



TAOG  
2023

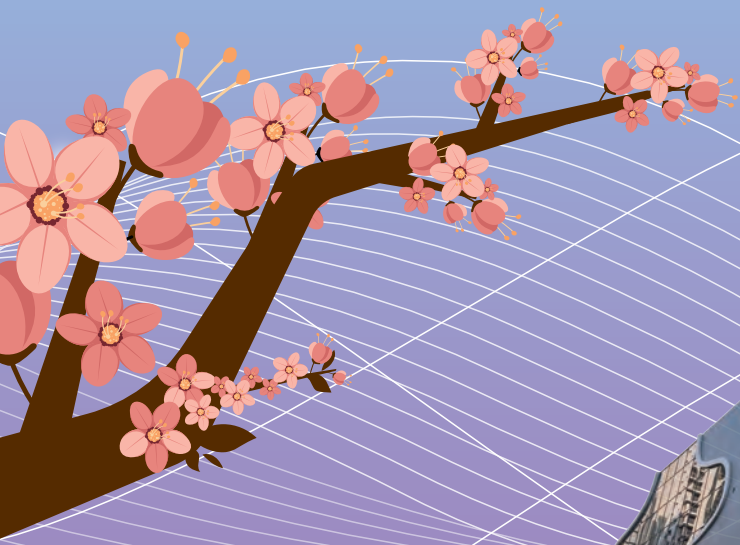
台灣婦產科醫學會  
112年度年會暨擴大學術研討會

The 62<sup>nd</sup> Annual Congress of  
Taiwan Association of Obstetrics and Gynecology

2023.8.12~13

台中裕元花園酒店

Windsor Hotel Taichung





# 你知道嗎？

醫療院所自2023年起  
所有基因檢測項目必須向衛福部申請 LDTs 認證  
若沒有取得認證，您的醫院是不能開立NIPT、羊水晶片



孕唯諾NIPT / 愛唯美帶因篩檢 / 醫澤羊水晶片  
可以協助醫療院所取得衛福部 LDTs 認證



要申請的醫療院所，請撥專線：0912-440-969

台灣婦產科醫學會  
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*The 62<sup>nd</sup> Annual Congress  
of Taiwan Association of Obstetrics and Gynecology 2023*



手冊電子檔\_QR Code



倫理問卷 QR Code



# 2023年8月13日(星期日) 台中裕元花園酒店

(B1) 國際演講廳		(2樓) 崑山廳		(4樓) 東側包廂		(4樓) 西側包廂		(4樓) 北側包廂	
Plenary Lecture		口語報告		專題演講：一般婦科 Symposium		Young Doctors' Session		Young Doctors' Session	
08:30	08:25-08:30 Opening Remarks _Shee-Uan Chen (President of TAOG) 08:30-09:00 主持人：Yu-Shih Yang (Fellow of TAOG) , Tsung-Cheng Kuo (Fellow of TAOG) [P1] Elective oocyte freezing for non-medical reasons_ Shee-Uan Chen (President of TAOG) 09:00-09:30 主持人：Ravi Chandran (Past President of AOFOG) , Ming-Chao Huang (Fellow of TAOG) [P2] FIGO: Leadership, Collaboration and Advocacy_ Jeanne Conry (President of FIGO) 09:30-10:00 主持人：Kazuoichi Ochiai (Past President of AOFOG) , Tsung-Hsien Su (Fellow of TAOG) [P3] WHO: Leadership, Collaboration and Advocacy for a positive childbirth experience_ Piastike Lumibiganon (President of AOFOG)	<p>主持人：梁守善、孫筱榮</p> <p>婦女泌尿 Oral OU1-9</p>		<p>主持人：洪麗欽、林浩</p> <p>Young Doctors' Session (婦感+婦科) Y1-8</p>		<p>主持人：黃文勁、謝武儒</p> <p>Young Doctors' Session (婦女泌尿) Y17-24</p>			
10:00	10:30-11:00 主持人：Kyoko Kato (Chairperson of JSOG) , Hong-Der Tsaï (Fellow of TAOG) [P4] How we could transfer our fruit from bench to bedside?_ Tadashi Kimura (Immediate Past Chairperson of JSOG) 11:00-11:30 主持人：Young-Tak Kim (Chair, International committee, AOFOG), Sung-Ho Song, Tsaï (Chairman of JSOG), Tsung-Cheng Kuo (Fellow of TAOG) [P5] Early prediction of gestational diabetes mellitus_ Joong-Shin Park (Chairman of Board, KSOG) 11:30-12:00 主持人：Mark DeFrancisco (Past President of ACOG) , Ching-Hung Hsieh (Fellow of TAOG) [P6] The Obstetrician-Gynecologist as Leader_ Verda Hicks (President of ACOG)	<p>主持人：林姿珍、洪錦程</p> <p>婦女泌尿 Oral + Video OU10-18 + V19</p>		<p>主持人：陳啟燾、崔冠澤</p> <p>Coffee Break</p> <p>專題演講：更年期 Symposium</p> <p>主持人：蔡秀杰、藍國忠 08:30-09:00 [SY21] 乳癌患者之婦科疾病照顧_鄭雅敏 09:00-09:30 [SY22] 類升糖素抵抗對控制婦女肥胖的功効_鄭碧華 09:30-10:00 [SY23] 外陰與陰道表皮內癌前病變之診斷與處置_陳子健</p>		<p>主持人：張正坤、蕭勝文</p> <p>Young Doctors' Session (母胎醫學及其他) Y25-30</p>			
12:00		<p>午餐會報：GSK</p> <p>主持人：陳志平、紀鑫 (高個紀念醫院兒童部科科主任) 12:20-13:20 [L6] 產前及產後孕婦-百日咳疫苗最新研究 血研部及小兒園腸炎疫苗介紹_黃玉成(台灣疫苗推動協會理事)</p>		<p>Lunch Time</p> <p>午餐會報：台灣新生醫</p> <p>主持人：羅震宇、郭瑞彬 12:20-13:20 [L8] HIFU (high intensity focused ultrasound) surgery in gynecology/ State of Art 2023_ 鄭丞傑</p>		<p>午餐會報：默沙東</p> <p>主持人：葛莉文、丁六清 12:20-13:20 [L9] The emerging trend of HPV gender neutral vaccination_ 周宏學</p>		<p>午餐會報：黃諾菲</p> <p>主持人：徐明光、林祖盛 12:20-13:20 [L10] 孕產期呼吸器疾病預防新思維_蔡慶璋</p>	
13:20		<p>午餐會報：諾和諾德</p> <p>主持人：江千代、黃懿理 12:20-13:20 [L7] Women's weight management over generations_ 劉安潔</p>		<p>Coffee Break</p> <p>會員代表大會 (13:30 報到, 14:00 開會)</p>		<p>專題演講：生殖內分泌 Symposium</p> <p>主持人：李茂盛、陳美洲 13:30-14:00 [SY39] Egg freezing and the clinical application_ 楊之真 14:00-14:30 [SY40] Hysterosalpingography-O SCM from A to Z as an initial diagnostic exam for infertility_ Atsaku Fukuda (Japan) 14:30-15:00 [SY41] 周齡大或接受試管嬰兒療程的臨床議題_ 楊博凱</p>		<p>專題演講：住院醫師教育訓練</p> <p>★專題1：困難病例處理抉擇的心路歷程 13:30-14:00 主持人：黃國照、鄭筠 [SY45] 植入性胎產前與產後出血處置的心路歷程_許德耀 14:00-14:30 主持人：黃國照、曾美鈴 [SY46] 困難產後出血處置的心路歷程_葉長青 14:30-15:00 主持人：黃國照、楊防臻 [SY47] Menial journey of obstetricians and gynecologists in cases with difficult postpartum hemorrhage_ 廖崇和</p>	
13:30		<p>專題演講：醫療倫理法律</p> <p>主持人：楊正、陳麗霞 (臺灣大學法律學院講座教授) 13:30-14:00 [SY28] 緊急有效行動，攜手共創永續醫療淨零碳產科新世代： 蔡騰、葉光亮 14:00-15:00 [SY29] 全球暖化與世代交響_李進哲(中央研究院醫學院院長)</p>		<p>專題演講：婦女泌尿 Symposium</p> <p>主持人：蔡景忠、黃廷禧 13:30-14:00 [SY33] What are and how could the Urogynecology related questionnaires improve the Urogynecology practice?_ 王卜暉 14:00-14:30 [SY34] Why, it is necessary to include ultrasonography scanning in Urogynecology practice?_ 黃文貞 14:30-15:00 [SY35] How to manage the stress, urinary incontinence women in geriatric?_ 吳文敏</p>		<p>專題演講：後住院醫師的選擇</p> <p>15:30-16:00 ★專題2：後住院醫師的選擇 15:30-16:00 主持人：許德耀、謝德耀 [SY48] 離開醫學中心之後_ 藍天賜 16:00-16:30 主持人：許德耀、楊佳璇 [SY49] 我的日本內科班之旅_ 陳怡潔 16:30-17:00 主持人：許德耀、藍天賜 [SY50] 我的博士班之路_ 楊乙真</p>			
15:00		<p>主持人：楊振銘、陳麗毅 15:30-16:00 [SY36] GSM, should it be treated by estrogen or laser?_ 林益豪 16:00-16:30 [SY37] The management of OAB in elderly women_ 蕭麗潔 16:30-17:00 [SY38] The role of Uroynamics in POP surgery_ 盧佳序 18:30-17:00 [SY32] 環境與人文_ 江蕙</p>		<p>Coffee Break</p> <p>會員代表大會</p>					

請確實遵守以下時間：

★簽到時間：8月12日(六)上午 8:15~下午4:00

8月13日(日)上午 8:15~下午2:00

簽退時間：簽到簽退至少需間隔3小時，最晚簽退時間為下午5:00。

★二天會議時間內必須完成簽到簽退各一次，可擇其中一天或跨天完成。

★午餐時間：每日中午12:00~下午1:30

# Young Doctors' Session

8月13日(日) 上午 (4樓) 西側包廂	8月13日(日) 上午 (4樓) 北側包廂
<p><b>★ Oncology &amp; Gynecology --</b>            主持人：洪耀欽、林浩            08:30-08:40            [Y1] Pretreatment Carcinoembryonic Antigen Can Assist Cancer Antigen 125 in predicting lymph node metastasis in endometrial carcinoma _Szu-Yu Huang 黃思于            08:40-08:50            [Y2] Estrogen/Progesterone Receptor Expression and CA125 as Preoperative Predictors to Estimate Lymph Node Metastasis in Endometrial Endometrioid Cancer _Shao-Chi Wang 王劭琪            08:50-09:00            [Y3] Maintenance chemotherapy in platinum-sensitive recurrent ovarian cancer _Yen-Fu Chen 陳彥甫            09:00-09:10            [Y4] Clinical characteristics and a two-year follow-up of unsatisfactory conventional Pap smears: a retrospective case-control study _Chin-Tzu Tien 田謹慈            09:10-09:20            [Y5] Evaluating Cervical Intraepithelial Neoplasia with Colposcopy Based on Artificial intelligence-assisted Model built by Convolutional Neural Network and Fuzzy Algorithm _Chien-Teng Liao 廖建騰            09:20-09:30            [Y6] Predictors of Surgical Outcomes of Laparoscopic Myomectomy with Barbed Sutures _Peng-Hsuan Huang 黃苒瑄            09:30-09:40            [Y7] Unraveling the Epithelial Microarchitecture of the Endometrium in Patients with Adenomyosis _Angel Hsin-Yu Pai 白欣玉            09:40-09:50            [Y8] Exploring the Endometrial Expression of Alpha1-Antitrypsin Isoforms in Patients with Endometriosis _Chen-Ti Wang 王貞棟</p>	<p><b>★ Urogynecology --</b>            主持人：黃文助、謝武橋            08:30-08:40            [Y17] The impact of pre-operative Maximum Urethral Closure Pressure (MUCP) on Mid-urethral sling (MUS) outcomes _Huan-Ka Chiung 蔣奐巧            08:40-08:50            [Y18] Tape-releasing suture with "Long Loop" on Mid-urethral Sling: a novel procedure for management of Iatrogenic Urethral Obstruction _I-Chieh Sung 宋怡潔            08:50-09:00            [Y19] Urethral mobility is associated with postoperative de novo stress urinary incontinence following transvaginal mesh surgery _Chieh-Yu Chang 張介禹            09:00-09:10            [Y20] The mechanical property and tissue reaction of degradable hybrid Polycaprolactone mesh/drug-eluting Polycaprolactone nanofibers prolapse mats _Yi-Chun Chou 周怡君            09:10-09:20            [Y21] Comparison between anterior-apical mesh (Surelift) and anterior mesh (Surelift) in transvaginal pelvic organ prolapse surgery: Surgical and Functional Outcomes at 1 Year _Chia-Hsuan Yang 楊佳璇            09:20-09:30            [Y22] Rotational vaginal flaps in posterior vaginal wall prolapse reconstruction _Yi-Ting Chen 陳怡婷            09:30-09:40            [Y23] The impact of biofeedback and electrostimulation-assisted pelvic floor muscle training on the change of sexual function in women with stress urinary incontinence _Yu-Ting Lu 呂羽婷            09:40-09:50            [Y24] Comparison of Er:YAG and CO2 laser therapy for women with stress urinary incontinence _Pei-Chen Li 李佩蓁</p>
Coffee Break	
<p><b>★ Reproduction --</b>            主持人：陳啟煌、崔冠濠            10:30-10:40            [Y9] The association between ovarian reserve and organophosphate flame retardants in women of childbearing age _ Hao Ting Lien 連顯庭            10:40-10:50            [Y10] Aberrant MiRNA Expression in Repeat Post-receptivity Endometrium in MiRNA-based Endometrial Receptivity analysis (MIRA) Predict Recurrent Implantation Failure: Case Series _Yu-Li Chuang 莊羽豐            10:50-11:00            [Y11] Do ectopic pregnancy only has negative impact on subsequent pregnancy outcome: A Nationwide Population-Based Retrospective Cohort Study in Taiwan _Wei-Ting Lee 李瑋婷            11:00-11:10            [Y12] Quality of life among infertile women undergoing in vitro fertilization-embryo transfer in Taiwan _Chih-Wei Lin 林智偉            11:10-11:20            [Y13] Assessment of female cryopreservation of oocyte in KMUH _I-Le Hsu 徐以樂            11:20-11:30            [Y14] The live birth rate of vitrified oocyte accumulation for managing diminished ovarian reserve: a retrospective cohort study _Kuan Sheng Lee 李冠昇            11:30-11:40            [Y15] Comparing cumulative ongoing pregnancy rate between the progestin-primed ovarian stimulation protocol and GnRH-antagonist protocol in hyper-responder attending IVF/ICSI cycles _Chi-Huan Tsai 蔡奇桓            11:40-11:50            [Y16] Does low progesterone level on trigger day influence the reproductive outcomes of fresh embryo transfer in poor responder? _Chi-Ting Lai 賴祈廷</p>	<p><b>★ Obstetrics &amp; Others --</b>            主持人：張正坤、蕭勝文            10:30-10:40            [Y25] Preliminary results of COVID-19 vaccination among Taiwanese pregnant women: A single-center, prospective, case-control study _Yi-Ting Hsu 許伊婷            10:40-10:50            [Y26] Serologic features and dynamics of serum antibodies in Taiwanese pregnant women and infants after COVID-19 vaccination: a longitudinal observational study _Ting-Yi Chu 朱庭儀            10:50-11:00            [Y27] First-trimester cervical elastography, cervical length and endocervical canal width of pregnant women with cervical insufficiency _Yu-Hao Chen 陳昱豪            11:00-11:10            [Y28] A 20-years retrospective study of postnatal surgery for open vs closed spinal dysraphism and introduction the first clinical trial of fetoscopic repair in Taiwan _Meng-Syuan Lin 林孟萱            11:10-11:20            [Y29] The impact of hysterectomy for benign non-prolapse uterine tumors on subsequent ovarian reserve, lower urinary tract symptoms and sexual function: a multi-directional prospective analysis _Yu-Ju Hsiao 蕭郁儒            11:20-11:30            [Y30] Implementation of a machine learning model in acute coronary syndrome/acute stroke risk assessment for women with lower urinary tract symptoms _Tzu-Tsen Shen 沈姿岑</p>

台灣婦產科醫學會  
112 年度年會暨學術研討會  
工作人員名單

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## 理事長的話

感謝第 23 屆會員代表、理監事及秘書長的協助，學會成立至今已 62 年，前輩醫師筭路藍縷，開創新頁，然而少子化衝擊及不斷高漲的醫療糾紛，曾讓住院醫師卻步，在大家的努力之下，不斷爭取健保及國健署給付，推動生產事故救濟制度，讓婦產科住院醫師在近年來都能滿招，優秀人才源源不絕，能繼續茁壯發展，年輕的醫師無論將來留在教學醫院或者到基層服務都能夠做大家最好的幫手，提供最好的婦幼安全照護。

2022 年 11 月我們對於巴基斯坦的水災，學會特別表達了關懷，亞太婦產科醫學會(AOFOG)也對我們做了肯定。

2023 年 4 月 12 號星期三下午 6 點，正式開始住院醫師專科醫師考試讀書會，由住院醫師訓練委員會召集人黃閔照院士來負責主辦，要準備考專科醫師考試的各個醫院的住院醫師來當做主講者，很多學員反應回饋學到重要寶貴的知識，衷心感謝黃院士的付出。

5 月 11 號代表團代表台灣婦產科醫學會，前往參加第 75 屆的日本婦產科醫學會，包括院士，監事長，秘書長、及年輕醫師等，為傳承國際學術交流，盡一份心力，讓臺灣婦產科的學術在亞洲及國際上發光發熱。

5 月 28 日 30 多位理監事、會員以及準會員，參觀位於龍潭的婦產科醫學會博物館。能夠保存這麼多的文物及儀器，要感謝所有會員的貢獻，並且特別感謝，謝卿宏院士花了很多時間整理以及 e 化博物館的設施，對這些文物做詳細的介紹，大家都覺得非常感動。

6 月 13 日代表團，前往越南參加亞太婦產科醫學會理事國會議，與各國的理事長以及院士，做好國際禮儀，討論 AOFOG 學會再教育執行情形，以及未來的計畫，還有明年釜山要舉辦 AOFOG 都做了很好的規劃，我們將會組團參加。

6 月 18 日我們順利完成第二屆 A-T 美台學術研討會，各個主題都引發兩國學者與會員的熱烈討論，兩國學術的交流更密切，並增進兩國的國際友誼。

8 月 12 日年會，疫情較緩和，能夠延續台、日、韓、美、亞洲等國合作關係，在台中舉辦盛大的學術交流活動，將臺灣的優點讓世界能夠看見，感謝在前輩院士、理監事、會員代表及大家的努力，才有今天的成果，大家繼續努力。

今年 10 月 FIGO 將在巴黎舉行，我們為常務理事國，和日本及韓國有一個專門的主題節目，以不孕症的補助做法及成效進行演講及討論，將台灣的成果展現在國際的婦產科醫師面前。11 月在韓國首爾舉辦的韓國醫學會，代表團與多位年輕醫師將參加台、日、韓擴大研討會。

今年的繼續教育非常豐盛，包括產科的擬真教學、達文西手術操作、更年期的照護、提升性健康友善、自費醫療繼續再教育、婦女貧血研討會、產後照護課程、婦產科麻醉及術後止痛、孕婦及高危險群流感疫苗接種訓練課程等，相信經由北、中、南的研討會，大家集思廣益，讓婦產科的照顧能夠更完整，也希望將來產後追蹤照護，能夠納入媽媽手冊第四孕期，造福全國的孕婦。

特別感謝陳持平主編、王鵬惠副主編、全體編輯委員及所有會員的努力，恭喜！TJOG 2022 年 SCI Impact factor 2.1！是台灣婦產科的光榮。

理事長 **陳思原** 敬上



## 監事長的話

各位會員大家好，感謝各個會員的支持與參與，更感謝理事長、秘書長及各個理監事們的辛勞，還有歷屆院士們之指導，為各項學會政策之制定與執行方針努力打拼，使得學會各項政策的推行相當順暢。

在國際交流方面，隨著全球疫情的解封，國際學術會議也逐漸恢復。第 75 屆日本婦產科醫學會 (JSOG) 年會已於 5/11-15 日於東京圓滿落幕，此次由理事長、秘書長、我、多位院士、副理事長、副秘書長、年輕醫師代表及眷屬共同組團參與，期間除了能與 FIGO 理事長、AOFOG 理事長等重要人士會晤交流之外，更重要的是台日韓三長及其院士們討論三方未來的學術交流活動更具意義。另外 6/13-17 日於越南亞太婦產科醫學會(AOFOG)會員大會也順利完成，緊接著 6/18 舉行第二屆 American-Taiwan Conference 拉近台美婦產科學術交流。今年 10 月巴黎的世界婦產科醫學會(FIGO)年會及 11 月首爾韓國婦產科醫學會(KSOG)年會也都組團參加，讓台灣婦產科的健康照護制度與實力、研究能力更被國際看見與肯定。除了學術交流外，我們學會在國際援助上也不遺餘力，於 2022 年巴基斯坦水災時學會特別表達關懷，於 2023 年土耳其、敘利亞強震時，學會也響應全聯會義舉進行募款，在在顯示我們學會對於國際交流的重視以及成為國際重要一份子的角色做努力。

配合國家政策推行方面，響應醫策會以【孕產兒安全】為 2022 年之重要目標，學會推出一系列的繼續教育課程，包括適切化產後照顧、婦女心血管健康、盆血、生產事故原因分析及檢討、麻醉安全、產後憂鬱症、糖尿病等議題。另外學會與醫策會也共同舉辦產科擬真教學，其中包括產後大出血的原因辨識與處理、新生兒急救及新生兒運送注意事項等，讓參加人員一起進行模擬演練，期待各個會員能夠提升員產兒的照護品質。配合疾管署政策也在 7 月辦理流感、新冠肺炎、猴痘的治療現況以及疫苗施打的注意事項，對於提升會員在感染防治的照護能力有所幫助。

在住院醫師人力規劃及訓練方面，人力委員會也於 5/27 召開，微調各訓練醫院的人力事宜。於 7/9 完成專科醫師訓練醫院評鑑共識會，各委員對於住院醫師的訓練相當重視也提出不同建議做為未來住院醫師訓練的參考。另外值得一提的是，由住院醫師訓練委員會召集人黃閔照院士負責主辦的住院醫師專科醫師考試線上讀書會，從 4/12 起每周三晚上 6:00 舉行，由要準備考專科醫師考試的各醫院總住院醫師輪流做主講者，並安排各次專科領域專家老師做指導，期待各醫院的總醫師都能夠順利考取專科醫師加入婦女健康照護的行列。

在會員健康促進活動方面，因為學會財務健全也感念各會員執業的辛勞，北區登山於 4/30 舉辦基隆嶼搭船出海，雖然當日風浪較大，彼此聯絡感情大家都玩得很開心，另外也有 30 度的爬坡路段，除了讓大家活絡筋骨也了解自己體力的極限。7/23 將由施以中副秘書長及賴文福前副理事長幫忙規劃，於桃米休閒園區舉辦活動，希望會員們多多參與。會員旅遊將於 10/27-29 於宜蘭礁溪、棲蘭舉辦，請有興趣的會員先預留時間參與。

今年年會將於 8/12-13 在台中裕元花園酒店舉行，美國理事長、FIGO 理事長、AOFOG 理事長及日韓理事長皆率團來訪，預計將有眾多國外好友及重要人士參加，在促進我們學會國際交流上相當重要，希望各個會員及住院醫師踴躍參加，讓我們的年會能夠順利圓滿成功。最後敬祝所有的會員身體健康、事業順利、心想事成，平安喜悅。

監事長 **蔡明松** 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六十二屆的年會，也是 COVID-19 疫情降級後第一次年會，終於能在台中裕元花園酒店全實體來舉行。為邁向淨零碳排、永續環保，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。會場也不再提供塑膠瓶裝水，改以大桶水及少量紙杯供應，大家若能自備杯子、餐具來，一起來為環保盡一份心力，那就更棒了。8/13 星期天下午的醫法倫議題，經環境健康小組召集人葉光苒醫師及秘書處一起努力，也特別請來政府官員、李遠哲博士、多位醫法倫及環保等專家來演講及主持，在此也拜託大家多多參與、關心及緊急行動，來挽救這個攸關人類未來的大危機。

英文演講方面，國際研討會於 8/12 整天，邀請各國際醫學會的重要貴賓來，大會演講則於 8/13 星期天早上邀請到 TAOG、FIGO、AOFOG、ACOG、JSOG、KSOG 的理事長們，來談現在最紅的社會性凍卵、世界合作、正向生產經驗及照護、不孕症、產科、婦產科領導等重要議題。同時段還有台灣婦產科未來的希望-年輕醫師們的研究發表。

各次專科的特別演講及口頭報告，也請到各個領域的翹楚及經學術委員會篩選出適合的題目，來跟大家談近來最熱門的議題及最新的研究內容，大家可以各自找有興趣的題目來參加。午餐會報方面也有婦科、產科、生殖內分泌等許多議題，供大家來選擇，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來使用。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。

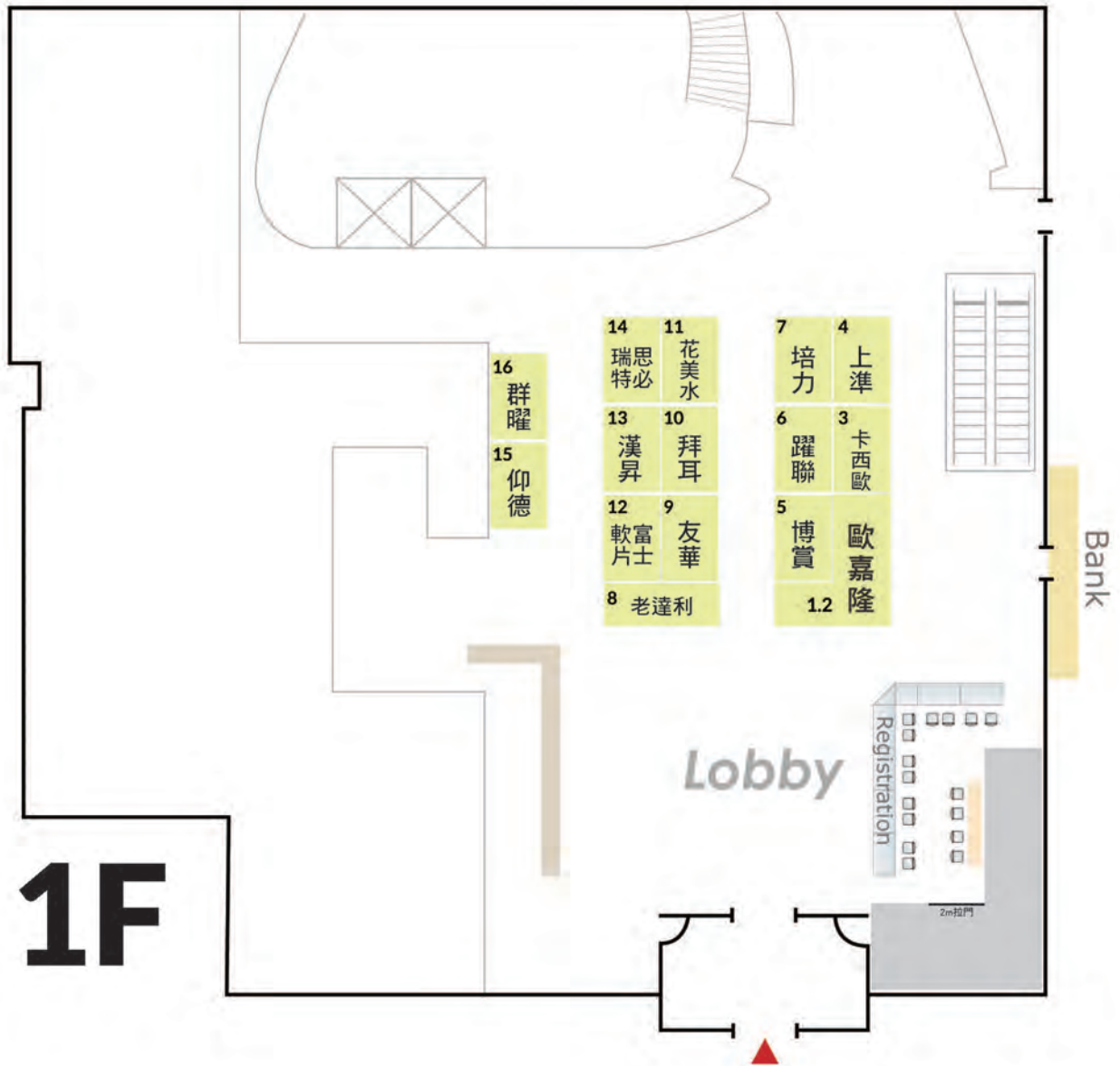
晚宴則在 8/12 星期六晚上 18:00 於台中林酒店國際廳來盛大舉行，報到資訊及座位名牌也已提前寄給受邀及已報名者，晚宴中也將安排新任院士授袍、學會貢獻獎、優秀論文頒獎，學會也備妥美食、美酒及餘興節目，歡迎大家開心來參與，一起會會老友。學會也已安排大會到晚宴會場的交通車，於 17:00-17:30 出發，也請有需要者多加利用。

最後感謝大家的參與，因為有您們的參與，年會才有意義。  
感謝台大楊政憲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。

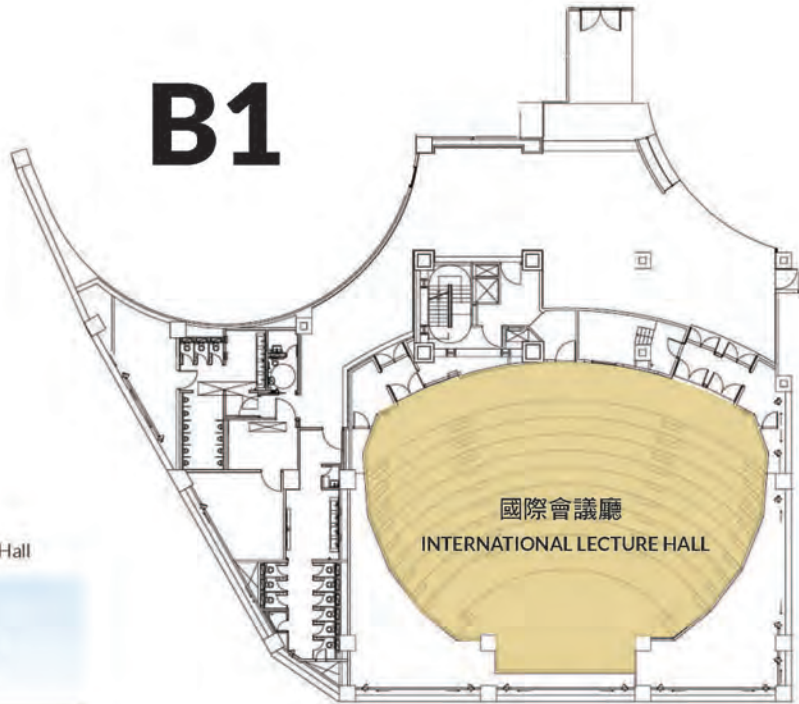
預祝大會順利成功。

秘書長 **黃建霖** 敬書

# 會場平面圖



# B1



## B1國際會議廳 International Lecture Hall

8  
/  
12

- 內視鏡 Video
- 內視鏡 Video + 生殖內分泌 Video
- 內視鏡 Symposium

8  
/  
13

- Plenary Lecture
- 午餐會報 - GSK
- 醫療倫理法律

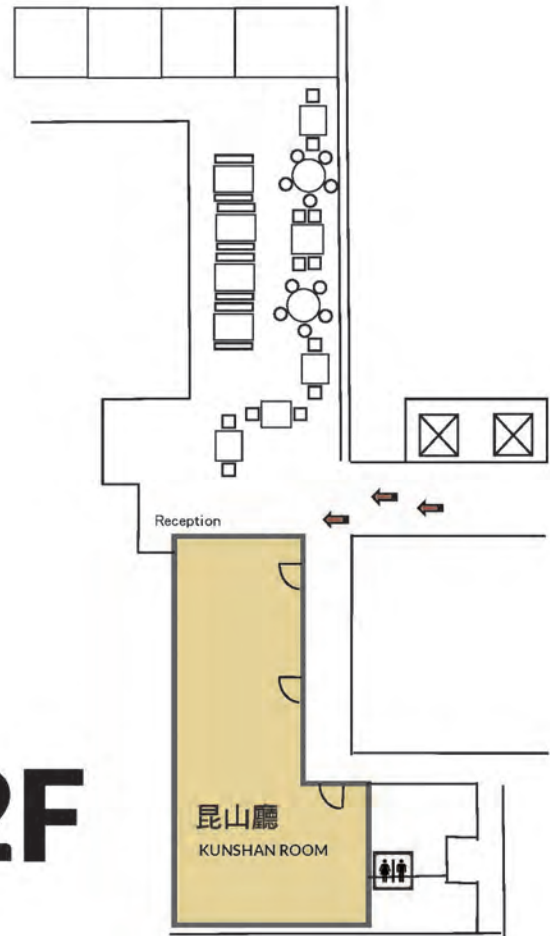
## 2F 昆山廳 Kunshan Room

8  
/  
12

- 內視鏡 Oral
- 生殖內分泌 Oral
- 午餐會報 - 美時化學
- 一般婦科 Oral

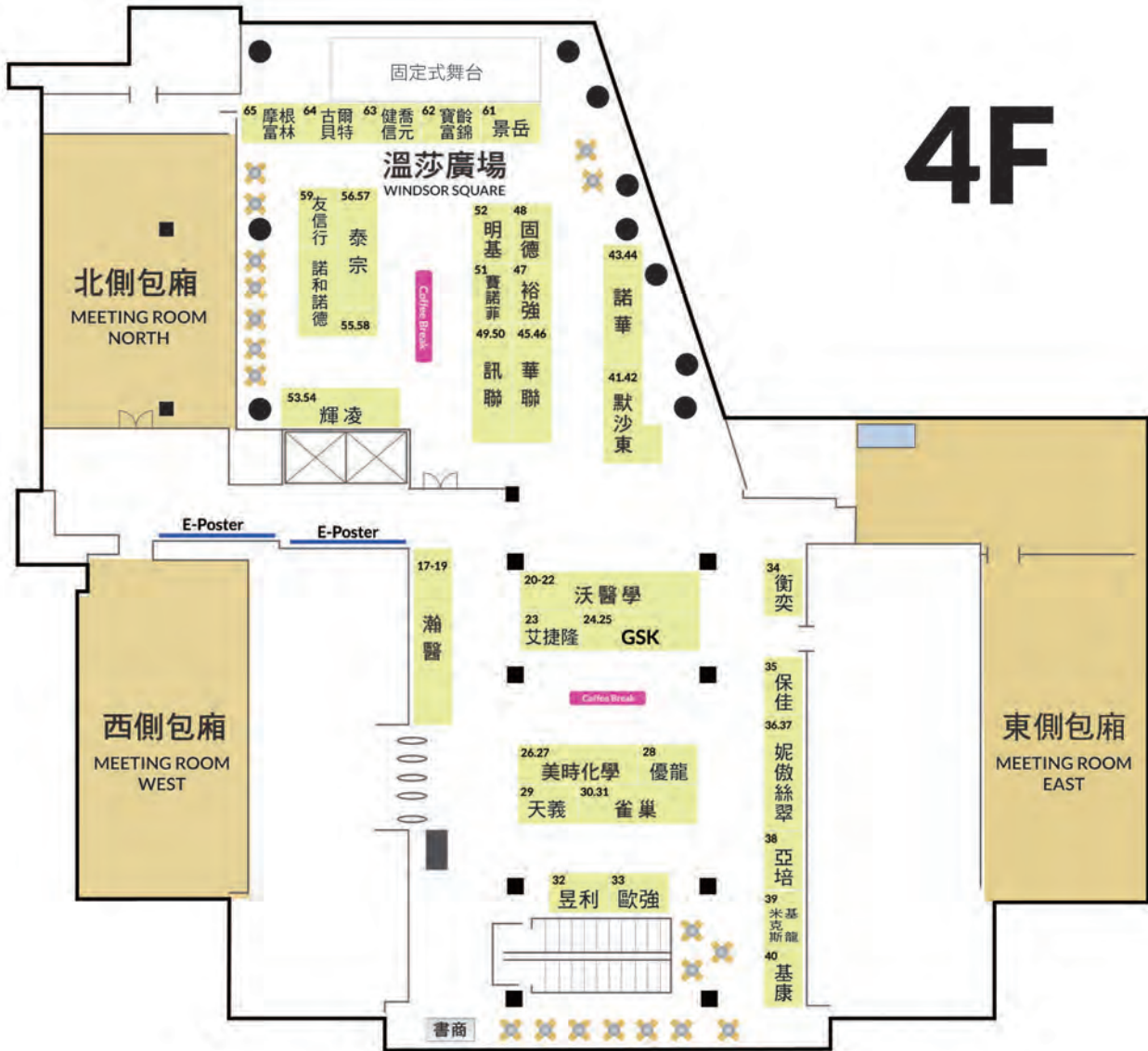
8  
/  
13

- 婦女泌尿 Oral
- 婦女泌尿 Oral + Video
- 午餐會報 - 諾和諾德
- 婦女泌尿 Symposium



# 2F

# 4F



## 東側包廂 Meeting Room East

8  
/  
12

- 產科 Oral
- 午餐會報—美商亞培
- 產科 Symposium

## 西側包廂 Meeting Room West

8  
/  
13

- 一般婦科 Symposium
- 更年期 Symposium
- 午餐會報—台灣普羅生醫
- 會員代表大會

- Invited Speaker Lecture—AOFOG Session
- Invited Speaker Lecture—FIGO/ACOG Session
- 午餐會報—台灣拜耳
- Invited Speaker Lecture—J-K-T Session

- Young Doctors' Session (婦癌+婦科)
- Young Doctors' Session (生殖內分泌)
- 午餐會報—默沙東
- 生殖內分泌 Symposium

## 北側包廂 Meeting Room North

- 婦癌 Oral
- 午餐會報—健喬信元
- 婦癌 Symposium

- Young Doctors' Session (婦女泌尿)
- Young Doctors' Session (母胎醫學及其他)
- 午餐會報—賽諾菲
- 住院醫師教育訓練

TAOG

2023

2023.8.12~13



台灣婦產科醫學會  
112 年度年會暨擴大學術研討會

*The 62<sup>nd</sup> Annual Congress  
of Taiwan Association of Obstetrics and Gynecology 2023*

大會節目表





112年8月12日(星期六)上午  
(B1)國際演講廳

## 內視鏡 Video

主持人：林武周、陳國瑚

- 08:30-08:40 V1 論輸尿管分離步驟在手術治療骨盆腔完全沾黏中的必要性  
**The necessity of the ureterolysis in completely cul-de-sac obliteration**  
胡惇基<sup>1</sup> 盧佳序<sup>1</sup> 李奇龍<sup>1</sup>  
林口長庚醫院<sup>1</sup>
- 08:40-08:50 V2 成功以兩孔手套系統腹腔鏡子宮次全切手術治療剖腹產疤痕妊娠之個案分享  
**Using two-port glove system laparoscopic subtotal hysterectomy for Cesarean scar pregnancy**  
李光晏<sup>1</sup> 張文君<sup>1</sup>  
台大醫院婦產部<sup>1</sup>
- 08:50-09:00 V3 借助骨科器械移除石化子宮肌瘤之病例報告  
**Case report- An ossified leiomyoma removed with the assistance of orthopedic instruments in a laparoscopy surgery**  
張雅婷<sup>1</sup> 桂羅利<sup>1</sup> 張裕<sup>1</sup>  
義大醫院婦產部<sup>1</sup>
- 09:00-09:10 V4 以機械手臂輔助恥骨韌帶懸吊術作為骨盆腔脫垂的有效手術選擇：一個醫學中心的案例報告  
**Robotic Pectopexy as an Effective Surgical Option for Pelvic Organ Prolapse: A Definitive Case Presentation from a Medical Center**  
柯俊丞<sup>1,2</sup> 蘇國銘<sup>1,2</sup> 王毓淇<sup>1,2</sup>  
三軍總醫院<sup>1</sup> 國防醫學院<sup>2</sup>
- 09:10-09:20 V5 保守性腹腔鏡手術移除腹膜後之輸卵管旁腫瘤  
**Conservative laparoscopic method for excision of retroperitoneal para-tubal mass**  
楊雅淳<sup>1</sup> 王功亮<sup>2</sup> 陳楨瑞<sup>1</sup>  
台北馬偕紀念醫院<sup>1</sup> 台東馬偕紀念醫院<sup>2</sup>

- 09:20-09:30 V6 以達文西 Xi plus 內視鏡鏡頭行機器人手臂輔助卵巢囊腫切除手術  
**Robotic enucleation and suture of chocolate cyst with new Da Vinci endoscope plus**  
楊向國<sup>1</sup>  
台大醫院婦產部<sup>1</sup>
- 09:30-09:40 V7 達文西腸沾黏分離和子宮次全切除手術用於先前肌瘤切除術和嚴重骨盆腔沾黏的病人  
**Robotic enterolysis and subtotal hysterectomy in a previous myomectomy with severe pelvic adhesion**  
鍾佳翰<sup>1</sup> 莊乙真<sup>1</sup>  
亞東紀念醫院<sup>1</sup>
- 09:40-09:50 V8 一個通過腹腔鏡診斷的罕見案例：妊娠試驗陰性且 β-hCG 數值正常的輸卵管妊娠  
**Tubal pregnancy with negative pregnancy test and beta-hCG elevation, an extreme rare manifestation which should be diagnosed laparoscopically**  
洪碩鎰<sup>1</sup> 陳楨瑞<sup>1</sup> 王功亮<sup>2</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup> 台東馬偕紀念醫院院長<sup>2</sup>
- 09:50-10:00 V9 腹腔鏡移除嵌入結腸腸腔內之子宮內避孕器及腸道修補  
**Laparoscopic management of intrauterine device migration into the lumen of rectosigmoid colon**  
侯詠齡<sup>1</sup> 孫仲賢<sup>1</sup> 莊國泰<sup>1</sup>  
四季台安醫院<sup>1</sup>

112年8月12日(星期六)上午  
(B1)國際演講廳

## 內視鏡 Video + 生殖內分泌 Video

主持人：歐育哲、易瑜嶠

- 10:30-10:40 V10 經陰道自然孔洞內視鏡手術應用於卵巢巧克力囊腫切除手術  
**Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) cystectomy of endometrioma**  
停寧萱<sup>1</sup> 丁大清<sup>1</sup>  
花蓮慈濟醫院<sup>1</sup>
- 10:40-10:50 V11 減少孔洞之達文西手術處理複雜性子宮肌瘤摘除手術  
**Reduced-Port Robotic surgery for complicated myomectomy**  
吳佩姿<sup>1</sup> 莊斐琪<sup>1</sup> 楊采樺<sup>1</sup> 黃寬慧<sup>1</sup> 龔福財<sup>1</sup>  
高雄長庚紀念醫院<sup>1</sup>
- 10:50-11:00 V12 達文西手術於大型子宮肌瘤切除之技巧  
**Tips and Tricks of Reduced Port Robotic Myomectomy for Large Uterine Leiomyomas**  
吳翊寧<sup>1</sup> 桂羅利<sup>1</sup> 張裕\*<sup>1</sup>  
義大醫院<sup>1</sup>
- 11:00-11:10 V13 在子宮穿孔後持續使用 Truclear 進行子宮鏡手術的技巧與經驗分享  
**Tips and Tricks of Continuing Hysteroscopic Surgery with Truclear after Complication of Uterine Perforation**  
楊憶<sup>1</sup> 張裕<sup>1</sup> 桂羅利<sup>1</sup>  
義大醫院婦產部<sup>1</sup>
- 11:10-11:20 V14 以腹腔鏡肌瘤切除手術治療敏感位置病灶的技術分享  
**Techniques in laparoscopic myomectomy to treat intricately situated lesions**  
李侑潔<sup>1</sup> 孫仲賢<sup>1</sup>  
高雄四季台安醫院<sup>1</sup>

- 11:20-11:30 V15 **經陰道自然孔手術中之縫合技術分享**  
**Suturing Skill and Technique under Transvaginal Natural Orifice Transluminal Endoscopic Surgeries**  
陳俊男<sup>1</sup> 桂羅利<sup>1</sup> 張裕<sup>1</sup>  
義大醫院婦產部<sup>1</sup>
- 11:30-11:40 V16 **切除骨盆腔側壁復發性深部浸潤子宮內膜異位症病灶引發輸尿管及血管損傷之個案處理報告**  
**Ureter and vascular injury during laparoscopic excision for recurrent pelvic sidewall deep endometriosis**  
孫仲賢<sup>1</sup> 方俊能<sup>1</sup> 侯詠齡<sup>1</sup> 莊國泰<sup>1</sup>  
四季台安醫院<sup>1</sup>
- 11:40-11:50 V17 **超音波導引經陰道抽吸術合併子宮直腸窩切開引流術作為一種有效的第一線治療急性輸卵管卵巢膿瘍的方式：一個案例系列報告**  
**Ultrasound-Guided Transvaginal Aspiration in Combination with Culdotomy Drainage as an Effective First-Line Treatment for Acute Episode of Tubo-ovarian Abscess: A Case Series**  
葉宗鑫<sup>1</sup> 陳奐耘<sup>1</sup> 龔福財<sup>1</sup>  
高雄長庚紀念醫院婦產部<sup>1</sup>
- 11:50-12:00 V18 **深部浸潤型子宮內膜異位症患者於經陰道取卵手術後之卵巢輸卵管膿瘍，接受達文西手術治療**  
**Robotic adhesiolysis, excision of pelvic endometriosis, salpingectomy and drainage of abscess for patient who had tubo-ovarian abscess following transvaginal oocyte retrieval and concomitant deep infiltrating endometriosis**  
李大成<sup>1</sup> 莊乙真<sup>1</sup> 劉馨鎂<sup>1</sup> 盧信芬<sup>1</sup>  
新北市亞東醫院婦產部<sup>1</sup>

112年8月12日(星期六)上午  
(2樓)昆山廳

## 內視鏡 Oral

主持人：張裕、魏君卉

- 08:30-08:40 OE1 使用傷口撐開器氣密蓋進行經陰道自然孔內視鏡子宮全切除手術之107例手術經驗分享  
**A new method of transvaginal NOTES hysterectomy with Lagis - LapBase Cap (for Wound Retractor), outcome in 107 patients with benign gynecologic disease**  
梁世蓓<sup>1</sup>  
大林慈濟醫院<sup>1</sup>
- 08:40-08:50 OE2 腹腔鏡子宮內膜異位瘤固化治療-----案例報告  
**Laparoscopy ethanol sclerotherapy in endometrioma -----cases report**  
吳東壁<sup>1</sup> 曾敬呈<sup>1</sup> 林育萱<sup>2</sup>  
台南新樓醫院<sup>1</sup> 彰化基督教醫院婦產科<sup>2</sup>
- 08:50-09:00 OE3 子宮腺瘤樣瘤的術前超音波特徵分析：一項回顧性研究  
**Distinctive Sonographic Features of Uterine Adenomatoid Tumor: A Retrospective Review**  
陳欣儀<sup>1</sup> 白欣玉<sup>1</sup> 麥迪森<sup>1</sup> 顏志峰<sup>1</sup>  
林口長庚醫院<sup>1</sup>
- 09:00-09:10 OE4 在腹腔鏡肌瘤切除術中使用三重止血帶的臨床結果分享：一種暫時性完全阻斷子宮血液供應的新技術  
**Clinical outcome of laparoscopic myomectomy with application of triple tourniquet: a novel technique to fully occlude uterine blood supply temporarily**  
郭信宏<sup>1</sup> 陸千琦<sup>1</sup>  
林口長庚紀念醫院婦產部<sup>1</sup>

- 09:10-09:20 OE5 自然孔洞達文西子宮切除手術和傳統達文西子宮切除手術的比較: 傾向分數配對分析  
**Robot-assisted transvaginal nature orifice transluminal endoscopic versus robot-assisted laparoscopic hysterectomy for gynecologic benign disease: A propensity-matched study**  
林偉力<sup>1</sup> 王錦榮<sup>1</sup>  
林口長庚醫院<sup>1</sup>
- 09:20-09:30 OE6 腹腔鏡深部子宮內膜異位症手術分離雙套輸尿管  
**Deep Endometriosis With Double Ureter**  
莊乙真<sup>1</sup> 陳曦<sup>1</sup> 李大成<sup>1</sup> 胡安忻<sup>1</sup>  
亞東醫院婦產部<sup>1</sup>
- 09:30-09:40 OE7 達文西機械手臂輔助肌瘤切除術與腹腔鏡子宮肌瘤切除術之回溯性比較  
**Comparison of Robotic and Laparoscopic Myomectomy: A Retrospective Study**  
張路得<sup>1</sup> 溫國璋<sup>1</sup> 莊雯琇<sup>1</sup>  
雙和醫院婦產部<sup>1</sup>
- 09:40-09:50 OE8 腹腔鏡微波消融之應用於子宮肌瘤及肌腺症  
**Laparoscopic microwave myolysis for the treatment of leiomyoma and adenomyosis**  
葉建麟<sup>1</sup> 盧紫曦<sup>1</sup> 劉奕吟<sup>2</sup> 林冠伶<sup>1</sup> 龍震宇<sup>1</sup>  
高雄醫學大學附設醫院<sup>1</sup> 聖功醫院<sup>2</sup>
- 09:50-10:00 OE9 婦科微創手術同時使用傷口撐開保護器(wound retractor)術後發生切口性疝氣之統計分析: 五年回溯性世代研究  
**Incisional hernia after minimally invasive gynecologic surgery with wound retractor use at the beginning of surgery: A 5-year retrospective cohort study**  
停寧萱<sup>1</sup> 龐浸醛<sup>1</sup>  
花蓮慈濟醫院<sup>1</sup>

112年8月12日(星期六)上午  
(2樓)昆山廳

## 生殖內分泌 Oral

主持人：吳信宏、李宗賢

- 10:30-10:40 OF1 **AI 囊胚判讀系統及使用者介面--應用於預測植入後之懷孕率**  
**AI recognition system and user interface thereof for assisted prediction of pregnancy rate after blastocyst transfer**  
林映任<sup>1</sup> 黃仁傑<sup>1</sup> 鄭銘凱<sup>1</sup> 谷化芬<sup>2</sup> 陳雅芳<sup>2</sup> 權詩婷<sup>2</sup> 陳明哲<sup>2</sup>  
王榮華<sup>3</sup>  
國立臺灣海洋大學電機工程學系<sup>1</sup> 台中榮民總醫院婦女醫學部<sup>2</sup> 國立臺灣海洋大學人工智慧研究中心<sup>3</sup>
- 10:40-10:50 OF2 **腹腔鏡良性卵巢與內膜異位瘤手術中止血方式對於卵巢功能之影響**  
**Impact of hemostatic methods on ovarian reserve after laparoscopic ovarian cystectomy of benign and endometriotic ovarian tumor: Systematic review and meta-analysis.**  
林瑜萱<sup>1</sup> 劉勇良<sup>1</sup> 李宗賢<sup>1,2</sup> 夏立忻<sup>1</sup> 黃允瑤<sup>1,2</sup> 張浩榕<sup>1</sup>  
中山醫學大學附設醫院婦產部<sup>1</sup> 中山醫學大學醫學院<sup>2</sup>
- 10:50-11:00 OF3 **經電腦程式模擬分析以完善小鼠囊胚玻璃化冷凍保存及解凍之基因和微核醣核酸表達軌跡之影響**  
**Comprehensive in-silico analysis complements the effect of mouse blastocyst vitrification and warming on the gene and microRNA expression profiles**  
李季穎<sup>1,2</sup> 蔡漢霓<sup>1</sup> 鄭恩惠<sup>1,3</sup> 李宗賢<sup>1,4,5</sup> 林秉瑤<sup>1,3</sup> 李俊逸<sup>1,4,5</sup>  
李茂盛<sup>1,4,5</sup>  
茂盛醫院<sup>1</sup> 清華大學生物資訊與結構生物研究所<sup>2</sup> 中興大學學士後醫學系<sup>3</sup> 中山醫學大學醫學研究所<sup>4</sup> 中山醫學大學附設醫院婦產部<sup>5</sup>
- 11:00-11:10 OF4 **褪黑激素之抗發炎作用可改善雙酚 A 對顆粒細胞造成的毒性**  
**Anti-inflammatory effects of melatonin ameliorate bisphenol A-induced toxicity on human granulosa cells**  
王凱弘<sup>1</sup> 蔡青浣<sup>1</sup> 林大欽<sup>1,2</sup> 郭宗正<sup>1,2</sup>  
郭綜合醫院生殖醫學中心<sup>1</sup> 婦產部<sup>2</sup>

- 11:10-11:20 OF5 **以全基因表現分析技術探討 IL-33 對子宮內膜異位基質細胞之影響**  
**Genome-wide expression analysis of IL33-stimulated human endometriotic stromal cells**  
王凱弘<sup>1</sup> 蔡青浣<sup>1</sup> 林大欽<sup>1,2</sup> 郭宗正<sup>1,2</sup>  
 郭綜合醫院生殖醫學中心<sup>1</sup> 婦產部<sup>2</sup>
- 11:20-11:30 OF6 **使用促性腺釋放激素促效劑進行激素替代治療病人於冷凍胚胎週期的黃體支持期，額外給予單一劑量 GnRH 促進劑能否增加活產率：回顧型研究**  
**Additional single dose GnRH agonist during luteal phase support may improve live birth rate in GnRH-a-HRT frozen-thawed embryo transfer cycle: a retrospective cohort study**  
劉相宜<sup>1</sup> 林立德<sup>1</sup> 張瑋珊<sup>2</sup> 林佩萱<sup>1</sup> 李佳榮<sup>1</sup> 陳其葳<sup>1</sup> 陳昱蓁<sup>1</sup> 崔冠濠<sup>3</sup>  
 高雄榮總婦女醫學部<sup>1</sup> 國軍高雄總醫院<sup>2,3</sup>
- 11:30-11:40 OF7 **癌症病患生殖保存-高醫經驗分享**  
**Cryopreservation in oncofertility-KMUH experience**  
徐以樂<sup>1</sup> 莊蕙瑜<sup>1</sup> 蔡英美<sup>1</sup>  
 高醫婦產部<sup>1</sup>
- 11:40-11:50 OF8 **試管嬰兒療程濾泡液中 CEGF-A, Eotaxin 和 CXCL-6 濃度與卵子成熟度有強烈相關性**  
**VEGF-A, Eotaxin and CXCL-6 concentration in follicular fluid strongly correlate with oocyte maturity in IVF**  
林亮華<sup>1</sup> 陳萱庭<sup>2</sup> 吳文彬<sup>2</sup> 賴宗炫<sup>1,2</sup>  
 國泰綜合醫院婦產科<sup>1</sup> 輔大醫學院<sup>2</sup>
- 11:50-12:00 OF9 **催產素受器拮抗劑或可改善反覆植入失敗、子宮肌腺症及子宮肌瘤病患之胚胎植入預後**  
**Administration of oxytocin receptor antagonist during frozen embryo transfer might improve live birth rates in women with recurrent implantation failure, adenomyosis and myoma**  
林柏文<sup>1</sup> 林佩萱<sup>1</sup> 陳其葳<sup>1</sup> 李佳榮<sup>1</sup> 蔡曉文<sup>1</sup> 陳昱蓁<sup>1</sup> 崔冠濠<sup>1</sup> 林立德<sup>1</sup>  
 高雄榮民總醫院<sup>1</sup>



112年8月12日(星期六)上午

(4樓)東側包廂

## 產科 Oral

主持人：曾振志、何銘

- 08:30-08:40 001 產前超音波診斷大腦導水管堵塞  
**Prenatal Ultrasound Imaging of a Case with Aqueductal Stenosis**  
蘇修緯<sup>1</sup>  
台中榮民總醫院<sup>1</sup>
- 08:40-08:50 002 可完全緩解復發性胎兒乳糜胸: OK-432 胸膜固定術  
**Total remission of recurrent fetal chylothorax by OK-432 pleurodesis**  
吳東穎<sup>1</sup>  
彰化基督教醫院<sup>1</sup>
- 08:50-09:00 003 通過全外顯子組序列對非免疫性胎兒水腫的產前診斷——單一機構的回顧性觀察研究  
**Prenatal Diagnosis of Non-Immune Hydrops Fetalis by Whole Exome Sequence: A Retrospective Observational Study from a Single Institution.**  
林祖薇<sup>1</sup> 吳琬如<sup>1</sup> 馬國欽<sup>2</sup> 李美慧<sup>2</sup> 張舜評<sup>2</sup> 張庭毓<sup>2</sup> 陳明<sup>1,2</sup>  
彰化基督教醫院婦產部<sup>1</sup> 彰化基督教醫院基因醫學部<sup>2</sup>
- 09:00-09:10 004 2008-2018年醫生性別等因素對剖宮產影響的變化趨勢：回顧性病例對照研究  
**The trend of doctor gender and other factors influence on cesarean section from 2008 to 2018: A retrospective population-based case-control study**  
徐詠琳<sup>1</sup> 鄧光宏<sup>2</sup> 謝宗成<sup>2</sup> 丁大清<sup>1</sup>  
花蓮慈濟醫院婦產部<sup>1</sup> 慈濟大學大數據教學研究暨統計諮詢研究中心<sup>2</sup>
- 09:10-09:20 005 生產方式與產傷關聯之回溯性研究  
**The association between delivery mode and birth trauma: a retrospective cohort study**  
張季涵<sup>1</sup> 丁大清<sup>1</sup>  
花蓮慈濟醫院婦產部<sup>1</sup>

- 09:20-09:30 006 醫療中心不同工作模式的產科醫生的工作量  
**The workload of obstetric doctors working in different modes at a medical center**  
賴佩璇<sup>1</sup> 丁大清<sup>1</sup>  
佛教花蓮慈濟醫院<sup>1</sup>
- 09:30-09:40 007 產前診斷頸椎脊膜膨出及預後  
**The prenatal diagnosis and outcome of cervical meningocele**  
張藍心<sup>1</sup> 簡誌緯<sup>1</sup> 陳冠儒<sup>1</sup>  
新北市立土城醫院<sup>1</sup>
- 09:40-09:50 008 懷孕婦女肌瘤與相關產科不良後果之關係  
**Relationship between uterine myomas and adverse obstetric outcomes**  
吳孟芹<sup>1</sup>  
台北榮民總醫院婦產部<sup>1</sup>
- 09:50-10:00 009 澎湖離島地區空中後送 COVID-19 確診產婦現況探討  
**Discussion on the current situation of air transport of pregnant women diagnosed with COVID-19 in the outlying islands of Penghu**  
黃莊彥<sup>1</sup> 林鈺維<sup>2</sup>  
國防醫學院三軍總醫院澎湖分院婦產科<sup>1</sup> 高雄榮民總醫院婦女醫學部<sup>2</sup>

112年8月12日(星期六)上午  
(4樓)東側包廂

## 產科 Oral

主持人：郭富珍、區慶建

- 10:30-10:40 OO10 王蟲縫法後子宮壞死的發生率和危險因子  
**Uterine Necrosis after Uterine Compression Suture for Postpartum Hemorrhage: a Case-control Study and Systemic Review of Case Reports.**  
廖柔謙<sup>1</sup> 施景中<sup>1</sup>  
臺大醫院婦產部<sup>1</sup>
- 10:40-10:50 OO11 胎兒內視鏡手術產前治療開放脊柱裂在台灣所面臨的難題與未來發展  
**The clinical trial of fetoscopic repair of myelomeningocele in Taiwan: the dilemma in prenatal decision-making**  
劉子寧<sup>1</sup> 林孟萱<sup>1</sup> 黃惠鈺<sup>1</sup> 蕭勝文<sup>1</sup>  
台北長庚醫院婦產科<sup>1</sup>
- 10:50-11:00 OO12 胎兒骨骼發育異常的產前診斷案例  
**Prenatal diagnosis of a fetus with X-linked bone dysplasia: a case report and review of literature**  
陳智齡<sup>1</sup> 施景中<sup>1</sup> 李妮鍾<sup>1</sup>  
台大醫院<sup>1</sup>
- 11:00-11:10 OO13 孕期二氧化氮/細懸浮微粒 PM2.5 暴露與早產和低出生體重風險的關係：系統性文獻回顧與統合分析  
**Risks of preterm birth and low birth weight and maternal exposure to NO2/PM2.5 acquired by dichotomous evaluation: a systematic review and meta-analysis**  
林宜萱<sup>1</sup> 洪泰和<sup>2</sup> 陳佩鴻<sup>3</sup> 董道興<sup>4</sup> 徐婕<sup>5</sup> 許德耀<sup>6</sup> 萬國華<sup>7</sup>  
林口長庚紀念醫院婦產部<sup>1</sup> 台北長庚紀念醫院婦產科系，基隆長庚紀念醫院婦產科，長庚大學醫學系<sup>2</sup> 長庚大學呼吸治療學系<sup>3</sup> 台州醫院循證醫學中心<sup>4</sup> 長庚大學臨床醫學研究所<sup>5</sup> 高雄長庚紀念醫院婦產部<sup>6</sup> 台北長庚紀念醫院婦產科系，長庚大學呼吸治療學系，長庚科技大學嘉義分部呼吸照護系，明志科技大學環境永續與人類健康研究中心<sup>7</sup>

- 11:10-11:20 OO14 **手術週數對接受胎兒鏡雷射治療之雙胞胎輸血症候群之預後之影響**  
**Effect of gestational age at fetoscopic laser photocoagulation on perinatal outcomes for patients with twin-twin transfusion syndrome**  
張芳瑜<sup>1</sup> 劉子寧<sup>1</sup> 張舜智<sup>1</sup> 趙安祥<sup>1</sup> 詹耀龍<sup>1</sup>  
長庚林口總院<sup>1</sup>
- 11:20-11:30 OO15 **使用 MicroRNA 陣列作為評估 COVID-19 疫苗功效的工具**  
**Using MicroRNA Arrays as a Tool to Evaluate COVID-19 Vaccine Efficacy**  
林宜樺<sup>1</sup> 林言頻<sup>2</sup> 沈靜芬<sup>3</sup> 沈靜茹<sup>1</sup> 鄭兆珉<sup>2</sup>  
高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup> 國立清華大學生物醫學工程研究所<sup>2</sup> 國立成功大學醫學院附設醫院小兒部<sup>3</sup>
- 11:30-11:40 OO16 **孕婦接種新冠肺炎疫苗與季節性流感疫苗及百日咳疫苗之免疫性影響的先導性研究**  
**Pilot Study for Immunogenicity of SARS-CoV-2 Vaccine with Seasonal Influenza and Pertussis Vaccines in Pregnant Women**  
沈靜茹<sup>1</sup> 劉懿徵<sup>1</sup>  
高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup>
- 11:40-11:50 OO17 **探討慢性糖尿病產婦發生糖尿病酮酸中毒及相關周產期死亡率之預測因子**  
**Predictors of diabetic ketoacidosis and associated perinatal mortality in pregnant women with pregestational diabetes mellitus**  
范祐豪<sup>1</sup> 陳治平<sup>1</sup> 王國恭<sup>1</sup> 陳宜雍<sup>1</sup> 王亮凱<sup>1</sup> 陳震宇<sup>1</sup>  
台北馬偕紀念醫院婦產部高危險妊娠學科<sup>1</sup>
- 11:50-12:00 OO18 **使用人工智慧預測孕期子癩前症風險**  
**Using Artificial Intelligence to Predict Preeclampsia in Pregnancy**  
徐英倫<sup>1,2</sup> 劉忠峰<sup>1</sup>  
奇美醫院<sup>1</sup> 中山大學生物醫學研究所<sup>2</sup>

112年8月12日(星期六)上午  
(4樓)西側包廂

## Invited Speaker Lecture( I )AFOFG Session

08:25-08:30      **Opening Remarks**  
Shee-Uan Chen (President of TAOG)

主持人：Pisake Lumbiganon (President of AFOFG)、Tsung-Hsien Su (Fellow of TAOG)

08:30-09:00    IS1      **Intimate Partner Violence (視訊)**  
*Speaker : John David Tait (President Elect of AFOFG, New Zealand)*

09:00-09:30    IS2      **Respectful Maternity Care**  
*Speaker : Rohana Haththotuwa (Secretary-General of AFOFG, Sri Lanka)*

09:30-10:00    IS3      **Caesarean Delivery on Maternal Request (CDMR):  
The Continuing Controversy**  
*Speaker : Ravi Chandran(Past President of AFOFG, Malaysia)*

112年8月12日(星期六)上午  
(4樓)西側包廂

## Invited Speaker Lecture(Ⅱ)FIGO/ACOG Session

主持人：Jeanne Conry(President of FIGO)、Verda Hicks(President of ACOG)

- |             |     |  |
|-------------|-----|--|
| 10:30-11:00 | IS4 | <b>Challenges to ObGyn Practice in a Changing Environment</b><br><i>Speaker : <u>Mark DeFrancesco</u>(Past President of ACOG, USA)</i>                                       |
| 11:00-11:30 | IS5 | <b>Salivary miRNA Signature of Endometriosis</b><br><i>Speaker : <u>Philippe Descamps</u>(Vice-President of FIGO, France)</i>  |
| 11:30-12:00 | IS6 | <b>Born too Soon 2023 – the decade version of the WHO report(視訊)</b><br><i>Speaker : <u>Bo Jacobsson</u> (Maternal and Neonatal Health, Division Director, FIGO, Sweden)</i> |

112年8月12日(星期六)上午

(4樓)北側包廂

## 婦癌 Oral

主持人：曾志仁、何志明

- 08:30-08:40 OC1 早期子宮頸癌以腹腔鏡行根治性子宮頸切除並保留雙側子宮動脈：  
案例報告  
**Laparoscopic radical trachelectomy with bilateral uterine arteries preservation in early cervical cancer: a case report**  
馬翊慈<sup>1</sup> 劉錦成<sup>1</sup>  
童綜合醫院婦產部<sup>1</sup>
- 08:40-08:50 OC2 (取消略過)
- 08:50-09:00 OC3 使用癌思停於後期卵巢亮細胞癌之治療  
**Incorporating Bevacizumab in the Management of Advanced Stage Ovarian Clear Cell Carcinoma**  
黃冠儒<sup>1</sup> 許博欽<sup>2</sup> 吳晉睿<sup>3</sup> 張文君<sup>2</sup> 潘貞諭<sup>2</sup> 李盈萱<sup>3</sup> 黃韻如<sup>2</sup>  
蕭勝謀<sup>4</sup> 魏凌鴻<sup>2</sup>  
台大醫院雲林分院<sup>1</sup> 台大醫院<sup>2</sup> 台大新竹分院<sup>3</sup> 亞東醫院<sup>4</sup>
- 09:00-09:10 OC4 p53 蛋白突變在第一期子宮內膜樣癌患者的預後  
**Stage I, Endometrial Endometrioid Carcinoma with Abnormal P53 Expression, A Single Institute, Retrospective Case Study**  
張祐維<sup>1</sup> 郭曉莉<sup>1</sup> 王道遠<sup>1</sup> 翁嘉穗<sup>2</sup> 林鈴<sup>2</sup> 黃琬琿<sup>1</sup> 陳思嘉<sup>2</sup> 陳子健<sup>1</sup>  
張志隆<sup>1</sup> 楊育正<sup>1</sup> 王功亮<sup>3</sup> 陳楨瑞<sup>1</sup>  
台北馬偕醫院<sup>1</sup> 淡水馬偕醫院<sup>2</sup> 台東馬偕醫院<sup>3</sup>
- 09:10-09:20 OC5 比較 Imiquimod 與手術切除在治療子宮頸上皮細胞病變的效益：  
系統性回顧研究  
**Efficacy of imiquimod and standard excisional procedure for the treatment of cervical intraepithelial neoplasia: A systematic review and meta analysis**  
謝中凱<sup>1</sup> 溫國璋<sup>1</sup> 羅爾維<sup>2</sup> 譚家偉<sup>3</sup>  
衛生福利部雙和醫院婦產部<sup>1</sup> 臺北醫學大學臨床醫學研究所<sup>2</sup> 衛生福利部雙和醫院實證醫學中心<sup>3</sup>

- 09:20-09:30 OC6 **臨床病理因子來預測上皮性卵巢癌之化學治療敏感度 - 一回朔性研究**  
**Clinicopathological Factors Associated with Chemosensitivity in Advanced Stage Epithelial Ovarian Cancer: A Retrospective Study**  
葉宗鑫<sup>1</sup> 林浩<sup>1</sup> 吳貞璇<sup>1</sup>  
高雄長庚紀念醫院婦產部<sup>1</sup>
- 09:30-09:40 OC7 **治療前血小板增多是上皮性卵巢癌化療抗藥性和預後不良的危險因素之一**  
**Pretreatment thrombocytosis is one of the risk factors for chemoresistance and poor prognosis in epithelial ovarian cancer**  
傅雁苹<sup>1</sup> 傅宏鈞<sup>1</sup>  
高雄長庚婦產科<sup>1</sup>



112年8月12日(星期六)上午  
(4樓)北側包廂

## 婦癌 Oral

主持人：許耿福、邱德生

- 10:30-10:40 OC8 血清中嗜中性球與淋巴球之比率可作為早期上皮性卵巢癌之預後因子  
**Neutrophil-lymphocyte Ratio as a Predictor for Disease-free Survival in Early-stage Epithelial Ovarian Cancer**  
宋恩羚<sup>1</sup> 吳貞璇<sup>1</sup> 林浩<sup>1</sup> 張簡展照<sup>1</sup> 蔡景州<sup>1</sup> 歐育哲<sup>1</sup> 傅宏鈞<sup>1</sup>  
高雄長庚醫院婦產部<sup>1</sup>
- 10:40-10:50 OC9 回顧性分析低劑量 pembrolizumab 使用在真實世界中對於困難治療的晚期婦女癌症患者之療效和安全性  
**Real-world efficacy and safety of low-dose pembrolizumab in patients with refractory and advanced gynecologic cancers: a retrospective study**  
高健祥<sup>1</sup> 吳貞璇<sup>2</sup> 林浩<sup>2</sup> 蔡景州<sup>2</sup> 歐育哲<sup>2</sup> 傅宏鈞<sup>2</sup>  
高雄長庚醫院婦產部<sup>1</sup> 高雄長庚醫院婦產部婦癌科<sup>2</sup>
- 10:50-11:00 OC10 比較紫杉醇與環磷酰胺和鉑金類藥物結合作為早期高風險上皮性卵巢癌患者輔助化療的臨床預後  
**Comparing Clinical Outcomes of Paclitaxel with Cyclophosphamide in Platinum-based Doublets as Adjuvant Chemotherapy for Patients with High-risk Early-stage Epithelial Ovarian Cancer**  
林美怡<sup>1</sup> 吳貞璇<sup>2</sup> 林浩<sup>2</sup> 張簡展照<sup>2</sup> 蔡景州<sup>2</sup> 歐育哲<sup>2</sup> 傅宏鈞<sup>2</sup>  
高雄長庚紀念醫院婦產部<sup>1</sup> 高雄長庚紀念醫院婦產部婦癌科<sup>2</sup>
- 11:00-11:10 OC11 高復發風險子宮內膜癌於微創及開腹手術之比較 - 韓國及台灣傾向分數配對法分析 **Comparison of minimally invasive and open surgery for the treatment of endometrial cancer with a high risk of recurrence - A propensity score matching study in Korea and Taiwan**  
林宜衡<sup>1</sup> 賴彥伶<sup>2</sup> 鄭文芳<sup>1</sup> 陳宇立<sup>3</sup>  
國立台灣大學醫學院附設醫院婦產部<sup>1</sup> 國立台灣大學醫學院附設醫院新竹分院婦產部<sup>2</sup> 國立台灣大學醫學院附設醫院雲林分院婦產部<sup>3</sup>

- 11:10-11:20 OC12 分析晚期上皮性卵巢癌中 BRCA 1/2 及其他同源重組基因變異之盛行率  
**Prevalence of tumor genomic alternations in BRCA 1/2 as well as other homologous recombination genes in advanced epithelial ovarian cancer**  
林琬婷<sup>1</sup> 吳貞璇<sup>2</sup> 林浩<sup>2</sup> 蔡景州<sup>2</sup> 歐育哲<sup>2</sup> 傅宏鈞<sup>2</sup> 陳盈儀<sup>2</sup> 王映文<sup>2</sup>  
黃偲嫻<sup>2</sup>  
高雄長庚紀念醫院婦產部<sup>1</sup> 高雄長庚紀念醫院婦產部婦癌科<sup>2</sup>
- 11:20-11:30 OC13 主動脈旁淋巴結廓清對高惡性度子宮內膜癌前期病人的預後影響: 跨國回溯性世代研究  
**Impact of para-aortic lymphadenectomy on survival in pathologically diagnosed early-stage grade 3 endometrioid and non-endometrioid endometrial cancers? A retrospective cohort study in Korea and Taiwan**  
賴彥伶<sup>1</sup> 陳瑢<sup>1</sup> 廖柔謙<sup>1</sup> 陳宇立<sup>1</sup> 鄭文芳<sup>1</sup>  
臺大醫院婦產部<sup>1</sup>
- 11:30-11:40 OC14 子宮內膜神經內分泌癌案例  
**Neuroendocrine carcinoma of endometrium: a case report**  
蕭永瑜<sup>1</sup> 丁大清<sup>1</sup> 龐浸醛<sup>1</sup>  
花蓮慈濟醫院婦產部<sup>1</sup>

112年8月12日(星期六)中午  
(2樓)昆山廳

### 午餐會報 (美時化學)

主持人：翁順隆、賴宗炫

12:20-13:20 L1 E4/DRSP-a new era in oral contraception  
Speaker: 黃泓淵

112年8月12日(星期六)中午  
(4樓)東側包廂

### 午餐會報 (美商亞培)

主持人：周輝政、何信頤

12:20-13:20 L2 When why & how to use a novel Progesterone for Endometriosis  
Infertility & bleeding during pregnancy(視訊)  
Speaker: Prakash Trivedi (India)

112年8月12日(星期六)中午  
(4樓)西側包廂

### 午餐會報 (台灣拜耳)

主持人：陳進典、陳怡仁

- 12:20-12:50 L3 **Challenge in endometriosis diagnosis**  
*Speaker* : 顏志峰
- 12:50-13:20 L4 **APAC Expert Opinion: Closing endometriosis diagnostics gaps in Taiwan**  
*Speaker* : 吳孟興

111年8月12日(星期六)中午  
(4樓)北側包廂

### 午餐會報 (健喬信元)

主持人：葉聯舜、李毅評

- 12:20-13:20 L5 **Estriol review: Clinical Application of Esvatin**  
*Speaker* : 陳芳萍

112年8月12日(星期六)下午

(B1)國際演講廳

## 內視鏡 Symposium

主持人：賴鴻政、張基昌

- 13:30-14:00 SY1 **Diagnostic Hysteroscopy for abnormal uterine bleeding: Efficacy and Safety**  
*Speaker* : 楊政憲
- 14:00-14:30 SY2 **What are the strengths of robotic assistance in gynecological surgeries? Reflections of an experienced laparoscopist**  
*Speaker* : 王功亮
- 14:30-15:00 SY3 **How to Make It Feasibility in Laparoscopic Oncologic Surgery ?**  
*Speaker* : 李奇龍

主持人：童寶玲、王有利

- 15:30-16:00 SY4 **Recent advances in laparoscopic pelvic reconstructive surgery**  
*Speaker* : 黃寬慧
- 16:00-16:30 SY5 **Integration of different modalities for the management of benign uterine tumor**  
*Speaker* : 吳珮如
- 16:30-17:00 SY6 **Morbidities associated with laparoscopic surgeries in gynecology: clinical pearls and evidence reviews**  
*Speaker* : 張穎宜

112年8月12日(星期六)下午

(2樓)昆山廳

## 一般婦科 Oral

主持人：陳啟豪、陳宇立

- 13:30-13:40 OG1 高強度聚焦超聲消融術與子宮肌瘤切除術治療對患者精神狀態、症狀及生活品質影響的比較  
**Comparison of the treatment with high-intensity focused ultrasound ablation and myomectomy in the influence of mental status, symptoms, and life quality in patients**  
林瑜萱<sup>1</sup> 卓曉清<sup>2</sup> 謝珮玲<sup>2</sup> 林怡君<sup>3</sup> 應宗和<sup>1</sup>  
中山醫學大學附設醫院婦產部<sup>1</sup> 中山醫學大學/臨床心理碩士班<sup>2</sup>  
國立雲林科技大學/工業工程與管理系<sup>3</sup>
- 13:40-13:50 OG2 子宮腺肌症海扶刀手術後的輔助治療  
**Adjuvant Treatment for Adenomyosis after HIFU**  
沈煌彬<sup>1</sup> 曾志仁<sup>1</sup>  
中山醫學大學附設醫院婦產部<sup>1</sup>
- 13:50-14:00 OG3 以微電腦斷層影像評估海伏刀輸出的範圍變化  
**Evaluating the Range Variations of HIFU Output Using Micro-CT Imaging**  
夏立忻<sup>1</sup> 莊濬超<sup>2</sup> 應宗和<sup>1</sup>  
中山醫學大學附設醫院婦產部<sup>1</sup> 中山醫學大學醫學影像暨放射科學系<sup>2</sup>
- 14:00-14:10 OG4 一齊參與，為您打造未來更美好的生活  
**Technically-Weighted Shared-Decision Making in the Long-term Managements of Endometriosis: TW-SDM Study**  
黃冠儒<sup>1</sup> 楊乙真<sup>1</sup> 涂怡安<sup>1</sup> 江彥昀<sup>1</sup> 張文君<sup>2</sup> 許博欽<sup>2</sup>  
台大醫院雲林分院<sup>1</sup> 台大醫院<sup>2</sup>
- 14:10-14:20 OG5 臺灣首台磁振導引海扶刀(振磐海扶)於子宮肌瘤治療之臨床經驗及腫瘤體積變化的初步報告  
**The clinical experience and volume change of uterine fibroids after ArcBlade HIFU in our preliminary report**  
謝雨彤<sup>1</sup> 許鈞碩<sup>1</sup> 林肇柏<sup>1</sup> 陳建翰<sup>1</sup>  
佛教慈濟醫療財團法人大林慈濟醫院婦產部<sup>1</sup>

- 14:20-14:30 OG6 **粒線體功能異常誘發的 TGF-β1 表現異常與子宮腺肌症導致纖維化的關聯**  
**The involvement of mitochondrial dysfunction-induced aberrant TGF-β1 expression during the development of fibrosis in adenomyosis**  
黃瑟德<sup>1</sup> 黃俊諺<sup>2</sup> 游雅君<sup>2</sup> 邱紋瑛<sup>2</sup> 桂羅利<sup>2</sup>  
 義大醫院婦產部，義守大學醫學系，University of South Florida<sup>1</sup>  
 義大醫院婦產部<sup>2</sup>
- 14:30-14:40 OG7 **罕見案例報告：雙側輸卵管異位妊娠**  
**Bilateral Tubal Ectopic Pregnancy: A Rare Case Report**  
林青樺<sup>1</sup> 傅佩德<sup>2</sup> 林珮瑩<sup>3</sup> 莊舒斐<sup>1</sup>  
 基督復臨安息日會醫療財團法人台安醫院婦產部住院醫師<sup>1</sup> 基督復臨安息日會醫療財團法人台安醫院婦產部主治醫師<sup>2</sup> 基督復臨安息日會醫療財團法人台安醫院婦產部主任醫師<sup>3</sup>
- 14:40-14:50 OG8 **低風險早期子宮頸癌的治療：簡單子宮切除可以取代根除性手術，作為一種新的標準治療嗎？**  
**Management of Low-Risk Early-Stage Cervical Cancer: Should Simple Hysterectomies Replace Radical Surgery as the New Standard of Care?**  
李耀泰<sup>1</sup> 鄭雅敏<sup>1</sup> 朱益志<sup>1</sup> 關龍錦<sup>1</sup> 林儒昌<sup>1</sup> 林大欽<sup>1</sup> 郭宗<sup>1</sup>  
 郭綜合醫院婦產部<sup>1</sup>
- 14:50-15:00 OG9 **使用 Methotrexate 來治療不明位置的持續性懷孕：病例報告和文獻回顧**  
**Use of Methotrexate for the Treatment of Persistent Pregnancy of an Unknown Location: Case Report and Literature Review**  
李耀泰<sup>1</sup> 鄭雅敏<sup>1</sup> 朱益志<sup>1</sup> 關龍錦<sup>1</sup> 林儒昌<sup>1</sup> 林大欽<sup>1</sup> 郭宗正<sup>1</sup>  
 郭綜合醫院婦產部<sup>1</sup>

112年8月12日(星期六)下午  
(2樓)昆山廳

## 一般婦科 Oral

主持人：劉復興、劉錦成

- 15:30-15:40 OG10 將闌尾低度惡性黏液瘤誤診為卵巢腫瘤  
**Misdiagnosis of Low-Grade Appendiceal Mucinous Neoplasms as Ovarian Tumors**  
洪瑜澤<sup>1</sup> 鄭雅敏<sup>1</sup> 郭宗正<sup>1</sup>  
郭綜合醫院婦產部<sup>1</sup>
- 15:40-15:50 OG11 骨盆側壁之子宮內膜異位症在核磁共振影像下狀似惡性子宮腫瘤  
**Ectopic endometriosis of pelvic side wall mimicking advanced uterine malignancy with extra-uterine spread under MRI examination**  
范郁敏<sup>1</sup> 陳楨瑞<sup>1</sup> 王道遠<sup>2</sup> 王功亮<sup>1</sup>  
台北馬偕紀念醫院婦產部<sup>1</sup> 台北馬偕紀念醫院病理科<sup>2</sup>
- 15:50-16:00 OG12 桂枝茯苓丸對子宮內膜異位症之致病過程的細胞自噬的作用  
**The effects of Guizhi Fuling Wan on autophagy during the pathogenesis of endometriosis**  
沈司革<sup>1</sup> 黃暉巽<sup>1</sup> 黃俊諺<sup>2</sup> 游雅君<sup>2</sup> 邱紋瑛<sup>2</sup> 陳至真<sup>2</sup> 黃瑟德<sup>3</sup>  
義守大學醫學系<sup>1</sup> 義大醫院婦產部<sup>2</sup> 義大醫院婦產部，義守大學醫學系，University of South Florida<sup>3</sup>
- 16:00-16:10 OG13 治療子宮內膜異位症的新式療法-使用脂肪幹細胞培養基  
**A novel therapeutic approach for endometriosis using adipose-derived stem cell-derived conditioned medium**  
陳俊男<sup>1</sup> 黃俊諺<sup>1</sup> 黃昱豪<sup>2</sup> 鄭再宏<sup>3</sup> 邱紋瑛<sup>1</sup> 洪懿珮<sup>4</sup> 賴瑞琦<sup>5</sup>  
張基昌<sup>6</sup> 徐歷彥<sup>5</sup> 黃瑟德<sup>7</sup>  
義大醫院婦產部<sup>1</sup> 義大大昌醫院整形外科<sup>2</sup> 高雄長庚醫院震波醫學與組織再造研究中心<sup>3</sup> 向榮科技<sup>4</sup> 義大醫院細胞治療中心<sup>5</sup> 義大大昌醫院婦產科<sup>6</sup> 義大醫院婦產部，義守大學醫學系，University of South Florida<sup>7</sup>



- 16:10-16:20 OG14 **異位寧用於治療復發子宮內膜異位症：單一醫學中心經驗**  
**Dienogest for Treatment of Recurrent Endometriosis: single center experience**  
陳立珊<sup>1</sup> 游正暉<sup>1</sup> 呂彥鋒<sup>1</sup> 黃莉文<sup>1</sup>  
 新光吳火獅紀念醫院婦產科<sup>1</sup>
- 16:20-16:30 OG15 **陰道自採試棒用於檢測披衣菌感染的初步臨床驗證研究**  
**A pilot clinical validation study of a self-collected vaginal swab device for the detection of chlamydia trachomatis in women**  
沈靜茹<sup>1,2</sup> 鄭兆珉<sup>3</sup>  
 高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup> 高雄醫學大學<sup>2</sup> 國立清華大學醫工所<sup>3</sup>
- 16:30-16:40 OG16 **子宮內膜癌/子宮內膜增生的子宮微生物群分析**  
**Analysis of endometrial lavage microbiota reveals an increased relative abundance of the plastic-degrading bacteria Bacillus pseudofirmus and Stenotrophomonas rhizophila in women with endometrial cancer/endometrial hyperplasia**  
吳凱筠<sup>1</sup> 趙安琪<sup>1</sup> 黃慧君<sup>1</sup> 趙安祥<sup>1</sup> 王錦榮<sup>1</sup> 湯雲心<sup>1</sup> 翁瑄<sup>1</sup>  
賴瓊慧<sup>1</sup>  
 林口長庚紀念醫院婦產部<sup>1</sup>
- 16:40-16:50 OG17 **類似骨盆腔發炎和卵巢惡性腫瘤的畸胎瘤破裂：一篇病例報告**  
**A ruptured teratoma mimicking a pelvic inflammatory disease and ovarian malignancy: a case report**  
賴佩璇<sup>1</sup> 丁大清<sup>1</sup>  
 佛教花蓮慈濟醫院<sup>1</sup>
- 16:50-17:00 OG18 **使用生理食鹽水潤濕及抹兩片玻片能有較降低細胞不足的抹片率**  
**Effective reduction in inadequate Pap smears by using a saline-lubricated speculum and two glass slide**  
田謹慈<sup>1</sup> 丁大清<sup>1,2</sup> 龐浸醛<sup>1</sup>  
 花蓮慈濟醫院<sup>1</sup> 花蓮慈濟大學醫學科學研究所<sup>2</sup>

112年8月12日(星期六)下午  
(4樓)東側包廂

## 產科 Symposium

主持人：詹德富、陳震宇

- 13:30-14:00 SY7 **Difficult scenarios in genetic diagnosis and counseling**  
*Speaker* : 陳明
- 14:00-14:30 SY8 **Expand genetic carrier screening and counseling**  
*Speaker* : 林芯仔
- 14:30-15:00 SY9 **ChatGPT in obstetrics and gynecology**  
*Speaker* : 施景中

主持人：羅良明、康琳

- 15:30-16:00 SY10 **產婦重大生產事故與死亡之原因分析與處置建議**  
*Speaker* : 許晉婕
- 16:00-16:30 SY11 **胎兒與新生兒死亡之原因分析與處置建議**  
*Speaker* : 陳宜雍
- 16:30-17:00 SY12 **子癲前症新觀點：診斷及治療**  
*Speaker* : 蘇美慈

112年8月12日(星期六)下午  
(4樓)西側包廂

## Invited Speaker Lecture(Ⅲ)J-K-T Session

主持人：Aikou Okamoto (Congress President of JSOG, 2023) 、  
Hong-Nerng Ho (Fellow of TAOG)

- 13:30-14:00 IS7 **Modern treatment of fibroids with heavy menstrual bleeding**  
*Speaker : Yutaka Osuga (Vice Chairperson of JSOG, Japan)*
- 14:00-14:30 IS8 **Intraamniotic Infection/Inflammation and Preterm Birth: Significance, Challenges, and Future Directions** (視訊)  
*Speaker : Kyung-Joon Oh (Seoul National University Bundang Hospital, Korea)*
- 14:30-15:00 IS9 **The effect of obesity on female reproductive dysfunction**  
*Speaker : Mei-Jou Chen (National Taiwan University Hospital, Taiwan)*

主持人：Hoon Kim (Secretary-General of KSOG) 、  
Man-Jung Hung (Chung Shan Medical University Hospital, Taiwan)

- 15:30-16:00 IS10 **Outpatient hysteroscopic surgery in our department** (視訊)  
*Speaker : Osamu Hiraiki (The University of Tokyo, Japan)*
- 16:00-16:30 IS11 **Oncofertility: Fertility preservation for female cancer patients** (視訊)  
*Speaker : Sanghoon Lee (Korea University Medical Center, Korea)*
- 16:30-17:00 IS12 **Treatment options for stress urinary incontinence**  
*Speaker : Hui-Hsuan Lau (Mackay Memorial Hospital, Taiwan)*

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## 婦癌 Symposium

主持人：張維君、呂建興

- 13:30-13:50 SY13 診斷子宮內膜癌的挑戰  
Speaker：陳兆瑜
- 13:50-14:10 SY14 複雜性卵巢腫瘤之鑑別診斷  
Speaker：林玟瑄
- 14:10-14:30 SY15 ChatGPT 在婦癌的應用  
Speaker：謝明華 (政大風險管理與保險學系--金融科技/人工智慧與區塊鏈)
- 14:30-14:50 SY16 ChatGPT 在婦癌應用的可能性 II  
Speaker：陳威君
- 14:50-15:00 Discussion

主持人：王鵬惠、張志隆

- 15:30-15:50 SY17 子宮內膜癌的分子分型-POLE 突變  
Speaker：張廷彰
- 15:50-16:10 SY18 子宮內膜癌的分子分型-異常 p53 表現  
Speaker：林宜欣
- 16:10-16:30 SY19 HRD 的充分了解  
Speaker：許世典
- 16:30-16:50 SY20 Assessment of Mismatch Repair Deficiency and Associated Clinicopathologic Significance  
Speaker：戴依柔
- 16:50-17:00 Discussion

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(B1)國際演講廳

## Plenary Lecture

- 08:25-08:30      **Opening Remarks**  
                    Shee-Uan Chen (President of TAOG)
- Moderator: Yu-Shih Yang (Fellow of TAOG) 、 Tsung-Cheng Kuo (Fellow of TAOG)**
- 08:30-09:00    P1      **Elective oocyte freezing for non-medical reasons**  
                    Speaker : Shee-Uan Chen (President of TAOG)
- Moderator: Ravi Chandran (Past President of AFOG) 、**  
                    **Ming-Chao Huang (Fellow of TAOG)**
- 09:00-09:30    P2      **FIGO: Leadership, Collaboration and Advocacy**  
                    Speaker: Jeanne Conry (President of FIGO)
- Moderator: Kazunori Ochiai (Past President of AFOG) 、**  
                    **Tsung-Hsien Su (Fellow of TAOG)**
- 09:30-10:00    P3      **WHO recommendations Intrapartum care for a positive childbirth experience**  
                    Speaker: Pisake Lumbiganon (President of AFOG)
- Moderator: Kiyoko Kato (Chairperson of JSOG) 、**  
                    **Hornng-Der Tsai (Fellow of TAOG)**
- 10:30-11:00    P4      **How we could transfer our fruit from bench to bedside?**  
                    Speaker: Tadashi Kimura (Immediate Past Chairperson of JSOG)
- Moderator: Young-Tak Kim (Chair, international committee, KSOG) 、**  
                    **Ming-Song Tsai (Chairman of Supervisor, TAOG)**
- 11:00-11:30    P5      **Early prediction of gestational diabetes mellitus**  
                    Speaker: Joong-Shin Park (Chairman of Board, KSOG)
- Moderator: Mark DeFrancesco (Past President of ACOG) 、**  
                    **Ching-Hung Hsieh (Fellow of TAOG)**
- 11:30-12:00    P6      **The Obstetrician-Gynecologist as Leader**  
                    Speaker: Verda Hicks (President of ACOG)

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(2樓)昆山廳

## 婦女泌尿 Oral

主持人：梁守蓉、孫茂榮

- 08:30-08:40 OU1 於達文西子宮次全切除子宮頸薦骨固定術中做左側總髂靜脈修補  
**Left common iliac vein injury and repair during supracervical robotic assisted laparoscopic sacrocolpopexy**  
王孝棻<sup>1</sup> 莊乙真<sup>1</sup> 劉馨鎂<sup>1</sup> 邱冠明<sup>1</sup>  
亞東紀念醫院<sup>1</sup>
- 08:40-08:50 OU2 陰道旁修復術與陰道前壁修補術手術結果的比較：一項回顧性病例對照研究  
**Comparison of the surgical outcome between paravaginal repair and anterior colporrhaphy: a retrospective case-control study**  
徐詠琳<sup>1</sup> 陳姵辰<sup>1</sup> 丁大清<sup>1</sup>  
花蓮慈濟醫院婦產部<sup>1</sup>
- 08:50-09:00 OU3 陰道網膜骨盆重建手術後使用充氣子宮托與紗布對止血效果之比較  
**Compare the effects of vaginal stanching pessary and gauze packing on the postoperative hemostasis of transvaginal mesh surgery**  
龍震宇<sup>1</sup> 盧紫曦<sup>2</sup> 葉建麟<sup>1</sup> 林冠伶<sup>1</sup>  
高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup> 高雄市立大同醫院婦產科<sup>2</sup>
- 09:00-09:10 OU4 女性盆腔疼痛的體外衝擊波治療：一項回顧性世代研究  
**Extracorporeal shockwave therapy for women's pelvic pain: a retrospective cohort study**  
吳雅筑<sup>1</sup> 丁大清<sup>1</sup>  
花蓮慈濟醫院婦產部<sup>1</sup>
- 09:10-09:20 OU5 **Altis 可調整迷你吊帶治療婦女尿失禁之療效評估**  
**The therapeutic effect of Altis adjustable single incision sling in women with stress urinary incontinence**  
盧紫曦<sup>1</sup> 林冠伶<sup>2</sup> 葉建麟<sup>2</sup> 張介禹<sup>2</sup> 龍震宇<sup>2</sup>  
高雄市立大同醫院婦產科<sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部<sup>2</sup>

- 09:20-09:30 OU6 合不合併陰道式子宮切除的薦骨棘韌帶固定術之成功率比較  
**Comparison of the Effect of Sacrospinous Ligament Fixation on Genital Prolapse with and without vaginal hysterectomy**  
葉建麟<sup>1</sup> 盧紫曦<sup>2</sup> 林冠伶<sup>1</sup> 張介禹<sup>1</sup> 龍震宇<sup>1</sup>  
 高雄醫學大學附設中和紀念醫院婦產部<sup>1</sup> 高雄市立大同醫院婦產科<sup>2</sup>
- 09:30-09:40 OU7 評估膀胱過動症患者使用逼尿肌肉毒桿菌注射與藥物合併療法之效果與尿動力結果  
**Evaluation of the efficacy and urodynamic outcomes between intradetrusor onabotulinumtoxinA injection and combination pharmacotherapy in patients with detrusor overactivity**  
黃俊淇<sup>1</sup> 黃文助<sup>1</sup> 蘇聰賢<sup>1</sup> 劉蕙瑄<sup>1</sup>  
 馬偕紀念醫院<sup>1</sup>
- 09:40-09:50 OU8 經陰道調整吊帶長度改善尿道中段懸吊術產生排尿功能障礙以維持術後正常解尿  
**Maintenance of surgical continence after sling revision with transvaginal tape elongation for post-midurethral sling voiding dysfunction: A retrospective cohort study**  
楊昀臻<sup>1</sup> 蔡青倍<sup>2</sup> 劉芝谷<sup>2</sup> 應宗和<sup>1</sup> 陳進典<sup>1</sup> 洪滿榮<sup>1</sup>  
 中山醫學大學附設醫院婦產部<sup>1</sup> 臺中榮民總醫院婦女醫學部<sup>2</sup>
- 09:50-10:00 OU9 比較兩種由外向內經閉孔尿道中段吊帶手術對女性應力性尿失禁的治療  
**Comparison of two outside-in transobturator midurethral slings in the treatment of female urodynamic stress incontinence**  
蘇品勻<sup>1</sup>  
 國泰醫院總院婦產科<sup>1</sup>

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## 婦女泌尿 Oral + Video

主持人：林姿吟、洪煥程

- 10:30-10:40 OU10 嚴重骨盆腔器官脫垂的婦女接受 Uphold Lite™ 系統進行單一切口陰道前端頂端懸吊術後在中長期(53個月)追蹤上呈現好的臨床預後  
**Polypropylene Anterior-apical single-incision UPHOLD-LITE mesh surgery associated with good clinical outcome at 53 months median period follow-up in women with severe pelvic organ prolapse**  
Eyal Rom<sup>1</sup> 盧佳序<sup>1,2</sup> 沈玉華<sup>3</sup> 簡誌緯<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>1,2</sup> 梁景忠<sup>1,2</sup>  
林口長庚紀念醫院婦產部<sup>1</sup> 長庚大學<sup>2</sup> 基隆長庚紀念醫院婦產部<sup>3</sup>
- 10:40-10:50 OU11 **FIGO 建議：使用尿道中段吊帶治療應力性尿失禁**  
**FIGO recommendations: Use of midurethral slings for the treatment of stress urinary incontinence**  
劉蕙瑄<sup>1,2</sup> G.Willy Davila<sup>3,4,5</sup> 陳盈佑<sup>6</sup> Marair G.F. Sartori<sup>7,8,9</sup>  
Zsuzsanna I.K. Jármy-Di Bella<sup>7,8,9</sup> 王曼寧<sup>1</sup> 蘇聰賢<sup>1,2</sup>  
台北馬偕紀念醫院婦產部婦女泌尿科<sup>1</sup> 馬偕醫學院醫學系<sup>2</sup> Center for Urogynecology and Pelvic Health<sup>3</sup> Holy Cross Medical Group<sup>4</sup> USA<sup>5</sup>  
秉坤婦幼醫院<sup>6</sup> Department of Gynecology<sup>7</sup> Universidade Federalde São Paulo<sup>8</sup> Brazil<sup>9</sup>
- 10:50-11:00 OU12 在嚴重骨盆腔脫垂併有膀胱出口阻塞的病人進行骨盆重建手術後其解尿功能的改善  
**Voiding function after extensive pelvic reconstructive surgery on advanced pelvic organ prolapse with bladder outlet obstruction patient**  
Aisha Alzabedi<sup>1</sup> 盧佳序<sup>1,2</sup> 蔣奐巧<sup>1</sup> 黃亭瑄<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>1,2</sup>  
梁景忠<sup>1,2</sup>  
林口長庚紀念醫院婦產部<sup>1</sup> 長庚大學<sup>2</sup>
- 11:00-11:10 OU13 有效性及安全性 I stop mini adjustable sling system 及 Obtryx sling system 針對內括約肌缺損應力性漏尿之比較：回溯性研究  
**Efficacy of the new adjustable I-stop- mini sling system in women with stress urinary incontinence and intrinsic sphincter deficiency: A retrospective cohort study**  
趙偉廷<sup>1</sup> 陳冠宇<sup>1</sup> 劉家豪<sup>1</sup> 張嘉珮<sup>1</sup> 王鵬惠<sup>1</sup> 洪煥程<sup>1</sup>  
臺北榮民總醫院婦女醫學部<sup>1</sup>



- 11:10-11:20 OU14 **骨盆腔器官脫垂患者接受達文西機器手臂輔助陰道薦骨固定術及經陰道人工網膜術後膀胱功能之比較**  
**The change of bladder function and symptoms after robot-assisted sacrocolpopexy and transvaginal mesh surgery for pelvic organ prolapse**  
張家華<sup>1</sup> 劉蕙瑄<sup>1</sup> 蘇聰賢<sup>1</sup>  
 台北馬偕紀念醫院<sup>1</sup>
- 11:20-11:30 OU15 **台灣地區婦女尿失禁再手術率在不同手術數量醫師之比較研究**  
**Reoperation rate for stress urinary incontinence surgeries among different surgical volume surgeons; does surgical volume matters?**  
吳銘斌<sup>1,2</sup> 謝宛玲<sup>1</sup> 黃俊哲<sup>3</sup>  
 奇美醫學中心婦女泌尿科<sup>1</sup> 國立中山大學醫學院後醫學系<sup>2</sup> 義大大學醫醫院健康管理學系<sup>3</sup>
- 11:30-11:40 OU16 **追蹤使用 Surelift 人工網膜進行陰道前壁頂端懸吊手術治療嚴重骨盆腔脫垂患者三年後手術療效、功能及超音波的預後**  
**Surelift® Anterior-Apical Transvaginal Mesh for Advanced Urogenital Prolapse: Surgical, Functional and Sonographic Outcomes at 3 Years**  
Fazlin Harun<sup>1</sup> 盧佳序<sup>1,2</sup> 黃亭瑄<sup>1</sup> 張藍心<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>1,2</sup>  
梁景忠<sup>1,2</sup>  
 林口長庚紀念醫院婦產部<sup>1</sup> 長庚大學<sup>2</sup>
- 11:40-11:50 OU17 **Ophira® 用於治療壓力性尿失禁：手術結果和術前失敗預測因子**  
**Single Incision Mini Sling (SIMS, Ophira) for the treatment of Urodynamic Stress Incontinence: Surgical Outcomes and Preoperative Predictors of Failure**  
林芳秀<sup>1</sup> 盧佳序<sup>2</sup> 林芝卉<sup>1</sup> 謝武橋<sup>1</sup> 林益豪<sup>2</sup> 梁景忠<sup>2</sup>  
 基隆長庚<sup>1</sup> 林口長庚<sup>2</sup>
- 11:50-12:00 OU18 **腹腔鏡陰道骹骨固定術後，下泌尿道症狀與性行為滿意度的改變**  
**Lower urinary symptoms and sexual function after Laparoscopic sacrocolpopexy**  
謝武橋<sup>1</sup> 梁景忠<sup>1</sup> 盧佳序<sup>1</sup> 林益豪<sup>1</sup> 周怡君<sup>1</sup>  
 林口長庚婦產部<sup>1</sup>
- 12:00-12:10 V19 **藉由經陰道固定來縮短腹腔鏡薦骨陰道固定術手術時間**  
**Shortening operative time in laparoscopic sacrocolpopexy by transvaginal fixation**  
林益豪<sup>1</sup> 簡誌緯<sup>2</sup> 謝武橋<sup>1</sup> 盧佳序<sup>1</sup> 梁景忠<sup>1</sup>  
 林口長庚醫院<sup>1</sup> 土城長庚醫院<sup>2</sup>

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## 一般婦科 Symposium

主持人：許鈞碩、張文君

- 08:30-09:00 SY21 乳癌患者之婦科疾病照護  
*Speaker*：鄭雅敏
- 09:00-09:30 SY22 類升糖素胜肽對控制婦女肥胖的功效  
*Speaker*：鄭碧華
- 09:30-10:00 SY23 外陰與陰道表皮內癌前病變之診斷與處置  
*Speaker*：陳子健

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## 更年期醫學 Symposium

主持人：蔡永杰、藍國忠

- 10:30-10:50 SY24 **Hormone replacement therapy-where are we now?**  
*Speaker* : 蘇鈺婷
- 10:50-11:10 SY25 **Primary choice of estrogen and progestogen as components for HRT: a clinical pharmacological view**  
*Speaker* : 林立德
- 11:10-11:30 SY26 **Selective estrogen receptor modulators and bone health**  
*Speaker* : 康介乙
- 11:30-11:50 SY27 **Vitamin D and menopausal health**  
*Speaker* : 林冠伶
- 11:50-12:00 **Discussion**

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## Young Doctors' Session( I )

主持人：洪耀欽、林浩

★ Oncology & Gynecology --

- 08:30-08:40 Y1 **Pretreatment Carcinoembryonic Antigen Can Assist Cancer Antigen 125 in predicting lymph node metastasis in endometrial carcinoma**  
Szu-Yu Huang 黃思于 (Kaohsiung Chang Gung Memorial Hospital)
- 08:40-08:50 Y2 **Estrogen/Progesterone Receptor Expression and CA125 as Preoperative Predictors to Estimate Lymph Node Metastasis in Endometrial Endometrioid Cancer**  
Shao-Chi Wang 王劭琪 (Kaohsiung Chang Gung Memorial Hospital)
- 08:50-09:00 Y3 **Maintenance chemotherapy in platinum-sensitive recurrent ovarian cancer**  
Yen-Fu Chen 陳彥甫 (Taichung Veterans General Hospital)
- 09:00-09:10 Y4 **Clinical characteristics and a two-year follow-up of unsatisfactory conventional Pap smears: a retrospective case-control study**  
Chin-Tzu Tien 田謹慈 (Hualien Tzu Chi Hospital)
- 09:10-09:20 Y5 **Evaluating Cervical Intraepithelial Neoplasia with Colposcopy Based on Artificial intelligence-assisted Model built by Convolutional Neural Network and Fuzzy Algorithm**  
Chien-Teng Liao 廖建騰 (Chi Mei Medical Center)
- 09:20-09:30 Y6 **Predictors of Surgical Outcomes of Laparoscopic Myomectomy with Barbed Sutures**  
Peng-Hsuan Huang 黃芃瑄 (Far Eastern Memorial Hospital)
- 09:30-09:40 Y7 **Unraveling the Epithelial Microarchitecture of the Endometrium in Patients with Adenomyosis**  
Angel Hsin-Yu Pai 白欣玉 (Linkou Chang Gung Memorial Hospital)
- 09:40-09:50 Y8 **Exploring the Endometrial Expression of Alpha1-Antitrypsin Isoforms in Patients with Endometriosis**  
Chen-Ti Wang 王貞棣 (Linkou Chang Gung Memorial Hospital)

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## Young Doctors' Session( II )

主持人：陳啟煌、崔冠濠

★ Reproduction --

- 10:30-10:40 Y9 **The association between ovarian reserve and organophosphate flame retardants in women of childbearing age**  
Hao Ting Lien 連顥庭 (Kaohsiung Chang Gung Memorial Hospital)
- 10:40-10:50 Y10 **Aberrant MiRNA Expression in Repeat Post-receptivity Endometrium in MiRNA-based Endometrial Receptivity analysis (MIRA) Predict Recurrent Implantation Failure: Case Series**  
Yu-Li Chuang 莊羽豐 (Changhua Christian Hospital)
- 10:50-11:00 Y11 **Do ectopic pregnancy only has negative impact on subsequent pregnancy outcome: A Nationwide Population-Based Retrospective Cohort Study in Taiwan**  
Wei-Ting Lee 李瑋婷 (China Medical University Hospital)
- 11:00-11:10 Y12 **Quality of life among infertile women undergoing in vitro fertilization-embryo transfer in Taiwan**  
Chih-Wei Lin 林智偉 (National Cheng Kung University Hospital)
- 11:10-11:20 Y13 **Assessment of female cryopreservation of oocyte in KMUH**  
I-Le Hsu 徐以樂 (Kaohsiung Medical University Hospital)
- 11:20-11:30 Y14 **The live birth rate of vitrified oocyte accumulation for managing diminished ovarian reserve: a retrospective cohort study**  
Kuan Sheng Lee 李冠昇 (Mackay Memorial Hospital)
- 11:30-11:40 Y15 **Comparing cumulative ongoing pregnancy rate between the progestin-primed ovarian stimulation protocol and GnRH-antagonist protocol in hyper-responder attending IVF/ICSI cycles**  
Chi-Huan Tsai 蔡奇桓 (National Taiwan University Hospital)
- 11:40-11:50 Y16 **Does low progesterone level on trigger day influence the reproductive outcomes of fresh embryo transfer in poor responder?**  
Chi-Ting Lai 賴祈廷 (National Taiwan University Hospital)

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## Young Doctors' Session(III)

主持人：黃文助、謝武橋

★ Urogynecology --

- 08:30-08:40 Y17 **The impact of pre-operative Maximum Urethral Closure Pressure (MUCP) on Mid-urethral sling (MUS) outcomes**  
Huan-Ka Chiung 蔣奐巧 (Linkou Chang Gung Memorial Hospital)
- 08:40-08:50 Y18 **Tape-releasing suture with "Long Loop" on Mid-urethral Sling: a novel procedure for management of Iatrogenic Urethral Obstruction**  
I-Chieh Sung 宋怡潔 (Kaohsiung Medical University Hospital)
- 08:50-09:00 Y19 **Urethral mobility is associated with postoperative de novo stress urinary incontinence following transvaginal mesh surgery**  
Chieh-Yu Chang 張介禹 (Kaohsiung Medical University Hospital)
- 09:00-09:10 Y20 **The mechanical property and tissue reaction of degradable hybrid Polycaprolactone mesh/drug-eluting Polycaprolactone nanofibers prolapse mats**  
Yi-Chun Chou 周怡君 (Linkou Chang Gung Memorial Hospital)
- 09:10-09:20 Y21 **Comparison between anterior-apical mesh (Surelift) and anterior mesh (Surelift) in transvaginal pelvic organ prolapse surgery: Surgical and Functional Outcomes at 1 Year**  
Chia-Hsuan Yang 楊佳璇 (Linkou Chang Gung Memorial Hospital)
- 09:20-09:30 Y22 **Rotational vaginal flaps in posterior vaginal wall prolapse reconstruction**  
Yi-Ting Chen 陳怡婷 (National Taiwan University Hospital)
- 09:30-09:40 Y23 **The impact of biofeedback and electrostimulation-assisted pelvic floor muscle training on the change of sexual function in women with stress urinary incontinence**  
Yu-Ting Lu 呂羽婷 (Mackay Memorial Hospital)
- 09:40-09:50 Y24 **Comparison of Er:YAG and CO2 laser therapy for women with stress urinary incontinence**  
Pei-Chen Li 李佩蓁 (Hualien Tzu Chi Hospital)

112年8月13日(星期日)上午  
(4樓)北側包廂

## Young Doctors' Session(IV)

主持人：張正坤、蕭勝文

★ Obstetrics & Others --

- 10:30-10:40 Y25 **Preliminary results of COVID-19 vaccination among Taiwanese pregnant women: A single-center, prospective, case-control study**  
Yi-Ting Hsu 許伊婷 (Tung's Taichung MetroHarbour Hospital)
- 10:40-10:50 Y26 **Serologic features and dynamics of serum antibodies in Taiwanese pregnant women and infants after COVID-19 vaccination: a longitudinal observational study**  
Ting-Yi Chu 朱庭儀 (Taipei Chang Gung Memorial Hospital)
- 10:50-11:00 Y27 **First-trimester cervical elastography, cervical length and endocervical canal width of pregnant women with cervical insufficiency**  
Yu-Hao Chen 陳昱豪 (Mackay Memorial Hospital)
- 11:00-11:10 Y28 **A 20-years retrospective study of postnatal surgery for open vs closed spinal dysraphism and introduction the first clinical trial of fetoscopic repair in Taiwan**  
Meng-Syuan Lin 林孟萱 (Chang Gung Memorial Hospital)
- 11:10-11:20 Y29 **The impact of hysterectomy for benign non-prolapse uterine tumors on subsequent ovarian reserve, lower urinary tract symptoms and sexual function: a multi-directional prospective analysis**  
Yu-Ju Hsiao 蕭郁儒 (Kaohsiung Chang Gung Memorial Hospital)
- 11:20-11:30 Y30 **Implementation of a machine learning model in acute coronary syndrome/acute stroke risk assessment for women with lower urinary tract symptoms**  
Tzu-Tsen Shen 沈姿岑 (Chi Mei Medical Center)

112年8月13日(星期日)中午

(B1)國際會議廳

### 午餐會報 (GSK)

主持人：陳治平、紀鑫 (馬偕紀念醫院兒童感染科主任)

12:20-13:20 L6 產前及產後孕婦及新生兒疫苗-百日咳疫苗最新臍帶血研究及小兒  
腦膜炎疫苗介紹  
Speaker：黃玉成 (台灣疫苗推動協會理事長)

112年8月13日(星期日)中午

(2樓)昆山廳

### 午餐會報 (諾和諾德)

主持人：江千代、黃楚琄

12:20-13:20 L7 Women's weight management over generations  
Speaker：劉安潔



112年8月13日(星期日)中午  
(4樓)東側包廂

### 午餐會報(台灣普羅生醫)

主持人：龍震宇、沈煌彬

12:20-13:20 L8 HIFU( high intensity focused ultrasound) surgery in gynecology: State of Art 2023  
Speaker : 鄭丞傑

112年8月13日(星期日)中午  
(4樓)西側包廂

### 午餐會報(默沙東)

主持人：黃莉文、丁大清

12:20-13:20 L9 The emerging trend of HPV gender neutral vaccination  
Speaker : 周宏學

112年8月13日(星期日)中午  
(4樓)北側包廂

## 午餐會報 (賽諾菲)

主持人：徐明洸、林珮瑩

12:20-13:20 L10 孕產期呼吸道疾病預防新思維  
Speaker：蔡慶璋

112年8月13日(星期日)下午  
(B1)國際會議廳

## 醫療倫理法律

主持人：楊育正、陳聰富 (臺灣大學法律學院講座教授)

- 13:30-14:00 SY28 緊急有效行動，攜手共創永續醫療淨零婦產科新世代：綜論  
Speaker：葉光芃
- 14:00-15:00 SY29 全球暖化與世代交替  
Speaker：李遠哲 (中央研究院榮譽院長)

主持人：劉越萍 (衛福部醫事司司長)、  
李俊璋 (成大副校長兼環醫所特聘教授)

- 15:30-16:00 SY30 淨零世代下的健康因應及氣候變遷治理  
Speaker：洪申翰 (中華民國第10屆立法委員)
- 16:00-16:30 SY31 **Climate Change and UN Sustainability Development Goals-the Role of Healthcare Sector**  
Speaker：林名男 (大林慈濟醫院副院長)
- 16:30-17:00 SY32 環境倫理與人文  
Speaker：江盛

112年8月13日(星期日)下午  
(2樓)昆山廳

## 婦女泌尿 Symposium

主持人：梁景忠、張廷禎

- 13:30-14:00 SY33 **What are and how could the Urogynecology related questionnaires improve the Urogynecology practice?**  
*Speaker : 王卜瑾*
- 14:00-14:30 SY34 **Why it is necessary to include ultrasonography scanning in Urogynecology practice?**  
*Speaker : 黃文貞*
- 14:30-15:00 SY35 **How to manage the stress urinary incontinence women in geriatric?**  
*Speaker : 吳文毅*

主持人：楊振銘、陳慧毅

- 15:30-16:00 SY36 **GSM, should it be treated by estrogen or laser?**  
*Speaker : 林益豪*
- 16:00-16:30 SY37 **The management of OAB in elderly women**  
*Speaker : 蕭聖謀*
- 16:30-17:00 SY38 **The role of Urodynamics in POP surgery**  
*Speaker : 盧佳序*

112年8月13日(星期日)下午  
(4樓)西側包廂

## 生殖內分泌 Symposium

主持人：李茂盛、陳美州

- 13:30-14:00 SY39 **Egg freezing and the clinical application**  
*Speaker* : 楊乙真
- 14:00-14:30 SY40 **Hysterosalpingography-OSCM from A to Z as an initial diagnostic exam for infertility**  
*Speaker* : Aisaku Fukuda (Japan)
- 14:30-15:00 SY41 **高齡夫或妻接受試管嬰兒療程的臨床議題**  
*Speaker* : 楊博凱

主持人：陳明哲、張芳維

- 15:30-16:00 SY42 **Pharmaconutrition: Vitamin D in ART**  
*Speaker* : 楊再興
- 16:00-16:30 SY43 **Aromatase inhibitors (Letrozole) for ovulation induction**  
*Speaker* : 黃貞瑜
- 16:30-17:00 SY44 **Mosaic embryo transfer: how to select and monitor after pregnancy**  
*Speaker* : 林秉瑤

112年8月13日(星期日)下午  
(4樓)北側包廂

## 住院醫師教育訓練

### ★專題1：困難案例處置抉擇的心路歷程

主持人：黃閔照、鄭筠

13:30-14:00 SY45 植入性胎盤產前與產後出血處置的心路歷程  
Speaker：許德耀

主持人：黃閔照、曾美齡

14:00-14:30 SY46 困難產後出血處置的心路歷程  
Speaker：葉長青

主持人：黃閔照、楊昀臻

14:30-15:00 SY47 Mental journey of obstetricians and gynecologists in dealing with difficult postpartum hemorrhage  
Speaker：應宗和

### ★專題2：後住院醫師的選擇

主持人：許德耀、謝耀德

15:30-16:00 SY48 離開醫學中心之後  
Speaker：藍天陽

主持人：許德耀、楊佳璇

16:00-16:30 SY49 我的日本內視鏡之旅  
Speaker：陳怡潔

主持人：許德耀、黃詠

16:30-17:00 SY50 我的博士班之路  
Speaker：楊乙真



## E-poster 展示

- E001      **懷孕合併嚴重黃疸及凝血功能異常**  
**Pregnancy with severe hyperbilirubinemia and thrombocytopenia**  
鄭伊甯<sup>1</sup> 吳孟興<sup>1</sup>  
成大醫院<sup>1</sup>
- E002      **胎兒皮膚血管瘤的產前診斷**  
**Prenatal diagnosis of fetal cutaneous hemangioma**  
吳加仁<sup>1</sup> 張紅淇<sup>1</sup>  
宏其婦幼醫院<sup>1</sup>
- E003      **胎兒先天性異常的演變 - 妊娠晚期小耳症**  
**Congenital anomaly spectrum during pregnancy - Microtia appear in third trimester**  
謝俊吉<sup>1</sup> 謝宗穎<sup>1</sup> 闕貝如<sup>1</sup> 何坤達<sup>1</sup> 黃順賢<sup>1</sup> 張峰銘<sup>2</sup>  
奇美柳營分院<sup>1</sup> 張教授胎兒醫學中心<sup>2</sup>
- E004      **妊娠合併 膽結石 急性膽囊炎 膽汁滯留 -個案報告與新知**  
**Pregnancy complicated with gall bladder stone, acute cholecystitis and cholestasis – case reports and updates**  
謝俊吉<sup>1</sup> 謝宗穎<sup>1</sup> 闕貝如<sup>1</sup> 魏君卉<sup>1</sup> 何坤達<sup>1</sup> 黃順賢<sup>1</sup>  
奇美柳營分院<sup>1</sup>
- E005      **胎兒先天性肺部囊狀病變 - 個案報告與舊雨新知**  
**A rare cystic lesion in fetus – congenital cystic adenomatoid malformation (CCAM)- case reports , management and update**  
謝俊吉<sup>1</sup> 謝宗穎<sup>1</sup> 闕貝如<sup>1</sup> 魏君卉<sup>1</sup> 何坤達<sup>1</sup> 黃順賢<sup>1</sup>  
奇美柳營分院<sup>1</sup>
- E006      **染色體 16 微缺失症候群 - 個案報告及新知**  
**Chromosome 16 microdeletion syndrome- case report and updates**  
謝俊吉<sup>1</sup> 謝宗穎<sup>1</sup> 闕貝如<sup>1</sup> 魏君卉<sup>1</sup> 何坤達<sup>1</sup> 黃順賢<sup>1</sup> 張峰銘<sup>2</sup>  
奇美柳營分院<sup>1</sup> 張教授胎兒醫學中心<sup>2</sup>

