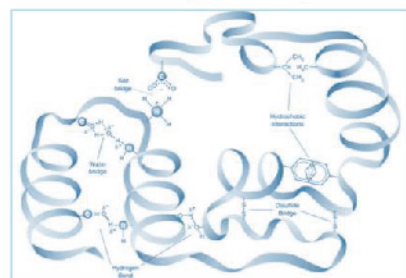




THE POWER of HMW Native Hyaluronic Acid

HMW native HA (>10⁶ Da) forms an extended network even at a very low concentration of **1 µg/mL**

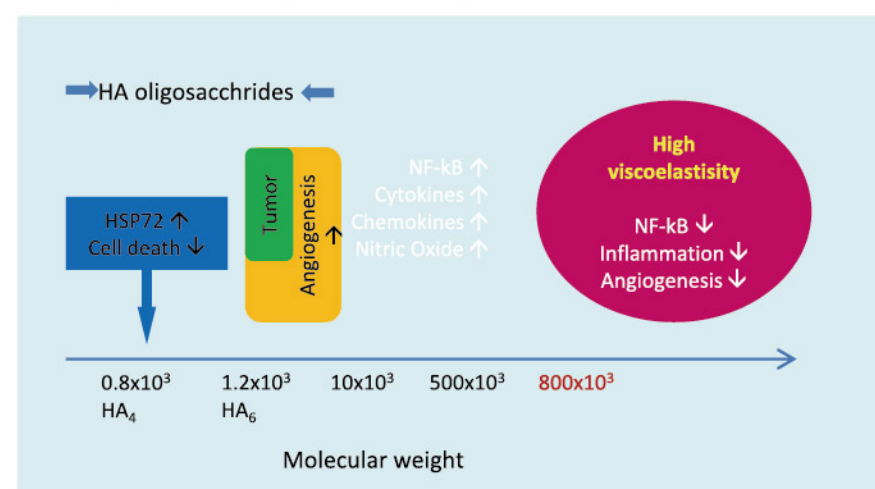


A very stable tertiary structure in water

高分子(大於一百萬分子量)玻尿酸在水中，會由親水鍵結、疏水鍵結和氫鍵(water bridge)形成一個非常安定的“三維網狀聚合物”，濃度或分子量越高越安定。



Safety & Efficacy of HA depend on its molecular weight



玻尿酸的生理功能與分子量大小相關:

- 高分子(大於一百萬分子量)玻尿酸具有降低發炎反應、抑制血管新生、穩定ECM結構、和促進傷口修復功能。
- 低分子量玻尿酸則具有促進血管新生、促進發炎因子、及促進ECM重組的特性。



台灣婦產科醫學會 113年度年會暨擴大學術研討會

The 63rd Annual Congress of Taiwan Association
of Obstetrics and Gynecology

2024.3.9~10

台北圓山大飯店
The Grand Hotel

愛唯美@帶因篩檢

與台大、長庚醫院團隊聯合發表論文！

愛唯美@
帶因篩檢

了解夫妻自身帶因狀況
檢測**302項**或**569項**基因遺傳疾病

- 智力及發育 X染色體脆折症
- 肌肉功能 脊髓性肌肉萎縮症、裘馨氏肌肉萎縮症
- 血液疾病 海洋性貧血、乙型血友病
- 聽力 聽損基因、遺傳性耳聾GJB2
- 新陳代謝 苯酮尿症、法布瑞氏症、龐貝氏症



302項基因遺傳疾病



569項基因遺傳疾病



帶因篩檢衛教影片

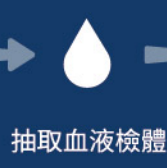
⚠ 本檢測適用於健康者

- 美國婦產科醫學會推薦
- 檢體直送美國病理學會 CAP 認證實驗室
- 檢測報告附上變異基因位點

檢測流程



選擇愛唯美
帶因篩檢



抽取血液檢體



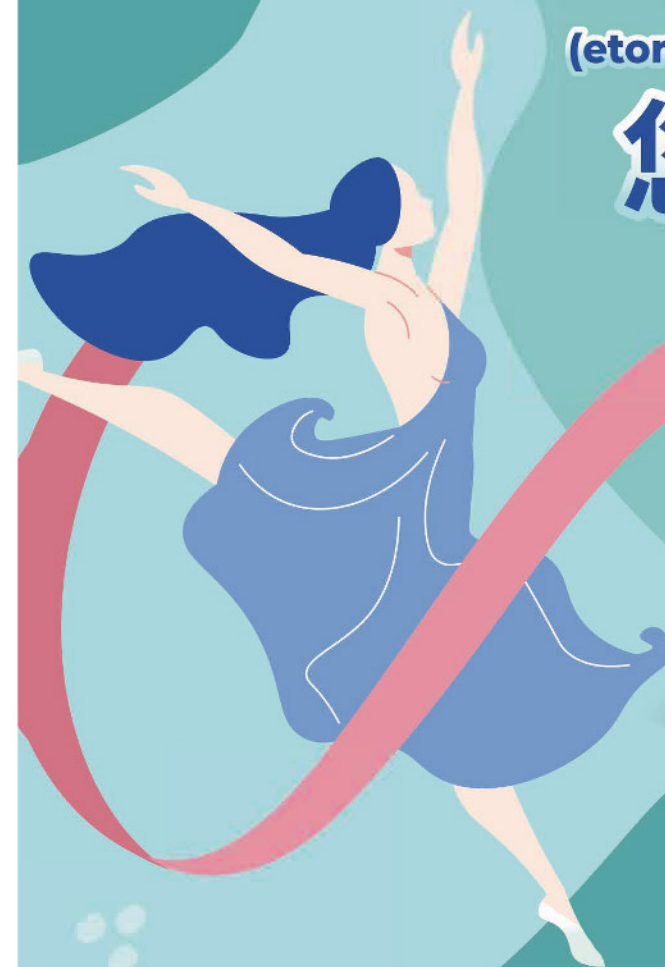
獲得檢測報告
21個工作天



與醫師討論
後續生育計畫

NUVARING®
(etonogestrel/ethinylestradiol vaginal ring)
delivers 120 µg/15 µg per day

舞悠陰道避孕環 (etonogestrel/ethinylestradiol vaginal ring) 您的避孕選擇



非實際大小，圖示僅供參考

適應症

避孕

用法用量

女性可自行將NuvaRing置入陰道中。一旦置入NuvaRing後，將此環置留在陰道內連續三週。NuvaRing必須於使用三週後於與置入日同一週天取出，經過一週的空檔後再放入新環。

禁忌症

- 出現或曾有靜脈血栓性栓塞，併有/無肺栓塞者。
- 出現或曾有動脈血栓性栓塞(例如腦血管意外、心肌梗塞)或血栓性血管炎(例如血管炎)。
- 已知有靜脈或動脈血栓性栓塞，併有或無知活化蛋白C (APC) 抗性、高同半胱氨酸血症(hyperhomocysteinemia)、抗凝蛋白缺乏症(Anthrithrombin III Deficiency)、C蛋白缺乏症、S蛋白缺乏症與抗凝蛋白(抗凝血酶、組織纖維素原)等遺傳傾向者。
- 大型手術後長期臥床。
- 局部神經症狀或偏癱瘓病史。
- 有血管合併症之糖尿病。
- 靜脈或動脈血栓性栓塞或高凝狀態或多重風險因素亦可能構成禁忌症。
- 腦膜炎或伴有嚴重高凝狀態之腦膜炎。
- 出現或曾有嚴重肝病，肝功能指數未恢復正常。
- 出現或曾有肝腫瘤(良性或惡性)。
- 已知或懷疑有性傳播感染影響生殖器官或乳房之惡性腫瘤。
- 尚未診斷的陰道出血。
- 已知或懷疑懷孕。
- 對於NuvaRing的活性成分或任何成分過敏(包括急性全身性過敏反應(anaphylaxis)及血管性水腫)。

NuvaRing禁止與C型肝炎病毒(HCV)藥物的組合療法ombitasvir/paritaprevir/ritonavir 包含/不含dasabuvir併用。

警告

若有下列任何情況/風險因素，應與醫生討論是否應使用NuvaRing。若出現下列任何情況或危險因素之惡化、加劇或首次出現，應立即告知醫生，由醫生決定是否暫停使用NuvaRing。

禁忌症

- 使用複合式荷爾蒙避孕藥(combined hormonal contraceptives, CHCs)曾伴隨發生靜脈血栓性栓塞(深部靜脈血栓與肺栓塞)與動脈血栓性栓塞的併發症；有時並會造成死亡。
- 在極少見的情況下CHC使用者也曾出現血栓的情況，例如肝臟、肺臟、腎臟、大腦或視網膜靜脈和動脈。
- 靜脈或動脈血栓性栓塞的症狀包括：單側腫痛和/或腫脹；胸悶或呼吸困難(不論是否延伸至左臂)；突發性呼吸急促；突發性咳嗽；任何異常、嚴重的持續頭痛；突然失去部分或全部視力；視力模糊或失明；中風；全身虛脫或有局部性發作；虛弱或身體某部/某部位突然麻痺；運動障礙；急性腹痛。

過敏反應

- 曾有報告指出使用NuvaRing的過程中發生血管性水腫及急性全身性過敏反應(anaphylaxis)等過敏反應。若出現疑似血管性水腫及/或急性全身性過敏反應(anaphylaxis)的症狀，應停止使用NuvaRing並以適當的方式進行治療。

其他症狀

- 使用NuvaRing時，婦女偶爾會出現陰道炎。沒有跡象顯示治療陰道炎時，NuvaRing的療效會受到影響，也沒有跡象顯示使用NuvaRing會影響陰道炎的治療。
- 曾發生罕見的環黏附於陰道組織內須經由給藥的醫療人員來移除。某些個案顯示，當陰道組織生長覆蓋過避孕環時，可在不切斷環的情況下切斷避孕環並將其取出。

生育力、懷孕和哺乳

NuvaRing適用於避孕。如果婦女因想要懷孕而準備停止使用NuvaRing，應繼續使用直到出現自然月經週期之後再嘗試懷孕。這種有助於計算預產期。

懷孕

懷孕期間不適合使用NuvaRing。若在使用NuvaRing期間懷孕，應將環移除。然而，大多數的流行病學研究指出，在懷孕前使用COCs (含口服避孕藥) 的婦女其新生兒發生缺陷的風險並不會增加，若懷孕早期不小心使用COCs 也不會有產生畸形兒的危險。雖然這項研究結果可能適用於所有的COCs，但用於NuvaRing則尚未確定。

哺乳

乳汁的分泌可能會受雌激素的影響，因為雌激素可能會降低母乳的分泌量並改變其成分。因此，哺育母乳的母親在其嬰兒斷奶前不應使用NuvaRing。少數的避孕藥副作用可能會經由母乳分泌，但尚無證據顯示對幼兒會有不良的影響。

交互作用

肝臟代謝：併用會誘發肝臟酶(特別是細胞色素P450酶(CYP))的藥物或基本製劑時，可能發生交互作用，可能增加荷爾蒙的清除率並降低其血液濃度且可能降低避孕效果(包括NuvaRing)。這些藥物包括phenytoin、phenobarbital、primidone、bosentan、carbamazepine、rifampicin、可能還有oxcarbazepine、topiramate、felbamate、griseofulvin、某些HIV蛋白酶抑制劑(例如ritonavir)及非核苷類反轉錄酶抑制劑(例如efavirenz)和其他含St. John's wort (草本製劑)。

應告訴醫生上述任何肝臟酶誘發藥物或基本製劑的女性，NuvaRing的效果有可能下降。使用肝臟酶誘發藥物期間及肝臟酶誘發藥物停用後28天內，除了使用NuvaRing外，應使用屏障避孕法。注意：NuvaRing不可與避孕環、子宮帽或女性保險套併用。

特殊族群

兒童族群

目前尚未對18歲以下且初經已來的健康女性青少年研究過NuvaRing的藥物動力學。

腎功能受損的影響

目前尚未在任何研究中評估過腎臟疾病對NuvaRing之藥物動力學的影響。

肝功能受損的影響

目前尚未在任何研究中評估過肝臟疾病對NuvaRing之藥物動力學的影響。不過，在肝功能受損的婦女中，藥物清除率可能會出現代謝不良的現象。

種族族群

目前尚未正式進行評估不同種族族群中之藥物動力學表現的研究。

副作用

NuvaRing 使用者曾報告發現之常見不良反應：陰道感染、濕疹、性慾降低、頭痛、偏頭痛、腹痛、噁心、青春痘、乳脹、陰道瘙癢、月經困難、腰酸背痛、陰道分泌物、體重增加、避孕裝置不適感、陰道避孕裝置排出。

其他仿單內容，處方前請詳閱藥品仿單說明書。

TW-TRL-110031 Jan/2024

ORGANON
荷蘭商歐嘉隆有限公司台灣分公司

地址：台北市信義區松仁路97號4樓
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台灣婦產科醫學會 113 年度年會暨擴大學術研討會

*The 63rd Annual Congress
of Taiwan Association of Obstetrics and Gynecology 2024*



手冊電子檔_QR Code



倫理問卷 QR Code

台灣婦產科醫學會113年度年會暨學術研討會

2024年3月9日(星期六)

(V 樓) 敬庭廳		(10 樓) 長青廳		(10 樓) 國際會議廳		(12 樓) 賓滿廳	
08:30	口頭報告	International Symposium : The 5 th J-K-T Young Doctors' Session (I)		口頭報告		International Symposium : AOFOG Session	
		主持人：陳國瑞、洪煥程 產科 Oral + 內視鏡 Oral + 婦泌 Video OO1-3 + OE1-3 + V1-3		主持人：林陳立、黃麗蓮 產科 Oral OO4-12		主持人：Tsung-Hsien Su 蘇聰賢 (Fellow of TAOG)、Kazunori Ochiai (HF of TAOG, Japan)、Joo Hyun Nam (HF of TAOG, Korea) 08:30-09:00 [IS1] Operationalize cervical cancer elimination in AOFOG – Pisake Lumbiganon (AOFOG, President, Thailand) 09:00-09:30 [IS2] Heavy Menstrual Bleeding- Strategies to Best Cure – Rohana Haththotuwa (AOFOG, Secretary General, Sri Lanka) 09:30-10:00 [IS3] Impact of Climate Change, Environmental Toxins and Pollution on the AOFOG region: What can OBGYNs do? – Krishendu Gupta (AOFOG, Deputy Secretary General, India)	
10:00				Coffee Break			
10:30	主持人：李麗素、劉嘉耀	The 5 th J-K-T Young Doctors' Session (II) 主持人：Wei-Chun Chang 張維君 (Vice President of TAOG, Taiwan)、Takeshi Maruo (HF of TAOG, Japan)、Young-Tak Kim (HF of TAOG, Korea) ★ Reproduction & Infertility—Y11-Y15 ★ Gynecology & Oncology—Y16-Y20		主持人：林瑞璧、陳仲瑾 產科 Oral OO13-21		International Symposium : Invited Speaker Lecture 主持人：Ming-Chao Huang 黃國誠 (Fellow of TAOG)、Duk Soo Bae (HF of TAOG, Korea)、Toshiharu Kamura (HF of TAOG, Japan) 10:30-11:00 [IS4] A practical approach to paracervical tissue dissection in nerve-sparing radical hysterectomy – Noriaki Sakurai (HF of TAOG, Japan) 11:00-11:30 [IS5] Comprehensive approach to have healthy baby in women with adenomyosis – Yuuka Ouga (JSOG, Vice Chairperson of the Executive Board, Japan) 11:30-12:00 [IS6] Mentoring Our Next Generation – Thomas M. Gelhaus (ACOG, Past President, USA)	
12:00				Lunch Time			
12:20		午餐會報：台灣拜耳		午餐會報：國際生命科學		午餐會報：台灣基康	
13:20	專題演講：一般婦科 Symposium	主持人：江千代、武國瑞 12:20-13:20 [L1] Endometriosis and Long-term Management Strategy_吳文毅		主持人：周麗敏、林沁竹 12:20-13:20 [L2] 維生素B6 於海綿調控之臨床新知_鄭菁如		主持人：陳明、陳持平 12:20-13:20 [L3] Genome-wide NIPT：國內外及台灣單一貫驗產經緯_鄭保麟	
		專題演講：婦癌 Symposium		專題演講：產科 Symposium		The 5 th Japan-Korea-Taiwan Joint Conference International Symposium :	
13:30	主持人：余壽賢、林明聰 13:30-13:50 [SY1] 看似婦科癌症的非癌症狀況_顧子健 13:50-14:10 [SY2] 妊娠滋养細胞疾病的診斷和治療_陳怡仁 14:10-14:30 [SY3] 對防治婦女疾病的檢視_鄭碧華 14:30-14:50 [SY4] 台灣試管嬰兒治療相關 OHSS 的趨勢、風險因子、與預防_陳建生 14:50-15:00 Discussion	主持人：王麗惠、張志隆 13:30-14:00 [SY5] 從非醫學中心的角度，面對婦女三癌的篩檢，評估與治療_溫國璋 14:00-14:30 [SY6] 從醫學中心的角度，面對婦女三癌的篩檢，評估與治療_廖正義 14:30-15:00 [SY7] 從生殖醫師的角度，面對婦女三癌的篩檢，評估與治療_黃麗莎		主持人：謝志峰、劉錦成 13:30-14:00 [SY17] Revisit the minimally invasive therapy of (tubal) ectopic pregnancy – 陳明哲 14:00-14:30 [SY18] Non-invasive surgery for uterine myoma and adenomyosis _羅麗宇 14:30-15:00 [SY19] Enhancing ERAS in Gynecologic Laparoscopy _黃寶仁		Opening Remarks _Shee-Jan Chen (President of TAOG) ● Maternal Fetal Medicine 主持人：Te-Fu Chan 詹德富 (President of TSOP, Taiwan) Yong Won Park (HF of TAOG, Korea)、Hisashi Masuyama (JSOG, Chairperson of Education Committee, Japan) 13:40-14:00 [J1] Artificial intelligence in maternal-fetal medicine _ Seung Mi Lee (Seoul National University, Korea) 14:00-14:20 [J2] Early onset preeclampsia is associated with altered DNA methylation in the first trimester villi _ Akhiro Kawashima (Showa University, Japan) 14:20-14:40 [J3] The aftermath of emergency cervical cerclage _ Chin-Ru Ker (Kaohsiung Medical University Chung-Ho Memorial Hospital, Taiwan) ● Reproductive Endocrinology & Infertility 主持人：Horng-Der Tsaï 蔡鴻德 (Fellow of TAOG)、Jang-Heub Kim (HF of TAOG, Korea)、Tomoyuki Fujii (HF of TAOG, Japan) 14:40-15:00 [J4] Stem cell-based therapy for infertility _ Satoshi Hosoya (The Jikei University School of Medicine, Japan) 15:00-15:20 [J5] Insights into the pathophysiology and treatment of PCOS _ Chu-Chun Huang (National Taiwan University Hospital, Taiwan) 15:20-15:40 [J6] Investigation for a relationship between vasomotor symptoms and hypothalamus volume using magnetic resonance imaging _ Hye Gyeong Jeong (Korea University Anam Hospital, Korea)	
15:00		Coffee Break		Coffee Break		Coffee Break	
15:30	(晚宴預備)	主持人：趙明賢、許秋福 15:30-16:00 [SY8] 子宮癌治療的新趨勢與展望_吳貞璇 16:00-16:30 [SY9] 子宮內膜癌的治療新趨勢與展望_呂建興 16:30-17:00 [SY10] 卵巢癌的治療新趨勢與展望_江麗澄		主持人：陳雲昌、王有利 15:30-16:00 [SY20] Are we ready for the reimbursement requirements of gynecologic robotic surgery _王功堯 16:00-16:30 [SY21] Current trends and future perspectives in Gynecologic pelvic reconstructive surgery _黃寶慈 16:30-17:00 [SY22] Techniques to Avoid Intraoperative Tumor Cell Spillage in MIS Oncology _李奇龍		● Gynecological Oncology 主持人：Su-Cheng Huang 黃聰誠 (Fellow of TAOG)、Shingo Fujii (HF of TAOG, Japan)、Hee-Saog Ryu (President of KSOG, Korea) 16:00-16:20 [J7] Uncovering the molecular landscape of ovarian clear cell carcinoma: towards precision oncology _ Angel Chao (Chang Gung Memorial Hospital, Taiwan) 16:20-16:40 [J8] Novel therapeutic strategy targeting cancer heterogeneity and metabolism based on a cancer stem cell model _ Tatsuya Ishiguro (Niigata University Medical and Dental Hospital, Japan) 16:40-17:00 [J9] Robotic surgery for gynecologic cancers: staying ahead of the curve _ Jiheum Paek (Ajou University, Korea)	
16:00							
17:00							
18:00				18:00 晚宴 (V 樓敬庭廳)			

2024年3月10日(星期日)

(V 敬禮廳)		(10 樓)長青廳		(10 樓)松柏廳		(10 樓)國際會議廳		(12 樓)演講廳	
專題演講：更年期醫學 Symposium		International Symposium : The 5 th J-K-T Young Doctors' Session (III)		口頭報告		Plenary Lecture		口頭報告	
08:30	主持人：蔡永杰、蔡景州 [SY23] Sequential treatment in vulvovaginal atrophy _ 蔡若維 08:50-09:10 [SY24] Bridging the Bone Health Gap: Strategies for Women's Health Across the Lifespan _王敏文 09:10-09:30 [SY25] Selective tissue estrogenic activity regulator (among drugs in the therapy of postmenopausal women) _蔡英儀 09:30-09:50 [SY26] The impacts of menopausal hormone therapy on longer-term health consequences of ovarian hormone deficiency_莊麗娟 09:50-10:00 Discussion	★ Urogynecology—Y21-Y25 ★ Gynecological Oncology—Y26-Y30	婦女泌尿 Oral OU1-10	主持人：黃文貞、潘恒新	08:25-08:30 Opening Remarks _Shee-Uan Chen (President of TAOG) 08:30-09:00 主持人：Jian-Pei Huang 黃建鵬 (TAOG, Secretary General, Taiwan) 、 Joong Shin Park (KSOG, Immediate Past Chairman of the Board, Korea) [P1] Magnesium Deficiency during Pregnancy _ Ming-Song Tsai 蔡明松 (TAOG, Chairman of Supervisor, Taiwan) 09:00-09:30 主持人：Yu-Shih Yang 楊友仕 (Fellow of TAOG) 、 Young Tae Kim (KSOG, Chairman of the Board, Korea) [P2] Premature ovarian insufficiency. Can we identify this beforehand? _ Seung Joo Chon (Gil Hospital, Korea) 09:30-10:00 主持人：Maw-Sheng Lee 李茂盛 (Fellow of TAOG) 、 Tomoyuki Fujii (HF of TAOG, Japan) [P3] The role of sex chromosomes in egg formation and the mechanism of age-related aging of the endometrium _ Kiyoko Kato (JSOG, Chairperson of the Executive Board, Japan)	主持人：黃莉文、陳植濤	婦癌 Video + Oral V22 + OC1-8		
	Coffee Break								
	10:30	口頭報告 主持人：吳嘉訓、吳信宏	The 5 th J-K-T Young Doctors' Session (IV) 主持人：趙光漢、沈勝站	婦女泌尿 Oral OU1-19	主持人：孫茂榮、洪耀麟	10:30-11:00 主持人：Hong-Neng Ho 何弘能 (Fellow of TAOG) 、 Joo Hyun Nam (HF of TAOG, Korea) [P4] Paradigm shifts in Obstetric Practice _ Ravi Chandran (FIGO, Honorary Secretary ; AOFOG, Past President, Malaysia) 11:00-11:30 主持人：Ching-Hung Hsieh 謝國宏 (Fellow of TAOG) 、 Yuji Hiramatsu (HF of TAOG, Japan) [P5] Preconception to Infancy. Why 1000 days is not enough ! _ Jeanne Conry (FIGO, Immediate Past President, USA) 11:30-12:00 主持人：Ming-Chao Huang 黃國耀 (Fellow of TAOG) 、 Mitsutoshi Iwashita (HF of TAOG, Japan) [P6] Gynecologic Cancer Screening for the Generalist _ Stella M. Dantas (ACOG, President Elect, USA)	主持人：鄭維敏、洪耀麟	婦癌 Oral OC9-16	
	Lunch Time								
	12:20	午餐會報：鄭沙東 主持人：陳盛豪、翁嘉禮 12:20-13:20 [L4] 【子宮頸癌-台灣婦科現況與展望】如何加強避孕子宮頸癌 許世興	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)
13:20	專題演講：生殖內分泌 Symposium 主持人：許德耀、陳冠輝 / (實習主持人) [SY21-28] 生產事故賠償模擬演練 _ 李詩慶 (西國醫院神經內科醫師)、 陳永燦 (廣忠社紀念促進醫療關係教育公益信託會長)、 財團法人台灣婦女健康醫療基金會 14:30-15:00 [SY29] 胎盤完全前置剖腹生產的計畫與執行 _ 羅良明	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)
13:30	會員代表大會 (13:30 報到，14:00 開會)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)
15:00	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)
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17:00	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)	午餐會報：曾凌 主持人：曾懷志、郭麗珍 12:20-13:20 Dr. Lisa Story (英國護師) (複習)

請確實遵守以下時間：

★簽到時間：3月09日(六)上午 8:15～下午 4:00

3月10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

The 5th J-K-T Young Doctors' Session

3月9日(六)上午 (10樓)長青廳	3月10日(日)上午 (10樓)長青廳
<p>★ MFM (1) – 主持人：Chie-Pein Chen 陳治平、 Young-Han Kim (Secretary General of KSOG, Korea) 、 Eriko Eto (Secretary of Education Committee, JSOG)</p> <p>08:30-08:40 [Y1] A nationwide survey and feasibility study of virtual telehealth visits for perinatal checkups during the COVID-19 pandemic in Japan _ Mariya Kobayashi (Japan)</p> <p>08:40-08:50 [Y2] Clinical outcomes of nirmatrelvir-ritonavir use in pregnant women during the Omicron wave of the coronavirus disease 2019 pandemic _ Chih-Wei Lin 林智偉 (Taiwan)</p> <p>08:50-09:00 [Y3] 15 years' experiences of External Cephalic Version at out patient clinic _ Da Hyun Wang (Korea)</p> <p>09:00-09:10 [Y4] Differential changes of placental soluble epoxide hydrolase (sEH) between normal pregnancies and pregnancies complicated by pre-gestational and gestational diabetes mellitus (GDM) _ Min Feng 馮敏 (Taiwan)</p> <p>09:10-09:20 [Y5] Predictors of diabetic ketoacidosis and associated perinatal mortality in pregnant women with pregestational diabetes mellitus _ Yu-Hao Fan 范祐豪 (Taiwan)</p> <p>★ MFM (2) – 09:20-09:30 [Y6] Amniotic fluid stem cell-derived exosomes could show the therapeutic potential in preeclampsia mouse model _Ping-Hsuan Wu 吳品萱 (Taiwan)</p> <p>09:30-09:40 [Y7] Use of the Ex-Vivo uterine Environment (EVE) system for Surgery in the Fetal Sheep _Yuya Saito (Japan)</p> <p>09:40-09:50 [Y8] The effective method of detecting pathogenic variants for exome negative cases in Cornelia de Lange Syndrome _Rie Seyama (Japan)</p> <p>09:50-10:00 [Y9] The impact of maternal hepatitis C virus infection on the congenital malformations _Eun Jin Choi (Korea)</p> <p>10:00-10:10 [Y10] Carrier screening for present disease prevalence and recessive genetic disorder in Taiwanese population _Li-Shan Chen 陳立珊 (Taiwan)</p>	<p>★ Urogynecology -- 主持人：丁大清、黃文助 08:30-08:40 [Y21] Relationship between Q-Tip Test and Urethral Hypermobility on Perineal Ultrasound _I-Chieh Sung 宋怡潔</p> <p>08:40-08:50 [Y22] Management with bladder oversensitivity with platelet-rich-plasma (PRP) during pelvic reconstruction _Yi-Ting Chen 陳怡婷</p> <p>08:50-09:00 [Y23] Skin sympathetic nerve activity as a potential biomarker for overactive bladder _Tzu-Ting Chen 陳姿廷</p> <p>09:00-09:10 [Y24] Effect of High-Intensity Focused Electromagnetic (HIFEM) technology for the treatment of Female Stress Urinary Incontinence _ Chieh-Yu Chang 張介禹</p> <p>09:10-09:20 [Y25] Comparison of Female Sexual Function following the TVT-O Sling System versus the Altis Single-Incision Sling System _ Yao-Yu Yang 楊曜瑜</p> <p>★ Gynecological Oncology -- 09:20-09:30 [Y26] The Relationship between Vaginal Microbiota and Cervical Carcinogenesis Process _Yu-Jen Lai 賴昱霖</p> <p>09:30-09:40 [Y27] Distribution pattern of human papilloma virus (HPV) genotyping between normal and abnormal cervical cytology and its carcinogenic risk-a single institution experience _Yi-Cih Ma 馬翊慈</p> <p>09:40-09:50 [Y28] Association of Body Weight and Outcomes in Patients with Endometrial Cancer: A Single-Center Analysis _Yun-Ting Gao 高昀廷</p> <p>09:50-10:00 [Y29] Minimally invasive surgery in early stage endometrial cancer in Taiwan _ Chun-Ting Fan 范鈞婷</p> <p>10:00-10:10 [Y30] The physical, mechanical and biological properties of absorbable scaffold harvested with human amniotic fluid stem cells on rate model: An innovation for pelvic reconstruction surgery _Chien-Chien Yu 游千千</p>
Coffee Break	
<p>★ Reproduction & Infertility -- 主持人：Wei-Chun Chang 張維君、Takeshi Maruo (HF of TAOG, Japan) 、 Young-Tak Kim (HF of TAOG, Korea)</p> <p>10:20-10:30 [Y11] The role of uterine EZH2-PRC2-H3K27me3 axis in embryo implantation _ Yamato Fukui (Japan)</p> <p>10:30-10:40 [Y12] To assessment of chronic endometritis in infertile women with prior implantation failure _ Caroline Lim 林嘉玲 (Taiwan)</p> <p>10:40-10:50 [Y13] The Mid Luteal Progesterone Level and Ratio of Progesterone and Estradiol is Predictive of Pregnancy Outcome in Frozen Embryo Transfer Cycles _Isabel Hsu 許嘉樺 (Taiwan)</p> <p>10:50-11:00 [Y14] Diminished ovarian reserve does not impact oocyte and embryo performance in women ≤40 years old _Ming-Ju Wang 王敏如 (Taiwan)</p> <p>11:00-11:10 [Y15] The early evolution of gut microbiome in infants born after in vitro fertilization and its association with concurrent oral microbiome _ Chi-Ting Lai 賴祈廷 (Taiwan)</p> <p>★ Gynecology & Oncology -- 11:10-11:20 [Y16] Catheter-Directed Sclerotherapy for Endometrioma; studies over the years and future perspectives _Jaekyung Lee (Korea)</p> <p>11:20-11:30 [Y17] Advantages of vNOTES (vaginal Natural Orifice Transluminal Endoscopic Surgery) gynecologic procedure using da Vinci SP _ Gyul Jung (Korea)</p> <p>11:30-11:40 [Y18] Spatial Transcriptomics for Investigating Immune Microenvironment Dynamics in Cervical Cancer _Yeong Eun Choi (Korea)</p> <p>11:40-11:50 [Y19] A Retrospective Analysis of the Efficacy of Bevacizumab Maintenance on the Histopathological Mesenchymal Subtype of High-grade Serous Ovarian Carcinoma _Kentaro Ishida (Japan)</p> <p>11:50-12:00 [Y20] Outcomes of “sandwich” chemoradiotherapy compared with chemotherapy alone for the adjuvant treatment of FIGO stage III endometrial cancer _Shao-Jing Wang 王韶靖 (Taiwan)</p>	<p>★ Reproduction -- 主持人：趙光漢、沈靜茹 10:20-10:30 [Y31] Specialized technique of aggressive sperm immobilization improves reproductive outcomes in patients with male infertility and ICSI fertilization failure _Ching-Wen Chou 周靜汶</p> <p>10:30-10:40 [Y32] Impact of adenomyosis and endometriosis on IVF/ICSI pregnancy outcome in patients undergoing gonadotropin-releasing hormone agonist treatment and frozen embryo transfer _Yu Wang 王瑀</p> <p>10:40-10:50 [Y33] Administration of oxytocin receptor antagonist during frozen embryo transfer might improve live birth rates in women with recurrent implantation failure, adenomyosis and myoma _Po-Wen Lin 林柏文</p> <p>10:50-11:00 [Y34] Changes in cervical elastography, cervical length and endocervical canal width after cerclage for cervical insufficiency: an observational ultrasound study _Meng-Hsuen Hsieh 謝孟軒</p> <p>11:00-11:10 [Y35] The timing of Prostin E2 intervention in poor response of Propess use in induction of labor _Ning-Shiuan Ting 停寧萱</p> <p>★ Gynecology -- 11:10-11:20 [Y36] Safety Assessment and Side Effects of HIFU with Sonovue in Myoma Patients: A Prospective Randomized Trial _Yu-Hsuan Lin 林瑜萱</p> <p>11:20-11:30 [Y37] Comparison of Clinical Outcomes of Switching from Monopolar to Bipolar Hysteroscopic Myomectomy _Chia-Han Chung 鍾佳翰</p> <p>11:30-11:40 [Y38] Comparing Clinical Outcomes of Laparoscopic Myomectomy with and without Uterine Elevator: A Retrospective Analysis _ Chi-Han Chang 張季涵</p> <p>11:40-11:50 [Y39] Antimüllerian hormone is highly expressed in the eutopic and ectopic endometrium of patients with endometrioma _Ai-Lun Lee 李艾倫</p> <p>11:50-12:00 [Y40] Figure out the risk factors of Postpartum Depression (PPD)_ Chia-Han Chung 鍾佳翰</p>

台灣婦產科醫學會
113年度年會暨學術研討會
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學術研究委員會召集人：楊政憲

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秘書：	林家翎	吳純琪	黎婉青	賈豫琪	劉宜華	高桑惠子

理事長的話

感謝第23屆會員代表、理監事及秘書長的協助，學會成立迄今已63年，前輩醫師筆路藍縷，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接近滿招，優秀人才願意進入婦產科，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。然而最近又有未能招滿的情況，所以我們還是要繼續努力，如何讓想要生產的婦女達到懷孕及順產的目的，爭取更好的待遇，讓年輕醫師更踴躍的來加入我們的行列。

2023年10月7日陳思原理事長領隊，在黃建霈秘書長盡心安排籌劃下，代表台灣婦產科醫學會，前往參加世界婦產科醫學會(FIGO)，團隊包括楊友仕院士，蘇聰賢院士，何弘能院士，謝卿宏院士，黃閔照院士，蔡明松監事長、陳美州理事、劉蕙瑄副秘書長，以及眷屬，為傳承國際學術交流及國際友誼，盡一份心力。另外也有臺灣的多位會員及準會員，到法國巴黎來發表他們的研究成果，讓臺灣婦產科的學術在國際上發光發熱。同時今年陳美州教授榮獲傑出女性婦產科醫師，是臺灣第4位獲得此殊榮，前輩有江千代、何師竹、蔡英美醫師，她們的努力受到國際的肯定。10月12號本人有一場演講，關於臺灣在2021年7月開始做不孕症夫婦的試管嬰兒治療補助，將臺灣的經驗以及成果報告給全世界的婦產科醫師聽，引起熱烈的討論，許多國家代表也跟我們交換了名片，希望能夠來臺灣考察觀摩我們是如何做的，我們當然是非常的歡迎。

10月27號是2023年的台灣婦產科醫學會會員旅遊，這次的旅遊地點在宜蘭，來自於全台灣的會員及家屬，非常踴躍的參加，表示對台灣婦產科醫學會向心力。會員多年來努力照顧台灣的婦女同胞，能夠抽空時間和家人在一起做休閒娛樂，也和朋友大家聚在一起，老朋友有好多話可以聊，一起欣賞台灣美麗的風景，享受美食，真是非常好的機會。

2023年11月9號陳思原理事長領隊，在黃建霈秘書長協助下，前往參加第109屆的韓國婦產科醫學會，團隊包括楊友仕院士，蘇聰賢院士，蔡鴻德院士，謝卿宏院士，黃閔照院士，張維君副理事長，劉蕙瑄副秘書長，及眷屬，中生代醫師，年輕醫師，為傳承國際學術交流及國際友誼，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。

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、產後照護課程、婦產科麻醉及術後止痛、孕婦高危險群流感、新冠疫苗注射教育訓練課程、生產事故救濟研討會、產前孕婦健康的照顧課程、自費醫療研討課程、乳房超音波訓練課程，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，也希望將來生產的費用健保點數能夠提高，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。

2024年1月我們對於日本的水災，學會特別表達了關懷，感謝院士、理監事、會員代表、及會員踴躍捐贈，日本婦產科醫學會也對我們做了感謝及肯定。

2024年第63屆年會，於3月9日與10日在臺北圓山飯店舉行，今年我們邀請許多國外和國內的學者做精彩的演講，邀請多位FIGO、ACOG、AOFOG、日本、韓國的學者，今年的臺日韓年輕學者學術交流是由我們主辦，我們安排了很豐富的課程與交流。感謝大家對大會的努力、貢獻和參與，今年的年會相信一定能讓台灣的學術及國際地位更上一層。

理事長 **陳思原** 敬上

監事長的話

各位會員大家好，感謝大家過去一年來的支持與配合，使得學會各項政策的推行相當順暢。雖然春節已過還是祝大家龍年行大運。隨著疫情的解封，今年的年會終於回歸以往慣例在3月舉行，大家較能夠去規劃暑假的家庭活動，以提高年會參與度及增進會員間的交流。

感謝理事長、秘書長及歷屆院士們多年來在國際交流方面的努力，今年台灣為台日韓交流主辦國，除了日本、韓國的理事長都親自率領30人以上之代表團參加外，其他國外貴賓如FIGO、AOFIG、ACOG的理事長、秘書長都親自出席，可見台灣婦產科在大家的努力下其成果是有目共睹的，在國際上也深受重視及肯定。除了學術交流外，我們學會在國際援助上也不遺餘力，感謝大家的善心及慷慨解囊，除了去年土耳其、敘利亞強震時也響應全聯會義舉進行募款之外，今年日本石川大地震時，於短時間內學會就募到台幣104萬5600元的善款，透過日本婦產科醫學會(JSOG)直接來幫助當地災民及其會員，此次善舉也更加鞏固台日之間深厚的友誼。此外，今年4月學會將率團至日本橫濱參與日本婦產科醫學會年會，更重要的是5月在韓國釜山舉行的AOFIG年會，會中我們將爭取2028年的台灣主辦權，此次學會特別開放有興趣的會員一同報名組團參加，希望能夠順利的取得主辦權，一起來見證光榮的一刻。

學會將持續配合國家政策之推行，並舉辦一系列的相關繼續教育課程如孕產兒安全、產前孕婦的健康照護、早產兒的防治、產科大出血組合照顧、高危險妊娠組合照顧等。配合疾管署政策推動孕產婦流感、新冠肺炎等疫苗施打提升感染防治的照護能力。並期待今年輝瑞的RSV疫苗能夠順利通過台灣食藥署的審查提供孕產婦施打，以減少自身及新生兒的感染及重症。

在作育英才的方面，住院醫師的教學訓練持續以里程碑方式進行考核其六大核心能力的學習成果，提升台灣婦產科專科醫師素質。感謝黃閔照院士持續推動住院醫師線上讀書會，透過此讀書會在各個不同訓練醫院的住院醫師可以了解自己需要加強的部分，因而從中成長，期待各醫院的住院醫師都能夠達到一定的水準成為一位優秀的婦產科專科醫師。另外持續推動台日韓年輕醫師交流參訪活動，以期推廣年輕醫師參與國際學術活動並深根台灣與國際間年輕優秀醫師的友誼。

在會員健康促進活動方面，北區活動於去年10/27-29三天兩夜的旅遊在宜蘭舉行，暢遊宜蘭知名景點享受美麗風景及享用美食，146位會員及眷屬們除了感情交流外，也在歡樂溫馨中留下美好的回憶。因為反應熱烈在財務許可下，學會將持續規劃北中南的健康促進活動，以期在忙碌的工作之餘能夠放鬆聯誼。

最後祝福各位會員先進們事業順利、身體健康、心想事成好運龍總來!

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六十三屆的年會，也是連續三年都因疫情而延期後，終於能在傳統風和日麗的三月，再度在台北圓山大飯店來舉行。為綠色環保及地球永續，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，或三折單、報到名牌、手冊內頁都有QR code聯結，簡版於報到時會拿到，厚重的傳統版則是有需要者再自取。會場也不再使用報到名牌的外加塑膠套，比照大型國際醫學會以全紙材質來製作，儘量減少塑膠瓶裝水，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。3/10星期天下午的醫法倫議題，特別安排今年剛上路的醫預法，未來可能通過但仍值得深入探討的代理孕母議題，學會特別請來國內多位醫法倫專家來演講及主持，在此也請大家多多來參與及關心。

英文演講方面，國際研討會於3/9，邀請各國際醫學會的重要貴賓前來演講，如AOFOG理事長、秘書長，印度、日、韓、美等國重要人物。今年台日韓的年輕醫師交流，輪由台灣舉辦，也請日韓各派五位年輕醫師與台灣的年輕醫師們同場競技，主持人也都是各國大老一起來指導後進，精彩可期。3/10早上大會演講，則邀請到TAOG、FIGO、ACOG、JSOG、KSOG的長官們，來談產科、生殖內分泌、不孕、婦癌等重要議題，同時段也有台灣年輕醫師們的研究發表，都歡迎大家多多來聽講。

各次專科的特別演講及口頭報告，也經學術委員會各方專家精心安排精彩的題目，來跟大家談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、婦癌、產科、生殖內分泌、體重管理、Vit B6新用途等許多議題，來供大家選擇，學會也備妥營養均衡、種類豐富、衛生安全、份量不同的便當給大家於各會場內來選擇使用，希望儘量滿足大家的需求，沒有午餐會報的場地也開放給大家用餐，讓大家有較大的空間來好好用餐及休息一下或與好友暢快聊天。廠商參展攤位也勞煩大家抽空多去看看，一方面發掘好用的新東西，一方面也是給他們鼓勵支持，畢竟唯有大家的幫忙，大會才辦得起來。

晚宴則在3/9星期六晚上18:00於圓山飯店V樓敦睦廳舉行，報到資訊及座位名牌也已提前寄給受邀及已報名者，為避免去年已報到者座位被未報到者占走的情況再發生，今年將嚴格執行入場者須持有晚宴票券才能入場的規定，飯店也無法臨時增加太多預備外的位置，還請有意參加者務必提前報名。晚宴中除將安排貴賓演講、學會貢獻獎、優秀論文頒獎外，日本婦產科醫學會理事長加藤教授也特別請求上台，有當面對大家於石川地震時踴躍捐款及對台日珍貴深厚情誼表達感謝的機會。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。學會也已安排密集的交通車班次，來回會場及圓山捷運站，包括晚宴後也有安排到21:55，也請有需要者多加來利用。本次也於大會中第一次同時安排會員旅遊，希望大家吸收學術新知之餘，也能玩得開心。

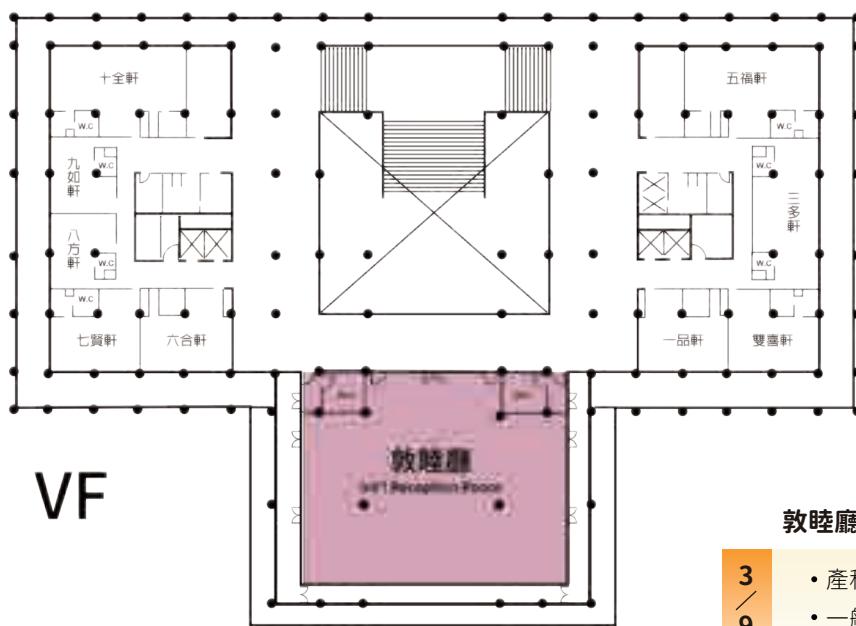
今年大會也於3/10早上8:00於圓山飯店門口，與子宮內膜異位症學會、台灣女人連線、拜耳公司一同來舉辦，揮別經痛、護心健走運動，目前子宮內膜異位症已被認為是全身性發炎相關疾病，可能會導致心血管病變，這個女性健康與餘命的最大殺手，值得大家更加來投入其治療及預防它變嚴重，當天請大家穿紅的來現場，也響應「為女著紅」運動，一起來守護婦女心血管健康。

最後感謝大家的參與，因為有您們的參與，年會才有意義。

也預祝大會順利成功 大伙龍馬精神 龍騰虎躍 龍年行大運。

秘書長 **黃建霖** 敬書

會場平面圖



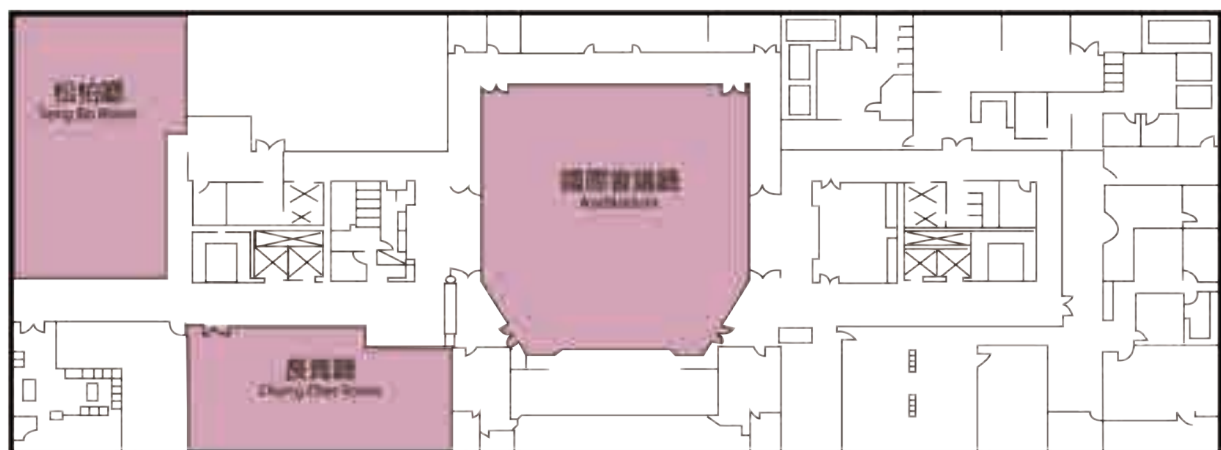
敦睦廳 International Reception Room

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- 產科Oral + 內視鏡Oral + 婦泌Video
- 一般婦科Oral/Video+更年期Oral
- 一般婦科Symposium

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- 更年期醫學Symposium
- 生殖內分泌Oral
- 會員代表大會



10F

長青廳 Chang Chin Room

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9

- Young Doctors' Session
- 午餐會報
- 婦癌Symposium

松柏廳 Song Bo Room

- 產科Oral
- 午餐會報
- 產科Symposium

國際會議廳 Auditorium

- 內視鏡Video+Oral
- 內視鏡Symposium

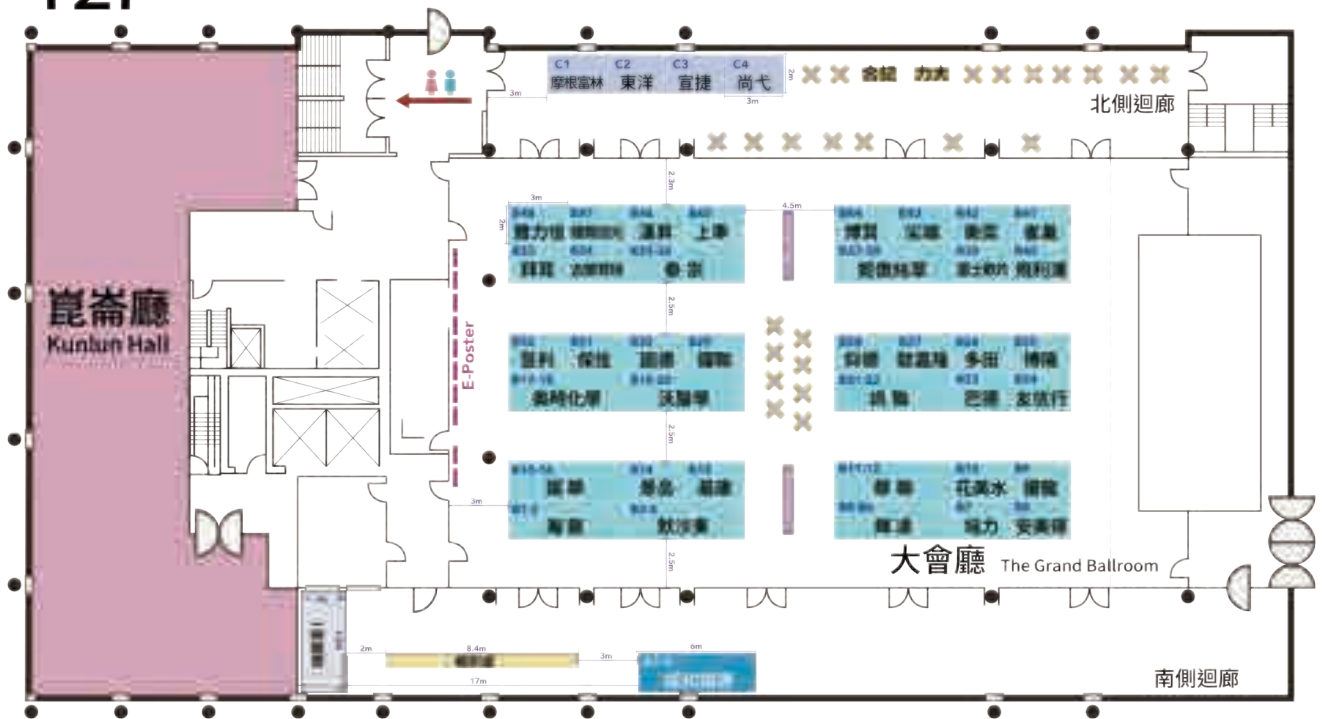
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- Young Doctors' Session
- 午餐會報
- 住院醫師教育訓練

- 婦女泌尿Oral
- 午餐會報
- 婦女泌尿Symposium

- Plenary Lecture
- 醫療倫理法律

12F



崑崙廳 Kunlun Hall

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- AOFOG Session
- Invited Speaker Lecture
- 午餐會報
- The 5th Japan-Korea-Taiwan Joint Conference

3
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- 婦癌Video + Oral
- 午餐會報
- 生殖內分泌Symposium

台灣婦產科醫學會 113 年度年會暨擴大學術研討會

*The 63rd Annual Congress
of Taiwan Association of Obstetrics and Gynecology 2024*

大會節目表

113年3月9日（星期六）上午 （V 樓）敦睦廳

產科Oral + 內視鏡Oral + 婦泌Video

主持人：陳國瑚、洪煥程

- 08:30-08:40 OO1 史蒂芬強生症候群造成陰道狹窄患者的分娩途徑及生殖器併發症治療之個案報告及文獻整理
Route of delivery in a patient with vaginal stenosis from Steven-Johnson Syndrome and literature review of the management of genital complications
蔡孟臻¹
台北醫學大學附設醫院¹
- 08:40-08:50 OO2 剖腹產疤痕妊娠: 案例報告與文獻回顧
Cesarean Scar Pregnancy: A Case Report and a Literature Review
陳安琪¹ 夏立忻¹ 應宗和¹
中山醫學大學附設醫院婦產部¹
- 08:50-09:00 OO3 胎兒鏡氣管內氣球置入阻塞手術治療嚴重型先天性橫膈膜疝氣
Fetoscopic endotracheal occlusion as prenatal treatment for congenital diaphragmatic hernia
許文瑋¹ 康巧鈺²
台大新竹分院婦產部¹ 台大醫院婦產部²
- 09:00-09:10 OE1 改良的止血帶技巧對於達文西腹腔鏡子宮保留手術所帶來的影響：個案系列研究
A modified tourniquets technique's impact to robotic assisted laparoscopic uterine preservation surgery: A case series study.
郭信宏^{1,2} 許卓皓¹ 顏志峰¹ 張紅淇²
林口長庚紀念醫院婦產部¹ 中壢宏其婦幼醫院²
- 09:10-09:20 OE2 腹腔鏡併腹部超音波導引子宮肌瘤或子宮肌腺症微波消融手術初步結果報告
Laparoscopy- combined transabdominal ultrasound-guided percutaneous microwave ablations for symptomatic uterine fibroid: preliminary results
梁世蓓¹ 許鈞碩¹
大林慈濟醫院¹

09:20-09:30	OE3	<p>減少孔洞之達文西手術處理複雜性子宮肌瘤摘除手術:單一手術醫師臨床經驗</p> <p>Feasibility and Surgical Outcomes of Reduced-Port Robotic Surgery for Complicated Myomectomy: A Single-Surgeon's Experience</p> <p><u>吳佩姿</u>¹ <u>莊斐琪</u>¹ <u>楊采樺</u>¹ <u>周鈺敏</u>¹ <u>黃寬慧</u>¹ <u>龔福財</u>¹</p> <p>高雄長庚紀念醫院婦產部¹</p>
09:30-09:40	V1	<p>腹腔鏡子宮薦椎韌帶懸吊術的手術技巧</p> <p>Tips and Tricks for Effective Laparoscopic Uterosacral Ligament Suspension</p> <p><u>侯詠齡</u>¹ <u>孫仲賢</u>¹ <u>李侑潔</u>¹ <u>莊國泰</u>¹</p> <p>高雄四季台安醫院¹</p>
09:40-09:50	V2	<p>以達文西機器手臂施行子宮頸薦骨固定術及Burch陰道懸吊術來治療同時有骨盆底器官脫垂及應力性尿失禁之患者</p> <p>Robotic sacral cervicopexy and Burch colposuspension for patient with concomitant stress urinary incontinence and pelvic organ prolapse surgery</p> <p><u>李大成</u>¹ <u>莊乙真</u>¹</p> <p>新北市亞東醫院¹</p>
09:50-10:00	V3	<p>使用旋轉性皮瓣及經會陰直腸粘膜環形切除肌層折疊手術修補嚴重肛門直腸脫垂</p> <p>Using rotational vaginal flaps and delorme's procedure to repair advanced anorectal prolapse</p> <p><u>陳怡婷</u>¹ <u>楊恬欣</u>¹</p> <p>台大醫院婦產部¹</p>

113年3月9日（星期六）上午 （V 樓）敦睦廳

一般婦科Oral/Video+更年期Oral

主持人：李耀泰、劉嘉耀

- 10:30-10:40 OG1 骨盆腔充血症候群的藥物治療: 台北市立聯合醫院初步結果
Medical treatment for pelvic congestion syndrome with flavonoid: the preliminary results in Taipei city hospital
林姿吟¹ 李怡慧¹
台北市立聯合醫院仁愛院區婦產科¹
- 10:40-10:50 OG2 卵巢雄性細胞瘤NOS中與缺氧相關的基因特徵
Hypoxia-associated genetic signature in ovarian steroid cell tumor NOS
李佳樺¹ 趙安琪¹ 吳凱筠¹ 黃慧君¹ 賴瓊慧¹
林口長庚紀念醫院婦產部¹
- 10:50-11:00 OG3 子宮內膜切除術與隨後的子宮內膜切除術之間的時間範圍：2000 年至 2017 年人群回顧性世代研究
Timeframe Between Transcervical Resection of the Endometrium and Subsequent Hysterectomy: A Population-based Retrospective Cohort Study from 2000 to 2017
徐詠琳¹ 丁大清¹
花蓮慈濟醫院婦產部¹
- 11:00-11:10 OG4 脂肪幹細胞培養基減輕子宮纖維化並改善子宮腺肌症的在位子宮內膜容受性
Conditioned Media of Adipose-derived Stem Cells Mitigate Fibrosis with Improved Eutopic Endometrial Receptivity of Adenomyotic Uteri
黃瑟德^{1,2} 黃俊諺¹ 徐歷彥³ 黃昱豪⁴ 游雅君¹ 桂羅利¹ 洪韻翔¹
義大醫院婦產部¹ University of South Florida² 義大癌治療醫院細胞治療中心³
義大大昌醫院整型外科⁴
- 11:10-11:20 OG5 曾接受放射線和Bevacizumab治療子宮頸癌患者的膀胱陰道和直腸陰道瘻管的風險
The Risk of Vesicovaginal and Rectovaginal Fistula in a Cervical Cancer Patient Treated with Previous Radiotherapy and Bevacizumab
李耀泰¹ 鄭雅敏¹ 朱益志¹ 關龍錦¹ 林大欽¹ 郭宗正¹
郭綜合醫院婦產部¹

11:20-11:30	OG6	<p>罕見案例報告：以停經後出血以及子宮內膜不典型增生做為臨床表現的卵巢支持間質細胞瘤</p> <p>Ovarian Sertoli-Leydig cell tumor with hyperestrogenism presented with postmenopausal bleeding and endometrial hyperplasia: unusual case</p> <p><u>李函靜</u>¹ <u>莊斐琪</u>¹ <u>林浩</u>¹</p> <p>高雄長庚紀念醫院婦產部¹</p>
11:30-11:40	OG7	<p>在以Tamoxifen誘發子宮肌腺症的小鼠上使用間質幹細胞培養液對抗子宮肌腺症所導致的纖維化</p> <p>Harnessing Mesenchymal Stem Cell Conditioned Medium to Combat Adenomyosis-Induced Fibrosis in a Tamoxifen-Induced Mouse Model</p> <p><u>洪韻翔</u>¹ <u>黃瑟德</u>¹</p> <p>義大醫院婦產部¹</p>
11:40-11:50	V4	<p>慢性子宮附屬器扭轉與肺栓塞導致延遲手術</p> <p>Chronic adnexal torsion and pulmonary embolism causing delayed surgical intervention</p> <p><u>謝孟軒</u>¹ <u>王功亮</u>² <u>陳楨瑞</u>³</p> <p>馬偕紀念醫院婦產部¹ 台東馬偕紀念醫院² 馬偕紀念醫院婦產部婦科癌症學科³</p>
11:50-12:00	OM1	<p>Tibolone與荷爾蒙補充療法對更年期症狀與心理困擾的影響</p> <p>Effect of tibolone versus hormone replacement therapy on climacteric symptoms and psychological distress</p> <p><u>蕭聖謀</u>¹</p> <p>亞東紀念醫院婦產部¹</p>

113年3月9日（星期六）下午 （V 樓）敦睦廳

一般婦科 Symposium

主持人：余慕賢、林明輝

13:30-13:50	SY1	看似婦科癌症的非癌症狀況 陳子健
13:50-14:10	SY2	妊娠滋養細胞疾病的診斷和治療 陳怡仁
14:10-14:30	SY3	對防治婦女疾病的檢視 鄭碧華
14:30-14:50	SY4	台灣試管嬰兒治療相關OHSS的趨勢、風險因子、與預後 陳達生
14:50-15:00		Discussion

113年3月9日（星期六）上午
（10樓）長青廳

International Symposium :
The 5th J-K-T Young Doctors' Session (I)

★ MFM(1)

主持人：Chie-Pein Chen陳治平(Deputy superintendent of MMH, Taiwan)、
Young-Han Kim (Secretary General of KSOG, Korea)、
Hisashi Masuyama (JSOG, Chairperson of Education Committee, Japan)

- 08:30-08:40 Y1 **A nationwide survey and feasibility study of virtual telehealth visits for perinatal checkups during the COVID-19 pandemic in Japan**
Mariya Kobayashi (Japan)
- 08:40-08:50 Y2 **Clinical outcomes of nirmatrelvir-ritonavir use in pregnant women during the Omicron wave of the coronavirus disease 2019 pandemic**
Chih-Wei Lin 林智偉 (Taiwan)
- 08:50-09:00 Y3 **15 years' experiences of External Cephalic Version at out patient clinic**
Da Hyun Wang (Korea)
- 09:00-09:10 Y4 **Differential changes of placental soluble epoxide hydrolase (sEH) between normal pregnancies and pregnancies complicated by pre-gestational and gestational diabetes mellitus (GDM)**
Min Feng 馮敏 (Taiwan)
- 09:10-09:20 Y5 **Predictors of diabetic ketoacidosis and associated perinatal mortality in pregnant women with pregestational diabetes mellitus**
Yu-Hao Fan 范祐豪 (Taiwan)

★ MFM(2)

- 09:20-09:30 Y6 **Amniotic fluid stem cell-derived exosomes could show the therapeutic potential in preeclampsia mouse model**
Ping-Hsuan Wu 吳品萱 (Taiwan)
- 09:30-09:40 Y7 **Use of the Ex-Vivo uterine Environment (EVE) system for Surgery in the Fetal Sheep**
Yuya Saito (Japan)

09:40-09:50	Y8	The effective method of detecting pathogenic variants for exome negative cases in Cornelia de Lange Syndrome Rie Seyama (Japan)
09:50-10:00	Y9	The impact of maternal hepatitis C virus infection on the congenital malformations Eun Jin Choi (Korea)
10:00-10:10	Y10	Carrier screening for present disease prevalence and recessive genetic disorder in Taiwanese population Li-Shan Chen陳立珊 (Taiwan)

113年3月9日（星期六）上午 （10樓）長青廳

The 5th J-K-T Young Doctors' Session (II)

★ Reproduction & Infertility --

主持人：Wei-Chun Chang張維君(Vice President of TAOG, Taiwan) 、
Takeshi Maruo (HF of TAOG, Japan) 、
Young-Tak Kim (HF of TAOG, Korea)

- | | | |
|-------------|-----|--|
| 10:20-10:30 | Y11 | The role of uterine EZH2-PRC2-H3K27me3 axis in embryo implantation
Yamato Fukui (Japan) |
| 10:30-10:40 | Y12 | To assessment of chronic endometritis in infertile women with prior implantation failure
Caroline Lim林嘉玲 (Taiwan) |
| 10:40-10:50 | Y13 | The Mid Luteal Progesterone Level and Ratio of Progesterone and Estradiol is Predictive of Pregnancy Outcome in Frozen Embryo Transfer Cycles
Isabel Hsu許嘉樺 (Taiwan) |
| 10:50-11:00 | Y14 | Diminished ovarian reserve does not impact oocyte and embryo performance in women ≤40 years old
Ming-Ju Wang王敏如 (Taiwan) |
| 11:00-11:10 | Y15 | The early evolution of gut microbiome in infants born after in vitro fertilization and its association with concurrent oral microbiome
Chi-Ting Lai賴祈廷 (Taiwan) |

★ Gynecology & Oncology --

- | | | |
|-------------|-----|--|
| 11:10-11:20 | Y16 | Catheter-Directed Sclerotherapy for Endometrioma; studies over the years and future perspectives
Jaekyung Lee (Korea) |
| 11:20-11:30 | Y17 | Advantages of vNOTES (vaginal Natural Orifice Transluminal Endoscopic Surgery) gynecologic procedure using da Vinci SP
Gyul Jung (Korea) |

- 11:30-11:40 Y18 **Spatial Transcriptomics for Investigating Immune Microenvironment Dynamics in Cervical Cancer**
Yeong Eun Choi (Korea)
- 11:40-11:50 Y19 **A Retrospective Analysis of the Efficacy of Bevacizumab Maintenance on the Histopathological Mesenchymal Subtype of High-grade Serous Ovarian Carcinoma**
Kentaro Ishida (Japan)
- 11:50-12:00 Y20 **Outcomes of “sandwich” chemoradiotherapy compared with chemotherapy alone for the adjuvant treatment of FIGO stage III endometrial cancer**
Shao-Jing Wang王韶靖 (Taiwan)

113年3月9日（星期六）中午
（10樓）長青廳

午餐會報：台灣拜耳

主持人：江千代、武國璋

- 12:20-13:20 L1 **Endometriosis and Long-term Management Strategy**
吳文毅

113年3月9日（星期六）下午 （10樓）長青廳

婦癌 Symposium

主持人：王鵬惠、張志隆

- 13:30-14:00 SY5 從非醫學中心的角度，面對婦女三癌的篩檢，評估與治療
溫國璋
- 14:00-14:30 SY6 從醫學中心的角度，面對婦女三癌的篩檢，評估與治療
廖正義
- 14:30-15:00 SY7 從年輕醫師的角度，面對婦女三癌的篩檢，評估與治療
張宸邇

主持人：顏明賢、許耿福

- 15:30-16:00 SY8 子宮頸癌治療的新趨勢與展望
吳貞璇
- 16:00-16:30 SY9 子宮內膜癌的治療新趨勢與展望
呂建興
- 16:30-17:00 SY10 卵巢癌的治療新趨勢與展望
江盈澄

