方詩雯 ¹ 嘉義長庚紀念醫院婦產科 ¹
Background: Umbilical cord thrombosis is a rare complication of pregnancy, but highly leads to poor fetal outcomes. It is hard to be estimated and detected during prenatal examination.	
Purpose: To present a rare case of umbilical vein thrombosis	
Case presentation: This case is a 38-year-old gravida III abortus II woman. She is diagnosed with IgG-related autoimmune problem due to recurrent early pregnancy loss, and is under aspirin, enoxaparin, cyclosporine, prednisolone, quine, and fexofenadine in this pregnancy. Aspirin was discontinued at 36 weeks of gestation. Prenatal examinations showed no obvious abnormality, including complete blood count test, urinalysis, oral glucose tolerance test, level II ultrasound, and blood pressure. She has visited our emergency department because of decrease in fetal movement at 37 4/7 weeks of gestation. External electronic fetal monitoring showed the fetal heart beat with minimal variability. Ultrasound showed umbilical artery S/D ratio 1.7 and middle cerebral artery PI 1.2 (3 percentile). Emergent cesarean section was performed smoothly. Umbilical vein thrombosis was recorded then. A healthy male baby was delivered with weight of 2730 g (Apgar score 8 and 9 at 1st and 5th minute, respectively), and was discharged smoothly after 7 days of the hospitalization.	
Conclusions: When umbilical cord thrombi happen, specific signs by fetal movement, fetal monitor, and transabdominal ultrasound, can help in early identification.	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E052	產前持續非缺氧性胎兒心搏過慢仍有良好孕程結果 Sustained Non-hypoxic fetal bradycardia with favorable pregnancy outcome: case report
臨時稿件編號： 0554	
論文發表方式： 海報	
論文歸類： 產科	王祉茵 ¹ 洪韻翔 ¹ 義大醫院婦產科 ¹
Current international guidelines recommend for the normal fetal heart rate (FHR) baseline different ranges of 110 to 160 bpm. Beat-to-beat variability is the oscillation of the FHR around the baseline in amplitude of 5 to 10 bpm. Fetal bradycardia is defined as a sustained fetal heart rate less than 110 beats per minute may cause from either hypoxic or non-hypoxic in origin. The common cause of a (non-hypoxic) fetal bradycardia would be mature parasympathetic system, maternal medication such as high-dose beta blockers, a fetal cardiac conduction defect (heart block), or accidental monitoring of the maternal heart rate.	
We present a 32-year-old female patient, Gravida 3, Para 1, spontaneous abortion 1 without systemic disease or surgical history, who had come to our outpatient department for regular prenatal visits with smooth course. Sustained fetal bradycardia 90-120 bpm with baseline around 100 bpm was found incidentally at our office by ultrasonography and non-stress test at 36+4 week' gestation. We arranged her admission into our ward for monitoring the fetal heartbeat. Initially, persistent fetal bradycardia ranging 90-110 bpm was still noted but neither variability change nor obvious uterine contractions was noted during the period. After oxygen supply, maternal repositioning and external movement stimulation, the FHB climbed to 110-150 bpm 10 minutes later. Intermittent fetal bradycardia was noted during hospitalization. Fetal echocardiography didn't find obvious heart deformity. The patient discharged next day and returned back at 39 weeks' gestation for delivery. Finally, she gave birth vaginally with a male baby with Apgar score 8 -> 9 without further complications.	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E053	15q11.2 複製數變異之胎兒之產前診斷與臨床預後：36 名病例系列 The Prenatal Diagnosis and Clinical Outcomes of Fetuses With 15q11.2 Copy Number Variants: A Case Series of 36 Patients
臨時稿件編號： 0557	
論文發表方式： 海報	
論文歸類： 產科	江彥昀 ¹ 康巧鈺 ¹ 李建南 ¹ 蘇怡寧 ² 林明峰 ³ 戴怡芸 ⁴ 許文璋 ⁵ 黃冠穎 ³ 陳智齡 ⁴ 洪千惠 ¹ 林芯仔 ¹ 台大醫院婦產部 ¹ 慈智基因 ² 台大醫院新竹分院婦產部 ³ 台大醫院基因醫學部 ⁴ 台大生醫醫院竹北院區 ⁵
Prenatal genetic counseling of fetuses diagnosed with 15q11.2 copy number variants (CNVs) involving the BP1–BP2 region is difficult due to limited information and controversial opinion on prognosis. In total, we collected the data of 36 pregnant women who underwent prenatal microarray analysis from 2010 to 2017 and were assessed at National Taiwan University Hospital. Comparison of the maternal characteristics, prenatal ultrasound findings, and postnatal outcomes among the different cases involving the 15q11.2 BP1–BP2 region were presented. Out of the 36 fetuses diagnosed with CNVs involving the BP1–BP2 region, five were diagnosed with microduplications and 31 with microdeletions. Among the participants, 10 pregnant women received termination of pregnancy and 26 gave birth to healthy individuals (27 babies in total). The prognoses of 15q11.2 CNVs were controversial and recent studies have revealed its low pathogenicity. In our study, the prenatal abnormal ultrasound findings were recorded in 12 participants and were associated with 15q11.2 deletions. No obvious developmental delay or neurological disorders were detected in early childhood.	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E054 臨時稿件編號：0567	病例討論：胎兒多囊性不良腎與染色體 17q12 序列缺失 A case of fetus prenatally diagnosed 17q12 microdeletion syndrome accompany with multicystic kidney. 張博涵 ¹ 陳怡燕 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式：海報	This was a case of a fetus with multicystic dysplastic kidney diagnosed at 22 weeks' gestation. The prenatal ultrasound showed right polycystic kidney about 3.64*2.99cm. The mother then underwent amniocentesis which revealed an apparently normal male karyotype, 46,XY. Furthermore, the Array comparative genomic hybridization demonstrated a deletion within the 17q12 region. A chromosomal sequence deletion occurred at 17q12, this segment of the missing sequence contains the gene including PIGW, GGNBP2, DHRS11, LHX1, AATF, ACACA, TADA2A, DUSP14, DDX52, HNF1B, MYO19, MRM1, MIR2909, SNORA90, C17orf78, SYNRG, MIR378J, YWHAEP7 total 18 genes. After comparing the Clinvar database, the deletion of this fragment may cause the 17q12 deletion syndrome (17q12 microdeletion syndrome), and the patient may have abnormalities such as kidney abnormalities, adult diabetes and neurodevelopmental disorders. The pregnancy was in this reason that subsequently terminated.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E055 臨時稿件編號：0568	運用健保婦幼主題式資料庫研究內髂動脈結紮對於婦女往後懷孕產生的影響 The impact of pregnant women following internal iliac artery occlusion by using Taiwan maternal and child health database 古宇倫 ¹ 歐育哲 ¹ 陳科榕 ² 李全濱 ² 嘉義長庚婦產科 ¹ 嘉義長庚醫院健康資訊暨流行病學研究室 ²
論文發表方式：海報	The procedure, internal iliac artery (or hypogastric artery) occlusion, could preserve uterus and save life during postpartum hemorrhage. Nowadays, studies disclose placental insufficiency does cause gestational hypertension and preeclampsia. We suppose that the uterine blood flow may altered after internal iliac artery occlusion, and it may induce obstetric poor outcome. There are some studies on life birth rate and miscarriage rate following iliac artery occlusion before pregnancy, however, we still don't understand the risk of gestational hypertension, preeclampsia, intrauterine growth restriction and other peripartum problems. This is because that restricted by sampling bias, pregnant woman may arrange her prenatal care or delivery in other medical facility differed from her receiving internal iliac artery occlusion. The national health insurance includes almost every citizen, medical and obstetric facility, the researchers can study those pregnant women who were post iliac artery occlusion in different medical or obstetric facilities. Moreover, we can investigate the perinatal and neonatal outcome by coordinate national health insurance dataset (NHIRD), Taiwan maternal and child health database (TMCHD), Artificial Reproductive Data, and Birth Certificate Application. This study may put the missing piece to the puzzle.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E056 臨時稿件編號：0578	四指標中抑制素 A 單一異常與先天性器官不明之案例報告 A rare case of ambiguous genitalia with elevation of inhibin A found during quadruple test 薛雅文 ¹ 邱耀宏 ¹ 何銘 ¹ 蘇俊維 ¹ 陳怡燕 ¹ 袁嘉駿 ¹ 楊雅怡 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式：海報	Quadruple test during second trimester is commonly performed for screening of Down syndrome and neural tube defects by analysis of four biomarkers, including alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), unconjugated estriol (uE3) and inhibin A. Isolated elevation of a single marker has each been associated with adverse pregnancy outcomes, such as elevation of solely inhibin A has been found to significantly associated with preterm birth before 32 weeks, preeclampsia, fetal growth restriction and fetal demise before 24 weeks. However, the relationship between high levels of inhibin A in maternal serum and congenital anomaly has not yet been established. We present a rare case of ambiguous genitalia with isolated elevation of inhibin A noted during the quadruple test. Though there is little known about the association of elevation of maternal inhibin A level with congenital anomaly with sexual development, a possible link between the two was found via literature reviews, relating to chemical exposure to mothers during early pregnancy. An isolated elevation of inhibin A level during quadruple test may indicate possible congenital anomalies, thus the intention of presenting this exiguous case is to raise awareness of clinicians for further investigation.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E057 臨時稿件編號：0579	一位心房震顫合併心室搏動過速孕婦的處置與預後-案例分享與文獻探討 A Pregnant woman at 30 weeks with AFRVR--Case report and literature review 陳妍樺 ¹ 袁嘉駿 ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式：海報	Case report We presented a 28 pear-old, primigravida female without known systemic disease referred to our emergency department due to tachycardia and dyspnea for 1 day. She is now pregnancy at 29 4/7 weeks. She recieved regular antepartum examination on local clinics where no abnormalities was told. She suffered from sudden onset of dyspnea for one day. Besides, dyspnea on exertion, dizziness, mild cough, soreness of muscle was noted for 2 days. There was no vaccine history, no fever, no chest pain or chest tightness , no cold sweating, no back pain, no abdominal pain. She was transferred to our emergency department for further management. In our ER, EKG revealed Af with RVR. Fetal monitor showed FHB: 140-160 bpm, baseline on 150 bpm, with moderate variability, and no obvious spontaneous deceleration. No uterine contractions was noted on Tocometry. The fetus appeared unremarkable. Estimated body weight:1800gm, vertex presentation, placenta at fundal area, no retroplacenta hematoma, moderate AFI. She denied arrhythmia and congenital heart disease history. Under the impression of pregnancy with new onset AFRVR with mild low cardiac output, she was admitted to ICU for intensive monitoring. She received hydration and propranolol q6h 10mg for rate control, acetaminophen 500mg for pain control, and Enoxaparin 1 vial q12h for possible thrombosis prevention. We also gave complete course of betamethasone for fetal lung maturation, and Magnesium sulfate for fetal neuroprotection in case of preterm delivery. After 2 days of admission, we performed biphasic electrical cardioversion (syndronized 100J) under continuous fetal monitoring. Her heart rhythm then became sinus rhythm. She was discharged at GA 31+2 weeks. She kept rate control agent (propranolol) and anticoagulat(Enoxaparin) after discharge and was regularly followed at our OPD. There was no more AFRVR episode noted. On pregnancy at 36+2 weeks, she was admitted due to ROM. Per vaginal examination then showed cervix 2cm dilated, 50% effaced, and vertex presentation. She finally delivered via Cesarean section due to dilatation arrest. The newborn was male infant, borned 2555gm, uneventful on physical examination. We discontinued anticoagulant and rate control agent use after delievery. To date, there were no arrhythmia episode occurred. Discussion When a healthy woman develops AF during pregnancy, she should be evaluated for congenital heart disease, rheumatic valvular disease, alcohol abuse, electrolyte imbalance and hyperthyroidism. If there isn't acute heart failure, the initial management is the ventricular rate control with digoxin, a β-blocker, or a nondihydropyridine calcium channel antagonist to extend diastolic filling time. Hemodynamic instability caused by AF needs to be immediately resolved. Loss of atrial contraction in combination with fast and irregular ventricular heart rate results in decreases of uterine blood supply, compromising the safety of the mother and the fetus. External direct current biphasic electrical cardioversion with 50–100 J is generally a safe approach, as long as it is carried out under fetal monitoring.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E058	纖維蛋白密封劑應用於早期破水之孕婦 Intracervical fibrin sealants for early preterm premature rupture of the membranes : A case report 游正暉 ¹ 何鎮宇 ¹ 新光吳火獅紀念醫院 ¹
臨時稿件編號：0580	
論文發表方式：海報	[CASE] The patient was a 37-year-old female pregnant with G5P0AA4. At 21 weeks' gestation, she suddenly had a feeling of fluid leaking with uterine contractions, then she came to our emergency obstetrics and gynecology department for help. Examination with a sterile speculum in the emergency department revealed leakage of fluid from the cervix without cervical dilatation. Ultrasonographic examination demonstrated a single fetus with normal heartbeat , normal movement but amniorrhea and a closed cervix with a length of 2.35 cm. Fetal biometry correlated with gestational age. The nitrazine test from vaginal fluid was positive. She was hospitalized with the diagnosis of PPROM and cervical insufficiency. She was afebrile (36.5°C). Lab data showed elevated CRP level of 7.18 mg/dL and normal WBC level of 9700 /uL. Tocolysis with intravenous infusion of ritodrine and oral nifedipine were initiated to inhibit uterine contraction. 6 mg of dexamethasone intramuscularly injection every 12 hours in 4 dosages was used to stimulate fetal lung maturation. Cefmetazole was also added for infection control and her CRP level became normal after few days. After discussion with herself, we decided to insert Tisseel through the cervix to repair fetal membrane defects. At 21 weeks, after the vagina was prepared with iodine, with ultrasonographic guidance through a partially filled bladder, the catheter tip was inserted through the cervix to the level of the internal os. Approximately 1 mL of Tisseel was slowly injected until an ultrasonographically evident fibrin clot was seen. Once this was observed, the catheter was slowly withdrawn but placement of fibrin tissue sealant was continued until it filled the endocervical canal. The patient remained at strict bed rest. Intravenous antibiotics were continued, and the patient still maintained amniotic fluid leakage from the vagina with amniotic fluid index almost 0cm. On the next week, we performed the same procedure again with 1 mL of Tisseel intracervically injected. After injection of Tisseel twice, we found less amniotic fluid leakage with amniotic fluid index became 3cm persisting several weeks. At 27 weeks' gestation , lower abdominal tenderness with regular uterine contraction became more frequent even under tocolytic agent treatment. CRP level elevated to 3.96 mg/dL and WBC level became 15400/uL, which was suspected chorioamnionitis. Cesarean section was performed due to chorioamnionitis. A normal female neonate weighed 1045 g with Apgar scores 5 and 6 at 1 and 5 min, respectively. Physical examination revealed no craniofacial dysmorphism or skeletal deformity. There was no sign of neonatal infection. The baby was complicated with mild respiratory distress syndrome, which required nasal CPAP. She was discharged home 5 days after her childbirth. [DISCUSSION] Preterm premature rupture of the membranes (PPROM) can occur spontaneously and complicates around 2% of all pregnancies, leading to preterm birth, chorioamnionitis, neonatal sepsis, limb position defects, respiratory distress syndrome, pulmonary hypoplasia, and chronic lung disease. A variety of tissue sealants (eg, fibrin glue, gelatin sponge) have had some success in stopping leakage in case reports. Neither the safety nor the efficacy of these sealants has been established. An evaluation of resealing technologies and protocols by the Cochrane group concluded that there is insufficient evidence to recommend any resealing protocol in contemporary clinical practice.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E059	使用胎兒生理評估法監測妊娠 36 週之子宮內胎兒生長遲滯合併臍帶胎盤邊緣附著之個案 Use of Biophysical Profile (BPP) to monitor pregnancy at 36 weeks with Intrauterine Growth Restricted Fetus and marginal umbilical cord insertion : A case report 周芷佑 ¹ 楊茜雯 ¹ 楊昀臻 ¹ 游毓瑛 ¹ 應宗和 ¹ 中山醫學大學附設醫院婦產部 ¹
臨時稿件編號：0586	
論文發表方式：海報	We presented a case of late onset IUGR case, mother was admitted for cesarean delivery due to gestation at 36+4/7 weeks with low biophysical profile score 4 . This case report is a 24 year-old woman ,gravid 1,who visited our hospital at 17 weeks of gestational on prenatal routine examination. She denied other systemic disease such as gestational diabetes mellitus or gestational hypertension. Small for gestational age was noted at pregnant at 32-week via ultrasonography, meanwhile, normal doppler velocimetry and normal biophysical profile scoring were noticed. After closely following up, the latest antenatal ultrasonography show SGA, no AEDF or REDF (S/D ratio: 3.6). and at the same time, BPP score downtrending from 8 to 4 compared with one week before . Due to pregnancy at 36+4/7 weeks with altered BPP (score ≤ 4),emergency delivery was suggested, and patient gave birth to a live female fetus, Birth weight below 3rd percentile and apgar score of 9 at 5 min. Marginal cord inseration was noted after delivery and it maybe one reason to explain the cause of Intrauterine Growth Restricted in this case. The patient and her baby had an unventfull postpartum period. Route of delivery after a low biophysical profile score,it base on multiple variables including presentation, cervical findings, and maternal and fetal condition. BPP score ≤4 can be a sign of fetal compromise. Ideally, identification of a compromised fetus will make it possible for the provider to perform interventions that prevent adverse fetal/neonatal sequelae.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E060	胎兒心臟異常導引產前 Cornelia de Lange 症候群之診斷 Cardiac anomaly as a single clue leading to the prenatal diagnosis of Cornelia de Lange syndrome 丁昀 ¹ 廖敏君 ¹ 王彥筑 ¹ 彰化基督教醫院 ¹
臨時稿件編號：0593	
論文發表方式：海報	A 24 year old female was transferred to tetary medical center due to fetal cardiac anomaly at 26th gestational weeks. Her obstetric history was G2P0SA1 and denied personal illness or familial congenital disorder. After detailed ultrasonography survey, fetal cardiac anomaly with right ventricle atrophy and single trunk over three-vessels view were noted. Tentative impression was pulmonary atresia with intact ventricle septum. Fetal neurosonography, trunk, extremities, and other structures were normal. After consultation, the family wish to keep pregnancy and seek the opportunity for cardiac reconstruction surgery. Due to economic issue, the family accepted karyotyping and refused array comparative genomic hybridization(aCGH). Karyotyping reported as 46,XX with normal finding. Therefore we kept closely follow up with cardiac development. They finally accepted aCGH due to poor Z score of right ventricle and aCGH reported as deletion in chromosome 19p13.12p13.11 (about 1.95 Mb). Cornelia de Lange syndrome was diagnosed at 32nd gestational weeks. Traditionally, Cornelia de Lange syndrome was diagnosed due to pathognomic prenatal sonography findings, such as hypertrichosis, limbs deformity, long smooth philtrum, and fetal growth restriction. Isolated cardiac anomaly was rarely reported. After feticide and delivery of the dead fetus, hypertrichosis was still not obvious and there was no other phenotypic abnormalities. Due to variability of congenital abnormalities, isolated fetal cardiac anomaly should accept complete prenatal genetic testing including karyotyping, aCGH and even whole exom sequencing to provide better treatment options for patients.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E061	關於 TCOF1 基因的微小缺失導致的下頷骨顏面發育不全的產前診斷 Prenatally diagnosed microdeletion in the TCOF1 gene in fetal congenital primary Treacher Collins Syndrome 周維新 ¹ 臺北市立聯合醫院婦幼院區 ¹
臨時稿件編號：0595	
論文發表方式：海報	We present a case of craniofacial abnormalities screened by antepartum sonography in her third trimester 28 weeks, features of micrognathia, hypoplastic zygomatic arches and bilateral low set microtia were illustrated. Due to the unknown severity and prognosis, the parents decided to terminate the fetus and agreed with the chromosome microarray analysis (CMA), with expressing the mutation of TCS1 gene.
論文歸類：產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E062	反覆性第二產程流產或早產 recurrent stillbirth or preterm birth during 2nd trimester
臨時稿件編號： 0601	
論文發表方式： 海報	張渣瑤 ¹ 李宗賢 ¹ 中山醫學大學附設醫院 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E064	與 Clomiphene 誘導引卵有關的雙側輸卵管妊娠：病例報告 Bilateral Ectopic Tubal Pregnancy with clomiphene induction: A case report
臨時稿件編號： 0608	
論文發表方式： 海報	柯俊丞 ¹ 梁心怡 ^{1,2} 蘇國銘 ¹ 黃馨慧 ¹ 三軍總醫院 ¹ 台中總醫院 ²
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E063	有偽囊腫形成之胎便性腹膜炎的產前診斷：個案報告與文獻分析 Antenatal diagnosis of meconium peritonist with pseudocyst formation: case report and review literature
臨時稿件編號： 0607	
論文發表方式： 海報	陳立珊 ¹ 李毅評 ¹ 新光吳火獅紀念醫院婦產科 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E065	罕見的懷孕感染帶狀疱疹併發嚴重坐骨神經痛 Unusual pregnancy status with severe sciatica due to VZV infection
臨時稿件編號： 0623	
論文發表方式： 海報	劉子榕 ¹ 台北內湖三軍總醫院婦產部 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E066	唇顎裂的超音波診斷 Ultrasound diagnosis of orofacial clefts
臨時稿件編號： 0626	
論文發表方式： 海報	楊子遠 ¹ 台兒診所 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E067	Propess 及 Prostin E2 應用於初產婦催生之效果比較 Comparison of Dinoprostone slow release pessary (Propess) with Vaginal Tablet (Prostin E2) for induction of labor in primigravida
臨時稿件編號： 0628	
論文發表方式： 海報	停寧萱 ¹ 魏佑吉 ¹ 花蓮慈濟醫院 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E068	胎兒大頭症併蜘蛛網膜下腔擴大：意外發現或可能為染色體多倍體症候群的全新軟標記 Fetal macrocephaly with enlarged subarachnoid space: an incidental finding or a possible novel soft marker for trisomy syndromes
臨時稿件編號： 0635	
論文發表方式： 海報	黃靖怡 ¹ 王彥筑 ¹ 彰化基督教醫院 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E069	雙絨毛膜雙胞胎之一併發左心發育不全症候群 Discordance for Hypoplastic Left Heart Syndrome in a Dichorionic Twin Pregnancy- A Case Report
臨時稿件編號： 0638	
論文發表方式： 海報	楊子瑤 ¹ 易瑜崎 ¹ 台中榮民總醫院 ¹
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E070	產後肺栓塞使用心肺復甦器之案例研討 pulmonary embolism in postpartum patients with V-V ECMO usage, a case report
臨時稿件編號： 0640	牛恩云 ¹ 易瑜嶋 ¹ 陳威志 ¹ 台中榮民總醫院 ¹
論文發表方式： 海報	Pulmonary embolism was an uncommon disease which can be lethal. Here we presented a case who is 41-year-old with past history of tuberculosis. She was normal in prenatal but experienced coma on post a Cesarean section surgery day 2. Catheter aspiration thrombolysis and V-V ECMO was used. She recovered well after the episode and no neurologic sequelae was noticed in follow up. Pulmonary embolism in pregnancy was reviewed in this case report.
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E071	孕期時新發作的癲癇真的是子癲症嗎?或是其他存在大腦中的隱形炸彈? A devil in disguise: does it really newly onset seizure during late pregnancy is eclampsia or other invisible bomb in brain?
臨時稿件編號： 0652	李秀庭 ¹ 林啟康 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 海報	Seizures affect approximately 1% of the population and 1 in 200 pregnancies. Seizures in pregnancy are a life-threatening emergency that pose high risk of maternal and fetal mortality. Eclampsia is most common in the last trimester and usually presents with sudden-onset of generalized tonic-clonic seizures, headache, hypertension or conscious change in pregnant women with signs and symptoms of preeclampsia. However, 15% of seizures in pregnancy result from other etiologies such as cerebral infections, head trauma, brain tumors, or cerebral arteriovenous malformations. The risks of bleeding from cerebral arteriovenous malformations in pregnancy is estimated approximately 1 in 10,000 pregnancies. Cerebral arteriovenous malformations is usually asymptomatic, but other common symptoms include seizure and headache that mislead obstetricians and emergency medicine physicians to conditions associated with pregnancy such as eclampsia. Complicated and mismanaged cases are responsible for many maternal and fetal deaths. We report a case of pregnant woman with sudden new-onset seizure during late pregnancy, treated as eclampsia at first. Finally, she had a cerebral arteriovenous malformation, which was diagnosed unexpectedly from brain CT.
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E072	罕見的神經管缺陷疾病：脊髓裂的個案報告 A rare type of neural tube defect, myeloschisis; case report
臨時稿件編號： 0655	陳柏廷 ¹ 何銘 ¹ 邱燦宏 ¹ 蘇俊維 ¹ 陳怡燕 ¹ 袁嘉駿 ¹ 林武周 ¹ 楊雅怡 ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式： 海報	Introduction The most common seen congenital malformation is heart disease, and the second is neural tube defect (NTD). NTD occurred in about 0.5 to 8 cases per 1000 newborns, and have many subtypes. Myeloschisis is a severe and rare form of NTD, represents no vertebra posterior arch, no skin and even meningeal membrane. Therefore, the nerve in spinal cord exposed the foreign environment. In the uterus, the nerve exposed to amniotic fluid that can protect the nerve from injury. But after the baby delivered, the nerve exposed to foreign environment like air, water, clothes, can induced nerve injury. As a result, the prognosis of myeloschisis is not optimistic. Case report This 34-year-old female, gravida-1, was referred from local medical department due to suspect fetal brain anomaly. We arranged ultrasonography and found banana sign, lemon sign, bilateral ventriculomegaly (right side:-11.56mm, left side:-12.82mm) with hydrocephalus, and wide splayed of the posterior arch of the lumbar spine, with skin defect. Open spinal bifida is suspected. We gave detail counselling to the patient and the family, and the patient decided to undergo termination of pregnancy. We gave misoprostol 200mg PO Q4H and 200mg VAG Q4H for uterine contractions. The patient delivered the baby smoothly. We found the delivered baby have defected vertebral arch, skin and meningeal membrane, and diagnosed myeloschisis. Discussion Neural tube defect is not a uncommon disease. Well- counselling to the patient is important. The fetus prognosis varied according the the subtypes of NTD. Some clinical signs indicted poor prognosis like hydrocephalus, open spinal bifida. The babies of open spinal bifida who underwent repairment have relative good prognosis. The causes of NTD are well reported, like shortage of folic acid, obesity, anticonvulsive medication use before pregnancy and genetic reason. We should well-educate and counselling the patient in order to share decision making to the patient and the family. Minimize the risk of the next NTD occur.
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E073	快速一家三口外顯子定序應用於以反覆羊水過少表現之體染色體隱性遺傳腎小管發育不全症 Rapid Trio Exome Sequencing for Autosomal Recessive Renal Tubular Dysgenesis in Recurrent Oligohydramnios
臨時稿件編號： 0657	江彥昀 ¹ 林忠仔 ¹ 莊國璿 ² 洪千惠 ¹ 林維洲 ³ 鄭永銘 ³ 顏玳安 ² 簡穎秀 ^{2,4} 胡務亮 ^{2,4} 李建南 ¹ 蔡宜馨 ² 李妮鍾 ^{2,4} 台大醫院婦產部 ¹ 台大醫院小兒部 ² 台大醫院病理部 ³ 台大醫院基因醫學部 ⁴
論文發表方式： 海報	Oligohydramnios is not a rare prenatal finding. However, recurrent oligohydramnios is uncommon, and genetic etiology should be taken into consideration. We present two families with recurrent fetal oligohydramnios that did not respond to amnioinfusion. Rapid trio-whole-exome sequencing (WES) revealed mutations in the AGT gene in both families within 1 week. The first family had a compound heterozygous mutation with c.856 + 1G > T and c.857-619_1269 + 243delinsTTGCCTTGC changes. The second family had homozygous c.857-619_1269 + 243delinsTTGCCTTGC mutations. AGT gene mutation may lead to autosomal recessive renal tubular dysgenesis, a rare and lethal disorder that can result in early neonatal death. Both the alleles identified are known alleles associated with pathogenicity. Our findings suggest that trio-WES analysis may help rapidly identify causative etiologies that can inform prompt counseling and decision-making prenatally.
論文歸類： 產科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E074	足月妊娠併 IUFD 發生帆狀臍帶插入胎盤的病例報告
臨時稿件編號：0664	A case report of velamentous umbilical cord inserted placenta in a term pregnancy with IUFD 方俊能 ¹ 高雄市四季台安醫院 ¹
論文發表方式：海報	A women with pregnant 38+5 weeks, G1P0, with uneventful prenatal course, suddenly suffering from IUFD. She received emergent cesarean hysterotomy due to previous myomectomy. A demised female fetus, 0/0, 3150 gm was delivered, with grossly normal appearance, placenta and cord, but velamenouts cord insertion was noted.
論文歸類：產科	Velamentous cord insertion (VCI) is umbilical cord inserts on membranes of placenta. Cord inserts at variable distance from placenta. Vessels often diverge immediately upon insertion and travel beneath membranes toward placenta. If VCI is in low segment of uterus often concurrence of the risk of vasa previa. New guidelines recommend checking of placental cord insertion in all cases and the reliably checked at time of nuchal translucency scan with doppler sonography. Etiology: "Trophotropism"of placenta. Sub-membranous vessels are not protected by Wharton jelly and are easy to be injured . VCI incidence: 1-2% singleton, 7% dichorionic twins, up to 40% monochorionic twins VCI increased the risk for adverse perinatal outcome significantly. Preterm birth, low birth weight, perinatal mortality, hemorrhage complications at labor during manual extraction of placenta Surveillance ultrasound is recommended and follow-up for grow that 28-32 weeks in low-risk cases. More frequent surveillance for higher risk pregnancies. Well-informed patient and the discussion of delivery the baby at proper pregnant week is suggested.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E075	單側卵巢缺損併正常子宮於不孕女性的案例報告
臨時稿件編號：0422	Unilateral ovarian absence in an infertile woman with a normal uterus: a case report 陳彥甫 ¹ 張瑞君 ¹ 台中榮民總醫院婦女醫學部 ¹
論文發表方式：海報	Objective: We present a rare case of unilateral ovarian absence in an infertile woman, with laparoscopic intraoperative pictures.
論文歸類：生殖內分泌	Isolated ovarian absence without history of operation or infection is seldomly reported. The incidence rate is about one in every 10000 individuals, but clearly underestimated since the majority are asymptomatic. The diagnosis was made by chance following diagnostic surgery to investigate other reproductive system related complaints, such as mass, pain, or infertility. Without combination with abnormality in the uterus or urinary tract system, it is not clear whether to identify the etiology as defect in fetal development. Congenital adnexal torsion with subsequent ischemia and reabsorption is one possibility of explanation. As reported, it does not significantly affect fertility or childbearing. Case report: This is a 29 year-old woman with history of primary infertility for 2 years. Her menstrual cycle was irregular, along with dysmenorrhea for 5 years. She visited our OPD, where infertility evaluation was arranged. Transvaginal sonography revealed one right adnexal cyst, about 5cm of size, which resembled endometrioma, while her left adnexa could not be clearly identified. Hysterosalpingography indicated bilateral tubal proximal occlusion. Hysteroscopy revealed normal endometrial cavity and bilateral tubal os were clearly seen. Her AMH level was 6.6 ng/ml, and her partner's semen analysis showed asthenospermia(SA concentration 40M/ml, motility 25%) but normal morphology(5%). ART was consulted and the patient insisted on trial of natural contraception . Laparoscopic enucleation of the endometrioma was performed afterward, During laparoscopy, except for the right endometrioma with grossly normal patent right tube, absence of left ovary, phimosis of left tube with sparse fimbria and adhesion of descending colon to left adnexa area were noted. After adhesiolysis, absence of left ovary was confirmed. Intraoperative left tuboplasty and enucleation of right endometrioma were performed. Six months after the surgery, the patient received COH-IUI, and got pregnant. She delivered a healthy newborn in the following year. Conclusions: The evaluation in infertile women has been challenging, since about 10-15% of the etiology remains unknown. This case presented is a reminder of unexpected scenario might be overlooked if clinicians do not have the impression in mind. The etiology of congenital ovarian absence still needs more further studies and reports.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E077	做人工受孕時排卵的有無對成功率的影響
臨時稿件編號：0454	Ovulation before or after intrauterine insemination does not affect clinical outcome 張瑞君 ¹ 陳明智 ¹ 谷化芬 ¹ 陳雅芳 ¹ 權詩婷 ¹ 易瑜嬌 ¹ 宮晚帆 ¹ 陳麗宇 ¹ 台中榮總 ¹
論文發表方式：海報	Study Question:, In IUI cycles, dose insemination carried out in cycles after the occurrence of follicle rupture affect clinical outcome?
論文歸類：生殖內分泌	Study Design, Size, Duration:, Retrospectively analysis 1491 COH-IUI cycles in VGHTC between January 2015 and June 2021. We included cycles with HCG trigger, have confirmed ovulation by transvaginal ultrasound, and performed insemination < 48 hours within HCG trigger. We excluded who received twice insemination in one cycle. Materials, Setting, Methods:, Patients were initially stimulated with 100 mg clomiphene citrate for 5 days, starting on day 3 and 150 IU FSH or HMG on DOC 6,8,10. Ovulation was induced with HCG 10,000 IU or Ovidrel 250mcg once the leading follicle > 18 mm. Insemination was usually arranged in 42 hours if once insemination was scheduled. The data was presented as the mean + Standard Deviation, or as a percentage. Group comparison was performed in SPSS (Version 18) using Mann-Whitney and Pearson's Chi square tests. P < 0.05 was considered statistically significant. Logistic regression analysis was used to adjust for potential confounders. Main Results:, There was total 1339 cycles. After excluded patients received twice insemination in one cycle, there were 841 cycles, included 652(77.5%) cycles with follicle rupture before IUI and 187 (22.5%) cycles with follicle rupture after IUI. The age is compatible between 2 group (34.2 y/o versus 34.4 y/o p=0.705). Follicle >17mm on the trigger ovulation day were comparable (2.6 versus 2.4, p=0.145). Total motile sperm count (x106) after semen preparation were lower in follicle rupture before insemination group (25.7 + 20.7 versus 31.7 + 25.4 p= 0.004). The CPR and OPR were compatible in which group (CPR 18.1% versus 15.9% p =0.479; OPR 14.3% versus 10.1% p=0.134). Logistic regression analysis show OPR was only affected by females' age. If female age <38 y/o, the HR of CPR is 1.796, 95% CI 1.047~3.082, p= 0.033; HR of OPR is 6.646 95% CI 2.41-18.33 p< 0.01; The OR of OGR in follicle rupture before IUI is 1.71 1.489, 95% CI 0.88~2.51, p=0.136 Conclusion: In conclusion, the results of the analysis show that ultrasonography before IUI-H to visualize whether ovulation had occurred is not needed. OPR was only associated with female's age