- E007 **子宮破裂造成產後大出血及腦死- 個案報告及文獻瀏覽**  
**Postpartum hemorrhage with hypovolemic shock and brain death caused by uterine ruptured (unscarred uterus)- case report and review of literatures**  
謝俊吉<sup>1</sup> 謝宗穎<sup>1</sup> 闕貝如<sup>1</sup> 魏君卉<sup>1</sup> 何坤達<sup>1</sup> 黃順賢<sup>1</sup>  
 奇美柳營分院<sup>1</sup>
- E008 **緊急子宮頸縫合術 ( McDonald cerclage with bridge suture ) 之探討**  
**Emergent cervical cerclage with bridge method - review of literatures**  
謝俊吉<sup>1</sup> 謝宗穎<sup>1</sup> 闕貝如<sup>1</sup> 魏君卉<sup>2</sup> 何坤達<sup>2</sup> 黃順賢<sup>2</sup>  
 奇美柳營分院<sup>1,2</sup>
- E009 **產前診斷 Simpson–Golabi–Behmel syndrome type 1 合併 814 kb Xq26.2 缺失**  
**Prenatal diagnosis of Simpson–Golabi–Behmel syndrome type 1 with an 814 kb Xq26.2 deletion with the initial presentation of a thick nuchal fold**  
彭秀慧<sup>1</sup> 游崇仁<sup>2</sup> 陳昱綺<sup>1</sup> 許晉婕<sup>1</sup> 張舜智<sup>1</sup> 闕河晏<sup>1</sup> 詹耀龍<sup>1</sup> 鄭博仁<sup>1</sup>  
李彥璋<sup>1</sup>  
 長庚醫院<sup>1</sup> 宏其婦幼醫院<sup>2</sup>
- E010 **Ropivacine 傷口浸潤對剖腹產後疼痛控制之影響:統合分析**  
**Ropivacaine wound infiltration for post Cesarean pain management: a meta-analysis**  
簡詠蓁<sup>1</sup>  
 臺北醫學大學附設醫院<sup>1</sup>
- E011 **產前診斷之先天性陰莖缺失合併基因缺陷**  
**Congenital Aphallia: Prenatal Ultrasound diagnosis and chromosome X microduplication**  
林廷謙<sup>1</sup> 張焜心<sup>1</sup> 余沛修<sup>1</sup> 郭保麟<sup>1</sup>  
 成大醫院<sup>1</sup>
- E012 **長期使用類固醇治療系統性紅斑狼瘡 (SLE) 的女性因子宮肌鬆弛伴瀰漫性肌層變薄而行剖宮產子宮切除術：病例報告和文獻複習**  
**Cesarean Hysterectomy due to Atony with Diffuse Myometrial Thinning in A Woman with Long-term Steroid Treatment for Systemic Lupus Erythematosus (SLE): a case report and review of the literature**  
張哲綱<sup>1</sup>  
 彰化基督教醫院<sup>1</sup>
- E013 **母體高脂肪飲食與微塑料暴露所引起的新生兒肝損傷與氧化壓力中的作用**  
**Maternal high fat diet with microplastics exposure in neonate offspring liver injury via oxidative stress**  
蔡景州<sup>1</sup> 刁茂盟<sup>2</sup>  
 高雄長庚醫院婦產部<sup>1</sup> 高雄長庚醫院兒童內科部<sup>2</sup>
- E014 **胎兒母體輸血症引起嚴重新生兒貧血**  
**Severe neonatal anemia due to fetomaternal hemorrhage**  
陳奕寧<sup>1</sup> 陳啟煌<sup>1</sup>  
 臺北醫學大學附設醫院<sup>1</sup>
- E015 **個案報告：雙角子宮接續懷孕並足月分娩**  
**Bicornuate Uterus: Alternate Pregnancies**  
謝秉霖<sup>1</sup> 蘇國銘<sup>1</sup> 余慕賢<sup>1</sup>  
 三軍總醫院婦產部<sup>1</sup>



- E016 **主動脈復甦性血管球囊閉合術於植入性胎盤產婦之應用**  
**Using Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) in a woman with placenta accreta spectrum**  
蘇筠涵<sup>1</sup> 陳威志<sup>1</sup>  
 台中榮總婦產部<sup>1</sup>
- E017 **病例報告：單胞胎妊娠合併 Ritodrine 引發之橫紋肌溶解症、急性肝損傷、肺水腫、胎盤絨毛膜血管瘤及胎兒水腫**  
**Case report: A singleton pregnancy complicated with ritodrine-induced rhabdomyolysis, acute liver injury, pulmonary edema, placental chorioangioma and hydrops fetalis**  
吳佩姿<sup>1</sup> 黃坤龍<sup>1</sup> 蔡慶璋<sup>1</sup> 鄭欣欣<sup>1</sup> 賴韻如<sup>1</sup> 李佩芳<sup>1</sup> 許德耀<sup>1</sup>  
 高雄長庚紀念醫院婦產部<sup>1</sup>
- E018 **孤立胎兒腹水：一個因回腸閉鎖引起的胎兒腸穿孔和腹膜炎的個案報告。**  
**Isolated Fetal Ascites Caused by Bowel Perforation and Meconium Peritonitis due to Ileal Atresia: A Case Report**  
謝宛玲<sup>1</sup> 郭恬妮<sup>1</sup>  
 奇美醫院<sup>1</sup>
- E019 **子宮肌瘤切除對後續剖腹產的臨床回溯分析**  
**Clinical Analysis on Cesarean Section post Uterine Myomectomy: A Retrospective Study**  
邱俊霏<sup>1</sup> 林毅倫<sup>1</sup> 郭恬妮<sup>1</sup> 蔡永杰<sup>1</sup>  
 奇美醫療財團法人奇美醫院婦產部<sup>1</sup>
- E020 **快速進展的溶血肝功能上升及低血小板症候群合併出血傾向**  
**A rapidly progressing HELLP syndrome case with bleeding diathesis**  
關哲彥<sup>1</sup> 徐英倫<sup>1</sup> 郭恬妮<sup>1</sup> 蔡永杰<sup>1</sup>  
 台南永康奇美醫院<sup>1</sup>
- E021 **子癲症合併可逆性後腦病變症候群臨床案例**  
**Posterior Reversible Encephalopathy Syndrome in a Patient with Eclampsia**  
吳宛儒<sup>1</sup> 吳信宏<sup>1</sup>  
 彰化基督教醫院婦產部<sup>1</sup>
- E022 **後腹膜腔葡萄胎：個案報告與文獻回顧**  
**A case of retroperitoneal molar pregnancy: Case report and literature review**  
林宜衡<sup>1</sup> 李文瑞<sup>2</sup> 毛義坤<sup>2</sup> 李明彥<sup>3</sup> 陳宇立<sup>2</sup> 楊乙真<sup>2</sup>  
 國立台灣大學醫學院附設醫院婦產部<sup>1</sup> 國立台灣大學醫學院附設醫院雲林分院婦產部<sup>2</sup> 國立台灣大學醫學院附設醫院雲林分院影像醫學部<sup>3</sup>
- E023 **Xp22.31 deletion**  
**Xp22.31 deletion**  
潘李旻諺<sup>1</sup> 吳琬如<sup>1</sup>  
 彰化基督教醫院婦產部<sup>1</sup>
- E024 **一種罕見的產後大出血：子宮動脈假動脈瘤破裂，案例研討**  
**Postpartum uterine artery pseudoaneurysm rupture: a case report**  
牛思云<sup>1</sup> 張瑞君<sup>1</sup>  
 台中榮民總醫院<sup>1</sup>

- E025 **胎兒無活動變形症：案例報告及文獻回顧**  
**Fetal akinesia deformation sequence: a case report and review of literature**  
陳涵英<sup>1</sup> Joseph T. Thomas<sup>2</sup> 李建南<sup>1</sup>  
 臺大醫院<sup>1</sup> Mater maternal fetal medicine center<sup>2</sup>
- E026 **罕見先天性胎兒心臟異常：艾伯斯坦氏心臟病之產前診斷與預後個案分享**  
**A case of rare congenital heart disease : Ebstein's anomaly and neonatal outcome.**  
林育萱<sup>1</sup>  
 彰化基督教醫院婦產部<sup>1</sup>
- E027 **懷孕 37 週之心衰竭案例報告及鑑別診斷**  
**Differential diagnoses for heart failure at 37 weeks' gestation: a case report.**  
陳珮凌<sup>1</sup>  
 東元綜合醫院<sup>1</sup>
- E028 **因巨細胞病毒感染而有嚴重肋膜積水及肝脾腫大的胎兒**  
**Severe pleural effusion and hepatosplenomegaly in a CMV infected fetus**  
周維薪<sup>1</sup> 陳敬軒<sup>1</sup>  
 臺北市立聯合醫院和平婦幼院區<sup>1</sup>
- E029 **孕前母親肥胖、妊娠糖尿病與高血壓對學齡前兒童生長的影響之世代研究**  
**The effects of maternal obesity, gestational diabetes and hypertension on overweight in preschool children: a population-based cohort study**  
洪毅芳<sup>1</sup> 黃元德<sup>1</sup>  
 衛生福利部嘉義醫院<sup>1</sup>
- E030 **新生兒鎖骨骨折的預後和結果：單一機構的經驗**  
**Prognosis and outcome of neonatal clavicle fracture: A single institution experience**  
蔡卉馨<sup>1</sup> 劉錦成<sup>1</sup> 李政君<sup>2</sup>  
 童綜合醫院婦產部<sup>1</sup> 童綜合醫放射診斷科<sup>2</sup>
- E031 **剖腹產疤痕外孕：個案報告及文獻回顧**  
**Cesarean Scar Pregnancy: case report and review of literature**  
陳立珊<sup>1</sup> 蕭國明<sup>1</sup>  
 新光吳火獅紀念醫院婦產科<sup>1</sup>
- E032 **剖腹產後急性闌尾炎之個案報告**  
**Acute appendicitis after Cesarean birth: a case report**  
劉洸含<sup>1</sup> 傅皓聲<sup>1</sup> 王培儀<sup>1</sup> 簡立維<sup>1</sup> 區慶建<sup>1</sup>  
 台北醫學大學附設醫院婦產部<sup>1</sup>
- E033 **超高齡懷孕之個案報告**  
**Pregnancy in the late fifth decade- A case report**  
張若凡<sup>1</sup>  
 台北醫學大學附設醫院婦產部<sup>1</sup>
- E034 **產後急性心肌病變成功治療案例報告**  
**A Case Report of Successful Management of Postpartum Cardiomyopathy**  
胡晉碩<sup>1</sup> 詹景全<sup>2</sup> 陳敬軒<sup>1</sup> 林姿吟<sup>2</sup>  
 臺北市立聯合醫院和平婦幼院區<sup>1</sup> 臺北市立聯合醫院仁愛院區<sup>2</sup>

- E035 **三軍總醫院 COVID-19 確診產婦綠色通道經驗分享**  
**Green pathway for COVID-19 infected pregnancy patients. From ER to isolated ward for delivery. Experience share of TSGH**  
黃士庭<sup>1</sup>  
 三軍總醫院<sup>1</sup>
- E036 **一位孕婦合併罕見巨大會陰部腫瘤**  
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謝中凱<sup>1</sup> 蘇茗軒<sup>1</sup>  
 衛生福利部雙和醫院婦產部<sup>1</sup>
- E037 **胎兒胸腔積水**  
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涂育綾<sup>1</sup> 許瑋芸<sup>1</sup> 詹德富<sup>1</sup>  
 高雄醫學大學附設醫院<sup>1</sup>
- E038 **妊娠 18 週早期破水併嚴重羊水過少之孕婦成功安胎至妊娠 34 週自然生產: 案例報告與文獻回顧**  
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 新光醫療財團法人新光吳火獅紀念醫院婦產科<sup>1</sup>
- E039 **剖腹產疤痕懷孕**  
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- E040 **案例報告：胎兒 OEIS 綜合症（臍膨出、膀胱外翻、肛門閉鎖和脊椎缺損）在 MRI 下的發現**  
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- E041 **懷孕併蜘蛛膜囊腫及顱內壓升高之自然產照護**  
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- E042 **煙霧病導致的出血性中風在早期妊娠的處理**  
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 台中中港澄清醫院<sup>1</sup>

- E044 **產前診斷鑲嵌型等臂染色體 20q (mosaic isochromosome 20q)併良好預後**  
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 莊蕙瑜<sup>1</sup> 陳持平<sup>4</sup>  
 高雄醫學大學附設醫院婦產部<sup>1</sup> 高雄醫學大學附設醫院遺傳諮詢中心<sup>2</sup> 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<sup>3</sup> 馬偕紀念醫院婦產部<sup>4</sup>
- E045 **子宮頸環紮手術所面臨的挑戰之一**  
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- E051 **胎兒生長遲滯之單一醫學中心、回溯性、病例對照研究：著重分析母體因素及新生兒預後的關聯性**  
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- E052 低風險懷孕的新台灣出生體重標準及預測嬰兒死亡率的出生體重百分位  
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劉承儒<sup>1</sup> 陳怡燕<sup>1</sup> 蘇俊維<sup>1</sup> 楊稚怡<sup>1</sup> 何銘<sup>1</sup> 邱燦宏<sup>1</sup> 林武周<sup>1</sup>  
中國醫藥大學附設醫院<sup>1</sup>
- E056 胎兒先天性肺部疾病之 20 例病例報告  
**Congenital lung malformations: Report of 20 cases.**  
謝佳容<sup>1</sup> 曾振志<sup>1</sup>  
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- E057 (放棄上傳，略)
- E058 懷孕早期新型冠狀病毒感染併前腦發育畸形症之個案探討  
**COVID-19 infection in a case of early pregnancy complicated with holoprosencephaly**  
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王美雲<sup>1</sup>  
義大醫院婦產部<sup>1</sup>
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- E062 **妊娠糖尿病診斷方式 one step( 75g) 以及 two step (50g/100g) 不同對妊娠糖尿病產婦及其新生兒之影響-台灣中部一醫學中心之調查**  
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陳明<sup>2</sup>  
 彰化基督教醫院一般醫學訓練科<sup>1</sup> 彰化基督教醫院婦產部<sup>2</sup>
- E063 **利用基因檢測產前診斷巨膀胱細小結腸蠕動不良症候群**  
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- E064 **胎兒畸胎瘤的產前檢測及後續治療之個案報告**  
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方俊能<sup>1</sup> 李宜明<sup>1</sup> 陳智偉<sup>1</sup> 王元勇<sup>1</sup> 陳曼玲<sup>1</sup> 施兆蘭<sup>1</sup> 孫仲賢<sup>1</sup> 莊國泰<sup>1</sup>  
 高雄市四季台安醫院<sup>1</sup>
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 三軍總醫院<sup>1</sup>

- E079 **產前診斷胎兒心臟橫紋肌瘤和腦部病變與結節性硬化症的相關性及產後監測的重要性：個案報告**  
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中山醫學大學附設醫院<sup>1</sup>
- E086 **胎兒合併小頷之病例報告鑑別診斷與治療方式**  
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陳智偉<sup>1</sup> 方俊能<sup>1</sup>  
四季台安醫院<sup>1</sup>



- E087 **比較新冠肺炎流行期前後高雄長庚醫院改變孕婦催生策略的結果**  
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 台中榮總醫院婦女醫學部<sup>1</sup> 台中榮總醫院婦女醫學部婦內分泌暨不孕科<sup>2</sup>
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 郭綜合醫院婦產部<sup>1</sup> 郭綜合醫院一般外科<sup>2</sup>
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陳芳萍<sup>1</sup>  
長庚大學，基隆長庚醫院<sup>1</sup>

TAOG

2023

2023.8.12~13





台灣婦產科醫學會  
112 年度年會暨學術研討會

*The 62<sup>nd</sup> Annual Congress  
of Taiwan Association of Obstetrics and Gynecology 2023*

論文摘要

*IS : Invited Speaker Lecture*

*P : Plenary Lecture*

*Y : Young Doctors' Session*

*SY : 專題演講*

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*O : 口頭報告*

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## 【SY】

8 月 12 日 (六) 下午

◆ 內視鏡 Symposium (B1) 國際演講廳

SY1	楊政憲	Diagnostic Hysteroscopy for abnormal uterine bleeding: Efficacy and Safety
SY2	王功亮	What Are the Strengths of Robotic Assistance in Gynecologic Surgeries? Reflections of an Experienced Laparoscopist
SY3	李奇龍	How to Make It Feasibility in Laparoscopic Oncologic Surgery
SY4	黃寬慧	Recent advances in laparoscopic pelvic reconstructive surgery
SY5	吳珮如	Integration of different modalities for the management of benign uterine tumor
SY6	張穎宜	Morbidities associated with laparoscopic surgeries in gynecology: clinical pearls and evidence reviews

◆ 產科 Symposium (4 樓) 東側包廂

SY7	陳明	Difficult scenarios in genetic diagnosis and counseling
SY8	林芯仔	Expand genetic carrier screening and counseling
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SY10	許晉婕	產婦重大生產事故與死亡之原因分析與處置建議
SY11	陳宜雍	胎兒與新生兒死亡之原因分析與處置建議
SY12	蘇美慈	子癲前症新觀點：診斷及治療

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SY30	洪申翰	淨零世代下的健康因應及氣候變遷治理
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SY34	黃文貞	Why it is necessary to include ultrasonography scanning in Urogynecology practice?
SY35	吳文毅	How to manage the stress urinary incontinence women in geriatric?
SY36	林益豪	GSM, should it be treated by estrogen or laser?
SY37	蕭聖謀	The management of OAB in elderly women
SY38	盧佳序	The role of Urodynamics in POP surgery

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SY40	Aisaku Fukuda	Hysterosalpingography-OSCM from A to Z as an initial diagnostic exam for infertility
SY41	楊博凱	高齡夫或妻接受試管嬰兒療程的臨床議題
SY42	楊再興	Pharmaconutrition: Vitamin D in ART
SY43	黃貞瑜	Aromatase inhibitors (Letrozole) for ovulation induction
SY44	林秉瑤	Mosaic embryo transfer: how to select and monitor after pregnancy

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SY46	葉長青	困難產後出血處置的心路歷程
SY47	應宗和	Mental journey of obstetricians and gynecologists in dealing with difficult postpartum hemorrhage
SY48	藍天陽	離開醫學中心之後
SY49	陳怡潔	我的日本內視鏡之旅
SY50	楊乙真	我的博士班之路

楊政憲

SY1

台大醫學院婦產科專任教授

台大醫院婦產部生殖內分泌科主任

## Diagnostic hysteroscopy for abnormal uterine bleeding: Efficacy and safety

*Jehn-Hsiahn Yang*

台大醫院婦產部生殖內分泌科主任

Abnormal uterine bleeding is a common complaint among women, and the differential diagnosis is broad. It may have various presentations, including excessive flow, prolonged duration and intermenstrual bleeding. It is estimated that 25 percent of gynecologic surgeries involve the diagnosis of abnormal uterine bleeding.

The diagnosis of abnormal uterine bleeding is important. After a detailed history taking and physical exam, the etiology can often be narrowed. Using the reproductive age as a guide, the diagnostic evaluation should be conducted starting with a pregnancy test and several appropriate diagnostic tools. Transvaginal ultrasound, sonohysterography, hysteroscopy and endometrial biopsy are useful in the evaluation of abnormal uterine bleeding when the history and physical examination suggest an intracavitary lesion.

Among various intracavitary lesions, endometrial polyps are localized overgrowths of the endometrium that project into the uterine cavity. Such polyps may be sessile or pedunculated. The most frequent symptom of women with endometrial polyps is metrorrhagia, post-menopausal bleeding, or breakthrough bleeding during hormonal therapy. Overall, endometrial polyps account for 25% of abnormal bleeding in both premenopausal and postmenopausal women.

Leiomyomas are classified according to anatomic location. Although only 5-10% of myomas are submucous type, clinically they are the most troublesome. Submucous myomas may be associated with abnormal uterine bleeding and distortion of the uterine cavity that may subsequently result in infertility or abortion. Abnormal uterine bleeding in women with submucous myomas is believed to be caused by the interference by the myoma on the vasospasms and rhythmic contractions of the spiral arterioles at endometrium, which results in necrosis and sloughing of the upper endometrial layers during menstruation.

The risk of developing endometrial carcinoma increases with age. The incidence increases significantly from 2.8 and 6.1 cases per 100,000 in the 30-34 and 35-39 year age group to 36.5 cases per 100,000 in those aged 40-49. The American College of Obstetricians and Gynecologists recommends endometrial sampling in women 35 years and over with abnormal uterine bleeding.

王功亮

SY2

現職：台東馬偕紀念醫院院長

馬偕醫學院婦產科部定教授

亞洲婦癌醫學會(ASGO)理事

亞洲婦科機器手術醫學會理事

經歷：台灣婦產科內視鏡暨微創醫學會理事長

臺灣婦癌醫學會理事長

中華民國婦癌醫學會理事長

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## What Are the Strengths of Robotic Assistance in Gynecologic Surgeries? Reflections of an Experienced Laparoscopist

*Kung-Liahng Wang, MD  
Superintendent, Taitung Mackay Memorial Hospital, Taitung, Taiwan  
Professor, Dept of OBS and GYN, Mackay Medical College, Taipei, Taiwan  
Past president, Taiwan Association for Minimally Invasive Gynecology (TAMIG)  
Past president, Taiwan Association of Gynecologic Oncologists (TAGO)*

Today, laparoscopic surgery refers to a minimally invasive procedure of the abdomen that gains access to a very focal area without a large incision and renders a minimal formation of scar tissue. The intraoperative benefits of the laparoscopic technique include minimal blood loss, less adhesion formation and better visual perspective. It is clear that gynecologists can manage gynecologic diseases after more than thirty-five years of experience with laparoscopic procedures. Many patients with either benign or malignant diseases may benefit from laparoscopic myomectomy, laparoscopic simple or radical hysterectomy, laparoscopic staging, evaluation, or a combination of them. However, some complicated techniques have not seen widespread adoption in Taiwan because of technical difficulties, long surgeons' learning curve and long operative time. In addition, counterintuitive hand movements, two-dimension visualization, and limited degrees of instrument motion within the body as well as ergonomic difficulty and tremor amplification constitute other obstacles for acceptance and wide application of minimally invasive surgery.

Ever since the approval of DaVinci robotic surgical system for gynecologic surgery by FDA in 2005, the rapid adoption of robotic assisted surgery among gynecologists is attributed to the advantages of 3D vision, wristed instruments and improved ergonomics. More and more gynecological surgeons employed robotic-assisted procedure for the management of gynecological diseases. In my experience, when compared to laparoscopic surgery, robotic surgery can perform more complex surgeries such as lysis of severe adhesions, and are particularly suitable for obese patients or those with large uteri. Evidences have also suggested the benefits of robotic surgeries for endometrial cancer, multiple leiomyomas, and severe endometriosis. I believe, in the future, robotic surgery will become a popular and widespread alternative to laparoscopic surgery in the management of patients with gynecologic diseases by gynecologists in Taiwan.



# 李奇龍

## SY3

林口長庚紀念醫院 教授級主治醫師  
 亞太婦產科內視鏡暨微創治療醫學會 董事會主席  
 婦科暨微創治療醫學雜誌 GMIT 總編輯  
 台灣婦產科內視鏡暨微創醫學會 TAMIG 常務理事  
 台灣生殖醫學會 監事  
 台灣子宮內膜異位症學會 理事

### How to Make It Feasibility in Laparoscopic Oncologic Surgery?

*Chyi-Long Lee, Kuan-Gen Huang*  
*a Department of Obstetrics & Gynaecology, Chang Gung Memorial Hospital,*  
*Chang Gung University, Linkou, Taiwan*

Minimally invasive approach to endometrial cancer which was associated with reduced surgical morbidity and good oncologic outcome had been an accepted treatment for the past two decades. This held true in Early Stage Cervical Cancer until findings from LACC study. It was shown in the trial that minimally invasive surgery (MIS) was associated with poorer disease-free survival and overall survival. Since year 1993, Laparoscopic Radical Hysterectomy was started in our institution. Subsequently in Year 2012, We performed surgical outcome analysis of 139 patients operated and findings showed the disease-free survival (DFS) was 91.01% and overall survival (OS) 92.78%. The eventual inferior outcomes for Minimally Invasive Surgery for cervical cancer in the LACC study were shocking. Due to this, a detailed analysis of patients who underwent Laparoscopic Radical Hysterectomy from Year 2009 to 2014 was carried out to ascertain the safety and efficiency of Minimally Invasive Therapy in Radical Hysterectomy. Total Survival (100%) in Laparoscopic Radical Hysterectomy for cervical cancer is an achievable task, provided adequate radicality is adhered to during procedure of parametrium and paracolpium dissection. The 100 percent 5 Year Disease Free Survival Rate for Cervical Cancer is achievable provided the following criteria is followed:

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

黃寬慧

SY4

高雄長庚紀念醫院婦產科 學術組副教授級主治醫師

台灣福爾摩莎婦女泌尿醫學會(FUGA)創會理事長

台灣婦產科內視鏡暨微創醫學會(TAMIG)第十三屆理事長

高雄長庚婦產部 婦科主任(2007-2014)

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## Recent advances in laparoscopic pelvic reconstructive surgery

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

Apical prolapse of POP can be corrected by abdominal or transvaginal approach. For advanced POP, higher recurrence rates between 6% and 40% in native tissue repair have raised the need of other treatment opinions. Lower recurrence rate was reported with transvaginal mesh(TVM) repair as compared with native tissue repair in cochrane review. However, high complications of mesh erosion, pain, vaginal infection and dyspareunia after TVM procedures. On April 16,2019, The U.S.A. FDA ordered all manufactures of surgical mesh products intended for TVM of anterior compartment prolapse to stop selling and distributing their products immediately. Since then, Laparoscopic Abdominal sacrocolpopexy (ASC) became the trends in advanced POP surgical treatment in minimal invasive surgeons. But, there are still some difficulty of ASC procedures in longer learning cure, time-consuming, and procedure-related morbidity needed to be overcome. LSC ASC is a well-known technique in POP management and considered as the gold standard procedure for apical prolapse of POP repair. However, due to the difficulty of LSC ASC and the morbidity of GI tract, let surgical physicians are hesitant to proceed. So, we proposed a different surgical method, which is to approach from anterior of pelvic cavity. Using artificial mesh to fix the apex of pelvis and bilateral mesh is fixed to bilateral iliopectineal gament. This approach method can prevent surgical complication of GI tract and more easier to perform procedures for obesity patients. This new LSC technique for apical prolapse repair was developed and called "pectopexy" was presented in 2011 by Bannerjee and Noe. LSC pectopexy offered more simple surgical procedure, reduced surgical difficulty, shortened the learning curve and operative time. In recently literature, LSC pectopexy has been used as an alternative method in patients having difficult to perform LSC ASC.

吳珮如  
SY5

現職：中山附醫婦產部 婦科主任  
台灣婦產科內視鏡暨微創醫學會理事  
台灣子宮鏡醫學會 秘書長  
經歷：中山附醫婦產部 顯微內視鏡科主任  
林口長庚醫院婦產部內視鏡科主治醫師

**Integration of different modalities for the management of benign uterine tumor**

*Pei-ju Wu, MD*

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

The treatment for benign uterine tumor, including myoma and adenomyosis, has been a common issue in our daily practice as a gynecologist. The prevalence of benign uterine tumor in women has been proposed around 40-50 %. Although most of the women are asymptomatic and only require regular follow up. These benign uterine tumor could cause heavy menstrual bleeding, severe dysmenorrhea, compression symptoms and infertility, depend on the size, numbers and location of these lesions. Traditional treatments include hysterectomy for those completed their family programs or myomectomy/adenomyomectomy for those wish to preserve uterus. However, we noted that there is a trend that patients required treatment are relatively younger and more complex in nowadays. Evenmore, women are seeking for minimally invasive treatment even non-invasive treatments for their problems, due to all kinds of concerns.

Currently, as gynecologists, we have lots of weapons in hands. Laparoscopic surgery, robotic surgery, and hysteroscopic surgery are relatively matured with different commercialized instruments. HIFU and microwave treatment are on the rise. It depends on doctor' s expertise to choose either one or even multiple treatments for suitable patients. In this talk, I will discuss these strategies and concept of integration of different modalities.

## 張穎宜

SY6

學歷：國醫藥大學公共衛生研究所博士

美國密西根大學職業環境醫學暨公共衛生基因研究所碩士

中國醫藥大學醫學士

經歷：中國醫藥大學附設醫院婦產部 微創內視鏡科主任

中國醫藥大學醫學院副教授

台灣婦產科內視鏡暨微創醫學會監事

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### Morbidities associated with laparoscopic surgeries in gynecology: clinical pearls and evidence reviews

張穎宜醫師

中國醫藥大學附設醫院婦產部

Laparoscopic surgery is a common and important procedure in treating gynecologic disease. In general, this procedure is safe and effective but there are still some complications reported. These morbidities could be related to the underline disease of patients or procedures. It' s crucial to have complete preoperative evaluation, preparation and safe procedure to decrease the morbidity. Today, we will report what are the common morbidities and how to prevent it from patient preparation to laparoscopic procedure, including, trocar placement, tissue dissection, hemostasis and suture from the view of evidence of medicine to clinical practice.

陳明  
SY7

現職：彰化基督教醫院總院 醫療長  
 國立中興大學後醫系教授  
 國立清華大學合聘教授  
 國家生技醫療發展基金會董事  
 國家政策研究基金會永續發展組顧問  
 經歷：台大醫院基因醫學部主治醫師  
 台大婦產科講師、助理教授、副教授  
 學會：中華民國醫用超音波學會常務理事  
 中華民國人類遺傳學會理事  
 台灣周產期醫學會常務理事

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## Difficult Scenarios in Genetic Diagnosis and Counseling

*Ming Chen, MD, MSc with distinction in Med Genet (U Glasgow), PhD  
 Chief Medical Director (Vice President), Changhua Christian Hospital Medical Center, Taiwan*

Genetic diagnosis and counseling becomes more and more challenging because of the rapid advancement of genotyping tools, it has undergone rocketing breakthrough in the past two decades. The speaker witnessed and participated its progress since his overseas studies back in Glasgow twenty years ago and had established a full spectrum of genetic diagnosis under one roof with the facilities of cytogenetics, molecular cytogenetics, molecular genetics (including Sanger, next generation sequencing). He developed in-house tests such as NIPT, PGT, WES, and now WGS services and his lab had awarded CAP accreditation since 2011, one of the first few labs in Asia-Pacific region of its kind and is the only member who was elected Fellow in the famous close-door academic elite “Fetoscopy Group” from Taiwan. The speaker also participated numerous patents of genomics and bioengineering in Taiwan, China, US, and EU. However, in this talk the speaker will not focus on “what he can do” or “how competent his lab is” but rather to demonstrate the “misdiagnosis” experience of his own to highlight the difficulties of genetic diagnosis and counseling. With this selfless sharing of his experience the speaker would like to explicit his view of this rapid changing field (in some senses, deeply infiltrated by the commercial parties), and to offer a more comprehensive and informative way for the clinical colleagues to have a more sensible attitude to hold when doing clinical practice and not to underscore its risks.

## 林苾仔 SY8

現職：台大醫院婦產部 主治醫師  
台大醫學院婦產科 助理教授  
經歷：台大醫院新竹分院婦產部 主治醫師  
台大醫院婦產部 研修醫師  
台大醫院基因醫學部研修醫師  
台大醫院婦產部住院醫師

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### Expand genetic carrier screening and counseling

*Shin Yu Lin, MD, MMSc, PhD*

*Department of OBS&GYN, National Taiwan University Hospital, Taipei, Taiwan*

帶因篩檢，顧名思義就是將沒有發病的基因突變帶因者找出來，目的是希望可以避免將基因疾病傳給下一代，或者是在早期發現患者，讓患者有機會及早接受治療。台灣的產前檢查在這二十年間進步得相當飛快，早在 2005 年，台灣就開始大規模地篩檢「脊髓性肌肉萎縮症帶因者」，後來更推出「X 染色體脆折症」帶因篩檢，甚至是「新生兒聽力基因篩檢」，未不是跑在世界的先端。但是考量到人力與時間，過去的基因檢測的數目受到限制和價格居高不下。然而，隨著基因診斷技術的進步，next generation sequencing 的技術普及與價格愈來愈親民，在 2021 年美國基因暨基因體醫學會與美國婦產科醫學會提出臨床建議，認為所有孕婦或是準備懷孕者，都應該被提供帶因率高於 1/200 的隱性遺傳疾病以及性聯遺傳疾病的篩檢機會，她們的配偶也可以同時接受這些隱性遺傳疾病的篩檢。台灣的大範圍帶因篩檢也在 2020 年就開始慢慢推廣，我們發現，有高達七成的受檢者會驗出至少一種隱性遺傳疾病的帶因，甚至有將近 6% 的受檢者身上帶有三種以上的隱性遺傳疾病帶因。透過這樣的大範圍基因篩檢，我們可以在孕期或者懷孕早期就發現帶有相同隱性遺傳疾病的帶因者夫妻。在過去，這些家庭往往都是生下第一個發病的患童後，才會發現這些遺傳疾病；現在，經過遺傳諮詢後，這些夫妻可以透過胚胎著床前基因診斷或是早期的絨毛膜穿刺或羊膜穿刺來確認胎兒的基因型。及早發現這些隱性遺傳的問題，一方面有機會讓這些疾病不會造成家庭的負擔或悲劇，另一方面，也是讓這些未來可能的發病者持續接受適當的醫療追蹤與及早治療的機會，造福許多家庭。

# 施景中

## SY9

現職：台大醫院婦產部產科主任  
 台大醫學院副教授  
 國際婦產科大會國際教員(Internataional faculty)  
 周產期醫學會祕書長

### ChatGPT in obstetrics and gynecology

*Jin-Chung Shih, MD, PhD.*

*Department of Obstetrics and Gynecology, National Taiwan University Hospital, Taipei*

ChatGPT is a natural language generation system that use deep neural networks to generate coherent and fluent writings depending on input. It is one of the most advanced and adaptable natural language processing models, and it has been used to a variety of fields including conversation systems, text summarization, text completion, and creative writing.

In this session, I will present an updated overview of the ChatGPT literature in the field of obstetrics and gynecology. One of the problems of obstetrics and gynecology is providing patients with individualized and timely information, particularly during pregnancy and childbirth. Patients may have a variety of issues, questions, preferences, and expectations regarding their health and treatment alternatives. Furthermore, during pregnancy, birth, or gynecologic surgery, individuals may suffer worry, stress, discomfort, or mental anguish.

Obstetricians and gynecologists can utilize ChatGPT as a tool to help them with patient education and assistance. ChatGPT may provide conversational and captivating messages that can provide answers to frequently asked queries, pertinent information, an explanation of a medical word, practical advice, or emotional support. The tone and style of ChatGPT may also be changed to accommodate the patient's temperament, personality, and educational background.

Instead than replacing real physicians and nurses, ChatGPT is designed to support them and improve the quality of their care. Consistent, approachable, individualized, and interesting information and assistance are all things ChatGPT can offer. By taking care of some of the typical or repetitive activities, ChatGPT can help lessen the effort and stress on the medical personnel. Last but not least, ChatGPT still needs improvement and has several drawbacks. It's possible that ChatGPT doesn't always provide precise or pertinent messages for every circumstance or patient. Concerns around data privacy, permission, responsibility, or accountability may also arise with ChatGPT.

## 許晉婕 SY10

現職：林口長庚醫院婦產部產科 主治醫師

經歷：長庚大學醫學系

林口長庚醫院婦產部住院醫師

林口長庚醫院婦產部產科研修醫師

台大分醫所遺傳諮詢組碩士(進修中)

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### 產婦重大生產事故與死亡之原因分析與處置建議

孕產婦於周產期死亡常導致家庭重大創傷，並影響新生兒的成長與照顧。

WHO 希望在 2030 年前將全球周產期死亡率(maternal mortality ratio, MMR)降至每十萬活產數小於 70 位母親死亡，目前國際上成績最優秀的國家為澳洲及紐西蘭(MMR=4)，而台灣近十年平均 MMR 為 11.3，尚有進步空間。此外，近年來由於大眾晚婚晚生，生育年齡不斷上升，高危險妊娠的比率亦大幅增加。國內出生率雖年年下降，但周產期死亡率卻節節上升，由十年前的 8.5 爬升至民國 110 年的 14.0，平均每年約有 21 位孕產婦死亡。

本講題將回顧林口長庚醫院近六年之生育事故通報及救濟紀錄，呈現孕產婦死亡率及死亡原因，並討論幾近死亡(near-death)或發生重大併發症的急重危症案例。希望藉由案例討論，強調在搶救孕產婦性命的關頭，跨團隊、跨科部、甚至是跨院合作的重要性。最後，針對常見的孕產婦急重危症(產後大出血、子癇症/子癇前症、肺栓塞、孕產婦突發性心跳停止)給予處置及轉診建議。期待能強化同業的臨床反射，練習臨危不亂、處變不驚，於最短的時間組織團隊，搶救生命。



陳宜雍

SY11

現職：馬偕醫院婦產部 主治醫師

馬偕醫學院 助理教授

經歷：馬偕醫院婦產部 住院醫師

馬偕醫院高危險妊娠學科 研修醫師

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### 胎兒與新生兒死亡之原因分析與處置建議

隨著社會演變，晚婚少生子現象愈益明顯，台灣新生兒數屢創新低，去年全年新生兒數僅 13 萬 8986 人，因此維護胎兒及新生兒健康就變得更加重要。然而生產過程存在不可預期性的風險，為共同承擔婦女生產的風險，我國自民國 105 年開始施行「生產事故救濟條例」，其中胎兒及新生兒死亡也納入救濟範圍。本次內容將依據過往生產事故救濟審議案件，統整胎兒及新生兒死亡個案並加以分析，提供作為第一線照護胎兒及新生兒的婦產科醫師參考，一起為增進母嬰健康努力。

蘇美慈

SY12

現職：成大醫院婦產部 主治醫師

成大醫學院婦產科 臨床教授

經歷：美國華盛頓大學及西雅圖兒童醫院

細胞遺傳及分子遺傳實驗室 訪問學者

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### 子癩前症新觀點:診斷及治療

*Mei-Tsz Su, MD, PhD*

*Department of OBS&GYN, National Cheng Kung University Hospital, Tainan, Taiwan*

Preeclampsia is a severe gestational hypertensive disorder that leads to maternal multiple organ dysfunction and adverse fetal outcomes. Contemporary evidence suggests preeclampsia is a two-stage disease. The first stage is an early pregnancy asymptomatic stage, resulting from poor placentation due to abnormal trophoblast invasion and spiral artery remodeling. The second stage of the disease in later gestation is characterized by a placental ischemia/reperfusion injury and a maternal immunemediated response, which leads to an angiogenic imbalance, immune-mediated exaggerated inflammatory response, and endothelial cell dysfunction. The overall consequence of this cascade results in the clinical manifestations of preeclampsia.

There has been increasing research momentum to identify new therapeutic agents for the prevention or treatment of preeclampsia, drugs that can affect the underlying disease pathophysiology. This talk will provide new insights of pathoetiologies of preeclampsia and review some potential drugs that are ongoing or registered for preeclampsia-associated clinical trials, such as pravastatin, proton-pump inhibitors, metformin, micronutrients, and biologics. With reassuring and positive findings from pilot studies and strong biological plausibility, some candidate or repurposed drugs may be a preventative or therapeutic agent for preeclampsia in the near future and provide a delicate care for maternal-fetal medicine.

## 陳兆瑜 SY13

現職：嘉義長庚醫院婦產科助理教授級主治醫師  
樹人醫務專科學校 部定講師  
經歷：林口長庚醫院婦癌科 研修醫師  
林口長庚醫院婦產部 住院醫師

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### 診斷子宮內膜癌的挑戰

*Chao Yu Chen, MD*

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

Diagnosing endometrial cancer can be a challenging task. Although it is one of the most common malignancies among women, its symptoms and diagnostic results often mimic other gynecological conditions, leading to misdiagnosis or delayed diagnosis. Patients may experience only mild vaginal bleeding or unusual discharge, may be interpreted as signs of irregular menstruation or other gynecological conditions. Therefore, early comprehensive gynecological examinations are crucial to avoid missing the diagnosis of endometrial cancer.

Another challenge in diagnosing endometrial cancer is the difficulty in interpreting gynecological examination results. Traditional methods such as endometrial sampling and tissue biopsy may not always establish a definitive diagnosis. In recent years, several new technologies such as liquid-based cytology and endoscopic biopsy have been developed to detect endometrial cancer, but their sensitivity and specificity require further research and evaluation.

Some endometrial cancers are caused by mutations in genes such as PTEN, while others are associated with the expression of estrogen and progesterone receptors. These differences may affect the biological characteristics of the disease and treatment response, highlighting the need for deeper understanding of these features to improve the diagnosis and treatment of endometrial cancer.

Recent advances in diagnostic technology have led to the development of novel techniques for diagnosing endometrial cancer. For example, the molecular biology and genetics of endometrial cancer are diverse. DNA methylation marker analysis of minimally- and non-invasive sample types could provide an easy-to-apply and patient-friendly alternative to determine cancer risk.

Ongoing research and exploration are needed to improve our understanding of the disease and to develop more effective diagnostic and treatment strategies.

林玟瑄

SY14

現職：馬偕醫院婦產部 主治醫師

經歷：馬偕醫院婦產部婦癌科 研修醫師

馬偕醫院婦產部住院醫師

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### 複雜性卵巢腫瘤之鑑別診斷

*Wen Hsuan Lin, MD*

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

The differential diagnosis of an adnexal mass includes benign and malignant gynecologic and non-gynecologic etiologies. In gynecologic origin adnexal mass, functional cyst, hemorrhagic cyst, endometrioma, tubo-ovarian abscess are common benign lesions. Other lesions with non-gynecologic etiologies, such as appendicitis or diverticulum abscess should be considered as well. The goal of evaluation is to differentiate between benign and more serious conditions, such as ovarian cancer.

Important considerations in arriving at the most probable diagnosis are the age of the patient, the history, the findings on physical examination and the results of radiologic and laboratory studies.

The patient's age is a crucial factor in determining the probable etiology of an adnexal or pelvic mass. There are different considerations of diagnosis in reproductive age women and post-menopausal women. History including last menstrual period, pregnant status or medication history can provide us the information of possible diagnosis. Physical examination helps us to detect infection sign; besides, in premenopausal women, the presence of a complex adnexal mass, cul-de-sac nodularity and shortened or tender uterosacral ligaments suggests endometriosis. These same findings in the postmenopausal patient may signify malignancy. An ultrasound examination is the most valuable diagnostic study in the evaluation of an adnexal mass. The size, shape, contour, consistency and doppler flow under sonogram of adnexal mass are important characteristic to differentiate benign or malignant lesion. Besides, other radiologic tools including magnetic resonance imaging (MRI) and computed tomography (CT) are also informative for differential diagnosis of complex adnexa mass.

Although it is difficult to have a precise differential diagnosis sometimes, it is important to achieve the most probable diagnosis by thorough clinical examination pre-operatively to make the most adequate treatment plan.

## 謝明華 SY15

現職：政治大學數位金融創新實驗室 執行長  
政治大學風險與保險研究中心 主任  
政治大學風險管理與保險學系 教授  
經歷：台灣亞太監理科技協會 理事長  
期交所結算委員會 召集人  
全球人壽 獨立董事  
中華民國退休基金協會 理事

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### ChatGPT 在婦癌的應用

謝明華, PhD

政治大學風險管理與保險學系, Taipei, Taiwan

ChatGPT 在女性癌症研究中有著巨大的潛力，該研究專注於檢測、治療和預防影響女性的癌症。乳癌是全球女性最常見的癌症類型，迫切需要改進診斷和治療選擇。

ChatGPT 可以協助分析和解讀複雜的醫學數據，包括乳腺 X 光攝影結果、基因檢測結果和患者病史。ChatGPT 還可以分析大數據集，以識別不同類型癌症的模式和風險因素，包括乳癌。

ChatGPT 可以幫助制定個人化治療計劃，基於患者獨特的病史、基因組和其他因素。這種方法可以改善治療結果並減少不良反應的風險。ChatGPT 還可以用於改善患者溝通和參與度，向患者提供有關其診斷、治療選擇和預後的信息，以易於理解且適合其個人化需求的方式。

此外，ChatGPT 可以協助設計和實施臨床試驗，這對於測試新的癌症治療方法和改進現有治療方法至關重要。ChatGPT 可以協助招募患者、監測治療結果和分析試驗數據。

然而，在女性癌症研究中使用 ChatGPT 存在挑戰。主要的挑戰之一是確保患者數據的準確性和隱私性，以及 AI 在醫療保健中使用時所涉及的道德考慮。此外，ChatGPT 可能無法完全替代醫療保健專業人員的專業知識和經驗。

結論：ChatGPT 有潛力通過改進數據分析、個性化醫學、患者溝通和臨床試驗設計來徹底改變女性癌症研究。但是，必須仔細考慮其使用，以確保患者安全、隱私和道德考量。

## 陳威君 SY16

現職：林口長庚醫院婦產部婦癌科 助理教授  
          新北市立土城醫院婦產科 主治醫師  
經歷：基隆長庚醫院婦產科 主治醫師  
          林口長庚醫院婦產部婦癌科 研修醫師  
          林口長庚醫院婦產部 住院醫師

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### ChatGPT 在婦癌應用的可能性 II

*Wei Chun Chen, MD*

*Department of OBS&GYN, Chang Gung Memorial Hospital of Linkou, Taoyuan, Taiwan  
Department of OBS&GYN, New Taipei City Tucheng Hospital, New Taipei City, Taiwan*

人工智慧 (AI) 已經深深地影響了醫學領域，包括生物化學、基因組學、藥物發現和影像分析等。AI 系統如 DeepMind 的 AlphaFold 開創了蛋白質摺疊預測的新範疇，其他 AI 系統助力無創癌症檢測和 CRISPR 基因編輯的進步。AI 正改變藥物發現的速度與效率，並找尋治療抗生素抗藥性細菌及各種疾病的新途徑。此外，AI 在婦產科領域也有重大突破，協助解讀胎兒監控數據，確定懷孕併發症，並降低早產風險。AI 強化的產前篩檢和影像分析技術有助於早期檢測胎兒異常和婦科癌症，進一步提升女性醫療保健的診斷精確度和治療效果。ChatGPT 是由 OpenAI 開發的大規模語言模型，融入了卓越的語言理解與文本生成能力，成為現今人工智慧領域的一項重要技術。其基礎技術來自於「Generative Pre-training Transformer」，簡稱 GPT。這項基於 Transformer 模型的語言生成技術，以其對大量文本數據的訓練與理解，突破了過去人工智慧對語言使用的局限。使用者與 ChatGPT 進行互動時，會發現它可以自如地生成各種形式的自然語言文本，無論是日常的對話、學術的文章，甚至是富含情感與意象的詩歌。因此，ChatGPT 不只在用戶與機器間的交流中提供自然且流暢的對話體驗，甚至有時能給使用者帶來驚喜的創意激發。

ChatGPT 的便利性與實用性，使其在推出後迅速積累了大量的用戶。而隨著人工智慧在各領域的廣泛應用，如何將 ChatGPT 引進醫學領域，特別是婦產科，已經成為近期的熱門討論主題。事實上，ChatGPT 的特性使它在醫療場景中有許多潛在的應用可能性。例如，醫生可以利用其語言生成能力，來撰寫醫療紀錄、電子郵件、病患照護報告，甚至是翻譯醫學文獻，大幅提高工作效率。然而，儘管 ChatGPT 具有許多優點，也存在一些使用時需注意的缺點。例如，其所能提供的知識範圍，僅到 2021 年 9 月為止，也就是說，對於該日期之後的新知，或是最新的醫學研究進展，ChatGPT 可能無法提供準確的信息。此外，有時 ChatGPT 可能會出現所謂的「幻覺」現象，也就是在無法回答用戶問題時，它可能會創造出不存在的回應來處理該問題。總結來說，ChatGPT 以其卓越的語言理解和文本生成能力，展現了人工智慧在語言處理上的潛力。不論是在日常對話、學術寫作或是創作詩歌等方面，都展現了令人驚奇的表現。這種強大的功能性，讓 ChatGPT 在推出後就獲得了大量的使用者支持。現在，這種對話型人工智慧在醫學領域的潛在應用，尤其是在婦產科，也已經成為一種重要的研究和討論議題。

醫學界對於 ChatGPT 的潛在應用情況充滿期待。它的語言理解和生成能力，讓它在許多場合上都可以大幅提升工作效率。比如說，在撰寫醫療紀錄、電子郵件、或者進行醫學翻譯上，都可以發揮出大量的潛力。然而，這並不意味著使用 ChatGPT 就無需擔心任何問題。例如，ChatGPT 的知識庫在 2021 年 9 月就已經停止更新，這意味著對於那之後的新知，它可能無法提供準確的資訊。此外，有時 ChatGPT 可能會出現「幻覺」，即在回答無法處理的問題時，可能會生成一些不存在的回應。因此，雖然 ChatGPT 在語言處理上具有很大的優勢，但在應用上還需要我們謹慎地思考和評估。這是一種我們必須認真面對的問題，因為只有這樣，我們才能確保這項人工智慧技術在醫學領域中的發揮出它最大的價值，並為人類的健康與福祉做出更大的貢獻。

這次我們的主題著重在探討 ChatGPT 在婦產科及婦癌科的可能應用。身為一名婦產科醫師，我將從使用者的角度介紹 ChatGPT 可能的潛力與實際應用，並提出在使用過程中需特別留意的議題。針對這種不斷進步與優化的新科技，如果我們能善加利用，必定能大幅提升我們的生活品質與效率。

**張廷彰**  
SY17

2008/8 - 至今 長庚大學教授  
 2020/6 - 至今 林口長庚婦產部教授級顧問醫師  
 2016/10 -至今 亞洲婦癌研究團體 副理事長  
 2013/7-2019/6 長庚紀念醫院北院區婦產部主任  
 2010/9-2011/8 廈門長庚醫院副院長  
 2015/8-2019/7 臺灣精準醫學學會創會理事長  
 2013/8-2016/7 台灣婦產科醫學會常務理事  
 2010/5-2012/5 台灣婦癌醫學會理事長  
 2006/11-2012/10 臺灣癌症登記學會創會理事長  
 1990-1991 美國哈佛大學公共衛生碩士  
 1990-1991 美國布萊格姆婦女醫院和新英格蘭滋養細胞疾病中心婦癌研究員  
 1974-1981 年 中國醫藥學院醫學士

**子宮內膜癌的分型-POLE 突變**

POLE is a gene that encodes the catalytic subunit of DNA polymerase epsilon, which is essential for DNA replication and repair. Mutations in the POLE gene are linked with a distinctive subset of endometrial cancers and is categorized as the ultramutated phenotype in TCGA classification with the following characteristics:

1. Poor histological differentiation, significant pleomorphism and high mitotic index
2. Presence of tumor infiltrating lymphocytes
3. Expression of immune checkpoint proteins
4. High tumor mutation burden
5. Good prognosis after surgery
6. Potential response to immune checkpoint blockade therapy

Of 397 patients with endometrioid endometrial cancer treated between 2009 and 2013. Hot spot mutations in the exonuclease domain of DNA polymerase epsilon analyzed by Sanger sequencing were detected in 44 cases. A total of 46 hot spot mutations of POLE exonuclease domain were discovered in 44 patients (Table 2), in which two patients showed mutations in both exon 9 and 13. The most common POLE mutation spot was c.857C>G in exon 9, followed by c.1231G>C (exon 13), c.1231G>T (exon 13), and c.1366G>C (exon 14) (Table 2). Most mutations were in exon 9 (N = 25), followed by exon 13 (N = 15) and exon 14 (N = 5). No mutations were detected in exon 10 and 12.

Although metastatic lymph node was suspected in 6 of the 42 cases after comprehensive image staging, only two patients with histological lymph node metastasis noted. Except for one patient with stage IVB disease, there were no cancer-specific death among patients with POLEmut tumors.

The detailed clinical manifestation of these cases and their implication of molecular classification is to present in the conference.

## 林宜欣 SY18

現職：三軍總醫院婦產部 主治醫師

國防醫學院婦產科 助理教授

經歷：三軍總醫院澎湖分院 主治醫師

三軍總醫院婦產部住院醫師、總醫師

學歷：國防醫學院醫學系

約翰霍金斯大學醫學院病理生物所

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### 子宮內膜癌的分型-異常 p53 表現

#### Molecular Subtypes of Endometrial Cancer - Abnormal p53 Expression

*Yi-Hsin Lin, MD, PhD*

*Department of OBS&GYN, Tri-Service General Hospital, Taipei, Taiwan*

The p53 gene is an essential tumor suppressor gene that regulates critical functions such as cell cycle control, DNA repair, and apoptosis in normal cells. The significance of p53 gene mutations in carcinogenesis lies in the loss of normal tumor suppressor functions, abnormal cell proliferation, anti-apoptotic capability, and impaired DNA repair, thereby promoting tumor formation and progression.

The diagnosis of p53 mutations in endometrial cancer typically involves molecular testing methods such as immunohistochemistry (IHC), DNA sequencing, next-generation sequencing (NGS), and PCR-based assays.

The prognosis of endometrial cancer with p53 mutation subtype varies and is generally associated with a poorer outcome compared to other subtypes. Endometrial cancer patients with p53 mutation subtype often exhibit aggressive tumor behavior and are more likely to have advanced-stage disease at the time of diagnosis. These tumors tend to be more invasive and have a higher propensity for metastasis. Furthermore, p53 mutations may confer resistance to certain treatment modalities, such as radiation therapy and certain chemotherapy drugs, leading to reduced treatment effectiveness. This can contribute to a higher risk of disease recurrence and poorer overall survival rates.

In this presentation, we will discuss the role of the p53 gene in cancer development, the importance of p53 gene mutations in endometrial cancer, methods for diagnosing p53 mutations, and how p53 mutations affect the prognosis of endometrial cancer. Additionally, we will explore adjuvant therapy options to enhance treatment outcomes for patients with endometrial cancer.



許世典  
SY19

現職：台中榮民總醫院婦癌科主任  
部定助理教授  
經歷：台中榮民總醫院婦科主任

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## HRD 的充分了解

*Shih Tien Hsu, MD, PhD*

*Department of OBS&GYN, Taichung Veterans General Hospital, Taichung, Taiwan*

Poly (ADP-ribose) polymerase inhibitors (PARPi) showed promising activity in patients with BRCA1 or BRCA2 mutated (BRCAm) ovarian cancer. Based on the rationale of synthetic lethality, the response of PARPi is associated with defects in the homologous recombination repair (HRR) pathway and not limited in patients with BRCAm. To find the patients with defective HRR phenotype(HRD), different homologous recombination deficiency scoring systems( genomic instability scores(GIS)) were developed as a prognostic and predictive biomarker in the response of PARPi. We will discuss about (1) the technical considerations and proposed perspectives of different GIS and (2)the clinical validation and limitation in assessment of HRD in clinical setting.

## 戴依柔 SY20

現職：台大醫院婦產部 主治醫師

經歷：台大醫院新竹分院婦產部 主治醫師

衛生福利部金門醫院 主治醫師

台大醫院婦產部 研修醫師

台大醫院婦產部住院醫師

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### Assessment of Mismatch Repair Deficiency and Associated Clinicopathologic Significance

*Yi Jou Tai M.D., Ph.D*

*Department of OBS&GYN, National Taiwan University Hospital, Taipei, Taiwan*

Ensuring high-fidelity DNA replication is essential for maintaining genome stability in humans. DNA mismatch repair (MMR) targets replication errors by excising regions containing mismatched base(s) on the synthesized DNA strands. The MutS homolog proteins (MSH) MutS $\alpha$  (heterodimer of MSH2-MSH6) or MutS $\beta$  (MSH2-MSH3) detect, bind a mismatch and interact with MutL homolog proteins (MLH) (MutL $\alpha$  · MLH1 and PMS2). EXO1 nuclease then participates in the MMR process during mismatch excision. DNA gap filling by polymerase Pol  $\delta$  or  $\epsilon$  and ligation by DNA ligase I restore a corrected and intact DNA duplex.

Compromised MMR function by mutation or epigenetic silencing results in inherited cancer susceptibility (e.g. Lynch syndrome, LS). Amsterdam criteria and Bethesda guidelines were developed to identify suspected LS patients who should undergo molecular tests such as MSI-PCR testing. The majority of germline mutations in MMR genes in LS patients result in loss of stable protein, immunohistochemistry (IHC) analysis of the four major MMR proteins in tumors can provide a diagnostic clue.

The impairment of MMR results in genome-wide hypermutation and in the "microsatellite instability" (MSI) phenotype, occurrence of insertion– deletion mutations (indels) at short tandem repeat (microsatellite) loci. The MSI status of tumors was traditionally assessed by molecular testing of various MS panels such as Bethesda panel, pentaplex panel or by measuring MMR protein expression levels. Whole-genome sequencing (WGS) or whole-exome sequencing (WES) can search for indels across various MS loci with statistical analysis integrating the instability signal to predict global MSI or MSS status for each tumor sample. A high burden of somatic mutations from MMR failures predicts response to immunotherapy. This session addresses issues around testing characteristic, test status concordance and provides recommendations as to the appropriate modality of testing.

**鄭雅敏**

SY21

現職：郭綜合醫院 院長

成功大學醫學院醫學系婦產學科教授

經歷：成功大學醫學院醫學系副系主任

成大醫院教學中心主任

成大醫院一般婦產科主任

台灣婦產科醫學會理事

台灣婦癌醫學會理事

台灣婦產科內視鏡暨微創醫學會理事

### 乳癌患者之婦科疾病照護

Breast cancer is the leading cause of cancer death in women in the United States. It is also the top one female cancer in Taiwan. Although breast cancer risk increases with age, approximately 35% of breast cancers occur during the reproductive and perimenopausal years. Common women's health issues such as contraception, pregnancy, menopause, and sexual functioning are uniquely affected by breast cancer diagnosis and treatment.

Two-thirds of breast cancers are hormone-sensitive and adjuvant hormonal therapies like tamoxifen or aromatase inhibitors have substantially decreased the disease recurrence of contralateral breast cancer. These hormonal therapies in premenopausal women can affect menstruation, reproduction and gynecologic health such as menorrhagia, symptomatic fibroids(25%) and nearly 67% have an underlying uterine disorder with potential to cause abnormal uterine bleeding (AUB). It also induce menopausal vasomotor symptoms and sexual side effects. Breast cancer treatment can have a marked affect on fertility in women who have delayed childbearing and have fewer remaining reproductive years.

Women's healthcare providers need to understand safe and effective treatment options to manage them. Providing counseling and evidence-based education is important for primary care providers and gynecologists who care for those women who have or previously had breast cancer.

The clinical dilemma of balancing the risk of breast cancer recurrence with symptoms and quality of life can be challenging for health care professionals and patients. Health care professionals can benefit from understanding available new technologies and their potential to markedly affect and improve the quality of life of premenopausal women who survive breast cancer.

## 鄭碧華

SY22

現職：台北市聯醫忠孝分院婦產部主治醫師

台北市聯醫婦幼分院 部定助理教授

經歷：高雄醫學院婦產部 主治醫師

美哈佛大學醫院 Hebrew senile life

Framihgan 骨鬆研究 研修醫師

長庚大學臨床醫學研究所博士畢

長庚紀念醫院婦產部主治醫師

### 類升糖素胜肽對控制婦女肥胖的功效

*Bi Hua Cheng, MD, PhD*

*Department of OBS&GYN, Taipei City Hospital,*

*Zhongxiao branch and women's and children's branch, Taipei*

肥胖與過重在WHO的定義：異常的或過多的脂肪堆積在身體,增高健康危害之風險,降低生活品質。減少生命的長度的慢性病。診斷用 BMI >25 為過重, BMI>30 為肥胖。會產生很多種併發症。包括了第二型糖尿病。代謝症候群。心血管疾病。退化性關節炎。睡眠呼吸中止症候群。憂鬱。非酒精性脂肪肝。不孕症。癌症。胃食道逆流...等等。研究顯示：肥胖會增加罹患冠狀動脈心臟病的相對風險,在過重者增加 1.17 倍而肥胖者增加 1.49 倍。冠心病猝死發生率每增加 BMI 五單位。心因性猝死風險增加 16%; 五分之一的心房顫動症有肥胖症。14% 女性心臟衰竭有慢性肥胖。台灣肥胖醫學會在 2023 年成人肥胖防治實證指引指出 臨床醫師面對身體質量比 BMI 24 以上的過重 [BMI 24~27]; 肥胖[BMI 27-30] 重度肥胖 [BMI >30], 應該詳做病史評估。執行身體檢查。實驗室檢查。飲食評估。並展開積極治療步驟：建議飲食介入。運動介入。相關心理成面介入 (尤其防自殺)。藥物治療適時介入。重度肥胖手術治療的時機。提供肥胖治療的藥物與非適應症之減重藥物等使用的基本原則。及早讓過重與肥胖婦女有足夠時間。且經由決策分享 (SDM) 的方式選取自己減重方式。並達成減重至少 5-10%, 便可體會減重的好處; 生活型態改變開始加入規律的中強度有氧運動。每週能夠至少 150~300 分鐘。即一週 4-5 次運動。一次至少 45-60 分鐘; 力行低脂低熱高纖飲食。每天以減少 500 至 1000 大卡開始。若是持續生活型態控制不佳。需加入藥物。再不理想。持續 BMI 大於 27.5 則應考慮減重手術。

建議用藥於 BMI 大於 30 和 BMI 大於 27 加上有一種合併症 (高血壓。二型糖尿病。血脂異常。生殖生育障礙)...等婦女。實證呈現減重 0~5% 可以改善高血壓和血糖。減重 5%~10% 可以預防第二型糖尿病。非酒精性脂肪肝。多囊性卵巢症候群並改善血脂; 減重 10~15% 可以減少心血管疾病。小便應力性失禁。並改善非酒精性脂肪肝,阻塞性睡眠呼吸中止症候群。胃食道逆流。退化性關節炎; 減重大於 15% 有助於第二型糖尿病緩解改善及減少心血管死亡率和心臟衰竭。減重對肥胖與過重婦女健康有非常正向意義也為其更年期和老者肥胖防治把關與中老年健康促進加油。目前台灣衛福部 公告核准減重用藥 1.Olistat,口服藥物。減重 3~5%。1999 為美 FDA 核准。然現在因有慢性吸收不良症候群。除非對特殊族群。九成以上醫師不喜建議此藥。2. 類糖體胜肽短效型 liraglutide (屬 GLP-1 agonist)注射藥物。每天一次皮下注射。減重 ~5% 目前食藥署 2023/2 於核准用於減重; 3.Naltrexone/Bupropion ER。食藥署 2022 核准。口服方式。經中樞抑制食慾。注意衛福部對於非適應症的減重藥物是採不建議使用 (如衛生福利部 2020 公告禁用 Lorcaserin) 以共同保障病人用藥利益。

Glucagon like peptide-1 [GLP-1] (liraglutide 利拉魯肽)是類升糖素胜肽-1 類似。可以抑制人體食慾中樞。使食慾下降。並且藉由降低胃排空而增加飽足感。進而達到減重效果; 對於肥胖及糖尿病前期個案有降低糖尿病... 等等益處。為本次報告重點內容 期將 GPL-1RAs 的重要臨床試驗實證相關 efficacy and safety 對過重和肥胖婦女尚未罹患糖尿病的 RCT 等資訊將在會議中呈現以為本會會員在忙碌臨床工作。面對減重之實證憑據。

## 陳子健

### SY23

現職：馬偕紀念醫院主治醫師

馬偕醫學院助理教授

經歷：台灣婦產科醫學會副秘書長

台灣婦癌醫學會理事

台灣婦科醫學會理事

### 外陰與陰道表皮內癌前病變之診斷與處置

HPV DNA can be identified in over 80% of vulvar intraepithelial neoplasia (VIN), and type 16 is the most common. The “usual typeVIN (uVIN)” is caused by HPV and encompasses high-grade lesions (VIN 2 and 3). The differentiated type of VIN (dVIN) is not caused by HPV, and is shown to be associated with other vulvar dermatoses such as lichen sclerosis and lichen plants. The risk of vulvar cancer in the 10 years following high-grade uVIN and dVIN was 10% and 50% respectively. Most VIN is asymptomatic. The predominant symptom in symptomatic patients is pruritus. Careful inspection of the vulva in bright light followed by biopsies of suspicious lesions is the most productive diagnostic technique. Colposcopy especially after application of 5% acetic acid can be very helpful. Management of VIN include excision, laser, alternative ablative techniques, and non-surgical treatment such as imiquimod, cidofovir, photodynamic therapy, etc.

The incidence of vaginal intraepithelial neoplasia (VAIN) is estimated to be 0.2 to 0.3 cases per 100,000. Approximately 50% to 90% of patients with VAIN have concurrent or prior history of CIN or VIN. HPV is implicated in the development of VAIN, and HPV 16 and 18 are the most prevalent subtypes. Progression to vaginal cancer occurred in 2% to 20% of patients with VAIN. The overall spontaneous regression rate was 78% in VAIN 1 or 2. The rate of occult invasive vaginal cancer in VAIN3 is reported as high as 28%. VAIN is usually asymptomatic and most commonly detected by cytologic examination. Vaginal colposcopy with Lugol solution stain is important when the vaginal cytology is abnormal but no gross abnormality is seen. Colposcopically abnormal areas warrant biopsy. Treatment options include local excision, partial or total vaginectomy, laser vaporization, electrocoagulation, topical fluorouracil (5-FU), topical imiquimod, and radiation.

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蘇鈺婷

SY24

現職：高雄長庚醫院婦產部 主治醫師

高雄長庚醫院婦產部生殖醫學科 副主任

經歷：台灣更年期醫學會秘書長

屏基生殖醫學中心主持人

高長醫院婦產部住院醫師

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## Hormone replacement therapy-where are we now?

蘇鈺婷醫師

更年期賀爾蒙治療 (Menopausal Hormone Therapy) 在停經後婦女已經使用了幾十年，因為研究發展的時空背景，臨床醫師對治療的風險和益處的理解不斷變化。自 2002 年婦女健康倡議 (WHI) 試驗結果後，引起全世界的軒然大波，隨後 20 年的陸續研究，賀爾蒙的益處和風險已被反複驗證，並進行了討論。理解通過調整開始藥物的時間、組合方案和持續治療的時間長短，來控管賀爾蒙帶來的風險，至關重要。

賀爾蒙治療帶來的好處，明確的部分在於治療血管舒縮症狀 (Vasomotor syndrome)、泌尿生殖系統更年期綜合症 (Genitourinary syndrome of menopause) 和骨質疏鬆症(Osteoporosis) 的預防。然而，賀爾蒙療法與心血管疾病、靜脈血栓栓塞、神經退行性疾病風險之間的關係、以及乳癌和子宮內膜癌仍存在爭議。

我們將在本堂教育課程為大家更新近期的研究與專家共識，做重點式的結論。

## 林立德 SY25

現職：高雄榮總婦女醫學部 主治醫師  
教育部部定 副教授  
台灣更年期醫學會 副秘書長  
台灣精準預防醫學學會 理事  
經歷：國立中山大學生物科學博士  
台灣生殖醫學會副秘書長

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### Primary choice of estrogen and progestogen as components for HRT: a clinical pharmacological view

*Li-Te Lin, MD, PhD*

*Department of OBS&GYN, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan*

更年期荷爾蒙治療(menopausal hormonal therapy, MHT)在 2002 年 WHI 研究發表後使用遽減，不過，後來學者進一步探究，發現 WHI 研究有 3 個主要問題：(1)使用口服 Conjugated equine estrogens (CEE)，(2)持續使用合成黃體素 medroxyprogesterone acetate (MPA)，(3)受試族群多高齡及高風險族群，由於此三個問題造成更年期荷爾蒙治療明顯增加栓塞、心血管疾病和乳癌等風險。因此，若能使用 transdermal estradiol、間歇使用天然黃體素(progesterone 或 dydrogesterone)、用於停經 10 年內或小於 60 歲婦女及低風險族群，則可降低上述疾病風險。此外，近年來學者更提出精準更年期治療(Precision menopausal medicine)，將更年期治療個別化，除了符合適應症、排除禁忌症外，還需醫病共享決策、心血管疾病和乳癌風險評估、使用適當的荷爾蒙、生活型態調整及定期評估並適時調整。

目前認為最理想的荷爾蒙劑型為 transdermal estradiol 合併間歇使用天然黃體素(progesterone 或 dydrogesterone)。不過，口服劑型東方人接受度較高，且東方人發生栓塞的風險低，故低風險者可使用口服 estradiol；而 Conjugated equine estrogens (CEE)成分複雜，不符臨床藥理學基本原則，且栓塞及中風風險較 estradiol 高，因此，不建議使用。間歇使用天然黃體素可降低乳癌的風險，但內膜保護效力較差，不過，給予適當的劑量仍可提供足夠的內膜保護；然而，若為高風險族群(如家族病史、肥胖、糖尿病等)，則可考慮持續使用或使用合成黃體素，以增加內膜的保護效力。



# 康介乙

## SY26

現職：奇美醫療財團法人奇美醫院婦產部婦(癌)科主任

經歷：奇美醫療財團法人奇美醫院婦產部住院醫師

奇美醫療財團法人奇美醫院婦產部住院總醫師

奇美醫療財團法人奇美醫院婦產部主治醫師

## Selective estrogen receptor modulators and bone health

### SERM 類藥物和骨頭健康

*Chieh Yi Kang, MD*

*Department of OBS&GYN, Chi Mei Foundation Hospital, Tainan, Taiwan*

人體的骨質密度會在 30 歲左右達到顛峰，之後開始逐年下降。根據統計，50 歲以上國人男性有 4 分之 1、女性有 3 分之 1 罹患骨鬆。它是全球第二大流行病，好發於停經後婦女及年長者，所引起的骨折最常發生於脊椎、腕骨及遠端橈骨(腕部)等部位；由於沒有症狀，往往骨折後才發現患有骨鬆。推估 2025 年台灣將邁入超高齡社會，老年人骨質疏鬆腕部骨折的人數必逐年上升。根據世界衛生組織統計，亞洲骨折率為全球第一，而臺灣腕部骨折的發生率為 0.45%，亞太國家排名第一。65 歲以上老年人腕部骨折後一年內死亡率高達 14%-36%，甚至比罹癌死亡率還高，因此被稱為「老人殺手」。

預防或治療骨鬆的藥物大致分兩大類：減少骨吸收和促進骨生長。選擇性雌激素受體調節物 (Selective estrogen receptor modulators (SERM)) 是屬於減少骨吸收類的；它們作用在骨頭的雌激素接受器，產生抗蝕骨作用並降低骨骼代謝轉換率來增加骨質密度。但在不同組織不同的 SERM 有不同作用；大部分在乳房是抗雌激素作用，但在女性生殖器就有差異；如 Tamoxifen 會增加子宮內膜癌。因這樣的差異性，臨床上就有不同的適應症

Raloxifene 是最常見的 SERM 藥物之一。研究證實，停經後婦女使用 raloxifene 每日一次、每次 60 mg 持續二年以上，可增加骨密度約 1-1.28%，並對於已經罹患骨質疏鬆症的停經後婦女能夠在一年內有效降低脊椎骨折發生率達 50% 以上，並能預防多次的脊椎骨折。此外也可預防乳癌發生，不管是用於骨鬆或有高風險乳癌的停經婦女。

林冠伶

SY27

現職：高雄醫學大學附設中和紀念醫院婦產部 主治醫師

高雄醫學大學附設中和紀念醫院婦產部 臨床助理教授

經歷：高雄醫學大學附設中和紀念醫院婦產部 主治醫師

高雄醫學大學附設中和紀念醫院婦產部住院醫師

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### Vitamin D and menopausal health

*Kun ling Lin, MD, PhD*

*Department of OBS&GYN, Kaohsiung Medical University Chung-Ho Memorial Hospital, Taiwan*

There is increasing evidence that vitamin D has widespread tissue effects. Women are more affected by a loss of bone strength in the years before, during, and after the menopause, as estrogen - the key hormone for protecting and maintaining bone density - rapidly declines during this time.

A lack of estrogen weakens your bones as you age; vitamin D works to slow down and minimise the weakening process. Vitamin D works in a different way from other vitamins. It is more similar to a hormone, and it is naturally produced in the body from cholesterol when your skin is exposed to the sun – hence it is sometimes referred to as the ‘sunshine vitamin’. Vitamin D’s most prominent effects on the cells relate to bone health. For example, it promotes the absorption of calcium and phosphorus from your gut and these nutrients help to keep muscles, teeth and bones strong and healthy. Almost all studies suggest that lower doses of estrogen prevent bone loss, particularly when adequate vitamin D and calcium intake are provided. Many researchers believe that vitamin D is vital to healthy brain function and studies suggest it might play an important role in regulating mood and warding off anxiety and depression. Research has repeatedly found that people with low vitamin D levels have a higher risk of developing type 2 diabetes. Vitamin D supplementation may help lower blood sugar levels in people with type 2 diabetes and reduce the chance of prediabetes developing into full diabetes. Vitamin D works best alongside other nutrients. However, the effect of vitamin D supplementation on non-skeletal outcomes requires clarification, especially in postmenopausal women.

## 葉光芃 SY28

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)

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### 緊急有效行動，攜手共創永續醫療淨零婦產科新世代：綜論

葉光芃醫師

台灣婦產科內視鏡醫學會(TAMIG)前理事長(2014-2016)

台灣婦產科醫學會(TAOG)環境與婦女健康委員會創會召集人(2019-)

#### 截至 2022 年 10 月，全球 127 國 預計 2050 年達成淨零排放

氣候變遷，已被世衛組織描述為 21 世紀全球健康最大的威脅。美國總統氣候特使約翰·克里 John Kerry – 在 2023 年 5 月世衛年會的視頻演說強調：“**Make no mistake, it is a battle.**” 定義氣候變遷為一場戰鬥。“**There’s really no polite way to put it, the climate crisis is killing people.**” 專家稱，目前世界各地的極端高溫正在加劇的趨勢將在幾十年內使地球大片地區無法居住。

所幸，在聯合國的努力之下，初見生機，世界各國分別努力減排溫室氣體。據統計，至 2022 年 10 月，佔全球溫室氣體排放 86% 的 137 個國家承諾淨零排放；其中 127 國預計在 2050 年達成此一目標。

台灣也跟上世界的腳步，蔡總統在 2022 年 4 月 22 日世界地球日宣誓，將與民間共同努力，啟動「碳定價」及完備「碳盤查」的機制，朝「2050 年淨零排放」的目標大步前進。立法院也在隨後通過氣候變遷因應法，明定 2050 達成淨零排放。

#### 醫療是救人行業，卻潛藏殺人、殺地球的風險！

醫療是救人行業，卻也是高耗能、高污染、高碳排的行業！換言之，在救人背後卻潛藏著殺人殺地球的風險！據統計，美國衛生部門的碳足跡佔全國溫室氣體排放量的 8.5%。主要歸因於兩個因素：高醫療廢棄物和高溫室氣體排放。醫療廢棄物焚燒爐是美國汞和戴奧辛排放的前 5 大來源之一。然而，美國並非特例！綜觀全球，醫療部門每年碳排放量，約佔全球淨排放量的 4.4%，相當於 514 座燃煤發電廠一年的總排放量。如將全球醫療部門視為一個國家，它將是世界第五大碳排放國！而台灣醫療部門碳排放也不落人後，約佔國家碳排放總量的 4.6%，比各國平均值 (4.4%) 略高。據統計，臺灣醫院大戶的能源消耗占全國非生產性能源大戶的 16.76%，高居全國非生產性行業的第一名。

手術室溫室氣體排放約佔醫院整體的 2 至 3 成，可說是醫院的排放大戶！手術時最大溫室氣體排放來自能源，而手術室使用能源約為醫院其他部門的 3 至 6 倍；此外，醫院廢棄物約 3 至 5 成是手術室產生，如果將產房及待產室的醫療廢棄物加進來，更可高達 7 成。

### 英美醫療體系，Mass General Brigham、輝瑞藥廠等，競逐淨零

有鑑於此，英國將「全國 2050 年淨零排放」入法的同時，英國的國立醫療體系(NHS)也同時宣布在 2045 年前達成醫療部門的淨零排放，並在 2022 年將醫療淨零正式入法。

在美國方面，拜登總統上任不久，即於 2021 年 1 月 27 日，指示衛生部長設立氣候變遷和健康平等辦公室。此辦公室在 2022 年 4 月地球日當天宣佈美國醫療體系，如 Mass General Brigham (MGB, 為麻省總醫院與 Brigham and Women's Hospital 合併)、波士頓兒童醫院、加州的史丹佛大學醫院、加州州立大大學醫院、輝瑞藥廠、AZ 藥廠等已承諾：將在 2030 年前將其各自的溫室氣體減排一半，並在 2050 年達到淨零排放，且每年均須公開說明這一目標的進展。此外，每一宣誓單位均須指定一位高管負責 2023 年減排工作；到 2023 年底前須制定並發布持續運營的氣候適應計劃，預測社區中遭受氣候相關損害風險過高的群體的需求；並在 2024 年底前針對最難管控的範疇 3 排放（佔全體污染排放源 73% 的供應鏈及其他間接排放）進行盤查。目前，拜登政府的醫療淨零行動至少已獲得代表 872 家醫院的 116 個組織簽署。英國入法，美國官方認證簽署，看來，英國、美國的醫療淨零是來真的！

### 2023 COP28 首創“健康日”：將健康納入議程的主流、對話的中心

世衛組織在淨零醫療也非常努力，在聯合國的支持之下，世衛組織於 2021 年在英國格拉斯哥舉行的 COP26 (聯合國第 26 屆氣候變化綱要公約締約國大會) 創設了「氣候與健康變革行動聯盟」(ATACH)，致力於利用世衛會員國和其他國家的集體力量，建立適應氣候變化和可持續的衛生系統，並促進將氣候變化與健康的關係納入各自的國家、區域和全球計劃。截至 2023 年 5 月，已有 65 個國家 (其中 22 個國家承諾建立淨零衛生系統) 加入 ATACH。總的來說，ATACH 和 G7 做出的淨零醫療承諾已佔全球醫療保健溫室氣體排放量的近一半 (48%)。

2023 年，將在杜拜舉行的 COP28 官方已宣布要“大規模調整方向”，將“健康日”納入今年 COP28 議程。COP28 將提升氣候與健康關係的政治形象，並將健康問題納入全球氣候變化議程的主流，將健康置於氣候對話的中心，將健康積極納入整個氣候決策過程。官方宣稱這是個飛躍的創舉！世衛組織總幹事譚德塞博士表示，COP28 還將舉辦首次氣候和衛生部長級會議，各國衛生部長不僅出席並積極參與氣候峰會，而且確保健康成為氣候行動的主要關鍵，突顯 COP 最高層已意識到健康是氣候討論的核心支柱。世衛組織將繼續與氣候變化與健康變革行動聯盟 (ATACH) 成員合作，繼續推動致力於建設適應氣候變化和可持續的低碳衛生系統。

### 截至 2023 年七月初，全台至少三成醫學中心已誓言淨零醫療

台灣方面，各大醫院的努力，也有目共睹。至 2023 年七月初為止，全台 20 家醫學中心已有 6 家(佔三成) 誓言淨零醫療，這 6 家醫學中心是：新光醫院、亞東醫院、林口長庚、台北長庚、高雄長庚、台中榮總，再加上其他醫院共 15 家已宣示競逐淨零醫療。這是台灣醫療史上偉大的一頁！這 15 家醫院宣誓的日期值得分別記載如下：2023/3/8 - 新光醫院；2023/3/13 - 北醫附醫；2023/5/5 - 亞東醫院；2023/5/18 - 林口長庚、桃園長庚、基隆長庚、台北長庚、雲林長庚、嘉義長庚、高雄長庚、高雄市立鳳山醫院、新北市立土城醫院；2023/7/1 - 台中榮總與嘉義暨灣橋分院、埔里分院。

### 台灣婦產科醫學會努力競逐淨零婦產科

婦產科是外科體系的一部份，也是高耗能、高污染的醫療行業！因此，當 2019 年，全球開始倡議競逐淨零 (race to net zero) 行動時，台灣婦產科醫學會也開始反思與行動！首先，2019 年，在時任 TAOG 理事長黃閔照、黃建霖秘書長及會員代表的支持下，婦產科醫學會成立了「環境與婦女健康委員會」。2021 年底，在 COP26 之後不久，與台灣婦產科內視鏡暨微創醫學會(TAMIG)合作，在台大兒童醫院舉辦一場

「台灣淨醫療初探」的演講；更在 2022 年 10 月亞太婦產科內視鏡(APAGE)年會在世貿舉行時，與 TAMIG 及 APAGE 合作，舉辦一場四個半小時「刀上救病人 刀下救地球」的專題討論會，除了國健署副署長及醫事司劉司長，我們也邀請到淨零醫療、淨零台灣的重要推手之一的簡又新董事長，及牙科醫學會及麻醉醫學會，共同討論「淨零牙科」「淨零麻醉」的可能性。研討會之前，我們舉行了記者會，倡議 2040 台灣淨零醫療的可能性。除了蔡壁如立委和洪申翰立委，及 APAGE 董事長李奇龍教授等出席外，當時即將就任新會期的 TAOG 理事長陳思原教授也親自出席加持。2022 年年底，新成立的 TAOG 會員代表大會也通過了提案：授權婦女健康委員會草擬永續淨零婦產科共識及行醫指引。

### 2023 的 TAOG 年會醫法倫「淨零醫療」專題，講師均為一時之選

今年，2023 的 TAOG 年會更在陳理事長及黃秘書長的要求及支持之下，在醫法倫單元有了「氣候變遷 淨零醫療」的專題討論，此專題請到的講師都是一時之選。以下稍做簡介：

**學界：**諾貝爾獎得主，前中研院長李遠哲教授。李教授不僅到處演講提醒氣候變遷危害人類、危害地球、危害萬物，呼籲台灣各界要盡速採取緊急有效的行動，台灣及人類才能免於浩劫；也親自出席參與「反空污 抗暖化 無煤台灣」等遊行；更時常對執政當局提出諍言，是台灣能夠全面翻修空污法及淨零氣候立法的最主要推手。

**法界：**立委洪申翰：洪委員年輕有為，當立委之前，長期在環團紮根，對環境氣候有很強烈的使命感，當選立委後也不負眾望，在立法院內穿針引線，促成台灣的氣候立法，他應該是本屆立委在氣候立法裡面的最大貢獻者。

**產界：**林名男醫師，大林慈濟醫院副院長，家醫科醫師。他是淨零醫療的先行者，自 2010 起，即在偏鄉大林默默奉獻，深耕此領域達 13 年。他是全球推動淨零醫療最有影響力（影響聯合國、世衛組織、G7、G20）、最具論述能力及最強行動力的組織“Healthcare without Harm”的台灣代表人物。近年，更常參與聯合國的活動，分享競逐淨零醫療的經驗。大林慈濟醫院 2022 年得到國際醫院聯盟肯定，獲頒卓越綠色醫院銅獎，是臺灣首獲此殊榮的醫院。

**醫學倫理：**江盛醫師，他是婦產科醫學會倫理委員會最具代表性的委員，學識淵博，關懷弱勢。他是 COP26 舉行地點 Glasgow 大學的遺傳學博士，在蘇格蘭住了至少 4 年，蘇格蘭 NHS 是全球最早(2019)宣布的淨零醫療體系，已設定在 2040 年之前達到淨零醫療。由江醫師來分享氣候引起的健康不平權，是不二人選。

### 一場波瀾壯闊全新的淨零醫療革命已經開始，婦產科醫師任重道遠

以醫療廢棄物而言，每一個病例，婦科產出 11.1 公斤廢棄物，是眼科 0.3 公斤的 39 倍，ENT1.7 公斤的 7 倍；就碳排放而言，以美國子宮切除手術為例，每例子宮切除產生 424 公斤的二氧化碳，約等同駕駛汽油車約 2,000 公里。如此高醫療廢棄物及高碳排手術，已然突顯出婦產科在醫界競逐淨零醫療的關鍵角色。

以新世代的眼光來看，只有環境永續的淨零醫療才是好的醫療！

一場波瀾壯闊的醫療革命已經開始，永續醫療就從淨零婦產科做起！醫師身為醫界的領導者，讓我們共同思考如何以身作則，採取緊急有效行動，攜手共創「無煤台灣」、「無化石燃料的台灣」，共同建構一個人人都能獲得清潔空氣、清潔水和健康環境的台灣未來新世代。

李遠哲

SY29

中央研究院榮譽院長

諾貝爾化學獎得主

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## 全球暖化與世代交替

從人類社會開始高度工業化之後，由於人口暴增，人均消費的急速增加，人類社會與大自然之間的關係，發生了顯著的改變。人類已不再只是大自然的一部份，人類已開始主宰地球，地球也進入地質學家所稱的「人類世(Anthropocene)」。

地表的許多改變確實令人擔心，但最重要的莫過於人類正在改變地球的大氣層這件事。隨著在化石燃料的大量使用，溫室氣體，尤其是二氧化碳濃度的增加。目前地球表面從陽光吸收的能量，比地表排放出去的多，也就促使地球表面溫度的不斷升高。

對很多人來說，地表升溫兩、三度(攝氏)，並不覺得那麼可怕，畢竟早晚溫度的差別與一年四季溫度的變化，也遠超過兩、三度。不過他們並不瞭解，導致平均溫度升高的是地球表面能量的大量累積，這累積的能量的推動，可能帶來的後果是非常嚴重的。例如氣候變遷，尤其是極端氣候，像熱浪、大颱風、洪水、森林大火與物種的消失，將嚴重威脅到人類文明在地球上的永續生存。

最近世界各國對全球暖化的嚴重性，已慢慢的覺醒過來，每個國家幾乎都同意。我們必須在公元2050年前，達到溫室氣體淨零排放的目標。也就是說，人類社會排放的溫室氣體，都能為地表所吸收，同時大家也同意地表的升溫也要限制在人類社會工業化之前的1.5°C。

有個共同目標讓全體人類攜手並進，是令人欣慰的一件事。可是我們確實有責任讓我們年輕的一代瞭解，2050年，即便達到淨零排放，地表升溫1.5°C的世界，並不是更美好、更理想的世界，但是如果朝這個方向努力，人類社會在地球上會變得更糟糕，人類文明在地球上的繼續生存，將會受到非常嚴酷的考驗。

我們這個世代，交給下一個世代的地球，是有嚴重問題的，不管我們在世界的任何角落，從事任何行業，急速減碳的步伐要更加緊。我們真的已沒剩下多少時間了。

人類社會應該很清楚的認識到，我們面對的是全球的問題，需要全體人類共同合作才能解決。如果我們從人類社會生產與消費的角度來看，整體來說，人類社會已過度開發，未發展或發展中的國家，絕不能跟隨過度開發的國家的路徑而走入過度開發的國家的行列。在科技的領域裡，我們要加速步伐學會捕捉、轉化與儲存太陽給我們的巨大能量，並有效率地分享給所有的人類。

在人口密集的台灣，人均能夠享受的陽光，畢竟相當有限，能源轉型的過程將會極端困難，也會受到更多的壓力。社會的轉型，生產與消費的減少，綠能的進口等，都將是我們要認真探討的一些事情。

我們確實不能再繼續改變地球的大氣層，我們必須痛下決心作很大的改變，我們已經沒有剩下多少時間了。

## 洪申翰 SY30

現職：中華民國第十屆立法委員  
經歷：綠色公民行動聯盟副秘書長  
行政院能源及減碳辦公室專家委員  
新北市智慧節電委員會專家委員  
環保署資料開放諮詢小組專家委員  
台北市公民參與委員會委員

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### 淨零世代下的健康因應及氣候變遷治理

洪申翰 委員  
中華民國第十屆立法委員

長期任職於環境組織，並在 2020 年擔任民進黨不分區立法委員，投入在能源轉型、氣候變遷與環境政策，所屬專業委員會為社會福利及衛生環境委員會，持續監督及推動環境、勞動、醫療、公共衛生等領域之法規與政策。洪申翰自上任以來，在立法院大力推動《氣候變遷因應法》等修法工作，期盼讓立法院在環境議題上，持續進行跨黨派合作，讓淨零排放和氣候變遷議題可以有更多元且更良好的發展。

林名男

SY31

大林慈濟醫院 副院長  
健康醫院與環境工作小組召集人  
健康促進醫院國際網絡

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## Climate Change and UN Sustainability Development Goals- the Role of Healthcare Sector

*Ming-Nan Lin, MD, MPH  
Vice Superintendent, Buddhist Dalin Tzu Chi Hospital, Taiwan*

Climate change poses one of the most significant challenges of the 21st century, with far-reaching implications on human health and sustainable development. The United Nations Sustainable Development Goals (SDGs) highlight the need for urgent action to combat climate change and its impacts (Goal 13), while simultaneously ensuring healthy lives and promoting wellbeing for all ages (Goal 3).

The healthcare sector plays a crucial role in addressing these intertwined goals. Firstly, healthcare providers are at the frontlines of dealing with the health impacts of climate change, which range from direct effects, like heat-related illnesses and injuries from extreme weather events to indirect effects, such as increased prevalence of vector-borne diseases, compromised nutrition from declining food security, and mental health issues stemming from climate anxiety and displacement.

Moreover, the healthcare sector itself contributes significantly to global greenhouse gas emissions. Therefore, a transition towards more sustainable and climate-resilient healthcare systems is essential. This includes minimizing the sector's environmental footprint through measures like energy efficiency, waste reduction, and sustainable procurement.

Healthcare professionals also have a powerful role in advocacy. They can influence policy decisions, lead public discourse on climate change and health, and promote sustainable behaviors within their communities.

Finally, integrating climate risks into health strategies and policies, enhancing the capacity of health workers in understanding climate change, and investing in climate-resilient infrastructure are other key roles the healthcare sector must play. In essence, healthcare's role is not just in treating health problems caused by climate change, but also in mitigation, adaptation, and resilience building efforts, thereby contributing to multiple SDGs.

More climate actions are necessary for reducing climate impact from the healthcare sector in Taiwan. Involvement of medical professionals is one of the important keys to achieve the goal.

Keyword: climate change, UN sustainable development goals, Climate actions.



## 江 盛 SY32

馬偕醫院婦產部 (1989-2017)  
英國 Glasgow 大學醫學遺傳博士 (1997-2001)  
馬偕醫院教師培育中心倫理法律組組長 (2007-13)  
馬偕醫學院醫學系醫學人文教師(2009-13)  
台灣婦產醫學會倫理紀律委員會委員(2007-22)  
部立台東醫院(2022-)

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### 環境倫理與人文

婦產醫學會在前任黃閔照理事長，黃建霖秘書長任內，設立婦女健康和環境小組，由葉光芄醫師擔任組長，堪稱台灣各醫學會之先驅。號稱台灣 PM 2.5 先生的葉醫師經歷十多年的街頭奔走，呼籲民意和政客重視空汙防治，近期更朝向減碳，醫院淨零排放，永續能源期程，以利改善暖化及氣候變遷的環境教育領域。

環境倫理學(Environmental ethics)是哲學的一個學門，挑戰以人為本的傳統倫理思想，研究與自然，其他物種及其和人互動的道德與價值議題。

環境倫理學也嘗試運用傳統的倫理學說，包括結果主義(Consequentialism)、義務責任論(deontology)和美德倫理(virtue ethics)來支援當代關切的環境面向。

環境倫理的出現始於 1960 年代，是社會、政治、學術和國際開始重視響應瑞秋卡森(Rachel Carson, 1907-64)等科學家的研究和著作，並且開展類似 1970 校園第一次世界地球日事件(4 月 22 日)，京都議定書(Kyoto Protocol, 1997) 到巴黎協定(Paris Agreement, 2015)。

環境倫理學歷史不長，迄今出現許多思想家和行動家，關注並進行廣泛議題的討論和行動，包括人口，荒野、建築與環境，動物權，護樹，貧富差距的政治，永續能源，暖化與氣候變遷等等；探討領域經常涉及法律、社會學、宗教、經濟、生態、地理、公共健康和醫學科學。

2023 婦產醫學會年會醫倫法場次，首次的環境倫理與人文演講，講者將濃縮當今國內外關注的環境倫理，包括歷史，人物，媒體，政治，醫學，健康和哲學。

TAOG

2023

2023.8.12~13



王卜瑾  
SY33

現職：新竹市立馬偕兒童醫院 婦女泌尿科 主任

新竹市立馬偕兒童醫院 婦產科 主治醫師

經歷：新竹馬偕紀念醫院 婦女泌尿科 主任

新竹馬偕紀念醫院 婦產科 主治醫師

台北馬偕紀念醫院 婦產科 主治醫師 研修醫師 住院醫師

## What are and how could the Urogynecology related questionnaires improve the Urogynecology practice?

Urogynecology is the field concerned with urinary and pelvic floor health in women. In urogynecological studies, assessment of questionnaire plays an important role in providing subjective information about patients' symptoms, effects, and quality of life. The questionnaires help physicians and researchers to understand patients' needs, assess disease severity and impact, and assess treatment effectiveness. However, there are several limitations and challenges in assessing questionnaire data, including subjectivity, memory bias, and limitations influenced by cultural factors.

Questionnaire studies in urogynecology have shown many advances in method and application over the past few decades. These advances include the development and improvement of questionnaire tools, innovations in research design, improvements in data analysis methods, and a more exploration of gender differences and cultural factors.

A lot number of questionnaire instruments specifically for urogynecological research have been designed. They were used to assess women's subjective symptoms, quality of life, and treatment outcomes. Some of these questionnaire tools have been widely used and have been verified and validated with high reliability and validity. The most commonly used ones are: Overactive Bladder Questionnaire (OAB-q), Incontinence Impact Questionnaire (IIQ), International Consultation on Incontinence Questionnaire (ICIQ), Urogenital Distress Inventory (UDI), Female Sexual Function Index (FSFI), King's Health Questionnaire (KHQ) etc.

Innovations in research design were also an important advance in questionnaire studies in women's urology. Over the past 30 years, researchers have introduced many innovations in study design to improve the reliability and applicability of research. The use of randomized controlled trials (RCTs) allows researchers to assess the impact of different interventions on women's urological health. The long-term follow-up studies allows obtaining more comprehensive data through multiple questionnaires and interviews, thereby revealing changes in women's urinary symptoms, function, and related factors. In addition, more attention has been paid to the relationship between the urogynecological diseases and other health problems, such as general gynecological disorders, reproductive and sexual dysfunction, etc. By integrating the urological symptoms into a broader health framework, we can better understand and address issues of the women's life quality.

With the advancement of technology and statistic tools, some data analysis methods have been applied to the questionnaire study of urogynecology including factor analysis, regression analysis, survival analysis, etc. These methods can help researchers explore and explain the relationship between women's urological health and other variables, such as age, lifestyle, and other disease risk factors.

Gender differences and cultural factors are also gradually being paid attention to in the study of women's urology questionnaire. Women experience differences in urological disorders and symptoms compared to men. In addition, cultural factors are also considered to play an important role in the urogynecological research. Different cultural backgrounds and values are suspected to affect women's perception, assessment and treatment of urological health. Therefore, cultural factors in questionnaire studies were considered and established to enhance a more comprehensive understanding on the issue of the female life quality.

In conclusion, questionnaire studies in urogynecology have progressed significantly in method and application. However, the effort to improve the settings of the questionnaire studies is still on going. In the future, we can expect more innovations and advancements to provide and improve the urogynecological questionnaire setting, thus to improve scientific support for formulating relevant policies and clinical practice guidelines.

## 黃文貞 SY34

國泰綜合醫院主治醫師  
臺北醫學大學醫學系教授  
國立清華大學合聘教授

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### Why it is necessary to include ultrasonography scanning in Urogynecology practice?

*Huang WC, MD Ph.D.  
Attending physician at Cathay General Hospital  
Professor at Taipei Medical University  
Professor at National Tsing Hua University*

Ultrasonography scanning is the most widely utilized medical imaging tool generally and is currently the most popular in Obstetrics and Gynecology. Nowadays, pelvic ultrasound has been accepted by many experts and societies as the first-line imaging tool to evaluate pelvic floor dysfunction. The main indications for pelvic floor ultrasound include urinary incontinence, pelvic organ prolapse, obstructed defecation, anal incontinence, and postoperative complications.

In stress urinary incontinence, the commonest observations include a rotatory descent of the bladder and urethra, the opening of the retrovesical angle, rotation of the urethra by 60° or more, and funneling of the internal urethral meatus. However, these findings can not diagnose urodynamic stress incontinence.

For pelvic organ prolapse, ultrasound images are recommended to be obtained after emptying the bladder and on maximal Valsalva of at least 6 seconds duration. However, clinical assessment for pelvic organ prolapse yields false-negative results at times, especially for the uterus, which takes more time to descend than the bladder or rectal ampulla.

Ultrasound is the only modality capable of confirming the presence or absence of synthetic suburethral tapes and polypropylene meshes, which are easily visible as hyperechogenic structures. Although some of the ultrasound findings may only be incidental or supplementary to the patient's symptoms, ultrasound benefits for investigating women with pelvic floor dysfunction and those following pelvic floor surgeries. It is anticipated that standardization in terminology, measurement techniques, and reporting can be established in the years to come.

## 吳文毅 SY35

現職：亞東紀念醫院婦女泌尿暨骨盆重建科 主任  
輔仁大學醫學院婦產科 助理教授  
經歷：台大醫學院臨床醫學研究所 碩士  
台大醫院婦產部 研修醫師  
台大醫院婦產部 住院醫師

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### How to manage the stress urinary incontinence women in geriatric?

*Wen-Yih Wu, MD, MMSc*

*Section of Urogynecology, Department of OBS&GYN, Far Eastern Memorial Hospital, New Taipei city, Taiwan*

Stress urinary incontinence is a common condition among women in geriatric populations. It occurs when the muscles that control urination weaken, leading to involuntary urine leakage during physical activities such as coughing, sneezing, or laughing. Here are some strategies that can help manage SUI in women in geriatric populations:

**Pelvic floor exercises:** Pelvic floor exercises, also known as Kegel exercises, can strengthen the muscles that control urination. Encourage women to do these exercises regularly to help improve bladder control.

**Dietary modifications:** Encourage women to reduce their intake of caffeine, alcohol, and spicy foods, which can irritate the bladder and worsen SUI symptoms. Encourage them to increase their intake of fiber to prevent constipation, which can also contribute to SUI.

**Scheduled voiding:** Encourage women to develop a routine for urinating at regular intervals throughout the day, even if they do not feel the urge to go. This can help reduce the likelihood of bladder leakage and increase bladder capacity over time.

**Incontinence products:** In some cases, women may benefit from using incontinence products, such as pads or absorbent underwear, to manage SUI. These products can help prevent embarrassment and improve quality of life.

**Medications:** In some cases, medications such as anticholinergics or alpha-adrenergic agonists may be prescribed to help improve bladder control. However, it's important to weigh the potential benefits against the potential side effects and risks of medication use, particularly in geriatric populations.

**Surgery:** Surgical interventions, such as middle urethral sling procedures, may be recommended to treat SUI in women who have not responded to other interventions.

Overall, the best approach to managing SUI in women in geriatric populations is to develop an individualized plan of care that takes into account the patient's specific needs, preferences, and overall health status. Working with a healthcare provider, a geriatrician, or a urogynecologist can help ensure that women receive the most appropriate and effective care for their condition.

林益豪

SY36

現職：林口長庚醫院婦產部 婦女泌尿科主任

國立清華大學 部定副教授

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### GSM, should it be treated by estrogen or laser?

停經後生殖泌尿道症候群，應該用雌激素或陰道雷射治療？

The genitourinary syndrome of menopause (GSM) is a new term that describes various menopausal symptoms and signs including not only genital symptoms (dryness, burning, and irritation), and sexual symptoms (lack of lubrication, discomfort or pain, and impaired function, but also urinary symptoms (urgency, dysuria, and recurrent urinary tract infections). The terms *vulvovaginal atrophy* and *atrophic vaginitis*, which were generally used until recently, had a limitation because they did not cover the full spectrum of symptoms and did not imply that the symptoms are related to a decreased estrogen level in menopause.

The first-line treatments for GSM are vaginal lubricants and moisturizers. Vaginal estrogen has been demonstrated to be effective in alleviating the symptoms of GSM. The mechanism of action includes a lower vaginal pH, an increased percentage of superficial cells with a lower percentage of parabasal cells, and a greater number of vaginal lactobacilli. However, the adherence rate ranged from only 52% to 74%. Of note, the evidence regarding the long-term effects of vaginal estrogen use on endometrial safety is currently limited. Vaginal laser therapy is a relatively new treatment, which creates microtrauma, promoting the thickening of epithelium, blood vessel formation, and collagen synthesis. A meta-analysis [1] that incorporated 3 randomized clinical trials (RCTs) suggests that CO<sub>2</sub> laser therapy was superior to sham treatment in terms of satisfaction, Female Sexual Function Index (FSFI), Vaginal Analog Scale (VAS), and Urogenital Distress Inventory (UDI-6) scores. More recently, a meta-analysis [2] that summarized data from 3 RCTs before 2020 reported that there was no clinical difference between energy-based treatments and hormonal therapy.

Ref.

[1] Khamis Y, Abdelhakim AM, Labib K, et al. Vaginal CO<sub>2</sub> laser therapy versus sham for genitourinary syndrome of menopause management: a systematic review and meta-analysis of randomized controlled trials. *Menopause*. 2021;28(11):1316-1322.

[2] Li F, Picard-Fortin V, Maheux-Lacroix S, et al. The efficacy of vaginal laser and other energy-based treatments on genital symptoms in postmenopausal women: a systematic review and meta-analysis. *J Minim Invasive Gynecol*. 2021;28(3):668-683.

蕭聖謀  
SY37

現職：亞東紀念醫院婦產部部主任  
元智大學生物科技與工程研究所合聘教授  
經歷：台大醫院婦產部研修醫師  
台大醫院婦產部住院醫師

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## The management of OAB in elderly women

*Prof. Sheng-Mou Hsiao, MD*

*Department of Obstetrics and Gynecology, Far Eastern Memorial Hospital, New Taipei, Taiwan*

Overactive bladder syndrome (OAB) is a common disorder in women, especially in postmenopausal women. In this lecture, I will discuss the symptoms, diagnosis, evaluation tools (such as bladder diary, questionnaires, urodynamic studies, and sonography), treatments (such as antimuscarinics, beta 3 agonist, Botox intradetrusor injection), and clinical outcome. In addition, the treatment-related effects will be discussed. The above topic will be focused on the elderly women.

盧佳序

SY38

長庚大學醫學院醫學系暨部定教授

長庚紀念醫院北院區暨林口院區婦產部部長

台灣婦女泌尿暨骨盆醫學會理事長

亞洲婦女泌尿學人協會理事長

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## The role of Urodynamics in POP surgery

### 尿動力學檢查在骨盆臟器脫垂手術的角色

Pelvic organ prolapse (POP) and lower urinary tract symptoms (LUTS) often coexist as they may have a similar underlying pathophysiology. Up to 96 % of women with POP report LUTS with mixed urinary incontinence predominating. Urodynamics (UDS) involve objective assessment of the function and dysfunction of the urinary tract. Preoperative UDS may help decision making regarding combined stress incontinence surgery in women with coexisting stress urinary incontinence (SUI) or in those without SUI.

Voiding dysfunction POP surgery is a longstanding concern and is distressing for the surgeon as well as the patient. In females, voiding dysfunction may occur if the detrusor muscle cannot maintain effective contraction, if the urethra fails to relax to lower the urethral resistance or if there is failure in synchronizing these actions, all of which lead to detrusor sphincter dyssynergia. In POP, kinking of the urethra in patients with cystocele or direct compression of the urethra by the prolapsed organ causes bladder outlet obstruction (BOO). A potential complication of iatrogenic postsurgical obstruction leading to voiding dysfunction can be anticipated. Excessive elevation of the bladder neck during colposuspension or undue tension applied to a sling are the most likely causes of postoperative voiding difficulty. Damage to motor parasympathetic nerves during surgery can possibly lead to impaired detrusor contraction, resulting in detrusor overactivity or detrusor underactivity (DUA).

POP and overactive bladder (OAB) may occur by chance together, but epidemiological studies support a link between OAB and prolapse. The cause of OAB and Detrusor overactivity (DO) is not fully understood, but theories relate to myogenic, neurogenic, and obstructive elements. The most commonly accepted pathophysiology when prolapse is involved is of the increased bladder outlet obstruction or resistance. This is supported when the correction of POP improves voiding function, which is associated with a reduction in OAB. Mid-urethral sling (MUS) insertion at the time of POP significantly decreases the rate of post-operative de novo OAB symptoms. The lack of anatomical success of the mesh-based reconstructive surgery is a risk factor for the development of de novo OAB symptoms. DO following POP surgery with or without MUS is a long-standing distressing concern for surgeons and patients alike. The mechanisms by which post-operative DO can develop are not fully understood. Questions arise on how to pre-operatively evaluate preexisting DO and predict the possibility of de novo DO development so that it would allow for an improved counseling and the choice of treatment.

Certain urodynamic variables may identify patients at risk of persistence or development of postoperative stress urinary incontinence, urgency/urgency incontinence and voiding dysfunction (VD). This could help patients accurately assess the risks and benefits of surgery and facilitate optimal preoperative counselling directed towards appropriate patient care.



楊乙真  
SY39

現職：台大醫院雲林分院婦產部主治醫師

經歷：台大醫院婦產部生殖內分泌科研修醫師

台大醫院婦產部住院醫師/總醫師

## Egg freezing and the clinical application

*Egg/oocyte freezing* is a method using assisted reproductive technology to retrieve and freeze oocytes in order to preserve the gametes at a younger age. The development of cryopreservation technique, as well as promotion by social media, has encouraged many women to embrace the idea of deferring childbearing. According to previous evidence, this procedure has brought about biological babies for them with a fairly good success rate (Cobo, et al., 2018). However, the actual benefit and risk imposed on women is still under evaluation.

Oocyte cryopreservation was started in the late 20<sup>th</sup> century, followed by the first human birth from the frozen egg in 1986. Ever since vitrification was introduced (Kuleshova, et al., 1999) and replaced slow freezing technique, the efficiency of freezing oocytes improved and largely advanced. Being an effective method, gamete cryopreservation was firstly proposed for cancer patients, who were planned for gonadotoxic treatment (Practice Committee of the American Society for Reproductive Medicine, 2019). This technique was later proposed to single women for age-related fertility loss and the experimental label was further removed (ESHRE Guideline Group on Female Fertility Preservation, et al., 2020, Ethics Committee of the American Society for Reproductive Medicine, 2018).

The reasons for elective/planned oocyte freezing were mostly due to lack of a suitable partner or incomplete self-accomplishment (Nasab, et al., 2020, Platts, et al., 2021). Since the number of cases seeking for oocyte freezing has exponentially risen in the past ten years (Yang, et al., 2022), the success rate (i.e. live birth rate) is the most concerned issue. Prediction tool was developed for counseling women the live birth rate based on age at oocyte freezing and number of frozen mature oocytes (Goldman, et al., 2017). As expected, freezing the oocytes at a younger age and accumulation of more mature oocytes resulted in a better success rate of live birth was also proven in other observational studies (Cobo, et al., 2018).

However, in the actual situation, we faced enormous questions lying in the usage rate of these frozen eggs and the related cost-effectiveness analysis. For women below 35 years old, the cumulative live birth rate was high. However, it would be more cost-effective only if the return rate approached 49-61% for those who froze oocytes before 35 or 38 years old according to prior models (Devine, et al., 2015, van Loendersloot, et al., 2011). In reality, the usage rate is very low in current evidence (Blakemore, et al., 2021, Cobo, et al., 2018, Yang, et al., 2022); and the legislation in different countries might influence the women's willingness and opportunities to thaw oocytes (ESHRE Guideline Group on Female Fertility Preservation, et al., 2020). On the other hand, the cost might considerably raise for those who came for oocyte freezing at older age with a comparably low success rate (Yang, et al., 2022). Thus, the value of oocyte freezing is still debatable.

In conclusion, oocyte freezing for medical or non-medical reasons are both ethically permissible. While oocyte cryopreservation is a reasonable option for unmarried women to delay motherhood, the costs, the risks and the likelihood of success and usage should be reasonably disclosed to the patients. The psychological and behavioral changes after oocyte freezing should be foreseen. It should also be discussed that the pregnancy-related complications due to older maternal age cannot be overcome by oocyte freezing. More data is needed for decision-making for public health policy and consultation for women willing to preserve fertility.

*Aisaku Fukuda*  
SY40

- 1998-present: Chairman, IVF Osaka Clinic, Osaka Japan
- 1993-1998: Assistant professor (Tenured), ETSU, Dept. OB/GYN, TN USA
- 1996: High Complexity Laboratory Director (HCLD) certified by American Board of Bioanalyst
- 1990-1992: Research associate, East Tennessee State University (ETSU) Dept. OB/GYN, USA
- 1978-1980: Residency at Kyoto University Hospital, Dept. OB/GYN. Kyoto Japan
- 1978: M.D. from Kansai Medical University, Osaka Japan
- Board certified Obstetrics and Gynecology specialist by JSOG, Reproductive Endocrinology and Infertility subspecialist by JSRM, High Complexity Laboratory Director (HCLD) certified by American Board of Bioanalyst.

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## Hysterosalpingography-OSCM from A to Z as an initial diagnostic exam for infertility

One of the major causes of female infertility is a tubal factor. Hysterosalpingography (HSG) is recognized as the only reliable and reproducible diagnostic examination. HSG involves an X-ray procedure called fluoroscopy to view and evaluate whether the fallopian tubes are patent and if the shape of the uterus is normal. HSG is an outpatient procedure that usually takes less than 10 minutes to perform, it is usually done after the menstrual period ends but before ovulation. HSG has been considered as the most basic, primary, simple, or easy but important diagnostic examination, however, every detail of each step of HSG has not been well described comprehensively. In this presentation, the importance of Fallopian tubes on human reproduction and the practical method of HSG based on scientific evidence regarding the following points will be explained in detail.

Hysterosalpingography procedure. In the gynecologic exam room, the gynecologist places a balloon catheter into the uterine cavity through uterine cervix, which is then inflated with saline to fix its position. How to place the catheter in the uterus? Should oil-soluble (OSCM) or water-soluble contrast media (WSCM) be used for fluoroscopy? We use OSCM depending on their characteristics of easy handling and accurate interpretation of their images. Once moved to a radiology exam room, the patient is laid down on a radiographic table where x-ray machine and a detector suspended over the table. X-ray imagers can monitor the contrast movement and take pictures or movies during the procedures. OSCM is slowly administered to fill the uterine cavity and flow through the Fallopian tubes. As the contrast enters the tubes, it opacifies the length and highlights the status, such as patent, stenotic or occluded, of the tubes and spills out their ends if they are open. The balloon catheter will be removed from the uterus following a specific manner.

Thus, clinicians should thoroughly understand the limitations and potential pitfalls of HSG as well as the appropriate follow-up steps based on the result.

In conclusion, as over the past several decades, HSG continue to play an important role in the evaluation of Fallopian tubes and is an essential diagnostic procedure during fertility assessment. Meticulous procedures, an accurate interpretation of the results, and complication management are crucial in optimizing patient treatment outcomes. I hope this presentation will improve your HSG performance to some extent.

Keywords: HSG, hysterosalpingography, OSCM, Tubal factor, Infertility

### Highlights

- The importance of HSG with meticulous manner before starting infertility treatment.
- Characteristics of OSCM HSG regarding beneficial, therapeutic and adverse effects.
- Special attention to handling of OSCM before and after HSG procedure.

## 楊博凱 SY41

現職：台大醫院婦產部 主治醫師  
 台大醫學院婦產科 臨床講師  
 經歷：台大醫院雲林分院婦產部 主治醫師  
 台大醫院婦產部 研修醫師  
 台大醫院婦產部 住院醫師

### 高齡夫或妻接受試管嬰兒療程的臨床議題

*Yang Po-Kai, MD*

*Department of OBS&GYN, National Taiwan University Hospital, Taipei, Taiwan*

The trend toward delayed child-bearing in Taiwan is evident. According to statistics published by the Ministry of the Interior, the average age of fathers has risen from 33.2 years old in 2008 to 34.7 years old in 2020. Like-wise, the age of mothers has risen from an average of 29.3 years old in 2008 to 31.7 years old in 2020. Although lacking a strict definition for advanced maternal or paternal age, most studies and health organizations have employed a range between 35 to 40 years old. The characterization of this effect is vital, as delayed child-bearing is progressively becoming the societal norm.

Besides having demographical and societal consequences, there is mounting evidence that advanced maternal and paternal ages have detrimental health effects on the offspring. The effects of age on fertility, and its effect on the occurrence of health complications in the offspring, such as aneuploidy, have been better characterized in advanced age women. Less well-known, however, is the effects of age on male-related issues, including fertility and the health impacts in the offspring. This information has only started to be recognized in the last 10 to 15 years.

This session summarizes some of the more recent findings on age-related effects from the perspective of male and female fertility, and offspring health. It is hoped that by the end of the session, clinicians may have a better understand of the potential risks associated with delayed childbearing, and provide adequate consultation for prospective parents.