113年3月9日（星期六）上午 （10樓）松柏廳

產科Oral

主持人：林陳立、區慶建

- 08:30-08:40 004 重度血友病孕婦的妊娠相關處置，一個珍貴的臨床案例經驗
Management of pregnant female with severe Hemophilia A: A precious clinical experience
何敏慧¹ 蘇國銘¹
三軍總醫院¹
- 08:40-08:50 005 減痛分娩施打時機對產程的影響及產科不良結果之分析
The timing of epidural analgesia on the effects of labor duration, and maternal, neonatal outcomes.
顏廷聿¹
台北榮民總醫院婦女醫學部¹
- 08:50-09:00 006 探討足月早期破水的產婦催生失敗之預測因子
Predictive factors for failed labor induction in term pregnancies with spontaneous prelabor rupture of membranes
賴昱蓁¹ 陳治平¹ 王國恭¹ 陳宜雍¹ 王亮凱¹ 鄧肇雄¹ 陳震宇^{*1}
台北馬偕紀念醫院婦產部高危險妊娠學科¹
- 09:00-09:10 007 臍帶脫垂: 案例分享與文獻回顧
Umbilical Cord Prolapse: A Report of Three Cases and Review of Literature
陳毅敏¹ 林書凡² 夏立忻¹ 應宗和¹
中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院教學部²
- 09:10-09:20 008 雙胞胎懷孕合併慢性高血壓併嚴重子癲前症、羊水栓塞、產後大出血及心臟驟停之搶救成功經驗分享及檢討
A Case Report and Experience Sharing: A Successful Resuscitation in a Case of Twin Pregnancy Complicated by Severe Superimposed Pre-eclampsia, Amniotic Fluid Embolism, Postpartum Hemorrhage, and Cardiac Arrest
何宜軒¹ 何銘¹ 蘇俊維¹ 陳怡燕¹ 楊稚怡¹ 陳致穎¹
中國醫藥大學附設醫院¹

- 09:20-09:30 OO9 **孕前BMI對孕產婦及相關生產結果之影響**
Effect of pre-pregnancy BMI on maternal and neonatal outcomes
王健瑋¹ 陳竑卉² 陳震宇³ 洪芳宇¹ 蔡金翰¹ 翁順隆¹ 王功亮⁴ 賴政延⁵
 新竹馬偕紀念醫院婦產科部¹ 國立台灣大學醫學院護理學系² 馬偕紀念醫院婦產科部³ 台東馬偕紀念醫院婦兒科部婦產科⁴ 國立臺東大學生物醫學碩士學位學程⁵
- 09:30-09:40 OO10 **案例分享：重度子癩前症併發血栓性微血管病變**
A case sharing : Severe preeclampsia complicated with thrombotic microangiopathies
郭閔珊¹ 蔡祥維¹ 黃莊彥²
 高雄榮民總醫院婦女醫學部¹ 國防醫學院三軍總醫院澎湖分院婦產科²
- 09:40-09:50 OO11 **懷孕期間登革病毒感染對孕婦和新生兒健康的影響**
The Impact of Dengue Virus Infection During Pregnancy on Maternal and Neonatal Health
朱孟萱¹
 奇美醫院¹
- 09:50-10:00 OO12 **台灣孕產婦相關死亡率趨勢與死因探討：真實或者人為因素**
Trend and causes of maternal death in Taiwan: reality or artifact
古宇倫^{1,2} 呂宗學^{3,4,5,6,7}
 嘉義長庚婦產科¹ 成功大學公共衛生研究所² NCKUResearchCenterforHealthDataandDepartmentofPublicHealth³ CollegeofMedicine⁴ NationalChengKungUniversity⁵ Tainan⁶ Taiwan⁷

113年3月9日（星期六）上午 （10樓）松柏廳

產科 Oral

主持人：林珮瑩、陳俐瑾

- 10:30-10:40 OO13 比較Dinoprostone vaginal insert(Propess®)有無合併oxytocin使用對於足月產婦的催生效果
Dinoprostone vaginal insert (Propess®) with and without oxytocin use for induction of labor: comparison of obstetric outcomes
張家甄¹ 葉長青¹
台北榮民總醫院婦產部¹
- 10:40-10:50 OO14 懷孕婦女極端體重妊娠風險與生產方式考量；醫學中心高危險妊娠照護經驗分享與文獻回顧
Consideration of delivery methods and risks of pregnant women with extreme body mass index: A single medical center experience with literature review
謝秉霖¹ 賴禹儒¹ 蘇國銘¹ 林啟康¹
三軍總醫院婦產部¹
- 10:50-11:00 OO15 比較一劑與兩劑產前預防性抗生素對防止新生兒乙型鏈球菌早發型疾病效果的分析
Comparing the Effectiveness of One versus Two Dosages of Intrapartum Prophylactic Antibiotics in Preventing Neonatal Group B Streptococcal Early-Onset Disease: A Comprehensive Analysis.
陳薇文¹ 楊稚怡¹ 何銘¹
中國醫藥大學附設醫院¹
- 11:00-11:10 OO16 Anti M抗體造成胎兒子宮內死亡：中國醫藥大學附設醫院近10年的案例分析
Anti-M antibodies as a cause of intrauterine fetal death: A case series over past 10 years at China Medical University Hospital
楊稚怡¹ 王英哲² 薛博仁² 何銘¹
中國附醫婦產部¹ 中國附醫臨床病理科²
- 11:10-11:20 OO17 以第三代長讀長定序確認台灣罕見之乙型地中海貧血帶因位點
Defining the breakpoints of rare HBB gene deletion in a Taiwanese thalassemia trait family by long-read sequencing: A case report
廖敏君¹ 吳琬如^{1,2} 馬國欽³ 李東杰³ 張舜評³ 陳明^{1,3,2}
彰化基督教醫院婦產部¹ 國立中興大學學士後醫學系² 彰化基督教醫院基因醫學部³

- 11:20-11:30 OO18 內髂動脈結紮對懷孕的影響:以全國生產人數為對象之研究
The impact of internal iliac artery occlusion on pregnancy outcomes: a population-based study from 2008-2017
 古宇倫¹ 蘇杏如¹ 歐育哲^{1,2}
 嘉義長庚紀念醫院婦產科¹ 高雄長庚紀念醫院婦產部²
- 11:30-11:40 OO19 研究TENS減緩產痛於fMRI腦部連接影像之變化
Functional Human Brain Connectivity During Labor and its Alteration under Transcutaneous Electrical Nerve Stimulation
 趙安祥¹ 陳冠儒¹ 王俊杰²
 新北市立土城醫院¹ 長庚大學²
- 11:40-11:50 OO20 第二孕期超音波篩檢:以子宮動脈血流阻力預測低體重新生兒
Prediction of small-for-gestational-age neonates at 19-24 weeks' gestation: role of uterine artery Doppler screening
 廖柔謙¹ 戴怡芸¹
 臺大醫院婦產部¹
- 11:50-12:00 OO21 缺氧模型下的羊水幹細胞外泌體可表現促血管生成和抗發炎反應能力
Hypoxia-induced human amniotic fluid stem cell-derived exosomes show higher potential of pro-angiogenesis and anti-inflammatory ability
 林美君¹ 羅良明¹ 謝燦堂¹ 蕭勝文¹
 台北長庚醫院婦產科¹

113年3月9日（星期六）中午
 （10樓）松柏廳

午餐會報：躍聯生命科學

主持人：周輝政、林芯仔

- 12:20-13:20 L2 維生素B6於情緒調控之臨床新知
 葛菁如

113年3月9日（星期六）下午 （10樓）松柏廳

產科 Symposium

主持人：徐明洸、蕭勝文

- | | | |
|-------------|------|---|
| 13:30-14:00 | SY11 | Fetal CPAM and other lung lesions
施景中 |
| 14:00-14:30 | SY12 | Integrating ultrasound and genomics for prenatal diagnoses of fetuses with structural anomalies
陳智齡 |
| 14:30-15:00 | SY13 | 如何降低台灣母體與周產期的死亡率
洪泰和 |

主持人：陳震宇、康琳

- | | | |
|-------------|------|--|
| 15:30-16:00 | SY14 | 中晚期流產
葉長青 |
| 16:00-16:30 | SY15 | 胎兒與新生兒周產期死亡
詹德富 |
| 16:30-17:00 | SY16 | 回顧與前瞻--中山附醫十年HIFU治療經驗分享，與HIFU術後對懷孕生產影響的探討
應宗和 |

113年3月9日（星期六）上午 （10樓）國際會議廳

內視鏡 Video

主持人：王錦榮、張文君

- | | | |
|-------------|-----|--|
| 08:30-08:40 | V5 | 兩孔腹腔鏡手術在深部浸潤性子宮內膜異位症中的手術程序與腹膜後解剖構造識別
Surgical Procedures and Retroperitoneal Anatomy Identification in 2-Port Laparoscopic Cystectomy for Deep Infiltrating Endometriosis
楊晴嵐 ¹ 莊乙真 ¹ 鍾佳翰 ¹ 李大成 ¹ 陳曦 ¹
亞東紀念醫院婦產部 ¹ |
| 08:40-08:50 | V6 | 達文西手術處理復發性之卵巢顆粒細胞瘤
Robotic surgery for recurrent ovarian granulosa cell tumor
李大成 ¹ 莊乙真 ¹
新北市亞東醫院 ¹ |
| 08:50-09:00 | V7 | 子宮內膜癌分期手術後感染性淋巴囊腫的達文西沾黏分離術
Robotic Lysis of Infective Lymphocele After Endometrial Cancer Staging
陳曦 ¹ 莊乙真 ¹
亞東紀念醫院婦產部 ¹ |
| 09:00-09:10 | V8 | 在嚴重腹腔沾黏患者上使用腹腔鏡不同視角進行沾黏分離
Adhesiolysis in a Patient with Severe Intra-abdominal Adhesions Using Different Perspectives of Laparoscopy
林宜衡 ¹ 楊晴嵐 ² 莊乙真 ² 童寶玲 ³
臺大醫院婦產部 ¹ 亞東紀念醫院婦產部 ² 臺大醫院新竹分院 ³ |
| 09:10-09:20 | V9 | 達文西第三隻手臂在子宮內膜癌手術時的運用
The 3th endowrist arm use in robotic staging of endometrial cancer
鍾佳翰 ¹
亞東紀念醫院 ¹ |
| 09:20-09:30 | V10 | 抽吸沖洗器械剝離組織技術應用於單孔腹腔鏡子宮內膜異位瘤手術
Stripping technique using suction irrigation instrument in single port laparoscopic surgery for endometrioma
洪詠筑 ¹ 李光晏 ¹ 楊恬欣 ¹ 童寶玲 ¹
台大醫院婦產部 ¹ |

- 09:30-09:40 V11 針對臨床上疑似重度腹腔內沾黏，經自然孔洞內視鏡協助下進行腹部
穿刺套管
**Transabdominal trocar insertion for patient with clinically suspected severe
intra-abdominal adhesion under direct vision of laparoscopy through posterior
colpotomy.**
王錦榮¹ 林杰進¹ 林偉力¹ 吳凱筠¹
林口長庚紀念婦產科¹
- 09:40-09:50 V12 達文西經陰道自然孔行困難的全子宮切除術
Robotic vNOTES for complicated hysterectomy
林詠涵¹ 莊斐琪¹ 楊采樺¹ 吳昱靜¹ 黃寬慧¹ 龔福財¹
高雄長庚紀念醫院¹
- 09:50-10:00 V13 利用30度腹腔鏡於單孔手術中處理嚴重膀胱沾黏與腹壁沾黏之技巧
**Tips of lateral approach of 30-degree scope during single port laparoscopic
surgery of severe adhesion between uterus, urinary bladder and abdominal wall.**
魏君卉¹ 呂彥鋒²
柳營奇美醫院¹ 新光吳火獅紀念醫院²

113年3月9日（星期六）上午 （10樓）國際會議廳

內視鏡 Video + Oral

主持人：丘林和、林武周

- | | | |
|-------------|-----|--|
| 10:30-10:40 | V14 | 腹腔鏡切除子宮角懷孕
Laparoscopic cornual resection for ectopic pregnancy
<u>張季涵</u> ¹ 丁大清 ¹
花蓮慈濟醫院婦產部 ¹ |
| 10:40-10:50 | V15 | 腹腔鏡子宮頸肌瘤切除合併子宮頸管重建
Laparoscopic cervical myomectomy and reconstruction of endocervical canal
<u>停寧萱</u> ¹ 丁大清 ¹
花蓮慈濟醫院 ¹ |
| 10:50-11:00 | V16 | 以腹腔鏡無血「人魚生產」及子宮角切除治療子宮角外孕：案例報告
Laparoscopic Bloodless En Caul Delivery of a Cornual Pregnancy Followed By Cornual Resection: A Case Report
<u>李侑潔</u> ¹
高雄四季台安醫院 ¹ |
| 11:00-11:10 | V17 | 連續螺旋縫合術於腹腔鏡子宮肌瘤切除術之應用
A novel procedure: continuous barbed purse-string suture during laparoscopic myomectomy
<u>王韋筑</u> ¹ 吳晉睿 ¹ 童寶玲 ^{1,2}
國立臺灣大學醫學院附設醫院新竹臺大分院婦產部 ¹ 國立臺灣大學醫學院附設醫院婦產部 ² |
| 11:10-11:20 | V18 | 單孔腹腔鏡卵巢囊腫切除術於嚴重骨盆腔沾黏有訣竅
Tips and Tricks for Ovarian Cystectomy in Severe Pelvic Adhesion during Single Port Laparoscopic Surgery
<u>林子涵</u> ¹ 楊恬欣 ¹ 李光晏 ¹ 童寶玲 ¹
國立臺灣大學醫學院附設醫院 ¹ |
| 11:20-11:30 | V19 | 針對陰道與低位直腸深部子宮內膜異位症病灶 施行腹腔鏡部分陰道切除與低位直腸手工盤狀切除縫合之個案報告
Laparoscopic partial vaginectomy and rectal manual disc excision for a case with advanced posterior DE (deep endometriosis) involving vagina and low rectum
<u>孫仲賢</u> ¹ 侯詠齡 ¹ 李侑潔 ¹ 方俊能 ¹ 莊國泰 ¹
四季台安醫院 ¹ |

- 11:30-11:40 V20 深部浸潤子宮內膜異位的手術技巧，以子宮全切除為例
Techniques in surgery for severe deep endometriosis, a case of patient underwent hysterectomy
陳昱綺¹ 李奇龍¹
 林口長庚紀念醫院¹
- 11:40-11:50 V21 針對重度骨盆子宮內膜異位症的系統性手術方式
Systematic approach for unravelling frozen pelvis caused by advanced pelvic endometriosis
侯詠齡¹ 孫仲賢¹ 李侑潔¹ 莊國泰¹
 高雄四季台安醫院¹
- 11:50-12:00 OE4 達文西輔助腹腔鏡和傳統腹腔鏡子宮肌瘤切除術之術後疼痛比較的回顧性研究
Comparison of postoperative pain in robotic versus traditional laparoscopic myomectomy: a retrospective cohort study
吳雅筑¹ 丁大清¹
 花蓮慈濟醫院婦產部¹

113年3月9日（星期六）下午 （10樓）國際會議廳

內視鏡 Symposium

主持人：顏志峰、劉錦成

- | | | |
|-------------|------|---|
| 13:30-14:00 | SY17 | Revisit the minimally invasive therapy of (tubal) ectopic pregnancy
陳明哲 |
| 14:00-14:30 | SY18 | Non-invasive surgery for uterine myoma and adenomyosis
龍震宇 |
| 14:30-15:00 | SY19 | Enhancing ERAS in Gynecologic Laparoscopy
黃寬仁 |

主持人：張基昌、王有利

- | | | |
|-------------|------|---|
| 15:30-16:00 | SY20 | Are we ready for the reimbursement requirements of gynecologic robotic surgery
王功亮 |
| 16:00-16:30 | SY21 | Current trends and future perspectives in Gynecologic pelvic reconstructive surgery
黃寬慧 |
| 16:30-17:00 | SY22 | Techniques to Avoid Intraperitoneal Tumor Cell Spillage in MIS Oncology
李奇龍 |

113年3月9日（星期六）上午
（12樓）崑崙廳

International Symposium：AOFOG Session

主持人：Tsung-Hsien Su 蘇聰賢 (Fellow of TAOG)、
Kazunori Ochiai (HF of TAOG, Japan)、
Joo Hyun Nam (HF of TAOG, Korea)

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|-------------|-----|---|
| 08:30-09:00 | IS1 | Operationalize cervical cancer elimination in AOFOG
Pisake Lumbiganon (AOFOG, President, Thailand) |
| 09:00-09:30 | IS2 | Heavy Menstrual Bleeding- Strategies to Best Cure
Rohana Haththotuwa (AOFOG, Secretary General, Sri Lanka) |
| 09:30-10:00 | IS3 | Impact of Climate Change, Environmental Toxins and Pollution on the AOFOG region: What can OBGYNs do?
Krishnendu Gupta (AOFOG, Deputy Secretary General, India) |

113年3月9日（星期六）上午 （12樓）崑崙廳

International Symposium：Invited Speaker Lecture

主持人：Ming-Chao Huang 黃閔照 (Fellow of TAOG)、
Duk Soo Bae (HF of TAOG, Korea)、
Toshiharu Kamura (HF of TAOG, Japan)

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|-------------|-----|---|
| 10:30-11:00 | IS4 | A practical approach to paracervical tissue dissection in nerve-sparing radical hysterectomy
Noriaki Sakuragi (HF of TAOG, Japan) |
| 11:00-11:30 | IS5 | Comprehensive approach to have healthy baby in women with adenomyosis
Yutaka Osuga (JSOG, Vice Chairperson of the Executive Board, Japan) |
| 11:30-12:00 | IS6 | Mentoring Our Next Generation
Thomas M. Gellhaus (ACOG, Past President, USA) |

113年3月9日（星期六）中午 （12樓）崑崙廳

午餐會報：台灣基康

主持人：陳明、陳持平

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|-------------|----|---|
| 12:20-13:20 | L3 | Genome-wide NIPT：國外及台灣單一實驗室經驗
郭保麟 |
|-------------|----|---|

113年3月9日（星期六）下午 （12樓）崑崙廳

International Symposium : The 5th Japan-Korea-Taiwan Joint Conference

13:35-13:40

Opening Remarks

Shee-Uan Chen (President of TAOG)

★Maternal Fetal Medicine

主持人：Te-Fu Chan 詹德富 (President of TSOP, Taiwan)

Yong Won Park (HF of TAOG, Korea) 、

Hisashi Masuyama (JSOG, Chairperson of Education Committee, Japan)

- | | | |
|-------------|----|--|
| 13:40~14:00 | J1 | Artificial intelligence in maternal-fetal medicine
Seung Mi Lee (Seoul National University, Korea) |
| 14:00~14:20 | J2 | Early onset preeclampsia is associated with altered DNA methylation in the first trimester villi
Akihiro Kawashima (Showa University, Japan) |
| 14:20~14:40 | J3 | The aftermath of emergency cervical cerclage
Chin-Ru Ker (Kaohsiung Medical University Chung-Ho Memorial Hospital, Taiwan) |

★Reproductive Endocrinology & Infertility

主持人：Horng-Der Tsai 蔡鴻德 (Fellow of TAOG) 、

Jang-Heub Kim (HF of TAOG, Korea) 、

Tomoyuki Fujii (HF of TAOG, Japan)

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|-------------|----|--|
| 14:40~15:00 | J4 | Stem cell-based therapy for infertility
Satoshi Hosoya (The Jikei University School of Medicine, Japan) |
| 15:00~15:20 | J5 | Insights into the pathophysiology and treatment of PCOS
Chu-Chun Huang (National Taiwan University Hospital, Taiwan) |
| 15:20~15:40 | J6 | Investigation for a relationship between vasomotor symptoms and hypothalamus volumetry using magnetic resonance imaging
Hye Gyeong Jeong (Korea University Anam Hospital, Korea) |

★Gynecological Oncology

主持人：Su-Cheng Huang 黃思誠 (Fellow of TAOG) 、
Shingo Fujii (HF of TAOG, Japan) 、
Hee-Sug Ryu (President of KSOG, Korea)

- | | | |
|-------------|----|---|
| 16:00~16:20 | J7 | Uncovering the molecular landscape of ovarian clear cell carcinoma: towards precision oncology
Angel Chao (Chang Gung Memorial Hospital, Taiwan) |
| 16:20~16:40 | J8 | Novel therapeutic strategy targeting cancer heterogeneity and metabolism based on a cancer stem cell model
Tatsuya Ishiguro (Niigata University Medical and Dental Hospital, Japan) |
| 16:40~17:00 | J9 | Robotic surgery for gynecologic cancers: staying ahead of the curve
Jiheum Paek (Ajou University, Korea) |

113年3月10日（星期日）上午
（V樓）敦睦廳

更年期醫學 Symposium

主持人：蔡永杰、蔡景州

08:30-08:50	SY23	Sequential treatment in vulvovaginal atrophy 張芳維
08:50-09:10	SY24	Bridging the Bone Health Gap: Strategies for Women's Health Across the Lifespan 王映文
09:10-09:30	SY25	Selective tissue estrogenic activity regulator (among drugs in the therapy of postmenopausal women) 徐英倫
09:30-09:50	SY26	The impacts of menopausal hormone therapy on longer-term health consequences of ovarian hormone deficiency 莊蕙瑜
09:50-10:00		Discussion

113年3月10日（星期日）上午 （V樓）敦睦廳

生殖內分泌 Oral

主持人：吳孟興、吳信宏

- 10:30-10:40 OF1 乳癌診斷後的生育保存
Fertility Preservation After Breast Cancer Diagnosis
羅雅薰¹ 吳憲銘^{1,2} 張嘉琳^{1,2} 黃泓淵^{1,2}
林口長庚紀念醫院婦產部¹ 長庚大學²
- 10:40-10:50 OF2 經陰道超音波引導取卵後大量腹腔出血的非手術治療 — 病例報告
Non-surgical management of massive intra-abdominal bleeding following transvaginal ultrasound-guided oocyte retrieval — A case report
張恆綱¹ 張訓銘¹ 林武周¹
中國醫藥大學附設醫院婦產部¹
- 10:50-11:00 OF3 卵巢反應不良者新鮮與冷凍胚胎移植的統合分析：評估臨床結果和 IVF 成功率
Clinical Outcomes in Poor Ovarian Responders: A Meta-Analysis of Fresh vs. Frozen Embryo Transfer in IVF
游馥瑀¹ 李宗賢¹
中山醫學大學附設醫院¹
- 11:00-11:10 OF4 抗磷脂症候群的懷孕婦女使用奎寧合併阿斯匹靈及肝素是否會促進懷孕結果
Aspirin plus heparin and /or adding hydroxychloroquine for improving pregnancy outcomes in women with persistent antiphospholipid antibodies
周芷佑¹ 李宗賢¹
中山醫學大學附設醫院婦產部¹
- 11:10-11:20 OF5 利用縮時攝影培養技術分析具不同粒線體DNA含量囊胚之胚胎特徵
The embryonic characteristics of biopsied blastocysts stratified based on their mitochondrial DNA copy numbers are revealed by using time-lapse monitoring
陳建宏¹ 李俊逸^{1,2,3} 蘇靖雅¹ 黃俊嘉¹ 陳秀惠¹ 鄭恩惠¹ 陳忠義¹ 林秉瑤¹
李宗賢^{1,2,3} 李茂盛^{1,2,3}
茂盛醫院¹ 中山醫學大學附設醫院婦產部² 中山醫學大學醫研所³

- 11:20-11:30 OF6 雙酚A誘發的子宮內膜異位基質細胞上皮-間質轉化有助於子宮內膜異位症的進展
The potential role of bisphenol A-induced endometriotic stromal cell epithelial-mesenchymal transition in the progression of endometriosis
王凱弘¹ 蔡青沅¹ 林大欽^{1,2} 郭宗正^{1,2}
 台南郭綜合醫院生殖醫學中心¹ 台南郭綜合醫院婦產部²
- 11:30-11:40 OF7 褪黑激素調節IL-1 β 在顆粒細胞中誘發的細胞發炎激素表現和細胞凋亡
Melatonin modulates IL-1 β -induced inflammatory cytokine expression and apoptosis in human granulosa cells
王凱弘¹ 蔡青沅¹ 林大欽^{1,2} 郭宗正^{1,2}
 台南郭綜合醫院生殖醫學中心¹ 台南郭綜合醫院婦產部²
- 11:40-11:50 OF8 子宮內膜微小核糖核酸調控成功著床機制之探討
Study on the mechanism of endometrial microRNAs regulating successful implantation
李侑蓁¹ 李季穎^{1,2} 鄭恩惠¹ 李宗賢^{1,3,4} 李俊逸^{1,3,4} 林秉瑤¹ 陳忠義¹ 李茂盛^{1,3,4}
 茂盛醫院¹ 清華大學生物資訊與結構生物研究所² 中山醫學大學醫學研究所³ 中山醫學大學附設醫院婦產部⁴

113年3月10日（星期日）上午
（10樓）長青廳

International Symposium :
The 5th J-K-T Young Doctors' Session (Ⅲ)

★ Urogynecology

主持人：丁大清、黃文助

- | | | |
|-------------|-----|--|
| 08:30-08:40 | Y21 | Relationship between Q-Tip Test and Urethral Hypermobility on Perineal Ultrasound
I-Chieh Sung 宋怡潔 |
| 08:40-08:50 | Y22 | Management with bladder oversensitivity with platelet-rich-plasma(PRP) during pelvic reconstruction
Yi-Ting Chen 陳怡婷 |
| 08:50-09:00 | Y23 | Skin sympathetic nerve activity as a potential biomarker for overactive bladder
Tzu-Ting Chen 陳姿廷 |
| 09:00-09:10 | Y24 | Effect of High-Intensity Focused Electromagnetic (HIFEM) technology for the treatment of Female Stress Urinary Incontinence
Chieh-Yu Chang 張介禹 |
| 09:10-09:20 | Y25 | Comparison of Female Sexual Function following the TVT-O Sling System versus the Altis Single-Incision Sling System
Yao-Yu Yang 楊曜瑜 |

★ Gynecological Oncology --

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|-------------|-----|--|
| 09:20-09:30 | Y26 | The Relationship between Vaginal Microbiota and Cervical Carcinogenesis Process
Yu-Jen Lai 賴昱蓁 |
| 09:30-09:40 | Y27 | Distribution pattern of human papilloma virus (HPV) genotyping between normal and abnormal cervical cytology and its carcinogenic risk-a single institution experience
Yi-Cih Ma 馬翊慈 |

09:40-09:50	Y28	Association of Body Weight and Outcomes in Patients with Endometrial Cancer: A Single-Center Analysis Yun-Ting Gao 高昀廷
09:50-10:00	Y29	Minimally invasive surgery in early stage endometrial cancer in Taiwan Chun-Ting Fan 范鈞婷
10:00-10:10	Y30	The physical, mechanical and biological properties of absorbable scaffold harvested with human amniotic fluid stem cells on rat model: An innovation for pelvic reconstruction surgery Chien-Chien Yu 游千千

113年3月10日（星期日）上午 （10樓）長青廳

The 5th J-K-T Young Doctors' Session (IV)

★ Reproduction

主持人：趙光漢、沈靜茹

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|-------------|-----|--|
| 10:20-10:30 | Y31 | Specialized technique of aggressive sperm immobilization improves reproductive outcomes in patients with male infertility and ICSI fertilization failure
Ching-Wen Chou 周靜汶 |
| 10:30-10:40 | Y32 | Impact of adenomyosis and endometriosis on IVF/ICSI pregnancy outcome in patients undergoing gonadotropin-releasing hormone agonist treatment and frozen embryo transfer
Yu Wang 王瑤 |
| 10:40-10:50 | Y33 | Administration of oxytocin receptor antagonist during frozen embryo transfer might improve live birth rates in women with recurrent implantation failure, adenomyosis and myoma
Po-Wen Lin 林柏文 |
| 10:50-11:00 | V34 | Changes in cervical elastography, cervical length and endocervical canal width after cerclage for cervical insufficiency: an observational ultrasound study
Meng-Hsuen Hsieh 謝孟軒 |
| 11:00-11:10 | V35 | The timing of Prostin E2 intervention in poor response of Propess use in induction of labor
Ning-Shiuan Ting 停寧萱 |

★ Gynecology

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|-------------|-----|--|
| 11:10-11:20 | Y36 | Safety Assessment and Side Effects of HIFU with Sonovue in Myoma Patients: A Prospective Randomized Trial
Yu-Hsuan Lin 林瑜萱 |
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| 11:20-11:30 | Y37 | Comparison of Clinical Outcomes of Switching from Monopolar to Bipolar Hysteroscopic Myomectomy
Chia-Han Chung 鍾佳翰 |
| 11:30-11:40 | Y38 | Comparing Clinical Outcomes of Laparoscopic Myomectomy with and without Uterine Elevator: A Retrospective Analysis
Chi-Han Chang 張季涵 |
| 11:40-11:50 | Y39 | Antimüllerian hormone is highly expressed in the eutopic and ectopic endometrium of patients with endometrioma
Ai-Lun Lee 李艾倫 |
| 11:50-12:00 | Y40 | Figure out the risk factors of Postpartum Depression (PPD)
Chia-Han Chung 鍾佳翰 |

113年3月10日（星期日）中午
（10樓）長青廳

午餐會報：默沙東

主持人：陳啟豪、翁嘉穗

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|-------------|----|--|
| 12:20-13:20 | L4 | 【子宮頸癌-台灣現況與展望】如何加速消弭子宮頸癌
許世典 |
|-------------|----|--|

113年3月10日（星期日）下午
（10樓）長青廳

住院醫師教育訓練

主持人：許德耀、陳宜雍 / (實習主持人)

13:30-14:30 SY27-28 生產事故關懷模擬演練

李詩應(西園醫院神經內科醫師)、
陳永綺(陳忠純紀念促進醫病關係教育公益信託會長)、
財團法人台灣婦女健康暨泌尿基金會

14:30-15:00 SY29 胎盤完全前置剖腹生產的計畫與執行
羅良明

主持人：周宏學、張穎宜 / (實習主持人)

15:30-16:00 SY30 如何避免腹腔鏡併發症
童寶玲

16:00-16:30 SY31 如何精進腹腔鏡手術技巧
劉蕙瑄

16:30-17:00 SY32 如何執行子宮腔鏡及避免併發症
桂羅利

113年3月10日（星期日）上午 （10樓）松柏廳

婦女泌尿 Oral

主持人：黃文貞、潘恒新

- 08:30-08:40 OU1 同年齡層之女性接受骨盆重建手術之預後
Outcomes of primary pelvic floor repairs in women at different ages
曾瑀儒¹ 黃文貞^{1,2,3}
國泰綜合醫院婦產科¹ 台北醫學大學醫學系² 國立清華大學醫學院³
- 08:40-08:50 OU2 Tibolone與荷爾蒙補充療法對下泌尿道症狀及性功能的影響
Effect of tibolone versus hormone replacement therapy on lower urinary tract symptoms and sexual function
蕭聖謀¹
亞東紀念醫院婦產部¹
- 08:50-09:00 OU3 利用膀胱日誌衍生的女性下泌尿道症狀分類的可行性和臨床意義
Feasibility and clinical implications of 3-day bladder diary derived classification of female storage lower urinary tract symptoms
蕭聖謀¹ 林鶴雄¹
亞東紀念醫院婦產部¹
- 09:00-09:10 OU4 Pixel CO2 陰道雷射治療更年期泌尿生殖症候群 (GSM) 女性的成果
Evaluation of the Pixel CO2 Vaginal Laser Therapy for Women with Genitourinary Syndrome of Menopause (GSM)
林冠伶¹ 劉奕吟² 盧紫曦¹ 葉建麟¹ 張介禹¹ 楊曜瑜¹ 龍震宇¹
高雄醫學大學附設中和紀念醫院婦產部¹ 天主教聖功醫療財團法人醫院婦產科²
- 09:10-09:20 OU5 膀胱灌注與高濃度血小板血漿注射治療間質性膀胱炎的臨床療效比較
Comparison of Clinical Effects between Intravesical Instillations and Injections of Platelet-Rich Plasma for the Treatment of Interstitial Cystitis
龍震宇¹ 林冠伶¹ 盧紫曦¹ 葉建麟¹ 楊曜瑜¹ 張介禹¹ 劉奕吟²
高雄醫學大學附設醫院¹ 高雄市立小港醫院²

- 09:20-09:30 OU6 以生理心理社會模式解讀影響婦女應力性尿失禁手術因素的典範轉移
A bio-psycho-social model to elucidate the affecting variable paradigm shifts of female stress urinary incontinence surgery
吳銘斌^{1,2}
 奇美醫學中心婦女泌尿科¹ 國立中山大學醫學院後醫學系²
- 09:30-09:40 OU7 使用合併藥物Solifenacin 與 Mirabegron治療逼尿肌過動女性失敗之風險因子
Risk factors for the failure of combined pharmacotherapy with Solifenacin and Mirabegron in women with detrusor overactivity
黃俊淇¹ 王曼寧¹ 蘇聰賢¹ 劉蕙瑄¹
 馬偕紀念醫院¹
- 09:40-09:50 OU8 單一切口和經閉孔吊帶治療應力性尿失禁的十年以上療效
More than 10-year outcomes of single-incision sling and trans-obturator sling for stress urinary incontinence
王曼寧¹ 蘇聰賢¹ 黃俊淇¹ 劉蕙瑄¹
 台北馬偕紀念醫院婦產部婦女泌尿科¹
- 09:50-10:00 OU9 使用中段尿道懸帶在骨盆重建手術後出現之應力性尿失禁追蹤結果
Outcomes on mid-urethral sling for Urodynamic stress incontinence following extensive pelvic reconstructive surgery
盧佳序¹ 羅艾琳¹ 林芝卉¹ 謝武橋¹ 林益豪¹ 周怡君¹
 林口長庚紀念醫院婦產部¹
- 10:00-10:10 OU10 單一切口中段尿道懸吊帶術後一年的超音波及臨床預後
Ultrasonography and clinical outcomes following Single-incision mid-urethral tape procedure (I-stop-mini™) for Urodynamic stress incontinence at 1 Year
張藍心¹ 盧佳序^{2,3} Maherah Binti Kamarudin² 周怡君² 謝武橋² 林益豪^{2,3}
 土城長庚醫院婦產科¹ 林口長庚紀念醫院婦產部² 長庚大學³

113年3月10日（星期日）上午 （10樓）松柏廳

主持人：孫茂榮、洪滿榮

- 10:30-10:40 OU11 台灣女性族群接受尿失禁手術的預後和預測因子
Predictors and outcomes of continent surgeries for stress urinary incontinence among Taiwanese women: What works best?
盧佳序^{1,2} Maherah Binti Kamarudin¹ 謝武橋¹ 林益豪^{1,2} 梁景忠^{1,2} 王誠^{1,2}
林口長庚紀念醫院婦產部¹ 長庚大學²
- 10:40-10:50 OU12 使用經陰道人工網膜MIPS於骨盆底重建手術的手術失敗危險因子
Risk Factors of Surgical Failure following Transvaginal Mesh Repair using MIPS device
盧紫曦¹ 林冠伶¹ 劉奕吟² 葉建麟¹ 張介禹¹ 楊曜瑜¹ 龍震宇¹
高雄醫學大學附設中和紀念醫院婦產部¹ 天主教聖功醫療財團法人聖功醫院婦產部²
- 10:50-11:00 OU13 經陰道前壁及頂端人工網膜 (Calistar-S)在嚴重骨盆底脫垂術後一年之追蹤結果
Anterior-Apical Transvaginal Mesh (Calistar-S) for Treatment of Advanced Urogenital Prolapse: Surgical and Functional Outcomes at One Year
盧佳序¹ Eyal Rom¹ 張藍心¹ 洪敏文¹ 高川琪¹ 黃惠鈺¹
林口長庚紀念醫院婦產部¹
- 11:00-11:10 OU14 使用Anchore之薦棘韌帶固定術手術失敗的預測因子
Predictors of Surgical Failure following Sacrospinous Ligament Fixation using Anchore device
葉建麟¹ 張介禹¹ 楊曜瑜¹ 盧紫曦¹ 林冠伶¹ 龍震宇¹
高雄醫學大學附設醫院婦產部¹
- 11:10-11:20 OU15 結合經閉孔置放前測網膜(Surelift-A)及薦棘韌帶固定術式治療嚴重骨盆腔器官脫垂術後一年的構造和功能性預後
Combined anterior trans-obturator mesh (Surelift-A) and sacrospinous ligament fixation for advanced urogenital prolapse: surgical and functional outcomes at 1 Year
盧佳序^{1,2} Aisha Alzabedi¹ 張藍心³ 楊佳璇¹ 洪敏文⁴ 林芷嫻¹
林口長庚紀念醫院婦產部¹ 長庚大學² 土城長庚醫院婦產科³ 台北長庚醫院婦產科⁴

- 11:20-11:30 OU16 比較陰道前壁與頂端網膜和陰道前壁網膜於經陰道骨盆底器官脫垂手術在手術一年之追蹤結果
Comparison between anterior-apical mesh (Surelift) and anterior mesh (Surelift-A) in transvaginal pelvic organ prolapse surgery: Surgical and Functional Outcomes at 1 Year
 盧佳序¹ Louiza Erika Rellora¹ 洪敏文¹ 楊佳璇¹ 張藍心¹ 黃詩穎¹ 謝武橋¹
 林口長庚紀念醫院婦產部¹
- 11:30-11:40 OU17 比較兩者骨盆脫垂修補手術後的性功能：經陰道人工網膜子宮膀胱懸吊術以及腹腔鏡龍式懸吊術
A comparison of sexual function following transvaginal mesh (TVM) repair and laparoscopic long mesh surgery (LLMS) for the treatment of pelvic organ prolapse (POP)
 龍震宇¹ 林冠伶¹ 盧紫曦¹ 葉建麟¹ 張介禹¹ 楊曜瑜¹ 涂育綾¹
 高雄醫學大學附設醫院¹
- 11:40-11:50 OU18 排尿功能障礙合併有嚴重骨盆腔器官脫垂的病人在接受骨盆重建手術後的預後及可預測風險因子
Voiding Dysfunction in Patients with Advanced Pelvic Organ Prolapse and Bladder Outlet Obstruction Following Pelvic Reconstructive Surgery (PRS): Urodynamic Profile and Predictive Risk Factors
 蔣魯巧¹ 盧佳序^{1,2} 張藍心³ 簡誌緯³ 謝武橋¹
 林口長庚紀念醫院婦產部¹ 長庚大學² 土城長庚醫院婦產科³
- 11:50-12:00 OU19 比較應力性尿失禁在骨盆重建手術中同時進行中段尿道吊帶置放和骨盆重建手術後置放中段尿道吊帶之追蹤結果
Comparison between MUS concurrent with PRS and MUS after PRS in treating stress urinary incontinence
 盧佳序¹ 楊佳璇¹ Eyal Rom¹ 張藍心¹ 陳敏煜¹
 林口長庚紀念醫院婦產部¹

113年3月10日（星期日）中午
 （10樓）松柏廳

午餐會報：輝凌

主持人：曾振志、郭富珍

- 12:20-13:20 L5 **How to optimize the management of preterm labor**
 Dr. Lisa Story (英國講師) (視訊)

113年3月10日（星期日）下午 （10樓）松柏廳

婦女泌尿 Symposium

主持人：梁景忠、林姿吟

- | | | |
|-------------|------|--|
| 13:30-14:00 | SY33 | Urinary incontinence in demented women (Dementia). What can we do?
魏添勇 |
| 14:00-14:30 | SY34 | “Evil twin” : Painful bladder syndrome and endometriosis. Not an unusual combination
林威霖 |
| 14:30-15:00 | SY35 | Post-partum pelvic floor dysfunction. We have to face it
王萱 |

主持人：梁守蓉、盧佳序

- | | | |
|-------------|------|--|
| 15:30-16:00 | SY36 | Patient selection and share decision making in female IC/BPS patient
林益豪 |
| 16:00-16:30 | SY37 | 經閉孔吊帶懸吊術(TOT)及單一切口吊帶手術(SIS)，何者是女性尿失禁的最佳選擇
楊采樺 |
| 16:30-17:00 | SY38 | Management on the patient with lower urinary tract dysfunction for PRS
吳晉睿 |

113年3月10日（星期日）上午 （10樓）國際會議廳

Plenary Lecture

08:25-08:30

Opening Remarks

Shee-Uan Chen (President of TAOG)

**主持人：Jian-Pei Huang黃建霈 (TAOG, Secretary General, Taiwan) 、
Joong Shin Park (KSOG, Immediate Past Chairman of the Board, Korea)**

08:30-09:00

P1 Magnesium Deficiency during Pregnancy

Ming-Song Tsai 蔡明松 (TAOG, Chairman of Supervisor, Taiwan)

**主持人：Yu-Shih Yang楊友仕 (Fellow of TAOG) 、
Young Tae Kim (KSOG, Chairman of the Board, Korea)**

09:00-09:30

P2 Premature ovarian insufficiency. Can we identify this beforehand?

Seung Joo Chon (Gil Hospital, Korea)

**主持人：Maw-Sheng Lee李茂盛 (Fellow of TAOG) 、
Tomoyuki Fujii (HF of TAOG, Japan)**

09:30-10:00

P3 The role of sex chromosomes in egg formation and the mechanism of age-related aging of the endometrium

Kiyoko Kato (JSOG, Chairperson of the Executive Board, Japan)

**主持人：Hong-Nerng Ho何弘能 (Fellow of TAOG) 、
Joo Hyun Nam (HF of TAOG, Korea)**

10:30-11:00

P4 Paradigm shifts in Obstetric Practice

Ravi Chandran (FIGO, Honorary Secretary ; AOFOG, Past President, Malaysia)

**主持人：Ching-Hung Hsieh謝卿宏 (Fellow of TAOG) 、
Yuji Hiramatsu (HF of TAOG, Japan)**

11:00-11:30

P5 Preconception to infancy: Why 1000 days is not enough !

Jeanne Conry (FIGO, Immediate Past President, USA)

**主持人：Ming-Chao Huang黃閔照 (Fellow of TAOG) 、
Mitsutoshi Iwashita (HF of TAOG, Japan)**

11:30-12:00

P6 Gynecologic Cancer Screening for the Generalist

Stella M. Dantas (ACOG, President Elect, USA)

113年3月10日（星期日）下午 （10樓）國際會議廳

醫療倫理法律

★醫預法

主持人：王炯琅、林靜儀

- | | | |
|-------------|------|---|
| 13:30-14:00 | SY39 | 醫預法：醫療事故關懷理論與實務
王志嘉(國防醫學系教授兼副系主任/台北市衛生局醫療爭議調解委員) |
| 14:00-14:30 | SY40 | 醫預法的調解制度
陳聰富(台灣大學講座教授) |
| 14:30-15:00 | SY41 | 醫療事故預防與孕產婦安全提升
洪聖惠(財團法人醫院評鑑暨醫療品質策進會 副執行長) |

★代理孕母議題

主持人：陳美州、陳菁微

- | | | |
|-------------|------|--|
| 15:30-16:00 | SY42 | 各國代孕現況及相關倫理法律規範
蔡甫昌(台灣臨床研究倫理審查學會 理事長/臺大醫院醫學研究部主治醫師) |
| 16:00-16:30 | SY43 | 如何維護代孕者權益
何信頤 |
| 16:30-17:00 | SY44 | 代孕子女親權歸屬之倫理法律議題
雷文玫(陽明交通大學公衛所政策法律組副教授) |

113年3月10日（星期日）上午 （12樓）崑崙廳

婦癌 Video + Oral

主持人：黃莉文、陳楨瑞

- 08:30-08:40 V22 腹腔鏡手術前被誤診為卵巢畸胎瘤的子宮脂肪平滑肌瘤
Uterine lipoleiomyoma misdiagnosis as an ovarian teratoma before laparoscopy
彭冠圖¹王道遠²王功亮³陳楨瑞¹
台北馬偕紀念醫院婦產部¹台北馬偕紀念醫院病理部²台東馬偕紀念醫院婦產部³
- 08:40-08:50 OC1 循環腫瘤細胞（CTCs）在子宮肉瘤中的應用
Role of CTCs in Uterine Sarcoma
賴彥汝¹曾宇泰¹周輝政¹林珮瑩¹
基督復臨安息日會醫療財團法人臺安醫院¹
- 08:50-09:00 OC2 腹腔熱灌注化療 (HIPEC) 治療晚期卵巢癌、腹膜癌和輸卵管癌——單一機構的真實世界經驗
Hyperthermic Intra-Peritoneal Chemotherapy (HIPEC) in advanced Ovarian, Peritoneal and Fallopian tubal Cancer, A Single Institute Real World Experience
范郁敏¹陳楨瑞¹陳建勳²陳子健¹林玟瑄¹張志隆¹楊育正¹王功亮¹郭曉莉¹
台北馬偕醫院婦產部¹台北馬偕醫院大腸直腸外科²
- 09:00-09:10 OC3 Olaparib 在BRCA突變的晚期上皮性卵巢癌第一線維持治療病例系列
Olaparib as the first line maintenance therapy in advanced stage epithelial ovarian cancer in patients with BRCA mutations – A case series from a tertiary hospital in Taiwan
唐維均¹周宏學²張淑涵²
基隆長庚醫院¹林口長庚醫院²
- 09:10-09:20 OC4 癌症相關靜脈栓塞的診斷時機點與卵巢癌之預後影響
Does the diagnostic timing of cancer-associated thromboembolism influence the survival outcome in ovarian cancer patients?
洪琬婷¹陳瑢²賴彥伶³陳宇立¹鄭文芳¹
臺大醫院婦產部¹臺大醫院雲林分院婦產部²臺大醫院新竹分院婦產部³

- 09:20-09:30 OC5 黃體素初始反應不佳之非典型子宮內膜增生病患長期使用黃體素治療之結果分析：跨國回溯性研究
Outcomes of prolonged progestin treatment in atypical endometrial hyperplasia patients with a poor initial response to progestin: A retrospective study from two tertiary centers in Korea and Taiwan
林宜衡¹ 陳瑤² 賴彥伶³ 陳宇立¹ 鄭文芳¹
 國立台灣大學醫學院附設醫院婦產部¹ 國立台灣大學醫學院附設醫院雲林分院婦產部² 國立台灣大學醫學院附設醫院新竹分院婦產部³
- 09:30-09:40 OC6 子宮發炎性肌纖維母細胞腫瘤--一種易被誤診為黏液樣平滑肌肉瘤的罕見惡性腫瘤：病例報告
Inflammatory myofibroblastic tumor (IMT) of the uterus--a rare malignancy that can be misdiagnosed with myxoid leiomyosarcoma: a case report
謝雨彤¹ 林肇柏¹ 林俊宏¹ 許鈞碩¹
 佛教慈濟醫療財團法人大林慈濟醫院婦產部¹
- 09:40-09:50 OC7 染色體 4q 異常的年輕女性輸卵管高分化漿液性：病例報告
High-grade serous carcinoma of the fallopian tube in a young woman with chromosomal 4q abnormality: a case report
徐詠琳¹ 丁大清¹
 花蓮慈濟醫院婦產部¹
- 09:50-10:00 OC8 IB1期子宮頸癌（<2cm）的開放性手術和微創手術的生存率比較:系統性文獻回顧與統合分析
Comparison of survival between open and minimally invasive surgeries for stage IB1 cervical cancer (< 2cm): A systematic review and meta-analysis
徐詠琳¹ 鄧光宏² 謝宗成² 李佩蓁¹ 丁大清¹
 花蓮慈濟醫院婦產部¹ 慈濟大學大數據教學研究暨統計諮詢研究中心²

113年3月10日（星期日）上午 （12樓）崑崙廳

主持人：鄭雅敏、洪耀欽

- 10:30-10:40 OC9 **ICG顯影於婦科癌症手術之應用:一篇回溯性世代研究**
Application of ICG in gynecological staging surgery: a retrospective cohort study
田謹慈¹ 丁大清¹
花蓮慈濟醫院¹
- 10:40-10:50 OC10 **探討第三期子宮內膜癌患者中重要的預後因子與適切的輔助性治療: 一項多醫療機構之回溯性分析**
Defining prognostic factors and optimal adjuvant therapy in patients with FIGO stage III endometrial cancer – a multi-institutional cohort study
黃偲嫻¹ 歐育哲² 傅宏鈞¹ 吳貞璇¹ 林浩¹
高雄長庚紀念醫院¹ 嘉義長庚紀念醫院²
- 10:50-11:00 OC11 **利用術前血液檢驗參數評估子宮內膜癌淋巴結轉移的可行性**
The Feasibility of Using Preoperative Hemogram Parameters to Estimate Lymph Node Metastasis in Endometrioid Endometrial Cancer
王劭琪¹ 歐育哲² 傅宏鈞¹ 吳貞璇¹ 林浩¹
高雄長庚紀念醫院婦產部¹ 嘉義長庚紀念醫院婦產部²
- 11:00-11:10 OC12 **術後輔助治療對2023年FIGO IIC期子宮內膜癌患者存活率的影響：韓國和台灣兩個醫學中心的回溯性研究**
Impact of adjuvant treatment on survival in patients with 2023 FIGO stage IIC endometrial cancer: a retrospective analysis from two tertiary centers in Korea and Taiwan
楊恬欣¹ 陳瑤² 賴彥伶³ 陳宇立¹ 鄭文芳¹
國立台灣大學醫學院附設醫院婦產部¹ 國立台灣大學醫學院附設醫院雲林分院婦產部² 國立台灣大學醫學院附設醫院新竹分院婦產部³
- 11:10-11:20 OC13 **從良性、邊緣性到惡性黏液性卵巢腫瘤：基於基因功能體的整合性分析研究**
From Benign, Borderline to Malignancy - An Integrated Functionome Based Analysis Study of Mucinous Ovarian Tumors
柯俊丞¹ 蘇國銘¹
三軍總醫院婦產部¹

- 11:20-11:30 OC14 對於看似早期的子宮頸癌因手術證實骨盆腔淋巴結轉移而終止進行子宮根治手術：經腹膜方式和腹膜外方式之比較
Abandon radical hysterectomy due to Surgically confirmed pelvic lymph node metastasis in assumed early-stage cervical cancer: transperitoneal approach versus extraperitoneal approach
 陳信翰¹ 陳楨瑞² 王曼寧² 陳子健¹ 王敬維³ 詹家豪¹ 施川崎¹ 張幸治¹ 陳思嘉⁴ 林鈴⁴ 翁嘉穗⁴ 林玟瑄² 方泯翔⁵ 王功亮⁵ 楊育正²
 新竹市馬偕兒童醫院婦產部¹ 台北馬偕紀念醫院婦產部² 台東基督教醫院婦產部³ 淡水馬偕紀念醫院婦產部⁴ 台東馬偕紀念醫院婦產部⁵
- 11:30-11:40 OC15 一個利用陰道超音波技術的AI深度學習模型，用於預測停經前後女性子宮內膜癌的風險
A Deep Learning Framework Employing Ultrasonography for the Anticipation of Endometrial Cancer in Pre- and Post-Menopausal Women
 柯俊丞¹ 張正昌²
 三軍總醫院婦產部¹ 中國醫藥大學附設醫院婦產部²
- 11:40-11:50 OC16 錯配修復狀態對輔助治療中高風險早期表皮癌治療結果的影響：探討有限影響的潛力
Impact of Mismatch Repair Status on Treatment Outcomes in High-Intermediate Risk Early-Stage Endometrial Cancer with Adjuvant Therapy: Exploring the Potential for Limited Influence
 黃思于¹ 吳貞璇¹
 高雄長庚醫院婦產部¹

113年3月10日（星期日）中午
 （12樓）崑崙廳

午餐會報：諾和諾德

主持人：施英富、龔福財

- 12:20-13:20 L6 **Women's Weight Management Over Generations**
 蔡亞倫

113年3月10日（星期日）下午 （12樓）崑崙廳

生殖內分泌 Symposium

主持人：易瑜嶠、黃楚琄

- | | | |
|-------------|------|--|
| 13:30-14:00 | SY45 | 台灣實施人工生殖生育補助之成果與現況
何信頤 |
| 14:00-14:30 | SY46 | ICSI for male vs non-male infertility
蔡英美 |
| 14:30-15:00 | SY47 | Fertility preservation after diagnosis of breast cancer
吳憲銘 |

主持人：張榮州、翁順隆

- | | | |
|-------------|------|---|
| 15:30-16:00 | SY48 | Ovarian function after COVID-19 infection
賴宗炫 |
| 16:00-16:30 | SY49 | Rethink of “add-ons” in Assisted Reproductive Technology
許沛揚 |
| 16:30-17:00 | SY50 | 亞臨床性甲狀腺低能症和懷孕
黃君睿(臺北榮民總醫院 內科部內分泌暨新陳代謝科 主治醫師) |

113年3月9-10日（六-日） （12樓）大會廳後方

E-poster 展示

- E001 試管嬰兒與自然懷孕中子癩前症的綜合研究：臨床表現，周產期預後與新生兒心臟超音波。
A Comprehensive Study of Preeclampsia in IVF and Natural Conceptions: Clinical Phenotype, Perinatal Outcomes, and Neonatal Echocardiography
李佩芳¹ 藍國忠¹ 許德耀¹ 蔡慶璋¹ 林盈瑞² 鄭欣欣¹ 黃坤龍¹ 賴韻如¹
高雄長庚紀念醫院婦產部¹ 高雄長庚紀念醫院小兒部²
- E002 探討復發性三倍染色體懷孕
Investigating factors behind recurrent triploid pregnancies
陳奕廷¹
台安醫院¹
- E003 海扶刀治療子宮肌瘤後合併重度植入性胎盤：個案報告與文獻回顧
Placenta increta following high-intensity-focused ultrasound treatment for uterine fibroid: a case report and literature review
夏立忻¹ 林瑜萱¹ 應宗和¹
中山醫學大學附設醫院婦產部¹
- E004 胎兒腹部囊腫
Differential diagnosis of fetus abdominal cystic tumors -review and updates
謝俊吉¹ 謝宗穎¹ 闕貝如¹ 魏君卉¹ 何坤達¹ 黃順賢¹ 陳勝咸² 詹耀龍³ 陳明⁴
奇美柳營分院¹ 大安婦幼醫院² 林口長庚醫學中心³ 嘉義基督教醫院⁴
- E005 三胞胎減胎後輸血症候群
Severe twin-twin transfusion syndrome after fetus reduction to monochorionic twins from a nature mixed triplets (dichorionic triplets)- review of literatures
謝俊吉¹ 謝宗穎¹ 闕貝如¹ 魏君卉¹ 何坤達¹ 黃順賢¹ 蔡永杰² 詹耀龍³
奇美柳營分院¹ 奇美醫學中心² 林口長庚醫學中心³
- E006 胎兒後腦異常
Fetus posterior fossa anomaly: A case report and update reviews
謝俊吉¹ 謝宗穎² 闕貝如² 魏君卉² 何坤達² 黃順賢² 陳勝咸² 張峰銘²
奇美柳營分院^{1 2}

- E007 胎兒腎異常
Fetal renal system anomaly with severe oligohydramnios and growth restriction - reviews and updates
謝俊吉¹ 謝宗穎¹ 闕貝如¹ 魏君卉¹ 何坤達¹ 黃順賢¹ 石敦義² 張峰銘³ 陳勝咸⁴
奇美柳營分院¹ 奇美醫學中心² 張教授胎兒醫學中心³ 大安婦幼醫院⁴
- E008 雙胞胎之生長遲滯跟出生體重差異跟子癰前症之關係: 分單一絨毛膜跟雙絨毛膜雙胞胎來探討
The association of growth restriction and birth weight discordance to preeclampsia in twin pregnancies based on chorionicity
詹耀龍¹ 趙安祥²
長庚林口總院¹ 土城長庚醫院²
- E009 胎兒中樞神經系統發展異常 - 案例報告
A Comprehensive Analysis of Fetal Central Nervous System Anomalies: Case Report
陳盈如¹ 應宗和¹
中山醫學大學附設醫院婦產部¹
- E010 單絨毛膜單羊膜雙胞胎懷孕的成功結果：在兩臍帶相距較遠時的懷孕風險評估和處置
Successful Outcome of Monochorionic Monoamniotic Twin Pregnancy with Distant Cord Insertion: A Unique Perspective on Risk Assessment and Management
曾詠翎¹ 陳穎中²
光田綜合醫院教學部¹ 光田綜合醫院婦產部²
- E011 妊娠期急性胰臟炎併嚴重高三酸甘油脂血症：案例報告
Acute Pancreatitis Secondary to Severe Hypertriglyceridemia in Gestation: A Case Report
游馥瑤¹ 吳珮如¹
中山醫學大學附設醫院¹
- E012 懷孕中的臍膨出破裂
Antepartum Ruptured Omphalocele
粘雨澄¹ 曾振志¹
台中榮民總醫院婦女醫學部¹
- E013 左心發育不全症候群合併染色體倒轉之罕見案例報告
A rare case of hypoplastic left heart syndrome with chromosome inversion.
陳珮凌¹
東元綜合醫院¹
- E014 TTC21B與COL10A1在胎兒骨骼和腎臟異常的影響：病例報告
Decipher the pathological alterations of TTC21B gene in addition with COL10A1 frameshift mutation in fetal skeletal and renal abnormalities: a case report
林祖薇¹ 張舜評¹ 李美慧¹ 馬國欽¹ 陳明¹
彰化基督教醫院¹

- E015 個案報告:De Novo Pure Trisomy 20p
Case report: De Novo Pure Trisomy 20p
關哲彥¹
台南永康奇美醫院¹
- E016 新突變病例中的 IV 型瓦登堡症候群：產前診斷挑戰和綜合遺傳評估
Waardenburg Syndrome Type IV in a New-Mutation Case: A Prenatal Diagnostic Challenge and Comprehensive Genetic Evaluation
林弘慈¹ 傅皓聲¹
臺北醫學大學附設醫院婦產部¹
- E017 陰道分娩後自發性後腹膜血腫之個案報告
Spontaneous retroperitoneal hematoma following vaginal delivery- A case report
張若凡¹
台北醫學大學附設醫院¹
- E018 無葉性全前腦畸型的兩個病例討論及超音波圖片
Alobar holoprosencephaly diagnosed by ultrasonogram: Two Case Reports
王儷璇¹ 毛芷琳¹
台北慈濟醫院¹
- E019 妊娠後期急性雙胞胎輸血症候群併子宮內雙胎死亡
Acute Twin-to-Twin Transfusion Syndrome Resulting in Double Twin Intrauterine Demise: A Case Report
徐安齊¹ 劉惠珊¹ 陳欽德¹ 楊友仕¹
輔仁大學附設醫院¹
- E020 懷孕期間感染COVID-19是否影響產後心理健康
Psychological burden inflicted on postpartum women infected with COVID-19: a questionnaire-based observational study.
謝佳容¹ 蘇修緯¹ 陳威志¹
台中榮民總醫院婦女醫學部¹
- E021 周產期心肌病變中的哺乳挑戰:個案探討
Breastfeeding Challenges in Peripartum Cardiomyopathy: An individual case approach
洪雅珊¹
奇美醫院¹
- E022 案例報告:初產婦併發急性腎衰竭與產後高血壓
Acute Renal Failure and Postpartum Hypertension in a Primigravida - A Case Report
袁榕¹ 區慶建¹
台北醫學大學附設醫院婦產部¹
- E023 母親具內膜異位症病史其孩童神經發育障礙之發生率
The incidence of children neurodevelopment disorder in mothers with endometriosis history
廖佩倫¹ 楊珮音^{2,3} 王博輝^{4,5,6}
中山醫學大學附設醫院醫學研究部¹ 彰化基督教醫院婦產部² 中山醫學大學醫學研究所³ 中山醫學大學附設醫院婦產部⁴ 醫學研究所⁵ 醫學研究部⁶

- E024 孕期椎間盤突出誘發馬尾症候群：案例報告與文獻回顧
Herniated Intervertebral Disc induced Cauda Equina Syndrome during Pregnancy: Case Report and Literature Review
陳毅敏¹ 谷月涵² 夏立忻¹ 蔡素如² 應宗和¹
中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院復健科²
- E025 早期診斷帆狀胎及相關發生率及預後回顧
Early detection of velamentous cord insertion and review of incidence, risk factors, adverse outcomes
周維薪¹
臺北市立聯合醫院和平婦幼醫院¹
- E026 成功立即處置剖腹產後嘗試自然分娩併發子宮破裂-案例報告及文獻回顧
Successful immediately management of vaginal birth after cesarean section complicated with uterine rupture-A case report and literature review
林敬旺¹ 詹德鑫²
大千綜合醫院¹ 竹南診所²
- E027 假性動脈瘤與延遲性產後大出血：個案報告
Pseudoaneurysm with Delayed Postpartum Hemorrhage: A Case Report
蔡亞倫¹ 吳子綺¹
國泰綜合醫院¹
- E028 產前乙型交感神經抑制劑(Labetalol)暴露與胎兒心律不整及心搏過緩之病例報告
Prenatal labetalol exposure with subsequent fetal arrhythmia and bradycardia: a case report
蘇品勻¹ 陳俐瑾¹
國泰綜合醫院婦產科¹
- E029 新冠肺炎確診產婦之臨床表現及胎盤病理研究
Maternal and Neonatal Outcomes in COVID-19: A Cohort Study with Emphasis on Placental Pathological Findings and SARS-CoV-2 Impact
張豈榕¹ 邱筱宸¹ 張銀洸¹ 趙露露² 余忠泰³
台北慈濟醫院婦產部¹ 台北慈濟醫院兒科部² 台北慈濟醫院病理部³
- E030 長期服用類固醇之紅斑性狼瘡患者於剖腹產中意外發現子宮肌層顯著變
The extreme thinning of uterine myometrium of a SLE patient with long term steroid use- A case report
簡宏如¹ 丁筠¹
彰化基督教醫院¹
- E031 先天性牙齦瘤：產前診斷及處置
Congenital granular cell epulis: Prenatal Ultrasound diagnosis and neonatal treatment
林廷謙¹ 張炯心¹
成大醫院¹

- E032 **35歲懷孕女性診斷胎兒水腫併發鏡像綜合症**
A 35-year-old female with fetal hydrops complicated with mirror syndrome
劉至容¹ 葛菁如¹
高雄醫學大學附屬醫院婦產部¹
- E033 **案例討論：子癲前症產婦合併產後HELLP症候群併急性肝衰竭及腹直肌血腫**
Case insight: a rare obstetric case with severe preeclampsia and postpartum HELLP syndrome with acute liver failure and retro rectus hematoma.
蕭博緯¹
三軍總醫院婦產部¹
- E034 **產後憂鬱與生產方式的相關性**
Relationship of Postpartum depression with different delivery methods
蘇晉德¹ 毛士鵬¹ 陳嘉維¹
衛生福利部雙和醫院婦產部¹
- E035 **孕產前過敏性疾病與產後憂鬱症患病率**
Risk of postpartum depression in women with allergic disorders: a nationwide cohort study involving 1,338,061 women
楊稚怡¹ 張穎宜¹ 何銘¹ 邱璦葳¹
中國醫藥大學附設醫院¹
- E036 **胎便性腹膜炎案例分享與討論**
Meconium peritonitis case report and discussion
楊佳瑾¹ 許瑋芸¹ 詹德富¹
高醫婦產部¹
- E037 **沙門氏菌引起剖腹產後細菌腹水：病例報告**
Salmonella species caused bacterascites after Cesarean section: a case report
吳雅筑¹ 丁大清¹
花蓮慈濟醫院婦產部¹
- E038 **案例報告：懷孕合併多顆巨大胎盤絨毛膜血管瘤**
Pregnancy complicated by multiple giant placental chorangiomas : a case report
馮毓蓁¹ 方詩雯¹
嘉義長庚紀念醫院¹
- E039 **台灣南部經由產前篩檢診斷的地中海型貧血分佈狀況:單一醫學中心13年回顧性研究**
Distribution of Thalassemia Identified by Prenatal Screening and Diagnosis in Southern Taiwan: A 13-years Retrospective Study from a Single Medical Center
郭昱伶^{1,2} 黃意惠³ 王俐琄³ 林書愷³ 郭佩雯² 王禎鞠² 邱世欣³
高雄醫學大學附設中和紀念醫院婦產部¹ 高雄醫學大學附設中和紀念醫院遺傳諮詢中心² 高雄醫學大學附設中和紀念醫院檢驗醫學部³

- E040 快速增長之胎兒腹部囊腫
Fetal-neonatal ovarian serous cystadenoma presented with prenatal rapid growing abdominal cyst
張益婷¹ 張瑞君¹
台中榮民總醫院婦產部¹
- E041 懷孕期間蛻膜化卵巢子宮內膜異位瘤破裂之臨床案例分享
Ruptured Decidualized Ovarian Endometrioma During Pregnancy
柯俊丞¹ 林啟康¹ 蘇國銘¹
三軍總醫院婦產部¹
- E042 子宮切開術處理經保守性治療之殘存侵入性胎盤
Hysterotomy with Removal of Unresolved Placenta After Conservative Management of Placenta Accreta Spectrum
周芷瑜¹ 陳宜雍¹
台北馬偕紀念醫院婦產科¹
- E043 染色體8p23.1缺失症候群自然產案例
Chromosome 8p23.1 deletion with successful NSD- A case report
李宜姍¹ 李如悅¹
高雄榮民總醫院婦女醫學部¹
- E044 早期第二孕期雙胞胎妊娠合併子宮破裂:案例報告
Early second-trimester twin pregnancy with uterine rupture: a case report
李孟剛¹ 黃千竹¹ 何銘¹ 陳怡燕¹ 林武周¹
中國醫藥大學附設醫院婦產部¹
- E045 以產前類固醇治療胎兒巨大先天性肺部呼吸道畸型合併心臟偏移之成功案例分享
Huge CPAM with cardiac shift, fully regression after antenatal corticosteroid treatment
王韋筑¹ 黃冠穎¹
國立臺灣大學醫學院附設醫院新竹臺大分院¹
- E046 成功處理孕期子宮嚴重脫垂之案例報告:子宮頸環紮手術與子宮拖之應用
Integrated Management of Uterine Prolapse during Pregnancy: A Case Report of Successful Term Delivery Following Cervical Cerclage and Pessary Utilization
臧崇怡¹ 何鎮宇¹
新光醫療財團法人新光吳火獅紀念醫院婦產科¹
- E047 41歲懷孕女性併早期破水及早期宮縮
A 41-year-old pregnant woman with Preterm premature rupture of membrane and Preterm labor
關哲彥¹ 邱品焜²
奇美醫院婦產部¹ 奇美醫院²
- E048 個案報告: 前胎剖腹產後嘗試陰道分娩之子宮破裂個案
A Case Report: Uterine Rupture followed by TOLAC (Trial of labor after previous cesarean)
楊清淳¹ 何倩雲¹ 汪世強¹ 謝保群¹
中港澄清醫院¹