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E078	雌激素對取卵數的比值在卵巢反應低下患者接受微刺激治療結果的影響
臨時稿件編號：0498	The influence of estradiol/oocyte ratio on the outcome of POSEIDON 3 and 4 patients under mild ovarian stimulation 蔡天琦 ¹ 吳憲銘 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式：海報	Objective: To evaluate the influence of the ratio of estradiol measured on the triggering day to the number of oocytes retrieved on the outcome of poor responders, especially POSEIDON 3 and 4 patients under mild ovarian stimulation with clomiphene.
論文歸類：生殖內分泌	Materials and Methods: This is a retrospective study, consisting of 28 IVF cycles in Chang Gung memorial hospital from Jan, 2020 to Dec., 2020. We included women classified as POSEIDON 3 and 4 patients, and all of them received mild ovarian stimulation with clomiphene. Primary outcome was the embryo quality. Results: The E2/ oocyte ratio was divided into three groups with group 1 (E2/oocyte ratio <250), group 2 (E2/oocyte ratio 250-500) and group 3 (E2/oocyte ratio > 500). The preliminary data showed that highest number of embryos with better quality occurred in group 2. Conclusions: E2/ oocyte ratio in poor responder may show different picture compared to normal responders according to previous studies. The cellular and molecular mechanism and of E2 on the oocyte development and maturation need further research.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E079	在紡錘體輔助的單一精蟲顯微注射時，使用人工輔助卵子活化是否可以改善其生殖治療結果？
臨時稿件編號：0499	The fertility outcome of addition of assisted oocyte activation into spindle view-assisted intracytoplasmic sperm injection. 羅偉哲 ¹ 吳惠銘 ¹ 林口長庚醫院婦產部生殖內分泌科 ¹
論文發表方式：海報	Introduction: In recent decades, the improvement of fertility outcome was augmented by intracytoplasmic sperm injection(ICSi) and spindle view(SV). However, the fertilization rate was plateaued at around 70%. Even though so many works done for improving fertilization, there was still certain percentage of eggs not activated. Hence, assisted oocyte activation(AOA) was proposed and evidence-based studies proves its practicability. We wonder if the addition of AOA to ICSI-SV would possibly make synergic effect. Objective: to compare the fertility outcome between ICSI-SV only and ICSI-SV with AOA Material and methods: retrospective data within single medical center since 2020/01 to 2021/12, around 40 patient with ICSI-SV with or without AOA. Inclusion criteria: couples with previous total fertilization failure(TFF) or low fertilization(LF), male oligospermia, asthenospermia, or teratospermia. Results: primary outcome of ICSI-SV-AOA group(blastocyst formation rate, pregnancy rate, and fertilization rate) show varied percentage of improvement compared to ICSI-SV only group. Implication: the mechanism of the synergic effect of ICSI-SV and AOA was not well understood but the possible augmentation of fertility outcome was observed. A larger, random controlled trial should be held to prove the synergic effect.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E080	子宮內膜異位症之單雙側對於卵巢保留(AMH)之影響 The impact of ovarian endometrioma's laterality on ovarian reserve (AMH)
臨時稿件編號：0501	黃元熙 ¹ 林明輝 ¹ 台北馬偕紀念醫院婦產部 ¹
論文發表方式：海報	Objective: The aim of this study is to evaluate the impact of uncomplicated ovarian endometrioma and its laterality to serum anti-Mullerian Hormone (AMH) levels Material and methods: This is a retrospective study. We collected patients in Taipei and Tamsui Mackey Memorial Hospital(MMH) from September 2019 to September 2021 with the diagnosis of endometriosis of ovary(10 code:N801). Inclusion criteria were patients with the diagnosis with endometrioma alone and those who had preoperative serum AMH levels data. Exclusion criteria were those patients who had other types of adnexal mass (including teratoma, cystadenoma or malignancy), and those who had no preoperative serum AMH level. Then, we divided patients into three groups by age(<30, 30 - 35, and >35). Each group was classified into "unilateral endometrioma group" and "bilateral endometriomas group". Control group was serum AMH levels database collected in Taipei MMH according to age. We analysed the means of serum AMH levels in different groups and compared them with control groups. Results: The mean serum AMH level in age <30 with unilateral endometrioma group was 4.44; 3.59 in bilateral endometrioma group, and 3.95 in control group was. There was no significant different between control group and unilateral endometrioma group with age <30 (SD: 1.755, 95%CI: -0.1309~1.114, p value 0.118), and no significant different between control group and bilateral endometriomas group(SD: 1.863, 95%CI: -1.353~0.633, p value 0.452). The mean serum AMH level in age 30-35 with unilateral endometrioma group was 4.55; 3.34 in age 30-35 in bilateral endometrioma group, and 3.17 in control group. The AMH level in unilateral endometrioma group with age 30-35 was higher than control group(SD: 2.012, 95%CI: 0.671~2.097, p value <0.001), and no significant different between control group and bilateral endometriomas group(SD: 2.389, 95%CI: -2.334~2.675, p value 0.87). The mean serum AMH level in age >35 with unilateral endometrioma group was 2.32; 2.12 in bilateral endometrioma group, and 1.8 in control group. There was no significant different between control group and unilateral endometrioma group with age >35 (SD: 1.563, 95%CI: -0.1072~1.156, p value 0.1), and no significant different between control group and bilateral endometriomas group(SD: 1.975, 95%CI: -0.6990~1.332, p value 0.518). Conclusion: We concluded that there seems to have no impact among uncomplicated endometrioma despite its laterality to serum AMH levels.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E081	本院囊胚的形態分級對植入和活產率之影響 Mophrologic grading of blastocysts influences implation and onging pregnancy rates in our hospital
臨時稿件編號：0503	陳昭穎 ¹ 陳明哲 ¹ 易瑜崎 ¹ 谷化芬 ¹ 陳麗宇 ¹ 陳雅芳 ¹ 權詩婷 ¹ 宮晚帆 ¹ 張瑞君 ¹ 台中榮總婦產部 ¹
論文發表方式：海報	As multiple pregnancies with higher risk of preterm birth and the associated higher morbidity, much of the in vitro fertilization community adopt the strategy to avoid multiple pregnancies is elective single embryo transfer and cryopreservation of spare embryos. To maximize the possibility of a successful pregnancy, it is important to select the embryo with the highest developmental potential and implantation potential. We reviewed 1340 embryo transfer cycles from Jan 2017 to May 2020 from our infertility center. Blastocysts were divided into four groups based on their morphologic grading. Our outcome was clinical pregnancy and live birth rates in our hospital.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E082	產前診斷一例複雜性第五對染色體長臂缺失 Prenatal diagnosis of one case with complex chromosome 5q deletion
臨時稿件編號：0509	林淑嫻 ¹ 關龍錦 ² 吳祝美 ¹ 杜佩玲 ¹ 鍾怡屏 ¹ 蘇羽逕 ¹ 王昱婷 ¹ 郭保麟 ³ 郭宗正 ² 台南郭綜合醫院生殖醫學中心 ¹ 台南郭綜合醫院婦產部 ² 國立成功大學醫學院附設醫院 ³
論文發表方式：海報	INTRODUCTION Interstitial deletions of the long arm of chromosome 5 are uncommon. In some cases, the deletions are large enough to be detected by conventional chromosome analyses and the deletion breakpoints are not estimated precisely. Due to the large number of deleted genes and the lack of precisely defined boundaries of the deletions, genotype-phenotype comparisons are relatively difficult. Here, we report on a de novo interstitial deletion 5q14.3q22.1 detected prenatally. CASE PRESENTATION A 38-year-old Taiwanese woman, gravida 1 para 0, underwent amniocentesis in her first pregnancy at a gestational age of 17 weeks due to advanced maternal age. In a local practice, an ultrasound examination of the fetus did not reveal any abnormal findings. Cytogenetic analysis of the amniocytes showed 46, XY, ? der(5)(5; ?)(q14; ?) de novo. Karyotyping of his parents showed a normal chromosomal complement. A prenatal array-CGH examination on cultured amniocytes revealed three microdeletions at the long arm of chromosome 5. The abnormal chromosomal fragments were discriminated in 5q14.3q21.1 (8.92 Mb), 5q21.1q21.2 (2.36 Mb) and 5q21.3q22.1 (1.83 Mb). After counseling in detail, ongoing pregnancy was accepted. Unfortunately, we could not follow up on this case through delivery because of personal privacy issues. DISCUSSION More than 40 cases of constitutional interstitial deletion chromosome 5q have been reported, mostly before array CGH became available, and only a few of those were studied with molecular markers, FISH, or both. Overall, 20 patients were reported whose deletions partially overlapped the chromosome 5q14.3-q15 region. Certain phenotypic features—including developmental delay and nonspecific dysmorphic facial features such as a prominent forehead, downward slanting palpebral fissures, hypertelorism, a flat nasal bridge, anteverted nostrils, low-set and malformed ears, and a short neck—were commonly observed. In addition, short stature was generally present.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E083	Mifepristone 在細胞壓力與破壞去氧核糖核酸中影響體外胚胎的發育 Mifepristone affects embryonic development in vitro in cell stress and DNA damage
臨時稿件編號： 0516	蘇鈺婷 ¹ 吳承窩 ² 高雄長庚醫院婦產部 ¹ 義守大學醫學院 ²
論文發表方式： 海報	Progesterone (P4) is an essential hormone involving reproductive function for women. RU-486 (mifepristone) is a dominant progesterone receptor (PR) antagonist with a minor effect on glucocorticoid receptors. The uses of RU-486 in contraception and pregnancy termination were established for a long time; however, the exact direct effect in embryonic development remains little known. In the practice of infertility feralization (IVF)-embryo transfer (ET) for embryo culture in vitro, the physiological role of the P4/PR axis in embryonic growth and development remains elusive. In addition, many cases reported that about 10% of women decide to continue the pregnancy after the failure of RU-486 treatment, whereas the risks to the fetus are still controversial. This study investigated the effect of progesterone (P4) and progesterone receptor (PR) in embryonic development, understood the underlying mechanism in modulation of cell proliferation, apoptosis, development, and mitochondrial function. We found that mouse embryos presented PR since the stage of blastocysts. RU-486 treatment directly disrupted embryonic cellular functions in the cultured embryos in vitro by single embryo RNA isolation and transcriptome RNA-seq, and qPCR, such as cell growth, protein proteolysis, cell metabolic stress, unfolding protein response, and DNA damage. Therefore, embryonic development was significantly interfered with by RU-486, resulting in abnormal embryonic development. We expect the findings from this study to provide more insights into embryonic growth and development and extend the knowledge in IVF and medical abortion.
論文歸類： 生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E084	探討囊胚型態等級之優劣對於冷凍胚胎植入療程中的周產期結果之影響 Comparison of perinatal outcomes of live births between poor- and good-quality embryo transfers in frozen embryo transfer cycles
臨時稿件編號： 0522	林瑾蘭 ¹ 周奎銘 ¹ 邱上琪 ¹ 吳兆昀 ¹ 李國光 ¹ 林明輝 ¹ 台北馬偕紀念醫院 ¹
論文發表方式： 海報	Study Question: Embryo quality is a key determinant for the IVF success. There was more focus on selecting the best embryo for transfer, while the classification of low-grade blastocyst received less attention. Our study aims to evaluate the differences between transferring good- and poor-quality embryos on their perinatal outcome.
論文歸類： 生殖內分泌	Study design, size and duration This retrospective study including 914 frozen embryos transfer performed at MMH during January 1st, 2013 to July 31st, 2020. Using the Gardner and School craft scoring system for embryo classification: Low-quality blastocyst is defined as less than (<) 3BB; including CC, BC, CB embryos only; while good-quality group, only counted 4AA embryos. We only select all good quality embryos transfer cycle and all poor quality embryo transfer cycle into our study. Materials and methods: Totally, the 914 frozen embryos were transferred, including 532 poor-quality and 382 good-quality blastocysts. Only singleton live births that completed prenatal care and delivery in our hospital and the baby received at least once neonatal follow up in our out patient department were enrolled in both study groups. 59 live births, resulting from morphologically good-quality blastocyst; compared with 36 live births from morphologically poor-quality blastocyst on their pregnancy outcome, obstetric outcome and neonatal outcome. Results: The pregnancy outcomes were compared between the poor- and good-quality embryo groups: The mean maternal age between the groups was similar (35.5 vs 35.7). The blastocyst implantation rate (23.63% vs 53.66%; P<0.05), clinical pregnancy rate (40.63% vs 59.43%; P<0.05), and live birth rate (28.91% vs 43.06%; P<0.05), were higher in the good-quality group. Other characteristics, including parity, infertility duration, the intracytoplasmic sperm injection rate, endometrial thickness, and body mass index were similar. For obstetric outcomes of live births: we noted the poor-quality embryo group has higher incidence rate of hypertensive pregnancy disorders (including gestational hypertensive, pre-eclampsia, eclampsia) than the good-quality embryo group (13.89% vs 3.39%; P=0.057); although it did not reach statistical significance. Besides; the fetal birth weight between two groups (2997.8gm vs 3096.33gm; P=0.601) has no statistical differences, but the fetal macrosomia rate was increased in poor quality embryo group(0% vs 5.56%; P=0.07), although it still has no statistically significant difference. The other perinatal outcomes, such as preterm delivery rate, gestational diabetes mellitus and neonatal congenital anomaly were also similar between two groups. Conclusions: In our study, we found that even transferring all poor-quality embryo, there still has more than a quarter of opportunity (28.91%) to reach a live birth; the information could be helpful for making treatment decision. We also noted a higher incidence of hypertensive pregnancy disorders and fetal macrosomia rate in the poor-embryo transfer group, however, it needs larger sample size studies for further conclusion.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E085	如何簡易決定囊胚植入數目？保持高懷孕率並減少多胞胎率之囊胚植入策略 Analysis of blastocyst transfer policy to maintain high live birth rates and low multiple pregnancy rates
臨時稿件編號： 0551	王瑀 ¹ 易瑜崎 ^{1,2} 谷化芬 ^{1,2} 陳雅芳 ^{1,2} 宮晚帆 ^{1,2} 張瑞君 ^{1,2} 權詩婷 ^{1,2} 陳麗宇 ^{1,2} 陳明哲 ¹ 臺中榮民總醫院婦女醫學部 ¹ 生殖內分泌科暨不孕症科 ²
論文發表方式： 海報	Background and Aims: Multiple pregnancy rate has been high in Taiwan compared with other countries. To reduce multiple pregnancy rate, this study aimed at the optimal cut-off age for single blastocyst transfer or double blastocyst transfer to maintain good live birth rates (LBRs) and reduce multiple LBRs (MLBRs) Materials and Methods: Retrospectively analyze 1956 frozen embryo transfer cycles in TCVGH between January 2015 and June 2020. We included cycles with single blastocyst transfer (SBT) and double blastocyst transfer (DBT). We analyze singleton and multiple live birth rates of different groups. Patients were grouped by age categories, the conditions and numbers of blastocysts transferred. LBRs and MLBRs between different groups were compared, between SBT and DBT; between compulsory SBT and elective SBT; between compulsory DBT(cDBT) and elective DBT(eDBT). Results: Patients under 38-year-old have high multiple live birth rates. The live birth rates gap between SBT and DBT for patents age 35 to 38 is 15.1% but the multiple pregnancy rates is 15 times higher. If we focus on patients with elective SBT, the live birth rates will increase to 39.4%, and the gap between elective SBT and DBT is 12.1% (age 35-37). Even in cDBT patients, age under 38 still showed high MLBRs (19.72% age <35 and 18.99% age 35-<38). It also showed that age 38 to 41 has a relatively high MLBRs (10.28%) in eDBT. Conclusions: ART centers in Taiwan should take the advantage of the subsidized ART policy started since July 2021. Reducing multiple live birth rates and focusing on cumulative live birth rates are pressing issues. Our data reaffirmed that SBT could be applied to patients below 38 years old. cDBT could be allowed for patients 38 to 41 but not eDBT. Patients older than 41 y/o can received DBT for a higher live birth rate. This simple discriminatory policy could keep us maintain satisfactory LBRs and minimal (1%) to low (7.7%) MLBRs.
論文歸類： 生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E086	孕保寧濃縮輸注液對肌腺症或子宮肌瘤不孕病人之影響 The effect of atosiban on infertile women with adenomyosis or uterine fibroids.
臨時稿件編號： 0562	林嘉珍 ¹ 吳成玄 ¹ 吳信宏 ¹ 陳郁菁 ¹ 楊小萱 ¹ 黃筱秦 ¹ 賴秀燕 ¹ 莊羽豐 ¹ 吳翠瑩 ¹ 湯琳玉 ¹ 蔡鴻德 ¹ 彰化基督教醫院 ¹
論文發表方式： 海報	Abstract: Background: Though the definition of recurrent implantation failure (RIF) is debated by different institutes, to overcome the implantation failure is still a challenge for all infertility centers and infertile patients. There are several approaches to prevent RIF; Atosiban, an oxytocin receptor antagonist, is one of them. It is demonstrated to improve implantation rate by reducing uterine contractions and increasing endomyometrial perfusion. It has been known that the patients with adenomyosis or uterine fibroid have difficult with implantation. Thus, in this cohort study, we will focus on the effects of Atosiban on adenomyosis and uterine fibroid patients in our infertility facility.
論文歸類： 生殖內分泌	Methods : A cohort study was conducted by utilizing the data from the assisted reproductive center in a tertiary hospital Changhua Christian hospital since October in 2020. Up to current date, 33 women using atosiban before embryo transferred have been collected. Among them, 16 patients have either uterine fibroid or adenomyosis or both. Therefore, 1 ml of Atosiban (37.5mg/5ml) is given intravenous push before frozen embryo transfer (FET); then, the rest (4 ml) is diluted in 500ml normal saline giving continuously during FET and the infusion was finished in two hours. Pregnancy will be confirmed 14 days after FET by β-human chronic gonadotropin level. Results: With the limited data currently, the mean age of patients is 40.1 years old. The mean year of infertility is 5.25 years. Nine out of 16 embryo is D5 embryo. The biochemical pregnancy rate reached 43% (7 out of 16) in our infertility center. Conclusions: Atosiban used in adenomyosis and/or uterine fibroid patients did present good prognosis with limited data in our infertility center. The data will be collected continuously for better analysis.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E087 臨時稿件編號：0563	子宮內膜異位症相關之不孕症使用油性顯影劑行輸卵管沖洗後成功懷孕的病例 Successful pregnancy after laparoscopic tubal flushing with oil contrast medium in endometriosis-related infertility women - case series 李瑋婷 ¹ 黃佩真 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式：海報	Background: Endometriosis can influence fertility in several ways including adhesions, scarred fallopian tubes, inflammation of the pelvic structures, altered immune system functioning. Many studies have demonstrated increased pregnancy rates after hysterosalpingography. Pregnancy rates were higher among women who received hysterosalpingography with oil contrast medium than those with water contrast. A similar result has also been found in the infertility woman with history of endometriosis. There was rare study to discuss whether oil contrast medium had the fertility effect in laparoscopic chromopertubation. Only one research found there was a trend of earlier conception in the oil contrast medium group than in the saline group although there had no statistically significant difference in the cumulative probability of conception between the oil contrast medium and saline group. Case：The first case is a 32 years old lady who had primary infertility with right endometrioma. She got pregnant naturally after receiving laparoscopic ovarian cystectomy and tubal flushing with oil contrast medium. The second case is a 36 years old woman who had bilateral endometrioma, total occlusion of the left fallopian tube and partial stenosis of the right side. She had received laparoscopic bilateral cystectomy and tubal flushing with oil contrast medium then followed by intrauterine insemination and got pregnancy successfully. Conclusion：Oil contrast medium may have therapeutic effect and be a new option in laparoscopic tubal flushing for endometriosis-related infertility women.
論文歸類：生殖內分泌	

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稿件編號：E088 臨時稿件編號：0582	43 歲以上婦女取卵數 4-10 顆和 10 顆以上之累積活產率相似 The Cumulative Live Birth Rate was Comparable in Women≥ 43years with Hyper Response (>10 oocytes retrieved) and Normo Response (4-10 oocytes retrieved). 宮曉帆 ¹ 陳明哲 ¹ 谷化分 ¹ 易喻嬌 ¹ 張瑞君 ¹ 陳雅芳 ¹ 權詩婷 ¹ 陳麗宇 ¹ 台中榮總 ¹
論文發表方式：海報	Study Question: To assess whether women ≥43y with hyper response (>10 oocytes retrieved) had better pregnancy outcomes than normo response (4-10 oocytes retrieved) and poor response (<4 oocytes retrieved). Study Design, Size, Duration: Women aged ≥43y with hyper response (28 cycles group A), normo response (122 cycles group B) and poor response (98 cycles, group C). Materials, Setting, Methods: This Retrospective cohort study included 248 patents ≥43y who underwent ICF/ICSI cycles between January 2014 and Dec.2020.The pregnancy outcomes including fresh ET and frozen were followed up until May 31, 2021. The primary outcomes was CLBR. Main Results: Significant differences were observed in the number of retrieved oocytes, AMH and available embryos among the three groups. The CLBR was similar in the group A and B (16% vs. 9.2%, p=0.3)but higher than group C (0%). Conclusion: We found that after the age of 43, trends in better pregnancy outcomes were observed in the group of higher number of oocytes retrieved, but statistical significance was not reached. This may due to the limited number of patients aged 43 and over.
論文歸類：生殖內分泌	

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稿件編號：E089 臨時稿件編號：0585	以子宮鏡來當作子宮內膜受容性的檢測標準評估懷孕率 Assessment of Endometrial Receptivity and Associated Pregnancy Rate with Hysteroscopy 宋衍儒 ¹ 陳亮瑩 ¹ 金孜璇 ¹ 黃尚玉 ¹ 張嘉琳 ¹ 黃泓淵 ¹ 宋永魁 ¹ 吳憲銘 ¹ 林口長庚紀念醫院 ¹
論文發表方式：海報	Study Question: To evaluate whether glandular opening variations of the endometrium and severity of chronic endometritis seen with hysteroscopy can serve as objective markers for predicting endometrial receptivity. Study Design, Size, Duration: This retrospective study included a total of 60 patients who had undergone hysteroscopic examinations as part of their infertility workup in the Reproductive Center of CGMH from 2021 to 2022 Materials, Setting, Methods: Based on the observations seen on hysteroscopy, the patients were categorized into four groups: (a) presence of good glandular opening and chronic endometritis (b) presence of good glandular opening but no chronic endometritis (c) absence of good glandular opening but presence of chronic endometritis (d) absence of good glandular opening and chronic endometritis. Assessment also comprised of their dynamic hormone profiles and clinical outcomes. Main Results: From our analysis, hysteroscopic observation of good glandular opening was associated with higher pregnancy rate. Meanwhile, in concordance with prior studies, presence of chronic endometritis can negatively affect the pregnancy rate. Out of the four groups mentioned above, group B may have the highest clinical pregnancy rate while group C may have the lowest. Conclusion: The quality of glandular opening and absence or presence of chronic endometritis seen under hysteroscopy can potentially be markers for assessing endometrial receptivity and indications for higher clinical pregnancy rate.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E090 臨時稿件編號：0592	少精症和早期胚胎發育之關聯 The relationship between oligospermia and early embryogenesis 徐以樂 ¹ 張至婷 ¹ 羅匯文 ¹ 莊慧瑛 ¹ 蔡英美 ¹ 高醫婦產部 ¹
論文發表方式：海報	Objective: Male infertility with severe oligospermia has a higher risk of Y chromosome microdeletion, genetic abnormalities, and abnormal methylation. There are increasing shreds of evidence to show that the role of sperm is crucial in early embryogenesis. The abnormal sperm will lead to genomic instability and adverse effect on embryo development. Based on this understanding, the early embryogenesis was assessed in male infertility patients underwent ART in Kaohsiung Medical University Hospital. Materials and methods: Infertility patients were selected for this study from January 2013 to December 2017. Autologous cycle with own oocyte and sperm were included. Sperm was collected by ejaculation. The sperm parameter was defined according to the guideline of WHO, 2010. Sperm concentration in semen less than 15 million sperm per milliliter is oligospermia. The oligospermia was further divided into mild (10-15 million/mL), moderate (5-10 million/mL), and severe (<5 million/mL). Once patients were diagnosed with oligospermia, ICSI was performed. Patients with normal sperm parameters were performed ICSI or not. Hence, there were five groups in this study: normal_NoICSI, normal_ICSI, mild, moderate, and severe oligospermia ICSI. Oocytes were retrieved after injection of hCG for 36 hours. The oocytes were graded A to D based on the cumulus cells. Embryos were recorded by microscopy images at different time points: 2PN, Day 2, Day 3, and Day 5 post-insemination. At Day3 time point, numbers of blastomeres, the degree of fragmentation, and symmetry were recorded. The good quality of embryos on Day 3 was defined as eight or more blastomeres combined with no fragmentation and symmetry. At Day 5 time point, grading of expansion (1 to 4), inner cells mass (A to C), and trophectoderm (A to C) were recorded. The good quality of embryos on Day 5 was defined as 4AA. Chi-square test, ANOVA, and multiple regression were used by SPSS and R software. A p-value of < 0.05 was considered statistically significant. The covariates were maternal age, oocyte grading, infertility duration, sperm volume, and sperm motility. Main results: In total, there were 2,253 oocytes selected for this study. The results show that the fertilization rate (p<0.0001), cell numbers of Day3 (p<0.0001), fragmentation of Day3 (p=0.0037), quality of Day3 (p<0.0001), and quality of day5 (p=0.0005) are significantly lower in moderate and severe groups than normal_NoICSI, normal_ICSI, and mild groups. However, there were no significant differences in day2 embryos development among the five groups. We further analyzed the embryo characters among the five groups. The results show that the fertilization rate, cell numbers of day3 are significantly lower in normal_ICSI, moderate, and severe groups compared to the normal_NoICSI group. However, there is no significant difference in the fertilization rate and numbers of day 3 between normal_NoICSI and the mild groups. Conclusion: Our preliminary data show that moderate and severe oligospermia has a negative impact on early embryogenesis, especially in the fertilization rate, day 3 embryos, and day 5 embryos. There is no significant impact on early embryogenesis in the mild oligospermia group. Moreover, ICSI has a negative effect on early embryogenesis in normal sperm parameter groups.
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台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E091	以淋巴細胞免疫療法治療不明原因復發性流產的台灣女性：病例報告 Paternal lymphocyte immunotherapy for unexplained recurrent pregnancy loss 董存壹 ¹ 林亮吟 ¹ 陳怡婷 ¹ 林觀倫 ¹ 溫仁育 ¹ 蔡永杰 ¹ 奇美醫院婦產部 ¹
臨時稿件編號：0602	
論文發表方式：海報	Introduction: The relationship between human leukocyte antigen (HLA) sharing with recurrent pregnancy loss have been hypothesized that women who experienced recurrent pregnancy loss (RPL) may be failure to produce blocking antibodies reacting to paternally encoded alloantigens expressed at the trophoblast level since 1990s. As molecular biology progresses, researchers have found expression of HLA on trophoblast. There may be a role of HLA expression in recurrent pregnancy loss. Several data have been reported in various ethnicity. According to data in our center, we found a possible tendency of having more than two pairs of sharing HLA allele in couples with RPL. Considering on this finding, paternal lymphocyte immunotherapy may be a solution for getting pregnancy in couples diagnosed with unexplained RPL. Case report: This 38-year-old woman first visited our infertility clinics for counseling. She had a history of four times of pregnancy loss, all around 7-8 weeks of gestation. During initial work up, a comprehensive survey was done. Endocrinology test revealed normal data. Chromosomal analysis revealed normal karyotype. Ultrasound revealed no obvious uterine abnormality. Endometrial biopsy found compatible with chronic endometritis, so a full regimen of antibiotics treatment was given. However, she still did not get pregnant. Because of no other identifying cause of recurrent pregnancy loss. We checked the HLA determination by means of PCR-sequence specific priming (SSP) of this couple and found five pairs of HLA sharing including A02, B38, C07, DR04, DQ08. Paternal lymphocyte immunotherapy was then performed on this woman for 1 time per month for five months. Regular sex behavior was encouraged. She then got pregnant by natural conception which was first confirmed twin pregnancy at seven weeks of gestation. During prenatal care, there were no abnormal findings. NIPT also revealed normal findings. She then gave live birth at 36 weeks and 6 days with two healthy live birth babies whose birth body weight were 2065 gm and 2455 gm. Conclusion: It is worth exploring the HLA determination in couples with unexplained RPL and consider treating the potential candidates with paternal lymphocyte immunotherapy. In this case, we demonstrated a successfully treated case with unexplained recurrent pregnancy loss by paternal lymphocyte immunotherapy.
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台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E092	精子線粒體中氧化磷酸化的副產物(ROS) 會損害精子質量。 Excessive reactive oxygen species (ROS) as a side-product of oxidative phosphorylation in sperm mitochondria can harm sperm quality. 黃允璦 ¹ 李宗賢 ¹ 中山醫學大學附設醫院 ¹
臨時稿件編號：0605	
論文發表方式：海報	Abstract: Exceed reactive oxygen species (ROS) as a side-product of oxidative phosphorylation in sperm mitochondria can harm sperm quality. SUMOylation (small ubiquitin modification) is a post-translational modification that plays an important role in sperm function and spermatogenesis. Even ROS are thought to be a regulator of SUMOylation in mammals, rare studies show the correlation between ROS and SUMOylation in human spermatozoa. In this study, we detected ROS and SUMOs expression level and localization from 55 human semen samples separated by the density gradient centrifugation method. We found that ROS positively correlated with SUMO1 in immotile fractions (Spearman correlation: r = 0.289, p = 0.033). We also found that those cases with SUMO1 expression at the neck had higher ROS levels than those without SUMO1 expression at the neck. We demonstrate that ROS positively correlates with SUMO1 expression and localization at the human sperm neck.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E093	根據 Bologna 及 POSEIDON 定義的卵巢反應不良患者之流產率分析 Miscarriage rate of poor ovarian responders according to Bologna and POSEIDON criteria, a retrospective cohort study 蕭宇揚 ¹ 蘇鈺婷 ¹ 蔡妮瑾 ¹ 藍國忠 ^{1,2} 高雄長庚紀念醫院婦產部 ¹ 台中仁愛醫院 ²
臨時稿件編號：0620	
論文發表方式：海報	Objective: Previous studies have shown that patients who are classified as poor ovarian responders (POR) may have worsened reproductive prognosis. In the present study, we attempted to investigate the miscarriage rate in poor responders according to Bologna and POSEIDON (Patient-Oriented Strategies Encompassing Individualized Oocyte Number) criteria. Materials and methods: We conducted this single-center retrospective study of all women who achieved pregnancy by assisted reproductive treatment between January 1998 and December 2020. The miscarriage rate was defined as the spontaneous pregnancy loss before 20 weeks of gestational age in each clinical pregnancy. The patients without serum AMH levels are classified into the Bologna group according to the patient's age and numbers of oocytes retrieved, compared to old age women who retrieved more oocytes. Others with serum AMH levels are divided into four POSEIDON groups (PG1-4). Results: A total of 2884 clinical pregnant women were analyzed and 423 patients meet the Bologna or POSEIDON criteria as PORs. In the Bologna group, the miscarriage rate was significantly higher than in the control group. In the POSEIDON groups, overall miscarriage is statistically higher than the non-POSEIDON group, especially in the expected POR group and old-age group. PG4 patients have the highest miscarriage rate whether no patient in PG1a experience pregnancy loss. The miscarriage rate had an increasing trend in the older group but was only significant between PG1 and PG2, not in PG3 and PG4. Conclusion: Miscarriage rate are different in poor ovarian responders according to Bologna and POSEIDON criteria. Older patients with diminished ovarian reserve have the highest miscarriage rate.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E094	冷凍卵子解凍時出現內質網聚集現象影響受精率及胚胎發育 Thawed oocyte with smooth endoplasmic reticulum clusters affects fertilization and embryo development 周奎銘 ¹ 李國光 ¹ 吳兆昀 ¹ 邱上琪 ¹ 林明輝 ¹ 台北馬偕醫院婦產部不孕症科 ¹
臨時稿件編號：0621	
論文發表方式：海報	STUDY QUESTION Whether thawed oocyte with smooth endoplasmic reticulum (SER) clusters may be different in fertilization and embryo development under time-lapse imaging analysis Study Design, Size, Duration: We retrospectively enrolled patients undergoing IVF with ICSI embryos using vitrified-thawed oocytes cycles in our hospital from May 2019 to June 2021. The presence of SER was evaluated using a time-lapse system while studying the dynamic changes within oocytes and embryos. There were total 50 patients, 1226 metaphase II (MII) oocytes, 838 developed embryos (from 48 SER(+) Thawed oocytes; 1178 SER(-) Thawed oocytes), and 283 embryos, which conducted with the 29 SER(+) Thawed oocytes and the 254 SER(-) Thawed oocytes were analyzed under time-lapse system. Materials, Setting, Methods: Demographic data included the patient's age, AMH and factor of infertility. Cycle characteristics included number of M-II oocytes, fertilization rate, cleavage rate, and blastulation rate. The markers of development included: timing of pronuclear number and fading (PNf), the 1st cell division that led to 2 cells (t2) and subsequently divisions that led to 3, 4, 5, 6, 7, 8 cells (t3, t4, t5, t6, t7 and t8 respectively) and in time of start of blastulation (tSB). We analyzed in terms of cleavage times (PNf, t2, t3, t4, t5, t6, t7, t8 and tSB). Parametric continuous data were compared using Student t-test and proportions compared using the Chi-square test. A P value of < 0.05 was considered significant. Main Results: The SER(+) group had a lower fertilization rate than the SER(-) group (59.32 ± 30.58% vs. 68.72 ± 31.53%, p= 0.040), a lower blastocyst formation rate/MII oocyte (3.41 ±3.84 vs. 12.64 ± 13.22%, p= 0.033), and a potentially higher rate of arrest at 2PN (22.43±25.42% vs. 14.67±13.88%, p=0.082). The cleavage and blastocyst formation rate/2PN and the embryo development up to timing of pronuclear number and fading (PNf) was no statistically different between the SER(+) group and the SER(-) group. Conclusion: The value of oocyte morphologies is important in the growing need of oocyte cryopreservation and when only a small number of oocytes is available. The thawed oocytes with smooth endoplasmic reticulum (SER) clusters had a lower fertilization rate and a lower blastocyst formation rate per MII oocyte. Once the oocyte is fertilized to 2PN embryo, no statistically different in the cleavage formation rate, the blastocyst formation rate and embryo development.
論文歸類：生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E095	大的卵巢內膜異位瘤對 IVF/ICSI 卵巢反應之影響 Impact of large endometrioma on ovarian response in IVF/ICSI
臨時稿件編號： 0636	
論文發表方式： 海報	張鈞婷 ¹ 張瑞君 ¹ 陳明哲 ¹ 易瑜崎 ¹ 宮晚帆 ¹ 谷化芬 ¹ 陳麗宇 ¹ 陳雅芳 ¹ 權詩婷 ¹ 台中榮總 ¹
論文歸類： 生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E096	為達成最佳累積活產率在為高抗穆勒氏荷爾蒙患者進行人工生殖時最合適的誘導 排卵期間是幾天？ Looking for an optimal duration of ovulation induction before triggering to achieve highest cumulative live birth rates in high AMH patients
臨時稿件編號： 0642	
論文發表方式： 海報	陳明哲 ¹ 陳雅芳 ² 谷化芬 ² 易瑜崎 ² 宮晚帆 ² 張瑞君 ² 陳麗宇 ² 權詩婷 ² 台中榮民總醫院婦女醫學部 ¹ 台中榮民總醫院婦女醫學部內分泌暨不孕症科 ²
論文歸類： 生殖內分泌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E098	停經後乳癌患者接受 tamoxifen 治療引發由內膜異位瘤誘發卵巢類內膜癌(個案報告) Ovary endometrioid carcinoma and endometriosis developing in a postmenopausal breast cancer patient during tamoxifen therapy A Case Report and Review of the Literature
臨時稿件編號： 0354	
論文發表方式： 海報	張維鑑 ¹ 簡婉儀 ¹ 高雄阮綜合醫院 ¹
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E099	子宮頸癌惡性肉瘤(個案報告) Carcinosarcoma of cervix A Case Report and Review of the Literature
臨時稿件編號： 0356	
論文發表方式： 海報	張維鑑 ¹ 簡婉儀 ¹ 高雄阮綜合醫院 ¹
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E100	STIP1 在癌症的角色 Intracellular targeting of STIP1 inhibits human cancer cell line growth
臨時稿件編號： 0357	黃慧君 ¹ 吳凱筠 ¹ 趙安琪 ¹ 林口長庚紀念醫院 ¹
論文發表方式： 海報	Background: Extracellular and cell-surface molecules remain the most common druggable cancer targets. However, intracellular therapeutic modalities are gaining momentum. The overexpression of stress-induced phosphoprotein 1 (STIP1), an adaptor protein that coordinates the functions of different chaperones in protein folding, has been reported in several solid malignancies. Here, we investigated the effects of intracellular STIP1 inhibition, attained either through the HEPES-mediated cytosolic delivery of anti-STIP1 antibodies or the use of a cell-penetrating signal-tagged peptide 520, in different human cancer cell lines and luciferase-expressing murine ovarian cancer cells (MOSEC/Luc) tumor-bearing C57BL/6 mice. Methods: The effects of STIP1 in different human cell lines were determined by cell viability, cell cytotoxicity and cell apoptosis assays. Immunoblotting was used to assess the relevant proteins found in this study and tumor xenograft mice models were also employed. Results: Intracellular targeting of STIP1 inhibited cancer cell line growth and promoted caspase 3-dependent apoptotic cell death. Moreover, the intracellular delivery of anti-STIP1 antibodies facilitated the degradation of STIP1 and two of its client proteins, lysine-specific demethylase 1 and Janus kinase 2. In vivo studies demonstrated that survival of mice bearing experimental tumors was improved by administration of anti-STIP1 antibodies. Conclusions: Our findings demonstrate that the cytosolic inhibition of STIP1 in tumor cells is feasible and provides a solid basis for further investigation of STIP1 as an intracellular cancer target. Our findings demonstrate that cytosolic inhibition of STIP1 in tumor cells is feasible and provide a solid basis for further exploration of STIP1 as an intracellular cancer target.