Keywords: Advanced maternal age, Advanced paternal age, Offspring health

## 楊再興 SY42

現職：艾微英國際生殖醫學中心 國際醫療部部長

經歷：2001-2003：中華民國骨質疏鬆症學會理事長

2007-2009：台灣更年期醫學會理事長

2009-2015：中華民國生育醫學會理事長

2011-2013：台灣婦產身心醫學會理事長

### Pharmaconutrition: Vitamin D in ART

維生素 D 的「活性代謝物」可直接調控人類細胞核內數千個基因轉錄 ( DNA Transcription )，因為這些基因皆有維生素 D 的反應區 ( Vitamin D Response Element, VDRE )，包括: AMH ( Anti-Mullerian Hormone )、HOXA10、TFAM ( Mitochondrial Transcription Factor A, Mitochondrial Biogenesis Gene )…等基因。統合分析顯示: 接受 ART 治療的婦女，若體內維生素 D 足夠，則活產率 ( Live Birth Rate)相對增加 33%；補充維生素 D，則臨床懷孕率 ( Clinical Pregnancy Rate ) 相對增加 70%。

脂溶性維生素 D 不會蓄積在體內，因它在細胞內會被代謝成水溶性的不活性代謝物 Calcitroic Acid，進而從糞便、尿液、汗液等排出。此外，補充巨量維生素 D 會促進脂肪細胞崩解，故已被用於輔助治療減肥。維生素 D 是不活性，不具藥理作用及毒性。故補充維生素 D 的臨床效益與其劑量沒有直接的關聯性，而是與其活性代謝物在血中及細胞內的濃度具有緊密的關聯性。它的活性代謝物包括骨化二醇 ( Calcidiol, 25(OH)D )或骨化三醇 ( Calcitriol, 1 $\alpha$ ,25(OH)<sub>2</sub>D )。Calcidiol 和 Calcitriol 皆可與細胞內的維生素 D 受體結合並結合在基因的 VDRE 上，進而調控基因轉錄。血中 Calcidiol 濃度已被認為體內維生素 D 足夠與否的指標，其數值在 200 – 700 ng/mL 仍未誘發高血鈣症。依據基因學研究，血中 Calcidiol 濃度約在 60 - 90 ng/mL 可調控高達 1,289 個基因。依據 IVF 研究，相對於濾泡內 Calcidiol 濃度較低的不孕症婦女，濃度約在 43 ng/mL ( 相當於血中 Calcidiol 濃度約在 70 ng/mL ) 的不孕症婦女有相對較高的臨床懷孕率和著床率。

包括維生素 D<sub>2</sub> ( Ergocalciferol ) 和維生素 D<sub>3</sub> ( Cholecalciferol )，維生素 D 商品的臨床應用有三種觀念：

- 一、維持生理功能 ( Nutrition Support )：依據「國人膳食營養素參考攝取量」之建議，成人每日攝取 200 – 400 IU，建議攝取的耐受性上限 ( Tolerable Upper Intake Levels ) 為 2,000 IU，此劑量非毒性上限。此劑量的應用常見於營養配方商品，例如：糖尿病或腎臟病患者的營養配方商品。
- 二、藥品 ( Pharmacotherapy )：自 1941 年至今，美國 FDA 核准維生素 D<sub>2</sub> 藥品 Drisdol，每顆膠囊 5 萬 IU，其處方適應症包括：用於維生素 D 抗性的佝僂病 ( Vitamin D-resistant Rickets )，每日劑量是 1.2 萬– 50 萬 IU；用於副甲狀腺功能低下，每日劑量是 5 萬– 20 萬 IU。
- 三、藥理性營養治療 ( Pharmaconutrition )：患者補充巨量維生素 D 來矯正體內維生素 D 缺乏症，以預防或輔助治療疾病。在短時間內補充巨量 ( 10 萬~60 萬 IU )，以快速地提昇患者體內 Calcidiol 濃度，稱為沖擊療法 ( Stoss Therapy )。維生素 D 的藥理性營養治療已超過 80 年之久。例如：在 1930 年代，歐洲各國為了防治佝僂病，患者可單次補充 60 萬 IU。在 1955 年至 1980 年代，東德實行「新生兒在 1 歲半之前，必須補充 6 次，每次 60 萬 IU，以預防佝僂病」之國家政策。國人維生素 D 狀態的調查顯示：大多數女性呈現維生素 D 缺乏 ( < 20 ng/mL )。由於維生素 D 指標數值與婦女的生殖功能呈現相關性，故建議：檢測不孕症婦女的血中 Calcidiol 數值、以 Stoss Therapy 快速地矯正維生素 D 缺乏、在 ART 治療及懷孕期間，維持血中 Calcidiol 數值約在 60 - 90 ng/mL。

黃貞瑜

SY43

現職：台北榮總婦女醫學部 主治醫師  
 中華民國生育醫學會 理事長  
 陽明交通大學醫學系婦產學科 助理教授  
 經歷：UCSD REI & UCL PGD lab 短期進修  
 台北榮總婦產部生殖內分泌研修醫師  
 台北榮總婦產部住院醫師

## Aromatase inhibitors (Letrozole) for ovulation induction

*Chen-Yu Huang, MD, PhD*

*Department of OBS&GYN, Taipei Veterans General Hospital, Taipei, Taiwan*

Letrozole is a 3rd generation aromatase inhibitor, exerting significant estradiol suppression after 2–3 days of commencement and with a half-life of 45 h. Letrozole can inhibit the growth of non-dominant follicles, promotes single-follicle development. Its direct effects are limited to the treatment cycle, hence eliminating the issues of accumulation between cycles associated with anti-estrogenic medications such as clomiphene citrate. The first reported use of Letrozole in assisted reproduction was in 2001, wherein letrozole was effective for ovulation induction in anovulatory infertility and for increased follicle recruitment in ovulatory infertility. A meta-analysis showed that letrozole was better than clomiphene, the previous first-line agent, for ovulation rate per patient, pregnancy rate per patient, and live birth rate per patient. Also, letrozole resistance rates and multiple pregnancy rates appear lower with letrozole versus clomiphene. From evidence of ART, letrozole-induced reduction in follicular phase E2 serum levels may improve endometrial receptivity and embryo implantation. However, the degree of E2 suppression by letrozole is variable among patients, and some research showed that low E2 levels might be associated with a significantly higher miscarriage rate and lower live birth rate.

Usually, the starting dose of letrozole is 2.5 mg/day for 5 days (usually starting on day 3 of the cycle). The dose of letrozole should be increased to 5 mg and then 7.5 mg/day in subsequent cycles in cases of absent ovarian response. Patients who ovulated with a higher dosage of letrozole would take longer to conceive and their compliance would be affected, especially for women of advanced age.

The speech aims at the updated evidences including:

1. Overview of letrozole
2. Whether the pre-treatment characteristics reflecting the reproductive ability of PCOS patients had the predictive value for their ovarian response to the minimal ovulation doses of letrozole
3. Whether extending letrozole treatment duration could induce ovulation in women with PCOS who previously failed to ovulate after a 5-day regimen of 5 mg letrozole daily for at least 1 ovulation induction cycle, defined as "Letrozole resistance" .
4. Ovulation induction using letrozole combined with other agents (metformin/clomiphene/dexamethasone/gonadotropin)
5. Letrozole versus laparoscopic ovarian drilling in clomiphene citrate-resistant PCOS women

## 林秉瑤 SY44

現職：茂盛醫院生殖醫學中心 主任  
經歷：高雄長庚醫院婦產部 主治醫師  
高雄長庚醫院生殖醫學科主任  
中山醫學大學臨床醫學研究所博士

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### Mosaic embryo transfer: how to select and monitor after pregnancy

茂盛醫院 林秉瑤醫師  
*Pin-Yao Lin, MD, PhD*  
*Department of infertility, Lee women' s Hospital, Taichung, Taiwan*

Chromosomal mosaicism (defined as a state in which there is more than one karyotypically distinct cell population arising from a single embryo) is an inherent biological phenomenon in human preimplantation embryos. Following the implementation of PGT-A (Preimplantation genetic testing for aneuploidy), usually based on next-generation sequencing (NGS) of trophoctoderm (TE) biopsies, the detection of intermediate copy number on chromosomal analysis (indicating chromosomal mosaicism among the biopsied cells) has become more frequent.

After the first report showing that the transfer of embryos with a chromosomal mosaic result on PGT-A can yield healthy babies(1), a growing series of studies has been published on this topic, with the largest dataset of 1000 embryos described in 2021. (2) These data suggested that the transfer of embryos with putative mosaic PGT-A results yielded lower implantation rates and higher miscarriage rates when compared with euploid embryo transfer.

Recent challenges have been made to prioritize different characteristics of mosaic PGT-A results to assist with embryo selection decisions as well as to counsel about potential success rates, risks, and outcomes. Prenatal test recommendations after mosaic embryo transfer are another area in which evidence-based guidance is lacking. Most best practice statements in this area uniformly recommend prenatal diagnosis by amniocentesis as the gold standard follow-up test(3). In this session, current prenatal tests after mosaic embryo transfer will be reviewed with emerging data.

#### Reference:

1. Greco E, Minasi MG, Fiorentino F. Healthy Babies after Intrauterine Transfer of Mosaic Aneuploid Blastocysts. *N Engl J Med.* 2015;373(21):2089-90.
2. Rubio C, Racowsky C, Barad DH, Scott RT, Jr., Simon C. Noninvasive preimplantation genetic testing for aneuploidy in spent culture medium as a substitute for trophoctoderm biopsy. *Fertil Steril.* 2021;115(4):841-9.
3. Besser AG, Mounts EL, Grifo JA. Evidence-based management of preimplantation chromosomal mosaicism: lessons from the clinic. *Fertil Steril.* 2021;116(5):1220-4.

許德耀  
SY45

現職：高雄長庚紀念醫院婦產部 主治醫師

長庚大學婦產科 兼任教授

經歷：高雄長庚紀念醫院婦產部 部主任

高雄長庚紀念醫院細遺傳諮詢中心主任

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困難案例處置抉擇的心路歷程——植入性胎盤產前與產後出血處置的心路歷程

*Te-Yao Hsu, MD,*

*Department of OBS&GYN, Kaohsiung Chang Gung Memorial Hospital  
and, Chang Gung University College of Medicine, Kaohsiung, Taiwan.*

According to the FIGO consensus, the term "morbidly adherent placenta" has not been used since 2018, and the term "Placenta accreta spectrum (PAS)" has been officially adopted in the academic community. PAS is classified into accrete, increta, and percreta based on its invasion depth, which results from a defect of the decidua basalis, usually due to surgical trauma, such as cesarean section. The incidence of PAS has increased to 1/533 due to the increasing rate of cesarean sections. Ninety percent of patients with PAS have at least one prior cesarean history. To date, there is no consensus or gold standard for the management of PAS due to the variety of disease presentations and hospital variation. In Taiwan, the three major management strategies for PAS are planned conservative management, extirpation of the invasive placenta, and cesarean hysterectomy. Because most pregnancies with PAS involve younger women who prefer uterine conservation, our hospital has employed conservative management (leaving the placenta in situ) for PAS since 2005. We also appreciate radiologists for prophylactic arterial embolization to minimize blood loss during operation and the postpartum period. The major complications associated with our approach are postpartum infection and persistent vaginal bleeding with pus discharge. We also use three-dimensional ultrasound to measure the residual volume of invasive placenta left in situ. In some cases, unfortunately, they may face hysterectomy due to severe infection or heavy bleeding during postpartum period. Today, I will present several cases of PAS and share my hard experiences and thought processes in dealing with patients with PAS with residents.

## 葉長青 SY46

現職：台北榮總婦女醫學部 高危險暨產科主任

陽明交通大學婦產學科 助理教授

經歷：台北榮總婦女醫學部 主治醫師

美國耶魯大學高危險妊娠進修

台灣母胎醫學會理事

台灣周產期醫學會會訊主編

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### 困難案例處置抉擇的心路歷程--困難產後出血處置的心路歷程

葉長青

台北榮總 婦女醫學部 高危險妊娠暨產科

產科出血，尤其是產後大出血，是危害周產期健康的重要殺手之一。據統計，全世界一年中發生約 1400 萬例產後出血，死亡率大約 1%。明顯地，因為發生地區開發度與醫療資源的差異，結果也大不相同。產後出血的診斷，傳統上認為陰道生產出血量大於 500 ml，剖腹產出血量大於 1000 ml。然而，由於實際出血量精確計算不易，某些臨床狀況，例如血比容 (Hematocrit) 下降 10%、需要輸血和母體血流動力學不穩等，也被用來輔助診斷產後出血。由於出血量的統計不易，生產的醫護團隊需對出血量維持警覺，以免延誤早期介入處置的時機。平時可計算所使用紗布濕透程度的相對含水量，在遇到緊急出血時，即可利用紗布濕透程度來大概推估出血量。在生產時對於第三產程的積極處置 (Active management of the third stage of labor, AMTSL) 是預防產後出血的重要方法。其內容包括：在胎兒出生後一分鐘內給予子宮收縮劑 (Oxytocin 10 IU)、穩定的臍帶牽引 (Controlled cord traction) 與子宮按摩 (uterine massage)。即使醫療發展日新月異，各樣新知的傳遞也迅速，產後大出血仍是婦產科醫師的大挑戰。其中重要原因是產後大出血時常不好預測而發生突然，若處理不佳就可能導致嚴重後果。婦產科醫師必須在短時間內及時診斷，組織醫護團隊積極處置，將手上的醫療資源做最大且最有效的運用。在此同時，也要面對來自病人家屬的壓力。生產在一般民眾是喜事，面對突如其來的變化，醫師的溝通也是影響預後的因素之一。面對產後大出血，除了知識的增長外，經驗的增加與團隊的合作會讓醫師處理起來更有把握與勝算。



## 應宗和 SY47

部定副教授  
中山醫學大學附設醫院 副院長  
台灣婦產科醫學會理事  
台灣周產期醫學會常務理事  
台灣介入治療超音波學會理事

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### Mental journey of obstetricians and gynecologists in dealing with difficult postpartum hemorrhage

應宗和 醫師

Obstetricians are trained to manage and prevent postpartum hemorrhage (PPH), which is a life-threatening complication that can occur after childbirth. Despite their expertise and preparedness, dealing with difficult PPH can be mentally taxing for these healthcare professionals.

The mental journey of obstetricians in dealing with difficult PPH begins with a sense of urgency and heightened alertness when the condition is identified. They must quickly assess the situation, initiate appropriate and timely interventions, and collaborate with a multidisciplinary team to manage the crisis.

While managing the situation, they may experience a range of emotions, including anxiety, frustration, and stress. They may question their decisions and actions, worry about the patient's outcome, and struggle to maintain composure in an intense and high-stakes situation.

After the crisis has been stabilized, they may continue to experience emotional fallout. They may feel relieved and proud of their quick and decisive actions, but may also experience feelings of guilt or questioning their decisions. They may experience burnout because of the intense emotional and physical demands of their job, which can be compounded by dealing with traumatic events like difficult PPH.

Over time, they may find ways to cope with their experiences and develop resilience in the face of adversity. They may engage in self-care, seek support from colleagues and family, and participate in debriefing or counseling sessions to process their emotions and experiences.

In summary, the mental journey of obstetricians in dealing with difficult postpartum hemorrhage involves immediate action, intense emotions, and potential long-term effects on their mental health and well-being.

## 藍天陽

SY48

現職：桃園秉坤婦幼醫院主治醫師

經歷：秉坤婦幼醫院主治醫師

台北馬偕醫院高危險妊娠學科研修醫師

台北馬偕醫院婦產部 住院醫師

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### 後住院醫師的選擇--離開醫學中心之後

「是我能力不好嗎？」

在你（妳）離開之前，誠實地回答為什麼離職？能力不好被體制淘汰？為了理想為了錢？想像未來的模樣，會帶著什麼樣技能離開？困難斷捨離待七年的舒適圈？更想逃離的是 paper work 的枷鎖？可是自己當牛做馬七年，往後離開源源不絕新鮮的肝臟(住院醫師)，往後凡事又只能自己來了。

新的環境，想當產公的你必須先弄清楚 6 件事：分級轉診，誰是救援，後送單位，兒科團隊，血庫在哪，值班系統。

「不要小看自己！」

主治醫師生涯從零開始，重新洗牌，身段放低才能更快速的累積經驗，在新戰場創造理想的工作環境，還可以很 Academy 嗎？答案是可以的。

畢竟留在醫學中心是例外，出去才是常態，所以很榮幸可以分享個人經驗為什麼離職？當初如何選擇地區醫院（診所）？離職前後的心理狀態？以及新環境的人事物給學弟妹們參考。

# 陳怡潔

## SY49

現職：國泰綜合醫院婦產科 主治醫師  
 經歷：日本東京順天堂大學醫院腹腔鏡微創  
 手術暨達文西手術 研修醫師  
 國泰綜合醫院婦產科住院醫師  
 台大醫院婦產部住院醫師

### 後住院醫師的選擇——我的日本內視鏡之旅

*Yi-Chieh Chen*  
 Department of OBS&GYN, Cathay General Hospital, Taipei, Taiwan

此次國外進修機會是經由台大醫院陳思原主任及長庚醫院李奇龍教授介紹下，到日本順天堂大學醫院婦產科腹腔鏡北出真理教授團隊學習，於 2022 年 9 月至 2023 年 2 月總共六個月的研修。在東京順天堂大學學習到很多腹腔鏡的技巧，分以下幾點說明：

#### 一、基本的腹腔鏡技巧

1. 婦產科在 2002 年時發生了打到 aorta 的併發症，後來他們改變了打第一個 trocar 的手術方法，安全的 close method。
2. 辨識哪些病人可能有肚臍下的沾黏，第一個洞會打在 9th intercostal space。
3. 如何評估多大的子宮可以使用腹腔鏡做子宮切除，何時可以利用臍上傷口。
4. 腹腔鏡打結技巧
5. 腹腔鏡手術如何找輸尿管，結紮子宮動脈及 dissect 後腹腔。
6. 正確、安全、有效的使用能量器械 ( Monopolar、bipolar、advanced bipolar、超音波刀 )，每個器械能止血的血管管徑、cooling time、thermal spread 的範圍及如何避免 monopolar 獨有的熱傷害。
7. 腹腔鏡下子宮切除的止血技巧，腹腔鏡肌瘤切除傷口止血的方式。
8. 達文西手術的打洞方式。
9. 懷孕的腹腔鏡手術。

#### 二、婦科腫瘤

1. 子宮內膜異位症 ( 順天堂教授 prof.Takeuchi 是日本微創手術的先驅，對於子宮內膜異位症及深部浸潤的子宮內膜異位症有深入的研究 )
  - ( 1 ) 評估子宮內膜異位瘤與不孕症
  - ( 2 ) 術前如何利用 AMH 諮詢
  - ( 3 ) 評估 adenomyosis 造成的不孕症
  - ( 4 ) 評估 adenomyoma 手術可以改善的不孕症
  - ( 5 ) deep endometriosis 的 Jelly MRI 診斷
  - ( 6 ) deep endometriosis 手術治療：TLH ( +BSO ) 或是年輕保留子宮的方式 ( resect deep endometriosis nodule)
2. CS scar defect 怎樣的 defect 會造成不孕症，要用子宮鏡還是腹腔鏡修補及修補方式。
3. 拿過子宮的的腹腔鏡卵巢輸卵管切除，非常沾黏的腹腔鏡卵巢輸卵管切除技巧。
4. 後腹腔子宮外孕手術方法。
5. 先天性子宮畸形腹腔鏡子宮切除技巧 ( 拿子宮角，雙子宮或 septate uterus + 陰道中拿子宮 )
6. 各種不同型態的 HWW syndrome 處理 ( 子宮鏡或腹腔鏡 )。
7. 不同型態的沾粘分離技巧(例如剖腹產沾黏、前次肌瘤切除沾黏、深部浸潤的子宮內膜異位症沾黏)

#### 三、手術併發症的處理方式

## 楊乙真 SY50

現職：台大醫院雲林分院婦產部主治醫師

經歷：台大醫院婦產部生殖內分泌科研修醫師  
台大醫院婦產部住院醫師/總醫師

學歷：國立陽明大學醫學系醫學士  
國立臺灣大學醫學院臨床醫學研究所博士班

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### 後住院醫師的選擇--我的博士班之路

在漫長的住院醫師受訓接近尾聲之時，大家都要開始思考下一步規劃，人生當中的很多面向要怎麼抉擇——工作、家庭、個人生活——的重新分配。在這麼多選擇當中，有一小部份的人，或許會考慮走進研究所，重拾學生（研究生）的身份。

你/妳或許在受訓和執業的過程當中，曾經面臨一些棘手的臨床問題，可能是診斷上的、也可能是治療選擇上的，在翻查了課本和文獻後卻找不到很明確的答案。臨床工作中，有很多常規可以遵循，但也有不少模稜兩可的灰色地帶。這些所謂「醫學上未解決的問題（unmet needs）」就是研究的核心。

藉由這次的機會，我準備來跟大家分享的幾點：為什麼要念博士班/研究所？研究所在做什麼？如何面對念書-工作-家庭的多方需求？

TAOG

2023

2023.8.12~13



TAOG

2023

2023.8.12~13



# 午餐會報

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### ◆ 8月12日 (六)

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| L1 | 黃泓淵                        | E4/DRSP – a new era in oral contraception   |
| L2 | Prakash Trivedi<br>(India) | When why & how to use a novel Progesterone for Endometriosis<br>Infertility & bleeding during pregnancy |
| L3 | 顏志峰                        | Challenge in endometriosis diagnosis  |
| L4 | 吳孟興                        | APAC Expert Opinion: Closing endometriosis diagnostics gaps in<br>Taiwan                                |
| L5 | 陳芳萍                        | Estriol review: Clinical Application of Esvatin   |

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| L6  | 黃玉成 | 產前及產後孕婦及新生兒疫苗-百日咳疫苗最新臍帶血研究及<br>小兒腦膜炎疫苗介紹   |
| L7  | 劉安潔 | Women's weight management over generations   |
| L8  | 鄭丞傑 | HIFU( high intensity focused ultrasound) surgery in gynecology:<br>State of Art 2023 |
| L9  | 周宏學 | The emerging trend of HPV gender neutral vaccination                                 |
| L10 | 蔡慶璋 | 孕產期呼吸道疾病預防新思維  |





黃泓淵

L1

現職：林口長庚醫院 婦產部 教授

長庚大學醫學院 婦產科 教授

經歷：林口長庚醫院 婦產部 主治醫師

台灣生殖醫學會 理事長

台灣更年期醫學會 理事長

## E4/DRSP——口服避孕藥的新紀元

### E4/DRSP – a new era in oral contraception

*Hong-Yuan Huang, MD*

*Department of Obstetrics and Gynecology, Lin-Kou Medical Center, Chang Gung Memorial Hospital,  
Taoyuan, Taiwan*

Combined oral contraceptives (COCs) contain a progestin to inhibit ovulation and an estrogen. The estrogen component contributes to the contraceptive activity and balances the progestin effect to provide an acceptable bleeding pattern and to counteract any potential estrogen deficiency symptoms. Estetrol (E4) is a natural human estrogen produced during human pregnancy in the fetal liver with a unique mechanism of action that displays tissue-selective activity, and behaves as a natural selective estrogen receptor modulator. It has a moderate affinity for both human estrogen receptor alpha (ER $\alpha$ ) and beta (ER $\beta$ ), with a preference for ER $\alpha$ . In preclinical models, estetrol has lower binding affinity for the estrogen receptor- $\alpha$  (ER- $\alpha$ ) in contrast to estradiol and has antagonistic properties against membrane ER- $\alpha$  in several tissues, including the breast, while retaining agonistic activity on receptors located in the nucleus. The low estrogenicity of estetrol may potentially contribute to reduced thrombotic risk.

Clinical studies have demonstrated possible use as an estrogen in combined oral contraceptives (COCs). COCs containing E4 and drospirenone (DRSP) showed a high acceptability, tolerability, and user satisfaction also when compared to COCs containing ethinyl estradiol (EE). E4/DRSP effectively inhibits ovulation, with a similar effect on endometrium thickness than that of EE-containing COCs. Low doses (15 mg) of E4 with DRSP (3 mg) showed promising results in term of bleeding pattern and cycle control, also when compared to other COCs containing synthetic estrogens. Moreover, the association has limited effects on serum lipids, liver, SHBG levels, and carbohydrate metabolism. This combination also could drive a lower risk of venous thromboembolism than EE-containing COCs. E4/DRSP is an effective and generally well-tolerated COC, with a potentially reduced risk of thrombosis.

*Prakash Trivedi*  
(India)  
L2

- Director of Dr. Trivedi's Total Health Care Pvt. Ltd. & AAKAR IVF Centre
- 2023, 2016: Scientific Program Chair of AAGL International MIS CONGRESS in Mumbai, India
- 2020- 2022: President of ISAR (IVF ICSI)
- 2015: President of FOGSI (Federation of ObGyn societies of India)
- 2013-2015: President of IAGE All India Gyn endoscopy

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## When why & how to use a novel Progesterone for Endometriosis Infertility & bleeding during pregnancy

Dr. Trivedi's Total Health Care Hospital and Aakar IVF Centre, Mumbai is a University recognized centre for Post - Doctoral training, further it is a major referral centre for Endometriosis and Fibroids for more than 2 decades. By this talk, he will highlight the use of dydrogesterone in endometriosis which was published as an original article as a part of meta-analysis from 1978 to 19<sup>th</sup> September 2019. Also, he will share experiences of endometriosis treated with dydrogesterone.

**Endometriosis:** The unique affinity of dydrogesterone for ectopic endometrium i.e. endometriosis which decidualizes it and hence treat. The most important aspect of dydrogesterone is that it can be used from day 5 of period onwards without affecting ovulation and period.

- **Mild endometriosis:** In diagnosed mild endometriosis we start dydrogesterone from day 5- day 25 along with stimulation with ovulation induction tablets and injections for 3-6 months.
- **Moderate endometriosis or endometrioma:** If laparoscopic surgery is done, then after a surgery dydrogesterone is started from day 5 along with ovulation induction tablets and injections. Once patient misses the period dydrogesterone is still continued till 10-12 weeks.
- **Severe endometriosis:** In such cases depending on the EAPP (Endometriosis associated pelvic pain) after doing the AMH a good laparoscopic surgery is preferred. Then on stimulation dydrogesterone is added from day 5 till results.

**Endometriosis in ART:** In patients wherein there is a need of ART due to Endometriosis or any other factor we prefer to start dydrogesterone 10 mg thrice a day from day 5 onwards. The use of vaginal micronize progesterone is limited to 200 mg at night which continues till 14 weeks. If pregnancy results then dydrogesterone is continued till 24 weeks as it has the best immune modulatory effect to prevent abortion, pregnancy loss and mid trimester pregnancy loss. Use beyond 24 weeks doesn't have scientific support to reduce preterm labour or PROM.

*Please check more details in Dr. Trivedi's speech for the other indications and clinical practices because this is just an abstract.*

## 顏志峰

L3

- 林口長庚紀念醫院婦產部副部長
- 長庚大學副教授
- 亞太婦科內視鏡暨微創治療醫學會(APAGE)秘書長
- 台灣子宮內膜異位症學會(TES)的監事長
- 美國腹腔鏡醫學會(AAGL)的官方期刊Journal of Minimally Invasive Gynecology (JMIG) 編輯
- 亞太婦科內視鏡暨微創治療醫學會(APAGE)的官方期刊Gynecology and Minimally Invasive Therapy (GMIT)的副總編(Managing Editor)

### Challenge in endometriosis diagnosis

Endometriosis is an estrogen-dependent, progesterone-resistant gynecologic condition characterized by the presence of ectopic endometrial-like tissue outside the uterine cavity; endometriosis is strongly affected by cyclic changes in response to steroid hormones and is associated with an inflammatory response in the peritoneal cavity. Endometriosis is characterized by chronic pelvic pain, with common clinical presentations of dysmenorrhea, dyspareunia, dyschezia, dysuria, and infertility. Accordingly, it is an important cause of morbidity that can detrimentally affect the quality of life (QoL) in women of reproductive age. Delay in diagnosis of endometriosis is commonly reported, some as long as 11 years. Studies of diagnostic delays in Asia are less common, but it is possible that diagnosis in Asia may occur earlier including because of cultural and socioeconomic barriers limiting access to care. These delays can result in ongoing symptoms that detrimentally affect QoL and fertility. Limitations in current approaches for diagnosis of endometriosis may be contributing to these delays.

## 吳孟興 L4

現職：成大醫院婦產部教授兼科主任  
台灣子宮內膜異位症學會(TES)的理事長  
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 of Medicine, U.S.A. )生殖內分泌研究員  
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

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### APAC Expert Opinion: Closing endometriosis diagnostics gaps in Taiwan

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 2022, clinicians with expertise in the diagnosis and treatment of endometriosis within APAC region met to critically addressing the diagnostic delays in endometriosis (APAC Endometriosis Expert (APEX) Panel Meeting) is to present the consensus from a group of Obstetrics and Gynecology experts across Asia Pacific on the followings:

- To address the diagnostic delays in endometriosis within APAC
- To discuss current practices and challenges in the diagnosis of endometriosis
- To identify barriers to diagnosis and causes of diagnostic delays in endometriosis
- To propose actionable measures to address these diagnostic delays

Learning from APEX panel meeting, today's lecture will be focused on how we can close the diagnostics gaps in Taiwan.

## 陳芳萍

L5

現職：長庚大學醫學院 教授  
 基隆長庚醫院 婦產科教授及主治醫師  
 台灣骨鬆肌少關節防治學會 常務理事  
 台灣更年期醫學會 常務理事  
 中華民國骨質疏鬆症學會 理事

經歷：基隆長庚醫院 婦產科主任  
 台灣骨鬆肌少關節防治學會 理事長  
 台灣更年期醫學會 理事長  
 中華民國骨質疏鬆症學會 理事長

### Estriol review: Clinical Application of Esvatin

There are three major endogenous estrogens that have estrogenic hormonal activity: estrone (E1), estradiol(E2), and estriol (E3). Estriol is a dominant estrogen during pregnancy, and is secreted mainly by the placenta. Estriol possesses the weakest estrogenic effects of the three and has preferential affinity for estrogen receptors (ER)  $\beta$ . Thus, estriol is described as a relatively weak estrogen and has mixed agonist-antagonist activity at the ER.

Although estriol has weaker estrogenic effects, many studies demonstrate that estriol helps not only relieve menopausal symptoms, but also benefit bone, genitourinary tract health, and markers of cardiovascular risk. In addition, estriol acting as an antagonist of G protein-coupled estrogen receptor 1 (GPER) may reduce pro-carcinogenic effects of more powerful estrogens like estradiol. Thus, estriol is marketed widely in Europe and elsewhere throughout the world. However, for enhanced safety, topical estriol is generally recommended, especially for symptomatic genitourinary syndrome (GSM), to alleviate symptoms and to restore atrophic anatomic changes.

Several treatment options are recommended by “The 2022 genitourinary syndrome of menopause position statement of The North American Menopause Society”. Why choose Esvatin’s low-dose vaginal ET for women suffering GSM? Esvatin vaginal tablets contain estriol and are safe and effective for GSM, since compared to estradiol, estriol possesses the weaker estrogenic effects and has preferential affinity for ER  $\beta$ . ER  $\beta$  is predominantly expressed at the non-squamous transitional epithelium of the lower urinary tract. In addition, as aforementioned, estriol has mixed agonist-antagonist activity at the ER and acts as an antagonist of G protein-coupled estrogen receptor 1 (GPER). Thus, the potential risk for endometrium and breast is very low. Furthermore, since estriol is not converted to estrone or to estradiol, systemic side-effects are limited.

In the presentation, the clinical effects and safety of estriol will be discussed. Especially, it will be demonstrated why Esvatin (estriol) vaginal therapy should be considered for clinical use in GSM.

## 黃玉成

L6

現職：台灣疫苗推動協會理事長  
台灣兒童感染症醫學會理事長  
衛生福利部傳染病防治醫療網北區指揮官  
林口長庚兒童感染科教授級主治醫師  
長庚大學中醫系兼任教授

經歷：長庚兒童內科部副教授  
長庚大學中醫系副教授  
羅東聖母醫院小兒科主治醫師  
馬偕紀念醫院住院醫師

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### 產前及產後孕婦及新生兒疫苗-百日咳疫苗最新臍帶血研究及小兒腦膜炎疫苗介紹

Pertussis, also known as whooping cough, is a highly contagious disease caused by the bacterium *Bordetella pertussis*. The disease is primarily spread through airborne droplets. Vaccination against pertussis during pregnancy has been widely recommended in several countries to reduce the incidence of pertussis-related morbidity and mortality in newborns. However, the ideal timing of vaccination during pregnancy to achieve maximum protection for infants remains unclear. The newest study conducted a multi-country analysis to determine the impact of vaccination timing during pregnancy on infant antibody levels at birth.

Meningococcal disease in infants is a serious condition caused by a type of bacteria called *Neisseria meningitidis*. It can result in meningitis and sepsis, which can be fatal or lead to long-term complications. Fortunately, there are vaccines available that can help protect against this disease. It is important for parents and healthcare providers to be aware of the risks and prevention strategies associated with meningococcal disease in infants, and to consider vaccination as a way to reduce the likelihood of infection.

After the session, clinicians would better understand the newest vaccine study for Pertussis and Meningococcal disease.

Keywords: Pertussis, Meningococcal disease, vaccine

劉安潔

L7

現職：禾馨民權婦幼診所婦產科 主治醫師

經歷：臺北醫學大學附設醫院婦產科 主治醫師

臺北醫學大學附設醫院體重管理中心 主治醫師

臺北醫學大學附設醫院營養師

中山醫院婦產科 主治醫師

中華民國肥胖研究學會肥胖專科醫師

中華民國肥胖研究學會體重管理營養師

台灣睡眠醫學會睡眠專科醫師

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## Women's weight management over generations

劉安潔

禾馨民權婦幼診所婦產科

肥胖會對人體帶來諸多不良影響，像是心血管健康、患病罹癌風險、骨骼關節負擔等等；但女性肥胖造成的不良影響會是男性兩倍。肥胖者發生糖尿病、代謝症候群及血脂異常的風險超過 3 倍，發生高血壓、心血管疾病、膝關節炎及痛風也有 2 倍風險。研究證實，當肥胖者減少 5% 以上體重(如成人 90 公斤，減少 5 公斤)，就可以為健康帶來許多益處，高血壓、糖尿病等與肥胖相關疾病將可改善。

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。

## 鄭丞傑

L8

現職：台北秀傳醫院 院長

高雄醫學大學醫學系 婦產學科教授

經歷：高雄醫學大學附設醫院 副院長

中山醫學大學 董事

南京明基醫院 副院長

台北醫學大學 婦產學科教授

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### HIFU( high intensity focused ultrasound) surgery in gynecology: State of Art 2023

*Cherng-Jye Jeng, MD, PhD, MBA*

*Women' s Minimally Invasive and Noninvasive Medical Center, Show Chwan Hospital, Taipei, Taiwan*

*Department of OBS&GYN, Kaohsiung Medical University, Kaohsiung, Taiwan*

Uterine fibroids and adenomyosis are common benign pathology condition of the female, especially in childbearing age. The incidence ranges from 20 to 40% in reproductive aged women. For this reason, they may gravely affect the fertility of women and cause cyclic menstruation symptoms such as dysmenorrhea and hypermenorrhea.

Surgical interventions such as myomectomy or hysterectomy, performed conventionally or laparoscopically, are the most common treatments for uterine fibroids and adenomyosis.

However, surgical intervention usually let women hesitate to treat their diseases. Hysterectomy is even a nightmare for many women. High-intensity focused ultrasound (HIFU) has been shown to be a successful non-surgical treatment for fibroids in many studies over the last 15 years.

HIFU ablation presents an attractive option to conventional and surgical medicine, as it is non-invasive, requires minimal hospitalization, has no surgical wound, and has good relief and outcome in many patients. Social and economic cost in days lost of work and production are minimized compared to open surgery. Other growing applications of HIFU ablation include liver cancer, osteosarcoma and solid tumors such as the kidney, breast, thyroid and prostate.

In our hospitals, we successfully used ultrasound-guided focused (USgFUS) to treat nearly 2000 cases of uterine fibroids and adenomyosis so far. The majority of patients improved their quality of life and were satisfied with the treatment results.

HIFU is safe and effective in treating uterine fibroids and adenomyosis. It is a reasonable treatment alternative with the advantages of symptom-relieving, non-invasiveness, minimal adverse reactions, rapid recovery and readiness for pregnancy.



## 周宏學

L9

現職：林口長庚醫院 婦癌科副教授主治醫師

台灣醫用超音波學會秘書長

台灣婦癌醫學會副秘書長

經歷：林口長庚醫院 婦產部婦癌科 主任

長庚大學醫學系 主任

### The emerging trend of HPV gender neutral vaccination

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.

## 蔡慶璋

L10

現職：高雄長庚醫院婦產部副部長  
台灣母胎醫學會副理事長  
中華民國醫用超音波醫學會理事  
經歷：高雄長庚醫院婦產部產科主任  
高雄長庚醫院產後護理之家主任  
台灣母胎醫學會理事  
台灣周產期醫學會理事

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### 孕產期呼吸道疾病預防新思維

Pregnancy is a time of excitement, anticipation, and preparation for the arrival of a new life. However, it can also be a time of increased vulnerability to infections and illnesses, which can have serious consequences for both the mother and her developing baby. The COVID-19 pandemic has added a new layer of concern for pregnant women, as the virus can cause severe illness, hospitalization, and even death.

Fortunately, vaccines have been developed to protect against COVID-19, as well as other infectious diseases that can affect pregnant women and their newborns. Several studies found that vaccinating against these diseases during pregnancy not only protects the pregnant woman but also provides protection to their newborns. For example, vaccinating against COVID-19 can reduce the risk of severe illness and hospitalization for pregnant women. It can also provide passive immunity to the baby through the transfer of antibodies in breast milk and the placenta. Similarly, the pertussis vaccine can protect newborns from contracting pertussis, a potentially fatal respiratory illness. Finally, the flu vaccine can reduce the risk of flu-related complications during pregnancy, such as pneumonia and premature labor. It can also provide passive immunity to the baby, protecting them from the flu during the critical first few months of life.

As a frontier healthcare provider, we shall educate pregnant women about the benefits of vaccinating against COVID-19, pertussis, and flu proactively. By taking this step, they can protect themselves and their babies and ensure a healthy start to their new lives together.

# 口 頭 報 告

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## ◆ 8月12-13日

V：影片展示

OE：內視鏡

OF：生殖內分泌

OO：產科

OC：婦癌

OG：一般婦科

OU：婦女泌尿



稿件編號：V1	論輸尿管分離步驟在手術治療骨盆腔完全沾黏中的必要性 The necessity of the ureterolysis in completely cul-de-sac obliteration
臨時稿件編號： 0990	胡悻基 <sup>1</sup> 盧佳序 <sup>1</sup> 李奇龍 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式： 影片展示	Study Objective: To demonstrate the necessity of ureterolysis in completely obliterated cul-de-sac patient, that may help surgeon clarify the original anatomy, reduce complication rate of ureter injury and make the excision of deep endometriosis infiltration safer.
論文歸類： 內視鏡	Background: Endometriosis in severe cases lead to deep infiltrating endometriosis with completely obliteration cul-de-sacs in pelvis. This type of cases usually present a challenge for the operating surgeon when performing surgical intervention treatment especially when doing adhesiolysis and endometriosis lesion excision. The complication rate was high owing to the anatomy deformation.  Design: A stepwise video demonstration of the surgical procedure  Setting: Linkou Chang Gung Memorial Hospital. 3D Laparoscopy with 10mm main trocar and three 5mm ancillary trocars. Energy device is GYRUS ACMI PKS CUTTING FORCEPS and bipolar forceps.  Intervention: First of all, recognized the pelvic anatomy and identify the layer and adhesion. Then ureterolysis and dissection of rectovaginal septum was performed to reconstruct the original anatomy. Excision of the endometriosis nodule precisely by energy device. Hemostasis was also done at the same time. Recheck the ureter peristalsis again in the end.  Main Results: The operation was performed successfully with no intraoperative or postoperative complications. Operative time was 3 hours overall, and blood loss was 50 mL. The pathology report of excision confirmed deep endometriosis. The patient was discharged on postoperation day 3. After 1 months, no late complications was detected. Symptom of dysmenorrhea and constipation reported improved.  Conclusion: Even in the difficult completely cul-de-sacs obliteration cases, adhesiolysis and excision of endometriosis lesion may be safe and precise when the anatomy and structure was clearly identified. To achieve the most ideal surgical treatment outcome, reconstruct with ureterolysis was necessary.

稿件編號：V3	借助骨科器械移除石化子宮肌瘤之病例報告 Case report- An ossified leiomyoma removed with the assistance of orthopedic instruments in a laparoscopy surgery
臨時稿件編號： 0832	張雅婷 <sup>1</sup> 桂羅利 <sup>1</sup> 張裕 <sup>1</sup> 義大醫院婦產部 <sup>1</sup>
論文發表方式： 影片展示	Ossification is an exceedingly rare degenerative change in the uterine leiomyomas and is an example of heterotopic bone formation. Leiomyomas can undergo numerous secondary changes including hyaline degeneration, cystic change, myxoid degeneration, infection, necrosis, calcification and rarely ossification. These secondary changes are mainly due to inadequate blood supply, resulting in replacement of muscle fibers by hyaline material, collagen, calcium, mucopolysaccharides or a combination of these. Since an ossified leiomyoma is rarely seen, we will share an interesting case of an ossified leiomyoma removed by introducing orthopedics instruments.
論文歸類： 內視鏡	

稿件編號：V2	成功以兩孔手套系統腹鏡子宮次全切手術治療疤痕妊娠之個案分享 Using two-port glove system laparoscopic subtotal hysterectomy for Cesarean scar pregnancy
臨時稿件編號： 0698	李光晏 <sup>1</sup> 張文君 <sup>1</sup> 台大醫院婦產部 <sup>1</sup>
論文發表方式： 影片展示	Cesarean section scar pregnancy (CSP) is a kind of rare form of ectopic pregnancy which could be managed expectantly, medically or surgically. The incidence of CSP has been reported as approximately 1:2000 of all pregnancies. [1, 2] Systemic Methotrexate treatment following the same regimen as other non-tubal ectopic pregnancies could be consider if the patient is stable, asymptomatic, with or without fetal cardiac activity, less than 8 weeks' gestation, a gestational sac of less than 2.5 cm and greater than 2mm between the pregnancy and the bladder. [3] Also, surgical treatment including laparotomy, laparoscopic or hysteroscopic surgery could be considered if medicine treatment is not appropriate. [4] Laparoscopic wedge resection of CSP and surrounding lower uterine segment could be considered if CSP are advancing anteriorly toward the abdominal cavity and bladder and less accessible by hysteroscopic approach.[5] However, complications including a conversion to laparotomy and massive hemorrhage were noted. Also, wedge successful rate under CSP with massive active bleeding is still under debate. Reviewing previous reports, laparoscopic subtotal hysterectomy (LASH) was seldom noted as a treatment choice for these patients[3, 5, 6]. We present a successful case whom receiving LASH for CSP after receiving mifepristone for early pregnancy artificial abortion. A 41-year-old lady (gravida 3, para 2, abortus 1), with 2 times of Cesarean section history, received mifepristone (RU486) 11 weeks before visiting National Taiwan University Hospital (NTUH) at gestational age 5 weeks for artificial abortion. Coexisting symptoms included lower abdominal dull pain and vaginal spotting. Pelvic examination showed enlarged uterine corpus with reddish vaginal discharge. Transvaginal sonography showed one 4.6 x 4.7 cm echocomplex lesion at lower anterior segment with prominent flow. Thin myometrium thickness at lesion part (1-2mm) was also noted. Follow up β-HCG within 1 week showed no significant decrease (955 - 955 - 872 mIU/mL). CSP was diagnosed and surgical treatment was decided. However, massive vaginal bleeding with severe lower abdominal pain was noted before the scheduled operation. She was brought to emergency department while her vital sign was stable at triage with microcytic anemia (hemoglobin 9.1 g/dL, mean corpuscular volume 73.6 fL). Transvaginal sonography was compatible to previous finding. Due to exacerbation of symptoms, emergent surgical treatment was decided. We performed two-port glove system LASH with bilateral salpingectomy. The total operation duration was 124 minutes while blood loss was 1500 mL, and blood transfusion of pack red blood cell 6U. No complication was noted after the surgery and the patient was discharged on post-operation day 3. The patient returned to OPD 1 month after discharge without complication.
論文歸類： 內視鏡	1. Jauniaux, E. and D. Jurkovic, Placenta accreta: pathogenesis of a 20th century iatrogenic uterine disease. Placenta, 2012. 33(4): p. 244-51. 2. Jurkovic, D., et al., Cesarean scar pregnancy. Ultrasound Obstet Gynecol, 2003. 21(3): p. 310. 3. Birch Petersen, K., et al., Cesarean scar pregnancy: a systematic review of treatment studies. Fertil Steril, 2016. 105(4): p. 958-67. 4. Sedy, F., et al., Failure rate of single dose methotrexate in managment of ectopic pregnancy. Obstet Gynecol Int, 2015. 2015: p. 902426. 5. Ash, A., A. Smith, and D. Maxwell, Caesarean scar pregnancy. BJOG, 2007. 114(3): p. 253-63. 6. Wang, C.J., et al., Caesarean scar pregnancy successfully treated by operative hysteroscopy and suction curettage. BJOG, 2005. 112(6): p. 839-40.

稿件編號：V4	以機械手臂輔助助骨韌帶懸吊術作為骨盆腔脫垂的有效手術選擇：一個醫學中心的病例報告 Robotic Pectopexy as an Effective Surgical Option for Pelvic Or-gan Prolapse: A Definitive Case Presentation from a Medical Center
臨時稿件編號： 0977	柯俊丞 <sup>1,2</sup> 蘇國銘 <sup>1,2</sup> 王毓淇 <sup>1,2</sup> 三軍總醫院 <sup>1</sup> 國防醫學院 <sup>2</sup>
論文發表方式： 影片展示	Introduction Apical prolapse defines as the descent of the vaginal apex including uterus, cervix, vaginal vault, or vaginal cuff after hysterectomy. In addition to pessaries for mild symptomatic prolapse, surgical interventions contain transvaginal native tissue suture repairs and sacrocolpopexy. However, there's a feasible alternative operative method for apical prolapse: pectopexy that is a procedure of fixing the synthetic mesh ends to the bilateral pectineal ligaments for suspending the descend-ed part.
論文歸類： 內視鏡	Objective This presented case is mainly to display the newly surgical procedure of robotic pectopexy with the assistant of da Vinci Si system with a shorter operation time compared with conventional uro-gynecological surgeries.  Methods A 57-year-old parous (parity:1102) woman with past history of type II DM, hypertension and breast carcinoma in situ, left post modified radical mastectomy and adjuvant chemotherapy who suffered from dragging sensation due to apical prolapse of uterus (prolapse of uterus, stage III Cx, prolapse of anterior wall, stage II Aa and prolapse of posterior wall, stage II Ap). After discussing with the patient about related risks, benefits and potential complications, surgical intervention of robotic pectopexy and bilateral salpingo-oophorectomy was conducted smoothly.  Results The patient recovered well after the robotic operation and was discharged 48 hours after sur-gery. Postoperative gynaecologic outpatient department follow up was performed without abnormal finding nor further complication.  Conclusion Pectopexy surgery is a suitable alternative for the patients with apical prolapse of pelvic organs. Combined with advanced da Vinci surgical system, robotic surgery provides clearer, safer and faster operational process with better outcome and may be considered as an effective clinical technique.

稿件編號：V5	保守性腹腔鏡手術移除腹膜後之輸卵管旁腫瘤 Conservative laparoscopic method for excision of retroperitoneal para-tubal mass
臨時稿件編號： 0847	楊雅淳 <sup>1</sup> 王功亮 <sup>2</sup> 陳楨瑞 <sup>1</sup> 台北馬偕紀念醫院 <sup>1</sup> 台東馬偕紀念醫院 <sup>2</sup>
論文發表方式： 影片展示	INTRODUCTION: Retroperitoneal mass is always the surgical challenge during minimally invasive surgery. Due to the unfamiliarity of anatomic structure by general OB/GYN practitioner, tumor rupture and content spillage are frequent. We would like to present this case for demonstrating the surgical skills in retroperitoneal dissection and en-bloc tumor removal.
論文歸類： 內視鏡	CASE REPORT: This was a 53-year-old female with a self-palpable right middle abdominal mass, just lateral to umbilicus. Pelvic examination showed a term fetal head in size mass, fixed at right abdominal wall, higher level than ordinary ovarian region. Transvaginal ultrasound showed right adnexal cystic-mass, measuring about 11.48x8.24 cm in size. Tumor markers, including CEA (0.45 ng/mL) and CA199 (16.46 U/mL) were within normal limit but CA125 (97.13 U/mL) was abnormal. Based on her and families' request, laparoscopic cystectomy was planned and carried out. A 11cm right para-tubal cyst which located at the height of right para-colic gutter, with connection to right ovary, with retroperitoneal extension. Retroperitoneal dissection and en-bloc tumor removal without tumor rupture nor spillage of tumor content. The mass was removed inside endobag based on the surgical principle of minimally invasive surgery. Post-operative recovery was uneventful. Final pathology confirmed a benign serous cyst.  CONCLUSION: A retroperitoneal mass should be operated carefully because of the unfamiliarity of anatomy and easily surgical rupture. Practice more always makes perfect surgical outcome.

稿件編號：V6	以達文西 Xi plus 內視鏡鏡頭行機器人手臂輔助卵巢囊腫切除手術 Robotic enucleation and suture of chocolate cyst with new Da Vinci endoscope plus
臨時稿件編號： 0873	楊向國 <sup>1</sup> 台大醫院婦產部 <sup>1</sup>
論文發表方式： 影片展示	The estimated prevalence of endometriosis in Taiwan was 8.9% based on the National Health Insurance Research Database (NHIRD). Endometrioma, identified in 17-44% of women with endometriosis, is the cystic lesion of ovaries filled with the degenerated blood products originating from the ectopic implanted endometrial glands and stroma. Spatial occupation and local reaction led to impaired ovarian reserve and subfertility. Surgical excision may be helpful to avoid further ovarian damage. However, oophorectomy appears to have temporary adverse effects on ovarian reserve. AMH was significantly reduced at one-month post-cystectomy and recovered by six months, but not back to baseline values. Large endometrioma (cyst size >= 5 cm) and bilateral presentation are associated with a greater decline in AMH after cystectomy. Inadvertent removal of normal ovarian tissue and excessive hemostasis by electrocauterization can lead to impaired ovarian reserve.
論文歸類： 內視鏡	Minimally invasive surgery is the current trend in the management of ovarian cysts, mainly because of the faster recovery time and shorter hospital stay. In recent years, the application of robotic surgery in gynecology has been increasing, not only limited to benign lesions, but also includes staging surgery for gynecological cancer. Compared with laparoscopic surgery, robotic surgery has better instrument range of motion due to Endo-wrist, arm stability, and improved visualization. Sharpness of the Xi endoscope plus can be adjusted from the surgeon console to address a dynamic surgical field, which provides an immersive surgical experience. Fluorescence imaging has been applied for sentinel lymph node mapping for endometrial cancer. The da Vinci Firefly Imaging System provides real-time assessment of vessels, blood flow and related tissue perfusion using near infrared imaging. Endometriosis can appear in a wide variety of appearances and colors under standard white light imaging, making it difficult to be distinguished intraoperatively. Past research revealed that endometriosis is hypervascular, which could be detected by the Firefly Imaging System of fluorescence imaging with ICG dye, allowing for better visual diagnosis during an endometriosis resection procedure. This may be beneficial for patients with this disease. With highly-magnified 3DHD vision and true depth perception, it may have better performance on identifying and separating the plane of chocolate cysts from normal ovarian tissue; sparing the vessels to avoid unnecessary bleeding, and subsequent suturing. Therefore, removal of healthy ovarian tissue and excessive use of cauterization when achieving hemostasis could be prevented.  We used the latest Da Vinci Xi Plus to show the surgical experience of an infertile ovarian chocolate cyst. We presented a case of a 34 year-old woman, G1P1, without underlying systemic disease. A right ovarian chocolate cyst was found in 2022/12. She denied dysmenorrhea, menorrhagia, abdominal distension nor urination frequency. Tumor marker of CA-125 was within normal range (17.6U/ml). Trans-abdominal sonography on 2023/01/13 showed a 7 cm right ovarian cyst with sand-like content without intra-tumoral flow. After well explanation to the patient, she was admitted to Zhubei branch of National Taiwan University Hospital for robotic-assisted oophorectomy.

稿件編號：V7	達文西膠黏分離和子宮次全切除手術用於先前肌層剝除術和嚴重骨盆腔黏黏的病人 Robotic enterolysis and subtotal hysterectomy in a previous myomectomy with severe pelvic adhesion
臨時稿件編號： 0850	鍾佳翰 <sup>1</sup> 莊乙真 <sup>1</sup> 亞東紀念醫院 <sup>1</sup>
論文發表方式： 影片展示	Several surgical complications such as chronic pelvic pain, impaired fertility, small bowel obstruction, and complications during subsequent operations can be associated with adhesions. Adhesion formation occurs in 90% of abdominal and pelvic surgeries, with a lower incidence when the surgery is performed laparoscopically.
論文歸類： 內視鏡	In this report, we presented a case of 44-year-old woman who had a previous myomectomy with chronic low abdominal pain. She also suffered from hypermenorrhea for several months with anemia and the ultrasound revealed her uterus with adenomyosis. Thus, the patient was admitted for surgical intervention.  We presented the video of robotic enterolysis and subtotal hysterectomy. As the video showed, there are severe adhesions between uterus, omentum and small bowel. We identify the position of the uterus and any areas of adhesion. Typically, the round ligament is a less adhesive area and can be used as an anatomical landmark. During surgery, we begin separating the adhesions from the surrounding area, constantly searching for the easiest separation point instead of repeatedly separating from the same point.  We use proper pressure when grasping and manipulating tissues to achieve traction and counter-traction and make a better visual field of adhesions. Besides, we use cold dissection mostly to avoid possible thermal injury of adjacent tissue.  One advantage of starting to separate adhesions from the sidewall is that it allows for a clear view of the adhesion plane. As step and step of adhesionolysis, less and less adhesion remains and the surgical field becomes clearer gradually.  During the cauterization, we lift the tissue as much as possible to avoid damaging the underlying intestines. When there are adhesions involving the mesentery or greater omentum, it is necessary to coagulate the blood vessels with bipolar energy before cutting them. In this surgery, adhesions occurred mostly on the posterior wall of the uterus, and the endo-wrist of the Da Vinci robotic arm allows for different angle separation of the adhesions.

稿件編號：V8	一個通過腹腔鏡診斷的罕見案例：妊娠試驗陰性且 β-hCG 數值正常的輸卵管妊娠 Tubal pregnancy with negative pregnancy test and beta-hCG elevation, an extreme rare manifestation which should be diagnosed laparoscopically
臨時稿件編號： 0750	洪碩鏗 <sup>1</sup> 陳楨瑞 <sup>1</sup> 王功亮 <sup>2</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 台東馬偕紀念醫院院長 <sup>2</sup>
論文發表方式： 影片展示	Introduction: Ectopic pregnancy has a wide variety of clinical presentations, and it is still difficult to be 100% accurate even with advanced imaging techniques and the well-understanding in serum beta-hCG test. Undoubtedly, a negative urine pregnancy test (of course, the same as normal serum beta-hCG level) traditionally excludes the differential diagnosis of ectopic pregnancy. Here we would like to report a rare case who has persistent lower abdominal pain, negative urine pregnancy test/normal serum beta-hCG but finally established the diagnosis of tubal pregnancy laparoscopically and pathologically.
論文歸類： 內視鏡	Case report: This was a 40-year-old, para 4, Taiwanese female, who presented in an outpatient's clinic with symptoms of left lower quadrant pain and abnormal vaginal bleeding for 4 months. Initially she declared that she had taken mifepristone (RU-486) twice in 2022/4 at a local medical clinic for dealing with her undesired pregnancy. Suction dilatation and curettage was performed in 2022/5 there for incomplete abortion after mifepristone taking. Serial beta-hCG levels returned to normal (less than 10 U/mL) after surgery quickly from 2022/05. Unfortunately, polymenorrhea and left lower abdominal pain were encountered after that. Finally, she visited the emergency department in our hospital with severe diffuse lower abdominal pain in 2022/9. After laboratory study, she was diagnosed to have acute pyelonephritis at first due to dirty urine analysis and negative urine pregnancy test. Symptoms relieved little after antibiotics for 8 days. Abdomen CT scan during her re-ER-visit found to have a left adnexal complex mass incidentally, size measuring about 4cm in diameter. She was referred to gynecologic oncologist's clinic and follow-up ultrasonographic scans for 3 times within 2 months were performed. Due to a negative urine pregnancy test, ectopic pregnancy was excluded from our list of differential diagnosis. Diagnostic laparoscopy was carried out on 2022/12/15 because of this persistent mass accompanied with lower abdominal pain off and on. During surgery, left bulging fallopian tubal mass was found and excised (left segmental salpingectomy) for pathology checkup. It reported a hematocele in fallopian tubal lumen, with blood clots and inactive trophoblastic tissue microscopically, compatible with tubal pregnancy. Post-operative recovery was uneventful and all symptoms disappeared.  Conclusion: An abnormal adnexal mass with history of recent pregnancy could still be possible ectopic pregnancy even negative urine pregnancy test or serum beta-hCG. Diagnostic laparoscopy and pathology assistance could be helpful when the clinical management is confusing.

稿件編號：V9	腹腔鏡移除嵌入結腸腸腔內之子宮內避孕器及腸道修補 Laparoscopic management of intrauterine device migration into the lumen of rectosigmoid colon
臨時稿件編號：0930	侯詠齡 <sup>1</sup> 孫仲賢 <sup>1</sup> 莊國泰 <sup>1</sup> 四季台安醫院 <sup>1</sup>
論文發表方式：影片展示	Background: Colon perforation caused by the intrauterine device (IUD) migration is a rare but severe complication that can occur years after the insertion. In a majority of cases associated with IUD migration, the patients do not express any symptoms, but extrauterine IUD should be removed surgically without delay due to risk of significant injury to adjacent organs. There are different methods for extracting migrated IUD, which include colonoscopy, laparotomy, or laparoscopy. Due to the rarity of cases like these, the preferred treatment is left for the surgeon to choose. We demonstrate a case of a 55-year-old female presented in our clinic asking for management of a migrated IUD incarcerated in rectosigmoid colon, which was found via colonoscopy performing for stool occult blood noted during physical examination. The IUD was inserted about 20 years ago, but she got pregnant afterward. Abortion D&C was arranged with failed IUD retrieval. There's no severe symptom other than occasional discomfort over low abdomen. Laparoscopic surgery for IUD removal with repairment of uterus and bowel defects was performed smoothly with good postoperative recovery.
論文歸類：內視鏡	Materials and Methods : Setting: single hospital Surgical video review  Result : Adhesiolysis was performed carefully, separating the uterus and rectosigmoid colon. Terminal end of IUD stem was identified over the uterine serosa area, and IUD arm and stem were pulled out from rectosigmoid colon. The defect of uterine wall and rectosigmoid colon were repaired. Underwater leakage test was performed for confirming the integrity of bowel wall.  Conclusion : Laparoscopic approach is a safe and appropriate method to manage migrated IUD which penetrating into the lumen of rectosigmoid colon.

稿件編號：V10	經陰道自然孔洞內視鏡手術應用於卵巢巧克力囊腫切除手術 Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) cystectomy of endometrioma
臨時稿件編號：0958	停寧瑩 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院 <sup>1</sup>
論文發表方式：影片展示	Background NOTES Developed in mid-2000, it gave the advantages of eliminating the abdominal scar, the risk of visceral and vascular injuries, and limiting hernias, scars, and pain. However, there were some limitations as the instrument restricted operators through a single port which challenged the surgical skills. Endometrioma may cause cul-de-sac obliteration and not be suitable for NOTES. Here, we presented a vNOTES cystectomy of endometrioma.
論文歸類：內視鏡	Patient and Methods This is a 40-year-old female, P2 (NSD), with chief complaints of intermittent right lower quadrant pain for four years. Transvaginal sonography showed suspected right teratoma or endometrioma with 3.7*3.1 cm in size. Abdominal CT revealed a 3.7 cm well-encapsulated cystic mass without calcification. vNOTES right cystectomy was performed with one 3-cm incision in the posterior fornix and the single port inserted through the vagina. Right ovarian endometrioma was then identified. The cyst wall was carefully separated from the ovary during the operation and sutured with 2-0 vloc for hemostasis.  Result Total surgical time was 55 minutes with minimal blood loss. The pathology report showed an endometriotic cyst. The postoperative course was uncomplicated, and the patient was discharged on postoperative day two after the Leuplin injection.  Conclusion vNOTES cystectomy for endometrioma might be a feasible and safe procedure for appropriate cases.

稿件編號：V11	減少孔洞之達文西手術處理複雜性子宮肌瘤摘除手術 Reduced-Port Robotic surgery for complicated myomectomy
臨時稿件編號：0957	吳佩堃 <sup>1</sup> 莊斐琪 <sup>1</sup> 楊采樺 <sup>1</sup> 黃寬慧 <sup>1</sup> 龔福財 <sup>1</sup> 高雄長庚紀念醫院 <sup>1</sup>
論文發表方式：影片展示	Background Uterine leiomyomas are the most common benign uterine tumor in reproductive age. Surgical intervention including hysteroscopy, laparotomy, laparoscopy or robotic assisted myomectomy would be considered for the patients desiring to preserve uterus when the conservative treatments fail. Robotic surgery for complicated myomectomy, defined as surgery involving more than two myomas, diameter of myoma $\geq 8$ cm, or preexisting pelvic adhesions can eliminate the limitation of rigid instruments associated with single-port laparoscopic myomectomy owing to Endowrist. Reduced-Port robotic surgery (RPRS) using a laparoscopic single-port platform with multiport robotic instruments is an alternative method to overcome the disadvantages of robotic multiport or single port-laparoscopic myomectomy. We will present an edited video about Reduced-Port Robotic Surgery (RPRS) for complicated myomectomy.
論文歸類：內視鏡	Methods The da Vinci Xi robotic system was used. An approximately 2.5cm vertical incision over the umbilicus was made for the Glove Port (Nelis) and one 8mm trocar was established over the right lower abdomen. The Glove Port consists of four insertion ports with three white ports (all 8mm) and one blue port (12mm) which is for assistant instruments and to pass needles. The da Vinci 30-degree camera was inserted through one of the 8mm ports of the Glove Port. The robotic instruments were placed at another one 8mm port and the additional side trocar, respectively.  Results The robotic instruments in right arm established at the additional side trocar was dedicated to tissue incision and multi-layers suturing of the uterus. This setting also saved the time of specimen retrieving through the umbilical vertical wound. Besides, there were only two skin wounds over the patient's abdomen. Therefore, this application enhanced the cosmetic satisfaction compared to conventional multi-sites myomectomy.  Conclusions The advantages from Reduced-Port Robotic Surgery (RPRS) with the use of Glove Port include relatively overcoming collision between instruments, less time for retrieving specimen, more satisfying cosmetic outcome and rapid recovery after operation. Consequently, this application is a feasible and safe surgical method for complicated myomectomy.

稿件編號：V12	達文西手術於大型子宮肌瘤切除之技巧 Tips and Tricks of Reduced Port Robotic Myomectomy for Large Uterine Leiomyomas
臨時稿件編號：0875	吳翔寧 <sup>1</sup> 桂羅利 <sup>1</sup> 張裕* <sup>1</sup> 義大醫院 <sup>1</sup>
論文發表方式：影片展示	Background: Uterine leiomyomas are common benign solid tumors of the uterus. Myomectomy is a standard fertility sparing surgical method and should be considered for women with fibroid related symptoms who do not desire hysterectomy. Recently, laparoscopy and robot-assisted surgery have evolved to deal with complex cases such as large and numerous myomas.
論文歸類：內視鏡	Patient and Methods: A 40-year-old woman (parity 0, married for 4 years) who presented to our hospital for fertility counseling. Gynecologic ultrasound showed huge uterus (>20 cm) with multiple leiomyomas. Magnetic Resonance Imaging revealed an enlarged 14 cm- leiomyoma.  Results: Reduced port Robotic myomectomy was performed smoothly. V-Loc 1-0 was used to approximate the uterus. The weight of leiomyoma is 985g. Blood transfusion of 3-unit PRBC was done due to Hb drop from 12 to 8. The patient recovered well and discharged 5 days after the operation.  Conclusions: Patients with large myoma are more likely to suffer from intraoperative complications, such as more blood loss resulting with the need of blood transfusion. On these difficult cases, robotic assisted surgery has the advantage of tumor traction and suture. In this video presentation, we will show the tips and tricks of reduced port robotic surgery.

稿件編號：V13	在子宮穿孔後持續使用 Truclear 進行子宮鏡手術的技巧與經驗分享 Tips and Tricks of Continuing Hysteroscopic Surgery with Truclear after Complication of Uterine Perforation
臨時稿件編號：0905	楊愷 <sup>1</sup> 張裕 <sup>1</sup> 桂羅利 <sup>1</sup> 義大醫院婦產部 <sup>1</sup>
論文發表方式：影片展示	<Introduction> The Truclear system is another minimally invasive technique used to remove endometrial tissue. This procedure can be complicated with uterine perforation, which is a serious complication that requires prompt attention. In rare cases where the uterine perforation is small and uncomplicated, and the healthcare provider determines that it is safe to continue the procedure, they may choose to do so. In this video, we demonstrate a case of uterine perforation while inserting the Truclear system. The remaining procedure was still carried on smoothly.
論文歸類：內視鏡	<Case report> This 68 y/o woman has a known history of sigmoid colon subepithelial tumor. Computed tomography revealed an uterine cystic lesion. Hysteroscopic surgery with the Truclear system was arranged. However, cervical dilatation was difficult due to severe cervical atrophy. Uterine perforation unfortunately occurred while inserting the device. Despite the setback, hysteroscopic removal of endometrial lesions was still completed without further complications.
	<Discussion> In cases where hysteroscopic surgery is complicated by uterine perforation, the physician should take prompt measures to assess the extent of the perforation and the risk of further complications. Depending on the severity and location of the perforation, the provider may choose to stop the procedure or continue under close monitoring. In our case, the uterine perforation was small and uncomplicated. We demonstrate that continuing hysteroscopic surgery after uterine perforation can be considered after a thorough assessment of the patient's condition and the risks and benefits of continuing the procedure.

稿件編號：V14	以腹腔鏡肌瘤切除手術治療敏感位置病灶的技術分享 Techniques in laparoscopic myomectomy to treat intricately situated lesions
臨時稿件編號：0852	李俊潔 <sup>1</sup> 孫仲賢 <sup>1</sup> 高雄四季台安醫院 <sup>1</sup>
論文發表方式：影片展示	Background Uterine fibroids are notorious about their potential to enlarge in size and locate diversely. Laparoscopic myomectomy has been widely accepted as a surgical removal option to treat uterine fibroids, while the features of laparoscopy may simplify or complicate such surgical procedure. To achieve radical removal of the lesion, and maximal preservation of normal organs are the two ends of the scale to be balanced during laparoscopic myomectomy.
論文歸類：內視鏡	Patient and Methods We herein present our surgical videos of laparoscopic myomectomy to treat large type 3 myoma and paracervical broad ligament myoma.
	Results Endometrial preservation is crucial during the excision of large type 3 myoma in patients with fertility consideration. In such occasions, multidisciplinary cutting techniques should be taken to achieve optimal outcome. In paracervical broad ligament myoma, sparing enough myometrium in advance and avoidance to injure the vital organs are the key points to perform a relaxed repair procedure.
	Conclusions Laparoscopic myomectomy may be irritating if the myoma is intricately situated. Certain principles and pre-emptive tactics should be kept in mind to avoid awkward process and outcome.

稿件編號：V15	經陰道自然孔手術中之縫合技術分享 Suturing Skill and Technique under Transvaginal Natural Orifice Transluminal Endoscopic Surgeries
臨時稿件編號：0887	陳俊男 <sup>1</sup> 桂羅利 <sup>1</sup> 張裕 <sup>1</sup> 義大醫院婦產部 <sup>1</sup>
論文發表方式：影片展示	Background: In natural orifice transluminal endoscopic surgery (NOTES), the natural orifices of the human body are used to access the abdominal cavity to perform surgery. Since transvaginal NOTES is introduced in 2012, many surgeons have developed the technique in various gynecologic procedure, such as oophorectomy, salpingectomy, adnexectomy, hysteromyoma and hysterectomy.
論文歸類：內視鏡	Patient and Methods: A 41-year-old woman (gravida 0, sexual activity history+) who presented to our hospital complaining of ovarian cyst with lower abdominal pain. She denied any operative history. She had symptoms for about 3 months so that she went to local clinical department for help. Ovarian cyst was told by doctor there. Due to above reasons, she came to our outpatient department for help. Gynecologic ultrasound revealed left complex ovarian tumor sized 8.4 x 6.4cm. Computed tomography (CT) also confirmed bilateral adnexal with mixed fat, soft tissue and calcification; right adnexal tumor sized 6.9 x 5.2 x 5.8 cm and left adnexal tumor sized 5.7 x 4.7 x 8.3 cm. Tentative diagnosis was bilateral teratoma. After discussed, patient decided to receive surgical treatment.
	Results: Transvaginal natural orifice transluminal endoscopic bilateral ovarian tumor enucleation was performed. Bilateral ovarian tumor contained with lipid, skin, hair, and bone tissue. Histopathological examination showed that mature cystic teratoma, negative for malignancy. Finally, the patient recovered well and discharge 3 days after the operation.
	Conclusions: Advantages of NOTES include faster postoperative recovery, reduced postoperative pain, and decreased postoperative wound infections, as well as outstanding cosmetic results. Even though most studies reported a shorter operation time for transvaginal NOTE cystectomy compared to conventional laparoscopic cystectomy, the suturing skill and technique under NOTES still need learning and practice for beginner-surgeon.

稿件編號：V16	切除骨盆腔側壁復發性深部浸潤子宮內膜異位症病灶引發輸尿管及血管損傷之個案處理報告 Ureter and vascular injury during laparoscopic excision for recurrent pelvic sidewall deep endometriosis
臨時稿件編號：0916	孫仲賢 <sup>1</sup> 方俊能 <sup>1</sup> 侯詠齡 <sup>1</sup> 莊國泰 <sup>1</sup> 四季台安醫院 <sup>1</sup>
論文發表方式：影片展示	Introduction: Pelvic sidewall deep endometriosis (DE) is not easy to completely excise during laparoscopic surgery, due to distorted anatomy and the dense fibrosis. Recurrent sidewall DE after previous hysterectomy is even more difficult to operate, due to the loss of tissue plane, collapsed retroperitoneal space without uterus, and much denser fibrosis. Injury to the retroperitoneal structures (including ureter, vessels, and nerves) is not uncommon. In this video, we will demonstrate a case with previous laparoscopic subtotal hysterectomy plus posterior DE excision. During the surgery for recurrent left ovarian endometrioma, and sidewall DE, we encountered troublesome multiple ureter injuries and vascular injuries.
論文歸類：內視鏡	Materials and methods: Video review and editing.
	Result: The 45-years old lady had previous laparoscopic subtotal hysterectomy, plus posterior DE excision for adenomyosis and severe pelvic endometriosis. Recurrent Left ovarian endometrioma (6 cm in diameter) was noted during the follow up period. During the surgery, this time, not only left ovarian endometrioma, but also left pelvic sidewall DE lesions were noted. We performed laparoscopic adhesiolysis, left salpingo-oophorectomy, and DE excision for her. Due to the distorted anatomy, and the very dense retroperitoneal spaces, we encountered multiple ureter injuries, including thermal injury and partial transection. Multiple vascular injuries were also noted during the difficult ureterolysis. Careful vascular repair, and then ureter segmental resection with end-to-end anastomosis (uretero-ureterostomy) were performed. The techniques of laparoscopic vascular repair and uretero-ureterostomy will be highlighted.
	Conclusion: Resection of recurrent sidewall DE is a challenging surgery, because of the distorted anatomy and the dense fibrotic retroperitoneal space. Ureter injury and terrible vascular injury may be encountered. Surgical team should be well trained to deal with these kind of complications.



論文摘要

稿件編號：V17	超音波導引經陰道抽吸術合併子宮直腸窩切開引流術作為一種有效的第一線治療急性輸卵管卵巢膿瘍的方式：一個病例系列報告
臨時稿件編號：0885	Ultrasound-Guided Transvaginal Aspiration in Combination with Culdotomy Drainage as an Effective First-Line Treatment for Acute Episode of Tubo-ovarian Abscess: A Case Series  葉宗鑫 <sup>1</sup> 陳奕耘 <sup>1</sup> 龔福財 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
論文發表方式：影片展示	Ultrasound-Guided Transvaginal Aspiration in Combination with Culdotomy Drainage as an Effective First-Line Treatment for Acute Episode of Tubo-ovarian Abscess: A Case Series
論文歸類：內視鏡	Tsung-Hsin Yeh; Huan-Yun Chen; Fu-Tsai Kung Department of Obstetrics and Gynecology, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan  Objective: To demonstrate the safety and effectiveness of ultrasound-guided transvaginal aspiration, culdotomy and drainage tube placement for treating acute episode of tubo-ovarian abscess (TOA).  Materials and Methods: During 2022, three consecutive women with a diagnosis of TOA were advised to undergo the procedure. All patients presented with low abdominal pain, elevated levels of C-reactive protein and cancer antigen 125, with some having fever and leukocytosis. Intravenous infusion of broad-spectrum antibiotics was prescribed for all patients. Under general anesthesia, the patients were placed in lithotomy position, and a Double Lumen Ovum Pickup Needle (No. 16, Cook Medical) was used to penetrate the lesion for pus aspiration. Back-and-forth irrigation was then performed under transvaginal ultrasound guidance. Culdotomy was subsequently performed, and the pelvis was vigorously irrigated with normal saline. Penrose drainage tubes were placed to finish up. (A video of the procedure will be available upon presentation.) The patients were admitted for postoperative continuous antibiotic administration and observation.  Result: All patients underwent the procedure successfully without any complications. The amount of fluid aspirated ranged from 40ml to 250ml, and the operating time ranged from 76 to 177 minutes. They all underwent culdotomy, with one left open for drainage, while the other two had Penrose drainage tubes inserted. The drainage tubes were removed either on day 2 or 4 after the procedure. All patients experienced improvement in symptoms, and their post-operative hospital stays ranged from 1 to 3 days. Follow-up ultrasound imaging at outpatient department showed normalization of bilateral adnexa in one case, a reduction in the size of TOA in another case, and loss of follow up in the last case.  Conclusion: Ultrasound-guided transvaginal aspiration of TOA is a safe and effective procedure. Concomitant culdotomy with drainage tube placement can aid in continuous drainage of the purulent pelvic fluid and hopefully accelerate recovery.

論文摘要

稿件編號：V18	深部浸潤型子宮內膜異位症患者於經陰道取卵手術後之卵巢輸卵管膿瘍，接受達文西手術治療
臨時稿件編號：0791	Robotic adhesiolysis, excision of pelvic endometriosis, salpingectomy and drainage of abscess for patient who had tubo-ovarian abscess following transvaginal oocyte retrieval and concomitant deep infiltrating endometriosis  李大成 <sup>1</sup> 莊乙真 <sup>1</sup> 劉馨儀 <sup>1</sup> 盧信芬 <sup>1</sup> 新北市亞東醫院婦產部 <sup>1</sup>
論文發表方式：影片展示	Abstract Transvaginal ultrasound-guided oocyte retrieval (TVOR) is a standard procedure for oocyte collection during in vitro fertilization (IVF). Endometriosis is one of the leading causes of infertility and a risk factor for pelvic inflammatory disease or tubo-ovarian abscess (TOA) after TVOR. Both tubo-ovarian abscess (TOA) and endometriosis can lead to severe pelvic infections [1,2]. A 41-year-old woman with a history of refractory deep infiltrating endometriosis (DIE). After 2 times of robotic excision of endometriosis, her dysmenorrhea improved significantly. Five years after surgery, she had secondary infertility and underwent TVOR for IVF. One week after TVOR, she developed fever with abdominal pain, and transvaginal ultrasonography revealed a multilocular complex hypoechoic adnexal mass around the left ovary. After hospitalization, she was treated conservatively with empiric antibiotics. However, TOA recurred after discharge. Due to poor response to antibiotics treatment, she received robotic surgery including adhesiolysis, enterolysis, excision of pelvic endometriosis, salpingectomy and drainage of abscess. After the operation, her fever and abdominal pain subsided gradually. There is no consensus on whether endometriosis should be treated before an IVF cycle. Some studies have suggested that surgical treatment does not improve ovarian response to gonadotropin drugs. However, some studies have discussed the risk of endometrioma contributing to the pelvic infection after oocyte retrieval. And the relationship between the severity of the endometriosis and the severity of the infection is also unknown[3]. When patients with deep infiltrating endometriosis develop severe infection after TVOR and conservative treatment failure, surgical treatment should be considered[4]. Further research is needed to determine whether surgical treatment for severe deep infiltrating endometriosis before TVOR may decrease the risk of TOA.
論文歸類：生殖內分泌	Reference [1] Muramoto, T. and Koike, R. (2020) A Patient with Tubo-Ovarian Abscess with Endometriosis after Transvaginal Oocyte Retrieval. Open Journal of Obstetrics and Gynecology, 10, 445-451. [2] Varras M, Polyzos D, Tsikini A, Antypa E, Apessou D, Tsuroulas M. Ruptured tubo-ovarian abscess as a complication of IVF treatment: clinical, ultrasonographic and histopathologic findings. A case report. Clin Exp Obstet Gynecol. 2003;30(2-3):164-8. [3] El-Shawarby S, Margara R, Trew G, Lavery S. A review of complications following transvaginal oocyte retrieval for in-vitro fertilization. Hum Fertil (Camb). 2004 Jun;7(2):127-33. [4] Benaglia L, Somigliana E, Iemello R, Colpi E, Nicolosi AE, Ragni G. Endometrioma and oocyte retrieval-induced pelvic abscess: a clinical concern or an exceptional complication? Fertil Steril. 2008 May;89(5):1263-1266.

論文摘要

稿件編號：V19	藉由經陰道固定來縮短腹腔鏡薦骨陰道固定術手術時間 Shortening operative time in laparoscopic sacrocolpopexy by transvaginal fixation
臨時稿件編號：0831	林益豪 <sup>1</sup> 簡誌峰 <sup>2</sup> 謝武橋 <sup>1</sup> 盧佳序 <sup>1</sup> 梁景忠 <sup>1</sup> 林口長庚醫院 <sup>1</sup> 土城長庚醫院 <sup>2</sup>
論文發表方式：影片展示	Lane, F.E. (1962) first reported on the use of an intervening graft to anchor the vaginal apex or uterus to the sacral promontory. Nygaard et al. showed strong evidence that abdominal sacrocolpopexy is an effective and reliable procedure for the correction of apical vaginal prolapse in 2004. As of 2010, abdominal sacrocolpopexy is considered the "gold standard" for the repair of high-grade pelvic organ prolapse.
論文歸類：婦女泌尿	Laparoscopy offers great exposure and surgical detail, reduces blood loss in performing pelvic floor surgery. laparoscopic sacrocolpopexy may be challenging due to the need for extensive dissection and advanced suturing skills. However, it offers the efficacy of abdominal sacrocolpopexy, such as lower recurrence rates and less dyspareunia than sacrospinous fixation. More and more issues start to focus on how to shorten operative time in laparoscopic sacrocolpopexy. Today, we will demonstrate an alternative surgical method to shorten the operative time.

稿件編號：OE1	使用傷口撐開器氣蓋進行經陰道自然孔內視鏡子宮全切除手術之 107 例手術經驗分享
臨時稿件編號：0784	A new method of transvaginal NOTES hysterectomy with Lagis - LapBase Cap (for Wound Retractor), outcome in 107 patients with benign gynecologic disease <u>梁世強</u> <sup>1</sup> 大林慈濟醫院 <sup>1</sup>
論文發表方式：口頭報告	Natural orifice transluminal endoscopic surgery (NOTES) had advantages such as less postoperative pain, less blood loss, shorter admission days compared to traditional laparoscopic surgery. For a gynecologic surgery, including hysterectomy and adnexa surgery, vagina was an ideal approach.
論文歸類：內視鏡	In our hospital, more patients chose NOTES due to no abdominal scar and above benefits. During 2017 to 2022 April, 107 patients underwent transvaginal NOTES hysterectomy in our hospital. The patients were aged between 28 and 55 years old, with benign gynecologic disease, without known deep infiltrating endometriosis(DIE) and malignancy. We used "Lagis - LapBase Cap for Wound Retractor 60mm" rather than GelSeal Cap for sealing the Alexis retractor and instruments applied. It was an effective and economical way. Compared to GelSeal Cap, it cost less. Besides, this method has advantages of easily performed and well sealing function. In our experience, 3 patients underwent NOTES surgery at first, but we failed to apply instruments through vaginal route. Under this situation, we shifted to traditional laparoscopic surgery. We would discuss the possible problems behind that. Also, we would like to share the outcomes of 107 transvaginal NOTES hysterectomy conducting in our hospital including blood loss, operation duration, admission days, uterine size; and the experience of Lagis - LapBase Cap usage in this article. We would discuss the favor characters for NOTES surgery and preoperative evaluation based on our experience as well.

稿件編號：OE2	腹腔鏡子宮內膜異位瘤固化治療-----案例報告 Laparoscopy ethanol sclerotherapy in endometrioma -----cases report
臨時稿件編號：0781	吳東璧 <sup>1</sup> 曹敬呈 <sup>1</sup> 林育瑩 <sup>2</sup> 台南新樓醫院 <sup>1</sup> 彰化基督教醫院婦產科 <sup>2</sup>
論文發表方式：口頭報告	Endometriomas are a common type of ovarian cyst associated with endometriosis, which can cause pain and infertility. Treatment options include surgical removal of the cyst (cystectomy), ablation, or sclerotherapy. Ethanol sclerotherapy (transvaginal or laparoscopic), a minimally invasive approach, has shown promise as an alternative to cystectomy for patients with endometriomas who wish to preserve fertility.
論文歸類：內視鏡	In this report, we present our experience with laparoscopic ethanol sclerotherapy combined with medication as a primary treatment in large endometrioma patients. Our results demonstrate promising outcomes and a comparative and consistent effectiveness compared to cystectomy, with less risk to ovarian reserve and less demand for surgical skills.

稿件編號：OE3	子宮腺瘤樣瘤的術前超音波特徵分析：一項回顧性研究 Distinctive Sonographic Features of Uterine Adenomatoid Tumor: A Retrospective Review
臨時稿件編號：0950	<u>陳欣儀</u> <sup>1</sup> <u>白欣玉</u> <sup>1</sup> <u>麥迪森</u> <sup>1</sup> <u>顏志峰</u> <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式：口頭報告	Objective: Uterine Adenomatoid Tumor (UAT) is a rare mesothelial neoplasm that arises from the submesothelial stroma of the uterus. It is often mistaken for other uterine tumors before a pathologic diagnosis is made. In this study, we aimed to investigate the ultrasonographic features of Uterine Adenomatoid Tumor (UAT) in its preoperative evaluation.
論文歸類：內視鏡	Method: Retrospective review of medical records from Linkou Chang Gung Memorial Hospital between January 2018 to December 2020. Forty-eight patients of pathologically confirmed UAT were included in the final assessment. Preoperative sonographic images of these patients were evaluated to identify any distinctive sonographic features of UAT.  Results: Of the 5,000 patients, 48 cases were diagnosed with UAT, resulting in an incidence of 0.97%. Among the 37 cases with preoperative sonographic images, UAT generally appeared as a rounded or oval shape with a homogenous appearance and absence of vascularity. 23 cases demonstrated unique sonographic characterizations, with 16 cases displaying both a hyperechogenic center with a hypoechogenic rim and 7 cases showing only one of these features. The remaining 14 cases lacked these distinctive features and resembled the sonographic impression of leiomyoma or adenomyoma.  Conclusion: Our study suggests that UAT may be more prevalent than previously thought. The distinctive sonographic features, including a hyperechoic center circumscribed with a hypoechoic rim, absence of vascularity, homogenous appearance, and rounded or oval shape, can assist in differentiating UAT from other uterine tumors during preoperative evaluation. Accurate preoperative diagnosis of UAT can help avoid unnecessary invasive procedures and guide appropriate treatment decisions.

稿件編號：OE4	在腹腔鏡肌瘤切除術中使用三重止血帶的臨床結果分享：一種暫時性完全阻斷子宮血液供應的新技術
臨時稿件編號：0780	Clinical outcome of laparoscopic myomectomy with application of triple tourniquet: a novel technique to fully occlude uterine blood supply temporarily  <u>郭信宏</u> <sup>1</sup> <u>陸千琦</u> <sup>1</sup> 林口長庚紀念醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Aims and objectives: To evaluate surgical outcomes after adjustable triple tourniquets at laparoscopic myomectomy Design: Case-control study Setting: One University teaching medical center (Linkou Chang Gung Memorial hospital) Patients: Five-hundred patients with symptomatic fibroids (menorrhagia, dysmenorrhea, compression symptoms) undergoing laparoscopic myomectomy during 2016/01/01-2022/07/31
論文歸類：內視鏡	Material and methods: This method including two parts of tourniquet: Hangman's tourniquet and bilateral infundibulo-pelvic tourniquet. Hangman's tourniquet, establishing a structure mimicking a hangman's rope around the uterus isthmus by penetrating a 1-0 monocryl extracorporeally from the pubic area, which enables the suture to be tightened constantly during the laparoscopic myomectomy. Bilateral infundibulo-pelvic tourniquets were placed by using 1-0 monocryl with surgical tie. Triple tourniquets were removed after the repairment of all the uterine wounds. Interventions: Intervention groups undergoing laparoscopic myomectomy with triple tourniquets (30 patients) and control groups undergoing laparoscopic myomectomy alone (60 patients) Main outcome measures: Intra-operative blood loss. Results: There was significantly more number of retrieved fibroids in the tourniquet group than in the control group (difference between means 6.1, P=0.0464); however, with significantly less operative blood loss in the tourniquet group than in the control group (difference between means 76.4 mL, P=0.0476). There was no complications in all cases. Conclusion: Triple tourniquets are simple, safe and effective technique in reducing operative blood loss. Key words: Laparoscopic myomectomy, triple tourniquets, uterine tourniquet

稿件編號：OE5	自然孔洞達文西子宮切除手術和傳統達文西子宮切除手術的比較： 傾向分數配對分析
臨時稿件編號： 0886	Robot-assisted transvaginal nature orifice transluminal endoscopic versus robot-assisted laparoscopic hysterectomy for gynecologic benign disease: A propensity-matched study 林億力 <sup>1</sup> 王錦榮 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式： 口頭報告	Robot-assisted transvaginal nature orifice transluminal endoscopic versus robot-assisted laparoscopic hysterectomy for gynecologic benign disease: A propensity-matched study
論文歸類： 內視鏡	Abstract Background Robotic assisted laparoscopic hysterectomy (RALH) has been developing an uprising trend for gynecologic minimal invasive surgery in the past decades. In addition with the clinical advantage provided by natural orifice transluminal endoscopic surgery (NOTES), the purpose of this study is to identify and recognize the safety parameter and surgical efficiency of transvaginal robotic assisted laparoscopic hysterectomy (tVRALH) for gynecologic benign diseases. Methods Total number of 154 RALH and 57 tVRALH procedures were reviewed for individual patient demographics and operative outcomes. Age, body mass index, number of vaginal delivery, previous abdominal surgery and specimen weight were stratified and evaluated based on corresponding clinical outcomes under blood loss, intraoperative blood transfusion indication, postoperative hemoglobin level, surgical complication, operation time and postoperative hospitalization length. Results Patients with obstetrics status of previous vaginal delivery indicated as potential candidates for tVRALH (54.5 vs. 82.5%, p<0.001); whereas, body mass index and uterine weight presented as operative obstacles for transvaginal approach (BMI, 24.4±3.6 vs. 23.6±4.6, p<0.05 and 563.8±349.4(g) vs. 340.0±193.9(g), p<0.001, respectively). Length of operation, estimated blood loss (EBL) and requirement of blood transfusion were significantly lower in the tVRALH group than in the RALH group (p<0.001, p=0.005 and p=0.023, respectively). Propensity score-matched pairs confirmed the statistical result for previous vaginal delivery and uterine weight as sample characteristics and total operation time as clinical outcome in comparison of tVRALH with RALH. Conclusion Transvaginal robotic assisted laparoscopic hysterectomy, a procedure combines the advantage of minimally invasive surgery with safety and efficiency via natural orificial approach, serves as an alternative treatment of choice for benign gynecologic disease.

稿件編號：OE7	達文西機械手臂輔助肌瘤切除術與腹腔鏡子宮肌瘤切除術之回溯性比較 Comparison of Robotic and Laparoscopic Myomectomy: A Retrospective Study
臨時稿件編號： 0824	張路得 <sup>1</sup> 溫國璋 <sup>1</sup> 莊雯琇 <sup>1</sup> 雙和醫院婦產部 <sup>1</sup>
論文發表方式： 口頭報告	Study Objective Uterine myoma is the most common benign gynecological disease of the uterus. In past literature comparing robotic or laparoscopic myomectomy, the reports showed controversial findings: operative time of robotic myomectomy may be longer, and the short clinical outcome is similar. Moreover, no myoma stratification scoring correlates with myoma all characteristics for clinical physicians to select these two procedures. Design Single-center retrospective study. Setting A tertiary university hospital. Patients We conducted 240 cases undergoing myomectomy by minimal invasive procedure: 118 cases by laparoscopic myomectomy (LM) and 122 cases by robotic myomectomy (RM). Interventions Data was studied using age, BMI, myoma characteristics (size, type, location, number, weight), pathologic findings, operative time, docking time, console time, blood loss, complications, and hospitalization length. Measurements and Main Results Patients with infertility and compression symptoms performed more in RM with a statistically significant difference. There are more myoma numbers and a larger size in RM than in LM (3.2 vs. 2.0; 8.0 vs. 7.2, both P < 0.05). A higher percentage of intramural type was noted in RM (59.3%), and subserosal type was dominant in LM (62.2%). More myoma of LM is located in the anterior, fundal, or broad ligament; more myoma of RM is located in the posterior site. By combining the important factors, including number, size, intramural type, and location, we contributed to a complicated myoma score higher in RM than that of LM. Although with more complicated parameters, a significant short operative time was noted in RM compared to LM (163.2 vs. 184.7 mins). Conclusion Except to prove similar findings to previous studies, RM may be a new choice for patients with infertility. Robotic platforms tend to perform the more complicated myomectomy with a shorter operative time. It is a retrospective study, and a randomized control trial was needed in the future.

稿件編號：OE6	腹腔鏡深部子宮內膜異位症手術分離雙套輸尿管 Deep Endometriosis With Double Ureter
臨時稿件編號： 0932	莊乙真 <sup>1</sup> 陳曦 <sup>1</sup> 李大成 <sup>1</sup> 胡安忻 <sup>1</sup> 亞東醫院婦產部 <sup>1</sup>
論文發表方式： 口頭報告	Duplicated ureter is the most common congenital anomaly of the urinary system, which occurs in nearly 1% of the population. Due to the adhesion of the pelvic cavity during surgery for deep endometriosis chocolate cysts, the operator may identify a certain segment of ureter but ignores the congenital abnormality of double ureters and causes damage. We publish a case report showing the ureter being carefully dissected during laparoscopic surgery, and a potential ureteral injury was thus avoided.
論文歸類： 內視鏡	In this case of severe deeply infiltrative endometriosis with intraoperatively found double ureter, we consulted the urologist for cystoscopy, which confirmed that there were two ureters above the uterine artery and fused into one ureter below the uterine artery.

稿件編號：OE8	腹腔鏡微波消融之應用於子宮肌瘤及肌腺症 Laparoscopic microwave myolysis for the treatment of leiomyoma and adenomyosis
臨時稿件編號： 0927	葉建麟 <sup>1</sup> 盧紫曦 <sup>1</sup> 劉奕吟 <sup>2</sup> 林冠伶 <sup>1</sup> 龍震宇 <sup>1</sup> 高雄醫學大學附設醫院 <sup>1</sup> 聖功醫院 <sup>2</sup>
論文發表方式： 口頭報告	Aims and objectives : To evaluate the clinical effects and safety of microwave ablation (MWA) for the treatment of symptomatic uterine myomas and adenomyosis Settings and Design : Single center and self-controlled study
論文歸類： 內視鏡	Materials, setting and methods : We had included 13 patients with symptomatic uterine myomas and 7 patients with symptomatic adenomyosis. All patients underwent laparoscopic assistantly ultrasound-guided MWA. Contrast-enhanced magnetic resonance imaging was performed before and 3 months after operation. Myoma volume, hemoglobin concentration, visual analog scale (VAS), scores on the UFS-QOL (Uterine Fibroid Symptom and Quality of Life) questionnaire and PBAC (Pictorial Blood Loss Assessment Chart) were recorded before and at 3 months after ablation. Results : Total 20 patients were included in our study and mean age was 39.33±6.33. The mean volume of myoma and adenomyosis was 118.15±104.14 cm3. There were 1 myoma patient and 1 adenomyosis patient loss follow up. Post treatment 3 months regression rate was 33.4±20.5% in myoma group and 36.0±22.1% in adenomyosis group. Our data demonstrated that both group had significantly improved on PBAC. Besides, Uterine Fibroid Symptom and Quality of Life had significantly decreased in myoma group. 2 severe anemia case of adenomyosis had improved from Hb 5.6 to 10.2g/dl 3 months after treatment. Moreover, there 2 patients of dysmenorrhea cured after MWA. Conclusion : MWA seems to be effective and safe for treatment of uterine myomas and adenomyosis without severe adverse events.

稿件編號：OE9	婦科微创手術同時使用傷口撐開保護器(wound retractor)術後發生切口疝氣之統計分析：五年回溯性世代研究
臨時稿件編號：0960	Incisional hernia after minimally invasive gynecologic surgery with wound retractor use at the beginning of surgery: A 5-year retrospective cohort study 停寧瑩 <sup>1</sup> 龐漫暄 <sup>1</sup> 花蓮慈濟醫院 <sup>1</sup>
論文發表方式：口頭報告	Introduction With the advancement of surgical devices and the cosmetic benefit, minimally invasive gynecologic surgery (MIGS) is more and more popular. For reduced port and removal of specimen, transumbilical incision and wound retractor use with or without additional trocar insertion at bilateral abdomen was developed in our center. Previous studies have reported the incisional hernia after laparoendoscopic single site surgery (LESS) ranges from 1.5% to 25.9%. Here, we conducted a retrospective cohort study to calculate the incidence rate of incisional hernia after MIGS with wound retractor use at the beginning of surgery, and the risk factor was also analyzed.
論文歸類：內視鏡	Method All patients who received MIGS with use of wound retractor between 2015-1-1 and 2020-12-31 in Hualien Tzu Chi hospital were reviewed. Patient data recorded included age, body mass index (BMI), chronic diseases history, previous abdominal surgery, total operation time and estimated blood loss. Incisional hernia was defined as any hernia that was detected clinically during postoperative surveillance via physical examination. Surgical outcomes including the incidence of postoperative incisional hernia were analyzed. Result A total of 749 patients received MIGS with use of wound retractor for various gynecologic diseases. Two patients were excluded due to previous ventral hernia history and finally 747 patients were included in analysis. The median age of the patients was 47.54 ± 13.8 years old and the mean BMI was 25.22 ± 5.6. Mean operation time was 126.57 ± 71 minutes and the mean blood loss amount was 185.67 ± 302cc. A total of 5 incisional hernia were found after MIGS, and the incidence rate was 0.6%. Age, BMI and operation time were associated with increased risk of incisional hernia. The closure method of incision wounds were also considered to be related to the postoperative incisional hernia. Conclusion Although MIGS with wound retractor use can reduce port number and provide a good exit for specimen removal, incision hernia may occur afterwards especially in advanced age and overweight patients and long operation time were also the risk factors.

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稿件編號：OF1	AI 囊胚判讀系統及使用者介面—應用於預測植入後之懷孕率 AI recognition system and user interface thereof for assisted prediction of pregnancy rate after blastocyst transfer
臨時稿件編號：0880	林映任 <sup>1</sup> 董仁傑 <sup>1</sup> 鄭銘凱 <sup>1</sup> 谷化芬 <sup>2</sup> 陳雅芳 <sup>2</sup> 權詩婷 <sup>2</sup> 陳明哲 <sup>2</sup> 王榮華 <sup>3</sup> 國立臺灣海洋大學電機工程學系 <sup>1</sup> 台中榮民總醫院婦女醫學部 <sup>2</sup> 國立臺灣海洋大學人工智慧研究中心 <sup>3</sup>
論文發表方式：口頭報告	Due to economic pressure and infertility problems, Taiwan's birth rate has been declining year by year. At the same time, the youth dependency ratio is also rising annually. The combination of these factors has formed a national security crisis. Typical treatments of infertility involve vitro fertilization (IVF/ET), whereby an egg is removed from the woman's ovaries and fertilized with sperm in a laboratory. The fertilized eggs are cultivated for 5-7 days to become a blastocyst and then implanted back into the woman's womb to grow and develop. The quality of the blastocyst to be implanted plays a crucial role in the success rate of pregnancy. Traditionally, physicians and embryologists grade the quality of blastocysts with naked eyes and rank the blastocysts for implantation into the mother's body. However, such manual operations heavily rely on personal experiences and hence apt to be affected by subjective preferences. We present the findings of a joint project between National Taiwan Ocean University (NTOU), Taichung Veterans General Hospital, and SOFIVA (Dianthus Medical Group). The main production is a modularized AI recognition system, which includes a blastocyst evaluation method and plural machine learning algorithms trained with feature data arranged as tabular structure. Feature data may include blood test reports and those retrieved from EMR (electronic medical record) as well as images of embryos growing into blastocysts taken in the time-lapse incubator (TLI). The prediction system is integrated with a visualization user interface (UI) to allow physician/embryologist making objective judgments on the quality of blastocyst. In particular, our system contains a generative model, which allows users to online modify parametric settings of tabular structure, thus enabling the system to accommodate the expertise of physicians in a flash without having to retrain the AI algorithms from scratch. Newly developed algorithms and feature data can be easily added and modified via the user-friendly UI and integrated into the modularized system.
論文歸類：生殖內分泌	

稿件編號：OF2	腹腔鏡良性卵巢內膜異位瘤手術中止血方式對於卵巢功能之影響 Impact of hemostatic methods on ovarian reserve after laparoscopic ovarian cystectomy of benign and endometriotic ovarian tumor: Systematic review and meta-analysis.
臨時稿件編號：0713	林瑜瑩 <sup>1</sup> 劉勇良 <sup>1</sup> 李宗賢 <sup>1,2</sup> 夏立忻 <sup>1</sup> 黃允瑤 <sup>1,2</sup> 張浩榕 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學院 <sup>2</sup>
論文發表方式：口頭報告	Benign ovarian tumors are common gynecological problems which occur in approximately 7% of woman during procreative age. Ovarian reserve may be affected during surgery, either by mechanical injury or thermal damage. Hemostasis achieved with electrical energy increase the risk of damage to the surrounding normal ovarian tissue. The treatment of benign ovarian tumors had become an issue for fertility desire patients. Previous studies had reported reduced ovarian reserve after laparoscopic cystectomy. We performed a systematic review and meta-analysis to analyze the impact of ovarian reserve during laparoscopic cystectomy by comparing nonthermal hemostatic methods with bipolar coagulation. We analyzed 13 RCTs and compared the postoperative AMH of patients between 2 groups and found that non-thermal hemostasis method in laparoscopic surgery of ovarian tumor is more advance in preservation of ovarian reserve than bipolar hemostasis, especially in patients with endometrioma.
論文歸類：生殖內分泌	

稿件編號：OF3	經電腦程式模擬分析以完善小鼠囊胚玻璃化冷凍保存及解凍之基因和微核糖核酸表達軌跡之影響 Comprehensive in-silico analysis complements the effect of mouse blastocyst vitrification and warming on the gene and microRNA expression profiles
臨時稿件編號：0795	李季穎 <sup>1,2</sup> 蔡漢寬 <sup>1</sup> 鄭思惠 <sup>1,3</sup> 李宗賢 <sup>1,4,5</sup> 林秉瑤 <sup>1,3</sup> 李俊遠 <sup>1,4,5</sup> 李茂盛 <sup>1,4,5</sup> 茂盛醫院 <sup>1</sup> 清華大學生物資訊與結構生物研究所 <sup>2</sup> 中興大學學士後醫學系 <sup>3</sup> 中山醫學大學醫學研究所 <sup>4</sup> 中山醫學大學附設醫院婦產部 <sup>5</sup>
論文發表方式：口頭報告	Objective: In vitro fertilization (IVF) and embryo transfer are crucial in assisted reproduction. Blastocyst vitrification has increased the flexibility of IVF by efficiently preserving embryos before being transferred in subsequent menstrual cycles. However, previous studies have shown that blastocyst vitrification may lead to higher live birth rates and heavier newborn weights. In addition, it is still unclear how vitrification and warming affect embryo implantation. Therefore, this study aimed to investigate the effects of vitrification on blastocyst gene expression profiles in a mouse model using next-generation sequencing and in silico analysis. Materials and Methods: Our study collected vitrified and thawed mouse embryos for NGS sequencing to obtain a comprehensive mRNA expression profile. The study then conducted functional evaluations based on mRNA expression characteristics to understand the effect of vitrification and thawing on embryonic development. Previous studies suggested that mice use miRNA to communicate with the maternal uterus to facilitate successful implantation. This study used blastocyst mRNA expression characteristics to predict the potential impact of vitrification and thawing on miRNA expression and speculate how vitrification and thawing affect blastocyst implantation. Additionally, the study used rt-qPCR to verify the critical gene and miRNA candidates identified through functional evaluations. Results: The results revealed that vitrification modified the in vivo-derived mouse blastocysts transcriptome, leading to minor gene expression modifications, which can influence subsequent blastocyst development. In particular, vitrification affects mRNA involved in cell development, proliferation, projection, movement, calcium regulation, and signaling pathways. The study also revealed that vitrification changes blastocyst miRNA expression. Conclusions: Blastocysts may communicate with and regulate the endometrium by using miRNA. By holding specific pathways, miRNA supports the implantation and survival of embryos. The in-silico analysis helped to construct the mRNA mechanism of vitrified blastocysts and predict miRNA that can regulate gene expression in blastocysts. The study provides insight into how blastocyst vitrification affects gene expression and its potential impact on embryo implantation and development.
論文歸類：生殖內分泌	

稿件編號：OF4	褪黑激素之抗發炎作用可改善雙酚 A 對顆粒細胞造成的毒性 Anti-inflammatory effects of melatonin ameliorate bisphenol A-induced toxicity on human granulosa cells
臨時稿件編號：0861	王凱弘 <sup>1</sup> 蔡青沅 <sup>1</sup> 林大欽 <sup>1,2</sup> 郭宗正 <sup>1,2</sup> 郭綜合醫院生殖醫學中心 <sup>1</sup> 婦產部 <sup>2</sup>
論文發表方式：口頭報告	Introduction Melatonin is an important endogenous hormone with anti-inflammatory and antioxidant effects, and can participate in the regulation of reproductive processes. The oocyte is protected and nurtured from its surrounding somatic cells, including cumulus cells and granulosa cells (GCs). Numerous studies have demonstrated that normal folliculogenesis and oocyte maturation, ovulation, and luteal growth/regression relies on bidirectional interaction between the GCs and the oocyte. Bisphenol A (BPA), an exogenous estrogen known as an endocrine-disrupting chemical, might cause ovarian toxicity by increasing apoptosis of GCs, alter oocyte maturation by prematurely closing gap junctions in the GCs-oocyte complex, and decrease progesterone synthesis by disrupting cholesterol homeostasis in GCs. This study aims to assess the protective effect of melatonin on BPA-induced toxicity in GCs. Materials and methods Human GCs were collected from patients undergoing IVF surgery following controlled ovarian stimulation. To explore the effect of melatonin on BPA-induced GCs, we used different methods to evaluate their biological effects, gene expression and protein expression. Results In our previous studies, we demonstrated that melatonin restores the expression of Cx43 in BPA-treated GCs by reducing the expression of COX-2. In this study, we found that BPA adversely affected the viability and growth of GCs and increased their apoptosis rate, while melatonin administration ameliorated these toxic effects. We further revealed that BPA exposure increases the expression of inflammatory cytokines, including tumor necrosis factor- $\alpha$ (TNF- $\alpha$ ), interleukin-1 $\beta$ (IL-1 $\beta$ ), and prostaglandin E2 (PGE2). Next, we analyzed the effect of melatonin on BPA-induced inflammatory cytokine expression in GCs. The results showed that the melatonin significantly reduced IL-1 $\beta$ and PGE2 production in BPA-induced GCs in a dose-dependent manner, but only slightly affected TNF- $\alpha$ in BPA-induced GCs. Conclusion Our recent data provide important insights into melatonin protecting GCs from the adverse effects of BPA by ameliorating inflammation.
論文歸類：生殖內分泌	

稿件編號：OF5	以全基因表現分析技術探討 IL-33 對子宮內膜異位基質細胞之影響 Genome-wide expression analysis of IL33-stimulated human endometriotic stromal cells  王凱弘 <sup>1</sup> 蔡青浣 <sup>1</sup> 林大欽 <sup>1,2</sup> 郭宗正 <sup>1,2</sup> 郭綜合醫院生殖醫學中心 <sup>1</sup> 婦產部 <sup>2</sup>
臨時稿件編號：0862	
論文發表方式：口頭報告	Introduction Endometriosis is a common chronic gynecological disorder characterized by the presence and growth of endometrial-like tissue outside of the uterus. Its clinical manifestations include chronic pelvic pain, dysmenorrhea, and infertility. Although the exact etiology of endometriosis pathogenesis remains unclear, dysfunction of immune and inflammatory mediators such as interleukin (IL) is thought to contribute to the pathogenesis of endometriosis. IL-33 is a danger signal and a key regulator of chronic inflammation. It is predominantly expressed by the nuclei of various cell types, including endometrial stromal cells. Recent literature reports have shown that IL-33 concentration was increased in the serum and peritoneal fluid in patients with deeply infiltrating endometriosis. IL-33 is speculated to be a crucial factor contributing to inflammation and endometriosis progression. The aim of this study was to investigate the pathways involved in the development of endometriosis by IL-33 using genome-wide expression analysis.  Materials and methods The study used human endometriotic stromal cells derived from ovarian endometrioma (hOVEN-SCs) as its experimental cells. Gene expression was analyzed using the Illumina Whole Genome Expression Arrays and reverse transcription-polymerase chain reaction (RT-PCR).  Results Our previous study showed that IL-33 enhanced the invasion ability of hOVEN-SCs as mediated by MMP-9 through the ST2 (an IL-33-specific receptor)/MAPK signaling pathway. In this study, we applied Illumina Whole Genome Expression Arrays to investigate the effect of IL-33 on hOVEN-SC. The results showed that the expression of 72 genes changed more than 10-fold following IL-33-treated hOVEN-SCs compared with hOVEN-SCs. Among these genes, 47 were up-regulated and 25 were down-regulated in IL-33-treated hOVEN-SCs as compared with hOVEN-SCs. The top 5 up-regulated genes are VCAM-1, VIPR1, NPTX2, IL-1, and IL1RL1. To verify these results, we performed experiments to quantify the transcript expression by semi-quantitative RT-PCR. The results showed that expressions were statistically significantly higher in IL-33-treated hOVEN-SCs than in hOVEN-SCs (18.9-, 12.6-, 9.3-, 6.6- and 3.4-fold increase, respectively, for VCAM-1, VIPR1, NPTX2, IL-1, and IL1RL1). According to relevant research and literature reports, VCAM-1 is highly expressed in endometriosis. We detected the expression of VCAM-1 by flow cytometry. Analysis revealed that the expressions of VCAM-1 in IL-33-treated hOVEN-SCs was 3.6-fold higher than in untreated hOVEN-SCs.  Conclusion Collectively, our study should provide useful information for the effects of IL-33 in endometriosis, and for finding candidate genes for the diagnosis or treatment of endometriosis.
論文歸類：生殖內分泌	

稿件編號：OF6	使用促性腺釋放激素促效劑進行激素替代治療病人於冷凍胚胎週期的黃體支持期，額外給予單一劑量 GnRH 促進劑能否增加活產率：回顧型研究 Additional single dose GnRH agonist during luteal phase support may improve live birth rate in GnRH-HRT frozen-thawed embryo transfer cycle: a retrospective cohort study  劉相宜 <sup>1</sup> 林立德 <sup>1</sup> 張瑋珊 <sup>2</sup> 林佩瑩 <sup>1</sup> 李佳榮 <sup>1</sup> 陳其誠 <sup>1</sup> 陳昱霖 <sup>1</sup> 崔冠濠 <sup>3</sup> 高雄榮總婦女醫學部 <sup>1</sup> 國軍高雄總醫院 <sup>2,3</sup>
臨時稿件編號：0752	
論文發表方式：口頭報告	GnRH agonist (GnRH) has been reported to have direct effects and functional roles in the endometrium and embryos. Several meta-analyses have shown that GnRH administration in the luteal phase improved the live birth rate or pregnancy rate in both fresh and frozen embryo transfer(FET) cycles. The aim of this study was to investigate whether luteal GnRH administration could also improve in vitro fertilization (IVF) outcomes in patients undergoing hormone replacement therapy (HRT) cycles with GnRH suppression.
論文歸類：生殖內分泌	

稿件編號：OF7	癌症病患生殖保存-高醫經驗分享 Cryopreservation in oncofertility-KMUH experience  徐以樂 <sup>1</sup> 莊蕙瑜 <sup>1</sup> 蔡英美 <sup>1</sup> 高醫婦產部 <sup>1</sup>
臨時稿件編號：0718	
論文發表方式：口頭報告	Since improvement in cancer treatment, the issue of becoming parenthood raised among children, adolescents and young adult cancer patients. Not only disease itself, but also the treatment may be gonadotoxic, which may impair fecundity in the future. Cryopreservation of sperm, oocyte, and embryo are standard methods of fertility preservation among cancer patients currently. Regardless of limited time for ART before cancer treatment, whether pregnancy is safe for the patient challenges the clinical practice as well. Lower rate of return for embryo transfer, lower likelihood of clinical pregnancy and live birth among cancer patients were observed in the previous publications. We share the experience of fertility preservation among cancer patients in KMUH. Among 112 male cancer patients since 2004, hematologic cancer account for more than half (56%) of the sperm cryopreservation patients. Whereas testicular cancer stands for 18%. Mean sperm count was lowest among testicular cancer patients. Significantly lower sperm motility was observed among testicular patients with tumor size larger than 8 cm. Three returned for thawing, and 2 of them had live birth delivery. Among 28 female cancer patients since 2013, breast cancer stands for 75%. Patients seeking for oocyte cryopreservation were less than 8 every year. Mean number of oocytes retrieved was 15.17, mean number of frozen oocytes was 14.77, and matured oocyte was between 70.73% to 78.72%. Two of them experienced OHSS after oocyte retrieval. Only one breast cancer patient returned for thawing oocyte and pending embryo transfer. Though cancer treatment and ART have improved for decades, returning for embryo transfer remains low among cancer patient. Future pregnancy outcome still relies on initial quality of banked sperm/oocyte.
論文歸類：生殖內分泌	

稿件編號：OF8	試管嬰兒發程濾泡液中 CEGF-A, Eotaxin 和 CXCL-6 濃度與卵子成熟度有強烈相關性 VEGF-A, Eotaxin and CXCL-6 concentration in follicular fluid strongly correlate with oocyte maturity in IVF  林亮華 <sup>1</sup> 陳登庭 <sup>2</sup> 吳文彬 <sup>2</sup> 賴宗炫 <sup>1,2</sup> 國泰綜合醫院婦產科 <sup>1</sup> 輔大醫學院 <sup>2</sup>
臨時稿件編號：0933	
論文發表方式：口頭報告	Background: Angiogenesis in folliculogenesis contributes to oocyte developmental competence in natural and in vitro fertilization (IVF) cycles. Therefore, the identification of key angiogenic factors in follicular fluid (FF) during folliculogenesis is clinically significant and important for in vitro fertilization. This study aims to identify the key angiogenic factors in FF for predicting oocyte maturity during in vitro fertilization. Materials and Methods: Forty participants who received ovarian stimulation using a GnRH antagonist protocol in their first in vitro fertilization treatment were recruited. From each patient, two follicular samples (one preovulatory follicle, > 18 mm; one mid-antral follicle, < 14 mm) were collected without flushing during oocyte retrieval. In total, 80 FF samples were collected from 40 patients. The expression profiles of angiogenesis-related proteins in FF were analyzed via Luminex high-performance assays. Recorded patient data included antral follicle count, anti-müllerian hormone, age, and BMI. Serum samples were collected on menstrual cycle day 2, the trigger day, and the day of oocyte retrieval. Hormone concentrations including day 2 FSH/LH/E2/P4, trigger day E2/LH/P4, and retrieval day E2/LH/P4 were measured by chemiluminescence assay. Results: Ten angiogenic factors were highly expressed in FF: eotaxin, Gro- $\alpha$ , IL-8, IP-10, MCP-1, MIG, PAI-1 (Serpin), VEGF-A, CXCL-6, and HGF. The concentration of eotaxin, IL-8, MCP-1, PAI-1, VEGF-A, and CXCL-6 differed significantly between preovulatory and mid-antral follicles ( $p < 0.05$ ). Logistic regression and receiver operating characteristic (ROC) analysis revealed that VEGF-A, eotaxin, and CXCL-6 were the three strongest predictors of oocyte maturity. The combination of VEGF-A and CXCL-6 predicted oocyte maturity with a higher sensitivity (91.7%) and specificity (72.7) than other combinations. Conclusions: Our findings suggest that VEGF-A, eotaxin, and CXCL-6 concentrations in FF strongly correlate with oocyte maturity from the mid-antral to preovulatory stage. The combination of VEGF-A and CXCL-6 exhibits a relatively good prediction rate of oocyte maturity during in vitro fertilization.
論文歸類：生殖內分泌	

稿件編號：OF9	催產素受器拮抗劑或可改善反覆植入失敗、子宮肌腺症及子宮肌瘤病患之胚胎植入預後
臨時稿件編號：0775	Administration of oxytocin receptor antagonist during frozen embryo transfer might improve live birth rates in women with recurrent implantation failure, adenomyosis and myoma  林柏文 <sup>1</sup> 林佩瑩 <sup>1</sup> 陳其蕙 <sup>1</sup> 李佳榮 <sup>1</sup> 蔡曉文 <sup>1</sup> 陳昱蓁 <sup>1</sup> 崔冠濠 <sup>1</sup> 林立德 <sup>1</sup> 高雄榮民總醫院 <sup>1</sup>
論文發表方式：口頭報告	Background Embryo transfer is the final critical step of in vitro fertilization (IVF). Studies showed that uterine contractility reached a nearly quiescent status at the time of embryo implantation. Increased uterine contractility during embryo implantation would significantly reduce implantation rate. Studies revealed that administration of oxytocin receptor antagonist during embryo transfer improves implantation rates, especially in the recurrent implantation failure (RIF) group. However, in specific subgroups, for example, women with uterine myomas or adenomyosis, few studies assess the effect. Therefore, this study aims to investigate the effect of oxytocin receptor antagonist used during embryo transfer on IVF outcomes and further analyze the effect of oxytocin receptor antagonist on subgroups.
論文歸類：生殖內分泌	Methods This retrospective cohort study contained 431 patients who underwent first IVF frozen embryo transfer (FET) cycle in our reproductive center from Jan. 2021 to Dec. 2021. The study group included 162 patients receiving oxytocin receptor antagonist during embryo transfer. A total of 227 patients in the control group underwent embryo transfer without administering oxytocin receptor antagonist. Baseline characteristics, infertility histories, ovarian reserve tests and IVF outcomes were compared between the two groups. Subgroup analyses were also performed.  Result Baseline characteristics and FET cycle characteristics were similar between the two groups. In all population, no significant difference regarding live birth rates was observed between the study group and the control group. However, in the subgroups, compared to the control group, live birth rates in the study group were significantly higher (RIF, 43.9% versus 26.2%, P = 0.016; adenomyosis, 37.7% versus 22.1%, P = 0.039; myoma, 46.3% versus 20.4%, P = 0.004). The multivariate analysis revealed that use of oxytocin receptor antagonist was positively associated with live birth rates in women with RIF (adjusted OR 2.17, 95% CI 1.08–4.35, P = 0.030), adenomyosis (adjusted OR 3.44, 95% CI 1.43–8.28, P = 0.006) and myoma (adjusted OR 3.11, 95% CI 1.23–7.85, P = 0.016).  Conclusion Oxytocin receptor antagonist administration during frozen embryo transfer might improve live birth rate in women with recurrent implantation failure, adenomyosis and myoma.

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稿件編號：OO1	產前超音波診斷大腦導水管堵塞 Prenatal Ultrasound Imaging of a Case with Aqueductal Stenosis
臨時稿件編號：0877	蘇修緯 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式：口頭報告	Here we present a case with prenatally-diagnosed aqueductal stenosis.
論文歸類：產科	A 41 years old woman has history of type 2 diabetes mellitus, Grave's disease, and antiphospholipid syndrome. Because of advanced age and poor ovarian reserve, she received in vitro fertilization with preimplantation genetic testing-aneuploidy. She conceived with a mosaic trisomy 21 embryo. Noninvasive prenatal testing found no trisomy 21, but decreased dosage of X chromosome was noted. After confirming that the baby is a boy, the patient decided not to have amniocentesis. A detailed anatomy scan at 20 weeks found bilateral ventriculomegaly, dilated 3rd ventricle, and absence of cavum septum pellucidum; normal corpus callosum and posterior fossa were identified. Fetal magnetic resonance imaging confirmed the diagnosis of aqueductal stenosis and also demonstrated shallow calcarine fissure, perieto-occipital fissure, and cingulate sulcus. The patient was referred to a pediatric specialist, and possibly poor outcome was informed. After detailed discussion, she decided to terminate this pregnancy. LI syndrome was suspected, but she declined testing for LICAM gene considering its high cost.