- E049 (放棄上傳，略)
- E050 周產期心肌病變合併急性心臟衰竭在一長期安胎藥物靜脈治療的產婦
Peripartum cardiomyopathy and acute heart failure in a postpartum woman with long-term intravenous tocolytic therapy: case report
高珮瑜¹ 劉謙慧¹ 張銀洸¹
台北慈濟醫院，婦產部¹
- E051 妊娠第三孕期超音波診斷胎兒動脈導管動脈瘤的病例報告及分析
A case report of prenatal sonographic diagnosis of ductus arteriosus aneurysm
林雅翠¹ 莊啟柔¹ 嚴嘉琪¹ 許鈞碩¹
大林慈濟婦產部¹
- E052 產前超音波診斷之胎兒肺動脈瓣狹窄: 病例報告
Prenatal diagnosis of pulmonary stenosis by fetal echocardiography: A Case Report
林詩茵¹ 莊啟柔¹ 嚴嘉琪¹ 許鈞碩¹
大林慈濟婦產部¹
- E053 (放棄上傳，略)
- E054 先天性囊腫性腺瘤樣畸形之外顯子定序應用於致病位點檢測
A case of Pulmonary Airway Malformation with whole exome sequence
胡晉碩¹ 蕭慶華¹ 陳敬軒¹
臺北市立聯合醫院和平婦幼院區¹
- E055 在母體經歷車禍後所造成後續胎兒腦傷: 案例報告
Fetal intracranial injuries after maternal car accidents: A case report
徐祥雲¹ 張志仰²
義大醫院婦產部¹ 義大醫院婦產部生殖內分泌科²
- E056 經腹部超音波診斷第一孕期之連體嬰- 案例報告
Prenatal transabdominal sonographic diagnosis of conjoined twins at first trimester – a case report
廖文樂¹ 陳怡燕¹ 何銘¹ 楊稚怡¹
中國醫藥大學婦產部¹
- E057 孕程中骨髓增生不良症候群併血小板低下之處理與文獻回顧
Pregnancy with myelodysplastic syndrome (MDS) complicated with severe thrombocytopenia: management and literature review.
陳威志¹
三軍總醫院婦產部¹
- E058 一名懷孕 36 週的Loeys-Dietz症候群女性發生A 型主動脈剝離
Stanford type A aortic dissection in a 36-week pregnant patient with Loeys-Dietz aneurysm syndrome: a case report.
劉謙慧¹ 嚴絢上¹ 張誌元¹
臺北慈濟醫院，婦產部¹

- E059 一位體重過輕產婦發生嚴重產中及產後大出血
An underweight woman with severe intrapartum, postpartum hemorrhage
 張路得¹ 莊雯琇¹
 雙和醫院婦產部¹
- E060 (放棄上傳，略)
- E061 海芙刀手術和長效型性腺釋放激素促效劑治療多發性子宮肌瘤後一個月內快速受孕，最終實現足月自然陰道分娩：病例報告
Rapid Conception Within One Month Post HIFU Surgery and GnRHa Treatment for Multiple Uterine Fibroids, Culminating in a Full-Term Natural Vaginal Delivery: A Case Report
 夏立忻¹ 林書凡² 應宗和¹
 中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院教學部²
- E062 雙側腎臟集尿系統重複伴輸尿管囊腫的個案報告及後續追蹤：產前診斷和新生追蹤
"Case Report and Subsequent Follow-up of Bilateral Duplication of Kidney Collecting Systems with Ureterocele: A Multifaceted Approach in Prenatal Diagnosis and Neonatal Management"
 顏稟霖¹ 何銘²
 中國醫藥大學附設醫院婦產部^{1 2}
- E063 妊娠婦女急性胰臟炎之成功處置案例分享及文獻回顧
Successful management of a pregnancy women with sudden onset of acute pancreatitis: a case report and literature review
 許旭寧¹ 楊稚怡¹ 何銘¹ 蘇俊維¹ 陳怡燕¹ 張庭瑜¹ 陳致穎¹
 中國醫藥大學附設醫院¹
- E064 產後婦女急性呼吸衰竭合併葉克膜使用之成功經驗分享
A Successful Case of Using Extracorporeal Membrane Oxygenation in Postpartum Patient with Respiratory Failure
 許旭寧¹ 楊稚怡¹ 何銘¹ 蘇俊維¹ 陳怡燕¹ 張庭瑜¹
 中國醫藥大學附設醫院¹
- E065 (放棄上傳，略)
- E066 同時有臍膨出、顱骨脊椎劈裂畸形和心臟異位和第一孕期診斷的三染色體18相關
Concomitant omphalocele, craniorachischisis and ectopic cordis associated with trisomy 18 diagnosed in first trimester.
 潘衍廷¹ 陳持平¹ 黃建需¹ 王亮凱¹ 吳方慈¹ 陳樹人² 李貞姬¹ 王偉信²
 馬偕紀念醫院婦產部¹ 馬偕紀念醫院醫學研究部²
- E067 (放棄上傳，略)

- E068 案例報告：胎兒先天性心臟病簡介及產前產後超音波檢查
Case report: Fetal ultrasound finding of suspected congenital heart disease (PAPVR, ASD and pulmonary artery sling)
呂奇樺¹
 嘉義長庚醫院¹
- E069 產前診斷1q43-44 deletion缺失合併腦室擴張
Prenatal diagnosis of 1q43-44 deletion with the initial presentation of borderline ventriculomegaly by ultrasound
彭秀慧¹ 闕河晏¹ 詹耀龍¹ 張舜智¹
 林口長庚醫院¹
- E070 運用胚胎著床前基因診斷PGT-M 避生已遺傳二代遺傳性多囊腎臟生健康女嬰
Preimplantation Genetic Diagnosis (PGT-M) in Assisted Reproduction for Polycystic Kidney Disease: A Case Study
蔡鋒博¹ 陳昭雯¹ 林招彰¹ 林殷睦¹ 張舜評² 馬國欽² 張月嬌¹ 陳曉青¹ 徐慧鈴¹ 潘孟麗¹ 張琇媛¹ 施俐君¹ 陳明^{2,3}
 博元婦產科不孕症試管嬰兒中心¹ 彰化基督教醫院基因醫學部² 台灣大學醫學院婦產部³
- E071 應用雙效Double factor胚胎著床前基因PGT-M及染色體PGT-A篩檢，避免生遺傳性神經纖維瘤子女
"Genetic Diagnosis and Successful Pregnancy Outcome in Neurofibromatosis-Affected wife: A Case Study"
蔡鋒博¹ 陳昭雯¹ 林招彰¹ 林殷睦¹ 張舜評² 馬國欽² 張月嬌¹ 陳曉青¹ 徐慧鈴¹ 潘孟麗¹ 張琇媛¹ 施俐君¹ 陳明^{2,3}
 博元婦產科不孕症試管嬰兒中心¹ 彰化基督教醫院基因醫學部² 台灣大學醫學院婦產部³
- E072 應用胚胎著床前基因診斷PGT-M，避生重症甲型地中海型貧血子女
Medical Case Report: Successful Prevention of Thalassemia Major through Pre-Implantation Genetic Diagnosis
蔡鋒博¹ 陳昭雯¹ 林招彰¹ 林殷睦¹ 張舜評² 馬國欽² 張月嬌¹ 陳曉青¹ 徐慧鈴¹ 潘孟麗¹ 張琇媛¹ 施俐君¹ 陳明^{2,3}
 博元婦產科不孕症試管嬰兒中心¹ 彰化基督教醫院基因醫學部² 台灣大學醫學院婦產部³
- E073 育齡乳癌患者的生育能力保存: 成功生育活產的個案報告
Successful Live Birth Following Fertility Preservation in a Young Breast Cancer Patient
簡銘萱¹ 賴宗炫^{1,2}
 國泰綜合醫院婦產科¹ 輔大醫學系²
- E074 多囊性卵巢病患於人工授精後懷有四絨毛膜四羊膜四胞胎
Quadrichorionic Quadriamniotic Quadruplets After Intrauterine Insemination in a Patient with Polycystic Ovarian Syndrome
蘇品勻¹ 賴宗炫^{1,2}
 國泰綜合醫院婦產科¹ 輔仁大學醫學系²

- E075 透過排卵期性交與單一胚胎植入相結合策略，在自然周期的冷凍胚胎移植過程中達成異卵雙胞胎懷孕
A heterozygotic twin pregnancy was achieved through a combination of timed intercourse and single embryo transfer during a natural cycle of frozen embryo transfer
何欣諭¹ 賴宗炫^{1,2}
國泰醫院婦產科¹ 輔大醫學系²
- E076 以銅中毒相關基因 FDX1 作為卵巢老化的潛在指標
Cuproptosis-Related Gene FDX1 Identified as A Potential Target for Human Ovarian Aging
嚴心勵¹ 伍佳君¹ 李佳榮¹ 林立德¹ 林佩萱¹ 陳其葳¹ 陳昱蓁¹ 崔冠濠¹
高雄榮民總醫院婦女醫學部¹
- E077 單一細胞多體學表現出骨橋蛋白在調節卵巢老化的角色
Multi-Omics Reveals The Role Of Osteopontin/Spp1 In Regulating Ovarian Aging
魯羽珈¹ 李佳榮¹ 林立德¹ 林佩萱¹ 陳其葳¹ 陳昱蓁¹ 崔冠濠¹
高雄榮民總醫院婦女醫學部¹
- E078 抗氧化劑對罹患寡精、弱精與畸精症的治療具正面效應
Positive Effect of Antioxidants for the Treatment of Oligoasthenoteratozoospermia
何坤達¹ 蔡永杰² 溫仁育² 林毅倫² 蕭存雯² 陳怡婷²
奇美醫療財團法人柳營奇美醫院¹ 奇美醫療財團法人奇美醫學中心婦產部²
- E079 確診新冠肺炎後,卵巢功能大幅下降
Significant Reduction in Ovarian Reserve Post-COVID-19
王采邑¹ 賴宗炫^{1,2}
國泰綜合醫院婦產科¹ 輔仁大學醫學系²
- E080 乳癌賀爾蒙接受器對生育保存的影響
Influence of breast cancer hormone receptor profiles on fertility preservation outcome
劉尚旻¹ 黃尚玉¹ 張嘉琳¹ 吳憲銘¹ 黃泓淵¹
林口長庚紀念醫院婦產部¹
- E081 黃體生成素(LH)和濾泡刺激素(FSH)在生殖細胞代謝老化中的交互作用
Interaction of Luteinizing Hormone and Follicle-Stimulating Hormone in the Metabolic Aging of Reproductive Cells
許乃元¹ 李佳榮¹ 林佩萱¹ 陳其葳¹ 陳昱蓁¹ 崔冠濠¹ 林立德¹
高雄榮民總醫院婦女醫學部¹
- E082 胚胎移植策略：凍結和新鮮、囊胚及裂解期胚胎移植的全國性比較分析
Embryo Transfer Strategies and Maternal-Neonatal Outcomes: A National Cohort Comparative Analysis of Frozen and Fresh Blastocysts and Cleavage Stage Embryo Transfers
張至婷¹ 蔡英美¹
高雄醫學大學附設中和紀念醫院¹
- E083 精液綠膿桿菌感染: 病例討論
Bacteriospermia of Pseudomonas aeruginosa: case discussion
張晉瑜¹ 鄭菱勻¹
嘉義長庚紀念醫院¹

- E084 身體質量指數和年紀對精液品質的影響
Impact of Body Mass Index (BMI) and Age on Semen Quality.
蔡永杰¹ 溫仁育¹ 林毅倫¹ 蕭存雯¹ 陳怡婷¹ 何坤達²
奇美醫療財團法人奇美醫學中心、婦產部、生殖醫學中心¹ 奇美醫療財團法人柳營奇美醫院²
- E085 台灣人之居住地與試管嬰兒療程的關聯性
Association between Living Area and In Vitro Fertilization Outcomes in Taiwanese Patients
馮敏¹ 尤星策¹
台北長庚醫院¹
- E086 患有子宮內膜異位症的女性在受精-胚胎移植前使用長效型性腺釋放激素促效劑(GnRH-HR)與長效型性腺釋放激素促效劑加復乳納膜衣錠(GnRHa-Let-HRT)的預後比較
Efficacy between GnRH-agonist hormone replacement therapy (GnRH-HR) and GnRH-agonist and Letrozole pretreatment in hormone replacement therapy (GnRHa-Let-HRT) as pre-treatment for women with endometriosis prior to fertilization-embryo transfer (IVF).
宋潔¹ 林佩萱¹ 李佳榮¹ 陳其葳¹ 陳昱蓁¹ 崔冠濠¹ 林立德¹
高雄榮總¹
- E087 探討女性生殖道菌相對生殖預後的影響：前瞻性觀察研究
Impact of female genital tract microbiota on fertility and pregnancy outcome: A prospective study
陳怡婷^{1,2} 蔡永杰^{1,2} 溫仁育^{1,2} 林毅倫^{1,2} 蕭存雯^{1,2}
奇美醫學中心¹ 生殖醫學科²
- E088 較低的GnRH antagonist劑量對年輕且卵巢正常反應者在進行試管嬰兒新鮮胚胎植入療程有較好的臨床預後
Lower doses of GnRH antagonist were associated with better IVF outcomes in normal responders with young age
李佳臻¹ 林明輝¹
台北馬偕醫院婦產部¹
- E089 境界惡性卵巢癌合併深部靜脈血栓
Borderline ovarian tumor with deep vein thrombosis A Case Report and Review of the Literature
張維鑑¹ 簡婉儀¹
高雄市阮綜合醫院¹
- E090 子宮癌肉瘤
Carcinosarcoma of uterus A Case Report and Review of the Literature
張維鑑¹ 簡婉儀¹
高雄市阮綜合醫院¹

- E091 子宮頸癌合併同時性卵巢原發癌：病例報告及文獻回顧
Synchronous primary cervical cancer and ovarian cancer: A rare case report and Review of Literature
林士文¹
台北榮民總醫院桃園分院婦產科¹
- E092 以子宮積水以及急性尿滯留表現的子宮頸癌患者--個案報告
A case of cervical cancer presents with massive hydrometra and sudden onset urinary retention
李曜宏¹
屏東榮民總醫院婦產科¹
- E093 巨大卵巢腫瘤併發下肢急性廣泛靜脈血栓以及腔室症候群--個案報告
Huge ovarian tumor complicated with phlegmasia cerulea dolens and compartment syndrome – A case report
李曜宏¹
屏東榮民總醫院婦產科¹
- E094 惡性卵巢生殖細胞腫瘤經化療後引發之罕見血栓性微血管病：個案報告及文獻回顧
Drug-induced thrombotic microangiopathy after adjuvant chemotherapy in malignant ovarian germ cell tumor: a case report and literature review
李光晏¹ 江盈澄¹
台大醫院婦產部¹
- E095 Trastuzumab deruxtecan (T-DXd)與HER2突變型高度惡性神經內分泌腫瘤型子宮頸癌的關聯性
Trastuzumab deruxtecan (T-DXd) vs. HER2 mutant high-grade neuroendocrine carcinoma of the uterine cervix
林瑜萱¹ 趙婉如² 韓志平¹
中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院解剖病理科²
- E096 高度惡性神經內分泌腫瘤型子宮頸癌中KIT和PDGFRA癌基因的分子分析
Molecular analysis of KIT and PDGFRA oncogenes in high-grade neuroendocrine carcinoma of the uterine cervix
林瑜萱¹ 趙婉如² 韓志平¹ 沈煌彬¹
中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院解剖病理科²
- E097 結合免疫檢查點抑制劑與放射治療引發卵巢癌抗腫瘤遠端效應：病例報告
Combinations of immune checkpoint blockade with radiotherapy to induce anti-tumor abscopal effect in ovarian cancer: a case report
王欣怡¹ 溫國璋¹ 賴鴻政¹ 朱凌慧¹ 周予婷¹ 宋碧琳¹ 呂岳勳² 劉蓓麗³
衛生福利部雙和醫院婦產部¹ 衛生福利部雙和醫院放射科² 衛生福利部雙和醫院病理科³

- E098 **COVID-19是否影響卵巢癌病人初診斷時之表現**
Ovarian tumor in COVID-19 era: a retrospective cohort.
簡詠蓁¹
台北醫學大學附設醫院婦產部¹
- E099 **比較以異環磷醯胺為主與紫杉醇合併鉑金類之化學治療作為子宮內膜肉瘤患者輔助性化療之療效**
Comparing therapeutic effect of ifosfamide-based regimen versus taxane and platinum combination as adjuvant chemotherapy in patients with uterine carcinosarcoma
曾瑀儒¹ 黃家彥¹
國泰綜合醫院婦產科¹
- E100 **Pitavastatin對子宮頸癌細胞株C33A的體內外抗癌作用**
Anticancer Effect of Pitavastatin on Cervical Cancer Cell Line C33A in vitro and in vivo
陳雅慧¹ 吳俊學¹ 蕭品卉^{1,2} 陳子和²
彰化基督教醫院婦女醫學研究室¹ 彰化基督教醫院婦產部²
- E101 **Cepharanthine對子宮頸癌細胞的抗癌作用**
Anticancer Effect of Cepharanthine on Cervical Cancer Cells
吳俊學¹ 陳雅慧¹ 蕭品卉^{1,2} 陳子和^{1,2}
彰化基督教醫院婦女醫學研究室¹ 彰化基督教醫院婦產部²
- E102 **麩醯胺酸對於預防和治療化療引起的周邊神經病變的有效性：系統性回顧和薈萃分析**
Effectiveness of Glutamine in Preventing and Treating Chemotherapy-Induced Peripheral Neuropathy: A Systematic Review and Meta-Analysis
茆盛庭¹ 陳子昂² 羅爾維³
台北市立萬芳醫院婦產部¹ 醫療財團法人徐元智先生醫藥基金會亞東紀念醫院耳鼻喉部² 台北醫學大學醫學院臨床醫學研究所³
- E103 **案例報告:一位長期使用異位寧控制子宮肌腺症之卵巢癌患者--異位寧與卵巢癌風險之關聯**
Case report: A 47-year-old ovarian cancer patient who receiving dienogest as adenomyosis control for years -- does long-term use of dienogest associate with increased risk of developing ovarian cancer?
蔡孟旭¹ 王懿德¹ 邱彥諧¹
台北醫學大學附設醫院¹
- E104 **原發性輸卵管癌的臨床表徵、影像型態和預後因子分析**
Clinical characteristics, imaging features, and prognostic factors of primary fallopian tube carcinoma
廖柔謙¹ 陳啟豪¹
台灣大學附設醫院婦產部¹

- E105 經陰道後穹窿穿刺及細胞分析於骨盆腔腫瘤病人之臨床應用
Culdocentesis and Cell Block Analysis in Differential Diagnosis of Pelvic Masses: A Case Series Highlighting Diagnostic Challenges and Strategies in Gynecological Oncology
邱筱宸¹ 黃思誠¹ 余忠泰² 陳怡伶¹
 台北慈濟醫院婦產部¹ 台北慈濟醫院病理部²
- E106 比較反覆子宮搔刮和子宮腔鏡下切片對接受生育保存治療子宮內膜增生或癌症的婦女後續懷孕生產的影響
The impact of repeated dilatation and curettage versus hysteroscopic biopsy on obstetric and neonatal outcomes in women receiving fertility-sparing treatment for endometrial hyperplasia or carcinoma
林浩¹ 歐育哲²
 高雄長庚紀念醫院婦產部¹ 嘉義長庚紀念醫院婦產部²
- E107 惡性血管旁類上皮細胞瘤：罕見腫瘤樣態
Malignant PEComa, heterogenous pelvic tumor mimicking leiomyomatosis
林廷謙¹ 鄭雅敏²
 成大醫院¹ 郭綜合醫院²
- E108 妊娠併發症與子宮內膜癌或卵巢癌或乳癌風險：真實世界的病例对照研究
Pregnancy Complications and Risks of Endometrial or Ovarian Cancer or Breast: A Real-world Case-Control Study
梁俊恒¹ 何宗錦¹
 嘉義基督教醫院婦產部¹
- E109 卵巢亮細胞癌併發靜脈栓塞：個案報告與文獻回顧
Ovarian Clear Cell Carcinoma Presenting with Venous Thromboembolism: A Case Report and Literature Review
廖建騰¹ 孫怡虹¹ 黃國峯¹ 康介乙¹
 奇美醫學中心¹
- E110 當PARP-i遇見登革熱
When PARP-i meets dengue fever
康介乙¹
 永康奇美婦產部¹
- E111 子宮內膜癌接受前置輔助性化學治療後的癌症分期降階
Downstage of endometrial cancer after neoadjuvant chemotherapy
李均¹ 李耀泰¹ 鄭雅敏¹ 郭宗正¹
 郭綜合醫院婦產部¹
- E112 ChatGPT 在婦科癌症治療決策中的應用
Exploring the Role of AI: ChatGPT in Decision-Making for Gynecologic Cancer Treatment
陳威君¹ 張廷彰² 周宏學²
 新北市立土城醫院婦產科¹ 林口長庚紀念醫院婦產部婦癌科²

- E113 陰道癌:手術併發症和脫細胞異體真皮組織(ADM)的應用
Vaginal cancer: surgical complication and the application of ADM
傅偉志¹ 蘇棋楓¹
光田綜合醫院¹
- E114 病例報告:一未生育停經前女性的子宮上皮與間質混合增生腫瘤合併潛在腺肉瘤風險
Mixed epithelial and stromal proliferative tumor of the uterus with the potential of adenosarcoma in a premenopausal nullipara: A case report
李默樺¹ 屠乃方¹ 陳之緯² 黃博琪³ 黃景瑩¹
衛生福利部桃園醫院婦產部¹ 衛生福利部桃園醫院影像醫學部² 衛生福利部桃園醫院臨床病理科³
- E115 微創偶發性子宮惡性間質瘤分期手術
Staging Surgery for Incidental Uterine Malignant Mesenchymal Tumor Accomplished with Minimal Invasive Method
梁家榕¹ 王懿德¹ 邱彥諧¹
臺北醫學大學附設醫院¹
- E116 卵巢淋巴癌
Burkitt's lymphoma of ovary
鍾昀蓁¹
三軍總醫院¹
- E117 停經後婦女之幼年型卵巢顆粒細胞瘤:臨床案例及文獻整理
Postmenopausal woman with juvenile granulosa cell tumor: A case report and literature review
林宜樺¹ 賴薇安² 吳鏡瑚¹
高雄醫學大學附設中和紀念醫院婦產部¹ 高雄醫學大學附設中和紀念醫院病理部²
- E118 免疫治療在子宮內膜癌的罕見致命病發症:噬血性淋巴組織球增生症
Case report: A rare but lethal complication, Hemophagocytic lymphohistiocytosis induced by pembrolizumab treatment in endometrial cancer patient
郭泊芸¹ 吳貞璇¹ 劉建廷²
高雄長庚醫院婦產部¹ 高雄長庚醫院血液腫瘤科²
- E119 吉舒達免疫療法所導致的前降鈣素上升-一位復發的子宮頸癌患者案例
Pembrolizumab-induced Elevated Procalcitonin in a Case of Recurrent Cervical Cancer
徐千婷¹ 陳楨瑞¹ 王功亮²
台北馬偕紀念醫院婦產部¹ 台東馬偕紀念醫院婦產部²
- E120 異卵雙胞胎同時出現雙側卵巢成熟畸胎瘤的一例報告
Bilateral Ovarian Mature Teratomas : a Case Report of Simultaneous Presentation in Dizygotic Twins
徐千婷¹ 陳楨瑞¹ 王功亮²
台北馬偕紀念醫院婦產部¹ 台東馬偕紀念醫院婦產部²

- E121 利用錯誤配對修復蛋白區分併存性子宮內膜/卵巢癌或轉移性子宮內膜癌
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廖宜威¹ 陳文欣^{2,3} 歐育哲^{1,3}
高雄長庚紀念醫院婦產部¹ 新北市立土城醫院婦產科² 嘉義長庚紀念醫院婦產科³

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劉相宜¹ 廖佩芬¹ 林佩萱¹ 陳其葳¹ 陳昱蓁¹ 崔冠濠¹ 林立德¹
高雄榮總婦女醫學部¹

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台灣婦產科醫學會 113 年度年會暨擴大學術研討會

The 63rd Annual Congress

of Taiwan Association of Obstetrics and Gynecology 2024

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專題演講

【SY】

3月9日（六）下午

一般婦科 Symposium（V樓）敦睦廳

- SY1 陳子健 看似婦科癌症的非癌症狀況
- SY2 陳怡仁 妊娠滋養細胞疾病的診斷和治療
- SY3 鄭碧華 對防治婦女疾病的檢視
- SY4 陳達生 台灣試管嬰兒治療相關OHSS的趨勢、風險因子、與預後

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- SY5 溫國璋 從非醫學中心的角度，面對婦女三癌的篩檢，評估與治療
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- SY7 張宸邠 從年輕醫師的角度，面對婦女三癌的篩檢，評估與治療
- SY8 吳貞璇 子宮頸癌治療的新趨勢與展望
- SY9 呂建興 子宮內膜癌的治療新趨勢與展望
- SY10 江盈澄 卵巢癌的治療新趨勢與展望

3月9日（六）下午

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- SY12 陳智齡 Integrating ultrasound and genomics for prenatal diagnoses of fetuses with structural anomalies
- SY13 洪泰和 如何降低台灣母體與周產期的死亡率
- SY14 葉長青 中晚期流產
- SY15 詹德富 談胎兒與新生兒周產期死亡
- SY16 應宗和 回顧與前瞻--中山附醫十年HIFU治療經驗分享，與HIFU術後對懷孕生產影響的探討

內視鏡 Symposium（10樓）國際會議廳

- SY17 陳明哲 Revisit the minimally invasive therapy of (tubal) ectopic pregnancy
- SY18 龍震宇 Non-invasive surgery for uterine myoma and adenomyosis
- SY19 黃寬仁 Enhancing ERAS in Gynecologic Laparoscopy
- SY20 王功亮 Are we ready for the reimbursement requirements of gynecologic robotic surgery
- SY21 黃寬慧 Current trends and future perspectives in Gynecologic pelvic reconstructive surgery
- SY22 李奇龍 Techniques to Avoid Intraperitoneal Tumor Cell Spillage in MIS Oncology

3月10日（日）上午

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- SY24 王映文 Bridging the Bone Health Gap: Strategies for Women's Health Across the Lifespan
- SY25 徐英倫 Selective tissue estrogenic activity regulator (among drugs in the therapy of postmenopausal women)
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- SY28 陳永綺 生產事故關懷模擬演練（二）
- SY29 羅良明 胎盤完全前置剖腹生產的計畫與執行
- SY30 童寶玲 如何避免腹腔鏡併發症
- SY31 劉蕙瑄 如何精進腹腔鏡手術技巧
- SY32 桂羅利 如何執行子宮腔鏡及避免併發症

3月10日（日）下午

婦女泌尿 Symposium（10樓）松柏廳

- SY33 魏添勇 Urinary incontinence in demented women (Dementia). What can we do?
- SY34 林威霖 “Evil twin” : Painful bladder syndrome and endometriosis. Not an unusual combination
- SY35 王萱 Post-partum pelvic floor dysfunction. We have to face it
- SY36 林益豪 Patient selection and share decision making in female IC/BPS patient
- SY37 楊采樺 經閉孔吊帶懸吊術(TOT)及單一切口吊帶手術(SIS)，何者是女性尿失禁的最佳選擇
- SY38 吳晉睿 Management on the patient with lower urinary tract dysfunction for PRS

醫療倫理法律（10樓）國際會議廳

- SY39 王志嘉 醫預法：醫療事故關懷理論與實務
- SY40 陳聰富 醫預法的調解制度
- SY41 洪聖惠 醫療事故預防與孕產婦安全提升
- SY42 蔡甫昌 各國代孕現況及相關倫理法律規範
- SY43 何信頤 如何維護代孕者權益
- SY44 雷文玫 代孕子女親權歸屬之倫理法律議題

生殖內分泌 Symposium（12樓）崑崙廳

- SY45 何信頤 台灣實施人工生殖生育補助之成果與現況
- SY46 蔡英美 ICSI for male vs non-male infertility
- SY47 吳憲銘 Fertility preservation after diagnosis of breast cancer
- SY48 賴宗炫 Ovarian function after COVID-19 infection
- SY49 許沛揚 Rethink of “add-ons” in Assisted Reproductive Technology
- SY50 黃君睿 亞臨床性甲狀腺低能症和懷孕

陳子健

SY1

新竹馬偕紀念醫院婦科癌症學科主任
馬偕醫學院部定助理教授
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

看似婦科癌症的非癌症狀況

Non-Cancerous Conditions Mimicking Gynecologic Malignancies

Tze-Chien Chen, MD, PhD

Some non-cancerous conditions may mimic gynecologic malignancies. Cervical condyloma, actinomycosis, tuberculosis, syphilis, fibroid, herpes pseudotumor, etc, may mimic cervical cancer. Ovarian polypoid endometriosis, hyperstimulation, decidualized endometrioma and luteoma in pregnancy, tuberculosis, actinomycosis, abscess, Meigs and pseud-Meigs syndromes, adenomatoid tumor, etc, may mimic ovarian cancer. Tubal pseudocarcinomatous hyperplasia, adenomyoma, ectopic pregnancy, florid cystic endosalpingiosis, etc, may mimic tubal cancer. Peritoneal disseminated leiomyomatosis, tuberculosis, actinomycosis, sarcoidosis, florid diffuse peritoneal decidualosis, etc, may mimic peritoneal carcinomatosis. Pelvic lymph node decidual in pregnancy may mimic lymph node metastasis in pregnancy. G-CSF induced focal intensive focal FDG uptake may mimic multiple bone metastasis. Histopathological examination may be the most reliable way to confirm if it is malignancy or not. However, prudent clinical and image evaluations should be undertaken before the decision of invasive procedures so as to avoid potentially adverse clinical outcomes.

陳怡仁

SY2

現職：臺北榮民總醫院婦女醫學部 部主任
臺北榮民總醫院手術室管理委員會 手術室主任
臺北榮民總醫院 婦癌多專科醫療團隊負責人
國立陽明交通大學 醫學系 婦產學科 主任
國立陽明交通大學臨床醫學研究所 教授
台灣婦科醫學會 理事長

Update on the diagnosis and management of gestational trophoblastic disease
妊娠滋養細胞疾病的診斷和治療

Yi-Jen Chen, MD. PhD.

Chairman, Department of Obstetrics and Gynecology, Taipei Veterans General Hospital

*Professor, School of Medicine and Institute of Clinical Medicine, National Yang Ming Chiao Tung University,
Taiwan*

Chief, Operating Room Administration Committee, Taipei Veterans General Hospital

President, Taiwan Association of Gynecology

Gestational trophoblastic disease (GTD) arises from abnormal placenta and is composed of a spectrum of premalignant to malignant disorders. Current International Federation of Gynecology and Obstetrics guidelines for making the diagnosis and staging of gestational trophoblastic neoplasia allow uniformity for reporting results of treatment. Most women with gestational trophoblastic disease can be successfully managed with preservation of reproductive function. It is important to manage molar pregnancies properly to minimize acute complications and to identify gestational trophoblastic neoplasia promptly. In addition to histology, molecular genetic studies can help in the diagnostic pathway. Earlier detection of molar pregnancy by ultrasound has resulted in changes in clinical presentation and decreased morbidity from uterine evacuation. Follow-up with human chorionic gonadotropin (hCG) is essential for early diagnosis of gestational trophoblastic neoplasia (GTN). The duration of hCG monitoring varies depending on histological type and regression rate. Low-risk GTN (FIGO Stages I-III: score <7) is treated with single-agent chemotherapy but may require additional agents; although scores 5-6 are associated with more drug resistance, overall survival approaches 100%. High-risk GTN (FIGO Stages II-III: score ≥7 and Stage IV) is treated with multiagent chemotherapy, with or without adjuvant surgery for excision of resistant foci of disease or radiotherapy for brain metastases, achieving a survival rate of approximately 90%. Gentle induction chemotherapy helps reduce early deaths in patients with extensive tumor burden, but late mortality still occurs from recurrent treatment-resistant tumors. It is important to individualize treatment based on their risk factors, using less toxic therapy for patients with low-risk disease and aggressive multiagent therapy for patients with high-risk disease. This review summarizes the current evaluation and management of gestational trophoblastic disease, including evacuation of hydatidiform moles, surveillance after evacuation of hydatidiform mole and the diagnosis and management of gestational trophoblastic neoplasia.

Keywords: choriocarcinoma; epithelioid trophoblastic tumor; gestational trophoblastic disease; gestational trophoblastic neoplasia; moles; placental site trophoblastic tumor.

鄭碧華

SY3

現職：台北市立聯合醫院 和平婦幼院區 忠孝院區 主治醫師
 台北市立大學 運動健康科學系 助理教授
 更年期醫學會 理事 婦產科醫學會婦女健康促進組委員
 經歷：輔仁大學附設醫院婦產部 主治醫師，輔大醫學系助理教授
 長庚大學醫學系助理教授，嘉長分院 高長分院 婦產部 主治醫師
 長庚大學 臨床醫學科學研究所 博士畢 教育部 部定 助理教授
 高醫大學附設醫院 婦產部 主治醫師 住院醫師 臨研所 碩士畢

Metformin and women's health ~ Metformin 對防治婦女疾病的檢視

Bi Hua Cheng, M.D., Ph.D. Department of OBS&GYN, Taipei City Hospital, Taipei, Taiwan

自 1557 年 metformin 被研發至 1997 年美 FDA 核准至今，已被廣泛應用於治療糖尿病，為 2 型糖尿病的一線用藥。Metformin 之應用不限減少血中糖份、體重減輕和多囊性卵巢症候群。還可用於其他很多醫療新運用。實證報告 metformin 可降低肝硬化患者死亡風險，有效的預防和改善患有肝細胞癌患者生存率；對大腸直腸癌，早期攝護腺癌、乳癌、尿路上皮癌、血癌、黑色素瘤和骨癌也顯著有益，metformin 是一種有效的協助抗腫瘤用藥。metformin 對輕度認知障礙和阿茲海默症 (AD) 亦有治療益處，顯示其神經保護作用；也有明顯改善心理功能並減少癡呆症的發生率。和減緩杜氏症 - 肌肉營養不良症的進展。Metformin 尚有協助抗炎作用，用於結核病 (TB) 和冠狀病毒病 (COVID-19) 是正向抗炎劑之一。另 metformin 除了對心血管疾病的有益作用之外，關於腎功能研究顯示每天口服 metformin 可以改善腎臟纖維化，有益腎臟結構和功能正常化。

最近 JAMA 於 2023.12 出爐重要產科相關議題：[孕早期診斷出之妊娠糖尿病] 與 [第二型糖尿病婦女懷孕] 之使用 metformin 的大型雙盲臨床證據顯示：服用 metformin 並不會增加懷孕與胎兒相關併發症，反之，早期使用於妊娠糖尿病，對孕婦體重管理：用者比不用或少用者體重控制較佳，macrosomia 較少而且孕期中胰島素的需求量相對較少和開始時期也相對晚一點。

於婦科正相關議題：metformin 對於多囊卵巢綜合症 (PCOS) 雖不是第一線用藥，實證仍然支持其減輕患者的症狀，改善月經不規律性並協助促進排卵；在乳腺癌，子宮內膜癌的預防和治療中也有相當的研究報告，metformin 可能通過調節著癌細胞內的代謝過程，抑制腫瘤的生長和擴散，它還可能增加化療對癌的敏感性，提高治療效果；metformin 經由改善胰島素敏感性，控制血糖水平，從而減少心血管疾病的發病率，減輕肥胖患者的體重和腰圍，雖不似新興 GLP-1A 藥物的效度，注意其易引起之腸胃道症狀，注意使用者補充維他命 B12 和腎功能不佳的酸中毒，metformin 對過重與肥胖管理實是經濟實惠之第一線或合併用藥。近來學者再利用 Metformin 抗癌與抗發炎... 等的分生調控機轉，將其使用在子宮內膜異位症和肌腺症治療，metformin 亦有顯著之輔佐抑制宮內膜異位症和肌腺症報告。

總結而言，metformin 在婦女健康中的角色正在不斷更新和拓展。在 PCOS 治療、乳腺癌和子宮內膜癌之預防和治療，子宮內膜異位症輔佐角色以及更年期心血管疾病防治，肥胖相關暨妊娠糖尿病使用中展現潛力。這些健康益處使 metformin 成為有前景的治療策略之一，可以幫助改善婦女的整體健康狀況。最近諸多分生基礎研究回顧 metformin 除了為一線糖尿病用藥，尚有諸多臨床疾病助益，這其中多重分生機轉緣由，促成 metformin 除了可以醫治糖尿病患者和非糖尿病患者中觀察到的助益，或可成為正式適應症用藥指日可待，乃檢視近期 metformin 相關婦女健康的實證進行報告，為臨床實務，使用 metformin 之時機，盡一己綿薄。

Peferneces: Metformin: new applications for an old drug. Naseri et al. 2023 J Basic Clin Physiol Pharmacol
 Metformin, a biologic and synthetic overview. Edson D et al. 2023 Bloorg. Med. Chem. Let.
 Metformin Plus Insulin for Preexisting Diabetes or Gestational Diabetes in Early Pregnancy. The MOMPOD Randomized Clinical Trial. Boggess et al. 2023 JAMA
 Progesterone plus metformin improves outcomes in patients with endometrial hyperplasia and early endometrial cancer more

陳達生

SY4

國立陽明交通大學醫學系
成大醫院婦產科住院醫師
成大生殖內分泌科主治醫師

台灣試管嬰兒治療相關OHSS的趨勢、風險因子、與預後

Ovarian Hyperstimulation Syndrome (OHSS) represents a critical complication that IVF (in vitro fertilization) treatments strive to avoid. Amid societal shifts leading to higher maternal ages at childbirth in economically advanced nations, the demand for IVF has surged, with such procedures now accounting for nearly 6% of all births in our country. This statistic underscores the necessity of paying special attention to the complications.

Recent advancements in cryopreservation technology, the utilization of Antagonists, and the growing implementation of the Freeze-All Policy have significantly contributed to a decline in severe OHSS cases. These observations, drawn from international IVF registries, underscore the importance of evolving prevention strategies to mitigate IVF-associated risks effectively.

This presentation delves into a comprehensive exploration of OHSS, focusing on risk factors, prevention methodologies, and the OHSS's implications on pregnancy outcomes, maternal health, and the birth outcomes. Factors increasing OHSS risk include a high egg retrieval count, younger maternal age, a history of Polycystic Ovary Syndrome (PCOS), previous OHSS occurrences, and undergoing embryo implantation.

Moreover, this talk will present unpublished preliminary findings from the Taiwan IVF Registry, analyzing hospital treatments for OHSS after ovarian stimulation. This includes an in-depth look at risk factors, short-term and long-term impacts, aiming to foster a rich discussion and encourage further investigation among peers with a vested interest in reproductive medicine.

By synthesizing two decades of international research on OHSS, the presentation aims to enhance understanding, improve prevention strategies, and refine patient management protocols. The goal is to not only advance academic dialogue but also enhance clinical practices, thereby reducing OHSS incidence and severity, and ultimately, enhancing outcomes for mothers and their children. This session promises to offer valuable insights for researchers and clinicians alike, paving the way for future advancements in the field of reproductive medicine.

卵巢過度刺激症候群 (OHSS) 是試管嬰兒治療盡力想要避免的關鍵併發症。隨著經濟發達國家社會變遷，導致生育年齡上升，IVF 的需求激增，如今試管嬰兒已經佔台灣所有出生數的近 6%。這一統計數據凸顯了特別關注併發症的必要性。

近年來胚胎冷凍保存技術的進步，促使胚胎全冷凍 (Freeze-All) 策略的廣為採用，還有減少胚胎植入數目以及 GnRH Antagonist 的使用，顯著地減少嚴重 OHSS 案例的發生。從國際 IVF 登錄資料得出的研究結果，讓臨床醫師了解使用這些預防策略可以有效減輕 OHSS 的風險。

本次演講將深入探討 OHSS，由風險因素、預防方法、到 OHSS 對懷孕結果、母體健康和出生結果的影響。風險因子方面，包括取卵數多、年紀較輕、過去有 PCOS 病史、過去有 OHSS 病史、有植入胚胎等等較容易有嚴重 OHSS。短期影響方面，OHSS 與高懷孕率相關，但也可能增加住院與血栓風險，長期來看，胎兒的出生體重可能較低，或沒有影響。

此外，本次講座將展示來自台灣 IVF 登記處的未發表初步發現，分析卵巢刺激後因 OHSS 而住院治療的嚴重個案。我們將同時探討風險因素、對母親、胎兒的短期和長期影響，希望這些內容能拋磚引玉供有興趣的研究同好一起討論。通過綜合二十年來關於 OHSS 的國際研究，希望能提高大家對 OHSS 的重視、並改進預防策略，從而減少 OHSS 的發生率和嚴重性，最終提升母親及其孩子的預後。

溫國璋

SY5

現職：雙和醫院婦產部 主任

臺北醫學大學醫學系婦產學科 副教授

中華婦癌醫學會 專科醫師

經歷：臺北榮民總醫院婦女醫學部 主治醫師

陽明大學臨床醫學研究所 博士

臺北榮民總醫院婦女醫學部 研修醫師

臺北榮民總醫院婦女醫學部 住院醫師

從非醫學中心的角度，面對婦女三癌的篩檢，評估與治療

就三大婦癌子宮頸癌、子宮內膜癌、卵巢癌來說，近來雖然子宮頸癌發生率過去從女性癌症第一名往下降到十名外，子宮頸抹片的確有重大功勞，但是隨著國人平均壽命的延長，仍然是有需要注意的；至於另外兩大癌症子宮內膜癌與卵巢癌，比起逐年下降的子宮頸癌似乎更為兇猛，成為近年需高度警惕的婦科癌症，因此對付此婦科三大婦癌，我們目前的床篩檢方式似乎需要更為升級。

根據最新公布的 110 年台灣女性 10 大癌症發生率顯示，子宮頸癌已經掉出 10 名外，以目前與過去國健署提供滿 30 歲女性 1 年做 1 次子宮頸抹片的檢查，似乎有一定的不錯的成效。此外，人類乳突病毒 HPV 檢測也對於篩檢子宮頸癌提供幫助，人類乳突病毒的感染無法以一般抹片，陰道鏡或切片準確地偵測，而必須從子宮頸採樣作病毒 DNA 檢驗，若是抹片合併人類乳突病毒檢測可以提高篩檢敏感度至 90% 以上，陰性預測值可達 100%。至於像是其他的分子檢測如宮頸癌甲基化基因（癌症的發生與不正常 DNA 甲基化有關，特別是抑癌基因 tumor suppressor gene 的高度甲基化，高度甲基化 hypermethylation 會影響基因的轉錄和表現，導致基因靜默，從而導致癌症的發生）的篩檢對於直接檢測細胞內 PAX1 基因的甲基化程度，作為細胞癌化的判定亦提供很好的準確度，子宮頸癌甲基化基因的檢測已被認為是新一代能有效篩檢癌症的生物標記和方法，在配合子宮頸癌抹片篩檢及人類乳突病毒檢測結果下，可提供醫師用以評估婦女是否罹患子宮頸癌的參考。

而子宮內膜（體）癌已經躍至台灣女性 10 大癌症發生率第 5 名，針對婦女若停經前後有任何異常出血，合併有內膜癌危險因子或本身有家族病史，可以透過超音波檢查，可以看出子宮大小的內膜厚度，或甚至合併門診內膜切片，來懷疑病篩檢內膜癌，此外亦可以進行子宮內膜癌甲基化檢驗（安蓓 MPap）來檢驗出血細胞基因甲基化的程度是否與子宮內膜癌密切相關與作為癌症診療的指標，其敏感度可達 83.7~96.0%，特異性為 78.7~96.0%。

至於卵巢癌又稱作「無聲的殺手」，目前並沒有好的篩檢方法，發生率為台灣女性 10 大癌症發生率第 7 名死亡率也是第 7 名，除了透過超音波檢查（如使用 O-RAD US 風險評分準則等），亦可以藉由 CA-125 腫瘤標記來釐清卵巢癌的可能性。因為篩檢不易，未來需要透過更多新的篩檢方式，幫助婦女提前發現與篩檢卵巢癌。

廖正義

SY6

現職：屏東榮民總醫院醫務企管部 部主任

屏東榮民總醫院婦產科 代主任

經歷：高雄榮民總醫院婦女醫學部 婦科主任

美國加州大學舊金山分校 訪問學者

高雄榮民總醫院婦女醫學部 主治醫師

阮綜合醫院 癌症中心主任

從醫學中心的角度，面對婦女三癌的篩檢，評估與治療

Cheng-I Liao, MD

Director of Medical Affair Administration, Pingtung Veterans General Hospital, Pingtung, Taiwan

依據 84 年癌症登記報告，女性癌症發生率（不含原位癌）第二名為子宮頸癌（2,136 名），99 年子宮體癌新個案數超越子宮頸癌，105 年卵巢、輸卵管及寬韌帶癌新個案數亦超越子宮頸癌，於 109 年癌症登記報告，女性癌症發生率（不含原位癌）第五名為子宮體癌（3,032 名）、第七名卵巢、輸卵管及寬韌帶癌（1,824 名）、與第十名子宮頸癌（1,436 名）；顯示生活型態、飲食習慣與生育傾向的改變對子宮體癌與卵巢、輸卵管及寬韌帶癌的影響，與 84 年國民健康署推動子宮頸抹片篩檢對子宮頸癌發生率下降的成效；要有效對此三癌的預防、篩檢與提升治療成效，需要對其成因、可介入因素來著手，依據世界衛生組織與美國 CDC 的研究，人類乳突病毒與抽菸為子宮頸癌的風險因子，肥胖與不活動生活型態則與子宮體癌與卵巢、輸卵管及寬韌帶癌有關；依據三段五級的建議與子宮頸癌防治經驗，子宮頸癌的抹片篩檢已大幅下降其發生率，但近年下降幅度趨緩，主因為有部分女性未曾接受篩檢，也導致該族群較多後期疾患，影響治療效果，如何利用醫學中心的資訊與人力優勢，找出服務患者的隱藏客戶，進行目標式篩檢，再加上人類乳突病毒疫苗的注射，方能持續降低子宮頸癌發生率，達到罕見癌症（每十萬女性小於 6 名）的目標。對於子宮體癌，目前有眾多有關子宮內膜癌的篩檢方式發表，初步都有不錯的成效，但大規模進行篩檢的方式、經濟效益、後續處置建議則尚在發展中；治療方面近年有相當的進展，病理組織的再分類、次世代基因定序的協助、免疫與標靶藥物的推陳出新，皆進一步嘉惠患者；醫院宜整合資源，建立團隊諮詢，以提供患者最新的治療方針；卵巢、輸卵管及寬韌帶癌的篩檢已發展數十年，對於普篩的成效不佳，針對高風險族群的篩檢有一定的成效，但由於此癌的多樣性變化，篩檢還需進一步研究；由於疾病成因的研究基礎，伴隨性或預防性的輸卵管部分 / 全切除（和卵巢切除）於特定族群亦顯示出一定的效果，但長期對於健康的影響則於長期追蹤的結果來評估；對於癌症而言，預防重於治療，如何降低風險，結合醫學中心內的各個團隊的專長，減少就醫患者抽菸、肥胖，增加運動，應該可以有效降低三高疾患、中風、心肌梗塞等疾患，同時也下降子宮頸癌、子宮體癌與卵巢、輸卵管及寬韌帶癌。

張宸邇

SY7

現職：林口長庚醫院婦癌科 主治醫師

經歷：林口長庚醫院婦癌科 主治醫師

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

從年輕醫師的角度，面對婦女三癌的篩檢，評估與治療

Chen Bin, Chang, MD

Department of OBS&GYN, Chang Gung Menomorial Hospital, Linkou, Taiwan

Gynecologic malignancies constitute critical problem because they are important cause of cancer-associated mortality, according to the cancer registry annual report, 2021, Taiwan. The healthcare of cancer patients is complicated and survivorship has long journey of fight. In this talk, I would like to share some cases about screening, evaluation, and treatment of gynecologic cancers from young doctor's perspective.

Topic 1: Underdiagnosis of endocervical lesion in pap smear

Topic 2: Endometrial cancer without bleeding or endometrial thickening

Topic 3: Krukenberg tumor and undifferentiated carcinoma, what is the primary?

Topic 4: Surgical interventions in gynecologic cancers

Topic 5: Paradigm shift in endometrial cancer

Topic 6: Resurrection of neoadjuvant therapy in cervical cancer

Topic 7: Peritoneal vaginoplasty with radical hysterectomy

吳貞璇

SY8

現職：高雄長庚醫院婦癌科 主治醫師
高雄長庚醫院婦產部 助理教授
高雄長庚醫院婦癌團隊副召集人
經歷：台灣婦癌醫學會副秘書長
美國約翰霍普金斯大學醫院 研修醫師
高雄長庚醫院婦癌科 研修醫師
高雄長庚醫院婦產部住院醫師

子宮頸癌治療的新趨勢與展望

Chen-Hsuan Wu, MD

Division of Gynecology Oncology, Department of OBS&GYN, Kaohsiung Chang Gung Memorial Hospital, Taiwan

Cervical cancer is the fourth most common female cancer worldwide and results in over 300 000 deaths globally. Owing to the promotion of cervical smear screening since 1995, the age-standardized incidence rate of cervical cancer in Taiwan has decreased. Despite decreases in incidence in the twentieth century, cervical cancer continues to be a highly mortality cancer in high-income country. While most patients with early-stage disease can be cured with radical surgery or chemoradiotherapy, patients with high-risk locally advanced disease or with recurrent/metastatic disease have a poor prognosis with standard treatments. For these high-risk patients who are typically treated with concurrent chemoradiation or systemic chemotherapy incorporation of bevacizumab, recent data show benefits with the addition of upfront immunotherapy in women whose cancer expresses programmed death ligand-1. In this talk, I will review and describes the initiation and progression of cervical cancer and discusses in depth the advantages and challenges faced by current cervical cancer therapies, followed by a discussion of promising and efficacious new therapies to treat cervical cancer including immunotherapies, targeted therapies and combination therapies.

呂建興

SY9

現職：台中榮總婦女醫學部 副部主任

中興大學兼任 副教授

中華民國婦癌醫學會 理事長

台灣婦癌醫學會理事

經歷：台中榮總婦女醫學部 主治醫師

MD Anderson Cancer Center 進修

子宮內膜癌的治療新趨勢與展望

子宮內膜癌在診斷跟治療上，在這幾年有了革命性的進展。在 2013 年，Nature 雜誌刊登了 TCGA 把子宮內膜癌用四種分子分型分類之後，相關的研究如雨後春筍，也印證了這一個分子分類的方法，對於某些組織學跟分子表現的病人，可以更加正確的預測預後、以及更精準的給予輔助性治療。這些概念以及研究結果的累積，在 FIGO 2023 新的子宮內膜癌分期方法公告之後，就漸次落實到臨床上。在分期時，除了考慮腫瘤轉移部位外，分子跟組織學的不同，也影響病人期別。依照這個新的期別，如何做輔助性治療，仍有許多研究在進行。

早期子宮內膜癌已經有充分的證據，證實微創手術跟開腹手術有一樣好的癌症治療成功率，但是有微創本質上的優點，包括傷口小、疼痛少、短期生活品質較好、住院天數短的好處。但是從 2018 到 2022 的全國癌症資料顯示，全國第一期子宮內膜癌微創手術的比例，只有 41%。中榮發表了近 12 年所有臨床上診斷為第一期子宮內膜癌微創手術後的長期追蹤，發現五年存活率，可以到 99.4%。因此在病人跟醫師狀況許可下，應該可以安心的使用微創手術來治療早期子宮內膜癌的病人。晚期子宮內膜癌，是否適合用微創手術，考慮的因素就比較多。

晚期及復發子宮內膜癌的一線輔助性治療，2023 年是一個重要的轉捩點。首先是 GOG- 258 發表整體存活率的追蹤結果，發現晚期子宮內膜癌在手術完成之後，接受 6 次的卡鉑加紫杉醇化學治療，跟同步化療放射線治療，之後再給予 4 次的卡鉑加紫杉醇化學治療，整體存活率一樣，但是放射治療組生活品質略差。因此確認了晚期及復發的子宮內膜癌，應該以全身治療為主。輔助性全身化學治療同時加上免疫療法，PD-1 抑制劑的 Pembrolizumab 或是 Dostarlimab，在有生物指標 MMRd 或 MSI-H 的患者，跟純粹化學治療比較起來，無病存活期的風險比可以到 0.3 左右；對於沒有生物指標的病人，風險比分別是 0.57 跟 0.76。PD-L1 抑制劑 Atezolizumab 在有生物指標的患者，無病存活期的風險比可以到 0.36，沒有生物指標的病人，風險比是 0.92。Dostarlimab 的這個 Ruby 試驗甚至已經報告可以增加整體存活率。此外腫瘤浸潤細胞，也有一些角色。

對於接受過一線卡鉑加紫杉醇治療後復發，且沒有生物指標，雖然 KN-775 研究發現免疫療法 (Pembrolizumab) 加標靶治療 (Lenvatinib) 效果優於二線化學治療，但是使用標準劑量時副作用很大，且價錢昂貴。對此，其他二線化學治療的選擇，我們也有不同的見解跟發現。

江盈澄

SY10

現職：臺大醫院婦產部主治醫師

臺大醫學院婦產科副教授

經歷：臺大雲林分院婦產部主任

美國科羅拉多大學婦產部研究學者

臺大雲林分院婦產部主治醫師

臺大醫院婦產部住院醫師

卵巢癌的治療新趨勢與展望

Ying-Cheng Chiang, M.D., Ph.D.

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

Epithelial ovarian cancer (EOC) is a major cause of cancer-related death in women. Most EOC patients are diagnosed at an advanced stage with a 5-year survival of less than 50%. Most advanced-stage EOC patients relapse with a good initial response to primary treatments including debulking surgery and adjuvant platinum-based chemotherapy. The pathogenesis of EOC is complex that each histological subtypes might have different molecular pathways during oncogenesis, resulting in differences in clinical and pathological feature. Precision medicine is an evolving area in EOC that depends on the distinct genetic or molecular features of cancer, the anti-angiogenic agents (bevacizumab) and PARP inhibitors are the most promising effective drugs. Maintenance therapy with antiangiogenic agents improved survival of the advanced EOC patients, especially in high-risk patients. Maintenance therapy with PARP inhibitors improved survival of EOC patients with BRCA 1/2 gene mutation or homologous recombination deficiency (HRD). The efficacy of immunotherapy in EOC remains to be determined. In fact, the dilemma is that these promising target drugs benefit only in a limited subpopulation, and it is important to select the right patients for the target therapy in clinical practice. The issue will be discussed in the session.

施景中

SY11

現職：台大醫院婦產部 產科主任
台大醫學院婦產科 副教授
周產期醫學會秘書長
經歷：台大醫學系畢
台大解剖細胞研究所博士
ISUOG international faculty

Fetal CPAM and other lung lesions

Jin-Chung Shih, MD, PhD

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

Fetal CPAM (congenital pulmonary airway malformation) is a congenital lung lesion of fetus with diverse clinical presentations. In the past, it was thought to be as rare as 1:35000; but currently it was recognized as a common fetal lung lesion with an estimated incidence of 1:2500.

Lesions vary in size and appearance and often change apparently during the pregnancy. The most useful indicator for clinical predictor is CVR (CPAM volume ratio). $CVR > 1.6$ usually indicated a less favorable outcome; however, it is most useful in prediction of fetal hydrops but not for all the other clinical spectrums.

CPAM is not inherited, and not related with genetic alternations. However, it needs a comprehensive and expertise team care to achieve the best outcome.

The ultrasound presentation, pathological classifications and clinical management will be discussed.

CPAM represented for more than 50-60% fetal lung lesions. Other differential diagnosis included broncho-pulmonary sequestration, bronchogenic cyst, and CHAOS (congenital high airway obstruction syndrome). How to make the differential diagnosis will be also discussed in this presentation.

陳智齡

SY12

現職：台大醫院基因醫學部 主治醫師

經歷：台大醫院基因醫學部 研修醫師

台大醫院婦產部母胎兒醫學 研修醫師

台大醫院婦產部 住院醫師

異常胎兒的產前基因檢測

Integrating ultrasound and genomics for prenatal diagnoses of fetuses with structural anomalies

Chih-Ling Chen, MD, MMSc

Department of Medical Genetics, National Taiwan University Hospital, Taipei, Taiwan

Fetal structural anomalies are detected in approximately 3-5% of the pregnancies during routine prenatal ultrasound exams. The detectable anomalies range from isolated defect to multisystem anomalies. When structural anomalies were detected on a fetal ultrasound, subsequent invasive prenatal diagnostic procedures such as chorionic villus sampling or amniocentesis is usually arranged. Traditionally available testings include karyotyping and microarray analysis which help identify aneuploidy, chromosomal structural variations and aberrations in copy number variations in about one-third of the patients. The more novel tests based on the next generation sequencing platforms and their utilities in the prenatal setting has also been explored in recent years. Prenatal exome sequencing been shown to increased the diagnostic yield by 8.5-10% in fetuses with ultrasound-identifiable structural anomalies, and negative cytogenetic and microarray results. Besides singleton exome sequencing, family-based trio-exome sequencing has shown to further increase diagnostic yield, turnaround time, and potentially provide benefit for in-time reproductive decision making.

In the realm of prenatal genetics, data on prenatal genotype-phenotype associations is often limited in part due to lack of well-documented prenatal ultrasound images with serial follow-up at later gestations and beyond. Interpretation of the results and genetic counseling can be very challenging when the clinical significance is unclear. In this talk, I will share some of our experience utilizing exome sequencing as a prenatal diagnostic tool, and discuss about the future direction of genetic testing in the prenatal setting.

洪泰和

SY13

現職：台北長庚紀念醫院婦產科教授級主治醫師
台北市醫師公會醫療糾紛委員會委員
經歷：台北長庚紀念醫院婦產科系主任
基隆長庚紀念醫院婦產部主任
台灣周產期醫學會理事長

如何降低台灣母體與周產期的死亡率

洪泰和 醫師

台北長庚紀念醫院婦產科

儘管母胎醫學持續進步，台灣母體及周產期死亡率卻依然居高不下，甚至有逐年攀升的趨勢。過去 5 年來，我們的母體死亡率約為每 10 萬名活產中有 12 至 16 位孕產婦死亡，新生死亡率是每 1000 名活產中有 2.5 人，死產率則是 2.5%。因此如何提升孕產婦及新生兒的照顧品質，進而降低母體及周產期死亡率是產科醫師要面臨的重要議題。本演講內容將包括：（1）分析台灣母體及周產期死亡率的變化趨勢與常見原因；（2）聚焦降低母體死亡率的方法，包括：改善優質醫療保健的取得、投資醫療基礎設施、強化緊急產科服務、提升孕婦的意識和教育、解決健康的社會決定因素、推廣心理健康支援、加強產後護理、持續專業訓練、強化數據收集、稽核與分析、鼓勵協作與夥伴關係、支持孕產婦健康和周產期健康研究；（3）強調個案檢討的重要性；以及（4）簡介日本和英國在降低母體死亡率的檢討機制與成效。最後，個人以身為醫學中心高危險妊娠醫師的角度提出幾點建議：在醫療院所方面，鼓勵說實話、勇於當吹哨者的文化；參考專科學會指引（如 ACOG practice bulletins、RCOG Green-tops guidelines、NIH NICE guidelines 等）建立醫療常規作為檢討的依據；高危險妊娠個案採雙主治醫師共同照護；確實檢討個案。在衛生主管機關方面，除負責督導生產事故通報與救濟外，還應強勢主導檢討機制；成立專責工作小組或委員會、但不參與生產事故補助審查；保密調查、收集資料、分析死亡原因及可預防性；評估處置未符合醫療常規之處，提出具體改善建議回饋給衛生主管機關與醫療機構；定期發表成果報告，接受同儕評論。

葉長青

SY14

現職：臺北榮民總醫院 婦女醫學部 高危險妊娠暨產科 主任
國立陽明交通大學醫學院婦產科 助理教授
臺北榮民總醫院 婦女醫學部 主治醫師
經歷：臺北榮民總醫院 婦女醫學部 住院醫師
國立陽明交通大學臨床醫學研究所 博士
美國耶魯大學婦產科高危險妊娠 訪問學者

中晚期流產

Chang-Ching Yeh, MD, PhD

Department of Obstetrics & Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan

終止妊娠是產科醫療的重要一環，也是婦產科乃至所有醫學領域最常見的手術之一。據估計，每年發生 5,630 萬例流產，佔所有懷孕的 25%。大多數流產發生在懷孕前三個月，即第一孕期之前。中期（妊娠 14 週後）的流產較不常見，但在已開發國家和發展中國家仍然存在。在某些情況下，可能源於準備不足，許多流產併發症發生在妊娠中期手術中，儘管它只佔流產總數的一小部分。在美國，7.6% 的流產發生在妊娠 14-20 週，1.3% 發生在妊娠 20 週後。同樣，在英國，10% 的墮胎發生在妊娠 12 週後。由於多種原因，孕婦在懷孕中期需要終止妊娠：社會動機、缺乏醫療與照護資源，以及母親或胎兒的適應症。

中晚期終止妊娠可採用藥物和手術方法。Dilation and evacuation (D&E) 手術是美國常見的方法。藥物流產在英國、歐洲和發展中國家更為常見。藥物和器械的可近性、提供疼痛控制的能力、醫療人員的技能和舒適度、病人偏好、文化考慮和當地立法，都會影響在特定環境下可能進行的終止妊娠方法。當由訓練有素、經驗豐富的醫療人員提供時，手術和藥物流產都是安全有效的。隨著妊娠週數的增加，終止妊娠的適應症，以及是否進行減胎，隨著不同的個案狀況、病人與醫師想法和價值觀、機構規定和法理規章等因素，有許多待討論甚至爭議之處。

詹德富 SY15

現職：台灣周產期醫學會理事長
高雄醫學大學醫學系婦產學科教授
高雄醫學大學附設醫院婦產部產科主任
高雄醫學大學附設醫院醫品病安管理中心主任
經歷：高雄醫學大學附設醫院婦產部主任
高雄醫學大學附設醫院遺傳中心主任

談胎兒與新生兒周產期死亡

Professor Te Fu Chan, MD, PhD

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

胎兒與新生兒死亡率是公共衛生的重要指標，反映著母嬰健康狀況及醫療體系的效能。依生產事故救濟報告分析，胎兒死亡常見的原因包括臍帶繞頸 / 臍帶異常 / 臍帶意外事故、胎盤早期剝離及胎盤功能不全等，然而，即便我們已經能夠辨識出這些因素，仍有三分之一的胎兒死亡為不明原因，其中一部分可能跟母體因素如高血壓、糖尿病、自體免疫疾病或胎兒生長遲滯有關。新生兒死亡中，胎兒窘迫是最主要的原因，其次為胎盤早期剝離、肺高壓 / 肺出血 / 肺擴張不全 / 呼吸窘迫、胎便吸入 / 羊水胎便染色、腦部異常等。在高齡化及少子化的浪潮下，每個寶寶能安全、平安、健康的誕生，都是我們責無旁貸的責任與期待。新近倒三角形的產檢模式，讓先天性畸型胎兒的發生率明顯減少著有成效，但由死產比率呈現穩定情況來看，經過倒三角形產檢模式篩檢過可能健康的寶寶卻無法健康的誕生。因此後期的產檢內容似乎有審視的必要性。近年來生產數目的減少反而是提升照顧品質的契機，藉此回顧一下我們的照護策略調整的可行性。

應宗和

SY16

中山醫學大學附設醫院副院長
部定副教授
生物暨生化科技博士
中山醫學大學醫學系婦產科學科主任
台灣婦產科醫學會理事
台灣周產期醫學會常務理事

回顧與前瞻--中山附醫十年HIFU治療經驗分享，與HIFU術後對懷孕生產影響的探討

Retrospect and Prospect - Sharing of Ten Years' HIFU Treatment Experience at Chung Shan Medical University Hospital, and Discussion on the Impact of HIFU on Pregnancy and Childbirth

Since Taiwan introduced ultrasound-guided HIFU surgery in 2014, it has been 10 years. As of October 30, 2023, the total number of treatments has reached 5767. Among them, a considerable number of patients have become pregnant after HIFU treatment. Therefore, the care during pregnancy and puerperium after HIFU treatment has gradually become a topic we need to pay attention to.

As of September 30, 2023, the number of HIFU patient treatments at Chung Shan Medical University Hospital has reached 1045, and the number of pregnancies has reached 65. Through literature retrospective research and our care experience, we provide a reference for everyone to take care of such patients.

台灣自 2014 年引進超音波導引的 HIFU 手術，至今已達 10 年。至 2023 年 10 月 30 日止，總共的治療數目已達 5767 例。其中，因 HIFU 治療後而懷孕的病人，也達到一定的數目。因此，經過 HIFU 治療後，懷孕期及產褥期的照顧，已逐漸成為我們需要注意的課題。

中山醫學大學附設醫院的 HIFU 病人治療數目，至 2023 年 09 月 30 日止，治療數目達到 1045 例，其中懷孕的數目達到 65 人。我們經由文獻回溯研究，及我們的照護經驗，提供給大家照顧此類病人的參考。

陳明哲

SY17

現職：茂盛醫院 醫療副院長

經歷：台中榮總婦女醫學部 前主任

台中榮總生殖醫學中心 前主任

台灣生殖醫學會 前理事長

台灣婦產科內視鏡暨微創醫學會 前監事長

Revisit the minimally invasive therapy of (tubal) ectopic pregnancy



Salpingo(s)tomy or salpingectomy may result in similar fertility outcomes in subsequent pregnancies. Traditionally, salpingectomy has been the standard procedure, but salpingo(s)tomy provides a conservative option. The choice relies upon many factors and includes shared decision-making between the surgeon and patient.