	Based on previous study, our patient showed a relatively similar IHC result with positive of EMA, AE1/AE3, SMA and negative on CD34, IN1, desmin, CD10 and SOX10. However, our patient showed a negative ER which is never reported in previous studies. Currently available outcome data of MELTVRs provide several insights into their clinical course. Studies showed that obtaining negative margins is critical for local control because regrowth and local recurrence seems only occurs in those without a safe margin. Late recurrence is noticed 12 years after surgery in one study. Therefore, long-term follow-up is necessary. Although some local recurrences were observed, there were no distant metastases noticed. This is unexpected given that some MELTVRs showed high-grade nuclear atypia, increased mitotic activity, and vascular invasion. If the criteria of malignancy proposed for soft tissue myoepitheliomas would have been applied, some might be categorized as malignant. Whereas classic malignant myoepitheliomas of the vulva were reported to have a high risk for metastasis and MELTVRs showed an excellent prognosis except for local recurrence.
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稿件編號：E101	反覆復發之外陰部肌上皮瘤樣腫瘤: 案例報告 Recurrence myoepithelioma tumor of the vulvar region: a case report
臨時稿件編號： 0362	王瑋 ¹ 許世典 ¹ 臺中榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	History Ms. Weng is a 55-year-old woman without systemic disease. Her OGBY history is G5P3A2 and menopause at 48-year-old. She first noticed left vulvar mass in 2016 and received 1st excision surgery on 2016/9. Pathological report showed cellular angiofibroma. But patient encounter recurrence after 1st surgery. She received 3 more surgery before visiting our hospital on 2017,2018 and 2020 all in the same location. The following pathological reports of 2nd, 3rd and 4th excision showed inflammatory myofibroblastic tumor. She visited our hospital on 2020/7 after 4th excision on 2020/01 due to pelvic CT showed recurrence 2.9cm lesion at left vulva. Patient received 5th excision on 2020/7 and final pathological reported showed inflammatory myofibroblastic tumor at first and shifted to myoepithelioma-like tumors of vulvar region after further discussion and more detail Immunohistochemistry (IHC) reports. During follow-up, a 2.6cm recurrence lesion noticed again under CT on 2021/9. 6th excision was arranged on 2021/10. Pathologic diagnosis of 6th excision was recurrent myoepithelioma-like tumor. Patient is now under follow-up. Discussion Myoepithelioma-like tumors of the vulvar region is first introduced in 2015. Some pathologists noticed these tumors has a different IHC result but similar morphology as myoepithelioma. Some consider these tumors as an unusual variant of myoepitheliomas, whether others felt uncomfortable in making a definitive diagnosis. Therefore, a tentative label: myoepithelioma-like tumors of the vulvar region (MELTVRs) is introduced to better characterize these tumors to analyze their detailed clinicopathology prognosis. MEKTVRs often has a similar morphology as myoepithelioma, which showed reticular or trabecular loosely cohesive growths of epithelioid or spindle cells in a variable myxoid or hyalinized background. It represents SMARCB1-deficient vulvar neoplasms with no FUS, EWSR1 and PLAG1 or other known myoepithelioma-related gene rearrangements. The IHC showed negative of AE1/AE3, keratins (KL1 and CAM5.2), S100, CD34, GFAP, SALL4, PLAG1, SOX10, HMB45 and Desmin. And usually positive of EMA, ER (diffuse and at least moderate expression) and SMA. But under current evidence, it is still not clear if MELTVRs are an independent entity or an unusual subtype of myoepitheliomas. The difference between MELTVRs and myoepithelioma is that myoepithelioma usually showed positive keratin an S100 result. And the gene rearrangements are usually present. Myoepithelioma is usually benign but can behave aggressively sometimes. Malignant behavior is predicted by the presence of nuclear atypia, and such histologically malignant myoepitheliomas (also known as myoepithelial carcinomas) have a 30% to 50% risk for metastasis. During the 1st excision, cellular angiofibromas is diagnosed. However, cellular angiofibromas usually lack of the epithelioid cytology and myxoid reticular architecture often observed in MELTVRs and often showed positive CD34. Inflammatory myofibroblastic tumor was reported during 2nd to 5th excision. Inflammatory myofibroblastic tumor is mostly positive on desmin and CD34. It usually made up of myofibroblastic spindle cells. And it is also linked to ALK gene which is positive in our 5th pathological diagnosis but negative in our 6th pathological diagnosis. Other malignancy diagnosis such as epithelioid sarcomas and malignant rhabdoid tumor showed a different morphology result and are more aggressive than MELTVRs.
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E102	子宮頸原發性惡性黑色素瘤：病例報告 Primary malignant melanoma of the Cervix: A Case Report
臨時稿件編號： 0369	沈安岑 ¹ 康介乙 ¹ 黃國峯 ¹ 孫怡虹 ¹ 林俊宏 ¹ 奇美醫學中心 ¹
論文發表方式： 海報	Primary malignant melanomas (MMs) of the female genital tract are rare, comprising 3% to 7% of all mucosal melanomas [1]. The vulva is the most common site (70%), followed by the vagina and the cervix. Eighty cases of cervical MM have been reported [2]. As there is no treatment guideline for gynecological MM, therapeutic strategies include operation, immunotherapy, chemotherapy and target therapy. This report describes a rare case of primary MM involving the vagina and cervix, and explore the current treatment strategy for this rare disease. On the basis of our experience, we recommend a combination of dacarbazine and platinum-based regimens with preoperative RT in advanced gynecologic melanomas to shrink tumor size and get free surgical margin easier. We checked BRAF mutation of this patient and nivolumab therapy may be a choice to offer better survival.
論文歸類： 婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E103	乙酰輔酶 A 合成酶 2 在子宮頸癌與免疫浸潤作為預後的生物標誌物之研究 Acetyl Coenzyme A Synthase 2 Acts as a Prognostic Biomarker Associated with Immune Infiltration in Cervical Squamous Cell Carcinoma 蔣安仁 ¹ 高雄榮民總醫院 ¹
臨時稿件編號：0375	
論文發表方式：海報	Abstract: Cervical squamous cell carcinoma (CESC) is one of the most common malignant tumors in women worldwide with a low survival rate. Acetyl coenzyme A synthase 2 (ACSS2) is a con- served nucleosidase that converts acetate to acetyl-CoA for energy production. Our research in- tended to identify the correlations of ACSS2 with clinical prognosis and tumor immune infiltration in CESC. ACSS2 is highly expressed in many tumors and is involved in the progression and metas- tasis of these tumors. However, it is not clear how ACSS2 affects CESC progression and immune infiltration. Analysis of the cBioPortal, GEPIA2, UALCAN, and TCGA databases showed that ACSS2 transcript levels were significantly upregulated in multiple cancer types including CESC. Quantitative RT-PCR analysis confirmed that ACSS2 expression was significantly upregulated in human cervical cancer cells. Here, we performed tissue microarray analysis of paraffin-embedded tissues from 240 cervical cancer patients recorded at FIGO/TNM cancer staging. The results showed that ACSS2 and PDU were highly expressed in human CESC tissues, and its expression was asso- ciated with the clinical characteristics of CESC patients. TIMER database analysis showed that ACSS2 expression in CESC was associated with tumor infiltration of B cells, CD4+ and CD8+ T cells, and cancer-associated fibroblasts (CAF). Kaplan—Meier survival curve analysis showed that CESC with high ACSS2 expression was associated with shorter overall survival. Collectively, our findings establish ACSS2 as a potential diagnostic and prognostic biomarker for CESC.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E104	一個停經後婦女罹患第 4 期卵巢神經內分泌小細胞癌 A postmenopausal women suffered from stage IV small cell neuroendocrine carcinoma of the ovary 許証揚 ¹ 吳鏡堉 ¹ 高雄醫學大學附設醫院婦產部 ¹
臨時稿件編號：0403	
論文發表方式：海報	Objective Small cell neuroendocrine carcinoma of the ovary is a rare aggressive tumor among ovarian neoplasms. We presented a patient with stage IV ovarian cancer, small cell neuroendocrine carcinoma. Materials and methods This 64 year-old female was admitted due to vaginal spotting, postmenopausal bleeding in 2021/4. During the outpatient department, sonography showed uterine mass favor myoma and bilateral adnexal solid mass. Endometrial sampling showed endometrial intraepithelial neoplasia at least. Abdominal CT (computed tomography) showed suspected bilateral ovarian cancers with peritoneal carcinomatosis and ascites, suspect multiple metastases in right lower lobe lung base and suspect metastatic lymphadenopathy in the left paraaortic regions. We then arranged debulking surgery including abdominal total hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymphadenectomy, para-aortic lymphadenectomy, omentectomy, appendectomy and rectal serosal, cul-de-sac tumor excision on 2021/4/21. Pathological report showed bilateral ovarian cancer, small cell neuroendocrine carcinoma, appendix involvement, stage IV, suspect right pleural metastasis. We arranged intra-peritoneal chemotherapy with Paclitaxel and intravenous chemotherapy with Cisplatin (day 1) + Etoposide (day 1-3) thereafter. Due to neuroendocrine tumor involvement of appendix, we contacted gastrointestinal medicine doctor and they took over the patient for treatment and seeking possible clinical trials of treatment. She received further 6 cycles chemotherapy with Etoposide and Carbopatin due to impaired renal function after Cisplatin. Discussion We will review small cell neuroendocrine carcinoma of the ovary: clinical presentation, diagnosis, treatment plan and prognosis.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E105	高分化漿液型卵巢癌合併胃上淋巴結轉移-個案報告 High grade serous ovarian cancer with supra-pyloric lymph node metastasis-Case report 陳怡婷 ¹ 台大醫院 ¹
臨時稿件編號：0404	
論文發表方式：海報	This is a 66 years old female, G5P3AA2, menopause at her 55 years old, who gad hypertension under medication control. She had been her usual healthy status until 2021/8. She felt upper abdominal fullness after oral intake and body weight loss 5 kgs within 1 month. Abdominal sonography in local medical department revealed a pancreatic head lesion. Liver enzymes were checked which revealed elevated AST(38U/L). Tumor maker showed elevated CA-125(411U/mL) and normal CEA, CA-199, and AFP. Abdominal CT was arranged at reported a pancreatic head tumor. EUS-FNA for the pancreatic tumor was arranged. Pathology reported carcinoma, favored gynecological field. Patient was then referred to NTUH gynecological clincis. Abdominal and pelvic CT was arranged which revealed bilateral ovarian tumors and suspected lymphadenopathy at right gastric region. Primary debulking surgery combined with general surgeon was arranged on 2021/10/21. Intra-operative finding revealed a 3X2 cm enlarged lymph node at suprapyloric region, above the common hepatic artery with adhesion to the pancreas. Final pathology reported ovarian high grade serous adenocarcinoma, FIGO IIIA1ii with metastatic right pelvic lymph nodes and metastatic supra-pyloric lymph nodes. Conclusion: There was no case report about supra-gastric nodal metastasis in ovarian cancer. Precise pre-operative image study which reviewed by experienced radiologist is necessary for surgical plan.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E106	使用異位寧治療期間新發生子宮內膜型卵巢癌-病例報告 Newly formed ovarian endometrioid adenocarcinoma during 2-year dienogest treatment - Case report 陳怡婷 ¹ 台大醫院 ¹
臨時稿件編號：0405	
論文發表方式：海報	This is a 42-year-old female, G1P0, who had hypertension under medication control. She suffered from severe dysmenorrhea and hypermenorrhea for 4-5 years. Adenomyosis was diagnosed and patient received 3 doses of leuplin during 2019/1-2019/3 and then bridged to dienogest since 2019/4. Symptoms subsided during dienogest treatment. Regular sonography and serum CA 125 follow-up were done during the treatment. However, transvaginal sonography revealed a right ovarian cyst with papillary solid component and prominent intra-tumoral flow at 2021/06. Tumor makers included CA-125, CA-199 and CEA were all in normal limits. After discussion, patient underwent laparoscopic surgery on 2021/9/2. Laparoscopic right salpingo-oophorectomy was done smoothly and the tumor was sent for frozen section. Frozen section reported adenocarcinoma. So the operation was converted to laparotomic staging surgery. Final pathology reported ovarian endometrioid adenocarcinoma, grade 2, FIGO stage IC1. Conclusion: Serial sonography follow-up is important during dienogest treatment. There is possibleo of newly-formed ovarian endometrioid adenocarcinoma under the dienogest. 目前文獻上僅有使用 dienogest 下內膜異位瘤惡性轉化(malignant transformation) 的案例，本案例是在使用 dienogest 期間新發現的卵巢子宮內膜型惡性腫瘤。 Journal of Medical Case Reports volume 13, Article number: 314 (2019)
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E107	高鈣型卵巢小細胞癌: 案例分析與文獻回顧 Small-Cell Carcinoma of the Ovary hypercalcemic type (SCCOHT): A Case Report and Literature Review 廖柔謙 ¹ 江盈澄 ¹ 國立臺灣大學醫學院附設醫院 ¹
臨時稿件編號：0408	
論文發表方式：海報	Introduction Small cell carcinoma of the ovary of hypercalcemic type (SCCOHT) is an extremely rare and aggressive ovarian malignancy which mostly affects young women. Recent studies have identified both germline and somatic mutations in SMARCA4 as the pathogenic driver in >95% of SCCOHT. The pathology hallmarks of SCCOHT include small hyperchromatic cells with scant cytoplasm, and loss of SMARCA4 protein expression. Patients with SCCOHT typically presented with symptoms associated with a pelvic mass, and approximately 60% cases also have hypercalcemia. Presentation of Case A 30-year-old woman presented with a palpable mass in left lower abdomen for 1 month. She also complained of poor appetite, intermittent lower abdominal pain, and increased abdominal girth. Transvaginal sonography revealed an irregular pelvic tumor with heterogenous content, 12 x 9 cm in size. All laboratory analysis and tumor markers were within normal ranges, except for CA-125, which was elevated. Optimal debulking surgery with hysterectomy, bilateral salpingo-oophorectomy, dissection of lymph nodes and omentectomy were performed. Characteristic morphology of small cell carcinoma was seen in pathohistological analysis. Also, immunohistochemistry demonstrated SMARCA4 deficiency in tumor cells. SCCOHT at FIGO stage IIB was diagnosed. She then received 6 courses of adjuvant chemotherapy with Etoposide and Cisplatin. Unfortunately, tumor recurred 6 months after the completion of primary treatments. The patient underwent secondary cytoreductive surgery followed by 3 courses of adjuvant chemotherapy with Gemzar and Abraxane. Tumor recurred again 4 months after the completion of secondary treatments. She received tertiary cytoreductive surgery followed by Tazemetostat therapy. However, disease progressed again 3 months later despite of the above treatments. She received the fourth cytoreductive surgery, but cancer metastasized to liver and abdomen-pelvic cavity within 3 months after the operation. She passed away 27 months after the diagnosis. Discussion Current management consensus suggests primary resection followed by cytotoxic chemotherapy with cisplatin and etoposide combination regimens. Genetic counseling should be offered to all SCCOHT patients and their at-risk family members. Despite of current treatment, only 33% of early-stage cases can survive. To improve outcomes, researchers have focused on developing targeted therapies by utilizing the known SMARCA4 deficiency in SCCOHT. Conclusion The diagnosis and treatment of SCCOHT remained challenging for clinical practitioners. These new discoveries in molecular genetics of SCCOHT and the subsequent advances in target therapy and immunotherapy may improve the quality and life expectancy of the SCCOHT patients.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E109	卵巢顆粒細胞瘤復發:個案報告和文獻探討 Granulosa cell tumor recurrence: case report and literature review 許嘉樺 ¹ 戴依柔 ¹ 國立臺灣大學醫學院附設醫院婦產部 ¹
臨時稿件編號：0430	
論文發表方式：海報	Granulosa cell tumors (GCTs) of the ovary are relatively uncommon tumors of the female genital tract, comprising 2% to 5% of ovarian neoplasms. Due to early diagnosis and non-aggressive clinical behavior, GCTs are generally associated with good prognosis. Most GCTs are cured by surgery if complete tumor resection can be performed. However, they also tend to recur several years after initial diagnosis. We present this case, a 43-year-old woman, G0P0, with an initial presentation of amenorrhea for one year. She underwent laparoscopic oophorectomy and mini-laparotomy for left ovarian tumor in 2015. Surgical pathology revealed granulosa cell tumor, FIGO stage IC. After surgery, she resumed normal menstrual cycle. Regular follow-ups suggested no disease recurrence. However, in late 2020, she noted some palpable non-tender lesions under the mini-laparotomy scar. Elevated serum tumor marker was noted: inhibin B = 67.2 pg/mL. Sonography showed a right ovarian multicystic tumor. Computed tomography of the abdomen and pelvis reported one 7.3 cm right adnexal septated cystic tumor, several low abdominal subcutaneous nodules, and multiple peritoneal nodules (<2 cm). Diagnostic laparoscopy, mini-laparotomic right salpingo-oophorectomy, abdominal wall tumor excision, and left ovarian ligament/infundibulo-pelvic biopsy were performed. Surgical pathology favored recurrence of adult-type granulosa cell tumor at the abdominal wall subcutaneous tumors. Microscopically, characteristic finding of nuclear grooves with scant cytoplasm in a vague rosette pattern can be seen. Immunohistochemical stains show positive inhibin, negative calretinin and CK. Due to the rarity of the disease, management remains challenging for gynecologic oncologists. There is limited evidence on the effectiveness and safety of different treatment modalities. However, both radiotherapy and chemotherapy have been proposed for recurrent and residual disease. Thus, adjuvant treatment was recommended in our case.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E108	使用 pazopanib 做為轉移性子宮惡性肉瘤維持治療:個案報告 Pazopanib in treatment of metastatic uterine leiomyosarcoma: a case report 李芸菲 ¹ 劉芝谷 ² 許世典 ² 台中榮總教學部 ¹ 台中榮總婦女醫學部 ²
臨時稿件編號：0412	
論文發表方式：海報	Case presentation This 54-year-old woman, gravida 5, para 3 was referred to hospital due to abdominal pain for one month. Pelvic examination showed palpable abdominal mass enlarged as 5 months of gestational age. Sonography revealed cystic tumor as 15.5*9.6*12.2 cm3 in size. Computed tomography(CT) showed a pelvic necrotic tumor with several small solid nodules in bilateral lower lungs. She underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy on 2015/12/31 and the final pathology reported leiomyosarcoma of uterus (tumoral necrosis, mitotic counts (6/10 HPF), and focal moderate to severe cellular atypia). The tumor was staged and graded as T1b Nx M1, Stage IVB. Adjuvant chemotherapy with D1 gemzar 900mg/m2 and D8 gemzar 900mg/m2, Taxotere 80mg/m2 for 4 cycles was prescribed in 2015/01/25-04/21. The followed lung CT showed progressive multiple lung metastases. The chemotherapy regimen was changed to Epirubicin 60mg/m2, ifosphamide 1.5g/m2/d1-3 for 5 cycles in 2016/05/05-08/25. Lung CT showed no change in size of small metastatic nodules in bilateral lungs. She then received pazopanib monotherapy. Lung metastases were stabilized by pazopanib administration for about 63 weeks without a decline in the patient's quality of life. No significant toxicity developed and she kept pazopanib therapy till now.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E110	台灣子宮頸癌前病變比例、發生率與趨勢變化 The proportions, incidences, and trends of cervical precancer in Taiwan 宋潔 ¹ 方紹軒 ¹ 廖正義 ¹ 高雄榮民總醫院婦女醫學部 ¹
臨時稿件編號：0431	
論文發表方式：海報	Objectives: To evaluate the proportions, incidences, and trends of cervical precancer incidence in Taiwan using population-based data.
論文歸類：婦癌	Methods: Cancer registries data were obtained from 2001 to 2017 using Taiwan Health and Welfare Data Science Center (HWDC). Age-adjusted incidence was adjusted by World (WHO 2000-2025) Standard Million (18 age groups). Joinpoint regression programs 4.7.0.0 were used to evaluate the trends in age-adjusted and age-specific (crude) incidence of cervical precancer (ICD-10=C53.0-C53.9, behavior code=2). Results: From 2001 to 2017, total 57,582 cervical precancer patients were diagnosed with 97.8% carcinoma in situ (CIS) and 2.2% adenocarcinoma in situ (AIS). The age-adjusted incidence (AAI) of cervical precancer decreased from 30.28/100,000 women to 19.44/100,000 women with an average annual percent change (AAPC) of -2.94% (p<0.001). In cell type subgroup analysis, the AAI of CIS decreased with AAPC -3.01% (p<0.001), but the AAI of AIS kept stable with +0.32% (p>0.05). The highest average age-specific incidence of cervical precancer was 55.3/100,000 women in age group 40-44. The average age-specific incidence of cervical precancer decreased or kept stable in all age groups, except for age less than 35 (AAPC=+5.81%, p<0.001 in age 20-24, AAPC=+4.45%, p<0.001 in age 25-29, and AAPC=+2.5%, p<0.001 in age 30-34). Conclusions: A decreased trend in cervical precancer incidence was noted in Taiwan. The cervical cancer screening program played an important role. Unfortunately, the cervical precancer incidence of the younger female (age less than 35) increased in this time period. We need to pay attention and perform some research to reverse this trend.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E111	台灣子宮頸癌發生率趨勢變化與案例分佈 The proportions, incidences, and trends of cervical cancer in Taiwan
臨時稿件編號：0432	
論文發表方式：海報	Objectives: To evaluate the proportions, incidences, and trends of cervical cancer in Taiwan from 2001 to 2017, using population-based data.
論文歸類：婦癌	Methods: Cancer registries data were obtained from 2001 to 2017 using Taiwan Health and Welfare Data Science Center (HWDC). Age-adjusted incidence was adjusted by World (WHO 2000-2025) Standard Million (18 age groups). Joinpoint regression programs 4.7.0.0 were used to evaluate the trends in age-adjusted and age-specific (crude) incidence of cervical cancer (ICD-10=C53.0-C53.9, behavior code=3). Results: From 2001 to 2017, total 30,599 cervical cancer patients were diagnosed with 75.7% squamous cell carcinoma, 13.4% adenocarcinoma, 2.9% adenosquamous carcinoma, 7.4% other epithelial carcinoma, and 0.5% others. The age-adjusted incidence (AAI) decreased from 20.8/100,000 women to 7.8/100,000 women with an average annual percent change (AAPC) of -5.9% (p<0.001) in Taiwan. In cell type subgroup analysis, AAPC showed -6.6% (p<0.001) in squamous cell carcinoma, and -6.2% (p<0.001) in other epithelial carcinoma, -4.9% (p<0.05) in adenosquamous carcinoma, and -2.5% (p<0.05) in adenocarcinoma. The highest average age-specific incidence of cervical cancer was 53.61/100,000 women in age group 85+. From 2001 to 2017, the age-specific incidence was progressively decreased in all age groups, except for 25-29 and 30-34 years old. In subgroups analysis, the age-specific incidence of adenocarcinoma increased in age group 25-29 with AAPC +9.4% (p<0.001). Conclusions: As the results, cervical cancer age-adjusted incidence decreased was noted in Taiwan from 2001-2017. As we know, cervical cancer screening had been implemented for 20 years since 1995 in Taiwan, we expected the screening program played an important role to decrease cervical cancer incidence. However, by subgroup analysis, the age-specific incidence of cervical cancer decreased except for 25-29 and 30-34 years old. the age-specific incidence of cervical adenocarcinoma increased. We need to pay more attention to younger females.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E112	台灣上皮的卵巢癌發生率之趨勢變化 The proportions, incidences, and trends of epithelial ovarian cancer in Taiwan
臨時稿件編號：0433	
論文發表方式：海報	Objectives: To evaluate the proportions, incidences, and trends of epithelial ovarian cancer in Taiwan using population-based data.
論文歸類：婦癌	Methods: Cancer registries data were obtained from 2001 to 2017 using Taiwan Health and Welfare Data Science Center (HWDC). Age-adjusted incidence was adjusted by World (WHO 2000-2025) Standard Million (18 age groups). Joinpoint regression programs 4.7.0.0 were used to evaluate the trends in age-adjusted and age-specific (crude) ovarian epithelial cancer (ICD-10=C56.9) incidence. Incidence was present by how many cases per 100,000 women. Results: From 2001 to 2017, total 17,102 patients were diagnosed with ovarian epithelial cancer in Taiwan. For the proportion of each cell type, serous carcinoma is the most common, accounting for 32.5%, followed by clear cell carcinoma (16.1%), mucinous carcinoma (14.9%), endometrioid carcinoma (14.5%), and other epithelial carcinoma (22%). The age-adjusted incidence of epithelial ovarian cancer increased from 5.46 to 7.66 per 100,000 women with an average annual percent change (AAPC) +2.02% (p<0.001). As for each cell types, AAPC showed +2.61% (p<0.001) in serous carcinoma, +2.94% (p<0.001) in endometrioid carcinoma, +6.22% (p<0.001) in clear cell carcinoma, +6.38% (p<0.05) in carcinosarcoma, and -0.93 (p>0.05) in mucinous carcinoma. The highest age-specific incidence was 7.62 per 100,000 women of 55-59 years old in serous carcinoma, 2.17 per 100,000 women of 45-49 years old in mucinous carcinoma, 3.11 per 100,000 women of 50-54 years old in endometrioid carcinoma, and 4.32 per 100,000 women of 50-54 years old in clear cell carcinoma. Conclusions: An increasing trend in epithelial ovarian cancer incidence was noted in Taiwan, including all cell types, except for mucinous carcinoma. The highest proportion of epithelial ovarian cancer in cell types was serous carcinoma, in which the peak age-specific incidence was 55-59 years old, followed by clear cell and endometrioid carcinoma (50-54 years), and mucinous carcinoma (45-49 years).

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E113	台灣卵巢癌發生率、趨勢與案例分佈 Ovarian cancer incidence in Taiwan from 2001 to 2017
臨時稿件編號：0434	
論文發表方式：海報	Objectives: To evaluate the proportions, incidences, and trends of ovarian cancer incidence in Taiwan from 2001 to 2017.
論文歸類：婦癌	Methods: Cancer registries data were obtained from 2001 to 2017 using Taiwan Health and Welfare Data Science Center (HWDC). Age-adjusted incidence was adjusted by World (WHO 2000-2025) Standard Million (18 age groups). Joinpoint regression programs 4.7.0.0 were used to evaluate the trends in age-adjusted and age-specific (crude) ovarian cancer (ICD-10=C56.9) incidence. Incidence was present by how many cases per 100,000 women. Results: From 2001 to 2017, total 19,011 ovarian cancer patients were diagnosed with 90% ovarian epithelial ovarian cancer, 6.2% germ cell cancer, 3.1% sex cord-stromal cancer, and 0.7% other ovarian cancer. The age-adjusted incidence of ovarian cancer increased from 6.32 women to 8.77 per 100.00 women with an average annual percent change (AAPC) of +2.1% (p<0.001). In cell type subgroup analysis, AAPC showed +2.02 (p<0.001) The highest age-specific incidence was 20.22 per 100,000 women of 50-54 years old in ovarian cancer, 19.29 per 100,000 women of 50-54 years old in epithelial cancer, 1.43 per 100,000 women of 20-24 years old in germ cell cancer and 0.57 per 100,000 women of 70-74 years old in sex cord-stromal cancer. Besides, in ovarian cancer, the age-specific incidence increased in 25-64 years old, mostly in 45-49 years old with AAPC +3.48% (p<0.001). Conclusions: Ovarian cancer incidence progressively increased from 2001 to 2017, including in these three major subgroups. The peak age-specific incidence of ovarian cancer was 50-54 years old. It was younger than the United States (60-64 years old).

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E114	與腺原位癌相伴出現之罕見子宮頸大細胞神經內分泌瘤:個案報告 Neuroendocrine large cell carcinoma of cervix associated with cervical adenocarcinoma in-situ: a case report
臨時稿件編號：0437	
論文發表方式：海報	Purpose: Neuroendocrine tumors of cervix are a group of rare malignancies characterized as aggressive and prone to early metastasis. They account for only 5% of all cervical cancers.[1] Four different type of neuroendocrine had been defined and large cell neuroendocrine carcinoma (LCNEC) of cervix is the most uncommon type with only less than 150 cases had been reported worldwide.[2-4]. Human papillomavirus (HPV) had been reported has association with LCNEC.[1, 5, 6] Also, the coexisting of adenocarcinoma in-situ (AIS) and LCNEC had also been reported.[4] Thus, we would like to present a case of LCNEC of cervix associated with cervical adenocarcinoma in-situ and HPV 18 infection. Case presentation: The patient was a 38-year-old woman, gravida-2 para-2, with underlying disease of right breast fibroma under regular outpatient clinic follow up for 10 years and one 7.2 cm left ovarian serous cystadenoma complicated with ovarian torsion once on April 4th, 2019 which subsided without surgical treatment. She ever received pap smear and HPV test at local clinic on March 8th, 2019. The result of pap smear was within normal limit but the HPV test was positive in 18. The patient denied any positive symptoms including vaginal bleeding, abdominal pain, weight loss or general malaise in recent half year. She visited our hospital for second opinion on April 9th, 2019. The pathology of cervical biopsy indicated papillary erosion. Follow up pap smear was performed on October 22th, 2019, and showed atypical glandular cells. Colposcopy showed no obvious lesion and cervical biopsy revealed chronic cervicitis. Fractional dilatation and curettage was performed and revealed no atypical cell but proliferative endometrium and scanty unremarkable endocervical cells. However, endocervical AIS was revealed by further pap smear with HPV 18 positive performed on February 25th, 2020. Pelvic examination showed not remarkable finding. After sharing decision making, the patient decided not to receive diagnostic excisional procedure but hysterectomy. Three injections of Gardasil 9 vaccine were finished between the period of first visit and the last pap smear. Due to AIS and previously noted left ovarian cyst, laparoscopic-assisted vaginal hysterectomy, bilateral salpingectomy and left oophorectomy were performed on April 1st, 2020. No gross lesion was noted during the operation. Unexpectedly, pathology report showed LCNEC of cervix with depth of invasion 2 mm and horizontal spread 3mm, without lymph-vascular space invasion, TNM stage pT1a1NxMx. Other pathology findings at cervix including AIS and focal high-grade intraepithelial lesions (HSIL, CIN 3). By immunohistochemical staining, the tumor cells are strongly positive for p16, synaptophysin and chromogranin. P16 and Ki-67 staining highlight adjacent AIS. Whole body positron emission tomography scan showed post-operative reactive nodes at left pudendal region but metastatic lymphadenopathy could not be completely excluded. CA-125 was within normal limit (20.5 U/mL). Thus, completed laparoscopic staging surgery including, bilateral pelvic lymph node dissection, right oophorectomy, omental biopsy, and peritoneal washing cytology was performed on April 29th 2020. The pathology showed no evidence of malignancy this time. The final diagnosis was LCNEC of cervix, pT1a1NOM0, FIGO stage IA1. Concurrent chemoradiotherapy was then performed with regimen containing cisplatin and etoposide for 3 cycles, 50.4 Gy/28 fractions of external beam radiation therapy and 200 cGy/3 fractions of brachytherapy from May 11th, 2020 to September 1st, 2020. The disease status is complete remission recently and she is under regular clinic follow up. Discussion: Large cell neuroendocrine carcinomas are rare, aggressive high-grade neuroendocrine neoplasms that expresses a neuroendocrine growth pattern.[7] Cervical LCNEC and cervical small cell neuroendocrine carcinoma (SCNEC) both belong to neuroendocrine carcinoma of cervix (NECC). The most common site of origin for LCNEC is thorax, while

	<p>gastrointestinal tract, biliary tract, urogenital region, head, neck and the gynecologic tract had also been reported. In cervical cancer, LCNEC accounts for 0.087 to 0.6 % of cervical carcinoma. [8, 9] Previous study had demonstrated the association between HPV infection and NECC, but the studies have failed to demonstrate that an HPV screening test could provide an early diagnosis for NECC, in a pre-invasive phase.[5] One meta-analysis published review in 2017 had demonstrated the strong association between HPV and small-cell, large-cell neuroendocrine carcinoma. In conclusion, most SCNEC and LCNEC of cervix are caused by HPV, primarily HPV 18 and HP V16.[6] According to data of other HPV-related disease such as cervical squamous cell carcinoma or cervical adenocarcinoma, post infection injection of HPV vaccine may provide additional protection to other uninfected HPV type. Thus, in our case, 3 injections of Gardasil 9 were given after HPV test was positive in 18. Patients with LCNEC of cervix were mainly diagnosed in early phased according to recent review paper which patients were staged I (51%), II (22%), III (9%), and IV (9%). [10] However, due to the rarity and difficulty of diagnosis, the proportion of stage III and IV may be under estimated or misdiagnosed to SCNEC of cervix. Clinically, most cases of NECC diagnosed at an early stage are recorded with vaginal bleeding or during regular pelvic exams. Early screening protocol had not been established yet for LCNEC of cervix. Because of its rarity, it is difficult to recognize the possibility of LCNEC in the cervical smears. Meanwhile, the real world Taiwanese data published by Ying-Chen, Chiang et al. had hinted the limited function of pap smear for early diagnosis of NECC. The data was retrieved from the Taiwan National Cancer Registry and Cervical Cancer Screening Registration System for the period from 2002 to 2010. A total of 12,294 women with cervical cancer were enrolled and 133 with SCNEC was diagnosed. [12] Compare to other histologic types, the proportion of FIGO stage I SCNEC is lower (47.4% vs. 51.5% in squamous cell carcinoma, 67.5 in adenocarcinoma) which implied the difficulty for pap smear to early detect NECC. There is no published data about the diagnostic rate of colposcopy and cervical biopsy for LCNEC. The standardized terminology for neuroendocrine tumors of the uterine cervix including LCNEC was first proposed from a workshop sponsored by the College of American Pathologists in 1997.[13] The diagnosis of LCNEC is based on recognition of neuroendocrine pathological features and immunohistochemical demonstration of at least one neuroendocrine marker including chromogranin, synaptophysin, CD56 and protein gene product 9.5. Interestingly, adenocarcinomatous differentiation in association with neuroendocrine carcinomas has been described in the cervix, endometrium, and ovary. Gilks et al. had reported 8 of 12 cases of LCNEC had coexisting AIS, and in 3 cases, an invasive adenocarcinoma component was present.[14] Although recent research had demonstrated that the biology of NECC is different from squamous cell carcinoma or adenocarcinoma of the cervix regarding a number of characteristics[4], the coexisting of AIS and LCNEC hints they may share some pathophysiological pathway. The possibility of coexisting LCNEC should be considered in patient who are diagnosed as AIS based on smear or cervical biopsy. Due to the rarity of NECC, no standard protocol for the treatment of NECC malignancies was noted. The main treatment principles are extrapolated from standard treatment protocols for other neuroendocrine tumors, including high-grade lung neuroendocrine cancer.[15] Current multimodal strategies that combine total hysterectomy or radical hysterectomy (with or without bilateral salpingo-oophorectomy), chemotherapy and radiation. One systemic review indicated that patients receiving any type of surgical treatment have better prognosis than receiving chemotherapy or radiation therapy only. [3] Among various chemotherapy options, the combination of cisplatin and etoposide is most common and was used for our patient as well. Three other commonly used combinations include vincristine, doxorubicin and cyclophosphamide, carboplatin plus paclitaxel and occasionally epirubicin, topotecan plus thalidomide. [2] Data had showed that receiving platinum-based chemotherapy may have best outcome.[3] Conclusion In conclusion, this case report sheds light on a rare but aggressive malignancy of the cervix, which is often associated with AIS. HPV infection had been demonstrated as the cause of LCNEC and SCNEC of cervix. However, smear cytology may have limited function on early diagnosis of NECC. Thus, we would like to highlight the importance of considering LCNEC as a differential diagnosis when AIS is noted as smear cytology result.</p>
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台灣婦產科醫學會 111 年度年會暨學術研討會