稿件編號：OO2	可完全緩解復發性胎兒乳糜胸：OK-432 胸膜固定術 Total remission of recurrent fetal chylothorax by OK-432 pleurodesis
臨時稿件編號：0710	吳東穎 <sup>1</sup> 彰化基督教醫院 <sup>1</sup>
論文發表方式：口頭報告	Introduction: Chylothorax in neonates is a condition in which there is accumulation of lymphatic fluid (chyle) in the pleural cavity, which can cause respiratory distress. OK-432 pleurodesis is a treatment option for chylothorax that involves the injection of an immunostimulant (OK-432) into the pleural cavity, which causes inflammation and fibrosis, leading to adhesion of the pleural membranes and reduction of fluid accumulation. Case Report: A 37-year-old woman, G2P1 denied any systemic disease before. Fetal pleural effusion was noted at the local medical department at 19 weeks of gestation. She was referred to Dr. Chen OPD and thoracentesis was arranged. Laboratory investigations (Table 1) revealed lymphocyte predominant, fetal chylothorax was diagnosed. Sonography(Figure 1) revealed bilateral pleural effusion. OK-432 pleurodesis was arranged on 2020-7-24 at first time with one side(Figure 2). Mild hydrops was noted after the procedure at OPD follow up on 2020-07-30. Therefore the second time OK-432 pleurodesis was arranged on 2020-07-31 with another side (Figure 2). The third time OK-432 pleurodesis was arranged on 2020-08-07. OPD follow up on 2020-08-13 showed one side complete remission and another side partial remission with adhesion band visible under sonography. OPD follow up on 2020-08-20 showed bilateral minimal pleural effusion (Figure 3). OPD follow up on 2020-08-27(pregnancy at 28+2 weeks) showed bilateral complete remission (Figure 4). She only accepted diet control with MCT oil and visited OPD with regular antenatal examination. Finally, she delivered at 37+4 weeks - status post vacuum extraction delivery of a male newborn, G2P2 on 2020-10-31 21:07 (body weights: 2590 gram, body length: 49 cm, Apgar score: 7->9). Discussion: It is important to note that pleurodesis is not without risks and potential complications, including fever, pain, and pleural effusion recurrence, among others. Therefore, the decision to use OK-432 pleurodesis for the treatment of chylothorax in neonates should be made after careful consideration of the patient's overall clinical status and after weighing the benefits and risks of the procedure. In summary, we have documented a case of fetal chylothorax, in which pleurodesis by intrapleural injection of OK-432 was useful for the treatment of fetal chylothorax at an early gestational age Conclusion: In cases where the effusion has a significant effect on the patient's respiratory status, pleurodesis is often used as a definitive treatment option, as it can effectively reduce the amount of fluid in the pleural cavity. In your case, it appears that the patient had a complete remission of the condition after undergoing OK-432 pleurodesis, which is a positive outcome.
論文發表方式：口頭報告	
論文歸類：產科	

稿件編號：OO3	通過全外顯子組序列對非免疫性胎兒水腫的產前診斷——單一機構的回顧性觀察研究 Prenatal Diagnosis of Non-Immune Hydrops Fetalis by Whole Exome Sequence: A Retrospective Observational Study from a Single Institution.
臨時稿件編號：0693	林祖藍 <sup>1</sup> 吳琬如 <sup>1</sup> 馬國欽 <sup>2</sup> 李美慧 <sup>2</sup> 張舜評 <sup>2</sup> 張庭毓 <sup>2</sup> 陳明 <sup>1,2</sup> 彰化基督教醫院產部 <sup>1</sup> 彰化基督教醫院基因醫學部 <sup>2</sup>
論文發表方式：口頭報告	Prenatal diagnosis by whole exome sequence (WES) may help to identify chromosomal anomalies, metabolic, and neurologic diseases from other conventional etiologies such as intrauterine infection and structural anomalies. In addition, WES may guide the focused obstetric ultrasound examination and further treatment decision. In our study, we retrospectively evaluated the value of WES on non-immune hydrops fetalis (NIHF) and subsequent pregnancy outcome in Changhua Christian Hospital. We performed WES for hydropic cases who had negative results for mandatory anatomic scan, virology test, karyotype analysis and chromosomal microarray analysis. From December 2019 to July 2022, a total number of twelve cases were enrolled and analyzed by WES due to the obscure cause of the pathology fluids. We used the American College of Medical Genetics and Genomics (ACMG) to classify those variants. Of the 12 fetuses, ten (83%) had definite molecular diagnosis, including three with musculoskeletal disorders (30%), three with lymphatic disorder (30%) and three with syndromic disorder (30%). All recurrent cases (2/2, 100%) and those who received fetal therapy (3/3, 100%) have definite molecular diagnosis. Two survived fetuses were diagnosed at first and third trimester, respectively. Three fetuses had neonatal death and seven couples terminated the pregnancies. Two novel founder variants were found (HSPG2 and BBS2). As a conclusion, WES is an effective tool to decipher genetic causes for NIHF cases in prenatal setting.
論文歸類：產科	

稿件編號：OO4	2008-2018 年醫生性別等因素對剖宮產影響的變化趨勢：回顧性病例對照研究 The trend of doctor gender and other factors influence on cesarean section from 2008 to 2018: A retrospective population-based case-control study
臨時稿件編號：0941	徐詠琳 <sup>1</sup> 鄧光宏 <sup>2</sup> 謝宗成 <sup>2</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院產部 <sup>1</sup> 慈濟大學大數據教學研究暨統計諮詢研究中心 <sup>2</sup>
論文發表方式：口頭報告	Abstract Objective: Different factors may be associated with the decision-making on delivery mode. We explore the influence of the performing physician's gender and other factors, including different regions and incomes and hospital types, on the decision of delivery by C/S in 2008 and 2018 in this study. Methods: This is a population-based retrospective cohort study. The research included pregnant women between January 1, 2008, to December 31, 2008, and January 1, 2018, to December 31, 2018. Data was extracted from Taiwan National Health Insurance Research Database (NHIRD). A total of 49,665 women who delivered babies in 2008 and 2018 were found. Factors including patient characteristics (age, birth year, income-related amount insured, and geographic region of birth), physician gender, and hospital ownership were analyzed. Results: The physician gender in vaginal delivery was 13916 males and 2050 females. 3079 male and 444 female physicians were in the C/S group (Table 1). The C/S rate in women ≤34 and >34 years old was 14.8% and 30.2%, respectively. The C/S rate was 16.4% and 19.7% in 2008 and 2018, respectively. Female physicians were less likely to perform a cesarean section in 2008 when compared to male physicians, and the result was significant (odds ratio (OR): 0.762, 95% confidence interval (CI): 0.625-0.928). In 2018, female physicians were more willing to deliver by C/S (OR: 1.032, 95% CI: 0.899-1.185; OR: 1.446, 95% CI: 1.147-1.832 when compared to 2018). Maternal aged>34 had a higher C/S rate than those aged ≤34 in both 2008 and 2018. The C/S rate is higher in northern areas than in other areas (central less than northern in 2008, central and southern less than northern in 2018). The income level ≥NT\$45801 group was less C/S than the income level ≤NT\$28800 group in both 2008 and 2018. The private, not-for-profit hospital was less C/S than the public hospital in 2008. Conclusion: Physician gender, maternal age, hospital location, hospital types, and income level influence the C/S rate in Taiwan. Female physicians were more willing to deliver by C/S in 2018 than in 2008 when the interaction between time and gender was considered.  Keywords: vaginal delivery; cesarean section; doctor gender; income; hospital; maternal age; income
論文發表方式：口頭報告	
論文歸類：產科	



稿件編號：OO5	生產方式與產傷關聯之回溯性研究 The association between delivery mode and birth trauma: a retrospective cohort study
臨時稿件編號：0961	張季涵 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Introduction Compared to the US (32.1% in 2021), Taiwan has a higher cesarean section rate (37.9% in 2021). Nevertheless, our hospital has a lower cesarean section rate than Taiwan C/S rate (26.4% in 2021) but higher operative vaginal delivery rate (20.9% in 2021). Whether the discrepancy of mode of delivery will affect the rate and different types of birth trauma was the aim of this study.
論文歸類：產科	Objective To analyze the birth trauma in our hospital, including neonatal or maternal, and see if they are associated with different delivery modes (vaginal delivery, operative vaginal delivery, and cesarean section). Method We retrospectively analyzed the data of all singleton term deliveries in our hospital from January, 2020 to December, 2022. Demographic data were collected. We evaluated the relation between the mode of delivery, neonatal and maternal outcomes. Statistical analysis used SPSS software and p<0.05 was considered statistically significant. Results Operative vaginal delivery has the highest birth injury rate (40.8% in 2021) among all delivery modes in our hospital. Among these birth injuries, the most common is cephalohematoma, followed by clavicular fracture and subgaleal hemorrhage. Subconjunctival hemorrhage develops most often at vaginal delivery without instrument assistant. Conclusion Different modes of delivery may lead to different types of birth injury. Operative vaginal delivery has a higher birth injury rate. Keywords: birth trauma; delivery mode; operative vaginal delivery; normal vaginal delivery; cesarean section

稿件編號：OO6	醫療中心不同工作模式的產科醫生的工作量 The workload of obstetric doctors working in different modes at a medical center
臨時稿件編號：0915	賴佩璇 <sup>1</sup> 丁大清 <sup>1</sup> 佛教花蓮慈濟醫院 <sup>1</sup>
論文發表方式：口頭報告	Objective: The labor delivery, resulting in heavy workload and an irregular lifestyles of obstetric and gynecologic (OB-GYN) physicians. It has long been a concerning issue even under the scenario of dropped birth rates. We aimed to demonstrate the best mode for the work-life balance of obstetric physicians. Materials and Methods: We retrospectively reviewed the medical charts of women admitted for delivery and the shift schedule of OB-GYN physicians in Hualien Tzu Chi Hospital from January 1, 2018, to June 30, 2018. The proposed mode of work were classified as the following: the traditional mode (patient designation), on-call mode, and the hospitalist mode. The number of deliveries performed by each OB-GYN physician and their total worked time for their shift were recorded. The differences in number of deliveries between the OB-GYN physicians were assessed using analysis of variance. Results: In total, 237 deliveries were recorded over 6 months. These deliveries were performed by four OB-GYN physicians named A to D. Significant differences in workload were noted between OB-GYN physicians working in the traditional mode and those in the on-call mode, but no significant differences were noted among those working in the hospitalist mode. All OB-GYN physicians worked an average of seven shifts, and no significant differences among them were noted. Conclusion: The hospitalist mode might be the optimal mode for OB-GYN physicians to achieve a favorable work-life balance if their original main jobs are obstetric practice.
論文歸類：產科	

稿件編號：OO7	產前診斷頸椎管膨出及預後 The prenatal diagnosis and outcome of cervical meningocele
臨時稿件編號：0745	張藍心 <sup>1</sup> 簡誌緯 <sup>1</sup> 陳冠儒 <sup>1</sup> 新北市立土城醫院 <sup>1</sup>
論文發表方式：口頭報告	Introduction Myelomeningocele is the most common form of spina bifida, has an incidence of 2/1,000 births, predominantly has open lesions over lumbosacral lesions. Diagnosis is based on $\alpha$ -fetoprotein & early trimester imaging. Hydrocephaly is correlated with a low neuro-cognitive function while orthopedic, and urologic outcomes are also involved in life quality. Fetal surgery has evolved to improve perinatal outcome Cervical meningocele is a unique form of spinal dysraphism with diagnostic characteristic features, management and outcomes. Material & methods Case report and case series review. Cervical meningocele accounts for only 1-5 % of neural tube defects. Classifications of the posterior midline malformations: type I - a fibrovascular or neuroglial tissue protruding from posterior surface of spinal cord attach to the sac wall, type II - an ependymal-lined cyst that herniates inside of a meningocele, representing a hydromyelic canal in connection with an outer cyst and type- III true meningoceles in which meningeal tissue herniates through the defect and the sac contains only CSF. Differential diagnosis: Cystic hygroma, hemangioma, dermoid cyst, hemangiolymphangioma, scalp edema/cephalohematoma, epidermal scalp cyst and branchial cleft cyst mimicking a meningocele or meningomyelocele. Obstetrics findings : The gestation week of diagnosis were between 23-33 week. No family history. Size of meningocele usually enlarges slowly with gestation. The average size at were more than 5 cm at birth. The lesions arise from C1-T1. 50% cases had hydrocephaly. Cesarean section were preferred for prenatal diagnosed cases. In summary Proper preoperative investigation is mandatory to detect associated anomalies and exclude any other cause for neuro-development in later life, such as cord tethering. Long-term assessment and rehabilitation are required to evaluate the neuro-intelligence and motor development of the patient. Meningocele treatment remains challenging; thus, this rare scenario should be monitored with a multidisciplinary team and be more caution
論文歸類：產科	

稿件編號：OO8	懷孕婦女肌瘤與相關產科不良後果之關係 Relationship between uterine myomas and adverse obstetric outcomes
臨時稿件編號：0979	吳孟芹 <sup>1</sup> 台北榮民總醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Objective: The aim of this study was to investigate the association between uterine myomas in pregnant women and its adverse obstetric outcomes, including postpartum hemorrhage (PPH), dysfunctional labor, malpresentation, preterm premature rupture of membrane/premature rupture of membrane (PPROM/PROM). The different aspects of myomas including size and numbers were also investigated. Methods & Materials: A retrospective cohort study was based on data collected at Taipei Veterans General Hospital from 09/2021 to 08/2022. The inclusion criteria included all patients with ultrasound diagnosed myomas at any timepoint from "1 year before pregnancy, during pregnancy, and 1 year after delivery". Exclusion criteria included patients without ultrasound images, patients with no myomas diagnosed under sonography, twins or multiple pregnancy and termination. The final study population consisted of 783 pregnancies. 116 pregnancies were diagnosed with ultrasound detected myomas, of which 73 patients delivered vaginally and 43 patients delivered via cesarean section. Myomas were not found in 667 patients of which 490 patients delivered via vaginally and 177 patients delivered via cesarean section. In the 116 pregnancies with myomas, 78 had small myomas (<5cm) and 38 with large myomas ( $\geq$ 5cm); 56 with single myoma and 60 with multiple myomas (number >1). Results: Comparing women with and without myomas, our study population showed a significantly higher rate of postpartum hemorrhage during vaginal delivery (10.9% versus 4.5%, p=0.023), cesarean section (38.9% versus 15.9%, p=0.034) and higher probability of PROM/PPROM (20.7% versus 13.2%, p=0.033). Having single vs multiple myomas, multiple fibroids had a significantly higher rate of postpartum hemorrhage in vaginal delivery (13.9% versus 4.5%, p=0.014) and PROM/PPROM (23.3% versus 13.2%, p=0.03). Large fibroids also showed a significantly higher rate of postpartum hemorrhage in vaginal delivery (21.1% versus 4.5%, p=0.001) and fetal malpresentation (18.4% versus 6.4%, p=0.005). Conclusion: We found that there is an association between uterine myomas with PPH, malpresentation, and PROM/PPROM. In contrast, no association was noted between uterine myomas and dysfunctional labor. However, due to the limited sample size and possible confounding factors, a larger sample size and adjusting confounding factors are needed to get more accurate and reliable results.
論文歸類：產科	

稿件編號：OO9	澎湖離島地區空中後送 COVID-19 確診產婦現況探討 Discussion on the current situation of air transport of pregnant women diagnosed with COVID-19 in the outlying islands of Penghu
臨時稿件編號：0692	黃莊產 <sup>1</sup> 林鈺維 <sup>2</sup> 國防醫學院三軍總醫院澎湖分院婦產科 <sup>1</sup> 高雄榮民總醫院婦女醫學部 <sup>2</sup>
論文發表方式：口頭報告	Background and purpose: The Penghu Islands are located in the Taiwan Strait. They are the only island counties in Taiwan. They consist of 90 islands. Due to their special geographical location, many clinical conditions need to rely on the air evacuation mechanism to send them to the island when the current medical conditions are insufficient. To facilitate follow-up treatment. The Penghu Branch of the Tri-Service General Hospital is the only regional hospital that delivers births in the county. According to statistics, the Penghu Branch of the Three General Hospitals has launched a total of 146 helicopter air evacuation mechanisms from 2020 to 2022, and there were 17 obstetric-related emergencies. 12.3% were delivered, of which 16 times were evacuated under 34 weeks of pregnancy and due to premature birth, accounting for 88.2% of all obstetric-related emergencies, and 1.4% of all newborns in three years (a total of 1067 newborns were born in the island county in three years). case report This case is a 32-year-old woman who was diagnosed with COVID-19 due to early uterine contraction combined with bleeding and cervical dilatation at 31 weeks of pregnancy. The factors to be considered in air evacuation are more complicated. And the accompanying medical staff, wearing a full set of protective clothing will inevitably affect the vision and mobility, and the negative pressure isolation transport cabin is used for this loading flight to facilitate the mission. Analysis results: The aircraft used for the air evacuation was a Leonardo AW169 helicopter, and the flight time was 47 minutes. There was no significant difference in the objective values of vital signs and blood test values before, during, and after the air evacuation (P>0.05). Results and conclusions: Negative-pressure isolation transport cabins for flight can prevent confirmed patients from spreading the virus to evacuation personnel and equipment during the transfer process, causing personnel infection and environmental pollution. However, due to the limited space of the isolation cabin, the layout of many instruments needs to be chosen, if considering the particularity of pregnant women, there are many equipment worth discussing whether to equip (mobile fetal heart rate monitor, hand-held ultrasound). Procedures and advance drills can increase the quality of on-site medical treatment.
論文歸類：產科	

稿件編號：OO10	王蟲縫法後子宮壞死的發生率和危險因子 Uterine Necrosis after Uterine Compression Suture for Postpartum Hemorrhage: a Case-control Study and Systemic Review of Case Reports.
臨時稿件編號：0682	廖柔謙 <sup>1</sup> 施景中 <sup>1</sup> 臺大醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Background: Uterine compression sutures (UCSs) are an effective uterine-preserving method for patients with postpartum hemorrhage (PPH). One novel UCS, the "Nausicaa" technique, is especially helpful for avoiding hysterectomy in those with placenta accreta spectrum (PAS) disorders. Among various complications following UCSs, uterine necrosis is one of the rarest but most fatal late complications. However, the incidence and the predisposing factors of uterine necrosis remained unknown. Therefore, we aimed to assess the incidence and the risk factors of uterine necrosis after UCS for PPH. Method: This was a prospective case-control study in Taiwan during 2012-2022. Cases were women with uterine necrosis after receiving Nausicaa suture for PPH, and controls were those receiving UCS during the same period. The clinical characteristics and perioperative outcomes were compared between groups. Also, Pubmed, Embase, and Web of Science were searched by December 1, 2022, using key words: "uterine necrosis" and "postpartum hemorrhage". Cases were considered eligible if the type of UCS, and the management of uterine necrosis were reported. Results: Of 142 women receiving Nausicaa suture, 105 (79%) women had PPH due to PAS disorder, and 9 (6.3%) developed partial uterine necrosis. We identified multiple risk factors for uterine necrosis, including severity of PAS, operation time, numbers of stitches applied for hemostasis, presence of bladder injury, utility of temporary occlusion balloon catheter, and application of uterine artery embolization. In contrast, the incidence of uterine necrosis was not significant related with multiple gestation, times of previous Cesarean section, history of uterine surgery, causes of PPH, or intraoperative blood loss. All cases with necrosis were treated conservatively with antibiotics, curettage, and drainage. In literature, 22 publications reported 26 eligible cases during 2002-2022. B-Lynch was used in 14 cases, Cho compression in 5 cases, and Nausicaa suture was applied in 2 cases. 19 (70%) women underwent hysterectomy eventually. Conclusion: Nausicaa suture is an effective uterine preservation method for patients with PPH of different causes, including PAS. Clinicians should be aware of the possibility of uterine necrosis after UCS, especially for those with identified risk factors. Despite the high incidence of hysterectomy after uterine necrosis in review, we found most cases can be treated conservatively.
論文歸類：產科	

稿件編號：OO11	胎兒內視鏡手術產前治療開放脊柱裂在台灣所面臨的難題與未來發展 The clinical trial of fetoscopic repair of myelomeningocele in Taiwan: the dilemma in prenatal decision-making
臨時稿件編號：0838	劉子寧 <sup>1</sup> 林孟瑩 <sup>1</sup> 黃惠鈺 <sup>1</sup> 蕭勝文 <sup>1</sup> 台北長庚醫院婦產科 <sup>1</sup>
論文發表方式：口頭報告	Introduction Myelomeningocele (MMC) is the most severe type of spina bifida with the incidence of 1.87 per 10,000 live births in Taiwan. Due to "two-hit" hypothesis that the exposure of nervous lesion to the amniotic fluid would worsen the neurological outcome, the early fetal surgery for MMC repair improves the postnatal outcome as the routine practice nowadays. However, Asian women and their families are more conservative and difficult to accept the defect before birth. Nearly all the pregnancy with fetal MMC choose termination without giving the chance of fetal surgery. Method As the first clinical trial of fetoscopic repair of MMC in Taiwan, we prospectively recruited 15 cases from 2020 to 2022. Fetal images including MRI and ultrasound were made for final diagnosis. The medical team faced the family members for non-direct consultation the possible outcome of fetal surgery. People who decided the fetal surgery, we offered percutaneous fetoscopic approach with 3 trocars. Biocellular patch was also studied with amniotic fluid stem cell / exosome culturing. Results During the 24 months period, 14 out of 15 cases (93%) decided to terminate the pregnancy from 18 to 26 weeks of gestational age. Several factors affected the decision were disabilities, morbidities, economic, social and psychological aspects. Although there are supportive groups for affected patients in Taiwan, the termination rate was still high among Chinese population. The first fetal surgery for MMC in Taiwan was one out these 15. The procedure went smoothly. The baby is 18 month-old without motofunction delay, and she can walk naturally. The amniotic fluid stem cell could grow well on the patch with high expression in CD73, CD90, CD105. Also exosome with CD9, CD63 positive was isolated in this co-culture. Conclusion We started the first fetoscopic repair of MMC in Taiwan with promising outcome, but we faced the high termination rate in Chinese population. Continuous social education for general people from media could be the important step. Adding amniotic fluid stem cell on the biocellular for MMC repair could help the healing process in the near future.
論文歸類：產科	

稿件編號：OO12	胎兒腎髖發育異常的產前診斷案例 Prenatal diagnosis of a fetus with X-linked bone dysplasia: a case report and review of literature
臨時稿件編號：0937	陳智齡 <sup>1</sup> 施景中 <sup>1</sup> 李妮鍾 <sup>1</sup> 台大醫院 <sup>1</sup>
論文發表方式：口頭報告	Osteopathia striata with cranial sclerosis is a rare X-linked skeletal dysplasia characterized by mainly by cranial sclerosis and longitudinal striation of long bones. Prenatal diagnosis of this disorder can be challenging due to limited clues and varying phenotypic presentation across different organ systems. Here we document one AMER1 mutation-related, prenatally diagnosed fetus with ultrasound-identifiable anomalies at second-trimester. The fetus was found to have bilateral fibular dysplasia, congenital heart defects, and macrocephaly around 22 weeks of gestation. Karyotyping and array CGH results were unremarkable. The use of whole exon sequencing for identification of underlying etiology was successful in this case, revealing a pathogenic variant in the AMER1 gene, inherited maternally. This experience expanded the knowledge of the disease to the prenatal stage, and made us more attentive to the dysmorphic cues that can be easily missed during genetic counseling.
論文歸類：產科	

稿件編號：OO13	<p>孕期二氧化氮/細懸浮微粒 PM2.5 暴露與早產和低出生體重風險的關係：系統性文獻回顧與統合分析</p> <p>Risks of preterm birth and low birth weight and maternal exposure to NO2/PM2.5 acquired by dichotomous evaluation: a systematic review and meta-analysis</p> <p>林宜萱<sup>1</sup>洪泰和<sup>2</sup>陳佩鴻<sup>3</sup>董道興<sup>4</sup>徐婕<sup>5</sup>許德耀<sup>6</sup>萬國華<sup>7</sup></p> <p>林口長庚紀念醫院產部<sup>1</sup>台北長庚紀念醫院婦產科系, 基隆長庚紀念醫院婦產科, 長庚大學醫學系<sup>2</sup>長庚大學呼吸治療學系<sup>3</sup>台州醫院循環醫學中心<sup>4</sup>長庚大學臨床醫學研究所<sup>5</sup>高雄長庚紀念醫院產部<sup>6</sup>台北長庚紀念醫院婦產科系, 長庚大學呼吸治療學系, 長庚科技大學嘉義分部呼吸照護系, 明志科技大學環境永續與人類健康研究中心<sup>7</sup></p>
臨時稿件編號：0705	
論文發表方式：口頭報告	<p>No consistent results from past studies have been found on the relationship between the effects of air pollutant exposure, preterm birth (PTB) and low birth weight (LBW) in fetuses. This study aimed to analyze the impact of high concentrations of air pollutants on the health outcomes of fetuses, especially regarding PTB and LBW. This study used keywords related to air pollutants, pregnancy, and birth outcomes, to search the literature within the databases of the Cochrane Library, PubMed, and Embase, which were published as of July 26, 2022. A total of 24 studies were included in this meta-analysis. This meta-analysis revealed that nitrogen dioxide (NO2) exposure throughout pregnancy was associated with an increased risk of PTB. Maternal exposure to PM2.5 (particulate matter sized less than 2.5 μm) during gestation was associated with the risk of LBW. The findings of this meta-analysis provide an important foundation for evaluating the relationship between exposure of air pollutants and fetal birth outcomes in countries with severe air pollution in the future.</p>
論文歸類：產科	

稿件編號：OO15	<p>使用 MicroRNA 陣列作為評估 COVID-19 疫苗功效的工具</p> <p>Using MicroRNA Arrays as a Tool to Evaluate COVID-19 Vaccine Efficacy</p> <p>林宜權<sup>1</sup>林言顯<sup>2</sup>沈靜芬<sup>3</sup>沈靜茹<sup>3</sup>鄭兆珉<sup>2</sup></p> <p>高雄醫學大學附設中和紀念醫院產部<sup>1</sup>國立清華大學生物醫學工程研究所<sup>2</sup>國立成功大學醫學院附設醫院小兒部<sup>3</sup></p>
臨時稿件編號：0821	
論文發表方式：口頭報告	<p>In order to solve COVID-19 pandemic, the entire world has invested considerable manpower to develop various new vaccines to temporarily alleviate the disaster caused by the epidemic. In addition to the development of vaccines, we need to also develop effective assessment methods to confirm vaccines' efficacy and maximize the benefits that vaccines can bring.</p> <p>In addition to common evaluation methods, vaccine-specific and temporal expression of microRNAs have been shown to be related to vaccine efficacy or vaccine-associated diseases. In this article, we have introduced a microRNA-array-based approach, which could be potentially used for evaluating COVID-19 vaccine efficacy, specifically for pregnant women. As the mRNA in mRNA vaccines is decomposed by host cells within a few days, it is considered more suitable for pregnant women to utilize the method of vaccination during pregnancy. Moreover, pregnant women belong to a high-risk group for COVID-19, and there is currently no appropriate vaccine to newborns. Therefore, it's important to find improved tools for evaluation of vaccine efficacy in response to the current situation caused by COVID-19.</p>
論文歸類：產科	

稿件編號：OO14	<p>手術週數對接受胎兒鏡雷射治療之雙胞胎輸血症候群之預後之影響</p> <p>Effect of gestational age at fetoscopic laser photocoagulation on perinatal outcomes for patients with twin-twin transfusion syndrome</p> <p>張芳瑜<sup>1</sup>劉子寧<sup>1</sup>張舜智<sup>1</sup>趙安祥<sup>1</sup>詹耀龍<sup>1</sup></p> <p>長庚林口總院<sup>1</sup></p>
臨時稿件編號：0721	
論文發表方式：口頭報告	<p>Abstract:</p> <p>Purpose: To evaluate the effect of gestational age (GA) at the time of fetoscopic laser photocoagulation (FLP) for severe twin-twin transfusion syndrome (TTTS) on perinatal outcomes in a single center in Taiwan.</p>
論文歸類：產科	<p>Materials and methods: Severe TTTS was defined as a diagnosis of TTTS before the GA of 26 weeks. Consecutive cases of severe TTTS treated at our hospital with FLP between October 2005 and September 2022 were included. The evaluated perinatal outcomes were preterm premature rupture of membranes (PPROMs) within 21 days of FLP, survival 28 days after delivery, GA at delivery, and neonatal brain sonographic image findings within 1 month of delivery.</p> <p>Results: We included 197 severe TTTS cases; the mean GA at the time of FLP was 20.6 weeks. After the cases were divided into cases of FLP at an early (below 20 weeks) and late GA (more than 20 weeks), the early GA group was discovered to be associated with a deeper maximum vertical pocket in the recipient twin, a higher rate of PPROMs development within 21 days of FLP, and lower rates of survival of one or both twins. In the cases of stage I TTTS, the rate of PPROMs within 21 days of FLP is was; higher in the group that underwent FLP at an early GA than in group that underwent FLP at a late GA [50% (3/6) vs. 0% (0/24), respectively, p = 0.005]. Logistic regression analysis revealed that the GA at the time of FLP and cervical length before FLP is implemented are significantly associated with the survival of one twin and the incidence of PROM development within 21 days of FLP. The GA at the time of FLP, cervical length before FLP, and TTTS being stage III TTTS were associated with the survival of both twins after FLP. Neonatal brain image anomalies were associated with GA at delivery.</p> <p>Conclusions: FLP being performed at an earlier GA is a risk factor for lower fetal survival and PPROMs development within 21 days of FLP in cases of severe TTTS. Delaying FLP for cases involving stage I TTTS diagnosed at an early GA without risk factors, such as maternal symptoms, cardiac overload in the recipient twin or a short cervical length, may be considered but whether and how long of the length of delaying the FLP would improve the surgical outcomes may need further trials to answer.</p>

稿件編號：OO16	<p>孕婦接種新冠肺炎疫苗與季節性流感疫苗及百日咳疫苗之免疫性影響的先導性研究</p> <p>Pilot Study for Immunogenicity of SARS-CoV-2 Vaccine with Seasonal Influenza and Pertussis Vaccines in Pregnant Women</p> <p>沈靜茹<sup>1</sup>劉鶴微<sup>1</sup></p> <p>高雄醫學大學附設中和紀念醫院產部<sup>1</sup></p>
臨時稿件編號：0952	
論文發表方式：口頭報告	<p>Background: It is well known that the implementation of routine immunizations to prevent vaccine-preventable diseases has a significant impact on the health and well-being of infants, children, and pregnant women. We aimed to evaluate the influence of influenza, tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine on the immunogenicity of SARS-CoV-2 vaccine among pregnant women, the priority population recommended for vaccination.</p> <p>Methods: We conducted a prospective study among pregnant women without previous SARS-CoV-2 infection in Taiwan. Maternal and umbilical cord blood samples at delivery were analyzed for the percentage of inhibition of neutralizing antibodies (NABs) against the original strain, Delta, and Omicron variants of SARS-CoV-2 as well as the total antibody to the SARS-CoV-2 spike protein. We examined the association between different doses of SARS-CoV-2 vaccine in combination with influenza and Tdap vaccination, and two-dose SARS-CoV-2 vaccination with or without influenza and Tdap vaccines via a two-sample t-test. Results of p &lt; 0.05 were considered to be statistically significant.</p> <p>Results: 98 pregnant women were enrolled in our study, with 32 receiving two doses of SARS-CoV-2 mRNA-1273 vaccine, 60 receiving three-dose of mRNA-1273, and 6 receiving one-dose of ChAdOx1 and two-dose of mRNA-1273. Twenty-one participants were immunized with SARS-CoV-2, influenza, and Tdap vaccines. Of these 21 individuals, there were no significant NABs levels in maternal and cord blood samples against the Omicron variant, regardless of doses or type of SARS-CoV-2 vaccine. However, antibody responses against the wildtype and Delta variant were significantly lower in all maternal sera in the two-dose SARS-CoV-2 vaccine group. Among 32 women receiving two-dose mRNA-1273, significantly lower levels of NABs in maternal sera were observed against the Delta variant and total antibody both in maternal sera and cord blood were observed in individuals receiving SARS-CoV-2 and influenza vaccine. Conclusion: This is the pilot study to demonstrate the effects of influenza and the Tdap vaccine on the immunogenicity of the SARS-CoV-2 vaccine among pregnant women. These results suggest that combination vaccination during pregnancy may result in immunogenic interactions.</p>
論文歸類：產科	

稿件編號：OO17	探討慢性糖尿病產婦發生糖尿病酮酸中毒及相關周產期死亡率之預測因子 Predictors of diabetic ketoacidosis and associated perinatal mortality in pregnant women with pregestational diabetes mellitus
臨時稿件編號：0911	范祐臺 <sup>1</sup> 陳治平 <sup>1</sup> 王國恭 <sup>1</sup> 陳宜雅 <sup>1</sup> 王亮凱 <sup>1</sup> 陳震宇* <sup>1</sup> 台北馬偕紀念醫院婦產部高危險妊娠學科 <sup>1</sup>
論文發表方式：口頭報告	Objective: Diabetic ketoacidosis (DKA) during pregnancy is a life-threatening medical crisis for both mothers and fetuses. The aim of this study was to investigate the predictors of DKA and associated perinatal mortality in pregnant women with pregestational diabetes mellitus (PDM).
論文歸類：產科	Methods: This was a retrospective cohort study of singleton pregnant women with PDM at a tertiary medical center from April 2000 to November 2022. Receiver operating characteristic (ROC) curve analyses were used to evaluate various variables between the mothers with and without DKA, and factors associated with perinatal mortality.  Results: Of the 219 pregnant women with PDM enrolled, 21 were diagnosed with DKA, and 6 (28.6%) fetal deaths were noted. A higher level of HbA1c ( $8.45 \pm 1.92$ vs. $6.73 \pm 1.01$ , $P = 0.001$ ) and LDL ( $152.86 \pm 55.00$ vs. $119.25 \pm 36.17$ , $P = 0.012$ ), but a lower level of HDL ( $38.71 \pm 9.84$ vs. $57.96 \pm 14.47$ , $P < 0.001$ ) were noted in the DKA group than in the non-DKA group. The areas under the ROC curve (AUCs) of HbA1c, LDL, and HDL were 0.79 (95% confidence interval (CI) 0.69-0.89), 0.68 (95% CI 0.53-0.84), and 0.87 (95% CI 0.80-0.94), respectively. Furthermore, a higher level of maternal potassium ( $5.77 \pm 1.17$ vs. $4.23 \pm 0.55$ , $P = 0.022$ ) and a greater difference of anion gap ( $22.50 \pm 4.46$ vs. $15.17 \pm 6.48$ , $P = 0.014$ ), but a lower maternal arterial pH ( $7.07 \pm 0.09$ vs. $7.20 \pm 0.16$ , $P = 0.030$ ) and bicarbonate ( $3.90 \pm 1.67$ vs. $9.96 \pm 4.48$ , $P = 0.001$ ) were associated with perinatal mortality. The AUCs of maternal potassium, anion gap, pH, and bicarbonate were 0.94 (95% CI 0.84-0.99), 0.87 (95% CI 0.70-0.99), 0.86 (95% CI 0.68-0.99), and 0.93 (95% CI 0.80-0.99), respectively.  Conclusions: HbA1c and lipid profile are valuable predictors of developing DKA in pregnant women with PDM. Severe maternal hyperkalemia and acidosis are associated with perinatal mortality.

稿件編號：OO18	使用人工智慧預測學期子癩前症風險 Using Artificial Intelligence to Predict Preeclampsia in Pregnancy
臨時稿件編號：0827	徐英倫 <sup>1,2</sup> 劉忠峰 <sup>1</sup> 奇美醫院 <sup>1</sup> 中山大學生物醫學研究所 <sup>2</sup>
論文發表方式：口頭報告	Introduction: The progression of artificial intelligence application in medical field develops vigorously and machine learning has been useful in prediction and diagnosis for a variety of diseases. In perinatology, machine learning method is core technique of several tools. This present study aimed to build up models using machine learning to predict preeclampsia development using hospital electronic medical record data. We included 19,842 pregnant women receiving antenatal care at Chi-Mei Hospital during 2015~2021. Maternal data were retrieved from electronic medical records larger than gestational age 10 weeks. The prediction outcome was preeclampsia development. The overall preeclampsia incidence rate was 2.4% (474 patients). We used gestational age, maternal age, maternal body weight, maternal diastolic pressure, systolic pressure, parity, fetus number, conceive method, serum HbA1c, urine glucose, urine protein, history of hypertension, history of DM, history of SLE, history of chronic kidney disease, history of previous preeclampsia, history of previous GDM and history of previous preterm labor as feature variables in prediction model. Stacking method, XGBoost method, random forest algorithm, MLP method, lightGBM method and logistic regression models were 0.947, 0.942, 0.941, 0.914, 0.907, and 0.87, respectively. The stacking method model had the best prediction performance with an accuracy and false positive rate of 0.872 and 0.128, respectively. The combined use of maternal factors and common antenatal laboratory data could effectively predict preeclampsia using machine learning algorithms.
論文歸類：產科	

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稿件編號：OC1	早期子宮頸癌以腹腔鏡行根治性子宮頸切除並保留雙側子宮動脈：案例報告 Laparoscopic radical trachelectomy with bilateral uterine arteries preservation in early cervical cancer: a case report
臨時稿件編號：0730	馬翹蕙 <sup>1</sup> 劉錦成 <sup>1</sup> 童綜合醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	A 34-year-old female Gravida 1 Para 1 by normal spontaneous delivery, who was initially diagnosed with cervical squamous cell carcinoma clinical stage IB1 from other clinic. Pelvic MRI at our institution reported cervical tumor with size 1.8cm limited in the cervix without parametrium and vaginal involvement and no enlargement of pelvic lymph nodes. Serum marker of SCC was 0.9 ng/ml. She underwent laparoscopic radical trachelectomy with meticulous bilateral uterine artery preservation along with bilateral pelvic lymphadenectomy with intraoperative cervical cerclage. Foley was inserted to the uterine cavity to prevent stenosis of the remaining canal before anastomosis of the corpus with vaginal canal. Operation time was 450 mins, and the estimated blood loss was 150ml. There was no intraoperative or postoperative complications. Hospital staying was 10 days. The final pathology reported a tumor of 7mm in horizontal diameter with infiltration less than 1 mm, surgical margin was free without pelvic lymph node metastasis, thus final stage was AJCC IA1. The anastomosis between uterus and vagina healed well after one and half of month. The patient experienced 4 times of menstruation within 6 months follow-up with normal amount and duration without dysmenorrhea. Preserved and patent uterine arteries flow were confirmed by doppler with hypervascularity of the uterus noted during follow up sonography. She has not yet tried to get pregnant. Post operative pap smear reported normal and she was tested negative high risk HPV. There was no evidence of recurrence.
論文歸類：婦癌	

稿件編號：OC3	使用癌思停於後期卵巢亮細胞癌之治療 Incorporating Bevacizumab in the Management of Advanced Stage Ovarian Clear Cell Carcinoma
臨時稿件編號：0681	黃冠儒 <sup>1</sup> 許博欽 <sup>2</sup> 吳晉睿 <sup>3</sup> 張文君 <sup>2</sup> 潘貞諭 <sup>2</sup> 李盈瑩 <sup>3</sup> 黃韻如 <sup>2</sup> 蕭勝謀 <sup>4</sup> 魏凌鴻 <sup>2</sup> 台大醫院雲林分院 <sup>1</sup> 台大醫院 <sup>2</sup> 台大新竹分院 <sup>3</sup> 亞東醫院 <sup>4</sup>
論文發表方式：口頭報告	Objective To evaluate the efficacy of bevacizumab in patients with advanced stage ovarian clear cell carcinoma. Methods A retrospective study of patients between January 2011 and December 2020. Patients who had advanced stage ovarian clear cell carcinoma were included. Survival outcomes according to the use of bevacizumab or not, were analyzed. Results Sixty-four Taiwanese women were included, in which 22 patients had bevacizumab target therapy. Most of them had FIGO stage IIIC and IV (N= 59, 60.94%), and 26 (40.63%) patients had high-risk of disease defined by the ICON 7 criteria. Ten patients (15.63%) had neoadjuvant chemotherapy. The mean bevacizumab cycles were 10.59 ± 2.12, and the mean dose was 6.37 ± 1.18 mg/kg. In multivariate analysis, residual tumor ≥ 1cm (HR = 4.27, 95% CI = 1.17 to 15.58, p=0.028), and neoadjuvant chemotherapy (HR = 5.39, 95% CI = 1.08 to 26.84, p<0.040) were associated with poorer progression free survival (PFS). For overall survival (OS), performance status ≥ 1 (HR = 7.48, 95% CI = 1.39 to 40.24, p=0.019), and residual tumor ≥ 1cm (HR = 5.07, 95% CI = 1.31 to 19.65, p=0.019) were associated with poorer outcome. The addition of bevacizumab was not associated with survival benefits (HR 1.52, 95% CI 0.58 to 3.92, p=0.39 for PFS; HR 2.59, 95% CI 0.82 to 8.23, p=0.10). Conclusions Complete surgical resection remains the chief objective in the primary treatment of OCC. The incorporation of low dose bevacizumab with the current adjuvant chemotherapy regimen might have limited role in OCC.
論文歸類：婦癌	

稿件編號：OC4	p53 蛋白突變在第一期子宮內膜癌患者的預後 Stage I, Endometrial Endometrioid Carcinoma with Abnormal P53 Expression, A Single Institute, Retrospective Case Study
臨時稿件編號：0738	張祐維 <sup>1</sup> 郭曉莉 <sup>1</sup> 王道遠 <sup>1</sup> 翁嘉穗 <sup>2</sup> 林鈴 <sup>2</sup> 黃琬瑤 <sup>1</sup> 陳思嘉 <sup>2</sup> 陳子健 <sup>1</sup> 張志隆 <sup>1</sup> 楊育正 <sup>1</sup> 王功亮 <sup>3</sup> 陳楨瑞 <sup>1</sup> 台北馬偕醫院 <sup>1</sup> 淡水馬偕醫院 <sup>2</sup> 台東馬偕醫院 <sup>3</sup>
論文發表方式：口頭報告	In Taiwan, the incidence of endometrial cancer is increasing year by year, ranking fifth among female cancers in 2020. Endometrial cancer can broadly be divided into two types. The type 1 endometrial cancer, so called endometrioid cancer, which often occurs in obese women at perimenopause. It is more related to hormones, and has a better prognosis. The other is type 2 endometrial cancer, which often occurs in older women and has poor prognosis.
論文歸類：婦癌	Besides the traditional pathological classification, the Cancer Genome Atlas (TCGA) discovered various genetic alternations in endometrial cancer in 2013. Four categories according to their prognosis were, POLE (ultramutated), MSI (hypermutated), Copy-number low (endometrioid) and Copy-number high (serous-like). The group of copy-number high was mainly type II endometrial cancer, most of which have p53 mutation. It was also the group with the worst prognosis. Generally, p53 mutations with abnormal protein expression are relatively uncommon in type I endometrial cancer, accounting for only 2–15%. However, recent studies found that abnormal p53 protein expression in type I endometrial cancer resulted to higher recurrence rate and mortality in long-term follow-up. The NCCN Guideline has included this molecular analysis as one of the prognostic factors since 2018. However, the adjuvant management has not been changed in current guideline based on molecular classification. That's to say, it is still controversial that early stage endometrioid cell type with abnormal p53 expression needs to escalate adjuvant therapy like additional chemotherapy or radiation therapy.  The aim of this retrospective case study is to collect and review the cases with stage-I, endometrioid type endometrial cancer, with abnormal p53 expression under pathologic immunohistochemical stain in MacKay memorial hospital, Taipei, Taiwan, between 2019 and 2021. After grouping them as "morphological low grade (architecture grade 1-2)" and "morphological high grade (grade 3)", basic characteristics, recurrence and survivorship will be compared and calculated. We would like to report our results in this annual meeting of TAOG if possible and available.

稿件編號：OC5	比較 Imiquimod 與手術切除在治療子宮頸上皮細胞病變的效益：系統性回顧研究 Efficacy of imiquimod and standard excisional procedure for the treatment of cervical intraepithelial neoplasia: A systematic review and meta analysis
臨時稿件編號：0934	謝中凱 <sup>1</sup> 溫國璋 <sup>1</sup> 羅爾維 <sup>2</sup> 譚家偉 <sup>3</sup> 衛生福利部雙和醫院婦產部 <sup>1</sup> 臺北醫學大學臨床醫學研究所 <sup>2</sup> 衛生福利部雙和醫院實踐醫學中心 <sup>3</sup>
論文發表方式：口頭報告	Introduction: Cervical intraepithelial neoplasia (CIN) or cervical dysplasia is a precursor of cervical cancer with increasing incidence in decades. High-grade CIN (CIN 2/3) or recurrent CIN has high progression rates and therefore surgical treatment is indicated. The surgical treatment include knife conization, loop electrosurgical excision procedure (LEEP) or ablative therapy. However, surgical treatment is associated with several complications including cervical stenosis, hemorrhage, pelvic infection or even genito-urinary tract injury. Furthermore, it generally not always suitable for reproductive women with future pregnancy desire in fear of spontaneous abortion, cervical insufficiency or preterm birth. Imiquimod, approved in 1997, is an immunomodulator which is used for the treatment of genital wart most are caused by HPV types 6 and 11. In order to ascertain the effectiveness of imiquimod as an alternative non-invasive therapy, we conducted a systematic review and meta-analysis of the evidence available to date to summarize the outcome of women in cervical intraepithelial neoplasia who received imiquimod treatment. Method: Relevant studies published before December 2022 were identified from the PubMed, Embase, and Cochrane databases. Randomized control trial, prospective non-randomized control trial and retrospective studies evaluating the outcome of topical application of imiquimod in woman newly-diagnosed high grade cervical intraepithelial neoplasia (CIN 2, 3) or recurrent CIN were included in this review. Studies were also required to clearly report the inclusion and exclusion criteria for patient characteristics, HPV status, the standard excisional technique, and the definition and evaluation of disease regression, remission, HPV clearance and recurrence. The main study outcome were regression rate, remission rate and HPV clearance rate after topical imiquimod intervention. Results: Pooling of results from 6 studies (n = 243 women in whom regression was reported) rendered a summary proportion of 68.2% (95% CI 59.2–77.2) for regression with significant variation across the studies (p = 0.036). Pooling of results from 3 studies (n = 135 women in whom remission was reported) rendered a summary proportion of 37.6% (95% CI 29.4–45.7) for remission with significant variation across the studies (p <0.001). Pooling of results from 6 studies (n = 190 women in whom HPV clearance was reported) rendered a summary proportion of 54.5% (95% CI 39.3–69.7) for HPV clearance with significant variation across the studies (p <0.001). Conclusion: In our meta-analysis, we provided a statistic data to answer the clinical question on efficacy of imiquimod to treat cervical intraepithelial neoplasm. After discussing with patients the information and associated risk, imiquimod could be an alternative therapeutic option.
論文歸類：婦癌	

稿件編號：OC6	臨床病理因子來預測上皮性卵巢癌之化學治療敏感度 - 一回顾性研究 Clinicopathological Factors Associated with Chemosensitivity in Advanced Stage Epithelial Ovarian Cancer: A Retrospective Study
臨時稿件編號：0938	葉宗鑫 <sup>1</sup> 林浩 <sup>1</sup> 吳貞璇 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Objective: The aim of this retrospective study was to investigate the clinicopathological factors associated with chemosensitivity in advanced stage epithelial ovarian cancer.
論文歸類：婦癌	Methods: We retrospectively reviewed the medical records of patients with ovarian cancer who underwent primary debulking surgery followed by platinum-based adjuvant chemotherapy between January 2011 and December 2019 at our institution. We collected data on patient demographics, tumor histology, stage, grade, pretreatment serum tumor marker levels, residual disease after surgery, immunohistochemical expression of progesterone receptor, and response to chemotherapy. The primary outcome was platinum-sensitive or platinum-resistant defined as disease progression more than or less than 12 months after completion of chemotherapy, respectively. Logistic regression analysis was performed to identify independent predictors of chemosensitivity.  Results: A total of 68 patients were included in the study. The median age was 58 years (range, 29-78 years). The most common histological subtype was serous (59%). The majority of patients had FIGO stage III disease (72%) and high-grade tumors (70%), and the overall platinum sensitivity rate was 56%. In univariate analysis, progesterone receptor expression, and residual disease were significantly associated with chemosensitivity. Multivariate logistic regression analysis identified pretreatment CA-125 level > 930 U/mL (odds ratio [OR], 6.92; 95% confidence interval [CI], 1.10-43.63; p=0.039) and no residual disease (OR, 0.028; 95% CI, 0.003-0.251; p=0.001) as independent predictors of chemosensitivity.  Conclusion: Our study suggests that pretreatment CA-125 level and residual disease after surgery are independent predictors of chemosensitivity in advanced stage epithelial ovarian cancer. These factors should be considered when initiating treatment strategies for patients with ovarian cancer. Further validation in larger, independent cohorts is necessary.

稿件編號：OC7	治療前血小板增多是上皮性卵巢癌治療抗藥性和預後不良的危險因素之一 Pretreatment thrombocytosis is one of the risk factors for chemoresistance and poor prognosis in epithelial ovarian cancer
臨時稿件編號：0898	傅麗琴 <sup>1</sup> 傅宏鈞 <sup>1</sup> 高雄長庚婦產科 <sup>1</sup>
論文發表方式：口頭報告	Background Patients with platinum-resistant ovarian cancer usually have a low response rate to subsequent chemotherapy and have an unfavorable prognosis. Currently, there are no tools to predict the response to chemotherapy and guide individualized therapy. The aim of this study is to investigate the prognostic significance of thrombocytosis in ovarian cancer.
論文歸類：婦癌	Methods We retrospectively analyzed 253 patients who received treatment between 2015 and 2018 at our institution. Univariate and multivariate analyses of clinical parameters were performed to identify factors associated with chemoresistance. Survival analyses were performed with the Kaplan-Meier method and Cox-regression.  Results Platinum-resistant ovarian cancer was found to be significantly associated with an older age (p = 0.15), advanced stage (p < 0.001), suboptimal debulking (p < 0.001), higher cancer antigen 125 level (p = 0.035), white blood cells count > 7500/L, platelet count > 400000/L (p=0.009), absolute neutrophil count(ANC) >7500/L (p = 0.03) and Neutrophil-to-lymphocyte ratio (NLR) > 3.7 (P = 0.003). However, only high stage of the disease (p=0.001) and suboptimal surgical resection (p=0.002) were independent predictive factors for chemoresistance. Furthermore, thrombocytosis (p= 0.043), higher stage (p < 0.001) and sub-optimal debulking (p < 0.001) were independent factors for disease-free survival reduced DFS.  Conclusion Pre-treatment thrombocytosis might be attributed to chemoresistance, and robustly be taken as a predictor for poor prognosis in epithelial ovarian cancer.  Keywords: ovarian cancer, platinum resistance, thrombocytosis, prognosis

稿件編號：OC8	血清中嗜中性球與淋巴球之比率可作為早期上皮性卵巢癌之預後因子 Neutrophil-lymphocyte Ratio as a Predictor for Disease-free Survival in Early-stage Epithelial Ovarian Cancer
臨時稿件編號：0928	宋恩鈴 <sup>1</sup> 吳貞璇 <sup>1</sup> 林浩 <sup>1</sup> 張簡展照 <sup>1</sup> 蔡景州 <sup>1</sup> 歐育哲 <sup>1</sup> 傅宏鈞 <sup>1</sup> 高雄長庚醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Background Ovarian cancer is the second most common gynecologic malignancy in developed countries. Moreover, it ranks seventh in cancer incidence in females in Taiwan. Unlike western countries, about 50% of the patients present with early-stage disease (stages I and II) at diagnosis in Taiwan. Nowadays, only few prognostic factors have been disclosed in epithelial ovarian cancer (EOC) including FIGO stage and histological type. Currently, more and more scholars pay attention to the role of neutrophil to lymphocyte ratio (NLR) in cancer as it captures the balance of lymphocyte-mediated adaptive immunity in tumor micro-environment. However, the correlation between NLR and the prognosis in early-stage ovarian cancer patients is still unknown. Therefore, this study aims to determine whether NLR predicts disease survival in early-stage EOC.
論文歸類：婦癌	Methods We retrospectively reviewed patients with stage I/II EOC who underwent primary surgery followed by adjuvant chemotherapy or follow-up between January 2011 and December 2018 in Kaohsiung Chang Gung Memorial Hospital. We analyzed age, stage, histology, chemotherapy regimen, progression free survival (PFS), overall survival (OS) and pre-treatment hemogram. NLR is derived from the neutrophil counts and lymphocyte counts in the pre-treatment hemogram. The cut off value of NLR was assessed by receiver operating characteristic (ROC) curve. Cox regression analysis was used for multivariate analysis. Correlations between NLR and survival were computed using Kaplan-Meier method and statistical differences between groups were examined using the log rank test.  Result 225 patients were enrolled with the mean age at 48.5 years old. The median time of follow-up was 63.6 months. The percentage of stage IA/B, IC, II were 41.3%, 40.4% and 18.2% respectively. 60% of the patients received adjuvant chemotherapy because of harboring high risk for recurrence. The mean pre-treatment NLR was 3.9 with the cut-off point as 4.7 determined by ROC curve for survival prediction. In multivariate analyses, FIGO stage was significantly associated with PFS (HR, 3.191; 95% CI, 1.425-7.148; p=0.005), as well as NLR less than 4.7 (HR, 2.443; 95% CI, 1.148-5.199; p=0.020). For OS analysis, FIGO stage remained an independent prognostic factor, while there seems to be a trend with longer OS in patients with NLR < 4.7 as compared to NLR ≥ 4.7 in both univariate (HR, 2.371; 95% CI, 0.978-5.751; P = 0.056) and multivariate analysis (HR, 2.559; 95% CI, 0.967-6.766; P = 0.059).  Conclusion In our study, pre-treatment NLR could be a predictor of clinical outcome in early-stage ovarian cancer. Moreover, patients with NLR ≥ 4.7 before treatment may have shorter progression-free survival. It could be applied for clinical use as a prognostic marker in early-stage EOC and may affect the clinical decision in the future.

稿件編號：OC9	回顧性分析低劑量 pembrolizumab 使用在真實世界中對於困難治療的晚期婦女癌症患者之療效和安全性 Real-world efficacy and safety of low-dose pembrolizumab in patients with refractory and advanced gynecologic cancers: a retrospective study
臨時稿件編號：0746	高健祥 <sup>1</sup> 吳貞璇 <sup>2</sup> 林浩 <sup>2</sup> 蔡景州 <sup>2</sup> 歐育哲 <sup>2</sup> 傅宏鈞 <sup>2</sup> 高雄長庚醫院婦產部 <sup>1</sup> 高雄長庚醫院婦產部婦癌科 <sup>2</sup>
論文發表方式：口頭報告	Background Over the past decade, immune checkpoint inhibitors have revolutionized the treatment landscape in the realm of cancer management. Pembrolizumab, a programmed death 1 (PD-1) inhibitor, demonstrates promising potential in microsatellite instability-high or mismatch repair (MMR) deficiency recurrent solid tumors with failure to prior treatment and metastatic PD-L1-positive cervical cancers. However, the standard dose of pembrolizumab (200 mg once every three weeks) approved for gynecologic cancer causes a high financial burden for patients in Taiwan. So far, there has been sporadic evidence that low-dose pembrolizumab effectively achieves positive clinical outcomes. In this study, we aim to evaluate the efficacy and safety of low-dose pembrolizumab in real-world clinical practices.
論文歸類：婦癌	Methods We retrospectively collected clinical profiles and assessed the efficacy and safety data in patients with gynecologic malignancies who received at least one dose of pembrolizumab between 2017 to 2022 in Kaohsiung Chang Gung Memorial Hospital. We used chi-square test and Kaplan-Meier analyses to compare objective response rate (ORR) as well as progression-free survival (PFS) between patients with deficient MMR (dMMR) and proficient MMR (pMMR) protein expression in the tumor tissue.  Results Thirty-nine patients with gynecologic malignancies were identified, and 80% had advanced stage at diagnosis. All included patients underwent fixed pembrolizumab dosage throughout the treatment course, and the dosage per cycle comprised of 50 mg (n=2, 5.1%), 100 mg (n=33, 84.6%) and 200 mg (n=4, 10.3%). 67% of subjects had received ≥ 2 lines of prior therapy. Compared to the pMMR group, the dMMR group was associated with better ORR (54.6% vs. 28.6%, p=0.028) and had a non-reached median duration of response. There was no significant difference in PFS between the dMMR group and the pMMR group; nonetheless, the patients with dMMR expression in tumor tissue verged on better survival (Hazard ratio 0.41, 95% CI: 0.84-7.01, p=0.088). At the time of data cutoff, the Kaplan-Meier estimate of the proportion of patients with response duration ≥ 6 months was 100%, with a plateau from ≥ 1 year at 80% in the dMMR group. Immune-related adverse events (irAE) of any grade occurred in 13 patients (33.3%), 3 (7.7%) of whom had grade 3 or 4, which was consistent with previous studies.  Conclusions This is the first real-world study analyzing the efficacy of low-dose pembrolizumab in patients with refractory gynecologic cancers. The current study suggests that low-dose pembrolizumab is a cost-effective and safe treatment option compared to published clinical trials without compromising clinical outcomes. Our results suggest financial implications in resource-constrained countries, and further randomized trials are needed to validate the correlation between the dose and clinical efficacy.

稿件編號：OC10	比較紫杉醇與環磷酰胺和鉑金屬藥物結合作為早期高風險上皮性卵巢癌患者輔助治療的臨床預後
臨時稿件編號：0920	Comparing Clinical Outcomes of Paclitaxel with Cyclophosphamide in Platinum-based Doublets as Adjuvant Chemotherapy for Patients with High-risk Early-stage Epithelial Ovarian Cancer  林美怡 <sup>1</sup> 吳貞璇 <sup>2</sup> 林浩 <sup>2</sup> 張簡展照 <sup>2</sup> 蔡景州 <sup>2</sup> 歐育哲 <sup>2</sup> 傅宏鈞 <sup>2</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup> 高雄長庚紀念醫院婦產部婦癌科 <sup>2</sup>
論文發表方式：口頭報告	Introduction In Taiwan, approximate half of ovarian cancer patients are diagnosed at an early stage. In general, platinum-based adjuvant chemotherapy was recommended for women with high-risk early-stage disease to prolong disease survival. However, there is a lack of consensus regarding the optimal regimen in platinum-based doublets. Clinicians preferred using paclitaxel (PTX) largely based upon indirect evidence that it improves outcomes when administered as adjuvant therapy for advanced-stage epithelial ovarian cancer (EOC). We proposed to compare clinical outcomes of PTX with cyclophosphamide (CTX) in platinum-based chemotherapy for high-risk early-stage EOC.  Material and methods We retrospectively reviewed the medical records of stage I/II EOC patients who received post-operative platinum-based chemotherapy either with PTX or CTX in Kaohsiung Chang Gung Memorial Hospital from January 2011 till December 2018. We analyzed the association between several clinical characteristics and clinical outcomes including age, histology type, pre-treatment platelet/ CA-125/ CEA level, chemotherapy regimen, progression-free survival (PFS) and overall survival (OS). The baseline characteristics were compared using Chi-square test for categorical variables and independent two-sample t-test for continuous variables. Survival analysis of PFS and OS was calculated by Kaplan-Meier method and Cox regression model. A p-value less than 0.05 was considered to be statistically significant.  Results A total of 136 patients were enrolled with mean age at 50.5 years, 35 (25.7%), 68 (50%), and 33 (24.3%) patients were presented at FIGO stage IA/IB, IC and II, respectively. Of all patients, 87 (64%) of whom were treated with PTX and 49 (36%) with CTX according to clinician's preference. There were no statistically significant differences in clinical characteristics of patients between PTX and CTX groups except most of patient in stage II (31 of 33) receiving PTX (93.9% vs. 6.1%, p<0.001). Multivariate analysis of all patients revealed only FIGO stage was significantly associated with PFS (II vs I HR, 4.674; 95% CI, 1.366-15.999; p=0.014) and OS (HR, 7.395; 95% CI, 1.274-42.940; p=0.026). Nonetheless, as compared with CTX, administration of PTX had no significant prolongation in PFS (HR, 2.109; 95%CI, 0.637-7.010; p=0.223). Furthermore, for subgroup analysis of stage I patients, no significant differences in PFS were noted between two groups (p=0.823). However, for stage II patients, it seemed PTX prolonged PFS as compared with CTX. (HR, 18.249; 95%CI, 1.174-283.665; p=0.038).  Conclusion In conclusion, the impact on clinical outcomes of CTX is not inferior to PTX in platinum-based doublets as adjuvant chemotherapy for high-risk early-stage EOC patients in particular for stage I subjects. A larger randomized clinical trial is warranted for further verification of the result.

稿件編號：OC12	分析晚期上皮性卵巢癌中 BRCA 1/2 及其他同源重組基因變異之盛行率 Prevalence of tumor genomic alterations in BRCA 1/2 as well as other homologous recombination genes in advanced epithelial ovarian cancer
臨時稿件編號：0919	林琬婷 <sup>1</sup> 吳貞璇 <sup>2</sup> 林浩 <sup>2</sup> 蔡景州 <sup>2</sup> 歐育哲 <sup>2</sup> 傅宏鈞 <sup>2</sup> 陳盈儀 <sup>2</sup> 王映文 <sup>2</sup> 黃德嫻 <sup>2</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup> 高雄長庚紀念醫院婦產部婦癌科 <sup>2</sup>
論文發表方式：口頭報告	Background: Purpose: Homologous recombination repair (HRR) including BRCA1 and BRCA2 genes play essential roles in maintaining genome stability. Loss of function in HRR may indicate potential clinical benefits from PARPi (poly ADP ribose polymerase inhibitor) beyond BRCA1/2 mutations. Recent trials have brought to attention the utility of homologous recombination deficiency (HRD) testing to select patients with advanced epithelial ovarian cancer (EOC) most likely to benefit from PARPi treatment in various settings. However, data on the frequency of HRR gene mutations in Taiwanese patients with EOC are scarce. In this study, we aim to explore the frequency of mutations in BRCA1/2 as well as HRD-associated genes in advanced-stage EOC.  Methods: We evaluated the prevalence of BRCA1 / 2 and 16 HR-associated genes mutations as well as HRD through Next Generation Sequencing for formalin-fixed paraffin-embedded tumor samples from stage III-IV ovarian cancer patients diagnosed in Kaohsiung Chang Gung Memorial Hospital during 2021-2022.  Results: 65 ovarian cancer samples were assayed for BRCA1/2 including 42 high-grade serous carcinomas (HGSC), 8 endometrioid carcinomas (EC), 3 clear cell carcinomas (CCC), 3 carcinosarcoma (MMMT), 2 mucinous carcinomas (MUC), 2 undifferentiated carcinoma, 1 low-grade serous carcinomas (LGSC), 1 squamous cell carcinoma and 3 unknown cell types. Pathogenic variants of BRCA1 and BRCA2 were detected in 10 (15.4%) and 6 (9.2%) with 13 in HGSC (81.3%), 1 in EC (6.3%), 1 in MMMT (6.3%) and 1 in unknown type. No BRCA1/2 mutation was noted in CCC, MUC or LGSC. 7 cases (10.8%) were found as a variant of uncertain significance (VUS) of BRCA including 3 BRCA1 and 4 BRCA2. As compared to BRCA-mutation negative (BRCA-) patients, higher prevalence of family history with breast cancer was noted in BRCA mutation-positive (BRCA+) group (25% vs. 4.1%, p=0.029) while no significant difference with ovarian cancer (12.5% vs. 6.2%, p=406). Furthermore, the profile of HRR gene mutations examined in 33 cases revealed beyond BRCA1 (21.2%) and BRCA2 (6.1%), the most frequent mutation gene is PTEN (9.1%) with endometrioid histology in 50%. For HRD analysis, 51.6% cases were identified as positive HRD (HRD+) including 30% of BRCA+. Moreover, HRR gene mutations were noted in 69% of HRD+ and 67% of HRD- group, respectively. 25% of HRD+ had concurrent BRCA and HRR gene mutation, while the cases harboring PTEN mutation were all determined as HRD-. We also identified TP53 the most frequent mutation gene in both HRD+ (63%) and HRD- (40%) groups.  Conclusions: Our study on prevalence of HRR gene alternation as well as HRD in advanced EOC disclosed ethnic specificity in Taiwanese populations. The data of this study might provide a reference in the future for clinical selection to broaden the targeted ovarian cancer patients with defective HRR genes that should be treated with PARPi.

稿件編號：OC11	高復發風險子宮內膜癌於微創及開腹手術之比較 - 韓國及台灣傾向分數配對法分析 Comparison of minimally invasive and open surgery for the treatment of endometrial cancer with a high risk of recurrence - A propensity score matching study in Korea and Taiwan
臨時稿件編號：0767	林宜衡 <sup>1</sup> 賴彥伶 <sup>2</sup> 鄭文芳 <sup>1</sup> 陳宇立 <sup>3</sup> 國立台灣大學醫學院附設醫院婦產部 <sup>1</sup> 國立台灣大學醫學院附設醫院新竹分院婦產部 <sup>2</sup> 國立台灣大學醫學院附設醫院雲林分院婦產部 <sup>3</sup>
論文發表方式：口頭報告	BACKGROUND: This study compared oncologic outcomes between minimally invasive surgery (MIS) and open surgery for the treatment of endometrial cancer with a high risk of recurrence.  METHODS: This study included patients with endometrial cancer who underwent primary surgery at two tertiary centers in Korea and Taiwan. Low-grade advanced-stage endometrial cancer (endometrioid grade 1 or 2) or endometrial cancer with aggressive histology (endometrioid grade 3 or non-endometrioid) at any stage was considered to have a high risk of recurrence. We conducted 1:1 propensity score matching between the MIS and open surgery groups to adjust for the baseline characteristics.  RESULTS: Of the total of 582 patients, 284 patients were included in analysis after matching. Compared to open surgery, MIS did not show a difference in disease-free survival (HR, 1.09; 95% CI, 0.67-1.77, P=0.717) or overall survival (HR, 0.67; 95% CI, 0.36-1.24, P=0.198). In the multivariate analysis, non-endometrioid histology, tumour size, tumour cytology, depth of invasion, and lymphovascular space invasion were risk factors for recurrence. There was no association between the surgical approach and either recurrence or mortality in the subgroup analysis according to stage and histology.  CONCLUSION: MIS did not compromise survival outcomes for patients with endometrial cancer with a high risk of recurrence when compared to open surgery.

稿件編號：OC13	主動脈旁淋巴結廓清對高惡性度子宮內膜癌前期病人的預後影響： 跨國回溯性世代研究 Impact of para-aortic lymphadenectomy on survival in pathologically diagnosed early-stage grade 3 endometrioid and non-endometrioid endometrial cancers? A retrospective cohort study in Korea and Taiwan
臨時稿件編號：0678	賴彥伶 <sup>1</sup> 陳瑤 <sup>1</sup> 廖柔謙 <sup>1</sup> 陳宇立 <sup>1</sup> 鄭文芳 <sup>1</sup> 臺大醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Purpose: The therapeutic effect of para-aortic lymphadenectomy in early-stage high-grade endometrial cancer remains controversial. In this study, we investigated whether combined pelvic and para-aortic lymphadenectomy has a survival benefit compared to pelvic lymphadenectomy alone in patients with pathologically diagnosed FIGO stage I-II grade 3 endometrioid and non-endometrioid endometrial cancers.  Methods: We retrospectively reviewed the medical records of 281 patients with histologically confirmed FIGO stage I-II grade 3 endometrioid and non-endometrioid endometrial cancers who underwent pelvic lymphadenectomy alone or combined pelvic and para-aortic lymphadenectomy in staging surgery at two tertiary centers in Korea and Taiwan. Prognostic factors to predict outcomes in these cases were also analyzed.  Results: Among 281 patients, 144 underwent pelvic lymphadenectomy alone and 137 underwent combined pelvic and para-aortic lymphadenectomy. Within a median follow-up of 45 months, there was no significant difference in recurrence-free survival (RFS) and overall survival (OS) between the two groups. In multivariable analysis, age at diagnosis $\geq 60$ years (HR = 2.20, 95% CI 1.25-3.87, p = 0.006) and positive lymph-vascular space invasion (LVSI) (HR = 2.79, 95% CI 1.60-4.85, p < 0.001) were associated with worse RFS, and only non-endometrioid histology was associated with worse OS (HR = 3.18, 95% CI 1.42-7.12, p = 0.005). In further subgroup analysis, beneficial effects of combined pelvic and para-aortic lymphadenectomy on RFS and OS were not observed.  Conclusions: In this study, combined pelvic and para-aortic lymphadenectomy could not improve survival compared to pelvic lymphadenectomy alone in patients with FIGO stage I-II grade 3 endometrioid and non-endometrioid endometrial cancers. Therefore, para-aortic lymphadenectomy may be omitted for these cases.

稿件編號：OC14	子宮內膜神經內分泌癌案例 Neuroendocrine carcinoma of endometrium: a case report
臨時稿件編號： 0935	蕭永瑜 <sup>1</sup> 丁大清 <sup>1</sup> 龐浚聲 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文發表方式： 口頭報告	<b>Introduction</b> Large cell neuroendocrine carcinoma (NEC) of the endometrium is a rare type of tumor. NEC may have aggressive behavior. There still needs to be a definitive recommendation regarding its management. We herein reported a postmenopausal woman with large cell NEC of the endometrium and its clinical characteristics.
論文歸類： 婦癌	<b>Case Summary</b> A case of a 55 years old Asian female presenting symptoms of postmenopausal vaginal bleeding for one year. Endocervical biopsy showed high-grade endometrial carcinoma. Transvaginal ultrasound revealed a thickening endometrium (30.2 mm) and a hypervascularity tumor. Computer tomography revealed tumor invades more than half myometrium and pelvic lymph node metastasis. Colonoscopy showed no tumor invasion. Tumor markers, including CA125, CA199, and CEA, were all within normal range. FIGO clinical stage IIIC1 endometrial cancer was suspected. She then underwent type 3 radical hysterectomy, bilateral salpingo-oophorectomy, omentectomy, and bilateral pelvic and para-aortic lymph node dissection. Pathology showed mixed neuroendocrine and endometrioid adenocarcinoma, pT2N0M0, grade 3, and FIGO stage 2. Immunohistochemistry showed ER (estrogen receptor, moderate +, 20%), PR (progesterone receptor, moderate +, 1%), CD56 (focal +, a NEC marker), vimentin (focal +), p53 (+, wild type), p63 (-), p16 (-), and ki67 (+, 90%). Postoperatively, she received one cycle of cisplatin and etoposide.
	<b>Conclusion</b> Large cell NEC of the endometrium is rare. Definite adjuvant chemotherapy needs to be established. We will keep on following up on this case and her prognosis.

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稿件編號：OG1	高強度聚焦超聲消融術與子宮肌瘤切除術治療對患者精神狀態、症狀及生活品質影響的比較
臨時稿件編號：0724	Comparison of the treatment with high-intensity focused ultrasound ablation and myomectomy in the influence of mental status, symptoms, and life quality in patients 林瑜瑩 <sup>1</sup> 卓曉清 <sup>2</sup> 謝珮玲 <sup>2</sup> 林怡君 <sup>3</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學/臨床心理碩士班 <sup>2</sup> 國立雲林科技大學/工業工程與管理系 <sup>3</sup>
論文發表方式：口頭報告	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.
論文歸類：一般婦科	

稿件編號：OG2	子宮腺肌症海扶刀手術後的輔助治療 Adjuvant Treatment for Adenomyosis after HIFU
臨時稿件編號：0984	沈煌彬 <sup>1</sup> 曾志仁 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	The pathogenesis of adenomyosis is unknown. Treatments for adenomyosis include hormonal contraceptives, medication and surgery. Some women with mild symptoms choose to manage adenomyosis nonsurgically until they enter menopause. Women with severe symptoms need a hysterectomy. But due to the low birth rate in Taiwan, we need alternative treatment for severe adenomyosis for fertility preserve. Medication method include oral dienogest, gonadotropin-releasing hormone (GnRH) analogs, oral GnRH antagonist (elagolix), levonorgestrel (LNG)-releasing intrauterine device (IUD). Uterine artery embolization induce a 25% reduction in uterine volume and overall symptoms. Ultrasound- or MRI-guided focused ultrasound surgery is a new field now.
論文歸類：一般婦科	However, patients receive any treatment without hysterectomy will suffer from disease recurrence. Therefore, we need a maintain treatment after HIFU. We have several choices: repeat HIFU, visanne, Mirena, GnRH agonist, Gestrin, Esmya, oral GnRH antagonist. During 2014.12.25~2021.08.27, Dr Shen in Chung-Shan medical university hospital, Dr Shen collect 90 patients with adenomyosis treated by HIFU. There are 4 patients received hysterectomy after HIFU. Others still receive Visanne as an adjuvant treatment.

稿件編號：OG3	以微電腦斷層影像評估海伏刀輸出的範圍變化 Evaluating the Range Variations of HIFU Output Using Micro-CT Imaging
臨時稿件編號：0969	夏立忻 <sup>1</sup> 莊滄超 <sup>2</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學影像暨放射科學系 <sup>2</sup>
論文發表方式：口頭報告	Purpose: In clinical HIFU therapy, accurate determination of the ablation range depends on image guidance, and clinicians must rely on experience to decide on the focusing position, output power, and duration parameters. The aim of this study was to provide more precise spatial information for clinical users by accurately measuring the cavitation area using micro-CT imaging after applying HIFU to a fixed rubber target under different output power and duration conditions.
論文歸類：一般婦科	

稿件編號：OG4	一齊參與，為您打造未來更美好的生活 Technically-Weighted Shared-Decision Making in the Long-term Managements of Endometriosis: TW-SDM Study
臨時稿件編號：0691	黃冠儒 <sup>1</sup> 楊乙真 <sup>1</sup> 涂怡安 <sup>1</sup> 江彥昀 <sup>1</sup> 張文君 <sup>2</sup> 許博欽 <sup>2</sup> 台大醫院雲林分院 <sup>1</sup> 台大醫院 <sup>2</sup>
論文發表方式：口頭報告	Introduction With the increased fertility desire, development of new medical treatments, and their decreased side effects, the managements for endometriosis have evolved from short-period medical control combining repeated surgeries, into long-term medical treatments. Among these treatment combinations, their side effects, and patients' goals, it is necessary to introduce a shared-decision making (SDM) process to achieve the optimal medical control. SDM has been proved its good efficacy in the treatment outcome in various disease contents, especially for the fertility health-sensitive population. The current study proposed a technically weighted (TW) SDM incorporated with multimedia learning principles and communication skills, aiming to better disease control, medication compliance, recurrence rate, surgical intervention, ovarian reserve and fertility outcomes.
論文歸類：一般婦科	Materials and Methods The prospective study use tailored endometriosis patient decision aid (PDA), combined with TW-SDM, to evaluate satisfaction from medical staffs and patients, endometriosis recurrence rate, and surgical rate since Jan. 2023. The level of satisfaction was evaluated via assessment tools (scored 1 to 5) developed by Joint Commission of Taiwan (醫策會). Results Temporally, the satisfaction from medical staff perspective (N=9) reached 4.1 to 4.5 in 11 items via our TW-SDM (v1.0). The satisfaction from 2 patents also scored high (5.0). Currently, we are incorporating the TW-SDM tool with advanced communication skills, interactive web and video experience, and artificial intelligence technology. Conclusion In the preliminary result from our very first TW-SDM 1.0, we provided high level of satisfaction for the medical staffs and patients. We are expecting our experience will help achieve in the optimal long-term control of endometriosis and associated composite outcomes in the future.

稿件編號：OG5	臺灣首台磁振導引海扶刀(振聲海扶)於子宮肌瘤治療之臨床經驗及腫瘤體積變化的初步報告
臨時稿件編號：0964	The clinical experience and volume change of uterine fibroids after ArcBlate HIFU in our preliminary report 謝西彤 <sup>1</sup> 許鈞碩 <sup>1</sup> 林肇柏 <sup>1</sup> 陳建翰 <sup>1</sup> 佛教慈濟醫療財團法人大林慈濟醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Introduction: Uterine fibroids are benign gynecologic tumors and may be present in over 70% of the premenopausal population, as many as 50% of which are symptomatic and represent the most common indication for hysterectomy in many countries. Patients are increasingly seeking uterus-preserving, minimally invasive treatments for symptomatic fibroids. The ArcBlate focused ultrasound ablation system, a novel magnetic resonance-guided high-intensity focused ultrasound (MRgHIFU) developed in Taiwan, demonstrated clinical effects similar to those demonstrated by other MRgHIFU systems and it proved to be safe in 2016. ArcBlate MRgHIFU has the potential to be an alternative, non-invasive treatment option for uterine benign tumors.  Objective: To compare the volume change of uterine fibroids in 3 months and 6 months after ArcBlate MRgHIFU procedure, and the safety of procedure.  Materials and Methods: We had performed eleven cases of ArcBlate MRgHIFU from June 2022 to January 2023 in Buddhist Dalin Tzu Chi Hospital. We evaluated the non-perfused volume ratio (NPVR) with the MRI images done at within half month after the MRgHIFU procedure for the prediction of the efficacy for volume reduction of uterine fibroids. We further evaluated the volume of uterine fibroids with ultrasound at 3 months and 6 months after the MRgHIFU procedure.  Results: All patients completed the ArcBlate MRgHIFU procedure, and the average age was 42.4 years old (ranged from 33 to 54 years old). Mean volume of the treated uterine fibroids was 151.74 cm <sup>3</sup> (6.31 to 519.9 cm <sup>3</sup> ). All cases received follow-up MRI after the MRgHIFU treatment, with mean NPVR 51.61% (12.3% to 93.7%). Reported adverse events included fever (2 cases), first-degree skin burns (1 case), numbness (1 case), and progression of hemorrhoids (1 case). No major adverse events were noted during or after the procedure. None of them required re-admission or re-intervention for uterine fibroids.  Conclusion: The preliminary results of ArcBlate MRgHIFU had favorable outcomes. But more cases are required with long-term follow-up of uterine fibroids after the procedure.

稿件編號：OG7	罕見案例報告：雙側輸卵管異位妊娠 Bilateral Tubal Ectopic Pregnancy: A Rare Case Report
臨時稿件編號：0813	林育樺 <sup>1</sup> 傅佩德 <sup>2</sup> 林珮瑩 <sup>3</sup> 莊舒斐 <sup>1</sup> 基督復臨安息日會醫療財團法人安醫院婦產部住院醫師 <sup>1</sup> 基督復臨安息日會醫療財團法人安醫院婦產部主治醫師 <sup>2</sup> 基督復臨安息日會醫療財團法人安醫院婦產部主任醫師 <sup>3</sup>
論文發表方式：口頭報告	Introduction Ectopic pregnancy happens when the embryo implants outside of the uterus, usually in a unilateral oviduct or ovary. The reported occurrence is around 1%. Among all types of ectopic pregnancy, bilateral tubal ectopic pregnancy is a very rare and without timely diagnosis and treatment, it can result in high maternal morbidity and mortality. Review of the medical literature showed only two reported cases in Taiwan in the past 30 years. Although the incidence of bilateral tubal ectopic pregnancy cannot be defined due to the limited number of reported cases, some literature reported that it occurred approximately 1 in 725 to 1580 ectopic pregnancies and 1 in 200,000 pregnancies. Additionally, higher incidence is described in women undergoing assisted reproductive techniques, ovulation induction or with a history of pelvic inflammatory disease. Due to the low incidence and non-specific clinical symptoms in initial presentation, bilateral tubal ectopic pregnancy can be missed or delayed diagnosis, leading to an increased rate of a second operation. Here we report a case of bilateral tubal ectopic pregnancy and provided our diagnostic and therapeutic strategy for a better understanding of the disease.  Case report We reported a case of bilateral tubal ectopic pregnancy. The 34-year-old woman, gravida 2, para 1 (termination of pregnancy at 28 gestational weeks due to the fetus affected by FGFR3 gene disease) was transferred from an infertility center to our hospital for suspected left tubal ectopic pregnancy after ovulation stimulation by Letrozole and Gonadotropin. Upon her admission, we immediately performed a laparoscopic left partial salpingectomy due to the sonographic diagnosis of left side of ruptured tubal ectopic pregnancy with hemoperitoneum. 10 days later, she underwent another right side laparoscopic partial salpingectomy based on the diagnosis of a double tubal ectopic pregnancy. After the second surgery, she received one-dose methotrexate injection and was followed until a negative beta-human chorionic gonadotropin (B-hCG) level was observed.  Discussion It is extremely difficult to distinguish bilateral tubal ectopic pregnancy from unilateral ectopic pregnancy. Most bilateral tubal ectopic are diagnosed during surgery. The prevalence of bilateral tubal ectopic pregnancy has increased by virtue of the increased use of assisted reproductive techniques or ovulation induction, and has become a concern. Being aware of the possibility of bilateral tubal ectopic pregnancy is necessary especially when patients are undergoing infertility courses. Diligent detailed physical examination and imaging evaluation of bilateral oviducts should be performed in every patient suspected to have ectopic pregnancies. Moreover, scrutinizing both fallopian tubes during laparoscopic surgery is critical in the surgical treatment of any ectopic pregnancy.

稿件編號：OG6	粒線體功能異常誘發的 TGF-β1 表現異常與子宮腺肌症導致纖維化的關聯 The involvement of mitochondrial dysfunction-induced aberrant TGF-β1 expression during the development of fibrosis in adenomyosis
臨時稿件編號：0694	黃慧德 <sup>1</sup> 黃俊銘 <sup>2</sup> 游雅君 <sup>2</sup> 邱紋瑛 <sup>2</sup> 桂羅利 <sup>2</sup> 義大醫院婦產部, 義守大學醫學系, University of South Florida <sup>1</sup> 義大醫院婦產部 <sup>2</sup>
論文發表方式：口頭報告	Introduction: Adenomyosis is characterized by the presence of endometrial glands and stroma within myometrium accompanied with pelvic pain, hypermenorrhea, dysmenorrhea, and reduced fertility. Its therapy usually adopts the strategies used for endometriosis because of unclear pathogenic mechanisms. Elevated fibrogenic transforming growth factor-beta 1 (TGF-β1) levels in the uterine lavage from adenomyotic patients suggest the role of TGF-β1-induced fibrosis in the pathogenesis of adenomyosis. The oxidative stress-induced dysfunction of mitochondria and resulting TGF-β1 up-regulation have been well-documented in various cell models. Although fibrosis caused by oxidative stress-induced mitochondrial dysfunction via TGF-β1 has been shown in other organs, the signaling pathways by which mitochondrial dysfunction induces TGF-β1 production and ultimate fibrosis in response to oxidative stress during the development of adenomyosis remain to be elucidated. Thus, the hypothesis that oxidative stress-induced mitochondrial dysfunction and resulting TGF-β1 production lead to fibrosis in adenomyotic tissue was tested using a mouse model. Methods: Adenomyosis in ICR mice was induced by oral gavage of tamoxifen (TAM) from postnatal days (PNDs) 1 to 4. Hematoxylin and eosin, Masson trichrome, Van Gieson staining and transmission electron microscopy were used to examine the uterine tissue. Control mice were treated with or without intraperitoneal 3-NPA, an oxidative stress inducer, at PND 28. The TAM-treated mice were treated with or without oral L-NAME, an oxidative stress inhibitor, from PNDs 28 to 42. Uterine expression of PINK-1, 8-OHdG, TGF-β1, E-cadherin, α-SMA, and OXR-1 was examined by immunohistochemistry and quantitative reverse transcription polymerase chain reaction. Total RNA of uterine tissue was used for next generation sequencing (NGS) analysis. Results: In adenomyotic tissue, mitochondrial deformity and an up-regulation of PINK-1 for mitophagy, 8-OHdG for oxidative stress as well as TGF-β1 were consistently found in human and mouse. Treatment by 3-NPA induces not only PINK-1, OXR-1 (oxidative stress marker), TGF-β1 and α-SMA, but also adenomyosis-like changes in the uteri of control mice. In contrast, treating the adenomyotic mice with L-NAME led to down-regulation of OXR-1, TGF-β1 and α-SMA as well as up-regulation of E-cadherin with a reduction in adenomyosis-like changes. Moreover, NGS analysis found an up-regulation of mitochondrial dysfunction-related molecules, including Adipog, Cyp2e1, Plin1, Pdyn, Lin28b, and Cidec, in adenomyotic uteri. Conclusion: These findings indicate that oxidative stress-induced mitochondrial destruction and dysfunction may play a role in the development of adenomyosis and uterine fibrosis via TGF-β1 production.
論文歸類：一般婦科	

稿件編號：OG8	低風險早期子宮頸癌的治療：簡單子宮切除可以取代根治性手術，作為一種新的標準治療嗎？ Management of Low-Risk Early-Stage Cervical Cancer: Should Simple Hysterectomies Replace Radical Surgery as the New Standard of Care?
臨時稿件編號：0858	李耀奎 <sup>1</sup> 鄭雅敏 <sup>1</sup> 朱益志 <sup>1</sup> 關麗錦 <sup>1</sup> 林儒昌 <sup>1</sup> 林大欽 <sup>1</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Introduction The standard treatment of women with early-stage cervical cancer (IA2-IB1) remains a radical hysterectomy with pelvic lymphadenectomy. The possibility of less radical surgery may be appropriate for some selected patients with low-risk early-stage cervical cancer. Criteria that define this low-risk group include squamous carcinoma or adenocarcinoma, tumor size < 2 cm, stromal invasion < 10 mm, and no lymph-vascular space invasion (LVSI) in the pathology of conization. Herein, we present a case to confirm this opinion so as to evaluate the role of less radical surgery in selected patients with early-stage cervical cancer.  Case report A 40-year-old G1P1 woman was referred to our institution for the management of a cervical biopsy of CIN III. Ten years previously, she underwent a thyroidectomy for thyroid cancer. Speculum examination identified mild cervical erosion only. Laboratory data all fell within normal reference points, including SCC of 1.0 ng/mL, CA125 of 9.7 U/mL, CA199 of 16.9 U/mL, CEA of 1.7 ng/mL, and AFP of 2.1 ng/mL. However, cone pathology revealed a Grade 3 squamous cell carcinoma with 9 mm depth invasion and a horizontal spread of 17 mm. In addition, the inner, outer and basal cone specimen were all involved in the carcinoma, but not LVSI. The CT of abdomen and pelvis revealed a cervical mass of 3.1 cm (suspected misdiagnosis after conization), and the imaging diagnosis was determined to be stage IB cervical cancer (Fig 1). The patient then underwent modified radical hysterectomy and bilateral pelvic lymphadenectomy on Feb. 2, 2023. There was no residual tumor in the uterine cervix and all pelvic lymph nodes were negative in pathologic findings, and she is doing well at the time of writing.  Discussion Conization is adequate to treat severe dysplasia (CIN 2/3, CIS) and stage IA1 squamous cell cervical cancer. The loop electrosurgical excision procedure (LEEP) is a convenient, safe, and effective treatment for the management of cervical dysplasia. Cone specimens obtained during LEEP are adequate for thorough histological evaluation of cervical dysplasia and even early cervical cancer, such as in this present case. Several studies have explored less radical surgical options for early cervical cancer, including simple hysterectomy with or without pelvic lymph node dissection. Multiple retrospective studies have shown very low rates of parametrial involvement in patients with early cervical cancer who have undergone a radical hysterectomy. These reports suggest that these patients could be managed through a more conservative approach in order to obtain faster recovery and achieve a better quality of life.  Conclusion The rate of parametrial involvement is extremely low in patients who meet the following criteria: squamous cell carcinoma or adenocarcinoma, tumor size smaller than 2 cm, and no LVSI. A simple hysterectomy and pelvic node dissection seems to achieve the ideal treatment for patients with no desire for fertility in the future.
論文歸類：一般婦科	

稿件編號：OG9	使用 Methotrexate 來治療不明位置的持續性懷孕：病例報告和文獻回顧 Use of Methotrexate for the Treatment of Persistent Pregnancy of an Unknown Location: Case Report and Literature Review
臨時稿件編號：0859	李耀泰 <sup>1</sup> 鄭雅敏 <sup>1</sup> 朱益志 <sup>1</sup> 關龍錦 <sup>1</sup> 林儒昌 <sup>1</sup> 林大欽 <sup>1</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Introduction Ectopic pregnancy is a major cause of maternal morbidity and even mortality within the first trimester of pregnancy, with 97% of such cases being implanted within the fallopian tube. Recently, early diagnosis of ectopic pregnancy has become feasible with transvaginal ultrasound and serial human chorionic gonadotropin (hCG) measurements. Once the diagnosis of an ectopic pregnancy or persistent pregnancy of an unknown location has been made, it is then necessary to immediately evaluate the appropriate treatment method to prevent tubal rupture and thus reduce mortality. In addition to surgical intervention, medical therapy with methotrexate (MTX) for tubal pregnancy or persistent pregnancy of an unknown location can be used in appropriately selected women with significant success. Although many treatment protocols have been suggested, the most widely used protocol is the single-dose protocol. Herein, a case of persistent pregnancy of unknown location with successful treatment using intramuscular injection of methotrexate is presented.
論文歸類：一般婦科	Case report A 39-year-old woman, G5P0A4, presented a history of 43-day amenorrhea and vaginal spotting for five days. She had a history of right tubal pregnancy 15 years previously, and had already undergone salpingectomy. She was referred to our hospital with an initial diagnosis of cervical pregnancy. At that time, only slight vaginal bleeding was seen, and other findings were unremarkable. Transvaginal ultrasonography revealed an antverted uterus measuring 9 x 5.1 cm in size without a gestational sac in the endometrial cavity and unremarkable adnexal area. Laboratory data reported that the patient's $\beta$ -hCG level was 1436 mIU/mL and progesterone was 4.5 ng/mL. Initial diagnosis was of spontaneous abortion, and a repeat test was scheduled accordingly. Seven days later, an ultrasound still failed to identify any intrauterine gestational sacs, while $\beta$ -hCG was 1362.7 mIU/mL. Fourteen days later, $\beta$ -hCG elevated to 4803.8 mIU/mL and again no intrauterine gestational sac was identified. Therefore, persistent pregnancy of an unknown location was diagnosed. A physical examination revealed her to be conscious and alert, vitally stable and afebrile. After being counseled on the risks of different treatment options, she opted for single MTX treatment and thus received an MTX 50 mg/m <sup>2</sup> intramuscular injection. Seven days later, her $\beta$ -hCG dropped to 3620.4 mIU/mL, and again MTX 50 mg/m <sup>2</sup> IM was given as before, after which her $\beta$ -hCG declined to 22.3 mIU/mL progressively over a five-week period (Fig. 1). She is doing well overall at the time of writing after undergoing the entire procedure.
	Discussion Methotrexate is an antagonist of folic acid which can inhibit DNA synthesis. Methotrexate has become the treatment of choice for hemodynamically stable ectopic or persistent pregnancies of unknown location. Generally, the basic indication criteria for MTX treatment are as follows: (1) hemodynamically stable; (2) no fetal cardiac activity; (3) serum $\beta$ -hCG concentration > 1000 mIU/mL and $\leq$ 5000 mIU/mL; (4) no contraindication for MTX treatment; and (5) good compliance. The most widely used MTX protocols include single-dose, two-dose, and multi-dose protocols. In the single-dose method, after prescribing MTX at the beginning of treatment, $\beta$ -hCG serum levels are measured on Days 4 and 7, and if no reduction of more than 15% is observed, subsequent doses are prescribed. Therefore, the term "single dose" seems misleading; if the initial response is not met, the patient will receive even more medication by repeating the subsequent doses. The success rates of medical treatment of ectopic pregnancies have varied with a range of 70-90% for the single dose, 80-90% for the two-dose and 89-96% for the multi-dose protocols. The effectiveness of the treatment was satisfactory in this patient.
	Conclusion MTX treatment of persistent pregnancy of unknown location can be considered effective and relatively safe for patients, having a similar impact on female fertility as laparoscopic salpingectomy.

稿件編號：OG11	骨盆側壁之子宮內膜異位症在核磁共振影像下狀似惡性子宮腫瘤 Ectopic endometriosis of pelvic side wall mimicking advanced uterine malignancy with extra-uterine spread under MRI examination
臨時稿件編號：0737	范郁敏 <sup>1</sup> 陳植瑞 <sup>1</sup> 王道遠 <sup>2</sup> 王功亮 <sup>1</sup> 台北馬偕紀念醫院婦產部 <sup>1</sup> 台北馬偕紀念醫院病理科 <sup>2</sup>
論文發表方式：口頭報告	Introduction: Endometriosis is a benign disease which consists of 3 main types: superficial peritoneal endometriosis, ovarian endometrioma and deep infiltrative endometriosis (DIE). The gold standard for diagnosis of endometriosis is laparoscopic inspection. Traditional ultrasonography has a good sensitivity for adnexal lesions but a poor accuracy for DIE. Magnetic resonance image (MRI) plays an alternative role to establish the diagnosis of DIE based on its high spatial resolution and excellent soft tissue identification. Unfortunately, some ectopic endometriosis in pelvic side wall or uterine myometrium could have similar features of peritoneal or uterine malignancy with extra-uterine spread after MRI interpretation. Herein, we would like to report a case of pelvic sidewall ectopic endometriosis, which was mimicking malignancy before surgery.
論文歸類：一般婦科	Case report: This is a 33-year-old, G0P0, Taiwanese woman. She had experienced increasing vaginal spotting, accompanied with lower abdominal pain, for several months. She has medical problem of systemic lupus erythematosus (SLE) under immunosuppressive treatment. She had received left salpingo-oophorectomy via exploratory laparotomy 3 years ago and pathology reported endometrioma with epithelial proliferation. When dysmenorrhea got worse, dienogest 10 mg was prescribed but discontinued 1 month later due to her major depression. Levonorgestrel intrauterine device was inserted but little work to control her dysmenorrhea. Pelvic CT and MRI showed ill-defined enhancing lesions in the pelvic cavity involving uterine myometrium and left ureter encasement, causing left hydronephrosis and hydronephrosis. Since malignancy could not be totally excluded, surgical exploration was accepted and carried out. Excision of soft tissue masses from left pelvic side wall, total hysterectomy, right risk reducing salpingectomy, fulguration of endometriosis, and extensive adhesion-lysis were completed. Pathology revealed left pelvic ectopic endometriosis, uterine adenomyosis and right hydrosalpinx, without any evidence of malignancy.
	Conclusion: This case highlights the possible correlation between SLE and DIE. Malignant transformation from ovarian endometrioma or peritoneal endometriosis have been reported. Clinicians should raise suspicion to differentiate benign ectopic endometriosis from malignant peritoneal/uterine carcinoma. Although MRI helps in most cases, surgical pathology is always the definitive final diagnosis in this situation.

稿件編號：OG10	將闌尾低度惡性黏液瘤誤診為卵巢腫瘤 Misdiagnosis of Low-Grade Appendiceal Mucinous Neoplasms as Ovarian Tumors
臨時稿件編號：0865	洪滄澤 <sup>1</sup> 鄭雅敏 <sup>1</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Abstract Background: Neoplasms of the appendix are rare tumors which are often discovered accidentally, either during a survey or at the time of surgery for other causes like adnexal tumors [1]. Preoperative examination including ultrasonography and computerized tomography (CT) scan may still misdiagnose the original lesions. It is important for gynecologists to consider appendiceal lesions in their differential diagnoses for cases of a pelvic mass [2]. Failure to make an early preoperative diagnosis may result in its rupture and spillage of mucin contents into the peritoneal cavity leading to an unfavorable prognosis [3]. This uncommon case discusses low-grade appendiceal mucinous neoplasms (LAMN) mimicking adnexal masses in presentation, physical examination, diagnostic imaging findings and surgical procedure.
論文歸類：一般婦科	Methods: We identified four cases from 2011 to 2021 in NCKUH and 2020 to 2022 in Kuo General Hospital, all of which were misdiagnosed as ovarian tumors before surgery, though the final diagnosis of each was LAMN confined to the appendix. The four cases have had no recurrence since the appendectomy was performed.
	Conclusion: Appendiceal mucinous neoplasms (AMNs) are sub-classified into LAMNs, high-grade appendiceal mucinous neoplasms (HAMNs) and mucinous adenocarcinomas. Moreover, the most prevalent subtype of AMNs are LAMNs [4]. Low-grade tumors of AMNs are treated surgically by appendectomy in the early stages of the disease, or peritoneal debulking and HIPEC are performed in patients at an advanced stage of the disease [5]. Our experience shows that a complete examination includes patient history, physical examinations, tumor markers, ultrasonography, and CT/MRI, all of which should be done before surgery when the initial diagnosis is highly suspected to be an ovarian tumor. Cautious exams before surgery may change the initial diagnosis of adnexal tumors according to CT or ultrasonography only. On the other hand, misdiagnosis still occurs even when full examinations are completed. If an appendix tumor is found accidentally during surgery, we suggest preventing rupture of the appendix tumor, as it may cause spillage of its appendiceal content. In such an instance, a colorectal surgeon or general surgeon needs to be called for definite surgical intervention. LAMN's confinement to the appendix renders it with a low incidence of recurrence. By contrast, overall three-year and five-year survival rates for LAMNs with extra-appendiceal spread are 91 to 100 percent and 79 to 86 percent, respectively. [6, 7]

稿件編號：OG12	桂枝茯苓丸對子宮內膜異位症之致病過程的細胞自噬的作用 The effects of Guizhi Fuling Wan on autophagy during the pathogenesis of endometriosis
臨時稿件編號：0740	沈司華 <sup>1</sup> 黃暉瑛 <sup>1</sup> 黃俊諺 <sup>2</sup> 游雅君 <sup>2</sup> 邱紋瑛 <sup>2</sup> 陳至真 <sup>2</sup> 黃慈德 <sup>3</sup> 義守大學醫學系 <sup>1</sup> 義大醫院婦產部 <sup>2</sup> 義大醫院婦產部 <sup>2</sup> 義守大學醫學系, University of South Florida <sup>3</sup>
論文發表方式：口頭報告	Introduction: Endometriosis is a common gynecologic disorder with heterotopic growth of endometrial glands and stromal cells under the cyclic influence of ovarian hormones. The patients usually suffer from chronic pelvic pain and infertility. Endometriosis affects 7 - 10% of reproductive age women, 60% of women with pelvic pain, and up to 50% of women with infertility. Increasing evidence implicates the association of immunological dysregulation and endometriosis. Current treatments for endometriosis include surgery and medical treatments with high recurrence rate. Thus, an alternative strategy is required in improving the efficacy of the treatments for endometriosis.
論文歸類：一般婦科	Autophagy is an mTOR-regulated process in eukaryotic cells to disassemble and recycle unnecessary or dysfunctional organelles. Activation of mTOR signaling was shown to inhibit autophagy. Reduced autophagy is observed in the eutopic endometrium and ectopic endometriotic foci and thought to result in the growth of endometriotic tissues, decreased apoptosis, and the induction of abnormal immune response. In traditional Chinese medicine, endometriosis is manifested by stagnation of vital energy (qi) and blood flow. Guizhi Fuling Wan (GFW) was first described in Chinese canonical medicine to treat stagnation of qi and blood flow. Previous studies showed that GFW effectively inhibited the development of endometriosis. Therefore, the current study aimed to test the hypothesis that the therapeutic effects of GFW in the development of endometriosis is associated with the induction of autophagy and apoptosis.
	Methods: Endometriosis in C57/BL6 mouse was established by suturing 2 pieces of uterine tissues 1-mm in size from the donor to each side of the peritoneal wall. The mice were then treated with or without intraperitoneal injection of an mTOR activator, MHY1485, every other day in the presence or absence of GFW (0.6 gm/kg body weight in ddH2O/day) by oral gavage.
	After 28 days, the lesion size and the degree of peritoneal adhesion were evaluated. The expression of autophagy marker LC3II and caspase-3 was examined by quantitative reverse transcription polymerase chain reaction (qRT-PCR) and immunohistochemistry (IHC).
	Results: The inhibitory effects of GFW on lesion size and the degree of peritoneal adhesion was obliterated by MHY1485. Consistently, the mRNA and protein expression of LC3II and caspase-3 up-regulated by GFW was inhibited by MHY1485 treatment.
	Conclusion: In conclusion, these findings suggest that the therapeutic effects of GFW on endometriosis is associated with the induction of autophagy and apoptosis.

稿件編號：OG13	治療子宮內膜異位症的新式療法-使用脂肪幹細胞培養基 A novel therapeutic approach for endometriosis using adipose-derived stem cell-derived conditioned medium
臨時稿件編號：0739	陳俊男 <sup>1</sup> 黃俊諤 <sup>1</sup> 黃昱豪 <sup>2</sup> 鄭再宏 <sup>3</sup> 邱紋瑛 <sup>4</sup> 洪懿珮 <sup>4</sup> 賴瑞琦 <sup>5</sup> 張基昌 <sup>6</sup> 徐歷彥 <sup>5</sup> 黃慈德 <sup>7</sup> 義大醫院婦產部 <sup>1</sup> 義大醫院整形外科 <sup>2</sup> 高雄長庚醫院震波醫學與組織再造科研中心 <sup>3</sup> 向榮科技 <sup>4</sup> 義大醫院細胞治療中心 <sup>5</sup> 義大醫院婦產科 <sup>6</sup> 義大醫院婦產部，義守大學醫學系，University of South Florida <sup>7</sup>
論文發表方式：口頭報告	Introduction: Endometriosis is defined as the growth of endometrial glands and stromal cells in a heterotopic location with immune dysregulation. It usually leads to chronic pelvic pain and subfertility. Although various therapeutic agents are available, the recurrence rate remains high. Adipose tissue is an abundant source of multipotent mesenchymal adipose-derived stem cells (ADSCs). ADSCs display effects on not only tissue regeneration, but also immune regulation. Thus, the current study aims to test the effects of ADSCs on the growth of endometriosis. Methods: ADSCs isolated from lipoaspiration-generated adipose tissue and their conditioned medium (ADSC-CM) were subjected to quality validation, including karyotyping as well as growth promotion and sterility tests for microbial contamination under Good Tissue Practice and Good Manufacturing Practice regulations. An autologous endometriosis mouse model was established by suturing endometrial tissue to peritoneal wall followed by treating with ddH <sub>2</sub> O, ADSC-CM, ADSCs or ADSC-CM+ADSCs for 28 days. The area of endometriotic cysts and the degree of pelvic adhesion were measured. ICAM-1, VEGF and caspase 3 expression was assessed by quantitative reverse transcription polymerase chain reaction (qRT-PCR) and immunohistochemistry. Moreover, the mice were allowed to mate and deliver. The pregnancy outcomes were recorded. The ADSC-CM was subjected to proteomics analysis with further data mining with Ingenuity Pathway Analysis (IPA). Results: Both ADSC and ADSCs passed quality validation. ADSC reduced the area of endometriotic cysts. The inhibition by ADSC was obliterated by adding ADSCs. The presence of ADSCs with or without ADSC increased the peritoneal adhesion. ADSC inhibited ICAM-1 and VEGF mRNA and protein expression, whereas the addition of ADSCs not only did not inhibit by itself, but also blocked the inhibition by ADSC. The resorption rate was reduced by ADSC-CM. The number of live birth/dam and the survival rate of pup at 1 week-old were both increased by ADSC-CM in mice with endometriosis. IPA demonstrated that PTX3 was potentially critical for the inhibition of endometriosis by ADSC-CM due to its anti-inflammatory and antiangiogenic properties as well as its importance in implantation. Conclusion: ADSC inhibited endometriosis development and improved pregnancy outcomes in mice. Potential translation to clinical treatment for human endometriosis is expected.
論文歸類：一般婦科	

稿件編號：OG14	異位寧用於治療復發子宮內膜異位症：單一醫學中心經驗 Dienogest for Treatment of Recurrent Endometriosis: single center experience
臨時稿件編號：0940	陳立珊 <sup>1</sup> 游正暉 <sup>1</sup> 呂彥鋒 <sup>1</sup> 黃莉文 <sup>1</sup> 新光吳火獅紀念醫院婦產科 <sup>1</sup>
論文發表方式：口頭報告	Background Dienogest (DNG) has improved endometriosis-related symptoms and reduced recurrence after surgical treatment of endometriosis in previous studies, however, efficacy of DNG on recurrent endometriosis is not well established. Method This retrospective cohort study included 25 women with a clinical diagnosis of recurrent endometriosis who had been confirmed as having endometriosis histologically at the time. All participants were treated with DNG (2 mg daily) as the initial treatment once recurrence was detected based on symptoms and ultrasonography findings. Women who had taken any hormonal medication in the preceding 6 months were excluded from this study. Results We evaluated the changes in pain-related symptoms, serum cancer antigen-125 (CA-125) levels, E2 level, liver function, pelvic ultrasonography findings, and adverse events were monitored at 6 monthly intervals. The mean duration of DNG treatment was 21.08 months. The mean VAS score was 5.88 at baseline and significantly decreased to 0.09 at 6 months after taking DNG. Moreover, the size of recurrent endometriomas and CA-125 levels also decreased significantly compared to baseline (P for trend < 0.05). Overall, 18 (72%) patients reported adverse events, and the most common one was irregular bleeding pattern (48%), acne and headache (24%). All patients had normal level of liver enzymes. Conclusions The present retrospective study has shown that DNG is effective in reducing the size of endometriomas, and the serum CA-125 levels along with symptomatic relief and tolerable safety profiles in women with recurrent endometriosis.
論文歸類：一般婦科	

稿件編號：OG15	陰道自採試棒用於檢測披衣菌感染的初步臨床驗證研究 A pilot clinical validation study of a self-collected vaginal swab device for the detection of chlamydia trachomatis in women
臨時稿件編號：0962	沈靜茹 <sup>1,2</sup> 鄭兆珉 <sup>3</sup> 高雄醫學大學附設中和紀念醫院婦產部 <sup>1</sup> 高雄醫學大學 <sup>2</sup> 國立清華大學醫工所 <sup>3</sup>
論文發表方式：口頭報告	Chlamydia trachomatis (C. trachomatis) is one of the most prevalent preventable sexually transmitted diseases (STDs) in the world. In women, C. trachomatis infection can lead to long-term complications such as pelvic inflammatory disease (PID), and other related conditions such as ectopic pregnancies and even tubal factor infertility. These complications are preventable given early detection and clinical intervention, but these efforts are often hampered by asymptomatic silent infections, and non-compliance to screenings for STDs. Some women do not get tested out of concerns for violation of privacy, and fear of discomfort. Clinicians often use a multitude of tests to determine if a patient is infected by C. trachomatis, including a Polymerase Chain Reaction (PCR) test of First catch urine (FCU) samples. However, these tend to be inconvenient to store and transport, as they carry risk of spillage and have stringent refrigeration requirements. Moreover, given the gold-standard recommendations set forth by the Centres for Disease Control (CDC), the current technique can be inconvenient in remote areas where refrigeration and transport may not always be reliable. The current study therefore looks at the potential of a self-collected vaginal swab device that relies on Nucleic Acid Amplification Tests (NAATs), is dry-stored, and does not require refrigeration, to detect the presence of C. trachomatis in women. The study found evidence to suggest that the self-collection device has the potential to aid clinicians in the diagnosis of C. trachomatis in women when compared to doctor-collected vaginal discharge samples as the designated standard, FCU, and blood serology. Moreover, as a self-collection device it has the potential to break down some of the barriers to STD screening especially in young women, such as violation of privacy. The device therefore has a potential to encourage screening and therefore a potentially effective tool in the fight against the spread of preventable sexually transmitted diseases.
論文歸類：一般婦科	

稿件編號：OG16	子宮內膜癌/子宮內膜增生的子宮微生物群分析 Analysis of endometrial lavage microbiota reveals an increased relative abundance of the plastic-degrading bacteria Bacillus pseudofirmus and Stenotrophomonas rhizophila in women with endometrial cancer/endometrial hyperplasia
臨時稿件編號：0855	吳凱筠 <sup>1</sup> 趙安琪 <sup>1</sup> 黃慧君 <sup>1</sup> 趙安祥 <sup>1</sup> 王錦榮 <sup>1</sup> 湯雲心 <sup>1</sup> 翁瑄 <sup>1</sup> 賴瓊慧 <sup>1</sup> 林口長庚紀念醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	The pathogenic influences of uterine bacteria on endometrial carcinogenesis remain unclear. The aim of this pilot study was to compare the microbiota composition of endometrial lavage samples obtained from women with either endometrial hyperplasia (EH) or endometrial cancer (EC) versus those with benign uterine conditions. We hypothesized that specific microbiota signatures would distinguish between the two groups, possibly leading to the identification of bacterial species associated with endometrial tumorigenesis. A total of 35 endometrial lavage specimens (EH, n = 18; EC, n = 7; metastatic EC, n = 2; benign endometrial lesions, n = 8) were collected from 32 women who had undergone office hysteroscopy. Microbiota composition was determined by sequencing the V3-V4 region of 16S rRNA genes and results were validated by real-time qPCR in 46 patients with EC/EH and 13 control women. Surprisingly, we found that Bacillus pseudofirmus and Stenotrophomonas rhizophila – two plastic-degrading bacterial species – were over-represented in endometrial lavage specimens collected from patients with EC/EH. Using computational analysis, we found that the functional profile of endometrial microbiota in EC/EH was associated with fatty acid and amino acid metabolism. In summary, our hypothesis-generating data indicate that the plastic-degrading bacteria Bacillus pseudofirmus and Stenotrophomonas rhizophila are over-represented within the endometrial lavage microbiota of women with EC/EH living in Taiwan. Whether this may be related to plastic pollution deserves further investigation.
論文歸類：一般婦科	

稿件編號：OG17	類似骨盆腔發炎和卵巢惡性腫瘤的畸胎瘤破裂：一篇病例報告 A ruptured teratoma mimicking a pelvic inflammatory disease and ovarian malignancy: a case report
臨時稿件編號：0810	賴綱璣 <sup>1</sup> 丁大濤 <sup>1</sup> 佛教花蓮慈濟醫院 <sup>1</sup>
論文發表方式：口頭報告	Background: We aimed to report a case with a ruptured ovarian teratoma mimicking pelvic inflammatory disease (PID) and ovarian malignancy. Case Summary: A 60-year-old woman has suffered from acute lower abdominal pain and visited the emergency room. She experienced body weight loss and increased abdominal girth. Pelvic ultrasound and computer tomography revealed a 14-cm pelvic tumor. Laboratory examination revealed leukocytosis (WBC count: 12620/uL, segment: 87.7%) and a high c-reactive protein level (18.2 mg/dL). Elevated tumor marker CA199 (367.8 U/ml, normal value <35 U/ml) was also noted. With an impression of a ruptured tuboovarian abscess or a tumor with malignancy, she received an exploratory laparotomy immediately. A ruptured ovarian tumor with fat balls, hair strands, cartilage, and yellowish fluid on the right side was noted. Right salpingo-oophorectomy was performed. The pathology revealed mature cystic teratoma. After surgery, the patient felt well and was discharged after three days. Conclusion: We report a rare case with ruptured teratoma-caused symptoms mimicking PID and ovarian malignancy. This case illustrated how to differential diagnosis with an ovarian tumor; surgery is the mainstay for treating a ruptured teratoma.
論文歸類：一般婦科	

稿件編號：OG18	使用生理食鹽水潤濕及抹兩片玻片能有較降低細胞不足的抹片率 Effective reduction in inadequate Pap smears by using a saline-lubricated speculum and two glass slide
臨時稿件編號：0963	田謹堯 <sup>1</sup> 丁大濤 <sup>1,2</sup> 龐漫暄 <sup>1</sup> 花蓮慈濟醫院 <sup>1</sup> 花蓮慈濟大學醫學科學研究所 <sup>2</sup>
論文發表方式：口頭報告	Objective: The study aimed to propose a method to lower the rates of inadequate Pap smears. Materials and methods: This retrospective study analyzed patients in the Hualien Tzu Chi hospital. The extracted data only detailed the number and percentage of inadequate Pap smears. We applied two modifications to the conventional Pap smear technique. First, lubricate the speculum with normal saline instead of jelly. Second, perform the smear on two glass slides instead of just one. We have used the modified technique since 2017. Therefore, we collected data from 2016 (before the modified technique was employed) and 2018 (after the modified technique was employed). Results: During 2016 and 2018, 28 and 2 women received inadequate Pap smears among 594 and 613 women who received Pap smears, respectively. The proportion of inadequate Pap smears decreased from 4.71% in 2016 to 0.33% in 2018 (P < 0.001). Conclusions: This modified technique effectively reduced the percentage of inadequate Pap smears.
論文歸類：一般婦科	

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稿件編號：OU1	於達文西子宮次全切除子宮頸薦骨固定術中做左側總髂靜脈修補 Left common iliac vein injury and repair during supracerical robotic assisted laparoscopic sacrocolpopexy
臨時稿件編號：0833	王孝萱 <sup>1</sup> 莊乙真 <sup>1</sup> 劉馨儀 <sup>1</sup> 邱冠明 <sup>1</sup> 亞東紀念醫院 <sup>1</sup>
論文發表方式：口頭報告	Minimal invasive abdominal sacrocolpopexy is a surgical technique to treat pelvic organ prolapse of female with a low recurrence rate. This kind of procedure requires to be performed by laparoscopic well-trained surgeons. Because of many problems with transvaginal mesh surgery and recurrences after native tissue repair, more and more surgeons preferred laparoscopic sacrocolpopexy in several countries. The surgery requires surgeons to have a deep understanding of anatomy to prevent potential life threatening complications, such as vascular and ureteral injury. Hemorrhage and ureteral injury are not frequent but may cause serious complications, with estimated rates of 4.4% and 1%, respectively. Despite the low rate of complications, it would be a dilemma for surgeon if encountered hemorrhage, especially left common iliac vein injury, whether to convert the laparoscopy to laparotomy or not.
論文歸類：婦女泌尿	In this video we presented a case of uterine prolapse and cystocele stage III, with urodynamic stress incontinence, status post robotic assisted subtotal hysterectomy, bilateral salpingo-oophorectomy, sacrocolpopexy and modified Burch. During we sutured the mesh to the sacral promontory, left common iliac vein injury happened. We compressed the injured vein by robot grasp immediately until CVS doctor came. The CVS doctor repaired left common iliac vein injury with 5.0 Prolene suture smoothly. The total blood loss was only 150ml. The patient also recovered very well after the operation. Therefore, it is important to understand potential danger of this surgery. We reviewed the anatomy to determine the crucial vessels, nerves, and right ureter. Besides, robot assisted surgery also provided well 3D view and flexible arms to perform the vein injury or even ureter injury very delicately, just in case if we suddenly encountered such rare complications.

稿件編號：OU2	陰道旁修復術與陰道前壁修補術手術結果的比較：一項回顧性病例对照研究 Comparison of the surgical outcome between paravaginal repair and anterior colporrhaphy: a retrospective case-control study
臨時稿件編號：0944	徐詠琳 <sup>1</sup> 陳佩辰 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Comparison of the surgical outcome between paravaginal repair and anterior colporrhaphy: a retrospective case-control study Wing Lam Tsui <sup>1</sup> , Pei-Chen Chen <sup>1</sup> , Dah-Ching Ding <sup>1,2*</sup>
論文歸類：婦女泌尿	1Department of Obstetrics and Gynecology, Hualien Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, and Tzu Chi University, Hualien, Taiwan 2Institute of Medical Sciences, Tzu Chi University, Hualien, Taiwan  Abstract Objective: To compare the surgical outcome between anterior colporrhaphy (A repair) and paravaginal repair (PVR) in laparoscopic pelvic organ prolapse (POP) surgeries.  Materials and methods: A retrospective case-control study was conducted. The health insurance surgical code payment system (laparoscopic colpopexy/ hysteropexy/ cervicopexy: 80025B) in Taiwan was used to recruit patients who underwent laparoscopic POP surgeries in our hospital from May 1, 2013, to May 31, 2022. The patients were divided into A repair (group 1) and PVR (group 2). The exclusion criteria include the age < 20 years old, the lack of postoperative outcome, and baseline characteristics. The baseline characteristics collected included age, menopausal status, parity, diabetes mellitus, and hypertension. The outcome was the comparison of POP-Q scores (Aa, Ba, TvL) between preoperation and the 1-2 months, 3-6 months, and one year after the operation of the two groups.  Results: There were 82 patients identified first. After exclusion, 23 and 10 patients in group 1 and group 2, respectively, were recruited. The mean age was 62.48±10.36 and 66.90±8.12 years in groups 1 and 2, respectively. There was no significant difference in baseline characteristics (parity, preoperative POP-Q stage, menopause status, diabetes mellitus, and hypertension) between the two groups. The estimated blood loss and surgical time were no differences between the two groups. Points Aa and Ba of POP-Q were significantly improved in group 1 and group 2 at 1-2 months (p<0.001 in all groups) and 3-6 months (Ba: p<0.001, p=0.021 in groups 1 and 2, respectively), except in group 2 one year after the operation due to a low number of patients (n = 2). No significant difference of POP-Q scores between group 1 and group 2 in post-operative 1-2 months, 3-6 months, and one year was noted. Conclusion: The outcome of the anterior compartment was comparable between the two groups within one year postoperative. Further large-scale trials are needed to confirm our results.  Keywords: pelvic organ prolapse; paravaginal repair; anterior colporrhaphy; case-control; anterior compartment

稿件編號：OU3	陰道網膜骨盆重建手術後使用充氣子宮托與紗布對止血效果之比較 Compare the effects of vaginal stanching pessary and gauze packing on the postoperative hemostasis of transvaginal mesh surgery
臨時稿件編號：0993	龍震宇 <sup>1</sup> 盧紫曦 <sup>2</sup> 葉建麟 <sup>1</sup> 林冠伶 <sup>1</sup> 高雄醫學大學附設中和醫院紀念醫院婦產部 <sup>1</sup> 高雄市立大同醫院婦產科 <sup>2</sup>
論文發表方式：口頭報告	Background: We aim to compare the effects of vaginal stanching pessary and gauze packing on the postoperative hemostasis of transvaginal mesh surgery. Methods: This study used gauze packing (GP) and vaginal stanching pessary (VS) to observe continuously for 24 hours, 2 weeks, and 1 month after surgery. The observed factors include red blood cells (RBCs), white blood cells (WBCs), hemoglobin (Hb), amount of vaginal discharge, and related pain scores for evaluation. Results: The experimental results showed no significant difference in WBCs, and Hb between before and after surgery. However, postoperative decrease of RBCs was significant lower in the VS group (P<0.05) compared with the GP group. There was no significant difference in the amount of vaginal discharge at 24 hours, 2 weeks, and 1 month after surgery. As for the VAS score, it was slightly higher in the GP group at 24 hours after surgery (P<0.05), but there was almost no difference about pain sensation during other follow-up visits. Conclusions: Vaginal stanching pessary is a useful option for the treatment of postoperative hemostasis in vaginal surgery.
論文歸類：婦女泌尿	

稿件編號：OU4	女性盆腔疼痛的體外衝擊波治療：一項回顧性世代研究 Extracorporeal shockwave therapy for women's pelvic pain: a retrospective cohort study
臨時稿件編號：0876	吳雅筑 <sup>1</sup> 丁大清 <sup>1</sup> 花蓮慈濟醫院婦產部 <sup>1</sup>
論文發表方式：口頭報告	Abstract Background: Chronic pelvic pain (CPP), affecting estimated 6% to 27% of women worldwide, is a common problem that affects quality of life. The effect of extracorporeal shock wave therapy (ESWT) for women's CPP was unknown. We aimed to explore the therapeutic effect of ESWT on CPP and pelvic floor dysfunction scores. Methods: In this study, ten patients with chronic pelvic pain from July 2022 to January 2023 were enrolled and underwent ESWT (DUOLITH SD1 T-TOP, STORZ MEDICAL, Tägerwilten, Switzerland) once a week for four weeks. Four regions of labia major set ESWT 500 pulses (probe: F-SW, energy: 0.3-0.35 mJ/mm2 with frequency 4Hz) in each area (total 2000 pulses). Visual Analogue Scale (VAS) for pain and Pelvic Floor Disability Inventory-20 (PFDI-20) were used to observe the therapeutic effect before and after ESWT (4 weeks). Results: Total ten patients with CPP who received ESWT during the study period was recruited. The median age was 57.5 years (IQR: 48.75-63.5). Compared with the baseline parameters, the median VAS was 7.5 to 2.0 after four weeks (p=0.005). The median PFDI-20 was 33.5 to 27.5 after four weeks (p=0.033). POPD-6 was 12 to 8.5 after four weeks (p=0.017). Conclusions: This study showed ESWT therapy might be a safe and effectively minimal invasive option for managing the patients with CPP. The prospective large scale trials should be conducted to prove our results.
論文歸類：婦女泌尿	

稿件編號：OU5	Altis 可調整迷你帶治療婦女尿失禁之療效評估 The therapeutic effect of Altis adjustable single incision sling in women with stress urinary incontinence
臨時稿件編號：0991	盧紫曦 <sup>1</sup> 林冠伶 <sup>2</sup> 葉建麟 <sup>2</sup> 張介禹 <sup>2</sup> 龍震宇 <sup>2</sup> 高雄市立大同醫院婦產科 <sup>1</sup> 高雄醫學大學附設中和醫院紀念醫院婦產部 <sup>2</sup>
論文發表方式：口頭報告	Objectives: To evaluate the subjective and objective outcomes of the Altis for the treatment of stress urinary incontinence (SUI), with a 6-month follow-up. The secondary end-point was to evaluate the safety of this surgical procedure.
論文歸類：婦女泌尿	Study design: A total of 43 consecutive patients with SUI were scheduled for an Altis implantation. Cure rate was evaluated objectively, using a standardized cough stress test and urodynamics, and subjectively using the Patient Global response assessment. Complications were assessed intra- and post-operatively. Six months of follow-ups were analyzed for the study. Results: The 6-month objective cure rate was 95.3%, and the subjective cure rate was 93.0%. We observed no intraoperative complications. 4 (4/43; 9.3%) urine retention were found, but all relieved after tape release using long loop. 6 women reported postoperative complications, most of them were Clavien-Dindo grade I and self-limited. Conclusions: Altis sling appears to be an effective and safe alternative option to traditional mid-urethral slings for women with SUI.