Conservative surgery: salpingo(s)tomy

The advantage of salpingo(s)tomy is preservation of the tube for potential future fertility. Salpingostomy is preferred for patients who desire future childbearing and in whom the contralateral tube is absent or damaged. The availability IVF has decreased the need to preserve diseased fallopian tubes. However, many patients do not have access to IVF for financial, geographic, or religious reasons. The success rate depends on the skill of the surgeon and thus reported rates of persistent trophoblast vary from 4% to 15%. This failure rate can be reduced with a post-operative dose of methotrexate. Although this has been shown to be cost effective, the risk of side effects has led the recommendations against its routine use. After salpingo(s)tomy, strict protocols must be in place to monitor for persistent trophoblastic tissue and to avoid tubal rupture. Persistent trophoblastic disease does not seem to have impact on future fertility.

Radical surgery: salpingectomy

Salpingectomy is the standard procedure if the contralateral tube “appears” normal, the condition of the tube with the ectopic gestation is damaged (ruptured or otherwise disrupted) and normal anatomy cannot be restored, haemostasis fails to achieve during salpingotomy, future fertility is not an issue, or the gestation appears too large to remove with salpingostomy. Total salpingectomy is preferable as the success rate should be 100%. For patients who have completed childbearing, bilateral salpingectomy may be performed as permanent sterilization and appear to be associated with a reduced risk of ovarian cancer.

龍震宇 SY18

現職：高雄醫學大學附設醫院婦產部 部主任
高雄醫學大學醫學系婦產科學 教授
台灣婦科腫瘤消融醫學會 理事長
經歷：高雄市立小港醫院 副院長
高雄市立小港醫院婦產科 主任
台灣福爾摩莎婦女泌尿醫學會 理事長

Non-invasive surgery for uterine myoma and adenomyosis

Dr. Cheng-Yu Long

Kaohsiung Medical University Chung-Ho Memorial Hospital, Kaohsiung, Taiwan

Uterine fibroids are women's most common benign pelvic tumor, reaching a lifetime incidence of up to 77%. Meanwhile, adenomyosis is also a common disease with a prevalence ranging from 8% to 27%. Symptomatic patients often complain of dysmenorrhea, heavy menstrual bleeding (HMB), chronic pelvic pain, dyspareunia, and infertility, which highly impact the quality of daily life. The management options at present include medical, nonsurgical, and surgical treatment. Medical management can be effective but often transient, leaving surgical management the gold standard for adenomyosis and uterine myomas treatment such as hysterectomy and myomectomy. Unfortunately, it is unsuitable for women who strongly desire to preserve the uterus and fertility. Therefore, some less invasive treatments have sprung up, such as high-intensity focused ultrasound ablation (HIFU), image-guided radiofrequency ablation (RFA), and microwave ablation (MWA).

HIFU utilizes ultrasound imaging guidance and the principle of magnification to focus low-energy ultrasound. It creates a high-energy focal point on tumors or targeted tissues, generating heat up to 60 degrees Celsius or higher. It induces localized coagulative necrosis, effectively shrinking and dissolving tissues due to the lack of blood flow. The average treatment time for HIFU uterine fibroid ablation is about 1-2 hours or longer. Patients might feel mild heat in the abdomen during the treatment, and mild analgesics are provided to alleviate discomfort. This non-invasive treatment is effective and non-invasive but quite time-consuming compared to other procedures. The lesions' location and vascularity may limit their indication and effectiveness.

In our experience, over 1000 cases have been served in Kaohsiung Medical University Hospital. Thirty patients, keep counting, had successfully conceived and delivered babies after undergoing HIFU treatment for uterine fibroids or adenomyosis. In a time-saving way, as soon as three months after the HIFU treatment, patients who desire pregnancy can start conception.

RFA and MWA are similar in process, in which the electrode or antenna is directly inserted into the lesions under ultrasound (US) guidance, and the generated heat acts straight on the target tissues, but different kinds of energy are used. However, there will be incision wounds compared to HIFU, which does not need incisions ultimately. RFA is a high-frequency alternating electrical current that creates ionic agitation, producing frictional heat to achieve tissue necrosis. Microwave ablation is one of the most recent and exciting

technological advances in the thermo-ablative field, which uses electromagnetic energy to rotate adjacent polar water molecules and produce heat rapidly. According to previous studies, RFA and MWA are both effective in treating uterine tumors such as leiomyoma or adenomyosis. Since no cutting of the uterus and no sutures are required, such as in traditional surgery, little adhesion and blood loss will be created. Still, thermal injury to nearby tissue and organs is a potential risk. Hence, ultrasound and laparoscopy-guided are often used in these procedures, and a safe distance from the serosa of the uterus should be carefully monitored. Last but not least, when under laparoscopy-guided, adnexa tumors can also be treated at the same time since patients with adenomyosis are often affected by endometrioma simultaneously. From this point of view, RFA and MWA have their strength that HIFU cannot replace.

Our center has served MWA under laparoscopy- and ultrasound-guided since November 2021. In our analysis, patients who underwent this promising technique to treat uterine fibroids and adenomyosis had significant improvement in UFS-QOL, PBAC, and VAS questionnaires at a short-term follow-up. A thorough pre-operative survey and plan are absolutely needed. Additionally, the learning curve should be managed. With more knowledge and skill in controlling the ablation field design, the extent of tumor regression and patient satisfaction will be more excellent. Longer follow-ups are still under our surveying.

To summarize, each has advantages and disadvantages among all traditional and novel operation techniques. Therefore, it is crucial to tailor the plans for the patients according to their clinical conditions and actual needs. For less invasive or non-invasive surgery, the length of hospital stays and sick days from work can be significantly decreased from the traditional surgery, which provides a cost-saving and pain-decreasing solution for women nowadays.

黃寬仁

SY19

學歷：台灣台北醫學院醫學系畢

經歷：長庚醫院林口總院 婦癌科主任 (2014-2020)

台灣婦產科內視鏡暨微創醫學會 理事長 (2018-2020)

現職：林口長庚醫院 婦癌科醫師

Enhancing ERAS in Gynecologic Laparoscopy

黃寬仁

Despite updated evidence supporting, many Enhanced Recovery After Surgery (ERAS) recommendations remain poorly adhered to and barriers to ERAS implementation persist. Laparoscopic approach has overcome major part of peri-operative care in gynecological surgery.

2023 update Enhanced recovery after surgery ERAS® society guidelines for gynecologic oncology. (Gynecologic Oncology 173 (2023) 58–67)

Question: Is perioperative oral intake safe and how can I convince my anesthesiologist?

Recommendation: In alignment with anesthesiology society guidelines, patients should be encouraged to consume clear liquids until 2 h prior to surgery. Preoperative carbohydrate loading prior to surgery improves patient satisfaction and comfort.

Question: Preoperative medications - which are the most important?

Recommendation: Medications including NSAIDs, acetaminophen and gabapentinoids can be administered preoperatively, especially in the context of a multimodal opioid sparing protocol. Gabapentinoid use should be extremely limited in elderly patients.

Question: How do I manage patients with penicillin allergies?

Recommendation: Patients with a reported penicillin allergy should receive the standard surgical antibiotic prophylaxis including cefazolin or ertapenem when indicated.

Question: What is the best approach to intraoperative analgesia?

Recommendation: Techniques such as wound infiltration with local anesthetic and TAP (transversus abdominis plane) block are preferred over TEA (thoracic epidural analgesia) given the potential for complications and side effects.

Question: How should I manage urinary drainage?

Recommendation: Indwelling bladder catheters should be removed as early as possible in the postoperative period (on the day of surgery for MIS, and no later than POD1 for laparotomy) unless contraindications exist.

Question: What is appropriate venous thromboembolism (VTE) prophylaxis?

Recommendation: Patients at increased risk of VTE should receive dual prophylaxis with mechanical compression and chemoprophylaxis, initiated preoperatively. Extended chemoprophylaxis should be prescribed to patients who meet high-risk criteria or undergo laparotomy for gynecologic malignancy. Extended prophylaxis with LMWH (low molecular weight heparin) or DOAC (direct oral anticoagulant) are equally effective and safe. Extended prophylaxis is of limited value in MIS patients.

Question: What constitutes appropriate postoperative opioid prescribing?

Recommendation: Multimodal opioid-reduction strategies for postoperative pain control are critical to employ in the inpatient and outpatient settings. Decreased post-

discharge opioid prescribing is feasible with a team approach and does not affect pain control or patient satisfaction. PCA (patient-controlled analgesia) is rarely required and should be used as a last resort for patients requiring repeated treatment with IV opioids.

Question: How do I create a successful same day discharge (SDD) program?

Recommendation: Multidisciplinary SDD programs should be considered for minimally invasive gynecologic oncology procedures. Implementation requires multidisciplinary collaboration, education, patient and case selection, and ERAS perioperative principles.

Question: How can I overcome barriers to ERAS implementation?

Recommendation: Barriers to successful implementation can be overcome with adherence to change management principles and education. Communication of the economic benefits of ERAS to healthcare administrators may be a strong incentive to garner support for implementation.

王功亮

SY20

現職：馬偕紀念醫院 婦產部資深主治醫師

馬偕醫學院 醫學系 教授

經歷：台東馬偕紀念醫院 院長

台灣婦癌研究組織 理事長

台灣婦產科內視鏡暨微創醫學會 理事長

台灣婦癌醫學會 理事長

Are we ready for the reimbursement requirements of gynecologic robotic surgery

Kung-Liahng Wang, MD

Professor, Dept of OBS and GYN, Mackay Medical College, Taipei, Taiwan

Immediate past superintendent, Taitung Mackay Memorial Hospital, Taitung, Taiwan

Immediate past president, Taiwanese Gynecologic Oncology Group (TGOG)

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 years of experience with laparoscopic procedures. Many patients with both benign or malignant diseases may benefit from laparoscopic myomectomy, laparoscopic radical hysterectomy, laparoscopic staging, evaluation, or a combination of them. More and more gynecologic surgeons in Taiwan perform laparoscopic assisted surgeries for complicated myomectomy and radical hysterectomy for the management of uterine fibroids and early-stage cervical cancer, respectively. However, these 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. While robotic-assisted surgery has become a popular and widespread technique accepted by gynecologists as an appropriate alternative to laparoscopic surgery in the management of patients with gynecologic diseases, the Taiwan's National Health Insurance (NHI) program currently only provides for the laparoscopic surgery. The NHI program in Taiwan is a universal single-payer health insurance program that has been providing comprehensive coverage for all civilian residents in Taiwan since 1995. Robotic-assisted surgery is currently not covered under the NHI program, and it is an out-of-pocket cost for patients receiving the operation. However, starting on March 1, 2023, Taiwan's NHI has covered some different surgical

procedures performed by the robotic assisted surgery. Past research has shown that health insurance status is an important nonclinical predictor influencing women' s decisions on the use of robotic-assisted surgery for gynecologic diseases. The long-term impact of the coverage of robotic-assisted surgery under the Taiwan' s NHI program deserves considerable attention. An important question is how do we maintain the quality of care among women who undergo robotic-assisted surgery for both gynecologic benign and precancerous indications? I suggest that the gynecologist who is being credentialed must include satisfactory completion of an accredited gynecologic residency program to perform robotic-assisted surgery or proctored for a minimum of three cases by a certified gynecologist with such experience. In my experience, when compared to laparoscopic surgery, robotic surgery can perform more complex surgeries such as anastomosis, lysis of adhesions, and are particularly suitable for obese patients or those with large uteri. Under the coverage of Taiwan' s NHI program, I believe, in the future, robotic-assisted surgery will become a popular and widespread alternative to laparoscopic surgery in the management of patients with gynecologic diseases by gynecologists in Taiwan.

黃寬慧

SY21

高雄長庚醫院 婦產部副教授

台灣婦產科內視鏡暨微創醫學會 (TAMIG) 理事長 (2022-2024)

台灣福爾摩莎婦女泌尿醫學會 (FUGA) 創會理事長 (2016-)

Current trends and future perspectives in Gynecologic pelvic reconstructive surgery

Dr. Cheng-Yu Long

Kaohsiung Medical University Chung-Ho Memorial Hospital, Kaohsiung, Taiwan

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.

However, TVM for pelvic organ prolapse is still most common procedure in Taiwan.

This is mainly due to the fact that older patients have lower anesthesia risks during TVM surgery, the operation time is shorter than transabdominal pelvic reconstruction. Our physicians are more familiar with transvaginal surgery. Moreover, papers published from Taiwan have reported that TVM have a higher success rate and lower mesh exposure incidence than that published in Europe and United States. But for the younger prolapse patients, it is more beneficial to perform transabdominal pelvic reconstructive surgery.

Since then, Laparoscopic Abdominal sacrocolpopexy (ASC) became the trends in advanced POP surgical treatment in minimal invasive surgeons. But, there are still some difficulty of ASC procedures in longer learning curve, time-consuming, and procedure-related morbidity needed to be overcome. LSC ASC is a well-known technique in POP management and considered as the gold standard procedure for apical prolapse of POP repair. 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 ligament. 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.

李奇龍**SY22**

現職：長庚大學醫學系 教授

林口長庚醫院婦產部 教授、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

台灣婦產科內視鏡暨微創醫學會 常務理事

婦科暨微創治療醫學雜誌 總編輯

Techniques to Avoid Intraperitoneal Tumor Cell Spillage in MIS Oncology

*Chyi-Long Lee, M.D., Ph.D.**Department of OBS&GYN, Linkou Chang Gung Memorial Hospital, Taiwan*

Key successful treatment for cancer surgery consists of appropriate surgical staging and optimal surgery. Since the early 1980s, it has become evident that less invasive methods of interventional treatment have produced far fewer complications with a reduced risk of morbidities such as decreased blood loss, faster recovery, and shorter hospital stay. Minimal invasive surgery (MIS) has become increasingly popular and performed extensively. 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 the first prospective, randomized controlled trial comparing survival of cervical cancer patients who underwent open radical hysterectomy and minimally invasive radical hysterectomy (LACC study). It was shown in the trial that minimally invasive surgery (MIS) was associated with poorer disease-free survival and overall survival. They proposed the possible reasons may affect the survival of LRH including uterine manipulator and pneumoperitonem. However, in many other centers have compared their data to those of the LACC trial and findings were inconsistent. After the year 2005, the surgical technique for laparoscopic radical hysterectomy has become standardized with emphasis on tumor free concepts, extent of radicality, parametrium and paracolpium resection, and tumor free specimen retrieval through the vagina in our institute. The 100 percent 5-year disease free survival rate for cervical cancer is achievable. In oncologic surgery, strictly adhering to the "Tumor- Free" concept in operative field is very important concepts especially in tumor retrieval. Here, we demonstrate the techniques in MIS oncology surgery.

張芳維

SY23

現職：三軍總醫院醫院婦產部 部主任醫師
國防醫學院婦產學科 副教授
經歷：三軍總醫院澎湖分院 院長
台灣婦產身心醫學會 理事長
台灣婦產科醫學會 常務監事
台灣更年期醫學會 常務監事
台灣臨床研究倫理審查學會 理事長

Sequential treatment in vulvovaginal atrophy

Fung-Wei Chang, MD, PhD

Department of OBS&GYN, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Vulvovaginal atrophy (VVA) is a chronic and progressive disease, especially in the menopausal women. The poor sexuality and quality of life is very difficult to consult to physician in Taiwan, because of the privacy. VVA requires long-term and often sequential treatment to achieve the desired benefits. The topical products (including non-hormonal lubricants and moisturizers applied to the vagina), systemic hormone therapy and estrogens, and prescribed vaginal dehydroepiandrosterone (DHEA) are the therapeutic options in Taiwan. In addition, the selective estrogen receptor modulator, ospemifene, and new energy-based treatments (laser and radiofrequency) are also considered. Every treatment for the VVA need to use for a long time. The patients express fear of the long-term use of estrogens. Some of patients will use other treatment, but the compliance is low because of the vaginal route, low efficacy, or the price of the treatments. Sequential treatments in VVA are very important. VVA will not be improved in the short-term use. Personalized medicine is a good method for the treatment of VVA .

王映文

SY24

現職：高雄長庚紀念醫院婦產部 主治醫師

台灣更年期醫學會秘書長

學經歷：高雄醫學大學醫學系 學士

英國劍橋大學基因體醫學 碩士

高雄長庚紀念醫院婦產部 婦癌科研究員

高雄長庚紀念醫院婦產部 住院醫師 / 總醫師

Bridging the Bone Health Gap: Strategies for Women's Health Across the Lifespan

骨骼健康的連結：涵蓋女性不同生命階段

Ellen Ying-Wen Wang, MD, MPhil

Department of OBS/GYN, Kaohsiung Chang Gung Memorial Hospital, Taiwan

Osteoporosis (T-score \leq -2.5) and osteopenia (low bone mass, $-2.5 < \text{T-score} < -1$) are prevalent conditions among postmenopausal women in Taiwan, affecting 41% and 44%, respectively. Both groups face fragility fracture risks, with 25% of osteopenic women at high risk, identified by the FRAX tool and intervention threshold.

Fragility fractures, common in the lumbar spine, hip, and wrist, lead to increased mortality, disability, and economic burdens. In Taiwan, access to anti-osteoporosis medication through the National Health Insurance program is currently limited to those with an osteoporosis diagnosis who have already experienced at least one fragility fracture. Nevertheless, healthcare providers should implement routine screening tools to assess bone health in postmenopausal women and mitigate the risk of fragility fractures.

This symposium reviews evidence-based strategies for managing bone health in postmenopausal Taiwanese women, emphasizing high fragility fracture risk management, medication rationale, and monitoring. The exploration extends to bone health in special populations, such as those with premature ovarian insufficiency, cancer survivors, and individuals with other risk factors for early estrogen decline and secondary osteoporosis.

This symposium aims to provide practical insights to enhance the bone health of Taiwanese women across their lifespan.

徐英倫

SY25

現職：奇美醫學中心婦產部 主治醫師
奇美醫學中心羊水實驗室報告簽署人
經歷：台灣更年期醫學會監事
台北榮民總醫院婦女醫學部住院醫師
成功大學公共衛生研究所碩士
中山大學生物醫學研究所博士班

Selective tissue estrogenic activity regulator (among drugs in the therapy of postmenopausal women)

Ing Luen Shyu

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

Tibolone, a selective tissue estrogenic activity regulator, is a synthetic steroid with estrogenic, androgenic, and progestogenic properties in a tissue-specific manner. It is widely used for managing perimenopausal vasomotor symptoms. According to previous literatures, tibolone has demonstrated efficacy in reducing vasomotor symptoms compared to placebo but is less effective than estrogen therapy. It also shows a positive impact on bone mineral density and sexual dysfunction. Furthermore, due to its estrogenic activity in the brain, the neuroprotective effects of tibolone have become a recent focus in research.

On the other hand, although tibolone exhibits relatively weak estrogenic activity in the breast and endometrium, it has been a subject of controversy regarding the risk of these hormone-sensitive cancers, especially breast cancer. Through this talk, we will comprehensively review the existing literature on tibolone, elucidating both its positive and negative effects. This aims to assist clinicians of menopausal women's health in gaining a clearer and more flexible understanding for the judicious use of this drug.

Key words: Menopause, Selective tissue estrogenic activity regulator (STEAR), Tibolone,

莊蕙瑜

SY26

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 生殖科主任
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

The impacts of menopausal hormone therapy on longer-term health consequences of ovarian hormone deficiency

Osteoporosis, coronary heart disease (CHD), stroke, and dementia are prevalent degenerative conditions in women, closely associated with a decrease in estrogen levels during menopause, termed as 'late problems' of ovarian hormone deficiency (OHD).

The Women's Health Initiative (WHI) study, with an average participant age of 63 years, revealed that menopausal hormone therapy (MHT) utilizing conjugated equine estrogen (CEE) and medroxyprogesterone acetate (MPA) can prevent bone mineral density (BMD) loss and fractures in healthy postmenopausal women. However, a notable upward trend in CHD risk was observed with the duration of time since menopause at MHT initiation, and stroke risk was elevated regardless of the age at recruitment. An additional WHI memory study indicated an increased risk of dementia in older women.

A meta-analysis of previous randomized controlled trials (RCTs) found that MHT using oral estrogen significantly reduced CHD risk by 48%, but had no impact on stroke risk in women within 10 years post-menopause. Prospective studies suggested that early initiation of MHT after menopause might lower the risk of dementia. The WHI study also noted a decline in dementia mortality with CEE therapy. These findings, combined with the timing hypothesis, strongly propose MHT as a potential strategy for Alzheimer's disease (AD) prevention in recently postmenopausal women. Consequently, a timing hypothesis has been proposed for both CHD and dementia.

Further research is essential to refine the optimal MHT regimen concerning dosage, administration route, and preparation, potentially benefiting even older postmenopausal women considering MHT. MHT has been shown to enhance menopause-related quality of life and reduce all-cause mortality (ACM) in younger postmenopausal women. It may be prudent to cautiously reconsider MHT for primary prevention of the late problems associated with OHD in early postmenopausal women.

Keywords: menopausal hormone therapy , Osteoporosis, coronary heart disease, stroke, dementia

李詩應

SY27

現職：西園醫院神經科 主治醫師
輔仁大學社科院 專技副教授
CDPET 執行長

台灣高院、台北地院等法院 調解委員

台北市衛生局 醫療爭議調解委員

經歷：美國哈佛醫學院附屬教學醫院布列根及婦女醫院神經
疾病中心研究員

生產事故關懷模擬演練（一）

李詩應醫師、法學碩士、法學博士

西園醫療財團法人西園醫院神經科、陳忠純紀念促進醫病關係教育公益信託推廣會執行長

- 角色分配：事前作業
- 案例影片觀看與回應選擇：事前作業
- 案例說明與回應選擇分析 10 分鐘
- 全體討論：15 分鐘（問題及引導）

由生產事故關懷模擬演練（二）接續進行。

透過生產事故案例對話經過影片觀賞及現場模擬演練探討分析及討論關懷的重點與關鍵。以提供熟悉將來可能面對的情況及如何因應面對的準備。

陳永綺 SY28

現職：書田診所小兒科 主治醫師

CDPET 會長

台北地院、新北地院 調解委員

台北市衛生局 醫療爭議調解委員

苗栗縣衛生局 醫療爭議調解委員

經歷：美國哈佛醫學院附屬教學醫院丹納法伯癌症中心 研究員

生產事故關懷模擬演練 (二)

陳永綺醫師、法學碩士

書田診所小兒科、陳忠純紀念促進醫病關係教育公益信託推廣會會長

- 分組演練：二輪 20 分鐘 (依實際演練狀況調整)
- 分享與結論：15 分

透過生產事故案例對話經過影片觀賞及現場模擬演練探討分析及討論關懷的重點與關鍵。以提供熟悉將來可能面對的情況及如何因應面對的準備。

羅良明

SY29

現職：長庚紀念醫院台北院區 副院長
長庚紀念醫院台北婦產科系 助理教授
經歷：長庚紀念醫院台北婦產科系 主任
衛生福利部生產事故救濟審議會 委員
台北市政府衛生局醫療安全委員會委員
中華民國醫師公會全國聯合會 111 年度
台灣醫療貢獻獎

胎盤完全前置剖腹生產的計畫與執行

Liang-Ming Lo, MD

Department of OBS&GYN, Chang Gung Memorial Hospital, Taipei, Taiwan

Placenta previa is defined as the condition where the placenta directly overlies the cervix, which occurs in 4 to 5 of 1000 pregnancies. It may increase the risk of placenta accreta spectrum disorder and the risk of vasa previa. Placenta previa is also one of the major causes of antepartum hemorrhage and postpartum hemorrhage. It may firstly seen at approximately 18 to 20 weeks of gestation. However, most of those cases will resolve lately. When one is definitive diagnosis of placenta previa, several factors must be considered, including placental location, history of antepartum hemorrhage, symptoms of preterm labour, cervical length, parity, and history of cesarean delivery or prior uterine surgery. Ultrasound should be done before the operation to assessment the placental location and the possibility of placenta accreta.

Cesarean section is recommended for all women with a placenta previa. The optimal timing of delivery would be at 36 0/7 to 37 6/7 weeks of gestational age. If significant vaginal bleeding noted accompanied by category III fetal heart rate or maternal hemodynamic stability, emergent cesarean delivery must be performed regardless of the gestational age. Transection of the placenta should be avoided when entering the uterus. A vertical incision of uterus above the placenta is considered if anterior placenta found under ultrasound. If incision of placenta is unavoidable, fetus should be delivered soon after placenta incised. Red blood cells should be available for the operation. Pelvic angiography and embolization is consider arranged before cesarean section if placenta accrete is suspected before cesarean section. Oxytocin is given routinely to reduce the risk of postpartum hemorrhage and tranexamic acid can be considered as well. Monitoring maternal blood loss and hemodynamic statu is also important during the operation. Once we face postpartum hemorrhage, uterotonic drug should be applied first follow by standard surgical interventions (including hemostatic square sutures, uterine and utero-ovarian arteries ligation and uterine compression suture). In refractory patients, arterial embolization or hysterectomy should be considered. In this section, I will share our experience in managing placenta previa and try to propose a flow diagram of placenta previa management.

童寶玲**SY30**

現職：台大醫院新竹分院婦產部 主任

台大醫院婦產部 主治醫師

台大醫學院醫學系婦產科 臨床副教授

經歷：美國加州大學耳灣分校婦癌 臨床觀察員

台大醫院婦產部 研修醫師

台大醫院婦產部 住院醫師

如何避免腹腔鏡併發症

*Pao-Ling Torng, MD, PhD**Department of OBS&GYN, National Taiwan University Hospital, Hsin-Chu Br, Hsin-Chu, Taiwan*

Laparoscopic surgery has many advantages but it is not without complications. Definitions of complications vary and they are usually under-reported. The reported overall complication rates range from 0.2% to 10.3%. The risk of complication is dependent on patient characteristics (age, BMI), comorbidities (previous surgery), complexity of the surgery (adenomyosis, endometriosis), and surgeons' expertise. Laparoscopic surgeons ought to be aware of the possible complications and how they could be prevented, recognized without delay, and managed safely and efficiently. Important complications include injuries to the vessels, bowel and urinary tract. Shoulder pain is a minor complication but is exceedingly common. Incisional hernia could be reduced by careful closure of the fascia. Other rare complications include pneumothorax, subcutaneous and pre-peritoneal emphysema, cardiac arrhythmia, nerve injury, venous thrombosis and gas embolism, which is a potentially life-threatening complication.

The incidence of bowel injury is 0.13% for laparoscopy procedures. The most common site of bowel injury is the small bowel, follow by the large bowel and stomach. Important principles of prevention include proper pre-operative evaluation and increased laparoscopic surgical skills and knowledge. Bowel injury may occur during insertion of a Veress needle and trocar, use of electrosurgery, suturing, and adhesiolysis. Electrosurgery should be carefully used to avoid complications arising direct coupling and insulation failure. Early recognition of bowel injury is crucial for a favorable clinical outcome.

The urinary tract injury rate for laparoscopic hysterectomy is around 0.73%. Most bladder injury are recognized intraoperatively and the majority of ureteral injury are recognized postoperatively. Skills to prevent urinary tract injury are: 1. Use appropriate instruments, e.g., uterus manipulator. 2. Coagulate uterine vessels close to the uterus from ipsilateral side with a perpendicular approach, i.e., minimizing risk on bleeding and enlarge distance between uterine artery and ureter. 3. Complete a ureter visualization in case of distorted anatomy before coagulation can take place.

Surgeon' s experience is strongly associated with risk of major postoperative complications. The standardization of the surgical technique, the best MI approach (laparoscopy or robot-assisted) are crucial tools to decrease complications in MIS.

Conversion to open surgery is an unpredictable condition in MIS. Although it might be necessary during difficult MIS to prevent or to minimize further complication, a huge effort should be made to minimize the need for conversion to open surgery.

劉蕙瑄

SY31

現職：馬偕婦女泌尿學科主任
馬偕醫研部副部長
馬偕醫學院部定副教授
馬偕達文西發展小組主席

How to improve your laparoscopic skills?

Laparoscopic surgery has become the gold standard approach for many surgical procedures. There are numerous challenges that surgeons in training can face when developing their laparoscopic skills. The topic today is to share the tips for trainees who are interested in maximising their learning opportunities in laparoscopic surgery, offering different methods to guide them in improving their laparoscopic skills.

The following tips to be shared today.

- (1) Increasing your exposure
- (2) Regular simulation training
- (3) Choosing a suitable task to your level of experience
- (4) Learning anatomy
- (5) Set milestone and identify the tasks to be achieved

Laparoscopic surgery is challenging and unless it is performed on a frequent basis, laparoscopic skills are not easily maintained. Trainees at the early stage of their surgical career are strongly encouraged to take active steps in being involved in laparoscopic training

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桂羅利

SY32

現職：義大醫院婦產部 婦女內視鏡科主任
學經歷：臺北醫學大學 醫學系畢業
高雄醫學大學 醫學研究所博士班畢業
林口長庚醫院婦產部內視鏡科研究員醫師
林口長庚醫院婦產部內視鏡科主治醫師

如何執行子宮腔鏡及避免併發症

Office hysteroscopy can be considered the gold standard for the examination of the uterine cavity. Overcoming the limitations of D&C and other blind techniques. Several tips and tricks are needed to optimize successful rate of an office hysteroscopy, either diagnostic or operative.

The standard rigid hysteroscopes had a diameter > 5 mm and sometimes required cervical dilatation and local or general anesthesia.

The recent trend of reducing the size and diameter of hysteroscopes has largely contributed to the performance of hysteroscopy as an ambulatory procedure. Flexible hysteroscopes with a smaller diameter have demonstrated several advantages over the standard rigid ones in several studies.

Vaginoscopy is the method of atraumatic insertion of the hysteroscope into the external uterine orifice, without the aid of the speculum or the tenaculum, introducing the scope directly into the vaginal canal. This method reduces patient discomfort and allows the performance of endoscopic examination even in patients with intact hymen.

The aim of operative hysteroscopic is “see and treat” of benign changes of the uterine cavity. Operative hysteroscopy plays a pivotal role in surgical management of subfertility and recurrent pregnancy loss aiming to restore cavity anatomy and also provides diagnostic workup for abnormal uterine bleeding, treatment of heavy menstrual bleeding.

Operative hysteroscopic surgery has classically been performed with an instrument called a resectoscope.

There are 3 types of current that can be used in the resectoscope:

- Monopolar : In order for the current to flow, a non-conductive media must be used, such as sorbitol or glycine.
- Bipolar : In this setting, conducting distention media can be used safely.
- Intrauterine Morcellation : In this setting, no electrical energy in the uterus reduces the risk of air or gas emboli and the risk of patient harm.

Contraindications — The contraindications are the same as hysteroscopic surgery (eg, active pelvic infection, intrauterine pregnancy, cervical or uterine cancer ?). Medical comorbidities (eg, coronary heart disease, bleeding diathesis) are also potential contraindications to hysteroscopic surgery.

魏添勇

SY33

現職：童綜合醫院婦產部產科主任醫師
 台灣婦女泌尿暨骨盆學會副秘書長
 經歷：林口長庚醫院婦產部住院醫師
 林口長庚醫院婦產部婦女泌尿科研究員
 台北長庚醫院產科主治醫師
 中國醫藥大學臨床醫學研究所碩士畢
 台北醫學大學醫學系畢業

Urinary incontinence in demented women (Dementia). What can we do?

Tien Yung Wei, MD,

Department of OBS&GYN, Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan

Dementia, is a disease of mental decline, and is a serious loss of cognitive ability to deal with daily life. Previous data indicate more than 35 million people worldwide live with dementia, and the number will be expected to double by 2030. Alzheimer's disease (AD) is the most common cause of dementia with approximately 60% to 70% of all cases of dementia in Taiwan. Urinary incontinence (UI) means any involuntary leakage of urine defined by the International Continence Society, which is also common in the elderly population. UI is more prevalent in the elderly population with dementia than without dementia. The prevalence of urinary incontinence in dementia varies as much as from 11 to 90%. Typically, incontinence occurs in the moderately severe stages of dementia.

Incontinence leads to feelings of embarrassment, low self-esteem, and even depression. It cannot be assumed that those with dementia do not feel these negative emotions associated with incontinence. The causes of UI with dementia may stem from comorbidities, cognitive and functional impairment of neurodegenerative processes, or be medication related. Because treatment of AD with cholinesterase inhibitors by increasing acetylcholine levels in the brain may also increase the incidence of UI. It means the cause of urinary incontinence in dementia patient may not only from stress incontinence, but also urge incontinence, overflow incontinence, or functional incontinence. Much of the incontinence seen in dementia may be functional incontinence where the cognitive impairment interferes with the ability to toilet.

Incontinence in dementia is complex because it is often multifactorial and does not lend itself to easy solutions. A comprehensive assessment is required, including looking at the stage and type of dementia with its resultant effects on the cognitive and functional abilities of the person, exploring their psycho-emotional world and behaviour, scrutinising the environment, and examining for medical factors and pathology in the urinary system. The first-line treatment of UI in dementia is non-pharmacological behavioral therapy. Behavioral therapy programs such as prompted voiding, timed voiding, and habit training can help reduce UI in the elderly with limited physical and cognitive abilities. Pelvic floor muscle exercise, biofeedback and electrical stimulation therapy are recommended for elderly without advanced physical or cognitive dysfunction. If behavioral therapy alone does not work, pharmacological treatment can be considered, but is more effective when the behavioral and pharmacological therapies are combined. Pharmacological treatment involves the use of anticholinergics and beta-3 adrenergic receptor agonist. A careful risk-benefit analysis of medications is essential.

Diagnosis of dementia is usually made by a neurologist, but patients with UI at the urology department may show undiagnosed signs and symptoms of dementia. Therefore, close cooperation between neurologists and urogynecologist is needed to assess and manage UI patients with dementia.

林威霖

SY34

現職：陳澤彥婦產科醫院 主治醫師

經歷：萬芳醫院婦產部 主治醫師

萬芳醫院婦產部 住院醫師

台灣婦女泌尿暨骨盆醫學會 (TUGA) 會員

“Evil twin” : Painful bladder syndrome and endometriosis. Not an unusual combination

Chronic pelvic pain (CPP) is a debilitating condition that profoundly affects women globally, exerting a detrimental impact on their quality of life and daily activities. According to the widely accepted definition, CPP manifests as a syndrome characterized by noncyclic, intermittent, or constant lower abdominal or pelvic pain persisting for a minimum of six months, potentially exacerbated by menstruation or intercourse. Diagnosing CPP presents a clinical challenge due to its vague symptoms, a myriad of possible underlying causes, and the necessity for invasive investigations.

Traditionally, endometriosis has been identified as a prevalent factor associated with CPP, accounting for 71% to 87% of cases and affecting 5-15% of women in their reproductive age. However, emerging evidence has brought interstitial cystitis (IC) to the forefront as another significant contributor to the complexity of CPP. Moreover, various studies have highlighted a high coexistence of these two conditions, further complicating the diagnostic process. The gold standard for diagnosis involves invasive procedures and general anesthesia, contributing to delays in both identifying and initiating treatment.

In 2002, Chung et al. conducted a retrospective review of 60 CPP patients, revealing a strong association between the co-occurrence of endometriosis and IC. Although the term "evil twins" to describe this association has not been standardized, the simultaneous presence of these two conditions has garnered considerable attention. This presentation aims to review the prevalence of endometriosis and IC, underscoring the significance of their co-occurrence in contributing to CPP. As physicians, it is imperative to consider and explore the possibility of both endometriosis and IC coexisting, enabling precision in treatment and ultimately enhancing the quality of life for patients.

王萱 SY35

現職：台北市立仁愛醫院主治醫師
經歷：新竹馬偕紀念醫院婦產部主治醫師
台北馬偕紀念醫院婦女泌尿學科研修醫師

Post-partum pelvic floor dysfunction. We have to face it.

Hsuan Wang, MD

Department of OBS&GYN Jen-Ai Hospital Taipei, Taiwan

For many women, childbirth is a beautiful and transformative experience. However, what follows isn't always talked about openly. Post-partum pelvic floor dysfunction affects a significant number of women, impacting their physical, emotional, and social well-being.

The pelvic floor, a network of muscles, ligaments, and tissues, plays a vital role in supporting our core, controlling bladder and bowel movements, and facilitating sexual function. Yet, the toll that pregnancy and childbirth can take on this area is immense.

From urinary incontinence to pelvic organ prolapse, pain during intercourse to issues with bowel control, these are real challenges faced by women post-partum. And while it's common, it's certainly not normal. No woman should have to silently endure these difficulties, feeling isolated and ashamed.

It's crucial that we break the taboo surrounding this topic. Education, awareness, and open conversations are key. Women need to know that help is available and that seeking support is not a sign of weakness but a step towards regaining control over their bodies and lives.

林益豪現職：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**SY36**

Patient selection and share decision making in female IC/BPS patient

間質性膀胱炎/膀胱疼痛症候群病患之病人選擇及醫病分享決策

間質性膀胱炎 (IC)/ 疼痛膀胱症候群 (PBS)，被認為是一種膀胱或附近器官疼痛，常合併頻尿、夜尿、急尿等症狀的慢性膀胱疾病，IC/PBS 被認為可能與膀胱內上皮細胞的屏障 (GAG layer) 缺損有關，以致尿液中物質滲透進入到黏膜下及逼尿肌層，使膀胱壁上的神經纖維受到異常的刺激所引起的一系列反應，因此引起類似膀胱過動症的症狀。IC/PBS 最常見於女性，約 80~90% 為女性，臨床上診斷間質性膀胱炎的方法包括：症狀問卷，解尿日誌，尿液檢查及理學檢查 (包括陰道內診)，而膀胱鏡檢查在歐洲及亞洲的學會被認為是評估 IC/PBS 的例行檢查，但在美國的學會則被認為是非例行檢查。

到目前為止沒有一種治療方法顯示可以有效的治癒 IC/PBS，最常用的口服藥物包括 PPS (sodium pentosan polysulfate): Urospan 優而順、抗抑鬱劑、膀胱止痛劑等，另外治療也包括膀胱鏡下水擴張治療、膀胱內肝素灌注、膀胱內玻尿酸溶液灌注、膀胱內肉毒桿菌素注射、膀胱內自體血漿濃縮血小板注射等。以上林林總總 ~ 臨床醫師該如何選擇治療方式？過去在 2010 年美國泌尿科學會 (AUA) 曾經提出階梯式的六種療法，然而在 2022 年 AUA 最新修正的指引中提出治療的選擇應該在充分的 shared decision-making (SDM) 之後，再決定每個病人的治療方式，所以了解每種治療方式的優缺點就變得十分重要。

Ref.

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楊采樺 SY37

現職：高雄長庚醫院婦產部 婦科主任主治醫師
高雄長庚醫院婦產科 助理教授
經歷：高雄長庚醫院婦產部 主治醫師
高雄長庚醫院婦產部 研修醫師
高雄長庚醫院婦產部住院醫師

經閉孔吊帶懸吊術(TOT)及單一切口吊帶手術(SIS)，何者是女性尿失禁的最佳選擇

Tsai Hwa Yang, MD

Department of OBS&GYN, Kaohsiung Chang Gung memorial Hospital, Taiwan

Urinary incontinence has been shown to affect up to 50% of women. Conservative treatment has limited improvement in those with severe SUI. Mid urethral sling is the standard operation treatment in nowadays. There are different approaches in the mid urethral operation. The latest development is the third-generation single-incision slings. In this topic; we will review the short term/ long term outcome and complications of both TOT and SIS.

吳晉睿

SY38

現職：台大醫學院婦產科講師

台大醫院婦產部兼任主治醫師

台大新竹分院婦產部主治醫師

台灣婦女泌尿暨骨盆醫學會專科醫師

台灣福爾摩莎婦女泌尿醫學會專科醫師

經歷：衛生福利部立桃園醫院主治醫師

Management on the patient with lower urinary tract dysfunction for PRS

Chin-Jui Wu, M.D.

Pelvic organ prolapse (POP) surgery represents a common therapeutic approach for women experiencing symptomatic prolapse of pelvic organs. However, the occurrence of lower urinary tract symptoms (LUTS) postoperatively remains a significant concern. The abstract aims to provide the current strategies and emerging approaches for managing LUTS following pelvic organ prolapse surgery.

Surgical techniques play a pivotal role in the occurrence of postoperative LUTS. The choice of procedure, whether native tissue repair or mesh-augmented repair and the inclusion of concomitant anti-incontinence procedures influence the likelihood of postoperative symptoms. Conservative management strategies, such as pelvic floor physical therapy, behavioral interventions, and pharmacotherapy, play a crucial role in alleviating postoperative LUTS. Patient education regarding postoperative expectations and potential LUTS is integral for shared decision-making and postoperative compliance. Pharmacotherapy, including anticholinergic medications and alpha-blockers, may be employed to address specific LUTS, such as urgency and voiding difficulties. Additionally, ongoing research explores the role of novel therapeutic agents and the efficacy of combination therapies tailored to individual patient profiles. In cases where conservative measures and pharmacotherapy are insufficient, revision surgery may be considered. Revision procedures aim to address anatomical and functional issues contributing to LUTS. However, the decision for revision surgery should be based on a careful risk-benefit analysis, considering the potential for further complications.

In conclusion, the management of LUTS following pelvic organ prolapse surgery necessitates a personalized and comprehensive approach. Integrating preoperative risk assessment, employing advanced surgical techniques, and implementing various conservative and pharmacological interventions allow for tailored management strategies. Ongoing research and advancements in surgical and non-surgical approaches are essential to refine management algorithms and optimize outcomes for women undergoing pelvic organ prolapse surgery.

王志嘉

SY39

現職：國防醫學系教授兼副系主任
國防醫學系醫學人文教育中心主任
三軍總醫院醫學教育專責醫師
三總 IRB 委員兼審議會第二組主席
台北市衛生局醫療爭議調解委員
台北市性騷擾防治委員會委員

醫預法：醫療事故關懷理論與實務

Chih-Chia Wang, MD, LLM, PhD

Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

醫預法，已於 113 年 1 月 1 日實施，共計六章 45 條條文，包括：第一章總則 (5 條)、第二章說明、溝通與關懷 (6 條)、第三章醫療爭議調解 (21 條)、第四章醫療事故預防 (5 條)、第五章罰則 (5 條) 以及第六章附則 (3 條)。分析醫預法的核心內涵，主要為機構內的醫療事故關懷、機構外的醫療爭議調解、以及醫療事故預防。

醫療事故關懷，就法條規定，包括「說明、溝通、協助與關懷」等四要素，強調醫療機構有義務設置「醫療事故關懷小組」，除非是 99 床以下醫院或診所等，可以採取指定「專業人員」或委由「專業機構、團體」的方式進行關懷。

具體的應作為事項與程序包括：組成關懷小組；對病方提供關懷服務；對涉爭員工提供協助保護；時限內提供病歷複製本；學習、檢討與改善作為等。

醫療事故關懷，就實務或醫事人員專業素養而言，就是在衝突發生時，需要更進一步就由溝通探詢病人的需求，此即為常用的「爭點 -- 立場 -- 利益模式 (Issue, Position, Interest (IPI))」的技巧，藉由醫病溝通探詢病方的需求，以尋求解決方案。

除了溝通技巧以外，臨床醫事人員面對衝突或潛在爭議的溝通情境，尚需有面對此情境的態度與心理素質，如此對於衝突理論以及自身所承受的壓力的認知與了解，此即續發受害症候群 (second victim syndrome)，以下針對此二部分進行說明。

當發生醫療不良事件或其他衝突發生時，醫病雙方處在對立面，是自然而常見的情形，免對此衝突，如果醫病雙方都沒有能力去因應，就會變得脆弱、無力感以及失去控制，這種負面情緒，會讓醫病雙方陷入惡性循環，強化其脆弱感和自閉。

然而，如果一方有能力去因應，情況可能就會不同，故當醫方對於衝突理論有所了解，能夠發揮同理與尊重，就有自信與力量，降低防禦心，達成增能轉移 (empowerment shift)，由於防禦心的降低，願意從不同角度來看事情，就會產生認知轉移 (empowerment shift)，透過建設性與正面的對話，讓衝突有緩解甚至化解的機會。

當醫病衝突或醫療爭議事件發生時，醫方依據時序會產生三種壓力，包括：(1) 首先是當醫療不良事件發生時的心理衝擊而陷入混亂；(2) 其次是侵入性反思 (instructive reflections)，常伴隨著自我懷疑和內疚，如在過程中我錯過何事，是否能再做得更好等，會使醫師的混亂加劇；(3) 最後是組織機構調查的焦慮，源自於院方為擬定因應策略以及後續與病方的協商，會請當事醫方進行說明，雖然此程序是基於必要性與善意，即便醫預法對於組織機構的調查設有保護規定，明文規定不得採為相關行政處分的基礎，但身為當事的醫方，心理上仍會擔心院方是否因此懲處，自身長期以來建立的專業形象是毀於一旦，是否影響同事間的信賴，甚至就業的焦慮等，此即為第二 (續發) 受害症候群 (second victim syndrome, SVS)。

歷經三次的心理衝擊且順利度過後，有些人會保持行醫初衷而且繼續茁壯的行醫 (最為樂見)；有些人可能勉強留在醫界繼續貢獻，但已喪失當初行醫的初衷與熱誠 (最為常見)；也有些人可能從此退出醫療職場 (最不樂見)。

綜上，說明、溝通、協助與關懷等四項是醫預法明文規定的關懷四要素，於實際應用或醫學人文教育，必須搭配利益需求探知的溝通技巧、了解衝突理論產生增能轉移、以及認識自己可能面對的心理衝擊。

參考資料

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陳聰富

SY40

現職：台灣大學講座教授

經歷：台灣大學法律學院院長

台灣大學法務長

台灣大學學生事務長

教育部學術獎、師鐸獎

科技部傑出研究獎

醫預法的調解制度

本法關於醫療爭議調解，採取以下重要原則：1. 先調解、後訴訟之原則、2. 調解不公開原則、3. 醫療爭議評析、4. 調解成立，不得起訴或訴訟終結、5. 醫療爭議調解程序，不收取任何費用。

就先調解、後訴訟之原則：本法規定，當事人因醫療爭議提起民事訴訟前，應依本法申請調解（第 15 條）。檢察官偵查或法院審理之醫療爭議刑事案件，應移付管轄之調解會先行調解（第 16 條）。調解程序不公開之。不得將調解過程錄音、錄影或使用其他方式傳播（第 18 條）。調解程序中，調解委員所為之勸導及當事人所為遺憾、道歉、不利於己之陳述或讓步，除醫療爭議當事人均同意外，不得於本案訴訟採為證據或裁判基礎，亦不得採為相關行政處分之基礎（第 23 條）。

就醫療爭議評析：本法規定，調解會調解時，得邀請醫學、法律、心理、社會工作或其他相關專業人員列席陳述意見，或就醫療爭議之爭點向中央主管機關委託之財團法人申請醫療爭議評析（第 21 條），當事人無申請權。調解會應遴聘專家三人以上組成評析小組召開會議，由醫事專家擔任召集人，其中非醫事專家委員不得少於三分之一；醫事專家應包括前款撰寫分析意見者（醫療爭議評析作業辦法第 7 條）。亦即召集人 1 人、撰寫人 1 人、非醫事專家委員 1 人。又評析小組會議以委員達成一致共識為評析意見，不另作會議紀錄。且評析意見書應逕送調解會，不另提供案件當事人，亦不對外提供（辦法第 8 條）。

就調解成立後，不得起訴、或訴訟終結，本法規定，主管機關應於調解成立之日起算七個工作日內，將調解書及卷證送請移付或管轄之法院核定（第 27 條）。調解經法院核定後，當事人就同一民事事件不得再行起訴或於刑事訴訟程序附帶提起民事訴訟；其已繫屬法院者，訴訟終結（第 28 條第 1 項）。調解經法院核定後，當事人就醫療爭議刑事案件，不得提起告訴或自訴（第 28 條第 2 項）。告訴乃論之醫療爭議刑事案件於偵查中或第一審法院辯論終結前，調解成立，並於調解書上記載當事人同意撤回意旨，經法院核定者，視為於調解成立時撤回告訴或自訴（第 28 條第 3 項）。

洪聖惠

SY41

現職：財團法人醫院評鑑暨醫療品質策進會 副執行長

經歷：國泰醫療財團法人國泰綜合醫院品質管理部 副主任

國泰醫療財團法人國泰綜合醫院品質管理中心 管理師

醫療事故預防與孕產婦安全提升

洪聖惠 副執行長

財團法人醫院評鑑暨醫療品質策進會

為解決長期以來，醫療爭議訴訟衍生之醫病關係對立、高風險科別人才流失及防禦醫療等問題，衛福部從民國 89 年起即持續推動醫療糾紛處理立法，期間也陸續推動生產事故救濟、多元醫療爭議處理機制等計畫，近年法院受理之醫療糾紛訴訟案件已明顯下降。經多年努力，「醫療事故預防及爭議處理法」也在 113 年 1 月 1 日正式施行，其中第四章「醫療事故預防」，期待醫院應建立病人安全管理制度，並就醫療事故風險進行分析、預防及管控，提升醫療品質及保障病人安全，另醫療機構亦須針對重大醫療事故應分析其根本原因、提出改善方案，並發現事實真相、共同學習為目的。系統除錯提升品質為「醫療事故預防及爭議處理法」重點之一，建置重大醫療事故通報制度，以蒐集對病人造成死亡或嚴重傷害的事件，藉以分析錯誤的本質與原因，進而建立預防錯誤發生的機制，避免同樣問題反覆發生於不同的機構，以達到建立安全醫療環境的目標。本法讓民眾和醫師在面對醫療事故時，除了多一個尋求專業意見的管道，促進醫病關係，也可以透過對於事故的檢討改善，預防相似事件的再次發生，達到建立安全醫療環境的目標。

此外，在提升孕產婦照護的安全，透過生產事故救濟條例之推動與生產事故通報資料分析，近年也與病人安全目標結合推動，提出產科高風險管控重點，建立「事前準備」、「辨識預防」、「緊急應變」及「檢討學習」因應措施，此外也開發產後大出血、妊娠高血壓及子癲前症之組合式照護措施檢核表，以及產後大出血醫護人員宣導及孕產婦衛教單張，期待透過強化機構風險管控能力，建構完整周全的周產期照護與孕產兒安全環境。

蔡甫昌

SY42

現職：臺大醫學院醫學教育暨生命倫理學科暨研究所 教授
臺大醫院醫學研究部 主治醫師
臺大醫院倫理中心 主任
臺灣大學生醫倫理中心 主任
台灣大學人文社會高等研究院 特約研究員
台灣臨床研究倫理審查學會 常務理事
國際生命倫理講座國際網絡台灣代表機構 主任

代理孕母議題：各國代孕現況及相關倫理法律規範

代孕生殖立法在我國歷經約 20 年的努力卻始終無法完成走出立法院。反對者以女權團體以不能物化女性為生育工具為主要論點，卻阻擋了生來有卵巢無子宮女性能獲得協助以生育有血緣關係子女之機會，一場女人何苦為難女人的爭戰似乎還未見解決曙光。本演講將回顧代孕生殖所涉及之相關醫學倫理議題、在我國立法嘗試之歷程與爭點、比較國際法規管理現況、並展望當前立法之進程。

何信頤

SY43

現職：東和婦產科診所主治醫師
台灣婦產科醫學會副祕書長
台灣生殖醫學會理事
衛福部人工生殖技術委員會委員
經歷：台灣生殖醫學會祕書長

如何維護代孕者權益

The gestational carrier is the mother of the fetus produced by the surrogate during the pregnancy. She should not be viewed merely as baby manufacturing machines.

The gestational carrier retains all rights to direct her medical care, including any decisions regarding prenatal testing, pregnancy termination, or multifetal pregnancy reduction. Her right to make choices for her body is over the rights of the intended parents.

We obstetrician who choose to care for gestational carriers should provide the same level of medical care as they would to any patient. We should provide the primacy of her right to autonomous decision making related to her health and her pregnancy, which includes the right to choose what information she does and does not wish to receive or share.

雷文玫

SY44

現職：陽明交通大學公衛所政策法律組副教授
陽明交通大學醫學系醫學人文暨教育學科副教授
衛福部國健署人工生殖技術諮詢委員會委員
衛福部國健署優生保健諮詢委員會委員

代孕子女親權歸屬之倫理法律議題

Wenmay Rei, J.S.D
Institute of Public Health,
National Yang Ming Chiao Tung University,
Taipei, Taiwan.

隨著晚婚遲育，人們越來越仰賴人工生殖來孕育有自己血緣的子女。即使有這些科技的協助，先天無子宮或子宮無法懷孕的人而言，還是需要仰賴他人代理懷孕。然而，代理懷孕由於根本地改變了「分娩者為母」的傳統，加上有女性身體與販賣嬰兒之嫌，因此許多國家均視為禁忌。少數允許代孕的國家例如英國、澳洲、紐西蘭，則透過準收養的方式，允許代孕，但代孕者在出養孩子之前，都是孩子的母親。美國有些州，儘管立法允許代孕，也沒有以收養的方式為之，但實質上仍然需在孩子出生後，經法院採定，委託者與子女才能成立親子關係，在此之前包含懷孕，代孕者實質上仍是孩子的母親，身體自主權也比照一般母親受到完整的保障，不因代孕而有差異。

然而，自從一九八〇年代以來，英國、美國各州、澳洲、荷蘭等國家陸續允許代孕，累積了大量的實證經驗及立法例，讓我們有機會去理解代孕者如何看待與所懷胎兒的關係，也促使許多地區反省代孕相關法制親子關係的安排。這些討論一方面攸關代孕者的身體自主權、所生子女的利益，也攸關委託者成為父母的權益及代孕法制的基本邏輯。因此我們將檢視這些實證與立法經驗，並且分析其利弊得失。

何信頤 SY45

現職：東和婦產科診所主治醫師
台灣婦產科醫學會副祕書長
台灣生殖醫學會理事
衛福部人工生殖技術委員會委員
經歷：台灣生殖醫學會祕書長

台灣實施人工生殖生育補助之成果與現況

The Ministry of Health and Welfare expanded the IVF subsidy program since July, 2021. The criteria to apply the subsidy are 1) either partner is citizen of Taiwan and 2) the wife is under 45 years of age. For first time application, infertility couples can apply for up to NT\$100,000. For subsequent applications, they can apply up to NT\$60,000 per treatment. For a female below 40 years of age, they can apply up to 6 times subsidy. For a female 40-44 years of age, they can apply up to 3 times.

In this subsidy program, there are restrictions for the number of embryo transfer. For females below the age of 36, only one embryo is allowed to transfer each time.

After the subsidy program, there is a growth of 70% in the number of treatments. More than 90% of the treatments have transferred less than 2 embryos. The multiple pregnancy rate after IVF was reduced from 24% to 15%.

The greatest achievement of this expended subsidy program is to decrease multiple pregnancy rate and increase our national maternal and neonatal health.

蔡英美**SY46**

現職：高醫大附設醫院婦產部 主治醫師

高醫大醫學院婦產科 教授

經歷：高醫大醫研所所長、高醫大醫學院副院長

高醫大附設醫院 婦產部主任、生殖醫學科主任

台灣婦產科醫學會監事長、副理事長

ICSI for male vs non-male infertility

*Eing mei Tsah, MD, PhD**Department of OBS&GYN, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan*

Intracytoplasmic sperm injection (ICSI) involves the injection of a single spermatozoon into an oocyte cytoplasm using a glass micropipette. Since the introduction of ICSI in the clinical practice in 1992, ICSI has been applied in male and non-male infertility. For male infertility use includes azoospermia, oligo-astheno-teratozoospermia (OAT), globozoospermia, antisperm Ab and those with sperm DNA fragmentation. ICSI was used in non-male infertility, such as unexplained infertility, poor quality oocytes, low oocyte yield, advanced maternal age, prior failed IVF history, routine use, PGT, IVM, and cryopreserved oocytes. The high utilization rate of ICSI is for fear of fertilization failure and myth of high pregnancy rate for ICSI. In Taiwan, ICSI becomes popular, even reaches more than 90% utilization among some ART centers. The most consideration is to increase the fertilization rate and pregnancy rate. But, more than 30 unnecessary ICSI is performed for decreasing unexpected fertilization failure. Increasing evidence shows although fertilization rate would be increased by ICSI, it does not improve the live birth for advanced maternal age and in routine use. Pregnancy rate was reported to be even worse in routine use of ICSI in comparison with conventional IVF.

ICSI should be reserved for male factor infertility. ICSI is mandatory for azoospermia, absolute asthenozoospermia, globozoospermia, severe OAT, globozoospermia, and sperm DNA fragmentation. ICSI may be highly recommended for PGT or cryopreserved oocytes. Some raise the concern of offspring well-being in ICSI group. According to our study, ICSI does not increase the pregnancy rate, and we found ICSI had unfavorable implications for the neurodevelopmental health of offspring, in terms of increased risks of autism spectrum disorder and developmental delay. Our study concurs with the opinion we should select ICSI with cautious indication.

吳憲銘

SY47

現職：林口長庚醫院婦產部主治醫師
林口長庚醫院醫學研究部副主任
長庚醫院暨國立清華大學合聘教授
經歷：林口長庚醫院婦產部生殖內分泌科主任
加拿大 UBC 婦幼研究中心研修醫師

Fertility preservation after diagnosis of breast cancer

Hsien-Ming Wu, MD, PhD

Department of OBS&GYN, Chang Gung Memorial Hospital, Linkou Medical Center, Taiwan.

處於生育期之癌症病患在確診時往往只專注在如何治療疾病，而忽略了癌症治療對生育能力保存的影響，因此治療癌症的醫療團隊應當主動說明提醒生育能力保存之重要性。癌症本身若不是直接起源於生殖器官，未必對生殖器官有直接侵犯，但治療對生殖能力的間接影響往往不可逆，所以生育能力保存的提示和說明，應該主動向生育年齡之癌症病患提出，不宜應因病患年齡、婚姻狀態、伴侶有無、以及是否已育有小孩而省略，如此方能了解病患在治療開始前對生育能力保存議題的回饋，並予以尊重，同時成為治療計畫的一部分。

賴宗炫

SY48

現職：國泰醫院婦產科生殖醫學中心 主任
輔大醫學系婦產科 副教授
經歷：台灣生殖醫學會理事
中央大學系統生物與生物資訊所博士
Johns Hopkins 婦產部 REI 研修醫師
台北榮總生殖內分泌科研修醫師
成大醫學士及成大醫院住院醫師訓練

Ovarian function after COVID-19 infection

Tsung-Hsuan Lai, M.D., Ph.D.

Department of OBS&GYN, Cathay General Hospital, Taipei, Taiwan

The COVID-19 pandemic has not only challenged global health systems but also sparked an intense debate about its potential effects on human fertility. Among these concerns is the impact of COVID-19 on female reproductive health, specifically ovarian function and fertility. This presentation will critically examine the emerging body of research exploring the potential effects of COVID-19 on ovarian function.

Initial observations during the pandemic indicated changes in menstrual cycle patterns among women who had recovered from COVID-19. These alterations, ranging from cycle irregularity to changes in menstrual flow, suggested a potential disruption in normal ovarian function. Subsequent studies endeavored to understand these changes more deeply, exploring whether they were transient phenomena or indicative of longer-term reproductive health issues. A crucial aspect of this investigation is the analysis of ovarian reserve markers, particularly Anti-Müllerian Hormone (AMH) and antral follicle count (AFC). These markers are pivotal in assessing a woman's ovarian reserve and, by extension, her fertility potential. Research in this area has produced mixed results. Some studies, such as those conducted by Yang et al. (2023), have reported a temporary impact of COVID-19 on these markers, suggesting a possible transient effect on ovarian reserve. However, other studies have not found significant long-term impacts, indicating the need for further research to clarify these findings. Another dimension of this issue is the impact of COVID-19 on ovarian follicular function. Research, including a notable study by Bentov et al. (2021), has explored whether the virus directly affects the functionality of ovarian follicles. Their findings suggest that, in most cases, follicular function remains unaffected in women who have recovered from COVID-19, providing some reassurance regarding the virus's long-term impact on fertility.

Beyond the direct effects on ovarian function, this presentation will address the implications of COVID-19 for women undergoing assisted reproductive technologies (ART), including in vitro fertilization (IVF). The potential impact of a past COVID-19 infection on ART outcomes is a subject of considerable interest and concern. Lomova's (2022) study, among others, underscores the need for heightened vigilance and tailored management for women with a history of COVID-19 undergoing these treatments.

Of particular concern is the intersection of COVID-19 with polycystic ovary syndrome (PCOS). Women with PCOS may increase susceptibility to COVID-19 infection and increase the severity of COVID-19, necessitating specific management strategies. Additionally, the potential association between COVID-19 and premature ovarian insufficiency (POI) is explored. While some research points to a possible link, the evidence remains inconclusive, highlighting the need for continued investigation.

There are some contradictory findings in the literature. For instance, studies by Madendag et al. (2022) and Kolanska et al. (2021) suggest that COVID-19 may not have a significant long-term impact on ovarian function. These divergent views underscore the complexity of the subject and the necessity for ongoing research to fully understand the implications of COVID-19 on female reproductive health.

In summary, while some studies point to a possible transient effect of COVID-19 on ovarian function, others suggest no significant long-term impacts. This variability in findings emphasizes the need for further research and a cautious approach in interpreting these results.

許沛揚 SY49

現職：旭陽生殖醫學診所 副院長
成大醫院婦產部 兼任主治醫師
經歷：成大醫院 產房主任
成大醫院生殖不孕症科 研修醫師
成大醫院婦產部 住院醫師、總醫師
台北馬偕醫院婦產部 住院醫師

Rethink of “add-ons” in Assisted Reproductive Technology

Pei-Yang Hsu, MD, MPH

Professor Chang Fertility Clinic, Kaohsiung, Taiwan

受限於輔助生殖治療技術及試管嬰兒治療長久以來無法向上突破的成功率，加上難孕症患者的高度期待，催生了各種生殖治療的「附加選項 (add-ons)」。這些「附加選項」包括各種檢測、藥物、設備、補充品或替代療法、實驗室程序、醫療處置甚至於手術，均被歸類為標準輔助生殖治療技術之外的額外選擇，使用的宗旨是提高懷孕或活產率，降低流產風險，或縮短實現懷孕的時間。然而，這些「附加選項」通常會產生額外甚至是昂貴的費用，但換得的臨床效益卻常受到實證醫學的質疑。

關於這些「附加選項」是否應該使用，持續困擾著生殖醫學界。英國官方的「人類受孕及胚胎學管理局 (Human Fertilisation and Embryology Authority, HFEA)」自 2013 年起就成立了一個顧問委員會，定期每年舉辦三次會議，有系統的討論各種 add-ons 的實證發展，並自 2017 年創建了一個紅綠燈標示系統，將各種 add-ons 賦予紅、橙、綠三種燈號，用以代表不同的 add-ons 是否有足夠的臨床證據支持使用，這個燈號辨識系統也在 2023 年 10 月做了更細的翻新分類，協助臨床從業人員快速了解不同 add-ons 的實證等級。大約同時，歐洲生殖醫學會 (ESHRE) 也在 2023 年 11 月，首次針對 add-ons 提出了官方版本的建議：“ Good practice recommendations on add-ons in reproductive medicine ”，期望能從實證的角度評估各種附加選項的安全性和有效性。這些更新資料及實證建議，可以做為生殖治療臨床從業人員在使用或諮詢 add-ons 時的基本指引，非常值得與婦產科醫學會會員分享。

本次演講，便是依循著 HFEA 及 ESHRE 的專家所檢視審批各種 add-ons 的實證結果加以延伸，並對不同附加選項做一個概括性的介紹，期望會員們能藉由本演講，學習到各種生殖治療附加選項目前的實證現況及未來的可能發展、體認目前各種附加選項都還在滾動式發展，並了解使用實證不足的附加選項可能帶來的倫理或法律問題。

醫學仍在進展，臨床從業人員應持續追蹤這些附加選項在臨床研究上的進展，並給予不孕症個案正確的醫療資訊、共享決策，才能最佳化不孕症個案之預後。

黃君睿

SY50

現職：臺北榮民總醫院 內科部內分泌暨新陳代謝科 主治醫師
國立陽明交通大學 醫學院 內科 助理教授
經歷：國立陽明大學 醫學院內科講師
臺北榮民總醫院 內分泌暨新陳代謝科 總醫師
臺北榮民總醫院 內科部 住院醫師

亞臨床性甲狀腺低能症和懷孕

Chun Jui Huang, MD, PhD

Division of Endocrinology, Department of medicine, Taipei Veterans General Hospital, Taiwan

Pregnancy has a huge impact on the thyroid. Placental human chorionic gonadotropin stimulates thyroid hormone production and leads to suppressed maternal thyrotropin concentrations. The concentration of the thyroxine-binding globulin (TBG) is also increased in pregnancy causing total T4 and total T3 levels to be elevated. This makes normal thyroid function reference values different in the pregnant and non-pregnant population. Correct diagnosis and prompt treatment of thyroid dysfunction in pregnancy is of crucial importance and could only be achieved using a reliable gestation specific reference standard, which differ largely among ethnicities and iodine status.

Subclinical hypothyroidism which is usually tolerable in non-pregnancy conditions has been shown to be associated with increased risk of miscarriage, pre-term labor, gestational hypertension, and low birth weight. Unlike overt hypothyroidism, which should be treated promptly before conception, during pregnancy or lactation, controversies exist in treatment for subclinical hypothyroidism and the decision should be weighted for the risks and benefits for the mother and the fetus. It is reasonable to treat subclinical hypothyroidism with levothyroxine when the TSH level is high or in the presence of thyroperoxidase antibodies. Un-treated women should be followed up to ensure that treatment is initiated promptly when subclinical hypothyroidism progresses.

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午餐會報

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3月9日（六）

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| L2 | 葛菁如 | 維生素B6於情緒調控之臨床新知 |
| L3 | 郭保麟 | Genome-wide NIPT：國外及台灣單一實驗室經驗 |

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| L5 | Lisa Story | How to optimize the management of preterm labor |
| L6 | 蔡亞倫 | Women's Weight Management Over Generations |

吳文毅

L1

現職：亞東紀念醫院婦產部婦科主任

輔大醫學院兼任助理教授

經歷：台大醫學院臨床醫學研究所碩士

Endometriosis and Long-term Management Strategy

Endometriosis now has been redefined as a systemic inflammatory disease beyond pelvic cavity which require effective and lifelong management. It is characterized by the presence of endometrial tissue outside the uterine cavity, which leads to inflammatory reactions and infiltration of anatomic structures. The disease-associated symptoms such as pain, cramps and fatigue are debilitating and can profoundly affect women's quality of life in all aspects including sexual life, work life, and social relationships. No permanent cure is available, and the disease often recurs after discontinuation of medications or conservative therapies. The aim of endometriosis treatments is to alleviate disease-related symptoms and to improve the overall quality of life in affected individuals, ideally by maximizing the use of medical treatment and avoiding repeated surgical procedures, especially in those women who wish to preserve fertility. Adequate treatment often requires a dynamic multidisciplinary approach of surgical, hormonal and pain management strategies and may depend on the presented symptoms, endometriosis type and severity, as well as on the women's personal choice. The complexity of the disease with its multiple manifestations and many unexplored aspects is reflected also in an uneven treatment and diagnostic landscape among physicians, medical centers and countries although best-practice guidelines are increasingly attempting to close this gap and to standardize endometriosis-related procedures.