論文摘要	
稿件編號：E115	子宮頸疣狀上皮細胞癌：病例報告與文獻回顧 Verrucous carcinoma of the cervix: a rare case report and literature review
臨時稿件編號：0441	許伊婷 ¹ 劉錦成 ¹ 童綜合醫院婦產部 ¹
論文發表方式：海報	Background Verrucous carcinoma (VC) is a rare variant of highly differentiated squamous cell carcinoma. Because of its locally invasive pattern, regional lymphatic involvement barely occurred. VC is difficult to diagnose simply by superficial biopsy; hence, sufficient depth include bulbous rete pegs is required. Surgical management is recommended as first-line treatment. However, radiotherapy should be forbidden due to the risk of anaplastic transformation. Case Report We presented a 59-year-old Asian female who had postmenopausal bleeding for three months. Pelvic examination showed a necrotic cervical mass with upper vaginal involvement. Cervical biopsy and fractional dilatation and curettage both revealed verrucous hyperplasia. Pelvic 3T magnetic resonance imaging (MRI) was arranged, and a 3.7 x 3.6 x 4.0 cm necrotic mass at cervix with an enlarged lymph node was found. Positron emission tomography with computed tomography (PET/CT) demonstrated similar results. However, surgical intervention was performed due to suspicion of cervical verrucous carcinoma. The final pathologic report was a well-differentiated verrucous carcinoma, IIA2 by International Federation of Gynecology and Obstetrics (FIGO) classification. Discussion A total of 23 cases published from 1972 to 2017 were obtained from PubMed database. Among the seven cases whose HPV infection status were available, four of them were not-detected. Unlike the confirmatory association between cervical invasive squamous cell carcinoma and HPV infection, the relationship between VC and infection of HPV is still controversial. Surgical management is performed in fifteen cases (65.2%, 15/23) as primary treatment. After excluding the two cases whose outcomes are not available, nine of the surgical cases (69.2%, 9/13) showed no recurrence. With regard to irradiation, there are eight cases receiving radiation therapy as primary treatment. Five of them (62.5%, 5/8) revealed no recurrence, and only three of the radiation cases (37.5%, 3/8) had unsatisfactory outcome. In the previous published cases, all removed lymph nodes were free of malignancy. Thus, routine lymph node dissection has no consensus. Our preoperative imaging evaluation suggested lymph node metastasis over left pelvis by PET/CT scan, hence bilateral pelvic lymph node dissection was performed. The final pathological report contradicted the presence of lymph node metastasis, which was consistent with prior studies. Conclusion VC is hard to diagnose simply by superficial biopsy, and it rarely metastases to lymph node and distant region. Surgical excision is recommended as first-line treatment.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E116	案例報告：發生於青少年之罕見黏液性腺癌 Case Report: A rare case of mucinous adenocarcinoma in a 14-year-old girl.
臨時稿件編號：0443	張益婷 ¹ 孫珞 ¹ 台中榮總 ¹
論文發表方式：海報	The present case report describes a 14-year-old girl, who presented with abdominal tightness with increasing body weight for two months, with acute abdominal pain for 2 days. Sonography showed a huge pelvic mass which composed of mucinous cysts with septum and solid parts. Contrast-enhanced computed tomography revealed a huge multilocular cystic mass about 20cm with much ascites. Intraoperative frozen consult suggested mucinous borderline tumor at least. She underwent fertility preserving debulking operation (unilateral salpingo-oophorectomy, omentectomy, bilateral pelvic and para-aortic lymphadenectomy). Final pathology report confirmed with well differentiated mucinous carcinoma with expansile invasive pattern of ovary, FIGO stage 1C2. She received 3 cycles of adjuvant chemotherapy, regimen with Paclitaxel and carboplatin, under ovary protection with gonadotropin-releasing hormone agonist . We present this case due to the rare incidence of epithelial malignancy of the ovary in teenagers. Keywords: Teenager, Ovarian Epithelial neoplasm, Mucinous adenocarcinoma, Borderline tumors.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E117	藉由基因功能體的綜合分析探討 AHR 結合路徑與 EMT 對漿液性卵巢腫瘤之協同作用 Synergistic Effects of AHR Binding Pathway accompanied with EMT on Serous Ovarian Tumors Investigated by functionome-based Integrative Analysis
臨時稿件編號：0444	蘇國銘 ¹ 張家銘 ² 張正昌 ¹ 余基賢 ¹ 三軍總醫院婦產部 ¹ 台北榮總婦女醫學部 ²
論文發表方式：海報	Epithelial ovarian cancers (EOCs) are fatal and obstinate among gynecological cancers in advanced stage or relapsed status, and the subtype of serous carcinomas account for the vast majority. Different from EOCs, borderline ovarian tumors (BOTs) maintain a semimalignant appearance, in which serious BOTs also compose a certain proportion. For the first time, we utilized gene ontology (GO) based integrative analysis to analyze and compare serous BOTs and serous ovarian carcinomas for deregulated GO terms and dysfunctional biological pathway, and we discovered the impacts in various aspects. Among them, SRC gene and dysfunctional aryl hydrocarbon receptor (AHR) binding pathway are more significant and have higher performance in the validation of immunohistochemistry staining in pathological tissues among both serous BOTs and serous ovarian carcinomas. In addition, in the process of tumorigenesis, epithelial–mesenchymal transition (EMT) also takes a particularly important influencing place. This study also found that the SLUG gene presented the higher expression level via immunohistochemical validation with statistically significance. We deduced that during the formation of serous ovarian tumors, activated AHR in the cytoplasm could cooperate with SRC, enter the nucleus of cell, bind to ARNT accompanied with NCOA1, TBP and other coactivators, and then act on DNA to initiate different sets of AHR responsive genes include CYP1B1 to cause tumor or cancer initiation. In addition, SNAI2 gene in the tumor microenvironment also promotes the process of EMT. Although it has not been possible to classify serous BOTs and serous ovarian carcinomas as the same subtype of EOCs so far, these key determinants found in this study had a crucial position in the pathogenic mechanism of these two types of tumors. In the future, targeted therapy could be focused on these meaningful targets accompanied with precise detection of these revealed biomarkers to improve the survival rates of patients and the therapeutic effects.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E118	台灣子宮上皮癌發生率之趨勢變化 The proportions, incidences, and trends of uterine epithelial cancer in Taiwan
臨時稿件編號： 0451	許乃元 ¹ 郭閔珊 ¹ 廖正義 ¹ 高雄榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Objectives: To evaluate the proportions, incidences, and trends of uterine epithelial cancer in Taiwan using population-based data.
論文歸類： 婦癌	Methods: Cancer registries data were obtained from 2001 to 2017 using Taiwan Health and Welfare Data Science Center (HWDC). Age-adjusted incidence was adjusted by World (WHO 2000-2025) Standard Million (18 age groups). Joinpoint regression programs 4.7.0.0 were used to evaluate the trends in age-adjusted and age-specific (crude) uterine epithelial cancer (ICD-10=C54 & C55) incidence. Incidence was present by how many cases per 100,000 women. Results: From 2001 to 2017, there were 23,474 cases of uterine epithelial cancer in Taiwan, with 86.7% endometrioid carcinoma, 3.5% serous carcinoma, 3.1% mixed cell adenocarcinoma, and 2.1% clear cell carcinoma. Cancer age-adjusted incidence (AAI) increased from 5.28/100,000 women to 13.46/100,000 women with average annual percent change (AAPC) of +6.2% (p<0.001) in Taiwan. In cell type subgroup analysis, AAPC showed 6.28% (p<0.001) in endometrioid carcinoma, 10.56% (p<0.001) in serous carcinoma, and 4.58% (p<0.001) in clear cell carcinoma. In endometrioid carcinoma, 34.1% was grade 1 with AAPC -0.08% (p>0.05), 44.5% was grade 2 with AAPC +8.74% (p< 0.001), and 21.3% was grade 3 with AAPC +14.83% (p<0.001). With respect to age group, the age-specific incidence (ASI) increased progressively in age groups older than 25 with AAPC from +3.81% to 8.98% (p<0.05). since 15-19 years old (0.02/100,000 women). The highest APC was 8.53% (p<0.001) in age group 35-39 of endometrioid carcinoma and 10.97% (p<0.001) in age group 65-69 of serous carcinoma. Conclusions: An increasing trend in uterine epithelial cancer incidence was noted in Taiwan, especially in serous carcinoma. More than half of the cases were within 45-64 age group and the peak ASI of uterine epithelial cancer was within 50-54 age group. The cases with endometrioid carcinoma were younger than the cases with serous carcinoma or clear cell carcinoma.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E121	FBXW7 在子宮內膜異位症相關卵巢惡性演變過程中的功能及下游基因調控的影響 The function of FBXW7 in the process of endometriosis-associated ovarian malignant transformation and the effect of downstream gene regulation
臨時稿件編號： 0455	蔡景州 ^{1,2} 蔡英美 ^{3,4} 長庚大學高雄長庚紀念醫院婦產科 ¹ 高雄醫學大學臨床醫學研究所 ² 高雄醫學大學附設中和紀念醫院婦產部 ³ 高雄醫學大學醫學研究所 ⁴
論文發表方式： 海報	Introduction: Ovarian cancer has the highest mortality rate among all common gynecologic cancers. Endometriosis is associated with the increased risk of ovarian cancer. However, the mechanism of malignant transformation in endometriosis remains unclear. Downstream gene of FBXW7 can regulate cell division and cell fate determination. The function of FBXW7 in the progression of Endometriosis-associated ovarian cancer (EAOC) is not yet understood. Therefore, we try to investigate whether FBXW7 contributes to the malignant transformation of EAOC. Materials and Methods: We investigated the expression level of FBXW7 in EAOC cell lines and clinical specimens. The clinical specimens collected from female patients at the Kaohsiung Chang Gung Memorial Hospital. We analyzed four types of samples in normal endometrium, ectopic endometriotic lesion, atypical endometriosis, and carcinoma to evaluate expression level of FBXW7. We also evaluated the metastasis/proliferation ability after FBXW7-manipulation in EAOC cell lines. We validate HSF1, a downstream gene of FBXW7, involved in malignancy transformation by Western blot. The expression level of FBXW7 in human ovarian surface epithelial cells (IOSE), endometrioid ovarian cancer cell (TOV112D) and clear cell ovarian cancer cell (TOV21G) were determined by Western blot. We transfected FBXW7-overexpression/shRNA plasmid in EAOC cell lines to evaluate metastasis /proliferation ability by migration/ invasion/colony formation assay. In addition to FBXW7 overexpression, it also evaluates expression of HSF1 by Western blot. Results: The expression of FBXW7 was significantly lower in EAOC cell lines and clinical specimens. FBXW7 overexpression can significantly inhibit cell migration and colony formation. Conversely, knockdown of FBXW7 can significantly promote cell migration and colony formation. In addition, the overexpression of FBXW7 was down-regulated expression level of HSF1. Conclusion: FBXW7 suppressed the metastasis may through suppressing HSF1 expression in EAOC cells. These results revealed that FBXW7/HSF1 axis may serve as a therapeutic target in EAOC.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E119	台灣子宮體癌之案例分佈與趨勢變化 The proportions, incidences, and trends of uterine cancer in Taiwan
臨時稿件編號： 0452	郭閔珊 ¹ 許乃元 ¹ 廖正義 ¹ 高雄榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Objectives: To evaluate the incidences and trends of uterine cancer in Taiwan using population-based data.
論文歸類： 婦癌	Methods: Cancer registries data were obtained from 2001 to 2017 using Taiwan Health and Welfare Data Science Center (HWDC). Age-adjusted incidence was adjusted by World (WHO 2000-2025) Standard Million (18 age groups). Joinpoint regression programs 4.7.0.0 were used to evaluate the trends in age-adjusted and age-specific (crude) uterine cancer (ICD-10=C54 & C55) incidence. Incidence was present by how many cases per 100,000 women. Results: From 2001 to 2017, a total of 26,827 uterine cases was diagnosed with 87.5% epithelial cancer, 7.4% mesenchymal cancer, 4.8% mixed epithelial & mesenchymal cancer, and 0.3% choriocarcinoma. The age-adjusted incidence (AAI) of uterine cancer increased from 6.08 to 14.97 with an average annual percent change (AAPC) of +5.87% (p<0.001) in Taiwan. In cell type subgroups analysis, all cell types increased with APC +6.2% (p<0.001) in epithelial cancer, +2.71% (p<0.05) in mesenchymal cancer, and +6.21% (p<0.001) in mixed epithelial and mesenchymal cancer, except for -11.98% (p<0.001) in choriocarcinoma. The highest average age-specific incidence (ASI) was 42.63 in 55-59 years old in uterine cancer, 38.61 in 55-59 years old in epithelial cancer, 2.79 in 45-49 years old in mesenchymal cancer, 2.01 in 55-59 years old in mixed epithelial and mesenchymal cancer. The highest proportion was 19.9% in 50-54 years old of uterine cancer, 20% in 50-54 years old of epithelial cancer, 21.9% in 45-49 years old of mesenchymal cancer, 18.6% in 50-54 years old of mixed epithelial and mesenchymal cancer, and 21.1% in 25-29 years old of choriocarcinoma. In this time period, the highest increase in incidence was age group 35-39 (AAPC=7.22%, p<0.001) of uterine cancer, age group 25-29 (AAPC=8.98%, p<0.001) of uterine epithelial cancer, age group 50-54 (AAPC=4.92%, p<0.05) of mesenchymal cancer, and age group 65-69 (AAPC=7.93%, p<0.05) of mixed epithelial and mesenchymal cancer. Conclusions: An increasing trend in uterine cancer incidence was noted in Taiwan, especially in all major cell subgroups, except for choriocarcinoma. Choriocarcinoma was the youngest, followed by mesenchymal cancer, epithelial cancer, and mixed epithelial & mesenchymal cancer.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E122	子宮上皮樣平滑肌肉瘤診斷討論-個案報告 A case report of diagnostic dilemmas in Uterine epithelioid leiomyosarcoma
臨時稿件編號： 0463	周靜汶 ¹ 江盈澄 ¹ 國立台灣大學醫學院附設醫院婦產部 ¹
論文發表方式： 海報	Introduction: Leiomyosarcoma of the uterus is one rare form of malignant cancer, which accounts for 5 and 10% of soft tissue sarcomas and comprises of only 1-2% of uterine malignancies. Most occur in women over 40 years of age who usually present with abnormal vaginal bleeding, palpable pelvic mass and pelvic pain. Uterine epithelioid leiomyosarcoma is relatively rare smooth muscle neoplasm. Among total uterine leiomyosarcomas, around 7% were categorized as epithelioid types . It is distinguished on cytoarchitectural grounds from the majority of uterine leiomyosarcomas. Epithelioid leiomyosarcoma can meet the diagnostic criteria for the presence of epithelioid morphologic changes, coagulative tumor cell necrosis, moderate to severe cytologic atypia, or a mitotic index of more than 5 mitotic figures/10HPF. This cancer is chemo/radio resistant and may recur after many years. The best treatment is to remove tumor with wide margins early, which could lead to better outcomes. Case report: A 46-year-old woman presented with one 8.8x7x7cm lobulated mass lesion in the pelvic cavity in Nov. 2012. Circulating levels of CA 125 and CA 19–9 were within the reference range. She received total abdominal hysterectomy and tumor excision which the pathology reported perivascular epithelioid cell tumors (PEComa)and malignant perivascular epithelioid cell neoplasm originated from right uterosacral ligament. She received adjuvant radiation therapy (2012/12/27-2013/01/31), and followed up regularly. However, she palpated one hard mass in the low abdomen in 2021, and multiple varying-sized tumors up to 8.6cm in the anterior pelvic wall and pelvic cavity were noted in CT scan. She received optimal debulking surgery with multiple pelvic tumors, abdominal wall tumors excision and peritoneal washing cytology(R0) in June, 2021. Intriguingly, the final pathology favored epithelioid leiomyosarcoma. The tumors are composed of epithelioid to spindle cells with abundant eosinophilic cytoplasm, large nuclei, and prominent nucleoli, arranged in cords, strands, trabeculae, and small nests in a myxoid and hemorrhagic stroma. Some tumor cells show rhabdoid cytomorphologic features. She received adjuvant chemotherapy for epithelioid leiomyosarcoma. Discussion: Epithelioid leiomyosarcoma features with round to polygonal cells and visible pink cytoplasm with round to ovoid nuclei in ≥50% of the tumor volume, which share the similarities with PEComa. There is much overlap between the histological stain and IHC features of PEComas and uterine Smooth Muscle Tumors (leiomyoma and leiomyosarcoma). The current pathological reports in 2021 of our case share significantly overlapping morphologic and immunophenotypic features with the prior uterosacral ligament tumor in 2012, therefore probably representing recurrent or metastatic lesions. The present histopathological and immunohistochemical studies are somewhat suggestive of the diagnosis of uterine-type epithelioid leiomyosarcoma, which is extremely rare and has recently been found to typically harbor a PGR-NR4A3 fusion gene. Of note, the focal MART-1/Melan-A and HMB45 immunoreactivity exhibited by the 2012 tumor, on which the original diagnosis of malignant PEComa was based, was absent in the repeat IHC stained specimen recently. In retrospect, the HMB45 staining in the 2012 specimen was weak and equivocal. Furthermore, MART-1/Melan-A immunostaining was repeated in the 2012 specimen and turned out being negative. We believe this discrepancy has stemmed from the changes in the antibody manufacturers and the immunostaining systems used during this long period of time. In addition, purely epithelioid LMS (rare) and mixed spindle and epithelioid LMS(more commonly) frequently pose diagnostic dilemmas to differentiate from PEComas because they shared much similarities. Conclusion: Further study including comprehensive approaches of molecular biological techniques are required and beneficial for definitive diagnosis.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E123	低度惡性子宮內膜基質肉瘤多年後在腹壁和骨盆腔復發：一病例報告和文獻回顧 Low-Grade Endometrial Stromal Sarcoma with Remote Recurrence in the Abdominal Wall and Pelvis: A Case Report and Literature Review 李耀泰 ¹ 鄭雅敏 ¹ 林大欽 ¹ 關龍錦 ¹ 朱益志 ¹ 王尚文 ¹ 郭宗正 ¹ 台南郭綜合醫院婦產部 ¹
臨時稿件編號：0469	
論文發表方式：海報	Introduction Endometrial stromal sarcoma (ESS) is characterized by cells that resemble those of endometrial stromal cells and have traditionally been classified as either low-grade or high-grade. Low-grade ESS is a rare uterine malignancy which is rarely diagnosed preoperatively. Low-grade ESS might be mistaken for leiomyoma, as it is difficult to recognize it clinically; it is more often detected postoperatively and confirmed with histopathological examinations. It is often slow-growing, and indolent. However, many patients will develop disease recurrence. Here, we report 8 years and 16 years later, a case of low-grade ESS with recurrence in the abdominal wall and pelvis , respectively, after her hysterectomy.
論文歸類：婦癌	Case Report A 41-year-old female, G3P3, who presented herself to Kuo General Hospital with low abdominal pain and vaginal bleeding, underwent a total abdominal hysterectomy for presumed uterine leiomyoma on May 24, 2005. The final histology revealed a low-grade endometrial stromal sarcoma of the uterus. The patient received three courses of chemotherapy consisting of carboplatin (AUC2) between June 10, 2005 and June 24, 2005. In addition, the whole pelvic radiation with a dose of 3420 cGy/24 days was given. The patient was followed-up on regularly and she remained in good condition. Until Aug. 2013, a firm 2 cm smooth mass was palpable under right-sided previous operative scar of lower abdomen. The computerized tomography scan interpreted an right lower abdominal wall subcutaneous tumor measuring about 2 x 2 cm in size. A wide excision for the subcutaneous tumor was subsequently performed on Aug.12, 2013. The specimen histology was revealed as recurrent low-grade ESS. Eight years later, computed tomography imaging incidentally demonstrated an 8.5 cm soft tissue mass in the pelvis on Sep. 10, 2021. At that time, CA125 elevated to 60.5 U/mL. An additional metastatic workup was negative. She underwent laparotomy and then switched over with the excision of an 8.5 x 7.5 x 7.8 cm pelvic tumor and resection of 10 cm proximal ileum due to severe adhesion with the tumor. The bilateral salpingo-oophorectomy along with the other deeds were performed simultaneously. Finally, the pelvic tumor revealed a recurrent low-grade ESS. The postoperative course was unremarkable. The patient was then started on letrozole, with 2.5 mg daily, and she is doing well at the present time.
	Discussion The initial treatment of choice for low-grade ESS is a hysterectomy with bilateral salpingo-oophorectomy. The role of lymphadenectomy, ovarian preservation, adjuvant chemotherapy, radiotherapy or hormonal therapy, is not fully established. While the prognosis of low-grade ESS is favorable, with a 5-year overall survival rate of >90%, the recurrence rate is still high, up to 50%. Therefore, continued follow ups are recommended due to the risk of delayed recurrence. There is currently no standard therapy for patients with a recurrent disease. The major therapeutic procedure of patients with single site recurrence is primarily surgical resection. After literature review, a total of 30 patients with recurrent or residual low-grade ESS were treated with aromatase inhibitor (letrozole was most widely used). The overall response rate to all aromatase inhibitors was 77.4% and the disease control rate was 90.3%. The estrogen receptors and progesterone receptors mostly exist within low-grade ESS cells (80-90%).
	Conclusion At the present time, the hysterectomy has been the mainstay of treatment for low-grade ESS. Due to the rarity of low-grade ESS, it is difficult to conduct prospective randomized clinical trials to determine the optimal treatment regimen for primary or recurrent low-grade ESS. In particular, multicenter prospective trials are needed to determine optimal therapy for this disease entity in the recurrent setting.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E125	罕見個案報告：非人類乳突病毒感染相關子宮頸胃型腺癌 A rare case of HPV-independent gastric type endocervical adenocarcinoma 黃靖懿 ¹ 許瑞昌 ¹ 彰化基督教醫院婦產部 ¹
臨時稿件編號：0530	
論文發表方式：海報	Introduction: Gastric type endocervical adenocarcinoma(ECAC) is a newly classified subtype of mucinous adenocarcinoma in the 2014 WHO classification. Unlike the majority of cervical adenocarcinoma, it is not associated with human papillomavirus (HPV) infection. As an uncommon type of cervical adenocarcinoma with distinctive clinical and histological features, gastric type ECAC has been reported to show more aggressive behavior in comparison with usual type ECAC. Consequently, early diagnosis of gastric type ECAC is crucial due to worse prognosis. We report a rare case of gastric type ECAC detected by an abnormal cervical cytology.
論文歸類：婦癌	Case report: A 59-year-old postmenopausal woman (gravidia 4, para 4) was referred to our gynecological department by a local clinic due to abnormal pap smear result revealing adenocarcinoma in October 2021. The patient had no significant past medical history. At that time, the patient reported that she had a lot of vaginal watery discharge for weeks. Pelvic examination and speculum examination were unremarkable. Tumor marker levels were within the normal range. Transvaginal ultrasonographic evaluation also showed no remarkable findings. Conization and endocervical curettage were arranged due to unsatisfactory colposcopy and hysteroscopic biopsy was also performed to rule out lesions of endometrial origin. The pathology report showed well-differentiated adenocarcinoma from specimens of the cervix and endocervix. Pelvic magnetic resonance imaging (MRI) examination revealed irregular uterine cervical region(about 18mmx8mm) compatible with status of cervical carcinoma post conization and no significant invasion into the bilateral parametrium, upper vagina or uterus or significant abnormal enlarged lymph node(FIGO stage I). She received radical hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymph node dissection and bilateral lower common iliac nodes dissection. The surgery was smooth without complications and the postoperative course was uneventful. Macroscopic evaluation of the specimen showed one tumor measured 3.2x3.1x1.4 cm in the cervix invading the uterine corpus of the low uterine segment and upper two-thirds vagina. On microscopic examination, there was near full-thickness(14mm/16mm) cervical stromal invasion. No presence of lymphovascular space invasion and no involvement of the pelvic lymph nodes or the parametrium were seen. All surgical margins were negative. The immunohistochemical staining of the tumor cells were positive for CEA and MUC and negative for p16, and showed total loss of nuclear staining for p53. The final pathology confirmed moderately differentiated HPV-independent gastric-type endocervical adenocarcinoma, FIGO stage IIA1(pT2a1N0M0). The patient did not completely match the Sedlis criteria(no presence of LVSI), however, the tumor size (3.2x3.1x1.4 cm) was very close to the lower limit (4cm) of the criteria. In addition, the prognosis of gastric type cervical adenocarcinoma is worse than usual type endocervical adenocarcinoma. Considering the poor prognosis of this type of endocervical adenocarcinoma, adjuvant chemoradiotherapy was suggested. She is currently receiving VMAT (volumetric arc therapy) based external beam radiotherapy of 6000 cGy in 30 fractions along with concurrent weekly cisplatin at 30 mg/m2.
	Conclusion: Gastric type ECAC is a rare and aggressive cervical adenocarcinoma unrelated to HPV infection. Initial diagnosis of gastric type ECAC can be difficult because of varying clinical presentation. Owing to the fact that gastric type ECAC has worse clinical outcomes, early and accurate diagnosis of gastric type ECAC is very important. Although specific treatment guidelines for gastric-type ECAC are not well established, clinicians should be aware of a worse prognosis of this disease while making treatment decisions.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E124	子宮內膜異位症和骨盆腔發炎疾病對卵巢癌發生率的不同影響 Different Influences of Endometriosis and Pelvic Inflammatory Disease on the Occurrence of Ovarian Cancer 葉敏儒 ¹ 曾志仁 ^{1,2} 沈煌彬 ^{1,2} 吳珮如 ^{1,2} 王博輝 ^{1,2} 中山醫學大學附設醫院婦產部 ¹ 中山醫學大學醫學院 ²
臨時稿件編號：0517	
論文發表方式：海報	Objective: Ovarian cancer is known as one of the cancers with the worst prognosis in female individuals because it is often found in the advanced stages due to less obviously early symptoms. Besides, it is estimated that chronic infection and inflammation lead to approximately 25% of cancer cases. The purposes of this study were to explore and compare the rate and risk of ovarian cancer in Taiwanese women with endometriosis or pelvic inflammatory disease (PID).
論文歸類：婦癌	Materials and Methods: A nationwide population cohort research compared the risk of ovarian cancer in 135,236 age-matched comparison females, 114,726 PID patients, and 20,510 endometriosis patients out of 982,495 females between 1 January 2002 and 31 December 2014 and ended on the date of confirmation of ovarian cancer, death, or 31 December 2014. In order to reduce the unbalanced characteristics, propensity score matching (PSM) was performed for 20,478 females in each subgroup. Results: The incidence rate (per 100,000 person-years) of ovarian cancer was 8.74 (95% CI, 7.16–10.66) in comparison, 9.26 (7.54–11.39) in PID, and 28.73 (21.07–39.16) in endometriosis cohorts. The adjusted hazard ratio (aHR) of ovarian cancer was 1.17 (p = 0.296) in PID and 3.12 (p < 0.001) in endometriosis cohorts, compared with the comparison cohort in full cohort, using the multiple Cox regression model. The aHR of ovarian cancer was 0.83 (p = 0.650) in PID and 3.03 (p = 0.001) in endometriosis cohorts, compared with the comparison cohort after performing PSM. In the full cohort and PSM population, the cumulative incidence rate of ovarian cancer was significantly higher in patients with endometriosis than in those with PID or in the comparison cohort (p < 0.001 and p < 0.001). Conclusion: Our study showed that after considering the differences in the impacts of exposure to endometriosis or PID, patients with endometriosis were more likely to develop ovarian cancer.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E126	卵巢癌肝轉移之處理方式 The management of metastatic liver tumors of ovarian cancer 李盈瑩 ¹ 徐璿 ² 黃冠儒 ³ 吳晉睿 ² 張文君 ¹ 魏凌鴻 ¹ 許博欽 ¹ 台灣大學醫學院附設醫院婦產部 ¹ 台灣大學醫學院附設醫院新竹分院婦產部 ² 台灣大學醫學院附設醫院雲林分院婦產部 ³
臨時稿件編號：0550	
論文發表方式：海報	[Background] There are benefits of an optimal debulking surgery in treating ovarian cancer, especially without grossly residual tumors. However, liver is the most distant metastatic organ in ovarian cancer, and it causes the difficulty to achieve optimal debulking surgery. Radiofrequency ablation (RFA) has been reported to treat liver primary of metastatic tumors. The previous studies showed that RFA seemed to provide local tumor control in metastatic liver tumors of ovarian cancer. Besides, RFA was reported that it was not inferior to the surgical resection, and the surgical time and the estimated blood loss were less. Here, we want to compare the treatment results of liver metastatic tumors from ovarian cancer.
論文歸類：婦癌	[Materials and Methods] This is a retrospective study. We enrolled the patients who had metastatic liver tumors from ovarian cancer between January 1, 2010 and November 30, 2020. The patient's age, disease stage, the histology type of the ovarian cancer, liver function data, the tumor marker, liver tumor number, size and managements, complications and death causes were recorded. The outcomes were overall survival (OS), progression free survival (PFS) and liver tumor treatment free interval (TFI). [Results] The data were collected from January 1, 2010 to November 30, 2021. The patients were classified into three groups according to the management of metastatic liver tumor (operation followed chemotherapy, RFA followed by chemotherapy and chemotherapy only). There was no significant difference in patients' age, FIGO stage or the histology types. The lab data revealed elevated AST and ALT after liver operation and RFA, but there was no difference between the operation and the RFA. There was no significant difference in PFS. [Conclusion] To manage the metastatic liver tumors of ovarian cancer, there are operation and RFA as choices, and the liver function should be monitored after the treatments.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E127	Avastin 用於復發性卵巢癌之真實世界的療效 Real-world efficacy of Bevacizumab in patients with recurrent epithelial ovarian cancer 洪若寬 ¹ 呂建興 ¹ 台中榮民總醫院婦產部 ¹
臨時稿件編號：0561	
論文發表方式：海報	Background: Real-world data for the use of bevacizumab in Asian patients with EOC was scant. This study investigated the efficacy of adding bevacizumab to chemotherapy and compared it with that of chemotherapy alone in patients with recurrent EOC by using real-world data from an Asian population. Method: We conducted a retrospective cohort study by using data from a tertiary medical center in central Taiwan. Patients who had newly diagnosed EOC between 2011 and 2019 were enrolled. Patients' medical histories, medication treatment, and relevant information were collected. The outcomes were progression-free survival (PFS) and overall survival (OS). The Kaplan-Meier plot was used to generate a survival curve for OS and PFS. Cox proportional hazard analysis was used to determine the associations of Bevacizumab treatment with OS and PFS with adjustment of relevant variables. Subgroup analyses were conducted to determine if there was a significant variation in the aforementioned associations. Results: After a median follow-up of 23 months, 67% of patients in the Bevacizumab group and 81% of patients in the non-Bevacizumab group had disease progression or death. There was no significant between-group difference in OS (p = 0.475). The median duration of PFS was 18.9 and 9.6 months, respectively, favoring those who were treated with Bevacizumab. After multivariate adjustment, treatment with Bevacizumab was associated with a lower risk of disease progression (hazard ratio 0.44, 95% CI 0.23-0.82, p=0.009). The improvement in PFS was consistent in the subgroups of different histological types, different disease stages at diagnosis, different treatment-free intervals, those undergoing or not undergoing secondary cytoreductive surgery, and diverse chemotherapy regimens. Conclusion: Our findings provided crucial insights into the efficacy of bevacizumab for the treatment of recurrent EOC in the real-world setting.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E128	將黃體素受體表達結合到預估模型中以預測高惡性度漿液性卵巢癌的鉑金敏感性 Integration of progesterone receptor expression into a prediction model for estimating of platinum-sensitivity in high-grade serous ovarian cancer 林浩 ¹ 傅宏鈞 ¹ 歐育哲 ² 吳貞璇 ¹ 高雄長庚紀念醫院婦產部 ¹ 嘉義長庚紀念醫院婦產部 ²
臨時稿件編號：0565	
論文發表方式：海報	BACKGROUND: Previous studies have shown that highly progesterone receptor (PR) expression in ovarian high-grade serous carcinoma (HGSC) is associated with better outcomes. The aim of this study was to investigate the role of PR expression and other clinicopathological parameters in estimating platinum-sensitivity and to develop a prediction model. METHODS: We retrospectively evaluated ovarian HGSC patients treated with staging surgery followed by adjuvant platinum-based chemotherapy between January 2010 and December 2015. We analyzed PR status using immunohistochemical (IHC) staining, and the expression was quantified using the H-score. We identified optimal cut-off value of H-score for predicting platinum-sensitivity using receiver operating characteristic curves and used stepwise multivariate logistic regression analysis to identify independent predictors. A nomogram for predicting platinum-sensitivity was constructed and validated using bootstrap resampling. RESULTS: Of the 90 patients evaluated, the optimal cut-off value of PR H-score was 12.5 (AUC 0.797, 95% CI 0.706-0.889). Multivariate analysis showed that PR H-score <12.5 (OR: 3.71; 95% CI: 1.13-12.20), and sub-optimal debulking (OR: 5.32; 95% CI: 1.98-14.30) were independent predictors. These two variables combined with other clinical parameters were incorporated into a nomogram, which showed good discrimination with a concordance index of 0.829. Calibration curves for the probability of platinum-resistant showed optimal agreement between the probability as predicted by the nomogram and the actual probability. CONCLUSIONS: PR IHC staining and debulking status are helpful to predict platinum-sensitivity in ovarian HGSC patients. In addition, our nomogram can aid in decision-making with regards to early adjustments of chemotherapy regimen and follow-up interval. Keywords: progesterone receptor, ovarian high-grade serous cancer, platinum-sensitivity
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E129	肋膜沾黏術在婦科急性膿胸合併急性胸水之應用病例系列報告 Pleurodesis for malignant pleural effusion in gynecologic cancer- case series 張恆綱 ¹ 葉聯舜 ¹ 林武周 ¹ 張維君 ¹ 洪耀欽 ¹ 張穎宜 ¹ 中國醫藥大學附設醫院婦產部 ¹
臨時稿件編號：0575	
論文發表方式：海報	The pleural cavity is most frequent extra-abdominal metastatic site of gynecologic cancer. Malignant pleural effusion typically means poor outcome and decrease life quality. In general, Pleurodesis is palliative and without survival benefit as the same of other management for pleural effusion. The goal of intervention should be focus on symptoms relief, and improvement of quality of life. The successful rate of pleurodesis was 40 to 80 percent in the previous study. We report some cases diagnosed gynecologic cancer with malignant pleural effusion. After they was diagnosed malignant pleural effusion, they received Bevacizumab treatment and pleurodesis. We hope these method may increase the successful rate of pleurodesis and improve the life quality of patient effectively.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E130	高度惡性子宮內膜基質性肉瘤 High grade endometrial stromal sarcoma (High-grade ESS) and undifferentiated uterine sarcoma (UUS): a single-institutional experience and review of literature 周宏澤 ¹ 顏明賢 ¹ 台北榮民總醫院 ¹
臨時稿件編號：0590	
論文發表方式：海報	Uterine mesenchymal tumor is the second most common type of uterine sarcoma following leiomyosarcoma. It accounts for around 20% of uterine sarcomas and < 1% of all uterus primary malignancies. The World Health Organization (WHO, 2020) classifies endometrial stromal neoplasms and related tumors into four categories: 1. Endometrial stromal nodule 2. Low-grade endometrial stromal sarcoma 3. High-grade endometrial stromal sarcoma and 4. Undifferentiated uterine sarcoma. Approximately 50% of endometrial stromal sarcomas (ESSs) occur in premenopausal women and the majority is detected at stage I of the International Federation of Gynecology and Obstetrics (FIGO). Although early diagnosis is likely, the prognosis relies greatly on the histological and staging differences. In the low-grade endometrial stromal sarcoma group, the 5-year disease-specific survival rate is 90% for stages I and II and 50% for stages III and IV, respectively. On the other hand, high-grade endometrial stromal sarcoma and undifferentiated uterine sarcoma have a worse outcome and mostly recurrent within one year. In this study, we retrospectively collected 12 years of medical records from Taipei Veterans General Hospital and reviewed the latest associated literature with a thorough discussion of precise management of high grade endometrial stromal sarcoma (High-grade ESS) and undifferentiated uterine sarcoma (UUS).
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E131	低度惡性子宮內膜基質性肉瘤 Low grade endometrial stromal sarcoma: a single-institutional experience and review of literature
臨時稿件編號：0591	<u>龔彥婷</u> ¹ <u>顏明賢</u> ¹ 台北榮民總醫院 ¹
論文發表方式：海報	Uterine mesenchymal tumor is the second most common type of uterine sarcoma following leiomyosarcoma. It accounts for around 20% of uterine sarcomas and < 1% of all uterus primary malignancies.
論文歸類：婦癌	The World Health Organization (WHO, 2020) classifies endometrial stromal neoplasms and related tumors into four categories: 1. Endometrial stromal nodule 2. Low-grade endometrial stromal sarcoma 3. High-grade endometrial stromal sarcoma and 4. Undifferentiated uterine sarcoma. Approximately 50% of endometrial stromal sarcomas (ESSs) occur in premenopausal women and the majority is detected at stage I of the International Federation of Gynecology and Obstetrics (FIGO). Although early diagnosis is likely, the prognosis relies greatly on the histological and staging differences. In the low-grade endometrial stromal sarcoma group, the 5-year disease-specific survival rate is 90% for stages I and II and 50% for stages III and IV, respectively. On the other hand, high-grade endometrial stromal sarcoma and undifferentiated uterine sarcoma have a worse outcome and mostly recurrent within one year. In this study, we retrospectively collected 12 years of medical records from Taipei Veterans General Hospital and reviewed the latest associated literature with a thorough discussion of precise management of low grade endometrial stromal sarcoma (Low-grade ESS).

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E132	子宮間質惡性腫瘤含類卵巢性索瘤之子宮腫瘤、血管周圍上皮樣細胞瘤、發炎性肌纖維母細胞瘤之單一醫學中心治療經驗及文獻回顧
臨時稿件編號：0600	Miscellaneous Mesenchymal tumors including uterine tumor resembling ovarian sex cord tumor (UTROSCT), perivascular epithelioid cell tumors (PEComa) and Inflammatory myofibroblastic tumor (IMT): a single-institutional experience and review of literature
	<u>胡育嘉</u> ¹ <u>顏明賢</u> ¹ 台北榮民總醫院婦產部 ¹
論文發表方式：海報	Uterine mesenchymal tumor is the second most common type of uterine sarcoma following leiomyosarcoma. It accounts for around 20% of uterine sarcomas and < 1% of all uterus primary malignancies.
論文歸類：婦癌	The World Health Organization (WHO, 2020) classifies endometrial stromal neoplasms and related tumors into four categories: 1. Endometrial stromal nodule 2. Low-grade endometrial stromal sarcoma 3. High-grade endometrial stromal sarcoma and 4. Undifferentiated uterine sarcoma. Approximately 50% of endometrial stromal sarcomas (ESSs) occur in premenopausal women and the majority is detected at stage I of the International Federation of Gynecology and Obstetrics (FIGO).[5] Although early diagnosis is likely, the prognosis relies greatly on the histological and staging differences. In the low-grade endometrial stromal sarcoma group, the 5-year disease-specific survival rate is 90% for stages I and II and 50% for stages III and IV, respectively. On the other hand, high-grade endometrial stromal sarcoma and undifferentiated uterine sarcoma have a worse outcome and mostly recurrent within one year. In this study, we retrospectively collected 12 years of medical records from Taipei Veterans General Hospital and reviewed the latest associated literature with a thorough discussion of precise management. The included diagnosis is as follows Miscellaneous Mesenchymal tumors including uterine tumor resembling ovarian sex cord tumor (UTROSCT), perivascular epithelioid cell tumors (PEComa) and Inflammatory myofibroblastic tumor (IMT).