稿件編號：OU6	合不合併陰道式子宮切除的薦骨棘韌帶固定術之成功率比較 Comparison of the Effect of Sacrospinous Ligament Fixation on Genital Prolapse with and without vaginal hysterectomy
臨時稿件編號：0992	葉建麟 <sup>1</sup> 盧紫曦 <sup>2</sup> 林冠伶 <sup>1</sup> 張介禹 <sup>1</sup> 龍震宇 <sup>1</sup> 高雄醫學大學附設中和醫院紀念醫院婦產部 <sup>1</sup> 高雄市立大同醫院婦產科 <sup>2</sup>
論文發表方式：口頭報告	Objective: To compare the therapeutic effects and complications of sacrospinous ligament fixation with Anchorsure® Suture Anchoring System (Neomedic) on pelvic organ prolapse (POP) with and without vaginal hysterectomy.
論文歸類：婦女泌尿	Materials and methods: This study recruited a total of 71 women who suffered from POP and received sacrospinous ligament fixation with Anchorsure® device. All subjects were divided into 2 groups: (1) VTH group (n=26) and (2) Anchorsure group (n=45). Urodynamic study and per vagina examination were performed before and 6 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 in both groups (P<0.05). Among POP-Q parameters, nearly all items improved significantly except for the point Ap (Wilcoxon signed-rank test). Moreover, successful rate was significantly higher in Anchorsure only groups (p=0.046) compared with VTH groups. Conclusions: The short term results showed that sacrospinous ligament fixation with Anchorsure® Suture Anchoring System is an effective and relatively safe treatment for women with apical POP. However, vaginal mesh surgery may be needed in women with significant anterior vaginal prolapse (over stage 2).

稿件編號：OU7	評估膀胱過動症患者使用逼尿肌肉毒桿菌注射與藥物合併療法之效果與尿動力結果 Evaluation of the efficacy and urodynamic outcomes between intradetrusor onabotulinumtoxinA injection and combination pharmacotherapy in patients with detrusor overactivity
臨時稿件編號：0882	黃俊淇 <sup>1</sup> 黃文助 <sup>1</sup> 蘇聰賢 <sup>1</sup> 劉蕙瑄 <sup>1</sup> 馬偕紀念醫院 <sup>1</sup>
論文發表方式：口頭報告	Objectives: To investigate the effects of botulinum toxin type A bladder injection compared to combined pharmacotherapy with Mirabegron and Solifenacin.
論文歸類：婦女泌尿	Methods: Patients with detrusor overactivity who were refractory to monotherapy with either anti-muscarinics or β3-adrenoceptor agonists from November, 2021 to March, 2023 were enrolled for prospective study. Patient were divided into two groups, intradetrusor onabotulinumtoxinA injection (n=22) and combined pharmacotherapy with Mirabegron and Solifenacin (n=25). Incontinence-related symptoms distress and impact on quality of life were evaluated by short form of Urinary Distress Inventory, (UDI-6), Incontinence Impact Questionnaire (IIQ-7) and Overactive Bladder Symptom Score (OABSS). Objective outcomes include changes from baseline in daily urgency episodes, urinary incontinence episodes, maximum cystometric capacity, maximum detrusor pressure (Pdetmax) at first involuntary detrusor contraction and volume at first involuntary detrusor contraction were measured. Results: For both groups, the UDI-6, IIQ-7 and OABSS significantly improved after surgery (all p<0.001). The changes from baseline show no significant differences in UDI-6, IIQ-7 and OABSS between two groups. At 3 months follow up, OnabotulinumtoxinA significantly increased maximum cystometric capacity (+133.6 ml vs. +80.9 ml, P<0.001). In patients with an involuntary detrusor contraction at 3 months, volume at first involuntary detrusor contraction improved (+13.4 ml vs. +17.5 ml, p=0.212), and Pdetmax at first involuntary detrusor contraction decreased (-32.4 cmH2O vs. -20.5 cmH2O, p=0.837). Postvoid residual urine significantly increased in patients underwent OnabotulinumtoxinA injection (+98.3 ml vs +20.1 ml, p<0.001) but there are no patients require clean intermittent catheterization. Conclusions: OnabotulinumtoxinA intradetrusor injection and combined pharmacotherapy with Mirabegron and Solifenacin had similar clinical outcomes in patients with detrusor overactivity. However, OnabotulinumtoxinA intradetrusor injection have higher rate of urinary retention.

稿件編號：OU8	經陰道調整吊帶長度改善尿道中段懸吊術產生排尿功能障礙以維持術後正常解尿 Maintenance of surgical continence after sling revision with transvaginal tape elongation for post-midurethral sling voiding dysfunction: A retrospective cohort study
臨時稿件編號：0879	楊鈞臻 <sup>1</sup> 蔡青倍 <sup>2</sup> 劉芝谷 <sup>2</sup> 應宗和 <sup>1</sup> 陳進典 <sup>1</sup> 洪滿榮 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 臺中榮民總醫院婦女醫學部 <sup>2</sup>
論文發表方式：口頭報告	Purpose: We aim to evaluate surgical outcomes after two mid-urethral sling (MUS) procedures and subsequent sling revision for post-midurethral sling voiding dysfunction (PSVD).
論文歸類：婦女泌尿	Materials and Methods: Patients who underwent either a single-incision (AJUST) or a trans-obturator (TVT-O) MUS for urodynamic stress urinary incontinence (SUI), between August 2013 and July 2015, were included in this retrospective cohort study. Sling revision with transvaginal tape elongation (i.e., sling midline incision and mesh interposition) was performed on patients with PSVD. Predisposing factors that may affect the recurrence of SUI were investigated. Results: Of 119 patients, 90 (75.6%) (45 AJUST and 45 TVT-O) were available for a long-term (median 8 years; range 7-9 years) follow-up. Continence rates after AJUST and TVT-O declined similarly from postoperative year one (91.4 vs. 91.8%) to year eight (60.0 vs. 66.7%) without statistically significant difference (P> 0.05). Patient characteristics and surgical results were also similar except for a significantly higher rate (17.2 % vs. 3.3 %, P=0.014) of PSVD after AJUST (N=10) than after TVT-O (N=2). Resumption of normal voiding was noted in all 12 (100%) patients after sling revision; while one (8.3%) and three (25%) patients, respectively, reported immediate and delayed recurrence of SUI. After statistical analyses, no significant predisposing factors (e.g., patient characteristics, MUS procedures or having had sling revision or not, etc.) that may affect the recurrence of SUI were found. Conclusions: Continence rates after the two MUS procedures declined similarly with follow-up and seemed not affected by having had sling revision with transvaginal tape elongation for PSVD.

稿件編號：OU9	比較兩種由外向內經閉孔尿道中段吊帶手術對女性應力性尿失禁的治療 Comparison of two outside-in transobturator midurethral slings in the treatment of female urodynamic stress incontinence
臨時稿件編號：0701	蘇品勻 <sup>1</sup> 國泰醫院總院婦產科 <sup>1</sup>
論文發表方式：口頭報告	Transobturator midurethral sling (TOT) is among the most popular and effective procedures for stress urinary incontinence (SUI). Outside-in TOT and inside-out TOT have equivalent clinical results, while outside-in TOT has the advantage of less postoperative voiding dysfunction. The TOT achieves stress continence by dynamic urethral compression with decreased midurethral mobility while without affecting the bladder neck. Despite being classified as the same type of midurethral slings, different clinical outcomes among different brands of midurethral slings are possible. This study aimed to explore the difference between two brands of outside-in TOT for USI.
論文歸類：婦女泌尿	In this study, women who underwent an outside-in TOT procedure by either Monarc or Obtryx were retrospectively reviewed. Data of women with available information at baseline and postoperative 12-month follow-up were analyzed. The analyzed data included standardized interview, pelvic examination, as well as sling location and sling tension explored by introital four-dimensional ultrasound. Sling position were explored through the distances between the sling center and the caudal margin of the pubic symphysis (SPd) as well as sling percentile (SP) along the urethral length as a percentage in the midsagittal plane. SPd was also used to explore sling tension. Clinical outcomes were compared between two groups. Sling location and sling tension were compared in success cases between two groups.  There were 138 women in Monarc group and 140 women in Obtryx group. Rates of stress urinary continence and adverse events were not statistically different after two TOT. SPd was similar between both procedures. Obtryx located more ventrally than Monarc, indicated by a smaller SP during resting (41.6% vs 58.5%, P < 0.001), straining (38.0% vs 54.4%, P < 0.001), and coughing (39.8% vs 48.8%, P < 0.001).  In conclusion, at 12-month assessment, both outside-in TOT procedures were not significantly different in terms of clinical results and sling tension, while Obtryx sling located more ventrally than Monarc.

稿件編號：OU10	嚴重骨盆腔器官脫垂的婦女接受 Uphold Lite™ 系統進行單一切口陰道前庭頂端懸吊術後在中長期(53 個月)追蹤上呈現好的臨床預後
臨時稿件編號：0776	Polypropylene Anterior-apical single-incision UPHOLD-LITE mesh surgery associated with good clinical outcome at 53 months median period follow-up in women with severe pelvic organ prolapse
論文發表方式：口頭報告	Eval Rom <sup>1</sup> 盧佳序 <sup>1,2</sup> 沈玉華 <sup>3</sup> 簡誌緯 <sup>1</sup> 謝武橋 <sup>1</sup> 林益豪 <sup>1,2</sup> 梁景忠 <sup>1,2</sup> 林口長庚紀念醫院婦產部 <sup>1</sup> 長庚大學 <sup>2</sup> 基隆長庚紀念醫院婦產部 <sup>3</sup>
論文歸類：婦女泌尿	Objective: This study aims to assess the medium-term outcomes of UPHOLD-LITE system for treatment of advanced pelvic organ prolapse (POP). Methods: This is a retrospective case series of 53 months follow-up of 123 consecutive patients who underwent UPHOLD-LITE system. Objective outcome measure was the anatomical correction of prolapse with POP-Q< Stage 1. Subjective outcome was patient's feedback to questions 2 and 3 of POPDI-6. Secondary outcome measures the quality of life, presence of lower urinary tract symptoms and complications. Quality of life is assessed by validated questionnaires on UDI-6, IIQ-7, POPDI-6, and PISQ-12 at 1 and 3 years post-operatively. Results: Objective outcome at 1 and 3 years was at 96.7% and 95.4% respectively. The subjective cure was 95.1% and 91.6%. Five-year cumulative cure rate maintained at 87.2%. Secondary outcomes observed improvement on UDI-6, IIQ-7, POPDI-6 and PISQ-12 postoperatively. Bladder outlet obstruction (BOO) improved while De novo urodynamic stress incontinence (USI) increased slightly post surgically. Mesh erosion rate was 0.8%. Conclusion: The UPHOLD-LITE system demonstrated good medium term anatomical correction of apical and anterior prolapse, with good subjective cure and improved quality of life. Whilst complication rate was low, a slight increased in De novo USI was observed.

稿件編號：OU11	FIGO 建議：使用尿道中段吊帶治療應力性尿失禁 FIGO recommendations: Use of midurethral slings for the treatment of stress urinary incontinence
臨時稿件編號：0917	劉蕙瑾 <sup>1,2</sup> G.Willy Davila <sup>3,4,5</sup> 陳盈佑 <sup>6</sup> Marair G.F. Sartori <sup>7,8,9</sup> Zsuzsanna I.K. Jármay-Di Bella <sup>7,8,9</sup> 王曼寧 <sup>1</sup> 蘇聰賢 <sup>1,2</sup> 台北馬偕紀念醫院婦產部婦女泌尿科 <sup>1</sup> 馬偕醫學院醫學系 <sup>2</sup> Center for Urogynecology and Pelvic Health <sup>3</sup> Holy Cross Medical Group <sup>4</sup> USA <sup>5</sup> 秉坤婦幼醫院 <sup>6</sup> Department of Gynecology <sup>7</sup> Universidade Federal de São Paulo <sup>8</sup> Brazil <sup>9</sup>
論文發表方式：口頭報告	Background: Stress urinary incontinence (SUI) is a global problem. It can significantly adversely impact a woman's quality of life. The use of synthetic mesh in vaginal surgery is controversial, especially when used for pelvic organ prolapse surgery. Although negative effects have been reported, the synthetic mesh midurethral sling (MUS) is considered to be safe and effective in the surgical treatment of SUI.
論文歸類：婦女泌尿	Objectives: To provide evidence-based data and recommendations for the obstetrician/gynecologist who treats women with SUI and performs or plans to perform MUS procedures.  Methods: Academic searches of MEDLINE, the Cochrane Library, Embase, and Google Scholar articles published between 1987 and March 2020 were performed by a subgroup of the Urogynecology and Pelvic Floor Committee, International Federation of Gynecology and Obstetrics (FIGO).  Selection criteria: The obtained scientific data were associated with a level of evidence according to the Oxford University Centre for Evidence-Based Medicine and GRADE Working Group system. In the absence of concrete scientific evidence, the recommendations were made via professional consensus.  Results: The FIGO Urogynecology and Pelvic Floor Committee reviewed the literature and prepared this evidence-based recommendations document for the use of MUS for women with SUI.  Conclusions: Despite the extensive literature, there is a lack of consensus in the optimal surgical treatment of SUI. These recommendations provide a direction for surgeons to make appropriate decisions regarding management of SUI. The MUS is considered safe and effective in the treatment of SUI, based on many high-quality scientific publications and professional society recommendations. Comprehensive long-term data and systemic reviews are still needed, and these data will become increasingly important as women live longer. These recommendations will be continuously updated through future literature reviews.

稿件編號：OU12	在嚴重骨盆腔脫垂併有膀胱出口阻塞的病人進行骨盆重建手術後其解尿功能的改善
臨時稿件編號：0778	Voiding function after extensive pelvic reconstructive surgery on advanced pelvic organ prolapse with bladder outlet obstruction patient
論文發表方式：口頭報告	Aisha Alzabedi <sup>1</sup> 盧佳序 <sup>1,2</sup> 蔣奕巧 <sup>1</sup> 黃亭瑄 <sup>1</sup> 謝武橋 <sup>1</sup> 林益豪 <sup>1,2</sup> 梁景忠 <sup>1,2</sup> 林口長庚紀念醫院婦產部 <sup>1</sup> 長庚大學 <sup>2</sup>
論文歸類：婦女泌尿	Aim: To determine the impact of vaginal pelvic reconstructive surgery (PRS) on voiding function for patients having advanced pelvic organ prolapse (POP) with bladder outlet obstruction (BOO). Methods: A retrospective study of patients who underwent PRS for advanced POP (POP-Q ≥ 3) with BOO. Data regarding preoperative evaluation, surgical procedure, and post-operative management were collated. Pre- and postoperative voiding dysfunction was documented through multi-channel urodynamic study (UDS). BOO was diagnosed using a peak flow rate (Qmax) of ≤15 ml/s and a PdetQmax ≥ of 20 cm H2O or higher, along with a strong clinical suspicion of obstruction. Voiding dysfunction was defined as a postvoid residual volume (PVR) greater than 50 ml or 20% of postvoid, which is indicative of all types of voiding dysfunction. PVR was measured using a sterile catheterization technique. Follow up done as post- PRS protocol with UDS performed 1 year after surgery. Results: A total of 431 women were included in this study diagnosed with high stage POP with BOO. The surgical procedures performed included with VH, sacrospinous ligament fixation (SS), transvaginal mesh (TVM), and posterior colporrhaphy, trans obturator table (TOT) when as indicated. The study results indicate that 91% of patients (n=392) experienced normal voiding function post-surgery, while 9% (n=39) experienced post-operative voiding dysfunction with a PVR greater than 50 ml or 20% of postvoid. Various clinical features have mentioned that showed no significant effect on post-operative voiding function, but a significant association was found between MCC and PVR and an increased risk of post-operative voiding dysfunction after pelvic reconstructive surgery. Univariate and multivariate logistic regression analysis showed a 3.1 to 3.4-fold increase in odds of dysfunction with a MCC of 500 mL or more and a 2.1 to 2.3-fold increase with a PVR of 200 mL or more. The UDI-6, IIQ-7, and PISQ-12 scores all showed statistically significant improvements, indicating an improvement in voiding dysfunction post-surgery. Conclusion: PRS is an effective treatment for advanced POP with BOO, restoring bladder function and enhancing QoL. High values of MCC (≥500 mL) and PVR (≥200 mL) are predictors of post-operative voiding dysfunction in patients with advanced POP with BOO. Emphasizing the importance of counseling before vaginal procedures.



稿件編號：OU13	有效性及安全性 I stop mini adjustable sling system 及 Obtryx sling system 針對內括約肌肌損應力性漏尿之比較：回溯性研究
臨時稿件編號：0704	Efficacy of the new adjustable I-stop- mini sling system in women with stress urinary incontinence and intrinsic sphincter deficiency: A retrospective cohort study  趙偉廷 <sup>1</sup> 陳冠宇 <sup>1</sup> 劉家豪 <sup>1</sup> 張嘉珮 <sup>1</sup> 王鵬惠 <sup>1</sup> 洪煥賢 <sup>1</sup> 臺北榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：口頭報告	Objective: We aimed to evaluate the efficacy, surgical outcomes, and adverse events of the adjustable midurethral sling I-stop-mini in women with intrinsic sphincter deficiency (ISD)-type stress urinary incontinence. We compared this new sling system with the Obtryx transobturator midurethral sling system.
論文歸類：婦女泌尿	Methods: This retrospective cohort study was conducted at a single center from June 2017 to December 2020. A total of 141 women who underwent placement of an I-stop-mini or Obtryx and were followed up for at least 1 year were enrolled. ISD was defined as a Valsalva leak point pressure of $\leq 60$ cmH <sub>2</sub> O or a maximal urethral closure pressure of $\leq 20$ cmH <sub>2</sub> O. Student t test was used to compare continuous variables, and chi-square test was used to compare the distribution of categorical data.  Results: In terms of objective success, I-stop-mini and Obtryx showed no significant differences in the postoperative 1-month, 6-month, and 12-month. The two devices showed similar effectiveness regardless of the ISD definition. The I-stop-mini group had a significantly shorter operative time, whereas the adverse event rates were similar.  Conclusion: The subjective cure rate, objective success, and adverse event rate did not differ in the two devices. I-stop-mini had a significantly shorter operative time.

稿件編號：OU14	骨盆腔器官脫垂患者接受達文西機器手臂輔助陰道薦骨固定術及經陰道人工網膜術後膀胱功能之比較
臨時稿件編號：0787	The change of bladder function and symptoms after robot-assisted sacrocolpopexy and transvaginal mesh surgery for pelvic organ prolapse  張家華 <sup>1</sup> 劉蕙瑄 <sup>1</sup> 蘇聰賢 <sup>1</sup> 台北馬偕紀念醫院 <sup>1</sup>
論文發表方式：口頭報告	Study Objective: To compare the impact on bladder function and symptoms between robotic sacrocolpopexy and transvaginal mesh surgery. Design: A prospective controlled study Patients: A total of 60 patients, with 30 patients receiving robotic sacrocolpopexy and another 30 patients receiving transvaginal mesh surgery, between March 2020 and June 2022. Interventions: We compared bladder function outcomes in subjective and objective way between robotic sacrocolpopexy and transvaginal mesh surgery.
論文歸類：婦女泌尿	Measurements and Main Results: Patients receiving transvaginal mesh surgery (TVM) was older than those receiving robotic sacrocolpopexy (RSC) (66.7 $\pm$ 6.6 vs. 62.6 $\pm$ 8.6 years, p=0.04). Besides, TVM group had more advanced prolapse staging distribution than RSC group (p=0.02). In lower urinary tract symptoms (LUTs) analysis, RSC group had higher risk of de novo stress urinary incontinence than TVM group (33.3% vs. 3.3%, p=0.007). By urodynamic study, both groups had deteriorated maximal urethral closure pressure postoperatively (RSC: 56.9 $\pm$ 17.1 vs. 44.2 $\pm$ 15.5cmH <sub>2</sub> O and TVM: 61.2 $\pm$ 29.4 vs. 47.6 $\pm$ 19.7cmH <sub>2</sub> O, p<0.01 and p=0.03, respectively). However, the incidence of urodynamic stress incontinence (USI) was also significantly increased after RSC (33.3% vs. 76.7%, p=0.01). De novo USI rate was 46.7% after RSC, which showed no significant difference to TVM group (26.7%, p=0.16). In TVM group, the incidence of voiding difficulty decreased after the surgery (43.3% vs. 10.0%, <0.01) and the urodynamic measurements revealed the prevalence of urine retention decreased (43.3% vs. 16.7%, p<0.01). In the RSC group, the incidence of incomplete emptying sensation decreased (36.7% vs. 13.3%, p=0.04) and the urodynamic measurement showed no patients had bladder outlet obstruction, underactive detrusor, and urine retention after the surgery.  Conclusion: RSC and TVM are both beneficial to improve voiding function for women with POP. However, deteriorated urethral function were observed and de novo SUI rate was higher in RSC than TVM.

稿件編號：OU15	台灣地區婦女尿失禁再手術率在不同手術數量醫師之比較研究 Reoperation rate for stress urinary incontinence surgeries among different surgical volume surgeons; does surgical volume matters?
臨時稿件編號：0690	吳銘斌 <sup>1,2</sup> 謝宛玲 <sup>1</sup> 黃俊哲 <sup>3</sup> 奇美醫學中心婦女泌尿科 <sup>1</sup> 國立中山大學醫學院後醫學系 <sup>2</sup> 義大醫院健康管理局學系 <sup>3</sup>
論文發表方式：口頭報告	Introduction With the booming of stress urinary incontinence (SUI) surgeries over the past few decades, midurethral sling (MUS) has become the most popular and widely accepted procedure worldwide. Our previous and other studies have shown the significant increase and surgical trend shift of MUS in Taiwan, as in other countries. It is believed surgical volume may have an impact on surgical outcome, complications, costs, etc. However the reoperation rates among different surgical volume in real world were not well studied. Objective: We evaluated the surgical volume shifts for primary female stress urinary incontinence (SUI) among different time-frame over a 20-year period (1999–2018) in Taiwan. We also assessed reoperation rates among surgeons with different surgical volumes. Methods This was a retrospective cohort study based on National Health Insurance Research Database (NHIRD) in Taiwan. We divided into four time-frames: 1st period (1999–2003), 2nd period (2004–2008), 3rd period (2009–2013), and 4th period (2014–2018). We evaluate surgical volume shifts (high $\geq 30$ , median 5-29, low Results A total of 51,018 patients were identified. The total numbers of SUI surgeries increased from 8,292, 12,696, to 15,156 during first three periods, and then slightly decreased to 14,874 in the 4th period. The proportion of surgical volume shifted from high- to medium- and low-volume, but it reversed in the 4th period. Unexpectedly, one-year reoperation rates were higher in high-volume surgeons. The reoperation rates were 1.1%, 2.3%, 3.1% and 1.4% for the high-volume surgeons, which were higher than average, 0.8%, 1.4%, 1.4%, 1.1%, among 4 periods, respectively. Similar phenomena happened in MUS. Conclusions The surgical trend of SUI surgeries shifted from high- to medium- and low-volume surgeons, during 4 time-frames. This implied surgical skills and performance spreading. High-volume surgeons do not have better surgical outcome, may be due to 1) high volume surgeons may manage more complicated situations; 2) our cut-off value less than proposed 30 cases per year; 3) middle and/or low-volume surgeons may choose more conservative treatment when failed; 4) shorter one-year follow-up period for reoperation rate cannot represent the whole panorama of surgical outcome.
論文歸類：婦女泌尿	

稿件編號：OU16	追蹤使用 Surelift 人工網膜進行陰道前壁頂端懸吊手術治療嚴重骨盆腔脫垂患者三年後手術療效、功能及超音波的預後 Surelift® Anterior-Apical Transvaginal Mesh for Advanced Urogenital Prolapse: Surgical, Functional and Sonographic Outcomes at 3 Years
臨時稿件編號：0777	Fazlin Harun <sup>1</sup> 盧佳序 <sup>1,2</sup> 黃亭瑄 <sup>1</sup> 張藍心 <sup>1</sup> 謝武橋 <sup>1</sup> 林益豪 <sup>1,2</sup> 梁景忠 <sup>1,2</sup> 林口長庚紀念醫院產部 <sup>1</sup> 長庚大學 <sup>2</sup>
論文發表方式：口頭報告	Introduction and Hypothesis The objective of this study was to evaluate the surgical, functional, and sonographic outcomes of modified transvaginal mesh (TVM) Surelift for the management of advanced pelvic organ prolapse (POP) in a 3-years follow-up. Methods Records of 99 women underwent prolapse surgery using Surelift System for advanced POP Stage III and IV from July 2018 to January 2020 were reviewed. Objective evaluation is assessed using Pelvic Organ Prolapse Quantification (POP-Q), multichannel urodynamic (UDS), and introital 2D ultrasonographic measurement. Subjective evaluation is performed through multiple validated questionnaires. Outcomes were evaluated at preoperative, including ultrasound at 3 months, yearly and at 3 years postoperative. Secondary outcome is to determine the presence of de novo or persistent urodynamic stress incontinence (USI) and surgical complications. Results: Total of 85 women were evaluated. At 3 years postoperative, the objective cure rate was 94.1% and subjective cure rate of 91.8%. Ultrasonographic comparison shows elongation of mesh length, thickening of the mesh at first year with resolution at third year. There are no changes in the distance of bladder neck and mesh. Significant improvement in POP-Q components, UDS and multiple validated Quality of Life (QoL) questionnaires were seen. De Novo USI and persistent USI occurred in 31.5%. Four patients had vaginal mesh exposure that requires excision, and 1 intraoperative bladder injury corrected immediately. Conclusion: Surelift System TVM is safe and effective treatment option for anterior-apical advanced POP, showing high objective and subjective cure rates, with secured mesh placement, at 3 years postoperative, with low complications
論文歸類：婦女泌尿	

稿件編號：OU17	Ophira® 用於治療壓力性尿失禁：手術結果和術前失敗預測因子 Single Incision Mini Sling (SIMS, Ophira) for the treatment of Urodynamic Stress Incontinence: Surgical Outcomes and Preoperative Predictors of Failure
臨時稿件編號： 0840	林芳秀 <sup>1</sup> 盧佳序 <sup>2</sup> 林芝卉 <sup>1</sup> 謝武橋 <sup>1</sup> 林益豪 <sup>2</sup> 梁景忠 <sup>2</sup> 基隆長庚 <sup>1</sup> 林口長庚 <sup>2</sup>
論文發表方式： 口頭報告	<b>Introduction and Hypothesis</b> The objective of this study was to evaluate the surgical outcomes and predictors of failure of Ophira® Single incision Mini Sling (SIMS) in women with urodynamic stress incontinence (USI). <b>Methods</b> Records of 115 women underwent anti-incontinence procedure using Ophira from June 2019 to September 2020 reviewed. Subjective evaluation is assessed using 72-h voiding diary, IIQ-7, UDI-6, POPDI-6 and PISQ-12 questionnaires. Multichannel urodynamics and 1-hour pad test was performed as objective evaluation. Primary outcome is the objective cure rate of negative urine leak on provocative filling cystometry and 1-hour pad test weight <b>Results:</b> Total of 108 women were evaluated. The objective cure rate was 91.7% with subjective cure rate of 86.1%. There was no significant difference in urodynamic parameters. Comparison of clinical outcome shows significant improvement of USI post-operatively (p66 years, presence of asthma, pre-operative intrinsic sphincter deficiency (ISD), and maximum urethral closure pressure (MUCP) value <b>Conclusion:</b> Ophira SIMS is safe and effective treatment option for USI, showing high objective and subjective cure rates with low incidence of complications. Age > 66 years, asthma status, pre-operative ISD and low MUCP were the risk factor of failure for Ophira.
論文歸類： 婦女泌尿	

稿件編號：OU18	腹腔鏡陰道繫骨固定術後，下泌尿道症狀與性行為滿意度的改變 Lower urinary symptoms and sexual function after Laparoscopic sacrocolpopexy
臨時稿件編號： 0953	謝武橋 <sup>1</sup> 梁景忠 <sup>1</sup> 盧佳序 <sup>1</sup> 林益豪 <sup>1</sup> 周怡君 <sup>1</sup> 林口長庚婦產部 <sup>1</sup>
論文發表方式： 口頭報告	<b>Purpose.</b> The aim of our study is to assess the outcome of laparoscopic sacrocolpopexy(LSCP) for female pelvic organ prolapse(POP). <b>Materials and Methods.</b> Thirty-three woman complained about POP were included in the study and scheduled for LSCP. The procedure was performed by one surgeon. All subjects had a baseline and 6 months' posttreatment assessment that included urodynamic study and lower urinary tract symptoms and sexual function. <b>Results.</b> Significant improvements in urinary frequency and sexual function were found 6 months after LSCP treatment when compared to the baseline results (p<0.001). The questionnaires administered to patients, including the UDI-6, IIQ-7, OABSS, and POPDI-6, all showed significant improvement posttreatment (P < 0.001). However, 6.1% (2/33) patients complained about recurrent POP and accepted anterior-posterior colporrhaphy. Patient with occult stress urinary incontinence(SUI) and reaccepted MUS is 3.0% (1/33). There was no de novo SUI rate after LSCP. One adverse events(Mesh erosion), 3.0% (1/33), was noted. <b>Conclusions.</b> The LSCP seems to be a safe and efficacious treatment for women with POP. The improvement of frequency and sexual function is significant.
論文歸類： 婦女泌尿	

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海報展示

*E-Poster* 摘要



稿件編號：E001	懷孕合併嚴重黃疸及凝血功能異常 Pregnancy with severe hyperbilirubinemia and thrombocytopenia
臨時稿件編號： 0671	鄭伊甯 <sup>1</sup> 吳孟興 <sup>1</sup> 成大醫院 <sup>1</sup>
論文發表方式： 海報	Case presentation This 32-year-old primipara woman, received Cesarean section due to fetal distress at 38 weeks and 6 days of gestation. After giving birth, progressive maternal jaundice was noted, moreover, the fetus expired on the same day due to meconium aspiration. She did not receive prenatal care at our hospital, according to the patient, hypertension and mild abdominal pain was noted at the last stage of pregnancy. She was sent to our hospital for further care and possible liver transplantation due to acute liver failure. Upon arrival, the patient presented with jaundice, nausea, epigastric pain, bilateral pitting edema, tea-colored urine and decreased urine output. Her blood test showed severe anemia, thrombocytopenia, direct-type hyperbilirubinemia, acute kidney injury, hypoalbuminemia, metabolic acidosis, and prolonged PT(INR). However, her liver enzymes including AST and ALT remained within normal limits. Besides, HCV antibody, Anti-HAV IgM, HCV viral load, even autoimmune titers all showed non-reactive. Whereas, protein C and protein S deficiency was also noted during further survey. Bedside sonography showed mild bright liver parenchyma and minimal ascites, but no obvious intrahepatic duct dilatation was found. Afterwards, we monitored her blood test closely. Blood transfusion with packed red blood cells and fresh frozen plasma, albumin supplement and other conservative treatment were administered. Under supportive care, her laboratory data slowly improved within a week. She was discharged 10 days after admission under relatively stable condition. During outpatient follow up, her protein C and protein S returns to normal level. Furthermore, no obvious lesions were found during following abdominal sonography. Discussion Although this patient did not meet the criteria of HELLP syndrome, with normal liver enzymes throughout the course, we still need to keep this diagnosis in mind, since the patient presented with a series of symptoms that may be caused by the activation of the coagulation cascade. The patient presented with anemia, thrombocytopenia, progressive jaundice, direct hyperbilirubinemia and acute kidney injury (AKI), but RBC morphology did not favor hemolysis. Furthermore, her symptoms and imaging only partially meet the diagnosis of acute fatty liver disease. MRI was also arranged to rule out cholestasis of pregnancy, and the result showed gallbladder thickening without obvious biliary dilatation. The patient did not fulfill the diagnosis of any specific symptoms, but it is important to note that liver disease can still occur in patients with normal ALT and AST values, since they have poor specificities. The fact that the patient has elevated hyperbilirubinemia and thrombocytopenia already indicate the diagnosis of pregnancy-induced liver injury. Therefore, close monitoring of clinical symptoms in the early postpartum period, and evaluation for chronic liver disease should be important.
論文歸類： 產科	

稿件編號：E003	胎兒先天性異常的演變 - 妊娠晚期小耳症 Congenital anomaly spectrum during pregnancy - Microtia appear in third trimester
臨時稿件編號： 0685	謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 張峰銘 <sup>2</sup> 奇美柳營分院 <sup>1</sup> 張教授胎兒醫學中心 <sup>2</sup>
論文發表方式： 海報	Background: to report a case of late appearance of microtia
論文歸類： 產科	Case report: A 36-years-old female, para 1, received routine prenatal care without any abnormal findings including the amniocentesis and level II ultrasound screen (22 weeks of gestations), except gestational diabetes mellitus. Unfortunately, she delivered a baby with unilateral microtia at 38 weeks (figure 1-3). The neonatal hearing test (3 days after delivery) was failed on the affected side. The second hearing test (1 month after delivery) was failed too.  Discussion: Fetus congenital anomaly accounts in about 2%, and about 95% of them can be detected by prenatal ultrasound (about 67.7% in first and second trimester; 24.8%), and the rest will be appeared after birth (about 7.4%). Craniofacial anomaly can be detected during prenatal care included cleft palate and cleft lip, craniosynostosis, ear anomalies, eye anomalies, jaw defects, macrocephaly and microcephaly. Ear anomalies included 1. microtia (M) and external auditory canal atresia (which causes conductive hearing loss) involve the external ear, 2. Low-set ears (associated with a number of genetic syndromes and often with developmental delays), 3. Ear pits and ear tags (may associated with other congenital anomalies like kidney anomalies with ear pits in branchio-oto-renal syndrome). M can be unilateral or bilateral, occurs in about 1 /8,000-10,000 births. In unilateral M, the right ear is most commonly affected. It may occur as a complication of taking Accutane (isotretinoin) during pregnancy. The etiology of M remains uncertain but there are some cases that associate with genetic defects in multiple or single genes, altitude, and gestational diabetes. Risk factors include infants born underweight, male sex, women gravidity and parity, and medication use while pregnant. Genetic inheritance has not been fully studied but in the few studies available, it has shown to occur during the early stages of pregnancy. Hearing tests and computed tomography of the temporal bone are necessary to evaluate possible additional bony malformations.

稿件編號：E002	胎兒皮膚血管瘤的產前診斷 Prenatal diagnosis of fetal cutaneous hemangioma
臨時稿件編號： 0679	吳加仁 <sup>1</sup> 張紅淇 <sup>1</sup> 宏其婦幼醫院 <sup>1</sup>
論文發表方式： 海報	Hemangiomas are vascular tumors formed by rapid endothelial cell proliferations, with unclear pathogenesis. Congenital hemangiomas (CHs) are different from infantile hemangioma in that they progress in utero, appear fully grown at birth and spontaneously regress by 12-14 months of age.
論文歸類： 產科	Here, we report a case of prenatal diagnosis of cutaneous HC. The main prenatal ultrasonic characteristics of cutaneous HC is thickening of the subcutaneous soft tissue, with solid or solid-cystic mixed masses.

稿件編號：E004	妊娠合併膽結石 急性膽囊炎 膽汁滯留 - 個案報告與新知 Pregnancy complicated with gall bladder stone, acute cholecystitis and cholestasis - case reports and updates
臨時稿件編號： 0686	謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 奇美柳營分院 <sup>1</sup>
論文發表方式： 海報	Background: to report 2 pregnant woman with acute cholecystitis (AC) managed conservatively Case reports:
論文歸類： 產科	Case 1: A 35-year-old female, gravida 2 para 0, abortion1 received cervical cerclage at 14 weeks for previous cervical incompetency and having regular prenatal care in our department since early pregnancy. She suffered from sudden onset of right upper quadrant intractable pain with radiation to the back at 28 weeks of gestations. The laboratory data showed leukocytosis with the suspicion of intraabdominal infection. Immediate ultrasound showed distended gall bladder with hyperechoic materials inside. Under the impression of acute cholecystitis, pigtail gall bladder drainage (PTGBD) was done. The clinical symptoms and signs was relieved without recurrence then. The cerclage was removed at 36 weeks and vaginal delivered a healthy baby weight 3100 grams at 38 weeks, with pigtail in situ. The postpartum condition was uneventful, and the pigtail was removed 2 months later after delivery without any sequelae  Case 2: A 34-years-old female, para 1, pregnancy at 34weeks of gestations, visited our emergency department for acute abdomen. Laboratory data showed hyperbilirubinemia, leukocytosis and high spiking fever. The images showed gall bladder stone with acute obstructive cholecystitis. The fetal monitor showed regular uterine contractions. Antibiotics and tocolytic drugs was given and the condition became stable after 1 week of conservative treatment. She vaginal delivered a healthy baby at 38 weeks without any sequelae.  Discussion:  Gallstones accounts for about 1%-3% of the pregnancies, and 0.05%-8% of them will presents with clinical symptomatic biliary disease (acute cholecystitis AC). The conservative treatment is reported between 38% and 69% for recurrence and readmission, and surgery is needed in 27%-36% of patients with symptomatic biliary disease. Gallstone formation in pregnancy is considered to be caused by estrogen and progesterone mediated supersaturation of bile with cholesterol. During pregnancy, the most common cause of nonobstetric abdominal surgical condition is acute appendicitis, and the second is acute cholecystitis. Historical data related to biliary surgery during pregnancy describe a high fetal and maternal complication rate, and therefore, traditionally a conservative approach was advocated, and surgical intervention was only used in the most severe cases or when conservative treatment failed. Hence, because of high fetal and maternal complication rates, the management of complicated gallstone diseases in pregnancy is a difficult subject. Conservative treatment may lead to recurrences, multiple admissions to hospital, fetal complications such as preterm labor, miscarriage, with over twice the odds of maternal-fetal complications in addition to increased readmissions. PTGBD is an alternative save treatment for symptomatic biliary disease during pregnancy, of which can be safely performed in pregnancy during acute inflammatory condition

稿件編號：E005	胎兒先天性肺部囊狀病變 - 個案報告與舊雨新知 A rare cystic lesion in fetus - congenital cystic adenomatoid malformation (CCAM)- case reports , management and update
臨時稿件編號：0687	謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 奇美柳營分院 <sup>1</sup>
論文發表方式：海報	Background: to report 2 cases of fetus congenital cystic adenomatoid malformation (CCAM)
論文歸類：產科	Case report: Case 1: A 36-years-old female, para 2, visited our department for routine prenatal care at 13 weeks of gestations. No obvious ultrasound abnormality noted until 20 weeks. The fetus heart was mild right shifted, and congenital diaphragmatic hernia (CDH) was first impressed. Second review by a senior obstetric at 22 weeks of gestations favored congenital cystic adenomatoid malformation (CCAM). Amniocentesis with single nucleotide polymorphism analysis (SNP) was showed no obvious abnormality, and no management was needed except regular ultrasound follow-up (every 2 weeks) during prenatal care. The neonatal chest x-ray showed rather normal appearance, no pathological findings after 3 months follow up. Case 2: A 31-years-old female, para 0, did routine prenatal care at our department since early pregnancy. An abnormal fetus lung lesion was noted during level II ultrasound screening during 22 weeks of gestations. Congenital cystic adenomatoid malformation (CCAM) was highly suspected. Amniocentesis and single nucleotide polymorphism analysis (SNP) were normal and regular prenatal care was suggested. The lesion was resolution at 30 weeks of gestations, and she was near term pregnancy when this abstract is reported. Discussion: Congenital cystic lesions of the lung are rare, and the most common is congenital cystic adenomatoid malformation (CCAM), also known as congenital pulmonary airway malformation (CPAM), and bronchopulmonary sequestration (BPS). The reported incidence of CCAM ranges from 1/11,000 to 1/35,000 live births, with a higher incidence in the mid-trimester due to spontaneous resolution. CCAM is a hamartomatous lesion containing tissue from different pulmonary origins. Theories of the pathogenesis include abnormal proliferation of tissues, airway obstruction, and dysplasia/metaplasia of normal tissues. The natural history of CCAM/CPAM is not fully understood, and the management of the newborn with an asymptomatic lesion is a controversial issue. Prenatal regression is common among prenatally diagnosed CCAM/CPAM and the majority of children that are asymptomatic beyond the neonatal period will remain asymptomatic throughout their childhood. Future analysis with a longer follow-up might give new insights in order to identify children at risk of developing symptoms.

稿件編號：E007	子宮破裂造成產後大出血及腦死- 個案報告及文獻瀏覽 Postpartum hemorrhage with hypovolemic shock and brain death caused by uterine ruptured (unscarred uterus)- case report and review of literatures
臨時稿件編號：0689	謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 奇美柳營分院 <sup>1</sup>
論文發表方式：海報	Background: to report a case of postpartum hypovolemic shock
論文歸類：產科	Case report: A 39-years-old female, gravida 2 para1, pregnancy at 40 weeks, admitted to our ward for induction. The labor course was uneventful and delivered a health baby (weight 3050grams) vaginally without any mechanical or operative intervention. Unfortunately, massive vaginal bleeding occurred after spontaneous expulsion of placenta. Uterotonic agents and blood transfusion were given immediately but in vain. Hypovolemic shock and conscious loss occurred with the estimated blood loss of 2000cc from vagina in the delivery room. Immediate laparotomy showed massive intraabdominal hemorrhage (>3000cc) with active bleeding from left side uterine vessels. Cardiac arrest occurred before any surgical procedure. Cardio-pulmonary-cerebral-resuscitation (CPCR) was done and the surgical intervention proceed after spontaneous heart beat with blood pressure. The histopathological report showed no obvious pathologic findings except marked ecchymosis and hemorrhage formation over the left side low segment of uterus. Although her vital sign was stable after the operation but conscious remained unclear (E4V3M5) when this report shown, 3months after the operation. Discussion: Rupture of the pregnant uterus, similar to rupture of any internal organ, can be life-threatening. Both the mother and fetus are at risk for serious morbidity and mortality. Most uterine ruptures occur in patients who have had a previous transmyometrial surgical incision, typically for cesarean birth. Rupture of the unscarred uterus (RUU) is rare, but the incidence is increasing and the rate of maternal and neonatal serious morbidity is higher than that after rupture of the scarred uterus. RUU occurs in about 1/5700-20,000 pregnancies. In a study in The Netherlands showed the incidence of RUU and scarred uterus was about 0.7 and 5.1/10,000 births respectively. A study from the United States reported RUU in 4.54/100,000 births, or approximately 1/22,000 births.

稿件編號：E006	染色體 16 微缺失症候群 - 個案報告及新知 Chromosome 16 microdeletion syndrome- case report and updates
臨時稿件編號：0688	謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>1</sup> 張峰銘 <sup>2</sup> 奇美柳營分院 <sup>1</sup> 張教授胎兒醫學中心 <sup>2</sup>
論文發表方式：海報	Background: To report a de novo microdeletion syndrome.
論文歸類：產科	Case report: A 45-years-old female, para 0, visited our department for routine prenatal care, and no abnormal findings was noted in the 1st trimester. She received non-invasive prenatal testing 2.0 at 17 weeks and abnormal sex chromosome was reported. For further confirmation, she received amniocentesis with array comparative genomic hybridization (array-CGH) at 19 weeks and level II ultrasound screening at 22 weeks respectively. Fetus severe scoliosis and de novo chromosome 16p11.2 microdeletion was diagnosed finally. She received termination induction and a death baby was delivered vaginally. Discussion: 16p11.2 deletion syndrome (16p DS) is used for a variety of microdeletions at the 16p11.2 region, and most of the typical deletion is ~550-600 kb microdeletion (29.6-30.2 Mb, reference genome GRCh37/hg19). It has been shown that 16p11.2 deletion was identified in 1/235 in a cohort of over 15,000 cases who underwent chromosomal microarray testing and in 1/100 children diagnosed with autism. It usually have developmental delay and intellectual disability and also have at least some features of autism spectrum disorder (ASD). It is one of the most common genetic linkages to ASD, and it may present with a variable clinical spectrum and have minor physical abnormality such as low-set ears or partially webbed toes (partial syndactyly). The majority of the patients will experience speech and language deficits. It also at increased risk of obesity compared with the general population. Signs and symptoms of the disorder vary even among affected members of the same family. Around 20% of the patients have epilepsy. Other related medical problems are obesity and vertebral anomalies. Macrocephaly is present in many patients. It is an autosomal dominant inherited disorder, but most of them occur de novo, and the clinical phenotype can vary between the affected family members. Besides, some inherited cases where the parent does not show any clinical signs.

稿件編號：E008	緊急子宮頸縫合術 (McDonald cerclage with bridge suture) 之探討 Emergent cervical cerclage with bridge method - review of literatures
臨時稿件編號：0696	謝俊吉 <sup>1</sup> 謝宗穎 <sup>1</sup> 關貝如 <sup>1</sup> 魏君卉 <sup>1</sup> 何坤達 <sup>1</sup> 黃順賢 <sup>2</sup> 奇美柳營分院 <sup>1</sup>
論文發表方式：海報	Background: To report a case of recurrent abortion with emergent cervical cerclage (EC).
論文歸類：產科	Case report: A 34-years-old female, gravida 4para 1abortion2, pregnancy at 19 weeks, visited our department for routine prenatal care. Her first pregnancy course was uneventful, the second was aborted in early first trimester (7-8 weeks), and the third was aborted in early second trimester (18 weeks) due to chorioamnionitis. No abnormality noted in her fourth pregnancy until 21 weeks of gestations, vaginal bleeding without uterine contraction occurred after coitus. The pelvic examination showed cervical dilatation about 4cm with 70% effacement, and the bulging of amniotic bag in vagina. Emergent cervical cerclage (EC) with bridge suture (BS) followed by McDonald cerclage (MC) was done. Unfortunately, inevitable delivery due to the cervix laceration with active vaginal bleeding and ruptured of membrane occurred at 24 weeks. Discussion: Emergent cerclage (EC) represents the main treatment strategy in case of cervical insufficiency (CI) and protruding membranes in pregnant women for prolonging the duration of pregnancy. The procedure of insertion an EC is a technically difficult due to the protruding membranes in the cervix and carry the risk of iatrogenic rupture of the membranes during surgery, and so there are many described ways to apply them, but no studies have shown advantage of any technique. The moist swabs, the filling of the bladder with physiological saline, the used of foley catheter, the used of a special uniconcave balloon, accompanied with McDonald cerclage (MC), were reported. A not diffcult procedure for EC, the bridge suture (BS) followed by MC were reviewed in 16 patients over a 22-year period. The mean gestational age at cerclage was 22.5 weeks; the mean gestational age at delivery was 30.7 weeks, and the mean interval between cerclage and delivery was 8.2 weeks. No oververse maternal complications, including cervical laceration, were observed. The important outcome of BS is the replacement of fetal membranes back into the uterine cavity before MC is performed. Some authors found that a history of second-trimester pregnancy loss, nulliparity, a cervix dilated more than 4 cm, membranes bulging into the vagina, and infection (i.e., white blood cells $\geq$ 13,600/mm <sup>3</sup> or C-reactive protein > 15 mg/L) are associated with emergency suture failure [64]. Due to the limited number of randomized control trials and low quality of evidence, the results should be viewed with caution and should be confirmed by more extensive clinical trials, and its effectiveness and safety remain controversial.



稿件編號：E009	產前診斷 Simpson-Golabi-Behmel syndrome type 1 合併 814 kb Xq26.2 缺失 Prenatal diagnosis of Simpson-Golabi-Behmel syndrome type 1 with an 814 kb Xq26.2 deletion with the initial presentation of a thick nuchal fold
臨時稿件編號：0700	彭秀慧 <sup>1</sup> 游崇仁 <sup>2</sup> 陳昱綺 <sup>1</sup> 許晉婕 <sup>1</sup> 張舜智 <sup>1</sup> 閻河晏 <sup>1</sup> 詹耀龍 <sup>1</sup> 鄭博仁 <sup>1</sup> 李彥璋 <sup>1</sup> 長庚醫院 <sup>1</sup> 宏其婦幼醫院 <sup>2</sup>
論文發表方式：海報	Objective: SimpsonGolabiBehmel syndrome type 1 (SGBS1) is a rare X-linked recessive disorder characterized by overgrowth and multiple anomalies. Most clinical diagnoses of SGBS1 are made postnatally. We present the case of a pregnant woman in whom the fetus presented with a thick nuchal fold 5.6 mm at 15 weeks of gestation, leading to the prenatal diagnosis of SGBS1 with Xq26.2 (133408101e134221889) deletion. Case report: We report the case of a 34-year-old pregnant woman with the initial presentation of fetal thick nuchal fold 5.6 mm at 15 weeks of gestation. Amniocentesis of the fetal karyotype revealed a normal 46, XY, and single nucleotide polymorphism array showed Xq26.2 (133408101e134221889) deletion. Prenatal ultrasound at 21 weeks of gestation revealed a thick nuchal fold, hepatomegaly, nephromegaly, congenital diaphragmatic hernia, hypospadias, and polyhydramnios. Fetal magnetic resonance imaging revealed hepatomegaly, nephromegaly, congenital diaphragmatic hernia, and right lung hypoplasia. The woman had her pregnancy terminated at 24 weeks of gestation. The proband had a general appearance of low-set ears, hypertelorism, a large tongue, and hypospadias and some unique findings on autopsy, including hepatomegaly, right hiatal hernia, liver extensive extramedullary hematopoiesis, kidney marked congestion, and focal hemorrhage. Discussion: The main prenatal ultrasound findings that alert clinical doctors about the possible diagnosis of SGBS1 included macrosomia, polyhydramnios, organomegaly, renal malformations, congenital diaphragmatic hernia, and cardiac anomalies. Our case underscores the importance of fetal karyotyping combined with single nucleotide polymorphism array when a thick nuchal fold is found. Genetic counseling is essential in SGBS1, and prenatal testing or preimplantation testing for subsequent pregnancies is necessary to identify possible pathogenic variants.
論文歸類：產科	

稿件編號：E011	產前診斷之先天性陰莖缺失合併基因缺陷 Congenital Aphallia: Prenatal Ultrasound diagnosis and chromosome X microduplication
臨時稿件編號：0719	林廷謙 <sup>1</sup> 張炯心 <sup>1</sup> 余沛修 <sup>1</sup> 郭保麟 <sup>1</sup> 成大醫院 <sup>1</sup>
論文發表方式：海報	Congenital aphallia, or penile agenesis, is an extreme rare disorder, with an estimated incidence of 1 in every 10-30 million live births. As image study tools developed, such as ultrasound and MRI, prenatal diagnosis of this congenital malformation became possible. However, genetic examination of such disease remained obscured. Here we report a case with prenatal diagnosis of congenital Aphallia and microduplication at chromosome X from chromosomal microarray analysis (CMA). The patient was a 37-year-old female, G2P1. She had delivered a girl 12 years ago with ex-husband, and the children had normal development and average academic performance. She denied known family inherited disease. During prenatal care, she received amniocentesis and CMA due to advanced maternal age. Karyotype showed 46, XY, a normal karyotype. Chromosomal microarray analysis showed 0.8Mb microduplication at chromosome Xq13.2-13.3 region (arr[GRCh37]Xq13.2q13.3(73,712,456_74,511,347)x2,(Y)x1,(1-22)x2). This region contained RLIM and KIAA2022 gene. Ultrasound revealed ambiguous genitalia, and 3D ultrasound confirmed penile agenesis. The patient denied toxin or medication exposure. After thorough genetic consultation, due to concern of congenital anomaly and possible severe adverse outcome, the patient had termination of pregnancy. The abortus had penile agenesis but no other accompanied anomaly. We performed whole-exome sequencing, but no pathogenic genetic defect was detected.
論文歸類：產科	

稿件編號：E010	Ropivacaine 傷口浸潤對剖產後疼痛控制之影響:統合分析 Ropivacaine wound infiltration for post Cesarean pain management: a meta-analysis
臨時稿件編號：0703	簡詠基 <sup>1</sup> 臺北醫學大學附設醫院 <sup>1</sup>
論文發表方式：海報	Introduction Cesarean section is a widely performed procedure with a steadily increasing rate worldwide. As post Cesarean pain is associated with chronic pain and postpartum depression, effective pain control is important. Traditionally, neuraxially or systematically administered opioids combined with other analgesics was mostly used for post Cesarean pain. However, adverse events such as nausea, vomiting, pruritus were noted. Wound infiltration has been reported to benefit post-Cesarean patients, but showed inconsistent results in pain scores and reduced opioid consumption. The present study aimed to evaluate the effects of Ropivacaine on post Cesarean pain control. Methods We searched Cochrane library, EMBASE, Web of Science, PubMed, SCOPUS for randomized control trials from 1980 to present. Search strategies using keywords such as "Ropivacaine", "Cesarean section", "postoperative analgesia", "Postcesarean Section" and "Post-cesarean Section". Furthermore, we use MeSH terms in PubMed and Cochrane Library, while using Emtree terms in Embase. Eligibility criteria included relevant randomized controlled trials without language restrictions. Data on pain score data and Ropivacaine treatment dosage were extracted and analyzed. The statistic analyses were carried out using Comprehensive Meta-Analysis Software (CMA) software. A total of 2062 studies were identified, but only 11 studies met inclusion criteria. Results Pain score comparing Ropivacaine wound infiltration with controlled were identified in nine out of eleven studies. Ropivacaine significantly improved pain score with movement at 6 hours (MD: -0.329, 95% CI: -0.497~-0.161, P=0.05) and 48 hours (MD: -0.421, 95% CI: -0.545~-0.297, P=0.001) after Cesarean section. And also significantly improved pain score at rest at 6 hours (MD: -0.662, 95% CI: -0.789~-0.535, P<0.001) and 12 hours (MD: -0.365, 95% CI: -0.478~-0.252, P=0.001) after Cesarean section. Conclusion Ropivacaine wound infiltration may improve pain in acute and subacute period of post Cesarean section, in both movement and at rest. Further data of adverse events will need to be established.
論文歸類：產科	

稿件編號：E012	長期使用類固醇治療系統性紅斑狼瘡 (SLE) 的女性因子宮肌鬆弛伴瀰漫性肌層變薄而行剖宮產子宮切除術：病例報告和文獻複習 Cesarean Hysterectomy due to Atony with Diffuse Myometrial Thinning in A Woman with Long-term Steroid Treatment for Systemic Lupus Erythematosus (SLE): a case report and review of the literature
臨時稿件編號：0731	張哲綱 <sup>1</sup> 彰化基督教醫院 <sup>1</sup>
論文發表方式：海報	Systemic lupus erythematosus (SLE) is an autoimmune disease most frequently found in women of child bearing age and may coexist with pregnancy. Disease exacerbations include increased fetal loss, neonatal lupus and an increased incidence of preeclampsia. The treatment includes anticoagulants, steroids and immunosuppressive agents. Through the review of published articles, long-term steroid use can cause muscle degeneration, but the mechanism of myometrial thinning was unknown. We described a pregnant woman complicated with SLE under long-term steroid treatment, who underwent cesarean hysterectomy due to malpresentation and atony of the uterus with uterine wall thinning. The relationship between SLE and uterine wall thinning is unknown, so it is difficult to predict before the labor. Through review of reported cases and our case, long-term treatment with systemic steroids and SLE may lead to myometrial thinning. Clinicians should always pay attention to the possibility of uterine wall thinning as uterine atony for SLE pregnant women.
論文歸類：產科	

稿件編號：E013	母體高脂肪飲食與微塑料暴露所引起的新生兒肝損傷與氧化壓力中的作用 Maternal high fat diet with microplastics exposure in neonate offspring liver injury via oxidative stress
臨時稿件編號：0733	蔡景州 <sup>1</sup> 刁茂盟 <sup>2</sup> 高雄長庚醫院婦產部 <sup>1</sup> 高雄長庚醫院兒童內科部 <sup>2</sup>
論文發表方式：海報	Background: Prenatal nutrition or toxic exposure will affect the health of offspring. Prenatal high-fat diet or exposure of microplastics can impact the accumulation of liver fat in the offspring, which can cause liver cirrhosis.
論文歸類：產科	Aims: To study the neonate offspring fatty liver injury through maternal high-fat diet (1st hit) and microplastics exposure (2nd hit) was with oxidative stress. Methods: After confirmation of pregnancy on the 14th day after mating, pregnant females Sprague-Dawley rats are randomly divided for the maternal high-fat diet exposure paradigm (HFD) or normal diet (NCD) until delivery. The other NCD and HFD were fed with microplastics as NCD-L: NCD+microplastics (5um, 100ug/L), NCD-H: NCD+microplastics (5um, 1000ug/L), HFD-L: HFD+microplastics (5um, 100ug/L), HFD-H: HFD+microplastics (5um, 1000ug/L). The offspring was sacrificed 7 days after delivery (PD7). Results: In liver histology, the PD7 offspring increased more hepatic lipid accumulation in the HFD-L,H than HFD and NCD-L,H groups. The offspring liver TUNEL stain, cellular apoptosis were increased more in HFD-L,H than HFD group. The MDA, lipid peroxidation, expression were increased in HFD, HFD-L, HFD-H and was highest in HFD-H group (P<0.05). Conclusions: Oxidative stress with cellular apoptosis plays a vital role in the neonate offspring liver after maternal microplastics with HFD and this may shed light on future therapeutic strategy.

稿件編號：E014	胎兒母體輸血症引起嚴重新生兒貧血 Severe neonatal anemia due to fetomaternal hemorrhage
臨時稿件編號：0736	陳奕寧 <sup>1</sup> 陳啟煌 <sup>1</sup> 臺北醫學大學附設醫院 <sup>1</sup>
論文發表方式：海報	Case report: A 43-year-old female, gravid 1 para 0 women, presented at 38 0/7 weeks of gestational age, with fetal breech presentation. An emergent Cesarean section was done due to pre-operative fetal monitor result which revealed sinusoidal-like fetal heartbeat pattern and variable late deceleration. After emergent Cesarean section, the newborn became pale and dyspnea. Immediately the baby was intubated and mechanical ventilation started. Initial analysis revealed pronounced acidosis and severe anemia, Hb 3.9g/dl. The patient received intravenous fluid therapy with sodium-bicarbonate as well as red cell transfusion. With all measures, the condition of the baby improved with normalization of hemoglobin level and blood pH. Further hemoglobin electrophoresis showed HbA2 6.1%, which confirmed fetomaternal hemorrhage.
論文歸類：產科	Discussions: Fetomaternal hemorrhage (FMH) is a rare but potentially serious condition where fetal blood leaks into the maternal circulation during pregnancy. It can occur spontaneously or due to trauma, invasive procedures, or certain medical conditions. FMH can lead to fetal anemia, stillbirth, and maternal alloimmunization, which can cause hemolytic disease of the newborn in subsequent pregnancies.  Conclusion: This case highlights the importance of early recognition and management of FMH to improve outcomes for both the mother and fetus. Healthcare providers should be aware of the signs and symptoms of FMH and have a low threshold for investigation in pregnant women with decreased fetal movement or abnormal report of fetal monitor.

稿件編號：E015	個案報告：雙角子宮接續懷孕並足月分娩 Bicornuate Uterus: Alternate Pregnancies
臨時稿件編號：0741	謝秉霖 <sup>1</sup> 蘇國銘 <sup>1</sup> 余慕賢 <sup>1</sup> 三軍總醫院婦產部 <sup>1</sup>
論文發表方式：海報	Bicornuate uterus is one type of uterine anomaly where the uterus is heart-shaped with a deep indentation in the middle, which can affect pregnancy with increased risks for certain complications such as miscarriage, preterm birth, malpresentation and cesarean delivery. Despite these risks, many women with the bicornuate uterus are able to have successful pregnancies under proper prenatal monitoring and care. The delivery plan for a pregnant woman with a bicornuate uterus will depend on the individual case and the recommendations of the obstetricians and the outcome will rely on many factors including the size and shape of the uterus, the position and size of the baby, and the mother's overall health. Here we presented a case of bicornuate uterus with alternate pregnancies.
論文歸類：產科	A 43-year-old multigravida woman presented to the delivery unit due to preterm uterine contractions and vaginal spotting at 31 weeks 6 days of gestation. The patient had congenital anomaly of bicornuate uterus with three successful full-term pregnancies on the right horn including one vaginal delivery and two cesarean sections. After tocolytic therapy, the preterm delivery was delayed, and the cesarean section was performed at 37 weeks of gestation. During the procedure, a heart-shaped womb with two separate uterine horns and one single cervix was identified, which indicated a bicornuate uterus, complete type. The male newborn was born from the left horn and the Apgar scores were 8 to 9, at 1-minute and 5-minute, respectively. The old C-section scar was visualized on the right horn implying alternate pregnancies occurred on both horns. On postpartum day 5, the patient was discharged with her infant in stable condition.  In conclusion, a bicornuate uterus is a relatively common uterine anomaly that can have significant implications for pregnancy and delivery. Women with this condition should receive close monitoring and care throughout their pregnancy to ensure the best possible outcome for themselves and their baby.

稿件編號：E016	主動脈復甦性血管球囊閉合術於植入性胎盤產婦之應用 Using Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) in a woman with placenta accreta spectrum
臨時稿件編號：0742	蘇筠涵 <sup>1</sup> 陳威志 <sup>1</sup> 台中榮總婦產部 <sup>1</sup>
論文發表方式：海報	Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) is tool clinically used for the management of patient with non-compressible torso hemorrhage. This tool is indicated for hemorrhage below the diaphragm. It is mainly consist of a balloon catheter, which can be inflated certain zone of in aorta. In pelvic or proximal lower extremities hemorrhage, it is inflated at the distal abdominal aorta.
論文歸類：產科	Placenta accreta spectrum is abnormal invasion into the uterine myometrium of trophoblasts. The placenta may not spontaneously separate during delivery and may need manual removal from uterus. Sometimes the procedure will result in life-threatening does not spontaneously separate at delivery and attempts at manual removal result in hemorrhage, which can be life-threatening. The efficiency of perioperative prophylactic interventions in placenta accreta spectrum, such as placement of balloon catheters in bilateral iliac arteries or uterine artery embolization to reduce blood loss remains controversial. We describe a case with anterior placenta accreta, who received pre-operative REBOA placement to reduce blood loss during Cesarean section. This patient is the first case receiving such procedure in our hospital. We successfully preserved the uterus with blood loss 1800 ml in the end.

稿件編號：E017	病例報告：單胞胎妊娠合併 Ritodrine 引發之橫紋肌溶解症、急性肝損傷、肺水腫、胎盤絨毛膜血管瘤及胎兒水腫
臨時稿件編號：0744	Case report: A singleton pregnancy complicated with ritodrine-induced rhabdomyolysis, acute liver injury, pulmonary edema, placental chorioangioma and hydrops fetalis  吳佩姿 <sup>1</sup> 黃坤龍 <sup>1</sup> 蔡慶璋 <sup>1</sup> 鄭欣欣 <sup>1</sup> 賴韻如 <sup>1</sup> 李佩芳 <sup>1</sup> 許德耀 <sup>1</sup> 高雄長庚紀念醫院婦產部 <sup>1</sup>
論文發表方式：海報	Objective: Ritodrine hydrochloride is a widely-used beta-adrenergic agonist for preterm labor in Taiwan. However, various relevant adverse events have been reported. We report a case of rhabdomyolysis and acute liver injury after administration of intravenous ritodrine for one week in a singleton pregnancy. Ultrasound examination revealed one 8.5cm placental chorioangioma which led to fetal hydrops.
論文歸類：產科	Case report: A 36-year-old singleton pregnant woman at gestational age of 25 6/7 weeks was administered continuous intravenous ritodrine for preterm uterine contraction. She presented with elevated serum level of creatinine kinase (CK) with acute kidney injury, impaired liver function and pulmonary edema, which were induced by intravenous ritodrine. Meanwhile, ultrasound showed one 8.5cm placental tumor and hydrops fetalis. Under the maternal critical status of multi-organs, cesarean section was planned at 27 1/7weeks of gestation. The pathology of placental tumor was chorioangioma. A 1000 g female infant with general subcutaneous edema, was delivered with an Apgar score of 1 at 1 min and 3 at 5min. After Cardio-Pulmonary-Cerebral-Resuscitation and intubation, the neonate was transferred to our neonatal intensive care unit for respiratory distress syndrome.  Conclusion: Intravenous ritodrine must be carefully used for side effects of rhabdomyolysis and multiple organ damages.

稿件編號：E018	孤立胎兒腹水：一個因回腸閉鎖引起的胎兒腸穿孔和腹膜炎的個案報告。
臨時稿件編號：0751	Isolated Fetal Ascites Caused by Bowel Perforation and Meconium Peritonitis due to Ileal Atresia: A Case Report  謝宛玲 <sup>1</sup> 郭恬妮 <sup>1</sup> 奇美醫院 <sup>1</sup>
論文發表方式：海報	An isolated fetal ascites is an uncommon ultrasonographic finding. It is in association with fetal genitourinary or gastrointestinal conditions, mainly bowel obstruction. We present a case of prenatally diagnosed Isolated fetal ascites caused by bowel perforation and subsequent meconium peritonitis due to ileal atresia.
論文歸類：產科	

稿件編號：E019	子宮肌瘤切除對後續剖腹產的臨床回顧分析
臨時稿件編號：0755	Clinical Analysis on Cesarean Section post Uterine Myomectomy: A Retrospective Study  邱俊霖 <sup>1</sup> 林毅倫 <sup>1</sup> 郭恬妮 <sup>1</sup> 蔡永杰 <sup>1</sup> 奇美醫療財團法人奇美醫院婦產部 <sup>1</sup>
論文發表方式：海報	Objective The primary endpoint is to compare both obstetric and neonatal pregnancy-related complications after laparoscopic and laparotomic uterine myomectomy. The secondary endpoint aims at subsequent pregnancies, the average length of hospital stay, operation time, and pregnancy time elapsed after uterine surgery.
論文歸類：產科	Material & Methods This is a retrospective study, collecting 104 pregnant patients in Chi-Mei Medical Center between August 2013 and September 2022. Demographic characteristics including maternal age, BMI (body mass index), gestational HTN (hypertension), gestational DM (diabetes mellitus), utilization of ART (assisted reproductive technology), number of parities, gestational age, sex of neonates, age at the time of uterine surgery, and detailed analysis of myomas, including total number, location, and size of the largest myoma were analyzed using $\chi^2$ test and t-test for categorical and continuous variables, respectively. Obstetric and neonatal outcomes were further analyzed via simple logistic regression conducted using STATA v.16.0. Results During the study period, of 104 pregnant women undergone either laparoscopic myomectomy (n=48) or laparotomic myomectomy (n=56), those with more than one previous cesarean section were excluded from the study (2 and 9 in laparoscopy and laparotomy, respectively). Clinical and demographic characteristics show the size of the largest myoma enucleated is statistically significantly larger than that of the laparoscopic approach (7.33±4.00 cm versus 5.11±3.26 cm; p=0.025). Previous myomectomy either via laparotomic or laparoscopic approach did not increase the risk of uterine rupture, placenta accreta, or placenta rupture. No statistical significance is observed in obstetric outcomes, including preterm delivery (<34 weeks or <37 weeks), postpartum hemorrhage, need for blood transfusion, premature rupture of membrane (PROM), or preterm premature rupture of membrane (PPROM). The neonatal outcome is observed in low birth weight (<2500gm), but is not statistically significant either. Conclusion Uterine myomectomy either through a laparoscopic approach or traditional laparotomy can offer the same obstetric and neonatal outcomes in the subsequent pregnancy. Nevertheless, due to the small number of patients in this study, further larger studies are needed to confirm the results of our report.

稿件編號：E020	快速進展的溶血肝功能上升及低血小板症候群合併出血傾向
臨時稿件編號：0756	A rapidly progressing HELLP syndrome case with bleeding diathesis  關哲彥 <sup>1</sup> 徐英倫 <sup>1</sup> 郭恬妮 <sup>1</sup> 蔡永杰 <sup>1</sup> 台南永康奇美醫院 <sup>1</sup>
論文發表方式：海報	Hemolysis, elevated liver enzymes and low platelet (HELLP) syndrome is one of common obstetric complications. The prognosis is generally well if timely delivery is performed. It still might cause severe sequelae even multiorgan failure and death because it sometimes progresses rapidly. Here we present a 45-year-old female of rapidly progressing HELLP syndrome initially presented as severe RUQ pain then bleeding diathesis. The symptoms aggravated within several hours but the patient recovered well soon after emergent delivery.
論文歸類：產科	

稿件編號：E021	子癲症合併可逆性後腦病變症候群臨床案例 Posterior Reversible Encephalopathy Syndrome in a Patient with Eclampsia
臨時稿件編號： 0762	吳宛儒 <sup>1</sup> 吳信宏 <sup>1</sup> 彰化基督教醫院產產部 <sup>1</sup>
論文發表方式： 海報	Background Posterior reversible encephalopathy syndrome is often associated with eclampsia for shared pathogenesis of endothelial dysfunction. We would like to present a case with early-detected posterior reversible encephalopathy syndrome and lead to facilitative recovery from eclampsia.
論文歸類： 產科	Case presentation Patient was a previously healthy 44-year-old woman, gravidity 4 pregnancy 1 artificial abortion 2, pregnancy at 34+5 weeks of gestation who suffered from seizure with loss of consciousness in the bathroom. She was sent to St. Martin De Porres Hospital emergency room right after, then endotracheal intubation and emergent cesarean section were performed initially for suspect eclampsia. During cesarean section, 6 units packed-RBC and 4 units fresh frozen plasma had been transfused because massive blood loss about 2500cc. Afterwards, she was transferred to Changhua Christian Hospital for severe postpartum hemorrhage and disseminated intravascular coagulation. The patient presented to our emergency department with unclear conscious, GCS E1VTM1 and isocoria (pupil size 1.5/1.5). On physical examination, she was afebrile (body temperature, 35.7°C) tachycardic (heart rate, 111 beats per minute) and hypertensive (blood pressure, 152/128 mm Hg) and had clean abdominal wound with a right side J-P drainage. Severe bilateral legs pitting edema were noted. Neurological examination revealed weak muscle power and decreased Babinski sign without pathological reflex response. Laboratory studies showed an elevated white-cell count of 14100 cells per microliter, a decreased platelet count of 34000 cells per microliter, a decreased hemoglobin 11.8 gram per deciliter with hematocrit of 34.2 percent, and an elevated fibrinogen of 149.8 milligram per deciliter. Liver-function studies were abnormal with an elevated total bilirubin of 8.9 milligram per deciliter (direct type of bilirubin of 4.45 milligram per deciliter), an elevated GPT of 432 unit per liter, and an elevated ammonia level of 133 microgram per deciliter. Urine analysis showed an elevated protein to creatinine ratio of 30223.5 milligram per gram and an elevated protein level of 2055.8 milligram per deciliter. Initial arterial blood gas measurements revealed severe respiratory acidosis, with a pH of 7.187, a partial pressure of carbon dioxide of 62 mm Hg, and a bicarbonate concentration of 23 mmol per liter. A brain computerized tomography showed focal low density lesions seen over the right basal ganglion and right internal capsule anterior limb white matters, mild focal mass effect over the ipsilateral right lateral ventricle without acute infarction hemorrhagic transformation complication or acute major vessels cortical infarction (Figure 1). Initial treatment included supplemental oxygen, intravenous fluids, and intravenous Oxytocin 10 units infusion every 6 hours. She was sent to surgical intensive care unit for further management. Furosemide 20 milligram with albumin 50 milliliter twice daily were given for her heavy proteinuria. Exforge (Amlodipine/Valsartan 5mg/80mg per tab) 1 tab twice daily was prescribed for hypertension control. On the first day after admission, brain MRI was arranged for suspect brain infarction. We found there were multiple cortical and subcortical edema in the bilateral parieto-occipital lobe, posterior frontal lobe and brain stem (Figure 2). Multiple small diffusion-weighted imaging (DWI-signal) hyperintensity and apparent diffusion coefficient (ADC-signal) hypointensity in the right caudate nucleus as well as corona radiata were also noted (Figure 3). Therefore, posterior reversible encephalopathy syndrome was suspected. During admission course, Cefoperazone 2000 milligram every 12 hours was prescribed for suspect sepsis (Procalcitonin 7.08 nanogram per milliliter). Supportive treatment with Silymarin 150 milligram three times per day, Vitamin B and Acetylcysteine 10000 milligram per day were given for symptomatic control. After five-day intensive care, her conscious (E4V5M6) and muscle power improved well without remote or recent memory loss. Consequently, she was transferred to our general ward on the fifth day. Antibiotics had been shifted to oral form Ciprofloxacin 250 milligram and Metronidazole 250 milligram after 2-week intravenous antibiotics for discharge prepare. Finally, the patient was discharged and diagnosed with eclampsia and posterior reversible encephalopathy syndrome.

稿件編號：E022	後腹膜腔葡萄胎：個案報告與文獻回顧 A case of retroperitoneal molar pregnancy: Case report and literature review
臨時稿件編號： 0765	林宜衡 <sup>1</sup> 李文瑞 <sup>2</sup> 毛義坤 <sup>2</sup> 李明彥 <sup>3</sup> 陳宇立 <sup>2</sup> 楊乙真 <sup>2</sup> 國立台灣大學醫學院附設醫院產產部 <sup>1</sup> 國立台灣大學醫學院附設醫院雲林分院產產部 <sup>2</sup> 國立台灣大學醫學院附設醫院雲林分院影像醫學部 <sup>3</sup>
論文發表方式： 海報	Ectopic gestational trophoblastic disease (GTD) is extremely rare, with estimated incidence being 1.5 per one million births. Retroperitoneal molar pregnancy is an even rarer entity, and preoperative diagnosis may be difficult but dangerous if missed. We report a case of a 22-year-old woman, G2P0SA1, who presented to our emergency department due to left lower abdominal pain and vaginal bleeding. Due to initial suspicion of left tubal pregnancy, emergent laparoscopic examination was performed but found an engorged, echymotic mass under left broad ligament. Surgery was terminated due to potential high risk of bleeding. Magnetic resonance imaging (MRI) was performed due to the atypical location of the gestational tissue, which confirmed a mass in the left adnexal region abutting uterine artery and with invasion into uterine serosa and venous plexus. Laparotomy was performed for excision of gestational tissue; in addition to the MRI findings, the gestational tissue was also found to be partially embedded into uterine myometrium. The pathology report was consistent with complete hydatidiform mole. After surgery, her beta-hCG was followed weekly until normalization, and has remained undetectable 6 months after surgery. Ectopic molar pregnancy is a rare condition with favorable prognosis, yet vigilant monitoring is required to avoid malignant sequelae.
論文歸類： 產科	

Discussion

Posterior reversible encephalopathy syndrome (PRES), which also named reversible leukoencephalopathy syndrome, reversible posterior cerebral edema syndrome, posterior leukoencephalopathy syndrome, hyperperfusion encephalopathy and brain capillary leak syndrome. The disease was first fully defined by New England Journal of Medicine in 1996, characterized by a series of clinical symptom (headache, seizure, altered consciousness or visual disturbance) and image finding. Most physicians suggest that PRES is a clinical syndrome which caused by endothelial impairment. Typical neuroimage finding with brain magnetic resonance imaging (MRI) are white matter edema dominant in parieto-occipital regions. Different from cytogenetic edema which commonly caused by acute infarction, vasogenic edema is more generally found in PRES. Consequently, apart from acute infarction as a hyperintense signal on diffusion-weighted imaging (DWI) and decreased signal on apparent diffusion coefficient (ADC) map, PRES marked hypointensity on DWI and hyperintensity in ADC map.

Several previous studies indicated that there is close association between eclampsia and PRES2. Moreover, some studies believe that PRES is a core neuroimaging feature of severe eclampsia3. Most investigators are convinced of hypertensive encephalopathy is the pathogenesis between eclampsia and PRES4. In our case, the maternity developed severe proteinuria and hypertension in her late trimester. Brain MRI conducted on one day after seizure attack showed that there is multiple white matter edema over parieto-occipital regions. However, there is hyperintensity signal on DWI map combined with hypointensity signal on ADC maps, which may indicate the lesion, but not always, progress to true infarction. The patient's symptoms (headache, seizure and altered consciousness) indeed fully recovered on the third day after admission. Like most case series, PRES seemed to be fully reversible within a period of days to weeks after removal of the risk factor like well hypertension control. Improved radiographic findings falls behind of clinical recovery. We will keep following up the case with neuroimaging studies and observing the clinical prognosis.

Conclusions and future direction

Although there is no effective treatment, PRES is a reversible disorder if the possible risk factor been removed. In this case, we got some informatic association between PRES and eclampsia from our patient. After the patient delivered when eclampsia was well treated, clinical neurological impairment gradually resolved and further neuroimage would be followed. It is reported that when encounter to heterogenous clinical symptoms, there might be some specific biochemistry marker like BUN/Creatinine, liver function, platelet number could indicate whether an eclampsia combined with PRES5. Moreover, some studies believe that PRES in eclampsia might imply poor prognosis comparing to eclampsia without PRES6. Hope further larger investigation may give us the answer.

Reference

1. Hinchey J, Chaves C, Appignani B, et al. A reversible posterior leukoencephalopathy syndrome. N Engl J Med 1996; 334:494.
2. Cunningham FG, Twickler D. Cerebral edema complicating eclampsia. Am J Obstet Gynecol. 2000;182:94-100.
3. Brewer J, Owens MY, Wallace K, et al. Posterior reversible encephalopathy syndrome in 46 of 47 patients with eclampsia. Am J Obstet Gynecol. 2013;208:468.e1-6.
4. Jennifer E, Alejandro A, et al. Posterior reversible encephalopathy syndrome: clinical and radiological manifestations, pathophysiology, and outstanding questions. Lancet Neurol. 2015 14(9):874.
5. Camara-Lemarroy, C.R., Escobedo-Zúñiga, N., Villarreal-Garza, E., García-Valadez, E., Góngora-Rivera, F., Villarreal-Velázquez, H.J., Posterior reversible leukoencephalopathy syndrome (PRES) associated with severe eclampsia: clinical and biochemical features, Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health (2017), 2017.01.003
6. Bembalgi S, Kamate V, Shrutri KR. A Study of Eclampsia Cases Associated with Posterior Reversible Encephalopathy Syndrome. J Clin Diagn Res. 2015;9:QC05-7.

稿件編號：E023	Xp22.31 deletion Xp22.31 deletion
臨時稿件編號： 0766	潘季旻 <sup>1</sup> 吳琬如 <sup>1</sup> 彰化基督教醫院產產部 <sup>1</sup>
論文發表方式： 海報	This 37 years old female got pregnancy by IVF-ET due to poor ovarian function. However, severe oligohydramnios and megacystitis were noted at 20+5 weeks of gestational age. Deletion in chromosome Xp22.31 deletion was found, which was associated with X-linked ichthyosis. Additionally, the Xp22.31 deletion also includes VCX3A and KAL1/ANOS1 genes, which has been respectively associated with mental retardation. Therefore, termination of the pregnancy was performed. Following test reported the maternal carrier of the abnormal gene.
論文歸類： 產科	The second pregnancy was by IVF-ET as well. However, agenesis of right kidney was reported at 20+4 weeks of gestation. The following genetic test reported the same Xp22.31 deletion. After discussion with the patient, she kept the pregnancy and delivery at 38+2 weeks of gestational age. I will present the sonographic anomaly of the fetus and discussion of the Xp22.31.

稿件編號：E024	一種罕見的產後大出血：子宮動脈假動脈瘤破裂，案例研討 Postpartum uterine artery pseudoaneurysm rupture: a case report
臨時稿件編號： 0769	牛思云 <sup>1</sup> 張瑞君 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式： 海報	A 39-year-old woman (gravida 4, para 1, spontaneous abortion 1, artificial abortion 2 with medical termination) presented to emergency department, complaining of sudden-onset of dizziness with near syncope and cold sweating, without vaginal bleeding. A normal vaginal delivery was performed four days ago without equipment assistance. A female baby, 3288g, with Apgar score 7 and 9 in first and fifth minute was born. The blood loss during the operation was 300mL and the lochia in the first hour was 52g. She recovered smoothly and discharged as scheduled. She had laparoscopic left salpingectomy with left endometrioma drainage one year ago for infertility treatment. Adhesionolysis was performed over left ovarian fossa in the operation.
論文歸類： 產科	In the emergency department, she appeared with pale, diaphoretic and shallow breathing. Her initial vital signs were blood pressure 63/40mmHg, heart rate 91 beats/min, respiratory rate 19 breaths/min, and body temperature 35.8 degrees Celsius. Abdominal physical examination revealed tenderness over hypogastric region. There was no rebounding tenderness or muscle guarding. Pelvic examination showed less lochia rubra amount. Bed-side abdominal sonography illustrated no retained tissue in uterine cavity. Bilateral adnexa was unremarkable. However, ascites was seen over bilateral gutter and Morrison's pouch.  Hypovolemic shock with internal bleeding was impressed. Initial resuscitation included 2 liters of isotonic crystalloid and 2 units of red blood. However, the blood pressure dropped to 55/29mmHg. She also complained of severe upper abdominal cramping pain. Emergent abdominal computed tomography angiography showed a 1.4cm pseudoaneurysm arising from left uterine artery with heterogenous high attenuation of ascites. Active bleeding from the pseudoaneurysm was suspected. The resuscitation was followed by 2 liters of isotonic crystalloid, 8 units of red blood, 4 units of fresh frozen plasma, and 1 unit of single donor platelet. The blood pressure was 85/52mmHg and she was sent for emergent transcatheter arterial embolization.  After the transcatheter arterial embolization, she recovered well and discharged five days later.

稿件編號：E026	罕見先天性胎兒心臟異常：艾伯斯坦氏心臟病之產前診斷與預後個案分享 A case of rare congenital heart disease : Ebstein's anomaly and neonatal outcome.
臨時稿件編號： 0774	林育瑩 <sup>1</sup> 彰化基督教醫院產部 <sup>1</sup>
論文發表方式： 海報	Ebstein's anomaly (EA) is a rare congenital cardiac anomaly which was first described by Wilhelm Ebstein in 1866, occurs in about 1-5 per 200,000 live births, accounting for <1% of all congenital heart diseases. It is characterized by variable malformed and displaced tricuspid valve leaflets that are partly attached to the tricuspid valve annulus and partly attached to the right ventricular. Fetal echocardiography plays an important role in diagnosis, assessment and prognostic evaluation of this condition. Great Ormond Street Echocardiography (GOSE) score is measured by fetal echocardiography, and may give us a clue of the neonatal outcome and mortality. Here, we present a case report of Ebstein's anomaly with GOSE score stage 3 and its neonatal outcome.
論文歸類： 產科	

稿件編號：E025	胎兒無活動變形症：案例報告及文獻回顧 Fetal akinesia deformation sequence: a case report and review of literature
臨時稿件編號： 0771	陳涵英 <sup>1</sup> Joseph T. Thomas <sup>2</sup> 李建南 <sup>1</sup> 臺大醫院 <sup>1</sup> Mater maternal fetal medicine center <sup>2</sup>
論文發表方式： 海報	[Introduction] Most mothers can feel their babies moving in the wombs from around 16 to 20 weeks. Babies' activities may vary and decreased fetal movement might indicate fetus is currently under stress. Fetal akinesia deformation sequence is a disorder describing minimal fetal movements and characterized by a combination of arthrogryposis, fetal akinesia, intrauterine growth restriction, developmental abnormalities (cystic hygroma, pulmonary hypoplasia, cleft palate, cryptorchidism, cardiac defects and intestinal malrotation), and occasional pterygia of the limbs. [Case presentation] We hereby present a case of a 23-year-old, G3P2 female who is anti-Jka antibody negative. Her first pregnancy ends up with intrauterine fetal death due to uncertain reason. Her second pregnancy was uneventful except the neonate had jaundice after birth and required phototherapy. At this pregnancy, she was referred to our institute at 24th week of gestation due to arthrogryposis, umbilical cyst, absent of gastric bubble and hemivertebra. Both the karyotyping and array comparative genomic hybridization showed no abnormal results. During all the antenatal ultrasound surveillances, the fetus' neck had been in hyperextension position without active swallowing. Minimal movement of the limbs were observed. The women received elective Cesarean section due to previous Cesarean delivery at 37th week of gestation due to spontaneous labor. A male neonate at 2500g was delivered. The neonate received immediate intubation after delivery due to poor respiratory function related hypoxemia. After delivery, the neonate could not swallow nor having major movement on the limbs. On the 6th day post-delivery, the parents agreed on weaning off respiratory supportive system after discussing with palliative care team, pediatricians and social workers. After extubation, the neonate did not have spontaneous breathing and passed away on the same day. [Discussion] The fetal akinesia deformation sequence (FADS) is also known as Pena-Shokeir syndrome (PSS) type I. It is rare and the prevalence is about <1/1,000,000. The sequence may phenotypically overlap with multiple pterygium syndrome or neuromuscular junction disorders. [Conclusion] Genetic analysis may help unveil the underlying causes of fetal akinesia. Early diagnosis of FADS could provide parents with comprehensive genetic counseling and proper clinical management.
論文歸類： 產科	

稿件編號：E027	懷孕 37 週之心衰漏案報告及鑑別診斷 Differential diagnoses for heart failure at 37 weeks' gestation: a case report.
臨時稿件編號： 0783	陳琨凌 <sup>1</sup> 東元綜合醫院 <sup>1</sup>
論文發表方式： 海報	Introduction: As shortness of breath is common in the peripartum period, a high index of suspicion is required to not miss the diagnosis of potentially life-threatening disease. Important differential diagnoses leading to heart failure(HF) include hypertensive heart disease during pregnancy, pulmonary embolism(PE), peripartum cardiomyopathy(PPCM), myocardial infarction(MI), and pre-existing heart disease.  Case Report: A 36-year-old remarried woman, G5P4A0 at 37 weeks' gestation, presented to emergency department(ED) with a sudden onset of shortness of breath and cough since an hour ago on Sep. 22, 2021. With history of type 2 diabetes mellitus and gestational hypertension, she has been taking aspirin 100mg daily to prevent preeclampsia during her prenatal checkups in our hospital. At her arrival of ED, her consciousness was clear (GCS E4V5M6), while her vital signs showed tachycardia, tachypnea, hypertension and desaturation (T/P/R: 37.6C/15.3bpm/26/min, BP:174/115mmHg, SpO2:79%). Physical exam showed distended jugular vein and lower limbs edema. Lung auscultation revealed rales. Positive findings of laboratory data included BNP:439, Tro-I:17.6, Glu:189. ABGs revealed respiratory acidosis (PH:7.270, PaO2:74, PaCO2:43.4, HCO3:19.3, BE:-6.4). COVID-19 PCR was negative. Due to HF and impending respiratory failure, emergent cesarean section was done under general anesthesia. After C-section, she was admitted to ICU. Chest x-ray showed cardiomegaly and pulmonary edema. Ultrasound cardiography showed borderline LA and LV size, LV systolic dysfunction with LVEF: 49%, and LV global hypokinesia. After empirical antibiotics with Tazocin, diuretics as heart failure therapy, and perlipine pump as anti-hypertensive agents, her hemodynamic status improved gradually. Endotracheal tube with ventilator support was kept postoperatively until extubation on POD3. On POD 5, she was transferred to ward and all medications were shifted to oral form. On POD 7, she was discharged under stable condition.  Discussion: PPCM is typically presenting as HF with reduced ejection fraction in the last month of pregnancy or within 5 months following delivery in women without another known cause of HF. Hypertensive heart disease may cause diastolic HF, which would show consistent findings on echocardiography. Pregnancy and the early postpartum period are associated with increased risk of venous thrombosis, and the presence of dyspnea without evidence of HF favors the diagnosis of pulmonary embolus(PE) over PPCM. PE can be diagnosed by computed tomographic angiography(CTA). MI is rare in women of childbearing age. Since pre-existing heart disease can be unmasked by pregnancy, HF is more likely to manifest antepartum or early in pregnancy.  Conclusion: PPCM is associated with high morbidity and mortality, but also with a high probability of partial and often full recovery. Prompt delivery is suggested in women with PPCM with hemodynamic instability. The management of HF caused by PPCM is similar to that of HF due to other causes. The risk of recurrence with subsequent pregnancy is highest among women with persistent LV systolic dysfunction (LV ejection fraction <50 percent). Thus, such women are advised to avoid pregnancy due to the risk of HF progression and death.
論文歸類： 產科	

稿件編號：E028	因巨細胞病毒感染而有嚴重肋膜積水及肝脾腫大的胎兒 Severe pleural effusion and hepatosplenomegaly in a CMV infected fetus
臨時稿件編號： 0790	周維新 <sup>1</sup> 陳敬軒 <sup>1</sup> 臺北市立聯合醫院和平婦幼院區 <sup>1</sup>
論文發表方式： 海報	We presented a case of 25-year-old pregnant woman, without specific findings noted in her prenatal screenings. But ultrasonographic fetal abnormalities of pericardial effusion, cardiomegaly, ascites and hepatomegaly in her third trimester, 27 weeks. Then the full set of maternal hematology test was done, and congenital CMV infection was diagnosed by positive IgG titer.
論文歸類： 產科	As the following result that intrauterine uterine fetal distress was found in her 27+6 weeks and the patient underwent the termination procedure.

稿件編號：E029	孕前母親肥胖、妊娠糖尿病與高血壓對學齡前兒童生長之影響之世代研究 The effects of maternal obesity, gestational diabetes and hypertension on overweight in preschool children: a population-based cohort study
臨時稿件編號： 0793	洪毅芳 <sup>1</sup> 黃元德 <sup>1</sup> 衛生福利部嘉義醫院 <sup>1</sup>
論文發表方式： 海報	Objective: This study aims to investigate the impact of perinatal adverse conditions and related risk factors on overweight/obesity (OWOB) in preschool children, and to explore the relationship and interaction between these risk factors.
論文歸類： 產科	Materials and methods: The subjects of this study come from the Taiwan Birth Cohort Study database. The subjects of this study come from the Taiwan Birth Cohort Study database. This is a national survey of 24,200 mother and newborn pairs sampled from 206,932 live births in Taiwan in 2005. This study has four waves of interview data from birth to 66 months. Our study categorized risk factors for OWOB in children into four categories, including neonatal status, maternal weight factors, child care factors, and related socio-economic background. We performed multivariate analysis and chi-square test to compare whether there were differences in risk factors among gestational diabetes (GDM), hypertensive disorder during pregnancy (HDP), and pre-pregnancy overweight. Multiple statistical models for influential factors were developed to analyze the differences of the impact to childhood OWOB at different ages and the interaction between related risk factors. Results: There is no significant difference in the distribution of risk categories for mothers with diabetes or HDP, except for the unfavorable neonatal conditions, the maternal age and pre-pregnant body weight. Offspring born to GDM and obese mothers exhibited relatively higher body weight from birth to age of 66 months. Pre-pregnancy overweight mothers have a significantly higher chance of developing OWOB in children at each age stage, and the phenomenon of obesity rebounding occurs earlier when the children are at the age of 36 months. Pre-pregnancy overweight is the main risk factor for OWOB in children of all ages. After adjusted for related risk factors, the odds ratio (ORs) of pre-pregnancy overweight to offspring OWOB at each age stage was between 1.37 and 3.09. In contrast, the ORs for OWOB in offspring of GDM and HDP mothers ranged from 0.92 to 2.58 and 0.83 to 1.13, respectively. All the ORs of childhood OWOB in three groups increased with age. The pre-pregnancy overweight and excessive weight gain during pregnancy interacted with the maternal GDM and HDP on children's OWOB. Conclusion: Mothers with pre-pregnancy overweight, GDM and HDP have a relatively higher proportion of OWOB in their offspring. Mothers of GDM have higher birthweight infants, overweight before pregnancy, and excessive weight gain during pregnancy are the most important risk factors for childhood OWOB. The risk of OWOB in the offspring of mothers with pre-pregnancy obesity, GDM and HDP will increase with age. Maternal obesity plays the most important role in OWOB risk in preschool children, regardless of the child's age.

稿件編號：E030	新生兒鎖骨骨折的預後和結果：單一機構的經驗 Prognosis and outcome of neonatal clavicle fracture: A single institution experience
臨時稿件編號： 0796	蔡卉馨 <sup>1</sup> 劉錦成 <sup>1</sup> 李政君 <sup>2</sup> 童綜合醫療社團法人童綜合醫院婦產部 <sup>1</sup> 童綜合醫療社團法人童綜合醫院放射診斷科 <sup>2</sup>
論文發表方式： 海報	The incidence of perinatal clavicle fracture ranges from 0.2 to 3.5%. It is the most common birth injury. The exact mechanism of clavicular fracture during delivery is unclear, it is generally suggested that this fracture results from the compression of the fetal anterior shoulder against the maternal symphysis pubis. Previous studies have reported various risk factors for the occurrence of neonatal clavicular fracture during delivery, including maternal age, instrumented delivery, birth weight, shoulder dystocia, and post-term delivery.
論文歸類： 產科	Clavicular fracture is a concern for parents and often a cause for discontent regarding the quality of delivery, but this fracture can be an unavoidable complication during birth. The aim of this study was therefore to determine the prognosis of neonatal clavicle fracture in our series.

稿件編號：E031	剖腹產疤痕外孕：個案報告及文獻回顧 Cesarean Scar Pregnancy: case report and review of literature
臨時稿件編號： 0798	陳立珊 <sup>1</sup> 蕭國明 <sup>1</sup> 新光吳火獅紀念醫院婦產科 <sup>1</sup>
論文發表方式： 海報	Introduction Cesarean scar pregnancy(CSP) is one of the rarest forms of ectopic pregnancy and increased recently as the number of cesarean section performed worldwide has increased. The majority of CSPs have been diagnosed by transvaginal sonography in the early weeks of pregnancy. A delay in diagnosis and treatment can lead to uterine rupture, massive bleeding, hysterectomy and even life-threatening condition. Despite the exponential increase in the number of cases, there has been no universal consensus for treatment and management of CSP established up to date. Because of the limited number of reports with a large number of cases. Treatments vary from expectant management, medical management, local treatment and surgical approach.
論文歸類： 產科	Case presentation We present a case of 40-year-old old pregnant patient, thirdgravid, with a history of previous cesarean sections. She was 5 weeks late on her period with positive pregnancy test. Transvaginal ultrasound showed a 2cm gestational sac located at the site of the previous cesarean section scar. The patient received systemic methotrexate first but in vain. So, we used second dose of systemic MTX combined with transvaginal ultrasound-guided puncture and injection of methotrexate inside the gestational sac. Thereafter she remained in weekly monitoring, progressing with falling b-hCG until non-pregnant level. An year later she referred in 6 weeks of cesarean scar pregnancy again. This time, we offered the patient with option of systemic combine with local MTX together. An additional dose of systemic MTX was injected because decline of b-HCG was less than 15%. Her follow-up scan b-hCG showing decreasing trend. Conclusion Transvaginal ultrasound-guided aspiration of a gestational sac followed by a local methotrexate injection is an effective way of preserving the fertility of women with an unruptured CSP. For those CSP patient with higher b-hCG, systemic followed by local MTX is safe. Although the treatment course tends to be longer than other modalities, this method offers excellent success rates, with fertility preservation and few complications.

稿件編號：E032	剖腹產後急性闌尾炎之個案報告 Acute appendicitis after Cesarean birth: a case report
臨時稿件編號： 0800	劉洸含 <sup>1</sup> 傅皓聲 <sup>1</sup> 王培儀 <sup>1</sup> 簡立維 <sup>1</sup> 區慶建 <sup>1</sup> 台北醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	This 47-year-old woman, G2P1, presented at 35 6/7 weeks of gestation for scheduled cesarean delivery due to previous cesarean delivery, previous myomectomy and fetal transverse presentation. The patient had a history of severe mitral regurgitation after conception and regular follow up at CV OPD. Her had underwent laparoscopic endometriotic cystectomy of bilateral ovary, pelvic adhesiolysis, laparotomy adenomyosis debulking and myomectomy, and laparoscopic drainage of right tubo-ovarian abscess. Her previous pregnancy was complicated with preeclampsia with severe features, cesarean delivery at 24 weeks of gestation due to HELLP syndrome and uncontrolled hypertension. She had an uneventful recovery. She was prescribed oral aspirin from 16 weeks of gestation for current pregnancy. At 30 weeks of gestation, sFlt-1/PIGF was 1.6. Prenatal examination was normal. The day after cesarean birth, she passed flatus smoothly. She tolerated solid food well on postoperative day 3. Postoperative pain was relieved with oral acetaminophen and ibuprofen as needed. On postoperative day 4, the patient complained of epigastric pain which radiated to right lower quadrant 6 hours later, followed by fever in another 8 hours. On physical examination, mild tenderness without rebound pain was noted in right lower abdomen. Blood WBC level was 9610/uL, neutrophil 94.3%, and CRP 29.33 mg/dL. On computed tomography, ruptured appendix was suspected. She underwent emergent laparoscopic appendectomy and percutaneous drainage by general surgeon. She has had an uneventful recovery and was discharged on postoperative day 8. Postnatal acute appendicitis will be discussed.
論文歸類： 產科	

稿件編號：E033	超高齡懷孕之個案報告 Pregnancy in the late fifth decade- A case report
臨時稿件編號： 0801	張若凡 <sup>1</sup> 台北醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	This 59-year-old woman, G2P1, presented at 30 5/7 weeks of gestation with hypertension. She did not report headache, visual disturbance, breathlessness, right upper quadrant pain, or oliguria. She has conceived after in-vitro fertilization with donor eggs at a local fertility clinic. Her husband aged 61 years. She underwent hysterotomy of previous pregnancy at 23 2/7 weeks because of failed medical termination for fetal brain anomaly. She has had regular prenatal examination. At 9 weeks of gestation, 75-g OGTT showed 83 mg/dl, 247 mg/dl, and 183 mg/dl. She was diagnosed with type II diabetes, and referred to dietitian for medical nutritional therapy. She was prescribed with aspirin 100 mg daily from 12 weeks' gestation. Cell-free DNA screening showed low risk for Down's syndrome. After discussion, she has consented not to undergo amniocentesis for fetal karyotyping and chromosomal microarray analysis. Mid-trimester detailed obstetric ultrasonography screened negative for major fetal major structural anomaly. At 21 weeks of gestation, blood sugar was 84 mg/dl(AC) and 120 mg/dl(1h). Ultrasonography at 30 weeks of gestation revealed BPD 7.6 cm, AC 25.9 cm, and EFW 1435 g. On examination at delivery room, BP was 158/87 mmHg, otherwise normal. Urine protein was negative. Platelet, GOT, GPT, LDH and creatinine levels were normal. She was thus admitted for management. Antenatal corticosteroid therapy and intravenous MgSO4 were administered. At 34 0/7 weeks of gestation, the patient experienced excessive vaginal water discharge and bleeding 150-200 mg in weight. Electronic fetal monitoring showed fetal bradycardia with moderate variability. An emergent cesarean delivery was thus indicated for non-reassuring fetal status with suspected placenta abruption and previous hysterotomy. Pediatrician was consulted to provide newborn care at operation room. A living newborn was delivered with 2229 g in weight and Apgar score 9, 10 at one and 5 minutes, respectively. Retroplacental blood clot was found intraoperatively. The patient has had an uneventful recovery. Pregnancy outcomes of extremely advanced maternal age (> 45 years) will be discussed.
論文歸類： 產科	

稿件編號：E034	產後急性心臟病變成功治療案例報告 A Case Report of Successful Management of Postpartum Cardiomyopathy
臨時稿件編號： 0806	胡晉碩 <sup>1</sup> 詹景全 <sup>2</sup> 陳敬軒 <sup>1</sup> 林奕吟 <sup>2</sup> 臺北市立聯合醫院和平婦幼院區 <sup>1</sup> 臺北市立聯合醫院仁愛院區 <sup>2</sup>
論文發表方式： 海報	Maternal mortality is an indicator of health and socioeconomic development. During 2016 to 2021, amniotic fluid embolism, pulmonary embolism, pre-eclampsia and peripartum cardiomyopathy (PPCM) accounted for 74.2% maternal death in Taiwan. These life-threatening complications share similar symptoms such as shortness of breath, chest pain, palpitations, fatigue, hypertension/hypotension, and swelling in the legs or ankles. Timely recognition and management of these complications are crucial to prevent severe morbidity and mortality. Here we report a case of PPCM that was correctly identified and managed using conservative measures. A 37-year-old woman who was pregnant with twins underwent tocolysis for 10 days before having a cesarean delivery. Shortness of breath and hypertension crisis soon developed after surgery. The patient was intubated and transferred to the intensive care unit. The diagnosis of PPCM was confirmed by cardiac Doppler sonography and computed tomography. The patient was treated with furosemide, nitroglycerin and nicardipine and she recovered after six days of intensive care.
論文歸類： 產科	

稿件編號：E035	三軍總醫院 COVID-19 確診產婦綠色通道經驗分享 Green pathway for COVID-19 infected pregnancy patients. From ER to isolated ward for delivery. Experience share of TSGH
臨時稿件編號： 0816	黃士庭 <sup>1</sup> 三軍總醫院 <sup>1</sup>
論文發表方式： 海報	Since 2022/05, an outbreak of COVID-19 pandemic took place in Taiwan. At that time, more than 50000 of people got infected per day, including pregnancy patient. For these pregnancy patient, green pathway is essential for them due to higher morbidity and mortality rate of the disease. After the outbreak, we established the green pathway immediately. Separate the pregnancy people from other COVID-19 infected people while they visited ER. Once admission is indicated, the patients were transferred to isolated ward for further management. We also established an emergency deliver room at ER for these patients if deliver is necessary before transferring the patient to the isolated ward. With this pathway, we deliver around 30 infant of pregnancy patient within 2 months. The average time from ER to isolated ward around 1 hour. No infant was infected of all cases.
論文歸類： 產科	

稿件編號：E036	一位孕婦合併罕見巨大陰部腫瘤 A rare case of giant perineal tumor during pregnancy
臨時稿件編號： 0817	謝中凱 <sup>1</sup> 蘇茗軒 <sup>1</sup> 衛生福利部雙和醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Condyloma acuminata is a widespread sexually transmitted disease. Risk factors include early coital age, immunosuppression, and unprotective sexual activity. We introduced a 25-year-old female patient, G2P1(Cesarean section due to malpresentation), with pregnancy 34+2 weeks of gestation, was presented to emergent department with vaginal watery discharge. Besides, a giant perineal tumor with active bleeding was also noticed. According to patient herself, she was divorced, and the man accompanied with her is her another relationship. She had recurrent condyloma history since she was 15. This time of pregnancy, she received antenatal check-up at local clinic and all reports were within normal except the perineal tumor, which rapidly progressed in size during her third trimester. The tumor always bled, and she had to change pad several times a day. During pelvic examination, extensive papillary lesions occupied both vulva and perianal region with blood and pus-like discharge. Nitrazine test was positive. Laboratory testing revealed hemoglobin 5.8g/dL. Due to premature rupture of amniotic membrane, previous cesarean section, risk of vertical transmission, we arranged emergent cesarean section on the same day. We also removed the active bleeding perianal lesions. The final pathology reported giant condyloma acuminata with focal moderate dysplasia(p16+) of skin composed of epithelial fronts covered by hyperplastic squamous cells with koilocytosis. Condyloma acuminata is associated with HPV type 6 and 11 infection. Symptoms include pain, itching, and could be asymptomatic during pregnancy. The lesions tend to grow rapidly during pregnancy owing to the immunocompromised status. Treatment should consider patient's gestation, symptoms, and adverse effect. Centers for Disease Control and Prevention concluded that there is no clear consensus on cesarean delivery as a prevention of mother-to-child transmission. HPV vaccine during pregnancy is not recommended.
論文歸類： 產科	

稿件編號：E037	胎兒胸腔積水 A fetus with Primary Pleural Effusion
臨時稿件編號： 0818	涂育綾 <sup>1</sup> 許瑋芸 <sup>1</sup> 唐德富 <sup>1</sup> 高雄醫學大學附設醫院 <sup>1</sup>
論文發表方式： 海報	Fetal pleural effusions arise in 1 out of every 15000 pregnancies, which may cause a significant risk of perinatal morbidity and mortality. Depending on the underlying etiologies, pleural effusions can be classified into either primary or secondary. Massive pleural effusions may compress the normal space for developing lungs, ending up with fetal pulmonary hypoplasia, and also the development of further cardiac compression, compromised venous return, and even heart failure or hydrops. Therefore, thorough antenatal investigation is necessary. Here is a case about a pregnant woman with fetal pleural effusion. Case Presentation This 32-year-old pregnant woman has no underlying disease. However, fetal pleural effusion was found at 31 weeks of gestational age during routine antenatal care. Upon initial examination, fetal sonography demonstrated bilateral pleural effusion without mediastinal shifting, generalized subcutaneous edema, mild ascites and polyhydramnios. During prior antenatal care, there was no pregnancy-induced hypertension or gestational diabetes mellitus. Moreover, previous amniocentesis revealed normal karyotype, and maternal TORCH serology disclosed normal findings. Level II sonography at around 20 weeks gestational age showed no structural anomaly. Due to the above reasons, she was admitted for further managements including thoracentesis, drainage of excess amniotic fluid, and two 12-mg doses of betamethasone 24 hours apart for fetal lung maturation. At 32 weeks of gestational age, scheduled cesarean section was performed due to worsening hydrothorax. A live male neonate with 2405g body weight was delivered with APGAR score of 1 point turning to 1 point at 1st and 5th minute respectively. Bilateral thoracentesis was performed and further analysis revealed cell count> 1000 cells/L with lymphocytosis > 80%. Therefore, congenital chylothorax was suspected and weaning from mechanical ventilation was successful after neonate team's care. Conclusion Fetal pleural effusions can be associated with significant perinatal morbidity and mortality. When diagnosed antenatally, referral to a tertiary fetal medicine center is recommended. Multidisciplinary team should collaborate extensively prenatally and postnatally.
論文歸類： 產科	

稿件編號：E038	妊娠 18 週早期破水併嚴重羊水過少之孕婦成功安胎至妊娠 34 週自然產案: 案例報告與文獻回顧
臨時稿件編號： 0819	Pregnancy at 18 weeks with previable preterm premature rupture of membrane and prolonged oligohydramnios successfully had tocolysis and gave birth at 34 weeks of gestation: a case report and literature review  戴崇怡 <sup>1</sup> 謝汶圻 <sup>1</sup> 李毅評 <sup>1</sup> 蕭國明 <sup>1</sup> 新光醫療財團法人新光吳火獅紀念醫院婦產科 <sup>1</sup>
論文發表方式： 海報	Objective Preterm premature rupture of membrane (PPROM) at extremely preterm gestation (before 24 weeks) called previable PPRM, affecting approximately 1 in every 1000 birth, and it carries significant maternal morbidity, neonatal morbidity and mortality. Here we present a case of pregnancy at 18 weeks with previable PPRM and prolonged oligohydramnios had successfully tocolysis and gave birth at 34 weeks of gestation with favorable neonatal outcome.  Case report We present a 36-year-old female, Gravida 1 Para 0, with an uncomplicated pregnancy at 18+2 weeks of gestation. She had massive amount of watery discharge from the vagina, and we confirmed rupture of membrane via Placental alpha microglobulin-1 protein assay (AmniSure) and minimal amniotic fluid (AFI) by ultrasound scan. Previable PPRM with severe oligohydramnios was diagnosed, and she received expectant management in our hospital. The prophylactic antibiotics regimen consisted of oral Azithromycin (1 g single dose) plus intravenous Ampicillin (2 g every 6 hours) for 48hrs, followed by oral Amoxicillin (250 mg every 8 hours). The maternal and fetal status were evaluated daily and obtained cervical culture and lab survey weekly. We use tocolytic agents with Ritodrine 100 mg in D5W 500 ml run 10 ml/hr and intramuscular Dexamethasone (6mg every 12 hours) for 48hrs once viability had been reached. Serial ultrasounds showed of AFI increased gradually, it was reached to 8 cm at 34 weeks of gestation. Total latency period was 113 days. The female fetus was successfully delivered at 34 weeks of gestation via normal spontaneous delivery: The body weight was 2045 gm, body length: 45 cm and Apgar score 1 min→ 5 min was 7' → 9'. The fetus was discharged after preterm care at neonatal intensive care unit and completion of routine discharge screening. At present, the child is 2-year-old without abnormal condition with favorable outcome.  Conclusion Previable PPRM with prolonged oligohydramnios appears to negatively influence of maternal or neonatal outcome. Expertise counselling is needed to explain risks and benefits of expectant management. Serial assessments for infection, labor, placenta abruption and fetal growth of neonatal status is necessary. Prophylactic antibiotics are reasonable to use and administer corticosteroid at fetal viability and delivery at 34 weeks of gestation is appropriate. Favorable outcome without morbidity after previable PPRM is possible with careful monitoring and management.
論文歸類： 產科	

稿件編號：E039	剖腹產疤痕懷孕 Cesarean scar pregnancy
臨時稿件編號： 0820	黃翠玉 <sup>1</sup> 黃翠娜 <sup>1</sup> 彰化秀傳紀念醫院 <sup>1</sup>
論文發表方式： 海報	Background: Cesarean scar pregnancy (CSP) has an increased prevalence over the past two decades, secondary to an increase in primary and repeat cesarean sections. Early diagnosis of a CSP is crucial, which may often be missed or misdiagnosed as either a cervical pregnancy or an incomplete abortion. While diagnosis has improved with the technological improvement in ultrasonography, optimal management of CSP is still unknown and a standard of care has not been identified. Here we present a case of CSP diagnosed in the first trimester and managed with hysteroscopy successfully.  Case report: This 42-year-old G5P2AA2 woman complained of delayed menstrual period for a week with early pregnancy status confirmed. Tracing back her obstetrical history, she has cesarean section twice. She visited our OPD weekly twice with transvaginal sonography (TVUS) revealed empty endometrial cavity without intra-uterine gestational sac (IUGS). Beta-hCG titer was checked with 1,103 mIU/mL reported. Further follow-up TVUS a week later remained empty endometrial cavity with elevated beta-hCG titer (8,854 mIU/mL) noted. Recheck of beta-hCG titer 2 days later reported 15,005 mIU/mL. TVUS detected a sac-like cyst measuring 1 cm which was located at endocervix area, with cervical pregnancy suspected. Recheck of beta-hCG titer 3 days later reported 21,791 mIU/mL. TVUS revealed gestational sac without fetal pole located at anterior of isthmus with myometrial thickness measurement between anterior uterine surface and gestational sac around 1.4 mm. Under the impression of cesarean scar pregnancy and after explaining to the patient about the serious consequences, including hemorrhage, abnormal placentation and uterine rupture, prophylactic transarterial embolization (TAE) of uterine artery followed by careful hysteroscopic extraction of chorionic tissue under direct vision was arranged. Further follow-up of beta-hCG post-operatively revealed obvious declination to 5.1 mIU/mL during her third week follow-up, with complete evacuation of chorionic tissue concluded.  Conclusion: CSP is a rare and potentially life-threatening ectopic pregnancy. Diagnosis of CSP could be done by complete history taking and careful examination. Ultrasound is the main modality to identify the type of CSP. Treatment of CSP is individualized, either by surgical or medical approach. Early diagnosis and precise treatment is very important to decrease the morbidity and mortality of CSP. However, further research regarding diagnostic methods or treatment guidelines for CSP could be considered.
論文歸類： 產科	



稿件編號：E040	案例報告：胎兒 OEIS 綜合症（臍膨出、膀胱外翻、肛門閉鎖和脊椎缺損）在 MRI 下的發現
臨時稿件編號：0823	Case report: Fetal MRI finding of OEIS complex (Omphalocele, Exstrophy of the bladder, Imperforate anus, and Spinal defects)
論文發表方式：海報	呂奇樺 <sup>1</sup> 古宇倫 <sup>1</sup> 嘉義長庚醫院 <sup>1</sup>
論文歸類：產科	Omphalocele, exstrophy of the bladder (cloaca), imperforate anus and spinal defect (OEIS Complex) was firstly described by Carey and colleagues in 1978, which is rare and estimated to occur in 1 of 200,000 – 400,000 live births. This case study describes a 33-year-old woman who had regular prenatal examinations since 12 weeks' gestation and diagnosed OEIS by ultrasound and fetal MRI at 18 and 22 weeks' gestation respectively. Non-invasive prenatal testing (NIPT) was done at 12 weeks, which reported low risk of trisomy 13, 18, and 21. This case study will summarize risk factors, appropriate diagnostic examination, and show images of OEIS under MRI and clinical management of this case.

稿件編號：E041	懷孕併蜘蛛膜囊腫及顱內壓升高之自然產照護
臨時稿件編號：0826	Pregnancy complicated with arachnoid cyst and IICP sign: report of vaginal delivery
論文發表方式：海報	李艾倫 <sup>1</sup> 基隆長庚婦產部 <sup>1</sup>
論文歸類：產科	A 30-year-old nulliparous woman, with her first pregnancy received regular antenatal care at our hospital without anomalies. Her medical history includes a chronic subdural hematoma status post burr hole drainage in 2006. At 38 weeks and 4 days of gestation, an elevated blood pressure (BP) 153/100 mmHg was recorded with dipstick proteinuria 3+. Under the impression of pre-eclampsia, she was admitted for induction. We then induced labor with vaginal dinoprostone followed by intravenous oxytocin. Her headache recurred despite treatment with acetaminophen, and this time, was accompanied with nausea and vomiting. BP at the time was 138/103 mmHg, and she denied having blurry vision, right upper abdominal pain or neck stiffness. Besides her headaches, the labor course was uneventful, and she underwent an uncomplicated vaginal delivery. The female neonate weighed 2320 g with Apgar scores of 9 and 10 at 1 and 5 min, respectively. The infant was admitted to the baby room. We prescribed 1g of intravenous magnesium sulphate on postpartum day 1. A brain computed tomography was arranged due to a persistent postpartum headache, revealing a left temporo-frontal arachnoid cyst with no midline deviation. Our case is the first report on the relation between intracranial arachnoid cysts, pregnancy, and a safe vaginal delivery.