Even though endometriosis is a chronic disease, some medications have a limited duration of use due to their side effects; gonadotropin-releasing hormone analogues (GnRH-a) have a negative effect on bone mineral density and are normally prescribed for 3–6 months and users of Danazol, a testosterone analog which can cause androgenization, are advised not to take the medication on a continuous, long-term basis without an intake break. Combined oral contraceptives (COCs) are widely used in clinical practice to treat the symptoms of endometriosis but are not approved for this indication and their efficacy is still debated. Thus, there is an outstanding need for an effective and well-tolerated long-term medication. And Dienogest (DNG) 2 mg is a 19-nortestosterone derivative progestin which was launched in Europe for endometriosis treatment in 2010 and was shown to cause a reduction in endometriosis-related pain, while suppressing estrogen levels only moderately. In more and more international guidelines and expert consensus, dienogest is strongly recommended as the first line treatment and be used as long-term therapy for endometriosis. In this talk, I will share more evidence and discuss these strategies for long-term endometriosis management.

葛菁如 L2

現職：高雄醫學大學附設醫院婦產部 主治醫師
經歷：高雄醫學大學附設醫院婦產部 研修醫師
高雄醫學大學附設醫院婦產部 住院醫師

維生素B6於情緒調控之臨床新知

Chin-Ru Ker, MD

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

Mood disorders including major depression and anxiety are major health problems that undermine quality of life, health care costs and increase disability, medical morbidity and mortality. The affected population is estimated about more than 350 million in 2020 with significant growing trend, reported by World Health Organization. Malnutrition plays a major contributor to the etiology of mood disorders. Associations of vitamin B6 deficiency and major depressive symptoms are consistently reported across age, gender and regions. Vitamin B6, a collective term for 6 chemical compounds, is most active in the form of pyridoxal 5' phosphate (PLP). They participate as enzymatic cofactors in more than hundreds of biochemical pathways that are essential in the production of amino acids, neurotransmitters, heme and the metabolisms of fatty acids and glycogen. Many of these compounds play critical roles in the development of psychiatric disorders and are promising therapeutic targets in managing mood disorders. In this session, an updated knowledge of vitamin B6 in current research will be discussed with the following highlights.

- Positive correlation between vitamin B6 and depressions is reported in young adults, postpartum women, geriatric population and those with particular lifestyles, such as contraceptive and alcohol use. Findings are consistent in both cross-sectional observations and longitudinal follow ups.
- An insight of the underlying pathophysiological mechanisms involving serotonin, tryptophan and gamma-aminobutyric acid (GABA) in the nervous system and immune system is examined.
- Evidence of the therapeutic benefits of vitamin B6 in depression is analyzed in both clinical data and animal studies.

郭保麟

L3

現職：義大醫院婦產部 主治醫師
成大醫學院婦產部 特聘專家
成大醫學院基因醫學部 特聘專家
經歷：成大醫院婦產部 主任
成大醫學院婦產科 教授
成大醫院基因醫學部 主任

Genome-wide NIPT : 國外及台灣單一實驗室經驗

Pao-Lin Kuo, MD

Department of OBS&GYN, E-Da Hospital, Kaohsiung, Taiwan

NIPT uses cell-free DNA (cfDNA) in maternal plasma derived from the placenta to screen for fetal aneuploidies. Although many NIPT technologies are based on low pass whole-genome sequencing and allow detection of rare autosomal trisomies (RAT) and copy number variants (CNVs), offering genome-wide NIPT (GW-NIPT) to pregnant women has been the subject of scientific debate. To date, the performance of cfDNA screening for CNVs has been less than ideal. Several studies have documented a significantly lower positive predictive value (PPV) for CNVs compared with common aneuploidies. Similarly, the sensitivity of cfDNA screening for CNVs appears suboptimal. There is little consensus regarding these estimates, with values for both PPV and sensitivity varying dramatically across studies. Most reports include information only about positivity rates, and therefore PPVs have been calculated from those cohorts. The cohorts in these studies are heterogeneous and any contain fetuses with ultrasound anomalies, suggesting that estimates are likely to be impacted by ascertainment bias. The reported PPVs ranging from 0% to 80.56%. (Noninvasive prenatal screening (NIPS) for fetal chromosome abnormalities in a general-risk population: An evidence-based clinical guideline of the American College of Medical Genetics and Genomics (ACMG). Genetics in Medicine 2023)

RATs are any trisomy other than those involving chromosomes 13, 18, 21, X, or Y. The positive predictive value of cell-free DNA in diagnosing RAT is approximately 11% according to a meta-analysis published in 2023. (Melissa L. Acreman et al, The predictive value of prenatal cell-free DNA testing for rare autosomal trisomies: a systematic review and meta-analysis American Journal of Obstetrics & Gynecology 2023).

From 2014 to 2023, Taiwan Gene Health provided GW-NIPT for the pregnant women. The PPV is 22% for all CNVs, 33% for trisomy 9, 0% for trisomy 16, 14% for trisomy 22, and 2% for other RATs. An accurate determination of birth prevalence, sensitivity, and negative predictive value (NPV) was extremely difficult and not performed. Clinical validation of NIPT for rare disorders is challenging. Small CNV-driven syndromes or low-grade mosaicism often escape detection even at birth, making an accurate determination of birth prevalence, PPV and negative predictive value (NPV) difficult. Additional studies that include follow-up genomic testing of newborns are needed to correctly define the sensitivity, PPV and NPV.

許世典

L4

臺中榮總婦女醫學部婦科主任
台灣婦癌醫學會監事
中華民國婦癌醫學會副秘書長
台灣婦產科內視鏡暨微創醫學會監事

【子宮頸癌-台灣現況與展望】如何加速消弭子宮頸癌

人類乳突病毒 (HPV) 是一種常見的性傳播病毒，也是許多癌症的主要原因之一。根據統計數據，在全球範圍內，HPV 感染與子宮頸癌、肛門癌、口腔咽喉癌等多種癌症有關。我們從 HPV 疫苗預防效果及其安全性數據顯示，HPV 疫苗可以預防感染 HPV 病毒，並減少相關癌症的風險。根據研究顯示，接種 HPV 疫苗能有效預防導致子宮頸癌和其他 HPV 相關癌症的高風險型別。此外，疫苗也被證明對於預防 HPV 感染的其他常見型別有一定的保護效果。關於疫苗的安全性，多項研究表明，HPV 疫苗是安全有效的。雖然 HPV 疫苗通常在青少年接種，但熟女施打 HPV 疫苗仍然具有重要性和保護效益。根據研究，即使在成年女性施打疫苗，也能減少 HPV 感染及相關癌症的風險。此外，施打 HPV 疫苗可以提高熟女健康保護的綜效，預防性器官癌症和其他相關疾病。積極配合世界衛生組織 (WHO) 制定 2030 年消滅子宮頸癌的全球策略，我們應提供完整的子宮頸癌預防措施，包括廣泛推廣 HPV 疫苗接種和增加篩查和治療服務的可及性，以實現在全球範圍內消滅子宮頸癌的目標。

Lisa Story

L5

Senior Lecturer/Consultant in Obstetrics and Fetal Medicine

St Thomas' Hospital London/King's College London

How to optimize the management of preterm labor

Preterm birth is a significant global health issue affecting 11% of pregnancies globally every year. The consequences of prematurity are significant with an increased incidence of conditions such as cerebral palsy, neurodevelopmental delay, bronchopulmonary dysplasia and necrotizing enterocolitis. The risks of these complications occurring are inversely proportional to the gestation of delivery.

Current strategies to minimize the effects of preterm delivery focus on three aspects: prediction prevention and preparation/optimization. Prediction entails ensuring that women who have risk factors for a preterm delivery are reviewed early and by appropriately experienced clinicians to evaluate the likelihood of a preterm delivery. This can encompass taking a thorough history and assessing features such as an ultrasound derived cervical length assessment and considering biomarkers for prediction of preterm labour such as quantitative fetal fibronectin. These components can be combined by using predictive algorithms such as the QuIPP app to individualise risk prediction for high risk women.

Preventative strategies can then be deployed. These include giving women with existing risk factors such as a previous preterm delivery progesterone or women who have a short cervix identified on transvaginal ultrasound (less than 25mm). High risk women who are identified to have a short cervix can either be offered cervical cerclage (RCOG Greentop Guidelines on Cervical Cerclage).

When despite these interventions women still present in preterm labour additional treatments can be given to mitigate the effects of prematurity. These include steroids to promote lung maturity (although they have a therapeutic window of optimal effect which is up to 7 days) commonly administered from viability to 34 weeks gestation and considered 34-35+6 (NICE), Magnesium sulphate can also be administered as a neuroprotective agent reducing the incidence of subsequent cerebral palsy. Tocolytics can be beneficial in certain situations. All tocolytics have been shown to reduce the chance of delivery within 48 hours or 7 days. This facilitates time for steroids and magnesium to have their maximum benefit improving neonatal outcomes and allows transfer to other hospitals where appropriate. Tocolytics can have significant adverse maternal effects causing cessation of treatment which needs to be considered when choosing an agent. Betamimetics can cause significant adverse side effects such as maternal hypotension. Currently NICE guidelines advocate the use of Nifedipine as a first line agent although atosiban is licenced in the UK as a tocolytic and has an excellent side effect profile. The WHO also advocates the use of calcium channel blockers/atosiban or nitric oxide donors. In certain situations atosiban may be an appropriate first line agent, for example women with cardiac disease or multiple pregnancies. This talk will outline the evidence regarding tocolytics at present and how WHO, NICE and ACOG guidance currently differs. After the session clinicians will be able to understand rationale for tocolytic choice in women who present in early preterm labour.

Keywords: preterm birth, tocolysis

Highlights

- Tocolytics can be associated with a reduction in neonatal morbidity as they facilitate time for steroids and Magnesium to have their maximal effect as well as allowing for transfer to other units where appropriate
- Risk benefit analysis needs to be undertaken when deciding which tocolytic agent is most appropriate.

蔡亞倫 L6

現職：國泰醫院婦產科 主治醫師
內湖國泰診所婦產科 主治醫師
經歷：臺北醫學大學臨床醫學研究所 碩士
國泰醫院婦產 研修醫師
國泰醫院婦產科 住院醫師

各階段女性的體重管理策略 Women's Weight Management Over Generations

Ya-Lun Tsai, MD, MSc

Department of OBS&GYN, Cathay General Hospital, Taipei, Taiwan

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。

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口頭報告

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3月9-10日

OO：產科

OE：內視鏡

OG：一般婦科

OM：更年期醫學

V：影片展示

OF：生殖內分泌

OU：婦女泌尿

OC：婦癌

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO1	史蒂芬強生症候群造成陰道狹窄患者的分娩途徑及生殖器併發症治療之個案報告 及文獻整理
臨時稿件編號： 1037	Route of delivery in a patient with vaginal stenosis from Steven-Johnson Syndrome and literature review of the management of genital complications 蔡孟臻 ¹ 台北醫學大學附設醫院 ¹
論文發表方式： 口頭報告	Objective: Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) are severe dermatological conditions, predominantly affecting women with mortality rates of 4.8-48%. Drugs, including antibiotics, are common triggers. They cause painful mucous membrane erosions in various body parts. Treatment involves steroids, creams, and therapy. Some pregnant women with SJS-related vaginal stenosis face challenges of choice of delivery route. Case report: A 34-year-old primigravida woman presented at term with vaginal stenosis consequent to a 10-year-history of Steven-Johnson syndrome triggered by the use of Cephalosporin. On pediatric Pederson speculum examination, vaginal stenosis, cervico-vaginal adhesion, stenotic and scarred cervix, telangiectasis of vaginal mucosa and moderate bleeding after examination were noted. The couple was discussed with the increased risks of severe genital tract laceration and excessive bleeding from vaginal birth. Shared clinical decision making was reached to undergo a Cesarean delivery. Conclusion: Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN) can result in severe genital complications in women, sometimes requiring cesarean sections due to genital scarring.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO2	剖腹產疤痕妊娠: 案例報告與文獻回顧 Cesarean Scar Pregnancy: A Case Report and a Literature Review
臨時稿件編號： 1119	陳安琪 ¹ 夏立忻 ¹ 應宗和 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式： 口頭報告	Cesarean scar pregnancy is a rare form of ectopic pregnancy characterized by the placenta implants on or within the scar tissue from previous cesarean section. This condition may lead to life-threatening complications. Different treatments are available consider to maternal clinical manifestation and the embryonic status. In this case report, we describe a cesarean scar pregnancy underwent conservative treatment with methotrexate first and then received dilatation and curettage. The patient's serum hCG levels decreased and we avoid hysterectomy, thereby preserving her fertility.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO3	胎兒鏡氣管內氣球置入阻塞手術治療嚴重型先天性橫膈膜疝氣 Fetoscopic endotracheal occlusion as prenatal treatment for congenital diaphragmatic hernia
臨時稿件編號： 1090	許文瑋 ¹ 唐巧鈺 ² 台大新竹分院婦產部 ¹ 台大醫院婦產部 ²
論文發表方式： 口頭報告	Congenital diaphragmatic hernia (CDH) is a defect in the fetal diaphragm, causing herniation of the abdominal organ into the chest cavity. The prognosis of CDH depends on the location of the defect (left or right), location of the liver (liver up or not), and the severity of the herniation. To assess the severity, measurement of the observed to expected lung to head ratio (O/E LHR) by ultrasound is the most important prognostic factor currently. CDH is classified as mild (O/E LHR >45%), moderate (25% ≤O/E LHR <45%), severe (15% ≤O/E LHR <25%) and extreme (O/E LHR <15%). Previously, CDH was managed by postnatal operation and supportive care. However, there is still high mortality in the severe group even after standard management. The survival rate could be as low as 11~24% in severe CDH group. Since the 1990s, many studies began to look for the prenatal treatment for CDH. After a series of trials, prenatal fetoscopic endotracheal occlusion (FETO) has been shown to be beneficial for severe CDH patients. A randomized controlled trial (Tracheal Occlusion to Accelerate Lung Growth, TOTAL trial) showed that 40% of infants (16 of 40) in the FETO group survived to discharge, as compared with 15% (6 of 40) in the expectant care group (relative risk, 2.67; 95% confidence interval [CI], 1.22 to 6.11; two-sided P=0.009). Survival to 6 months of age was identical to the survival to discharge (relative risk, 2.67; 95% CI, 1.22 to 6.11). For moderate CDH, there was no significant superiority of the FETO treatment than the expectant care group. As FETO gradually became a promising prenatal treatment for isolated severe left CDH in the world, Taiwan has currently no experience with the treatment. National Taiwan University Hospital is now recruiting candidates for FETO treatment, and hopefully will incorporate FETO into standard management of severe CDH patients in Taiwan. The inclusion criteria includes singleton pregnancy with isolated severe CDH (O/E LHR<25%) without syndromic genetic disease.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO4	重度血友病孕婦的妊娠相關處置，一個珍貴的臨床案例經驗 Management of pregnant female with severe Hemophilia A: A precious clinical experience
臨時稿件編號： 1225	何敏慧 ¹ 蘇國銘 ¹ 三軍總醫院 ¹
論文發表方式： 口頭報告	Introduction Hemophilia-A is an X-linked recessive inherited bleeding disorder characterized by the deficiency of clotting factor VIII(FVIII) and results in prolonged bleeding after minor injury or surgical intervention. Spontaneous bleeding into joints, deep muscles and internal organs may also occur in severe cases. Hemophilia-A mainly affects males and is rare in females, whose either X chromosomes are affected or just one is affected while the other is inactive. Females who inherit one affected X chromosome are referred to as hemophilia carriers. Female carriers usually have FVIII levels in the lower limit of the normal range. They may also experience bleeding tendencies similar to males with mild hemophilia as well as excessive bleeding due to gynecological problems, such as heavy menstrual bleeding and postpartum hemorrhage. Hence, the impaired hemostasis places women with hemophilia at increased risk of bleeding complications during pregnancy, childbirth and puerperium. Case presentation A 32-year-old woman, primigravida, presented to our obstetric section with an intrauterine pregnancy at eight weeks of gestation. She inherited a heterozygous mutation for the F8 gene but exhibited extremely skewed (100%) X-chromosome inactivation of the wild-type allele and was diagnosed with severe Hemophilia-A(FVIII: C<1%) at 3-year-old. She sustained recurrent bleeding episodes, including ecchymosis, bleeding on the puncture site, and chronic hemophilic arthropathy, so she received replacement therapy with recombinant FVIII since her childhood. In her first trimester, she was confirmed to have a male fetus by ultrasound and therefore received amniocentesis at 17 weeks of gestation for prenatal diagnosis. Unfortunately, the male fetus was also diagnosed as Hemophilia-A with hemizygous nonsense mutation (c.6683G>A). After a thorough explanation and discussion about the risks, she determined to continue the pregnancy. A multidisciplinary team consisting of the hematologist, obstetrician, and pediatrician collaborated to make individualized antenatal care and delivery plans. A shortened cervix (cervical length 1.62cm) with funneling was found during the high-level ultrasound in the second trimester, and she underwent transvaginal cervical cerclage with the modified Shirodkar procedure. She was transfused single-chain recombinant factor VIII (Afstyla) before and after surgery at a daily dose of 3000-4000IU for five consecutive days, as suggested by the hematologist. We checked laboratory examinations throughout the process, including complete blood count, coagulation profile, and FVIII assay to ensure hemostasis. After cerclage, she was requested absolute bed rest with progesterone supplement. We also administered the oral tocolytic agent for her intermittent episodes of preterm uterine contraction. To avoid intracranial hemorrhage of her affected male neonate, she was ordinarily planning to receive the Cesarean section. Nevertheless, she presented with lower abdominal pain with intermittent vaginal bleeding, and irregular preterm uterine contractions were noted on the tocodynamometer. We adjusted the dosage of tocolytic agent with oral nifedipine and intravenous ritodrine to reduce contractions, thereby delaying preterm labor. We administered the antenatal corticosteroid with only a single course of betamethasone for fetal lung maturation and magnesium sulfate for neuroprotection. Labor progressed, and the pelvic examination revealed a dislodged
論文歸類： 產科	

	<p>cerclage band and cervical dilatation was 7cm. We discontinued tocolytic agents, and she delivered a male baby via vaginal delivery without instrumental assistance. Blood loss was estimated to be less than 100ml. In the following five days, she received the continuous injection of recombinant FVIII concentrate. The postpartum course was uneventful, and no excessive bleeding occurred. The cord blood sample revealed the FVIII level <1%, which confirmed the male baby to be severe hemophilia A. After birth, brain sonography was performed several times, and no neonatal intracranial hemorrhage was noted.</p> <p>Discussion and conclusion</p> <p>Hemophilia raises concerns about excessive bleeding risk and thus makes the management of women with severe hemophilia challenging. The risk of a male child inheriting hemophilia from carrier women is 50%. Consequently, when dealing with the delivery of a fetus affected by more than mild hemophilia, careful consideration is essential due to the potential for hemorrhagic complications. The best approach for managing the delivery in these cases remains a subject of ongoing discussion and evaluation. The patient presented in this study underwent a vaginal delivery utilizing bolus FVIII concentrate both for prophylaxis and for the management of labor without antepartum or significant postpartum hemorrhage. Obstetric management of women with hemophilia poses a distinctive challenge. Highlighted by the successful handling of a patient with a rare and severe bleeding disorder, effective coordination among multiple disciplines and meticulous planning is crucial. Timely and consistent communication between hematologists and obstetricians is pivotal in securing the best possible outcome for these individuals.</p>
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台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO5	<p>減痛分娩施打時機對產程的影響及產科不良結果之分析 The timing of epidural analgesia on the effects of labor duration, and maternal, neonatal outcomes.</p> <p>顏廷聿¹ 台北榮民總醫院婦女醫學部¹</p> <p>Objective: This study aimed to investigate the difference of effect between epidural analgesia administered in latent phase and active phase on labor stages duration and maternal and neonatal outcomes.^{1,2}</p> <p>Methods: We are conducting a retrospective research base on our data collected at Taipei Veterans General Hospital. The data includes all full-term maternal who underwent epidural analgesia administration. They were grouped into epidural analgesia in latent phase (Cervical dilation < 3cm) and active phase (cervical dilation ≥3 cm). Primary outcomes were total labor duration of different stages of labor. Secondary outcomes include modes of delivery, postpartum hemorrhage, neonatal Apgar scores, pediatric admission of neonatal.</p> <p>Anticipated result: Data from 2023 January to June will be collected and analyzed. We expected that epidural analgesia administered before a cervical dilation of 3 cm might be associated with longer total, first-, and second- stage labor durations compared with later administration. However, our current clinical practice did not hold considerations on labor duration and epidural analgesia initiation time, we hope this study result could guide clinical decision making. We did not expected difference in delivery outcomes.</p>
臨時稿件編號：1278	
論文發表方式：口頭報告	
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO6	<p>探討足月早期破水的產婦催生失敗之預測因子 Predictive factors for failed labor induction in term pregnancies with spontaneous prelabor rupture of membranes</p> <p>賴昱堃¹ 陳治平¹ 王國恭¹ 陳宜雍¹ 王亮凱¹ 鄧肇雄¹ 陳震宇*¹ 台北馬偕紀念醫院產部高危險妊娠學科¹</p> <p>Objective: Prelabor rupture of membranes (PROM) at term is a common indication for labor induction. The aim of this study was to investigate predictive factors associated with unsuccessful labor induction in pregnant women experiencing spontaneous PROM.</p> <p>Methods: A retrospective cohort study was conducted on singleton pregnant women with spontaneous PROM at a tertiary medical center from October 2019 to March 2023. Multivariate logistic regression analyses were employed to identify independent predictors of failed induction. Receiver operating characteristic curve analyses were used to assess variables distinguishing between successful and failed induction of labor.</p> <p>Results: Among 600 singleton term pregnancies with spontaneous PROM, 35 (5.8%) resulted in failed induction of labor, leading to cesarean delivery. The failed induction group exhibited a higher incidence of nulliparity (94.3% vs. 75.6%, P = 0.011), a lower Bishop score (3.09 ± 2.85 vs. 4.91 ± 2.81, P = 0.001), the presence of a non-reassuring fetal heartbeat (62.9% vs. 39.7%, P = 0.007), an elevated white blood cell (WBC) count (11.32 ± 3.63 vs. 9.64 ± 3.11 K/uL, P = 0.006), a longer latent phase duration (934.09 ± 441.29 vs. 627.24 ± 714.86 minutes, P < 0.001), and a higher birth weight (3148.31 ± 429.05 vs. 2999.01 ± 352.63 g, P = 0.011) compared to the successful induction group. Even after adjusting for individual variables in multivariate logistic regression analysis, significant differences persisted in the lower Bishop score (adjusted odds ratio [OR] 10.92, 95% confidence interval [CI] 3.42-34.84, P < 0.001), the presence of a non-reassuring fetal heartbeat (adjusted OR 2.23, 95% CI 1.04-4.76, P = 0.038), and an elevated WBC count (adjusted OR 1.20, 95% CI 1.09-1.32, P < 0.001). The area under the curve for the combination of these predictors was 0.80 (95% CI 0.71-0.89, P < 0.001).</p> <p>Conclusions: Lower Bishop scores, the presence of a non-reassuring fetal heartbeat, and an elevated WBC count independently predict failed labor induction in term pregnancies with spontaneous PROM. Utilizing these parameters could anticipate 80 percent of induction failures in PROM cases.</p>
臨時稿件編號：1207	
論文發表方式：口頭報告	
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO7	<p>臍帶脫垂: 案例分享與文獻回顧 Umbilical Cord Prolapse: A Report of Three Cases and Review of Literature</p> <p>陳毅敏¹ 林書凡² 夏立折¹ 應宗和¹ 中山醫學大學附設醫院產部¹ 中山醫學大學附設醫院教學部²</p> <p>Umbilical cord prolapse remains a rare yet critical obstetric emergency with unpredictable outcomes. Despite its low incidence, the potential for severe consequences necessitates vigilance. We present three cases of umbilical cord prolapse following amniotic membrane rupture during labor, each with distinct decision-to-delivery intervals and newborn outcomes. Our discussion encompasses a review of studies on relevant maneuvers, decision-to-delivery and bradycardia-to-delivery intervals, aiming to enhance future outcomes in similar emergencies.</p>
臨時稿件編號：1008	
論文發表方式：口頭報告	
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO8	雙胞胎懷孕合併慢性高血壓併嚴重子癲前症、羊水栓塞、產後大出血及心臟驟停之搶救成功經驗分享及檢討
臨時稿件編號：1236	A Case Report and Experience Sharing: A Successful Resuscitation in a Case of Twin Pregnancy Complicated by Severe Superimposed Pre-eclampsia, Amniotic Fluid Embolism, Postpartum Hemorrhage, and Cardiac Arrest
論文發表方式：口頭報告	何宜軒 ¹ 何銘 ¹ 蘇俊維 ¹ 陳怡燕 ¹ 楊雅怡 ¹ 陳致穎 ¹ 中國醫藥大學附設醫院 ¹
論文歸類：產科	<p>This case is a 36-year-old female with a dichorionic diamniotic twin pregnancy. The diagnosis was chronic hypertension complicated by severe preeclampsia. She underwent a cesarean section at 35 weeks and 5 days of pregnancy. The surgery was smooth with a blood loss of 800 mL.</p> <p>During observation in the post-anesthesia care unit, she developed pulmonary edema due to preeclampsia, postpartum hemorrhage due to uterine atony, and hypovolemic shock. Severe hyperkalemia, intractable metabolic acidosis, and disseminated intravascular coagulation (DIC) were also noted. Extensive blood transfusions and fluid resuscitation were administered to correct all abnormalities.</p> <p>The patient's vital signs remained stable and she was conscious clear. However, at the 8th hour of treatment, she developed tachycardia, arrhythmia, and altered consciousness, followed by a rapid decline in oxygen saturation. Immediate endotracheal intubation was initiated, but she experienced cardiac arrest during the procedure. Cardio-Pulmonary-Cerebral Resuscitation was initiated. Acute amniotic fluid embolism or pulmonary embolism was strongly suspected, prompting an immediate referral to the cardiovascular surgery team for VA-ECMO placement. VA-ECMO was successfully established at the 26th minute of resuscitation, and the patient regained cardiopulmonary function at the 34th minute. The presumptive diagnosis included twin pregnancy with severe preeclampsia, amniotic fluid embolism, and postpartum hemorrhage.</p> <p>Subsequently, she was transferred to the ICU for management of acute liver failure, severe hyperkalemia, and acute renal failure. ECMO was removed on the third day post-resuscitation, and she was discharged on the 18th day. Follow-up after one month showed no neurological sequelae.</p> <p>Despite the patient's eventual recovery, the management process highlighted several areas for improvement. This case encapsulates nearly all high-risk factors associated with pregnancy, and prenatal, intrapartum, and postpartum management could be further optimized. Firstly, more proactive preparation and patient education before surgery are essential. Secondly, cases of postpartum hemorrhage should be promptly referred back to obstetrics specialists for management, rather than being primarily managed in the post-anesthesia care unit. Also, comprehensive assessment of blood loss in postpartum hemorrhage is crucial to avoid subsequent management discrepancies. Additionally, in cases of preeclampsia patients presenting with hypovolemic shock, blood pressure assessments might differ from normal pregnant patients. Lastly, early consultation with relevant specialists should be considered for unmanageable internal medical issues.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO9	孕前 BMI 對孕產婦及相關生產結果之影響 Effect of pre-pregnancy BMI on maternal and neonatal outcomes
臨時稿件編號：1245	王健瑋 ¹ 陳堃卉 ² 陳震宇 ³ 洪芳宇 ¹ 蔡金翰 ¹ 翁順隆 ¹ 王功亮 ⁴ 賴政廷 ⁵ 新竹馬偕紀念醫院婦產科部 ¹ 國立台灣大學醫學院護理學系 ² 馬偕紀念醫院婦產科部 ³ 台東馬偕紀念醫院婦兒科部婦產科 ⁴ 國立臺東大學生物醫學碩士學位學程 ⁵
論文發表方式：口頭報告	Abstract Background: Over the past decade, more and more women are overweight with a pre-pregnancy body mass index (BMI) of greater than 25. Overweight and obese status are associated with higher risk of maternal and adverse neonatal outcomes. This study aimed to determine the effect of pre-pregnancy BMI on maternal and adverse neonatal outcomes.
論文歸類：產科	<p>Methods: We retrospectively included 32,703 women with singleton term pregnancy (≥36 weeks) aged 18-55 years in four hospitals from 2009 to 2021. Women were categorized into four pre-pregnancy weight groups: underweight (BMI <18.5 kg/m²) (n=4,991), normal weight (BMI 18.5-24.9 kg/m²) (n=23,339), overweight (BMI 25-29.9 kg/m²) (n=3,354), and obesity (BMI ≥30 kg/m²) (n=1,019) groups. Collected information on maternal outcomes included antenatal and delivery characteristics. Neonatal outcomes included infant gestational age, birth number, birth weight, birth height, head size, and birth defects. The Pearson's chi-square test and one-way analysis of variance test were performed to determine significant differences in maternal demographic characteristics, maternal and neonatal outcomes between the weight groups. Multiple logistic regression models were used to evaluate the effect of pre-pregnancy weight status on selected maternal and neonatal outcome variables. Subgroup analysis by status of gestational diabetes (GDM) was also performed.</p> <p>Results: One in eight pregnant women had pre-pregnancy overweight or obesity. Compared to the normal weight group, pregnant women in the overweight or obese groups were more likely to be associated with GDM, hypertensive disorders, Cesarean delivery, induction of labor, but less likely to be associated with spontaneous vaginal delivery. These women were also more likely to give birth to infants with macrosomia, suffered from meconium aspiration, 1-min Apgar score of less than 7, respiratory distress syndrome, and admission to intermediate or intensive care unit, whereas no significant differences were observed in 5-min Apgar score of less than 7 and low birth weight between different weight groups. We also observed that macrosomic neonates were not dependent on GDM but rather on pre-pregnancy BMI.</p> <p>Conclusion: An increased pre-pregnancy maternal BMI was associated with the risk of adverse maternal and neonatal outcomes.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO10	案例分享：重度子癲前症併發血栓性微血管病變
臨時稿件編號：1233	A case sharing：Severe preeclampsia complicated with thrombotic microangiopathies
論文發表方式：口頭報告	郭閔瑋 ¹ 蔡祥維 ¹ 黃莊彥 ² 高雄榮民總醫院婦女醫學部 ¹ 國防醫學院三軍總醫院澎湖分院婦產科 ²
論文歸類：產科	<p>This is a 26-year-old female patient, G2P2(NSD then C/S this time), EDC is 2023/09/02. She was diagnosed proteinuria since GA 20+, but with relative tolerable blood pressure. In addition, GDM was also found, without control. On 2023/06/28(GA 30+4wks), severe hypertension was noted, and the patient was suggested to visit to medical center, but she refused and lost f/u. On 2023/07/18 (GA 33+3 weeks), vaginal bleeding happened, with mild headache and bilateral flank pain. They visited 澎湖三總, severe preeclampsia, HELLP syndrome and placental abruption were impressed, and fetal distress was found. Emergent C/S was performed with PPH. After C/S, the patient had dyspnea, blood tests showed Hb 10.8->5.8, Plt 46000, Cr 4.3, CRP 120.8, AST 1115, ALT 376; intubation (7.5Fr. fix 22cm) was performed due to respiratory failure. Right inguinal double-lumen catheter insertion and CVVH was arranged due to fluid overload (I/O + 5013ml/day), amuria and AKI. With multiple organ failure, the patient was transferred to VGHKS.</p> <p>At VGHKS ER, Blood tests revealed elevated liver enzymes, creatinine, cardiac enzymes, severe anemia and thrombocytopenia. Bedside echo showed cardiomegaly. She was admitted to ICU for care. Nephrologist was consult, and thrombotic microangiopathies(TMAs) was diagnosed, without definite cause(suspected pregnancy-associated, postpartum hemorrhage, TTP, atypical HUS, or other causes). Temporary hemodialysis was done TIW, and 1st course of plasma exchange was performed during (07/21-26) due to the suspicion of atypical HUS. Her hemolysis improved after serial plasma exchange and supportive care. ADAMTS-13 activity test showed 80%. Her daily urine output is increasing, however, no improving of Scr. Therefore, renal biopsy was done on 8/24. In addition, possible complement pathogenic variant of MCP mutation was detected by NGS, favored atypical HUS. Then, 1st eculizumab started on 08/31, 2nd to 5th dose of eculizumab performed per week thereafter. Renal function didn't improved followed by temporary hemodialysis, so long-term hemodialysis should be arranged. Finally, the patient was discharged under the diagnosis of pregnancy TMA with pathogenic varian of membrane co-factor protein(MCP), provoked by preeclampsia and PPH, start eculizumab since 2023/08/24, complicated with renal failure, s/p hemodialysis.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：OO11	懷孕期間登革病毒感染對孕婦和新生兒健康的影響 The Impact of Dengue Virus Infection During Pregnancy on Maternal and Neonatal Health
臨時稿件編號：1013	朱孟瑩 ¹ 奇美醫院 ¹
論文發表方式：口頭報告	Background: Dengue virus infection, transmitted by mosquitoes, is a global health concern. However, the effects of dengue virus infection during pregnancy remain unclear. Such infections may have adverse consequences on both maternal and fetal health, but there is currently a lack of relevant data.
論文歸類：產科	<p>Research Objectives: This study aims to compare pregnant women infected with dengue virus during pregnancy to those who are not infected, in terms of maternal and neonatal health outcomes, while assessing potential risk factors.</p> <p>Methodology: We will employ a retrospective case-control study design, collecting data from previous cases of pregnant women with dengue virus infection at Chi Mei Hospital. This data will include clinical information and ultrasound examination results. A corresponding control group of uninfected pregnant women will be selected. Statistical analysis will then be conducted to evaluate risk factors associated with dengue virus infection during pregnancy and its impact on maternal and fetal health.</p> <p>Expected Benefits: Through this research, we anticipate providing valuable clinical insights into the effects of dengue virus infection during pregnancy, thereby improving the care of pregnant women and newborns. Additionally, this study will serve as a foundation for academic discussions on related topics. In regions where dengue virus is prevalent, this research may contribute to enhancing prevention and treatment strategies for this disease.</p> <p>Key Word: Dengue fever, pregnancy, fetal distress, preterm premature rupture of membranes (PPROMs)</p>

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論文摘要

稿件編號：OO12	台灣孕產婦相關死亡率趨勢與死因探討：真實或者人為因素 Trend and causes of maternal death in Taiwan: reality or artifact
臨時稿件編號： 1257	古宇倫 ^{1,2} 呂宗學 ^{3,4,5,6,7} 嘉義長庚婦產科 ¹ 成功大學公共衛生研究所 ² NCKU Research Center for Health Data and Department of Public Health ³ College of Medicine ⁴ National Cheng Kung University ⁵ Tainan ⁶ Taiwan ⁷
論文發表方式： 口頭報告	This study used the inpatient diagnosis from Taiwan's National Health Insurance Research Database as reference standard to measure the true number of maternal death, the true maternal mortality ratio, the temporal trend of maternal mortality ratio by standardized mortality ratio (SMR), and the distribution of direct and indirect obstetric death during 2008-2020 in Taiwan. From 2008 to 2020, the number of maternal deaths in the official statistics was 237, and the number of deaths estimated by the reference standard was 305, which was 68 more than the official statistics. The maternal mortality ratio in reference standard has increased from 10.1 per 100,000 live births in 2011 to 17.7 per 100,000 live births in 2019. there was a large discrepancy between the reference standard and the official statistics from 2010 to 2012, with a fairly close match in 2015 and 2016, and then a considerable discrepancy in the following years. The true maternal mortality ratio was statistically significantly higher in 2018-2020 than in 2008-2011, and an upward trend was observed in every age group. Using the age structure of childbirth women in 2008-2011 as a reference for the SMR analysis, the SMR were 1.14 (95% CI 0.90-1.42), 1.13 (95% CI 0.89-1.40) and 1.48 (95% CI 1.19-1.81) in 2012-2014, 2015-2017 and 2018-2020, respectively. 68 maternal death were underreported from the official statistics, including 17 amniotic fluid embolisms, 9 postpartum haemorrhages, 8 pregnancy-associated hypertensive disorders, and 8 peripartum cardiomyopathy. Using a broad definition, this study found that 81 deaths were indirect obstetric death, among them, 25 were cardiovascular diseases, 15 were cerebrovascular diseases, and 11 were respiratory diseases. The increase in the official maternal mortality ratio in Taiwan prior to 2018 was not a real increase in risk, but was mainly due to the implementation of the policy of relief in case of childbirth accidents, which led to a return to the true mortality ratio. However, the maternal mortality ratio exactly increased in Taiwan between 2018 and 2019. The further research is needed to verify the true cause. In the future, more attention should be paid and more strategies should be conducted to those pregnant women with cardiovascular co-morbidities to reduce the incidence of avoidable death.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO13	比較 Dinoprostone vaginal insert(Propess®)有無合併 oxytocin 使用對於足月產婦的催生效果 Dinoprostone vaginal insert (Propess®) with and without oxytocin use for induction of labor: comparison of obstetric outcomes
臨時稿件編號： 1284	張家甄 ¹ 葉長青 ¹ 台北榮民總醫院婦產部 ¹
論文發表方式： 口頭報告	Objective: This study aimed to compare obstetric outcomes in term pregnancies induced with Dinoprostone vaginal insert (Propess®), both with and without adjunctive oxytocin. Methods: In this retrospective cohort study at Taipei Veterans General Hospital, data from September 2021 to April 2022 were analyzed. Eligible participants were term pregnant women who underwent labor induction using Dinoprostone, with or without oxytocin. Exclusion criteria encompassed multiple pregnancies, unclear records of Propess usage, and non-initial Propess induction. The study included 125 women: 86 underwent induction with Propess and oxytocin, while 39 received Propess alone. Results: Baseline characteristics were comparable across the two groups. Notably, the oxytocin cohort experienced longer intervals from induction to full cervical dilation (20.77 ± 9.81 vs. 8.42 ± 4.13 hours, p<0.0001), from induction to birth (23.70 ± 10.39 vs. 9.39 ± 4.34 hours, p<0.0001), and extended durations of Propess use (12.70 ± 6.44 vs. 6.57 ± 4.26 hours, p<0.0001). Fetal outcomes did not differ significantly between the groups. Conclusion: The study highlights a correlation between oxytocin use in Dinoprostone-induced labor and extended labor durations, with no detrimental impact on fetal outcomes. However, the conclusions are limited by the sample size and potential confounding factors, emphasizing the need for further research with larger, more controlled cohorts.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO14	懷孕婦女極端體重妊娠風險與生產方式考量：醫學中心高危險妊娠照護經驗分享 與文獻回顧 Consideration of delivery methods and risks of pregnant women with extreme body mass index: A single medical center experience with literature review
臨時稿件編號： 1214	謝秉霖 ¹ 賴禹儒 ¹ 蘇國銘 ¹ 林啟康 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 口頭報告	Introduction: The optimal management of delivery methods for pregnant women is a critical aspect of maternal healthcare, especially when faced with extremes in body mass index (BMI). This academic exploration delves into the considerations surrounding delivery methods for pregnant women with extreme high and low BMIs, aiming to provide a comprehensive understanding of the unique challenges and risks associated with these diverse physiological conditions. Maternal obesity is a significant risk factor for gestational hypertensive and diabetic disorders, fetal death, preterm birth, and macrosomia. In Asia, some pregnancy presents extremely low body mass index and also has risks of preterm birth, fetal growth restriction, and other fetal complications. For obstetric physicians facing extreme body mass index, pregnant women usually need more attention and more preparation for when and how to deliver the baby. Objectives: A comprehensive literature review was conducted to investigate the effect of extremely high and low maternal body mass index (BMI) on maternal and neonatal morbidity outcomes. We have successfully applied the experience to clinical prenatal care on extraordinarily higher and lower BMI. Material and methods: We utilized PubMed to search with the keywords extreme maternal body mass index, pregnancy consideration, and delivery. We focused on the studies published between 2018 to 2023. Results: An article that enrolled 86 studies published in 2021. We also reviewed a few articles about regional statistics in Asia. We also shared our experiences of prenatal care for extreme BMI of 58 and 16 and the shared model of delivery way. Case one is a 34-year-old female (G1P0, BMI:58) diagnosed with preeclampsia at gestational age of 33 weeks and delivered by cesarean section at 37 weeks and 6 days due to refractory hypertension. While the case two is a 38-year-old female with G1P0 with only 40 kg (BMI:16) in weight and delivered by cesarean section at 36 weeks due to fetal growth restriction and fetal distress. Both cases were referred from the local clinics and then delivered uneventfully. All the two infants had good neonatal outcomes and were discharged without delivery complications. Conclusions: A pregnant woman with a high BMI will have higher risks of gestational diabetes mellitus, pregnancy-induced hypertension, preeclampsia and shoulder dystocia, leading to elevated rates of cesarean section and elective cesarean section. In contrast, a mother with a low BMI will have the risks of preterm birth, fetal growth restrictions, and even intrauterine fetal demise. The extremely high and low maternal body index is associated with high risks of prenatal maternal and fetal complications, so we have to pay more attention to the antepartum monitor. In principle, the delivery methods are based on obstetric conditions. Delivering the baby without complications is the concern of all obstetric physicians worldwide.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO15	比較一劑與兩劑產前預防性抗生素對於防止新生兒乙型鏈球菌早發型疾病效果的分析 Comparing the Effectiveness of One versus Two Dosages of Intrapartum Prophylactic Antibiotics in Preventing Neonatal Group B Streptococcal Early-Onset Disease: A Comprehensive Analysis.
臨時稿件編號： 1279	陳薇文 ¹ 楊雅怡 ¹ 何銘 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式： 口頭報告	Introduction: Approximately 10-30% of women have the risk of Group B streptococcal (GBS) infection in their vaginal and rectal areas, making it one of the most common causes of neonatal early-onset disease. Therefore, intrapartum prophylactic antibiotic administration is the most effective way to prevent perinatal GBS early-onset disease. In clinical practice, a single dose of 2 gm intravenous ampicillin is recommended for GBS-positive women with a singleton pregnancy lasting 37 weeks or longer, followed by 1g every 4 hours until delivery. The purpose of this study is to compare the risk between the dosage of intrapartum prophylactic antibiotics given and the occurrence of neonatal early-onset disease. Methods: This study was conducted among term delivery pregnant women in a medical center from January 2014 to December 2018. Neonatal GBS early-onset disease includes the occurrence of fever, respiratory distress, meningitis, and sepsis in the first week of life of the newborn. Multivariate logistic regression was applied to explore the association between the application of intrapartum prophylactic antibiotics and EOD incidence. Results: A total of 1745 pregnant women with term delivery were included in this study, and the incidence rate of neonatal GBS early-onset disease (EOD) is 30.36% in the absence of intrapartum antibiotic prophylaxis group, 16.5% in patients given one dose of prophylactic antibiotics, and 14.44% in patients who completed two doses of prophylactic antibiotics. Multivariate logistic regression analysis revealed that pregnant women who were given one dose (OR: 0.46, 95% CI: 0.24-0.88, p=0.018) and completed two doses (OR: 0.39, 95% CI: 0.22-0.71, p=0.001) of prophylactic antibiotics had a lower rate of neonatal GBS EOD compared with those without intrapartum prophylactic antibiotics. Conclusion: In our study, compared to those not given any intrapartum prophylactic antibiotics, women given at least one dose of antibiotics showed an obvious decrease in the incidence of neonatal GBS early-onset disease.
論文歸類： 產科	

稿件編號：OO16	Anti M 抗體造成胎兒子宮內死亡：中國醫藥大學附設醫院近 10 年的案例分析 Anti-M antibodies as a cause of intrauterine fetal death: A case series over past 10 years at China Medical University Hospital
臨時稿件編號： 1057	楊雅怡 ¹ 王英哲 ² 薛博仁 ² 何銘 ¹ 中國附醫婦產部 ¹ 中國附醫臨床病理科 ²
論文發表方式： 口頭報告	Background: Hemolytic disease of the fetus and newborn (HDFN) is caused by maternal alloantibodies that actively cross the placenta during gestation and destroy fetal erythroid cells. As a result, fetal anemia, hydrops fetalis and intrauterine fetal death may occur. Anti-M antibodies is one of the most common non RHD antibodies in the pathogenesis of HDFN, previously report low risk leads to severe hemolysis. We present several life-threatening cases due to anti-M alloimmunization and review the general guidelines and management of anti-M antibody during pregnancy through the context of a case series. Materials and Methods: We report a 37-year-old women, G3P3 with anti-M antibodies who had experienced two times of IUFD at GA30 weeks and GA35 weeks. This led us to statistically analyze the status of all pregnant women identified with irregular antibodies, including anti-M antibodies, at CMUH over the past decade. Results: Irregular antibody screening tests had been applied to 280 pregnant women in ten years, from which 43 results were positive. There were 6 cases of intrauterine fetal death (13%). The identified antibodies were primarily anti-E (37%), followed by anti-Mia (23%). Among those 43 positive patients, 8 cases were positive for anti-M antibodies (18%). There was a total of 17 gravidity, with 6 miscarriages (35%), and 4 cases occurring in the third trimester (66%). Of the 11 live births, 6 cases of premature birth, including a set of twins. Conclusions: Anti-M antibodies indeed pose a high risk of miscarriage in pregnant women. If the women with history of recurrent miscarriage even IUFD. Anti-M antibodies need to be taken into account. Keywords: MNS blood group system; Anti-M; Hemolytic disease of the fetus and newborn
論文歸類： 產科	

	genotyping (e.g.: .126_129delCTTT(p.F42fs19*) and 11p15.4 deletion) with high HbF(>87.8%) level, suggestive of HPFH. After non-directive counseling, the couple opted for late trimester termination of pregnancy. Screening tests for common HBB deletions conducted on the husband were not able to enunciate the structural variant of HBB. Finally, we applied long-read sequencing which identified a 27411 bp deletion (Chr11:5201648-5229058) at the HBB gene and defined the breakpoints that were never reported in Taiwanese. Conclusion In our case, third-generation sequencing (TGS) is an advanced technology that can detect unknown and large structural variants. This aids in addressing challenges related to the assembly of complex genomes and detecting repetitive sequences. Long reads contribute to a more comprehensive understanding of genomic structure and function.
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稿件編號：OO17	以第三代長讀長定序確認台灣罕見之乙型地中海貧血帶因位點 Defining the breakpoints of rare HBB gene deletion in a Taiwanese thalassemia trait family by long-read sequencing: A case report
臨時稿件編號： 1198	廖敏君 ¹ 吳婉如 ^{1,2} 馬國欽 ³ 李東杰 ³ 張舜評 ³ 陳明 ^{1,3,2} 彰化基督教醫院婦產部 ¹ 國立中興大學學士後醫學系 ² 彰化基督教醫院基因醫學部 ³
論文發表方式： 口頭報告	Introduction Thalassemia is the most common autosomal recessive disorder in Taiwan and has become an essential item of prenatal/preconception screening tests for decades. Alpha-thalassemia, beta-thalassemia, and HPFH (Hereditary Persistence of Fetal Hemoglobin) are all relevant disorders associated with aberrations in the genes responsible for hemoglobin synthesis. Alpha-thalassemia is characterized by specific genetic abnormalities that primarily involve the alpha-globin genes, namely HBA1 and HBA2. The most prevalent genetic abnormality is the deletion of one or more alpha-globin genes. This deletion can involve partial or complete loss of genetic material from either one or both copies of chromosome 16. Beta-thalassemia is a hemoglobin disorder characterized by specific genetic abnormalities primarily associated with the HBB gene, located on human chromosome 11. The most common genetic abnormality involves point mutations in the HBB gene. Besides, HPFH is a rare hemoglobin disorder in beta-thalassemia patients. The main features of HPFH genetic abnormalities include enhanced γ-Globin gene expression and sustained activity of the β-globin gene. Different individuals may have various HPFH gene mutations, including point mutations, gene rearrangements, and amplifications. These abnormalities may affect the regulation of γ-globin genes. Even with the advancement of diagnostic facilities, it is not uncommon to underdiagnose beta-thalassemia traits since the underlying genetic cause and geno-phenotype correlations are complex. Herein, we presented a rare beta-thalassemia trait coupled with one HPFH baby, who got the final genetic diagnosis by long-read sequencing. Material and Method This patient is presented with clinical, complete blood cell count and Hb electrophoresis, chromosomal microarray analysis, gap-polymerase chain reaction, and long-read sequencing. Case Report The 36-year-old pregnant woman, G2P1, who was referred to our outpatient clinic for further genetic evaluation because both she and her husband have been identified as β-thalassemia carriers. Based on the present hematology test results, this patient and her husband had low MCV and MCH values. The patient had an elevated Hb A2 level (5.2%), while her husband had elevated levels of Hb A2 (4.5%) and Hb F (19.2%), as determined by hemoglobin electrophoresis. Both of them were suspected to be β-thalassemia carriers. The HBB mutation screening using gap-polymerase chain reaction (gap-PCR) for the couple revealed that the wife had a heterozygous c.126_129delCTTT (p.Phe42fs19*) mutation, while the husband was found to be normal. However, the amniotic fluid array CGH result showed a 1.6 Kb deletion on chromosome 11p15.4(arr[h19] 11p15.4(5246688_5248320)X1), which includes the HBB gene associated with β-thalassemia. The segregation analysis revealed the structural variant was paternal origin. AF demonstrated the fetus is a case of thalassemia major and actually compound HBB heterozygous mutations for c.126_129delCTTT(p.F42fs19*) and 11p15.4 deletion. The further analysis of the genotyping of their first child, an 8-year-old healthy boy, showed the same compound
論文發表方式： 口頭報告	
論文歸類： 產科	

稿件編號：OO18	內髂動脈結紮對懷孕的影響:以全國生產人數為對象之研究 The impact of internal iliac artery occlusion on pregnancy outcomes: a population-based study from 2008-2017
臨時稿件編號： 1087	古宇倫 ¹ 蘇杏如 ¹ 歐育智 ^{1,2} 嘉義長庚紀念醫院婦產科 ¹ 高雄長庚紀念醫院婦產部 ²
論文發表方式： 口頭報告	Title: The impact of internal iliac artery occlusion on pregnancy outcomes: a population-based study from 2008-2017
論文歸類： 產科	Objective: Uterine blood flow may decrease after internal iliac artery occlusion, and this decrease may affect pregnancy outcomes. Methods: This case-control study used data from the Birth Certificate Application of Taiwan and linked to the National Health Insurance Research Database and Taiwan Maternal and Child Health Database from 2008-2017. Women who underwent internal iliac artery occlusion before pregnant were identified according to diagnosis and procedure codes. The occlusion group included 328 births in 286 women with a history of internal iliac artery occlusion, and the non-occlusion control group included 2,024,882 births in 1,391,288 women. Results: There were no significant differences in gestational hypertension-associated diseases including preeclampsia, eclampsia and HELLP syndrome between the occlusion and non-occlusion groups (4.3% vs 3.4%, p=0.4). The adjusted odds ratios (ORs) of placental previa and placenta accreta spectrum were 1.69 (95% confidence interval [CI]=1.12-2.56) and 3.99 (95% CI=2.52-6.31), respectively, with the non-occlusion group as reference. The adjusted ORs of preterm delivery in the occlusion group were 1.48 (95% CI=1.08-2.04) and 2.79 (95% CI=1.62-4.82) for a gestational age below 37 weeks and 32 weeks, respectively. Conclusion: Women who underwent internal iliac artery occlusion did not have a higher risk of gestational hypertension and related disease. Their offspring also had similar risks of small for gestational age, poor Apgar score, birth defects and neonatal mortality within 28 days. However, their risks of placental previa, placenta accreta spectrum and preterm delivery were increased. Keywords: internal iliac artery occlusion, gestational hypertension, small for gestational age, placenta previa, placenta accreta spectrum, preterm delivery

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OO19	研究 TENS 減緩產痛於 fMRI 腦部連接影像之變化 Functional Human Brain Connectivity During Labor and its Alteration under Transcutaneous Electrical Nerve Stimulation
臨時稿件編號：1027	趙安祥 ¹ 陳冠儒 ¹ 王俊杰 ² 新北市立土城醫院 ¹ 長庚大學 ²
論文發表方式：口頭報告	Background The experience of labor pain is a multifaceted phenomenon, shaped by a myriad of physiological processes and cognitive activities. The use of transcutaneous electrical nerve stimulation (TENS) could present a non-invasive alternative for alleviating pain. Objectives The aim of this study was to explore the neuronal underpinnings of TENS as a relieving strategy for labor pain by focusing on changes in brain functional connectivity (FC). Study Design A total of 22 parturients were enrolled and divided into two groups: the TENS group, consisting of 15 women with a mean age of 29.0 ± 5.4 years, and the control group, consisting of seven women with a mean age of 30.0 ± 3.3 years. The TENS group received pain relief using portable units. Functional magnetic resonance imaging was performed on both groups, and the images obtained were processed to calculate the FC between different brain regions. Statistical analyses were then conducted to compare variables between the two groups and assess any differences in FC. Results The administration of TENS effectively reduced labor pain intensity. Interestingly, women who received TENS displayed higher FC across various brain regions, such as the prefrontal cortex, insula, occipital gyrus, cingulate gyrus, and orbital gyrus, when compared to the control group. Among the parturients who received TENS, the level of pain relief experienced, categorized as either significant or minimal using a numerical rating scale (NRS), was associated with distinct functional connectivities. Notably, there were significant correlations between FC and changes in the NRS scores, highlighting the link between brain connectivity and pain alleviation. Conclusions The application of TENS in parturients was effective in reducing the intensity of labor pain, an effect seemingly mediated by alterations in brain FC. These findings highlight the potential that non-pharmacological interventions hold in providing effective relief from labor pain.
論文歸類：產科	

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稿件編號：OO20	第二孕期超音波篩檢：以子宮動脈血流阻力預測低體重新生兒 Prediction of small-for-gestational-age neonates at 19-24 weeks' gestation: role of uterine artery Doppler screening
臨時稿件編號：1110	廖柔謙 ¹ 戴怡芸 ¹ 臺大醫院婦產部 ¹
論文發表方式：口頭報告	BACKGROUND- Small for gestational age (SGA) neonates are at increased risk for perinatal mortality and morbidity; however, there is also no consensus on the role of second-trimester uterine artery Doppler screening to predict SGA. Fetal growth was known to vary with ethnicity. The clinical feasibility of combined screening model for Chinese pregnancies has not been fully assessed. OBJECTIVE- To investigate the value of combined screening by maternal demographics, fetal biometry, and uterine artery pulsatility index values in the prediction of delivery of SGA neonates in Chinese population. STUDY DESIGN- A retrospective cohort study was conducted among patients scanned between 19 and 24 weeks of gestation between 2010 and 2018. The main outcome measure was prediction of delivery of preterm and term SGA neonates defined as a birthweight in the lowest centile groups (<10th centiles [INTERGROWTH-21st standard]). Multivariable logistic regression analysis was performed, and the predictive accuracy was assessed using receiver operating characteristic curve (ROC) analysis. RESULTS- A search of the database identified 7367 singleton pregnancies with available biometric measurements scanned between 19 and 24 weeks of gestation. There were 808 (9.9%) SGA neonates with birth weight <10th percentile and 140 (9%) pregnancies delivered preterm. The ROC for uterine artery pulsatility index (Uta PI) alone were 66.5, 64.2 and 76.4% of SGA, term SGA and preterm SGA, respectively. There was improvement in the prediction by accounting for the gestational age at the time of the uterine artery Doppler assessment, especially in the preterm group. Once the Uta PI greater than 1.68 at 19 to 24 weeks' gestation, the risk of SGA, preeclampsia, antepartum gestational hypertension, spontaneous preterm birth, and stillbirth increased rapidly after this cutoff value. CONCLUSIONS- In this large prospective cohort, second-trimester uterine artery Doppler did not achieve a high performance in detecting SGA, but the potential cutoff values of 1.68 (95th percentile of mean Uta PI) are associated with the increasing risk of the adverse pregnancy outcome.
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：OO21	缺氧模型下的羊水幹細胞外泌體可表現促血管生成和抗發炎反應能力 Hypoxia-induced human amniotic fluid stem cell-derived exosomes show higher potential of pro-angiogenesis and anti-inflammatory ability
臨時稿件編號：1244	林美君 ¹ 羅良明 ¹ 謝燦堂 ¹ 蕭勝文 ¹ 台北長庚醫院婦產科 ¹
論文發表方式：口頭報告	Introduction: The human amniotic fluid stem cell-derived exosomes (AFSC-exo) had been proved and showed the potential in regenerative medicine especially in healing process. The conditions for culturing and purifying AFSC-exo are still challenging.
論文歸類：產科	Materials and methods: We cultured the human amniotic fluid stem cell and purified the exosomes using different oxygen conditions, namely normal oxygen (21% O ₂ , nAFSC-exo) and hypoxia (1% O ₂ , hAFSC-exo), collected every 6 hours and up to a maximum of 30 hours, and then nAFSC-exo and hAFSC-exo are co-cultured with placental endothelial cells under normal oxygen and hypoxia to observe cell proliferation. Results: All AFSC-exo from both groups were positive for CD9, CD63 and TSG 101 in flowcytometry and Western blot. The morphology studies showed the evidence in nanoparticle tracking analysis and transmission electron microscope. Under the hypoxic conditions, even fewer amniotic fluid stem cells could generate more hAFSC-exo rich protein compared to normal oxygen condition. The multiple immunoassays for hAFSC-exo showed that there are higher concentrations of pro-angiogenesis such as IL-8, PDGF and VEGF; and anti-inflammatory substances including IL-9 and IL-10. Conclusion: The AFSC-exo produced under hypoxia condition has a higher pro-angiogenesis and anti-inflammatory effect, which can be used in regenerative medicine applications and hypertensive disorder in pregnancy.

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稿件編號：OE1	改良的止血帶技巧對於達文西腹腔鏡子宮保留手術所帶來的影響：個案系列研究 A modified tourniquets technique's impact to robotic assisted laparoscopic uterine preservation surgery: A case series study.
臨時稿件編號： 1186	郭信宏 ^{1,2} 許卓皓 ¹ 顏志峰 ¹ 張紅淇 ² 林口長庚紀念醫院婦產部 ¹ 中壢宏其婦幼醫院 ²
論文發表方式： 口頭報告	Objective: To evaluate the effectiveness of Kuo's tourniquets technique on laparoscopic assisted robotic uterine-preservation surgeries
論文歸類： 內視鏡	Methods: Total 43 patients who received robotic uterine preservation surgery were enrolled in this study during 2022 Sep.1 to 2023 Feb. 10. 7 patients were excluded because of the failure of applying tourniquets (six were cervical myoma and one was a 28cm broad ligament myoma). Result: Among the rest 36 surgeries, 28 was robotic myomectomy and 8 was robotic adenomyomectomy. The perioperative outcomes were described as mean ± SD. All the surgeries used three robotic arms and were set as reduced port setting with mean port number 1.4 ± 0.6. The docking time was 3.9 ± 1.6 minutes. The application time of tourniquet 7.1 ± 6.1 minutes and the number of tourniquets was 1.3 ± 0.7 minutes. During the mean operative time as 125.3 ± 49.3 minutes, the number of tumor retrieval was 6.2 ± 7.8 pieces, the weight of specimen was 321.5 ± 288 gm, and the blood loss was 201.9 ± 181.3 ml. During the Console time as 49.9 ± 23.8 minutes, there was limited frequency of suction & irrigation as 0.2 ± 0.4. Conclusion: The applying time for Kuo's tourniquet method is 7 minutes in average and it's a quick and feasible skill to reduces blood loss during robotic uterine-preservation surgeries. This skill minimizes the necessity of suction irrigation during console time and is beneficial to perform reduce-port robotic surgery.

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稿件編號：OE2	腹腔鏡併腹部超音波導引子宮肌瘤或子宮肌腺症微波消融手術初步結果報告 Laparoscopy- combined transabdominal ultrasound-guided percutaneous microwave ablations for symptomatic uterine fibroid: preliminary results
臨時稿件編號： 1238	張世蓓 ¹ 許鈞碩 ¹ 大林慈濟醫院 ¹
論文發表方式： 口頭報告	Introduction Symptomatic uterine myomas and adenomyosis were common in reproductive age and minimally invasive intervention was preferred due to less pain, less blood loss, shorter operation and shorter recovery time. Since around 2010, percutaneous microwave ablations (PMWA) were widely performed for symptomatic uterine lesion in China and Japan. The needle was inserted into the target lesion under the guidance of ultrasound. The microwave-heated center could reach above 60°C in seconds to coagulate the tissue. The reported lesion reduction rate was around 60-80% after PMWA. In our department, surgeon C.S. Hsu performed laparoscopy-combined transabdominal ultrasound-guided PMWA for symptomatic uterine fibroid. We evaluated patients with questionnaire for symptom, and pre-operative and post-operative transabdominal ultrasound for reduction volume rate. There was preliminary data of 15 patients collected since March 2023.
論文歸類： 內視鏡	Method Patients with symptomatic myomas or adenomyosis were indicated for PMWA. They received transabdominal ultrasound for measuring lesion volume before operation. Symptom severity score (SSS), VAS and The Quality of Life Scale (QOLS) were collected. The patient received general anesthesia and was put in dorsal lithotomy position. One 5mm trocar was inserted and laparoscope was applied to check the pelvic condition. If adhesion noted, another 5mm trocar would be inserted and adhesiolysis would be done first. Then we lowered the pressure of pneumoperitoneum to 4cmH2O, and microwave ablation needle was inserted to uterus lesion under transabdominal ultrasound-guided. We checked the needle location and surrounding organs under laparoscope. Microwave ablation would be done under transabdominal ultrasound during the whole process. We would follow up the patient 3 months later with transabdominal ultrasound, questionnaire and laboratory data. Result Since March 1st 2023, there were 31 patients underwent Laparoscopy- combined transabdominal ultrasound-guided PMWA at our department and 15 of them followed-up for more than 3 months. Postoperative average volume reduction rate among our patients was 52.57% (16.42-81.04%). Laboratory data showed mean hemoglobin with mild increasing, CA-125 and CA-199 with decreasing postoperatively. Mild improvement of symptoms of dysmenorrheal was noted from decreasing of patient-report VAS. Conclusion Laparoscopy- combined transabdominal ultrasound-guided percutaneous microwave ablations is a feasible, minimally invasive technique for treating myomas and adenomyosis. Further long term follow up and more cases collections are needed.

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稿件編號：OE3	減少孔洞之達文西手術處理複雜性子宮肌瘤摘除手術：單一手術醫師臨床經驗 Feasibility and Surgical Outcomes of Reduced-Port Robotic Surgery for Complicated Myomectomy: A Single-Surgeon's Experience
臨時稿件編號： 1205	吳佩瑩 ¹ 莊斐瑛 ¹ 楊采樺 ¹ 周鈺敏 ¹ 黃寬慧 ¹ 龔福財 ¹ 高雄長庚紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Background: Uterine leiomyomas are the most common benign uterine tumor in reproductive age. Surgical intervention with myomectomy would be considered for the patients desiring to preserve uterus when the conservative treatments fail. Minimally invasive surgery (MIS) for complicated myomectomy such as multiple myomas, diameter of myoma ≥8 cm, myomas located at cervical or broad ligament and preexisting pelvic adhesions may have some limitations and be a challenge task. Using robotic platform with reduced-port setting can conquer the shortcomings of multi-port or single-port laparoscopic myomectomy. We will report our experience of reduced-port robotic surgery (RPRS) for complicated myomectomy.
論文歸類： 內視鏡	Patients and Methods: We retrospectively included patients who had received RPRS by one gynecologic surgeon at Kaohsiung Chang Gung Memorial Hospital from June, 2015 to October, 2023. The da Vinci Si/Xi robotic system was used. An approximately 2.5cm vertical incision over the umbilicus was made for the Glove Port (Nelis, Korea) and one 8mm robotic trocar was established over the patients' right lower abdomen. The Glove Port consists of four insertion ports with three 8mm ports and one 12mm port which is for assistant instruments (suction irrigation, myoma screw) 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 over the right lower abdomen, respectively. The patients' characteristics and surgical outcomes (docking time, console time, operative blood loss, conversion rate, numbers and weights of myomas, hospital stays, and associated surgical complications) were analyzed. Results: There were 28 women who underwent RPRS for myomectomy. We excluded women who received combined adnexal surgery and women with missing data. Totally 24 patients were enrolled. The mean age and median body mass index of the total 24 patients were 39.5 years and 22.5 kg/m ² . 14 of 24 (58.3%) patients were nulliparous. There were 41.6% (10/24) of patients who has previous abdominal operation. According to the image examination (ultrasonography, computed tomography or magnetic resonance imaging) before surgery, the median size of the largest myoma was 9.4cm (5.8-16.1cm). The largest of myoma located over the anterior wall of uterus, posterior of uterus, fundus or other (broad ligament, cervix) accounted for 25%, 45.8%, 12.5%, and 16.7%, respectively. The median docking time and console time were 5mins and 180mins. The median operative blood loss and the hemoglobin change were 200ml and 1.9g/dL. Besides, the median numbers and weights of myomas were 3 and 375mg. No conversion to laparotomy was recorded in these 24 patients. There was no major peri-operative (bowel or urinary tract injury) nor post-operative complication recorded. Conclusions: The advantages from Reduced-Port Robotic Surgery (RPRS) with the use of Glove Port include less overcoming collision between instruments, more convenient for retrieving specimen, more satisfying cosmetic outcome and rapid recovery after operation. Our experience demonstrated that reduced-port robotic surgery is an alternative application which is feasible and safe for complicated myomectomy.