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E133	子宮內膜大細胞神經內分泌瘤之案例報告 Large cell neuroendocrine carcinoma of the endometrium : a case report
臨時稿件編號：0610	<u>楊凱翔</u> ¹ 天主教耕莘醫療財團法人耕莘醫院婦產部 ¹
論文發表方式：海報	Introduction: Large cell neuroendocrine carcinoma is a rare type of neoplasm with aggressive progression and poor prognosis. It mainly occurs in the lung, but it has been reported in several other sites, including ovaries, cervix, and endometrium. We presented a 71-year-old case of large neuroendocrine carcinoma of the endometrium.
論文歸類：婦癌	Case: The 71-year-old female, gravida 3 para3, came to our hospital for help due to lower abdominal pain with vaginal spotting persisting for 1 month. Transvaginal ultrasound revealed thickened endometrium with lesions. Endometrial aspiration biopsy was performed, but the pathological report showed no malignancy cell was found. The patient underwent staging surgery. The histology of surgical specimens showed large cell neuroendocrine carcinoma of the endometrium. Her final diagnosis was large cell neuroendocrine carcinoma, FIGO stage IVB. She was scheduled to receive chemotherapy and radiation therapy. However, she expired due to acute kidney failure and respiratory failure 28 days after being discharged. Discussion: Because of the rarity and aggressiveness of the large cell neuroendocrine carcinoma, there's still no gold standard treatment. According to previous reports, cytoreductive surgery, chemotherapy, and radiation therapy are recommended, which showed with a little response. Conclusion: Large cell neuroendocrine carcinoma in the female genital tract is extremely rare. Due to limited data for standard therapy of large neuroendocrine carcinoma of the endometrium, multimodality approach of treatment is often needed.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E135	微創手術與開腹手術治療低危和中高危子宮內膜癌疾病生存率的比較 A comparison of disease survival between minimally invasive surgery and laparotomy in low-risk and intermediate/high-risk endometrial cancer
臨時稿件編號：0619	<u>郭竹軒</u> ¹ <u>溫國璋</u> ¹ <u>賴鴻政</u> ¹ 衛生福利部雙和醫院 ¹
論文發表方式：海報	Objective: To evaluate the disease survival and surgical outcome between minimally invasive surgery (MIS) and open laparotomy (LT) in low-risk and intermediate/high-risk endometrial cancer.
論文歸類：婦癌	Materials and Methods: Of the 253 patients diagnosed with endometrial cancer, who were included in this multicenter retrospective study between 2014 and 2020, 118 and 135 underwent MIS (robotic surgery) and LT, respectively. Clinicopathological and surgical data, recurrence-free and overall survival were analysed. Results: No statistically significant difference in disease-free survival in stage 1, low risk and intermediate/high risk endometrial cancer between MIS and LT groups. Type 1 MIS histology exhibited better overall survival outcome (p=0.017) compare to LT. Type 2 MIS, few cases showed recurrence, overall survival has no difference. In multivariate analyses, operation method (MIS or LT) was not a significant factor in the overall survival of EC. Conclusion: Minimal invasive surgery is a feasible and safe treatment for endometrial cancer and should be consider as standard treatment option for low risk and intermediate/high risk endometrial cancer. Key-words: Endometrial cancer, laparotomy, minimally invasive surgery, intermediate-/high-risk Key Messages: No significant prognostic impact of minimally invasive surgery for low-risk and intermediate-/high-risk endometrial cancer

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要		台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E137	利用體外研究 Adept 溶液對於卵巢癌細胞增殖的影響 In vitro assessment of the Effects of Icodextrin Solution (Adept®) on Ovarian Cancer Cell Proliferation 陳文欣 ¹ 林浩 ² 傅宏鈞 ² 吳貞璇 ² 蔡景州 ² 歐育哲 ¹ 嘉義長庚紀念醫院婦產科 ¹ 高雄長庚紀念醫院婦產部 ²	稿件編號：E138	同時患有平滑肌瘤、惡性潛能未定的平滑肌瘤和平滑肌肉瘤的病例報告 A case report of a patient with benign metastasizing leiomyoma, smooth muscle tumors of uncertain malignant potential and leiomyosarcoma. 林肇柏 ¹ 大林慈濟醫院婦產部 ¹
臨時稿件編號：0634		臨時稿件編號：0659	
論文發表方式：海報	Aim: Anti-adhesion barriers are currently used during ovarian cancer surgery to decrease the adhesion-related morbidity. Adept® (4% icodextrin) solution, a liquid anti-adhesion material, has been widely used during gynecologic surgeries, though the risk of this barrier for oncologic surgery is controversial. The aim of this study was to determine the effect of icodextrin on the proliferation of ovarian cancer cells. Methods: We assessed the dose- and time-dependent effects of icodextrin on the growth and proliferation of OVCAR-3 and A2780 human ovarian tumor cell lines in vitro. Cell growth was determined by cell number counting. Expressions of cell cycle-regulation proteins (cyclin D1 and cyclin B1) was determined using western blot analysis. Results: Icodextrin did not significantly increase ovarian cancer cell growth when tested at various concentrations (1%, 5%, 10%, 15%, 20%) and time points (1-3 days) compared to control cells. Moreover, the protein levels of Cyclin D1 and B1 were not overexpression in icodextrin-treated cancer cells, either with an increasing concentration or with an increasing treated time. These results demonstrate icodextrin does not activate the growth or proliferation of ovarian cancer cells in either a dose- or time-dependent manner. Conclusions: This study supports the use of icodextrin solution as a safe anti-adhesion barrier for ovarian cancer surgery, though further in vivo studies are necessary.	論文發表方式：海報	Objective: The uterine smooth muscle tumors (USMTs) consist of diverse diseases ranging from malignant leiomyosarcoma (LMS) to benign leiomyoma (LM). This report describes a 49-year-old patient who has histological heterogeneity components USMTs. Case report: This 49-year-old patient received a laparoscopy assisted vaginal hysterectomy for uterine leiomyoma 23 years ago. She underwent left hip joint leiomyosarcoma excision and hemiarthroplasty last year. The pelvic tumor and lung tumor were noted at the same time. The following surgery of tumor excision revealed pelvic smooth muscle tumor of uncertain malignant potential (STUMP) and pulmonary benign metastasizing leiomyoma. She received 6 times adjuvant chemotherapy of Gemzar and Docetaxol and maintaining Letrozole. Tumor recurrence was noted in pelvic bone and liver and lung this year. The salvage chemotherapy of Doxorubicin and radiotherapy were given. The hepatic metastatic tumors were then excised. After her recovery, the salvage chemotherapy with Trabectedin was given with further radiotherapy on the pulmonary nodule and residual pelvic bone tumor. She is still well with stable disease now. Conclusions: USMTs may range from LMS to LM. This is a rare case with three USMTs noted at once many years after hysterectomy for uterine leiomyoma. Clinically, the leiomyosarcoma was highly marked by local recurrence and distant metastasis.
論文歸類：婦癌		論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要		台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E139	晚期原發性女性尿道癌之多學科癌症治療及臨床結果- 病例報告和文獻綜述 Multidisciplinary Cancer Treatment and Clinical Outcomes in Advanced Primary Carcinoma of the Female Urethra – A Case Report and Literature Review 陳綺珊 ¹ 邵芷瑩 ¹ 林子平 ² 張世慶 ³ 石育仲 ⁴ 王鵬惠 ¹ 陳怡仁 ¹ 臺北榮民總醫院婦女醫學部 ¹ 臺北榮民總醫院泌尿部 ² 臺北榮民總醫院外科部大腸直腸外科 ³ 臺北榮民總醫院外科部整型外科 ⁴	稿件編號：E140	輸卵管漿液性乳突狀囊腺纖維瘤 Serous papillary cystadenofibroma of fallopian tube 黃怡婷 ¹ 王錦榮 ¹ 林口長庚醫院 ¹
臨時稿件編號：0661		臨時稿件編號：0359	
論文發表方式：海報	Primary urethral carcinoma (PUC) is a rare malignant tumor, accounting for less than 1 percent of all genitourinary malignancies. For female primary urethral carcinoma, various predisposing factors have been reported, including urethral diverticula, recurrent urinary tract infections and human papillomavirus (HPV) 16 infection. The clinical presentation and the histopathology of urethral carcinoma varies depending upon gender. In women, the initial presentation may be nonspecific, with hematuria or voiding symptoms, which is often misinterpreted for a urinary tract infection. And the predominant histology is adenocarcinoma (38–46.7%) followed by squamous cell carcinoma (25.4–28%), urothelial carcinoma (24.9–28%) and other histological entities (6%). The 5-year overall survival rate ranges 46-54% and the prognostic factors included advanced age (> 65 years), black race, tumor size and proximal tumor location, stage, grade, nodal involvement and metastasis, pathohistological type, extent of surgical treatment and treatment modality. Due to the rarity of PUC, there is lack of clinical studies to find optimal management strategies. For patients with locally advanced (stage T3 or T4) PUC, which requires multimodal treatment strategies to optimize local control and survival. These include inductive chemotherapy followed by consolidative surgery or radiotherapy and concurrent chemoradiation therapy (CCRT) with or without surgery. Here, we presented a case, a 68-year-old female diagnosed of urethral adenocarcinoma, pT4N1M0, with the initial presentation of acute urinary retention and urethral stricture for months. Anterior pelvic exenteration with bilateral pelvic lymph nodes dissection, total vaginectomy and ileal conduit was performed one year ago. She had received adjuvant CCRT. However, perineal painful sensation for weeks recently, with a palpable mass lesion near clitoris, about 4 cm in size. Pelvic MRI disclosed a 2.9 cm sized soft tissue lesion at surgical bed, with diffusion restriction, local recurrence is highly suspected. Therefore, multidisciplinary salvage surgeries with radical vulvectomy, pubic bone resection, Hartmann's procedure and bilateral posterior gracilis myocutaneous flaps reconstruction were conducted. All the surgical margins were free of tumor. She got the surgical benefit and survived successfully until now.	論文發表方式：海報	Serous papillary cystadenofibroma of fallopian tube is a rare disease and was first discovered by Iwanow in 1909. It is usually located on fimbrial end of the tube and it is considered that it has “Müllerian” origin. We present the case of a 23-year-old woman (gravida 0, virgin) came to our emergency department due to an acute right lower quadrant abdominal pain coupled with cold sweat and vomit. After a series of examination and workup, an unilocular anechoic cystic right adnexal mass of about 11.70x6.13cm with multiple papillary projections on the inner surface of the mass was found. Therefore, laparoscopic surgery was scheduled and revealed the presence of a fallopian mass covered by mesosalpinx and surrounded by right fallopian tube, adjacent to the right ovary. Right salpingectomy was performed without tumor rupture. The histopathology revealed evidence of serous papillary cystadenofibroma. According to Hodzic et al., this should be the twenty-first case reported in the world literature. Besides that, this is the first case of serous papillary cystadenofibroma of fallopian tube that is larger than 10cm being operated via laparoscopy.
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台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E141	子宮內避孕器碎片;子宮鏡診斷不尋常之婦女停經後出血原因 Fractured intrauterine device (IUD) retained in senile uterus: An unusual cause of postmenopausal uterine bleeding <u>李易良</u> ^{1,2} <u>白尹瑄</u> ^{2,3} <u>武國璋</u> ¹ <u>余基賢</u> ¹ <u>張芳維</u> ¹ <u>尹長生</u> ^{1,2} 三軍總醫院婦產部 ¹ 康寧醫院婦產科 ² 國防醫學院生命科學所 ³
臨時稿件編號：0365	
論文發表方式：海報	Objective: Intrauterine devices (IUDs) are a safe and common birth control option for women. Postmenopausal bleeding (PMB) is sometimes encountered by women, but its link with IUDs had never been reported. We aimed to describe our experiences with an affected patient to raise awareness of this complication. Case report: An 85-year-old woman who had been using warfarin for 7 months complained of PMB, which had affected her for 2 weeks. Transvaginal ultrasound revealed endometrial thickening (4.2 mm) and hydrometra. No-touch hysteroscopy was applied to remove the retained fragment of an IUD. We applied HealAid to achieve hemostasis. The patient was followed up for 2 weeks, and the complete resolution of symptoms was observed. Conclusion: Our case report demonstrates the importance of hysteroscopy and a differential diagnosis when PMB is encountered. Although incomplete IUD removal is rare, clinicians should be aware of related complications.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E142	子宮內肌層切除合併蜜蕊娜(Mirena)子宮內投藥系統置放於子宮肌腺症之治療:五年治療成效追蹤 Hysteroscopic Endomyometrium Resection combined with Insertion of Mirena for Treatment of Adenomyosis: A 5-year follow up <u>李易良</u> ^{1,2} <u>白尹瑄</u> ^{2,3} <u>武國璋</u> ¹ <u>尹長生</u> ^{1,2} 國防醫學院三軍總醫院婦產部 ¹ 康寧財團法人康寧醫院 ² 國防醫學院生命科學所 ³
臨時稿件編號：0449	
論文發表方式：海報	INTRODUCTION: Symptomatic treatment of adenomyosis is still a challenge for gynecologist. Transcervical resection of the endomyometrium (TCREM) that resected superficial layer of endomyometrium with combined insertion of IUS Mirena may give the exposed deep adenomyotic lesion to progesterone from Mirena. Previous study combined TCREM and Mirena insertion appeared to be safe and to result in a high rate of amenorrhea, just based upon small short-term, less than 2 years observational studies and cases reports. The aim of this 5-year observational study was to assesses the feasibility of insertion of a Mirena after transcervical resection of the endomyometrium (TCREM) for symptomatic adenomyosis. METHODS: From May 2015 through October 2021, 36 women underwent TCREM with insertion of Mirena for treatment of histological proved adenomyosis at a community hospital was included. Result: The study followed with 36 completed 12 months of follow-up and 34 completed five years of follow-up. The amenorrhea rate after 1 year was 92%, three treatments failed (8%) included 1 hysterectomy and 2 spontaneous expulsions of Mirena. The 5 years cumulated amenorrhea rate 83% was noted in 30 out of 36 women included, 12 women amenorrhea (33%), while 18 women with oligomenorrhea or spotting (50%). Six women (17%) were failed treatment, included two required subsequent hysterectomy and, the two women still heavy bleeding resulted in expulsion of Mirena. Two amenorrhea patients needed a second combined procedure to control bleeding. Three other women required removal of MIRENA because of recurrent vaginitis after 4 years. Discussion: this 5-year follow up study demonstrated that the combining TCREM and insertion of Mirena will give significantly better outcomes for treatment of symptomatic adenomyosis.
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台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E143	達文西機械手臂於復發性卵巢癌之應用 Robotic Application in Recurrent Ovarian Cancer <u>陳嘉維</u> ¹ <u>溫國璋</u> ¹ <u>賴鴻政</u> ^{1,2} 衛生福利部雙和醫院 ¹ 台北醫學大學醫學系婦產學科 ²
臨時稿件編號：0467	
論文發表方式：海報	Background Robotic-assisted surgery was widely used in gynecology since 2005. The delicate operation technique truly improved the blood loss and the operation time. However, the application in recurrent ovarian cancer remains undetermined. Methods A 58-year-old female patient was referred to our hospital. She was diagnosed as high-grade serous carcinoma of ovary (revised poorly differentiated endometrioid), stage IIB, in 2020 and received debulking surgery included transabdominal total hysterectomy, bilateral salpingo-oophorectomy, omentectomy and partial colectomy and appendectomy. After the surgical management, she received 6 courses of chemotherapy as Taxol(175mg/m2) and Carboplation(AUC:5) + Avastin(15mg/kg). Six months later, computed tomography(CT) for treatment follow up revealed a nearly 4.5 cm tumor found at vaginal stump. Thus, 6 cycles of salvage chemotherapy with Lipodox + Avastin was given. Three months later, follow up image with magnetic resonance imaging (MRI) revealed disease progression. Surgical intervention is not possible. The patient visited our hospital for second opinion. Whole body PET scan revealed peritoneal metastases in the left abdomen, right lower quadrant, right pelvic cavity and presacral area are suspected. Then, after well discussion about the pros and cons, she decided to receive surgical management. Results Robotic resection of multiple recurrent ovarian cancer masses one by one including the major one at pelvic wall. Re-implantation of right ureter was also done. Operative findings showed a tumor about 7 cm in diameter at right obturator fossa. The tumor was encaging the lower ureter. The total console time of this surgery was 5 hours 10 minutes (GU: 1 hours 40 minutes) and the blood loss was 200 mL. The patient recovered well and received chemotherapy on post operation day 8. She was discharge uneventfully on post operation day 9. Conclusion Although surgical resection in recurrent ovarian cancer remains controversial. Optimal debulking by robotic is feasible in selected patients. After well image survey and planning, minimal invasive surgery as robotic system is a safe and well technique not only giving a less blood loss and operation time but a minimal wound and faster recovery time compared with laparotomy.
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E144	卵巢腫瘤自動截肢扭轉以游離腹內腫塊的為表現 Auto-amputated torsion of ovarian tumor presenting as a free intra-abdominal mass <u>陳信翰</u> ¹ <u>黃閔熙</u> ¹ <u>江珮綺</u> ² 新竹馬偕紀念醫院婦產部 ¹ 台北馬偕紀念醫院婦產部 ²
臨時稿件編號：0491	
論文發表方式：海報	Torsion of ovarian tumor is an emergency condition with intolerable pain and needs emergency surgery for function preservation. Longstanding of torsion causes infarction and results in tissue necrosis including torsion pedicle. As a result, auto-amputation of ovarian tumor may occur but is extremely rare. Here we present a case of 22 years old female with right lower quadrant pain for 2 weeks. She had ever visited gastroenterology department and gynecologic survey was advised. Transvaginal ultrasound revealed a pelvic mass of 10 x 5 cm with septum and free fluid accumulation. Normal uterus and bilateral ovaries could be also identified by ultrasound. CA125 was 18.2 U/ml. Pelvic examination found a free movable tender mass. Under the impression of pelvic mass with unknown origin, she was admission for laparoscopic surgery. Laparoscopy encountered a free-floating mass in the pelvis. The surface was congested without connection to any pelvic organs. There was one tiny wound with hemorrhagic spot over right ovary. Auto-amputation of right ovarian torsion cyst was suspected. The tumor was retrieved by tissue bag for pathologic check. Final pathology showed benign cyst with marked congestion and hemorrhage with necrosis. The lining epithelium is total sloughed. But ovarian stromal tissue could be found on benign cyst to prove ovarian original tumor. She was discharged on the next day after surgery and felt well in future follow-up. Free-floating intra-abdominal mass is rare condition and mostly is ovarian origin. Auto-amputation of the adnexal mass is extremely rare that may be due to longstanding of torsion with infarction and necrosis of tumor pedicle. However, Most patients cannot tolerance the pain of torsion and usually have early surgical intervention. Rare case particularly in infant can be escaped from early management and resulted in auto-amputated torsion cyst due to clinically silent and goes unrecognize . On the contrary, In this case, it spent two weeks from onset of initial pain to auto-amputated torsion of ovarian tumor in reproductive age of female. This rare condition should be considered if a free pelvic tumor was found even with bilateral normal ovaries can be identified during ultrasound survey. Keywords: Auto-amputated; Ovarian torsion; Cystic abdominal mass
論文歸類：內視鏡	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E145	婦科微創手術後體腔下人工切條法的效率和技巧 The efficacy and tips of Contained Manual Morcellation in minimal invasive gynecology surgery <u>龐漢鏗</u> ¹ 花蓮慈濟醫院婦產部 ¹
臨時稿件編號：0506	
論文發表方式：海報	Aims and objective To show the efficacy 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. In this method, all we need are the 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 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 111 年度年會暨學術研討會 論文摘要	
稿件編號：E146	減少腹腔孔洞利用機器人手臂施行複雜性子宮肌瘤切除術的可行性和安全性 Feasibility and safety of Reduced-Port Robotic Surgery for Complicated Myomectomy <u>吳昱靜</u> ¹ <u>莊斐琪</u> ² <u>黃寬慧</u> ² <u>楊采樺</u> ² <u>龔福財</u> ² <u>吳伶穎</u> ² 嘉義長庚醫院 ¹ 高雄長庚醫院 ²
臨時稿件編號：0523	
論文發表方式：海報	Objective To demonstrate key steps in performing safe Robotic surgery for complicated myomectomy.
論文歸類：內視鏡	Materials and Methods: We retrospectively reviewed medical records and our video focuses on stepwise description of all major steps of the surgical technique. Generally, complicated myomectomy include large myomas, multiple uterine myomas, broad ligament myomas or cervical myoma. Complicated myomectomy is always challenging that laparotomy or multiple-port laparoscopy and mini-laparotomy is performed for such cases. However, the advantages offered by Robotic approach conquer these limitations. Robotic approach provide high-resolution three-dimensional magnification field of vision which allows the surgeons to perform operations clearly and accurately. The unique instrument of flexible wrist rotation of robotic mimicking actions of rotating, grasping and pinching with human hands allows surgeons to manipulate in narrow space. Our video demonstrated reduced-port robotic surgery for complicated myomectomy by experienced surgeon following safe steps. Results Reduced-port robotic surgery for complicated myomectomy approach can confer benefits for both surgeons and patients if performed in safe steps. Conclusion Our experience suggests that reduced-port robotic surgery for complicated myomectomy is safe and feasible and may be more advantageous for post-operative patients' outcomes.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E147	單一能量器械之雙孔腹腔鏡子宮次全切除 LigaSureTM in two-port laparoscopic subtotal hysterectomy <u>李盈瑩</u> ¹ <u>張文君</u> ¹ <u>許博欽</u> ¹ 臺大醫院 ¹
臨時稿件編號：0542	
論文發表方式：海報	[Objective] Two-port laparoscopic subtotal hysterectomy is a way to manage symptomatic benign uterine lesions, and it takes shorter operative time and less postoperative pain than conventional laparoscopic surgeries. Ligasure™ is a kind of energy device that can seal vessels less than 7mm without much smoke and cut tissue simultaneously. Here we presented a study about two-port laparoscopic subtotal hysterectomy with LigaSureTM.
論文歸類：內視鏡	[Methods] This was a retrospective study to enroll those who underwent two-port laparoscopic subtotal hysterectomy with LigaSureTM between May 2018 and February 2021. The data about the patient's characteristics, complications, operative time and estimated blood loss were collected. Those data were presented by percentage, mean +/- standard deviation and multivariable linear regression. [Results] Three cases which were converted to laparotomy due to severe pelvic adhesion were excluded. Finally, seventy-one cases were enrolled. The mean age was 45.6 ± 4.6 (33-61) years old. The mean BMI was 24.7 ± 5.1 (18-43). The mean of the resected uterine corpus weight was 462.7 ± 258.5 gram. The mean area of isthmus was 10.73 ± 5.27 cm^2 (2.5 - 29.7). The mean of the operating time was 100.8 ± 35.6 (49-230) minutes. The mean of the estimated blood loss was 327.3 ± 278.5 (0-1100) ml. The operative time was related to the uterine weight, followed by the operator, the isthmus area, using uterine manipulator and adhesion to the uterus. The estimated blood loss was also related to uterine weight, followed by the area of isthmus. The operative time obviously increased when the uterine weight was more than 500gm, and the estimated blood loss seemed obviously increased when the uterine weight was more than 600gm. [Conclusion] Two-port laparoscopic subtotal hysterectomy performed by LigaSureTM is a feasible choice to manage uterine benign tumors.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E148	應用 Letrozole 於海扶刀治療子宮肌瘤之成效 Application of Letrozole for HIFU treatment of leiomyoma <u>陳威君</u> ¹ <u>許嘉真</u> ² <u>張廷彰</u> ² 基隆長庚紀念醫院婦產部 ¹ 林口長庚紀念醫院婦產部 ²
臨時稿件編號：0596	
論文發表方式：海報	Abstract Background To investigate the feasibility and efficacy of Letozole for patients with leiomyoma after ultrasound-guided high intensity focused ultrasound (HIFU) at Chang Gung Memorial Hospital Linkou branch.
論文歸類：內視鏡	Methods Total patients with single leiomyoma treated under HIFU ablation were enrolled. The medical documents were reviewed. Results Among the patients, median age was 43 years (range 21 – 60), median BMI was 22.3 (range 16.2 – 38.7), and median size was 251.9 cm3 (range 9.2 – 2860.6). The median size reduction rates were 57.7%, 61.8%, 68.4%, 68.1%, and 86.6% at 6, 12, 24, 36, and 48 months after HIFU ablation. The efficacy and response of Letrozole treatment for leiomyoma were reviewed. Conclusion HIFU treated leiomyomas with size reduction after well ablation. Letrozole was a medication with safety. Pre-HIFU with Letrozole can relieve the pretreatment symptoms and make HIFU much more efficiently. Keywords: High-intensity focused ultrasound, HIFU, leiomyoma, Letrozole.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E149	達文西困難肌腺瘤切除和冷刀息肉切除 Robotic adenomyomectomy and cold knife polypectomy in a virgin with large posterior and cervical adenomyomas and endometriosis with pelvic adhesions 張季涵 ¹ 龐漢隆 ¹ 花蓮慈濟醫院婦產部 ¹
臨時稿件編號：0622	
論文發表方式：海報	Aims and objective To present a case of virgin with large posterior and cervical adenomyomas, adenomyosis and pelvic adhesions post robotic myomectomy and adhesiolysis, along with endometrial polyps post cold knife hysteroscopic removal of polyp.
論文歸類：內視鏡	Methods and material Miss Lin, P0, is a case of uterine adenomyomas with dysmenorrhea, frequency, and constipation. Transvaginal ultrasound showed uterine myoma about 5.8 x 5.2 cm. Besides, endometrial polyp was noted. After discussion with the patient, we performed robotic myomectomy and cold knife polypectomy for her. The difficulties of this case are: 1.big posterior and cervical adenomyomas; 2.Pelvic adhesions; 3.Virgin patient and surgery had to be performed without the assistance of a uterine elevator. With the rotary arms and 3D vision of the robotic system, these difficulties are not difficult anymore. The most advantageous robotic approach is the reforming and ensured suturing of the uterine wounds can be achieved easily. We removed the specimens which contained manual morcellation because this is an effective way to remove myoma and it can avoid parasitic myoma in the future. Results During surgery the findings were 1. Hysteroscopy revealed cervical polyp with long stalk at lower segment of uterus, and multiple endometrial polyps were seen. 2. Uterine myomas with prominent vessels in the surface with contact bleeding: 5 cm at posterior left lower segment and 9 cm at posterior fundus of uterus. 3. Adhesion bands on the left tube to the pelvic wall, and endometriotic bands on origin of the left uterosacral ligament were seen and adhesiolysis was done. An inflammatory endometrioma about 2cm was seen on the posterior left lower segment of uterus. 4. A wide adhesion band was noted from the fundus of the uterus to the right pelvic floor.The patient was discharged on postoperative day 5 and did not exhibit any problem at follow-up. Conclusion We hope to share the video of the surgery at the coming meeting.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E151	未生育之膀胱過動症婦女其逼尿肌過動和異常排尿型態相關性研究 Overactive bladder syndrome is associated with detrusor overactivity and abnormal voiding pattern in nulliparous women 方潔 ¹ 吳銘斌 ² 金宏諤 ¹ 台北醫學大學附設醫院 ¹ 奇美醫院 ²
臨時稿件編號：0377	
論文發表方式：海報	Background: Pregnancy and childbirth are frequently associated with overactive bladder syndrome (OAB). However, the role of parous effects in OAB among nulliparous (NP) women remains controversial.
論文歸類：婦女泌尿	Methods: This study investigated abnormal voiding patterns and detrusor overactivity (DO) among NP women with OAB in comparison with parous women. From August 2011 to December 2018, 906 patients met the inclusion criteria for participation and were divided into three groups: 221 patients in the NP group, 571 patients in the normal spontaneous delivery (NSD) group, and 114 patients in the cesarean section (CS) group. Urodynamic study examinations were performed, and the presence of DO, abnormal voiding patterns, and maximum urethral closure pressure (MUCP) was recorded. Data were analyzed using analysis of variance, x2 tests, and independent t tests. Results: Compared with parous women in the NSD and CS groups, patients in the NP group had a significantly higher prevalence of abnormal voiding patterns, DO, and MUCP. Furthermore, abnormal voiding patterns were significantly associated with DO and MUCP, respectively, especially in the NP group. Conclusion: We hypothesized that hypertonicity or poor relaxation of the pelvic muscle in NP women may cause functional BOO, which is related to their OAB.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E150	對於致命性子宮後動靜脈畸形的保留生育新治療方法:結合腹腔鏡縫合子宮動脈與動靜脈畸形病兆 A new fertility-preserving treatment modality for life-threatening bleeding caused by acquired uterine arteriovenous malformation (AVM): Combination laparoscopic ligation of uterine arteries and AVM suture 呂亭芳 ¹ 呂建興 ¹ 台中榮總婦產部 ¹
臨時稿件編號：0639	
論文發表方式：海報	Objective Symptomatic Uterine arteriovenous malformation 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. We report a new fertility-preserving treatment modality for life-threatening bleeding caused by acquired uterine AVM: Combination laparoscopic ligation of uterine arteries and AVM suture.
論文歸類：內視鏡	Case report A 39-year-old female received Dilatation and Curettage due to missed abortion. However, she experienced heavy vaginal bleeding after surgery. Uterine arteriovenous malformation (AVM) was diagnosed. She was successfully treated using laparoscopy bilateral uterine arteries 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. Besides she had normal menstruation after the operation. Conclusion This case report describes for the first time a successful combination of bilateral uterine artery ligation and AVM suture to treat a patient with uterine arteriovenous malformation. We demonstrated the efficacy and safety of this method. Long-term follow-up of the patient and a larger sample size are needed to further evaluate this treatment modality in AVM.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E152	改良式陰道網膜手術於前陰道壁脫垂之應用 Modified vaginal mesh procedure with DynaMesh® - PR4 for the treatment of anterior/apical vaginal prolapse 林家如 ¹ 蔡青伶 ¹ 台中榮民總醫院 ¹
臨時稿件編號：0399	
論文發表方式：海報	Background: The use of vaginal mesh for pelvic organ prolapse (POP) repair is one of the most debatable topics. However, for women with anterior vaginal prolapse and less intercourse desire, vaginal mesh provides good support to the structure, short surgical time, and tolerable complications. DynaMesh® - PR4 is made of polyvinylidene fluoride (PVDF) monofilament, with good biocompatibility and material purity. This study is conducted to evaluate the safety and efficacy of transvaginal POP repair using DynaMesh®-PR4 by a modified technique (combined trans-obturator and sacrospinous fixation).
論文歸類：婦女泌尿	Methods: Clinical data of 22 patients that underwent a modified vaginal mesh repair procedure in Taichung Veterans' General Hospital was retrospectively analyzed. The anterior arms of DynaMesh®-PR4 were penetrated through bilateral obturator foramen, while posterior arms passing through each ischiorectal fossa and sacrospinous ligament. Vaginal perineal urethral suspension, partial trachelectomy, and posterior vaginal wall repair were concomitant performed if indicated. Results: Patient characteristics and perioperative results were listed in Table 1 and Table 2. The mean age of the patients was 67 years old. Mean operative time was 60 mins. Post-operative complications were rare and mild (Table 3). No mesh protrusion was noted. At average 1 year follow-up, there were 3 patients (13.6%) had recurrent anterior compartment prolapse, which were all asymptomatic and within hymen. No apical prolapse recurrent was observed after such modified procedure (Table 3). Conclusion: With short operation time, low recurrent rate, rare complication, and short hospitalization, pelvic floor reconstructive surgery with modified vaginal mesh procedure (DynaMesh® - PR4) could be an option for women requiring anterior and apical prolapse repair.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E153	Single incision sling 經驗分享
臨時稿件編號：0411	The Different Insertion Angle for Sling Surgery May Improve the Outcome and Quality of Life for the Stress Urinary Incontinence Population 李維鈞 ¹ 潘恆新 ¹ 黃莉文 ¹ 新光醫療財團法人新光吳火獅紀念醫院 ¹
論文發表方式：海報	Objective: To compare patients' outcome using different insertion angle for mid urethra sling surgery, based on the severity of stress urinary incontinence (SUI). Materials and methods: We recruited patients with SUI between year 2017 to 2019. One hundred and one patients with pad test less than 10gram were included into the experimental group of the entrance of insertion angle for sling surgery is similar to the tension-free vaginal tape surgery, the angle is less than 45 degrees. On the other hand, the control group 83 patients who had pad test with result for more than 10 grams, the insertion angle is 45 degrees. The cure rate and quality of life (QoL) were compared between the two groups of SUI patients for one year follow up. Pad test and urodynamic testing were repeated after six months' follow-up. Results: There was no significant difference between the acute angle group and 45-degree group in 6-months successful rate and postoperative voiding difficulty. However, patients in acute angle group have statistically significant in postoperative QoL(24.6±3.5 versus 23.9±2.7, p value<0.05) and Neo SUI(5.9% versus 13.3%, p value<0.05). Conclusion: Pelvic organ prolapse (POP) commonly coexists with SUI (20%) and de novo SUI after surgery for POP occurred frequently with the range between 12% and 35%, suggesting that POP surgery should consider the subsequent sequelae-occurrence of SUI. Tension free vaginal sling surgery (TVT) is the mainstream treatment for urinary stress incontinence. In this study, we compare patients' outcome using different insertion angle for mid urethra sling surgery, based on the severity of SUI. Based on our results, for patients' encounter pad test that is more than 10 grams and with UD confirmed SUI, the insertion angle used should be less than 45 degrees similar to TVT for better QoL and less Neo-SUI.