稿件編號：E042	煙霧病導致的出血性中風在早期妊娠的處理
臨時稿件編號：0830	Management of hemorrhagic moyamoya disease in pregnancy: case report
論文發表方式：海報	李秀庭 <sup>1</sup> 賴禹儒 <sup>1</sup> 三軍總醫院婦產部 <sup>1</sup>
論文歸類：產科	<p><b>Abstract</b> We report a rare case of a 27-year-old woman presenting severe hyperemesis gravidarum since pregnancy and developed newly headache. Neurologic deterioration and with hemorrhagic stroke occurred as an initial manifestation of moyamoya disease at pregnant 20 weeks. We conducted an artificial abortion with cesarean delivery when her neurological symptoms rapidly became refractory. Progression of neurologic deficits was halted immediately after artificial abortion, resulting in regained independence, mild motor aphasia and right hemiparesis due to improved blood pressure and brain flow. We emphasize that rapid induced abortion in early pregnancy is an appropriate treatment for moyamoya disease patients with pregnancy-related stroke to correct hemodynamic instability and inhibit the progression of neurologic symptoms.</p> <p><b>Introduction:</b> Stroke is a relatively rare complication of pregnancy, with an estimated incidence of 10 to 34 cases per 100,000 deliveries. However, stroke during pregnancy can have significant consequences for both the mother and baby, and certain conditions, such as Moyamoya disease. The exact prevalence of Moyamoya disease in pregnancy is not well established, as the condition is rare and often underdiagnosed. However, several case reports and small case series have documented cases of Moyamoya disease in pregnant women, and the incidence is believed to be higher in some populations, such as those of Asian descent.</p> <p><b>Case presentation:</b> A 27-year-old woman, primigravida, without past history before, only presented with severe hyperemesis gravidarum since her sixth week of pregnancy. Newly developed headache also occurred since pregnancy. She didn't pay much attention at first. Her family and colleague, and even her obstetric doctor thought it was simply hyperemesis gravidarum. However, she was hospitalized after developing sudden general weakness, speech and gait disturbances during meeting. Neurologic examination revealed mild disturbance of consciousness. When ultrasound examination, the GCS dropped sudden more than 5 points within normal blood pressure. Emergency intubation was done immediately. Brain CT revealed: IVH, bilateral ventricle, 3rd and 4th ventricle with acute hydrocephalus. Emergent surgical intervention of right EVD with right ICP monitoring was done. After the operation, she was admitted him to our NS-ICU for post-operative care. We administered medication for blood pressure control, infection control, seizure prevention, re-bleeding prevention, and stress ulcer prevention. The next day, angiography of cerebral revealed narrowing of the bifurcation of bilateral internal carotid arteries, multifocal stenosis of bilateral anterior cerebral arteries and middle cerebral arteries with marked collateral vessels. It is suggestive of moyamoya syndrome, Suzuki stage III. Surgical intervention of EVD externalization and abortion with Cesarean delivery were done at pregnant 20 weeks that after stroke 2 weeks. After abortion, progression of neurological deficits stopped immediately, leading to regained GCS to E4M6V2-3, mild motor aphasia and right hemiparesis due to improved brain flow regain. For stable condition, the patient was transferred to ordinary ward after post-abortion day 5. We followed the CSF examination that no obvious abnormal was found and the V-P shunt was performed. And patient was transferred for rehabilitation and long term care.</p> <p><b>Discussion:</b> Moyamoya disease is a rare cerebrovascular disorder characterized by the progressive narrowing and occlusion of the blood vessels in the brain, which can lead to decreased blood flow and an increased risk of stroke. While the condition can affect people of all ages and genders, it is more commonly diagnosed in children and young adults. Pregnancy can pose unique challenges for women with Moyamoya disease, as the increased blood volume and hormonal changes of pregnancy can exacerbate the condition and increase the risk of complications. Moyamoya disease who become pregnant may be at higher risk of stroke, preeclampsia, and fetal growth restriction, among other issues.</p>

稿件編號：E043	產科病例報告:闊帶帶之異位妊娠
臨時稿件編號：0834	A case report: A right side broad ligament ectopic pregnancy mimic as a myoma
論文發表方式：海報	楊清淳 <sup>1</sup> 何倩瑩 <sup>1</sup> 郭美好 <sup>1</sup> 許乃涵 <sup>1</sup> 謝保群 <sup>1</sup> 台中中港澄濟醫院 <sup>1</sup>
論文歸類：產科	An ectopic pregnancy is an extrauterine pregnancy, occurs in about 2% of all pregnancies. Most ectopic pregnancies (more than 90%) occur in the fallopian tube. This time, we are glad to share a special case of an uncommon type of ectopic pregnancy that occurred at right side broad ligament. This 33-year-old pregnant woman, G1P0A0, developed progressive right lower abdominal dull pain without vaginal bleeding during early pregnancy, and visited our OPD at GA:6+0/7 weeks. The physical exam showed marked tenderness over lower abdomen without rebound pain. Pelvic exam revealed no active bleeding but mild right side motion tenderness. The transvaginal ultrasound showed no gestational sac in uterine cavity under the serum β-HCG level up to 13101.99 mIU/mL, but a right side visualized adnexal mass was detected clearly with signal of Fetal Heart Beat and RING-OF-FIRE sign, implying an ectopic pregnancy. Laparoscopic surgery was then performed. There was only mild clear fluid in Cul-de-Sac, but a marked non-bleeding mass lesion (3x2x2cm) mimic as a myoma, located at right side broad ligament. We carefully removed this lesion, sent it for pathological examination, which reported "degenerated chorionic villi, trophoblasts and decidual tissue", compatible with the diagnosis of ectopic pregnancy." After surgery, she stayed in OBGYN ward for another 2 days, then discharge under fair condition. The followed serum β-HCG level had dropped gradually and returned to the normal after 3 weeks.

稿件編號：E044	產前診斷鑲嵌型等臂染色體 20q (mosaic isochromosome 20q) 併良好預後 Prenatal diagnosis of mosaic isochromosome 20q with a favorable outcome
臨時稿件編號： 0835	郭昱伶 <sup>1,2,3</sup> 吳依萍 <sup>3</sup> 洪宜慈 <sup>3</sup> 陳阿香 <sup>3</sup> 黃雅薇 <sup>3</sup> 洪慈純 <sup>3</sup> 郭佩雯 <sup>2</sup> 王禎鞠 <sup>2</sup> 莊蕙瑜 <sup>1</sup> 陳持平 <sup>4</sup> 高雄醫學大學附設醫院產部 <sup>1</sup> 高雄醫學大學附設醫院遺傳諮詢中心 <sup>2</sup> 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 <sup>3</sup> 馬偕紀念醫院產部 <sup>4</sup>
論文發表方式： 海報	Objective We present prenatal diagnosis of mosaic isochromosome 20q at amniocentesis with a favorable outcome.
論文歸類： 產科	Case Report A 36-year-old, gravida 1, para 0 woman underwent amniocentesis at 17 weeks of gestation because of advanced maternal age. In 5 of 34 colonies of the cultured amniocytes, an abnormal karyotype of 46,XX,i(20)(q10) was noted, whereas the other 29 colonies had a karyotype of 46,XX. The conventional cytogenetic result of the cultured amniocytes thus was 46,XX,i(20)(q10)[5]/46,XX[29]. The prenatal ultrasound findings were unremarkable. The parental karyotypes were 46,XY and 47,XXX[6]/45,X[5]/46,XX[39], respectively. After initial genetic counseling, repeated amniocentesis was performed. Array comparative genomic hybridization (aCGH) and quantitative fluorescent polymerase chain reaction (QF-PCR) were performed on uncultured amniocytes. aCGH detected no genomic imbalance and QF-PCR analysis excluded uniparental disomy 20. At 38 weeks of gestation, a healthy 3335gm female baby was delivered uneventfully with no phenotypic abnormality. Cytogenetic analysis of the cord blood revealed a karyotype of 46,XX. Discussion Cytogenetic discrepancy between cultured and uncultured amniocytes in mosaic i(20q) was found from previous literature. Some suggested that i(20q) at amniocentesis can be a cell culture artifact confined to cultured amniocytes. The outcomes are generally normal and favorable in most of the reported cases, but fetal structural abnormalities still have been reported, especially in high percentage mosaicism i(20q) cases. Molecular cytogenetic analysis using uncultured amniocytes is useful for rapid confirmation. A detail ultrasound examination of fetal structure is important too.

稿件編號：E045	子宮頸環紮手術所面臨的挑戰之一 Exploring the Limits of Rescue Cerclage in Preventing Preterm Birth
臨時稿件編號： 0837	鄭伊甯 <sup>1</sup> 吳孟興 <sup>1</sup> 成大醫院 <sup>1</sup>
論文發表方式： 海報	Cervical cerclage is a surgical procedure that is used to prevent premature birth in women who have a weakened or incompetent cervix. There are two types of cervical cerclage procedures: emergent cerclage and prophylactic cerclage. Emergent cerclage is performed in cases where cervical dilation has already begun, while prophylactic cerclage is performed as a preventative measure in women who are at high risk of cervical incompetence.
論文歸類： 產科	Cervical cerclage has been shown to be an effective intervention in reducing the risk of preterm birth and improving neonatal outcomes. However, the procedure also comes with potential risks and limitations that must be taken into consideration. Failure of cerclage were noted in several conditions, and previous reviews have shown multiple risk factors such as primigravidas, multigravidae with a history of second-trimester pregnancy loss, severe cervical dilation, bulging membranes into the vagina, infection, multiple gestation, detection of several amniotic fluid markers, ect. Meanwhile, we have noticed a possible limitation of rescue cerclage, which may be caused by the spontaneous retraction of the cervix.  Bulging membranes occur when the cervix dilates due to temporary and occasional uterine contraction, however, in some cases, the cervix may return to its usual status if there are no other episodes of uterine contraction. Under this circumstance, the protruding amniotic bag cannot be pushed back by the cotton swabs or any other external forces, and the bulging membranes also make it challenging to visualize and reach the cervical lips. This, as a result, may lead to failure of cerclage.  Therefore, in this retrospective study, we aim to analyze the risk factors of cerclage failure in our institution, and to detect the incidence of cerclage failure which is caused by spontaneous cervical stricture after cervical dilation and bulging membranes.

稿件編號：E046	新冠肺炎感染併第二學期異位妊娠和輸卵管破裂 Heterotopic pregnancy with an intrauterine twin pregnancy and Ruptured Tubal Pregnancy in second trimester with covid infection
臨時稿件編號： 0841	江恬誼 <sup>1</sup> 天主教耕莘醫院 <sup>1</sup>
論文發表方式： 海報	Introduction/background Heterotopic pregnancy with an intrauterine twin pregnancy is an extremely rare condition even can't count the percentage. The rupture of ectopic tissue nearly at first trimester and our case presented at second trimester. The combined with the unsynchronized gestation with ruptured tubal pregnancy and COVID infection added to its scarcity. We present a case of heterotopic pregnancy of twin at 13weeks with delayed rupture of tubal pregnancy.
論文歸類： 產科	Case presentation A 40 years old woman who get twin pregnancy at 13 week by natural conception with COVID positive visited the emergency department with abdominal pain, severe nausea and vomiting. Symptoms turned worse with rebounding pain and radiated to epigastric region. During the survey, mild tachycardia was presented (P:106) and Sonogram showed fluid at Cul-De Sac and Morrison pouch. Hemoglobin level decreased around 2.6 gm/dl (drop from 9.3 to 6.7) with follow up. As Internal bleeding s/p cyst rupture was suspected, Laparoscopy was then arranged to confirm the diagnosis. The operation revealed right adnexal mass with estimated blood loss approximately 2000c.c include internal bleeding. Thus, the final pathology report revealed tubal pregnancy.

稿件編號：E047	產前超音波檢查意外發現的胎兒腹腔內囊腫 An unusual presentation of fetal pelvic cyst during prenatal exams
臨時稿件編號： 0842	林芝音 <sup>1</sup> 古宇倫 <sup>1</sup> 嘉義長庚婦產科 <sup>1</sup>
論文發表方式： 海報	The object of this case report is to emphasize the management of fetal pelvic cyst before and after delivery. We here present a case of a 24-year-old female patient, G3P2, gestational age at 37 4/7. She received regular antenatal exams at our Obstetrics department. Previous lab data and exam were all within normal limits except an incidental finding of fetal pelvic cyst during prenatal exams.
論文歸類： 產科	During the 21-week and 25-week gestation ultrasounds, no apparent abnormalities were detected in the fetal organs. However, a fetal pelvic cyst measuring up to 5.6cm in size, accompanied by dilated bowel, was observed. As a result, the patient was referred for further evaluation and management.  The patient was admitted for labor induction, which was successful, resulting in the delivery of a healthy female infant weighing 3110gm. The Apgar scores at 1 and 5 minutes were 9 and 10, respectively. The mother recuperated well and was discharged in stable condition three days after delivery.  The neonate was admitted to our pediatric department for further evaluation and treatment. An abdominal CT scan indicated the presence of a pelvic cyst measuring approximately 3x4x5cm, which was suspected to be of ovarian origin. Subsequently, the patient underwent surgery to remove the cyst from the right ovary. The final pathology report confirmed that it was a simple cyst on the right ovary. The newborn recovered well and was discharged 2 days after the operation.

稿件編號：E048	包泌體對早產的胎盤老化的預防 Probiotics-Derived Extracellular Vesicles Protect Oxidative Stress against H2O2 Induction in Placental Cells.
臨時稿件編號：0851	王樂明 <sup>1,2</sup> 台北醫學大學臨床醫學所 <sup>1</sup> 萬芳醫院 <sup>2</sup>
論文發表方式：海報	Preterm birth poses a global challenge with continuously increasing incidence. Spontaneous preterm birth (sPTB) accounts for 11% of all live births worldwide. According to a follow-up survey, the complications caused by sPTB from 1990 to 2010 accounted for 35% of the global neonatal deaths. Many factors can trigger premature labour onset, including preterm premature rupture of membranes (PPROM), infections (e.g. Trichomonas vaginalis and Chlamydia trachomatis) and microbial invasion of the amniotic cavity.
論文歸類：產科	My prior study used extracellular vesicles (EVs) secreted by the probiotic Lactobacillus crispatus, commonly found in the vagina, to explore their potential to attenuate placental cells caused by oxidative stress induction. This is the first study to demonstrate that L. crispatus in the vagina can not only regulate the physiological functions of placental cells through the delivery of L. crispatus-EVs but also reduce cell senescence. Now our updated study reports preliminary results that Gardnerella vaginalis significantly increased if LPS-induced cell exosomes were added, indicating that the relationship between normal placental cells and normal bacterial phase is constant. If the placenta is aged or infected by pathogenic bacteria, Gardnerella vaginalis is significantly increased, which has a very high risk of premature delivery.

稿件編號：E049	比較 Dinoprostone 和 Propress 使用於低風險足月初產婦催生的效果 Dinoprostone tablet versus continuous vaginal insert (Propress®) for elective induction in low-risk nulliparous women at term.
臨時稿件編號：0854	趙西澄 <sup>1</sup> 宮晚帆 <sup>2</sup> 台中榮民總醫院 <sup>1,2</sup>
論文發表方式：海報	Objective: To evaluate the efficacy and safety of dinoprostone tablet and continuous vaginal insert (Propress®) in low-risk nulliparous women at term with insufficient cervical ripening receiving elective induction.
論文歸類：產科	Materials and methods: A retrospective study was conducted between March 2020 and February 2022, included 230 women who underwent elective induction with dinoprostone tablet or vaginal insert. The primary end-point was failure of induction. The secondary end-points included time to vaginal delivery, vaginal delivery rate, as well as maternal and neonatal complications and adverse outcomes.  Results: No statistically significant difference was found between the two groups regarding the main outcome measures, however, the high responders had significant higher proportion of hyperstimulation and non-reassuring fetal status. The high responder of Propress group was statistically significant younger (31.68 ±4.73 vs. 33.82 ±4.39, p=0.027), while they had significant lower BMI at delivery time of tablet group (24.49 ±2.24 vs. 27.42 ±4.32, p=0.024). Factors associated with success of vaginal delivery within 24 hours (p= 0.015, OR= 0.9, 95%CI= 0.82-0.98) and the Cesarean section (p< 0.001, OR= 1.17, 95%CI= 1.08-1.27) was BMI at delivery time.  Conclusion: Slow-release vaginal insert and dinoprostone tablet had similar efficacy and safety for elective induction in low risk nulliparous women at term. Women with younger maternal age or lower BMI at delivery time may have better response to dinoprostone and had significant higher proportion of hyperstimulation and non-reassuring fetal status.

稿件編號：E050	成功以子宮動脈栓塞治療因巨大黏膜下肌瘤誘發的產後大出血-案例報告 Successful treatment of postpartum hemorrhage due to giant submucosal myoma by transcatheter arterial embolization—a case report
臨時稿件編號：0864	金貞伶 <sup>1</sup> 朱益志 <sup>1</sup> 鄭雅敏 <sup>1</sup> 郭宗正 <sup>1</sup> 黃正強 <sup>2</sup> 郭綜合醫院婦產部 <sup>1</sup> 郭綜合醫院放射科 <sup>2</sup>
論文發表方式：海報	Introduction Uterine myomas in pregnancy are usually asymptomatic and in rare cases may lead to severe maternal-fetal complications. We present a case of known submucosal myoma in the first trimester which grew during pregnancy and caused postpartum hemorrhaging (PPH) treated successfully by transcatheter arterial embolization.
論文歸類：產科	Case Report A 28-year-old primigravida patient visited our outpatient department for regular prenatal care. The first sonograph accidentally found myoma in a cavity size of around 7.1 x 5.8 cm and increasing in size to 9.7 x 8.0 cm without symptoms during pregnancy. She was admitted for induction of labor due to poor blood pressure control and cesarean delivery was done in the 39th week of gestation due to preeclampsia, dystocia and prolonged labor. Carbetocin 100ug were prescribed during the cesarean section for PPH prevention. Blood loss including amniotic fluid was at 1200ml and all vital signs were stable after surgery. Sudden onset massive amount lochia with clots (746g) and hemodynamic instability was noted one hour later. Initial circulatory support, tranexamic acid (1000mg IVP), bimanual uterine compression, blood transfusion with LPRBC 2U and uterotonic drugs including oxytocin (10U IVD), misoprostol (800ug RECT) were given as soon as possible then transfer to ICU for continuous monitoring. After first-line treatment, the amount of lochia was decreased to 246g initially, but massive vaginal bleeding with blood clotting was noted again one hour later. Estimated blood loss was around 2900g within 12 hours postpartum. Hemodynamic was stable under massive blood transfusion and adequate circulatory support, but refractory bleeding was still noted. Emergent arterial embolization was done smoothly 18 hours after delivery. The blood flow to the bilateral uterine arteries markedly decreased and lochia decreased to 250g 6hrs after the procedure. She was transferred to a general ward under relative stable condition and discharged as scheduled. Total fibroid volume was regressed to 3 x 2.5 cm six weeks postpartum. Hysteroscopic surgery showed a FIGO type 1 protrusion mass over the left fundus and final pathology compatible with submucosal leiomyoma.  Discussion Postpartum hemorrhage (PPH) is an obstetric life-threatening emergency which needs multidisciplinary management. Arterial embolization is an alternative minimal invasive treatment compared to extensive emergency pelvic surgery in PPH. FIGO in 2022 management of postpartum hemorrhage states that uterine artery embolization has become recognized as a relatively safe technique when preserving the patient's fertility is a priority, thus recommending uterine artery embolization for refractory bleeding uncontrolled by medical and nonsurgical treatment.

稿件編號：E051	胎兒生長遲滯之單一醫學中心、回溯性、病例对照研究：著重分析母體因素及新生兒預後的關聯性 A Retrospective Look at Fetal Growth Restriction at a Single Center: Focusing on Maternal Factor and Neonatal Outcome
臨時稿件編號：0866	姜貝璣 <sup>1</sup> 林俐伶 <sup>1</sup> 台中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：海報	Fetal growth restriction, also known as intrauterine growth restriction, is a common complication of pregnancy that has been associated with a variety of adverse perinatal outcomes. An additional challenge is the difficulty in differentiating between constitutionally small fetus from the fetus with pathological growth. The aim of this study was to describe how data from pregnancy BMI, maternal BMI change, maternal comorbidity, can be appropriately combined using and to predict intrauterine growth restriction.
論文歸類：產科	

稿件編號：E052	低風險懷孕的新台灣出生體重標準及預測嬰兒死亡率的出生體重百分位 A new birthweight standard based on low risk pregnancy and the optimal birthweight percentile based on infant mortality
臨時稿件編號：0867	張瑞君 <sup>1</sup> 林敬恒 <sup>2</sup> 林偉德 <sup>2</sup> 台中榮總婦女醫學部 <sup>1</sup> 台中榮總醫學研究部 <sup>2</sup>
論文發表方式：海報	Background Birthweight chart can help determine whether birthweight is appropriate for the gestational age. However, different charts have different definition. Choose an appropriate chart have an impact on both research findings and clinical practice. Purpose To develop a prescriptive birthweight chart based on newborn from low-risk pregnancy in Taiwan and provide a birthweight percentile for prediction of infant mortality in different gestational age group. Method This retrospective cohort study included 2,956,475 infants born in Taiwan between January 1, 2004, to December 31, 2019, based on the database from the Taiwan National Health Insurance Research Database and National Birth reporting database. Prescriptive birthweight charts were derived from live-born singleton infants, born to healthy mothers after uncomplicated pregnancies. Percentiles of birth weight for each increment of gestational week from 21 to 44 weeks were estimated. The new charts were compared to various existing birthweight and fetal-weight charts. In second part, infant mortality in different gestational age groups were calculated. We use Youden Index to assess the optimal birth weight thresholds based on infant mortality. Results: Total 650815 infants (22.4%) were excluded to obtain a low-risk pregnancy. The remaining 2,255,989 (77.6%) infants serves as the reference population for the new birth charts. From which sex-specific percentiles were calculated. The infant mortality rate is highest in extremely preterm group, gradually decreased when increasing GA. In GA 24-27+6 week, the optimal cutoff point for detect infant mortality is BW < 22% and > 96%. In GA 28-31+6 weeks group, the optimal cutoff point to detect infant mortality is BW < 11% and BW > 98%. In GA 32-33+6 week the optimal cutoff point to detect infant mortality is < 9% and > 99%. In GA 34-36+6 week the optimal cutoff point to detect infant mortality is < 8% and > 98%. In GA > 37 week the optimal cutoff point to detect infant mortality is < 7% and > 100%. Conclusions : We have provided a perspective birth chart from low-risk Asia pregnancy which could enabling proper discrimination between normal and abnormal birthweight. We also calculate the birthweight percentile to predict infant mortality. Clinics can use these for better counseling parents and further decision making.
論文歸類：產科	

稿件編號：E054	罕見的產前乳房膿瘍可能導致過早斷奶_個案報告 Antepartum breast abscess: a rare occurrence that may predispose to early weaning from breastfeeding
臨時稿件編號：0871	洪雅珊 <sup>1</sup> 奇美醫學中心 <sup>1</sup>
論文發表方式：海報	Lactational mastitis is not uncommon condition and its estimated prevalence was reported about 3% to 20%. However, antepartum mastitis as well as breast abscess is a rare condition and its prevalence is unknown due to paucity of case reports. Breast abscess can lead to subsequent lactation difficulties and early cessation of breastfeeding. Here we reported 2 cases of antepartum breast abscess in the third trimester and resulted early weaning from breastfeeding. Case 1 was a para-gravida woman at 34 week of gestation with 1-year breastfeeding experience for her first child, presented a right breast lump initially at 28 week of gestation and progressed to a big right breast abscess about 8 cm when diagnosis. The abscess ruptured spontaneously later and resulted an open wound with skin defect about 5x6cm. But pus culture revealed no obvious bacterial growth. Antibiotics treatment and wound wet dressing were administered for weeks and the lesion healed 2 months postpartum. Case 2 was a primi-gravida woman at 37 week of gestation, presented a left breast abscess about 2cm when diagnosis. Before seeking medical help, she found a masseuse to give her breast massage in order to relieve the lump but the lesion worsened later. Targeted antibiotic treatment and needle aspiration for pus drainage were administered afterwards. Pus culture reported Staphylococcus aureus. Unfortunately, the patient lost follow-up then and we didn't know the subsequent condition of her breast lesion. Under the similar situation of both cases, they all felt distress with the breast abscess and worried about the subsequent lactation difficulties and safety of breast milk. We provided them comprehensive lactation consultation with a professional lactation consultant individually in order to offer them correct knowledge and support of breastfeeding, and furtherly helped them to make their informed decision and infant feeding plan. Regrettably, these 2 cases chose not to initiate breastfeeding after childbirth because of the breast wound healing, lactation difficulties, lack of self-confidence and high stress from their family. The actual etiology of antepartum mastitis or abscess is unknown so far. Although we do not know how to prevent it, early identification and aggressive treatment can be achieved to avoid breast abscess formation. On the other hand, it can preserve the breast anatomy and lactation function, furtherly decrease the chance of subsequent lactation difficulties, early weaning from breastfeeding and even postpartum depression. Obstetric care provider should be aware of the breast change and possible problems in pregnant women and offer them anticipatory guidance of breastfeeding during prenatal checkup. Professional lactational consultation is also a good support for pregnant women who have doubts of lactation issue or breast problems.
論文歸類：產科	

稿件編號：E053	妊娠與高安氏血管炎：罕見個案報告 Takayasu's Arteritis in Pregnancy: A Rare Case Report
臨時稿件編號：0869	簡銘瑩 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
論文發表方式：海報	Takayasu's arteritis (TA), an chronic large vessel vasculitis, typically affects large vessels such as aorta and its main branches, causing narrowing and aneurysms of systemic and pulmonary arteries in the body. Asian female of reproductive age are the most likely to suffer from the TA, which occurring in pregnancy may increase risk of serious pregnancy-related complications, such as hypertension, preeclampsia/eclampsia, prematurity, low birth weight (LBW) and increased perinatal mortality.
論文歸類：產科	Here we present a 30 year-old pregnant woman who was diagnosed of Takayasu's arteritis and hypertension since before pregnancy. She was transferred to our department at 26 weeks of gestation due to dichorionic diamniotic (DCDA) twin with both twin small of gestational age (SGA). At 28 weeks of gestation, one twin Absence of End Diastolic Velocity(AEDV) was found, and she was incidentally found COVID infection at admission. Therefore, she underwent low segment transverse cesarean section. The twin A was born with one nuchal cord, Apgar score 5 at one minute, 7 at five minute, and body weight of 1033gm (10th centiles); Twin B was born with Apgar score 5 at one minute, 5 at five minute, 10 at ten minute, and body weight of 652gm(1st centiles). Both twins were in fair newborn condition after pediatric care.

稿件編號：E055	雙胞胎妊娠合併雙胎反向動脈灌注序列以及射頻燒灼術 Twin reversed arterial perfusion(TRAP) sequence: A case report with radiofrequency ablation procedure on GA 20 1/7 weeks
臨時稿件編號：0874	劉承儒 <sup>1</sup> 陳怡燕 <sup>1</sup> 蘇俊維 <sup>1</sup> 楊雅怡 <sup>1</sup> 何銘 <sup>1</sup> 邱燦宏 <sup>1</sup> 林武周 <sup>1</sup> 中國醫藥大學附設醫院 <sup>1</sup>
論文發表方式：海報	In this case, we would report a patient, a 33-year-old woman with obstetric history of G7P1A5(previous cesarean section due to malpresentation), who received radiofrequency ablation (RFA) for acardiac twin for giving the normal twin a chance to survive. This time, MCDA twin with TRAP was diagnosed under sonography, and we applied RFA procedure on the acardiac twin at second trimester pregnancy (GA: 20 1/7 weeks), which was much larger gestational age then average. RFA procedure was performed smoothly, and the outcome was good without complication. The alive twin survived under cesarean section on 38 6/7 weeks with body weight of 2990g, and Apgar score: 9'>10'.
論文歸類：產科	

稿件編號：E056	胎兒先天性肺部疾病之 20 例病例報告 Congenital lung malformations: Report of 20 cases.
臨時稿件編號： 0881	謝佳容 <sup>1</sup> 曾振志 <sup>1</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式： 海報	Background: Congenital lung malformations (CLMs) consist of a broad range of rare different disorders, which are congenital pulmonary airway malformation (CPAM), bronchopulmonary sequestration (BPS), hybrid lesions with both CPAM and BPS, bronchogenic cyst(BC), and congenital lobar emphysema (CLE). Because of increasing prenatal screening and improvement two-dimensional ultrasound image quality, the incidence of CLMs has increased, and most CLMs are now diagnosed prenatally. Methods: In this retrospective case series, we collected 20 cases between January 2010 and 2022 at single tertiary care medical center. All patients with prenatal imaging that also had a follow-up with postnatal chest CT and received operation or intervention, and patient's outcomes were collected. Results: Twenty pediatric patients with CLM received management at our hospital; 7 CPAM, 7 BPS (5 intralobar and 2 extralobar), 2 hybrid CPAM and BPS lesions, 2 BC, 1 CLE, and 1 congenital pulmonary lymphangiectasia. The patients were equivocal gender distribution and lesion sites, 7 CPAM patients received surgical intervention which 1 segmentectomy and others lobectomy. 1 intralobar and 1 extralobar BPS patients underwent lobectomy, 2 intralobar BPS patients received embolization feeder vessels, 1 abdominal extralobar BPS had excision of retroperitoneal tumor; and others kept observation. 1 hybrid patient received segmentectomy and the other kept observation. 2 BC patient both underwent a thoracotomy and cystic mass were removed. 1 CLE and 1 CPL both received bilobectomy because of lesions involving 2 lobes. This 20 cases are alive and living well. Conclusions: The outcome was favorable in our cases. Prenatal regression was common. No specific prenatal features predicted the need for early surgical intervention.
論文歸類： 產科	

稿件編號：E058	懷孕早期新型冠狀病毒感併前腦發育畸形之個案探討 COVID-19 infection in a case of early pregnancy complicated with holoprosencephaly
臨時稿件編號： 0891	黃國鈺 <sup>1</sup> 賴宗焮 <sup>1</sup> 國泰綜合醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Introduction During the COVID-19 pandemic, the impact of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection during pregnancy remained poorly understood. We herein present a rare case of successful pregnancy via in-vitro fertilization (IVF) and embryo transfer (ET) diagnosed with maternal COVID-19 infection during early pregnancy, and complicated with fetal holoprosencephaly. Case report A case of 37-year-old woman suffered from secondary infertility for 2 years, who visited our assisted reproductive center for IVF treatment. Her OB/GYN history was gravida 2, para 0, abortus 1 with multiple attempts of intrauterine insemination and IVF at other hospital. Fortunately, she got pregnant via IVF treatment at our hospital. However, the patient was diagnosed with COVID-19 infection at 7 weeks 2 days of gestational age. After recovery from COVID-19 infection, a positive fetal heart beat and gestational sac were confirmed by ultrasound. Unfortunately, ultrasound revealed holoprosencephaly, omphalocele, gastroschisis at 11 weeks 6 days of gestational age. Thereafter, she received termination by dilation and curettage. Discussion Holoprosencephaly (HPE) is a rare cerebrotal abnormality resulting from the complete or partial failure of the diverticulation and cleavage of the primitive forebrain. Prenatal diagnosis could be made as early as the first trimester with ultrasound findings. On the other hand, maternal, placental, and fetal immune activation have been observed in SARS-CoV-2 infection during pregnancy, and adverse neurodevelopmental outcomes have been reported in early follow-up studies of offspring. A number of different mechanisms have been proposed to explain how maternal infection may interfere with brain development. Conclusion To the best of our knowledge, no case of COVID-19 infection associated with holoprosencephaly had been reported yet. Immune activation due to virus infection during embryogenesis which might result in adverse impacts on the fetal brain arouse much concern during the COVID-19 pandemic.
論文歸類： 產科	

稿件編號：E059	一位胎兒神經缺陷：脊柱裂之案例分享 A case report of fetal neural tube defects: Spinal bifida
臨時稿件編號： 0893	王美雲 <sup>1</sup> 義大醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Neural tube defects are birth defects of the brain, spine, or spinal cord. They happen in the first month of pregnancy, often before a woman even knows that she is pregnant. The two most common neural tube defects are spina bifida and anencephaly. In spina bifida, the fetal spinal column doesn't close completely. NTDs are one of the most common birth defects, affecting over 300,000 births each year worldwide. For example, spina bifida affects approximately 1,500 births annually in the United States, or about 3.5 in every 10,000 (0.035% of US births), which has decreased from around 5 per 10,000 (0.05% of US births) since folate fortification of grain products was started. Here we will present a case of gestational age 22+4 weeks with fetal neural defect during ultrasound examination detect the problem and Magnetic Resonance Imaging confirm the problem.
論文歸類： 產科	

稿件編號：E060	創傷性胎盤早期剝離：個案報告及高醫經驗 Traumatic placental abruption: A Case Report and experience at KMHU
臨時稿件編號： 0895	柯良穎 <sup>1</sup> 郭昱伶 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Blunt abdominal trauma during pregnancy poses a significant risk to the mother and fetus. Page et al. had been reported that the motorcycle-vehicle accident is the leading cause of obstetric trauma and accounts for up to 80% of trauma in pregnancy in developed countries. Furthermore, the placental abruption occurs in 40% to 50% of major traumas and 3% to 6% of minor traumas. 1% to 3% will result in fetal loss of all minor traumas that occur during pregnancy. We review a case of a 23-year-old female at 26+5 weeks' gestation involved in a motorcycle-vehicle accident transferred from Metropolitan Hospital who subsequently suffered a placental abruption diagnosed as placenta previa initially, receiving the emergency cesarean section at our hospital when the non-reassuring fetal status and Absent end-diastolic velocity were noted. The intrauterine fetal demise occurred secondary to the blunt trauma. We present a review of traumatic placental abruption, including epidemiology, laboratory findings, imaging, and therapeutic or surgical strategies. Because of associated maternal and fetal morbidity and mortality, it is important to distinguish the other causes of antepartum hemorrhage and imperative that healthcare professionals are proficient in the diagnosis, treatment, and acute care for this rare, high-risk, and rapidly changing disease.
論文歸類： 產科	

稿件編號：E061	產前檢查胎兒水腎之案例 A case report of severe fetal hydronephrosis and hydroureter diagnosed by prenatal sonography
臨時稿件編號：0896	
論文發表方式：海報	A case of severe fetal hydronephrosis and hydroureter which was diagnosed by Level II sonography at our hospital. The prenatal ultrasound follow-up showed left duplicated kidney with a progressive hydroureter of the upper pole moiety. Vaginal delivery was performed smoothly and the postnatal ultrasound confirmed the prenatal diagnosis. In this case, prenatal ultrasound result was reliable and postnatal urologic follow-up was important.
論文歸類：產科	

稿件編號：E063	利用基因檢測產前診斷巨膀胱細小結腸蠕動不良症候群 Prenatal diagnosis of suspected megacystis microcolon intestinal hypoperistalsis syndrome by genetic testing
臨時稿件編號：0900	
論文發表方式：海報	呂鈞欉 <sup>1</sup> 林俐伶 <sup>1</sup> 陳威志 <sup>1</sup> 陳明 <sup>2</sup> 台中榮民總醫院婦女醫學部 <sup>1</sup> 彰化基督教醫院基因醫學部 <sup>2</sup>
論文歸類：產科	

Introduction:  
Megacystis microcolon intestinal hypoperistalsis syndrome (MMIHS) is characterized by bladder distension, microcolon, decreased or absent intestinal peristalsis. Prenatal diagnosis of MMIHS was suspected in 26% of individuals using prenatal ultrasound findings. Despite the fact that the etiology remains unknown, mutations in the ACTG2 gene have something to do with intestinal and bladder hypoperistalsis.

Case report:  
A 33-year-old, gravida 2 para 1, woman with fetal distended bladder and bowel was referred to our obstetrics department at 22+6/7 weeks of pregnancy. She had delivered a full-term healthy baby through vaginal route in 2021/10. We confirmed the megacystis (enlarged fetal bladder with a maximum diameter of 4.5cm, which failed to empty during an ultrasound examination lasting at least 40 minutes) and diffuse bowel distention in an appropriately grown female fetus. Bilateral kidneys and the amniotic fluid amount were normal. Based on ultrasonography findings, MMIHS was highly suspected. The patient was then referred to another medical center for further counseling. Genetic analysis focusing on screening of ACTG2 gene was performed by amniocentesis. The study found that the fetus carried the heterozygous NM\_001615.4:c.769C>T (p.Arg257Cys) mutation of ACTG2 gene. MMIHS was diagnosed. After shared decision-making, termination of pregnancy was arranged by the injection of lidocaine via funipuncture at 27 weeks of gestation due to its poor prognosis.

Conclusion:  
Prenatal ultrasound plays an important role in detecting congenital anomalies. Subsequent chromosomal and genetic tests help identify the causes of birth defects. In our case, the finding of ACTG2 variants c.769C>T heterozygous mutation aided in the prenatal diagnosis of MMIHS. Familial and parental follow-up will be recommended.

稿件編號：E062	妊娠糖尿病診斷方式 one step (75g) 以及 two step (50g/100g) 不同對妊娠糖尿病產婦及其新生兒之影響-台灣中部一醫學中心之調查 Comparison of the Screening Tests for Gestational Diabetes Mellitus between "One-Step 75g" and "Two-Step 50/100g" Methods about GDM pregnancy outcome in the medical center at central Taiwan
臨時稿件編號：0899	
論文發表方式：海報	金梓吟 <sup>1</sup> 楊珮音 <sup>2</sup> 王彥筑 <sup>2</sup> 吳婉如 <sup>2</sup> 陳郁菁 <sup>2</sup> 吳信宏 <sup>2</sup> 謝聰哲 <sup>2</sup> 蔡鴻德 <sup>2</sup> 陳明 <sup>2</sup> 彰化基督教醫院一般醫學訓練科 <sup>1</sup> 彰化基督教醫院產部 <sup>2</sup>
論文歸類：產科	

Gestational diabetes mellitus (GDM) means the glucose intolerance condition during pregnancy. According to the difference of the races and diagnostic methods, the prevalence rate is from 1 % to 31% in pregnant women. There was one step and two step methods for screening GDM.

From June 2018 to June 2021, these two methods proceeded in parallel in our hospital which was chosen depending on the pregnant woman and the doctor. To realize the prevalence of GDM and the outcome of pregnant women and newborns in our hospital, we collected the related data and analyzed it retrospectively. During this period, total 7664 pregnant women delivered in our hospital. Multiple pregnancy, other GDM screening method and insufficient data were excluded.

There were total 627 singleton pregnant with GDM confirmed and their newborns included in the quantitative analysis. 409 of them used 75g OGTT, while 159 used 2-step. The baseline characteristics, including maternal age, gravida, parity, body weight and gestational weeks at delivery showed no significant difference between two groups. Only later diagnosis of GDM was noted in two-step method. There was no significant change in the CS rate, and the rate of postpartum hemorrhage between two groups. In perinatal outcome, there was no difference in Apgar score, body weight of newborns, hyperbilirubinemia, hypoglycemia, NICU admission rate and the percentage of large for gestational age.

In our GDM pregnancies, these two screening methods carried no superior benefit in maternal and perinatal outcome. Detailed dietary education and close follow-up blood glucose seemed be more effective.

稿件編號：E064	胎兒時胎瘤的產前檢測及後續治療之個案報告 A rare fetal intraabdominal teratoma on antepartum exam: a case report
臨時稿件編號：0903	
論文發表方式：海報	陳致顯 <sup>1</sup> 中國附醫婦產部 <sup>1</sup>
論文歸類：產科	

Fetal congenital teratoma accounts for a major portion of fetal tumors despite its rare occurrence. We will be discussing a case of an unusual case of fetal heterogenous tumor noted during antepartum examination in the fetal abdominal cavity. Applying the aids of ultrasound and MRI, we closely monitor the tumor with the differential diagnosis of either fetal teratoma or fetus-in-fetu were both under differential diagnosis. The baby was later smoothly delivered at full-termed via vaginal delivery. Surgical intervention was later done by our pediatric surgeon with complete resection of the tumor. Final pathology confirmed the diagnosis of mature teratoma. No developmental restriction or complication was noted after the resection.

稿件編號：E065	男性輸精管結紮後兩次精液分析為無精子後續節育失敗案例報告 A Case Report of Contraceptive Failure in a Male Patient with Azoospermia Confirmed by Two Consecutive Semen Analyses after Vasectomy
臨時稿件編號：0907	馮翰堃 <sup>1</sup> 古宇倫 <sup>1</sup> 李中遠 <sup>1</sup> 嘉義長庚醫院婦產部 <sup>1</sup>
論文發表方式：海報	Background: Vasectomy is a highly effective and permanent contraceptive method that is typically considered successful after two consecutive semen analyses indicating azoospermia. Despite its high efficacy, there is still a small risk of pregnancy following vasectomy, with documented failures occurring as early as 1-2 months and as late as 12 years after the procedure. In this case report, we present a man who became a father after vasectomy despite having confirmed azoospermia on semen analyses.  Case Presentation: A 39-year-old healthy male patient accidentally fathered a child 21 weeks after undergoing vasectomy. Semen analyses performed following conception consistently showed negative results. DNA analysis of the amniotic fluid sample and biological paternity testing confirmed the husband as the biological father.  Conclusion: Couples considering sterilization should be informed that both male and female sterilization are highly effective permanent contraceptive methods, but the possibility of pregnancy still exists. This case highlights the need for continued follow-up and caution after vasectomy, even in cases where azoospermia has been confirmed by consecutive semen analyses. Healthcare providers should emphasize the importance of using additional contraception until successful confirmation of sterility has been achieved.  Keywords: Vasectomy, Azoospermia, Pregnancy, Contraceptive failure.
論文歸類：產科	

稿件編號：E066	胎兒合併左側橫膈膜疝氣之病例報告 Case Report of Fetal Lt diaphragmatic Hernia
臨時稿件編號：0910	方俊能 <sup>1</sup> 李宜明 <sup>1</sup> 陳智偉 <sup>1</sup> 王元勇 <sup>1</sup> 陳曼玲 <sup>1</sup> 施兆蘭 <sup>1</sup> 孫仲賢 <sup>1</sup> 莊國泰 <sup>1</sup> 高雄市四季台安醫院 <sup>1</sup>
論文發表方式：海報	Case report: A 36 y/o. female, G2P0A1, pregnancy 21+3 weeks, visit our OPD for regular prenatal examination at pregnant 14 weeks. A normal fetus was noted with compatible with gestational age and normal fetal karyotyping and normal aCGH were reported. She received level 2 ultrasonic examination which revealed Lt chest cavity cystic component and Rt shift of fetal heart and lung, small AC was noted, no other apparent fetal abnormality was noted. She was explained and fetal MRI was arranged.  Definition: Foramen of Bochdalek hernia (posteriodeflectin diaphragm) most common type in fetuses  Imaging finding Imperative to view entire diaphragm in sagittal plane Left-sided hernia(80-90%ofcases). Stomach usually in chest More posterior position suggests liver also herniated : Deviation of heart toward right , Polyhydramnios often develops in 3rd trimester • Be suspicious of bilateral hernias when stomach is in chest but little mediastinal shift • Up to 85% contain herniated liver (liver up) Use color Doppler to look for portal and hepatic veins • Calculate lung: head ratio (LHR) • MR excellent for identifying contents of hernia and performing volumetric lung measurements  Genetics • Associated abnormalities in40-50% of cases; most commonly cardiac • Chromosomal abnormalities are common Trisomies18,13,21, tetrasomy12p All fetuses should be karyotyped  Treatment • Delivery at tertiary care facility essential for all cases Antenatal steroids, surfactant, high-frequency oscillatory ventilation, inhaled nitric oxide, permissive hypercapnia • ECMO may be required • Ex utero intrapartum treatment to ECMO best strategy in poor prognosis group • Fetoscopic endoluminal tracheal occlusion  Conclusion: Fetal karyotyping, MRI and close regular fetal follow-up and early refer to tertiary care center for intrapartum and postpartum care are mandatory for fetal survival.
論文歸類：產科	

稿件編號：E067	小耳症合併第 8 號染色體 p22 區域微片段缺失 Congenital microtia in a neonate with hereditary 8p22 microdeletion: a case report
臨時稿件編號：0912	張懿芬 <sup>1</sup> 蕭慶華 <sup>1</sup> 臺北市立聯合醫院婦幼院區婦產科 <sup>1</sup>
論文發表方式：海報	Microtia is a rare congenital anomaly, which characterized by a small, abnormally shaped auricle. It usually accompanied with narrow, blocked or absent ear canal (atresia). The reported prevalence varies among regions, from 0.83 to 17.4 per 10,000 births, and tends to involve the right side more commonly. The severity of microtia can be divided into grade 1 to grade 4. As grade 4 means the most severe type: complete absence of both external ear and ear canal, also called anotia. This anomaly can be related to an independent birth defect or a common finding as part of a syndrome(eg.Treacher Collins Syndrome and Goldenhar Syndrome). Most microtia patients have no other significant medical problems except the affected ear. Patient with ear canal atresia or stenosis may have conductive hearing loss and fail the newborn hearing screen. It consequently resulted in speech and language delay and learning disabilities. We presented a case of congenital microtia with inherited microdeletion of chromosome 8p22 . The deletion was confirmed to be inherited from maternal side. Besides, we also found the baby's older brother also had the same microdeletion. The deleted region includes part of the sarcoglycan zeta (SGCZ) gene, involved in the sarcoglycan complex formation. During the level II ultrasound at 22 weeks of gestation, left ear length was relatively shorter than right side(REL.:2.54 cm/LEL: 2.05cm). There was no other major fetal anomaly was noted. A live mature female baby was delivered by C-section at 38 weeks. Left side grade III anotia was noticed on physical examination. The newborn baby failed to pass the left side Auditory Brainstem Response (ABR) test performed 1 and 2 days after birth.
論文歸類：產科	

稿件編號：E068	胎兒先天性高位氣道阻塞綜合症:病例報告 Fetal congenital high airway obstruction sequence: a case report
臨時稿件編號：0913	李孟剛 <sup>1</sup> 何銘 <sup>1</sup> 邱燦宏 <sup>1</sup> 陳怡燕 <sup>1</sup> 蘇俊維 <sup>1</sup> 中國醫藥大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	Congenital high airway obstruction sequence(CHAOS) is a rare congenital anomaly caused by laryngeal or tracheal atresia/stenosis. We reported a case of 35-year-old female with Gravida5para3abortus1 who was referred to our hospital due to gestational age 20+6 weeks with fetal anomaly. Sonography revealed symmetrically enlarged lungs with compressed and displaced heart, inverted diaphragms, ascites and hydrops fetalis: compatible with congenital high airway obstruction sequence. Under the poor prognosis and life-threatening fetal condition, she chose termination of pregnancy eventually.
論文歸類：產科	

稿件編號：E069	人工生殖受孕胎兒合併無顱畸形:案例報告及簡要文獻回顧 ART conception with fetal acrania: case report and literature review
臨時稿件編號： 0923	徐祥雲 <sup>1</sup> 張志仰 <sup>2</sup> 義大醫院婦產部 <sup>1</sup> 義大醫院婦產部生殖內分泌科 <sup>2</sup>
論文發表方式： 海報	Introduction: Anencephaly is a fatal congenital anomaly characterized by the absence of the cranium and telencephalon above the level of the skull base and orbits. Then acrania is absence of the cranium with protrusion of disorganized brain tissue, and herniation of the latter tissue is exencephaly. We can diagnose acrania and find many specific signs including "shower cap" sign, "frog eye" sign by ultrasound. In addition, hydramnios from impaired fetal swallowing is common in the third trimester. The timing of diagnosis is often in the late first trimester, and with adequate visualization, virtually all cases may be diagnosed in the second trimester. Anencephaly is uniformly lethal. So American College of Obstetricians and Gynecologists recommend that If the pregnancy is continued, perinatal palliative care consultation should be considered.  Case report: We report one case which is a 35 year old woman ,G2P1AA1 , gestational age 17+1 weeks , ART conception who denied any underlying disease and acrania of the fetus was diagnosed prenatally by ultrasound and followed by medical pregnancy termination.  Discussion: Acrania is a rare congenital disorder that occurs in the human fetus in which the flat bones in the cranial vault are either completely or partially absent. However the causes of acrania are not fully known and the exact mechanism involved in acrania is not fully understood yet. Our case got pregnant after receiving ART. But at gestational age 17 weeks , we found acrania by ultrasound at the regular following OPD. Thus we searched for a lot of research about the association between birth defects and ART. While some prior studies have found some evidence of a potential association between ART and neural tube defects, the exact nature of this link is not fully understood. Now the latest research indicates that previous studies have linked infertility and ART to an increased risk of congenital anomalies. However, these studies have been limited by small sample sizes and insufficient statistical power, inability to differentiate outcomes by plurality, variation in methods of defining and ascertaining congenital anomalies, lack of information on ART treatment parameters, or studies spanning decades resulting in significant historical bias as ART techniques have improved. The association between acrania and ART is not full evidenced yet. So we need further research to confirm and better understand any potential relationship in the future.
論文歸類： 產科	

稿件編號：E070	羊水過少合併無症狀單純皰疹病毒感染後伴隨胎兒死亡之案例分享 A case report of a pregnant woman who oligohydramnios has HSV-2 infection without clinical symptom then accompanying with IUFD
臨時稿件編號： 0924	徐祥雲 <sup>1</sup> 張志仰 <sup>2</sup> 義大醫院婦產部 <sup>1</sup> 義大醫院婦產部生殖內分泌科 <sup>2</sup>
論文發表方式： 海報	Background Oligohydramnios is a disorder which refers to decreased amniotic fluid volume (AFV) for gestational age. It is often diagnosed by ultrasound. The causes of oligohydramnios are variable including medical or obstetric problems associated with uteroplacental insufficiency, placental problems, fetal problems. The infection problem is also resulting in oligohydramnios (TORCHes infection). HSV infection is a sexually transmitted infection which differs in two types. Herpes simplex virus is an important cause of neonatal infection, which can lead to death or long-term disabilities. The purpose of this article is to present that a pregnant woman who has oligohydramnios has HSV-2 infection without clinical symptoms and receive admission for hydration. However in following OPD tracing , the stillbirth was found.  Case report: A pregnant woman (G2P1A0 , gestational age 21+4 weeks) who was diagnosed with oligohydramnios received admission for IV hydration and further investigation including TORCH infection. After the survey HSV-2 IgM and HSV-1 IgG were positive so HSV-2 infection was diagnosed. But she did not have any clinical symptoms/signs like painful genital ulcers, dysuria, fever, tender local inguinal lymphadenopathy , she is asymptomatic. After IV hydration with normal saline for one week , AFI was increased. Then we let her discharge and arrange OPD follow-up. Nevertheless In the following OPD tracing , the stillbirth was noted. We arranged termination for her. Unfortunately during the termination period , placental abruption happened , then emergent hysterotomy was performed.  Discussion: If we find oligohydramnios during the pregnancy , we need to investigate the possible causes of the oligohydramnios. To prevent maternal, fetal, or placental complications and poor fetal outcomes. Other problems such as HSV infection , if women without a history of genital HSV infection who present with a new genital ulcer during pregnancy, the empiric antiviral therapy was suggested. Although the newly acquired genital HSV is self-limited , antiviral medicine can reduce the duration and severity of symptoms and the duration of viral shedding. Conclusively, we must focus on what causes oligohydramnios and figure out the problems, then solve them.
論文歸類： 產科	

稿件編號：E071	產後骨質疏鬆導致腰椎壓迫性骨折 Postpartum Spinal Osteoporosis with lumbar spine compression fracture
臨時稿件編號： 0925	阮柏凱 <sup>1</sup> 烏日林新醫院婦產科 <sup>1</sup>
論文發表方式： 海報	Postpartum spinal osteoporosis is a rare but serious condition in which the mother experiences a significant decrease in bone density after giving birth. This condition is characterized by the rapid onset of severe back pain, typically within the first few months after delivery. It is caused by the rapid loss of calcium and other minerals from the mother's bones, which can weaken the spine and increase the risk of fractures.  Postpartum spinal osteoporosis is believed to be related to the hormonal changes that occur during pregnancy and childbirth. During pregnancy, the mother's body produces increased levels of hormones such as estrogen and progesterone, which can stimulate bone growth and increase bone density. However, after delivery, the sudden decrease in these hormones can lead to a rapid loss of bone mass.  Postpartum spinal osteoporosis is a serious condition that requires prompt medical attention. Treatment typically involves calcium and vitamin D supplementation, as well as medications to help slow down the loss of bone density. In severe cases, surgery may be necessary to stabilize the spine and prevent further damage.
論文歸類： 產科	

稿件編號：E072	懷孕期間的胰臟炎 Pancreatitis during pregnancy
臨時稿件編號： 0926	阮柏凱 <sup>1</sup> 烏日林新醫院婦產科 <sup>1</sup>
論文發表方式： 海報	Pancreatitis can occur during pregnancy, although it is relatively uncommon. However, when it does occur, it can be a serious condition that requires prompt medical attention.  The symptoms of pancreatitis during pregnancy can include severe abdominal pain, nausea, vomiting, fever, and rapid heartbeat. These symptoms can be similar to those of other conditions, such as appendicitis or gallbladder problems. Treatment for pancreatitis during pregnancy will depend on the severity of the condition. Mild cases may be managed with pain management and supportive care, such as intravenous fluids and a low-fat diet. More severe cases may require hospitalization.  Pancreatitis during pregnancy can increase the risk of complications, such as preterm labor, preeclampsia, and fetal distress. In some cases, pancreatitis during pregnancy may be related to underlying conditions such as gallstones or alcohol use. Addressing these underlying issues can help prevent future episodes of pancreatitis.
論文歸類： 產科	



稿件編號：E073	產前持續性胎兒臍帶動脈舒張期無血流與新生兒肝臟動靜脈畸形罕見個案報告 Congenital hepatic arteriovenous malformation: an unusual cause of persisted absent end-diastolic velocity in the umbilical artery prenatally
臨時稿件編號：0929	高昀廷 <sup>1</sup> 陳怡燕 <sup>1</sup> 中國醫藥大學附設醫院 <sup>1</sup>
論文發表方式：海報	Congenital hepatic arteriovenous malformations is a rare developmental vascular disorder typically presented with congestive heart failure, anemia and hepatomegaly. A case of unexplained persisted absent end-diastolic velocity in umbilical artery is presented. Neonatal respiratory distress was found on the fourth day after birth. Arteriovenous malformation of liver complicated with right heart failure and respiratory failure was diagnosed later by neonatologist-performed echocardiography and the infant was treated promptly with good outcome.
論文歸類：產科	

稿件編號：E074	一個罕見病例報告：足月妊娠產婦感染新冠肺炎時出現急性腎損傷，並導致不幸的新生兒結局
臨時稿件編號：0931	Post COVID-19 infection at full term with acute kidney injury and unfortunate neonatal outcome: an uncommon case report 蕭博緯 <sup>1,2</sup> 蘇國銘 <sup>2</sup> 國軍桃園總醫院 <sup>1</sup> 三軍總醫院 <sup>2</sup>
論文發表方式：海報	At the end of 2019, coronavirus disease 2019 (COVID-19) rapidly spread throughout the world, and its pandemic is rapidly evolving and expanding. The severity of clinical manifestations varies from mild respiratory symptoms to severe acute respiratory distress syndrome. Similar clinical situation also occurs among pregnant women, and it is accompanied by several preterm complications. On the other hand, COVID-19 infection with renal involvement was less focused on but also reported with acute kidney injury (AKI), particularly in pregnancy. Pregnancy itself was a risk factor for COVID-19 infection to be in deterioration, developing a more severe illness than non-pregnant women. Here we present a 42-year-old female case with novel COVID-19 accompanied with AKI and fetal distress. She had a gestational age of 38 weeks of in vitro fertilization (IVF) with regular prenatal exam at Minquan-Hexin Hospital that revealed no specific abnormality expect maternal obesity (BH:167cm, BW:104kg). She got COVID-19 infection on gestational age of 37 weeks and received anti-viral therapy with Paxlovid at Shuang-Ho Hospital. Then, severe edema of bilateral lower limbs, poor appetite and dyspnea was noted 4 days later. With symptoms progressed, she went to Minquan-Hexin Hospital at first and was referred to emergency department of Tri-Service General Hospital due to dyspnea, proteinuria, decreased fetal movement and minimal baseline variability of fetal heart beat were noted. In biochemistry examination, acute kidney injury and D-dimer elevation were found. In radiologic assessment, bilateral pulmonary edema was found. However, fetal monitor revealed minimal baseline variability of fetal heart beats without deceleration and Biophysical profile score was 4. On the other hand, fetal middle cerebral arterial doppler assessment revealed that S/D ratio was 4.14. Emergent cesarean section was performed due to maternal compromise with acute renal failure, complicated with acute pulmonary edema and acute fetal distress. Then, she delivered a male infant with normal appearance; Apgar score was 5 and 7 at 1, 5 minute, respectively after delivery. Furosemide 80mg every 8 hour was given for the treatment of acute kidney injury and pulmonary edema. As a result, the urine output increased gradually after our management and the respiratory condition went well with chest plain film disclosed obvious resolution of engorgement of bilateral pulmonary trunk and bilateral Cerebellopontine angle(CP angle). Improved maternal renal function was showed four days later and the mother recovered gradually. Unfortunately, the neonate was diagnosed hydrops fetalis and respiratory distress syndrome persisted after delivery. Severe renal impairment was also found two days after delivery and multiple intracranial and intraventricular hemorrhages got occurred spontaneously. Finally, the neonate expired. The mechanism of COVID-19 entering the human body begins with attachment of its surface coronations to the angiotensin-converting enzyme 2 (ACE2) receptors on host cells. These receptors are found in lung, heart, intestine and especially in maternal kidney, uterus and placenta tissue during pregnancy, thus making these women more susceptible to be affected by COVID-19. Back to our case, placenta function was suspected affected after COVID-19 infection. Then, pre-eclampsia like syndrome like proteinuria, acute kidney injury and respiratory syndrome include dyspnea and pulmonary edema were found. Further, maternal edema was also noted, which Mirror syndrome related to hydro fetalis was suspected. This case report discloses the uncommon maternal effect of COVID-19 infection with development of acute renal failure during pregnancy accompanied with poor neonatal outcome.
論文歸類：產科	

稿件編號：E075	不同醫療層級的周產期子宮切除風險因子分析 Risk Factors Analysis of Emergency Peripartum Hysterectomy in Different Medical Institution
臨時稿件編號：0936	張育堃 <sup>1</sup> 王健瑋 <sup>1</sup> 黃馨瑩 <sup>1</sup> 黃才銘 <sup>1</sup> 黃開照 <sup>1</sup> 新竹馬偕紀念醫院婦產部 <sup>1</sup>
論文發表方式：海報	Introduction Peripartum hysterectomy is a serious and potentially life-saving procedure that is reserved for cases of severe obstetric hemorrhage that cannot be controlled by other means. The incidence of emergency peripartum hysterectomy (EPH) varies depending on a number of factors, including the underlying cause of the procedure and the population being studied. However, it is generally considered to be a rare event, occurring in less than 1% of all deliveries and relative lower in high-income area. The most common indications for EPH are uterine atony, placenta accreta, placenta previa, or ruptured uterus. The aim of this study is to describe the incidences, indications, risk factors, and outcomes of EPH in different medical institutions.
論文歸類：產科	Material and methods This retrospective study by reviewing medical records of childbirth accident relief since 2017 to 2022 in Taiwan. The relief Act is a national no-fault compensation system to ensure timely relief, reduce medical disputes, promote the partnership between patient and medical personnel. Total 293 applications for EPH and the indications, risk factors, and outcomes will be analyzed between different levels of medical institutions. Results The total incidence of EPH was 0.3 per 1000 deliveries (293/975,912) and relative lower in young aged women and raised to 3.09% (9/2,908) in advanced age women more than 45-year-old. Twenty-one of 293 (7.2%) failed the procedure and deaths. Four cases had permanent disabilities. The EPH rates was 0.55% (95/172,266) in medical center and 0.36% (86/239287), 0.16% (46/282359) and 0.24% (66/276417) in regional hospitals, district hospitals and obstetric clinics respectively. The leading cause was abnormal placentation and following by atony, genital tract laceration, uterine rupture. Discussion Emergency peripartum hysterectomy is an emergency procedure when there is severe, life-threatening bleeding that cannot be controlled by other methods. Abnormal placentation including placenta previa and accreta replaced uterine atony as the leading cause of EPH. The increasing cesarean rate was an important factor. According to research studies, the sensitivity of ultrasound in detecting placenta accreta ranges from 67% to 93%, while the specificity ranges from 90% to 99%. Early maternal transfer with prompt procedure can reduce hemorrhage and may preserve the uterus.

稿件編號：E076	胎兒先天性膝蓋脫臼白案例報告 Fetal congenital dislocation of the knee: a case report
臨時稿件編號：0946	陳鈺秀 <sup>1</sup> 陳術瑋 <sup>1</sup> 蔡明松 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
論文發表方式：海報	Congenital dislocation of the knee (CDK) is a rare disease with estimated incidence to be 1/100,000 live births. It is characterized by anterior and outward displacement of the tibia in relation to the femur. CDK may be idiopathic or combined with other genetic or neuromuscular disease. Prenatal diagnosis of idiopathic CDK is usually difficult due to fetal posture in the uterus, therefore it is usually made clinically after birth. If CDK is associated with other orthopedic abnormalities such as club-foot, or with other structural abnormalities such as congenital heart disease or abnormal facial profile, then the prenatal diagnosis rate would be higher. Here we presented a case of 29-year-old pregnant woman, who accepted regular prenatal examination at local medical department. Mid-trimester level II ultrasound showed negative of fetal structural anomaly. She came to our hospital at 28 weeks of gestational age and the following prenatal course was uneventful. Preterm premature rupture of membranes was happened at gestational age of 36 weeks and 5 days, then, a male baby was born via vaginal delivery with apgar score of 9 at one minute and 9 at five minutes, and congenital dislocation of the left knee was noted after birth.
論文歸類：產科	

稿件編號：E077	<p>案例報告：TRAPs 雙胎反向動脈灌注序列 Twin reversed arterial perfusion (TRAP) sequence: A case report</p>
臨時稿件編號：0947	<p>陳祉秀<sup>1</sup> 張美玲<sup>1</sup> 蔡明松<sup>1</sup> 國泰綜合醫院婦產科<sup>1</sup></p>
論文發表方式：海報	<p>Acardiac twinning or twin reversed arterial perfusion (TRAP) sequence is an unique complication in monochorionic multifetal pregnancies. All monochorionic placentas share some anastomotic connections, in one large analysis with case number more than 200, the median number of anastomoses was 8 in monochorionic placentas. Vascular anastomosis could be artery-to-artery, vein-to-vein, or artery-to-vein, whether of each may result in lethal condition if hemodynamically imbalanced. The significant pressure or flow gradient built a chronic fetofetal transfusion between twins, and will revealed clinically as twin-twin transfusion syndrome (TTTS), twin anemia polycythemia sequence (TAPS), or acardiac twinning.</p> <p>Acardiac twinning is caused by artery-to-artery anastomosis, it is a rare but serious complication. Incidence of acardiac twinning is estimated to be 1/35000 births, this not only causes the acardiac twin deformity, but also lead to heart failure or death of the healthy twin.</p> <p>We present the case of a 27-year-old female, monochorionic diamniotic twin pregnancy was diagnosed during early sonographic examination, but with asymmetric growth pattern. Only twin A develop with normal structure, twin B was found fetal hydrops without cardiac activity since 8 weeks of gestation, however, twin B was still growing up with blood flow after intrauterine fetal demise at 12 weeks of gestation. TRAP was impressed. The patient was suggested to visit Chang-Gung Memorial Hospital for counseling about fetal intervention. Fortunately, twin B spontaneously regressed at 16 weeks of gestation and twin A grew up normally. Preterm labor was complicated at gestational age of 35 weeks and 4 days. A female baby was born via vaginal delivery with Apgar score of 7 at one minute and 9 at five minutes. The fetus papyraceus was identified on the amniotic membrane after placenta expulsion.</p>
論文歸類：產科	

稿件編號：E078	<p>預期外的連續第 18 對染色體三倍體事件 Unexpected consequent trisomy 18: an inadvertent accident that need to pay attention</p>
臨時稿件編號：0948	<p>何敏慧<sup>1</sup> 蘇國銘<sup>1</sup> 三軍總醫院<sup>1</sup></p>
論文發表方式：海報	<p>Introduction Trisomy 18, also known as Edward's syndrome characterized by the presence of an extra copy of chromosome 18, is the second most common autosomal trisomy syndrome, second only to trisomy 21. Its prevalence correlates positively with advanced maternal age. The prenatal sonographic features including cardiac anomalies, malformations of the central nervous system, facial anomalies, gastrointestinal anomalies, limb anomalies, intrauterine growth restriction, choroid plexus cysts and increased nuchal translucency or cystic hygroma. The risk of having a child with trisomy 18 depends on the specific chromosomal rearrangement involved. Therefore, genetic counseling is recommended for couples who have had a child with trisomy 18 or who carry a balanced translocation involving chromosome 18. Here we report an unexpected case with consequent trisomy 18.</p> <p>Case presentation This 40-year-old female (Gravida 4, Para 2, abortion 2) underwent amniocentesis because of advanced maternal age in latest two pregnancies within one year. Unfortunately, both amniocenteses in Mar. 2022 and Jan. 2023 revealed karyotype 47, XY (trisomy 18). The prenatal sonographic pattern of trisomy 18 was seen during both pregnancy, including choroid plexus cysts, cardiac defects, craniofacial anomalies, and clenched hands with overlapping fingers. After discussing, the parents decided to terminate the pregnancies at 20 weeks of gestation. The physical characteristics of delivered fetus were all compatible with the abnormal sonographic findings. Consequently, we collected the parental blood and sent for further chromosome study.</p> <p>Discussion Recurrence risk of trisomy 18 is around 1% or lower. If one parent is found to be a carrier of a balanced translocation leading to an unbalanced translocation in the child, the recurrence risk can be higher up to 20% for subsequent pregnancy. There is currently no way to prevent the occurrence of recurrent trisomy 18. However, couples who have a family history of chromosomal abnormalities or have had a child with a chromosomal abnormality can consider genetic counseling to assess their risk of having a child with a chromosomal abnormality.</p>
論文歸類：產科	

稿件編號：E079	<p>產前診斷胎兒心臟橫紋肌瘤和腦部病變與結節性硬化症的相關性及產後監測的重要性：個案報告 Prenatal diagnosis of fetal cardiac rhabdomyoma and brain lesions associated with tuberous sclerosis and the importance of postnatal surveillance: A case report</p>
臨時稿件編號：0951	<p>梁登源<sup>1</sup> 謝聰哲<sup>1</sup> 彰化基督教醫院<sup>1</sup></p>
論文發表方式：海報	<p>Fetal primary cardiac tumors are rare, and prenatal echocardiography plays an important role in the prenatal diagnosis of tumors. Even though most fetal primary cardiac tumors are benign, they may cause complications, including hydrops fetalis, cardiac failure, or sudden death. Among fetal primary cardiac tumors, cardiac rhabdomyomas are most common with an incidence of 60%, and tuberous sclerosis is diagnosed in most cases of multiple fetal cardiac rhabdomyomas.</p> <p>Tuberous sclerosis is an autosomal dominant neurocutaneous disorder with variable penetrance that affects the central nervous system, skin, retina, kidneys and heart. Seizure prevalence is as high as 90 percent, and Vigabatrin is a possible prophylactic use for infantile spasms. Everolimus is an mTOR inhibitor used for tumors causing functional impairment, such as cardiac tumors causing heart failure.</p> <p>The diagnosis of Tuberous sclerosis complex based upon genetic testing results and/or clinical findings. In approximately 30% of cases the cause is genetic, and the other 70% of cases were de-novo mutations. However, there still 10 to 15 percent of individuals with TSC have no pathogenic variant identified by genetic testing, so further surveillance is important despite of negative genetic test.</p> <p>This case report concerns the prenatal diagnosis of tuberous sclerosis with both multiple fetal cardiac rhabdomyomas and brain lesions.</p>
論文歸類：產科	

稿件編號：E080	<p>葡萄胎臨床診斷和分類的挑戰 Challenges in clinical diagnosis and classification of hydatidiform moles: a case report</p>
臨時稿件編號：0954	<p>劉永柔<sup>1</sup> 陳敬軒<sup>1</sup> 臺北市立聯合醫院婦幼院區<sup>1</sup></p>
論文發表方式：海報	<p>Placentas characterized by hydropic change must be considered in a spectrum of pathological conditions including hydropic abortion (HA), partial hydatidiform mole (PHM) and complete hydatidiform mole (CHM) and differentiation between them is important to guide subsequent managements and future pregnancy plan. Histologic examination is the main diagnostic tool, but poor interobserver agreement, especially between partial mole and hydropic abortuses makes diagnosis challenging. We present a case of first trimester abortion with diagnostic ambiguity between molar and non-molar pregnancy by traditional histology and immunohistochemistry alone to bring up the issue of the complexity of the histopathological placenta diagnosis. At the same time, other ancillary testing methods and diagnostic approaches for such cases will be discussed.</p>
論文歸類：產科	

稿件編號：E081	體染色體隱性遺傳腎小管發育不全的產前超音波特徵之三個病例報告 Prenatal sonographic characteristics of autosomal recessive tubular dysgenesis: three case series
臨時稿件編號：0959	
論文發表方式：海報	Autosomal recessive tubular dysgenesis (ARRTD) is a lethal disorder observe in fetuses and newborn characterized by early onset and persistent oligohydramnios which leads to Potter Sequence, anuria, absence or poor differentiation of proximal convoluted tubules, pulmonary hypoplasia and severe and refractory hypotension. Although the disorder caused by inactivation mutations in AGT, REN, ACE, AGTR is very rare and the prevalence is still unknown, it might not be as uncommon in Taiwan with the allelic frequency of the heterozygous AGT mutation about 1.2% (6/500), according to Tseng et al. (2020). This finding indicated that ARRTD might be underdiagnosed in Taiwan. Nonetheless, the mere acknowledge of possible underdiagnosing is not adequate. Since almost all reported cases have resulted in poor and fatal outcomes, genetic counseling and prenatal diagnosis might play an important role only if we can recognize the disease through clinical and ultrasonic characteristics. Unlike ADPKD or ARPKD, which are less uncommon and can be subjectively distinguished from their special ultrasonic manifestations such as bilateral grossly enlarged hyperechogenic kidneys with or without cysts, ARRTD was often presented with oligohydramnios/anhhydramnios and anuria with morphologically normal kidneys since second trimester. We reported 3 of our ARRTD cases with mutation in the AGT gene which were found with multiple similar fetal ultrasonic manifestations. Despite the findings mentioned above, the fetuses were all structurally normal without any other anomaly under fetal ultrasonography. 1 of the cases continued pregnancy but had to delivered the preterm infant due to fetal distress. The infant unfortunately expired several hours after birth due to refractory hypotension and poor pulmonary function. Autopsy was refused by the parents but placenta sampling was examined for genetic analysis. The other 2 cases underwent same genetic analysis during antenatal care. Both of them decided to terminate the pregnancy after counseling. We presented the cases and analyzed the different characteristics between ARRTD and ADPKD/ARPKD not only to raise the awareness of ARRTD through prenatal diagnosis but to be able to utilize in future clinical practice for differentiation from other similar disorders.
論文歸類：產科	

稿件編號：E082	前置胎盤併發產後大出血,使用 Bakri 水球填塞法失敗的個案報告 Failure of Bakri balloon placement in a case of placenta previa complicated with Postpartum hemorrhage
臨時稿件編號：0966	
論文發表方式：海報	Objective: Postpartum hemorrhage is a leading cause of maternal morbidity and mortality in worldwide. The management of PPH can be viewed as a multistage, sequential process that includes assessment and intervention depending on the cause and severity of the bleeding. Here, we report a case of placenta previa complicated with postpartum hemorrhage and failure of Bakri balloon placement. Case Report: The patient was 40-year-old female with G4P4A0. She just received cesarean section at clinic with the indication of placenta previa and previous cesarean section. After the operation, persisted vaginal bleeding with 2500ml was noted. Then she was transferred to our emergency department for help. While the patient arrived, she was at hypovolemic shock status. The blood still steamed from her vagina. Fluid challenge, uterotonic drugs were prescribed immediately. Emergent blood transfusion was also arranged. Through trans-abdominal sonography, we found that the patient had minimal ascities and the Bakri balloon filling with 300ml normal saline was in the lower segment of uterus. The blood test reported hemoglobin level : 5.3 g/dL , hematocrit:16% and prolonged PT (16.1 seconds) and INR (1.47). After stabilizing the patient's vital sign, the transcatheter arterial embolization(TAE) was performed. Then the less vaginal bleeding was noted after TAE. The patient was admitted to ICU for further care. However, heart rate:150 bpm, massive lochia and severe hematuria were noted. Then emergent exploratory laparotomy was arranged. During the operation, we found that the lower leaf of myometrium was not sutured and left in situ. Besides, the bladder was anchored to upper leaf of myometrium. Due to Bakri balloon being wrongly placed, the vesicovaginal space was dissected. Therefore, the vesical artery was torn and much of blood clot accumulated at lower segment. In the end, the subtotal hysterectomy was performed for life-saving. After the operation, the patient had an uneventful postoperative recovery course and she was discharged with the stable condition after one week. Conclusions: Bakri balloon is an effective and safety second line therapy for persistent primary PPH after delivery. The potential complications of Bakri balloon including uterine perforation, hysterotomy repair dehiscence during balloon placement or packaging, trauma from incorrectly inflated balloons and infection. Successful treatment of the postpartum hemorrhage is dependent on prompt recognition.
論文歸類：產科	

稿件編號：E083	產前嚴重胎兒腦室擴大合併阻塞型腦積水 - 罕見的嬰兒膠質細胞瘤及 1 歲追蹤 Severe prenatal ventriculomegaly with hydrocephalus - a rare case of infantile high-grade glioma and 1 year follow
臨時稿件編號：0967	
論文發表方式：海報	Ventriculomegaly is defined as dilation of the fetal lateral ventricle. It can be characterized as mild (10-12 mm), moderate (13-15 mm), or severe (>15 mm), adverse outcome and potential neurodevelopmental disabilities are proportional to the severity during prenatal image findings. We present a 32 year-old woman, rapid progression of fetal ventriculomegaly with 23mm was noticed at gestational age of 36 weeks complicated with obstructive hydrocephalus. MRI revealed a 2 X 2 cm brain tumor at anterior horn of left lateral ventricle. Brain tumor resection was done postpartum and pathological reported infantile high-grade glioma. The baby boy was out-patient followed until 1 year 8 months old, with mild developmental delay.
論文歸類：產科	

稿件編號：E084	胎兒右側主動脈弓合併鏡像分支動脈於產前超音波模仿雙主動脈弓病例報告 Fetal right aortic arch with mirror-image branch artery mimics double aortic arch in prenatal ultrasound -A case report.
臨時稿件編號：0970	
論文發表方式：海報	Congenital variants and anomalies of the aortic arch may be associated with vascular rings, congenital heart disease, and chromosomal abnormalities. These conditions can have important implications for prognosis and management. Double aortic arch is a common cause of a symptomatic vascular ring, with symptoms of trachea and esophagus compression typically appearing during childhood. This anomaly can be confused with the right aortic arch variant in vascular ring formation on prenatal ultrasound. We report a case in which prenatal ultrasound revealed a double aortic arch without compression symptoms. Regular follow-up was performed, and the outcome was good after full-term delivery. There were no other congenital heart diseases. At postnatal evaluation, a right aortic arch with mirror-image branch arteries was confirmed.
論文歸類：產科	

稿件編號：E085	<p>案例報告：超音波於診斷流產胎兒之臍膨出和囊狀水瘤中的作用 The role of ultrasound in diagnosing omphalocele and cystic hygroma in an abortus: a case report</p>
臨時稿件編號：0971	<p>游藝瑛<sup>1</sup> 廖宗和<sup>1</sup> 中山醫學大學附設醫院<sup>1</sup></p>
論文發表方式：海報	<p>Prenatal ultrasound is a powerful tool for detecting congenital structural abnormalities of fetuses. We provided a case of a 25-year old women with 12 weeks of gestation who underwent termination of pregnancy due to fetal anomalies including omphalocele, cystic hygroma and limb deformities. The case focuses on the use of ultrasound in diagnosing omphalocele and cystic hygroma in an aborted fetus. Omphalocele is a birth defect where organs such as the liver or intestines protrude from the abdominal wall, while cystic hygroma is a fluid-filled sac that forms on the neck or head. We recommends the use of ultrasound in prenatal diagnosis to inform clinical management and genetic counseling in providing appropriate care to families affected by these conditions.</p>
論文歸類：產科	

稿件編號：E086	<p>胎兒合併小頰之病例報告鑑別診斷與治療方式 Case Report of Fetal Micrognathia and its Differential Diagnosis and Management</p>
臨時稿件編號：0973	<p>陳智偉<sup>1</sup> 方俊能<sup>1</sup> 四季台安醫院<sup>1</sup></p>
論文發表方式：海報	<p>胎兒合併小頰之病例報告鑑別診斷與治療方式 Case Report of Fetal Micrognathia and its Differential Diagnosis and Management</p>
論文歸類：產科	<p>陳智偉，方俊能，李宜明，陳曼玲，王元勇，施兆蘭，孫仲賢，莊國泰 四季台安醫院，高雄</p> <p>Case report: A 32-year-old woman, gravida 2 para 1, visited our prenatal clinic for a routine ultrasound examination at 21 weeks of gestation. She had no family history of genetic disorders and her past medical history was unremarkable. Fetal ultrasound revealed micrognathia, which was confirmed on subsequent examinations. The fetal biometric measurements were consistent with 21 weeks of gestation. Further evaluation with a high-resolution ultrasound revealed a normal AFI, low set ears, down-slanting palpebral fissures, and cleft palate. Her NIPT was within normal range and further amniocentesis showed normal karyotype (46,XX). After 2 weeks, she decided to terminate this pregnancy.</p> <p>Differential Diagnosis: 1. Pierre Robin sequence (PRS): This is a congenital disorder that is characterized by micrognathia, cleft palate, and downward displacement or retraction of the tongue (glossoptosis). This condition can be isolated or part of a syndrome, such as Stickler syndrome, Treacher Collins syndrome, or Nager syndrome. 2. Chromosomal abnormalities: Several chromosomal abnormalities have been associated with micrognathia, including trisomy 13, trisomy 18, and triploidy. These chromosomal abnormalities are usually associated with other structural anomalies and are often lethal. Karyotyping can exclude this possibility.</p> <p>Discussion: Micrognathia is a condition characterized by an underdeveloped and small mandible. The incidence in the general population is about 1 in every 10,000 live births. Micrognathia can be idiopathic or can be caused by multiple factors. It can be an isolated condition or a part of a syndrome that involves other anomalies. Also, exposure to certain environmental factors during pregnancy, such as alcohol, drugs, and infections, has been associated with micrognathia. In this case, other anomalies such as cleft palate and low set ears were also found. The differential diagnosis and management options are discussed. Management of micrognathia varies and is dependent on the severity of the underlying cause and condition. Monitoring infant feeding and breathing may be necessary due to their underdeveloped lower jaw. In severe situations, respiratory support may be required. A team of healthcare professionals may be involved in the management including craniofacial surgeons, otolaryngologists, and speech therapists. Sometimes surgical interventions may be necessary to correct craniofacial abnormalities and improve breathing, feeding, and speech. But before all these interventions can be carried out, the pregnant women and the father-to-be, should be fully aware of possible interventions and outcome of the infant. Overcoming the willingness to continue with the present pregnancy is the first step.</p>

稿件編號：E087	<p>比較新冠肺炎流行期前後高雄長庚醫院改變孕婦催生策略的結果 Compare elective induction of labor before and after COVID-19 pandemic at Kaohsiung Chang Gung Memorial Hospital</p>
臨時稿件編號：0974	<p>譚宜欣<sup>1</sup> 高雄長庚紀念醫院<sup>1</sup></p>
論文發表方式：海報	<p>Background The COVID-19 pandemic has changed the context of practice and the option of induction of labor for cervical ripening at Kaohsiung Chang Gung Memorial Hospital.</p>
論文歸類：產科	<p>Method We compared singleton admitted for induction of labor at Kaohsiung Chang Gung Memorial Hospital during the COVID-19 pandemic (May 2021 through October 2022) to those in 1 year prior to the pandemic (June 2020 through May 2021). The primary outcome, mode of delivery, was obtained from the electronic medical record system.</p> <p>Result Total of 979 pregnant women was included in this study: 651 during the COVID-19 pandemic, 328 prior to the pandemic. Patient characteristics (age, body mass index) did not differ between the groups. During the COVID era, the CS rate after trial of labor was lower than in the pre-COVID era. There are no significant differences of maternal complications, neonatal intensive care unit (NICU) admission, and neonatal complication.</p> <p>Conclusion Due to the COVID-19 pandemic, more mothers may have chosen the concrete certainty of an induction date rather than awaiting spontaneous labor at our hospital. Despite an increase in the rate of labor inductions, there was a decrease in the rate of CS after trial of labor.</p>

稿件編號：E088	<p>懷孕合併嚴重特殊傳染性肺炎重症：個案報告 Severe COVID-19 in pregnancy: a case report</p>
臨時稿件編號：0981	<p>楊淳翔<sup>1</sup> 詹德富<sup>1</sup> 高雄醫學大學附設醫院婦產部<sup>1</sup></p>
論文發表方式：海報	<p>A 34-year-old Taiwanese G2P0A1 obese woman who was pregnant at 16+2 weeks had poorly-controlled hypertension and diabetes mellitus. She was admitted to our hospital on 2023/02/23 due to dyspnea and general edema. Blood exam revealed anemia, hypoalbuminemia, elevated CRP level, and elevated BNP level. Urine exam revealed proteinuria. Chest X-ray showed pulmonary edema with suspected pneumonia. Chronic hypertension with early onset superimposed preeclampsia was suspected. Considering her clinical condition, we discussed with her about pregnancy termination and she agreed. Due to progressive dyspnea with increased oxygen demand, she was then intubated and transferred to ICU. However, COVID-19 PCR test showed positive. 5-day course Remdesivir and Dexamethasone were given for severe illness of COVID-19. After her condition became relatively stable, we arranged termination with vaginal Cytotec use. She soonly delivered a preivable fetus and she was still treated for her multiple medical problems.</p> <p>According to current evidences, pregnancy does not increase susceptibility to COVID-19 infection; however, it appears to worsen the clinical course of COVID-19 compared with nonpregnant reproductive-aged females. Pregnant patients are at increased risk for severe illness.</p>
論文歸類：產科	

稿件編號：E089	藉由嚴重子癩前症及 Libman-Sacks 心內膜炎在一名產婦身上診斷出紅斑性狼瘡 Systemic lupus erythematosus was finally diagnosed in a pregnant woman complicated with severe preeclampsia and Libman-Sacks endocarditis
臨時稿件編號：0982	洪怡安 <sup>1</sup> 游振祥 <sup>1</sup> 成大醫院 <sup>1</sup>
論文發表方式：海報	Abstract: Preeclampsia is the final common pathway of many medical diseases manifested as hypertension and proteinuria during pregnancy. Not always the affected woman might return to healthy status after the end of pregnancy. It depends on the etiology that leads to preeclampsia. Here we presents a case of early onset preeclampsia complicated with fetal demise. Subsequently, systemic lupus erythematosus with antiphospholipid antibody syndrome was diagnosed due to Libman-Sacks endocarditis.
論文歸類：產科	Case presentation: A 39 years old, G2P1 woman, pregnancy at 19 week 3 days, had history of type I DM, chronic hypertension and thrombocytopenia. She was sent to our emergency department due to dyspnea, blurred vision, pitting edema and right upper quadrant pain for one day. Besides, hypertension, anemia, thrombocytopenia, elevated liver enzyme and proteinuria were also noted. In addition, absent fetal heart beat was found by ultrasound examination. Due to previous cesarean delivery, fetal demise and poor clinical manifestations, a dead fetus was delivered via cesarean hysterotomy on the day of ER visit. However, high blood pressure with progressively aggravated dyspnea and fatigue happened to her after surgery. Chest x-ray showed mild pulmonary edema and pleural effusion. Though medicated, symptoms did not improve. Then echocardiography, including Trans-esophageal echocardiography, were arranged and severe mitral valve regurgitation, moderate aortic regurgitation and thickened leaflet, heterogeneity, and irregular tips border. Libman-Sacks endocarditis was impressed and systemic lupus erythematosus was suspected. Subsequent SLE surveillance confirmed the diagnosis, as well as antiphospholipid antibody syndrome.

稿件編號：E090	超音波測量臍帶及其血流數據與胎兒預估體重之相關性：前瞻性觀察型研究 Sonographic measurement of the umbilical cord and vessels and their correlation to estimated fetal weight: a prospective observational study
臨時稿件編號：0983	顏思雅 <sup>1</sup> 賴廷榮 <sup>1</sup> 新店耕莘醫院婦產部 <sup>1</sup>
論文發表方式：海報	OBJECTIVE To evaluate whether the sonographic features of cross section area of umbilical cord, area of umbilical artery, area of Wharton's jelly, and mean flow of umbilical artery related to estimated fetal weight in different trimesters during pregnancy.
論文歸類：產科	METHOD A prospective cross-sectional study was carried out on a study population of 63 pregnant women with gestational age between 19 and 35 weeks. Estimated fetal weight was calculated by parameters with biparietal diameter, abdominal circumference, and femur length. The insertion site of umbilical cord into fetal abdominal wall was identified. The cross section area of umbilical cord, arteries, vein, and artery mean flow were measured at the adjacent plane. Area of Wharton's jelly was calculated by subtracting umbilical arteries and vein area by cord area. Data in second and third trimester was analyzed separately. Spearman's correlation coefficient was used to assess the correlation between the measures of and estimated fetal weight.  RESULT There was a significant correlation between estimated fetal weight and sonographic measurements of umbilical vessels in third trimester. Total cross section area of umbilical arteries was highly correlated to estimated fetal weight in third trimester (r=0.72, P=0.01). Mean volume of umbilical arteries was moderately correlated to estimated fetal weight in third trimester (r=0.63, P=0.04). No significant correlation was observed in mean umbilical artery flow and area of Wharton's jelly with estimated fetal weight.  CONCLUSION The study show estimated fetal weight was positively correlated to cross section area of umbilical area, without correlation to mean artery flow, area of umbilical cord, or area of Wharton's Jelly. The result indicated in different measurement and structure of umbilical cord, the size of umbilical artery is the most important factor related to fetal weight.

稿件編號：E091	案例分享：即時多科團隊合作對羊水栓塞產婦的預後之重要性 Amniotic fluid embolism: a case report of good outcome with timely intensive multidiscipline team involvement
臨時稿件編號：0989	林嘉玲 <sup>1</sup> 吳信宏 <sup>1</sup> 彰化基督教醫院婦產科 <sup>1</sup>
論文發表方式：海報	Amniotic fluid embolism (AFE) is a rare but serious complication of pregnancy. High mortality and morbidity are noted. It can cause sudden maternal collapse with a classic presentation of hypoxia, hypotension, coagulopathy, or even other variants. Rapid disease progression can cause maternal death within 2 hours. Thus, prompt resuscitation should start as early as possible before diagnosis with AFE for a better prognosis. In 2021, Society for Maternal-Fetal Medicine(SMFM) updates a sample checklist for the management of most conditions of amniotic fluid embolism. Modification of this checklist according to facility-specific circumstances can shorten response time and improve prognosis. We will present a case report of a patient involved in a suspected amniotic fluid embolism with favorable maternal and neonatal outcomes.
論文歸類：產科	This 35-year-old female was pregnant with 37+6 weeks, G2P1, without other medical histories. She received regular antepartum care(ANC) at the obstetric outpatient clinic department of Changhua Christian Hospital. Her last menstrual period was 2020-07-30; the estimated date of delivery was 2021-05-06. During ANC, no obstetric complications were noted. Follow-up fetal ultrasound revealed no anomaly. The estimated fetal weight by sonography was 3kg with vertex presentation on 2021-04-14. Due to the large estimated fetal weight and regular uterine contraction, she was admitted for labor induction. At the delivery room, cardiotocography revealed a normal fetal heart rate(FHR) with good variability. The uterine contraction was once per 10 minutes. Per vaginal examination showed closed cervical os with poor effacement. Induction with Dinoprostone 3mg vaginal supplement was given 10 minutes after performing epidural anesthesia. After 7 hours of induction, her cervical os dilated to 4cm. Cardiotocography showed FHR was 135-155 beats per minute(bpm) with good variability, and uterine contraction was 4 times per 10 minutes. Artificial rupture of membrane(ARM) was performed. Thirty-five minutes after ARM, the patient's husband alarmed the nurse that the patient felt dizziness, chest tightness, and shortness of breath; meanwhile, FHR was decelerating. The nurse visited the patient immediately, whose GCS was E4M6V5, but her face and lip were cyanosed. An oxygen mask with 10 liters per minute was given. Her blood pressure decreased to 81/42 mmHg, her heart rate was 63 bpm, and SPO2 revealed 96%. Cardiotocography showed FHR decelerated from 130-150 bpm to 60 bpm without recovery(Figure 1). Urgent cesarean section(CS) was arranged by the attending physician within one minute of visiting the patient. An endotracheal tube was inserted in the operation room. The decision to incision time was within 10 minutes. Blood loss was 1000cc during the operation. Pathology of the placenta reported 3% of retroplacental hemorrhage. A male fetus was born with Apgar score 3'->5' and inserted with an endotracheal tube due to poor oxygen saturation. Then, he was sent to the neonatal ICU for further care. During operation, uterine atony presented. Uterotonic agents(oxytocin, carbetocin, methylergonovine, misoprostol) were given to improve uterine contraction. Lab data during operation revealed acute anemia(7.9g/dL), thrombocytopenia(9600 pL), prolonged prothrombin time(16.5sec), prolonged activated-partial thromboplastin time(48.6sec), and hypofibrinogenemia (90.5mg/dL). Disseminated intravascular coagulation(DIC) was impressed; massive transfusion protocol(MTP) was started immediately. Meanwhile, extracorporeal membrane oxygenation (ECMO) team was on standby. Luckily that she didn't need ECMO after evaluation. After 6 hours with blood products resuscitation(cryoprecipitates 40 units, fresh frozen plasma 16 units, packed red blood cell 10 units, and apheresis platelet 1 unit), fibrinogen level was normalized and other lab data were gradually improved. The endotracheal tube was removed 13 hours later. She was transferred from ICU to the ordinary ward on the 2nd day after surgery. Followed up Cardiac ultrasound reported a normal left ventricle(ejection fraction 68.4%) and slight hypokinesia of the right ventricular wall without obvious pulmonary hypertension. She was discharged 6 days after surgery with a smooth hospital course. AFE or a more appropriate name "anaphylactoid syndrome of pregnancy" is a rare and unpredictable, but devastating disease of pregnant women. The incident rate of AFE in the United States was 1 in 12,953 deliveries and 1.7 in 100,000 deliveries in the United Kingdom regardless of fetal or nonfatal cases, respectively. UK obstetric surveillance system stated the fatality rate was 19% from 2005 to 2014. The other 9 systemic reviews revealed that the fatality rate was 24.8%. Risk factors with strong evidences proposed for AFE are induction of labor by any means, assisted delivery, and CS. Other factors might increase the risk of AFE such as maternal age > 35 years old,

male fetus, multiple pregnancies, polyhydramnios, eclampsia, uterine rupture, cervical trauma, placenta previa or abruption, and ethnic minority. The clinical diagnostic criteria of AFE proposed by Clark et al.'s comprised of six clinical symptoms(hypotension, cardiac arrest, acute hypoxia, cyanosis, dyspnea, coagulopathy) and timing(onset during labor, CS, dilation and evacuation, within 30 minutes postpartum). Our patient meets the criteria of hypotension, hypoxia and coagulopathy. However, the clinical manifestations of AFE are variable. Even the serum markers such as monoclonal antibody TKH-2 or zinc coporphyrin are proven to be the sensitive methods for diagnosis of AFE, these markers won't be immediately available for diagnosis of AFE. Therefore, the diagnosis of AFE mainly by exclusion based on clinical presentation; early recognition and prompt managements are important for yield better prognosis.  
Prompt management started once cardiopulmonary compromise presented. In our case, hypoxia was found initially with clinical presentation of facial cyanosis. A prompt endotracheal tube inserted for airway protection and oxygen support are important before the pathophysiological changes of AFE such as bronchospasm and pulmonary vasoconstriction. These hemodynamic changes lead to pulmonary hypertension, right ventricular enlargement, intraventricular septum bow into left ventricle and cause systolic dysfunction. Right ventricle failure happened first; then, left ventricle failure ensued. In one study, 87% of patients presented with cardiovascular collapse or cardiac arrest. Therefore, the anesthesiologist is needed in helping with maternal cardiopulmonary and hemodynamic stabilization. Furthermore, ECMO increased the survival rate reported in some studies when severe cardiovascular compromise presented. Thus, our ECMO team was on standby all-time during operation. However, ECMO wasn't performed in our patient after thorough evaluation by cardiac surgeons. To evaluation of cardiac function after AFE, transesophageal echocardiography is preferred than transthoracic echocardiography(TTE). In studies, post-AFE cardiac morphologies might show right ventricular dilatation, hypokinesia and overload, tricuspid regurgitation, and right atrial enlargement. TTE was arranged in our patient on postoperative day 2. The cardiac echocardiography reported normal wall function with 68.4% ejection fraction and slightly hypokinesia of right ventricle wall motion without obvious pulmonary hypertension. Luckily, our patient was treated in time that there was only mild cardiovascular compromise. Her cardiac function is still required for long-term follow-up.  
80% of patients presented DIC during AFE. Since the risk of coagulopathy was high, aggressive blood products replacement should start simultaneously during operation before lab test results. In our case, MTP was initiated within 10 minutes after incision. The second round of MTP were adjusted according to lab tests until coagulopathy resolved. For severe coagulopathy in AFE patients, Recombinant VIIa was suggested. Our patient's coagulopathy had been corrected within 8 hours so Recombinant VIIa was not administered.  
One of the leading causes of death directly from pregnancy is AFE, which accounts for 5-15% of cases worldwide. Mortality rates exceeding 60% if classical triad symptoms of AFE present. In patients who survive from AFE, 7% has permanent neurological damage, and 17% has other major morbidities without neurological damage. Perinatal mortality rate is between 7-38%. In women with AFE at or before delivery, the perinatal mortality rate of infant was higher compared with after delivery. Surviving children manifest persistent neurological deficits in a rate of 24 - 50%. In our case, AFE occurred before delivery so FHR decelerated once hypoxia and hypotension presented in patient. The infant was on endotracheal tube since birth and kept for four days; he was discharged in 10 days. Follow-up brain and heart echocardiography of infant revealed normal appearance and functions during hospitalization. Long-term follow up on his neurological development is needed.  
AFE is a catastrophic emergency with sudden onset and rapid progression. Timely management and multidisciplinary team(MDT) involvement are the key elements to rescue the patient in facing this critical disease. SMFM proposed a checklist for initial management of AFE, which involved a multidisciplinary and rapid-response team. In our case, a prompt decision of emergent CS was made when doctor was called to the bedside. The time of decision to incision was within 10 minutes. The baby was delivered in one minute since start of incision, and 14 minutes since FHR decelerated. Blood products transfused promptly during the operation, including complete transfusion of cryoprecipitate 10 units and fresh frozen plasma 6 units in 2 hours. A total of cryoprecipitates 40 units, fresh frozen plasma 16 units, packed red blood cell 10 units, and apheresis platelet 1 unit were transfused within 10 hours. The involved teams included seven departments (Obstetrics & Gynecology, Anesthesiology, Intensive Care, Cardiovascular Surgery, Pharmacy, Medicine Laboratory, and Blood bank), and four units (Labor Delivery Room, Operation Room, Intensive Care Unit, and Maternity Ward). AFE is a devastating condition with high maternal mortality could occur in first 2 hours following the acute event in 56% patient as record by US registry. Therefore, early recognition with prompt resuscitation and MDT involvement are the leading factors to successful maternal and fetal outcome.

稿件編號：E093	雙重觸發相較於 hCG 觸發對不孕症人工生殖結果的有利影響：系統性回顧及隨機測驗之統合分析
臨時稿件編號：0684	Beneficial effect on infertility treatment outcomes of dual trigger versus hCG trigger in women undergoing in vitro fertilization. A systematic review and meta-analysis of randomized trials.  夏立折 <sup>1</sup> 李宗賢 <sup>1</sup> 林瑜瑩 <sup>1</sup> 黃允瑤 <sup>1</sup> 張浩榕 <sup>1</sup> 劉永良 <sup>1</sup> 中山醫學大學附設醫院產部 <sup>1</sup>
論文發表方式：海報	Objective Dual trigger, i.e., co-administration of GnRH agonist and human chorionic gonadotropin (hCG), has been given as an alternative to traditional hCG trigger for final oocyte maturation in gonadotropin-releasing hormone (GnRH) antagonist protocol in the field of in vitro fertilization (IVF). We performed a systematic review and meta-analysis to delineate the positive effects of dual trigger on infertility treatment outcomes. Method This present study is a systematic review and meta-analysis of randomized trials. Version 1 of the Cochrane risk-of-bias tool for randomized trials (ROBI) was utilized to evaluate the risk of bias. With RevMan version 5.4.1, we analyzed the extracted data regarding to the effect of dual trigger on oocyte maturation and pregnancy outcomes in comparison to hCG trigger. For patient groups undergoing fresh embryo transfer (ET) and frozen-thawed ET respectively, we also conducted subgroup analysis to evaluate whether dual trigger is beneficial or not on the clinical pregnancy rate. Results A total of 1643 participants were included for meta-analysis, with 825 in the dual trigger group and 813 in the hCG trigger group. Dual trigger treatment was associated with a significant 1.39-fold increase in the live birth rate per cycle comparing to the hCG trigger (risk ratio (RR) = 1.39 [1.10, 1.74], P = 0.005). Dual trigger was also associated with a significant increase in the number of oocytes retrieved (mean difference (MD) = 1.05 [0.43, 1.68], p=0.0009), the number of mature oocytes retrieved (MD = 0.82 [0.84, 1.16], p<0.000001), and the clinical pregnancy rate (RR = 1.27 [1.04, 1.56], P=0.02) comparing to hCG trigger. Subgroup analyses suggested that dual trigger was associated with a significantly increased clinical pregnancy rate with patient who received fresh ET (RR = 1.37 [1.06, 1.77], P=0.02). On the contrary, the dual trigger was not associated with increased pregnancy rate in the patient group with frozen-thawed ET (RR = 1.07 [0.74, 1.54], P = 0.73). Conclusion Dual trigger treatment with GnRH agonist and hCG is associated with an increased clinical pregnancy rate and live birth rate compared with traditional hCG trigger. This effect can be attributed to increased endometrial receptivity as well as better quantity and quality of retrieved oocytes.

稿件編號：E095	子宮內膜異位症與子宮肌腺症在 GnRH agonist 療程下之試管嬰兒懷孕率分析 Impact of adenomyosis and endometriosis on IVF/ICSI pregnancy outcome in patients undergoing gonadotropin-releasing hormone agonist treatment and frozen embryo transfer
臨時稿件編號：0728	王瑀 <sup>1</sup> 陳雅芳 <sup>2</sup> 谷化芬 <sup>2</sup> 易瑜崎 <sup>2</sup> 陳明哲 <sup>2</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup> 臺中榮民總醫院婦女醫學部生殖內分泌科暨不孕症科 <sup>2</sup>
論文發表方式：海報	Although numerous studies have attempted to establish the relationship between adenomyosis and infertility, no consensus has emerged. Our aim was to investigate whether adenomyosis and endometriosis affected IVF outcomes in our patients. This was a retrospective study of 1720 patients from January 2016 to December 2019. In total, 1389 cycles were included: 229 cycles in the endometriosis group (group E), 89 cycles in the adenomyosis group (group A), 69 cycles in the endometriosis and adenomyosis group (group EA), and 1002 cycles in the control group (group C). Most patients in groups A and EA received GnRH agonist treatment before FET. The 1st FET live birth rates (LBR) were 39.3%, 32.1%, 25% and 48.1% in groups E, A, EA, and C. The miscarriage rates were 19.9%, 34.7%, 39%, and 17.6%. The per retrieval cycle cumulative live birth rates (cLBRs) in patients <38 y/o were 56.4%, 58.1%, 44.8%, and 63%. The per retrieval cycle cLBRs in patients ≥38 y/o were 25%, 9.8%, 17.2%, and 29.5%. Among groups A and EA, LBRs were 25.58% and 18.89% in patients with a ≥ 7-fold decrease and a < 7-fold decrease in CA-125 level, respectively, after GnRH agonist treatment. Endometriosis was not associated with a poorer pregnancy outcome. Patients with adenomyosis with/without endometriosis had higher miscarriage rates, lower LBRs, and lower cLBRs, especially in patients aged ≥38 years, even after GnRH agonist treatment before FET cycles. Patients who have a greater than 7-fold decrease in CA-125 level after GnRH agonist treatment might have better clinical pregnancy outcomes.

稿件編號：E094	優質胚胎於自然週期與人工冷凍胚胎植入之臨床結果 Clinical outcome of good-quality embryo comparing natural cycle and artificial frozen embryo transfer
臨時稿件編號：0717	蕭存堂 <sup>1</sup> 蔡永杰 <sup>1</sup> 溫仁育 <sup>1</sup> 林毅倫 <sup>1</sup> 陳怡婷 <sup>1</sup> 陳怡蓁 <sup>1</sup> 奇美醫學中心 <sup>1</sup>
論文發表方式：海報	Study Question: To evaluate the differences in the clinical outcomes of frozen embryo transfer comparing natural cycle frozen embryo transfer (NC-FET) and artificial cycle frozen embryo transfer (AC-FET) based on the quality of the embryos. Our study aims to determine whether the good-quality embryo has different clinical outcomes in different methods for FET. Study Design, Size, Duration: This is a retrospective study, we included 970 women with 1365 FET cycles since January 2010 to October 2020 in our hospital. Women with two and more than two FET cycles and those with missing data were excluded. After exclusion, 670 women were enrolled for analysis per person per cycle. Materials, Setting, Methods: Patients were classified into two groups. Group 1 (NC-FET) included 121 patients who received FET five days after spontaneous ovulation. Group 2 (HT-FET) included 549 patients who received FET after estrogen priming of the endometrium. Only when endometrium thickness ≥ 7 mm with a triple-line pattern was achieved did the FET be performed. Good-quality embryos were defined as those at graded least 8E2 on day 3 or 3BB on day 5 according to Gardner's embryo classification system. There were 430 women transferred with good-quality embryos. Clinical outcomes were compared Among groups. Pearson's Chi-square, Fisher's exact test, Student T-test were used for comparing the baseline information of women between two groups. The logistic regression model was applied to estimate the odds ratio between women with NC-FET and HT-FET cycles by adjusted potential risk factors. Main results: There was no statistically significant difference in clinical outcome between two groups. The clinical pregnancy rate in Group 1 was 41.32% compared to 47.36% in Group 2 (p=0.228). The live birth rate (37.19% vs 40.26%, p=0.533), miscarriage rate (4.13% vs 6.92%, P=0.257), and implantation rate (30.00% vs 33.00%, p=0.430) were also comparable. In subgroup analysis, there is no statistically significant difference in clinical outcome when patients were transferred with good-quality embryos comparing NC-FET with AC-FET, the clinical pregnancy rate (aOR 0.77 95% C.I. 0.45-1.32), live birth rate (aOR 0.93 95% C.I. 0.54-1.59) and miscarriage rate (aOR 0.57 95% C.I. 0.20-1.60). Conclusion: Both natural cycle frozen embryo transfer and artificial cycle frozen embryo transfer can provide comparably sufficient endometrial environment for the implantation of good-quality embryos.
論文歸類：生殖內分泌	

稿件編號：E096	以縮時攝影胚胎培養探討濾池沖洗是否會影響胚胎發育 Does follicular flushing impact upon embryonic development? A time-lapse observation.
臨時稿件編號：0729	王瑀 <sup>1</sup> 陳雅芳 <sup>2</sup> 谷化芬 <sup>2</sup> 易瑜崎 <sup>2</sup> 陳明哲 <sup>2</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup> 臺中榮民總醫院婦女醫學部生殖內分泌科暨不孕症科 <sup>2</sup>
論文發表方式：海報	Several studies suggest that flushing results in a greater number of collected oocytes. However, in the past decade, randomized controlled trials have shown that follicular flushing improves little or no difference primary result of live birth. After all, studies cannot answer if the characteristics have shown differences between the directly aspirated oocytes and flushing retrieved oocytes. This is a prospective observational study of 100 follicles from 13 patients during November 2022 to December 2022. All follicles were cultured and observed under the EmbryoScope™ time-lapse system from 2PN until blastocyst stage. A total of 24 oocytes were retrieved by direct aspiration (group D). During follicular aspiration, 76 follicular oocytes were failed to be picked up but were later successfully retrieved by the following flushing (group F). The oocyte retrieval procedures were performed by using double lumen K-OPSD-1735 needles and K-MAR-5200 vacuum pump set at 160 to 170mmHg. During oocyte retrieval, the follicular fluid was aspirated and examined for an oocyte. If no oocyte was identified, the follicle was flushed with generic flush media and repeated until an oocyte was retrieved or up to a maximum of seven times. The fertilization rates in group D and F were 85.7% and 80.9%. The blastocyst formation rates were 62.5% and 46.1% in group D and F respectively. The rate of good embryos on day 3 was significantly lower in group F. Except for significantly longer t2 in group F (29.3 hours) versus group D (27 hours), all other observed parameters, including t3, t4, t5, t8, tM, tSB, tB, and tEB showed no significant differences. There are no statistically significant differences between the two groups in fertilization rate, the blastocyst formation rate and all time-lapse morphokinetic parameters except t2.
論文歸類：生殖內分泌	

稿件編號：E097	比較第五或第六天胚胎單次和重複冷凍後再植入對懷孕與出生率的影響 Comparison of pregnancy and delivery rate of D5 and D6 blastocysts transfers between once and repeated cryopreservation
臨時稿件編號：0747	粘雨澄 <sup>1</sup> 宮晚帆 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式：海報	Purpose: To compare the pregnancy and delivery rate of D5 and D6 blastocysts transfers between once and repeated cryopreservation.
論文歸類：生殖內分泌	Methods: Totally 1675 ART cycles from January 01, 2014 to December 12, 2021 were collected. The blastocysts were classified into two groups: (A) 1650 cryopreserved once and (B) 25 cryopreserved twice.  Results: The pregnancy rate was 59.5% in group A and 64% in group B, while the delivery rate was 45.7% in group A and 48.0% in group B. There was no statistically significant difference between the two groups.  Conclusions: The pregnancy and delivery rates between the two groups was not statistically significant difference.

稿件編號：E098	探討人工生殖中高度反應患者採取新鮮週期囊胚植入策略對累積活產率之影響 In view of cumulative live birth, is "fresh blastocyst transfer" a good option for the good-prognostic, normal to high responders?
臨時稿件編號：0748	陳明哲 <sup>1</sup> 易瑜嬌 <sup>1</sup> 陳雅芳 <sup>2</sup> 谷化芬 <sup>3</sup> 權詩婷 <sup>2</sup> 陳麗宇 <sup>2</sup> 宮晚帆 <sup>2</sup> 張瑞君 <sup>2</sup> 台中榮總醫院婦女醫學部 <sup>1</sup> 台中榮總醫院婦女醫學部婦科內分泌不孕科 <sup>2</sup>
論文發表方式：海報	Background and Aims: Our previous study revealed that shifting to blastocyst transfer probably could increase the live births in fresh cycles with premature progesterone rise (PPR). However, could the first embryo transfer (ET) or cumulative ET outcome get improved by the 'freeze-all' policy in good-prognostic, normal to high responders?
論文歸類：生殖內分泌	Materials and Methods: There were 3386 starting cycles in our center during 2013 to 2020. We exclude ET cycles with mixing embryos from different starting cycles and cycles not yet finish their ETs for the whole lot embryos. A final total of 2806 cycles were eligible for analyzing ET outcomes. 1152 cycles with blastocyst (BC) transfer, 379 with first fresh BC ET, 773 with freeze all. We finally choose age < 38 y/o patients with oocytes retrieved numbers 5-20 as target group (n=558) for analyzing the relationship between PPR and BC transfer. Group comparisons were performed with SPSS-PC and P < 0.05 was considered statistically significant.  Results: The cumulative live birth rates (cLBRs) were 46.4% (1303/2806) in total group. The distribution of cLBRs among different categories of age and oocytes numbers were shown in Figure1. Significantly higher cLBRs were noted by freeze-all group as compared to first fresh ET group in normal to high responding patients. Comparison of the cLBRs between those cycles (n=1152) with and without first fresh ET cycles by different levels of serum progesterone (P4) were shown in Table 1. Significantly lower LBRs after first ET were noted in patients with fresh BC ET cycles as compared to patients with frozen BC ET cycles in every categories of serum P4 levels. Comparison of the first and cumulative LBs for those selective target cycles (n=558) between cycles with and without first fresh ET cycles by different levels of serum progesterone (P4) were shown in Table 2. Similarly, significantly lower OGPRs/LBRs after first ET were noted in these patients with fresh BC ET cycles as compared to patients with frozen BC ET cycles in first two categories of serum P4 levels. However, for cOGPRs/LBRs, the two patient groups had comparable successful results.  Conclusions: Our retrospective review reconfirm the previous finding that freeze all policy could achieve a significantly higher cLBRs in normal to high responders. Fresh BC transfers still show significantly lower LBRs in the first ET cycle as compared to first FET in freeze all group. However, fresh ET policy would not compromise the cLBRs results in these <38 y/o, normal to high responding patients. And Fresh ET for these patients might also decrease the time to a successful pregnancy and delivery.  Figure 1: The distribution of cLBRs among different categories of age and oocytes numbers  Table 1: Comparison of the cLBRs between those BC ET cycles (n=1152) with and without first fresh ET cycles by different levels of serum progesterone (P4)  Table 2: Comparison of the first and cumulative LBs for those selective target cycles (n=558) between cycles with and without first fresh ET cycles by different levels of serum progesterone (P4)

稿件編號：E099	顛咽瘤對女性病患生殖能力之影響 The impact of craniopharyngiomas on the fertility of female patients
臨時稿件編號：0753	曾瑤儀 <sup>1</sup> 賴宗炫 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
論文發表方式：海報	Introduction Craniopharyngioma is a rare, benign embryonic malformation derived from Rathke's pouch. It is typically located in the sellar and suprasellar areas and often compresses the optic nerve, hypothalamus, and pituitary gland. Female patients with craniopharyngioma may experience hypogonadotropic hypogonadism, leading to amenorrhea and infertility. Case presentation We report a case of a 30-year-old woman, gravida 0 para 0, who presented with amenorrhea, headache, body weight gain, nausea, and vomiting for six months. She was diagnosed with a suprasellar craniopharyngioma and underwent nearly total tumor excision in 2013. Following the operation, she developed hypothyroidism and central diabetes insipidus, and received L-thyroxine and desmopressin. Amenorrhea recurred six months later, and laboratory tests revealed hypogonadotropic hypogonadism. She began taking oral sex steroids. In 2022, she visited our IVF center for consultation. Initial laboratory tests showed hypogonadotropic hypogonadism, but normal AMH levels. Transvaginal ultrasound revealed an atrophic uterus and bilateral ovaries. Clomiphene challenge was conducted for three months with poor response. Subsequent laboratory tests produced similar results, and oocyte freezing was recommended. She underwent ovarian stimulation with HMG and recombinant FSH, and ovulation was triggered by HCG. Twelve oocytes were retrieved transvaginally and were all frozen at the metaphase II stage. Discussion Fertility outcomes in female patients with craniopharyngiomas have been rarely studied. Among the nine patients and sixteen pregnancies with twelve live births previously reported, all patients with hypopituitarism received assisted reproductive technologies. Clomiphene is typically used for ovarian stimulation, but patients with craniopharyngioma and hypopituitarism may not respond well to this treatment. Alternatively, ovarian stimulation with pulsatile GnRH or HMG and HCG should be recommended for these patients.

稿件編號：E100	台灣南部男性的精蟲去氧核糖核酸碎片分析與傳統精液分析的關聯性 Correlation between sperm DNA fragmentation and semen parameters in southern Taiwanese population
臨時稿件編號：0785	林毅倫 <sup>1</sup> 邱俊霖 <sup>1</sup> 蔡永杰 <sup>1</sup> 永康奇美醫院 <sup>1</sup>
論文發表方式：海報	Background: By far, there are plenty of causes that contribute to male infertility, but conventional male semen analysis only analyzes total sperm count, motility, and morphology of sperm. However, it's not good enough due to increasing environmental pollution and changing diet patterns and lifestyles. It's urgent to find new tests for male sperm quality. Therefore, current studies have widely proven sperm DNA fragmentation (SDF) as a new confident parameter for male infertility. The association between SDF and recurrent miscarriage was highly correlated[1], and recent studies also found High SDF delays human embryo kinetics[2]. Study question: Can SDF represent the conventional semen analysis in any parameter? Materials, Setting, and Methods: This is a retrospective study in a single medical center that included 30 males with infertility from December 1st, 2021 to June 30th, 2022. Data on sperm SDF, sperm routine, and sperm morphology were all collected. According to SDF levels, we used 20% and 30% as the threshold to analyze the correlations between conventional semen analysis and SDF. The patients with SDF ≤ 20% were defined as group 1 and SDF > 20% were defined as group 2. In the same way, the patients with SDF ≤ 30% were defined as group 3, and SDF > 30% were defined as group 4. Result: If we used 20% as a threshold, the sperm concentrations were 48.5X106 and 73.9X106 in group 1 and group 2 (P=0.131), respectively. Besides, the sperm motilities were 60% and 59% (P=0.914) and normal morphologies were 8% and 9% (P=0.838) in group 1 and group 2. If we used 30% as a threshold, the sperm concentrations were 67X106 and 60X106 in group 3 and group 4 (P=0.69), respectively. Besides, the sperm motilities were 59% and 61% (P=0.829) and normal morphologies were 9% and 9% (P=0.8) in group 3 and group 4. Discussion: Our study found that the degree of sperm DNA fragmentation has no correlation with the proportion of sperm concentration, motility, and normal morphology, whether we used 20% or 30% which were both previously assumed as the rational thresholds of impaired SDF[3]. In other words, conventional semen analysis can't entirely represent the impairment of sperm DNA fragmentation. However, previous studies have proved that high SDF levels may lead to poor embryo development, lower implantation rates, and higher miscarriage rates [4]. On the other hand, high SDF may be a major cause of recurrent pregnancy loss (RPL)[1, 5], and the ESHRE guideline recommended surveying SDF for couples with RPL in 2018[6]. Unfortunately, conventional semen analysis and SDF are necessary to be tested independently in the modern male infertility survey, because there is no correlation was found in any parameter of semen analysis. Afterward, surgical intervention for possible varicocele, antioxidant supplement, lifestyle modification, gonadotropin use, and application of testicular sperm extraction or intracytoplasmic sperm injection should be discussed with patients as early as possible[7] in order to improve fertilization rate and reduce miscarriage rate.

稿件編號：E101	試管嬰兒治療受孕是否增加懷孕併發症的發生：十年趨勢報告 Pregnancy-related complications and outcomes in women with and without assisted reproductive technology treatment: A 10-year retrospective review
臨時稿件編號：0789	賴秀燕 <sup>1</sup> 張玉君 <sup>2</sup> 楊爵閣 <sup>3</sup> 黃筱秦 <sup>1</sup> 陳郁菁 <sup>1</sup> 蔡鴻德 <sup>1</sup> 吳信宏 <sup>1</sup> 彰化基督教醫院婦產部 <sup>1</sup> 彰化基督教醫院大數據中心 <sup>2</sup> 彰化基督教醫院婦女研究室 <sup>3</sup>
論文發表方式：海報	Objective: To investigate the pregnancy-related complications and obstetric outcomes in women who conceived with and without assisted reproductive technology (ART) treatment.
論文歸類：生殖內分泌	Materials and methods: This retrospective study was conducted to compare the pregnancy-related complications of women who conceived spontaneously and those who conceived through ART treatment at Changhua Christian Hospital, Taiwan, between January 1, 2011, and December 31, 2020. Data on obstetric and neonatal outcomes, including pregnancy-induced hypertension (PIH), preeclampsia, gestational diabetes mellitus (GDM), placenta previa, and placental abruption, were retrieved from the medical records and analyzed.  Results: Of 25,390 women who visited Changhua Christian Hospital between 2011 and 2020, 24,255 (95.53%) conceived spontaneously and 1,165 (4.47%) conceived with ART treatment. The women in the ART group were significantly older than those in the spontaneous conception (SC) group (35.6 vs. 32.2 years; P < 0.001). The ART group had considerably higher incidence of preterm birth (38.4%), PIH (10.1%), preeclampsia (7.6%), and GDM (10.7%) than the SC group had (P < 0.001). The risk of preterm births (OR 1.26 [95% CI 1.06–1.50]; P = 0.009) was only noted with ART pregnancies after adjustment using multiple logistic regression analysis. This risk was associated with multiple pregnancies caused by double or triple embryo transfer for increasing the chemical pregnancy rate. The advanced maternal age in the ART group contributed to the greater risk of PIH, preeclampsia, GDM, and placenta previa (P < 0.001). The prevalence of GDM has significantly increased in the last decade (from 3.0% to 11.6%; P < 0.001), faster than the other complications.  Conclusion: The risk of preterm labor, which is mainly caused by multiple pregnancies, was high in the women who conceived with ART treatment. The single-embryo transfer strategy may help avoid maternal complications. Moreover, delayed childbearing and the incidence of GDM are increasing and warrant attention.