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稿件編號：OE4	達文西輔助腹腔鏡和傳統腹腔鏡子宮肌瘤切除術之後疼痛比較的回顧性研究 Comparison of postoperative pain in robotic versus traditional laparoscopic myomectomy: a retrospective cohort study
臨時稿件編號： 1143	吳雅蓁 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式： 口頭報告	Background and Objectives Minimally invasive gynecologic surgery using laparoscopic and robotic techniques has gained popularity for reducing postoperative discomfort and hospital stay. Robotic surgery has seen increased utilization in gynecology, yet the debate over postoperative pain superiority between traditional laparoscopy and robotics persists. This study aimed to compare postoperative pain within the initial 24 hours following robotic and traditional laparoscopic myomectomy.
論文歸類： 內視鏡	Methods A retrospective cohort study involved 24 patients undergoing robotic myomectomy and 58 patients undergoing laparoscopic myomectomy between January 2019 and July 2023. Primary outcomes encompassed postoperative pain levels, the use of basal post-operative analgesia (ketorolac and morphine IV or IM), additional long-acting Non-Steroidal Anti-Inflammatory Drug (Dynastat) and Patient Controlled Analgesia (PCA) during the initial 24 hours post-surgery. Secondary outcomes assessed blood loss and hospitalization duration. Results Patient characteristics were similar in both groups (age, p = 0.396; body mass index, p = 0.975; parity, p = 0.674; percentage of prior abdominal surgery, p = 0.370). Factors that could potentially heighten pain, such as the number of ports (p < 0.001), additional procedures (p = 0.017), operative time (p < 0.001), number of myomas (p = 0.007), and the largest myoma size (p = 0.007), were significantly higher in the robotic group. However, there were no significant disparities in postoperative visual analog scale pain scores (p = 0.3), percentage of the use of Ketorolac (p = 0.056) and Morphine analgesia (p = 0.537), dosage of Ketorolac (p = 0.441) and Morphine (p = 1.0) IV/IM use, additional Dynastat use (p = 0.752), PCA use (p = 0.795), or hospitalization days (p = 0.056) between robotic and traditional laparoscopic myomectomy. Notably, the robotic group exhibited greater blood loss than the traditional laparoscopic group (p = 0.024). Conclusion Comparing robotic-assisted myomectomy with traditional laparoscopic approach, there were no significant differences in postoperative pain scores or the need for additional postoperative analgesia, despite robotic cases involving more procedures, ports, longer operative times, and other potential factors influencing postoperative pain. This study suggests that both approaches offer comparable postoperative pain outcomes, emphasizing the importance of patient-specific factors in decision-making for myomectomy techniques.

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稿件編號：OG1	骨盆腔充血症候群的藥物治療: 台北市立聯合醫院初步結果 Medical treatment for pelvic congestion syndrome with flavonoid: the preliminary results in Taipei city hospital
臨時稿件編號： 1003	林安吟 ¹ 李怡慧 ¹ 台北市立聯合醫院仁愛院區婦產科 ¹
論文發表方式： 口頭報告	Abstract: Introduction: The objective is to determine the difference of the venous size and the improvement of quality of life after flavonoid treatment for the patients with pelvic congestion syndrome (PCS).
論文歸類： 一般婦科	Materials and methods: We collected ten cases that were diagnosed with PCS since Jan, 2022. Ultrasound was performed in every case before and after medical treatment every 3 months. Flavonoid 500mg twice or 1000mg once daily was given. Symptoms were evaluated by Pelvic Varicose Vein Questionnaire (PVVQ), and Visual Analog Scale (VAS). We compare the ovary vein diameter, PVVQ score and VAS before and after medical treatment using one-way ANOVA. Results: Between January 2022 to September 2023, 11 women (age 47-64 years old, mean=57 y/o) were diagnosed with pelvic congestion syndrome. One was unable to contact through phone, thus PVVQ and VAS was unable to obtain. 90.9% (n=10/11) patients reported significant decrease of VAS (mean 5.9 vs. 2.5, p<0.01) and PVVQ (mean 51.6 vs. 30.5, p<0.01). Follow up ultrasound also showed decrease in ovarian vein mean diameter, from 8.2mm to 6.25mm (p<0.01). Conclusions: In women with PCS, conservative treatment with flavonoid was associated with significant reduction of PVVQ and VAS scores. The diameter of venous diameter is decreased obviously after flavonoid treatment. Flavonoid may be considered a first line treatment for PCS in routine clinical practice.

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稿件編號：OG2	卵巢雄性細胞瘤 NOS 中與缺氧相關的基因特徵 Hypoxia-associated genetic signature in ovarian steroid cell tumor NOS
臨時稿件編號： 1006	李佳樺 ¹ 趙安琪 ¹ 吳凱筠 ¹ 黃慧君 ¹ 賴瓊慧 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Introduction: Steroid cell tumors, not otherwise specified (SCT-NOS), are uncommon ovarian tumors that exhibit a spectrum of behavior ranging from benign to malignant. They resemble Leydig cell tumors histologically but differ by the absence of Reinke crystals. SCT-NOS can result in various clinical manifestations, including virilization, by exerting pressure on adjacent abdominal organs and producing excessive androgens. Objectives: We aimed to characterize the clinical features, explore the genetic landscape, and evaluate the recurrence rate of SCT-NOS in women.
論文歸類： 一般婦科	Materials and Methods: We utilized high-throughput sequencing, TruSight Oncology 500 and/or whole-exome sequencing to analyze the genetic profile of SCT-NOS. The study involved eight women diagnosed over two decades, employing formalin-fixed, paraffin-embedded ovarian tissue samples for the analyses. Results: The median age of patients was 37 years, with clinical presentations ranging from abnormal uterine bleeding to virilization. Two out of the eight patients experienced disease recurrence. Seven of the eight samples were available for genetic analysis. The study identified several hypoxia-related genes, including HIF1A, VHL, SDHB, SRC, IDH2, and FOXO4. Conclusions: Our study provides valuable insights into the clinical and genetic landscape of SCT-NOS. The identification of several mutations in the samples examined may serve as potential therapeutic targets for these rare tumors. Further research is needed to validate these findings and explore their clinical relevance.

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稿件編號：OG3	子宮內膜切除術與隨後的子宮內膜切除術之間的時間範圍：2000 年至 2017 年人群回顧性世代研究 Timeframe Between Transcervical Resection of the Endometrium and Subsequent Hysterectomy: A Population-based Retrospective Cohort Study from 2000 to 2017
臨時稿件編號： 1106	徐詠琳 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式： 口頭報告	Study objective: To evaluate the efficacy of transcervical resection of the endometrium (TCRE) for the treatment of abnormal uterine bleeding (AUB) in Taiwan. Design: A population-based retrospective cohort.
論文歸類： 一般婦科	Setting: The Taiwan National Health Insurance Database were utilized this nationwide retrospective cohort study. Patients: This study involved 2,674 participants who underwent TCRE due to AUB. Interventions: The study focused on females aged ≥40 years diagnosed with AUB who underwent TCRE between 2000 and 2017. Hysterectomy outcomes were analyzed using the Cox proportional hazards model, and age was categorized into 3 groups (40–44, 45–49, and 46≥50 years). Statistical significance was set at p<.05. Measurements and Main Results: This study involved 2,674 participants with an average age of 46.9 years, categorized into the following age groups: 40–44 years (39.2%), 45–49 years (36.3%), and ≥50 years (24.5%). Approximately 8.7% of participants required hysterectomy treatment; the highest incidence was observed in the 40–44-year age group (9.9%). The median time from transcervical endometrial resection to hysterectomy varied across age groups, ranging from 0.33–1.24 years. Cox regression analysis revealed a lower, albeit statistically insignificant, risk of hysterectomy in the 45–49 and ≥50-year age groups than in the 40–44-year age group. Kaplan–Meier survival curves demonstrated a comparable likelihood of hysterectomy across age groups within 5 years post-TCRE, with most occurrences occurring in the initial 5 years. Conclusion: Our findings elucidate the risk of subsequent hysterectomy after TCRE. This study contributes significant understanding into TCRE outcomes, aiding information for patients seeking AUB surgical option

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稿件編號：OG4	脂肪幹細胞培養基減輕子宮纖維化並改善子宮腺肌症的在位子宮內膜容受性 Conditioned Media of Adipose-derived Stem Cells Mitigate Fibrosis with Improved Eutopic Endometrial Receptivity of Adenomyotic Uteri
臨時稿件編號： 1044	黃昱德 ^{1,2} 黃俊諱 ¹ 徐歷彥 ⁴ 黃昱豪 ⁴ 游雅君 ¹ 桂羅利 ¹ 洪韻翔 ¹ 義大醫院婦產部 ¹ University of South Florida ² 義大醫院治療醫院細胞治療中心 ³ 義大 大昌醫院整型外科 ⁴
論文發表方式： 口頭報告	Introduction: Adenomyosis is manifested by the invasion of endometrial glands and stroma into myometrium and uterine fibrosis. It results in dysmenorrhea, pelvic pain, menorrhagia, and subfertility in reproductive age women. The etiology and pathophysiology of adenomyosis remain unclear. Although both surgical and medical treatments are available, the recurrence rate stays elevated. Mesenchymal stem cells display effects on not only tissue regeneration, but also immune regulation. Adipose tissue is an abundant source of multipotent mesenchymal adipose-derived stem cells (ADSCs). Thus, the current study aimed to test the effects of ADSCs on the reversal of uterine fibrosis as well as the improvement of adenomyosis and eutopic endometrial receptivity.
論文歸類： 一般婦科	Methods: ADSCs isolated from lipoaspiration-generated adipose tissue and their conditioned media (ADSC-CM) were subjected to quality validation under Good Tissue Practice and Good Manufacturing Practice regulations. An adenomyosis mouse model was established by treating with tamoxifen (TAM) at post-natal days (PNDs) 1 to 4 followed by treating with basal medium, ADSCs (2x10 ⁵ cells), ADSC-CM or ADSCs+ADSC-CM at PND42. The survival of XTag-labeled ADSCs was verified by fluorescent microscopy and immunohistochemistry (IHC) of human nuclear antigen. Whether ADSCs differentiated to other cell types was confirmed by examining markers of various cell types. Fibrosis was evaluated by Masson trichrome stain. Epithelial-mesenchymal transition (EMT) was checked by quantitative reverse transcription polymerase chain reaction (qRT-PCR) and IHC of α-SMA, vimentin and E-cadherin. Matrix metalloproteinases (MMPs) and their degrading enzymes (TIMP-1 and TIMP-2) were assessed by qRT-PCR and IHC. Moreover, the mice were allowed to mate and deliver. The endometrial receptivity was examined and the pregnancy outcomes were recorded. Results: ADSCs remained viable in the uterus of adenomyotic mice without differentiating into endothelial cells and endometrial stromal cells 3 weeks after treatment. ADSCs and ADSC-CM both reduced fibrosis, EMT, and collagen I expression. The uterine expression of MMP-2/TIMP-2, MMP-9/TIMP-1, LIF, HOXA10, and HOXA11 was increased by ADSC-CM in mice with adenomyosis. Furthermore, the resorption rate was reduced, while the number of live birth/dam was increased by ADSC-CM in mice with adenomyosis. Conclusion: ADSC-CM successfully reversed uterine fibrosis and EMT via degrading fibrotic tissues, while improved endometrial receptivity and pregnancy outcomes in adenomyotic mice. These findings can be potentially translated to clinical treatment of adenomyosis.

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稿件編號：OG5	曾接受放射線和 Bevacizumab 治療子宮頸癌患者的膀胱陰道和直腸陰道瘻管的風險
臨時稿件編號：1147	<p>The Risk of Vesicovaginal and Rectovaginal Fistula in a Cervical Cancer Patient Treated with Previous Radiotherapy and Bevacizumab</p> <p>李耀奎¹ 鄭雅敏¹ 朱益志¹ 關龍錦¹ 林大欽¹ 郭宗正¹ 郭綜合醫院婦產部¹</p>
論文發表方式：口頭報告	<p>Introduction</p> <p>Cervical cancer is the fourth most common cancer in women worldwide. Chemoradiotherapy is the standard definitive treatment for locally advanced cervical cancers. Moreover, the addition of bevacizumab to the chemotherapy regimen improves survival of those with recurrent, persistent or metastatic cancer. The pitfall is that bevacizumab increases the risk of gastrointestinal and/or urinary bladder fistula in patients with a previous history of pelvic radiation. We report on a case of vesicovaginal and rectovaginal fistula after chemoradiotherapy for primary cervical cancer, followed by bevacizumab to treat persistent tumor.</p> <p>Case Report</p> <p>A 44-year-old woman was newly diagnosed with adenocarcinoma of the uterine cervix in April 2017. She had a history of hypertension diabetes and smoking (1 pack/day) for many years. Bimannual pelvic examination revealed a tumor in the uterine cervix, with bilateral parametrial involvement nearly reaching the pelvic wall. Cervical biopsy revealed adenocarcinoma. Computed tomography images revealed a tumor in the uterine cervix (7 x 6 cm), diagnosed as stage IIIB, and having possible invasion of the urinary bladder and rectum. However, a cystoscopic examination revealed negative finding on the 24th of April 2017; completed removal of a 5 mm polyp in the rectum was performed during a sigmoidoscopic examination on the 26th of April 2017, in which the pathological report was interpreted as having a neuroendocrine tumor (G1, carcinoid). She received CCRT (concurrent chemoradiation therapy) with carboplatin, paclitaxel and bevacizumab for the whole pelvis within two months. Subsequently, she underwent total hysterectomy and bilateral salpingo-oophorectomy on May 1st 2018 because of the presence of cancer cells in endocervical curettage. The pathology report of the uterus identified a residual tumor mass (2.5 x 2.3 cm) in the endocervical cancer. She then underwent 23 courses of chemotherapy consisting of carboplatin, paclitaxel and bevacizumab from May 2018 to March 2022 because of persistent/recurrent cervical cancer and poor compliance with the asymptomatic period. The presence of fluctuated elevation upper limits of CEA 749.8 ng/mL, CA125 901.9 U/mL, CA199 191.8 U/mL, and SCC 2.9 ng/mL were found on Nov. 15, 2022.</p> <p>On Dec. 25, 2022 (68 months later), the patient experienced leakage of bloody urine from the vagina. Magnetic Resonance Imaging (MRI) showed vesicovaginal fistula (Fig 1), bilateral hydronephrosis and pelvic lesion on Dec. 26, 2022. In addition, bilateral percutaneous nephrostomy was performed to preserve renal function on Dec. 27, 2022. The patient then received pembrolizumab (anti-programmed death 1, PD-1, monoclonal antibody) of 200 mg twice on Jan. 17, 2023 and Feb. 1, 2023 respectively, and the tumors markers subsequently declined to CEA 220.4 ng/mL, CA125 161.5 U/mL, CA199 35.1 U/mL, and SCC 2.0 ng/mL. Unfortunately, she was found to have stool leakage from the vagina, and lower GI series identified recto-vesical fistula on Feb. 27, 2023 (Fig 2). The patient was then referred to National Chung Kung Medical Center for further evaluation and treatment (after which she expired on Sep. 17, 2023).</p> <p>Discussion</p> <p>Bevacizumab is a monoclonal antibody acting against vascular endothelial growth factor that exerts antitumor effect by preventing tumor angiogenesis. Bevacizumab has been shown to improve the outcome of patients with gynecologic malignancies. In a</p>
論文歸類：一般婦科	

2014 GOG240 study, Tewari et al reported that addition of bevacizumab to chemotherapy prolongs the overall survival of patients with metastatic, persistent, or recurrent cervical cancer (i.e., 16.8 months versus 13.3 months, with a hazard ratio of 0.77), and bevacizumab therapy provided a significant improvement in overall survival by four months; however, adverse effects were often severe and sometimes fatal. Based on the promising results from the GOG 240, guidelines and policies in many countries have permitted a proven use of bevacizumab in combination with chemotherapy in the management of patients with far-advanced, persistent and/or recurrent or metastatic conditions. Recently, several articles reported that using bevacizumab before or after radiotherapy increased the risk of fistula formations with cervical cancer. In a Korean report, 249 stage I-IV cervical cancer patients were treated with radiotherapy alone, and 53 patients were treated with radiotherapy before or after bevacizumab. The 3-year cumulative fistula incidence rate was significantly higher in the radiotherapy + bevacizumab group than in the radiotherapy group (27.0% vs 3.0%, HR: 4.76, p<0.001). Therefore, in patients with cervical cancer treated with pelvic radiation, the addition of bevacizumab substantially increased the risk of fistula formation.

Conclusion

Previous radiation patients may not be good candidates to consider for the addition of bevacizumab for rescue therapy. Bevacizumab (Avastin®) in persistent or recurrent cervical cancer patients prolongs survival by a few months but is highly toxic.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OG6	罕見案例報告：以停經後出血以及子宮內膜不典型增生做為臨床表現的卵巢支持間質細胞瘤
臨時稿件編號：1187	<p>Ovarian Sertoli-Leydig cell tumor with hyperestrogenism presented with postmenopausal bleeding and endometrial hyperplasia: unusual case</p> <p>李函靜¹ 莊斐琪¹ 林浩¹ 高雄長庚紀念醫院婦產部¹</p>
論文發表方式：口頭報告	<p>Introduction: Ovarian Sertoli-Leydig cell tumor (SLCT) is a subtype of ovarian sex cord stromal cell tumor, which is extremely rare and accounts of less than 0.5% of ovarian tumors. Sertoli-Leydig cell tumor usually occurs in young woman that only less than 10% occur either prior to menarche or postmenopausally and often presented with androgen secretion, leading to virilization. Association with hyperestrogenism in postmenopausal women is rather rare and could be easily misdiagnosed.</p> <p>Case report: We reported a rare case of SLCT in a postmenopausal woman aged 66 years who presented with intermittent postmenopausal vaginal bleeding for 3 months. She had suffered from similar symptoms during past 6 years and had received fraction D&C or hysteroscopy transcervical resection for 4 times, with previous three pathology reports showed no evidence of malignancy and the latest result of the endometrial curettage revealed atypical hyperplasia. Transvaginal ultrasound revealed endometrium thickness of 1.53 cm and bilateral ovary without enlargement. A blood examination showed an elevated estradiol level 75.64 pg/mL and slightly suppressed folliclestimulating hormone (FSH) 31.8 mIU/mL. We conducted robotic vaginal natural orifice transluminal endoscopic surgery (vNOTES) hysterectomy and bilateral salpingo-oophorectomy. The result of pathological diagnosis was endometrial atypical hyperplasia and SLCT in moderately differentiation of the left ovary as an incidental finding. A blood examination after a month postoperatively revealed an elevated FSH level of 76.90 mIU/mL and depressed estradiol level of 7.4 pg/mL.</p> <p>Discussion: Preoperative diagnosis of OSLCT is difficult when clinical manifestations are not obvious and ovarian tumor is too small to be detected by imaging examination. This case suggests that hyperestrogenism could be associated with SLCT in a small portion of postmenopausal women even in absence of endocrine symptoms or virilization</p>
論文歸類：一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：OG7	在以 Tamoxifen 誘發子宮肌腺症的小鼠上使用間質幹細胞培養液對抗子宮肌腺症所導致的纖維化
臨時稿件編號：1216	<p>Harnessing Mesenchymal Stem Cell Conditioned Medium to Combat Adenomyosis-Induced Fibrosis in a Tamoxifen-Induced Mouse Model</p> <p>洪韻翔¹ 黃嘉德¹ 義大醫院婦產部¹</p>
論文發表方式：口頭報告	<p>Harnessing Mesenchymal Stem Cell Conditioned Medium to Combat Adenomyosis-Induced Fibrosis in a Tamoxifen-Induced Mouse Model</p> <p>Abstract :</p> <p>Introduction: Adenomyosis is characterized by the infiltration of endometrial glands and stroma within the myometrium, leading to various debilitating symptoms such as subfertility, pelvic pain, hypermenorrhea, dyspareunia, and dysmenorrhea. While current treatments, such as GnRH-a therapy with add-back estrogen, offer limited benefits, the associated side effects of hypogonadism and increased osteoporosis risk pose significant challenges. Epithelial-mesenchymal transition (EMT) has emerged as a critical contributor to adenomyosis development, highlighting the urgent need for innovative therapeutic strategies targeting EMT and fibrosis. Mesenchymal stem cells (MSCs) derived from adipose tissue or such gestational tissues as umbilical cord, amniotic fluid, and placenta, have shown promise in treating adenomyosis. However, recent research suggests that the therapeutic effects of MSCs stem from their conditioned media containing secretome and extracellular vesicles that offer several advantages over whole-cell therapy.</p> <p>Methodology: In this study, we established an adenomyotic mouse model by tamoxifen administration. Subsequently, the mice were treated with direct infusion of human adipose-derived mesenchymal stem cell-conditioned medium (ADSC-CM) into the uterus. Uterine tissues were collected on day 21 after treatment for analyses.</p> <p>Results: Remarkably, mice treated with ADSC-CM exhibited significant improvements, including the regression of fibrotic changes and the restoration of fertility. Notably, the treatment led to a reduction in immune cell infiltration and a mitigation of collagen deposition. Furthermore, the ADSC-CM were demonstrated to suppress EMT in myometrium, enhance uterine matrix-metalloproteinase 9 expression and reduce tissue inhibitor of metalloproteinases 1 expression for efficient collagen degradation and promote HOXA-10 expression in the eutopic endometrium, thus enhancing fertility.</p> <p>Conclusion: ADSC-CM reduced development of adenomyosis and fibrogenesis in the uterus and improved the endometrial receptivity.</p>
論文歸類：一般婦科	

稿件編號：OMI	Tibolone 與荷爾蒙補充療法對更年期症狀與心理困擾的影響
臨時稿件編號： 1125	Effect of tibolone versus hormone replacement therapy on climacteric symptoms and psychological distress 蕭聖謀 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Background: The objective was to elucidate the effect of tibolone versus hormone replacement therapy (HRT) on climacteric symptoms and psychological distress. Methods: All consecutive women with climacteric symptoms were allocated to receive tibolone (2.5 mg) or estradiol valerate (1mg) and medroxyprogesterone acetate (2.5 mg). Results: The improvement in "feeling dizzy or faint" after tibolone treatment was more prominent than that after HRT (-0.7 ± 0.8 vs. -0.0 ± 0.9 , $p=0.004$). In addition, other climacteric symptoms, including anxiety, depression, somatic symptoms, and vasomotor symptoms, and sexual function improved after tibolone and HRT, but there were no between-group differences. Psychological distress assessment demonstrated that somatic complaints, obsessive-compulsive symptoms, depressive symptoms, hostility, additional symptoms, and the General Symptom Index improved after tibolone treatment and HRT, but there were no between-group differences. Personality traits assessment revealed that neuroticism improved after tibolone treatment. Conclusion: Tibolone seems more beneficial than HRT in treating symptoms of dizziness and faintness. Both tibolone and HRT could improve psychological distress.
論文歸類： 更年期醫學	



TAOG
2024



稿件編號：V1	腹腔鏡子宮薦髂韧带吊術的手術技巧 Tips and Tricks for Effective Laparoscopic Uterosacral Ligament Suspension
臨時稿件編號： 1206	侯詠齡 ¹ 孫仲賢 ¹ 李俊潔 ¹ 莊國泰 ¹ 高雄四季台安醫院 ¹
論文發表方式： 影片展示	Background: A great variety of surgical techniques for apical pelvic organ prolapse (POP) have been reported. Apical procedures can have an effect on multiple levels of Delancy. The main goal of apical procedures is to restore level 1 support, but it can also have an impact on level 2 defects. The anatomic success rate of the laparoscopic uterosacral ligament suspension was 90% and an apical recurrence of 10% that we found in a review. Only the laparoscopic sacrocolpopexy seems to be superior according to the literature. No difference was found regarding complications, postoperative pelvic pain, dyspareunia or de novo stress incontinence. Even though the use of abdominal mesh has a lower risk of complications compared with vaginal mesh, a growing number of women and physicians have reservations regarding the use of mesh and prefer native tissue repair. The advantage of the laparoscopic uterosacral ligament suspension over via vaginal route is the superior visualization of the anatomy and localization of the ureters and hypogastric nerves. This minimizes the risk of ureteral injury and obstruction, allowing safe high suture placement and good apical support. Materials & methods: Surgical video from a case with adenomyosis and stage 2 uterine prolapse. Results: Laparoscopic subtotal hysterectomy was performed under carefully retroperitoneal monitoring. Okabayashi paraarectal space was open first with ureter lateralized as well as uterine vessels. Then the hypogastric nerve was identified and lateralized in order to prevent incorporating the nerve while performing uterosacral ligament suspension. Last, the peri-rectal space was open (between rectum and uterosacral ligament) in order to isolate uterosacral ligament all the way to the level near the sacral bone and thus allowing deep suture bite of the ligament. Conclusions: For patient with uterine pathology indicated of hysterectomy and accompany with apical prolapse, concomitant laparoscopic uterosacral ligament suspension is a promising procedure for restoring level 1 and level 2 support.

稿件編號：V2	以達文西機器手臂施行子宮頸薦骨固定術及 Burch 陰道懸吊術來治療同時有骨盆底器官脫垂及應力性尿失禁之患者 Robotic sacral cervicopexy and Burch colposuspension for patient with concomitant stress urinary incontinence and pelvic organ prolapse surgery
臨時稿件編號： 1043	李大成 ¹ 莊乙真 ¹ 新北市亞東醫院 ¹
論文發表方式： 影片展示	Robotic sacral cervicopexy and Burch colposuspension for patient with concomitant stress urinary incontinence and pelvic organ prolapse surgery Ta-Cheng Lee, Yi-Chen Chuang*
論文歸類： 婦女泌尿	Department of Obstetrics and Gynecology, Far Eastern Memorial Hospital, Taipei, Taiwan Background: Pelvic organ prolapse (POP) is common in women and is frequently associated with stress urinary incontinence (SUI). In some cases, SUI is present only with the prolapse reduced (occult SUI) or may develop after surgical treatment for prolapse (de novo SUI) [1]. However, for patient with preoperative symptomatic SUI, Silvia Pecchio et al. concluded that clinically incontinent patients with MUCP ≤50 cmH2O will gain the greatest benefit from concomitant POP and SUI surgery. [2] Kaven Baessler et al. also concluded that In women with POP and SUI (symptomatic or occult), a concurrent SUI surgery probably reduces postoperative SUI and should be discussed in counselling.[1] Ericka M Sohlberg et al. proposed that a Burch procedure should be considered when vaginal access is limited, concurrent intra-abdominal surgery is planned, or mesh is contraindicated.[3] For patient who didn't have SUI before POP surgery, Linda Brubaker et al concluded that in women without SUI who are undergoing abdominal sacrocolpopexy for prolapse, Burch colposuspension significantly reduced postoperative symptoms of SUI without increasing other lower urinary tract symptoms.[4] Drancourt E et al. also concluded that Sacral colpopexy combined with Burch operation is a reliable solution for repair of USI with marked cystocele. [5] Aims and objective: To observe the feasibility and outcome of robotic sacral cervicopexy and Burch colposuspension for patient with concomitant stress urinary incontinence and pelvic organ prolapse surgery. Methods Case We reported a 58 y/o Gravida 2 and Para 2 female who had concomitant stress urinary incontinence and pelvic organ prolapse (Cystocele stage III, uterine prolapse II) and receive robotic sacral cervicopexy and Burch colposuspension at our hospital. Surgical Technique We use Da Vinci robotic Si system with 5 ports techniques. The scope was set in the trocar on the umbilicus, the arm 1, arm 2, arm 3 assistant ports on the anterior abdominal wall. Sacral cervicopexy is an abdominal-prolapse repair that restores pelvic anatomy In sacral cervicopexy, graft material is attached between the cervix and sacrum supporting the vagina Burch colposuspension was performed through the same incision as the Sacral cervicopexy. The Burch colposuspension consists of suturing periurethral vaginal tissue to the iliopectineal (Cooper's) ligaments on each side to

support the urethra.

Result

Success for pelvic organ prolapse was achieved (absence of prolapse beyond the hymen) and her stress urinary incontinence improved after surgery (no need for protective pads. No injury to the bladder, bowel, vagina, ureters, or vessels were noted during 1 month follow up.

She had only a little urinary frequency which improved after using antimuscarinic medicine.

Conclusion

The effectiveness of Burch for POP patient with or without SUI may need well-powered trial to clarify, but it's a feasible and safe surgery and do obviously improve the symptoms of our care.

Although Midurethral slings are the mainstay of stress incontinence treatment; however, diversity of surgical options is needed to serve the large number of patients desiring treatment. The Burch colposuspension remains a viable treatment option for appropriately selected patients.[6]

H Sekine et al. ever mentioned about the effectiveness of Burch colposuspension combined with vaginal repair for manage various pelvic hypermobility symptoms[7], which correspond to the improvement of our patient.

Robotic endowrist technology may help the surgeon to approach challenging angles during this complicated surgery and perform dissection and suture delicately.

Reference

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稿件編號：V3	使用旋轉性皮瓣及經會陰陰腸結膜環形切除肌層折疊手術修補嚴重肛門直腸脫垂 Using rotational vaginal flaps and delorme's procedure to repair advanced anorectal prolapse
臨時稿件編號： 1127	陳怡婷 ¹ 楊恆欣 ¹ 台大醫院婦產部 ¹
論文發表方式： 影片展示	[Case presentation] Our case is a 68y/o P3(NSDx3) woman. Her BMI was nearly obese. Her had suffered from rectal prolapse for 5 years with stool incontinence. Her medical histories were significant of multiple comorbidities. Due to rectal prolapse, she had received laparoscopic proctectomy and rectopexy in 2022. However, according to the patient, the rectal prolapse recur just 3 days after the surgery.
論文歸類： 婦女泌尿	On pelvic examination, stage 3 cystocele, uterine prolapse, and rectocele were noted with a huge anal prolapse. Therefore, we gave her pretreatment with cubic pessary for 2 weeks. Surgical procedure included loop-t colostomy by colorectal surgeon and we performed VTH and A-repair first and then dissected into rectovaginal septum. [Video demonstrated rotational vaginal flaps and the process of posterior colporthaphy + culdoplasty + delorme's procedure] After completion of the surgery, no more rectal prolapse was seen. At 6-month follow-up. There was fair perineal wound healing and no obvious pelvic organ prolapse. [Discussion] Definition of rectal prolapse is intussusception or protrusion of rectum through anus. Associated symptoms include fecal incontinence, constipation, bleeding or mucosal discharge. Rare complication includes strangulation and bowel necrosis. Risk factors included multiparity, obesity, CNS and connective tissue diseases. According to Altemeier in 1971, the rectal prolapse can be classified into three types according to its severity. Type I is the least severe type with only mucosal prolapse; type III is the more severe type with complete, full thickness rectal intussusception in recto-anal canal through sphincter + a sliding hernia of CDS. Common anatomy features include Diastasis of Levator ani, abnormally deep CDS, redundant rectosigmoid patulous anal sphincter and loss of sacral attachments. Rectal prolapse might have complex pathophysiology which started from redundant rectosigmoid colon which later formed rectal intussusception. Obstetric injury can cause recto-vaginal fascia weakness which lead to downward migration of rectovaginal septum and CDS. In the end, the anorectal prolapse occurred. Due to the complex pathophysiology of rectal prolapse, we need a comprehensive management. That is using the rotational vaginal flaps to strengthen the weak pelvic floor. And use the Delorme's procedure to resect the redundant rectal mucosa. Together, we might reach the treatment goal of restoring normal anatomy and possibly improve the bowel function of this patient.

稿件編號：V4	<p>慢性子宮附屬器扭轉與肺栓塞導致延遲手術 Chronic adnexal torsion and pulmonary embolism causing delayed surgical intervention</p> <p>謝孟軒¹ 王功亮² 陳積瑞³ 馬偕紀念醫院婦產部¹ 台東馬偕紀念醫院² 馬偕紀念醫院婦產部婦科癌症學科³</p>
臨時稿件編號：1029	
論文發表方式：影片展示	
論文歸類：一般婦科	<p>Introduction The incidence of pulmonary embolism in adnexal torsion was reported to be low, about 0.2%. Pulmonary embolism is believed not to be predisposed by the procedure of surgical detorsion. This case report presented a case of chronic ischemic ovarian torsion, who presented with pulmonary embolism. Due to medical and anti-coagulant therapy, her surgical intervention had to be postponed to 3 months later.</p> <p>Case Report This 52-year-old, menopausal female, presented at emergency department with sudden onset of shortness of breath, oxygen desaturation and persistent right lower quadrant abdominal pain for two weeks. Bilateral pulmonary embolism was diagnosed and she was admitted for intensive care first. A huge lower abdominal mass, measuring 19.7x12.7x17.1cm, was found by abdominal CT scan. Due to medical therapy and unstable pulmonary function, surgical intervention was decided to be postponed until stable pulmonary condition. 3 months later, laparoscopy was carried out. Extensive abdominal adhesion was found among this tumor, anterior parietal peritoneum, omentum, mesocolon, appendix and mesentary of terminal ileum. A right ovarian tumor with pedicle strangulation was identified after extensive adhesion-lysis. Right salpingo-oophorectomy without detorsion was completed and specimen was removed without tumor rupture or spillage. Pathology reported to be a totally ischemic necrotic epithelial tumor. Her recovery was uneventful after surgery.</p> <p>Conclusion Gynecological adnexal torsion with pulmonary embolism was extremely rare. When these two situations are encountered, delayed surgical intervention would be safer for decreasing co-morbidity during/after surgery. However, surgeon should pay attention to extensive adhesion while delaying surgery.</p>

稿件編號：V5	<p>兩孔腹腔鏡手術在深部浸潤性子宮內膜異位症中的手術程序與腹膜後解剖構造識別 Surgical Procedures and Retroperitoneal Anatomy Identification in 2-Port Laparoscopic Cystectomy for Deep Infiltrating Endometriosis</p> <p>楊時嵐¹ 莊乙真¹ 鍾佳翰¹ 李大成¹ 陳曦¹ 亞東紀念醫院婦產部¹</p>
臨時稿件編號：1078	
論文發表方式：影片展示	
論文歸類：內視鏡	<p>Objective This article aimed to demonstrate the surgical steps involved in a 2-port laparoscopic cystectomy for a patient with deep infiltrating endometriosis (DIE), and the identification of retroperitoneal anatomy during the procedure.</p> <p>Patient We reported a 34-year-old nulligravida female who suffered from severe dysmenorrhea. Bilateral ovarian endometriomas and deep infiltrating endometriosis was suggested by ultrasonography. In light of the debilitating symptoms and compromised quality of life, the patient was scheduled for surgery.</p> <p>Interventions A 2-port laparoscopic surgery was performed with one 10-mm trocar through the umbilicus, and an accessory 3-mm port on the left lower abdominal wall. During the operation, the abdominal and pelvic cavity was inspected. Bilateral ovarian endometriomas were observed, dissected and enucleated. Besides, millimetric foci of endometriosis were observed on the parametrium in the parietal pelvic peritoneum over the bladder-uterine cavity, both uterosacral ligaments and cul-de-sac. Both ureters and retroperitoneal space were meticulously identified. Endometriotic lesions were destroyed by electrocoagulation.</p> <p>Conclusion The surgical management of deep infiltrating endometriosis demands a high level of surgical expertise due to its complexity. Accurate identification of retroperitoneal anatomy is a crucial determinant for the success of the operation and plays a important role in minimizing the risk of surgical complications.</p>

稿件編號：V6	<p>達文西手術處理復發性之卵巢顆粒細胞瘤 Robotic surgery for recurrent ovarian granulosa cell tumor</p> <p>李大成¹ 莊乙真¹ 新北市亞東醫院¹</p>
臨時稿件編號：1082	
論文發表方式：影片展示	
論文歸類：內視鏡	<p>Background: Granulosa cell tumors (GCT) of the ovary are considered as low-grade malignancies with a relatively more favourable prognosis when compared with the more common epithelial ovarian tumours [1]. Despite this generally favourable clinical behaviour, a certain percentage of patients diagnosed with GCT still suffer from recurrence and disease-related mortality [2]; unfortunately, not only the rarity of GCT, but also its slow progression and the long time period for which follow-up observation is required, make it difficult to clearly understand the clinical course of the disease, provide adequate treatment guidelines and recognize the prognostic factors for recurrence and death. Because GCT is a tumor with low malignant potential, its overall sensitivity to chemotherapy is relatively poor. Dan Zhao et al. concluded in their study that among patients with recurrent GCT, those with long progression-free survival (PFS) had good prognoses. Maximal cytoreductive effort should be made after recurrence. Complete resection and postoperative adjuvant chemotherapy may improve the prognosis of patients with recurrent GCT [3].</p> <p>Aims and objective: To observe the feasibility of robotic surgery for treating recurrent ovarian granulosa cell tumor.</p> <p>Methods Case : We reported a 46 y/o nulligravida female had recurrent GCT. She had pT1c1N0MB, FIGO stage IC1 bilateral GCT when she was 38 y/o and ever received fertility-sparing cytoreductive surgery (right oophorectomy while preserve the left ovary) and 2 cycles of adjuvant chemotherapy with BEP regimen (bleomycin, etoposide, cisplatin). After chemotherapy course completed, she tried in vitro fertilization and embryo transfer for conception for several times but no successful pregnancy. During the same period, her suspected recurrent GCT over left ovary was noted and she finally decided to received surgery for complete resection (hysterectomy and left oophorectomy) at 6 years after her initial surgery. And she received another 4 cycles of adjuvant chemotherapy with EP regimen (etoposide, cisplatin) after her second cytoreductive surgery. 2 years after her second surgery (8 years after initial surgery), she had recurrent peritoneal seeding tumors and receive robotic surgery for recurrent ovarian granulosa cell tumor</p> <p>Surgical Technique: We use Da vinci robotic Si system with 5 ports techniques. The scope was set in the trocar on the umbilicus, the arm 1, arm 2, arm 3 assistant ports on the anterior abdominal wall. With the 3D vision and endo wrist of robotic arm, it is feasible to lysis of the severe adhesion between the recurrent ovarian tumor and bowel without severe injury the bowel.</p> <p>Results: Seeding tumors at pelvic wall, small intestine and colon noted (greatest diameter about 10cm at right anterior pelvis) and severe pelvic-abdominal adhesion was noted during surgery. The main lesions adhered to the bowel was resected successfully. Postoperative oral feeding progressed well she can tolerate full diet and discharge smoothly at postoperative day 5th.</p>

Conclusion: The treatment and outcomes of recurrent GCT remain uncertain and some studies reported that complete resection may improve the prognosis [3,4,5]. With the 3D vision and endo wrist of robotic arms, it is feasible to lysis the severe adhesion between the recurrent GCT and bowel and make maximal cytoreductive effort without severe injury to the bowel.

Reference

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台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：V7	子宮內膜癌分期手術後感染性淋巴囊腫的達文西沾黏分離術 Robotic Lysis of Infective Lymphocele After Endometrial Cancer Staging
臨時稿件編號： 1213	陳曦 ¹ 莊乙真 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 影片展示	Introduction: Though sentinel lymph node navigation shows promise, for numerous patients with advanced-stage endometrial cancer, lymphadenectomy continues to be the primary treatment modality. Nevertheless, performing a comprehensive nodal dissection still carries a significant risk of long-term complications, such as lymphedema and lymphocele.
論文歸類： 內視鏡	Method: We presented the case of a 37-year-old woman diagnosed with stage IB endometrial cancer. She underwent a Da Vinci robotic staging procedure involving total hysterectomy, bilateral pelvic lymph node dissection, and para-aortic lymph node sampling. Following the surgery, she received adjuvant radiotherapy due to the extent of myometrial involvement > 1/2. Unfortunately, three months later, she experienced the development of an infectious lymphocele and a pelvic abscess, accompanied by intermittent right leg edema and pain. A CT scan revealed external compression on the bladder due to the lymphocele. Despite a two-week course of antibiotics, her condition did not improve. Owing to the patient having received radiotherapy and the lymphocele near the major vessel, a CT-guided aspiration was not considered. Instead, we performed robotic lysis of infective lymphocele and double J catheter insertion. By using a robotic needle holder with blunt dissection, we carefully dissected the peri-vessel area around the bifurcation of the right common iliac artery and addressed adhesions involving the transverse colon. The intervention successfully drained the abscess, and the patient made a full recovery. Results: The surgical video of the robotic lysis and drain of the abscess will be shown. Conclusion: Utilizing the Endo wrist of the robotic instrument, we were able to effectively dissect severe adhesions associated with the infective lymphocele. Additional research will be necessary to further validate our procedure.

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稿件編號：V8	在嚴重腹腔沾黏患者上使用腹腔鏡不同視角進行沾黏分離 Adhesiolysis in a Patient with Severe Intra-abdominal Adhesions Using Different Perspectives of Laparoscopy
臨時稿件編號： 1140	林宜銜 ¹ 楊晴嵐 ² 莊乙真 ² 童寶玲 ³ 臺大醫院婦產部 ¹ 亞東紀念醫院婦產部 ² 臺大醫院新竹分院 ³
論文發表方式： 影片展示	Abstract Background For patients with severe intra-abdominal and pelvic adhesions, a minimally invasive surgery, while offering limited visibility through a trocar, necessitates meticulous exploration from various angles to gain comprehensive insights.
論文歸類： 內視鏡	Case We reported a 35-year-old female with severe intra-abdominal adhesions, who previously underwent two cesarean sections and presented with recurrent pelvic inflammatory disease, peritonitis, and chronic lower abdominal pain. The patient asked for adhesiolysis to alleviate the associated pain. In this video, we demonstrate a step-by-step dissection of intra-abdominal adhesions from different quadrants and perspectives. The guiding principle of adhesiolysis is to dissect the finest adhesions devoid of vascular structures while maintaining the intra-abdominal pressure, utilizing the technique of traction and counter-traction. We will exhibit intraoperative images from various angles within the abdominal cavity and the positioning of the extracorporeal trocars. After the operation, the patient recovered well, despite temporary bloating for approximately three days. The drainage tubes were removed on the third day of hospitalization, and the patient was able to consume a liquid diet. One week after discharge, she felt that the chronic pain in her abdominal cavity had significantly reduced. Conclusion This surgical video emphasizes the importance of multi-angle analysis in managing severe intra-abdominal adhesions, which may provide surgeons with a 3D visualization of intra-abdominal adhesions in their minds. It highlights that traditional open surgery may not always be necessary, which is also the essence of minimally invasive surgery.

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稿件編號：V9	達文西第三隻手臂在子宮內膜癌手術時的運用 The 3th endowrist arm use in robotic staging of endometrial cancer
臨時稿件編號： 1039	鍾佳翰 ¹ 亞東紀念醫院 ¹
論文發表方式： 影片展示	Here we present a video of our technique of robotic staging surgery of endometrial cancer.
論文歸類： 內視鏡	In addition to having 3D stereoscopic vision, the most important feature of the robotic surgery is its endowrist functionality. Particularly, having a third endowrist to assist the surgical physician allows for reduced reliance on assistant when using the third left arm for traction and counter-traction during surgery, enabling more effective, safe, and stable procedures. Compared to conventional laparoscopy, another advantage of the robotic surgical system is its significantly wider range of angles of endowrists. This enables surgeons to adeptly handle difficult angles during suturing or cauterization. With the addition of the third endowrist, almost all areas within the surgical field can be effectively sutured or cauterized. Additionally, the instruments on the endowrist can be interchanged during surgery. In other words, surgeons can use different endowrists for suturing, cutting, or cauterizing to achieve various surgical tasks. Performing pelvic lymph node dissection requires a significant focus on the surgical field. Restricted visibility could potentially affect the ureter or other pelvic vessels. We use a 2-0 Prolene straight needle for traction of the peritoneum concurrently enhances the clarity of the surgical field and reduces the potential damage to surrounding tissues. We alternate between sharp dissection and blunt dissection techniques to avoid injuring nearby vessels. This technique is particularly crucial when performing para-aortic lymph node sampling.

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論文摘要

稿件編號：V10	抽吸沖洗器械剝離組織技術應用於單孔腹腔鏡子宮內膜異位瘤手術 Stripping technique using suction irrigation instrument in single port laparoscopic surgery for endometrioma
臨時稿件編號： 1261	洪詠筠 ¹ 李光晏 ¹ 楊恬欣 ¹ 童寶玲 ¹ 台大醫院婦產部 ¹
論文發表方式： 影片展示	Objectives: Ovarian stripping with good ovarian function preservation is a key step in fertility sparing laparoscopic surgery for endometrioma. Such technique could be well performed in single-port laparoscopic surgery for endometrioma.
論文歸類： 內視鏡	Materials and Methods: A 32-year-old, G0P0, unmarried, woman was suffered from abdominal distension for four months. She visited a local medical department specializing in gastroenterology 2 months ago, and her panendoscopy and colonoscopy were found to be normal. A computed tomography (CT) scan revealed a right ovarian multi-cystic tumor with homogeneous content, measuring up to 16 cm x 16 cm. She was referred to our hospital and transabdominal sonography confirmed the ovarian tumor. No solid components were found in the tumor and the ovarian tumor was scored as a low malignancy rate based on simple rules. A four-channel system single-port laparoscopic right oophorocystectomy was performed. During the procedure, a 5-mm camera, two atraumatic grasping forceps, and a suction irrigation device were used for ovarian cyst stripping. The suction irrigation instrument could apply gentle but powerful traction force for cyst wall peeling, and simultaneous endometriotic fluid suction to create clear vision of the cyst layer. The operative time was 76 minutes, and the estimated blood loss was less than 30 cc. There were no complications and the patient was discharged smoothly on the second day of the operation. Results: The patient is now under regular outpatient department follow up. No recurrence is noted within 1 year. Conclusion: Surgical modification by stripping technique has emerged as a key approach to preserve ovarian function, in addition to the aim of reducing recurrent rates. Our technique of ovarian cyst stripping using a suction irrigation instrument could provide gentle but effective ovarian cyst stripping with good ovarian function preservation during single-port surgery.

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稿件編號：V11	<p>針對臨床上疑似重度腹腔內沾黏，經自然孔洞內視鏡協助下進行腹部穿剝套管 Transabdominal trocar insertion for patient with clinically suspected severe intra-abdominal adhesion under direct vision of laparoscopy through posterior colpotomy.</p> <p>王錦榮¹ 林杰進¹ 林偉力¹ 吳凱筠¹ ¹ 林口長庚紀念婦產科¹</p>
臨時稿件編號：1259	
論文發表方式：影片展示	<p>Complications arising from laparoscopy are often related to the initial entry into the abdomen. Life-threatening complications include injury to viscera or vasculature. These complications may occur during various procedures, including Veress needle insertion, creation of a pneumoperitoneum, primary trocar insertion, or even the Hassen method. They pose challenges and risks, especially when dealing with individuals with obesity and a history of laparotomy surgery. To avoid injuring the bowel adhered to the anterior abdominal wall, several alternative abdominal entry methods have been developed, such as the Palmer point, Lee-Huang point, and others. However, there is still a minimal risk for those with previous laparotomy wound cross the umbilical wound or for surgeons with less experience.</p> <p>Posterior colpotomy has been one of the mainstay entries for laparoscopic surgery. It has been used for v-NOTES hysterectomy, adnexal surgery, draining pelvic abscesses, and more. While avoiding abdominal incisions, v-NOTES allows for excellent visualization of the abdominal cavity. It ensures that there are no bowel adhesions beneath the umbilical wound before making a transabdominal entry and provides direct vision for trocar entry. Posterior colpotomy may be contraindicated for individuals with severe endometriosis at the rectovaginal septum and severe adhesions.</p> <p>The video demonstrates the steps of posterior colpotomy-assisted abdominal entry of the trocar under the direct vision of laparoscopy, as well as pre-operative evaluation for posterior colpotomy accessibility.</p>
論文歸類：內視鏡	

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論文摘要

稿件編號：V12	<p>達文西經陰道自然孔行困難的全子宮切除術 Robotic vNOTES for complicated hysterectomy</p> <p>林詠涵¹ 莊斐琪¹ 楊采樺¹ 吳昱靜¹ 黃寬慧¹ 龔福財¹ ¹ 高雄長庚紀念醫院¹</p>
臨時稿件編號：1190	
論文發表方式：影片展示	<p>Background Vaginal natural orifice transluminal endoscopic (vNOTES) is a trend in minimally invasive surgery. Vaginal total hysterectomy (VTH) has benefits of shorter operation time, less pain, less hospitalization, rapid recovery and least amount of complications. vNOTES as a rising technique is an alternative technique to overcome some limitations of VTH in conditions as non-prolapse uterus, obesity candidates, and enlarged uterus. Furthermore, robotic platform with wristed instruments and stable vision provides a more safety manipulation in the vaginal canal.</p> <p>Methods Herein we will present a surgical video about robotic vNOTES hysterectomy in difficult situations.</p> <p>Results In cases with large-sized uterus, pelvic adhesion, and/or narrowed vagina, robotic instruments provide add-on advantages to traditional vNOTES hysterectomy.</p> <p>Conclusion Robotic system is an essential tool to assist vNOTES procedures in difficult hysterectomy.</p>
論文歸類：內視鏡	

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稿件編號：V13	<p>利用 30 度腹腔鏡於單孔手術中處理嚴重膀胱沾黏與腹壁沾黏之技巧 Tips of lateral approach of 30-degree scope during single port laparoscopic surgery of severe adhesion between uterus, urinary bladder and abdominal wall.</p> <p>魏君卉¹ 呂彥鋒² 柳營奇美醫院¹ 新光吳火獅紀念醫院²</p>
臨時稿件編號：1072	
論文發表方式：影片展示	<p>Objectives: To demonstrate the tips of using 30-degree scope during single port laparoscopic surgery to find clear margin between adhesion.</p> <p>Methods: Dense adhesion between organs is a challenge during operation. Dissection adhesion band directly leads to bleed easily. We will provide two typical cases to show advantage of lateral approach of 30-degree scope during single port laparoscopic surgery. Case1 was a 51 y/o female, G0, having menorrhagia, dysmenorrhea and anemia (Hb: 7 g/dl) for years. She had an enlarged uterus with multiple myomata and a right ovarian endometrioma. Dense adhesion between urinary bladder and anterior uterine wall was noted. Case2 was a 42 y/o female, G1P1 (C/S), having a submucosal myoma (type3) at post wall about 9*7 cm in size. Dense adhesion between uterus, anterior abdominal wall and urinary bladder was observed accidentally during operation.</p> <p>Results: Both cases were noted blurred margin between adhesive organs. We tried to dissect centrally in the beginning but failed due to persisting bleeding. Herein, we took advantage of 30-degree scope, approaching the adhesive boundary laterally after opening peritoneum. It made sharp and blunt dissection of adhesive band easier and avoid complication of ureter injury.</p> <p>Conclusion: The 30-degree scope using during single port laparoscopic surgery makes surgeon identify the adhesive boundary laterally. Using 30-degree scope to rotate visual field could make surgery safer and easier.</p>
論文歸類：內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：V14	<p>腹腔鏡切除子宮角懷孕 Laparoscopic cornual resection for ectopic pregnancy</p> <p>張季涵¹ 丁大清¹ 花蓮慈濟醫院婦產部¹</p>
臨時稿件編號：1074	
論文發表方式：影片展示	<p>Aims and objectives: This video demonstrated a laparoscopic approach for cornual pregnancy.</p> <p>Background: Cornual pregnancies are rare, life-threatening conditions that require high clinical suspicion for diagnosis. Most cases are discovered after complications have occurred, and the optimal approach is currently unknown. Here, we presented to you a case with left cornual pregnancy about 6 weeks, and underwent laparoscopic cornual resection smoothly before the ectopic pregnancy ruptured.</p> <p>Materials, setting and methods: A 35-year-old female, gravida 2 para 1, without significant medical past history except for elective cesarean section 2 years ago, was referred to our outpatient department for suspected ectopic pregnancy. Clinical manifestations included menses overdue, urine pregnancy test positive, and left adnexal mass found at clinics. Serum β-human chorionic gonadotropin level was 88808.0 mIU/mL. Transvaginal ultrasound revealed an embryo about gestational age 6 weeks with fetal heartbeat located in the left adnexa. After discussing with the family, we proceeded with laparoscopic cornual resection with ipsilateral salpingectomy, along with dilation and curettage.</p> <p>Results: The laparoscopic procedure were (1) injected diluted pitressin (1 vial to 80 ml) to the peripheral tissue of cornual pregnancy site, (2) using hook to create a circular incision in the left horn up to the gestational sac; (3) excising the cornual capsule and ipsilateral fallopian tube; (4) carefully removing the entire gestational sac; and (5) suturing the myometrial bed and closing the incision. Total intraoperative blood loss was 150 mL. The operation lasted about 96 minutes. The patient was discharged on postoperative day 2 and did not exhibit any complication at follow-up. The pathology revealed interstitial pregnancy.</p> <p>Conclusion: Laparoscopic cornual resection is a suitable option for individuals with interstitial pregnancy who desire to maintain fertility. Pitressin injection is a secure, efficient, and blood-conserving intraoperative method.</p>
論文歸類：內視鏡	

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稿件編號：V15	腹腔鏡子宮頸肌瘤切除合併子宮頸管重建 Laparoscopic cervical myomectomy and reconstruction of endocervical canal
臨時稿件編號： 1091	停寧瑩 ¹ 丁大清 ¹ 花蓮慈濟醫院 ¹
論文發表方式： 影片展示	Background Cervical myoma accounts for 0.6 percent of all uterine fibroids. Performing laparoscopic cervical myomectomy is often a technical challenge for gynecologists in the narrow operative field, with possible injuries to surrounding pelvic structures, such as ureters, significant hemorrhage, and a complex repair of the big cavity. This video reviews techniques to repair the cervical canal when performing a laparoscopic cervical myomectomy.
論文歸類： 內視鏡	Patient and Methods This is a 40-year-old female, P0AA1, with chief complaints of menorrhagia for four months. Transvaginal ultrasonography showed cervical myoma 4.5 x 3.2cm. A laparoscopy cervical myomectomy was arranged. During the surgical procedure, no uterine manipulator was inserted. Diluted vasopressin (1:50) was injected into the serosa of the myoma. The myoma was exposed by unipolar excision of serosa and secured by the myoma screw. However, after cervical myomectomy, the cervical canal was exposed. Therefore, we inserted a #8 Foley catheter from the cervical external os under laparoscopic vision. The cervical canal was reconstructed using 1-0 vloc suture, followed by the approximation of the myometrium and serosa.
	Result Total surgical time was 143 minutes, and the blood loss was 125ml. Intrauterine foley was removed postoperative day 3. The postoperative course was uneventful.
	Conclusion Laparoscopic cervical myomectomy is a challenging technique. The cervical myoma cavity might expose the cervical canal. Upon exposure to the cervical canal, the method of reconstruction we demonstrated is feasible.

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稿件編號：V16	以腹腔鏡無血「人魚生產」及子宮角切除治療子宮角外孕：案例報告 Laparoscopic Bloodless En Caul Delivery of a Cornual Pregnancy Followed By Cornual Resection: A Case Report
臨時稿件編號： 1169	李儋潔 ¹ 高雄四季台安醫院 ¹
論文發表方式： 影片展示	Background Cornual pregnancies are considered rare, accounting for approximately 1% of all ectopic pregnancies. The diagnosis can be challenging, with a higher risk of complications such as rupture, resulting in life-threatening hemoperitoneum. Surgical treatment may also be complicated by the tendency for intraoperative blood loss. Preemptive ligation of uterine vessels is a viable option to prevent bleeding and facilitate the enucleation of the ectopic pregnancy, as well as the repair of the affected cornu.
論文歸類： 內視鏡	Patient and Methods Comprehensive temporary ligation of uterine feeding vessels enables a bloodless procedure for the laparoscopic treatment of cornual pregnancy. En caul delivery was performed, and gestational tissue removal was precise and thorough in such settings. The cornual resection and multiple-layered repair were uneventful.
	Results By comprehensive temporary ligation of uterine feeding vessels, a blood-less procedure can be achieved to treat cornual pregnancy laparoscopically. En caul delivery was done and gestational tissue removal was precise and thorough in such settings. Uneventful cornual resection and multiple-layered repair were performed.
	Conclusions Laparoscopic cornual resection proved to be a safe and effective option for treating cornual pregnancy in the described patients. Bleeding control before cornuostomy is crucial to establishing a customizable circumstance with more subsequent surgical options.

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稿件編號：V17	連續螺旋縫合術於腹腔鏡子宮肌瘤切除術之應用 A novel procedure: continuous barbed purse-string suture during laparoscopic myomectomy
臨時稿件編號： 1197	王章筑 ¹ 吳晉睿 ¹ 童寶玲 ^{1,2} 國立臺灣大學醫學院附設醫院新竹臺大分院婦產部 ¹ 國立臺灣大學醫學院附設醫院婦產部 ²
論文發表方式： 影片展示	Study Objective: This study aims to demonstrate a novel purse-string type closure of myometrium in laparoscopic myomectomy. It is intended to facilitate myometrial defect closure, making it more accessible for surgeons and reducing operation time.
論文歸類： 內視鏡	Background: Traditional multiple-layer suturing for myometrial closure during laparoscopic myomectomy demands advanced technique, precise instrument handling, and a limited approach angle. However, a single port setting with limited space elevates the challenge of closure of the myometrium. Continuous barbed purse-string suture provides an effortless method of closure of the myometrium. Here, we present several case reports that applied continuous barbed purse-string closure on myometrium closure during laparoscopic myomectomy.
	Design: A comprehensive video demonstrating the stepwise technique of purse-string closure for uterine defects.
	Setting: We demonstrated the novel closure of intramural, FIGO classification type 4, uterine myoma through laparoscopic myomectomy at the National Taiwan University Hospital, Hsin-Chu branch. Clinical data, intraoperative images, and video were retrieved from the patient's record.
	Intervention: Laparoscopic myomectomy was performed for a 34-year-old woman with lower abdominal pain. Preoperative ultrasound showed an 8.8 cm type 4 myoma. After the extraction of myoma by enucleation, the uterine defect was well-defined as a bag shape. A number 1-O V-LocTM suture (Medtronic, New Haven, CT, USA) was introduced from the left abdominal area. Then the base of the uterine myoma defect was sutured transversely and passed through the myometrium with a continuous purse-string route. During the closing uterine defect, the suture needed to be tightened up and moved in a spiral back pattern to make sure all the dead space was closed. The superficial layer of the uterine incision is closed with 1-O Vicryl(Ethicon Inc, Somerville, NJ, USA).
	Conclusion: Continuous barbed purse-string suture seems to be an ideal technique for dealing with laparoscopic myomectomy. It provided a better accessible approaching angle and reduce the operation time. Besides, our novel procedure theoretically reduced the death space, comparing with single layer continuous suture. The purse-string uterine suture technique had been reported in the closure of myometrial defect during cesarean section with significantly lower rate of scar defect. In summary, the novel continuous barbed purse-string suture is a feasible technique of uterine closure.
	Reference 1. Te Linde's Operative Gynecology 13th, p384 2. Halouani A, Dimassi K, Ben Mansour A, Triki A. Impact of purse-string uterine suture on scar healing after a cesarean delivery: a randomized controlled trial. Am J Obstet Gynecol MFM. 2023 Jul;5(7):100992.

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稿件編號：V18	單孔腹腔鏡卵巢囊腫切除術於嚴重骨盆腔粘黏有訣竅 Tips and Tricks for Ovarian Cystectomy in Severe Pelvic Adhesion during Single Port Laparoscopic Surgery
臨時稿件編號： 1291	林子涵 ¹ 楊恬欣 ¹ 李光晏 ¹ 童寶玲 ¹ 國立臺灣大學醫學院附設醫院 ¹
論文發表方式： 影片展示	Objectives: Severe pelvic adhesion can be challenging for minimally invasive surgery. We demonstrated a comprehensive way of handling such condition using single port laparoscopic surgery.
論文歸類： 內視鏡	Materials and Methods: A 44-year-old, gravida-2-para-1-abortion-1, woman was suffered from intermittent lower abdominal pain for two years. She was diagnosed with uterine myoma, adenomyosis and endometrial polyp, and received a hysteroscopic polypectomy 5 years ago. Unfortunately, the operation was complicated with pelvic abscess formation and she was treated with antibiotics. Laparoscopic hysterectomy was performed one month later, but was converted to abdominal surgery due to severe pelvic adhesion. A 8.8 cm lobulated cystic lesion origin from left adnexa was found by Computed tomography (CT) in 2021. The followed-up transvaginal sonography (TVS) showed that the cystic lesion enlarged up to 10.6*6.5 cm, and was multiloculated with hypoechoic content and thin septum. No solid components were found in the pelvic cysts.
	Single-port laparoscopic bilateral salpingectomy, cystectomy and adhesiolysis was performed. During the procedure, a transumbilical 2-cm ultraminilaparotomy was made and a four-channel single-port system was setup. A 5-mm camera, a LigaSure™ vessel sealing device, an atraumatic grasping forceps, and a suction irrigation device were applied for adhesiolysis. The cul-de-sac was completely obliterated by omentum, sigmoid colon and the right adnexal cyst.
	Key steps of performing cystectomy during pelvic adhesion were: larger cysts (>5cm) are better candidates for cystectomy than smaller ones; dissect from the pelvic side wall toward medial side; identify and locate the ureter; dissect the colon from the adnexal cysts using coagulation and cutting function from LigaSure™ vessel sealing device; prevent rupture of cysts until the end of dissection; remove as much cystic capsule as possible; and lastly, application of effective anti-adhesive materials might be necessary. We showed our video utilizing 4DryField® PH(4DF).
	Results: The operation procedure was uneventful with the operative time was 95 minutes and the blood loss was less than 50 ml. Postoperative recovery was smooth and the patient was then under regular outpatient follow-up without abdominal pain anymore.
	Conclusion: Single port laparoscopic adhesiolysis and ovarian cystectomy is safe and feasible even in patient with severe pelvic adhesion.

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稿件編號：V19	針對陰道與低位直腸深部子宮內膜異位症病灶施行腹腔鏡部分陰道切除與低位直腸手工盤狀切除縫合之個案報告
臨時稿件編號：1118	Laparoscopic partial vaginectomy and rectal manual disc excision for a case with advanced posterior DE (deep endometriosis) involving vagina and low rectum 孫仲賢 ¹ 侯詠齡 ¹ 李儋潔 ¹ 方俊能 ¹ 莊國泰 ¹ 四季台安醫院 ¹
論文發表方式：影片展示	Background: Posterior DE (deep endometriosis) involving the uterosacral ligament (USL), torus uterinus (or retrocervix), and rectal serosa is quite common in patients with stage IV endometriosis. DE involving vagina and lower rectum is relatively rare, and possesses special surgical concern. For lower rectal lesions, bowel segmental resection and re-anastomosis may carry relatively high risk of anastomosis failure. Concomitant partial vaginectomy in these kind of cases may also increase the risk of future recto-vagina fistula. In this video, we will demonstrate a case with advanced pelvic endometriosis involving USL, retrocervix, upper vagina, and low rectal lesions less than 6 cm from the anal verge. Materials & methods: Surgical video from a case with advanced pelvic endometriosis involving USL, retrocervix, upper vagina, and low rectal lesions less than 6 cm from anal verge was reviewed and edited. Results: The distorted pelvic anatomy was restored to normal first by careful and systemic adhesiolysis, making use of the retroperitoneal spaces (paravesical, Lazko and Okabayashi pararectal, peri-rectal, rectovaginal spaces). DE lesions were mapped by visual (both white light and ICG) and tactile control. Posterior DE lesions over bilateral USL & retrocervix area were excised first. Partial vaginectomy was then performed, and the vagina wound was re-approximated with barbed suture carefully. The low rectal lesions were shaved first, under the guidance of ICG enema. However, enterotomy still happened due to the deep lesions infiltrating into the rectal mucosa layer. The excision of low rectal lesions was then converted to manual large disc excision. The balloon of pre-inserted rectal Foley catheter could be clearly seen. The low large rectal defect was then repaired in 2 layers transversely. Air leakage test was performed to confirm the integrity of bowel wall. Interceed and omentum patch was covered over rectal lesions, to decrease the potential of future recto-vaginal fistula. The patient recovered well after the surgery. Conclusions: For patients with advanced DE lesions involving vagina and low rectum, laparoscopic partial vaginectomy and rectal manual disc excision is feasible and safe.

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稿件編號：V20	深部浸潤子宮內膜異位症的手術技巧，以子宮全切除為例
臨時稿件編號：1178	Techniques in surgery for severe deep endometriosis, a case of patient underwent hysterectomy 陳昱綺 ¹ 李奇龍 ¹ 林口長庚紀念醫院 ¹
論文發表方式：影片展示	Aims: To demonstrate the advantages of laparoscope in treating deep endometriosis patient, and present excision techniques in a complete cul-de sac obliteration.
論文歸類：內視鏡	Materials, Setting and Methods: We present our surgical video of a 51-year-old female, who suffered from dysmenorrhea and menorrhagia for years. Adenomyosis and bilateral endometrioma was diagnosed. Patient tried hormone therapy first. However, due to unresolved symptoms and treatment intolerable, and no improvement of image and tumor markers as well, the patient decided to receive laparoscopic hysterectomy and bilateral salpingo-oophorectomy and deep endometriosis excision. Results: As we approached inside her abdomen, there was severe adhesion between cul-de-sac, bilateral endometrioma and rectum. The AFS score accounts for 120(stage 4). We identify ureters and then perform oophorectomy first to increase visualization. We then develop the ureteral tunnel and dissect rectovaginal space to restore the anatomy. Deep endometriosis nodule excision is also done. Hysterectomy and bilateral salpingo-oophorectomy then is smoothly performed without complication. Conclusion: Hysterectomy and bilateral salpingo-oophorectomy is a definite treatment for deep endometriosis. The organs involved in deep endometriosis include bladder, rectum and ureters. Facing complete obliteration, the techniques demonstrate in this video, such as artificial rupture of endometrioma, development of ureteral tunnel/rectovaginal space/vesicovaginal space, can provide safe ways to dissect endometriosis and hysterectomy.