	Discussion The result showed the overall improve rate in 18 patients was 72%(13 patients) which was similar to the study published by Gasper in 2017 (80% improvement in 22 patients). Nevertheless, still 5 patients did not feel the benefit from the procedure. previous studies showed periurethral-fibrosis-induced intrinsic sphincter deficiency may play a critical role in effectiveness of intraurethral laser treatment. ISD may result from damage to innervation following child-delivered injuries, urethral pathologies, prior pelvico-vaginal surgery or irradiation. As compared to atrophy-related ISD, the efficacy of intraurethral Erbium laser treatment seems to be limiting in damage-related ISD patients. Conclusion Women with persistent SUI after vaginal laser treatment(18 out of 93 patients) may have ISD. Our result showed intraurethral laser was helpful in treating women with persistent SUI after vaginal laser procedure, with 72% improvement rate. (improved: 44%, strongly improved: 28 %). However, patients with prior pelvico-vaginal surgery or pelvic organ prolapse history may be a limiting factor to the efficacy of intraurethral laser. Though more studies are needed to further investigate the benefit of intraurethral laser, combined vaginal laser and intraurethral laser as a treatment regimen for women with SUI may be a new direction in the future.
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台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E154	評估鉕雅銘雷射於壓力尿失禁婦女之安全性與有效性
臨時稿件編號：0415	Stress urinary incontinence: Safety and efficacy of intraurethral Erbium laser treatment in patients with previous vaginal laser management 曾詠翎 ¹ 蘇棋楓 ² 光田綜合醫院教學部 ¹ 光田綜合醫院婦產部 ²
論文發表方式：海報	Introduction Studies showed urinary incontinence(UI) is a problem in 25-45% of women regardless of age. Risk factors of UI includes parities, increase body mass index, radical pelvic surgery and menopause. Urinary incontinence can be further classified into three types: stress, urgency, and overflow incontinence. Among them, stress urinary incontinence(SUI) has the highest incidence approaching 50%. SUI was characterized by involuntary leakage of urine without bladder contraction due to increased intra-abdominal pressure caused by cough, laughing or sneezing. Several studies revealed the association between urinary incontinence and mental stress including anxiety, depression and decreased quality of life. To solve the problem, non-invasive laser procedure was considered to be a safer and effective way among all the other treatment. The aim of the study is to evaluate the efficacy and safety of intraurethral Erbium laser treatment for female patients still present with SUI after vaginal Erbium laser treatment. Material and method 93 female patients with mild to moderate SUI who had completed three courses of vaginal Erbium laser from Jan 2015 to June 2018 were included in our study. 18 of 93 patients (19%) with persistent SUI after 4 weeks interval for second vaginal Erbium laser were selected for the treatment of intraurethral laser in Jan 2019. The efficacy of intraurethral Erbium laser treatment was defined by the comparison between pre and post-treatment ICIQ-UI SF score as: no change, improvement (decrease of ICIQ-SF score 1-5) and strong improvement (decrease of ICIQ-SF score >5). No pre- laser medication were applied. Before the procedure, urethral length must be measured by two steps: 1. Properly indwelling a Foley catheter and draw a line on the tube at urethral opening. 2. The length was defined by the length between Foley bubble and the line at urethral opening. The main procedure was done by delivering non-ablative laser energy using Erbium SMOOTHM technology by a 4mm cannula with a personalized length. The pulses were set with a frequency of 1.4 Hz. The energy was delivered stepwise from proximal urethra to urethral orifice at an interval of 2.5 mm. The patient received the procedure at outpatient clinic without anesthesia. Post-laser medication cephalixin and phenazopyridine one tab was given for 3 days to prevent infection. Result ICIQ-UI SF The average age was 47.5 years(range 32-62) with average 2 parities(range 0-4). Mean body mass index was 20.97(range 18.8-23.4). All patients fulfilled the ICIQ-SF questionnaire before the procedure and also 3 months after the procedure regardless of their urodynamic study classification. 72% of patients(13 patients) reported feeling improvement of symptoms by ICIQ-SF score: 5 patients reported as strong improvement and 8 as improvement . Adverse effect All patients tolerated the therapy well. Adverse effects following treatment were mild and transient and mostly resolved in 3 to 4 days including: 1 patient (5.6%) was with urinary infection, which was treated with antibiotics and 7 patients (39%) reported mild pain.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E155	放射治療後二氧化碳陰道雷射治療的應用
臨時稿件編號：0445	Case Report: Fractional CO2 Vaginal Laser Therapy After Radiotherapy 楊昶臻 ¹ 陳進典 ¹ 廖韻涵 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式：海報	Objective: We present a case of fractional CO2 vaginal laser therapy used to treat radiotherapy-induced vaginal dryness and pain. Case Report: A patient with a past history of endometrial carcinosarcoma who underwent multiple rounds of pelvic radiotherapy presented with severe vaginal dryness and pain which negatively affected her quality of life and rendered her unable to have sexual intercourse. After four sessions of fractional CO2 vaginal laser therapy, her symptoms were alleviated to a tolerable level and she had vastly improved quality of life. Furthermore, she was able to have sexual intercourse with minimal pain. Conclusion: Fractional CO2 vaginal laser treatment is a promising, non-pharmacological, minimally invasive treatment option for women who have previously undergone radiotherapy due to gynecologic cancer.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E157 臨時稿件編號：0529	骨盆重建手術後危及生命的肺栓塞之個案報告 A life-threatening pulmonary embolism after urogynecology surgery: a case report 朱奕堯 ¹ 孫茂榮 ¹ 彰化基督教醫院 ¹
論文發表方式：海報 論文歸類：婦女泌尿	Venous thromboembolism (VTE), including deep vein thrombosis (DVT) and pulmonary embolism (PE), remains a significant cause of postoperative morbidity and mortality. The actual number of people affected by DVT/PE is unclear in the United States; about 1 to 2 per 1,000 people could be affected each year. 10 to 30% of people will die within one month of diagnosis and about 25% of people present sudden death as the first symptom. One-third of people with DVT/PE will have a recurrence within 10 years. Data of VTE rates in Asian countries showed the annual incidences 13.8-19.9 per 100,000 and post-surgical DVT rates ranged from 0.15 to 1.35% with population-based estimates. VTE in Asian populations is relatively lower incidence than in Western countries, however, acute pulmonary embolism (PE) could be a major cause of morbidity and mortality, even fatal disease during the postoperative period. The approach efficiently while simultaneously to the evaluation can avoid unnecessary testing, this may promptly reduce morbidity and mortality. We reported a 66 years old female with past history of high probability of PE due to shortness of breath and lung perfusion scan revealed multiple perfusion defects with mismatch over right upper and middle lobes 3 years before this surgery. Her underlying disease atherosclerosis, hypertension, and type II DM was regularly followed at Cardiovascular department. She has held aspirin 100mg per day before the operation for a week. She then developed shortness of breath with decreased saturation following pelvic reconstructive surgery on postoperative day 2. Laboratory data revealed elevated D-dimer and chest CT reported multifocal intraluminal filling defects in the bilateral pulmonary arteries and their branches. Pulmonary thromboembolism was diagnosed accordingly. Following anticoagulation treatment and intensive unit care for 3 days, the patient recovered and was discharged without complication on the sixth postoperative day. It is important to early recognition of PE and the following management, treatment. This case highlights the preoperative and postoperative strategy of prophylaxis in high risk of symptomatic VTE patient. For gynecologic surgery patients who are at high risk of VTE and average risk of bleeding complications like our patient, combination of mechanical prophylaxis and pharmacologic prophylaxis (low-dose unfractionated heparin or LMWH) is recommended. Patient who is not high risk of bleeding tendency underwent elective surgery, anticoagulation therapy continuation is preferable.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E159 臨時稿件編號：0576	使用 Bulkamid 尿道填充系統在女性應力性尿失禁的安全性與有效性 The efficacy and safety of polyacrylamide hydrogel (Bulkamid) for the management of female stress urinary incontinence 楊昀臻 ¹ 廖韻涵 ¹ 應宗和 ¹ 陳進典 ¹ 曾志仁 ¹ 洪滿榮 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式：海報 論文歸類：婦女泌尿	Introduction: Stress urinary incontinence (SUI) is a common condition in women with a previously reported prevalence of up to 50%. Currently, there are a wide variety of treatment modalities for SUI including surgical treatment and bulking agents. Polyacrylamide hydrogel (Bulkamid) is one of several urethral bulking agents currently available for the treatment of SUI in women. The purpose of this study was to conduct a systematic review to assess the efficacy and safety of Bulkamid with regards to stress urinary incontinence in women. Methods: A systematic search was conducted using the PubMed, Embase, and Cochrane Library databases along with reference lists of electronically retrieved studies for studies that evaluated the use of polyacrylamide hydrogel with regards to stress urinary incontinence in women. Results: Seventeen studies were included in this review with a total of 1583 patients. Short-term success rates were favorable, with up to 89% of women reporting an improvement in quality of life during the short-term. Long-term success rates ranged from 42%-70%. However, studies reported reinjection rates ranging from 12% to 77%. The most common adverse events were acute urinary retention, urinary tract infection, and de novo urgency. Conclusion: Polyacrylamide hydrogel is a safe and effective treatment for the treatment of stress urinary incontinence in women, but repeat injections are often necessary to achieve the desired results. There is a low risk of serious adverse events.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E158 臨時稿件編號：0544	慢性骨盆腔疼痛患者接受雙鏡手術的臨床發現 Clinical features and surgical findings in chronic pelvic pain in women undergoing double scope 謝筱芸 ¹ 蔡青倍 ¹ 台中榮民總醫院 ¹
論文發表方式：海報 論文歸類：婦女泌尿	Chronic pelvic pain in women is not unusually condition. Definitions of CPP may vary, but a minimum duration of at least 6 months is considered necessary to define the pain as chronic. There are numerous causes with overlapping symptomatology, therefore the management of the condition is a challenge for clinicians. The etiology may include endometriosis, adenomyosis, pelvic adhesions, interstitial cystitis, irritable bowel syndrome, musculoskeletal dysfunction and nerve entrapment. This was a single-center retrospective study of female patients who suffering from CPP more than 6 months, with, or without, urinary symptoms suggestive of IC/PBS. Since 2015 all women who underwent a laparoscopy and cystoscopy to investigate the etiology at our hospital, were included in this study. When possible causes of chronic pelvic pain are present, such as endometriosis or pelvic adhesion are found during operation, excision/ cauterising of endometriosis and adhesiolysis are performed by surgeon. Concomitant cystoscopy is performed to confirmed the presence of interstitial cystitis or not. A total of 17 participants were included, mean age is 41 years old and mean BMI is 23.75 kg/m2. Both reproductive-aged and postmenopausal women are included, and 3 of them are menopausal status without hormone therapy. Nine of the participants had some prior abdominal/pelvic operative procedure before the double-scope operation and 9 had endometriosis. Cystoscopy revealed 10 of participants having glomerulation which confirmed interstitial cystitis. There were no complications related to surgery. According to the findings of high prevalence of interstitial cystitis, we may consider concomitant cystoscopy adding on diagnostic laparoscopy for CPP.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E160 臨時稿件編號：0583	電子舒眠機對於間質性膀胱炎/膀胱疼痛症候群造成病患夜尿及失眠之療效 The efficacy of newly developed sleep device for improving nocturia and insomnia on interstitial cystitis/bladder pain syndrome (IC/BPS) patients: A preliminary study 林益豪 ¹ 簡誌雄 ² 謝武橋 ¹ 盧佳序 ¹ 梁景忠 ¹ 林口長庚醫院 ¹ 新北市立土城醫院 ²
論文發表方式：海報 論文歸類：婦女泌尿	Background: To investigate the efficacy of newly developed sleep device for improving nocturia and insomnia on interstitial cystitis/bladder pain syndrome (IC/BPS) patients. Methods: Total 12 women suffering from IC/PBS for at least 6 months were randomly divided into two groups: group 1, treated with sleep device 28days and then sham device 28days with a one month interval; group 2, treated with sham device 28days and then sleep device 28days with a one month interval. All women underwent evaluation of Visual Analog Scale (VAS), Questionnaires included O'Leary-Sant Symptom and Problem Indexes, Pittsburg Sleep Quality Index (PSQI), Nocturia Quality-of-Life Questionnaire (N-QOL) at 0, 4 and 12 weeks. Ethical approval and written consent were obtained. Results: We compared the patient treated with sleep device and sham device. O'Leary-Sant symptom index and problem index, PSQI and N-QOL showed significantly improved in patients treated with sleep device. No significant side effects were reported. Conclusions: The newly developed sleep device seems to improve nocturia and insomnia in the treated women. The method described is simply reproducible and without demonstrable side effects.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E161	腹腔鏡薦骨陰道固定術及腹腔鏡髂韌帶固定術：術中及術後追蹤比較 Perioperative and post-operative follow-up of laparoscopic sacrocolpopexy and laparoscopic pectopexy 周鈺敏 ¹ 莊斐琪 ¹ 楊采樺 ¹ 吳伶穎 ¹ 張育維 ¹ 黃寬慧 ¹ 高雄長庚紀念醫院 ¹
臨時稿件編號：0584	
論文發表方式：海報	Introduction: Laparoscopic pectopexy (LP) is a flourishing surgical method for correcting apical prolapse. Comparing to laparoscopic sacrocolpopexy (LS), simpler procedures, less complications and comparable efficacy were demonstrated in previous studies. We retrospectively analyzed our patients who receiving these surgeries for their peri-operative and post-operative follow-up. Materials and Methods: There were total 157 cases of LS and 50 cases of LP between July 2012 to November 2020 in our hospital. We compared the peri-operative and post-operative follow-up between these surgical methods. Results: The age was older (61.5 vs 50.6 years, p<0.001) and the blood loss was less in LP group (50.5 vs 99.0 ml, p=0.01). The operation time of LP group was shorter but not achieve significance (236.8 vs 256.5 mins). There was no major complication such as bladder, ureteral, bowel injury or uncontrolled bleeding occurred in both groups. Postoperative low back pain and defecation symptoms occurred more frequently in LS group. There was no recurrent apical prolapse in LP group and 1 patient had asymptomatic stage 2 apical prolapse (c point -1) in LS group. Conclusions: LP is a effective surgical method for apical prolapse with less blood loss and fewer postoperative discomforts than LS. The surgical field of LP is limited to the anterior pelvis and avoids encountering the critical organs which made the surgery simpler and had less post-operative events related to posterior pelvis.
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E162	間質性膀胱炎患者對於生活方式和行為模式的調整 Lifestyle and behavioral modifications made by patients with interstitial cystitis
臨時稿件編號：0606	
論文發表方式：海報	林貝珊 ¹ 吳銘斌 ² 林彥光 ³ 嚴友君 ³ 莊耀吉 ⁴ 金宏諤 ¹ 台北醫學大學附設醫院 ¹ 奇美醫院 ² 台北醫學大學 ³ 高雄長庚紀念醫院 ⁴
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E163	腹腔鏡子宮頸薦骨後壁固定術之併發症案例分享 Case report - rare but serious surgical complication of laparoscopic sacrohysteropexy with severe pelvic adhesion and ileus
臨時稿件編號：0632	
論文發表方式：海報	唐舜婷 ¹ 陳明哲 ¹ 蔡青倍 ¹ 台中榮民總醫院婦女醫學部 ¹
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E164	花美水(Inclear gel)和優芮珂絲(U-relax)對性功能和泌尿症狀的隨機比較研究 A Randomized, Comparative Study of Inclear gel and U-relax on Sexual and Urinary Symptoms
臨時稿件編號：0649	
論文發表方式：海報	柯良穎 ¹ 葉建麟 ¹ 張介禹 ¹ 劉奕吟 ¹ 盧紫曦 ¹ 林冠伶 ¹ 龍震宇 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹
論文歸類：婦女泌尿	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E165	卵巢子宮外孕(個案報告) Rupture of ectopic pregnancy of ovary A Case Report and Review of the Literature
臨時稿件編號： 0355	張維鑑 ¹ 莊為堯 ¹ 高雄阮綜合醫院 ¹
論文發表方式： 海報	Introduction. Ovary pregnancy occurs in 1:7000 pregnancies or approximately 0.5 to 3.0 percent of ectopic pregnancies and is becoming more common.In contrasts to tubal pregnancy,a histoty of pelvic inflammatory disease or the use of intrauterine contraceptive device does not increase the risk of ovarian pregnancy.Ovarian pregnancy appears to be a random event that is not associated with a history of infertility or recurrent extrauterine pregnancy.
論文歸類： 一般婦科	<p>Case report and methods . A 37 years old female patient who having infertility. Her genealogic history were :Gravida 2 , para 1, abortion 0(Induction of labor without heartbeat on 2019-11-13 , LMP was 2021-03-26. She has regular menstrual period with duration : 7 days , interval : 25 days, Dysmenorrhea (-) , hypermenorrhea (-).She suffered from sudden severe abdomen pain(lower and LLQ) since 2021/04/16 13:00. The character of pain is sharp with pain scale at 8~9 , duration is intermittent and located on the low abdomen , radiation to back & low limb . It aggravated while exercising can not relieved while resting. The other following symtom with vomiting(-) , diarrhea (-) , constipation(-), dyspnea(+).</p> <p>Therefore she came to our ER for help. The followings are physical examination finding : patient is conscious with E4V5M6 , has clear breathing sound, no icteric sclera , tenderness abdomen with negative Murphy's sign. Inquiring about the medical history found that she had been in received AIH(Artificial Homologons Insemination) by LMD on 2021/03/12 and mense come on 2021-03-26.with Pregnancy test=Positive, So consult gyn where gynaecologic ultrasound revealed uterus:a/v sized about 8.23 x 4.3 cm2 no GS was found. adnexa: mass lesion about 5cm left side, cds:much blood clot.Check B-HCG=2163.64 mIU/ml and Anemia was showed Hb=9.9 g/dL(9/16)-->7.8 g/dL on 2021/04/16. Under the impression of ectopic pregnancy with internal bleeding. Now she was admitted to our ward and received laparoscopic oophorectomy and removal blood clot in cul-de-sac and bilateral duct was parent. B-HCG was rechecked and decreased after operation and discharge two days later.</p> <p>Result. Primary ovarian pregnancy is one of the rarest types of extrauterine pregnancy. The cause of primary ovarian pregnancy remains obscure, and it wound seem to be secondary to reflux of fertilized oocyte to the ovary. The cases of ovarian pregnancy after AIH reported in the literature support the theory of reflux. The signs and symptoms of ovarian pregnancy are similar to tube pregnancy. With the improvement in ultrasonographic skills and instrumentation, especially with the use of the vagina probe, a proportion of ovarian pregnancies can be diagnosed preoperation. We can highlight a gestational sac adjacent to the ovary or, as has been described, a double echogenic ring within a hypoechoic latero-uterine mass.</p> <p>Conclusion. Risk factors for ectopic for ectopic pregnancy include previous ectopic pregnancy, pelvic inflammatory disease and in vitro fertilization.in this case, AIH (Artificial Homologous Insemination) was a first reason. Hemorrhage from ectopic pregnancy is leading cause of maternal mortality in the first trimester and accounts for 4 to 10 percent of all pregnancy-related death. The physician must keep in mind that patient was positive of pregnancy test and elevation of B-HCG and sonography show no gestation sac was found with blood clot in cul-de-sac and highly suspected ectopic pregnancy.</p>