稿件編號：E102	本院接受生育保存的乳癌患者之預後 Fertility preservation outcomes in women with breast cancer at our hospital
臨時稿件編號：0797	陳昭穎 <sup>1</sup> 台中榮總 <sup>1</sup>
論文發表方式：海報	Breast cancer is the most common malignancy in women. Fertility preservation is an important issue for women with breast cancer. This study assesses the reproductive outcomes in women with breast cancer after fertility preservation at our hospital. We collected database of our ART center retrospectively reviewed from Jan 2012 to Dec 2022. Informing all patients about infertility risk, available options for fertility preservation and possibility of pregnancy is still an essential issue for health care clinicians responsible for oncologic treatment.
論文歸類：生殖內分泌	

稿件編號：E103	引卵日黃體素數值升高對累積活產率的影響之回溯性研究 Searching for a suitable serum progesterone level range at triggering day to achieve an optimal cumulative live birth rate
臨時稿件編號：0803	陳昭穎 <sup>1</sup> 台中榮總 <sup>1</sup>
論文發表方式：海報	The consequences of elevated serum progesterone throughout ovarian stimulation on the outcome of in vitro fertilization (IVF) have been the focus of intensive scientific research for the past years. The cutoff value for defining premature progesterone elevation is a challenge to define. Most investigators thought a negative effect on pregnancy rates as soon as progesterone levels exceed 1.5 ng/mL on the day of human chorionic gonadotropin (hCG) administration. However, most published data only point the negative impact on the pregnancy outcome in fresh embryo transfer cycles. Previous researchers did not focus on the effect of premature progesterone elevation and the subsequent pregnancy outcome. Hence we sort to analyze the final cumulative live birth rate to search a proper cutoff value level of progesterone on the day of ovulation trigger. ART Database in our center was retrospectively reviewed. A total of 1127 patients who received IVF/ICSI with GnRH antagonist cycle at our hospital from January 2016 to December 2019 were enrolled in this study. Our preliminary analysis revealed that from the point of view of cLBR, the optimal P4 range at triggering day is between 1.5 to 2.5 ng/ml. However, further investigation with large scale big dataset is eagerly required.
論文歸類：生殖內分泌	

稿件編號：E104	Corifollitropin-alpha(Elonva)在臨床上的運用 Application of Corifollitropin alfa in IVF cycles: A systemic review and meta-analysis
臨時稿件編號：0811	黃允瑤 <sup>1</sup> 張浩榕 <sup>1</sup> 李宗賢 <sup>1</sup> 劉勇良 <sup>1</sup> 林瑜瑩 <sup>1</sup> 夏立忻 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	IVF is an expensive and psychologically stressful treatment for patients. Controlled ovarian stimulation can be achieved using different types of protocols but most medications has a short half-life and require daily injections to maintain appropriate concentrations for ovarian stimulation. Corifollitropin alfa(Elonva) has been developed to overcome issues with the short half-life and rapid metabolic clearance of traditional agents. This long acting r-FSH is designed to sustain oocyte development in the first 7 days of COS cycle, as an alternative to daily injections of traditional rFSH (recombinant FSH) or hMG(human menopausal gonadotropin). Multiple RCTs have reported that Corifollitropin alfa is as efficacious as recombinant FSH in terms of live birth rate, ongoing pregnancy rate, as well as clinical pregnancy rate. Current metaanalysis and systemic review focused mostly on normal ovarian responders and lack comparison in low and high responders subgroup, therefore, an updated review and meta-analysis on the role of Corifollitropin alfa in normal, low and high responders of ovarian stimulation in in-vitro fertilization is presented to provide a reliable update on the effectiveness and safety of this drug.
論文歸類：生殖內分泌	



稿件編號：E105	針對卵巢反應不佳者於試管療程中併用 Letrozole 與促性腺激素的效用 Effects of letrozole co-treatment with gonadotropins during ovarian stimulation in poor or suboptimal responders for IVF
臨時稿件編號：0828	陳怡婷 <sup>1</sup> 蔡永杰 <sup>1</sup> 溫仁育 <sup>1</sup> 林毅倫 <sup>1</sup> 蕭存雯 <sup>1</sup> 奇美醫學中心 <sup>1</sup>
論文發表方式：海報	Objective: This study evaluated the effect of letrozole co-treatment with gonadotropins during ovarian stimulation in poor responders whose oocyte numbers were not satisfactory from previous conventional ovarian stimulation with gonadotropins alone. Materials and methods: We retrospectively reviewed the medical records in our center between July 1, 2022, to January 31, 2023. Women who received conventional ovarian stimulation with gonadotropins along with poor or sub-optimal ovarian response in their first cycles and then received letrozole 5mg/day(1# bid) co-treatment from the first day of stimulation until trigger day in the second cycles were included in this study. The self-paired comparison between gonadotropins with letrozole co-treatment cycles and gonadotropins-only was performed. The mean gonadotropins dose, level of LH during stimulation, level of estradiol and progesterone at trigger day, number of retrieved oocytes, MII-oocytes rate, fertilization rate and pregnancy rate were compared between the two cycle groups by Wilcoxon Signed-Rand test. Result: Seven women were included for self-paired comparison. The mean patients' age was 38.41±4.68. Estradiol levels during trigger day were significantly lower in letrozole co-treatment cycles compared to gonadotropins only cycles (221.14±129.46 vs 939.86±597.17, P value<0.05). The number of retrieved oocytes was also significantly higher (7.57±3.31 vs 3.71±2.50, P value < 0.05) in the letrozole group. Two of them had an ongoing pregnancy. (28.6% vs 0%). There were no significant differences in mean FSH dose(235.71±51.75 vs 246.43±94.02); LH level during stimulation(3.58±2.95 vs 2.65±1.23); P4 level at trigger day(0.67±0.43 vs 1.57±1.62); MII-oocytes rate(80%±18% vs 75%±36%) and fertilization rate(0.91±0.16 vs 0.91±0.15). Conclusion: Compared to gonadotropins-only for ovarian stimulation in poor responder, letrozole co-treatment with gonadotropins not only increased the number of retrieved oocytes but also led to a higher implantation and ongoing pregnancy rates.

稿件編號：E106	治療維生素 D 不足對於輔助生殖技術的影響 Effect of Vitamin D Insufficiency Treatment on Clinical Outcomes After Assisted Reproductive Technology: A Systematic Review and Meta-Analysis
臨時稿件編號：0845	楊昶臻 <sup>1</sup> 劉勇良 <sup>1</sup> 葉敏儒 <sup>1</sup> 李宗賢 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	Introduction: Worldwide, it has been estimated that 8-25% of married couples are affected by infertility. Previous studies have shown that vitamin D has several effects on the female reproductive system, including regulation of ovarian and endometrial cell proliferation, embryo implantation, and anti-Müllerian hormone production. Studies have found a negative association between vitamin D deficiency or insufficiency and clinical pregnancy rates, embryo quality, and live birth rates after ART. However, the role of vitamin D supplementation on conception and pregnancy outcomes in women undergoing ART is poorly understood. Currently, there is insufficient evidence assessing whether vitamin D supplementation will affect the outcomes of assisted reproductive technologies in infertile couples. To elucidate the benefit of vitamin D supplementation on ART outcomes, this systematic review and meta-analysis were conducted. Methods: EMBASE, PubMed, and The Cochrane Library were searched from inception until November 2021 to identify relevant studies which reported on the association between vitamin D supplementation and ART outcomes. Randomized control trials which evaluated the effects of vitamin D supplementation and the clinical outcomes after IVF/ICSI were included. The main outcome measures were clinical pregnancy rates and biochemical pregnancy rates. Likewise, fertilization rates were considered as a secondary outcome. Results: A systematic review and meta-analysis of four published randomized controlled trials including 957 women investigating the association between vitamin D supplementation and ART outcomes. Clinical pregnancy rates were reported in all four of the included studies. Analysis of the data from these studies showed no significant association between vitamin D supplementation and clinical pregnancy rates (OR 1.82 [0.76-4.36]). No significant increase was found in biochemical pregnancy rates after vitamin D supplementation (OR 1.86 [0.79-4.38]). Three studies found that vitamin D supplementation did not increase fertilization rates (OR 0.91 [0.66-1.26]). Conclusion: The findings of this systematic review and meta-analysis showed that there is no improvement associated with vitamin D supplementation and ART outcomes in terms of clinical pregnancy rates, biochemical pregnancy rates, and fertilization rates. Future studies are necessary to determine whether vitamin D supplementation affects reproductive outcomes.
論文歸類：生殖內分泌	

稿件編號：E107	荷爾蒙補充週期中 LH 上升不影響冷凍胚胎植入的成果 Elevated serum LH level in the hormone replacement cycle dose not adverse affect the frozen-thawed embryo outcome
臨時稿件編號：0868	易瑜峻 <sup>1</sup> 陳明哲 <sup>1</sup> 谷化芬 <sup>1</sup> 陳雅芳 <sup>1</sup> 陳麗宇 <sup>1</sup> 權詩婷 <sup>1</sup> 宮晚帆 <sup>1</sup> 張瑞君 <sup>1</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：海報	Study Question: To assess the effect of elevated serum LH level in the hormone replacement cycle on frozen-thawed embryo transfer outcome. Study Design, Size, Duration: Retrospective analysis of the clinical and laboratory data of 343 frozen embryo transfer cycles during Jan/01/2017 to Dec/31/2022. Those women received frozen/thawed blastocyst transfer and age less than 42 years old were included. Materials, Setting, Methods: Serum LH level on the day of progesterone commencement was evaluated and the ongoing pregnancy/delivery rates after frozen-thawed embryo transfer were analyzed. Main Results: There were many women experienced elevated serum LH level in hormone replacement cycle, total 25% women LH>11.2 and young age is significant associated with elevated serum LH level. The clinical pregnancy rates for women with Low quartile (<25%), middle (25-75%) and high quartile (>75%) serum LH level were 58.1%, 56.1% and 61.6% respectively, and 73.0%, 57.4% and 55.6% for those women less than 42 years old and less than 35 years old respectively. The delivery rate was 43.0%, 42.7%, 53.5% and 56.8%, 50.0%, 47.2% respectively. There was no significant difference. Conclusion: There were many women experienced elevated serum level in the hormone replacement cycle, however, isolated elevated serum LH level did not adversely impact frozen/thawed embryo transfer outcome.

稿件編號：E108	比較新鮮胚胎植入的婦女在不同時間點開始補充黃體素的懷孕預後 Comparing pregnancy outcomes of different initiated timing of luteal phase support in women with fresh embryo transfer
臨時稿件編號：0904	李佳臻 <sup>1</sup> 林明輝 <sup>1</sup> 台北馬偕醫院婦產部 <sup>1</sup>
論文發表方式：海報	Objective: To analyze the impact on the pregnancy outcome in women undergoing fresh embryo transfer, divided into two groups of cleavage stage and blastocyst stage, with initiation of luteal phase support (LPS) on the day of oocyte retrieval (OR) compared with LPS on the day 1 after OR. Study Design: This was a retrospective cohort study. A total of 860 patients undergoing IVF treatment and fresh embryo transfer at Mackay Memorial Hospital collected from January 1, 2017, to August 31, 2021. Materials and Methods: Eligible patients were divided into two categories, fresh Day 2, 3 ET and Day 5 eSET. Patients in fresh Day 2, 3 ET group were transferred a maximum of three embryos under ultrasound guidance. In the Day 5 eSET group, we selected single embryo for transfer (eSET). We analyzed the pregnancy outcome with initiation of LPS on OR day and on the day 1 after OR. Additionally, we also analyzed the subgroup of diminished ovarian reserve (DOR) (AMH ≤ 1.1 ng/mL) between two different LPS timing in Day 2, 3 ET groups. Results: In Day 2, 3 ET group, a total of 350 patients were analyzed. Among these, 193 patients received LPS initiated on the OR day (group 1), whereas 157 patients received LPS initiated on the day 1 after OR (group 2). The study group 1 showed higher implantation rate (25% vs 18%, p=0.026) with statistically significant; and higher clinical pregnancy rate (43% vs 34.4%, p=0.101) and livebirth rate (30.6% vs 23.6%, p=0.144) respectively but without statistically significant. The clinical miscarriage rate was also higher in the group 1 (15.5% vs 11.5%, p=0.476). The subgroup analysis of DOR with AMH ≤ 1.1 ng/mL showed LPS initiated on the OR day had significantly higher clinical pregnancy rate (47.8% vs 26.5%, p=0.039); and higher implantation rate (28% vs 16%, p=0.089) and livebirth rate (35.8% vs 20.6%, p=0.117) without statistically significant. Second, the patients in Day 5 e-SET group were also divided into two groups, 100 patients received LPS initiated on the OR day and 79 patients received LPS start on post OR day 1. There was no significant difference of positive β-hCG rate (54% vs. 49.4%, p=0.538), clinical pregnancy rate (51% vs. 59.4%, p=0.294), and livebirth rate (41% vs. 44.4%, p=0.665) between two different LPS timing. Also, there was no significant difference of biochemical miscarriage (3% vs. 1.6%, p=0.591), and clinical miscarriage rate (9% vs. 11.5%, p=0.665). Conclusion: There appears to be the better pregnancy outcome including clinical pregnancy, livebirth, and implantation rate in women undergoing day 2 and day 3 ET when LPS initiated on the OR day compared with LPS initiated on the day 1 after OR, especially for women with diminished ovarian reserve. In contrast, in day 5 e-SET group, clinical outcomes are similar between two different LPS timing.
論文歸類：生殖內分泌	

稿件編號：E109	<p>阿斯匹靈新應用：在化療期間作為生育功能保存之藥物 A novel application of aspirin: fertility preservation during chemotherapy in a mice model</p> <p>董瑩瑩<sup>1</sup> 陳美州<sup>1</sup> 陳思原<sup>1</sup> 台大醫院婦產部<sup>1</sup></p>
臨時稿件編號：0956	
論文發表方式：海報	<p>Introduction: Cyclophosphamide (CP) and doxorubicin (DOX) are commonly prescribed chemotherapeutic agents in many hematologic or malignant disorders with well-documented gonadotoxicity in both human and animal studies. Whether aspirin (ASP), a widely prescribed anti-thrombotic and anti-inflammatory agent, could preserve fertility against the chemotoxicity is still unknown. Methods: Female C57BL/6 mice were randomized into six groups (n=3 per group), including the control, CP-alone, DOX-alone, ASP-alone, CP+ASP, and DOX+ASP groups. CP (75mg/kg) and DOX (10mg/kg) were given intraperitoneally weekly from week 1 to week 3. ASP (25mg/kg/day) was given by oral gavage daily from week 1 to week 4. After four weeks of pharmacological treatment, the female mice were mated with male mice and the number of offspring was calculated. Results: CP and DOX treatment significantly decreased the number of offspring compared with the control group (control v.s. CP-alone: 5.7 mice v.s. 1.0 mice, p=0.0006) and DOX-alone (control v.s. DOX-alone: 5.7 mice v.s. 0 mice, p=0.0001). ASP treatment didn't exert significantly impact on mice fertility (control v.s. ASP-alone: 5.6 mice v.s. 7.3 mice, p=0.2707). Addition of ASP during CP and DOX treatment significantly increased the number of offspring and thus improved the mice fertility (ASP+CP v.s. CP-alone: 5.7 mice v.s. 1.0 mice, p=0.0006; ASP+DOX v.s. DOX-alone: 4.3 mice v.s. 0 mice, p=0.001). Conclusions: Our study for the first time demonstrated that ASP could effectively preserve fertility during CP and DOX treatment in a murine model. It could be a safe, effective, and economic fertility preserving agent during chemotherapy.</p>
論文歸類：生殖內分泌	

稿件編號：E110	<p>罕見病例報告 - OHVIRA 症候群及子宮腔鏡子宮整形術 Hysteroscopic metroplasty in a 35 years old female with obstructed hemivagina and ipsilateral renal agenesis(OHVIRA) syndrome: a case report</p> <p>李東衡<sup>1</sup> 謝承恩<sup>2</sup> 苗栗大千醫院婦產部<sup>1</sup> 新竹市立馬偕兒童醫院婦產部<sup>2</sup></p>
臨時稿件編號：0965	
論文發表方式：海報	<p>Müllerian duct anomalies, which may cause infertility, are uncommon heterogenous entities and many classification systems have been proposed for their complex structure and clinical variability. Among them, obstructed hemivagina and ipsilateral renal agenesis (OHVIRA) is a rare type and usually diagnosed in adolescents who present with hematocolpos or hematometra. We reported a thirty-five-year-old female with OHVIRA syndrome. Her Müllerian duct anomaly was initially impressed during infertility survey. Based on serial image studies, including hysterosalpingography, transvaginal sonography and MRI, combined bicornuate complete septate uterus with partially obstructed left hemicervix was found. The microperforation on left hemicervix made the left side menstruation outflow possible, prevented the patient from severe hematocolpos in her adolescence, and therefore masked the anomaly. We arranged hysteroscopic metroplasty for complete septum excision and trimmed the irregular uterine cavity. A new wide and smooth fundus with relative broad cavity was created for the fertilized egg and blastocyst landing. Compare to traditional laparotomy metroplasty, pre-operation evaluation by comprehensive image studies play a more important role in hysteroscopic metroplasty.</p>
論文歸類：生殖內分泌	

稿件編號：E111	<p>補充抗氧化劑對精蟲品質的影響-初步報告 A preliminary report of the impact of oral antioxidants on sperm quality</p> <p>蔡永杰<sup>1</sup> 溫仁育<sup>1</sup> 林毅倫<sup>1</sup> 蕭存爕<sup>1</sup> 陳怡婷<sup>1</sup> 奇美醫學中心婦產部<sup>1</sup></p>
臨時稿件編號：0976	
論文發表方式：海報	<p>Objective: There is evidence that oxidative stress (OS) plays a fundamental role in the occurrence of male subfertility. Oxidative stress occurs when there is an imbalance between the production of reactive oxygen species (ROS) and the ability of the body to neutralize these toxic products. This imbalance leads to cellular damage. Over the years, it has been proven that subfertile men, when compared with fertile men, have higher levels of ROS and lower levels of antioxidants in their semen. This prospective study is designed to evaluate the effect of oral antioxidants treatment on the quality of sperm in male patient with suboptimal semen analysis. Materials and Methods: Patient with suboptimal semen analysis were included in this study. Suboptimal semen quality is defined as either oligozoospermia (total sperm count <math>\leq 40 \times 10^6</math>) or athenozoospermia (sperm motility <math>\leq 50\%</math>) or teratozoospermia (sperm normal morphology <math>\leq 14\%</math> according to Kruger criteria). A nutritional supplement (Ferti-A; 精益壯) contains L-carnitine, L-arginine, zinc, vitamin E, glutathione, selenium, CoQ10, folic acid and Maca were given to patients once they are included in this study. Patients with organic causes of male infertility such as varicocele, cryptorchidism or medical disorder such as hypertension and diabetes mellitus were excluded from this study. The semen analysis was performed before and after the supplementation of this antioxidant combinations. Results: 80% of patients demonstrate improved in total volume of semen (2.5±1.75 vs 3.25±0.93) and total sperm count. 80% of patients demonstrate improved in percentage of motile sperm (48±10.9% vs 69±14.3%). There was no significant difference in percentage of sperm with progressive motility. There was also no significant difference in sperm with normal morphology. There was no report of side effect during the period of treatment. Conclusion: This is a very preliminary report to test the safety and effect of antioxidant on semen quality. So far, the majority of our patient demonstrated improvement in semen volume, total sperm count and percentage of motile sperm. Oral antioxidants seem to show some promises in improving semen quality. A prospective study is still on going and final data with more detailed information will be presented in the annual meeting.</p>
論文歸類：生殖內分泌	

稿件編號：E112	<p>罕見病例-換腎婦經試管嬰兒懷孕下雙胞胎 A Rare Case of IVF Twin Pregnancy in a Patient with Renal Transplant</p> <p>宋衍儒<sup>1</sup> 吳憲銘<sup>1</sup> 林口長庚紀念醫院<sup>1</sup></p>
臨時稿件編號：0986	
論文發表方式：海報	<p>Objective: To present a rare case of successful, medically-assisted twin pregnancy in a patient with prior kidney failure and renal transplantation. Materials and Methods: A descriptive analysis of a clinical case from the IVF center of Linkou Chang Gang Memorial Hospital. Main Results: A 39-years-old female with primary infertility had a history of amenorrhea associated with renal transplantation and usage of immunosuppressive therapy. She suffered from chronic kidney disease since she was 19-years-old and underwent peritoneal dialysis for many years to finally receive kidney transplantation at 28 years of age. Unfortunately, due to irregular menstrual cycle and anovulation, she was unable to conceive for many years. Initial survey from her first outpatient visit revealed an AMH level of 0.02 ng/mL. After multiple, failed attempts of IVF cycles, she finally became pregnant through oocyte donation. Throughout her pregnancy, meticulous follow-ups of her renal function and careful adjustments had to be made for her immunosuppressive medications. Unfortunately, she experienced premature preterm rupture of membrane when she reached 23 weeks of gestation. After many weeks of challenging tocolysis, she received stat Cesarean-section at 29 weeks in gestation. Luckily, both of her twin daughters were vigorous, and after three months of care in the NICU, they were both discharged home. Conclusion: This is the first case of medically-assisted, live twin birth reported in Taiwan. Clinically, multiple gestation presents with additional burdens to the mother, and renal function is one of the main areas affected. However, such strain is often exacerbated in patients with kidney failure or renal transplantation. This case report demonstrates the exceptional occurrence and highlights the precautionary measures that medical personnel to be especially aware of for this population of patients before, during, and after pregnancy.</p>
論文歸類：生殖內分泌	

稿件編號：E113	使用 GnRH antagonist 的病患中合併動情激素特別低下者之 IVF/ICSI 的結果 Extremely low levels of estrogen expression in patients using GnRH-antagonists and their IVF/ICSI outcomes
臨時稿件編號：0988	朱偉光 <sup>1</sup> 林理蘭 <sup>1</sup> 李冠昇 <sup>1</sup> 邱上琪 <sup>1</sup> 林明輝 <sup>1</sup> 李國光 <sup>1</sup> 馬偕紀念醫院婦產部不孕症學科 <sup>1</sup>
論文發表方式：海報	Study Question: To determine the outcomes of IVF/ICSI cycles with GnRH-antagonists that express relatively low to extremely low ratios of estradiol (E2) per oocyte on the day of hCG administration.
論文歸類：生殖內分泌	Study Design, Size and Duration: We retrospectively reviewed the files of patients who underwent controlled ovarian stimulation with GnRH-antagonist and ovum pick-up at our IVF unit between January, 2016 and January, 2022. A total of 508 GnRH-antagonist cycles were analyzed.  Materials, Settings, and Methods: Data from antagonist cycles utilizing either Cetorelix or Ganirelix at variable doses was assessed and cycles with a low level of E2 (<100pg/ml) per oocyte were collected. Ovarian stimulation characteristics and outcomes of IVF/ICSI cycles with extremely low E2/oocyte ratio (<50pg/ml) and relatively low E2/oocyte ratios (50-99pg/ml) were evaluated.  Main Result: Out of a total of 508 antagonist cycles, 29 cycles with an E2/oocyte ratio of <100pg/ml were identified (total incidence: 5.7%). Of these, relatively low (50-99pg/ml) and extremely low (<50pg/ml) E2/oocyte ratios were identified in 24 and 5 cycles, respectively (incidence: 4.7% and 0.98%). Average E2/oocyte ratios of the relatively low and extremely low E2/oocyte ratio groups were 80.1 ± 14.8 and 30.9 ± 9.9pg/ml, respectively. A higher average AMH level was found in cycles with extremely low E2/oocyte ratio compared to cycles with relatively low E2/oocyte ratio (12.58 ± 6.27 and 2.9 ± 2.1 ng/ml, respectively). Polycystic Ovarian Syndrome was identified as an indication for artificial reproductive technology in 80% of cycles with extremely low E2/oocyte ratios. Cumulative pregnancy rate and live birth rate of all 29 cycles were 75.8% and 62.9%, respectively. Considering extremely low E2/oocyte cycles only, a cumulative pregnancy rate and live birth rate of 60% was achieved.  Conclusion: Decreased estradiol levels after antagonist use can be secondary to pituitary suppression of gonadotropin secretion, or suppression of ovarian steroidogenesis through apoptosis of granulosa cells. Variables in patient characteristics including ovulation dysfunction seen with PCOS, or gonadotropin and GnRH receptor polymorphism may also explain the rare occurrence of extremely suppressed E2 production. With high cumulative live birth rates, our findings show that oocyte quality is not compromised despite low estrogen expression per oocyte.

稿件編號：E115	子宮內膜癌和卵巢癌雙細胞癌 Double primary carcinoma of the endometrium and ovary
臨時稿件編號：0669	張維鑑 <sup>1</sup> 簡婉儀 <sup>1</sup> 高雄阮綜合醫院 <sup>1</sup>
論文發表方式：海報	Double primary carcinoma of the endometrium and ovary A Case Report and Review of the Literature 高雄阮綜合醫院婦產科 張維鑑 簡婉儀
論文歸類：婦癌	Introduction. In a small subgroup of women with ovarian carcinoma, tumor is also found in the endometrium of the removed uterus. Simultaneously occurring tumors in the ovary and endometrium can either be a primary ovarian carcinoma with metastases to the endometrium, a primary endometrial carcinoma with metastases to the ovaries, or primary tumor tumors originating in both organs. It is considerably important to distinguish double primary carcinoma from metastatic carcinoma, because it determines the stage of disease and, therefore, treatment and prognosis. Case report and methods. A 47-year-old woman, G0P0A0, denied any systemic disease. She has regular menstrual period about 28-30 days and duration about 5-7 days. Her last menstrual period was on 2021/08/10. She suffered from palpable mass of abdomen since 2019. No other symptom with urinary frequency, abdomen pain and body weight loss was noted. She had ever visited Taipei Mackay memorial hospital for help on 2021/07/06. Huge pelvic tumor was told. Further surgical intervention was suggested. Due to the family living in Kaohsiung, she came to LUCINA Women and Children hospital for help. She received laparoscopy peritoneum biopsy on 2021/07/30. The pathological diagnosis was metastatic poorly differentiated adenocarcinoma, favor endometrial carcinoma. Under the malignancy report, she came to our GYN oncology on 2021/08/10. The following was physical examination finding and disclosed vulva and vagina was normal appearance, cervix: smooth, uterus enlarged as 12 GA, adnexa:fixed.PET-CT was arranged 2021/08/12 and showed:impressions: 1.Primary ovarian cancer in the right abdominopelvic region should be excluded first.D/D: uterine myoma or omentum. 2.compatible with peritoneal seeding in the bilateral subphrenic, perihaptic, perisplenic, greater omentum, mesenteric, bilateral pericolic, pelvic peritoneum. 3. Mild FDG uptake in the right pleural effusion. Malignant pleural effusion should be excluded first. Please correlate with the cytology. 4. Mild FDG uptake in the bilateral femurs. It is more likely benign, such as stress reaction. 5. The staging according to F-18 FDG PET-CT, if proven primary ovarian cancer, is T3bN0M1a, stage IVA. Under the impression of peritoneal or ovarian cancer, right pleural effusion, she was admitted for further survey and treatment. Then she received debulking surgery and HIPEC on 2021-08-20. And pathological diagnosis were: 1. Endometrioid carcinoma, poorly differentiated without lymph nodal metastasis---ovary bilateral, debulking surgery (Pathological stage:pT3cN0; FIGO stage IIIC) 2. Endometrioid carcinoma, well differentiated --- uterus, endometrium. Total hysterectomy(Pathological stage:p1aN0; FIGO stage: IA) 3.High grade squamous intraepithelial lesion (CIN2, HSIL)--- uterus, cervix, total hysterectomy 4. Endometrioid carcinoma, poorly differentiated--- omentum, infracolic omentectomy 5. Endometrioid carcinoma, poorly differentiated--- peritoneum, biopsy 6. Endometrioid carcinoma, poorly differentiated --- appendix, appendectomy. We explained the pathology report to patient with family on 2021/08/28 and needed to further treatment with chemotherapy and target therapy with Avastin (paysell). Now with overall condition of patient was stable, she was discharged and OPD followed up.  Result.Synchronous primary carcinoma of endometrium and ovary represent a relatively uncommon event. The gynecologists treating either ovarian or endometrium cancer, as well as the pathologists, should be fully aware of the phenomenon as both of them can make a difference in treatment and therefore in survival of this patient group. Patient with DPC have a favorable prognosis compared with ECO-only patient. This favorable prognosis depends on the distribution of histologic tumor type, tumor grade, stage of disease, and sized of tumor residue after debulking. How important it is for clinicians to be aware of DPC and the urge to distinguish DPC from metastatic disease. And the pathologist should preferably be a gynecopathologist or otherwise a pathologist with enough knowledge on gynecologic cancer and the scully criteria to be able to distinguish between DPC and metastatic disease. Conclusion.Serum Simultaneously occurring carcinoma of the endometrium and ovary represents a relatively uncommon event. The clinician, both gynecologists and pathologists, should be aware that distinction between double primary and metastatic disease is important for treatment decision. Besides, changing the diagnosis also influences the information that is given to the patient about the stage of disease and, consequently, their prognosis. Therefore, diagnosis should be made using the criteria of scully et al. DPC patients seem to have a favorable prognosis but this is caused by the more favorable prognostic factors such as the the early stage of disease in which patients are diagnosed probably because of symptoms that accompany endometrium carcinoma.

稿件編號：E114	卵巢顆粒細胞瘤 Granulosa cell tumor of ovary
臨時稿件編號：0668	張維鑑 <sup>1</sup> 簡婉儀 <sup>1</sup> 高雄阮綜合醫院 <sup>1</sup>
論文發表方式：海報	Granulosa cell tumor of ovary A Case Report and Review of the Literature 阮綜合醫院婦產科 張維鑑 簡婉儀
論文歸類：婦癌	Introduction. Granulosa cell tumors of the ovary are rare neoplasms that originate from sex-cord stromal cells. The long natural history of granulosa cell tumors and their tendency to recur years after the initial diagnosis are the most prominent of their characteristics. The secretion of estradiol is the reason for signs at presentation such as vaginal bleeding and precocious puberty. Abdominal pain and hemoperitoneum, which occasionally can occur, attributable to tumor rupture. The most common finding in pelvic examination is a tumor mass, which is subsequently confirmed with imaging techniques. Case report and methods. A 65-year-old woman, G3P1A2, who has history of hypertension for 7-8 years and regular follow up at siaogang hospital Norvasc 5mg 1 # qd) and ovarian cancer (granulosa cell tumor) stage III s/p operation with liver metastasis, s/p chemotherapy (taxol/CPDD) on 2001-2003 in siaogang hospital. With peritoneal carcinoma recurrence s/p TOMO-RT(7200cGy), to Rt subhepatic peritoneum /PLANS in 2009/11, local R/T 7020 cGy tomotherapy and loss follow up. She suffered from abdominal fullness and poor appetite for recent 2 months and went to LMD for help and abdominal ultrasound showed abdominal mass and ascite cause? Then she was transferred to our hospital for further evaluation. Abdominal CT showed 1.interval worsening of peritoneal carcinomatosis in the greater omentum, right perihaptic region (with direct invasion to liver, left paracolic gutter, left lower abdomen and pelvic cavity. 2. Massive ascites. 3. Status post hysterectomy and accompanied with weight loss and fatigue on 2021/11/01, Ovarian cancer was diagnosed and she received tumor debulking surgery with HIPEC on 2021/11/22. And frozed and permanent sections show metastatic adult granulosa cell tumor. Post operation, wound site was evaluated with given proper wound care. With overall condition stable, patient was discharged and OPD follow up for further chemotherapy and radiotherapy. Result. Surgery is the mainstay of initial management for histological diagnosis, appropriate staging, and debulking. A more conservative unilateral salpingo-oophorectomy is indicated in patients with stage I disease and patients of reproductive age. Total abdominal hysterectomy with bilateral salpingo-oophorectomy is the appropriate surgical treatment for postmenopausal women and those with more advanced disease. The stage of disease is the most important prognostic factor associated with the risk of relapse. There are no clear conclusions regarding the role of postoperative chemotherapy or radiotherapy in stage I disease and in those with completely resected tumor. The use of adjuvant chemotherapy or radiotherapy has sometimes been associated with prolonged disease-free survival and possibly overall survival. Chemotherapy is the treatment of choice for patients with advanced, recurrent, or metastatic disease, and BEP (bleomycin, etoposide, and cisplatin) is the preferred regimen. Newer cytotoxic agent, such as paclitaxel, have shown promising activity in patients with advanced or recurrent granulosa cell tumor. Prolonged surveillance is mandatory because tumors tend to recur years after the initial diagnosis. Conclusion. Recurrent adult-type granulosa cell tumor of ovary is an ovarian tumor with a low malignant potential that is prone to late recurrence and multiple recurrence. The prognosis of patients with a longer tumor-free interval before adult-type granulosa cell tumor of ovary Recurrence was better. Maximal cytoreductive surgery is recommended. Complete resection combined with postoperation adjuvant chemotherapy may improve the prognosis of recurrent adult-type granulosa cell tumor of ovary..

稿件編號：E116	林奇綜合症 Lynch syndrome
臨時稿件編號：0670	張維鑑 <sup>1</sup> 簡婉儀 <sup>1</sup> 高雄阮綜合醫院 <sup>1</sup>
論文發表方式：海報	Lynch syndrome A Case Report and Review of the Literature 阮綜合醫院 張維鑑 簡婉儀
論文歸類：婦癌	Introduction. Lynch syndrome is one of the most common hereditary cancer predisposition syndromes and is associated with increased risks of colorectal and endometrial cancer, as well as multiple other cancer types. While the mechanism of mismatch repair deficiency and microsatellite instability and its role in lynch-associated carcinogenesis has been known for some time, there have been significant advances recently in diagnostic testing and the understanding of the molecular pathogenesis of lynch tumors. There is also an increased awareness that the clinical phenotype and cancer risk varies by specific mismatch repair mutation, which in turn has implication on surveillance strategies for patients. Even the treatment of lynch-associated cancer has changed with the addition of immunotherapy for advanced disease. Case report and methods. A 61-year-old woman, G0P0A0, who has colon cancer s/p operation with chemotherapy and radiotherapy about 5 years ago at KMU. She suffered from postmenopausal bleeding with heavy blood clot since three months ago. She had visited LMD for help and rule out endometrial lesion and she received D&C on 2021/09/23. Pathological report was adenocarcinoma. Therefore she transfer to our OPD and PV showed vulva, vagina and cervix was normal and uterus enlarged as 8 weeks and adnexa was bilateral free. The gynecologic ultrasound revealed 1. Uterus: 104x66x65mm 2. Endometrium: undetective 3. Bilateral adnexa: no gross lesion 4. Ascite(+) on 2021/11/09. Hemoglobin was 5.5 g/dl and blood transfusion with PRBC 2U on 2021/11/09 and 2021/11/10. Endometrium carcinoma with anemia was diagnosed. She was admitted to our ward on 2021/11/10. And she received operation of ATH+BSO+BPLND+para-aortic LN dissection+ Loop Ileostomy+ T-colon polypectomy (by Dr. Chou) on 2021/11/15. Sudden onset palpitation with short of breath was complained on 2021/11/18. The EKG monitor showed PSVT with persistent to 10 minutes and we consulted Dr of CV emergencyly and adenosine 6 mg was given iv st and symptom calmed down. The pathology showed clear cell carcinoma (pathological stage:pT3bN0; AJCC pathology stage IIIB (pT3bN0Mx); FIGO pathological stage IIIB was diagnosed) was noted and chemotherapy was suggested. Owing to general condition was stable. So she was discharged and OPD follow up. Result: Lynch syndrome (LS) is caused by germline alterations in the DNA mismatch repair (MMR) genes and is one of the most common hereditary cancer syndrome. LS confers a markedly increased lifetime risk of colorectal cancer (CRC), endometrial cancer (EC), as well as cancer of the ovary, stomach, urothelial tract, small bowel, pancreas, biliary tract, sebaceous neoplasms of the skin. The initial discovery of the molecular phenotype now known as microsatellite instability (MSI) in 1993 and subsequent linkage of this phenotype with Lynch syndrome-associated colorectal carcinogenesis ultimately paved the way for what remains the primary diagnostic strategy for LS: germline MMR gene analysis in individuals with tumors demonstrating high-level MSI (MSI-H) and/or deficient MMR protein expression (MMR-D). The past 15 years have demonstrated the benefits of applying this strategy in all individuals diagnosed with CRC or EC, and such universal tumor screening for LS is now considered standard practice for CRC with multiple guidelines now recommending it as well for EC. For individuals diagnosed with lynch syndrome, the benefits of cancer screening and risk reduction have been known for some time. Frequent colonoscopic screening improves overall mortality and reduced CRC incidence; prophylactic hysterectomy and salpingo-oophorectomy effectively prevent Lynch-associated EC and ovarian cancer; and more recently, chemoprevention with high-dose aspirin reduced the incidence of Lynch-associated CRC and other LS-associated cancer. MSI status has also been found to be an important biomarker predicting lack of benefit to fluoropyrimidine monotherapy in the the adjuvant setting for CRC. Conclusion. The last five years have brought about tremendous advances in our understanding of LS, particularly with regards to its genetic epidemiology, variable clinical phenotype, diagnosis, immunotherapy, and medical prevention. The next line of critical unanswered questions in LS involve uncertainties about gene-specific (and perhaps even variant- or family-specific) risk assessment and management, challenges in identifying LS among cancer-free individuals, and furthering knowledge about how to leverage the syndrome's unique immunobiology to further treatment - and hopefully the primary prevention - of LS-associated cancer..

稿件編號：E117	利用子宮內膜液標本進行基因測序診斷子宮內膜癌 Towards less invasive molecular diagnostics for endometrial cancer: massively parallel sequencing of endometrial lavage specimens in women attending for an office hysteroscopy
臨時稿件編號：0680	趙安琪 <sup>1</sup> 吳凱筠 <sup>1</sup> 翁瑄 <sup>1</sup> 黃慧君 <sup>1</sup> 張廷彰 <sup>1</sup> 賴瓊慧 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式：海報	We aimed to detect endometrial cancer (EC)-associated mutations in endometrial lavage specimens collected in an office setting and to compare the detected mutations with those identified in tissue samples. Participants included 16 women attending for an office hysteroscopy because of suspected EC between July 2020 and October 2021. Massively parallel sequencing was conducted using the targeted 72 cancer-associated genes. Endometrial lavage specimens, endometrial tissue samples, and blood samples were simultaneously sequenced to establish the concordance of genetic alterations. In this study, the vast majority of EC-associated mutations identified in lavage samples (R2 = 0.948) were identical to those detected in endometrial tissues. Of the 13 patients with EC, 12 (92.3%) had at least one mutation identified in endometrial lavage samples. Notably, no mutations in lavage samples were identified in the two patients with a previous history of EC but no actual endometrial lesions, supporting a high negative predictive value of the test. A patient previously diagnosed with EC and with current evidence of atypical hyperplasia showed persisting PTEN, PIK3R1, and KRAS mutations in her endometrial lavage specimen. PTEN was the most commonly mutated gene, followed by PIK3R1, ARID1A, PIK3CA, CTNNA1, and KRAS. In conclusions, our study provides pilot evidence on the actionability of uterine lavage samples sequencing to detect EC-associated mutations in women with suspected endometrial lesions. In a precision medicine framework, the high mutational concordance between uterine lavage samples and tissue specimens may help inform less invasive diagnostic protocols and the need for ongoing surveillance in patients with EC who wished for fertility-preserving treatment.
論文歸類：婦癌	

稿件編號：E118	個案報告：懷孕期間意外發現腹膜間皮瘤復發 Unexpected Peritoneal Mesothelioma Recurrence in Pregnancy: A Case Report
臨時稿件編號：0708	杜依儒 <sup>1</sup> 傅皓聲 <sup>2</sup> 李怡萱 <sup>2</sup> 邱彥譜 <sup>1</sup> 王懿德 <sup>1</sup> 邱德生 <sup>1,3</sup> 臺北醫學大學附設醫院 <sup>1</sup> 臺北婦產科生殖中心 <sup>2</sup> 臺北醫學大學 <sup>3</sup>
論文發表方式：海報	Peritoneal mesothelioma is a rare and aggressive form of cancer that can pose significant challenges for patients and their healthcare providers. This case report describes the management of a 44-year-old woman with peritoneal mesothelioma who became pregnant through in vitro fertilization after receiving surgery, chemotherapy and immunotherapy. The patient received routine prenatal care and then preterm premature rupture of membranes was noted during 29 weeks of gestation. She had a successful cesarean delivery at 30 weeks of gestation after receiving betamethasone and tocolytic agents. However, peritoneal tumor seeding was noted during operation and a biopsy confirmed recurrent mesothelioma. This case highlights the need for close collaboration between oncologists and obstetricians in the management of mesothelioma during pregnancy, and the importance of careful monitoring and prompt intervention to minimize the risk of tumor recurrence and other adverse outcomes. It also underscores the need for further research to better understand the impact of cancer treatment on pregnancy outcomes and to develop effective strategies for managing mesothelioma in pregnancy.
論文歸類：婦癌	

稿件編號：E119	個案報告：巨大出血性子宮肌瘤疑似卵巢惡性腫瘤 A Challenging Diagnosis: A Case Report of Huge Hemorrhagic Myoma Mimicking Ovarian Malignancy
臨時稿件編號：0709	杜依儒 <sup>1</sup> 林弘慈 <sup>1</sup> 張景文 <sup>1</sup> 臺北醫學大學附設醫院 <sup>1</sup>
論文發表方式：海報	This case report describes the diagnosis and management of a 51-year-old female patient with a huge cystic mass in the lower abdomen and pelvis, initially suspected to be an ovarian malignancy. The patient presented with sudden onset of severe left upper quadrant pain, decreased appetite, generalized fatigue and weakness, shortness of breath, and anemia with a hemoglobin level of 10.3 g/dL. Abdominal CT scans showed a huge cystic mass measuring 24.9 x 16.2 x 30.8cm, which was suspected to be a malignant cystic neoplasm of the left ovary. Tumor markers showed normal levels of CEA, CA125 and CA199. Upon further investigation through intraoperative pathology, it was discovered that the patient had a huge hemorrhagic and degenerative myoma, and she underwent an abdominal total hysterectomy and bilateral salpingo-oophorectomy. This case underscores the challenges and considerations in diagnosing and managing patients with symptoms concerning ovarian malignancy. Timely and accurate diagnosis is essential for ensuring appropriate treatment and positive patient outcomes. Further research and education in this area have the potential to improve patient outcomes and guide clinical practice.
論文歸類：婦癌	

稿件編號：E120	以頑固性疼痛為臨床特徵的劇烈進行性子宮內膜癌案例報告 Vigorous progressive endometrial cancer characterized by intractable pain - one case report to share the idea about the relationship between disease progression assessment and hospice care
臨時稿件編號：0714	孫怡虹 <sup>1</sup> 奇美醫院 <sup>1</sup>
論文發表方式：海報	Introduction: Cancer-related pain severely impairs health-related quality of life and is the most feared symptom in cancer patients. Here, we introduce a case of stage IVB endometrial cancer death within 3 months after diagnosis. Case reports: A 27 y/o female had suffered from progressed lower abdominal pain accompanied by nausea, vomiting, and diarrhea. Regarding her family history, her father has esophageal cancer and her aunt died of breast cancer. She visited our emergency department where an ultrasound examination showed that the right adnexa had a heterogeneous complex of about 5 cm and peripheral blood flow, as well as mild fluid accumulation in the cul-de-sac. Elevated serum levels of CRP and leukocytosis with yellowish vaginal discharge were also noted. Progressed abdominal pain with back soreness and mild fever with chills was noted after 2 days. Sonography illustrated the right ovarian cyst growing up in size. The differential diagnosis includes tubo-ovarian abscess or ovarian tumor rupture. Surgical intervention was performed due to her acute condition. During the operation, a ruptured right ovarian cyst with hemoperitoneum and greater omentum adhered to the anterior abdominal wall was found. A frozen section of the right ovarian cyst and a biopsy of the omentum showed malignancy with poor differentiation. Cytoreduction of the tumor was performed including total hysterectomy, bilateral salpingo-oophorectomy, partial omentectomy, and appendectomy though with residual multiple nodule carcinomatosis on the serosa of intestine diffusely and sigmoid colon in the cul-de-sac about 3*5 cm in size. Chest CT after surgery suggested metastasis over bilateral lung and pleura. Final pathology reported endometrial cancer invaded greater than one-half of myometrium as mixed serous (60%) and endometrioid (40%) carcinoma, with bilateral ovaries, left fallopian tube, omentum, and appendix involved by serous carcinoma. Immunostain showed positive ER/PR on the endometrioid component and diffused positive p53 presentation on both endometrioid and serous components. Molecular profiling showed stable MSI status and was negative for Her2/Neu. Bevacizumab with conventional chemotherapy with Paclitaxel and Cisplatin every 3 weeks was adopted as the first line treatment. After the first cycle of chemotherapy, she started to suffer intermittent lower abdominal pain. After 3rd dose of chemotherapy with Avastin co-treatment, her pain keeps getting worse. At that time, the hospice doctor was consulted for the demand for pain control. The dose of morphine keeps increasing within 2 weeks. Followed tumor markers didn't show obvious change even though the ultrasound examination showed that the tumor mass in the abdominal cavity was enlarged. The abdomen CT showed that the tumor progressed rapidly compared with the image taken 2 months ago. Serum LDH level also showed a rapid progression within a week, doubling every 3 days. Her pain finally ceased after continuous intravenous Morphine dripping with a pump but she passed away quickly after 18 hours. Discussion: For advanced-stage endometrial cancer with an undesirable histological presentation, the time from diagnosis to death may be short, as is the time the patient receives treatment. Serum LDH levels may be a more reliable predictor of immediate response to rapid tumor progression. The violent passage of pain should also be considered one of the manifestations of rapid disease progression. In addition to promoting the urgency of using alternative therapies other than first-line conventional treatments, an early judgment of disease progression also helps to care for patients at the end of life.
論文歸類：婦癌	

稿件編號：E121	黏液卵巢癌錯義驅動基因突變與潛在治療靶點的研究 The study on missense driver gene mutations and potential therapeutic targets of mucinous ovarian carcinoma
臨時稿件編號：0715	林瑜瑩 <sup>1</sup> 韓志平 <sup>1,2</sup> 趙婉如 <sup>3</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學院 <sup>2</sup> 中山醫學大學附設醫院病理科 <sup>3</sup>
論文發表方式：海報	Primary mucinous epithelial ovarian cancer (EOC) of the ovary is extremely rare, occurring in 2%–4% of ovarian epithelial carcinomas under meticulous clinicopathological evaluation. Patients with advanced mEOC have a poorer response to platinum-based first-line chemotherapy compared with patients with other histologic subtypes of EOC, and their survival is worse. Specific alternative target therapeutic approaches should be sought for this group of patients. In order to evaluate the P13K/AKT/mTOR and EGFR/KRAS/BRAF/MAPK two signal pathway. We analyzed 36 cases of primary mucinous epithelial ovarian cancer, and performed next generation sequencing (NGS) analysis to detected mutations in BRAF, KIT, KRAS, PDGFRA, PIK3CA, PTEN. This study has found many new mutations and loci related to mEOC. These results are beneficial for us to continue the follow-up molecular mechanism and hope to find an effective candidate gene in the future. Not only can we provide clinical early diagnosis and prognosis assessment, but also provide new molecular target therapy development.
論文歸類：婦癌	

稿件編號：E122	台灣婦女卵巢亮細胞癌之 BRAF 突變型態 The BRAF missense mutational status of ovarian clear cell carcinoma in Taiwanese women
臨時稿件編號：0723	林瑜瑩 <sup>1</sup> 韓志平 <sup>1,2</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學附設醫院病理科 <sup>2</sup>
論文發表方式：海報	Given the encouraging clinical evidence of BRAF inhibitors (Dabrafenib, Vemurafenib, etc) that can treat some melanoma patients successfully. We aimed to investigate the status of BRAF mutations of primary ovarian clear cell carcinomas (OCCC) in Taiwanese women and adopt the emerging paradigm classification of BRAF mutation groups. We extracted DNA with QIAamp® DNA FFPE Kit, and analyzed by using the highly sensitive BRAF mutant enriched kit (FemtoPath®) with subsequent Sanger sequencing method. Our results showed that BRAF mutation is not uncommon in OCCC of Taiwanese women.
論文歸類：婦癌	

稿件編號：E123	專題回顧-系統性淋巴擴清術在婦科癌症的角色 Topic review- the role of systemic lymphadenectomy in gynaecology cancer
臨時稿件編號：0726	鄭凱元 <sup>1</sup> 康介乙 <sup>1</sup> 黃國峯 <sup>1</sup> 孫怡虹 <sup>1</sup> 林俊宏 <sup>1</sup> 永康奇美醫學中心婦產部 <sup>1</sup>
論文發表方式：海報	Systemic lymphadenectomy is one of the most common procedure performed during gynaecology cancer surgery. The importance of lymph node metastasis in gynaecology cancer is no doubt. The evidence of lymph node metastasis will not only upgrade the cancer stage but also decide the adjuvant therapy. However, as the progress in medical image, Could clinical image replace the systemic lymphadenectomy to confirm the lymph node dissection? In this small review, we discuss the prevalen of lymph node metastasis in gynaecology cancer, the impact of systemic lymphadenectomy in adjuvant therapy and survival outcome. We also discuss the necessity of para-aortic dissection in gynaecology cancer.
論文歸類：婦癌	

稿件編號：E124	強度調控放射線治療在大於 4 公分子宮頸癌的長期預後 Long-term efficacy and toxicity of intensity-modulated radiotherapy in bulky cervical cancer
臨時稿件編號：0732	王瑋 <sup>1</sup> 呂建興 <sup>1</sup> 孫璐 <sup>1</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：海報	Purpose: Treatment of bulky cervical cancer is associated with both high adverse effects and local recurrence rates with traditional box method radiotherapy. Intensity-modulated Radiotherapy (IMRT) has been adopted for the treatment of cervical cancer in order to deliver more precise radiation doses to the target region. However, no studies have conducted an in-depth evaluation of patients' outcomes and side effects of following concomitant chemoradiation with IMRT techniques in treatment of bulky cervical cancers.
論文歸類：婦癌	Patients and methods: We retrospectively enrolled consecutively diagnosed cervical cancer patients in our hospital during the period 2007 to 2014 for data analysis. A total of 98 patients with cervical cancer $\geq 4$ cm with FIGO 2014 staging between stage IB2 to IVA who completed IMRT and point A- based brachytherapy treatment, were identified. The adverse effects, Overall Survival (OS) rate, and Progression-free Survival (PFS) rates of patients receiving IMRT treatment were analyzed.  Results The median follow-up time of the cohort was 6.84 years, with the 5 years OS and DFS being 66.33% and 75.12%, respectively. In addition, 7.14% of patients experienced local recurrence, 12.24% had distant recurrence, 6.12% had both local and distant recurrence, and 3.06% had persistent disease. In the univariate analysis, lymph node metastasis, higher creatinine levels, higher initial CA-125, and receiving chemotherapy other than cisplatin were all associated with a worse PFS. A tumor size $\geq 6$ cm was associated with an increased incidence of higher grade of acute diarrhea. Grade 3 late radiation proctitis and cystitis developed in 11.22% and 13.27% of patients, respectively.  Conclusion The local recurrence rates and overall efficiencies were not inferior to other studies involving traditional pelvic external beam radiation therapy with concurrent chemotherapy. The safety and efficacy of IMRT for bulky cervical cancer were acceptable.

稿件編號：E125	<p>臨床病例報告：自然流產後合併絨毛膜癌併肺部轉移 Choriocarcinoma with lung metastasis arose from spontaneous abortion. A case report and literature review.</p> <p>朱孟瑩<sup>1</sup> 康介乙<sup>1</sup> 奇美醫療財團法人奇美醫院<sup>1</sup></p>
臨時稿件編號：0734	
論文發表方式：海報	<p>Objective: Choriocarcinoma is an aggressive neoplastic type of trophoblastic disease. It arises from any form of gestational tissue including molar pregnancy, term/preterm pregnancy, abortion and ectopic pregnancy. Diagnosis of choriocarcinoma is often delayed following a nonmolar pregnancy and thus, metastases are more common than after a molar pregnancy. In this report, we describe a case of choriocarcinoma, stage III with lung metastasis, with spontaneous abortion history four months ago.</p> <p>Case report: A 31-year-old Vietnamese female patient (gravida 3 para 1 ectopic 1) without underlying disease, was diagnosed with spontaneous abortion. In the following four months, elevated Beta-HCG, maximum to 99704mIU/ml, was noted and four doses of Methotrexate were given for the suspected ectopic pregnancy. Hysteroscopy examination was arranged and showed a normal uterine cavity without gestational tissue. Then diagnosed laparoscopy and uterine curettage was done. The pathology confirmed gestational trophoblastic disease tissue in the uterine cavity. Subsequently, chest CT was arranged and pointed out lung metastasis mass. In addition, brain and liver MRI revealed no metastasis mass. Under the diagnosis of choriocarcinoma FIGO stage III, six cycles of adjuvant chemotherapy with Etoposide, Methotrexate, Cyclophosphamide and Vincristine were arranged.</p> <p>Conclusion: Choriocarcinoma should be suspect in women with successively elevating levels of Beta-HCG and abnormal uterine bleeding after any type of abortion. Early diagnosis is the key for better prognosis of choriocarcinoma.</p>
論文歸類：婦癌	

稿件編號：E126	<p>案例分享-單一腦轉移的復發性卵巢癌 Case report – Recurrent ovarian carcinoma with solitary brain metastasis</p> <p>鄭凱元<sup>1</sup> 康介乙<sup>1</sup> 黃國峯<sup>1</sup> 林俊宏<sup>1</sup> 孫怡虹<sup>1</sup> 永康奇美醫學中心婦產部<sup>1</sup></p>
臨時稿件編號：0758	
論文發表方式：海報	<p>Abstract- The incidence of brain metastasis in ovarian cancer is low. Due to the low prevalence of brain metastasis in ovarian cancer, the proper treatment for brain metastasis is inconclusive. Here we present a case of platinum sensitive ovarian carcinoma with solitary recurrence over brain.</p> <p>Case report This is a 59-year-old woman without underlying disease or family malignant tumor history. She presented with symptom of abdominal fullness, nausea and poor appetite and diagnosed with ovarian cancer by abdominal CT. The tumor marker showed elevated CA-125 (3101.4 U/mL). Primary optimal debulking surgery with multiple small residual tumor (&lt; 1 cm) over phrenic wall was done. Pathology revealed high grade serous carcinoma with macroscopic peritoneal metastasis. Adjuvant chemotherapy with 6 cycles of Paclitaxel 175mg/m<sup>2</sup> &amp; Carboplatin AUC5 was done. The tumor marker dropped quickly to normal range within 3 months after primary debulking surgery and was re-checked regularly.</p> <p>However, elevated CA-125 (102.7 U/mL -&gt; CA-125[499.7 U/mL within 2months ) was noted since 14 months after debulking surgery without significant recurrent symptom or sign. Abdominal CT and chest X-ray f/u also revealed no evidence of recurrence. Strangely, rapid memory decline was noted since 16 months after the primary debulking surgery. Thus, brain MRI was performed and one 5-cm lesion with internal cystic component and enhancing soft tissue component at left frontal region was found. Left frontal craniotomy was performed and whitish brain tumor with 5 cm in size was noted and removed totally. The tumor marker also dropped dramatically within one month after the brain tumor removal.</p> <p>Now, this patient received chemotherapy with Paclitaxel 175mg/m<sup>2</sup> &amp; Carboplatin AUC5 and radiotherapy will be performed in the following treatment.</p>
論文歸類：婦癌	

稿件編號：E127	<p>早期子宮惡性肉瘤經術中絞碎與完整切除組間的生存結果比較 Comparison of survival outcomes between morcellated and non-morcellated groups in early-stage uterine sarcoma</p> <p>林弘慈<sup>1</sup> 陳奕寧<sup>1</sup> 王懿德<sup>1</sup> 張景文<sup>1</sup> 劉偉民<sup>1</sup> 邱德生<sup>1</sup> 邱彥皓<sup>1</sup> 臺北醫學大學附設醫院婦產部<sup>1</sup></p>
臨時稿件編號：0763	
論文發表方式：海報	<p>Background &amp; Objective: The use of tumor morcellation in unexpected uterine sarcoma may worsen the survival rate. This study aimed to investigate the impact of tumor fragmentation on survival outcomes in early-stage uterine sarcoma.</p> <p>Method: We identified all patients diagnosed with early-stage uterine sarcoma at our institution from 2006 to 2022. Patients with advanced stages (stage III-IV) and recurrence disease were excluded. Clinicopathological data, treatments, and outcomes were recorded. Kaplan-Meier curves were plotted, and time-to-event analyses were estimated using Cox regression.</p> <p>Results: A total of 33 patients were included in this cohort, with 13 cases diagnosed with leiomyosarcoma (LMS), 16 cases with endometrial stroma sarcoma (ESS), and four cases with adenocarcinoma. Thirteen patients underwent tumor fragmentation, and 20 underwent en-bloc resection during the operation. The median age at diagnosis for the entire cohort was 47 years (range 17-75), and the median follow-up was 62 months (range 4-119). There were 16 cases (48%) of recurrence, with 31% recurring at hematogenous sites and 69% at peritoneal sites. In the morcellated group, all cases (7/16) recurred at peritoneal sites. In the non-morcellated group, 55% (5/9) recurred at hematogenous sites, and 45% (4/9) recurred at peritoneal sites. The progressive free survival rate at five years for the morcellated group versus the non-morcellated group was 42% to 51% (P=0.732). The overall survival rates at five years for the morcellated group versus the non-morcellated group were 75% to 68% (P=0.584). Age and mitotic index were independently associated with OS.</p> <p>Conclusion: Tumor fragmentation may increase the recurrence rate, especially in peritoneal sites, but may not affect the survival outcomes in early-stage uterine sarcoma in our institution.</p>
論文歸類：婦癌	

稿件編號：E128	<p>腫瘤浸潤淋巴細胞對子宮內膜癌病人預後之影響 Prognostic impact of tumor infiltrating lymphocytes in patients with endometrial cancer</p> <p>范鈞婷<sup>1</sup> 呂建興<sup>1</sup> 台中榮總<sup>1</sup></p>
臨時稿件編號：0764	
論文發表方式：海報	<p>Tumor-infiltrating lymphocytes (TILs) have emerged as a prognostic marker in endometrial cancer (EC). However, the role of TILs in EC with distinct histology grades and molecular types (such as mismatch repair [MMR] deficient) has not yet been made clear. We retrospectively included 237 patients with primary EC who underwent a standard staging operation of laparoscopic or laparotomy total hysterectomy and bilateral salpingo-oophorectomy for analyses. An independent pathologist who was blind to the study patients' information reviewed the pathologic slides to assess TILs according to the method introduced by the International Immuno-Oncology Biomarkers Working Group in 2017. The outcomes of interest included both progression-free survival (PFS) and overall survival (OS). The Kaplan-Meier method was used to determine the curves of PFS and OS according to TILs, and also in the relevant subgroups (low grade vs. high grade, MMR proficient vs. MMR deficient). After a median follow-up duration of 1.82 years, 18 patients had experienced either disease progression or death. Overall, TILs (+) were not associated with PFS and OS. We did observe however that TILs (+) were associated with a better PFS (p=0.045) in patients with high grade EC, but not in those with low grade tumor (p=0.733). The effect of TILs on PFS was not observed in patients with MMR proficient (p=0.347) or MMR deficient (p=0.168) EC. TILs were associated with a better PFS in patients with high grade EC. Our results suggest that TILs may be a potential prognostic marker in these patients.</p>
論文歸類：婦癌	

稿件編號：E129	第三期內服藥以“三明治”化學及放射治療，與單純化療預後之比較 Outcomes of “sandwich” chemoradiotherapy compared with chemotherapy alone for the adjuvant treatment of FIGO stage III endometrial cancer
臨時稿件編號：0768	王韶靖 <sup>1</sup> 王麗玲 <sup>2</sup> 孫瑤 <sup>1</sup> 石宇翔 <sup>1</sup> 許世典 <sup>1</sup> 劉芝谷 <sup>1</sup> 黃曉峰 <sup>1</sup> 呂建興 <sup>1</sup> 台中榮總婦產部 <sup>1</sup> 台中榮總放射腫瘤部 <sup>2</sup>
論文發表方式：海報	Objective To analyze and compare outcomes of adjuvant chemoradiotherapy in patients with International Federation of Gynecology and Obstetrics (FIGO) stage III endometrial cancer (EC) patients using the “Sandwich” sequence and chemotherapy (CT) alone.
論文歸類：婦癌	Methods From, 2005 to, 2019, we retrospectively reviewed 80 patients with FIGO stage III EC who received treatment at our institute. We analyzed 66 patients who had undergone complete surgical staging followed by adjuvant treatment with sandwich chemoradiotherapy (39 patients) and CT alone (27 patients). The 5-year overall survival (OS), progression-free survival (PFS), and disease-specific survival (DSS) were calculated using the Kaplan–Meier method. Additional prognostic factors were analyzed using Cox proportional hazards regression. Results Herein, the analysis was conducted using 66 patients with a median follow-up period of 50 and 85 months in the sandwich and CT-alone arms. Comparing the sandwich sequence and CT-alone groups, the 5-year OS and PFS were 87% vs. 70% (p = 0.097) and 77% vs. 65% (p = 0.209), respectively. The sandwich therapy conferred an improved 5-year DSS (92% vs. 70%, p = 0.041) and a lower local recurrence rate (0% vs. 11%, p = 0.031). In multivariable analyses, grade 3 histology and deep myometrial invasion were independent risk factors for 5-year OS and DSS. The sandwich sequence was a positive predictor for 5-year DSS (hazard ratio [HR] = 0.23, p = 0.029). The sandwich arm demonstrated higher acute hematologic toxicity than the CT-alone arm. CT dose delay/reduction and treatment completion rates were similar in both groups. Conclusion For patients with stage III EC, postoperative sandwich chemoradiotherapy appears to offer a superior 5-year DSS and local control with tolerable toxicity when compared with CT alone.

稿件編號：E130	子宮頸之小細胞神經內分泌癌：案例報告 small cell neuroendocrine carcinoma of the cervix: A case report
臨時稿件編號：0773	林洋屹 <sup>1</sup> 馬鴻均 <sup>1</sup> 馬鴻均 <sup>2</sup> 新店耕莘醫院婦產部 <sup>1</sup> 新店耕莘醫院病理部 <sup>2</sup>
論文發表方式：海報	Introduction: Small cell neuroendocrine carcinoma of the cervix is a rare disease. In the past, the occurrence rate was 0.06 per 100,000 women, compared with 6.6 and 1.2 for squamous cell carcinoma and adenocarcinoma, respectively. Its histology type is like small cell lung cancer. Here, we present a 84-year-old female with final diagnosis was small cell neuroendocrine carcinoma of the cervix.
論文歸類：婦癌	Case presentation A 84 y/o G3P3 female had been vaginal bleeding for more than 10 years (according to her daughter in law), visited OPD for help. PV showed bugging cervical mass, and echo showed a cervical mass about 11cmx5cm. Biopsy showed small cell neuroendocrine carcinoma of the cervix. Her ECOG was 1-2 when she visited OPD. Then the whole body CT was arranged which showed liver metastasis and tumor invasion to bladder. She lost follow up around 2022/01. Unfortunately we were informed that the patient was passed away in the middle of 2022/01. Conclusions: Small cell neuroendocrine carcinoma of the cervix is very rare malignancy, in the recent report, which showed related to HPV infection, especially HPV 18. The histology immunohistochemistry occasionally showed CD56 and NSE stain positive. The prognosis is poor due to its easily to spread via lymph node. Unfortunately we can't do fully research about this case because she was came to end stage and passed away soon after CT scan

稿件編號：E131	患有子宮內膜異位症或骨盆腔發炎疾病後對子宮內膜癌和子宮肉瘤的影響 The Impact of Endometrial Cancer and Uterine Sarcoma Following Endometriosis or Pelvic Inflammatory Disease
臨時稿件編號：0782	葉敏儀 <sup>1</sup> 曾志仁 <sup>1,2</sup> 王博輝 <sup>1,2</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學院 <sup>2</sup>
論文發表方式：海報	We aimed to determine the risk of uterine cancer in patients with endometriosis or pelvic inflammatory disease (PID). In this population-based cohort study, a total of 135,236 females with endometriosis (n = 20,510) or PID (n = 114,726), as well as 135,236 age-matched controls, were included. Cox regression models estimated the risk of uterine cancer in each group. Sub-outcomes of risk for uterine corpus cancer included endometrial cancer and uterine sarcoma were analyzed. An age subgroup analysis was performed to determine the moderator effect of age. A landmark analysis depicted the time varying effect of endometriosis and PID. A propensity score matching analysis was conducted to validate the findings. Patients with endometriosis had significantly higher risk of endometrial cancer (adjusted hazard ratio, aHR = 2.92; 95% CI = 2.12–4.03) and uterine sarcoma (aHR = 5.83; 95% CI = 2.02–16.89), while PID was not associated with the risk of uterine cancer. The increased risk of uterine cancer in patients with endometriosis persisted after propensity score matching (aHR = 2.83, 95% CI = 1.70–4.71). The greatest risk of endometrial cancer occurred in patients who had endometriosis for 37 to 60 months (adjusted relative risk, aRR = 9.15, 95% CI = 4.40–19.02). Females aged 12 to 35 years were at the greatest risk of endometriosis-associated uterine cancer (RR = 6.97, 95% CI = 3.41–14.26). In conclusion, patients with endometriosis were at great risk of uterine cancer, including endometrial cancer and uterine sarcoma, compared with propensity score-matched populations and compared with patients of PID. Younger females with endometriosis and patients who had endometriosis for three to five years were at the greatest risk of endometriosis-associated uterine cancer.

稿件編號：E132	子宮內膜癌腹腔鏡式前哨淋巴結定位檢測的學習曲線：單一機構的經驗 Learning curve for laparoscopic sentinel lymph node mapping in endometrial cancer: a single institute experience
臨時稿件編號：0792	陳藍安 <sup>1</sup> 黃家彥 <sup>1</sup> 台北國泰綜合醫院婦產科 <sup>1</sup>
論文發表方式：海報	Background and Objectives: Only a few studies have reported the learning curve for laparoscopic sentinel lymph node (SLN) mapping in endometrial cancer. We analyzed the learning curve for SLN mapping during laparoscopic staging surgery for endometrial cancer at an academic institution. Success is defined as improvement in SLN detection rates and the number of SLNs in unilateral and bilateral hemipelvis.
論文歸類：婦癌	Methods: We retrospectively analyzed consecutive 20 patients with clinical T1a endometrial cancer who underwent SLN mapping using indocyanine green (ICG) during laparoscopic staging surgery performed by a single surgeon between August 2021 and December 2022. After harvesting tissue from SLN mapping, the specimens were sent to pathologists for a frozen section to determine whether or not lymph nodes were present. We divided these 20 patients into 3 groups. The chi-square test and t-test were used to compare the SLN detection rates and the number of SLNs harvested. Learning curves were analyzed in these 20 consecutive cases and the cumulative sum (CUSUM) method. Results: SLN mapping was achieved in 80% (16/20), 70% (14/20), and 65% (13/20) of the cases involving the right, left, and simultaneous bilateral pelvic areas, respectively. Compared in these 3 groups, SLN detection rates in unilateral and bilateral hemipelvis increased from 66.66% to 100% and from 33.33% to 85.72%, and the failure rate of SLN mapping decreased from 33.33% to 0%. The average number of harvested SLN increased from 1.5 to 3.5 nodes. However, the CUSUM method showed proficient mapping of bilateral SLNs after 30-31 cases. Conclusion: The plateau of the learning curve for successful bilateral mapping seems to be reached at around 31 cases. The successful removal of lymph node specimens could be a surgeon-specific phenomenon and the learning period may influence the surgical quality. Further studies are warranted to confirm the impact of this learning curve on disease outcomes.

稿件編號：E133	經子宮刮擦術診斷之闌尾腺癌 - 個案報告 A case report of appendiceal adenocarcinoma diagnosed by D&C mimicking endometrial cancer
臨時稿件編號：0802	
論文發表方式：海報	張學文 <sup>1</sup> 孫瑤 <sup>1</sup> 台中榮總婦女醫學部 <sup>1</sup>
論文歸類：婦癌	
	Metastatic tumors to the ovary and the uterus approximately comprise less than 20% of gynecologic malignancies and may originate from other primary sites. A 71-year-old female patient came to our department and presented with post-menopausal vaginal bleeding and palpable abdominal mass for six months. Transvaginal ultrasound and CT examination showed enlarged uterus, endometrial fluid accumulation and presents of peritoneal carcinomatosis. Dilatation and curettage (D&C) was arranged and endometrial and endocervix biopsy was performed. Gastrointestinal endoscopy showed no evidence of tumor. Biopsy result favored moderately-to-poorly differentiated adenocarcinoma derived from lower gastrointestinal origin. Appendiceal or cecum cancer was highly suspected based on immunohistochemistry stain. Following the pathology investigation after debulking operation and right hemicolectomy, the patient was finally diagnosed with primary appendiceal adenocarcinoma with bilateral ovary, whole uterus, peritoneum and pelvic lymph node metastasis. Metastatic tumors to the ovary and uterus may mimic primary gynecologic cancers and often misdiagnosed. Therefore, comprehensive exploration of the primary site is crucial if the diagnosis is clinically suspicious.

稿件編號：E134	腸胃道外間質細胞瘤轉移雙側卵巢-個案報告 Extra-gastrointestinal Stromal Tumor Metastasis to Bilateral Ovaries- a case report
臨時稿件編號：0804	
論文發表方式：海報	馮冠人 <sup>1</sup> 新店耕莘醫院 <sup>1</sup>
論文歸類：婦癌	
	Background: Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumors of the gastrointestinal tract and liver. Non-gastrointestinal stromal tumors are called extragastrointestinal stromal tumors (EGISTs) with similar to those of GISTs in clinical practice, the morphology, and molecular characteristics. Ovarian metastases from EGIST are very rare. Case Presentation: A 48 years-old woman was found to have a heterogenous solid ovarian mass under on transvaginal ultrasound and computer tomography (CT)-scan. Patient was lost follow-up. After six years, she visited OBSGYN due to lower non-radiated abdominal dull pain for one week associated with constipation. This time ascites was also noted and CA-125, CEA was 86.5 U/mL and 1.92ng/mL in order. Moreover, significant cul de sac. Patient received exploratory laparotomy included total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymph node dissection, omentectomy, washing cytology, segmental resection and anastomosis of sigmoid colon. Final pathological reported metastatic gastrointestinal stromal tumor for sigmoid colon mass and bilateral adnexa. The origin tumor from cul de sac mass is extragastrointestinal stromal tumor from omentum with CD 117 (+), DOG1 (+), CD 10 (+). Conclusion: GIST ovarian metastases are rare and with minimal case reports. Ovarian metastasis from GIST under sonogram showed multifocal, central hypochoic, and with hyperechoic on ovarian surface.

稿件編號：E135	疑似卵巢未成熟畸胎瘤復發併新診斷腹腔神經膠質瘤：個案報告 Gliomatosis peritonei with a secondary-look exploratory laparotomy of immature ovarian teratoma: A case report
臨時稿件編號：0805	
論文發表方式：海報	游婉儀 <sup>1</sup> 游正暉 <sup>1</sup> 呂彥鋒 <sup>1</sup> 黃莉文 <sup>1</sup> 新光吳火獅紀念醫院 <sup>1</sup>
論文歸類：婦癌	
	Introduction Gliomatosis peritonei (GP) is a rare condition characterized by mature glial tissue implants widespread in the peritoneum. The GP is often associated with ovarian teratoma. However, little is known about the characteristics and prognosis of GP. Here, we report a case of secondary-look exploratory laparotomy of immature ovarian teratoma, which was suspected recurrent tumor implant initially. Case presentation A 22-year-old girl presented with abdominal distension, pain, nausea, and vomiting. The abdominal ultrasound showed a 16-cm cystic-solid pelvic mass. Analysis of serum tumor markers demonstrated an increase in CA125, CA 19-9, and AFP. She underwent a fertility-sparing comprehensive surgery and was diagnosed with immature ovarian teratoma. Subsequently, she received four cycles of bleomycin, etoposide, and cisplatin. Seven years after the completion of chemotherapy, the computed tomography showed abnormally posterior peritoneal membrane thickening with uneven border. All tumor markers were negative before the secondary-look exploratory laparotomy. The second surgery showed numerous miliary nodules on the surface of the peritoneum and tumor seeding at anterior peritoneal reflections which was suspected pelvic tumor with irregular margin located previously. Histopathological report of tumor seeding site revealed mature glial elements without immature tissues. Thus, GP was diagnosed. Due to no malignant tendency, a long period of careful monitoring for our patient may be needed. Conclusion Gliomatosis peritonei is metastatic implantation of mature glial tissue on surfaces of peritoneum. It is often associated with ovarian teratoma of any grade. The prognosis of GP is favorable, but it still has potential for malignant transformation. Thus, a long-term follow-up is needed for patients with residual disease.

稿件編號：E136	血尿：卵巢癌亮細胞癌膀胱轉移的表現 Gross hematuria, related to urinary bladder metastasis of ovarian cancer clear cell carcinoma
臨時稿件編號：0808	
論文發表方式：海報	許証揚 <sup>1</sup> 吳鏡瑚 <sup>1</sup> 陳安廷 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup>
論文歸類：婦癌	
	Objective Advanced ovarian cancer frequently distantly metastasized and had symptoms mainly focused on abdominal symptoms. The most common sites of metastasis are peritoneal, pelvic cavity and lymph nodes. We presented a patient with a rare symptom and metastatic site: the urinary bladder with the initial symptoms of gross hematuria. Materials and methods This 47-year-old female noted gross hematuria with blood clot and was diagnosed metastatic tumor from ovarian clear cell carcinoma. She then received debulking surgery and pathology showed right ovarian cancer, clear cell carcinoma with pelvic, paraaortic lymph node invasion. FIGO stage was IVB due to urinary bladder invasion. She received radical cystectomy due to urinary incontinence. Conclusion From this patient, we can find a rare symptom and metastatic site of clear cell carcinoma ovarian cancer, which presents with gross hematuria due to bladder metastasis, which is very distinct from abdominal symptoms and metastasis. After the diagnosis, the patient received definite treatment including debulking surgery and radical cystectomy.



稿件編號：E137	<p>骨盆底類子宮內膜型低度惡性腫瘤，合併直腸侵犯，表徵上類似嚴重卵巢癌 A Cul-de-sac Endometrioid Borderline Tumor Mimicking Advanced Ovarian Malignancy with Upper Rectal Invasion</p> <p>陳植瑛<sup>1</sup> 王道遠<sup>2</sup> 王功亮<sup>3</sup> 馬偕紀念醫院婦產部<sup>1</sup> 馬偕紀念醫院病理科<sup>2</sup> 台東馬偕醫院<sup>3</sup></p>
臨時稿件編號：0809	
論文發表方式：海報	<p>INTRODUCTION: A pelvic complex mass located in posterior cul-de-sac with direct invasion of upper rectal wall raises the possibility of ovarian malignancy. However, this diagnosis is challenged if normal bilateral ovarian contour is observed under ultrasonography or magnetic resonance image (MRI) study. Surgical intervention is necessary to perform tumor excision and pathology proof. Here we would like to present a rare case who had a cul-de-sac endometrioid borderline tumor, which was away from bilateral ovaries but had direct upper rectal muscular invasion.</p> <p>CASE REPORT: A 46 y/o Taiwanese female, without experience of sexual intercourse, was transferred from local medical practitioner because of an incidental found pelvic complex mass with tenesmus and defecation difficulty. Pelvic examination from rectum showed a cul-de-sac mass, about term fetal head in size, fixed between uterus and upper rectum. She had dysmenorrhea 1-3 days during her period without menorrhagia. CA-125 was 80 U/mL and MRI was arranged for excluding the possibility of malignancy. It reported that a solid-cystic mass located between uterine posterior wall and upper rectum, with unclear margin of rectal wall, raising the concern of malignancy. Sarcoma or tumor from rectal origin should be concerned because bilateral normal ovaries could also be seen under MRI study. Surgical intervention with exploratory laparotomy was carried out after thorough explanation. During surgery, a big cul-de-sac mass was occupied inside rectal vaginal space, with indistinct margin of rectum and posterior uterine wall. In addition, bilateral normal ovaries and non-specific abdominal exploration were noted. Tumor rupture during adhesion-lysis was encountered and part of this tumor wall was excised for frozen section. Pathology confirmed "atypical endometrioids, could not exclude the possibility of endometrioid borderline tumor". Total hysterectomy, bilateral salpingo-oophorectomy and low anterior resection of sigmoid colon &amp; upper rectum were completed for en-bloc tumor removal. Retroperitoneal lymph nodes sampling and omentum biopsy were also performed for completing staging procedure. Final pathology reported "endometrioid borderline tumor, developed from deep infiltrated endometriosis, with rectal muscle invasion", and negative of metastases of other retrieval specimens. Post-operative recovery was uneventful and regular follow-up without adjuvant therapy was decided.</p> <p>CONCLUSION: Endometriosis could have many appearances in clinical practice. Sometimes this benign condition will look like a pelvic malignancy because of its image study and elevated CA-125. Surgical resection is the only way to obtain the tissue for pathology proof and to remove the lesion in en-bloc, if there is any difficulty in making diagnosis.</p>
論文歸類：婦癌	

稿件編號：E139	<p>服用異位孕中的子宮內膜異位瘤惡性變化 Malignant transformation of endometrioma under dienogest for 5 years</p> <p>張益婷<sup>1</sup> 呂建興<sup>1</sup> 台中榮民總醫院<sup>1</sup></p>
臨時稿件編號：0815	
論文發表方式：海報	<p>Introduction: Endometriosis is a benign disease, which is also regarded as the precursor of ovarian malignancy. A young woman with malignancy change of ovarian endometrioma under long-term dienogest use was presented.</p> <p>Case description: A 35-year-old Taiwanese woman with ovarian endometrioma received dienogest since 5 years ago. During sonographic follow-up, ovarian malignancy was suspected. Laparoscopic enucleation of ovary endometrioma was performed with final pathology of clear cell carcinoma with peritoneal and rectum involvement, FIGO stage IIB at least. She then received debulking surgery to no gross tumor and adjuvant chemotherapy with no tumor recurrence in post-operative 4 month image follow-up.</p> <p>Discussion: Dienogest is efficient and at the same time, less adverse effects than other medications in the treatment of endometriosis, which could theoretically prevent malignant transformation of endometriosis in previous preclinical studies. When malignancy transformation developed during progestin treatment, the pathology usually is clear cell or endometrioid carcinoma.</p> <p>Conclusion: Considering fertility preservation, conservative treatment of ovarian endometrioma is usually the treatment of choice for reproductive age women who still desire for future fertility. However, malignant transformation may still occur during progestin treatment. Therefore, careful image follow-up is still needed for these patients.</p>
論文歸類：婦癌	

稿件編號：E138	<p>利用癌症類器官培養技術作為卵巢癌精準化學治療之平台 Utilizing patient-derived cancer organoids as a platform for precision chemotherapy in ovarian cancer</p> <p>周子煒<sup>1</sup> 陳林鈺<sup>1</sup> 朱凌慧<sup>1</sup> 溫國璋<sup>1</sup> 翁瑜君<sup>2</sup> 蘇博玄<sup>2</sup> 賴鴻政<sup>1,2,3</sup> 衛生福利部雙和醫院婦產部<sup>1</sup> 衛生福利部雙和醫院研究部<sup>2</sup> 台北醫學大學醫學系婦產學科<sup>3</sup></p>
臨時稿件編號：0814	
論文發表方式：海報	<p>Background Gynecological cancers are currently treated with guideline. However, the response rate of frontline chemotherapy is 60-80% in advanced ovarian cancer. The concept of one-fit-for-all should be revisited. Using the ex vivo drug testing as a surrogate for personalized chemotherapy could be a solution. Cancer organoid is a 3D culture technology preserving the heterogeneity of patient tumors, which has been considered to be better for in vitro drug testing than the xenograft in mice. We tried to establish PDOs of ovarian cancer and test the feasibility of precision medicine.</p> <p>Methods During the surgical procedure, we obtained fresh tumor specimens from cancer patients and cultured them to 3D organoids. We then compared the morphology and molecular profiles of these organoids with the clinical pathology results. We performed in vitro drug testing using a panel of commonly used chemotherapy drugs, including paclitaxel, carboplatin, cisplatin, epirubicin, doxorubicin, gemcitabine, and topotecan.</p> <p>Result In total, we were able to establish 29 patient-derived organoids (PDOs), comprising 17 PDOs from ovarian cancer and 12 PDOs from endometrial cancer. Pathological examinations that included H&amp;E and immunohistochemical staining validated the similarity between the PDOs and the original tumor tissues. We carried out in vitro drug testing on 10 ovarian cancer PDOs. Interestingly, each patient exhibited an individual profile for chemotherapeutic drugs. Patients with the same cell type exhibit different drug responses to the same drug. Patients with clinical complete response, partial response and progression of disease corresponded well with in vitro cancer organoids drug responses.</p> <p>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.</p>
論文歸類：婦癌	

稿件編號：E140	<p>個案報告：以突出於子宮頸的大型病灶為表現的子宮惡性腺肉瘤 Uterine Adenosarcoma Presenting with a Huge Protruding Cervical Mass: A Case Report</p> <p>朱曼榕<sup>1</sup> 王培儀<sup>1</sup> 台北醫學大學附設醫院<sup>1</sup></p>
臨時稿件編號：0822	
論文發表方式：海報	<p>Uterine adenosarcoma is a rare malignancy that accounts for less than 5% of all uterine sarcomas. It is characterized by a biphasic pattern of benign glandular and malignant stromal components. Due to its rarity, there is limited information on the optimal management of this disease.</p> <p>It can present with non-specific symptoms such as abnormal vaginal bleeding. We present the case of a 51-year-old female patient who presented with menorrhagia for the past 3 months. Her cervix was bulky and distorted, with dark red vaginal discharge. Ultrasonography showed a cervical mass 65x58mm in size with flow. MRI showed a heterogeneous mass 6.4x9cm in at uterine cavity and cervix, mostly in the cervix. The patient underwent hysterectomy and the pathology report adenosarcoma, and the patient then received a laparoscopic staging surgery. The tumor was staged as FIGO (International Federation of Gynecology and Obstetrics) stage IA. She received radiation therapy after the operation. It has been 1 year after diagnosis, and the patient had no signs of recurrence.</p> <p>This case report highlights the importance of considering adenosarcoma in the differential diagnosis of abnormal uterine bleeding. And it was presented due to its rarity.</p>
論文歸類：婦癌	

稿件編號：E141	懷孕與癌症 Pregnancy and cancer
臨時稿件編號： 0825	李宜嫻 <sup>1</sup> 高雄榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式： 海報	1. Incidence, age of cancer and pregnancy Cancer was the first cause of death for 39 years(until 2020). For women, breast cancer was the 3rd most mortality rate, and ovarian cancer and uterine cancer were the 7th and the 8th. As for the incidence rate, breast cancer was the 1st, and uterine cancer, ovarian cancer(included peritoneal cancer and fallopian tube cancer) and cervical cancer were the 5th, 7th and the 9th. Besides, the most highest incidence rate age distribution were: breast cancer(45-54/60-64 years old), uterine cancer(55-59 years old), ovarian cancer(50-54 years old), and cervical cancer(75-84 years old). Fortunately, the age distribution of cancer incidence and pregnancy weren't the same. The age of parturient was the most within 25-39 years old.
論文歸類： 婦癌	2. Cancer in pregnancy The highest incidence of cancer in pregnancy was breast cancer due to its much population. If we didn't pay attention to the malignancy presentation and assumed it as normal physiological change during pregnancy, the diagnosis would be delayed. Furthermore, pregnancy-associated cancer often result in poor prognosis for the mother. As for the therapeutic options, in 1st to early 2nd trimester, radiation therapy was suggested with lead shield for the fetus. Surgery was suggested in 2nd trimester. Besides, chemotherapy was fine to performed in 2nd and 3rd trimester. For all pregnancy courses, aggressive nutritional supported was also suggested.
	3. Cervical cancer in pregnancy For complicated pregnancy, cervical cancer was the most frequent malignancy. The incidence in the USA was 1 in 1200 pregnancies. Regular screening such as pap smear was suggested in prenatal care. If there was a visible lesion, we had to perform biopsy. We need to keep in mind that if the maternity had antepartum hemorrhage, cervical cancer should be ruled out first. Colposcopy was difficult to perform and diagnose due to pregnancy-induced eversion of the normal cervical ectropion, dramatic alteration in colposcopic appearance of cervix, and easily bleeding because of hypervascularity. Cervical Intraepithelial neoplasia(CIN) rarely progress to microinvasive disease during pregnancy, and it had high postpartum regression rate(25-77%), especially CIN1. Moreover, physiologic changes of pregnancy may mask true pathology then. All abnormal pap smear were suggested to have colposcopy, and biopsy was performed if CIN III or cancer noted. Conization could be done during pregnancy. The risk included: hemorrhage, spontaneous abortion, intrauterine infection, and preterm birth. The modified procedure were six hemostatic sutures and "Coin" biopsy with little interruption of endocervical canal. Once invasive cervical cancer noted, vaginal bleeding was the most common sign. FIGO suggested the patient have kidney ultrasound, pelvis MRI(no contrast) and CXR with abdominal shielding. The preferred treatment algorithm was as below. Clinical stage was the most important determinant of prognosis.
	4. Chemotherapy during pregnancy To avoid organogenesis, chemotherapy was suggested in 2nd and 3rd trimester. Taxol may cause fetal malformation, and cisplatin/carboplatin both could pass the placenta, may result in oligohydramnios, IUGR, and preterm birth, but all of them could be used in 2nd and 3rd trimester. However, immunotherapy such as pembrolizumab, may pass the placenta(IgG4), so it was not suggested to use during pregnancy and may increase the rate of spontaneous abortion. Nevertheless, target therapy like bevacizumab(Avastin), which was a VEGF inhibitor, was prohibid during pregnancy.
	5. Pregnancy after cancer The fertility issue for pregnancy after cancer were: type and stage of cancer, drug class and cumulative dose, age, and extent of surgical therapy. Ovarian reserve was a woman's fertility potential in the absence of any problems in the reproductive tract (fallopian tubes, uterus, vagina), which could be measured via FSH, estradiol, AMH, inhibin B, and AFC. Most women had normal and regular menstruation after 2 years of chemotherapy, so women was suggested to conceive more than 1 year after the beginning of chemotherapy and if radiation was added, more than 2 years was suggested. Besides, cyclophosphamide was the most common reported drug that would cause ovarian failure, and if we combined several drugs, they may increase ovarian toxicity. Always keep in mind that, although we could adjust the drug to minimize the toxicity, but the most important thing was that, we should maximize the cure probability. Besides, radiotherapy was more damaging to the ovaries than chemotherapy.
	6. Fertility preservation What could we do to perform fertility preservation? First, we could use GnRH agonist to suppress ovary function(hormone) and protect the ovary from C/T toxicity. Second, we could perform oophorectomy to transpose the ovaries out of the radiation field. Last but not least, we could try cryopreservation techniques, such as embryo cryopreservation, or oocyte cryopreservation.

稿件編號：E143	個案報告: 卵巢癌患者合併肺部隱球菌感染 case report: cryptococcus infection in ovarian cancer patient
臨時稿件編號： 0836	劉芝谷 <sup>1</sup> 許世典 <sup>1</sup> 台中榮總婦女醫學部 <sup>1</sup>
論文發表方式： 海報	This 74-year-old woman, gravida 8, para 5, with medical history of hypothyroidism, diabetes mellitus and hypertension, presented with dyspnea on exertion, abdominal distention, poor appetite and body weight gain for 10 kg in 1 month. She came to our hospital where PE revealed distended abdomen, with shifting dullness, and hypoactive bowel sound, but no tenderness. Abdominal CT revealed carcinomatous with massive ascites and pleural effusion. Cytology of ascites revealed Adenocarcinoma, IHC stains: MOC31 (+), PAX8 (+), TTF-1 (-), WT-1 (+), metastatic adenocarcinoma from gynecologic tract is highly suspected. She underwent optimal debulking operation with total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic and para-aortic lymph nodes dissection, infracolic omentectomy and multiple biopsy and then adjuvant chemotherapy with paclitaxel and carboplatin. Besides, genetic test showed germline BRCA1 mutation.
論文歸類： 婦癌	Routine abdominal CT during chemotherapy detected multiple newly developed right lung metastases, which had not been seen on previous CT examination. She then underwent thorascopic wedge resection of right lung. Multiple palpable nodules and subpleural nodules at RUL and RML were found. The nodule was firm in consistency, mild whitish / purple in color. The pathology reported granulomatous inflammation, consistent with cryptococcus infection. Latex test for Cryptococcal was positive (1:16). Brain MRI and lumbar puncture ruled out infection of the central nervous system. Oral fluconazole was prescribed for 6 months. The followed CT showed improving of lung infiltration. After completion of chemotherapy, she received PARP inhibitors (Olaparib) and there was no recurrence during follow-up period.

稿件編號：E142	卵巢上的單發性纖維瘤：病例報告 A solitary fibrous tumor of the ovary: a case report
臨時稿件編號： 0829	何欣諭 <sup>1</sup> 國泰綜合醫院婦產科 <sup>1</sup>
論文發表方式： 海報	Solitary fibrous tumors (SFTs) are rare spindle cell neoplasm, was known commonly occur in the pleura, and currently recognized to develop in almost any extrapleural location. We present a case of a solitary fibrous tumor arising from the ovary, which rarely occurs in the female genital system.
論文歸類： 婦癌	A 63-year-old postmenopausal woman with intra-abdominal mass was incidentally found in medical examination. Ultrasound and whole abdominal computer scan(CT) both revealed a 18-cm complex abdominal mass with inner neovascularization. She underwent a left salpingo-oophorectomy. Histopathological and immunohistochemical features of the tumor confirmed its diagnosis.

稿件編號：E144	一個卵巢癌病人於卵巢癌減積術後及化療後產生陰道轉移 A case of ovary cancer with vaginal metastasis after debulking surgery and chemotherapy
臨時稿件編號： 0846	陳姿廷 <sup>1</sup> 吳鏡瑜 <sup>1</sup> 許証揚 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Ovarian cancer rarely metastasizes to the uterine cervix, vagina, or vulva. This is a 84 years old female of ovarian cancer post debulking surgery and chemotherapy. Regular pap smear showed adenocarcinoma, and vaginal tumor biopsy showed metastasis serous carcinoma. The most common distant metastatic site of ovarian cancer was the liver, followed by distant lymph nodes, lung, bone, and brain. This case presented with vaginal bleeding and vaginal metastasis during chemotherapy treatment. From this case, we could realize the importance of regular pap smear screen and should keep in mind the incidence of vaginal recurrence.
論文歸類： 婦癌	

稿件編號：E145	經陰道自然孔洞內視鏡手術 (vNOTES) 早期子宮內膜癌 (EMCA) 分期手術：創新方法的可行性
臨時稿件編號：0848	Vaginal natural orifice transvaginal endoscopic surgery (vNOTES) surgical staging for early-stage endometrial carcinoma (EMCA): The feasibility of an innovative approach 劉鑾鏞 <sup>1</sup> 李奇龍 <sup>2</sup> 黃寬仁 <sup>2</sup> 顏志峰 <sup>2</sup> 亞東紀念醫院 <sup>1</sup> 林口長庚紀念醫院 <sup>2</sup>
論文發表方式：海報	Objective: This study aims to describe the feasibility of treating early-stage endometrial cancer with hysterectomy, bilateral salpingo-oophorectomy, sentinel lymph node biopsy, and bilateral pelvic lymphadenectomy by vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES). Materials and methods: A longitudinal study of prospectively registered patients was conducted at an academic tertiary care center. 15 patients who underwent vNOTES surgical staging of early endometrial carcinoma between January 2014 and December 2020 were included in the study. Results: 15 patients between 20 and 80yrs of age with histologically proven Stage I Gr1-2 endometrial cancer underwent vNOTES surgical staging. The mean age of the study population was 52.8 years (Standard Deviation [SD] 6.8) and the mean BMI was 27.8 kg/m <sup>2</sup> (SD 6.4). The average operative time was 231.4 min (SD 41.0) with the mean estimated blood loss of 122.0 mL (SD 104.4). A total of 12 (80%) patients underwent SNL biopsy with ICG guided system, whereas 3 (20%) had pelvic lymph node dissection. There was one case with the surgical complication of bladder injury requiring conversion to conventional laparoscopy. Conclusion: With this study, we studied the feasibility of vNOTES surgery for early-stage endometrial cancer with minimal complications and the best long-term surgical outcome. The surgeries were performed by a single skilled endoscopist surgeon with previous experience with vNOTES surgery for adnexal tumors and hysterectomy. Our results showed the practicality of vNOTES in staging surgery for early-stage endometrial cancer. However, application to a larger cohort is required for more extensive surgical outcome studies.
論文歸類：婦癌	

稿件編號：E146	一個 57 歲女性診斷惡性子宮平滑肌肉瘤合併腹膜炎 A 57-year-old female diagnosed uterine leiomyosarcoma with peritonitis
臨時稿件編號：0853	劉至容 <sup>1</sup> 吳鏡瑜 <sup>1</sup> 許証揚 <sup>1</sup> 高雄醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	Uterine leiomyosarcoma is a rare malignant tumor originating from embryonic mesenchymal cells. It usually presents with abnormal vaginal bleeding (56%), a palpable pelvic mass (54%), and pelvic pain (22%), but peritonitis is rarely noted. Uterine leiomyosarcoma is still associated with a poor prognosis. 5-year survival for all patients is 25-76%, for women with metastatic disease is only 10-15%. Recurrence rates vary from 45 to 75% with a wide range for sites of recurrence. Many studies have struggled to consistently identify relationships between patient survival and usual prognostic indicators. One study had proposed that high pre-treatment CRP serum levels were independently associated with impaired prognosis in women with uterine leiomyosarcoma. Our patient presented with peritonitis and high pre-treatment CRP serum levels. For this case, we need to figure out that high pre-treatment CRP serum levels is true prognostic parameter, the result of peritonitis, or dependently associated results.
論文歸類：婦癌	

稿件編號：E147	婦女生殖道的瀰漫性大型 B 細胞淋巴瘤：病例報告和文獻回顧 Diffuse Large B-cell Lymphoma of the Female Genital Tract: Case Report and Literature Review
臨時稿件編號：0856	李耀泰 <sup>1</sup> 鄭雅敏 <sup>1</sup> 朱益志 <sup>1</sup> 關龍錦 <sup>1</sup> 林儒昌 <sup>1</sup> 林大欽 <sup>1</sup> 劉耀文 <sup>2</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup> 郭綜合醫院病理科 <sup>2</sup>
論文發表方式：海報	Introduction Lymphoma arises in lymphatic organs such as the spleen, thymus, or lymph nodes and spreads to other sites. Primary lymphoma of the female genital tract is a sporadic, extranodal lymphoma. Diffuse large B-cell lymphoma (DLBCL) is the most common subtype of non-Hodgkin lymphoma (NHL), representing approximately 30% to 40% of all cases. Lymphomas of the female genital tract represent 0.2% to 1.1% of all extranodal lymphomas, yet there is no consensus or standard diagnostic protocol for uterine cervical DLBCL. Primary lymphoma of the female genital tract is commonly discovered during the final pathology of surgical staging procedures, in particular for lymphoma of the uterus and cervix, as these are difficult locations to biopsy. Herein we present a pelvic lymphoma with an initial suspicion of gynecological malignancy. Case report A 69-year-old woman, G2P2, presented with postmenopausal vaginal bleeding for several days. She had no significant medical history and no family history of cancer. Speculum examination showed normal appearance of the cervix, with very slight bloody discharge and an enlarged uterus. Vaginal ultrasonography revealed an enlarged uterus measuring 14.4 x 5.3 cm with an endometrial thickness of 0.3 cm. A pap smear identified the presence of atypical lymphocytes, with computed tomography (CT) finding huge heterogeneous, discretely nodular, pelvic solid lesions involving the uterus and cervix and compressing the urinary bladder. In addition, bilateral hydronephrosis was found (Fig. 1). The final diagnosis of the CT scan was either uterine cancer or cervical cancer. Laboratory data showed Hb of 10.9 g/dL, eGFR of 40.4 L, CA125 of 200.9 U/mL, and HE4 of 221 pmol/L, while being negative for HIV with SCC (1.2 ng/mL), CA199 (8.9 U/mL), AFP (6.2 ng/mL), and CEA (2.4 ng/mL). The MRI reported the data as compatible with lymphoma at the pelvis, involving the uterus and cervix, and having enlarged bilateral internal iliac lymph nodes. Multiple pelvic bone metastases were also suspected (Fig. 2). Biopsies were then obtained from four different sites of the cervix. The biopsy identified the presence of atypical lymphocytes as consistent with diffuse positive of LCA (leukocyte common antigen) and CD20 stained, but negative for CD3, CD10 and CK (cytokeratin) stains (Fig. 3, Fig. 4). The patient underwent a double J stent in the left ureter; however, the right ureteral orifice could not be identified during cystoscopic examination. In addition, a diffuse bladder mass was seen on the posterior wall of the urinary bladder, which also revealed lymphoma in the pathology report. Therefore, the final diagnosis was DLBCL of the female genital tract, stage IV EA. The patient was then referred to Chung Kung Medical Center for further evaluation and treatment (she underwent two courses of R-CHOP and five courses of DA-EPOCH-R, with complete remission at the time of writing). Discussion Lymphoma is the most common hematological cancer and is delineated into Hodgkin's (20-30%) and non-Hodgkin's lymphoma (NHL, 70-80%). The most common extranodal sites of lymphomas are the gastrointestinal tract and skin. However, the female reproductive system may also be affected, though the uterine cervix is the most rarely involved site. As cervical lymphomas typically originate from the cervical stroma and initially do not interfere with the superficial squamous lining, diagnosis by cytology is often significantly hampered. Most cervical lymphomas present with a subepithelial mass without obvious ulceration or epithelial abnormality. The diagnosis of cervical lymphoma is thus typically made with a histologic analysis of a deep cervical biopsy. It is important for gynecologists to be aware of this neoplastic disease and to include cervical or uterine lymphoma in the differential diagnoses of patients presenting with examinations suggestive of cervical or uterine cancer. Appropriate diagnosis of lymphomas of the cervix uteri is often delayed until the postoperative setting, as clinical and radiographic presentations are nonspecific. A correct diagnosis then leads to the appropriate therapy, and radical gynecological surgery can be avoided for primary cervical and uterine lymphoma. The tumor was observed in the corpus and cervix of the uterus, and therefore it was difficult to determine its exact origin. Rituximab, an anti-CD20 monoclonal antibody, is effective for the treatment of CD20 positive B lymphoma. The combination of rituximab and the CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) regimen (R-CHOP) further improved the survival of B-cell lymphoma. The recommended treatment of DLBCL might be chemotherapy and/or radiotherapy and has been associated with favorable clinical outcomes. Conclusion Primary NHL may arise from lymphatic cells located in solid organs (extranodal). Gynecologists should keep in mind and be familiar with the features of isolated genital tract NHL. Though patients can experience delays in diagnosis and misdiagnosis, prognosis depends on timely diagnosis and therapy.
論文歸類：婦癌	

稿件編號：E148	芹菜素治療抗令癌莎紫液型卵巢癌細胞之可能性評估 The re-sensitization study of apigenin on the olaparib resistant serous ovarian cancer cells
臨時稿件編號：0878	謝允廷 <sup>1</sup> 黃曉峰 <sup>1</sup> 臺中榮民總醫院婦女醫學部 <sup>1</sup>
論文發表方式：海報	Human ovarian cancer (OC) has the highest mortality among gynecologic cancers. The characteristic of difficulty for early diagnosis, high recurrent and chemo-resistant rate of ovarian cancer are the causes. The five-year survival rate of OC is around 40%. The approval of poly (ADP-ribose) polymerase (PARP) inhibitors for clinical use has greatly improved treatment options for patients with homologous recombination repair (HRR)-deficient OC, although the development of PARP inhibitor resistance in some patients is revealing limitations to outcome. Apigenin (API) is a kind of natural flavonoid that exist in a variety of plants. At present, massive studies have proved that API plays vital anti-inflammatory, anti-viral, anti-oxidative, reduces blood pressure and anti-tumors roles in practice, but few was reported about OC treatment. Our experiment results showed that API inhibits the cell growth and migration ability in four kinds of serous OC cell line, TYK-nu, KURAMOCHI, CaOV3 and OVCAR3 cells. The mechanism possibly conducted by the inhibition of the STAT3 phosphorylation. To explore the possibility of the application of API in the treatment of olaparib-resistant (OPR) OC cells. We have successfully established the olaparib-resistant mucinous CaOV3 cells. Treatment of API re-sensitize the CaOV3-OPR cells to the original state. Our research results will provide evidence to estimate the clinical cancer curing potential of API on olaparib-resistant OC cells.
論文歸類：婦癌	

稿件編號：E149	卵巢惡性平滑肌肉瘤 Ovarian Leiomyosarcoma
臨時稿件編號： 0889	鍾佳純 <sup>1</sup> 康介乙 <sup>1</sup> 永康奇美婦產部 <sup>1</sup>
論文發表方式： 海報	Leiomyosarcoma is a rare type of cancer that begins in smooth muscle tissue. It most often begins in the abdomen or uterus. Primary leiomyosarcoma of the ovary is extremely rare tumors comprising 1% of ovarian tumors. About 3% of all ovarian malignancies are primary ovarian sarcomas. Their origin, etiology, histologic features, clinical behavior, and optimal treatment are still obscure.
論文歸類： 婦癌	This is a 47-year-old woman, G0P0 with Endometrioma s/p Laparoscope 3 times at 成大醫院, with underlying Moyamoya disease and old stroke history at 2020/07 and received treatment at 永康奇美醫院. In 2022, she used to admission at 高雄長庚 due to COVID-19 infection in May. Then she started suffered from left lower limbs swelling about a week at 2022/07 and abdomen distension was also noted. The patient visited 佳里奇美醫院 Emergent Department for progressive leg edema. The abdominal CT was done due to abdomen distension which revealed a huge 18.9 x 14.5 x 14.0 cm heterogeneously cystic tumor mass the lower abdomen. Other smaller cysts and cystic mass lesions up to 5.6 cm in the pelvic cavity and bilateral hydronephrosis. Then she visited Dr.康介乙's outpatient department and surgical intervention was arranged due to the probable malignant tumor of ovary. However, she visited ER again because of the left leg edema progression, therefore, she was admitted to division of Cardiology for the treatment of deep vein thrombosis with heparin pump. After stable condition of deep vein thrombosis, she decided to receive surgery for the huge ovarian tumor. Then we performed Debulking surgery including Abdominal Total Hysterectomy + Bilateral Salpingo-oophorectomy + partial omentectomy + excision of tumor seedings +enterolysis on 2022-07-30. During the surgery, we found an enlarged uterus, right ovarian endometrioma, left huge mass with severe adhesion (encircled by colon and rectum) and no residual tumor (R0). The pathology showed leiomyosarcoma in left ovary tumor with invasion to uterus and peritoneum. The final diagnosis is left ovarian leiomyosarcoma T2bN0M0 stage 2b. Then we arranged adjuvant chemotherapy with (Ifosfamide, Epirubicin ) regimen. After received 3 cycle of adjuvant chemotherapy, the patient had gastrointestinal bleeding and then conscious disturbed was noted. The family decided the consciencious of palliative care and the patient expired on 2022/12/03. Primary ovarian leiomyosarcoma has a very poor prognosis, with less than 20% of patients being alive at 5 years. The recommended initial treatment for primary ovarian leiomyosarcoma is complete resection. However, there is no proven benefit for adjuvant chemotherapy. It is a pity that our care expired because of other reason.

稿件編號：E151	原發性惡性陰道黑色素瘤——一例罕見病例報告 Primary malignant vaginal melanoma - a rare case report
臨時稿件編號： 0914	陳薇文 <sup>1</sup> 黃千竹 <sup>1</sup> 林武周 <sup>1</sup> 中國醫藥大學附醫醫院 <sup>1</sup>
論文發表方式： 海報	Vaginal melanoma is a rare gynecologic malignant tumor often diagnosed at advanced stages with poor prognosis. It often affects postmenopausal women and average diagnosis around their mid sixties. It accounts for less than 1% of all melanomas and appears to be dark node but can also be amelanotic. The prognostic and treatment result is still limited. Therefore we would like to share a case of vaginal melanoma.
論文歸類： 婦癌	This is a 48-year-old woman presented to our gynecology outpatient clinic for a vaginal protruding mass with blood string noticed. She is a virgin with no local pain or vaginal bleeding. Vaginal examination revealed a 2.5 x3 cm amelanotic solid mass with irregular surface and faint light tan, dark blue pigmentation at periphery; located on lower third of anterior vaginal wall. The upper two-thirds of the vagina and the vaginal fornices were free of disease. Both parametria and the rectum were free on palpation. There was no inguinal lymph node palpable. A uterine exam was performed with hysteroscopy, it showed endometrial polyps and upper vaginal wall cyst about 2-3 cm. TCR-M with local excision of the vaginal lesion was performed under general anesthesia. Cystoscopy was done before the excision and revealed no tumor invasion to bladder and urethra. Histological assessment revealed a picture of melanoma, revealing diffuse infiltration of large, pleomorphic, epithelioid and spindle shaped tumor cells in vaginal submucosa with focal junctional activity. Immunohistochemistry (IHC) was positive for S-100, Melan A, HMB45, Sox-10. In addition, the tumor cells did not demonstrate BRAF V600E mutations. Further diagnostic investigations were done. Total body skin examination showed no evidence of cutaneous melanoma. We arranged full-body PET-CT and showed hypermetabolic nodules with intense FDG uptake in the L5 prevertebral region. Clinical stage showed stage IIIC (cT4aN1cM0). She was transferred to hematologist for further treatment.

稿件編號：E150	降低風險之卵巢輸卵管切除於臨床上的運用:遺傳性 RAD51C 基因突變之案例分享
臨時稿件編號： 0892	Risk-reducing salpingo-oophorectomy in patients at high risk of epithelial ovarian and fallopian tube cancer: a case with RAD51C germline mutation  陳彥迪 <sup>1</sup> 呂建興 <sup>1</sup> 台中蔡民總醫院婦女醫學部 <sup>1</sup>
論文發表方式： 海報	Risk-reducing bilateral salpingo-oophorectomy (known as risk-reducing salpingo-oophorectomy, RRSO) is a crucial option for patients at high risk of epithelial ovarian and fallopian tube cancer to reduce the risk of developing malignancy, especially in those with germline mutation of BRCA genes. However, there are still other genes related to ovarian cancer. Even though they are less common, they cannot be missed out. Pathogenic germline mutations in RAD51C/RAD51D are associated with a lifetime ovarian cancer risk of 9%-11%. According to NCCN guidelines, women with this mutation should consider risk-reducing salpingo-oophorectomy (RRSO) at age 45-50, or even earlier based on her family history of ovarian cancer. RRSO can be offered as primary surgery to prevent women at intermediate risk levels (4%-5% to 10%) from cancer, and it is more suitable to women who have completed their family.
論文歸類： 婦癌	We will share a case, a 48-year-old woman, G2P2, with germline mutation of RAD51C, which also presented in her elder sister, who was diagnosed with epithelial ovarian cancer. Her family history revealed that their mother also had ovarian cancer, and therefore, after her elder sister was diagnosed with ovarian cancer, we encouraged a thorough genetic study for her, which revealed the germline mutation of RAD51C. After thorough discussion with the patient, she chose to receive RRSO through laparoscopic methods as a primary prevention. The final pathology showed no malignant change in both adnexas.

稿件編號：E152	子宮平滑肌肉瘤轉移至右大腿肌肉罕見病例報告 A Rare Case Report of Uterine Leiomyosarcoma Metastasizing to the Right Thigh Muscle
臨時稿件編號： 0918	蘇杏如 <sup>1</sup> 李中遠 <sup>1</sup> 嘉義長庚紀念醫院婦產科 <sup>1</sup>
論文發表方式： 海報	Title: A Rare Case Report of Uterine Leiomyosarcoma Metastasizing to the Right Thigh Muscle
論文歸類： 婦癌	Background: Uterine leiomyosarcoma is a rare and aggressive malignant soft tissue tumor of the uterine corpus, accounting for less than 1% of uterine cancers. It is difficult to diagnose preoperatively and often metastasizes to the lungs, liver, abdomen, and pelvis, with extremities metastasis being a less common site of involvement. Purpose: We present a rare case report of uterine leiomyosarcoma metastasizing to the right thigh muscle, highlighting the challenges in diagnosis and management of this rare condition. Case presentation: A 43-year-old female with menorrhagia, anemia, and two uterine tumors underwent total hysterectomy after medical treatment failed. Final histopathological examination revealed low-grade (pT1b) uterine leiomyosarcoma. Abdominal computed tomography showed no definite metastatic lesion, but a PET whole-body study revealed a soft tissue nodular lesion at the mid-right medial thigh, which raised the suspicion of malignancy. The nodule was confirmed to be a malignant spindle cell neoplasm, and excision of the malignant soft tissue tumor in the right thigh was performed, which revealed leiomyosarcoma. The patient underwent chemotherapy and radiotherapy and maintained a complete response. Conclusion: Uterine leiomyosarcoma is a rare and challenging condition to diagnose and manage, particularly when it metastasizes to uncommon sites such as the extremities. Our case report highlights the value of PET whole-body studies in detecting uncommon metastatic lesions and the importance of prompt treatment to improve patient outcomes.  Keywords: uterine leiomyosarcoma, soft tissue tumor, metastasis, PET scan, spindle cell neoplasm.