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稿件編號：V21	針對重度骨盆子宮內膜異位症的系統性手術方式
臨時稿件編號：1287	Systematic approach for unravelling frozen pelvis caused by advanced pelvic endometriosis 侯詠齡 ¹ 孫仲賢 ¹ 李儋潔 ¹ 莊國泰 ¹ 高雄四季台安醫院 ¹
論文發表方式：影片展示	Introduction: Endometriosis surgery, especially those dealing with frozen pelvis and deep infiltrating endometriosis (DE) is among the most difficult gynecological laparoscopic surgeries. The distorted anatomy, multi-organ involvement, and diffuse tissue fibrosis are all factors contributing to surgical difficulties and potential complications. In this video, we will demonstrate the systematic approach method for a case with severe pelvic endometriosis, with dense and diffuse pelvic adhesion, with right ovarian large endometrioma, with posterior DE lesions over bilateral ovarian fossa, uterosacral ligaments (USL), retrocervix, rectovaginal septum, and rectal serosa. Material & methods: Patient's clinical data and surgical videos were collected and edited. Results: For frozen pelvis with obliterated posterior CDS induced by advanced pelvic endometriosis, surgery was performed in a systemic way. First, identify the pelvic ureter, and dissect the ovarian fossa to lift up the adnexa away from the USL, and separate the ovarian ligament away from the USL. Then dissect the peri-rectal space and develop rectovaginal space. After preparing the surrounding spaces, we perform adnexal surgery following by ovarian suspension. For posterior compartment DE, we begin with ureterolysis, dissect pararectal space, skeletonize the retroperitoneal structures, making resection of all DE lesions over USL, ovarian fossa, retrocervix, and rectovaginal septum safer. By such systematic approach, the surgery was completed without major complications. The patient recovered well. Conclusions: Cases with severe pelvic endometriosis and frozen pelvis can be safely and effectively operated in a systematic way.

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稿件編號：V22	腹腔鏡手術前被誤診為卵巢畸胎瘤的子宮脂肪平滑肌瘤
臨時稿件編號：1050	Uterine lipoleiomyoma misdiagnosis as an ovarian teratoma before laparoscopy 彭冠國 ¹ 王道遠 ² 王功亮 ³ 陳植瑞 ¹ 台北馬偕紀念醫院婦產部 ¹ 台北馬偕紀念醫院病理部 ² 台東馬偕紀念醫院婦產部 ³
論文發表方式：影片展示	Introduction: Lipoleiomyoma is a rare benign neoplasm of uterus. The overall incidence ranges from 0.03% to 2.9%. About 80% are postmenopausal women. The amount of adipocyte and smooth muscle cell can be variable. The pathogenesis is still unclear, and symptoms just like uterine fibroids, which are related to their location and size. Under image study, ultrasound might appear as heterogeneous or hyperechoic with a surrounding hypoechoic ring, which was considered as a layer of myometrium surrounding the fatty tissue. CT and MRI demonstrate fat component after measurement of intensity of signal, and this might misdiagnosis as ovarian teratoma if atrophic or invisible ovaries after menopause. Diagnosis of lipoleiomyoma is only based on surgical removal and pathology checkup. Case Report: This is a 73 year-old woman, gravida 0, with thyroid papillary carcinoma after total thyroidectomy in 2013. After surgery, subsequent radioactive Iodine-131 therapy was started thereafter. During her annual PET/CT scan follow-up, a pelvic mass, size was approximately 6cm, with mild FDG-18 radio-isotope uptake, and was judged as a teratoma. Thus, she was referred for evaluation and management. Tumor marker, such as CA-125, CEA, and SCC, were all within normal limits. Laparoscopic right salpingo-oophorectomy was carried out on April 21, 2022. During peritoneal inspection, both bilateral adnexal regions appeared normal and atrophic. There was a retroperitoneal tumor located inside uterine-vesicle space. After peritoneal incision at anterior cul-de-sac, a solid, yellowish color tumor was found and removed completely. Final pathology reported a benign lipoleiomyoma. Post-operative recovery was smooth and uneventful. Conclusion: To differentiate the lipoleiomyoma from teratoma is a diagnostic challenges, even after advanced image study such like CT scan, MRI or PET/CT scan. Surgical excision with pathology checkup is still the gold standard for such difficult case.

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稿件編號：OF1	乳癌診斷後的生育保存 Fertility Preservation After Breast Cancer Diagnosis
臨時稿件編號： 1103	羅雅薰 ¹ 吳憲銘 ^{1,2} 張嘉琳 ^{1,2} 黃泓淵 ^{1,2} 林口長庚紀念醫院婦產部 ¹ 長庚大學 ²
論文發表方式： 口頭報告	Background Breast cancer treatment, especially most common used cyclophosphamide regimen, was found with significant impact on ovarian reserve. There has been a trend of early onset breast cancer within the world lately; furthermore, according to Taiwan CDC statistic, the onset age of breast cancer patient is much younger than Western countries in their productive years. With the improvement of breast cancer treatment, long term life quality and oncofertility had come into light within these survivors. Case presentation: We presented 3 cases with different breast cancer hormone receptors, thus various anticancer treatment. Their fertility preservation methods were adapted accordingly. All the cases chose oocyte/embryo cryopreservation as the main strategy. The first case received GnRH antagonist protocol for ovarian stimulation, laparoscopic oocyte pick-up and had 12 oocytes putting into cryopreservation. The second case opted for progestin-prime ovarian stimulation protocol, ultrasound-guided ovum pick-up (OPU) and had 24 oocytes in stored. The third case received GnRH antagonist protocol, after OPU and had 6 embryos stored. She had 2 embryos transferred and gave birth to a healthy twin. Conclusion: We review the current early-stage breast cancer anticancer treatment influence on fertility as cyclophosphamide drastically decreasing ovarian reserve and endocrine therapy with tamoxifen taking up fertility period of the women. Main stream fertility preservation options are oocyte/ embryo cryopreservation, and we ought to present it to all patients. Ovarian tissue cryopreservation is introduced and practiced in Europe and is no longer considered experimental. Complimentary gonadotropin-releasing hormone agonist could be given to woman under the age of 45. Last of all, pregnancy after breast cancer treatment was found no impact on disease survival rate.

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稿件編號：OF2	經陰道超音波引導取卵後大量腹腔出血的非手術治療 — 病例報告 Non-surgical management of massive intra-abdominal bleeding following transvaginal ultrasound-guided oocyte retrieval — A case report
臨時稿件編號： 1265	張恆綱 ¹ 張訓銘 ¹ 林武周 ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式： 口頭報告	Transvaginal ultrasonography guided oocyte retrieval (TVOR) is a common procedure in assisted reproductive technology. While generally safe, complications such as intra-abdominal bleeding can rarely occur. We present a case report detailing the non-surgical management strategies employed in a 32-year-old female patient who experienced intra-abdominal bleeding post TVOR. Following the procedure, the patient developed acute abdominal pain and signs of hypovolemic shock. Immediate assessment and intervention were crucial. A multidisciplinary team promptly conducted a thorough evaluation, including imaging studies confirming the presence of intra-abdominal bleeding. The patient underwent angiography which revealed an extravasation of iliac artery branch. Effective management involved hemostasis through transcatheter arterial embolization and hemodynamic stabilization with intravenous fluids and blood products. Post-procedure care included close monitoring, pain management, and prevention of complications. Preventive measures discussed include careful patient selection, thorough preoperative evaluation, and utilizing proper ultrasound technique during oocyte retrieval to minimize the risk of vascular injury. This report emphasizes the importance of prompt recognition and swift intervention in managing intra-abdominal bleeding post TVOR. Implementing preventive strategies and maintaining vigilance during the procedure can minimize the risk of such rare but potentially serious complications, ensuring safer outcomes for patients undergoing assisted reproductive techniques
論文歸類： 生殖內分泌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：OF3	卵巢反應不良者新鮮與冷凍胚胎移植的統合分析：評估臨床結果和 IVF 成功率 Clinical Outcomes in Poor Ovarian Responders: A Meta-Analysis of Fresh vs. Frozen Embryo Transfer in IVF
臨時稿件編號： 1176	游毓瑤 ¹ 李宗賢 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 口頭報告	Methods: We conducted a meticulous systematic review and meta-analysis of retrospective studies. Electronic databases including PubMed, Embase, and the Cochrane Library were systematically queried until 2023, employing keywords such as "poor ovarian response," "fresh embryo transfer," "elective frozen embryo transfer," and "IVF." Eligible studies, directly comparing frozen embryo transfer (FET) to fresh embryo transfer (ET), were identified and included in our analysis. The primary endpoint of interest was the live birth rate (LBR) per cycle, serving as a key indicator of treatment success. Secondary outcomes encompassed the implantation rate, clinical pregnancy rate, and miscarriage rate. Results: We incorporated data from eight studies, encompassing 754 participants in the frozen embryo transfer (FET) group and 1527 in the fresh embryo transfer (ET) group. Our analysis revealed no statistically significant difference in the live birth rates between the two groups (odds ratio [OR] = 1.2, [0.93, 1.55]). Remarkably, both the FET and fresh ET groups demonstrated comparable outcomes. Conclusion: Even though the success rates were similar in both group, using fresh embryos might be a better choice for poor ovarian responders. It's less expensive because there's no cost for freezing, and it might help people start their pregnancy journey sooner. This means people have a choice, and it's important to think about what's best for them and what they prefer when deciding how to use embryos to help them have a baby.

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稿件編號：OF4	抗磷脂症候群的懷孕婦女使用奎寧合併阿斯匹靈及肝素是否會促進懷孕結果 Aspirin plus heparin and/or adding hydroxychloroquine for improving pregnancy outcomes in women with persistent antiphospholipid antibodies
臨時稿件編號： 1179	周芷佑 ¹ 李宗賢 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式： 口頭報告	Background Antiphospholipid syndrome (APS) is an autoimmune disease characterized by obstetrical complications, and there is no consensus on the treatment of this disease. Long-term anticoagulation is recommended in most cases in patients with thrombotic APS. The current standard prevention of obstetric complications in patients with antiphospholipid antibody syndrome (APS) is the use of combination low-dose aspirin and low molecular weight heparin. However, 20-30% of women still experience refractory obstetrical APS. Recent retrospective studies showed a beneficial effect of hydroxychloroquine (HCQ) in APS due to its anti-inflammatory, immunomodulatory and antithrombotic properties. Methods The data were retrieved from the Cochrane Library, PubMed, EMBASE, and Web of Science databases. We collected data on randomized controlled trials/ retrospective studies of HCQ combined aspirin with LMWH in the treatment of pregnant women with APS. The risk ratio (RR) and its 95% confidence interval (CI) were determined using Review Manager. Results This study aimed to evaluate whether hydroxychloroquine combined aspirin with low-molecular-weight heparin (LMWH) can improve the live birth rate in antiphospholipid syndrome. In this study, we reviewed 141 articles, one randomized controlled trial and two retrospective studies were included, comprising a total of 535 patients. The live birth rate in pregnant women with APS was higher on administration of hydroxychloroquine combined aspirin with LMWH than with aspirin plus LMWH (RR=1.36, 95% CI=1.05-1.76, P<.001). Conclusions The results showed that the combination of HCQ with aspirin and LMWH could significantly improve the live birth rate of the fetus in women with APS.
論文歸類： 生殖內分泌	

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稿件編號：OF5	利用縮時攝影培養技術分析具不同粒線體 DNA 含量囊胚之胚胎特徵 The embryonic characteristics of biopsied blastocysts stratified based on their mitochondrial DNA copy numbers are revealed by using time-lapse monitoring
臨時稿件編號：1135	陳建宏 ¹ 李俊逸 ^{1,2,3} 蘇靖雅 ¹ 黃俊嘉 ¹ 陳秀惠 ¹ 鄭恩惠 ¹ 陳忠義 ¹ 林秉瑤 ¹ 李宗賢 ^{1,2,3} 李茂盛 ^{1,2,3} 茂盛醫院 ¹ 中山醫學大學附設醫院婦產部 ² 中山醫學大學醫研所 ³
論文發表方式：口頭報告	Background: The levels of mitochondrial DNA (mtDNA) in the trophectodermal cells of biopsied blastocysts have been suggested to be associated with their developmental potential in patients undergoing in vitro fertilization (IVF). However, the current studies present different opinions regarding the use of mtDNA levels as a reliable biomarker for predicting IVF outcomes. Methods: The aim of this retrospective study was to analyze mtDNA levels in the trophectodermal cells of 515 biopsied blastocysts derived from IVF patients. This analysis was done using time-lapse (TL) monitoring and next-generation sequencing (NGS)-based preimplantation genetic tests for aneuploidy (PGT-A) from September 2021 to September 2022. The embryonic morphokinetics and morphology were evaluated using all recorded images at 118 hours post-insemination (hpi). The blastocysts with a morphology greater than 4CC on day 5 or day 6 were selected for TE biopsy and PGT-A. The statistical analysis was performed using generalized estimating equations (GEE), Pearson's chi-squared test, or Kruskal-Wallis test. Statistical significance was indicated at $p < 0.05$ in all analyses. Results: To compare the differences in embryonic characteristics between blastocysts with low or high mitocores, the blastocysts were divided into quartiles based on their mitocores. Regarding morphokinetic characteristics, there were no significant differences in most developmental kinetics and observed cleavage dysmorphisms. However, blastocysts in mitoscore group 1 had a longer t3 (median 14.4 hours post insemination [hpi]) compared to blastocysts in mitoscore group 2 (median 13.8 hpi) and an extended second cell cycle (t3–t2) [CC2] (median 11.7 hours [h]) compared to blastocysts in mitoscore group 2 (median 11.3 h) and 4 (median 11.4 h) ($P < 0.05$). Moreover, the results demonstrated that blastocysts in mitoscore group 4 had a lower euploid rate (22.6%) and a higher aneuploid rate (59.1%) compared to other mitoscore groups (39.6%–41.9% and 32.1%–43.2%) ($p < 0.05$). The rate of whole-chromosomal alterations in mitoscore group 4 (63.4%) was higher than in mitoscore groups 1 (47.3%) and 2 (40.1%) ($p < 0.05$). The multivariate logistic regression model was used to analyze the associations between mitoscore and the euploidy of elective blastocysts. The backward elimination procedure identified female age, TE quality, and ICM quality as confounding variables ($p < 0.2$). After adjusting for these confounders, the mitoscore remained negatively associated with the probability of euploidy (adjusted odds ratio = 0.599, 95% confidence interval: 0.422–0.850; $p = 0.004$). Conclusion: This study demonstrates that the morphological and morphokinetic characteristics of biopsied blastocysts with different mitocores are similar. However, there seems to be a negative association between the mitoscore and the probability of being euploid.

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稿件編號：OF6	雙酚 A 誘發的子宮內膜異位基質細胞上皮-間質轉化有助於子宮內膜異位症的進展 The potential role of bisphenol A-induced endometriotic stromal cell epithelial-mesenchymal transition in the progression of endometriosis
臨時稿件編號：1149	王凱弘 ¹ 蔡青沅 ¹ 林大欽 ^{1,2} 郭宗正 ^{1,2} 台南郭綜合醫院生殖醫學中心 ¹ 台南郭綜合醫院婦產部 ²
論文發表方式：口頭報告	Introduction Endometriosis, an estrogen-dependent benign gynecological disease associated with pain and infertility, is common in reproductive-aged women and seriously affects their quality of life. Although various pathogenic theories have been proposed, the origin and pathogenesis of endometriosis remains unclear. Epithelial-mesenchymal transition (EMT) is a process in which epithelial cells lose polarity and cell-to-cell contacts, acquiring the migratory and invasive abilities of mesenchymal cells. These changes are thought to be prerequisites for the initial formation of endometriotic lesions. Numerous studies have shown that endocrine disrupting chemicals (EDCs) could mimic the effects of natural estrogen in the body and have been implicated as one of the factors in the increasing incidence of several diseases, including endometriosis. Bisphenol A (BPA), an estrogen-like EDC, is one of the most widely produced chemicals in the world. Whether BPA could induce EMT in endometriosis remains unclear; as such, this study mainly serves to explore the effects of BPA on the EMT of endometriotic stromal cells. Materials and methods Endometriotic stromal cells isolated from human ovarian endometrioma (hOVEN-SCs) were used in this study. Gene expression was analyzed using RT-PCR. Protein expression was performed using western blot analysis. Cell migration and invasion were measured by transwell chamber assay. Results In our previous study, using Illumina whole genome expression technology, we found that BPA could increase 36 gene expression changes more than tenfold in hOVEN-SCs, including transcription factor Snail. It is a strong repressor of E-cadherin transcription and a well-known inducer of EMT. Our present study revealed that BPA-induced EMT of hOVEN-SCs was characterized by acquiring mesenchymal spindle-like morphology, in addition to the upregulation of vimentin and downregulation of E-cadherin. Silencing of Snail by small interfering RNAs attenuated BPA-induced downregulation of E-cadherin and upregulation of vimentin in hOVEN-SCs, suggesting that Snail plays a crucial role in BPA-induced EMT. Furthermore, our results found that hOVEN-SCs express estrogen receptor α (ER α) and a G protein-coupled estrogen receptor (GPER); BPA treatment could increase the expression of ER α and GPER. However, only ER α antagonist ICI 182,780—but not GPER antagonist G15—was able to abolish BPA-induced Snail upregulation. These results indicated that BPA-induced EMT in hOVEN-SCs operate through the ER α /Snail pathway. Conclusion In summary, we hope to further understand the mechanism of EDCs on the progression of endometriosis through this research model.

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稿件編號：OF7	褪黑激素調節 IL-1 β 在顆粒細胞中誘發的細胞發炎激素表現和細胞凋亡 Melatonin modulates IL-1 β -induced inflammatory cytokine expression and apoptosis in human granulosa cells
臨時稿件編號：1148	王凱弘 ¹ 蔡青沅 ¹ 林大欽 ^{1,2} 郭宗正 ^{1,2} 台南郭綜合醫院生殖醫學中心 ¹ 台南郭綜合醫院婦產部 ²
論文發表方式：口頭報告	Introduction Melatonin, mainly released from the pineal gland and produced in the reproductive organs and cells, plays important roles in the retardation of ageing processes and antioxidant/anti-inflammatory functions. Melatonin serves as a key mediator in the reproductive system by regulating steroidogenesis, folliculogenesis and oocyte maturation, thereby affecting reproductive disorders and pregnancy outcomes. Granulosa cells (GCs) surround the oocyte, which play an important role in regulating oocyte maturation. Interleukin 1 β (IL-1 β) is an immediate early pro-inflammatory cytokine that regulates the production of several other inflammatory mediators, such as cyclooxygenase 2 (COX)-2 and IL-8. Many studies have found that dysregulation of IL-1 β signaling may contribute to female reproductive disorders. This study used human GCs as a model to evaluate the protective effect of melatonin on IL-1 β -induced toxicity in GCs. Materials and methods The GCs were collected from patients undergoing IVF procedures after controlled ovarian stimulation. Reverse transcription-polymerase chain reaction (RT-PCR) and western blot analysis were used to detect the specific mRNA and protein levels, respectively. Results shown were obtained from at least three separate experiments. Results In our previous study, we demonstrated that melatonin significantly reduced IL-1 β and prostaglandin E2 production in bisphenol A-induced GCs. In this study, our results showed that IL-1 β adversely affected the viability of GCs, increased the expression of apoptosis rate genes (caspase-3), and downregulated the expression of follicle-stimulating hormone (FSH), whereas the administration of melatonin ameliorated these toxic effects. We further revealed that IL-1 β exposure upregulates the expression of inflammatory cytokines in GCs, including COX-2 and IL-8. Next, we analyzed the effect of melatonin on IL-1 β -induced inflammatory cytokine expression in GCs. The results showed that the melatonin significantly reduced IL-8 and COX-2 expression in IL-1 β -induced GCs in a dose-dependent manner. Taken together, our results found that melatonin protects GCs from the adverse effects of IL-1 β by ameliorating hormonal dysfunction and inflammation. Conclusion This study reveals the mechanism of action of IL-1 β and melatonin in GCs and provides important insights into the role of melatonin in improving the quality of GCs.

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稿件編號：OF8	子宮內膜微小核糖核酸調控成功著床機制之探討 Study on the mechanism of endometrial microRNAs regulating successful implantation
臨時稿件編號：1239	李侑蓁 ¹ 李季穎 ^{1,2} 鄭恩惠 ¹ 李宗賢 ^{1,3,4} 李俊逸 ^{1,3,4} 林秉瑤 ¹ 陳忠義 ¹ 李茂盛 ^{1,3,4} 茂盛醫院 ¹ 清華大學生物資訊與結構生物研究所 ² 中山醫學大學醫研研究所 ³ 中山醫學大學附設醫院婦產部 ⁴
論文發表方式：口頭報告	Objective: Embryo implantation failure is a critical issue in infertility treatment. In addition to high-quality embryos and an optimal endometrium, effective communication between the two plays an important role in successful implantation. The signaling pathways involved in implantation include various genes and genetic modifiers, including microRNA. Through different expression levels, microRNA regulates the expression of downstream genes and thus affects whether the embryo implantation is successful or not. The purpose of this study was to understand which miRNAs may influence embryo implantation and to evaluate possible mechanisms using systems biology analysis. Material and methods: A prospective study was composed of 83 women who had undergone in vitro fertilization (IVF) in combination with preimplantation genetic testing for aneuploidies (PGT-A) in Lee Women's Hospital from November 2018 to October 2021 (IRB : CS18191). Total RNA was extracted from the endometrial tissue of all participants, and microRNA expression profiles were determined by microRNA array. The study cohort was categorized into two groups: non-pregnancies (n=19) and successful pregnancies (n=64). Statistical analyses were employed to identify significant differences in microRNA expression between the two groups. KEGG pathway and Gene Ontology (GO) term enrichment analyses were performed to elucidate the potential functional roles of microRNAs. Results: In comparison to the non-pregnant group, the expression levels of hsa-miR-1972, hsa-let-7f-5p, hsa-miR-486-5p, hsa-miR-663a, and hsa-miR-30a-5p in the endometrial tissue of the pregnant group showed significant changes. These microRNAs have the potential to influence pregnancy outcomes by modulating multiple processes, including the Hippo signaling pathway, FoxO signaling pathway, thyroid hormone signaling pathway, p53 signaling pathway, and adhesive junction pathway. Conclusions: The findings from this study provide valuable insights into the intricate mechanisms of embryo implantation, emphasizing the potential significance of microRNAs in this critical process. In the future, personalized treatments targeting microRNAs can be developed to improve pregnancy rates in infertile women.

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稿件編號：OU1	不同年齡層之女性接受骨盆重建手術之預後 Outcomes of primary pelvic floor repairs in women at different ages
臨時稿件編號： 1046	曾瑞德 ¹ 黃文貞 ^{1,2,3} 國泰綜合醫院婦產科 ¹ 台北醫學大學醫學系 ² 國立清華大學醫學院 ³
論文發表方式： 口頭報告	[Objectives] We aimed to explore 1-year clinical and imaging outcomes among different age groups of women undergoing surgery for pelvic organ prolapse (POP). [Study design] We retrospectively analyzed a cohort of women undergoing primary POP surgeries. All women received preoperative as well as 1-year postoperative evaluations including clinical interview, pelvic examination, and introital four-dimensional ultrasound. To be eligible for surgeries, women should be independent in daily living and low-risk on preoperative assessments. [Main outcome measures] The primary outcome was composite POP outcomes comprising lump sensation, item 3 of short forms of the Pelvic Floor Distress Inventory, and points Ba, C, and Bp on Pelvic Organ Prolapse Quantification classification system. The secondary outcomes comprised postoperative adverse events including overactive bladder symptoms, voiding difficulty, and stress urinary incontinence, as well as ultrasound findings. To control potential confounders in exploring the composite outcome, a linear regression model was applied to model the dependent measures. [Results] There were 23, 90, 268, 100, and 41 women aged < 51, 51-60, 61-70, 71-80, and > 80 years, respectively. At 1 year, composite outcome and postoperative adverse events were similar among different age groups. Women in all age groups achieved significant improvements in the components of composite POP outcomes after surgeries. Ultrasound findings were similar among age groups, except for less squeezing capability in older women. [Conclusions] Senior women who are independent in daily living and low in surgical risk could achieve similar surgical outcomes compared with younger women.

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稿件編號：OU2	Tibolone 與荷爾蒙補充療法對下泌尿道症狀及性功能之影響 Effect of tibolone versus hormone replacement therapy on lower urinary tract symptoms and sexual function
臨時稿件編號： 1126	蕭聖謀 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Background/Purpose: Few studies have compared the effects of tibolone versus hormone replacement therapy (HRT) on lower urinary tract symptoms and female sexual function. The current study aimed to compare these treatments. Methods: Women with climacteric symptoms were recruited consecutively and allocated to receive tibolone (2.5 mg) or estradiol valerate (1 mg) and medroxyprogesterone acetate (2.5 mg). Patients were followed up at 4 weeks and 12 weeks after treatment. Results: Overall, there were no significance of improvement in the International Prostate Symptoms Score (IPSS) scores in the HRT group. However, nocturia and the IPSS storage score improved after tibolone treatment. In addition, orgasm, satisfaction and pain improved after HRT. However, desire, lubrication, and Female Sexual Function Index (FSFI) total scores improved after tibolone treatment. There was a between-group difference in the change from baseline in the nocturia score after 4 weeks of treatment (0.1±0.9 for HRT vs. -0.4±1.2 for tibolone, p=0.02). Nonetheless, there were no significant differences of the changes from baseline in the other IPSS and FSFI domains between the tibolone and HRT groups. Conclusions: Despite the limited effect, tibolone seems to have more benefit in nocturia than HRT. In addition, tibolone seems to have benefits on overall low urinary tract storage symptoms; and both tibolone and HRT seem to have beneficial effects on female sexual function, despite there were no significant differences between tibolone and HRT.
論文歸類： 婦女泌尿	

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稿件編號：OU3	利用膀胱日誌衍生的女性下泌尿道症狀分類的可行性和臨床意義 Feasibility and clinical implications of 3-day bladder diary derived classification of female storage lower urinary tract symptoms
臨時稿件編號： 1122	蕭聖謀 ¹ 林鶴雄 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Our aim was to assess the feasibility of a bladder diary (BD) classification as a surrogate for urodynamic studies in women with storage lower urinary tract symptoms. A total of 3,823 women who underwent urodynamic studies were reviewed. Nearly the scores of Patient Perception of Bladder Condition, Indevus Urgency Severity Scale and Overactive Bladder Symptom Score decreased gradually from the overactive bladder (OAB) wet-BD, OAB dry-BD, hypersensitive bladder (HSB) -BD, nocturia-BD to normal-BD groups (all p<0.001). In addition, there is a trend that the rates of bladder oversensitivity decreased gradually from the OAB wet-BD, OAB dry-BD, HSB-BD, nocturia-BD to normal-BD groups (chi-square test, p<0.001). Moreover, almost the volumes of first desire to void, normal desire to void, strong desire to void, and urgency increased gradually from the OAB wet-BD, OAB dry-BD, HSB-BD, nocturia-BD to normal-BD groups (all p<0.001). Thus, this BD classification is correlated significantly with symptom severity, the rate of bladder oversensitivity, and bladder capacity. Nonetheless, a combination of urodynamics, clinical history, and BD is still needed for a thorough diagnosis, but that BD provides an efficient diagnosis in a proportion of patients.
論文歸類： 婦女泌尿	

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稿件編號：OU4	Pixel CO2 陰道雷射治療更年期泌尿生殖症候群 (GSM) 女性的成果 Evaluation of the Pixel CO2 Vaginal Laser Therapy for Women with Genitourinary Syndrome of Menopause (GSM)
臨時稿件編號： 1247	林冠伶 ¹ 劉奕吟 ² 盧紫曦 ¹ 葉建麟 ¹ 張介禹 ¹ 楊曜瑜 ¹ 龍震宇 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹ 天主教聖功醫療財團法人醫院婦產科 ²
論文發表方式： 口頭報告	Introduction: The aim of our study was to investigate the effects of Pixel CO2 Laser on genitourinary syndrome of menopause (GSM) and sexual function of postmenopausal women. Objectives: Women with genitourinary syndrome of menopause were included in the study and scheduled for Pixel CO2 Vaginal Laser treatment. At baseline and post-treatment, vaginal status using PH, and subjective vulvo-vaginal atrophy (VVA) symptoms with dryness, dyspareunia, itching, and burning using a visual analog scale – VAS(Visual analogue scale) were evaluated. The urinary response to treatment was assessed using UDI-6, IIQ-7, ICI-Q and POPDI-6, and sexual function was evaluated with the Female Sexual Function Index (FSFI) before and after vaginal laser therapy. Follow ups were scheduled after ,6 months,12 months and 24 months for patients. Methods: Post-menopausal patients presenting GSM underwent three vaginal CO2 laser treatment sessions, performed at 1-month intervals. Results: One hundred and eight patients were enrolled .We observed a significant improvement in the score of with symptoms (dryness/dyspareunia /itching/burning) (p < 0.05) and in evaluation with UDI-6, IIQ-7, ICI-Q and POPDI-6. The PH level of vaginal secretion significantly decreased. The overall satisfaction with sexual life significantly improved especially in the domain of lubrication and pain (p<0.05). No permanent effect was found during period of treatment. Conclusion: Pixel CO2 vaginal laser procedure is associated with a significant improvement of GSM and sexual function in postmenopausal women. It seems to be a safe and efficacious treatment for patients with GSM. Long-term effect of vaginal laser for GSM should be needed to investigated.
論文歸類： 婦女泌尿	

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稿件編號：OU5	膀胱灌注與高濃度血小板血漿注射治療間質性膀胱炎的臨床療效比較 Comparison of Clinical Effects between Intravesical Instillations and Injections of Platelet-Rich Plasma for the Treatment of Interstitial Cystitis
臨時稿件編號： 1263	龍震宇 ¹ 林冠伶 ¹ 盧紫曦 ¹ 葉建麟 ¹ 楊曜瑜 ¹ 張介禹 ¹ 劉奕吟 ² 高雄醫學大學附設醫院 ¹ 高雄市立小港醫院 ²
論文發表方式： 口頭報告	Background: Intravesical therapy of platelet-rich plasma (PRP) have been reported to alleviate bladder pain and decrease nocturia in patients with refractory interstitial cystitis/bladder pain syndrome (IC/BPS). This study compared the therapeutic effects between IC/BPS patients receiving injection and instillation of PRP.
論文歸類： 婦女泌尿	Materials and methods: This study retrospectively analyzed female patients with IC/BPS who received instillation (n = 26) or injection of PRP (n = 25). Patients were arbitrarily treated with 3 monthly sessions of PRP. All injections were followed by cystoscopic hydrodistention. The primary endpoint was the global response assessment (GRA), and secondary endpoints were changes in the O'Leary-Sant IC symptom score, visual analog score (VAS) of bladder pain, voiding diary, and urodynamic studies from baseline to 6 months after the last injection day. Results: The baseline demographics revealed no significant difference between groups. A significant improvement in rate of women with GRA scores ≥ 2 was noted in instillation group than injection group (20/25;80% vs. 14/26;53.8%). Although VAS scores were significantly improved in both groups, no significant difference was found between them at 6 months. An increase in the maximum cystometric capacity was noted 6 months in both groups, but there was no difference between groups at 1 and 6 months. Conclusion: Both intra-vesical injections and instillations of PRP provide alternative treatments for the treatment of IC symptoms. However, Women receiving injection of PRP seems to be more effective in rate of GRA scores ≥ 2 was than instillation group. Keywords: botox; interstitial cystitis; intravesical injection; platelet-rich plasma.

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稿件編號：OU6	以生理心理社會模式解讀影響婦女應力尿失禁手術因素的典範轉移 A bio-psycho-social model to elucidate the affecting variable paradigm shifts of female stress urinary incontinence surgery
臨時稿件編號： 1015	吳銘斌 ^{1,2} 奇美醫學中心婦女泌尿科 ¹ 國立中山大學醫學院後醫學系 ²
論文發表方式： 口頭報告	Introduction: We tried to elucidate the affecting variables about female stress urinary incontinence (SUI) surgery over a 20-year period (1999–2018) in Taiwan. We used a bio-psycho-social model to depict different domains of SUI surgery paradigm shift. Methods: This was a retrospective cohort study based on Taiwan's National Health Insurance Research Database (NHIRD). We divided female SUI surgeries into four time-frames: 1st period (1999–2003), 2nd period (2004–2008), 3rd period (2009–2013), and 4th period (2014–2018). The affecting variables included: 1. chronological time-frame shift of major surgical types for SUI (retropubic urethropexy, RPU, pubovaginal sling PVS, midurethral sling, MUS); 2. primary versus repeat SUI surgery; 3. hospital level; medical center, regional and local hospital; 4. surgeon surgical volume (high ≥ 30 , median 5-29, low < 5); and 5. surgeon gender. Results: A total of 51,018 patients who received SUI surgeries were identified. Our results showed: 1.The chronological time-frame shift: SUI increased significantly during first three periods and slightly decreased in the 4th period. Among them, MUS significantly increased, which is associated with the decrease of PVS, RPU; 2. primary versus repeat SUI surgery: although MUS had higher reoperation rate, as compared with PVS, it is still the most frequently used type for repeat surgery. This means the phenomena of generalization, rather than, centralization. 3. hospital level: the proportion of SUI surgeries decreased in medical centers, is associated with the increases of regional and local hospitals. 4. surgical volume: the proportion of surgical volume shifted from high- to medium- and low-volume, but it reversed in the 4th period, which means the bandwagon effect does not exist. 5. surgeon gender: the proportion of SUI surgeries by female surgeons increased, which means more female doctors enter urogynecology field, and also the patient-surgeon similarity effect. Similar phenomena happened in MUS.
論文歸類： 婦女泌尿	Conclusion: There is significant surgical trend change of SUI surgeries among different hospital levels, surgical volume surgeons, and surgeon gender during study time-frames. This implied the spreading of surgical skills and performance, as well as the characters of health providers. A bio-psycho-social model of SUI surgery paradigm shift draws our attention to many variables about thee surgical types, in addition to traditional bladder compliance, and urethral competency. This may have a great influence on patient and healthcare provider for the choice of SUI surgery.

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稿件編號：OU7	使用合併藥物 Solifenacin 與 Mirabegron 治療逼尿肌過動女性失敗之風險因子 Risk factors for the failure of combined pharmacotherapy with Solifenacin and Mirabegron in women with detrusor overactivity
臨時稿件編號： 1204	黃俊淇 ¹ 王曼寧 ¹ 蘇聰賢 ¹ 劉蕙瑄 ¹ 馬偕紀念醫院 ¹
論文發表方式： 口頭報告	Objective: To evaluate the outcomes of women with detrusor overactivity treated with combined pharmacotherapy to identify the risk factors associated with treatment failure.
論文歸類： 婦女泌尿	Methods: This is an observational prospective cohort study performed in a tertiary medical center in north of Taiwan. Women with detrusor overactivity diagnosed by urodynamic study who were refractory to monotherapy were recruited for this study. Eligible women received a 12- week combined pharmacotherapy with Solifenacin 5mg and mirabegron 50mg once daily. At the follow up examination, objective outcomes included changes from baseline in daily frequency, urgency and nocturia episodes. Subjective outcomes was evaluated by short form of Urinary Distress Inventory, (UDI-6), Incontinence Impact Questionnaire (IIQ-7) and Overactive Bladder Symptom Score (OABSS). Results: A total of 50 women met the inclusion criteria and begin combined pharmacotherapy with Solifenacin and mirabegron. After 12- week treatment, 40 (80%) patients were assessed for evaluation, and 8 (20%) were considered as nonresponders. Combined pharmacotherapy were effective both in reduction daily frequency, urgency, nocturia episodes and improvement of questionnaires scores (P < .001). In multivariate analysis, the number of daily urgency episodes and baseline OBASS score were independent predictors of combined pharmacotherapy failure. Conclusion: Women with higher number of daily urgency episodes and OABSS score were associated with a lower therapeutic efficacy when receiving combined pharmacotherapy with Solifenacin and Mirabegron.

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稿件編號：OU8	單一切口和經閉孔吊帶治療應力性尿失禁的十年以上療效 More than 10-year outcomes of single-incision sling and trans-obturator sling for stress urinary incontinence
臨時稿件編號： 1139	王曼寧 ¹ 蘇聰賢 ¹ 黃俊淇 ¹ 劉蕙瑄 ¹ 台北馬偕紀念醫院婦產部婦女泌尿科 ¹
論文發表方式： 口頭報告	Objective: The long-term outcomes between single-incision slings (SIS) versus standard slings remain unclear. The aim of this study is to evaluate the effectiveness and quality of life in women underwent either trans-obturator sling (TOS) or SIS at more than 10-year follow up.
論文歸類： 婦女泌尿	Method: Women who had urodynamic-proven SUI and underwent anti-incontinence surgeries more than 10 years were retrospectively reviewed. A telephone interview was performed in June 2023. The main outcome was subjective cure rate. Secondary outcomes included response to the short forms of the incontinence impact questionnaire (IIQ-7) and the urogenital distress inventory (UDI-6), de novo overactive bladder (OAB) symptoms and adverse events. Results: Among 107 women underwent sling surgeries more than 10 years, 66 (61.6%) were available for evaluation. Thirty-four patients were evaluated in the SIS group and 32 in the TOS group. There was no significant difference in subjective cure and improving rate (77% vs 88% and 24% vs 9%, p=0.193) between the two groups. Long-term de novo overactive bladder symptom was similar (24% vs 25%, p=0.897). The scores of UDI-6 (2.1 \pm 2.7 vs. 2.0 \pm 2.1, p=0.804) and IIQ-7 (1.7 \pm 3.1 vs. 1.3 \pm 3.2, p=0.646) were also comparable. Conclusion: Similar to TOS, SIS was safe and effective in a long-term follow-up.

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稿件編號：OU9	使用中段尿道懸帶在骨盆重建手術後出現之應力性尿失禁追蹤結果 Outcomes on mid-urethral sling for Urodynamic stress incontinence following extensive pelvic reconstructive surgery
臨時稿件編號： 1173	盧佳序 ¹ 羅艾琳 ¹ 林芝卉 ¹ 謝武橋 ¹ 林益豪 ¹ 周怡君 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Objective: To assess the outcomes of mid-urethral sling (MUS) procedures for urodynamic stress incontinence (USI) following extensive pelvic reconstructive surgery (PRS) and identify risk factors for persistent USI (P-USI).
論文歸類： 婦女泌尿	Methods: A retrospective study was conducted, with a record of 974 women (April 2004 to November 2022). Eighty-four women who underwent staged approach of MUS for USI after PRS for advanced pelvic organ prolapse (POPQ III and IV) were included. Objective evaluation included a pad test, multichannel urodynamic study (UDS), and subjective evaluation through validated urinary symptoms questionnaires. The primary outcome was the objective cure rate of negative urine leakage on provocative filling cystometry and a 1-hour pad test weight of Results: The overall objective cure rate was 81.0%, with 68 out of 84 patients experiencing improvement. The highest cure rate was observed in de novo USI (MUS-D) (89.7%) compared to women with persistence USD (MUS-P). Patients with overt stress urinary incontinence exhibited lower cure rates than those with occult stress urinary incontinence. Predictive factors for persistent USI included lower preoperative maximum urethral closure pressure (MUCP) in the MUS-P group (p = 0.031) and higher BMI in the MUS-P group compared to the MUS-D group (p = 0.008). The 1-hour pad test revealed a significant reduction in urinary leakage after surgery (p < 0.001), especially in the MUS-D group Subjective improvements were noted, with a subjective cure rate of 78.6%. Those with MUS-D reported a higher impact on patient well-being post-surgery. Conclusion: Overt USI, low MUCP and high BMI are predictors for P-USI and indicate a higher risk of developing P-USI in staged approach of MUS after PRS.

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稿件編號：OU10	單一切口中段尿道懸吊帶術後一年的超音波及臨床預後 Ultrasonography and clinical outcomes following Single-incision mid-urethral tape procedure (I-stop-mini™) for Urodynamic stress incontinence at 1 Year
臨時稿件編號： 1156	張藍心 ¹ 盧佳序 ^{2,3} Maherah Binti Kamarudin ² 周怡君 ² 謝武橋 ² 林益豪 ^{2,3} 土城長庚醫院婦產科 ¹ 林口長庚紀念醫院婦產部 ² 長庚大學 ³
論文發表方式： 口頭報告	Introduction & Hypothesis: To study objective & subjective outcomes following I Stop Mini™ surgery in patients with urodynamic stress incontinence (USI) and ultrasonography features of the device at 1 year follow up.
論文歸類： 婦女泌尿	Methods: Retrospective review were performed on 101 women diagnosed with USI who underwent surgery with I Stop Mini from March 2019 to February 2024. Objective cure was defined as no demonstrable involuntary urinary leakage on urodynamic study(UDS) during increased intraabdominal pressure with the absence of detrusor contraction and pad test >2g. Negative response to urogenital distress inventory six (UDI-6) question 3 'no urinary leakage on coughing, laughing or sneezing' is considered as subjective cure. Ultrasonogram was performed to evaluate the mobility of the sling (T) bladder neck (BN) and percentile of the sling in relation to the urethra and the presence of dynamic urethral kinking. Results: Objective cure was 92.4% (85/92) and subjective cure 90.2% (83/92) at 1-year. Significant improvement in UDS diagnosis of USI seen pre- vs postoperatively 100% (92/92) vs 7.8% (7/92) p<0.001 and pad weight from 22.4±29.1g to 1.5±3.8g respectively, p<0.001. As for secondary outcome, there was no change in tape position, at rest at 6 months and 1 year (18.2±2.8,17.3±2.6), vs (18.8±2.2, 17.8±2.8) with (p 0.208,p 0.237) respectively, as for Valsalva (22.4±3.3, 7.0±2.9) vs (22.8±3.7, 7.5±2.4) p 0.251 for xt, p 0.135 for xy at 6 months and 1 year. Mobility was 11.3±2.5mm vs 11.4±3.0mm, p 0.693. Dynamic kinking of tape was maintained at 60% vs 59%,p 0.877. No major complication encountered. Conclusion: I stop Mini™ is proven to be effective with good objective & subjective cure. Its mechanism is stable and showing secure anchorage mechanism at 6 months and 1 year. BN position at rest and Valsalva, mobility between 6 months and 1 year were maintained.

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稿件編號：OU11	台灣女性族群接受尿失禁手術的預後和預測因子 Predictors and outcomes of continent surgeries for stress urinary incontinence among Taiwanese women: What works best?
臨時稿件編號： 1157	盧佳序 ^{1,2} Maherah Binti Kamarudin ¹ 謝武橋 ¹ 林益豪 ^{1,2} 梁景忠 ^{1,2} 王誠 ^{1,2} 林口長庚紀念醫院婦產部 ¹ 長庚大學 ²
論文發表方式： 口頭報告	Introduction: Mid urethral sling (MUS) surgery is a widely accepted and safe procedure performed for stress urinary incontinence (SUI) with excellent cure rate and minimal complications. There are various types of MUS which can be offered to women. In this review we collated published data on MUS surgery performed among Taiwanese women with SUI in search for the best techniques there is and predictors for its outcome.
論文歸類： 婦女泌尿	Methods: We reviewed 47 articles, searched using PubMed platform related to MUS in USI among Taiwanese women from 2010-2023. 9 papers with 9640 participants with at least 12 months follow up after MUS. Results: Objective cure rate for TOT, TVT, SIS (Solyx) and SIS (MiniArc) are 80%-92%, 88%-99%, 87%-90% and 87%-91% respectively, while subjective cure are 60%-90% in TOT, 86% in SIS (Solyx) and almost 90% in SIS (MiniArc). Predictors for failure after surgery were analyzed in 5 papers of 1006 women. Identifiable risk includes low maximal urethral closure pressure, intrinsic sphincter deficiency, previous anti SUI or prolapse surgery, presence of neurogenic disease, constipation, decreased bladder sensation, age >65years, high pad test, Diabetes, detrusor overactivity, post- menopausal, reduced postoperative urethral mobility and tape percentile. Subsequently we dwell into complications of each types of MUS. Conclusion: This review showed similar therapeutic efficacy across all types of MUS and various associated complication rates and predictors for failure. This will be helpful in preoperative counselling and helping patient in making informed choice. Future research is needed regarding long term effectiveness and risk of future recurrence.

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稿件編號：OU12	使用經陰道入工網膜 MIPS 於骨盆底重建手術的手術失敗危險因子 Risk Factors of Surgical Failure following Transvaginal Mesh Repair using MIPS device
臨時稿件編號： 1142	盧紫曦 ¹ 林冠伶 ¹ 劉奕吟 ² 葉建麟 ¹ 張介禹 ¹ 楊曜瑜 ¹ 龍震宇 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹ 天主教聖功醫療財團法人聖功醫院婦產部 ²
論文發表方式： 口頭報告	Objective: To identify the factors associated with pelvic organ prolapse (POP) recurrence after transvaginal mesh (TVM) repair using MIPS device.
論文歸類： 婦女泌尿	Study design: Two hundred and eighteen women with symptomatic POP stage II to IV were scheduled for TVM. All subjects underwent urinalyses and pelvic examination using the POP quantification (POP-Q) staging system before and after surgery. Results: Seven (3.2%) of 218 women reported POP recurrence after follow-up time of 12-46 months. We performed a univariate analysis of patients' characteristics to identify the predictors of surgical failure after TVM. There was no difference between two groups as to body mass index, POP stage, mesh type, and preoperative urinary symptoms (P>0.05). However, we found the functional urethral length < 20 mm (P=0.011), ICI-Q scores ≥ 7 (P=0.012), and the surgical experience less than 60 cases (P=0.018) were 3 significant predictors of surgical failure. Multivariate logistic regression showed the similar results. Conclusions: Functional urethral length < 20 mm, ICI-Q scores ≥ 7, and lack of surgical experience were 3 significant predictors of failure following TVM using MIPS kit. POP recurrence after mesh repair appears to be unlikely beyond the learning curve.

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稿件編號：OU13	<p>經陰道前壁及頂端人工網膜 (Calistar-S) 在嚴重骨盆底脫垂術後一年之追蹤結果 Anterior-Apical Transvaginal Mesh (Calistar-S) for Treatment of Advanced Urogenital Prolapse: Surgical and Functional Outcomes at One Year</p> <p>盧佳序¹ Eyal Rom¹ 張藍心¹ 洪敏文¹ 高川瑛¹ 黃惠鈺¹ 林口長庚紀念醫院婦產部¹</p>
臨時稿件編號：1172	
論文發表方式：口頭報告	<p>Introduction and Hypothesis: Calistar-S is a single-incision synthetic-mesh kit that addresses apical and anterior compartment prolapse. The aims of this study were to evaluate the short-term objective and subjective outcomes at the one-year follow-up. The secondary objectives were to evaluate quality of life (QOL) and lower urinary tract symptoms (LUTS) outcomes, as well as surgical complications.</p> <p>Methods: Records of 108 with symptomatic advanced pelvic organ prolapse (Stage III and IV), who underwent prolapse surgery using Calistar-S system from June 2018 to August 2022 reviewed. Primary outcome was the objective cure of anterior and apical prolapse < stage 1, and subjective cure was negative response to question 2 and 3 of POPDI-6. Secondary outcomes measured quality of life, presence of lower urinary tract symptoms and complications.</p> <p>Results: Total of 101 patients were evaluated. Overall objective cure rate is 97% and subjective cure rate of 92.1%. Good outcomes were seen in all 3 compartments. Secondary outcomes show significant improvement in all validated questionnaires. Persistence and de novo urinary incontinence were 15.2% and 18.2% post-operatively. There is one case of bladder injury and one vaginal mesh exposure.</p> <p>Conclusion: Calistar-S system is a safe and efficient method for treating advanced-stage POP. We observed good anatomical results and subjective relief with minimal complication rate. LUTS have also been positively affected showing high success rate. Additional studies are needed to establish the long-term efficacy of this system.</p> <p>Brief Summary: Calistar-S transvaginal mesh is an effective treatment option in advanced pelvic organ prolapse with low incidence of complications.</p>
論文歸類：婦女泌尿	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：OU14	<p>使用 Anchorsure 之薦棘韌帶固定術手術失敗的預測因子 Predictors of Surgical Failure following Sacrospinous Ligament Fixation using Anchorsure device</p> <p>葉建麟¹ 張介禹¹ 楊曜瑜¹ 盧紫曦¹ 林冠伶¹ 龍震宇¹ 高雄醫學大學附設醫院婦產部¹</p>
臨時稿件編號：1104	
論文發表方式：口頭報告	<p>Objective: To identify the factors associated with pelvic organ prolapse (POP) recurrence after sacrospinous ligament fixation using Anchorsure device</p> <p>Study design: Ninety-two women with symptomatic POP stage II to IV were scheduled for Sacrospinous Ligament Fixation. All subjects underwent urinalyses and pelvic examination using the POP quantification (POP-Q) staging system before and after surgery.</p> <p>Results: Seven (7.6%) of 92 women reported POP recurrence after follow-up time of 12-34 months. We performed a univariate analysis of patients' characteristics to identify the predictors of surgical failure after TVM. There was no difference between two groups as to body mass index, POP stage, hysterectomy, and preoperative urinary symptoms (P>0.05). However, we found the functional advanced cystocele (P=0.01), rectocele (P=0.007), and POP-Q point Bp of >1 (P=0.019) were 3 significant predictors of surgical failure. Multivariate logistic regression showed the similar results.</p> <p>Conclusions: Advanced cystocele, rectocele, and POP-Q point Bp of >1 were 3 significant predictors of failure following sacrospinous ligament fixation using Anchorsure device. POP recurrence may occur in untreated compartment after apical suspension even beyond the learning curve.</p> <p>Key words: Pelvic organ prolapse, recurrence, surgical failure, sacrospinous ligament fixation, apical prolapse</p>
論文歸類：婦女泌尿	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：OU15	<p>結合經閉孔置放前測網膜(Surelift-A)及薦棘韌帶固定術式治療嚴重盆腔器官脫垂術後一年的構造和功能性預後 Combined anterior trans-obturator mesh (Surelift-A) and sacrospinous ligament fixation for advanced urogenital prolapse: surgical and functional outcomes at 1 Year</p> <p>盧佳序^{1,2} Aisha Alzabedi¹ 張藍心³ 楊佳璇¹ 洪敏文⁴ 林芷嫻¹ 林口長庚紀念醫院婦產部¹ 長庚大學² 土城長庚醫院婦產科³ 台北長庚醫院婦產科⁴</p>
臨時稿件編號：1158	
論文發表方式：口頭報告	<p>Objective: To determine the objective and subjective outcomes of a Combined anterior trans-obturator mesh (Surelift-A) and sacrospinous ligament fixation (SSLF) for advanced pelvic organ prolapse (POP), along with the evaluation of surgical complications, postoperative impact on quality of life (QOL), and lower urinary tract symptoms.</p> <p>Methods: Retrospective cohort study in a Tertiary center from May 2021- December 2022 included 160 patients with symptomatic anterior or apical POP stage III and above, underwent pelvic reconstructive surgery with a Combined Surelift-A and SSLF. All completed a 72-hour voiding diary, urodynamic study (UDS), and multiple validated QOL questionnaires at baseline and at between 6 and 12 months postoperatively. Descriptive statistics, paired-samples t test, and McNemar test were used. Primary outcomes were the objective cure of POP, defined as anterior and apical prolapse Pelvic Organ Prolapse Quantification System ≤stage I, and subjective cure based on negative answers to Pelvic Organ Prolapse Distress Inventory 6., evaluate QoL and complications. while secondary outcomes focused on the development of post operative de novo stress urinary incontinence (SUI), objectively via cough stress test and UDS, and subjectively by evaluation of UDI-6, question 3 score >1 and IIQ-7.</p> <p>Result: At 1-year follow-up, cure rates were 96.7% (objective) and 93.3% (subjective), with favorable anatomical outcomes. Significant QOL improvements were observed. Among those without MUS, a (60.0%) improvement in SUI occurred. De novo SUI emerged in 10.5% objectively and 12% subjectively. Mesh exposure rate was 1.3%.</p> <p>Conclusion: The Combined Surelift-A and SSLF approach shows effective cure rates with minimal complications, and a slight risk of de novo SUI.</p>
論文歸類：婦女泌尿	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：OU16	<p>比較陰道前壁與頂端網膜和陰道前壁網膜於經陰道骨盆底器官脫垂手術在手術一年之追蹤結果 Comparison between anterior-apical mesh (Surelift) and anterior mesh (Surelift-A) in transvaginal pelvic organ prolapse surgery: Surgical and Functional Outcomes at 1 Year</p> <p>盧佳序¹ Louiza Erika Rellom¹ 洪敏文¹ 楊佳璇¹ 張藍心¹ 黃詩穎¹ 謝武橋¹ 林口長庚紀念醫院婦產部¹</p>
臨時稿件編號：1175	
論文發表方式：口頭報告	<p>Introduction: The goal of this study is to evaluate the incidence of de novo/persistent USI of implanted mesh in women treated with anterior-apical mesh (Surelift-A) and the anterior mesh with sacrospinous ligament fixation (SSF, Surelift+SS) in extensive pelvic organ reconstruction surgery.</p> <p>Material and Methods: The retrospective study conducted between April 2018 and February 2019 at Chang Gung Memorial Hospital. Patients had symptomatic anterior or apical prolapse with stage III or more and received Surelift+SS with modifications and Surelift-A were enrolled. 3-day voiding diary, validated quality-of-life questionnaires, undergone urodynamic study, real-time ultrasonography prior to the intervention as well as 12-month follow-up was completed. Primary outcome was the aspect of postoperative de novo SUI. Secondary outcomes were POP recurrence, QoL, sexual function and major and minor complications. We defined cure of POP both subjectively and objectively. The POP-Q staging ≤1 indicated the subjective cure. Negative feedback to POPDI-6 questions 2 and 3 represented objective cure.</p> <p>Result: 137 patients undergoing Surelift-A placement and 128 patients with Surelift+SS were enrolled. Demographics and clinical characteristics were compatible between groups. Overall prolapse correction were 97.1% and 97.7% for Surelift-A and Surelift+SS, respectively. Anterior and Apex compartment cure were 98.5%, 99.3% versus 98.4%, 99.2%. The subjective success were 92% in Surelift-A and 93.8% in Surelift+SS group. There was a significant difference at de novo USI/SUI with 28.8% for Surelift-A and 9.1% for Surelift+SS at one 1 year follow up. A lower MUCP in Surelift-A (50.4 cmH2O) than Surelift+SSF (55.2 cmH2O) were observed. Concurrent MUS showed good outcomes for USI in both groups. Both BOO and DU were significantly improved postoperatively among the two groups. Mesh exposure is less in Surelift+SS (0.8%) than Surelift-A (4.4%).</p> <p>Conclusion: The efficacy and safety both the pelvic reconstructive surgery using Surelift-A and Surelift+SS method for POP at one year were comparatively effective and safe. However, Surelift-A has higher incidence of de novo USI (28.8%) than using Surelift with SSF. In addition, mesh exposure is lower in Surelift+SS.</p>
論文歸類：婦女泌尿	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：OU17	比較兩者骨盆脫垂修補手術後的性功能：經陰道人工網膜子宮膀胱懸吊術以及腹腔鏡龍式懸吊術
臨時稿件編號：1101	A comparison of sexual function following transvaginal mesh (TVM) repair and laparoscopic long mesh surgery (LLMS) for the treatment of pelvic organ prolapse (POP) 龍震宇 ¹ 林冠伶 ¹ 盧紫曦 ¹ 葉建麟 ¹ 張介禹 ¹ 楊曜瑜 ¹ 涂育綾 ¹ 高雄醫學大學附設醫院 ¹
論文發表方式：口頭報告	Abstract Aim. To compare the sexual function following transvaginal mesh (TVM) repair and laparoscopic long mesh surgery (LLMS) for the treatment of pelvic organ prolapse (POP). Methods. Fifty-six consecutive women with symptomatic POP stages II to IV defined by the POP quantification (POP-Q) staging system were referred for TVM or LLMS procedures at our hospitals. All subjects were divided into the TVM group (n=30) and LLMS group (n=26). Preoperative and postoperative assessments included pelvic examination using the POP-Q system, urodynamic study, and a personal interview to evaluate urinary and sexual symptoms with the short forms of Urogenital Distress Inventory (UDI-6) and Incontinence Impact Questionnaire (IIQ-7), and the Female Sexual Function Index (FSFI). Results. There was no difference between the 2 groups as for age, parity, diabetes, hypertension, concomitant procedures (P>0.05). Regarding the POP-Q analysis, there was a significant improvement at points Aa, Ba, C, and Bp (P<0.05) in both groups except for point Ap and total vaginal length (P>0.05). After LLMS surgery, the total scores and orgasm domain improved significantly (P<0.05). However, other domains did not show significant difference in both groups. Conclusions. Both TVM and laparoscopic mesh procedures create an effective anatomical restoration of POP. Compared with the TVM group, women undergoing laparoscopic mesh suspension experienced a greater sexual improvement on total scores and orgasm following surgery.
論文歸類：婦女泌尿	

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稿件編號：OU18	排尿功能障礙合併有嚴重骨盆腔器官脫垂的病人在接受骨盆重建手術後的預後及可預測風險因子
臨時稿件編號：1159	Voiding Dysfunction in Patients with Advanced Pelvic Organ Prolapse and Bladder Outlet Obstruction Following Pelvic Reconstructive Surgery (PRS): Urodynamic Profile and Predictive Risk Factors 蘇奕巧 ¹ 盧佳序 ^{1,2} 張藍心 ³ 簡誌緯 ³ 謝武橋 ¹ 林口長庚紀念醫院婦產部 ¹ 長庚大學 ² 土城長庚醫院婦產科 ³
論文發表方式：口頭報告	Study Objective: To determine the outcome of voiding function 1 year following Pelvic Reconstructive Surgery (PRS) in women with Bladder Outlet Obstruction (BOO). Design: Retrospective cohort study Setting: Tertiary Referral Hospital Patients: One thousand eight hundred and ninety-four (1894) women underwent PRS for advanced Pelvic Organ Prolapse (POP) stage III-IV with urodynamic findings of BOO. Measurements: The primary outcome measured was the resumption of normal voiding function, defined clinically and with multichannel urodynamic (UDS) testing at one year post-operatively. The secondary outcomes are to identify the different risk factors for persistence voiding dysfunction 1 year after PRS. Main Results: Total of 431 women with POP-Q Stage III and IV, UDS of Qmax <15 ml/s and PdetQmax >20cmH20 were included. Resumption of normal voiding function were found in 91% (n=392/431), while 9% (n=39/431) remains to have voiding dysfunction (VD) 1 year post operatively. Those with persistent VD, 20.5%(n=8/39) remains having urodynamic diagnosis of BOO. Univariate and multivariate logistic regression reveals factors associated with post-operative VD are pre-operative maximal cystometric capacity (MCC) >500 ml and PVR >200ml. Conclusion: Voiding Dysfunction may persist in women with BOO following PRS, particularly in those with pre-operative MCC >500ml and post- void residual volume >200ml.
論文歸類：婦女泌尿	

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稿件編號：OU19	比較應力性尿失禁在骨盆重建手術中同時進行中段尿道吊帶置放和骨盆重建手術後置放中段尿道吊帶之追蹤結果
臨時稿件編號：1174	Comparison between MUS concurrent with PRS and MUS after PRS in treating stress urinary incontinence 盧佳序 ¹ 楊佳璇 ¹ Eyal Rom ¹ 張藍心 ¹ 陳敏煌 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式：口頭報告	Introduction The goal of this study was to assess the outcomes of patients with symptomatic POP and SUI who underwent either a combined surgery or POP repair first, followed by SUI repair as a second stage. As far as we know, no large-scale study has been performed so far to answer this question.
論文歸類：婦女泌尿	Material and Methods: This was a comparative retrospective study, performed in a tertiary referral center. The medical records of 2,876 patients with symptomatic advanced POP (POP-Q stage III and IV) were reviewed. The cohort included two groups: first, patients with who were treated with PRS and MUS at the same time. Second, patient who underwent extensive PRS surgery only. According to their post-operative clinical and subjective findings, they underwent secondary MUS. Patients with previous pelvic surgeries or prior mesh installment, or those who were medically unfit for surgery, were excluded. The TVM types include Perigee, Avaulta, PROLIFT, Elevate A, Uphold, Surelift and Calistar-S. The MUS procedures included Gynecare TVT, Monarc, Obtryx, KIM Miniarc, Ophira, Ajast or Solyx. The primary outcome was objective and subjective cure rates after one year follow-up. Secondary outcome included quality of life, presence of lower urinary tract symptoms (LUTS) and surgical complications. Results: A total of 478 patients included in the combined-surgery group and 82 were included in the 2-staged group. The objective cure rate in the combined group was 90%, whereas the subjective cure rate was 89.1%. The objective and subjective cure rates in the staged group were lower: 81.7% and 79.3%, respectively. The pre-operative occult SUI sub-group outperformed the overt sub-group in terms of objective cure rate (92.1% vs. 85.8%, respectively, p = 0.03) and subjective cure rate (91.8% vs. 84.0%, respectively, p = 0.012). Patients in the Staged group were younger and had a higher BMI. Patients in that group had a higher degree of SUI, as evidenced by lower MUCP and FL values, a higher rate of ISD, higher Pad test (27.6 grams vs. 11.8 grams, p < 0.001) and worse findings in the urodynamic study (UDS). Patients in the staged group scored lower on the UDI-6, IIQ-7, and POPDI-6 questionnaires, indicating a substantial difference in pre-operative subjective appraisal. However, it was not visible after surgery. Conclusions This study shows that combined surgery for treatment of POP and SUI is more efficient than staged one, in 12-months follow-up period. Furthermore, patients with occult SUI had better outcome than those with overt SUI.

稿件編號：OC1	循環腫瘤細胞（CTCs）在子宮肉瘤中的應用 Role of CTCs in Uterine Sarcoma
臨時稿件編號： 1195	賴彥汝 ¹ 曾宇泰 ¹ 周輝政 ¹ 林珮瑩 ¹ 基督復臨安息日會醫療財團法人臺安醫院 ¹
論文發表方式： 口頭報告	Abstract: Background Sarcoma in the uterine is rare and patients with this malignancy have poor overall survival rates and poor prognosis. Diagnosis of uterine sarcoma is often made pathologically after resection of the tumor. Circulating tumor cells (CTCs) are tumor cells in the peripheral blood of cancer patients. By detecting CTCs with certain positive features such as GATA3 and Human epidermal growth factor receptor 2 (HER2), it may have important clinical implications in differentiating between benign myomas and malignant sarcomas. Case A 52-year-old woman was presented with intermittent vaginal bleeding for 1 month. Initial survey including imaging studies revealed enlarged uterus with heterogeneous densities. CTCs assay showed positive results of GATA3 and HER2. Diagnostic hysteroscopy with dilation and staging surgery confirmed epithelioid leiomyosarcoma. Conclusion Positive detection of CTCs with certain features such as GATA3 and HER2 may be helpful in the diagnosis, prognosis and even offering treatment strategies in uterine sarcomas.
論文歸類： 婦癌	

稿件編號：OC2	腹腔熱灌注化療 (HIPEC) 治療晚期卵巢癌、腹膜癌和輸卵管癌——單一機構的真實世界經驗 Hyperthermic Intra-Peritoneal Chemotherapy (HIPEC) in advanced Ovarian, Peritoneal and Fallopian tubal Cancer, A Single Institute Real World Experience
臨時稿件編號： 1054	范郁敏 ¹ 陳植瑞 ¹ 陳建勳 ² 陳子健 ¹ 林政琮 ¹ 張志隆 ¹ 楊育正 ¹ 王功亮 ¹ 郭曉莉 ¹ 台北馬偕醫院婦產部 ¹ 台北馬偕醫院大腸直腸外科 ²
論文發表方式： 口頭報告	Background Ovarian, primary peritoneal or fallopian tubal cancer (OC) is the leading cause of death in gynecological malignancies. Most OC cases are diagnosed at an advanced stage, and their estimated 5-year survival rate is 20%-40%. Current standard treatment for advanced OC remains optimal debulking surgery plus adjuvant platinum-based chemotherapy. However, about 60% OC cases are impossible to reach optimal debulking in primary surgery, so neoadjuvant chemotherapy followed by interval debulking surgery (IDS) with hyperthermic intraperitoneal chemotherapy (HIPEC) was proved to have better progressive free and overall survival. IDS can remove the macroscopic tumor and HIPEC can eradicate the microscopic residual disease. In addition, secondary cytoreductive surgery plus HIPEC also improve the outcome in platinum sensitive recurrent OC. Purpose We tried to collect the OC cases who received the debulking surgery plus HIPEC in MacKay memorial hospital, Taipei, Taiwan. Basic characteristics, cytoreduction Score (CC score, CC 0, 1, 2), chemotherapy regimen, recurrence, survivorship, changes of tumor markers and complications were found and recorded after IRB approval. Method A single-institute (MacKay memorial hospital, Taipei, Taiwan) retrospective study will be conducted by collecting and reviewing OC cases who received the debulking surgery plus HIPEC between 2017 and 2023. Currently, 28 cases were found and detailed chart review is in progress. The aim of this study is to evaluate the therapeutic effect of advanced OC cases who received such modality of treatment in real-world practice. Result Since this study is still under case collection and data analysis, we would like to report our results in the annual meeting of Taiwan Society of Obstetrics and Gynecology in March 2024 after well preparation.
論文歸類： 婦癌	

稿件編號：OC3	Olaparib 在 BRCA 突變的晚期上皮性卵巢癌第一線維持治療病例系列 Olaparib as the first line maintenance therapy in advanced stage epithelial ovarian cancer in patients with BRCA mutations – A case series from a tertiary hospital in Taiwan
臨時稿件編號： 1250	唐維均 ¹ 周宏學 ² 張淑涵 ² 基隆長庚醫院 ¹ 林口長庚醫院 ²
論文發表方式： 口頭報告	Olaparib, a poly ADP-ribose polymerase (PARP) inhibitor, has emerged as a significant therapeutic option of maintenance treatment in ovarian cancer patients who presented with BRCA mutations. In this case series, conducted from June 2019 to June 2023, we focused on patients diagnosed with Stage 3 and 4 epithelial ovarian cancer with BRCA mutations who underwent Olaparib treatment at the Linkou branch of Chang Gung Memorial Hospital (CGMH). The final analysis included 33 patients. The median duration of Olaparib treatment was 20.5 months (ranging from 3.82 to 31.5 months). Currently, the median progression free survival was 20.3 ± 11.3 months (range 3.8-53.6), with only 6 patients (18.2%) experienced disease progression.
論文歸類： 婦癌	

稿件編號：OC4	癌症相關靜脈栓塞的診斷時機點與卵巢癌患者之預後影響 Does the diagnostic timing of cancer-associated thromboembolism influence the survival outcome in ovarian cancer patients?
臨時稿件編號： 1168	洪琬婷 ¹ 陳瑤 ² 賴彥伶 ³ 陳宇立 ¹ 鄭文芳 ¹ 臺大醫院婦產部 ¹ 臺大醫院雲林分院婦產部 ² 臺大醫院新竹分院婦產部 ³
論文發表方式： 口頭報告	Background/purpose: Efforts were made to explore the influence of diagnostic timing for cancer-associated thromboembolic events on survival of ovarian cancer patients.
論文歸類： 婦癌	Methods: We reviewed the medical records of 75 ovarian cancer patients with thromboembolism and evaluated the prognostic factors affecting disease-free survival and overall survival. Results: These 75 patients were classified into two categories by the diagnostic timing of the thromboembolism, during (33 cases) and after (42 cases) initial diagnosis of ovarian cancer groups. The diagnostic timing of thromboembolism was not related to disease-free survival or overall survival of the studied population. Advanced disease stage, clear cell histology, interval debulking surgery, no recurrence/persistence of ovarian cancer, and patients treated with anticoagulant(s) treatment >3 months were associated with the disease-free survival. Advanced disease stage, clear cell histology, body mass index (BMI) ≥24 kg/m2 at the diagnosis of ovarian cancer, and no recurrence/persistence of ovarian cancer influenced the overall survival. In the subgroup analysis, compared to the after initial ovarian cancer diagnosis group, patients with stage I/II disease, BMI <24 kg/m2 at the diagnosis of ovarian cancer, or primary debulking surgery in the during cancer diagnosis group had longer disease-free survival, and overall survival benefit was observed in cases with stage I/II disease, or primary debulking surgery. Conclusion: The diagnostic timing of thromboembolism was not related to disease-free or overall survival of ovarian cancer patients, but associated with that of specific patient subgroups.