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E166	隨機尿液採檢 HPV 能否取代陰道 HPV 採檢? Can random urine HPV test replace self-collected vaginal HPV test?
臨時稿件編號： 0358	石字翔 ¹ 許世典 ¹ 孫珞 ¹ 陳明哲 ¹ 呂建興 ¹ 台中榮總 ¹
論文發表方式： 海報	Objective This study was designed to investigate the efficacy of random urine HPV test and whether it can replace self-collected HPV test.
論文歸類： 一般婦科	Methods A total of 167 patients with abnormal Pap smear were recruited. These women provided self-collected vaginal samples and random urine samples for HPV tests. Then, physician-collected samples were obtained. Colposcopy and cervix biopsy were performed. Both Hybrid Capture II(HC II) and Cervista were used to detect HPV in random urine. Results Using the results of physician-collected cervical HPV test as the gold standard, the sensitivity of patient-collected HPV test by Cervista, urine HPV test by HC II, urine HPV test by Cervista were 75.00%, 49.07% and 44.44%, respectively. We reset the HPV detection cutoff value in urine specimens according to ROC curve, and the sensitivity increased to 63.89% and 58.33% in HC II and Cervista, respectively. Neither the urine HPV results by HC II nor by Cervista were consistent with the presence of lesions with biopsy-proved dysplasia. Conclusion Random urine HPV test had about 60% sensitivity to physician-collected HPV test after changing the cutoff value, so it may have value as an alternative method for patients who are unwilling to receive physician-collected or self-collected vaginal HPV test.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E167	停經後卵巢巨大黏液性腺瘤合併嚴重感染 A postmenopausal woman with giant ovarian mucinous cystadenoma with severe inflammation: A case report
臨時稿件編號： 0363	蔡文枝 ¹ 林榆珊 ¹ 邱秀秀 ¹ 邱淑芬 ² 博仁綜合醫院婦產科 ¹ 博仁綜合醫院影像醫學科 ²
論文發表方式： 海報	Giant ovarian mucinous cystadenoma is rare. Benign mucinous cystadenomas comprise 80% forming the majority of ovarian mucinous tumors; 10% of these tumors are found to be malignant and the remaining 10% are borderline. Cystadenomas could become massive in size and increasing the risk of malignancy. When cysts begin to enlarge and invade surrounding structures, a patient may begin to present with varying symptoms of a mass effect from mild pain or pressure to severe life-threatening complications, such as ovarian torsion, cystic rupture, and hemorrhage .However, performing surgical interventions for large masses is often associated with fatal consequence, such as sepsis, pulmonary embolism, and heart failure. Therefore appropriate monitoring and fallow up are highly recommended in the post- operative period. We reported a giant ovarian mucinous cystadenoma in postmenopausal woman.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E168	術後止血棉放置造成嚴重腹腔內感染 Inintra-abdominal Surgical packing induced Pelvic Abscess and abdominal wound disruption following Abdominal Hysterectomy
臨時稿件編號： 0378	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 魏君卉 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
論文發表方式： 海報	Background: To report a case of severe intra-abdominal infection after simple hysterectomy Case Report: A 34-year-old moderate mental retardation girl, para 0, underwent total abdominal hysterectomy with bilateral salpingectomy for uterine myomas under general anesthesia. The uterus was irregularly enlarged to 20 weeks size, densely adherent to anterior abdominal wall, urinary bladder and culde sac. A surgical (12 x 3 cm) was placed at the bladder base/vaginal cuff/culde sac for control of venous oozing from the raw area. Blood loss during surgery was about 500 ml. Immediate postoperative period was uneventful. Unfortunately, she developed spiking fever up to 39c on the 5th postoperative day; diagnosed as pelvic abscess by abdominal computed tomography. There is elevation of C-reactive protein/White cell count, as well as positive urine culture and blood culture. But, no others gastrointestinal symptoms and signs were noted. The ultrasound showed a heterogenous, avascular mass about 10cm in the culde sac. Besides, much purulent discharge noted from the dehiscence erythematous abdominal wound and the ruptured vaginal cuff. Under the impression of intra-abdominal abscess with septic condition, vaginal cuff re-open with foley drainage and abdominal wound re-open for drainage were done. Patient's symptoms/signs improved dramatically after the operation and discharged on the 10th postoperative day. On follow up 1 week after discharge, she was clinically well and ultrasound scan showed complete resolution of the mass.
論文歸類： 一般婦科	Discussion: Oxidized regenerated cellulose (Surgicel,S), a sterile knitted fabric that causes thrombus formation due to its physical properties, is frequently used for intraoperative hemostasis. It is bioabsorbable and can be left in the surgical bed which is locally applied in a variety of surgical procedures where complete hemostasis is difficult to attain (tissue capillary and venous bleeding especially for the large area of rub surface after adhesiolysis). S is bactericidal to a wide range of Gram-negative and Gram-positive aerobes and anaerobes, and has been used successfully as a scaffolding material to fill bony defects. The biodegradation of S usually begins within 24-48 hours and is completed in as early as 7-14 days, there are cases where, it persisted for 4-8 weeks mimicking an abscess. Some reports showed S gave a picture of postoperative abscess on CT scans causing diagnostic dilemma, and Magnetic Resonance Imaging (MRI) has been suggested as an alternative. Surgical intervention is necessary for the unstable septic condition ignoring of the images interpretations.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E169	子宮內膜異位症於子宮頸之表現 Cervical Endometriosis
臨時稿件編號： 0380	
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. It can cause chronic pelvic pain, dysmenorrhea and even infertility. There are many manifestations in endometriosis. Cervical endometriosis is a rare presentation in endometriosis. Herein we present a case of adenomyosis with cervical endometriosis. Case report: A 41-year-old woman, married, G0P0, with past history of hypertension, ICH and SAH. She desired of pregnancy for three years and she visited infertility clinic for IUI treatment, but in vain. Progressive dysmenorrhea and dyspareunia occurred frequently in recent 2 years. She came to our OPD for pregnancy consultation. Pelvic examination revealed enlarged uterus, frozen pelvis and tender point at left posterior fornix. Ultrasound showed multiple uterine myomas and adenomyosis. Ovarian stimulation with gonadotropins was recommended but still failed to pregnancy. Without contraceptive pills using, she started complaining of dysmenorrhea and dyspareunia. Thereafter, she received myomectomy and adenomyomectomy at our hospital. However, dyspareunia cannot be relieved after surgery. She returned to our OPD for help. A cervical mass with tenderness was found in pelvic exam. A 4 x 3 cm cervical mass with sand-like content was found by transvaginal ultrasound. Under the impression of cervical endometriosis, she received local incision and drainage procedure. Chocolate-like content with hemosiderin flew out during the procedure. The capsule was excised and incision wound was repaired by primary suture. The symptom of dyspareunia subsided after surgery. Conclusion: Cervical endometriosis is a rare disease and usually an incidental finding. The incidence is up to 1.6% to 2.4%. It can be asymptomatic, or present with a diverse range of symptoms from pelvic pain to dyspareunia. It is usually found by routine Pap smear, or pelvic examination. Surgical incision and drainage is the first choice. Medical treatment with GnRH agonist, dienogest, androgens or oral pills is an alternative approach.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E170	罕見胎盤腫瘤 Atypical placenta site nodule of cervix
臨時稿件編號： 0386	
論文發表方式： 海報	background: to report a rare gestational trophoblastic disease (GTD)- atypical placenta site nodule (APSN) case report: A 40-year-old female, para 3 (2 vaginal deliveries, 1 cesarean section), suffered from profused menstruation, dysmenorrhea and severe anemic status (hemoglobin 8.5g/dL). Mild uterine adenomyosis with small myomas was noted. Due to the persisted anemic status and persisted symptoms, she received subtotal hysterectomy. The operation was uneventful but the pathologic findings showed atypical placenta site nodule (APSN) at the cutting end of cervical stump. Discussion: Placental site nodule (PSN) is a rare benign lesion of the intermediate trophoblast which is thought to represent incomplete involution of the placental implantation site. It usually presents as menorrhagia, intermenstrual bleeding or an abnormal Pap smear. The time of pregnancy to the detection ranges from 1 month to 9 years, with an average of 3 years, with the common sites are uterus (endometrium ~56%) and cervix (40%). Most of the patient got previous therapeutic abortions and cesarean sections 45 – 82%. Atypical placenta site nodule (APSN) is an intermediary lesion between PSN and intermediate trophoblastic tumors (Epithelioid trophoblastic tumor (ETT), placental site trophoblastic tumor (PSTT), which is associated with malignant gestational trophoblastic disease. A report in 2015, showed a series of GTD, 21 patients of which APSN was 3 (14%). These 3 patients was either concurrently or developing/manifesting within 16 month of APSN diagnosis, and none of them had raised serum hCG levels either at presentation or follow-up. So, imaging scan (MRI/CT of whole body) should be performed to ensure absence of underlying malignant trophoblastic lesions (placental site trophoblastic tumor [PSTT] / ETT).
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E171	一名患有經血過多及反覆性膿樣陰道分泌物之中年婦女被延遲診斷為 Herlyn–Werner–Wunderlich syndrome Delayed diagnosis of Herlyn–Werner–Wunderlich syndrome in a middle-aged female presenting with menorrhagia and recurrent pyocolpos
臨時稿件編號： 0389	
論文發表方式： 海報	Herlyn–Werner–Wunderlich (HWW) syndrome is a rare congenital urogenital tract anomaly of Mullerian ducts and involves a triad of uterine didelphys, obstructive hemivagina and ipsilateral renal agenesis. It is also known as OHVIRA syndrome (obstructive hemivagina and ipsilateral renal agenesis). These patients are mostly diagnosed at puberty after menarche with the non-specific manifestations of dysmenorrhea, abdominal pain and pelvic mass. However, different types of vaginal septum in HWW syndrome may present different symptoms that lead a delay of the age of onset and diagnosis. Here we reported a 40-year-old nulliparous female whose menarche was at the age of 13 and had regular menstruation with duration 7 to 10 days. Progressive menorrhagia with dysmenorrhea occurred when she was 37-year-old and purulent vaginal discharge developed off and on for 6 months. Pelvic exam revealed one smooth cervix and one vaginal canal initially and then we found some purulent foul discharge leaked from an imperceptible pinpoint hole on left lateral vaginal wall. Transabdominal ultrasound revealed double uterus with myomata, normal bilateral ovaries, absence of left kidney and no obvious pelvic mass . Further MRI showed uterine didelphys with multiple myomas (submucosal, intramural and subserosal type), left obstructive hemivagina and left renal agenesis. Therefore, HWW syndrome was diagnosed. The patient underwent left vaginal septectomy and the left cervix was exposed. Hysteroscopy followed and showed a submucosal myoma and multiple endometrial polyps in the right uterine cavity and the left uterine cavity was normal. Dysmenorrhea and pyocolpos relieved very soon after vaginal septectomy. 8 months later, the patient underwent resectoscopic myomectomy to treat menorrhagia smoothly. Gynecologists should be aware of patients with congenital uterine and vaginal abnormalities who would have the possibility of simultaneous renal development defect. MRI is very helpful to evaluate and classify the urogenital anomalies. The treatment goals of HWW syndrome are to relieve the clinical symptoms, preserve fertility and prevent the potential complications.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E172	卵巢畸胎瘤扭轉導致同側輸卵管缺失 Torsion causing atresia of the fallopian tube and ectopic ovary
臨時稿件編號： 0391	
論文發表方式： 海報	The agenesis of the unilateral adnexa is a very rare condition that is usually entirely asymptomatic, and recognized incidentally during surgical interventions. The quoted incidence from published case reports is 1 in 11,241. Although it is reported that these patients are at increased risk for renal anomalies, this is probably a result of the association of partial tubal absence with major uterine anomalies.The agenesis of both ipsilateral ovary and fallopian tube with normal uterus is an embryologic condition difficult to explain. Auto-amputation refers to a situation in which a tubo-ovarian remnant is found free-floating in the pelvis; or in which torsed adnexa detach from their normal anatomic position and become adherent to the pelvic wall or other pelvic viscera. Studies have demonstrated that unilateral ovarian atresia coexists with teratomas on the great omentum or the uterine surface. We presents the case of a 26 year old postpartum woman who was admitted for ovarian teratoma. The patient was diagnosed with ectopic left ovarian and fallopian tubal atresia, without malformations of the uterus and urinary tract. A literature review was conducted with the aim of determining the possible causes of these anomalies.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E173	一位多囊性卵巢病人十年期間黃體囊腫之多樣性型態 Diversity morphologies of corpus luteum cysts in a patient with polycystic ovarian disease during ten-years follow up 謝中凱 ^{1,2} 陳碧華 ^{1,2} 臺北醫學大學 ¹ 衛生福利部雙和醫院 ²
臨時稿件編號：0398	
論文發表方式：海報	Introduction The term 'corpus luteum cyst' (CLC) infers to the regular ovulation from the cortex of the ovary on ultrasound examination, which is related to aberrant vascularity over time into the blood clots deposit, resulting in the formation of corpus luteum hematoma. CLC is considered to be pathogenic mechanism of a specific crescent sign characterized by angiogenesis factor deficient, related with polycystic ovarian disease (PCOD). Previous term under the condition of luteal defect, have been attributed to a deficit of progesterone, resulting in early menstrual withdrawal. One-thirds of cases can be attributed to the dysregulation of ovarian cycles in reproductive ages, particularly in PCOD patients, which frequently recurred the same events. Transvaginal sonographic diagnosis of corpus luteum cyst have been highlighted recently in the medical literature. Its common sonographic features, which include vascularity with fibrin deposit and thinning cortex. In some cases, PCOD, are non-specific and are suggestive of the diagnosis only if there is an irregular menstrual cycle history; this was occurred in cases of PCOD, in which all events were diagnosed after ultrasound investigation. Case report We report a 44 y/o female patient suffered from cyclic lower abdominal pain after ovulation occurred during ten years from December 2011 to November 2021. This patient was diagnosed as ovulatory phenotype 3 of polycystic ovarian disease since 34 y/o based on the clinical evidence of hyperandrogenism and ultrasonographic evidence of bilateral polycystic ovaries (Fig.1). She has received oral contraceptive pills for treatment. She often attended our outpatient department and emergency room while ultrasound revealing ruptured corpus luteum combined hematoma or pending collapse of corpus luteum cyst. The clinical symptoms were abdominal fullness and cramping pain. Conservative managements including IM morphine or keto for pain relief and bed rest were recommended. Series sonographic pictures of corpus luteum cyst which showed unique snowstone sign of a rupturing corpus luteum mass (Fig. 2) or moon-crator and peanut signs are hematoma of corpus luteum (Fig.3 & 4). The wrinkled flower appeared at the time of corpus luteum cyst collapse (Fig. 5). Some pea combined heart or diamond signs showed the ruptured corpus luteum cyst within the ovary (Fig. 6 & 7 & 8). Discussion Corpus luteum cysts are normal post-ovulatory structures seen in the ovaries through the second half of the menstrual cycle trimester. The typical appearance, across all modalities, is of a 1- to 3-cm cyst with a thick crenulated vascularized wall. They are thick walled hyperechoic cysts that typically demonstrate peripheral circumferential blood flow, sometimes known as the 'ring of fire'. Some cysts may show areas of internal hemorrhage. The cyst contents typically have a cob-web-like appearance due to a small amount of internal hemorrhage, but can frequently show different features including blood clots within the cyst resembling solid components. Doppler examination may be useful in these circumstances as the blood clot will have no blood flow, although perhaps more useful is the a typical jelly-like 'wobbling' movement that can be elicited from the blood clot within the cyst if the vaginal probe is used to gently prod the ovary during the examination. In most cases, hemorrhagic cysts resolve within 6–12 weeks without intervention. Occasionally, similar imaging findings may be seen with endometrioma, tuboovarian abscess, and ovarian cystic tumor. Conclusion Most ultrasound imaging of corpus luteum cysts are distinctive and allow for a confident and accurate diagnosis that provides reassurance for patients and avoids unnecessary surgery.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E175	海扶術後進行非預期手術之病例分析 Unplanned Surgical Reintervention after HIFU (High Intensity Focused Ultrasound)
臨時稿件編號：0419	
論文發表方式：海報	楊茜雯 ¹ 沈煌彬 ¹ 中山醫學大學附設醫院婦產部 ¹
論文歸類：一般婦科	HIFU is used extensively for treatment of uterine fibroids in recent years. However, some patients underwent operation due to HIFU failure months or years later. We evaluate the reintervention risk after HIFU for uterine myoma or adenomyosis in patients accepted HIFU in Chung Shan Medical University Hospital.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E174	以腹腔鏡處理非交通性單角子宮殘角中的異位妊娠 Pregnancy in Noncommunicating Rudimentary Horn of Unicornuate Uterus Underwent Laparoscopic Surgery: A Rare Case Report 馬翊慈 ¹ 劉錦成 ¹ 童綜合醫院婦產部 ¹
臨時稿件編號：0407	
論文發表方式：海報	A 37-year-old G2P1 woman was confirmed to be pregnant at local medical department by urine pregnancy test, the gestational age was at 6 weeks and 6 days according to her last menstrual period. However gestational sac could not be found by the ultrasonography at the serum beta-HCG level of 8747 mIU/ml. She was referred to our hospital due to the suspicion of ectopic pregnancy. Recheck beta-HCG showed 20124 mIU/ml three days after, and trans-abdominal ultrasonography without intrauterine pregnancy and right adnexal mass around 2*3 cm in size were noted. The patient asked for medical treatment first and refused surgery, so she received intramuscular injection of single dose 50 mg methotrexate. After two days of the injection, she came to our emergency room with the chief complaint of sudden onset lower abdominal pain associated with cold sweating and diarrhea. Ultrasonography revealed right adnexal mass without ascites. The serum beta-HCG increased to 27472 mIU/ml. She was then admitted at the gestational age of 7weeks and 5days for laparoscopic surgery. During the operation, the left unicornuate uterus was noted. The right round ligament, fallopian tube and ovarian ligament were connected to the right uterine mass thus the identification of rudimentary horn. There was a broad connection band between the left unicornuate uterus and right rudimentary horn. We incised the right rudimentary horn instead of excising the right rudimentary horn, the gestational tissue was removed, followed by incision wound suture. The patient was later discharged under the stable condition. This was the first case of rudimentary horn pregnancy presented to our hospital, hence was worthy of discussion.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E176	巧克力囊腫併卵巢骨化生：案例報告 Osseous metaplasia in ovary: a case with endometrioma
臨時稿件編號：0428	
論文發表方式：海報	陳亮瑩 ¹ 林口長庚醫院 ¹
論文歸類：一般婦科	Background: Osseous metaplasia, except for developing in the setting of a mature cystic teratoma or a heterologous mixed mesodermal tumor, is a rare and curious finding in the ovary. Case report: A 28-year-old G3P0AA3 woman presented with lower abdominal pain for two months. Transvaginal sonography revealed an 7x6cm cystic tumor in left adnexa, favor ovarian endometrioma. Preoperative serum CA-125 level was 56.6 U/mL. The patient underwent laparoscopic surgery: a well-encapsulated left ovarian endometrioma 6 cm in diameter with a hardened wall and an osseous lesion 3 cm in diameter that was hard in consistency were found. Enucleation of ovarian tumor and wedge resection of left ovary were done smoothly. Histologic examination showed cystic ovarian tissue lined by endometrial glands and stoma with hemosiderophages, marked fibrosis and osseous metaplasia. Discussion: Osseous metaplasia has been described in various non-neoplastic or neoplastic ovarian tumors, including endometrioma, mucinous cystadenoma, thecoma and fibroma, as well as papillary serous cystadenocarcinoma. Elsewhere in the female genital tract, osseous metaplasia has occasionally been described in tumors of the endometrium and fallopian tubes. The pathogenesis of osseous metaplasia in ovary is unclear; it is probable that a metaplastic process involving multipotential stromal stem cells results in bone formation. Although the presence of heterologous bone formation coexisted in malignancy has been reported. No prognostic significance has been attributed to this unusual phenomenon. Conclusion: Osseous metaplasia in ovarian tumor appear to be an uncommon incidental finding and its histogenesis remains unclear. The presented images provide an unusual case of ovarian endometrioma with osseous metaplasia in woman of reproductive age.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E177	模仿腹內癌症之廣泛性腹內平滑肌瘤擴散：個案研究報告 Leiomyomatosis peritonealis disseminata that impersonates intra-abdominal malignancy: A case report 張嘉慶 ¹ 林宜欣 ¹ 蘇國銘 ¹ 余慕賢 ¹ 三軍總醫院 ¹
臨時稿件編號：0440	
論文發表方式：海報	Leiomyomatosis peritonealis disseminata (LPD) is a rare benign tumor characterized by the dissemination of smooth muscle-like cell nodules within the peritoneal cavity. Diagnosing LPD is challenging for clinicians due to its non-specific clinical presentation and its dissemination throughout the peritoneal cavity, which mimics intra-abdominal malignancy. In the present study, we present the case of a 47-year-old woman with severe abdominal pain and fever initially diagnosed with intra-abdominal abscess or peritoneal carcinomatosis. Exploratory laparotomy was performed to resect several leiomyoma-like tumors in the subperitoneal space. LPD was confirmed histopathologically.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E178	子宮內膜異位瘤及非子宮內膜異位瘤病患，接受囊腫切除術後血清抗穆氏管荷爾蒙上升：回顧性觀察型研究 Post-cystectomy serum anti-Müllerian hormone elevation in patients with endometrioma and non-endometrioma: a retrospective observational study 黃煜盛 ¹ 周鈺敏 ¹ 莊斐琪 ¹ 藍國忠 ¹ 黃富仁 ^{1,2} 龔福財 ¹ 高雄長庚紀念醫院 ¹ 安十全婦幼診所 ²
臨時稿件編號：0450	
論文發表方式：海報	Study Question: To investigate clinical implications of elevated serum anti-Müllerian hormone (AMH) level in women receiving ovarian conservative surgery. Study Design: A retrospective observational study Materials, Settings and Methods: We searched cases who had AMH level records in the Chang Gung Research Database during January 2001 to July 2020. Those women in reproductive age with elevated serum AMH levels after receiving ovarian cystectomy due to benign ovarian tumors were recruited. Clinical parameters including age, body mass index (BMI), tumor mass size and laterality, preoperative CA-125, intraoperative blood loss amount, a final histopathologic diagnosis, etc. were retrieved for analysis. We grouped the studied cases into two groups: endometrioma and non-endometriotic tumor including teratoma, cystadenoma and hemorrhagic cyst. The preoperative serum AMH levels were categorized to be low (AMH ≤1.0 ng/mL), intermediate (1.0<AMH ≤4.0), and high (AMH>4.0) for assessing elevation magnitude. Main Results: A total of 80 cases including 52 in endometrioma group and 28 in non-endometriotic tumor group were eligible for analysis. There were no differences in age, BMI, parity, mass diameter, tumor laterality (right, left, bilateral), and preoperative and first postoperative AMH levels between two groups. The distribution of low, intermediate, and high serum AMH ranges was similar in both groups. The mean (± SD) of age and mass diameter was 32.9±5.0 years old and 7.9±4.6 cm, respectively. In endometrioma group, there were higher preoperative CA-125 level (82.4±66.3 vs 39.1±57.8 IU/mL) and more amount of intraoperative blood loss (176.1±220.0 vs 91.8±178.3 mL). Taken together two groups, the mean preoperative and first postoperative AMH levels were 2.87±4.41 and 4.52±8.12 ng/mL, respectively. The percentage of elevation magnitude was 103.1±304.9%. The time interval between preoperative and first postoperative serum AMH measurements was 16.0±15.0 months. Conclusion: Elevated serum AMH level can occur postoperatively in patients who undergo ovarian cystectomy with either endometrioma or non-endometrioma. The magnitude of AMH elevation increases by 2 fold on average at certain time after ovarian cystectomy.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E179	尿液驗孕陰性併未破子宮外孕之罕見病例報告 An Unique Case of an Unruptured Ectopic Pregnancy in a Patient with a Negative Urine Pregnancy Test 張雅婷 ¹ 張志仰 ¹ 義大醫院婦產部 ¹
臨時稿件編號：0458	
論文發表方式：海報	A negative urine pregnancy test in the emergency department traditionally excludes the possibility of pregnancy. Here, we will report a case of an unruptured ectopic pregnancy in a patient with a negative urine pregnancy test. This patient presented in our emergency room with acute abdomen along with a left ovarian cyst about 3.45 cm in size with intracystic hemorrhage. This case points out the fallibility of the urine pregnancy test in diagnosing ectopic pregnancy.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E180	巨大納博特囊腫:案例報告 A large nabothian cyst : A case report 林瑜萱 ¹ 沈煌彬 ¹ 中山醫學大學附設醫院婦產部 ¹
臨時稿件編號：0460	
論文發表方式：海報	Nabothian cysts, known as mucinous retention cysts, are cysts filled with mucus that could be found on the surface of the cervix. The formation of nabothian cyst can be associated with chronic cervicitis, which might be caused by obstruction from an overgrowth of squamous epithelium, and formed as a result of chronic inflammation and healing. Most of them are asymptomatic, and are usually 0.2 to 0.3 cm in diameter. Large nabothian cysts have been reported to be measured up to 4 cm, with symptoms such as urinary retention and sensation of protruding mass from vagina. Here we present a case with a large nabothian cyst measuring up to 7.0 x 4.5 x 2.5 cm in size. This is a case of a 41-year-old woman, who came to our hospital with the chief complaint of protruding mass accompanied with mild urine frequency and constipation noted for 3 years. Laboratory data revealed a mildly elevated level of SCC tumor marker (1.4ng/ml). MRI revealed enlarged cervix with multiple cystic structure, enhancing cyst wall and septations, suspect cystic cervicitis or nabothian cysts or adenoma malignum or adenocarcinoma. Then she underwent cervical tumor excision, with a pathology report of nabothian cyst.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E181	罕見子宮角外孕之個案病例報告 A Rare Case Report of Cornual Pregnancy 張懿鈺 ¹ 林世基 ¹ 臺北市立聯合醫院婦幼院區婦產科 ¹
臨時稿件編號： 0465	
論文發表方式： 海報	Abstract: Introduction: A cornual pregnancy accounts for 2-4% of all ectopic pregnancies and it has a mortality rate which is 6-7 times higher than other ectopic pregnancies. The interstitial (cornual) part of fallopian tubes penetrates the muscular layer of the uterus, which measures 1.2 cm in length and 0.7 cm in width. The early diagnosis of such pregnancy is challenging and it usually constitutes an urgent medical situation. As the myometrium is more distensible and expansible, they tend to present late relatively at 7-12 weeks of gestation. Rupture of cornual pregnancy may result in severe hemorrhagic shock, with mortality rates ranging from 2-2.5%. Case Report: A 30 year old woman, G3P1E1 presented to the Gynecology emergency department of Taipei City Hospital Women And Children Campus on 08/06/2018. Her last menstrual period was on 13/04/2018 and the gestational age was 9 weeks 4 days. Her first pregnancy in 2015 ended with vaginal delivery after labor induction. Her second pregnancy in 2018 was left tubal pregnancy and medical abortion with Methotrexate injection. She complained of vaginal spotting which accompanied with dull lower abdominal pain. On general examination, a moderately nourished middle aged female was seen, with a pulse of 71 bpm and a blood pressure of 105/57 mmHg. An abdominal ultrasound revealed an empty uterine cavity and right live cornual pregnancy without rupture, with CRL corresponding to 7+2 weeks of gestation, fetal heartbeat detected. β-HCG level measured on admission was 61519.0 mlu/ml. Medical treatment with Methotrexate injected directly into the gestational sac under laparoscopy assistance was performed after informed consent. However, the procedure complicated by a severe bleeding due to a good blood supply to the uterine cornua during the operation. After discussion with her husband, we decided to perform right cornual resection and right salpingectomy. Estimated blood loss during the operation was 900 ml. The postoperative period was uneventful. The patient was stable and discharged on the third post-operative day without complication. Discussion: The typical symptoms of cornual pregnancy include abdominal pain and vaginal bleeding. Diagnosis could be made by transvaginal or transabdominal ultrasonography. Diagnostic criteria may includes: 1. absence of gestational sac in the uterine cavity, 2.a gestational sac which is separate from the uterine cavity, 3. A myometrial thinning of less than 5mm around the gestational sac, typically the interstitial line sign. Conclusion: The difficulty in early diagnosis of cornual pregnancy remains a challenge. Cornual pregnancies can be managed either medically or surgically. Common modalities of treatment include local or systemic Methotrexate, laparoscopic cornuostomy or cornual resection, and hysterectomy. Early diagnosis plays an important role for tackling maternal morbidity and mortality.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E182	早期子宮內膜癌的保留生育治療後的長期保守性治療：一病例報告和文獻回顧 Prolonged Conservative Treatment in a Patient with Early Endometrial Cancer after Primary Fertility-Sparing Therapy:A Case Report and Literature Review 李耀奎 ¹ 鄭雅敏 ¹ 林大欽 ¹ 關龍錦 ¹ 朱益志 ¹ 王尚文 ¹ 郭宗正 ¹ 台南郭綜合醫院婦產部 ¹
臨時稿件編號： 0470	
論文發表方式： 海報	Introduction Endometrial cancer is the most common gynecologic malignancy worldwide, with approximately 20% of women being diagnosed before menopause. The occurrence of endometrial cancer at a young age has been associated with prolonged unopposed estrogen exposure, such as in women suffering from hormone-related disorders, obesity, infertility or polycystic ovarian syndrome. The standard care for treatment of endometrial cancer is performing a hysterectomy and bilateral salpingo-oophorectomy. Many women diagnosed with early endometrial cancer have a strong desire to preserve their fertility. However, what exactly is the optimal duration of fertility-sparing treatment for early-stage endometrial cancer? Moreover, for how long can one maintain complete response after achieving it? Case Report A 42-year-old unmarried woman, G0P0, BMI (body mass index) 31.95, was seen in our institution subsequent to her diagnosis of grade 1 endometrial cancer at Chimei Hospital on April 18, 2017. However, she nevertheless desired to receive fertility-sparing treatment. A magnetic resonance imaging (MRI) revealed compatibility with endometrial cancer, T1aN0Mx, stage Ia on May 26, 2017. At that time, laboratory testing revealed all results to be within normal reference points. She was then initially treated with megestrol acetate at 160 mg/day, metformin at 1500 mg/day and letrozole at 2.5mg/day orally for three months. Subsequently, D&C showed progesterin-treated complex hyperplasia without cytologic atypia on Aug. 24, 2017. During follow up, as she continuously refused to take progesterin and metformin therapy, she was then given 2.5 mg of letrozole per day and vitamin D3 for treatment. Simultaneously, she was reluctant to undergo more D&C procedures in order to avoid intrauterine cavity adhesion. Therefore, she was advised to conceive immediately, but was unsuccessful for personal reasons. In the most recent four years, she was administered 2.5 mg of letrozole per day for maintenance therapy. She had been followed up on using pelvic ultrasonography, serum tumor markers and MRI with unremarkable findings. At the present time, she is living well without any sign of recurrence. Discussion If patients with early-stage endometrial cancer want to preserve fertility, fertility-sparing treatment and deferring of surgical resection can be offered in selected cases (disease confined to the endometrium without myometrial invasion, grade 1 endometrioid type, no metastatic disease) using medroxyprogesterone acetate, megestrol acetate, metformin, GnRHα (gonadotropin releasing hormone agonist), hysteroscopic resection, levonorgestrel-releasing intrauterine devices (LNG-IUDs) and aromatase inhibitors (AI, letrozole, anastrozole). The complete response rate of fertility-sparing treatment is reported to be approximately 70-90%. To date, the optimal fertility-sparing duration has not been established and remains controversial. Some authors recommended that 15 months of fertility can be taken as the cutoff for the optimal fertility-sparing treatment duration. In women who demonstrate a complete response, recurrence rates are still high, estimated at 26-40%, likely because the underlying cause of hyperplasia and carcinoma persists. Re-treatment of recurrent diseases may be tried again. After literature review, the longest duration of complete response was 194 months. However, the optimal work-up to evaluate the extent of disease in reproductive patients with endometrial cancer who desire to maintain their uterus has not been established. The 20-year-risk of progression of endometrial hyperplasia without atypia to cancer is less than 5%, thus it is to be managed with observation alone in conjunction with follow-up biopsies. Conclusion A combination of megestrol acetate, metformin and letrozole therapy can be effective conservative treatment in patients with well-differentiated early-stage endometrial cancer. If patients wish to preserve their fertility, despite not having completed the childbearing process, maintenance therapy with letrozole may be an option to prevent recurrence. Further studies are warranted to confirm this phenomenon.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E183	海扶刀組與肌瘤切除組之背景變項、手術前後負向心理狀態、手術前後症狀困擾以及手術前後生活品質之差異分析 Comparison of the treatment with high-intensity focused ultrasound ablation and myomectomy in the influence of mental status, symptoms, and life quality in patients
臨時稿件編號： 0475	
論文發表方式： 海報	林瑜莹 ¹ 卓曉清 ² 謝佩玲 ² 林怡君 ³ 應宗和 ¹ 中山醫學大學附設醫院婦產部 ¹ 中山醫學大學臨床心理碩士班 ² 國立雲林科技大學工業工程與管理系 ³
論文歸類： 一般婦科	Uterine fibroids are common benign tumors found in women of 30–50 years old. They sometimes cause substantial symptoms such as severe bleeding and pelvic pain, affecting quality of life. Surgical treatments for those who desire to preserve the uterus include myomectomy and HIFU(high-intensity focused ultrasound) ablation. The aim of this study is to evaluate the influence of mental status, symptoms, and life quality in patients with uterine myoma after the treatment of HIFU(high-intensity focused ultrasound) ablation and myomectomy(including laparotomy and laparoscopic). We conducted a prospective pre-/post-interventional questionnaire study and analysed 40 patients with uterine myoma, who underwent HIFU(high-intensity focused ultrasound)(n=17) or myomectomy(n=23) in Chung Shan Medical University Hospital. The questionnaires were respectively conducted before surgery, 1 months, 3 months, and 6 months after surgery. Patients were asked about their mental status (depression, anxiety, stress), symptoms, and life quality.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E184	臨床案例報告 - 以 Methotrexate 成功治療持續性葡萄胎 Successful treatment of persistent hydatidiform mole with Methotrexate: A case report
臨時稿件編號： 0476	
論文發表方式： 海報	金貞伶 ¹ 朱益志 ¹ 李耀奎 ¹ 鄭雅敏 ¹ 郭宗正 ¹ 台南郭綜合醫院婦產部 ¹
論文歸類： 一般婦科	Introduction Hydatidiform mole, also known as molar pregnancy, is a relatively rare pregnancy complication. It is branch of gestational trophoblastic disease (GTD) and originates in the placenta, with the potential to locally invade the uterus and metastasize. While hydatidiform moles are typically deemed benign, they are premalignant and do have the potential to become malignant and invasive. We present a case of a patient who developed persistent hydatidiform mole and was treated with methotrexate 50mg IM weekly. Case Report The patient was a 30-year-old woman with history of G5P1A3(medical abortion x3) who visited our outpatient department for a urine pregnancy test positive accompanied with epigastric pain, nausea and vomiting for one weeks on May 24, 2021; vaginal spotting occurred one week later. The patient's last menstrual period had been on March 26, 2021. Transvaginal ultrasound showed no gestational sac, but rather presented an intrauterine central heterogeneous mass of about 6.08 cm with numerous discrete anechoic regions ("snowstorm" or "Swiss cheese pattern"). Lab data showed β-hCG were > 225000 mIU/ml on May 24, 2021. Under the impression of having a hydatidiform mole, she was admitted and received uterine curettage with suction on June 08, 2021. The specimen consists of multiple tissue fragments measuring 44.5 g in weight; pathology revealed a picture of hydatidiform mole, in complete form. The level of β-hCG after operation was 211373.9 mIU/ml on the same day. She was then discharged and quantitative β-hCG levels were followed weekly, gradually decreased to 2709.0 mIU/ml on June 23, 2021. However, an elevated β-hCG level was noted after one week. Transvaginal ultrasound showed endometrium thickness and multiple blood flows on July 8, 2021. As such, we performed a second uterine suction on July 13, 2021. The level of β-hCG after operation was as high as 32608.6 mIU/ml. MTX 50mg IM was then given weekly from July 29, 2021 to Sep. 09, 2021. The level of β-hCG was sustained remission. Complete blood count, liver function and renal function was closely monitored. The latest β-hCG level on Oct.21, 2021 was <1.2mIU/ml and sonography showed a normal endometrium. Discussion Methotrexate is a folate antagonist which can inhibit DNA synthesis. Patient with nonmetastatic and low-risk metastatic gestational trophoblastic disease should be treated with single-agent methotrexate chemotherapy. Several different chemotherapy protocols have been used, including: (1) weekly intramuscular injection; (2) 5-days intramuscular or intravenous push every other week; (3) methotrexate intramuscular every other day alternating with folic acid over 8 days with at least a 1-week interval; (4) High dose methotrexate infusion with folic acid beginning 24 hours after start of methotrexate, repeat every 18 days. Considering the toxicities and patient compliance, we choose weekly intramuscular injection with methotrexate 50mg. Conclusion The persistent hydatidiform mole was treated twice with suction curettage and 50mg of MTX IM weekly for seven weeks. No obvious side effects of MTX were noted in our patient. The toxicities of MTX were self-limited and resolved with no long-term sequelae on the previous paper report. The effectiveness of the treatment was satisfactory in this patient. MTX IM weekly seems to be a good choice for persistent hydatidiform moles after suction curettage.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E185	以 Methotrexate 藥物治療子宮角外孕的成功經驗 Unruptured cornual pregnancy successfully managed by Methotrexate treatment
臨時稿件編號： 0482	<u>姜貝璽</u> ¹ <u>林俐伶</u> ¹ <u>石宇翔</u> ¹ 台中榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Abstract: Introduction: The incidence of cornual pregnancy is low and accounts for 2-4% of all ectopic pregnancy. Cornual pregnancy is difficult to distinguish from eccentric intrauterine pregnancy. Herein, we performed a case of cornual pregnancy managed successfully by Methotrexate. Case presentation: This 32-year-old female had obstetric history of G1P0, irregular menstrual cycle with interval of 60-70 days. She had vaginal spotting for one week. Initial sonography showed no intrauterine gestational sac or adnexal mass. One week later, ultrasound revealed a gestational sac 6*4*5mm in size, with distance of myometrium about 0.35cm. Ectopic pregnancy, suspected cornual pregnancy, was diagnosed at the gestation of 8+2/7 weeks. After giving a single dose of intramuscular Methotrexate (50 mg/m2 BSA) injection, serial decline in serum hCG till negative result was noticed. Follow-up images were also compatible with the process of expulsion of the ectopic mass. Conclusion: Cornual pregnancy is a very rare and potentially dangerous condition. Cornual pregnancies pose a diagnostic and therapeutic challenge. This patient was diagnosed by ultrasound. Medical treatment is preferred in patients with stable vital signs without ruptured cases.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E186	以快速生長的子宮外肌瘤表現之肌瘤相關紅血球增生症 Myomatous Erythrocytosis Syndrome Presenting as Rapid Growth of an Extrauterine Leiomyoma
臨時稿件編號： 0483	<u>王韶靖</u> ¹ <u>呂建興</u> ¹ 台中榮總婦女醫學部 ¹
論文發表方式： 海報	Objective: To report a case of myomatous erythrocytosis syndrome, with an extra-uterine manifestation. Case report: The 43-year-old patient suffered from progressive abdominal distension and rapid enlargement of a pelvic mass. A hemoglobin level as high as 19.0g/dL was documented upon survey. During exploratory laparotomy, the pelvic mass was found to be a 31-centimeter broad ligament leiomyoma, which was extremely rare for its size and location. The specimen was further examined with immunohistochemical stain, which revealed an excessive expression of erythropoietin, erythropoietin receptor, as well as diffused mature blood vessels over the myomatous tissue. Three months after the surgery, the patient's hemoglobin level resumed to normal range. Conclusion: To date, less than 60 cases of MES had been published in current literature. The coexistence of MES should be considered in the management of all leiomyoma with polycythemia, regardless of the location.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E187	核桃鉗症候群合併子宮內膜癌：罕見案例報告 A rare manifestation of Nutcracker syndrome with endometrial cancer: case report
臨時稿件編號： 0502	<u>趙思雅</u> ¹ <u>盧筱文</u> ¹ 新店耕莘醫院婦產部 ¹
論文發表方式： 海報	INTRODUCTION Nutcracker syndrome is a rare anatomical condition of compressed left renal vein between the aorta and the superior mesenteric artery, resulting in pelvic venous congestion and dilation, causing pelvic congestion syndrome(PCS). It was previously described that PCS might link to particular benign gynecological pathology. The concept of Nutcracker syndrome resulting in the PCS is well-established. However, none of the published literature currently discusses the relationship between gynecological malignancy and PCS, nor does it link with Nutcracker syndrome. We present a rare case of a postmenopausal woman with Nutcracker syndrome induced PCS, and we aim to associate these findings with endometrial cancer. CASE PRESENTATION A 68-year-old postmenopausal woman comes to our gynecological clinic with the complaint of intermittent vaginal bleeding and chronic lower abdominal pain. This patient has a history of hypertension, hyperlipidemia, and schizophrenic psychotic disorder that prevents her from expressing herself appropriately. After the examination, transvaginal ultrasound shows a 12x9mm endometrial lesion with fluid accumulation and dilated left ovarian vessels. Computed tomography (CT) scan further confirms endometrial lesion without lymphadenopathy nor distal metastasis. However, the CT scan also shows the engorgement of the left renal vein and gonadal vein with the angle between the aorta and the superior mesenteric artery was around 34 degrees, narrower than average. Anterior nutcracker syndrome resulting in pelvic venous congestion was diagnosed. Pathology from the endometrial biopsy revealed endometrioid adenocarcinoma, moderately differentiated (grade 2). The Patient will further undergo surgical intervention for endometrial cancer and nutcracker syndrome. DISCUSSION The chain-reaction from Nutcracker syndrome to PCS and finally resulting in endometrial cancer may be presented by the anatomic-mechanical factor of the vessel and the estrogen receptors' hormonal effect. The venous dilation from PCS or Nutcracker syndrome may be related to long-term DNA damage, which would link with endometrial cancer. Reflux and incompetent valves may also result in vein wall dilation and thus varicose veins. The hormonal factors such as estrogen receptors increase observed in varicose vein wall cells and endometrial cancer. Thus, the linkage from Nutcracker syndrome to PCS to endometrial cancer should not be underestimated. Finding the connection would help further in preventive measures and treatment.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E188	子宮動脈栓塞術可做為巨大子宮肌瘤治療的另一種選擇 Uterine artery embolization as an option for treatment of large leiomyoma
臨時稿件編號： 0508	<u>夏立忻</u> ¹ <u>應宗和</u> ¹ <u>楊茜雯</u> ¹ <u>林瑜瑩</u> ¹ 中山醫學大學附屬醫院 ¹
論文發表方式： 海報	Leiomyomas are the most common benign tumors of the uterus. They often cause symptoms of abnormal uterine bleeding, compression symptoms pelvic pain. Among its non-invasive treatment options, high-intensity focused ultrasound (HIFU) ablation is an innovated technique. However, the number and other characteristics of uterine leiomyomas can limit the efficacy of this technique, and we need to provide other non-invasive treatment options for these patients. Here we present a case of a patient who had multiple uterine leiomyomas, with the largest one up to 14 cm in size. Because preliminary evaluation precluded HIFU ablation, she received uterine artery embolization (UAE) as an alternative therapeutic modality. After 3 months, the follow-up MR imaging showed degenerative change in the leiomyomas, and the effectiveness and comprehensiveness exceeded that of HIFU ablation. Because of this inspiring result, we reviewed the literatures to compare the outcome of these two non-invasive treatment options for uterine leiomyomas.
論文歸類： 一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E189 臨時稿件編號：0514	藥物流產導致絨毛膜絨毛反流誘發輸卵管積血和腹腔積血-病例報告 Medical abortion results in reflux chorionic villi induce hematosalpinx and hemoperitoneum - case report <u>盧筱文</u> ¹ 新店耕莘醫院婦產部 ¹
論文發表方式：海報	INTRODUCTION Medical abortion is frequently adopted in termination or incomplete abortion. Medications such as Mifepristone (RU486, known as the abortion pill) and Misoprostol are the two drugs commonly used. Both of the drugs may further induce uterine contractility and endometrial shedding. We present a case with post medical abortion that results in unilateral reflux of chorionic villi and hematosalpinx with hemoperitoneum. CASE PRESENTATION A 31-years-old woman comes to our emergency department due to sudden lower abdominal pain with mild vaginal spotting. According to the patient, she had previously undergone medical abortion around five days ago with the complete passage of the gestational material and blood clots. After we performed the transvaginal sonography showed that right side adnexal mass around 5.4x3.5cm with an accumulation of fluid in cul-de-sac fluid and few in Morrison pouch. An emergent laparoscopy was done and showed right hematosalpinx ruptured with internal bleeding of 500ml blood and active bleeding. Right salpingectomy was done with bleeding controlled. The final pathology shows chronic villi observed with blood clots within the right fallopian tube. DISCUSSION The physical mechanism that results in the expulsion of the abortive material requires uterus contractility, and bilateral fallopian tubes may be spasmodic from the anti-progesterone effect to prevent the reflux of the abortive material. However, our patient has previously had contralateral salpingostomy, which results in hydrosalpinx. The hormonal level of progesterone is not routinely obtained. So whether it is the pressure from the blockage from the contralateral side resulting inadequate contractility of the uterus resulting in the reflux of the chronic villi hemorrhage or the progesterone effect, our case is a perfect example to make a rare description of this.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E190 臨時稿件編號：0515	多次子宮手術導致經前婦女子宮積血誘發子宮積膿-病例報告 Multiple uterine surgeries resulting hematometra induced pyometra in a premenopausal woman - case report <u>盧筱文</u> ¹ 新店耕莘醫院婦產部 ¹
論文發表方式：海報	INTRODUCTION Hematometra is defined as the accumulation of blood that may further be infectious and result in pyometra. The progression is still a mystery but mainly occurs during the post-menopausal period. The etiology is primarily partial or totally obstructed lower urinary tract due to atrophy or low hormonal status. Whether the post-surgical uterine may have a similar effect, we report a rare case of premenopausal women who underwent two lower cervical Cesarean sections and myomectomy for multiple fibroids that resulted in hematometra with pyometra. CASE PRESENTATION A 41-years -old woman comes to the emergency department due to a sudden worsening lower abdominal pain and heavy vaginal bleeding despite having her menstruation a few days ago. She has an operational history of myomectomy and two lower segment cervical cesarean sections. We performed a transvaginal sonogram and computer tomography scan, and both show the accumulation of echogenic fluid around 5cm in diameter within the uterus alongside multiple fibroids. Much foul-smelling pus with darkish red fluid overflowed through the cervix during speculum examination. The patient is symptomatic relieved after we aspirate around 900cc of turbulent fluid with blood clots and relieve the pressure of the uterus. The pathology is shown to combine hematometra and pyometra with E.coli in the fluid culture. DISCUSSION This case shows that multiple uterine surgeries, especially in the lower segment near the cervical Cesarean section, would impede the blood supply around the area. It is because the decreased blood supply accelerated the atrophy rate. Furthermore, uterine surgery such as myomectomy would result in scar tissue which would decrease the elasticity of the myometrium. The atrophic of the cervix resulting obstruction combined with the myometrium's stiffness is the perfect example of endometrial fluid or blood accumulation after each menstruation. Chronically may become an infectious induce pyometra. Thus, a premenopausal patient with multiple uterine surgeries is necessary to rule out the fluid or blood accumulation in the uterus and prevent further complications.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E191 臨時稿件編號：0531	肺部良性轉移性平滑肌瘤：個案報告與文獻回顧 Pulmonary benign metastasizing leiomyoma: case report and review of literature <u>曾浩原</u> ¹ <u>黃佩真</u> ¹ <u>林武周</u> ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式：海報	Introduction Pulmonary benign metastasizing leiomyoma is a rare condition in which benign leiomyoma metastasizes to the lungs. Most of the cases have a history of leiomyoma-related procedures, such as myomectomy or hysterectomy. Case report We are reporting a 41-year-old woman with a history of uterine myoma. She had received open myomectomy 9 years ago and hysteroscopic myomectomy 5 years ago. She eventually received abdominal total hysterectomy at our hospital. Incidental finding of left lower lobe lung tumor was noted with computed tomography during the survey of postoperative abdominal pain with fever. She eventually received a thoracoscopic segmentectomy. Pathology of the lung specimen showed benign leiomyoma. Six months later, CT showed recurrence of multiple nodules in RLL, with the largest dimension of 8 mm. Triptorelin was given. The nodules remain in size after 4 months. We switch to dienogest for further medical treatment. Discussion Previous study had demonstrated both surgical and medical treatment for pulmonary benign metastasizing leiomyoma. While surgical excision of the pulmonary mass allows pathologic confirmation of the benign metastasizing leiomyoma, it is also more invasive and may be impractical in cases of recurrence or in those with multiple smaller nodules. Castration, either surgical or chemical, is effective in reducing the size of metastasized leiomyoma and sometimes results in complete resolution because the myomas are stimulated by estrogen. Surgical castration is irreversible and is usually reserved for peri- or postmenopausal women. Chemical castration, usually achieved with GnRH agonists, provides a reversible option for premenopausal women, especially those who wish to preserve future fertility. However, prolonged usage of GnRH agonists in premenopausal women poses several risks, which is similar to surgical castration. Dienogest, a progestin, is widely used in treatment of endometriosis, and has also shown to decrease size of myoma in previous studies. In our case, lung nodules did not decrease in size significantly after triptorelin therapy. We eventually switched to dienogest. As the histology of PBML is indistinguishable from uterine leiomyoma, we expect beneficial effects of dienogest in this patient. We will arrange CT for this patient after 6 months of dienogest therapy to assess its effectiveness. If the final result turns out to be favorable, our case report may provide a novice medical treatment option for PBML in premenopausal women.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E192 臨時稿件編號：0536	腹腔鏡乾箱環境下，以線下工作坊及線上自學兩種訓練方式，進行摺紙盒之基礎手眼協調訓練之成效分析 Comparing the Training Efficacy between Online Self-learning Video and Offline Workshop in Laparoscopic Dry Box Origami Training to facilitate Psychomotor Skill. <u>郭信宏</u> ¹ <u>李奇龍</u> ¹ <u>顏志峰</u> ¹ <u>王錦榮</u> ¹ <u>盧佳序</u> ¹ <u>周宏學</u> ¹ <u>謝明儒</u> ² <u>林口長庚醫院婦產部</u> ¹ <u>林口長庚醫院外科部胸腔及食道外科</u> ²
論文發表方式：海報	Laparoscopic box simulation training is generally accepted to facilitate psychomotor skills in the early training and assessment of novice surgeon. However, hardware preparations in current validated training systems with the necessity of many commercialized teaching aids like pegs, gauze, clips, pins, etc. are still complicated. In our experience, folding a paper in certain three-dimensional shape, also called origami exercise, achieves similar psychomotor abilities with minimal preparation, requiring only a piece of paper. In our prior publication, we have developed a standardized training method called Origami Box Folding Exercise (OBFE) and a validated tool to objectively assess OBFE. OBFE and the evaluating tool have been applied in the workshop training of Taiwan Association for Minimally Invasive Gynecology for years and the teaching results are marvelous. However, the costs include not only the staff manpower and the preparations of all the hardware gears to host the workshop, but, especially, the times of all the participants are quite high. For improving the learning efficacy, we have produced a video regarding OBFE training (https://reurl.cc/OpbAmD). Besides, we also executed a study comparing the training efficacy between this online self-learning video and the traditional offline workshop. In the early half 2021, we have opened an elective course in the subject of laparoscopic dry box training in Chang Gung University and included 40 medical students in fourth grade. 20 of which was online self-learning group and the other was offline workshop group. In this talk, we would publish the data collected from this study and revealed the role of the self-learning online video in replacing, reinforcing and/or coordinating the traditional offline workshop in facilitating laparoscopic psychomotor skills.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E193	臺北榮總女性生殖道發育異常(苗勒氏管異常)之案例報告及文獻回顧 Mullerian duct anomaly: case report from Taipei Veterans General Hospital and literature review 鄧芷萱 ¹ 王韻涵 ¹ 陳綺珊 ¹ 施胤竹 ¹ 陳怡仁 ¹ 臺北榮民總醫院婦女醫學部 ¹
臨時稿件編號：0555	
論文發表方式：海報	Abnormalities in the formation and fusion of the Mullerian ducts can result in a variety of anomalies of the uterus and vagina. Mullerian duct anomalies are broad and complex spectrum that usually associated with primary amenorrhea, infertility, obstetric complications, and endometriosis, but some may be asymptomatic or occasionally experience dyspareunia. It is commonly associated with renal or axial anomalies that is important to be identified. When a Mullerian duct anomaly is suspected, evaluation and diagnosis are mostly based on image studies. Ultrasound is the initial imaging modality for evaluation, hysterosalpingogram (HSG) help to provide information about inner contour of the uterine cavity, and magnetic resonance imaging (MRI) has multiplanar capacity that allow excellent soft-tissue characterization. Due to a wide variety of clinical presentation in Mullerian duct anomaly, there is no guideline or standard treatment in surgical correction. Here we present a case of uterine didelphys with unilateral imperforated vagina complicated with hematocolpos status post resection of the septum smoothly under ultrasound guidance in our hospital.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E194	皮下寄生性惡性度不確定肌瘤：案例報告 A Parasitic Subcutaneous Smooth Muscle Tumor of Uncertain Malignant Potential: A Case Report 陳俊男 ¹ 張志仰 ¹ 義大醫院婦產部 ¹
臨時稿件編號：0556	
論文發表方式：海報	Abstract Laparoscopic surgeries are widely recognized as a good way for gynecological surgery. However, those procedures may lead to some rare complication as parasitic myoma which is a condition defined as a myoma of extrauterine nourishing caused by remaining residues of uterine tissue fragments in the pelvic cavity. We describe a case which the patient with laparoscopic myomectomy history complained lower abdominal wall tumor exactly under the old trocar wound. There was an intramuscular solid tumor was found during operation and laparotomy tumor excision was done smoothly. Pathological examination revealed smooth muscle tumor of uncertain malignant potential (STUMP). With increasing amounts of laparoscopic procedures, we should keep in mind the potential for iatrogenic parasitic myoma situation. Case report A 39-year-old nulliparous woman has suffered from left lower abdominal pain with a palpable mass in the abdominal wall for 1 year. She received laparoscopic myomectomy in 2016 and laparoscopic ovarian endometrioma resection in 2019. The subcutaneous mass has been regularly followed up at our outpatient clinics. However, the size of the mass has been increased during this period of time. Transabdominal ultrasound detected a subcutaneous hypoechoic lesion 7 x 4 cm in size. Computed tomography revealed a 6.8 x 4 x 2 cm enhanced heterogeneous soft tissue lesion in the intramuscular layer of left lower anterior abdominal wall. Trocar site endometriosis was suspected. After consultation, laparotomic subcutaneous tumor excision was performed. During the operation, an intramuscular solid, well defined, tumor with smooth surface in left abdominal wall right below the trocar wound scar was found. The tumor was completely excised by electrosurgical cutting with electrode. Patient was discharged without complications 4 days after surgery. Pathological examination revealed smooth muscle tumor of uncertain malignant potential (STUMP). The sections show a smooth muscle tumor composed of interlacing smooth muscle bundles with focal myxoid change and mild nuclear atypia.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E195	瀰漫性腹腔平滑肌瘤症在腹腔鏡肌瘤碎瘤機切除術後：個案報告及文獻探討 Leiomyomatosis peritonealis disseminate after laparoscopic myomectomy by powerful morcellator: a case report and literature review 謝汶圻 ¹ 朱俊誠 ¹ 黃莉文 ¹ 楊怡芳 ¹ 新光醫院 ¹
臨時稿件編號：0566	
論文發表方式：海報	Introduction Leiomyomatosis peritonealis disseminate (LPD) is defined as dissemination and growth of peritoneal lesions developed from smooth muscle cells. It's a rare disease and often in premenopausal woman. LPD usually a benign lesion but sometimes may degenerate into peritoneal leiomyosarcoma. Here, we reported a 50-year-old female with history of laparoscopic myomectomy with powerful morcellator 9 years ago and symptoms mimicking malignant leiomyosarcoma. Final diagnosis is leiomyomatosis peritonealis disseminate. Case presentation This is a 50-year-old female with Gravida 1 Para 1 via cesarean section due to placenta previa. IUD placement for years and menopausal status for 3 years were recorded and this case denied any use of external hormonal supplement. She denied any underlying disease such diabetes mellitus or hypertension before. She went to our hospital due to abdominal fullness for one more months. In the beginning, gastrointestinal department was visited. Abdominal sonography revealed uterine tumor and massive ascites. CA-125 432 U/ml was also found. CT with/without contrast showed large uterine mass and large amount ascites with hyperenhanced tumor dissemination. Myoma or malignancy should be the first impression. Thus, Dilation and curettage was arranged for tumor sampling. Pathology showed smooth muscle tumor with spindle cells positive staining for SMA and negative staining for CD10. In suspicion of leiomyosarcoma, Debulking surgery was done, including abdominal total hysterectomy, bilateral salpingo-oophorectomy, omentectomy, total resection of tumor implant and adhesiolysis. All specimen we sent presented Leiomyomatosis peritonealis disseminate. After operation, less GI symptoms and decreased CA-125 were recorded. Discussion LPD was first described in 1952, and 200 cases of LPD have been reported approximately. Iatrogenic parasitic myoma or LPD has been reported after laparoscopic myomectomy or hysterectomy with powerful morcellation. Its prevalence is around 0.07-1.1%. Clinical presentation often mimics carcinomatosis but LPD has a better prognosis if no malignant change. No clear guidelines and treatment was suggested for LPD. Surgical therapy would be individualized based on the patient's age, symptoms, childbearing requirement, and past treatments. For the patients in the absence of reproductive desire, abdominal total hysterectomy, salpingo-oophorectomy, and debulking surgery could be considered. The involved tissue should be removed as much as possible. We should keep in mind about the possibility of leiomyomatosis peritonealis disseminate after the history of laparoscopic myomectomy by powerful morcellation.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E196	陰道軟化斑－案例報告及文獻回顧 Malakoplakia of vagina: case report and review of literature 謝雨彤 ¹ 許鈞碩 ¹ 佛教慈濟醫療財團法人大林慈濟醫院婦產部 ¹
臨時稿件編號：0572	
論文發表方式：海報	Introduction Malakoplakia is a rare chronic inflammatory disease that predominantly develops in the urogenital system. Its clinical presentation can vary from asymptomatic to symptoms depending on location and mass effect, such as vaginal discharge, vaginal or pelvic discomfort, hematuria, recurrent urinary tract infection, or urinary obstruction leading to urinary retention. Grossly, it can present as yellow plaques/nodules that can be misidentified as cancer, but a definite diagnosis can be achieved histopathologically from von Hansemann histiocytes and macrophage Michaelis-Guttman bodies. Its etiology is not yet clear but is suspected to be related to infection or impaired immune system. Curative interventions include surgical management with or without antibiotics, and routine age-appropriate cancer screening should be considered. We present a case of malakoplakia of vagina, who did not respond to initial antibiotic therapy, and underwent surgical intervention and combined antibiotics with cholinergic agonist that lead to improved outcome. Case report A 69-year-old female patient with controlled systemic diseases including hypertension, diabetes, rheumatoid arthritis (under prednisolone and hydroxychloroquine), coronary artery disease and chronic kidney disease, and surgical history of hysterectomy for uterine leiomyoma 20 years ago. She suffered from vaginal discharge that was light yellowish and sticky without fishy odor but with pruritis. Pelvic examination showed multiple nodules over vulva mass with involvement to urethral orifice and upper third vagina, initially suspected condyloma or malignancy. Biopsy had been done at an outside hospital and pathology revealed malakoplakia. She received excision of vulva mass and partial vaginectomy, but symptoms including vaginal itching and discharge persisted after initial surgery. Follow-up transabdominal sonography at our hospital showed vaginal stump mass 6.58x4.73cm. Antibiotics for vaginitis including oral erythromycin initially and then trimethoprim-sulfamethoxazole and finally cefibuten were prescribed, but all in vain. Vaginal culture revealed Escherichia coli with multiple drug resistance. Due to symptoms persisted for half a year and malignancy cannot be ruled out, she was admitted for planned total excision of the tumor. Tumor markers including SCC, CEA, and CA-125 were all within normal range. MRI of pelvis showed small nodules around urethra and vaginal orifice, and one pelvic mass (5.31x7.61x6.37cm) from vaginal stump with left posterior indentation of the urinary bladder. She received surgical excision of vaginal nodules, but the vaginal stump mass below urinary bladder was difficult to be removed so biopsy was done for pathology and to avoid bladder injury. After the surgery, we tittered the dosage of cefibuten and combined cholinergic agonist (bethanechol). Final pathology revealed Michaelis-Guttman bodies with CD68 in the IHC staining and intracytoplasmic PAS(+), PASD(+) that was compatible with malakoplakia. Pelvic examination at 1-month follow up after second surgery showed no residual nodules around urethra and vaginal orifice, and reduction of tumor size to 5.82x4.42cm by sonography. Transvaginal sonography at 3-month follow up showed further reduction of tumor size to 3.82x3.33cm, and patient reported no more vaginal discharge or pruritis so antibiotics and cholinergic agonist were discontinued. MRI scan at 8-month follow up showed tumor size 4.1x3.0x3.0cm, so cholinergic agonist was prescribed but tapered the dosage to half of previous dosage due to previous side effects. The latest (1-year-and-2-month) follow-up MRI scan showed interval regression of the vaginal stump mass to 2.4x1.3x1.1cm. Patient remained free from vaginal discomfort for the last 3 years. Conclusion Malakoplakia, an abnormal immune response to infections or inflammation, can occur in almost any part of the body but is most commonly found in the genitourinary tract. Because it is so rare and can present in different ways, malakoplakia poses a difficult diagnostic challenge. Antibiotic therapy is effective in most cases of malakoplakia, some cases experience progression of disease and may require surgical intervention. We present successful management of a case of infection-induced malakoplakia, including antibiotics, cholinergic agonist, and surgical intervention.
論文歸類：婦癌	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E197	疑似腹內癌症擴散之子宮內膜異位症破裂合併腫瘤指數激增 Ruptured intra-abdominal endometriosis imitating carcinomatosis with surged tumor markers
臨時稿件編號：0573	謝秉霖 ¹ 蘇國銘 ¹ 國防醫學院三軍總醫院婦產部 ¹
論文發表方式：海報	Introduction CA125 and CA199 are high-molecular-weight glycoproteins that are elevated in patients with certain types of malignant tumours. The former may be generated from the endometrium, peritoneum, or epithelial ovarian carcinomas, while the latter may imply a gastrointestinal adenocarcinoma. When the elevated serum CA125 or CA199 level was checked, accompanied with tumour lesions revealed by image studies, it is usually considered as malignancy first. However, there are always exceptions. Here we present a case with dramatically high serum CA125 and CA199 levels in benign ruptured intra-abdominal endometriosis.
論文歸類：一般婦科	Case A 46-year-old virgin female with G0P0 presented to our emergency department due to sudden onset of lower pelvic pain. Abdominopelvic computed tomography (CT) scan revealed a large pelvic tumour lesion about 9cm in size with ascites outside the uterus and multiple uterine myomas without evidence of appendicitis. The gynaecological ultrasound scan showed a heterogeneous hypochoic cystic mass content with strong blood flow over the left adnexa. Tumour marker taken at the time demonstrated that serum CA125 level of 3061 U/ml, CA199 level of 1407 U/ml and serum alpha-fetoprotein, CEA, and SCC were all within normal range. Malignancy ovarian or gastrointestinal tract tumour was highly suspected, and an emergent operation of exploratory laparotomy was performed. Plenty of endometriosis spots spread all over the whole abdominal cavity and omentum with multiple adhesion bands between bladder base, anterior uterine wall, uterus, intestine, colon rectum and posterior cul-de-sac. A huge pelvic mass around 10cm arose from the uterus, with chocolate like fluid content, which frozen section indicated endometriosis diagnosed by the pathologist, and multiple uterine myomas around 2-5cm in size were also noted. After the surgery, Leuporelin Acetate therapy was administered for three months. The patient recovered well, and the following serum CA125 and CA199 levels gradually decreased to the normal range on postoperative day 90.
	Conclusion A benign gynecologic tumour may result in a high level of serum CA125 and CA199, implying the severity of the disease.