稿件編號：E153	<p>兒童及青少年罹患惡性卵巢腫瘤於單一醫學中心 28 年之經驗 Malignant Ovarian Tumors in Children and Adolescent from 28 Years of Experience at a Single Tertiary Medical Center</p> <p>吳貞璇<sup>1</sup> 林浩<sup>1</sup> 張簡展照<sup>1</sup> 蔡景州<sup>1</sup> 歐育哲<sup>1</sup> 傅宏鈞<sup>1</sup> 高雄長庚紀念醫院婦產部婦孺科<sup>1</sup></p>
臨時稿件編號：0921	
論文發表方式：海報	<p>Background: Pediatric malignant ovarian tumor are relatively rare. We reviewed our 28-year experience to understand their clinical presentations, managements, and prognosis.</p>
論文歸類：婦孺	<p>Methods: From January 1994 to November 2022 in Kaohsiung Chang Gung Memorial Hospital, there were 28 children diagnosed to have malignant ovarian tumors. We retrospectively collected their presenting symptoms, treatments, and outcomes from the medical records.</p> <p>Results: The median age at presentation was 13 years old with range from 3-19. The most common presenting symptom in orders were abdominal fullness at 64%, abdominal pain at 46%, fever at 11% and body weight loss at 7%. The tumors were located in the left side in 17 patients (60.7%) with 1 patients noted having bilateral tumors with the mean diameter of tumor size was 18 cm with range from 7 to 30.</p> <p>Overall, germ cell tumors comprised about 90% of all malignant tumors. The pathologic diagnoses were yolk sac tumors in 7 patients, immature teratomas also in 7, dysgerminomas in 4, malignant mixed germ cell tumors in 5, granulosa cell tumor in 2, and 3 cases having epithelial ovarian cancer as mucinous carcinoma in 2 and carcinosarcoma in one. According to the FIGO system, 60% patients were classified as Stage I and 32% cases presented at stage III. We have one case presentation at stage II and one case was stage 4. In our cases, immature teratoma and dysgerminoma tended to present at stage I while half of yolk sac tumor and MGMT were diagnosed at advanced stage. 27 patients (96.4%) underwent fertility-sparing surgery with unilateral oophorectomy and 23 patients (82%) received chemotherapy all with platinum-based regimens. Four patients (14.3%) died of their disease: three of them had stage III at diagnosis with one of yolk sac tumor, one of malignant mixed germ cell tumor, and one of carcinosarcoma. The other one with huge ovarian mucinous carcinoma had tumor ruptured during microinvasive surgery and poor response to adjuvant chemotherapy. The 5-year and 10-year overall survival rates were 80% and 65%, respectively.</p> <p>Conclusions: Ovarian cancer in children and adolescents remains a rare disease. Earlier consideration of malignant ovarian tumor in young girls with abdominal fullness or pain and conservative surgery with future fertility-sparing purpose are important. Despite germ cell tumors are the most common histology with good prognosis even when diagnosed at advanced stage owing to the high chemosensitivity, advanced stage epithelial ovarian cancer in children still do not have favorable outcomes and fertility-sparing surgery is often not possible. Thus, we encourage complicated and lethal cases to enter pediatric clinical trials and a good international registration and centralization would help us to change the unfavorable outcome.</p>

稿件編號：E155	<p>尿液中有機磷酸類阻燃劑的濃度與子宮內膜癌之相關性研究 Investigation of the Association between Urine Levels of Organophosphate Flame Retardants and Endometrial Cancer</p> <p>歐育哲<sup>1</sup> 林浩<sup>2</sup> 嘉義長庚紀念醫院婦產部<sup>1</sup> 高雄長庚紀念醫院婦產部<sup>2</sup></p>
臨時稿件編號：0968	
論文發表方式：海報	<p>Background: Organophosphate flame retardants (OPFRs) are commonly used in various consumer products to prevent fire hazards. However, OPFRs have been linked to various health problems, including cancer. The aim of this study was to investigate the association between urine levels of OPFRs and endometrial cancer.</p>
論文歸類：婦孺	<p>Methods: This study included 76 participants who were diagnosed with endometrial cancer and 76 healthy controls. Urine samples were collected from all participants and analyzed to measure the levels of 10 OPFR metabolites. Logistic regression models were used to evaluate the relationship between urine levels of OPFRs, lifestyle-related behaviors, and endometrial cancer risk.</p> <p>Results: We observed that the median urine levels of three (BDCPP, TBEP, DBEP) out of ten OPFR metabolites were significantly higher in endometrial cancer patients compared to the healthy controls. Multiple logistic regression analysis showed that BDCPP (OR 7.97; 95% CI 2.14-29.61), long-term medication (OR 5.42; 95% CI 1.65-17.80), age (OR 5.71; 95% CI 1.63-21.39), family history of cancer (OR 3.57; 95% CI 1.23-10.38), and occupation exposure to OPFRs (OR 3.21; 95% CI 1.11-9.30) were independent factors associated with endometrial cancer. Lifestyle questionnaire survey found that higher urine BDCPP concentration was related to age (OR 2.68; 95% CI 1.087-6.619, p=0.032), meals-out (OR 0.412; 95% CI 0.179-0.949, p=0.037), and regular handwashing (OR 0.379; 95% CI 0.145-0.988, p=0.047).</p> <p>Conclusion: We concluded that endometrial cancer patients had significant higher urine BDCPP concentration, and this higher level was related to aging, more meals out, and less regular handwashing. These findings highlight the need for further research to better understand the mechanisms underlying the carcinogenic effects of OPFRs and to develop strategies to reduce human exposure to these harmful chemicals.</p>

稿件編號：E154	<p>在接受黃體素治療的子宮內膜增生或癌患者中，反覆子宮頸擴張及搔刮或子宮腔鏡下切片會影響隨後懷孕的母胎結果嗎？以全國人口為對象之研究 Does repetitive dilatation and curettage or hysteroscopic biopsy in patients treated with progestins for endometrial hyperplasia or carcinoma affect subsequent fetomaternal outcomes? A population-based study</p> <p>林浩<sup>1</sup> 歐育哲<sup>2</sup> 高雄長庚紀念醫院婦產部<sup>1</sup> 嘉義長庚紀念醫院婦產部<sup>2</sup></p>
臨時稿件編號：0943	
論文發表方式：海報	<p>Background: Dilatation and curettage (D&amp;C) and hysteroscopic biopsy are the most common methods to examine endometrium during fertility-sparing treatment for endometrial hyperplasia or early stage carcinoma. Repeated procedures are usually required before achieving complete remission. This study was aimed to evaluate whether these procedures could affect fetomaternal outcomes.</p>
論文歸類：婦孺	<p>Methods: Via an initial identification with the Birth Certificate Application Database of Taiwan between 2009 and 2017 and then a further selection with Taiwan National Health Insurance Research Database, female subjects who gave births and had a prior history of endometrial hyperplasia of all types and early-stage carcinoma treated with progestins were identified for analysis.</p> <p>Results: A total of 6956 subjects with 8690 deliveries were identified. Among those 8690 deliveries, 5636 (64.8%) were from women without prior procedure, 2421 (27.9%) were from women with once procedure, 449 (5.2%) were from women with twice procedures, while 184 (2.1%) were from women with more than twice procedures before delivery. Compared with those had twice or less prior procedures, pregnant women who received more than twice had a significantly higher risk for cervical insufficiency (OR 5.09; 95% CI 2.31-11.24). We also found that pregnant women who had more than twice procedures were more likely to have had adverse neonatal outcomes including Apgar score &lt; 7 at 1 minute (OR 1.97; 95% CI 1.13-3.43) and 5 minutes (OR 3.11; 95% CI 1.33-7.23) and preterm delivery &lt; 32 weeks (OR 2.86; 95% CI 1.50-5.45), after adjustment for maternal age, urbanization, income level, delivery method, parity, singleton birth, hypertension, and diabetics.</p> <p>Conclusion: More than twice D&amp;C or hysteroscopic biopsy during surveillance for endometrial hyperplasia or early-stage carcinoma patients receiving progestins treatment were associated with subsequent maternal cervical insufficiency, preterm delivery &lt; 32 weeks, and low neonatal Apgar score. Other approaches such as using suction devices should be considered as alternatives for endometrial surveillance. Further research in other populations is required to confirm our findings and to determine whether suction devices for endometrial biopsy should be advocated over D&amp;C.</p>

稿件編號：E156	<p>卵巢癌於腹腔內熱化學治療的腹腔液分析 Peritoneal fluid analysis of advanced ovarian cancers after hyperthermic intraperitoneal chemotherapy</p> <p>陳威君<sup>1</sup> 張廷彰<sup>2</sup> 周宏學<sup>2</sup> 新北市立土城醫院婦產科<sup>1</sup> 林口長庚紀念醫院婦產部<sup>2</sup></p>
臨時稿件編號：0972	
論文發表方式：海報	<p>Background: This study investigated miRNA and cytokine expression changes in peritoneal fluid samples of patients with advanced ovarian cancers (OVCA) after receiving hyperthermic intraperitoneal chemotherapy (HIPEC) and during cytoreduction surgery (CRS).</p>
論文歸類：婦孺	<p>Methods: We collected samples prior to HIPEC, during CRS, immediately after HIPEC, and 24/48/72 hours after CRS. Cytokine level was assessed using a multiplex cytokine array, and a miRNA PanelChip Analysis System was used for miRNA detection. Further analysis of the obtained results was performed.</p> <p>Results: The patients were enrolled and their peritoneal fluid samples were collected. Following HIPEC treatment, miR-320a-3p and miR-663-a were found to be immediately down-regulated but increased after 24 hours. Further, we observed significant upregulation post-HIPEC and sustained increases in expression were detected in 6 other miRNAs including miR-1290, miR-1972, miR-1254, miR-483-5p, miR-574-3p, and miR-574-5p. We also found significantly increased expression of cytokines, including MCP-1, IL-6, IL-6sR, TIMP-1, RANTES, and G-CSF. The changing expression pattern throughout the duration of the study included a negative correlation in miR-320a-3p and miR-663-a to cytokines such as RANTES, TIMP-1, and IL-6, but a positive correlation in miRNAs to cytokines such as MCP-1, IL-6sR, and G-CSF.</p> <p>Conclusions: Our study found that miRNAs and cytokine in the peritoneal fluid of OVCA patients demonstrated different expression characteristics following CRS and HIPEC treatment. Both changes in expression demonstrated correlations, but the rationale as well as the role of HIPEC treatment remain unknown, prompting the need for further validation and research in the future.</p>

稿件編號：E157	腹壁腫瘤之清楚細胞癌：罕見案例分享 Preclear Clear Cell Carcinoma
臨時稿件編號： 0975	柯俊丞 <sup>1,2</sup> 蘇國銘 <sup>1,2</sup> 三軍總醫院 <sup>1</sup> 國防醫學院 <sup>2</sup>
論文發表方式： 海報	Introduction Clear cell carcinoma of ovary is one histotype of epithelial ovarian cancer. Endometriosis is considered to be a risk factor for the development of ovarian clear cell carcinoma, which is thought to be a precursor of this neoplasm, as it has been identified in over 50% of patients with clear cell carcinoma. Besides, ovarian clear cell carcinoma, which is the second most common subtype of epithelial ovarian cancer after high-grade serous carcinoma, is present in 5-10% of all EOCs in North America, and even more prevalent in East Asia (13-25%). Here, we herein report a case of clear cell carcinoma with a solid protruding abdominal mass.
論文歸類： 婦癌	Case Presentation A 50-year-old woman presented to the clinic with a protruding bizarre abdominal wall tumor measuring 5cm over the right end of the C-section scar accompanied by intermittent discomfort during menstruation for six months. Her gynecological history was notable for two cesarean sections, dysmenorrhea and endometriosis of uterus. Computed tomography revealed an isolated solid neoplasm arising from aponeurosis above transversus abdominis of the right abdominal wall, adenomyosis and leiomyomas. Resection of the right abdominal tumor and total abdominal hysterectomy plus bilateral salpingo-oophorectomy were performed under primary impression of malignancy. The definite pathological report of the abdominal wall tumor confirmed clear cell carcinoma, characterized by the papillary tumor growth pattern lined by one to two layers of cuboidal and hobnail cells with focal clear cell cytoplasm features. Four weeks after the surgery, she accepted scheduled adjuvant chemotherapy with paclitaxel, carboplatin and bevacizumab for six courses. No immediate recurrence was noted after primary treatment.
	Discussion Besides kidney, clear cell carcinoma (CCC) is usually localized to the ovaries and endometrium. CCC of the abdominal wall is rare that has been reported in previous medical literature. Middle-aged women presenting with an abdominal wall mass in correlation with a past cesarean section scar should be promptly evaluated. The initial treatment for this condition is surgical removal of the mass, followed by chemotherapy if necessary. From a preventive standpoint, it is essential to ensure that no visible tissue remains are left on the abdominal wall during any gynecological surgery.

稿件編號：E158	子宮囊狀肌腺瘤 Cystic Uterine Tumors - cystic or cavitated adenomyoma
臨時稿件編號： 0673	吳加仁 <sup>1</sup> 張洪洪 <sup>1</sup> 林瑾蕙 <sup>1</sup> 宏其婦幼醫院 <sup>1</sup>
論文發表方式： 海報	Cystic adenomyoma is a rare form of adenomyosis, resulting from an extensive hemorrhage within ectopic glands in the myometrium. It is characterized by well-circumscribed cavitated endometrial gland and stroma located within the myometrium, with no clear lines between normal myometrium and cystic adenomyoma. Whereas small adenomyotic cysts of up to 2 cm, lying into the uterine muscular bed are fairly common. Ultrasound demonstrated a round cystic mass filled with hypoechoic content, separate from the normal uterine cavity.
論文歸類： 內視鏡	Depending on clinical characteristics and the age of onset, cystic adenomyoma is classified as either adult or juvenile type. Adult cystic adenomyoma is a special type of adenomyosis and occurs among parous women older than 30 years. The cystic mass may be found in any part of the uterus, including myometrial-, mucosal-, and serosal-layers. Uterine cystic adenomyosis almost involved single lesions. The lesions can involve the uterine body, cervix, and fundus, with the uterine body and especially the right wall being the most common. The differential diagnosis of cystic uterine tumors includes fibroids showing cystic degeneration, unusually large adenomyomas, congenital cysts that arise from remnants of the mesonephric or the paramesonephric ducts, and some developmental anomalies. Here, we reported a case of cystic adenomyoma, and had surgical treatment with laparoscopic enucleation.

稿件編號：E159	膀胱子宮內膜異位症 Bladder endometriosis
臨時稿件編號： 0675	吳加仁 <sup>1</sup> 張紅洪 <sup>1</sup> 宏其婦幼醫院 <sup>1</sup>
論文發表方式： 海報	Bladder endometriosis (BE) is defined as the presence of endometrial glands and stroma in the detrusor muscle. Approximately 1% to 5.5% of all cases of endometriosis involve the urinary tract. BE is the most common urinary tract disease, accounting for 85% of the cases, whereas the ureter accounts for 10%.
論文歸類： 內視鏡	In most cases, the patients complain about lower urinary tract symptoms such as frequency, dysuria, hematuria, and, less frequently, bladder pain and urgency. These symptoms can worsen during menses. Ultrasonography is the first-line technique for assessment of BE owing to its accuracy, safety, and cost. Performed with the bladder full of anechoic urine, it allows a clear visualization of a heterogeneous, hyperechoic, intraluminal, usually spherical or commashaped vegetation, sometimes with small transonic formations, which protrudes from the posterior vesical wall or the vesical dome, with regular borders. Surgical treatment is generally considered effective, ensuring long-term relief in most cases. Two techniques have been proposed for entirely remove the bladder lesion, ie bladder shaving or partial cystectomy (in combination with cystoscopy approach), be performed by laparotomy, laparoscopy, or robot-assisted laparoscopy. Here, we reported a case with bladder endometrioma, and had the surgical treatment with laparoscopic bladder shaving technique.

稿件編號：E160	為了避開舊有疤痕而在肚臍下打一個洞的腹腔鏡之手術經驗 Laparoscopic surgery to make a hole under the umbilicus to avoid old scars
臨時稿件編號： 0711	程筆倫 <sup>1</sup> 康介乙 <sup>1</sup> 台南奇美醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Umbilical Incision is the most common procedure step in Laparoscopic Operation. However, previous bowel surgery may cause bowel adhesion to the abdominal wall. This may be dangerous during umbilical Incision because of increased risk of bowel perforation. Our case is about ectopic pregnancy with rupture admitted for Laparoscopic right salpingectomy with previous bowel surgery. In our case, the patient's previous scar from the xiphoid process to the skin below the umbilicus. Instead of umbilical Incision, we Incised lower abdominal wall by minilaparotomy and retractor to avoid surgical complication. In conclusion, we successfully avoided the adhesion area and the operation was smoothly done.
論文歸類： 內視鏡	

稿件編號：E161	黏膜下腺瘤樣瘤 Unusual location of adenomatoid tumor, mimicking sarcoma
臨時稿件編號： 0722	麥迪森 <sup>1</sup> 林口長庚醫院 <sup>1</sup>
論文發表方式： 海報	Objective：We demonstrated a case with incidental finding of submucosal adenomatoid tumor in hysteroscopic myomectomy. Case report：A 58 year-old, para 1, who was in menopausal status, presented to our clinic with an incidental finding of endometrial lesion during health examination. She has Neither postmenopausal bleeding, nor abdominal bloating was complaint. On examination, her vital parameters and pelvic examination were unremarkable. Transvaginal ultrasonography disclosed 1.4cm hyperechoic endometrial lesion with hypoechoic rim. Office hysteroscopy showed a polypoid lesion arising from uterine fundus and extending to lower corpus occupied whole cavity. Surgical hysteroscopy was arranged. On hysteroscopy, a white tan mass with myomatous texture was found and removed. Histology disclosed submucosal myomatous nodule with microcystic structures and degenerative large cells. Immunohistochemical study showed positive for AE1/AE3, calretinin and WT1. Those histological features are compatible with adenomatoid tumor. Conclusion：Hysteroscopy with biopsy should be performed to confirm the diagnosis of the submucosal mass.
論文歸類： 內視鏡	

稿件編號：E162	腹腔鏡修補較大的剖腹產疤痕缺陷：個案報告 Laparoscopic surgery for the repair of a larger cesarean scar defect: a case report
臨時稿件編號： 0844	游婉儀 <sup>1</sup> 何鎮宇 <sup>1</sup> 新光吳火獅紀念醫院 <sup>1</sup>
論文發表方式： 海報	Introduction Cesarean scar defect (CSD) or isthmocele is a serious long-term complication of cesarean section, with the prevalence ranged from 24-70%. Once CSD develops, the defect will disrupt the integrity of the myometrium at the site of the cesarean scar, resulting in a series of clinical symptoms, such as prolonged menstruation, postmenstrual bleeding, dysmenorrhea and certain obstetric complications. No standardized treatment has yet been accepted. Hysteroscopy and laparoscopy are the minimally invasive approaches currently used to repair the defect. However, hysteroscopic surgery for the repair of CSD has limitations regarding size of CSD and satisfaction for symptom improvement. Here, we report a case of laparoscopic surgery for the repair of a large cesarean scar defect.  Case presentation A 42-year-old patient, G2P1AA1, presented with postmenstrual spotting for 12 years after cesarean section. Transvaginal ultrasound revealed a large (1.6 × 1.0 cm) pouch with hypodensity. Thickness of the myometrium over the defect was merely 2.5 mm. Laparoscopic repair of the uterine defect was performed after located the site of CSD by hysteroscopy. The bladder peritoneum that was adherent to the lower uterine segment was freed by careful dissection. The defect was then localized with a sharp curette placed transcervically into the uterus. The curette was pushed anteriorly to delineate the margins of the defect and puncture the ceiling of the isthmocele cavity. The fibrotic tissue that formed the ceiling and the lateral borders of the defect was excised using laparoscopic electrocauterization. Reapproximation of the edges was done with continuous nonlocking 1-0 V-Loc sutures. Postoperative ultrasound performed in the second month after the operation showed a minimal defect and no postmenstrual spotting was recorded of last menstruation.  Conclusion Recognition of cesarean scar defect is important in the explanation of certain menstrual disorders since surgical intervention can result in improvement of symptoms and prevent the related secondary obstetric and gynecologic complications. Laparoscopic surgery for the repair of a larger cesarean scar defect by mobilization of the overlying bladder, identifying the precise location with aid of hysteroscopic light and curette, then, resection of the isthmocele margins and secondary suturing of the remaining myometrial tissue appears to be an effective treatment option for affected patients with a larger CSD.
論文歸類： 內視鏡	

稿件編號：E163	機械手臂微創婦科手術以輸尿管辨認應用於預防性子宮動脈結紮技術 Robotic hysterectomy using ureter identification and preventive uterine artery ligation technique: a single medical center's experience
臨時稿件編號： 0883	李易良 <sup>1,2</sup> 尹長生 <sup>1,2</sup> 劉勇良 <sup>3,1</sup> 王毓淇 <sup>1</sup> 國防醫學院三軍總醫院婦產部 <sup>1</sup> 財團法人康寧醫院婦產部 <sup>2</sup> 中山醫學院附設醫院婦產部 <sup>3</sup>
論文發表方式： 海報	Objective: The use and application of robotic systems with a high-definition, three-dimensional vision system, and advanced EndoWrist technology has become widespread. We sought to share our clinical experience with ureter identification and preventive uterine artery ligation in robotic hysterectomy. Materials and methods: The records of patients undergoing robotic hysterectomy between May 2014 and December 2015, including patient preoperative characteristics, operative time, and postoperative outcomes, were analyzed. We evaluated the feasibility and safety of using early ureteral identification and preventive uterine artery ligation in robotic hysterectomy in patients with benign gynecological conditions. Results: Overall, 49 patients diagnosed with benign gynecological conditions were evaluated. The mean age of the patients and mean uterine weight were 46.2 ± 5.3 years and 348.7 ± 311.8 g, respectively. Robotic hysterectomy achieved satisfactory results, including a short postoperative hospital stay (2.7 ± 0.8 days), low conversion rate (n=0), and low complication rate (n=1; 2%). The average estimated blood loss was 109 ± 107.2 mL. Conclusion: Our results suggest that robotic hysterectomy using early ureteral identification and preventive uterine artery ligation is feasible and safe in patients with benign gynecological conditions.
論文歸類： 內視鏡	

稿件編號：E164	個案報告：以純應力性尿失禁表現之尿道憩室 Case Report: A urethral diverticulum presenting with pure stress urinary incontinence
臨時稿件編號： 0677	黃圓詠 <sup>1</sup> 黃文貞 <sup>1</sup> 國泰綜合醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Objective: To report the management for a urethral diverticulum presenting with pure stress urinary incontinence (SUI). Case Report: A 67-year-old postmenopausal woman resorted to urogynecological outpatient department for the treatment of bothersome SUI. She denied other lower urinary tract symptoms and previous pelvic surgeries. On examination, there was stage I anterior vaginal wall prolapse. Urinalysis showed negative findings. Urodynamic studies revealed negative findings. An ultrasound disclosed a complex paraurethral lesion and no urethral hypermobility. A magnetic resonance image of the pelvis revealed a 4-cm circumferential urethral diverticulum. A urethral diverticulectomy was performed. Histopathological examination confirmed the diagnosis of urethral diverticulum. The patient recovered uneventfully and reported freedom from SUI postoperatively. Conclusion: In women deemed uncomplicated stress urinary incontinence after undertaking a holistic urogynecological evaluation including detailed clinical history, physical examination, and urodynamic studies, further image studies investigating lower urinary tract is required for disclosing other rare conditions that necessitate different management from anti-incontinence surgery.
論文歸類： 婦女泌尿	

稿件編號：E165	慢性骨盆疼痛婦女中須以骨盆理學檢查鑑別骨盆底肌筋脈疼痛與膀胱過動症 Pelvic examination is a key to distinguish myofascial pelvic pain from overactive bladder syndrome in chronic pelvic pain
臨時稿件編號：0712	方潔 <sup>1</sup> 臺北醫學大學附設醫院 <sup>1</sup>
論文發表方式：海報	Introduction: Myofascial pelvic pain (MPP) is characterized by the presence of trigger points, tenderness to palpation, and local or referred pain, and commonly involves the pelvic floor muscles in women. However, patients with MPP may also harbor lower urinary tract symptoms, such as frequency and urgency, which may mimic the symptoms of overactive bladder syndrome (OAB). Therefore, it is essential to make an accurate diagnosis before giving treatment for both diseases. Objective: To evaluate the association of various clinical and urodynamic variables between women with chronic pelvic pain (CPP) from pelvic floor (PF) tenderness, and women with overactive bladder syndrome (OAB) without PF tenderness. Methods: This retrospective study evaluated the data of 870 patients who underwent urodynamic studies due to various indications from January 2019 to January 2023. 152 patients met the inclusion criteria for participation and were divided into two groups: 61 patients in the study group, and 91 patients in the control group. The study group included patients with CPP for more than six months, which the painful sites originated from the pelvic floor confirmed by pelvic examination. The control group included patients with OAB having CPP, which the painful sites were not originated from the pelvic floor. Urodynamic study (UDS) examinations were performed, and the presence of detrusor overactivity (DO), abnormal voiding patterns, and maximum urethral closure pressure (MUCP) were recorded. Independent sample t-test was used to assess urodynamic variates, and Chi-square test was used to assess symptom signs between women with and without PF tenderness with CPP. A p value lower than 0.05 was considered statistically significant.  Results: The study group included 61 women with a mean age of 46.2 ± 14.3, and the control group included 91 women with a mean age of 47.9 ± 13. The patient age (p=0.5) and BMI (p=0.41) between the two groups did not have a statistical significance. The signs and symptoms between the study group and control group, such as frequency (p=0.5), urgency (p=0.27), nocturia (p=0.94), urinary incontinence (p=0.44), difficulty voiding (p=0.5), residual sensation (p=0.74), and bearing sensation (p=0.65) were all without statistical significance. Furthermore, all urodynamic variates including peak flow (p=0.49), mean flow (p=0.23), maximal urethral closure pressure (p=0.57), functional urethral length (p=0.49), first sensation (p=0.27), normal sensation (p=0.89), strong sensation (p=0.53), and residual urine (p=0.22) between two groups did not show statistical significance.  Conclusions: According to our results, patients with MPP apparently may present with symptoms of frequency, urgency, or even urinary incontinence, which were similar to the presentation of patients with OAB. Relatively, patients with OAB having CPP might be difficult to distinguish from patients with MPP. Furthermore, the urodynamic study results are also similar between both groups, which makes patients with MPP often misdiagnosed as OAB if physicians only rely on clinical symptoms and urodynamic studies. This indicates the importance of a directed pelvic examination checking the existence of the same tenderness sites in the pelvic floor which causes clinical painful symptoms.

稿件編號：E167	子宮懸吊後造成輸尿管狹窄 Ureteral stenosis after uterine suspension
臨時稿件編號：0754	謝汶圻 <sup>1</sup> 潘恒新 <sup>1</sup> 李維鈞 <sup>1</sup> 新光醫療財團法人新光吳火獅紀念醫院 <sup>1</sup>
論文發表方式：海報	Approximately twenty percent of women have the problem of pelvic organ prolapse (POP), which influence patient's psychosocial function. Synthetic material augmentation plays a major role in reconstructive surgery for POP but also results in complications such as dyspareunia and vaginal discomfort. In this study, we report a rare case of ureteral stenosis after sacrospinous suspension
論文歸類：婦女泌尿	Case report A 64-year-old post-menopausal female, G2P2, experienced heavy sensation and the feeling of sitting on a ball, especially in the afternoon. Urodynamic study revealed bladder outlet obstruction, and a pad test was 13 g after restoring the vaginal cervix. Ten days after surgery, sacrospinous suspension (Upholds), mid-urethral sling surgery (Solyx) and anterior compartment repair, she returned to our hospital due to left costovertebral angle pain plus knocking tenderness. Antegrade pyelography also showed ureteral stenosis in the lower third. After several attempts at stent insertion had failed, a urologist suggested re-implanting the ureter. The postoperative course was uneventful. Intravenous pyelography was performed 4 months after this surgery, and showed a patent left ureter.  Conclusion POP surgery will be required for patients with total prolapse of the uterus or vault, and we suggest inserting a double j before surgery in order to prevent ureter kicking subsequent to hydronephrosis. Once the operation has been completed, attempts should be made to loosen the tightness of the mesh around the hanging area with palpitation under a cystoscope to allow the operators to recheck the flow of urine from bilateral ureters. It is mandatory to inform the patients of the risk of such surgery.

稿件編號：E166	膀胱過動症患者在尿路動力學檢查中發現與間質性膀胱炎相似之膀胱痛症狀 Overactive bladder with urodynamic study-induced bladder pain: An overactive bladder subtype with symptoms similar to those of interstitial cystitis/painful bladder syndrome
臨時稿件編號：0735	葉雪雁 <sup>1</sup> 吳銘斌 <sup>2</sup> 王懿德 <sup>1</sup> 吳政誠 <sup>3</sup> 金宏諤 <sup>1</sup> 臺北醫學大學附設醫院婦產部 <sup>1</sup> 奇美醫院婦女泌尿科 <sup>2</sup> 臺北醫學大學附設醫院泌尿科 <sup>3</sup>
論文發表方式：海報	Background: Overactive bladder (OAB) and interstitial cystitis/painful bladder syndrome (IC/PBS) are two lower urinary tract disorders with urgency and bladder pain for diagnosis and with several other shared symptoms. Because of their overlapping symptoms, precise differential diagnosis of OAB and IC/PBS remains difficult. Thus, we characterize a subgroup of OAB with bladder pain (OAB-BP) that can be differentiated from OAB alone by urodynamic study (UDS) findings. We also further examined the clinical presentations and urodynamic parameters of OAB alone, OAB-BP, and IC/PBS. Methods: Data were collected between September 2018 and April 2019. Patients were categorized into 3 groups, OAB-alone (no bladder pain during UDS, n = 39), OAB-BP (with bladder pain during UDS, n = 35), and IC/PBS (the comparator, n = 39). Chi-square tests were used to compare OAB alone, OAB-BP, and IC/PBS with respect to their clinical presentations and urodynamic parameters. Factors with p < .05 were further analyzed through post hoc comparisons with Bonferroni adjustment. Results: An unique subgroup of OAB patients was identified (i.e., OAB-BP), bladder pain can only be induced at maximal cystometric capacity (MCC) during UDS. We also identified that the case histories and UDS parameters (e.g., low first desire, normal desire, and maximum cystometric capacity) of the OAB-BP group were more similar to those of the IC/PBS group than to those of the OAB-alone group. The OAB-BP group and the IC/PBS group reported more intrusive, longer-lasting symptoms before their final diagnoses, more extensive family history of urinary tract disorder, and more associated comorbidities (e.g., irritable bowel syndrome, and myofascial pain) than the OAB-alone group. Conclusion: The UDS assessment induced bladder pain in the OAB-BP group to reveal their hidden symptoms. Careful attention to patient history and sophisticated UDS evaluation may help to identify this unique OAB group.
論文歸類：婦女泌尿	

稿件編號：E168	通過尿動力學研究評估新型可調式 I-stop-mini 尿失禁吊帶手術在壓力性尿失禁和內括約肌缺陷患者中的中期療效和安全性 Evaluate medium term efficacy and safety of the new adjustable I-stop-mini sling procedure in stress urinary incontinence and intrinsic sphincter deficiency patients with urodynamic studies
臨時稿件編號：0770	吳昱靜 <sup>1</sup> 莊斐琪 <sup>1</sup> 楊采樺 <sup>1</sup> 張育維 <sup>1</sup> 黃寬慧 <sup>1</sup> 高雄長庚醫院 <sup>1</sup>
論文發表方式：海報	Objective: We aimed to evaluate the medium-term efficacy and safety of patients who underwent adjustable I-stop-mini sling procedure.
論文歸類：婦女泌尿	Study design: 38 patients who were diagnosed with stress urinary incontinence (SUI) and intrinsic sphincter deficiency received treatment with adjustable I-stop-mini sling (CL Medical, MINI-STOP) were included in the study. Mean age was 57.5 years and BMI (body mass index) is 25.0. Mean follow-up duration after surgery was 203 ± 159 days. Preoperative urological and gynecological features of the patients were recorded. Gynecological examination, pelvic ultrasonography, 1-hour-pad test, Q-tip test, uroflowmetry, filling and voiding cystometry, urethral pressure profile test were performed before and after operation intervention. Patients Global Impression of Improvement (PGI-I) for Incontinence were completed by all patients after the operation.  Results: Among these cases, 57.89% (22/38) had a pelvic organ prolapse (POP), and we performed a combination of pelvic reconstruction surgery and I-stop-mini sling procedure concurrently. Sacrospinous ligament suspension (SSS) was performed in 5 patients, transvaginal mesh placement in 3 patients, anterior & posterior colporrhaphy in 11 patients, vaginal total hysterectomy in 1 patient and laparoscopic pectopexy in 2 patients.  The subjective results of the Patient Global Impression of Improvement (PGI-I) after I-stop-mini sling procedure showed an overall satisfaction of 92.11%, with 35 out of 38 patients reporting PGI-I scale scores of 1 (very much better) and 2 (much better).  During postoperative follow up; no patient reported dyspareunia except 1 patient report voiding difficulty who sling cut down was arranged 5 months after I-stop-mini sling procedure.  According to Urodynamic results, 1-hour-pad test was significantly decreased after surgery (P < 0.001). After the mini-sling procedure, the median first desire increased from 100.5 to 136.0 ml, maximal capacity increased from 347 to 352 ml (P > 0.05, Table 3), while maximal urethral closure pressure (MUCP) changed from 51.5 to 46 without statistically significant (P > 0.05).  Conclusions: Our study confirmed that the mini sling technique provided high subjective cure rate and improved symptoms and quality of life in patients with SUL. These results suggest that the I-stop-mini sling procedure is an advisable alternative to other surgical procedures due to its low complication rates, short operation time and ease of learning and applying the procedure. This procedure also demonstrated excellent tolerability, minimal pain, low morbidity and overall high satisfaction.



稿件編號：E169	<p>腹腔鏡子宮保留恥骨帶懸吊術的失敗因素討論 Pelvic Organ Prolapse Recurrence after Uterus-preserving Laparoscopic Pectopexy Procedure</p> <p>楊子瑤<sup>1</sup> 蔡青倍<sup>1</sup> 台中榮民總醫院<sup>1</sup></p>
臨時稿件編號：0794	
論文發表方式：海報	<p><b>Introduction</b> Laparoscopic Pectopexy is nowadays known as a novel alternative surgical procedure to treat pelvic organ prolapse (POP) by attaching the uterus to the pelvic side wall by using mesh and sutures. Although this technique has several advantages over traditional sacrocolpopexy, the potential recurrent risk still exists. Both advantages and disadvantages of laparoscopic pectopexy were analyzed in this study.</p> <p><b>Material and Methods</b> From 2019 to 2022, a total 34 patients with POP stage II to IV received uterus-preserving laparoscopic pectopexy. In this operation, the mesh was fixed to anterior cervix, and lateral parts of the Iliopectineal ligament. Besides, anterior/posterior colporrhaphy and mid-urethral sling were accompanied if indicated. Post-operative follow-up ranged from 12 to 36 months. The clinical outcomes were reviewed and analyzed.</p> <p><b>Results</b> All of the laparoscopic pectopexy were done successfully and there were no severe complications during or after the surgeries. Besides, minimal blood loss, short duration of operation times, catheterization and hospitalization were also known. The patients' basic information, as well as peri-operative reports and post-operative outcomes were listed in the table (Table 1.) below.</p> <p>In a follow-up of 2-3 years, it was found that 5 cases had failed (5/34, 14.7%), but only with recurrent stage II prolapse (leading point less than +1cm). Among them, 3 cases were in the apical region. Two of them had stage IV total prolapse before op, and all of them had the jobs requires heavy lifting. Detachment of apical fixation of mesh maybe the reasons for recurrence. Another 2 cases suffered from recurrent anterior prolapse, but all asymptomatic. No other complications such as pelvic pain, dysuria, denovo SUI, denovo constipation, or mesh erosion were found otherwise.</p> <p><b>Conclusion</b> Laparoscopic pectopexy involves using bilateral mesh fixed to lateral parts of the Iliopectineal ligament in order to support the pelvic organs and reposition them to their proper location. According to our experience, there is still a risk of recurrence, especially in patients with stage IV prolapse and weight bearing jobs. Compared to traditional sacrocolpopexy, this surgery requires caution regarding suture placement and detachment of the cervix since it only involves fixation of the anterior cervix. However, it is still considered as an efficient surgical procedure due to low complication rate and quick recovery.</p>
論文歸類：婦女泌尿	

稿件編號：E171	<p>外傷導致的尿滯留並不少見，但在女性跨騎外傷時容易被忽視：案例報告 Acute urine retention due to trauma is not unusual but easily overlook in female encounter Straddle injury: case report</p> <p>何偉堃<sup>1</sup> 阮承宜<sup>1</sup> 曾秀芬<sup>1</sup> 謝保群<sup>1</sup> 澄清醫院婦產部<sup>1</sup></p>
臨時稿件編號：0888	
論文發表方式：海報	<p>According to the Ministry of Transportation and Communications (MOTC) statistics in Taiwan, as for the age of 18–24-year-old people, motorcycle-related accidents cause 260 deaths and 98,957 injuries in the period January to October of 2022. The most tended to injure body parts in vehicle accidents are skin trauma (81.9%), extremity trauma (60.7%), head and neck trauma (56.9%), thoracic trauma (11.3%) and abdominal trauma (7.8%). However, there are a few reports about perineum injury in motorcycle-related accidents. Injuries to the perineal area can be divided into chronic or acute types. For acute type there are straddle injuries, impalement injuries, genitourinary tract injury. As for chronic types usually caused by long-term pressure possibly causing blood vessels and nerve damage over time such as genital numbness and perineum hematoma. Urinary retention is a common problem encountered in the emergency department. It is commonly forgotten by physicians.</p> <p>A 24-year-old female reported to medical center's ED with left perineum region hematoma (7*2*1cm) with superficial laceration of left thigh 1 (10cm) due to motorcycle-related accident. Abdominal CT from the medical center that showed no obvious pelvic fracture, internal bleeding and satisfied urinary bladder volume. But after being discharged 6 hours from the medical center, the patient's parents had shown concern and visited our ED for further check up of that uncomfortable condition. Vaginal examination showed denied laceration of the vagina. Finally, the case was diagnosed as straddle injury and complicated urinary retention under motorcycle-related accidents. Standard treatment for urinary retention is as soon as possible bladder drainage with sterile catheterization, urine 720ml, and indwelling bladder catheter placed in the hospital for 3 days. Pitfall a single physical exam or image should not allay clinical suspicion based on the mechanism of injury. Repeated exams may be necessary. We presented one case of a younger female with straddle injury complicated urinary retention under motorcycle-related accident.</p>
論文歸類：婦女泌尿	

稿件編號：E170	<p>膀胱三角區炎-案例分享 Trigonitis: a review of the literature and a case series report</p> <p>詹舜婷<sup>1</sup> 劉芝谷<sup>1</sup> 謝筱芸<sup>1</sup> 陳明哲<sup>1</sup> 蔡青倍<sup>1</sup> 台中榮民總醫院婦女醫學部<sup>1</sup></p>
臨時稿件編號：0839	
論文發表方式：海報	<p><b>Introduction:</b> Persistent urinary urgency and frequency and chronic urethral with or without pelvic pain in women are often a challenge to physician both in diagnosis and therapy. Often times it can be frustrating for patients and physicians. When clinical work-up showed no specific infection or diseases and many treatment regimens are ineffective, these group of patient may be classified as having interstitial cystitis/bladder pain syndrome (IC/BPS). However, IC/BPS must be differentiated from other diseases that cause similar symptoms such as urethritis, vulvovaginitis, urethral strictures or diverticulitis. Here we reported 7 cases with "trigonitis" which mimic IC/BPS.</p> <p><b>Materials and methods:</b> Between Jan 2022 and Feb 2023, we examined 7 cases who complained about irritative bladder symptoms such as dysuria, post void pain, pubic and perineal pain, which were refractory to antibiotics or many oral medications. Urine routine and culture showed no more pyuria. Sonography and pelvic exam also yielded unremarkable result in these patients. Diagnostic cystourethral scope combined hydrodistension were performed.</p> <p><b>Results:</b> The average age of these patient were 68.9(40-90). Among them, 85.7% (6/7) were menopausal. Cystoscopic evaluation of the trigone of 7 patients described inflammatory lesions of cystitis cystica, occasionally small stones. Only one patient had grade I glomerulation after hydrodistension. Bladder instillation with HA has been used but only effective in that patient with glomerulation. We had tried urethra botox injection, fulguration of cystitis cystica, or local gentamycin injection in some of these patients. However, the result was not satisfied. Vaginal estrogen cream and prophylactic antibiotics were prescribed in the following months, but most of them still complained about improved but not total cure of their urethra/genital discomfort.</p> <p><b>Conclusions:</b> Trigonitis may be an incidental finding on cystoscopy, and thus be recognized with no associated symptomatology. However, some women may complained of refractory irritative bladder symptoms and suprapubic discomfort, which is similar to IC/BPS. In particular, refractory urethra pain, post-micturition pain, vaginal pain or perineal pain are more severe in this group. Currently, no treatment indication criteria have been well established, and long-term data are lacking. The relevance of trigonitis should be further evaluated in patients with chronic LUTS and pelvic pain.</p>
論文歸類：婦女泌尿	

稿件編號：E172	<p>達文西陰道薦骨固定術之長期療效於有或無應力性尿失禁症狀的骨盆腔器官脫垂患者 The long-term outcome of Robotic sacrocolpopexy in pelvic organ prolapse patients with or without stress urinary incontinence symptoms</p> <p>王欣怡<sup>1</sup> 蘇若軒<sup>1</sup> 陳嘉維<sup>1</sup> 賴鴻政<sup>1</sup> 衛生福利部雙和醫院婦產部<sup>1</sup></p>
臨時稿件編號：0897	
論文發表方式：海報	<p><b>Introduction</b> Sacrocolpopexy had been a standard by traditional open or laparoscopic surgery for pelvic organ prolapse (POP). Since the popularity of the robotic approach, the long-term outcome of robotic sacrocolpopexy was limited. The need of concomitant stress urinary incontinence (SUI) surgery in POP patient was still controversial.</p> <p><b>Method</b> This was a descriptive chat review. We retrospectively reviewed the patient with pelvic organ prolapse underwent robotic sacrocolpopexy surgery from 2016 to 2022 in Shuang Ho Hospital. The patient characteristics, clinical parameters, surgical outcome, and post-operative follow up outcome were analyzed.</p> <p><b>Result</b> There were 33 patients included in the study, with mean age 66.2 (44-85) years old and median follow up time 41 months. Most of the patients had stage II-III (91%) pelvic organ prolapse. 17(52) patients had concomitant SUI symptoms. Among 31 patients underwent concurrent hysterectomy, 29 patients had supracervical hysterectomy, while 2 patients had total hysterectomy. Concomitant procedures included anterior and posterior colporrhaphy (45%), posterior colporrhaphy (15%), Burch colposuspension (30%), midurethral sling (3%). Mean operation time was 144.8 ± 37.1 minutes. Mean console time was 70.9 ± 30.0 minutes. Blood loss was minimal (&lt;50mL) in 30 (91%) patients. No intraoperative complication was found. Only 1 (3%) patient had immediate postoperative complication of urinary retention. There were no central prolapse. Both anterior and posterior prolapse had 1 recurrence. For those with SUI symptoms and underwent SUI procedures, the SUI recurrent rate was 17%. For those without SUI, the de novo SUI rate was 0%.</p> <p><b>Conclusion</b> Robotic supracervical hysterectomy followed by sacrocolpopexy using polypropylene mesh showed excellent long-term outcome with infrequent complications. Concomitant SUI surgery is not recommended for patient without SUI symptoms.</p>
論文歸類：婦女泌尿	

稿件編號：E173	尿道中段懸吊手術後導致尿道憩室：診斷及經陰道手術修復之病例報告 Diagnosis and Transvaginal Surgical Repair of Urethral Diverticulum following Polypropylene Mid-Urethral Sling: A Case Report
臨時稿件編號：0902	陳文欣 <sup>1,2</sup> , 歐育哲 <sup>2,3</sup> 新北市立土城醫院婦產科 <sup>1</sup> , 嘉義長庚紀念醫院婦產科 <sup>2</sup> , 高雄長庚紀念醫院婦產科 <sup>2,3</sup>
論文發表方式：海報	Introduction: Urethral diverticulum formation after midurethral sling placement is a rare complication. We present a case of an eroded mid-urethral sling into a urethral diverticulum, and experienced the surgical approach involving vaginal excision of sling with urethral diverticulectomy and urethral reconstruction.
論文歸類：婦女泌尿	Methods: A 45-year-old woman with a history of cesarean section due to twin pregnancy had suffered from stress urinary incontinence (SUI) for two years. She underwent mid-urethral sling surgery one year ago to treat SUI, but the symptoms did not improve and she experienced recurrent dysuria and dyspareunia after then. She had visited the urology department, where cystoscopy revealed a sling piece invading into the mid-urethra mucosa. Laser surgery was performed to ablate the invaded sling piece, which resulted in symptom improvement for six months. However, dysuria recurred three months ago. A tender, bulging cystic lesion was palpated over the anterior vaginal wall, adjacent to the vaginal introitus. T2-weighted pelvic magnetic resonance imaging (MRI) revealed a circumferential diverticulum extending over the dorsal mid-urethra with evidence of urethral communication and sling invasion. Therefore, the patient underwent transvaginal surgical removal of sling pieces and excision of the diverticulum. First, an incision was made from the anterior vaginal wall to the dorsal side of the urethral mucosa. The invaded sling pieces were carefully extracted as many as possible. A communicating tract from the ventral loculation of the diverticulum to the urethra was identified after the sling pieces extraction. The communication was obliterated, and the urethra was repaired in two layers. The water-tight seal was confirmed by retrograde filling of the bladder and cystourethroscopy. The diverticulum capsule was resected as extensively as possible while ensuring that the remaining fascia was capable of closure.
	Results: The patient was symptom free at 6-week and 3-month visits.
	Conclusion: This case report highlights the diagnosis of urethral diverticulum formation following mid-urethral sling placement, and outlines the necessary steps for successful excision of a complex diverticulum with sling invasion into the urethral lumen.

稿件編號：E175	膀胱子宮瘻管:個案報告 A case of vesicouterine fistula: Case report
臨時稿件編號：0922	林宜衡 <sup>1</sup> , 童寶玲 <sup>2</sup> , 吳晉睿 <sup>2</sup> 國立臺灣大學醫學院附設醫院婦產部 <sup>1</sup> , 國立臺灣大學醫學院附設醫院新竹分院婦產部 <sup>2</sup>
論文發表方式：海報	Vesicouterine fistula is an abnormal communication between the uterus and urinary bladder. It is a rare form of female pelvic fistula, accounting for only 1-4% of all urogenital fistulas. The majority of the vesicouterine fistula is related to cesarean section, and thus happens mostly in women of fertile age. We present a case of a 40-year-old woman, gravida-1-parous-1, who presented with recurrent urinary tract infection and hematuria. She had received one emergent Cesarean section due to fetal distress about 20 months ago before this presentation. Bladder injury was noted during that time, and primary repair was done during surgery. After delivery, her menstrual cycles resumed about 12 months ago. Around the same time, she started to have menorrhagia and recurrent urinary tract infection. She received oral medications from a local clinic, but the treatment effect was limited. A urogenital fistula was eventually suspected and she presented to our hospital. Abdominal sonography showed a uterus with a previous cesarean scar defect connected to the dome of the bladder. Cystoscopy revealed a fistula opening with the fibrotic band in the middle of the bladder cavity. A catheter was passed into the fistula, and the vesicouterine fistula was confirmed via hysteroscopy. Fistulectomy, uterine repair, cystorrhaphy, and omental flap interposition were performed. The patient was discharged on postoperative day 7. Intravenous urography was checked one month after surgery, with good opacification of the urinary bladder without extravasation. Foley was successfully removed 1 month after surgery. Increasing awareness of vesicouterine fistula should be made considering the elevating number of cesarean sections performed in clinical practice. Efforts should be made during cesarean section to minimize risks of such fistula formation.
論文歸類：婦女泌尿	

稿件編號：E174	使用經皮腔神經電刺激於膀胱過動症-兩年效果及安全性個案報告 Two-year treatment of Percutaneous Tibial Nerve Stimulation in OAB-wet: A Case Report
臨時稿件編號：0908	謝筱苙 <sup>1</sup> 台中榮民總醫院 <sup>1</sup>
論文發表方式：海報	Introduction: Overactive bladder is a chronic condition that significantly impairs the quality of life of those affected. Percutaneous tibial nerve stimulation (PTNS) is a widely used treatment for overactive bladder. Although the STEP study in 2013 revealed OAB patients with an initial positive response to 12 weekly protocol, and safely sustained 3 years. However, the data of long term efficacy and safety of PTNS with the Urgent@ PC in Asian women.
論文歸類：婦女泌尿	We reported a 45-y-o woman with OAB wet and type II DM, who had taken combination OAB drugs for more than 3 months. The 7-day bladder diary showed 14 UUI episodes. PTNS using the Urgent@ PC Neuromodulation System delivers retrograde neuromodulation through the tibial nerve to the sacral nerve plexus via a percutaneous 34-gauge needle electrode. PTNS therapy is initiated with 12 weekly 30-minute treatments, and continue therapy to sustain their OAB symptom improvement with about 1 treatment per month. In the PTNS treatment period, she kept either one of previous OAB drugs (mirabegron 50mg/solifenacin 5mg per day). We recorded the OABSS, UDI-6, IIQ-7, and PPBC questionnaire at 0, 4, 12, 24 month. The patient reported a consistent and dramatic decrease in both quality of life and bladder condition (via IIQ-7 and PPBC). OABSS and UDI-6 also decrease but not consistently. The 7-day bladder diary disclosed no UUI episodes at 4 and 12 month. Treatment related adverse events including once bleeding at the needle site and twice needle site tingling. No other adverse event such as vaginal bleeding, stomach ache, pelvic pain, nor urinary tract infection. The case demonstrates the long-term efficacy and safety of PTNS in asian woman throughout 2 years of therapy with an average of 1 treatment per month following the initial 12-week treatment protocol. Improvements in objective and subjective outcome measures were all significant, without major safety concerns.

稿件編號：E176	非典型 Meigs 症候群 Atypical Meigs' and Pseudo-Meigs' syndrome
臨時稿件編號：0674	吳加仁 <sup>1</sup> , 張紅淇 <sup>1</sup> , 林瑾蕙 <sup>1</sup> 宏其婦幼醫院 <sup>1</sup>
論文發表方式：海報	Ascites, pelvic mass and elevated CA-125 in females carry a grim prognosis, likely an ovarian carcinoma. However, more benign etiologies such as Meigs' and pseudo-Meigs' syndrome must be considered. Meigs' syndrome defined as a solid benign ovarian neoplasm such as fibroma or fibroma-like tumour (thecoma, granulosa cell and/or Brenner tumour) accompanied by ascites and hydrothorax; the ascites and hydrothorax must resolve fully after removal of the tumor. Pseudo-Meigs' syndrome is often characterized by pleural effusion and ascites caused by a pelvic tumor other than an ovarian fibroma (such as struma ovarii tumors, mucinous or serous cystadenomas, germ cell tumors) or uterine leiomyoma. The presence of either ascites or pleural effusion associated with a pelvic/abdominal tumor was regarded as incomplete(atypical) Meigs' or pseudo-Meigs' syndrome.
論文歸類：一般婦科	Here, we present one case of atypical Meigs' syndrome involving fibroma with an elevated CA125 level, and the other case of atypical pseudo-Meigs' syndrome involving cystic degeneration of a pedunculated subserosal myoma without an elevated CA125 level.

稿件編號：E177	骨盆腔畸胎瘤 Torsion causing mature cystic teratoma into the cul-de-sac
臨時稿件編號： 0676	吳加仁 <sup>1</sup> 張紅淇 <sup>1</sup> 林瑾慧 <sup>1</sup> 宏其婦幼醫院 <sup>1</sup>
論文發表方式： 海報	Mature cystic teratoma is a germ cell tumor of the ovaries and is often observed in clinical practice. Teratomas that develop outside of the ovaries in women are defined as extragonadal teratomas, most of which are asymptomatic; however, they may be detected due to abdominal pain or by coincidence.
論文歸類： 一般婦科	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. Here, we presents the case of a 31-year-old female who was diagnosed with extragonadal teratoma in the pouch of Douglas that appeared to be a parasitic dermoid cyst.

稿件編號：E178	雙子宮伴有陰道阻塞和同側腎臟發育不全 (OHVIRA 綜合症) Uterus Didelphys with Obstructed Hemivagina and Ipsilateral Renal Agenesis (OHVIRA Syndrome)
臨時稿件編號： 0695	吳加仁 <sup>1</sup> 張紅淇 <sup>1</sup> 李璿 <sup>2</sup> 宏其婦幼醫院 <sup>1</sup> 聖保祿醫院 <sup>2</sup>
論文發表方式： 海報	Uterus didelphys with obstructed hemivagina and ipsilateral renal agenesis is named as OHVIRA or Herlyn-Werner-Wunderlich syndrome. The incidence of uterus didelphys related to this syndrome is approximately 1/2,000 to 1/28,000, and it is accompanied by unilateral renal agenesis in 43% of cases. A right-sided prevalence of the obstructed system has been described.
論文歸類： 一般婦科	Here, we presented a 13-year-old female patient with abdominopelvic pain, acute retention of urine, and pelvic mass. Her condition was diagnosed with the use ultrasonography and CT imaging as a case of OHVIRA syndrome. She was treated with combined laparoscopy with hysteroscopic hemivaginal septal resection.

稿件編號：E179	子宮動脈栓塞術治療巨大子宮肌瘤:個案報告及文獻回顧探討 Uterine artery embolization for treatment of large uterine fibroid: a case report and literature review
臨時稿件編號： 0697	夏立折 <sup>1</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Objective Uterine fibroids are the most common benign tumors of the uterus. They often cause symptoms of abnormal uterine bleeding, compression symptoms pelvic pain. Among its minimally invasive treatment options, high-intensity focused ultrasound (HIFU) ablation is an innovated technique. However, large size of the fibroid can limit the eligibility for this technique. For patients who prefer minimally invasive treatment for their large fibroids, uterine artery embolization (UAE) is an option.
論文歸類： 一般婦科	Case report Here we present a case of a patient who had a large uterine fibroid measured up to 14 cm in diameter. Because preliminary evaluation precluded HIFU ablation, she received UAE. The 6-month and 1-year post-ablation MRI revealed recognizable necrotic change of in the fibroid, and the final volume reduction rate of the fibroid was 45.0%. Conclusion UAE could be utilized as an alternative minimally invasive treatment option for large uterine fibroids.

稿件編號：E180	巨大卵巢子宮內膜異位瘤，疑似卵巢惡性腫瘤-病例報告 Huge endometrioma mimicking ovarian malignancy
臨時稿件編號： 0702	許鈺堃 <sup>1</sup> 許耿福 <sup>1</sup> 成大醫院 <sup>1</sup>
論文發表方式： 海報	A 49-year-old female patient, with past history of myomectomy 12 years ago, presented with abdominal fullness for 3 years. She had abdominal distension in one year, decreased urinary amount in recent 6 months, and developed dyspnea and lower leg edema in recent 1-2 months. She denied abdominal pain, constipation, vaginal bleeding, or vaginal discharge. Due to the above symptoms, she came to our hospital for help. At arrival, vital signs were relatively stable. Laboratory analysis showed severe anemia (Hb:4.8g/dl), severe hypokalemia (K:2.5mmol/L), impaired renal function (Cr:10.84mg/dl, eGFR:3.8) and metabolic acidosis (pH:7.23, HCO3 <sup>-</sup> :13.5mmol/L, PCO2:32.9mmHg). EKG showed sinus tachycardia. Abdominal CT scan revealed huge pelvic cystic mass about 35cm in diameter with solid part, favoring GYN origin, and bilateral grade 4 hydronephrosis. Cervix was hard to identify under pelvic examination and fixed parametrium was also noted. Serum tumor markers showed elevated CA125 (46.4U/ml), and normal CA199 (17.5U/ml) and CEA (2.32ng/ml). Bilateral percutaneous nephrostomy was performed, and hemodialysis was done for fluid balance and electrolyte correction. Under relatively stable condition, she was arranged for exploratory laparotomy.
論文歸類： 一般婦科	During operation, pelvic mass favored right ovarian mass with 15300cc tumor content was noted. Uterus was almost embedded in right ovarian mass. Subtotal hysterectomy and bilateral salpingo-oophorectomy was performed. Frozen section of right adnexal mass showed extensive infarction without malignant cells. Adhesion sites over sigmoid colon was resected with re-anastomosis of sigmoid colon. Omentum biopsy was also performed. The final pathologic report showed a right endometrioma with extensive infarction and focal suppurative inflammation. There was also endometriosis found over sections of colon, yet not over sections of omentum. After the operation, the patient's body weight was reduced from 74kg to 50kg. The abdominal fullness, bilateral leg edema improved, and amount of urinary amount increased. However, kidney function could not be completely recovered (Cr: 5.39mg/dl, eGFR:8.4). Bilateral ureteral stents were still emplaced for obstructive nephropathy 3 months after the operation. This is a rare case of huge endometrioma mimicking ovarian malignancy. Malignant ovarian cancer was highly suspected before surgery based on the results of clinical examinations. Rapid growth of abdominal circumference, instead of abdominal pain or abnormal uterine bleeding, was not the typical symptoms of endometriosis. We thus presented a case of atypical presentation of endometrioma, providing more differential diagnosis among patients with huge pelvic mass.

稿件編號：E181	在海扶刀治療中應用 SonoVue 作為超音波顯影劑:個案報告 Use of SonoVue for contrast-enhanced ultrasonography during high-intensity focused ultrasound therapy: a case report
臨時稿件編號：0706	林瑜瑩 <sup>1</sup> 夏立忻 <sup>1</sup> 應宗和 <sup>1</sup> 吳亮瑩 <sup>2</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 台中榮民總醫院放射部 <sup>2</sup>
論文發表方式：海報	Uterine fibroids are common benign tumors with a prevalence of approximately 30%-40% among women of reproductive age. High-intensity focused ultrasound (HIFU) has emerged as a novel non-invasive treatment for uterine fibroids. Currently, contrast-enhanced ultrasonography (CEUS) is used as a real-time diagnostic tool to evaluate treatment results during the HIFU procedure. It helps in detecting capillary micro vascularization of the lesion, allowing immediate assessment of HIFU ablation during the procedure. We presented a case with a 35-year-old woman with submucosal myoma who underwent HIFU therapy with SonoVue as CEUS. Grayscale changes in the treated fibroid was observed immediately during treatment. Followed up MRI showed correspondence image of the sono, with reduce size of myoma and NPV ratio of nearly 99%. We concluded that the use of SonoVue for CEUS as a real-time diagnostic tool during HIFU allows for the assessment of the effect of treatment of difficult-to-treat myomas.
論文歸類：一般婦科	

稿件編號：E182	巨大子宮頸肌瘤:個案報告 A large cervical myoma: a case report
臨時稿件編號：0707	林瑜瑩 <sup>1</sup> 沈煒彬 <sup>1</sup> 吳亮瑩 <sup>2</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 台中榮民總醫院放射部 <sup>2</sup>
論文發表方式：海報	Uterine fibroids are common benign tumors with a prevalence of approximately 30%-40% among women of reproductive age. The incidence of cervical myoma was 0.03-0.6% reported in previous studies. The most common therapy for cervical myoma is surgical treatment. Alternative therapies are known as medication or uterine artery embolization (UAE). Surgery of cervical myoma could be challenging due to its location. Here we present a case of a 46 year-old woman with multiple myoma and a large cervical myoma, measuring up to 7.00 × 7.72 cm. We performed laparoscopic myomectomy and cervical myomectomy.
論文歸類：一般婦科	

稿件編號：E183	罕見無症狀巨大子宮頸肌瘤:案例報告 cervical fibroid an uncommon presentation: a case report
臨時稿件編號：0716	曾郁雯 <sup>1</sup> 邵立台北醫院 <sup>1</sup>
論文發表方式：海報	Uterine fibroid are the most common tumors of the uterus. Clinically significant fibroid that arise from the cervix are less common. most of the fibroid are situated in the body of the uterus, but in 1-2% of the cases, they are confined to cervix and usually to the supravaginal portion. on laparotomy it can be recognized at once, as it fills pelvis, with uterus on top of tumor typical appearance of "the Lantern on St. Paul's" Dome. here we report a case of huge posterior cervical fibroid of 19x16x15cm in size with unusual presentation of menorrhagia of only 3-4 days and no urinary symptoms. inspite of the fibroid being huge and impacted, hysterectomy was done successfully without any injury to bladder and ureters.
論文歸類：一般婦科	large cervical fibroids are difficult to handle and need an expert hand to operate these case.

稿件編號：E184	先天性無子宮併骨盆實體腫瘤 Mayer-Rokitansky-Küster-Hauser Syndrome with Pelvic Solid Tumor: a rare entity
臨時稿件編號：0720	林廷謙 <sup>1</sup> 許耿福 <sup>1</sup> 黃蘭茵 <sup>1</sup> 成大醫院 <sup>1</sup>
論文發表方式：海報	Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a rare disorder, presented as undeveloped uterus and the vagina but normal ovarian function and external genitalia. Women with this disorder usually develop normal secondary sexual characteristics during puberty, but had initial clinical sign of primary amenorrhea. Here we present a case of MRKH syndrome with pelvic solid tumor and received surgical treatment.
論文歸類：一般婦科	This 41-year-old female had history of major depression and breast nodules under regular follow up. She had normal secondary sexual characteristics and standard figures, but had no menstruation since puberty. She was diagnosed of uterine and vaginal agenesis, MRKH, since junior high school. About 4 years ago, the during regular follow up at gynecologic clinic, ultrasound showed bilateral adnexa masses, and the tumor gradually enlarged in the past few years. Her tumor markers including CA-125, CA-199, CEA, AFP and HCG were all within normal range. There were palpable bilateral breast nodules and thyroid nodules. Pelvic computed tomography showed bilateral pelvic heterogenous solid masses, suspect Krukenburg tumors. With concern of malignancy, the patient received surgery in 2021. During the surgery, there were pelvic solid masses rooting from bilateral round ligaments and connected to ipsilateral adnexa. Bilateral adnexa was grossly normal without notable lesion. There was no palpable cervix. The tumors were removed, and pathologic examination showed leiomyomas without evidence of malignancy. Her postoperative recovery was well, and no complication was encountered.

稿件編號：E185	<p>早期懷孕子宮下段腫塊的鑑別(剖婦產疤痕懷孕案例報告) Differential diagnosis of low uterine segment mass in early pregnancy (Case report of CS scar pregnancy)</p> <p>石宇翔<sup>1</sup> 台中榮總<sup>1</sup></p>
臨時稿件編號：0725	
論文發表方式：海報	<p>This is a 30-year-old female from Vietnam had G3P2AA1, and her previous delivery all by Cesarean Section. She went to other hospital and took RU486 for abortion at gestational age about 8 week. However, medical termination failed was told and she accepted D&amp;C 1 week later. However, she still got vaginal spotting and low abdominal pain. Vaginal sonography in other hospital showed 4cm mass in uterine cavity and trophoblastic disease(GTD), placenta invade into uterine myometrium and serosa should be ruled out, so she was referred to our hospital. At our ER, sonography showed one 4cm mass in low uterine segment and close to previous Cesarean section scar. Peripheral blood flow of this mass was rich, EM was thin. HCG 2497 mIU/mL. Under the impression of C/S scar pregnancy, rule out trophoblastic disease, we performed the hysteroscope first which showed dilated cervix cannal. The EM cavity was smooth. Then, laparotomy showed enlarged isthmus of uterus with unruptured ectopic mass, about 4x4cm in diameter. We removed the mass smoothly. After operation, HCG dropped to normal range about 30 days later.</p>
論文歸類：一般婦科	

稿件編號：E186	<p>疑似盲腸炎之右側卵巢扭轉:一般腹部觸診法及歐名哲腹部觸診法之比較 Right ovarian torsion mimicked appendicitis - A comparison between traditional abdominal palpation and abdominal palpation with Ou MC manipulation</p> <p>歐名哲<sup>1</sup> 台北市忠孝醫院<sup>1</sup></p>
臨時稿件編號：0727	
論文發表方式：海報	<p>Background: When distinguishing between pelvic cavity and non-pelvic cavity disease for women, the traditional abdominal palpation method is often confusing. It indicates the need of a precise abdominal palpation method to exclude non-pelvic diseases early for gynecological emergency.</p> <p>Case presentation: A 21-year-old female patient with right ovarian torsion that was initially impressed as appendicitis due to her right lower quadrant abdominal pain identified by traditional abdominal palpation and complicated by nausea and vomiting when she presented to hospital. Magnetic resonance imaging performed about 14 hours after initial onset of the abdominal pain revealed enlarged right ovary with ovarian vein thrombosis, and a normal appendix. The laparoscopic approach showed right adnexal torsion with a necrotic ovary and ovarian vein thrombosis developed above the pelvic cavity.</p> <p>Discussion: Ou MC manipulation is designed to locate the pelvic or non-pelvic pain precisely for abdominal palpation, which has shown to locate the pelvic pain while alleviating non-pelvic area pain to exclude appendicitis. However, Abdominal palpation with Ou MC manipulation (APOM) showed only right iliac fossa pain in this case for that her ovary already necrotized with the ovarian vein thrombosis developed above the pelvic cavity.</p> <p>Conclusion: Imaging with CT, MRI, sonography, and a precise abdominal palpation method as APOM to locate the pain are helpful for early diagnosis of ovarian torsion.</p> <p>Reference: 1. Ou MC, Ou D, Pang CC. The pelvic area - A central hypogastric area for abdominal palpation for women with abdominal pain: A narrative review. Ann Med Surg. 2022;79:104000. 2. 歐名哲, 逢中珠, 歐嘉文, 蘇金旭, 腹部歐名哲區(Ou MC area; pelvic area)之解剖學意涵. 解剖學雜誌 2011;34(suppl):23.</p>
論文歸類：一般婦科	

稿件編號：E187	<p>案例分享：子宮外孕合併假性妊娠囊 Ectopic pregnancy mimic to intrauterine pregnancy with pseudo-gestational sac: A case report.</p> <p>謝亦姪<sup>1</sup> 林家如<sup>1</sup> 台中榮民總醫院<sup>1</sup></p>
臨時稿件編號：0743	
論文發表方式：海報	<p>Introduction Ectopic pregnancy is one of the life-threatening conditions in an obstetric emergency. Establishing the diagnosis depends on the date of the last menstrual period(LMP), beta human chorionic gonadotropin(HCG) serum level, and, most important, ultrasonography findings. With the delayed menstrual period, the elevation of urine or serum beta-HCG level, and the scene of an intrauterine gestational sac by ultrasonogram, the pregnancy is confirmed. Confusing ultrasonographic findings could cause a delay in the diagnostic time and lead to a risk to life.</p> <p>Case presentation This is a 31-year-old female without any underlying disease. OB/GY history was G2P1(P1:NSD, 5y/o, natural conception), GA 6+2wks (LMP: 2022/12/04). She received prenatal examinations at other clinics, where intrauterine pregnancy was previously, told at 16th of January. This time, she suffered lower abdominal pain with nausea, starting in the afternoon 17th of January. She visited our emergency department, where physical examination showed obvious peritoneal sign, and muscle guarding over A7-A9 of the abdomen. Lab data revealed a beta-hCG level of 7138 mIU/mL. The transvaginal ultrasound showed a fluid-filled endometrial cavity without a double decidual layer (Figure 1 and 2). An echogenic lesion, size 13.4mm was seen at the right para-tubal area, with a fetal-pole-shape lesion 8.2mm and shattering echoic finding, which seemed like unclear vessel pulsation (Figure 3 and 4). Ascites were seen in the cul-de-sac, bilateral gutter, Morison's pouch, and left hepatosplenic flexure. Under the impression of possible right ectopic pregnancy with internal bleeding, we suggest her to receive a laparoscopic operation.</p> <p>During the surgery, internal bleeding of 2800ml was seen(Figure 5). An ectopic mass at the right salpingo-tube with active bleeding was seen, and a right salpingotomy was performed(Figure 6). After the operation, she received routine postoperative care in our ward. On 19th of January, the follow up beta hCG level was 1542.41 mIU/mL.</p> <p>Discussion Women with ectopic pregnancy may presented with vaginal spotting, low abdominal pain, but some are asymptomatic. Thus, conjugating ultrasonographic findings and the level of beta-hCG are important for recognition of ectopic pregnancy.</p> <p>We should confirm intrauterine pregnancy via ultrasound in gestations longer than 5.5 weeks. Thus, knowing the characteristic of normal intrauterine gestation was crucial for making diagnosis accurately. Eccentrically located, double decidual sac, fetal pole, fetal heart beat and low-resistance arterial flow are classic findings in normal gestation. However, in some cases, it was difficult to identify intrauterine pregnancy. Therefore, repeating ultrasound examination and serial measurement of serum hCG were needed.</p> <p>In the situation of the serum hCG being above the gray area between 1500 and 3000 mIU per milliliter, the location of pregnancy should be determined by ultrasound. The value of beta-hCG in women with intrauterine pregnancy may multiply almost 1.5 times in every 2 days. Thus, serial measurement of serum hCG was also helpful for diagnosis. However, still some ectopic pregnancy can mimic the growing curve of intrauterine pregnancy, and the decreasing pattern of a spontaneous abortion.</p> <p>Rare case of ectopic pregnancy mimic to intrauterine pregnancy with pseudo-gestational sac was hard to diagnose. Pseudo gestational sac presents with some fluid-filled endometrial cavity in the woman with positive pregnancy test. It may also demonstrate with irregular edge, centrally located, without yolk sac or fetal pole.</p> <p>In conclusion, conjugating clinical characteristic, ultrasonographic findings and serial change of serum hCG was important to confirm diagnosis of intrauterine or ectopic pregnancy.</p>
論文歸類：一般婦科	

稿件編號：E188	<p>老年子宮腺肌瘤性息肉案例報告 Case Report: Diagnosis and Management of Endometrial Adenomyomatous Polyp in an 82-Year-Old Woman</p> <p>謝宛玲<sup>1</sup> 林毅倫<sup>1</sup> 奇美醫院婦產部<sup>1</sup></p>
臨時稿件編號：0749	
論文發表方式：海報	<p>Endometrial adenomyomatous polyp (EAP) is a rare type of benign tumor found in the uterus, mostly in premenopausal women. It is characterized by atypical endometrial glands and a substantial amount of smooth muscle in its stromal component. However, EAP can be difficult to distinguish from endometrial cancer using ultrasound or MRI, particularly in postmenopausal women. In this case report, we present the clinical presentation, hysteroscopic findings, and pathological features of an 82-year-old woman who was diagnosed with adenomyomatous polyp.</p>
論文歸類：一般婦科	

稿件編號：E189	海扶刀對不同肌纖維走向的治療效果 Effect of Muscle Fiber Orientation on High-Intensity Focused Ultrasound Treatment
臨時稿件編號：0761	陳安琪 <sup>1</sup> 林安菁 <sup>2</sup> 夏立忻 <sup>1</sup> 莊清超 <sup>2</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup> 中山醫學大學醫學影像暨放射科學系 <sup>2</sup>
論文發表方式：海報	High-Intensity Focused Ultrasound (HIFU) is a non-invasive treatment for uterine fibroids or adenomyosis, in which high-intensity ultrasound is focused on the target tissue to induce thermal ablation. While the ablation zone can be monitored using ultrasound imaging during the procedure, there is limited research on estimating the size of the ablation zone produced by each treatment. This study aimed to use magnetic resonance imaging (MRI) to observe the size of the ablation zone produced by HIFU treatment on porcine muscle tissue with different muscle fiber orientations, and to investigate the extent of tissue destruction under different output power conditions, in order to provide clinical treatment reference.
論文歸類：一般婦科	

稿件編號：E190	高能聚焦式超音波治療與漿膜下子宮肌瘤 - 案例報告 Case Report: Subserosal myoma treated with High-intensity focused ultrasound
臨時稿件編號：0772	陳盈如 <sup>1</sup> 夏立忻 <sup>2</sup> 應宗和 <sup>2</sup> 中山醫學大學附設醫院教學部 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>2</sup>
論文發表方式：海報	Uterine myoma is a kind of common benign uterine tumor that can be anatomically categorized into subserosal, intramural and submucosal types. Myoma can be treated with lifestyle modification, medication administration and surgical intervention, while effectiveness depends on the selection of treatments. Here we present a case report of a 28-year-old female who was found to have a subserosal myoma in size of 11.1 cm x 7.5cm, chose to be treated with High-intensity focused ultrasound therapy due to uterus conservation.
論文歸類：一般婦科	

稿件編號：E191	流產之後，較早的子宮鏡檢查，是否可以防止子宮腔內沾黏呢？一個前瞻性隨機對照試驗 Can an early office hysteroscopy prevent intrauterine adhesions after abortion? A prospective randomized controlled trial
臨時稿件編號：0779	蔡姬瑾 <sup>1,2,3</sup> 蘇鈺婷 <sup>1</sup> 林育如 <sup>1</sup> 江心茹 <sup>1</sup> 龔福財 <sup>1</sup> 藍國忠 <sup>1,4</sup> 高雄長庚醫院婦產部 <sup>1</sup> 高雄醫學大學臨床醫學研究所 <sup>2</sup> 屏東基督教醫院婦產科 <sup>3</sup> 高雄長庚醫院更年期及生殖醫學研究中心 <sup>4</sup>
論文發表方式：海報	Study Question: Intrauterine adhesions (IUA) are a challenging clinical problem for reproductive infertility. The most common cause is intrauterine surgery and post-abortion (including artificial abortion and spontaneous abortion). Can an early (first follicular phase of last menstrual period following dilatation and curettage) office hysteroscopy prevent intrauterine adhesions? Study Design, Size, and Duration: A single-center, prospective, two-armed, randomized controlled trial designed to explore the efficacy of early out-patient hysteroscopy after induced abortion (suction D&C) and further analyze fertility outcomes. Materials, Settings and Methods: Women undergoing suction D&C and having a further desire to conceive were recruited and randomized to undergo either an early hysteroscopy exam or a late (6 months post suction D&C) hysteroscopy. The primary outcome was the IUA rates assessed by office hysteroscopy six months post artificial abortion. Secondary outcomes included IUA score, menstrual amount, and fertility outcome. Main Results: During this three years enrollment period (October 2019 – September 2022), 70 patients underwent randomization, of whom 35 were randomized to group A (early hysteroscopy intervention). 31/35 women underwent the first hysteroscopy exam, and 13 patients completed the 2nd hysteroscopy. In group B, 16/35 completed the hysteroscopy exam at six months post induced abortion. 29 patients had primary outcome data available. The rate of intrauterine adhesion was 5/31 at the first hysteroscopy in group A, and no IUA was detected on the late hysteroscopy. There were no statistically significant differences in pregnancy and live birth rates between the two groups. Conclusions: Early hysteroscopy following suction D&C can detect intrauterine lesions earlier; however, this intervention didn't prevent the IUA and did not significantly improve fertility outcomes.
論文歸類：一般婦科	

稿件編號：E192	復發型血管內平滑肌瘤病變及肺部良性轉移性平滑肌瘤：13 年追蹤之個案報告 Recurrent Intravenous leiomyomatosis and pulmonary benign metastasizing leiomyomas: A case report with 13-years follow-up
臨時稿件編號：0786	謝汶圻 <sup>1,2</sup> 戴崇怡 <sup>1,2</sup> 黃莉文 <sup>1,2</sup> 張益誠 <sup>1,3</sup> 新光醫療財團法人新光吳火獅紀念醫院 <sup>1</sup> 婦產科 <sup>2</sup> 胸腔外科 <sup>3</sup>
論文發表方式：海報	Objective Intravenous leiomyomatosis is a rare condition of benign leiomyomas. Pulmonary benign metastasizing leiomyomas is also rare condition which means pulmonary nodules in women with a history of leiomyomas. These two disease could exist simultaneously. Here, we report a case of pulmonary benign metastasizing leiomyomas and recurrent Intravenous leiomyomatosis with 13-years follow-up. Case Report This is a 53-year-old female, G2P1A1, with chief complaint of acute abdominal pain on 2022/12. CT showed multiple myomas with growing to retro-peritoneal space (maximum size 12 x 8 cm). Abdominal total hysterectomy and bilateral salpingo-oophorectomy were performed due to persistent symptoms. According to her history, she previously received abdominal myomectomy 13-years ago. Specimen at 2010 revealed intravenous leiomyomatosis with worm-like appearance. Lung nodule was found by Chest X-ray without any symptoms at 2017. CT showed suspected multiple benign metastasizing leiomyoma in bilateral lungs and right lower lobe sub-solid lesion, suspecting early lung cancer. Chest surgeon performed thoracoscopic pulmonary resection for bilateral benign metastatic leiomyoma and resection for right lower lobe lung cancer, pT1aN0M0. Serial lung CT image follow-up revealed slowly enlarge RUL metastatic myomas without cancer progression on 2020/07. Our case already received total hysterectomy and bilateral salpingo-oophorectomy. Menopausal status would decrease hormone influence and the volume of pulmonary benign metastasizing leiomyomas might be subsided while long-term observation. Conclusions Intravenous leiomyomatosis might progress to benign metastasizing leiomyomas. Ideal treatment included removing myoma as possible, such as total hysterectomy in the patient without fertility preserving. Further treatment plan would be closely follow-up for pulmonary benign metastasizing leiomyomas. A multidisciplinary team is necessary to improve clinical outcomes for surgical intervention if benign metastasizing leiomyomas becoming enlarged.
論文歸類：一般婦科	

稿件編號：E193	卵巢硬化性間質瘤的臨床特點分析 Sclerosing stromal tumor of the ovary: A case report and literature review
臨時稿件編號： 0788	楊昶臻 <sup>1</sup> 夏立忻 <sup>1</sup> 曾志仁 <sup>1</sup> 吳珮如 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Objective: We present a case of sclerosing stromal tumor of the ovary which is a rare benign ovarian sex cord-stromal tumor that can easily be misdiagnosed pre-operatively due to its potentially malignant signs on ultrasonography. Case Report: Sclerosing stromal tumor (SST) of the ovary is a rare benign ovarian sex cord-stromal tumor. It accounts for less than 6% of all ovarian sex cord-stromal tumors. These tumors are generally seen in younger women aged 20-30 years old but pediatric and adolescent cases have also been reported. Sonography imaging findings are generally non-specific and may have signs of malignancy which warrant further imaging investigations with CT or MRI. A 25-year-old woman presented to our obstetrics and gynecology clinic with irregular menstrual cycles and new-onset dysmenorrhea. Ultrasound imaging showed a right complex ovarian cyst about 6.8x8.1cm in size with a demarcated border and blood flow and ascites was present in the cul-de-sac. MRI showed a well-defined tumor at the right pelvic cavity with prominent engorged gonadal vessels, central non-enhancing heterogeneous T2 compartment, and peripheral intense contrast enhancing solid part, measuring about 7.8cm in size, emerging from the right ovary. A laparoscopic right salpingo-oophorectomy was conducted and the post-operative histopathological report revealed sclerosing stromal tumor of the ovary. Conclusion: Sclerosing stromal tumors of the ovary are an uncommon pathologic condition in which accurate pre-operative diagnosis is difficult. Due to its non-aggressive clinical course and benign nature, pre-operative imaging should be conducted to avoid unnecessary extensive surgery and to preserve the patient's fertility.
論文歸類： 一般婦科	

稿件編號：E194	子宮頸環紮之縫線侵蝕造成異常子宮出血 Erosive Stitches of Cervical Cerclage as a Cause of Abnormal Uterine Bleeding
臨時稿件編號： 0812	張國焯 <sup>1</sup> 黃馨瑩 <sup>1</sup> 黃閃照 <sup>1</sup> 新竹馬偕紀念醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Introduction Abnormal uterine bleeding (AUB) is a common condition in reproductive aged women that can significantly decrease the quality of life and increase medical expenses. The prevalence of AUB was around 35% when symptoms included irregular and intermenstrual bleeding other than heavy menstrual bleeding. In order to review the etiologies systemically, International Federation of Gynecology and Obstetrics (FIGO) introduced an AUB System (PALM-COEIN) in 2011 and revised AUB System 2 in 2018. Besides that, intrauterine foreign body may contribute to the AUB. A comprehensive history taking, sonography, hysteroscopy and endometrial sampling may identify the causes of AUB. We presented two cases of AUB caused by erosive stitches of cervical cerclage and they were successfully removed by hysteroscopy.
論文歸類： 一般婦科	Case Report Case 1 A 53-year-old woman had failed Macdonald cervical cerclage due to short cervix and resulted in preivable preterm deliveries at 21 weeks of gestation in 2003, followed by abdominal cerclage placement during the next pregnancy in 2005. The cerclage was not removed after a subsequent classical cesarean delivery with fetal death. She complained intermenstrual bleeding sixteen years later and transvaginal ultrasound revealed a foreign body at endocervix. A residual Mersilene tape was found and removed by official hysteroscopy. Case 2 A 40-year-old woman had cerclages for Cervical insufficiency (CI) in 2015 and 2018. According to the patient, both were removed postpartum. She had irregular bleeding with failure of medical treatment recently. Transvaginal ultrasound showed intrauterine high echogenicity mimic an intrauterine device (IUD). Hysteroscopy was arranged and an erosive Mersilene tape was removed. Discussion Cervical insufficiency (CI) is one of the causes of preterm birth and placement of cervical cerclage can prolong pregnancy. The cerclage usually removed postpartum. The residual cerclage stitches migrated into bladder was reported. Intrauterine foreign bodies including retained fetal bones and forgotten parts of IUDs cause AUB. We present two cases with AUB caused by erosive stitches, which were removed via hysteroscopy.

稿件編號：E195	惡性與否？意外發現乳房病變的卵巢腫塊：個案報告 Ovarian Mass with an Accidentally Found Breast Lesion: Malignancy or Not? A Case Report
臨時稿件編號： 0843	朱曼榕 <sup>1</sup> 王懿德 <sup>1</sup> 邱彥譜 <sup>1</sup> 台北醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式： 海報	Ovarian masses are a common occurrence in female patients, and distinguishing between benign and malignant lesions is crucial for appropriate treatment. It can be challenging to determine the origin of tumors in patients with breast cancer, as breast malignancies and primary ovarian cancer can coexist. In this case report, we present a patient who was incidentally found to have an ovarian mass and a breast lesion.
論文歸類： 一般婦科	A 44-year-old woman without sexual experience presented to our emergency room with complaints of lower abdominal pain and intermittent fever for one week. Laboratory tests showed leukocytosis, anemia, and elevated C-reactive protein. A computed tomography(CT) scan revealed a lobulated and tubular cystic lesion in the left adnexal region with regional fat stranding, favored tubo-ovarian abscess. However, an enhancing nodule was also noted in the inner portion of the left breast. Mammography showed BIRADS 4C. Chest CT showed a lobulated enhanced mass about 4.2 x 3.2 cm in diameter and 3.6 cm in length and an enlarged axillary lymph node. The pathology result was triple-positive invasive ductal carcinoma. We cannot rule out the risk of the ovarian mass being a metastatic lesion of breast cancer. Robotic surgery was arranged, and the specimen was sent for frozen section. Fortunately, the frozen section result was no carcinoma involvement. After the antibiotic treatment, the patient is currently undergoing chemotherapy for breast cancer.  This case highlights the importance of a comprehensive evaluation of patients with ovarian masses, as well as the need for a thorough examination of other body systems, including the breast, to rule out malignancy. A multidisciplinary approach is essential in the management of patients with complex medical histories and multiple comorbidities.

稿件編號：E196	海扶刀治療子宮肌瘤與子宮肌腺症之於卵巢功能的影響 The Effect of Ultrasound-Guided High-Intensity Focused Ultrasound on Anti-Mullerian Hormone Levels of Patients Treated for Uterine Fibroid and Adenomyosis
臨時稿件編號： 0849	陳毅敏 <sup>1</sup> 夏立忻 <sup>2</sup> 應宗和 <sup>2</sup> 中山醫學大學附設醫院教學部 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>2</sup>
論文發表方式： 海報	1. Background Uterine fibroid, along with adenomyosis, has been two of the most commonly diagnosed gynecological problems with high prevalence globally. Other than menstruation discomforts, such diseases are also important etiologies of infertility. Therefore, ultrasound-guided high-intensity focused ultrasound(USgHIFU) has gradually become a trending solution, especially for those at reproductive age who are in need of noninvasive treatment options. However, effects of USgHIFU on ovarian reserve has yet been totally determined, and such lack of evidence is especially noted in Taiwan. Therefore, further studies are needed.
論文歸類： 一般婦科	2. Objective To determine effects of USgHIFU on AMH(anti-mullerian hormone) level, which stands for ovarian reserve, of patients at reproductive age. 3. Methods Sixteen patients with either uterine fibroid or adenomyosis were included throughout Sep 2020 to March 2022. All patients underwent USgHIFU in a single institute, Chung Shan Medical University Hospital, by the same operator. Data of serum AMH levels before and 6 months after USgHIFU were collected, along with volumes of lesions before and 1 month after USgHIFU. 4. Results All sixteen patients were treated with USgHIFU while serum AMH levels and volumes of lesions before and after treatment were collected. However, three patients were excluded from our study due to extreme AMH levels, with the remaining patients all treated for uterine fibroid only. The median age of the patients was 38.54 ± 5.27 years old at the time of treatment with mean BMI 23.3 ± 6.11 and mean number of uterine fibroid 4.15 ± 4.432. As a result, after USgHIFU treatment, the mean volume of uterine fibroid before and one month after treatment was 291.65 and 257.78 cm <sup>3</sup> , respectively. On the other hand, the mean serum AMH level before and one month after USgHIFU was 2.4977 and 2.7192 ng/mL. Borderline significant difference between the lesion volume before and after treatment was noted (p=0.048), whereas no significant difference between AMH levels was found (p=0.572). 5. Conclusion Based on the statistical results of our study, USgHIFU does not affect the AMH level and ovarian reserve of women at reproductive age while achieving satisfying treatment effects.

稿件編號：E197	罕見案例感染 Fusobacterium necrophorum 致骨盆膿瘍併敗血症性休克 A rare case of Fusobacterium necrophorum infection inducing tubal-ovarian abscess and septic shock under ECMO treatment
臨時稿件編號：0857	張博涵 <sup>1</sup> 黃千竹 <sup>1</sup> 黃巧芸 <sup>1</sup> 中國醫藥大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	Fusobacterium necrophorum is a normal oropharyngeal flora and may cause a life-threatening systemic infection known as Lemierre's syndrome. However, in some rare cases, it may present in female genital tract as a primary infection site.
論文歸類：一般婦科	Here we present a unique case of F. necrophorum infection which resulted in tubal-ovarian abscess accompany with septic shock. The patient received laparoscopic right salpingo-oophorectomy. She under went CPCR 24 hour-latered after the surgery and was under 3 line of vasopressin, intubation and needed ECOM supportment.

稿件編號：E198	急性闌尾炎合併壞死及破裂仿似右側附屬器腫瘤 Acute appendicitis necrosis and ruptured mimic right adnexal tumor: a case report
臨時稿件編號：0860	王尚文 <sup>1</sup> 關龍錦 <sup>1</sup> 鄭雅敏 <sup>1</sup> 郭宗正 <sup>1</sup> 郭綜合醫院婦產部 <sup>1</sup>
論文發表方式：海報	INTRODUCTION In general practice, patients frequently present with abdominal pain having a high prevalence of acute underlying disease. Acute appendicitis is among the most common differential diagnoses. Chronic appendicitis has often been referred to as a controversial diagnosis and its prevalence is unknown.
論文歸類：一般婦科	Here we present the case a patient of suffering from right lower abdominal pain. At first, she merely complained of dull, mild right lower abdominal pain and was referred from local practice.  CASE PRESENTATION A 67-year-old female patient had a gynecological history of G2P2 (vaginal delivery), and had been operated on in 2002, receiving a laparoscopic assisted vaginal hysterectomy due to carcinoma in situ of the cervix. She had also been suffering from the underlying disease of type 2 diabetes mellitus, though under medication control, for 5-6 years. The patient was presented to our outpatient department with a complaint of dull right lower abdominal pain. Despite receiving treatment with Chinese herbs, her symptoms persisted, leading her to seek medical help. A sonograph was performed which revealed a heterogeneous pelvis mass with a complex echogram measuring 8.8 cm by 8.1 cm. A laboratory test was also conducted to assess tumor markers, and the results were within normal limits. A computed tomography scan of the abdomen and pelvis was performed and revealed a large lobular lesion located in the right pelvic cavity near the cul-de-sac region. The mass measured 12.2 cm by 7.6 cm by 7.1 cm and was characterized by a thick homogenous wall and fluid accumulation within it. These findings led to suspicion of a tubo-ovarian abscess. The possibility of right ovarian cancer could not be ruled out, although it was considered less likely. Given these findings, a laparotomy was performed. Severe lower abdominal adhesion with 100ml turbid exudate was noted. The patient presented a normal left ovary and fallopian tube, disappearance of the right adnexa, as well as necrosis and rupture of the appendix. A general surgeon was called immediately for assistance, wherein he used a right-angle dissector to clamp the mesoappendix. The microscopic description showed ruptured acute suppurative appendicitis, manifested as transmural neutrophilic infiltration with marked periappendicitis.  DISCUSSION Acute appendicitis can be caused by luminal obstruction or infection. Genetic factors and environmental influences may also be of importance in the development of appendicitis. The etiology of chronic appendicitis is unknown; however, it is believed to be a likely result of partial or transient obstruction of the appendiceal lumen. It is unknown whether chronic appendicitis is always preceded by untreated or insufficiently treated acute appendicitis, or if chronic appendicitis is an independent disease entity. The clinical history of the patient had no typical repeated attacks of right lower abdominal pain. From the perspective of a resident doctor in training, the preoperative diagnosis was emphatic. Imaging studies and a careful evaluation of the patient's symptoms can help to distinguish between the two conditions and thus ensure prompt and appropriate treatment.

稿件編號：E199	以泌尿道症狀表現的胃腸道基質瘤(GIST)誤診為卵巢惡性腫瘤-案例報告 Gastrointestinal Stromal Tumor (GIST) presenting with urinary symptoms and mimic ovarian malignancy- a case report
臨時稿件編號：0863	金貞伶 <sup>1</sup> 洪瑜澤 <sup>1</sup> 鄭雅敏 <sup>1</sup> 郭宗正 <sup>1</sup> 黃太謙 <sup>2</sup> 郭綜合醫院婦產部 <sup>1</sup> 郭綜合醫院一般外科 <sup>2</sup>
論文發表方式：海報	Introduction Gastrointestinal Stromal Tumor (GIST) is a mesenchymal neoplasm with variable behavior and clinical presentations depending on its location, tumor size and growth pattern. When GIST presents as a pelvic mass, a preoperative misdiagnosis as gynecological malignancy is possible due to its nonspecific presentation and similarity in appearance.
論文歸類：一般婦科	Case Report A 67-year-old menopausal woman visited the urology outpatient department due to right lower quadrante abdominal pain with straining to void for years. The symptoms deteriorated recently especially after holding urine. Her medical history was unremarkable, except for an appendectomy 30 years ago. She had received panendoscopy and colonoscopy which showed no abnormal findings. The physical exam showed tenderness over the lower abdomen without a peritoneal sign. Moreover, a right lower quadrant abdominal mass was noted. Urine analysis fell within the normal limits and the KUB showed no urinary stone, though a soft tissue mass was suspected in the pelvic cavity. Abdominal and pelvic CT scans revealed a large lobulated soft tissue mass at the right pelvis with heterogeneous enhancement and fat infiltration nearby; as such, ovarian cancer was suspected with extension to the pelvis. She was referred to a gynecologist for further survey and treatment. Serum CA-125, CA19-9 and CEA were within normal limits. Under the tentative diagnosis of ovarian cancer, CT2BN0Mx, stage IIB at least (AJCC 8th edition), debulking surgery was arranged. During surgery, ascites of approximately 50ml was found while entering the abdomen and a pelvic tumor with spontaneous rupture which originated from the ileum (upper to ileocecal valve about 80 cm) and had adhesion to the right peritoneal wall and right anterior wall of the uterus. Bilateral ovaries were fair without obvious pathologic change and obvious metastasis to other organs was noted. We sent the tumor from the frozen section which was a spindle cell tumor. Excision of the mass from the ileum, partial peritonectomy and small bowel repair were done. No residual tumor was noted after the whole procedure. Peritoneal wash cytology was negative for malignancy. The final histopathological examination showed spindle-shaped cells with moderate nuclear pleomorphism. The mitotic figures constituted > 5 mitoses/5mm <sup>2</sup> . Immunostains including CD117 and DOG-1 were strongly positive confirming the diagnosis of GIST, spindle cell type with high-risk aggressive behavior category. The patient ultimately recovered well after surgery, and she was referred to a medical center for further target therapy.  Discussion The true incidence of GISTs may be difficult to determine accurately due to many of them being found accidentally, but the most widely reported incidence rates were between 10-15 cases/million population/year [1]. They typically present as subepithelial neoplasms and do not involve the bowel wall concentrically. As a result, the lesion may be difficult to detect endoscopically. Computed tomography (CT) is useful and provides more information including the extent of the tumor, plus the presence or absence of metastatic disease when a primary imaging survey found a huge pelvic tumor. On enhanced CT scan, most GISTs presented as patchy enhancement but absence of characteristic features. The rarity of GIST may incline the radiologist to diagnose lesions other than GIST. [2] Gynecologists should consider other differential diagnosis like GIST when a large abdominopelvic mass is found.  [Reference] 1. Kjetil Søreide, Oddvar M. Sandvik, Jon Arne Søreide, Vanja Giljaca, et al. Global epidemiology of gastrointestinal stromal tumours (GIST): A systematic review of population-based cohort studies Cancer Epidemiology, Vol 40(2016), p.39-46 2. Agnieszka Werewka-Maczuga, Tomasz Osiński, Robert Chrzan, et al. Characteristics of computed tomography imaging of gastrointestinal stromal tumor (GIST) and related diagnostic problems Pol J Radiol. 2011 Jul-Sep; 76(3): 38-48.

稿件編號：E200	一例骨盆神經鞘瘤模仿卵巢腫瘤的病例分享 Case sharing of Pelvic Schwannoma mimicking adnexal mass
臨時稿件編號：0870	宋怡潔 <sup>1</sup> 徐以樂 <sup>1</sup> 蔡英美 <sup>1</sup> 陳渝潔 <sup>1</sup> 李詠詩 <sup>1</sup> 高雄醫學大學附設中和紀念醫院婦產部 <sup>1</sup>
論文發表方式：海報	Background : Schwannomas are mostly benign tumors arising from Schwann cells of the nerves. It is mostly found in the head, neck, mediastinum, and extremities; while pelvic schwannomas are very rare and are often misdiagnosed pre-operatively.
論文歸類：一般婦科	Case Presentation : A 62-year-old woman with the underlying disease of hypertension, presented with progressive urinary urgency and lower abdominal dull pain. CT(Computed tomography) scan reported a large cystic lesion with a thick wall and fluid-fluid level in the pelvic cavity with compression to the urinary bladder and bilateral ureters causing mild bilateral hydronephrosis. Tumor markers were all within normal limits. The patient underwent laparotomy. Surgery revealed a huge retroperitoneal pelvic tumor with both cystic and solid parts. The tissue was sent for frozen section biopsy during the operation, which came out to be spindle cell tumor, malignancy cannot be ruled out. BSO and pelvic lymph node sampling were then performed. The final pathology exam confirmed the diagnosis of schwannoma. Discussion : Schwannomas are typically benign tumors. Most of these are asymptomatic and are often found accidentally or only presented with some non-specific symptoms. There is no gold-standard, non-invasive method to diagnose. Most findings in ultrasound, CT, and even MRI are non-specific. The definite diagnosis still needs a histological examination of the excised part during surgery. Hence, surgical excision remains its treatment of choice. The prognosis is usually good with a low recurrence rate after complete excision.



稿件編號：E201	罕見外陰部良性腫瘤-血管肌纖維母細胞瘤 Angiomyofibroblastoma of the Vulva: A Rare Benign Vulvar Tumor
臨時稿件編號： 0884	何宜軒 <sup>1</sup> 黃千竹 <sup>1</sup> 中國附醫婦產部 <sup>1</sup>
論文發表方式： 海報	Angiomyofibroblastoma is a rare benign tumor of the vulva that is difficult to diagnose on clinical examination. This type of vulvar tumor must be differentiated from aggressive angiomyxoma.
論文歸類： 一般婦科	The reason for the need of careful differential diagnosis is that the former is a benign tumor with slow growth and a good prognosis, whereas the latter is a malignant tumor with rapid growth, poor prognosis, and a high likelihood of recurrence. The diagnosis of such diseases typically requires the assistance of a pathologist. Therefore, in this article, I will introduce the clinical manifestations, diagnostic process, pathological sections, and treatment plan of Angiomyofibroblastoma.

稿件編號：E202	前瞻性觀察研究：子宮肌瘤患者經海芙治療後之妊娠結果 Pregnancy outcomes in patients with uterine fibroids treated with high-intensity focused ultrasound: A prospective observational study
臨時稿件編號： 0894	游鏡瑤 <sup>1</sup> 應宗和 <sup>1</sup> 中山醫學大學附設醫院 <sup>1</sup>
論文發表方式： 海報	Uterine leiomyomas are the most common disease observed in women of reproductive age, especially in African and Asian ethnicity. The presence of myomas may be associated with infertility, either by their numbers, location or size. Removal of symptomatic uterine myomas is considered the definitive way for those who want to conceive a child. As laparoscopic and laparotomic myomectomy remains the standard surgical procedure, different modalities of treatment on uterine fibroids such as uterine artery ligation, robot-assisted myomectomy and MRgFUS have emerged during these decades. The multiple options for treating uterine leiomyomas mentioned above may improve pregnancy outcomes to some degree. But the real impact of high-intensity focused ultrasound on pregnancy outcomes reported in recent clinical experiences and observational studies were still inconclusive. The main purpose of this study is to analyze the pregnancy outcomes in those women wanting conception and having HIFU surgery at our own hospital.
論文歸類： 一般婦科	

稿件編號：E203	以骨盆腔炎表現之扭轉型帶蒂子宮肌瘤：病例報告 A torsed pedunculated uterine myoma mimicking pelvic inflammatory disease: A case report
臨時稿件編號： 0906	游鏡瑤 <sup>1</sup> 沈煌彬 <sup>1</sup> 中山醫學大學附設醫院 <sup>1</sup>
論文發表方式： 海報	Torsion of a subserosal uterine fibroid is a rare surgical emergency and can mimic from pelvic inflammatory disease to reactive peritonitis. Here we reported a case of a 56-year old female with a history of myoma post myomectomy who presented with abdominal fullness for days in suspicion of ileus at first. Her laboratory profile suggested an ongoing pelvic abscess preoperatively given an acute elevation in C-reactive protein (CRP) (14.7- mg/dL), while the computed tomographic features indicating a preoperative diagnosis of an hemorrhagic ovarian cyst with torsion. The final diagnosis was confirmed intraoperatively as a torsed and necrotic pedunculated leiomyoma. Therefore, imaging interpreting was essential for differential diagnosis following by a prompt surgical intervention to avoid serious complications.
論文歸類： 一般婦科	

稿件編號：E204	具腸道組織及蠕動運動之卵巢畸胎瘤個案報告 A case of mature cystic teratoma with active peristalsis.
臨時稿件編號： 0909	許瑾倫 <sup>1</sup> 吳孟興 <sup>1</sup> 成大醫院婦產部 <sup>1</sup>
論文發表方式： 海報	The formation of gastrointestinal-type epithelium is found in 7-13% of mature cystic teratomas, which are the most common germ cell tumors of the ovary. However, organized gastrointestinal tract formation is rare. Here, we report a case of an ovarian mature cystic teratoma with intestinal structure.
論文歸類： 一般婦科	A 26-year-old female, gravida 0, without any underlying disease, presented to our gynecologic unit with complaints of lower abdominal pain. Pelvic ultrasound showed a left mixed-echoic adnexal mass 8 x 5.5cm in size, and a right mixed-echoic mass adnexal mass 2.8 x 2.5 cm in size. Serum CA125 level was 11.9 U/ml (normal range <35 U/ml).  She underwent laparoscopic left oophorectomy due to the ovarian tumor. During the surgery, wave-like movement resembling peristalsis of intestinal tract was noted over the left ovarian tumor. Surgical specimen consisted of a 6 x 4 x 4cm-sized left ovarian tumor with content of sebaceous materials and bony structure.  On microscopic examination, sections disclosed a mature cystic teratoma. It is composed of all three germ layers, including skin and its appendix, cartilage and bone, columnar epithelium arranged in intestinal pattern or respiratory tract pattern. No evidence of immature or malignant component is seen.  Postoperative recovery was uncomplicated. The patient received no further treatment and remains free of disease till now.

稿件編號：E205	女性私密處的基底細胞癌：罕見表現方式及個案報告 Basal Cell Carcinoma of the Female Genitalia: A Rare Presentation and case report
臨時稿件編號：0939	顏秉霖 <sup>1</sup> 黃千竹 <sup>1</sup> 中國醫藥大學附設醫院婦產科 <sup>1</sup>
論文發表方式：海報	A 51-year-old woman presented with a one-year history of right vulvar itching and pain associated with pigmentation. Her medical history included colon polyps treated with colonoscopy, and her obstetrics/gynecology history was notable for four pregnancies, three of which were carried to term, and one abortion. Menstrual history was characterized by normal length (21/7 days), dysmenorrhea, and menorrhagia. Physical examination revealed an elevated plaque about 2.5x1.5cm on the right labia major, with black-hyperpigmentation and focal ulceration on colposcopy. Vulvar biopsy showed basal cell carcinoma, and further survey for malignancy metastasis was negative. The patient underwent right hemi-simple vulvectomy and right unilateral inguinal-femoral lymph node dissection, and final pathology confirmed basal cell carcinoma with residual disease in the vulva. Both left and right inguinal lymph nodes were negative for malignancy (0/9 and 0/11, respectively). Pathological staging was T1bNxM0, Stage IB (FIGO).
論文歸類：一般婦科	Basal cell carcinoma in the female genital area is rare, as ultraviolet exposure is not a typical risk factor. However, weakened immune system, age, and genetic conditions may contribute to its occurrence. Clinicians should consider this diagnosis when evaluating vulvar lesions and promptly initiate appropriate treatment to prevent progression and metastasis.

稿件編號：E206	罕見病例報告：子宮肌瘤切除術後併發子宮假性動脈瘤 An unusual case of uterine pseudoaneurysm after abdominal myomectomy
臨時稿件編號：0942	吳維庭 <sup>1</sup> 三軍總醫院 <sup>1</sup>
論文發表方式：海報	Background: Uterine pseudoaneurysm is a rare but life-threatening complication after pelvic surgery such as abdominal myomectomy, resulting from the incomplete sealing of an intraoperative arterial wall laceration or puncture. Radiology has a major role in its early diagnosis and management. Transarterial embolization (TAE) may be a treatment option for uterine pseudoaneurysm. This procedure is commonly used to treat pseudoaneurysms, as it has a high success rate and is associated with fewer complications than surgical intervention.
論文歸類：一般婦科	Case report: A 39-year-old woman experienced significant vaginal bleeding four weeks after undergoing abdominal myomectomy. Subsequent transvaginal sonography and pelvic computed tomography revealed the presence of a uterine artery pseudoaneurysm. The patient was effectively treated with TAE.  Conclusion: Early diagnosis and management of uterine pseudoaneurysm are important to avoid the potentially serious bleeding that can occur if the pseudoaneurysm ruptures. Although rare, the growing popularity of myomectomy may lead to a higher incidence of this complication. TAE provides a minimally invasive, safe, and effective way to manage this complication.

稿件編號：E207	用於檢測非典型和典型子宮內膜增生中癌症相關突變的子宮內膜灌洗標本的大規模平行測序
臨時稿件編號：0949	Massively parallel sequencing of endometrial lavage specimens for the detection of cancer-associated mutations in atypical and non-atypical endometrial hyperplasia  翁瑋 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup>
論文發表方式：海報	Aim: Endometrial hyperplasia (EH), particularly with atypia, is considered an antecedent of endometrial adenocarcinoma. In this study, we aimed to apply massively parallel sequencing of endometrial lavage specimens for the detection of cancer-associated mutations in atypical (AEH) and non-atypical endometrial hyperplasia (NEH). The identified alterations were compared with those detected in tissue samples. Materials and methods: Endometrial lavage specimens and parallel biopsy samples (n = 11 for AEH and n = 9 for NEH) were obtained from 18 women (9 with AEH and 9 with NEH) who received an office hysteroscopy for suspected endometrial lesions. All samples were tested for somatic mutations in hotspot regions of 72 cancer-associated genes by massively parallel sequencing. Results: On analyzing sequencing data, the presence of at least one cancer-associated gene mutation was identified in 72.7% and 44.4% of endometrial lavage specimens obtained from women with AEH and NEH, respectively (p = 0.362, 95% confidence interval = 0.72–3.70). The concordance rates between mutations identified in endometrial lavage specimens and endometrial biopsies were 54.5% and 0% from women with AEH and NEH, respectively (p = 0.014). A patient with NEH harbored mutations in endometrial lavage with the same mutations found in the tissue specimen at low allele frequency below detection cutoff, raising the suspicion of missed focal atypia. Conclusions: EH is characterized by a high burden of cancer-associated mutations, particularly in the presence of atypia. Our study, albeit performed with a relatively small number of samples, indicates that their detection by massively parallel sequencing of endometrial lavage is feasible. Our findings may allow tailoring of endometrial biopsies to the individual risk of AEH; additionally, they can pave the way towards less invasive surveillance protocols in patients with known EH.
論文歸類：一般婦科	

稿件編號：E208	子宮腺瘤樣瘤手術前超音波影像類似卵巢惡性腫瘤的個案報告 Uterine adenomatoid tumor presenting as ovarian malignancy on preoperative ultrasound imaging: A case report
臨時稿件編號：0978	蔡亞盛 <sup>1</sup> 李中遠 <sup>1</sup> 嘉義長庚紀念醫院婦產科 <sup>1</sup>
論文發表方式：海報	Background: Cystic pelvic tumors originating from the ovaries are the most common type of such tumors in women, with ovarian tumors being the most frequent type of lateral pelvic tumor. It is crucial to consider extraovarian entities that mimic ovarian tumors.
論文歸類：一般婦科	Purpose: This report aims to present a case of uterine adenomatoid tumor mimicking ovarian malignancy.  Case presentation: A 50-year-old woman, gravida 3 para 3, presented with vaginal spotting and a right adnexal cyst detected on abdominal radiography. The patient had irregular menstruation for one year, and perimenopause was suspected. She did not report weight loss or changes in bowel habits. She had a history of abdominal tubal sterilization and all previous births were by vaginal delivery. Transabdominal sonography showed a normal uterus and a 5.86 x 5.45 cm right adnexal tumor with a solid component and blood flow. No ascites was detected. Laboratory studies revealed an elevated level of serum cancer antigen 125 (65.0 U/mL), and normal levels of cancer antigen 199 and carcinoembryonic antigen (31.40 U/mL and 4.30 ng/mL, respectively). During laparoscopy, an adenomatoid tumor arising from the right cornual area of the uterus and connecting to the right fallopian tube was observed. The tumor was dissected and excised, and a post-tubal ligation scar was noted on the bilateral fallopian tubes. The pathology report confirmed the adenomatoid tumor with right hydrosalpinx.  Conclusions: Fallopian tube diseases (e.g., hydrosalpinx, pyosalpinx, and hematosalpinx), paraovarian cysts, peritoneal inclusion cysts, uterine leiomyomas, adenomyosis, hematomas, and abscesses are common benign extraovarian mimics of ovarian tumors. Ultrasound is the primary diagnostic tool, with CT or MRI being considered if malignancy is suspected to guide clinical management.

稿件編號：E209	利用 RMI 3, IOTA rules 以及 ADNEX model 來評估高層次超音波卵巢腫瘤型態 Adnexa tumor in color/power doppler with RMI 3, IOTA rules and ADNEX model
臨時稿件編號：0980	黃怡婷 <sup>1</sup> 林口長庚醫院婦產部 <sup>1</sup>
論文發表方式：海報	BACKGROUND: This study was designed to evaluate adnexa tumor in color/power doppler with RMI 3, IOTA rules and ADNEX model. Knowledge of the specific type of adnexal pathology before surgery is likely to improve patient triage with a high accuracy, and it also makes it possible to optimize treatment. Diagnosis of ovarian masses by ultrasonography varies between examiners. Some models and rules have been developed and validated to assist ultrasound examiners with varying levels of experience in making accurate diagnosis. METHODS: This retrospective study recruited 167 women who had performed color/power doppler ultrasound examination before surgical intervention for ovarian tumor between July 2017 and August 2019. RESULTS: The final pathology showed 138/167 (82.6%) patients had benign ovarian tumor, 18/167 (10.78%) patients had borderline tumor and 11/167 (6.59%) had malignant tumor. The comparison of positive diagnostic accuracy between subjective impression by examiner, RMI 3, IOTA rules, ADNEX model were 86.83%, 69.46%, 71.86% and 85.03%. The highest sensitivity, specificity, positive predictive value, negative predictive value was IOTA rules which had 70.59%, 99.10%, 92.31% and 95.65%. The lowest sensitivity, specificity, positive predictive value, negative predictive value was RMI 3 which only had 32.14%, 78.83%, 23.68% and 85.04%. Although IOTA rules had the highest values but there were 39/167 (23.35%) of inconclusive results. CONCLUSIONS: The IOTA rules had the highest sensitivity, specificity, positive predictive value, negative predictive value and it is easily to apply to our daily practice. Even though the subjective impression by examiner was not the best but it still had highest positive diagnostic accuracy. Therefore, using IOTA rules can assist ultrasound examiners in making accurate diagnosis.
論文歸類：一般婦科	

稿件編號：E210	海扶刀患者後續須接受輔助手術治療的探討 Surgical Treatment after HIFU Therapy
臨時稿件編號：0985	沈煌彬 <sup>1</sup> 楊茜雯 <sup>1</sup> 曾志仁 <sup>1</sup> 中山醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	子宮肌瘤患者接受過初次海扶刀治療之後，後續是否需要接受其他手術治療或是第二次海扶刀，一直是令人感興趣的話題。在中山附醫海扶刀中心，單一主治醫師的 260 位患者中，追蹤了三個月之後，有 43 位患者需要做輔助手術(含計畫中) 含海扶。其中有 5 位需要做子宮全切除手術。有 6 位需要接受開腹式肌瘤切除手術。有 8 位接受腹腔鏡肌瘤切除手術。有 5 位需要接受第二次海扶刀。有 19 位需要接受子宮鏡肌瘤切除手術。
論文歸類：一般婦科	

稿件編號：E211	個案報告：McCune-Albright syndrome 青少年異常出血的放射及子宮鏡影像之獨特表現
臨時稿件編號：0987	A case report: Distinctive radiographic imaging and hysteroscopic findings of McCune-Albright syndrome adolescent with menometrorrhagia 基雪瓶 <sup>1</sup> 黃佩慎 <sup>1</sup> 臺北醫學大學附設醫院婦產部 <sup>1</sup>
論文發表方式：海報	McCune-Albright syndrome (MAS) is a rare genetic disorder characterized by the triad of polyostotic fibrous dysplasia, café-au-lait skin pigmentation, and endocrine dysfunction. We present a case of an adolescent girl with MAS who presented with menometrorrhagia, and we describe the distinctive radiographic imaging and hysteroscopic findings. The CT demonstrated enlarged uterus(12x15 cm) with central hypo-dense lesions. Hysteroscopy revealed huge uterine cavity with ridge like lesions at anterior and posterior wall. This girl had not presented with precocious puberty, but she had experienced menometrorrhagia with anemia since menarche. She received various treatments, however, symptoms persisted and aggravated. Thus we tried hysteroscopic exam and excision as treatment for her AUB with anemia, and achieved improvement. We suggested repetitive hysteroscopic excision of smooth muscle hyperplasia as a treatment option for these patients who want fertility preservation, like received series of bone shaving surgery for fibrous dysplasia regularly.
論文歸類：一般婦科	

稿件編號：E212	探討骨質疏鬆症女性和男性在不同骨折部位之危險因子和健康相關生活質量 Identify Risk Factors and Health-Related Quality of Life in Osteoporotic Women and Men with Various Sites of Fractures
臨時稿件編號：0807	陳芳萍 <sup>1</sup> 長庚大學，基隆長庚醫院 <sup>1</sup>
論文發表方式：海報	Osteoporosis is one of the major problems facing women and older people of both sexes. The morbid event in osteoporosis is fracture. This study was therefore designed to identify the risk factors resulting in the occurrence of fracture, as well as the predictors affecting the outcome and quality of life after fracture. A total of 1306 patients with hip, spine, and other non-vertebral fractures participated four Osteoporosis Prevention and Treatment Center of Chang Gung Memorial Hospital from September 2016 to January 2020. Participants who were unable to respond by themselves or those with significant cognitive impairment, such as advanced dementia, were excluded. Assessment included anthropometric data, medical history, lifestyle factors, serum biochemical variables, lateral thoracolumbar spine x-rays, and bone mineral density (BMD). This study demonstrated that compared with those with spine and other non-vertebral fractures, patients with hip fractures had significantly increased age and body height, more common in habits of smoking and alcohol drinking, higher incidence of co-morbidity (including hypertension, coronary artery disease, congestion heart disease, other heart disease, type 2 diabetes mellitus, liver cirrhosis, chronic renal disease, cerebrovascular disease, dementia, and other brain disease), higher BUN and alkaline phosphatase level, and score of FRAX without BMD of femoral neck (including major fracture probability and hip fracture probability). As compared with those with spine and other non-vertebral fractures, body mass index (BMI) and habits of using coffee and tea were negatively associated with patients with hip fracture. Decreased BMD in femoral neck and total hip, and levels of calcium, phosphorus, vitamin D, alanine aminotransferase (ALT, GPT), and albumin were significantly associated with participants with hip fracture. In addition, patients with hip fractures had significantly higher pain scores using visual analogue scale (VAS), higher mean scores of EQ-5D-5L, and lower scores in 3 aspects of OPAQ-PF and SF-36 domains. In conclusion, aside from aging, osteoporotic fractures were significantly related to some lifestyle, co-morbidity, sarcopenia, and low bone mass. Osteoporotic fractures, especially hip fracture, had a profound impact on health-related quality of life.
論文歸類：更年期醫學	

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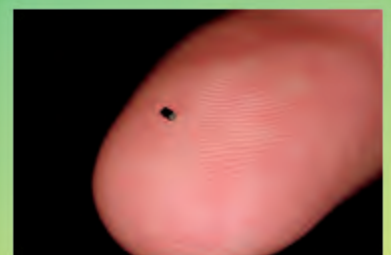


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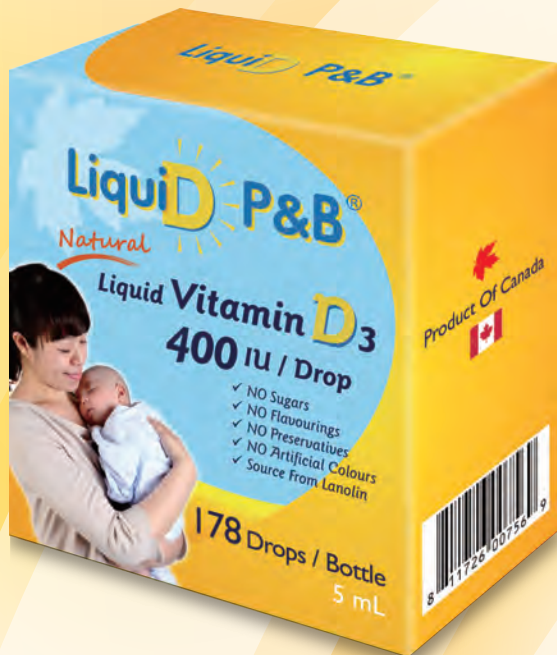
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corifollitropin alfa

GnRH=Gonadotropin Releasing Hormone = 性腺刺激素釋放激素  
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廣告審查中

## 安全性資訊摘要 (版本: 2021年3月)

### 適應症 |

在婦女接受人工協助生殖技術計劃時，本品與性腺刺激素釋放激素拮抗劑(GnRH antagonist)併用，用於控制下刺激卵巢，以誘導多個濾泡發育。

### 用法用量 |

開始使用Elonva治療時，應在具有治療生殖問題經驗的醫師監督下進行。  
用量：用於治療生育年齡女性，係依體重和年齡建議Elonva的使用劑量。

### 安全性資訊摘要 |

禁忌：對主成份或其他賦形劑過敏者；卵巢、乳房、子宮、腦下垂體或下視丘腫瘤患者；不明原因的陰道異常(非月經)出血；原發性卵巢衰竭；卵巢囊腫或腫大；卵巢過度刺激症候群(OHSS)的風險因子(曾有卵巢過度刺激症候群(OHSS)病史者；在先前的COS週期中，依據超音波檢查的結果，有超過30個濾泡>11毫米；基礎卵巢濾泡(antral follicle)數大於20的患者；多囊性卵巢症候群(PCOS)。)；不適合懷孕的子宮肌瘤；不適合懷孕的生殖器官畸形。

### 副作用 |

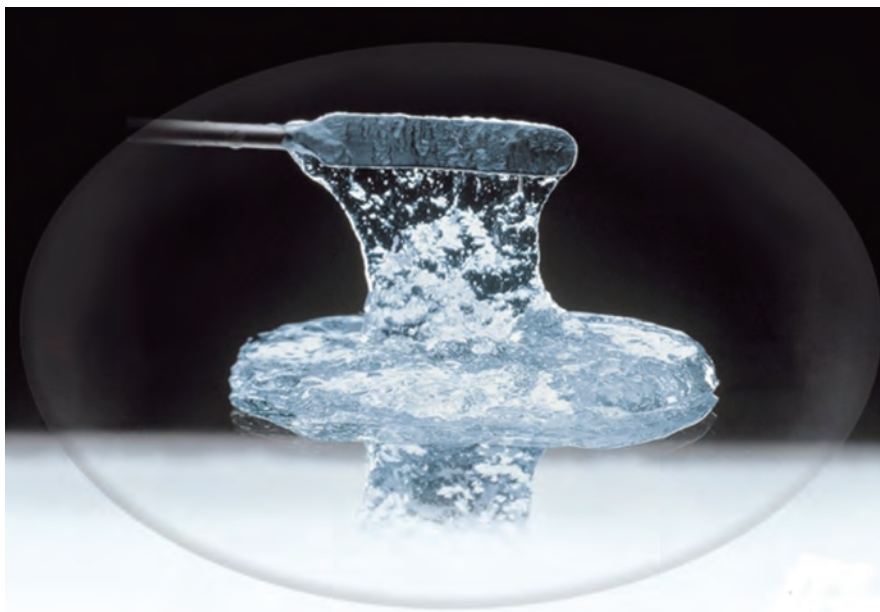
臨床試驗中，使用Elonva治療中最常見的副作用為骨盆不適感(6.0%)、OHSS(4.3%)、頭痛(4.0%)、骨盆疼痛(2.9%)、噁心(2.3%)、疲勞(1.5%)和乳房疼痛(1.3%)。曾有過敏性反應(局部性和全身性，包括皮疹)之上市後通報。另外，子宮外孕和多胞胎懷孕亦有通報的案例且被認為與ART或之後受孕有關。

其他仿單內容，處方前請詳閱藥品仿單說明書。

### 警語及注意事項 |

在開始治療之前進行不孕評估：在開始治療之前，應先針對夫妻的不孕情形進行適當的診斷。尤其應針對婦女評估是否有甲狀腺機能低下、腎上腺皮質功能不足、高泌乳素血症、以及腦下垂體或下視丘腫瘤的問題，並施以適當的治療。在開始Elonva治療前，應評估禁止懷孕的醫療狀況。刺激劑劑量的劑量：Elonva應以單次皮下注射為限。同一治療週期不應注射超過一次；在使用Elonva後至刺激劑劑量第八日前，不應投與其他含FSH之產品。腎功能不全：腎功能不全之患者，因其對於corifollitropin alfa之排除速率可能降低，因此不建議使用本產品。不建議併用性腺刺激素釋放激素類似劑(GnRH agonist Protocol)：Elonva與性腺刺激素釋放激素類似劑(GnRH agonist)併用使用的數據十分有限。因此，不建議Elonva與GnRH類似劑(GnRH agonist)併用。多囊性卵巢症候群(PCOS)：尚未有多囊性卵巢症候群(PCOS)患者使用Elonva的研究，因此此病婦女勿使用。卵巢過度刺激症候群(OHSS)：遵循Elonva的建議劑量與治療方案且謹慎觀察卵巢反應很重要，可將OHSS的發生率降至最低。若發生OHSS，應採取標準及適當的OHSS處置並追蹤。卵巢扭轉：在使用性腺刺激素，包括Elonva，治療之後曾有發生卵巢扭轉的報告。卵巢扭轉可能和它的危險因子有關，如OHSS、懷孕、先前的腹部手術、卵巢扭轉的過往病史、先前或目前患有卵巢囊腫、以及多囊性卵巢。早期診斷並立即施行手術可減少因血液供應減少所造成的卵巢損害。多胞胎懷孕與生產：所有性腺刺激素治療，包括Elonva，都有導致多胞胎懷孕與生產的報告。婦女及其伴侶在治療前應被告知有關母親的危險(懷孕及生產併發症)和新生兒(體重過輕)的潛在風險。婦女接受ART過程中，發生多胞胎懷孕的風險主要與輸入的胚胎數目有關。子宮外孕：接受ART的不孕婦女子宮外孕的機率增加。及早透過超音波掃描推測為子宮內懷孕非常重要，也可排除子宮外孕的可能。先天性畸形：透過ART孕育之胎兒發生先天性畸形的機率較自然受孕者稍高，原因可能來自於雙親的特性(例如懷孕的年齡和精蟲的品質)，及較高的多胞胎妊娠發生率有關。卵巢和生殖系統腫瘤：在接受多次治療不孕症治療的婦女，已有病例通報發生卵巢和生殖系統良性及惡性腫瘤。尚未確認使用性腺刺激素治療是否會增加不孕婦女罹患腫瘤的風險。血管併發症：在使用性腺刺激素，包括Elonva，治療之後曾有與OHSS相關或無關的血栓性事件的報告。源於靜脈或動脈的血管栓塞可導致流向重要器官(vital organ)或四肢的血流減少。具有一般已知血栓性風險因子的女性如有個人或家族病史、極度肥胖、或罹患遺傳性血栓症，以性腺刺激素，包括Elonva，治療時，可能會更增加發生血栓性事件的風險。因此對這類女性投與性腺刺激素，包括Elonva，治療時，應仔細權衡病患的利益與風險。另需注意的是，懷孕本身就增加血栓形成的風險。





衛署醫器輸字第019410號

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- Nutrients 2021, 13(7), 2449
- TJOG 61(2022)223-229
- Nutrients 2023, 15(11), 2461