	Discussion Complications of high-intensity focused ultrasound therapeutic-system in treatment of uterine myoma were commonly in reasons of contraindication. In our case, patient with huge myoma larger than 10 centimeter was not indicated for HIFU. After high temperature effect, local coagulative necrosis will extent to normal tissue beside. Large area of ultrasound covered uterus was hard to evaluate treat effectiveness. In our case, uterine ruptured was then performed. For those cases with leiomyoma greater than 10 centimeters, maximum sizes were only up to 14.3 cm, recorded by Ruijie Hou (1). Besides, severe complications seldom happen like intestinal perforation or uterine perforation (2). There are some records about uterine rupture while pregnancy in those women who received HIFU before (3)(4). In generally, there is no relation between complication and myoma location, but rather correlated closely with size of myoma (5). Careful selection of patients suitable for HIFU treatment, thinner abdominal walls, smaller lesion volume, and lesions located in the anterior wall of the uterus of patient condition were is much safer.
	Conclusion High-intensity focused ultrasound therapeutic-system is a recently developed technology, and is an option for those who prefer conservative treatment of leiomyoma. For attending, aware of contraindications is necessary to prevent severe complication .

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E198	子宮肌瘤經高強度聚焦超音波後致子宮破裂 Uterine Rupture after Uterine Leiomyoma treated with High-intensity focused ultrasound, HIFU
臨時稿件編號：0587	黃兆麒 ¹ 林映秋 ¹ 新店耕莘醫院 ¹
論文發表方式：海報	Abstract High-intensity Focused Ultrasound Therapeutic-System, HIFU, has develop for several years. Without invasive treatment, HIFU becomes new option in some gynecology diseases like uterine leiomyoma and adenomyosis. Indications and Contraindications of HIFU were gradually emphasized to prevent some complications. Here we would like to present a case of uterine rupture with critical conditions secondary to treatment with high-intensity focused ultrasound therapeutic for uterine leiomyoma. We will then review articles with complication of leiomyoma treated with HIFU thereafter.
論文歸類：一般婦科	Introduction Uterine leiomyoma was a common tumor noted in female gynecology system, out of which most of these patients were treated due to symptoms revealed. Operation usually followed after failure of internal medication treatment. For some patients who don't consider operation, HIFU was another option for them. In our case, the patient received HIFU, with unfavorable complications noted three weeks later. Emergency operation was done after visiting emergency room. After condition getting stable, we then transferred her to general surgeon for further wound care.
	Presentation of the case The patient is a 46-year-old female, Gravid 1, Para 1 (BMI 18.17 kg/m2), who presented acute abdominal pain for one week. She was in diagnosis of leiomyoma with diameter up to 24cm in clinic. After treated with GnRH-agonist for six months, she received HIFU treatment in other hospital. She felt lower abdomen discomfort with distention in following days. Pinkish vaginal discharge and soft tissue were also noted. Without significant improvement of these symptoms after she visited her attending doctor, she came to our emergency room for help.
	While arriving the emergency room, the temperature was 38.7°C, pulse rate 137, respiratory rate 18, the blood pressure 116/66 mmHg, and the oxygen saturation 98 % while she was breathing room air. Her chief complained was abdomen distension with tenderness. Poor appetite was accompanied.
	Additional history was obtained. The patient had neither known allergies, systemic disease such hypertension, diabetes mellitus nor immune disease. She did not smoke tobacco, drink alcohol, or use any illicit substances. Medications included a prenatal vitamin with ferrous sulfate and folate. Her family had no history of cancer.
	On physical evaluation showed abdomen tenderness with rebound pain. Scab like lesion was noted on umbilicus. Pelvic examination found pinkish discharge in vagina and no found of cervix. In system review showed symptoms of abdomen bulging and pain, and no defecation in these three days. She denied symptoms related with urinary systems.
	Laboratory data was followed with result showed hemoglobin 3.9 (g/dL), WBC 36200/uL, and C-reactive protein 4.31 (mg/dl). Computed tomography reported uterine ruptured with ascites. After initially evaluation, gynecology department was consulted. To prevent her condition from worsening, emergency operation was then arranged.
	Operation findings were noted with severe adhesion of peritoneum with uterus, and with moderate amount of abscess overflowing from foramen accessed to uterine cavity. Hysterectomy was performed smoothly. Due to severe edema of soft tissue, closure of wound was delayed with wound dressing in following days. She was then sent to intensive care unit for two days until her consciousness was clear and vital signs was stable. Fortunately, she recovered soon with laboratory data improved, we then transferred this patient to generally surgeon for further wound care.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E199	陰道旁側時胎瘤：罕見案例報告及術後併發症 Fistula formation after excision of extraperitoneal paravaginal mature teratoma
臨時稿件編號：0598	林廷謙 ¹ 黃于芳 ¹ 陳柏全 ² 劉婉貞 ³ 國立成功大學醫學院附設醫院婦產部 ¹ 國立成功大學醫學院附設醫院外科部 ² 國立成功大學醫學院附設醫院影像醫學部 ³
論文發表方式：海報	Teratoma, a germ cell tumor, is composed of an array of tissues derived from two or three embryonic layers in any combination from the gonads. Extragonadal mature teratoma is rarely reported. Herein, we report a rare case with paravaginal teratoma and a fistula formation five years postoperation.
論文歸類：一般婦科	A 23-year-old female patient, G4P3A1, presented with progressive left pelvic pain, lumbago, and dyspareunia for one year. Pelvic ultrasound showed a 8-cm left paravaginal cystic mass. Transvaginal drainage and tumor excision was performed, and pathologic examination revealed mature teratoma. Her postoperative recovery was well, and no complication was encountered.
	Five years postoperation, the patient presented with fever and perineal pain, and abdominal computed tomography scan showed suspect abscess formation at the previous paravaginal area. Transperineal surgery was performed. Thick whitish fluid was from a fistula tract, originated from the tumor to left lateral vaginal wall. Finally, the tumor and fistula tract was entirely removed. Pathologic examination showed an epidermal keratinous cyst with vagino-perineal fistula. She had uneventful recovery after postoperative antibiotic treatment and wound care.
	The treatment of choice for paravaginal teratoma complicating with a perineal abscess and vaginal fistula is surgical resection. Long-term follow-up should be conducted.

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E200	漿膜性肌瘤囊樣變性併發破裂及內出血 Cystic degeneration of a subserosal myoma complicated with spontaneous rupture and internal bleeding 黃國誌 ¹ 台北國泰醫院婦產部 ¹
臨時稿件編號：0604	
論文發表方式：海報	Introduction Uterine myoma is one of the most common gynecological neoplasms. It could be categorized into submucosal, intramural, and subserosal types. Degeneration such as red, hyaluronic and cystic changes may occur in some circumstances. Herein we present a rare case of a subserosal myoma with cystic change which mimics an adnexal cystic tumor, and was complicated by spontaneous rupture and internal bleeding. Case A 27-year-old woman was referred to our emergency room due to progressing abdominal pain for 2 days after receiving influenza vaccination. Physical examination revealed hypogastric abdominal tenderness with rebound pain. Lab examination results were within normal limits. Transvaginal ultrasound showed a 7 cm cystic tumor at right adnexa with ascites, which malignancy could not be ruled out. Computed tomography demonstrated massive hemoperitoneum, a suspected right ovarian cystic mass with hemorrhage, and two uterine myomas. Emergent diagnostic laparoscopy was performed. The patient was found to have a subserosal myoma around 7 cm in diameter with pedicular laceration and surface rupture with bleeding. Massive internal bleeding with 1000 mL fresh blood and blood clots were removed. Pathology revealed cystic structures walled by myometrium, lined by thickened endometrium, and blood clots on the perimetrium. These findings were interpreted as a rupture of uterine myoma after cystic degeneration. Her postoperative course was otherwise uncomplicated. Conclusion Cystic degeneration of a myoma complicated with spontaneous rupture is a rare scenario. It is difficult to diagnose. However, timely surgical intervention is still crucial when acute symptoms are present, since it poses severe potential threats.
論文歸類：一般婦科	

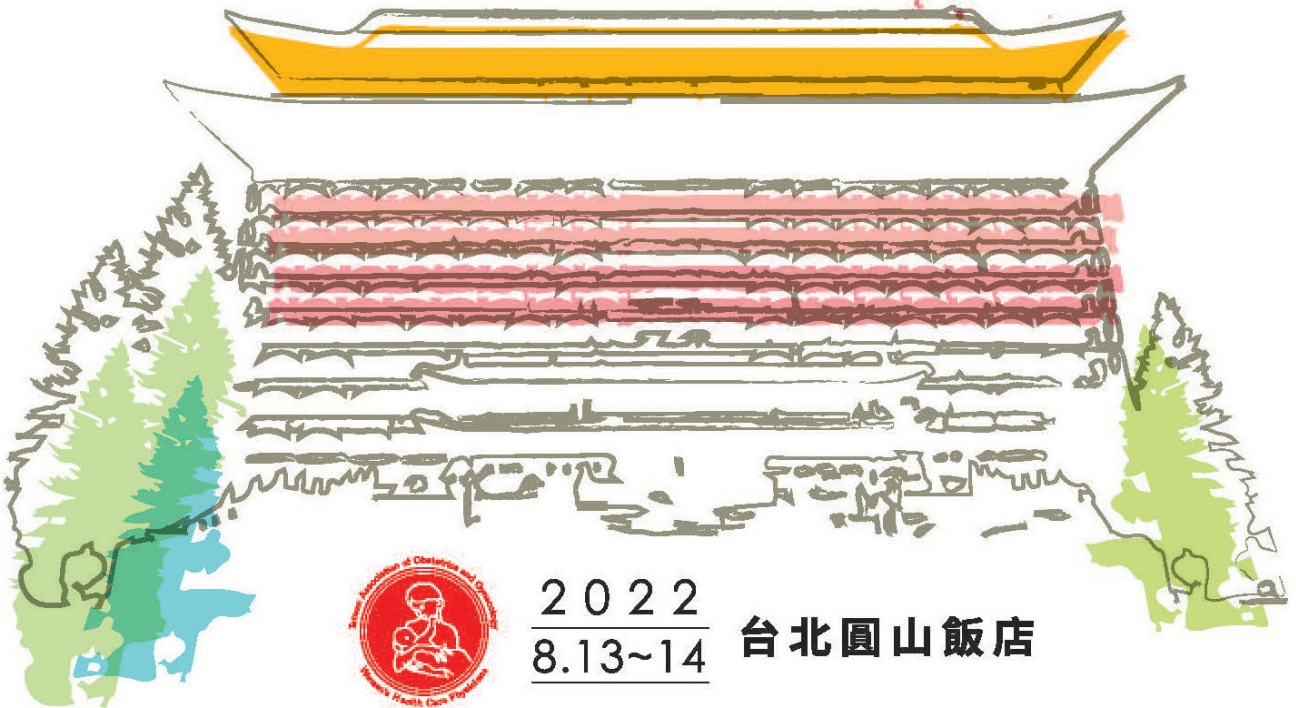
台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E201	Dienogest 於子宮腺肌症的治療：單一醫院經驗 Dienogest for treatment of adenomyosis: a single center experience 林宜衡 ^{1,2} 陳啟豪 ¹ 國立臺灣大學醫學院附設醫院婦產部 ¹ 國立臺灣大學醫學院附設醫院雲林分院婦產部 ²
臨時稿件編號：0643	
論文發表方式：海報	Dienogest (Visanne®) is an oral progestin commonly prescribed for management of adenomyosis. However, very little data were presented in literature regarding clinical experience in Taiwanese population. The purpose of this study is to report the clinical experience at a tertiary center in Taiwan. During the period of January 1, 2020 to April 12, 2021, a total of 70 patients were prescribed dienogest for management of adenomyosis-associated pelvic pain after excluding patients receiving dienogest for other indications such as primary dysmenorrhea, endometriosis, postoperative recurrence prevention. Median duration of medication use was 12 months (range: 0-48 months). Of the 70 patients, 15 (21.4%) patients discontinued medication within 3 months, and 55 (78.6%) patients continued dienogest for more than 3 months. Reasons for early cessation included loss for follow-up (n=4), no improvement in pain score (n=3), vaginal spotting (n=2), headache (n=2), worried about adverse event (n=2), hypermenorrhea (n=1), breast pain (n=1), non-specific discomfort (n=1). Of the patients that had used dienogest for more than 3 months, 89.7% had improved pain score by at least 2 points, and 43.6% reported pain score of 0 after taking dienogest. Vaginal spotting (n=7) and amenorrhea (n=7) were the most frequent adverse event reported, followed by headache (n=2) and breast swelling (n=1), dizziness (n=1), acne (n=1), and insomnia (n=1). In conclusion, despite the aforementioned adverse events, dienogest could be tolerated by most patients with good response rate.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E202	子宮內含藥避孕器對於剖腹產疤痕缺陷治療效果：與經子宮腔鏡切除術之比較 Levonorgestrel-releasing intrauterine device: an alternative to hysteroscopic resection for intermenstrual bleeding due to previous cesarean delivery scar defect 黃思予 ¹ 陳盈儀 ¹ 歐育哲 ¹ 高雄長庚醫院婦產部 ¹
臨時稿件編號：0644	
論文發表方式：海報	Objective: Previous cesarean delivery scar defect (PCSDs) should be suspected in women presenting with intermenstrual bleeding, dysmenorrhea, pelvic pain, or infertility and a history of cesarean section as rising CS rate up to 20% of pregnant women. Many studies have reported managements for CSDs according to the severity of symptoms, fertility consideration, the desire or otherwise to preserve the uterus, the size of the CSD, and residual myometrium thickness (RMT) measurement. It must be mentioned that complication followed by surgery included uterine rupture, bladder dilaceration, hematoma, hemorrhage with blood transfusion, anesthesia risk, hospitalization and cost. Study design: We enrolled total 60 premenopausal patients experiencing PCDS-related intermenstrual bleeding, in which 33 patients receiving conservative therapy with LNG-IUS (levonorgestrel 20 µg/24 h) insertion and 27 receiving hysteroscopic resection. The present study was a retrospective study conducted between April 2013 and November 2021. The findings of the current study support LNG-IUS being effective and decreasing complication of surgery for the treatment of PCDS-related intermenstrual bleeding. The authors recommend LNG-IUS as considerable management and an alternative to hysteroscopic resection for PCDS-related intermenstrual bleeding in women who no longer wish to conceive and have no contraindications.
論文歸類：一般婦科	

台灣婦產科醫學會 111 年度年會暨學術研討會 論文摘要	
稿件編號：E204	巨大雙側外陰前庭纖維瘤-一案例報告 Huge bilateral vestibule fibroma, a case report 孫怡虹 ¹ 台南奇美醫院 ¹
臨時稿件編號：0656	
論文發表方式：海報	Introduction: Vulva fibroma derived from vestibules are rare. Here in, we present a case with huge vulva fibroma caused bilateral vestibule elongated almost reaching the floor. Methods: This 31 y/o female patient suffered from perineal mass progressed for years. On examination, there was a huge mass dragging from her vulva with multiple eruptions and ulcerations. Perineal MRI was arrange to examine the margin of the lesion and the possibility of herniation, which disclosed a very large mass lesion (at least > 42.5x37.4x22.0cm) with exophytic growth from perineum. There was no gross fat or significant diffusion restriction, but mild contrast enhancement. As a result, soft tissue tumors are considered with the suspicion of an aggressive angiomyxoma. Tumor markers surveillances only disclosed borderline SCC Ag elevation (1.5 U/ml). After discussed with plastic surgeon about the cosmetic plan and explained possible skin graft transplantation to patient, we performed extensive excision first. During operation, tumor derived from bilateral vestibule area was impressed. There were extensive vasculature noted between the vulva skin and tumor capsule. After frequent ligation and cutting of the vessels, we excised the whole tumor sized 47 x 38 x 23 cm and preserved a superior based inverted triangular skin flap. There were almost no remaining tissue of right labium minus due to diffused skin erosion on the tumor which could not be reserved. The total blood loss after excision was 1500 ml. Plastic surgeon then took over the surgery and the superior skin flap was designed toward the right side and made the bilateral prominence with underlying suture by 2-0 and 3-0 dexon. However, wound dehiscence were noted the next week. On examination, there were fair granulation on wound bed but much mucous like content, with skin defect measuring 150 square cm. Therefore, self tissue split-thickness skin grafts was performed. The patient was recovered well from this surgery and followed in outpatient department. Result: The pathologic microscopic description showed a tumor composed of stellate stromal cells with fibrous stroma and some inflammatory cells infiltration. The mitotic activity is low (less than 1/ 10 high power field). The immunohistochemical stains showed negative CD34, desmin, ER and S-100, as well as Rb not loss and focal positive SMA. Since the immunohistochemical profiles cannot fit the diagnostic criteria of usual mesenchymal tumors of vulva, unclassified fibroma was diagnosed. Discussion: While performing surgery for vulvar tumor, extensive excision to make sure free margin and normal tissue preservation for cosmetic concern are both important. In this case, diffused skin ulceration and extensive vascular distribution made tissue preservation difficult. Furthermore, chronic inflammation of tissue may also influenced the post surgical healing process.
論文歸類：一般婦科	

稿件編號：E205	雙 PI3K/mTOR 抑制劑 PQR309 在子宮內膜癌細胞中誘導細胞週期停滯 suppression of PI3K/Akt/mTOR/c-Myc/mtp53 positive feedback loop induces cell cycle arrest by dual PI3K/mTOR inhibitor PQR309 in endometrial cancer cell lines
臨時稿件編號：0537	蔡學宇 ¹ 王博輝 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式：海報	Gene mutations in PIK3CA, PIK3R1, KRAS, PTEN, and PPP2R1A commonly detected in type I endometrial cancer lead to PI3K/Akt/mTOR pathway activation. Bimiralisib (PQR309), an orally bioavailable selective dual inhibitor of PI3K and mTOR, has been studied in preclinical models and clinical trials. The aim of this study is to evaluate the anticancer effect of PQR309 on endometrial cancer cells. PQR309 decreased cell viability in two-dimensional and three-dimensional cell culture models. PQR309 induced G1 cell cycle arrest and little cell death in endometrial cancer cell lines. It decreased CDK6 expression and increased p27 expression. Using the Proteome Profiler Human XL Oncology Array and Western blot assay, the dual inhibitor could inhibit the expressions of c-Myc and mtp53. KJ-Pyr-9, a c-Myc inhibitor, was used to prove the role of c-Myc in endometrial cancer survival and regulating the expression of mtp53. Knockdown of mtp53 lowered cell proliferation, Akt/mTOR pathway activity, and the expressions of c-Myc. mtp53 silence enhanced PQR309-inhibited cell viability, spheroid formation, and the expressions of p-Akt, c-Myc, and CDK6. This is the first study to reveal the novel finding of the PI3K/mTOR dual inhibitor in lowering cell viability by abolishing the PI3K/Akt/mTOR/c-Myc/mtp53 positive feedback loop in endometrial cancer cell lines.
論文歸類：婦癌	

稿件編號：E206	有無胞漿精子注射對於非男性不孕症的患者接受體外受精的治療預後影響 The ART outcome in non-male factor with or without ICSI procedure
臨時稿件編號：0597	羅匯文 ¹ 陳鴻昇 ¹ 蔡英美 ¹ 高雄醫學大學附設醫院婦產部 ¹
論文發表方式：海報	Objective Intracytoplasmic sperm injection (ICSI) is the widest procedure for assisted reproductive technology (ART) worldwide. There was a 66.9% ART cycle with ICSI intervention in non-male factor infertility in 2021 in the United States. However, there is no clear conclusion that ICSI can improve the ART outcome or not. Based on this understanding, the ART outcome was evaluated in non-male factor patients with/without ICSI intervention using the National report of ART database. Materials and methods Patients were conducted between January 2008 and December 2016 in the national report of ART database. The inclusion criteria were patients with non-male factors, no male factor, fresh embryo transfer, eggs, and sperm were autologous and not donated, and embryos without invasion procedure except ICSI. Female infertility includes PCOS, endometriosis, tubal factor, uterine factor, and other causes. They were divided into (1)Female_ICSI and (2)Female_NoICSI. The ART outcomes are fertilization rate, biochemical pregnancy rate, clinical pregnancy rate, blighted ovum rate, fetal heartbeat rate, and the live birth rate. The results were analyzed with the Chi-square test and ANOVA by SAS software. The p-value Main results In total, 24,893 couples (Female_ICSI: 14,172 and Female_NoICSI: 10,721) were conducted into this study. In ART outcomes, the fertilization rate, biochemical pregnancy rate, gestational sac rate, fetal heartbeat rate, and the live birth rate were significantly lower in the Female_ICSI group than the Female_NoICSI group. The blighted ovum rate is considerably higher in the Female_ICSI group than the Female_NoICSI group. We further analyzed the ART outcome in couples with tubal factor. The results show that the fertilization rate is significantly lower in the Female_Tubal_ICSI group than the Female_Tubal_NoICSI group. The biochemical pregnancy rate, fetal heartbeat rate, and the live birth rate are considerably lower in the Female_Tubal_ICSI group than the Female_Tubal_NoICSI group. Conclusion Our preliminary data show that ICSI has no benefit in non-male factor couples. We will analyze other potential factors such as maternal age to get a concise conclusion.

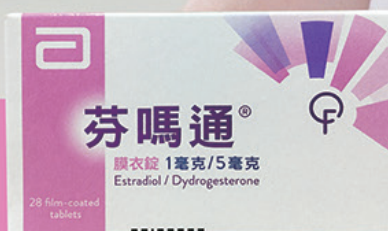


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一劑治療， 改寫 SMA 病程

ZOLGENSMA 是治療 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，只需單劑 1 小時的靜脈注射。¹

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¹。

<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¹。



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。²

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.

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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)、天門冬胺酸轉胺酶(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 1.1×10^{14} vg/kg 的 onasemnogene。免
疫調節劑：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。**特殊竄語與使用注意事項/不良反應 追朔性**：為改善生物醫藥產品追朔性，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時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。

其他詳細產品資訊，請參考衛生福利部核准之產品說明 (<https://info.fda.gov.tw/MLMS/H0001D.aspx?Type=Lic&LicId=72000029>)。

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- I. 由第16, 18, 31, 33, 45, 52及58型HPV所引起的子宮頸、外陰、陰道、肛門部位及口咽與其他頭頸部位的癌症。
- II. 由第6, 11, 16, 18, 31, 33, 45, 52及58型HPV所引起的子宮頸、外陰、及陰道及肛門部位的癌前病變。
- III. 由第6及11型HPV所引起的生殖器疣(尖形濕疣)。

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口咽及其他頭頸部位之適應症係依據預防HPV相關肛門生殖器部位疾病的有效性及其他證據加速核准。此適應症仍須執行確認性試驗以證明其臨床效益。

reference: 1. <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html> (Accessed 2021/9/7)

HPV = human papillomavirus

用法用量 劑量 GARDASIL 9應依下列時間表以肌肉注射的方式各施打一劑0.5毫升的劑量：

年齡	施打方案	施打時間
9至14歲	2劑	0, 6~12個月*
	3劑	0, 2, 6個月
15至45歲	3劑	0, 2, 6個月

*若第二劑施打時間距離第一劑小於5個月，則需於距離第二劑施打後至少4個月後施打第三劑。

用法
僅供肌肉注射使用。

安全性資訊摘要 禁忌症 過敏反應 包括對酵母菌(疫苗組成之一)嚴重過敏反應，或先前曾於接種一劑GARDASIL 9或GARDASIL 9之後出現過敏反應。警告及注意事項 由於接種疫苗的人可能會發生嚴重的現象，有時並會導致跌倒受傷，因此，建議施打疫苗後應觀察15分鐘。曾有在接種HPV疫苗後出現嚴重並伴有強直性痙攣及其他類似癲癇發作的報告。當發生嚴重並伴有強直性痙攣發作時，其持續時間通常很短暫，並且在維持平躺或強直和臥姿勢(Trendelenburg position)使腦部血流灌注恢復之後，通常都可恢復正常。過敏反應的嚴重程度應隨時接受適當的醫療及監督措施，以因應接種GARDASIL 9後發生過敏性反應。曾有血小小板減少症或在何種血液稀薄的體液，該疫苗施打於血小小板減少症或在何種血液稀薄的病人須謹慎，因為在這些病人體內給藥後可能發生出血。不良反應 血液與淋巴系統疾患：自體免疫性溶血性貧血、廣發性血小小板減少症、淋巴結病變、呼吸困難、胸悶及疲勞感；肺栓塞。腸胃道疾患：噁心、嘔吐、腹瀉、嘔吐。全身性疾患與注射部位症狀：無力、發冷、死亡、疲倦、不適。免疫系統疾患：自體免疫疾病、過敏反應(包括過敏性/類過敏性反應)、支氣管痙攣及哮喘、骨髓肌肉與結締組織疾患：關節痛、肌痛。神經系統疾患：急性播散性腦脊髓炎、重眩、Guillain-Barre症候群、頭痛、運動神經病、麻痺、癱瘓發作；重眩(包括伴有強直性痙攣發作及其他類似癲癇發作的嚴重現象)，有時並會導致跌倒受傷；橫斷性脊膜炎。感染與寄生蟲感染：蜂窩性組織炎。血管疾患：深部靜脈血栓。其他仍舉內容，處方前請詳閱藥品說明書。



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要有好人家才有好的家

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helping people live better lives*



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我們相信每個人都有建立家庭的權利，我們致力於建立各種模樣和規模的家庭



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Boostrix 不應用於已知對此疫苗任何成份嚴重過敏者，或先前曾於接種白喉、破傷風或百日咳疫苗之後出現嚴重過敏徵兆者。如果接種者曾經在接種含有百日咳抗原之疫苗後的七天內，發生病因不明的腦病變，則應禁用 Boostrix。

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【中文產品名稱】補施追疫苗。【活性成份學名】白喉類毒素、破傷風類毒素、非細胞性百日咳混合疫苗。每劑 0.5ml 含有白喉類毒素至少 2 個國際單位、破傷風類毒素至少 20 個國際單位、百日咳類毒素 8 微克、絲狀血凝素 8 微克、Pertactin 2.5 微克、氫氧化鋁化合物 0.3 毫克及磷酸鈣 0.2 毫克。【適應症】適用於四歲（含）以上者之追加疫苗接種，以預防白喉、破傷風及百日咳。適用於懷孕期間接種，以提供嬰兒早期被動性預防百日咳。【劑量與投藥方式】本疫苗的建議施打劑量為單劑 0.5 毫升。須追加接種百日咳疫苗時，可根據當地現行成人型白喉-破傷風混合疫苗追加接種計劃來接種 Boostrix。目前無足夠臨床試驗可支持 Boostrix (dTpa) 用於基礎接種系列。應遵照政府建議的間隔時間（一般為 10 年），重複接種白喉、破傷風及百日咳疫苗。過去曾完成破傷風類毒素疫苗基礎接種的患者，在處置因受傷而有感染破傷風之虞可接種 Boostrix。是否同時施打破傷風免疫球蛋白應遵照政府建議。Boostrix 適用於肌肉深部注射，並以三角肌為優先注射部位。【禁忌症、注意事項與副作用】禁忌症：Boostrix 不應用於已知對此疫苗任何成份過敏者，或先前曾於接種白喉、破傷風或百日咳疫苗之後出現過敏徵兆者。如果接種者曾經在接種含有百日咳抗原之疫苗後的七天內，發生病因不明的腦病變，則應禁用 Boostrix。在這些情況下，應停止接種百日咳疫苗，並應繼續接種白喉及破傷風疫苗。對先前接種白喉及（或）破傷風疫苗後發生暫時性血小板減少症或神經性併發症的人，不應投予 Boostrix。警語及注意事項：若有嚴重的急性發燒疾病，應延後接種 Boostrix。如果已知接種含有百日咳抗原之疫苗後 48 小時內曾經暫時性地發生體溫 $\geq 40.0^{\circ}\text{C}$ ，且非導因於其他可確認之因素；或呈現虛脫或類似休克之狀態；或持續不停地啼哭 ≥ 3 小時；或接種後三天內發生併有或未併有發燒的痙攣現象，則在決定接種下一劑含有百日咳抗原成分的疫苗時，應小心考量。對患有進行性神經疾患（包括嬰兒點頭性痙攣、不自主之癱瘓或進行性腦病變）的兒童，最好將百日咳疫苗的接種時間延遲到病情獲得矯治或穩定之後。副作用：4-9 歲的兒童之極常見不良反應為注射部位反應、疲勞、易怒、嗜睡。10 歲以上的兒童、青少年及成人之極常見不良反應為注射部位反應、疲勞、不適、頭痛。懷孕婦女：根據孕婦於第三孕期投予 Boostrix 之前瞻性研究及上市後監視資料，在懷孕或胎兒/新生兒健康狀態方面皆未發現任何疫苗相關不良反應。【不良事件通報程序】若有不良事件可通報至葛蘭素史克藥廠，通報電話：(02)23126836，通報網址：oax40892@gsk.com。Intended for Healthcare Professionals Only Document No.: PM-TW-800-ADVT-220001 Date of preparation: April 2022 ©2022 GSK group of companies or its licensor. Trade marks are owned by or licensed to the GSK group of companies. 荷商葛蘭素史克藥廠（股）台灣分公司 100 台北市忠孝西路一段 66 號 24 樓

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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 $\geq 27 \text{ kg/m}^2$ 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。**【第二型糖尿病患者】**善纖達® 不應與其他 GLP-1 受體促效劑併用。善纖達與胰島素 (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，需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 (≥ 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 (肌酸酐清除率 $\geq 30 \text{ ml/min}$) 不需調整劑量。不建議將善纖達用於重度腎功能不全病人 (肌酸酐清除率 $< 30 \text{ ml/min}$)，包括末期腎病病人。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腫瘤綜合症病人 (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 曾通報嚴重過敏反應，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病例報告。不建議將 Liraglutide 用於第 IV 級急性心肌梗塞病人。尚未確立下列病人 (年齡 75 歲以上、與其他體重控

制的產品併用、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 用於發炎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：頸部腫塊、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，須注意避免脫水不足。曾有 GLP-1 受體促效劑過敏史者，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®。除了存活著胎數略減少以外，動物試驗並未發現對生育能力有害的作用。**【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、胃食管逆流疾病、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、澱粉酶升高，其他不良反應包括脫水、心悸過速、胰臟炎、胃排空延遲、膽囊炎、哮喘、不適、過敏反應 (anaphylactic reaction)、急性腎衰竭、腎功能不全、乳癌、乳房炎、甲状腺癌、大腸直腸腫瘤、心臟傳導疾病、低血壓等。目前尚未能確認乳癌是否與善纖達® 治療相關，無法確認善纖達® 是否會對已存在的乳房腫瘤造成影響，無法確認善纖達® 與大腸直腸腫瘤之相關性，但對於具有大腸直腸家族史之病人，使用善纖達® 須審慎評估。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噁心、嘔吐和重度低血糖。

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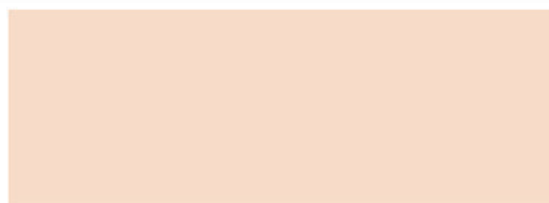
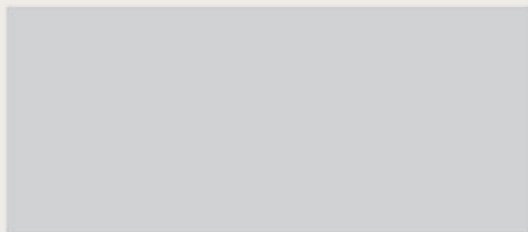


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血液疾病

海洋性貧血、乙型血友病



腎臟

多囊性腎臟病-pkhd1型



智力及發育

X染色體脆折症



肺臟

囊腫性纖維化



聽力疾病

聽損基因



302項完整基因



適用對象

1. 生殖醫學 人工受孕族群
2. 懷孕歷程曾經有不明原因妊娠終止
3. 所有需要增加新成員的家庭
4. 有遺傳疾病家族史之懷孕婦女

**完整302項檢測 包含增強性SMA 與脆折症

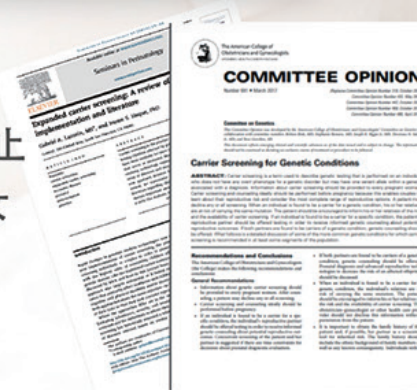
**擁有美國與台灣醫學中心遺傳諮詢團隊支持

Our Lab Invitae@ is a College of American

Pathologists (CAP)-accredited and Clinical

Laboratory Improvement Amendments (CLIA)-certified clinical diagnostic

laboratory, offering panel and single gene genetic tests as well as exome analysis.



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多篇國際學會推薦

美國婦產科醫學會 (ACOG) 於2017年三月發表的文獻指出臨床醫師應向每位孕婦提供遺傳疾病帶因的訊息，或準備懷孕的夫妻，應在懷孕前就做帶因篩檢，知道自身是否有疾病帶因，提早預防，才能免除遺憾

提早幫您找出 潛在不孕族群

台灣診所合作方案

前言

台灣2020年首度邁入人口負成長，出生率創下新低，僅有16萬多的新生兒，出生人口少於死亡人口數。因此，自2021年7月1日起，政府將「不孕症試管嬰兒補助對象」擴大至所有的不孕夫妻，預計每年將有2.3至2.8萬對夫妻受惠。為支持與協助不孕夫妻生育問題，邦睿生技將推出與診所的合作方案，藉由提供男性精蟲檢測給開始備孕的夫妻，提早找出不孕不育族群，及早接受不孕症治療以提升受孕成功率。

改變現有精蟲檢測模式



目前	VS	合作後
專業 實驗室		一般 工作桌
複雜 專業醫檢師		簡單 護理/櫃檯人員
隔天 才能取報告		2~5 分鐘內取報告
簡易 紙本報告		完整 紙本報告&影像報告



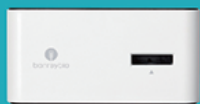
/ 合作方案 /

適合對象

婦產科
男科
泌尿科
實驗室

合作內容

免費



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檢測片組

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- 萊特兒檢測試片組(精子檢測片、液化檢測瓶、液化酶)之價格為一組新台幣500元(未稅)。
- 合作期間若遇檢測儀故障無法使用時，原廠將會提供備用儀器以確保檢測不中斷。
- 原廠將免費提供衛教海報與文宣資料於診所內張貼擺放。
- 原廠將投放媒體廣告引流人潮至合作診所。

詳情請洽

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本品榮獲刊登於國際醫學知名
Nutrients期刊，是台灣擁有多
項人體臨床並獲得正面驗證的DHEA。



Nutrients 2021, 13(7), 2449

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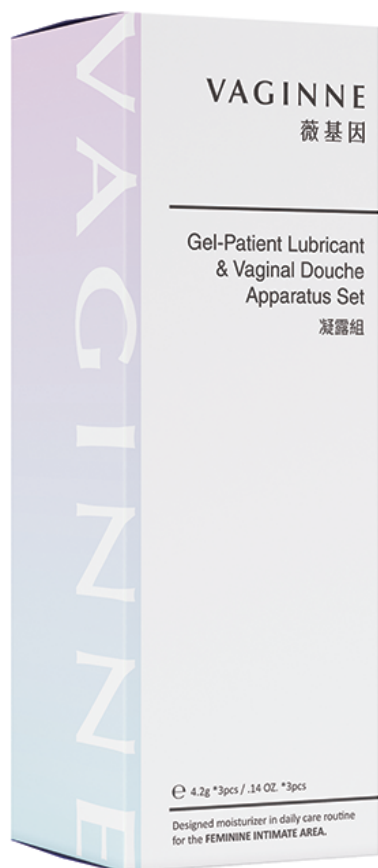
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【通過陰道黏膜測試，零刺激性、無致敏性】



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〔專利第 I 381858號〕



通過國立中山大學實驗認證



通過陰道黏膜刺激性測試

無添加

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