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稿件編號：OC5	黃體素初始反應不佳之非典型子宮內膜增生病患長期使用黃體素治療之結果分析：跨國回溯性研究
臨時稿件編號：1268	Outcomes of prolonged progestin treatment in atypical endometrial hyperplasia patients with a poor initial response to progestin: A retrospective study from two tertiary centers in Korea and Taiwan
論文發表方式：口頭報告	林宜衡 ¹ 陳瑋 ² 賴彥伶 ³ 陳宇立 ¹ 鄭文芳 ¹ 國立台灣大學醫學院附設醫院婦產部 ¹ 國立台灣大學醫學院附設醫院雲林分院婦產部 ² 國立台灣大學醫學院附設醫院新竹分院婦產部 ³
論文歸類：婦癌	Objective: In this study, we evaluated the role of prolonged progestin treatment on atypical endometrial hyperplasia (AEH) patients who did not achieve complete remission (CR) after at least 3 months of progestin treatment. Possible prognostic factors predicting disease remission and recurrence were also assessed. Methods: We retrospectively identified patients who had histologically confirmed persistent disease after at least 3 months of progestin treatment at two tertiary centers in Korea and Taiwan. Clinicopathologic factors and clinical outcomes were obtained from medical records. Logistic regression was used to analyze the relationship between covariates and the probability of CR and relapse. Results: Fifty-two patients were included. Thirty-seven of 52 patients (71.2%) achieved CR after prolonged progestin treatment. Median time from starting progestin treatment to CR was 12.0 months. Daily administration of medroxyprogesterone acetate ≥200 mg or megestrol acetate ≥80 mg was associated with higher probability of regression. Nineteen of 37 patients (51.4%) experienced recurrence, with median time from CR to relapse of 15.0 months. Body mass index ≥27 was associated with higher relapse probability. Twelve of 16 patients with disease progression to endometrial carcinoma underwent surgery. The 12 cases had stage I tumors and lived without disease. Conclusions: Prolonged progestin treatment is feasible for AEH patients with a poor initial response to progestin. Higher daily progestin dosage was associated with higher probability of CR, and obesity was associated with higher risk of relapse. The patients with a poor initial response to progestins and whose AEH progressed to endometrial carcinoma had good prognoses.

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稿件編號：OC6	子宮發炎性肌纖維母細胞腫瘤--一種易被誤診為黏液樣平滑肌肉瘤的罕見惡性腫瘤：病例報告
臨時稿件編號：1260	Inflammatory myofibroblastic tumor (IMT) of the uterus--a rare malignancy that can be misdiagnosed with myxoid leiomyosarcoma: a case report
論文發表方式：口頭報告	謝函彤 ¹ 林肇祐 ¹ 林俊宏 ¹ 許鈞碩 ¹ 佛教慈濟醫療財團法人大林慈濟醫院婦產部 ¹
論文歸類：婦癌	Inflammatory myofibroblastic tumor (IMT) of the uterus is a rare but aggressive malignancy that is often misdiagnosed with myxoid leiomyosarcoma. IMT is a mesenchymal neoplasm that often involves the lung or soft tissues of the abdomen, pelvis, and retroperitoneum. Uterine IMT (UMT) is rare, but given the increased availability of immunohistochemistry (IHC) and next generation sequencing (NGS), recognition of IMT has increased. Approximately 50% of IMT harbor rearrangements involving the anaplastic lymphoma kinase (ALK) gene on chromosome 2p23, which encodes a transmembrane receptor tyrosine kinase. These rearrangements result in fusion of the 3' kinase portion of ALK to the 5' portion of a partner gene, and is a known oncogenic driver in non-small cell lung cancer (NSCLC) and other solid tumors, including IMT. Therefore, patients with myxoid UMT harboring ALK rearrangement may derive durable benefit from treatment with ALK inhibitors. We presented a case with inflammatory myofibroblastic tumor (IMT) of the uterus that was initially misdiagnosed with myxoid leiomyosarcoma with metastatic lung nodules. According to the patient, she was diagnosed with uterine mass that favored uterine leiomyoma 16 years ago without further management. However, she suffered from persistent cough for over 1 month, with blood-tinged sputum or blood clots noted sometimes, along with dyspnea on exertion. Chest X ray revealed multiple nodular opacities over bilateral lung fields. CT scan showed a giant pelvic tumor over 20cm in long axis, favored uterine origin, with venous invasion, and numerous bilateral lung metastases and pulmonary embolism. Therefore, she received debulking surgery with hysterectomy and bilateral salpingo-oophorectomy, along with inferior vena cava filter placement. Initial pathologic diagnosis was myxoid leiomyosarcoma of endometrium, FNCLCC grade 1/score 3, pT2bN0M1, p-stage IVB (AJCC 8). However, further NGS revealed IGFBP5(1)-ALK(19) fusion and IGFBP5(1)-ALK(20) fusion, so the final diagnosis was inflammatory myofibroblastic tumor (IMT) of uterus. After treated with Alectinib--a potent ALK inhibitor, the standard of care first-line treatment for advanced ALK-positive non-small cell lung cancer (NSCLC)--regression of the metastatic lung nodules was noted by follow-up chest X ray. The patient has survived 22 months after the debulking surgery, and is in stable disease under treatment with Alectinib.

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稿件編號：OC7	染色體 4q 異常的年輕女性輸卵管高分化漿液性：病例報告
臨時稿件編號：1105	High-grade serous carcinoma of the fallopian tube in a young woman with chromosomal 4q abnormality: a case report
論文發表方式：口頭報告	徐詠琳 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文歸類：婦癌	BACKGROUND Few studies have reported the association between increased risk of acquiring cancers and survived 4q deletion syndrome patients. Herein, we report a rare association between chromosome 4q abnormality and fallopian tube high-grade serous carcinoma (HGSC) in a young woman. CASE SUMMARY A 35-year-old woman presented with acute abdominal dull pain and a known chromosomal abnormality involving 4q13.3 duplication and 4q23q24 deletion. Upon arrival at the emergency room, her abdomen appeared ovoid and distended, with palpable shifting dullness. Ascites was identified through abdominal ultrasound, and a computer tomography scan revealed omentum cake and enlarged bilateral adnexa. A blood test showed elevated CA-125 levels. Paracentesis was conducted, and immunohistochemistry indicated cancer cells favoring ovarian origin, prompting suspicion of ovarian cancer. The patient underwent debulking surgery, leading to the diagnosis of stage IIIC HGSC. Subsequently, she underwent adjuvant chemotherapy with carboplatin and paclitaxel, resulting in a stable current condition. CONCLUSION We present a rare correlation between a chromosome 4q abnormality and HGSC. The UBE2D3 gene may impact crucial cancer-related pathways involving P53, BRCA, Cyclin D, and tyrosine kinase receptors, potentially contributing to cancer development. Additionally, ADH1 and DDIT4 are identified as potential influencers in both carcinogenesis and therapeutic responses. Key Words: high-grade serous ovarian carcinoma; young age; chromosomal abnormal; mental retardation; aging

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稿件編號：OC8	IB1 期子宮頸癌 (<2cm) 的開放性手術和微創手術的生存率比較:系統性文獻回顧與統合分析
臨時稿件編號：1064	Comparison of survival between open and minimally invasive surgeries for stage IB1 cervical cancer (< 2cm): A systematic review and meta-analysis
論文發表方式：口頭報告	徐詠琳 ¹ 鄧光宏 ² 謝宗成 ² 李佩蓁 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹ 慈濟大學大數據教學研究暨統計諮詢研究中心 ²
論文歸類：婦癌	Abstract The objective of this review was to assess the short-term and long-term results of laparoscopic radical hysterectomy (LRH) versus open radical hysterectomy (ORH) in treating early-stage cervical cancer. A systematic search of PubMed, Web of Science, and Cochrane databases covering the years 1960 to 2022 was conducted, yielding a total of 12 retrospective cohort studies. The analysis revealed that LRH demonstrated similar outcomes to ORH in terms of 5-year overall survival (OS) (HR = 1.25, 95% CI 0.82–1.86; p = 0.3) and 5-year disease-free survival (DFS) (HR = 1.03, 95% CI 0.67–1.57; p = 0.9). The publication bias was none in OS, but a small bias was noted in DFS. In summary, our findings suggest that LRH is a safe and effective alternative for the treatment of early-stage cervical cancer, offering comparable long-term outcomes. Keywords: systemic review; meta-analysis; cervical cancer; stage IB1; radical hysterectomy; laparoscopy

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稿件編號：OC9	ICG 顯影於婦科癌症手術之應用:一篇回溯性世代研究 Application of ICG in gynecological staging surgery: a retrospective cohort study
臨時稿件編號： 1071	田護慈 ¹ 丁大清 ¹ 花蓮慈濟醫院 ¹
論文發表方式： 口頭報告	OBJECTIVE The application of indocyanine green (ICG) sentinel lymph node (SLN) mapping has been used in endometrial cancer for years. We aimed to evaluate lymph node detection rate, distribution, risk factor of laparoscopic ICG sentinel lymph node mapping in endometrial cancer. METHODS We retrospectively analyzed endometrial cancer patients who underwent laparoscopic staging surgery with ICG sentinel lymph node mapping from Jan. 2018 to July 2023. The ICG was injected to the cervix via 2 to 4 points. The detection rate and mapping failure rate were calculated. Kruskal-Wallis test and chi-square test were used for continuous and categorical variables, respectively. Statistical significance was defined as a p-value <0.05. RESULTS The overall detection rate of SLN was 77.8% in 27 cases. Bilateral SLN was detected in 57.1% (12/21) of 21 cases. Right side was visualized in 85.7% (18/21) of the cases and left side was detected in 71.4% (15/21) of the cases. Complete pelvic lymph node dissection was done where SLN mapping failed. The most common location for SLN of our study was right external iliac and left external iliac. SLN detection in the para-aortic area was 23.8% (5/21) of the cases. There were 21 patients had positive SLN mapping, only 2 patients (9.5%) had positive lymph node metastasis. In two patients had node positive, one underwent complete bilateral pelvic lymphadenectomy with final histologic type of grade 2 endometrioid carcinoma (stage IIIC1) and the other received bilateral pelvic lymphadenectomy plus para-aortic lymphadenectomy with final histologic type of serous carcinoma (stage IIIC1). In 16 patients who were high grade stage IA and above, 5 patients received postoperative adjuvant chemotherapy, 5 patients received postoperative radiotherapy, and 4 patients had chemotherapy + radiotherapy. CONCLUSION In conclusion, the ICG mapping rates were high in our study. Lymph node metastatic status is important for future therapeutic planning of advanced endometrial cancer. It is important to decrease complications and increase accuracy of lymph node sampling. Therefore, ICG SLN mapping utilized for the above purpose.
論文歸類： 婦癌	

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稿件編號：OC10	探討第三期子宮內膜癌患者中重要的預後因子與適切的輔助性治療: 一項多醫療機構之回溯性分析 Defining prognostic factors and optimal adjuvant therapy in patients with FIGO stage III endometrial cancer – a multi-institutional cohort study
臨時稿件編號： 1128	黃錦雄 ¹ 歐育哲 ² 傅宏鈞 ¹ 吳貞璇 ¹ 林浩 ¹ 高雄長庚紀念醫院 ¹ 嘉義長庚紀念醫院 ²
論文發表方式： 口頭報告	Background: Endometrial cancer (EC) is the most common gynecological malignancy, and stage III represents an advanced and potentially aggressive disease state. This multi-institute cohort study aimed to identify prognostic factors and assess the impact of adjuvant treatment on survival outcomes in patients with stage III EC. Methods: We conducted a retrospective analysis on a cohort of 294 patients diagnosed with stage III EC who received staging surgery including pelvic lymphadenectomy with or without para-aortic lymphadenectomy across multiple institutes of Chang Gung Memorial Hospital in Taiwan between 2009 and 2021. We collected and analyzed patient demographics, clinicopathological characteristics, and treatment details. Survival outcomes were assessed using Kaplan-Meier survival analysis, and multivariate Cox regression was used to identify independent prognostic factors. Results: The median follow-up was 42 months. Our analysis revealed that age > 60, substage IIIC2 and high grade & non-endometrioid histology were associated with cancer-specific survival (CSS) and overall survival (OS) while only age > 60 was an independent unfavorable prognostic factor for CSS (HR 2.90 [1.72-4.91]) and OS (HR 3.13 [1.91-5.13]) within the stage III patient population. Overall, no survival benefits were found across different adjuvant treatment modalities. However, adjuvant radiotherapy emerged as the least effective treatment strategy in patients aged > 60 years with worst OS (HR 3.15 [1.05-9.47]). The 5-year OS rate in this group was superior for the combination of adjuvant chemotherapy and radiotherapy (68.7%), followed by chemotherapy alone (53.4%), and then radiotherapy alone (42.3%). Conclusion: This real-world, multi-institutional cohort study highlighted age > 60 years as a poor prognostic factor within stage III EC patients. Adjuvant chemotherapy combined with radiotherapy appeared to offer the best survival outcomes only in patients aged > 60 years. Further prospective investigation of adjuvant therapies is warranted.
論文歸類： 婦癌	

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稿件編號：OC11	利用術前血液檢驗參數評估子宮內膜癌淋巴結轉移的可行性 The Feasibility of Using Preoperative Hemogram Parameters to Estimate Lymph Node Metastasis in Endometrioid Endometrial Cancer
臨時稿件編號： 1111	王勁璿 ¹ 歐育哲 ² 傅宏鈞 ¹ 吳貞璇 ¹ 林浩 ¹ 高雄長庚紀念醫院婦產部 ¹ 嘉義長庚紀念醫院婦產部 ²
論文發表方式： 口頭報告	Objective: Prior investigations have established a correlation between elevated neutrophil-to-lymphocyte ratio (NLR) and platelet-to-lymphocyte ratio (PLR) in cancer patients. Some studies have indicated a positive association between NLR and PLR with myometrial invasion and prognosis in endometrial cancer (EC). In this study, we aimed to assess the utility of preoperative hemogram parameters in predicting lymph node metastasis (LNM) in EC. Methods: We conducted a retrospective analysis of patients with endometrioid EC who underwent complete staging surgery between January 2015 and June 2022. Clinical and preoperative hemogram parameters were collected, and optimal cut-off values for PLR, NLR, and hemoglobin (Hb) were determined using receiver operating characteristic curve analysis. Multivariate logistic regression analysis was employed to identify independent variables associated with LNM. Results: Among 510 EC cases undergoing staging surgery from January 2015 to June 2022, 355 patients were included in the study. The optimal cut-off values for PLR, NLR, and Hb were identified as 127.5 (AUC 0.611, p=0.010), 1.65 (AUC 0.580, p=0.041), and 13.25 g/dL (AUC 0.608, p=0.011), respectively. Multivariate analysis revealed that a PLR > 127.5 (OR: 2.508; 95% CI: 1.105-5.689) and Hb <13.25 g/dL (OR: 2.586; 95% CI: 1.095-6.106) were independent predictors. If both PLR ≤ 127.5 and Hb ≥13.25 g/dL, the predicted risk of LNM is 3.186%, with a negative predictive value of 97.1%. Conclusion: Preoperative PLR and Hb levels can serve as estimators for the risk of LNM in patients with endometrioid EC. This simple method may aid in deciding the necessity of lymphadenectomy, especially for patients incidentally diagnosed with EC after hysterectomy.
論文歸類： 婦癌	

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稿件編號：OC12	術後輔助治療對 2023 年 FIGO IIC 期子宮內膜癌患者存活率的影響: 韓國和台灣兩個醫學中心的回溯性研究 Impact of adjuvant treatment on survival in patients with 2023 FIGO stage IIC endometrial cancer: a retrospective analysis from two tertiary centers in Korea and Taiwan
臨時稿件編號： 1055	楊恬欣 ¹ 陳璐 ² 賴彥伶 ³ 陳宇立 ¹ 鄭文芳 ¹ 國立台灣大學醫學院附設醫院婦產部 ¹ 國立台灣大學醫學院附設醫院雲林分院婦產部 ² 國立台灣大學醫學院附設醫院新竹分院婦產部 ³
論文發表方式： 口頭報告	Objective: In early-stage endometrial cancer, aggressive histological subtypes (including grade 3 endometrioid, serous, clear cell, carcinosarcomas, undifferentiated, mixed, and other uncommon types) are correlated with elevated risks of distant metastases and inferior survival rates. However, the optimal adjuvant therapy for these patients remains a disputable topic. Our study aims to assess the efficacy of different adjuvant treatments for patients diagnosed with 2023 FIGO stage IIC endometrial cancer. Methods: We detected retrospectively of patients diagnosed with 2023 FIGO stage IIC endometrial cancer, who went through surgical procedures and received either adjuvant therapy or observation between 2000 and 2020 at two tertiary medical centers in Korea and Taiwan. Recurrence-free survival (RFS) and overall survival (OS) were assessed utilizing Kaplan-Meier estimates and Cox proportional-hazards models. Additionally, recurrence patterns subsequent to different adjuvant treatments were investigated. Results: A total of 272 patients were identified in this study; 204 received adjuvant treatment after surgery, while 68 only experienced observation. Adjuvant treatment was not related to improved RFS or OS. Non-endometrioid histologic types (p=0.003) and presence of lymphovascular space invasion (LVSI, p=0.002) were associated with worse RFS, while only non-endometrioid histologic types affected OS (p=0.004). In subgroup analysis, adjuvant treatment enhanced OS in patients with LVSI (p=0.02) and in those with both LVSI and grade 3 endometrioid histologic type (p=0.007). No difference was observed in locoregional and distant recurrence rate between patients receiving adjuvant treatment or observation. Conclusions: This investigation demonstrated that incorporating adjuvant treatment was associated with improvement in OS among patients with LVSI, particularly for those with grade 3 endometrioid tumors.
論文歸類： 婦癌	

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稿件編號：OC13	從良性、邊緣性到惡性黏液性卵巢腫瘤：基於基因功能體的整合性分析研究 From Benign, Borderline to Malignancy - An Integrated Functionome Based Analysis Study of Mucinous Ovarian Tumors
臨時稿件編號： 1163	柯俊丞 ¹ 蘇國銘 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 口頭報告	Introduction Ovarian mucinous carcinoma is a relatively uncommon subtype of ovarian epithelial carcinoma (EOC). Generally, early-stage survival rates are exceptionally high, but these tumors are challenging to detect. In contrast, late-stage mucinous ovarian carcinoma, although less prevalent, exhibits a poorer prognosis compared to other types of EOC. Due to the unfavorable prognosis and limited effectiveness of surgery and chemotherapy in advanced-stage mucinous ovarian cancer, there has been considerable controversy regarding whether mucinous borderline ovarian tumors truly represent precursors to mucinous ovarian carcinoma. Based on our past study of utilizing genomic functionality to analyze crucial pathogenic factors and critical differentially expressed genes (DEGs) in various categories of ovarian cancer (such as serous and clear cell subtypes), this research project aims to conduct an integrated analysis using functional genomics and signaling pathway analysis. The goal is to investigate the transition from mucinous borderline ovarian tumors to mucinous ovarian carcinoma, expecting meticulous and comprehensive research analysis to identify pivotal pathogenic factors influencing clinical challenges associated with mucinous ovarian carcinoma, ultimately providing effective solutions for clinical treatment dilemmas.
論文歸類： 婦癌	Materials & Methods Through a comprehensive analysis based on gene ontology (GO), we examined gene set databases encompassing mucinous ovarian tumors, including benign mucinous adenoma, mucinous borderline ovarian tumors, and mucinous ovarian carcinomas. Our investigation aimed to identify dysregulated GO terms, functionomes, and dysfunctional pathways, identifying numerous DEGs. Results and Conclusion Eight DEGs, namely TNF, ITGB1, SLC9A3R1, PSEN1, CAV1, GATA3, SRC, and MAPK1, were discerned, each playing a pivotal role in the pathogenetic mechanism of mucinous ovarian tumors. These identified DEGs imply a progressive evolutionary trajectory from benign cysts through borderline ovarian tumors (BOTs), ultimately culminating in ovarian carcinomas. The delineation of these molecular signatures holds promise for targeted therapeutic interventions, focusing on the modulation of these biomarkers, coupled with precision detection strategies, with the overarching goal of enhancing patient survival rates and therapeutic efficacy. This study aims to elucidate the involvement of functionome-related differentially expressed genes (DEGs) in tumorigenesis within mucinous borderline ovarian tumors and mucinous ovarian carcinoma. Validation of the hypotheses and assumed functionalities of these biomarkers could establish them as potential critical targets for detecting, monitoring and management for all mucinous ovarian tumors.

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稿件編號：OC14	對於看似早期的子宮頸癌因手術經腎盆腔腔內結轉移而終止進行子宮根除手術：經腹膜方式和腹膜外方式之比較 Abandon radical hysterectomy due to Surgically confirmed pelvic lymph node metastasis in assumed early-stage cervical cancer: transperitoneal approach versus extraperitoneal approach
臨時稿件編號： 1141	陳信翰 ¹ 陳植瑞 ² 王曼寧 ² 陳子健 ¹ 王敬維 ³ 唐家豪 ¹ 施川崎 ¹ 張幸治 ¹ 陳思嘉 ⁴ 林鈴 ⁴ 翁嘉穗 ⁴ 林玟琨 ² 方翔翹 ⁵ 王功亮 ⁵ 楊育正 ² 新竹市馬偕兒童醫院婦產部 ¹ 台北馬偕紀念醫院婦產部 ² 台東基督教醫院婦產部 ³ 淡水馬偕紀念醫院婦產部 ⁴ 台東馬偕紀念醫院婦產部 ⁵
論文發表方式： 口頭報告	Introduction: When pelvic lymph node metastasis is confirmed in assumed early-stage cervical cancer, many surgeons would abandon radical hysterectomy (RH) to prevent the combination of complications by both RH and subsequent chemoradiation. This study aims to evaluate the survival outcome and complications of completing RH (RH group), abandoning RH after transperitoneal lymphadenectomy (TPA group), and abandoning RH after extraperitoneal lymphadenectomy (EPA group). Materials and Methods: Medical records of the patients with assumed stage IB-IIA cervical cancer but with surgically confirmed pelvic lymph node metastasis during 2001 to 2018 were reviewed. The survival outcomes were compared with Kaplan-Meier method. The complication rates were compared with Fisher's exact test. Preliminary Results: Up to the deadline of abstract submission, a total of 170 patients were included in the current series. RH was completed in 109 but was abandoned in 61 (36 in the TPA group and 25 in the EPA group). The median follow-up was 58 months. There were no statistically differences in survival outcome between the 3 groups. Vesicovaginal fistula was documented in 4 of the RH group and in none of either TPA (p=0.5722) or EPA groups (p=1) groups. Major bowel complication requiring laparotomy occurred in 9 (8.3%) of the RH group and 3 (8.3%) of the TPA group but none of the EPA group. Overall bowel complication (including major bowel complication or documented symptomatic radiation proctitis/colitis) occurred in 12 (33.3%) the TPA group and 2 (8%) in the EPA group respectively (p=0.0295). Symptomatic lymphoceles requiring drainage were documented in 6 (24%) of the the EPA group and 0 in the RH (p=0) and TPA groups (p = 0.0032). Conclusion: The risk of major bowel complication was similar between the RH and TLA groups. If RH is to be abandoned due to pelvic lymph node metastasis, ELA approach was associated with lower rate of overall bowel complication, although with more symptomatic lymphoceles.
論文歸類： 婦癌	

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稿件編號：OC15	一個利用陰道超音波技術的 AI 深度學習模型，用於預測停經前後女性子宮內膜癌的風險 A Deep Learning Framework Employing Ultrasonography for the Anticipation of Endometrial Cancer in Pre- and Post-Menopausal Women
臨時稿件編號： 1282	柯俊丞 ¹ 張正昌 ² 三軍總醫院婦產部 ¹ 中國醫藥大學附設醫院婦產部 ²
論文發表方式： 口頭報告	Introduction Endometrial cancer (EC) is experiencing a rising incidence globally and in Taiwan, positioning it as one of the frequently diagnosed gynecologic malignancies. In instances of abnormal uterine bleeding preceding endometrial sampling, non-invasive approaches such as pelvic sonography are commonly advised. Discrepancies in sonography reports may arise due to variations in individual physician experiences. This study evaluates the application of machine deep learning in prioritizing cases of abnormal uterine bleeding requiring invasive procedures. Additionally, the research aims to predict the likelihood of benign lesions, precancerous conditions, and endometrial cancer.
論文歸類： 婦癌	Methods In this single-center study conducted in Taiwan spanning from February 2011 to December 2021, a comprehensive examination was undertaken. A total of 594 samples encompassing various diagnoses, including normal cases, endometrial polyps, secretory endometrium, proliferative endometrium, simple endometrial hyperplasia, atypical complex endometrial hyperplasia, and endometrial cancer, were included, constituting a dataset of 1556 images. For individuals presenting with abnormal uterine bleeding, endometrial sampling was performed as clinically indicated. The pathology examination, supplemented with immunohistochemistry (IHC), was meticulously conducted. The study aimed to calculate sensitivity, specificity, and accuracy for the detection of benign lesions, precancerous conditions, and endometrial cancer. Results In a cohort of 594 patients, the distribution of diagnoses included 78 cases of normal endometrium, 20 cases of endometrial polyps, 20 cases of secretory endometrium, 34 cases of proliferative endometrium, 90 cases of simple endometrial hyperplasia, 30 cases of atypical complex endometrial hyperplasia, and 322 cases of endometrial cancer. The testing area under the curve (AUC) for normal endometrium, benign conditions, and endometrial cancer were 0.82, 0.82, and 0.86, respectively. Conclusion Artificial intelligence-based sonography could be a potential tool for detecting normal, benign endometrial lesions and endometrial cancer in abnormal uterine bleeding. Women with abnormal bleeding and positive findings of AI-based sonography examination should consider endometrial sampling.

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稿件編號：OC16	錯配修復狀態對輔助治療中高风险早期表皮癌治療結果的影響：探討有限影響的潛力 Impact of Mismatch Repair Status on Treatment Outcomes in High-Intermediate Risk Early-Stage Endometrial Cancer with Adjuvant Therapy: Exploring the Potential for Limited Influence
臨時稿件編號： 1269	黃思于 ¹ 吳貞璇 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式： 口頭報告	Purpose: The aim of this study was to investigate whether the deficiency of mismatch repair (dMMR) proteins in patients with early-stage high-intermediate endometrial cancer, who underwent adjuvant therapy (radiation, chemotherapy, or a combination), is linked to treatment outcomes.
論文歸類： 婦癌	Methods: This retrospective study focused on patients with stage I and II endometrial cancer (EC) who underwent complete staging surgery. The study included individuals classified as high-intermediate risk postoperatively and spanned the period from August 2006 to December 2022 at Kaohsiung Chang Gung Memorial Hospital. We characterized high-intermediate risk early-stage endometrial cancer based on the criteria established in the PORTEC and GOG-99 trials. Adjuvant radiation (EBRT) was administered to individuals meeting the high-intermediate risk criteria. For those with non-endometrioid type endometrial cancer, adjuvant chemotherapy with or without radiation was employed. Clinicopathological characteristics as well as clinical outcomes including PFS and OS were recorded. Lineal variables were assessed using the independent T-test, while categorical variables were subjected to chi-square analysis. Survival curves were constructed using the Kaplan-Meier method, and hazard ratios for the variables were determined through the Cox regression model. Results: A total of 278 patients, with mean follow-up periods of 59.6 ± 42.6 (mean ± SD) months, were included in the study. The mean age was 58.1 years, with 70% of patients being postmenopausal at the time of endometrial cancer diagnosis. The mean body mass index (BMI) was 26.1 kg/m ² , and 79.9% of the population had a history of childbirth. The average CA-125 level was 78.6 (ranging from 5 to 4943). The distribution across stages was as follows: 32% for Stage IA, 45.7% for Stage IB, and 22.3% for Stage II. Pathological findings indicated that the majority of the population had endometrioid histology (76.8%) and low-grade tumors (76.8%). Approximately 40% of patients exhibited substantial lymphovascular space invasion (LVSI), and the mean percentage of myometrial invasion (MI) depth was 55%. Analysis of MMR status revealed that 31.9% of patients had dMMR. A higher percentage of parous patients was observed in the dMMR group compared to the pMMR group (95.6% vs. 70.5%, p = 0.001). Additionally, higher estrogen receptor (ER) and progesterone receptor (PR) H-scores were both identified in the dMMR group (ER H-score: p = 0.02; PR H-score: p = 0.092). Although the median overall survival has not yet reached, in multivariate analysis the survival rate was significantly lower in dMMR group as compared to pMMR group. (81.4% v.s 98.9%, hazard ratio 124.1, 95% CI, 1.87 to 8238.11; p <0.024). As for the patients with adjuvant radiation (n=116), univariate analysis indicates a significant difference in median overall survival between pMMR and dMMNR groups (p < 0.001) though PFS didn't show significantly different. However, multivariate analysis revealed no significant difference neither PFS nor OS between these two groups. Among non-endometrioid type patients undergoing adjuvant chemotherapy (n=25), those with dMMR exhibited a significantly lower mean age compared to

pMMR (46.3 vs. 60.3, $p=0.019$). The dMMR population also demonstrated a potential trend towards lower postmenopausal status at the time of EC diagnosis (0% vs 63.6%, $p=0.072$), along with higher ER H-scores in the dMMR group (153.3 vs. 59.9, $p=0.096$). However, both univariate and multivariate analyses for PFS and OS revealed no significant differences between the dMMR and pMMR groups.

Conclusion:

MMR deficiency in high-intermediate early-stage endometrial cancer appears to be correlated with an elevated risk of mortality and poorer overall survival. However, following the administration of relevant adjuvant treatments (radiation, chemotherapy, or a combination of both) to the high-intermediate risk endometrial cancer groups, no discernible differences in overall survival and outcomes were observed. The significance of MMR status as a prognostic factor in planning further adjuvant treatment for early-stage high-intermediate risk endometrial cancer may be limited, taking into consideration the potential cost savings associated with omitting MMR status testing in this group.



E-Poster 摘要

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E001	試管嬰兒與自然懷孕中子癰前症的綜合研究：臨床表現，周產期預後與新生兒心臟超音波。
臨時稿件編號：1007	A Comprehensive Study of Preeclampsia in IVF and Natural Conceptions: Clinical Phenotype, Perinatal Outcomes, and Neonatal Echocardiography 李佩芳 ¹ 藍國忠 ¹ 許德耀 ¹ 蔡慶璋 ¹ 林盈瑞 ² 鄭欣欣 ¹ 黃坤龍 ¹ 賴韻如 ¹ 高雄長庚紀念醫院產部 ¹ 高雄長庚紀念醫院小兒部 ²
論文發表方式：海報	Objective: To investigate differences in the preeclampsia phenotype, perinatal outcomes, and neonatal echocardiography between pregnancies conceived naturally or through in vitro fertilization. Design: Retrospective cohort study Subjects: From January 2002 to December 2022, a total of 651 neonates born to 610 women diagnosed with preeclampsia were included in the study. This research was conducted within the In Vitro Fertilization and Maternal-Fetal Medicine Department of Chang Gung Medical Hospital, which is a single medical center. Exposure: Natural conception or in vitro fertilization pregnancies Main Outcome Measures: Preeclampsia phenotype, maternal and fetal complications, perinatal outcomes, and newborn echocardiography. Results: After conducting propensity score matching, the natural conception group had a higher prevalence of early-onset preeclampsia (53.9% vs. 37.7%, p = 0.04*) and exhibited more severe features (89.1% vs. 69.8%, p = 0.01*), as well as higher blood pressure (systolic 175 vs. 167 mmHg, p = 0.002*; diastolic 106 vs. 104 mmHg, p = 0.01*), when compared to the IVF group. Regarding perinatal outcomes, neonates in the IVF group had higher placental weights than those in the natural conception group (580 vs. 480 g, p = 0.031*). There were no differences in the prevalence of abnormal newborn cardiac echo findings between both groups. Multivariate analysis showed that greater gestational age at delivery reduced the likelihood of abnormal cardiac echo (OR 0.929, p=0.004*), while pregestational diabetes increased it (OR 2.045, p=0.019*). Septal defects were the most common, occurring in 15.5% of infants. Conclusion: Our study uncovered a diminishing correlation between preeclampsia severity and IVF. Through neonatal cardiac echo screenings, a higher occurrence of abnormalities was observed compared to the general population. Furthermore, these issues were not linked to the method of conception, suggesting potential undisclosed factors that could impact the manifestation of preeclampsia.
論文歸類：產科	

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稿件編號：E002	探討復發性三倍染色體懷孕 Investigating factors behind recurrent triploid pregnancies
臨時稿件編號：1009	陳奕廷 ¹ 台安醫院 ¹
論文發表方式：海報	BACKGROUND: While the prevailing theory suggests that there are no identifiable risk factors for triploidy and that couples who have experienced one triploid pregnancy do not face an increased risk of recurrence in subsequent pregnancies, there are already reports of recurring triploid pregnancies in a few families. These cases have been subsequently confirmed to be inherited in an autosomal recessive manner. CASE: A 39-year-old multiparous woman, with no reported underlying medical conditions, has experienced three pregnancies. In her prior pregnancies, she gave birth to a healthy baby, but two years ago, she underwent a termination at 18 weeks gestation due to the diagnosis of trisomy 13 during a prenatal check-up. For her current pregnancy, she has been undergoing regular obstetric check-ups at our hospital. During one of these prenatal check-ups, an increased nuchal thickness was observed. Subsequently, amniocentesis was performed, revealing a karyotype of 47, XX+18, indicating Edwards syndrome. Following a comprehensive discussion, the patient was admitted to our hospital for pregnancy termination at 20 weeks gestation. After delivering a nonviable fetus through vaginal delivery, the patient was discharged in a stable condition. CONCLUSION: The discovery of two consecutive second-trimester pregnancies with triploid fetuses, exhibiting characteristics suggesting a maternal origin for the additional haploid set of chromosomes, lends support to the likelihood of a genetic underlying cause. Further investigation is necessary to assess the presence of an underlying genetic mechanism responsible for recurrent triploid pregnancies, ultimately facilitating more comprehensive genetic and prenatal counseling.
論文歸類：產科	

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稿件編號：E003	海扶刀治療子宮肌瘤後合併重度植入性胎盤：個案報告與文獻回顧 Placenta increta following high-intensity-focused ultrasound treatment for uterine fibroid: a case report and literature review
臨時稿件編號：1011	夏立忻 ¹ 林瑜萱 ¹ 應宗和 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式：海報	Background: High-Intensity Focused Ultrasound (HIFU) ablation has emerged as a uterus-sparing treatment for fibroids, gaining popularity among patients seeking future pregnancies. While studies have sporadically reported on placenta increta spectrum (PAS) in individuals who underwent HIFU for fibroids, the specific link between prior HIFU ablation and the risk of PAS remains uncertain. We present a case exemplifying this rare occurrence, complemented by a literature review. Case Presentation: A patient, following HIFU therapy for a substantial uterine fibroid located in the fundus, conceived naturally eight years post-treatment. However, at 34 weeks of gestation, she developed severe preeclampsia necessitating an urgent cesarean section. During the procedure, placenta increta was identified, leading to a subtotal hysterectomy. Literature Review: We conducted a thorough review of existing literature, collating reported case instances of PAS subsequent to HIFU treatment. We analyzed clinical presentations, diagnostic modalities, and management approaches. Conclusion: This case report, coupled with our extensive literature review, underscores the critical importance of vigilance in pregnancies following HIFU therapy. It emphasizes the necessity for well-informed patient counseling. Our findings significantly contribute to a deeper comprehension of the potential association between HIFU therapy and PAS, providing valuable insights for clinical practice and future research.
論文歸類：產科	

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稿件編號：E004	胎兒腹部囊腫 Differential diagnosis of fetus abdominal cystic tumors -review and updates
臨時稿件編號：1017	謝復吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 魏君卉 ¹ 何坤達 ¹ 黃順賢 ¹ 陳勝成 ² 詹耀龍 ³ 陳明 ⁴ 奇美柳營分院 ¹ 大安婦幼醫院 ² 林口長庚醫學中心 ³ 嘉義基督教醫院 ⁴
論文發表方式：海報	Background: To report a case of fetus abdominal cyst. Case report: A 29-years-old female, para 1, pregnancy at 18 weeks of gestations, visited our department for fetus intraabdominal cystic lesion. The level II ultrasound of the fetus showed no obvious abnormality except big cystic lesion in the abdomen, and distended bladder was first impressed (figure 1). The cystic tumor was getting larger from 3cm to 5cm accompanied with oligohydramnios and low urinary tract obstruction (LUTO) was highly suspected. In addition, megacystic microcolon intestinal hypoperistalsis (MMIH) and Prune Belly syndrome (PBS) were suspected by different specialist consultant. Due to the poor prognosis of these congenital anomaly, termination induction was arranged at 22 weeks of gestations (figure 2-4). The gross fetus showed marked distended abdomen with upper and lower extremities anomaly (figure 4-5). Discussion: The incidence of congenital lower urinary tract obstruction (LUTO) is estimated to be 2.2 in 10,000 births, with up to 62% being diagnosed prenatally. About 20% of cases are associated with other structural or chromosomal anomalies. The most common underlying diagnoses are posterior urethral valves (PUV), urethral atresia or the Prune Belly Syndrome (PBS). The incidence of PUV appears to be stable with a total prevalence of 3.34 per 10,000 births. Less common causes of congenital LUTO include anterior urethral valves/anterior urethral diverticulum; prolapsed ureterocoele; syringocoele; megalourethra; megacystis-microcolon-hyoperistalsis syndrome (MMHS); obstruction by a hydrocolpos in females with cloacal anomalies; or rarely obstruction by a tumour such as a sacro-coecygeal teratoma [1,2]. These conditions form part of the spectrum of Congenital Anomalies of Kidney and Urinary Tract (CAKUT), remain the commonest cause of pediatric end-stage renal disease (ESRD) in 53% of cases, of whom 75% are boys [3]. Progression to ESRD has not changed, in spite of increased prenatal diagnosis. The MMHS is characterized by prenatal-onset distended urinary bladder with functional intestinal obstruction which required extensive surgical intervention for survival. It is an autosomal dominant (AD) inheritance, and is caused by mutations in the gene encoding the smooth muscle gamma-2 actin (ACTG2, OMIM*102545). ACTG2 mutation screening showed negative in this patient. The PBS accounting about 1/40000 of birth, mostly male (97%), which is a rare disorder with the triad of the absence of anterior abdominal wall muscles, bilateral cryptorchidism and the urinary tract malformations. Most of them are normal karyotype. It is often diagnosed prenatally by sonography or postnatally by physical examination. A study of 45 patients, over an 18-year period, demonstrated an infant mortality rate from PBS was 27%. Prenatal vesicoamniotic shunting was seen to improve its outcomes to a great extent. The reflux of urine and hydrostatic pressure caused the bladder to become large (megacystis). The overdistended fetal bladder compresses the inguinal canal, which can cause obstruction and prevent the testes to descend into the scrotal sac (cryptorchidism). In some fetal cases, the excessive urinary pressure builds due to megacystis, resulting in intrauterine death.
論文歸類：產科	

稿件編號：E005	三胞胎減胎後輸血症候群
臨時稿件編號：1018	Severe twin-twin transfusion syndrome after fetus reduction to monochorionic twins from a nature mixed triplets (dichorionic triplets)- review of literatures 謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 魏君卉 ¹ 何坤達 ¹ 黃順賢 ¹ 蔡永杰 ² 詹耀龍 ³ 奇美柳營分院 ¹ 奇美醫學中心 ² 林口長庚醫學中心 ³
論文發表方式：海報	Background: to report a nature mixed triplets (MT) with severe twin -twin transfusion syndrome TTTS) after fetal reduction
論文歸類：產科	Case report: A 32-years-old female, para1, visited our department for early pregnancy. The ultrasound showed 2 gestational sacs with one sac consisted of 2 fetal poles, a MT. Fetal reduction to was done to monochorionic diamniotic twin (MCDAT), due to the unfavourite location, at 9 weeks of gestations. The pregnancy was uneventful until the end of first trimester and TTTS was highly suspect. The fetoscopic laser photocoagulation (FSL) vessels coagulation was aborted due to unfavourable vessels anastomosis. Hydrops noted in one twin at 13 weeks of gestations, and severe twin-twin transfusion syndrome (TTTS) occurred with fetuses demise at 15 and 16 weeks respectively. Termination induction was done and postpartum period was uneventful. Discussion: Triplets can be divided into 3 categories: 1.Fraternal triplets (FT)- three separate eggs become fertilized; 2. Identical triplets (IT)- one fertilized egg splits into three embryos (the rarest type); and 3. Mixed triplets (MT)/dichorionic triplets (DCT) – two eggs with 1 splits into two embryos. TTTS is a potential complication of monochorionic twin (MCT) with numerous outcomes ranging from fetal demise to stabilization. To diagnose TTTS prenatally by an ultrasound, a single placenta, one twin with oligohydramnios (maximal vertical pocket, MVP <2cm), and another twin with polyhydramnios, MVP of > 8 cm) should be included, but not growth discordance (GD) and intrauterine growth restriction (IUGR). Selective fetal growth restriction (SFG) is suggested if one twin displaying an estimated weight of < 10% based upon gestational age, and twin anemia polycythemia sequence (TAPS) can occur spontaneously (1% to 5%) or as a complication of fetoscopic laser (FSL) 16%. Prognosis varies depending on the stage, the severity of the disease, and gestational age at diagnosis. Younger gestational age at diagnosis and the higher stage is associated with poorer prognosis. Single twin survival ranges from 15% to 70%, and about 50% of both twins, even with treatment. The prognosis is best for Stage I with overall survival of 86%. There is less information available for Stages II-IV, but the perinatal death rate for ≥ Stage III is estimated to be 70% to 100%. Following the demise of one twin, there is a 10% risk of death and a 10 to 30% risk of neurological complication in the other twin. Some research shows an improved neurological outcome in the surviving twin if FSL was performed earlier in gestation. Cardiac complications can also occur in both the recipient and donor include atrioventricular valve insufficiency, diastolic dysfunction, and pulmonary stenosis or atresia in the recipient, and vascular changes due to increased collagen synthesis and hypertrophy of the vascular media and smooth muscle layers in the donor. In general, twin gestations have a higher risk of premature delivery, as well as in TTTS. Expectant management carries the complication risk of further stage progression and it depends upon the stage at diagnosis. The most (75%) of Stage I remain stable or regress without treatment. Potential complications of amnioreduction include the death of one or both twins, need for serial amnioreductions, preterm premature ruptured of membrane (PPROM), preterm delivery(PD), placental abruption (PA), infection, and decreased success of future FSL. Additionally, there is an increased risk of poor neurological outcomes, including cerebral injury, cerebral palsy after amnioreduction compared to FSL.

稿件編號：E007	胎兒腎異常
臨時稿件編號：1020	Fetal renal system anomaly with severe oligohydramnios and growth restriction - reviews and updates 謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 魏君卉 ¹ 何坤達 ¹ 黃順賢 ¹ 石敦義 ² 張峰銘 ³ 陳勝成 ⁴ 奇美柳營分院 ¹ 奇美醫學中心 ² 張教授胎兒醫學中心 ³ 大安婦幼醫院 ⁴
論文發表方式：海報	background: To report a case of fetus renal system anomaly accompanied with third trimester severe oligohydramnios and growth restriction.
論文歸類：產科	case report: A 33-years-old female, para 0, pregnancy 22 weeks, visited our department for the suspicion of fetus renal agenesis (RA) accompanied with intrabdominal cysts by level II ultrasound screening. The non-invasive prenatal test (NIPT 2.0) showed no abnormality and the magnetic resonance images (MRI) showed 1.right renal agenesis (RA), with moderate hydrourter; 2.suspected left renal hypoplasia or agenesis, with mild hydrourter. Nevertheless, other specialist consultant preferred malpositioning of both kidney without other anomalies. The prenatal care was uneventful until 30 weeks which severe oligohydramnios (amniotic fluid index <3) and fetus growth restriction occurred. Induction was arranged at 37 weeks and a small baby with 2250grams and APGAR score 8/9, was delivered vaginally without obvious sequelae. The postnatal ultrasound showed small left kidney and atrophic right kidney with edematous change. The baby vital signs and urine output was acceptable. The MRI after birth showed 1. Severe left hydrourteronephrosis with left renal cortical thinning. 2. Suspected right renal agenesis or aplasia. The neonatal renal function showed the estimated overall renal function is 29.7 ml/min (Left renal split GFR 20.6 ml/min.; Right renal split GFR 9.1 ml/min. No definite evidence of obstructive uropathy of the Lt kidney. The Tc-99m DMSA renal scan reveals Asymmetric size of the bilateral kidneys (Lt > Rt). The differential renal uptakes of left kidney and right kidney are estimated to be 84.3% and 15.7% respectively. Diminished differential renal uptake of the Rt kidney. The baby performed operation (Left UVJ obstruction/Left triple ureter with ureteral disruption , reformed left intravesical ureteroneocystostomy with ureteral tapering) at one month of age. Dicussion: The live births of bilateral RA and unilateral RA were about 1/4500 and 1/1000-2000 respectively. Usually there is no family history of renal agenesis, but genetic cause about 20-36% of cases. Clinically significant variants in multiple genes, including GREB1L, 5 GFRA1, 6 ITA8, and FGF20, have been identified in cases of isolated renal agenesis and present with variable expressivity and penetrance. Single-gene disorders include acro-renal-ocular syndrome (SALL4), branchio-oto-renal syndrome (EYA1), PallisterHall syndrome (GLI3), and Fraser syndrome (FRAS1, FEB2, and GRIP1). A molecular genetic diagnosis is particularly useful for prognostic and recurrence risk counseling. RA is associated with maternal environmental factors, including diabetes mellitus, smoking, and alcohol consumption. Diabetes mellitus as the etiology should be considered if identified anomalies suggest VACTERL (vertebral defects, anal atresia, cardiac defects, tracheoesophageal fistula, renal anomalies, and limb abnormalities). Unilateral RA may have no other symptoms/no developmental effects at all, but intra-uterine growth restriction and often premature birth. Isolated unilateral RA does not require any alteration in obstetrical management aside from appropriate genetic counseling, and will need termination of pregnancy for the bilateral RA. Fetal therapy with serial amniotomies has been reported with a goal of allowing survival by reducing the risk of in utero fetal demise (IUD) and neonatal pulmonary hypoplasia.

稿件編號：E006	胎兒後腦異常
臨時稿件編號：1019	Fetus posterior fossa anomaly: A case report and update reviews 謝俊吉 ¹ 謝宗穎 ² 關貝如 ² 魏君卉 ² 何坤達 ² 黃順賢 ² 陳勝成 ² 張峰銘 ² 奇美柳營分院 ^{1,2}
論文發表方式：海報	Background: To report a case of fetus central nervous system anomaly
論文歸類：產科	Case report: A 29-years-old female, para 0, pregnancy at 22 weeks of gestations, visited our department for fetus cerebellar anomaly noted during level II ultrasound study (A rather small vermis with a small occipital cephalomeningocele (figure 1-3). Further magnetic resonance images (MRI) showed vermis dysgenesis and the non-invasive prenatal test (NIPT 2.0) showed no pathologic foci. After genetic consultation, they decide to abort the fetus. A death fetus was delivered vaginally by cytotec vaginal suppositories (figure 4-7). A small occipital meningocele was noted (a small bulging nodule over the occipital area) without others anomaly. Discussion: The prenatal diagnosis of congenital cerebellar disorders (CD) is feasible by ultrasound as well as MRI. The CD can be very pitfalls which included dandy-walker variants, vermian hypoplasia, vermian agenesis and cerebellar hypoplasia/atrophy. Besides, the structures of the fetus posterior fossa undergo more change than other organs, which composed of cerebellum (cerebellar hemispheres and vermis), cerebral peduncles, fourth ventricle, brainstem, cistern magna and the tentorium. A standardize classification anomalies of the posterior fossa included cystic and non-cystic malformations (enlarge/ normal of cistern magna. Vermian agenesis (VA) may be isolated or associated with other anomalies such as Dandy-Walker malformation and its variants. The complete or partial malformations of vermian agenesis related significantly with the severity of mental retardation.

稿件編號：E008	雙胞胎之生長遲滯跟出生體重差異跟子癰前症之關係: 分單一絨毛膜跟雙絨毛膜雙胞胎來探討
臨時稿件編號：1022	The association of growth restriction and birth weight discordance to preeclampsia in twin pregnancies based on chorionicity 詹耀龍 ¹ 趙安祥 ² 長庚林口總院 ¹ 土城長庚醫院 ²
論文發表方式：海報	Subject: To evaluate the association of intrauterine growth restriction (IUGR) and birth weight discordance (BWD) to the incidence of preeclampsia (PE) in twin pregnancies based on chorionicity
論文歸類：產科	Materials and methods: This was a retrospective cohort study of twin pregnancies delivered at our hospital between 2013 April and 2018 December. IUGR was defined as the presence of a birth weight below the tenth percentile. PE was categorized as severe form as a systolic blood pressure ≥160 mmHg and/or diastolic blood pressure ≥110 mmHg or end-organ involvements. Results: Totally there were 948 pairs of twins included in this study. 13.7% (130) and 7.7% (73) of twin pregnancies developed PE or severe PE during pregnancy. After logistic regression analysis; sIUGR and BWD are two significant variables for the occurrences of PE and severe PE in twin pregnancy. In monochorionic twins: BWD is a significant variable to predict the occurrences of PE and severe PE. For dichorionic twins: sIUGR is a significant variable for the occurrences of PE and severe PE; primipara and BWD only play roles with sIUGR in the occurrence of PE but not severe PE. Conclusion: sIUGR and BWD both play a role in the occurrence of PE and severe PE in twin pregnancies. sIUGR in dichorionic twin and BWD in monochorionic twin pregnancies is a significant variable for the occurrence of severe PE. Primipara only plays a role in the occurrence of PE but not severe PE in dichorionic twin pregnancies.

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稿件編號：E009	胎兒中樞神經系統發展異常 - 案例報告 A Comprehensive Analysis of Fetal Central Nervous System Anomalies: Case Report
臨時稿件編號： 1028	陳盈如 ¹ 廖宗和 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	This case report details the prenatal diagnosis and subsequent management of a 34-year-old female, previously without significant medical history, whose fetus presented with central nervous system anomalies detected at 20+2/7 weeks of gestation. The prenatal evaluation revealed distinctive features, including a lemon-shaped fetal skull, posterior fossa malformation, absence of cavum septum pellucidum, and mild ventriculomegaly. These findings prompted a decision for termination, underscoring the critical role of early and precise diagnosis in guiding clinical management.
論文歸類： 產科	

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稿件編號：E010	單絨毛膜單羊膜雙胞胎懷孕的成功結果：在兩臍帶相距較遠時的懷孕風險評估和處置 Successful Outcome of Monochorionic Monoamniotic Twin Pregnancy with Distant Cord Insertion: A Unique Perspective on Risk Assessment and Management
臨時稿件編號： 1032	曾詠翎 ¹ 陳穎中 ² 光田綜合醫院教學部 ¹ 光田綜合醫院婦產部 ²
論文發表方式： 海報	Abstract This case report explores the successful outcome of a rare and high-risk case involving monochorionic monoamniotic (MCMA) twin pregnancy with distant cord insertion, presenting a unique perspective on risk assessment and management. The incidence of MCMA twin pregnancies is rare, with increased occurrences associated with assisted reproductive techniques. Historically, perinatal mortality in MCMA twins has been reported as high, often leading to selective pregnancy termination. However, advancements in antepartum examination techniques have facilitated early detection, influencing decision-making regarding pregnancy continuation. The case involves a 36-year-old woman with a spontaneous MCMA twin pregnancy. Notably, the umbilical cords were inserted at a significant distance from each other, potentially mitigating risks such as twin anemia-polycythemia sequence. The pregnancy progressed uneventfully until 35+1 gestational weeks, with a cesarean section resulting in the delivery of two healthy infants. The study emphasizes the importance of identifying cord insertion locations in the placenta for assessing risk and providing alternative options beyond termination. This case challenges the current trend of early termination in MCMA pregnancies and underscores the significance of collaborative decision-making based on precise sonographic identification. Overall, recognizing distant cord insertion may offer a more favorable choice for patients facing high-risk MCMA twin pregnancies.
論文歸類： 產科	

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稿件編號：E011	妊娠期急性胰臟炎併嚴重高三酸甘油酯血症：案例報告 Acute Pancreatitis Secondary to Severe Hypertriglyceridemia in Gestation: A Case Report
臨時稿件編號： 1035	游毓瑤 ¹ 吳珮如 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 海報	Acute pancreatitis during pregnancy is an infrequent yet critical condition, particularly when associated with underlying factors such as hypertriglyceridemia. Its presentation in late pregnancy presents diagnostic and therapeutic challenges, necessitating immediate intervention for both maternal and fetal welfare. Here we presented a 29-year-old primigravida at 34+6/7 weeks of gestation presented with sudden-onset abdominal pain in the left upper quadrant, associated with nausea, vomiting, and uterine contractions. Upon admission, the patient showed preterm uterine contractions, leading to tocolytic medical intervention. Subsequent investigations revealed acute pancreatitis secondary to hypertriglyceridemia, prompting emergent cesarean section followed by intensive care management. The patient encountered postoperative complications, including wound healing issues, which were managed with appropriate interventions. Ultimately, she was discharged in stable condition with arranged outpatient follow-up. This case highlights the diagnostic and therapeutic challenges associated with acute pancreatitis secondary to hypertriglyceridemia in late pregnancy. Immediate diagnosis, timely interventions, and multidisciplinary management are crucial in achieving favorable maternal and fetal outcomes.
論文歸類： 產科	

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稿件編號：E012	懷孕中的膈膨出破裂 Antepartum Ruptured Omphalocele
臨時稿件編號： 1040	粘雨澄 ¹ 曾振志 ¹ 台中榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Fetal ruptured omphalocele, which is tricky and rare, may lead to volvulus and ischemic bowels if there is intestinal strangulation or compromised vascular supply. A 39-year-old multipara woman presented to the obstetric clinic at 15 weeks' gestation for a fetal abdominal mass. Ultrasonography showed a 1.8 cm well-encapsuled abdominal mass near the fetus's umbilicus. A prenatal diagnosis of omphalocele was established. Genetic analysis indicated a normal karyotype and no changes in gene dosage. No other structural abnormalities were identified in a detailed 20-week ultrasound. The omphalocele grew to over 5 cm during gestation. At 36 weeks' gestation, a 7 cm uncovered omphalocele with eviscerated intestines was observed, along with polyhydramnios and free-floating coarse particles. A male baby was delivered by cesarean section due to the ruptured omphalocele. There is no ischemic change of intestines. Primary repair surgery was performed on the next day. At the 1-month follow-up, the baby showed sustained improvement and could feed orally.
論文歸類： 產科	

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稿件編號：E013	左心發育不全症候群合併染色體倒轉之罕見案例報告 A rare case of hypoplastic left heart syndrome with chromosome inversion.
臨時稿件編號： 1045	
論文發表方式： 海報	陳珮凌 ¹ 東元綜合醫院 ¹
論文歸類： 產科	<p>Introduction: Hypoplastic left heart syndrome (HLHS) refer to as significant underdevelopment of the left heart. In HLHS, the left ventricle (LV) is hypocontractile, small, or absent. The aortic root is rudimentary and barely visible on ultrasound. On color Doppler, the foramen ovale bulges into the right atrium with left-to-right shunting and there is reverse flow into the aortic arch.</p> <p>HLHS is one of the most commonly diagnosed congenital heart abnormalities. It is associated with a 4% to 5% incidence of chromosomal abnormalities. Extracardiac malformations have been reported in 10% to 25% of infants with HLHS.</p> <p>Case Report: A 34-year-old multipara (G2P1) Philippine woman without past medical history received prenatal exams in our hospital. Her last menstrual period was on August 25, 2022, and her due date would be on May 31, 2023. Quadruple test (1:38500) showed low risk for Down's Syndrome.</p> <p>However, ultrasound revealed that the LV of fetus was small with no filling and the left ventricular outflow tract (LVOT) was invisible. Reverse flow of bilateral pulmonary flow was seen. With the impression of HLHS, she was referred to specialist for level II ultrasound. The anomaly scan revealed 1. mitral atresia, severe LV hypoplasia, aortic atresia and aortic arch hypoplasia, which were compatible with HLHS. 2.Nearly no mitral inflow seen. Slit-like LV. Aortic valve is not visible. Retrograde flow in transverse aortic arch. 3.Bidirectional flow through foramen ovale. Reverse A wave is seen in pulmonary venous waveform. Delivery at medical center with cardiac surgery was suggested.</p> <p>Amniocentesis was done. Karyotyping turned out to be 46, XX, inv (3) (p23q11.2), while chromosomal microarray showed no abnormality. The chromosomal inversion was later proved to be paternal inheritance, while the biological father and his previous children reported no congenital heart disease. At 29 weeks of gestation, she couldn't feel the fetal movements. Ultrasound revealed that there was no fetal heartbeat. She went on termination of pregnancy on March 15, 2023.</p> <p>Conclusion: HLHS is the most severe form of congenital heart defect. The complex cardiac malformations lead to cyanosis and heart failure soon after birth. Anatomical defects such as restrictive atrial connection and tricuspid regurgitation worsened the prognosis. Such patients will need to undergo surgeries such as the Norwood procedure or heart transplant. An ultrasound exam during the second trimester of pregnancy helps in early consultation and further planning.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E014	TTC21B 與 COL10A1 在胎兒骨骼和腎臟異常的影響：病例報告 Decipher the pathological alterations of TTC21B gene in addition with COL10A1 frameshift mutation in fetal skeletal and renal abnormalities: a case report
臨時稿件編號： 1049	
論文發表方式： 海報	林祖薇 ¹ 張舜評 ¹ 李美慧 ¹ 馬國欽 ¹ 陳明 ¹ 彰化基督教醫院 ¹
論文歸類： 產科	<p>Introduction: TTC21B gene is a causative of nephronophthisis-related ciliopathies, which is a condition typically identified during childhood and early adulthood, ultimately culminating in the progression to end-stage renal disease. It exhibits a spectrum of ciliopathy phenotypes, encompassing skeletal, renal, and retinal abnormalities. In addition, COL10A1 mutation implicates in skeletal dysplasia, giving rise to manifestations such as short stature and long bones deformities. In this report, we elucidated a case who carried both pathogenic TTC21B and COL10A1 variants concurrently.</p> <p>Case presentation: A 30-year-old primigravida, gravida I para 0, was referred to our hospital at 23+1 weeks of gestation due to fetal anomaly. The woman reported that she was not in a consanguineous marriage and she underwent regular antenatal checkups at local clinic. Non-invasive prenatal testing revealed a low risk. However, kidney anomaly was told in the second trimester of pregnancy. She then referred to our hospital for further evaluation. At the visit, the detailed sonographic examination showed hemivertebra and unilateral renal agenesis. Due to unfavorable prognosis associated with these findings, she decided to have a termination of pregnancy at the local clinic. After delivery, the umbilical cord tissue was forwarded to our hospital for whole exome sequencing (WES).</p> <p>Results: A homozygous mutation in exon 17 of the TTC21B gene, resulting in a Gln751-to-Glu substitution in a tetratricopeptide repeat (TPR) domain was found. Additional heterozygous frameshift variation c.1451dup (p. Leu485Profs*39) in the COL10A1 gene was also reported. Heterozygous variation TTC21B variant, originating from the case, was confirmed by polymerase chain reaction (PCR) and direct sequencing. However, we were unable to obtain paternal sample for molecular testing.</p> <p>Discussion: Heterozygous TTC21B variants have manifested a more severe phenotype, marked by nephrotic proteinuria, hypertensive crisis and myopia, in comparison to cases with homozygous variants. This heightened severity was attributed to compound heterozygosity, wherein mutations were carried in trans position. This report highlighted a pronounced phenotype characterized by unilateral renal agenesis and hemivertebra in individuals with homogeneous TTC21B variants. We suggested the frameshift mutation in COL10A1 has aggravated the severity of the disease. Of note, our case marked the inaugural occurrence of pathogenic variants in TTC21B and COL10A1 genes identified prior to the 24th week of gestation. It was also noteworthy that both variants were novel.</p> <p>Conclusion: Utilizing the advanced genetic testing methods, we may elucidate additional pathological variants and established correlations with corresponding phenotypes. Moreover, the result of WES may furnish crucial information for both the patients and their families.</p>

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論文摘要

稿件編號：E015	個案報告:De Novo Pure Trisomy 20p Case report: De Novo Pure Trisomy 20p
臨時稿件編號： 1051	
論文發表方式： 海報	關哲彥 ¹ 台南永康奇美醫院 ¹
論文歸類： 產科	<p>Trisomy 20p is a rare genetic disorder manifesting as intellectual disability, speech delay, specific facial features, and delayed motor milestones. Severity of the symptom depends on chromosome 20p duplication size; larger chromosomal duplications usually result in more serious symptoms [1]. Trisomy 20p, resulting from duplication of all or part of the short arm of chromosome 20, is a rare chromosomal disorder while there is a little case of trisomy 20p in prenatal diagnosis. A 34-year-old pregnant woman (G1P0) with gestational age (GA) of 37 weeks 2 days accepted NIPT 2.0 at GA 13 week without abnormal finding, then accepted ultrasound level II at GA22 week with several abnormal finding include: two abdominal cyst (1.4*0.7cm & 0.9*0.5cm), absent right kidney, oligohydramnios (AFI:6.5cm). After delivery, this newborn accepted genetic testing by whole-genome array at 2 month with Trisomy 20p (arr[GRCh37] (X)x1,(Yq)x0,(20p)x3) and Deletion at the long arm of the Y chromosome(Yq) was found. Majority of patients with trisomy 20p syndrome seem to have normal weight at birth and survive through adulthood, which may delay diagnosis. Therefore, early detection of trisomy 20p is important in diagnosis and proper arranged genetic counseling.</p>

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稿件編號：E016	新突變病例中的 IV 型瓦登堡症候群：產前診斷挑戰和綜合遺傳評估 Waardenburg Syndrome Type IV in a New-Mutation Case: A Prenatal Diagnostic Challenge and Comprehensive Genetic Evaluation
臨時稿件編號： 1060	
論文發表方式： 海報	林弘慈 ¹ 傅皓聲 ¹ 臺北醫學大學附設醫院婦產部 ¹
論文歸類： 產科	<p>This case report outlines the clinical course, genetic evaluations, and management of a 27-year-old G2P1SA1 woman who presented for routine prenatal care. Despite negative findings from amniocentesis and chromosome microarray analysis (CMA), the newborn exhibited unique features, prompting further investigation. The case highlights the challenges in diagnosing rare genetic conditions, emphasizing the importance of comprehensive genetic counseling and advanced diagnostic modalities.</p>

稿件編號：E017	陰道分娩後自發性後腹膜血腫之個案報告 Spontaneous retroperitoneal hematoma following vaginal delivery- A case report 張若凡 ¹ 台北醫學大學附設醫院 ¹
臨時稿件編號： 1065	
論文發表方式： 海報	A 39-year-old Taiwanese woman, G4P2SA1, presented at 40 0/7 weeks of gestation for labor induction due to term pregnancy. She felt regular uterine contractions with duration 30 seconds at interval of 3 to 5 minutes. She didn't experience vaginal bloody show. She didn't note vaginal watery discharge. She denied of recent abdominal tenderness, vaginal malodorous discharge, dysuria, fever, or trauma. She had had two previous uncomplicated pregnancies, with spontaneous vaginal delivery at full term, the most recent 4 years earlier. The patient had had regular prenatal care at this hospital. Routine laboratory tests (HBsAg, HBeAg, VDRL, rectovaginal culture for group B streptococcus) were negative. Hemoglobin, MCV and platelet levels were normal. On ultrasound examination at 39 weeks of pregnancy, fetus was cephalic in presentation, fetal bi-parietal diameter was 9.5 cm, abdominal circumference 33 cm, estimated fetal weight 3173g. Amniotic fluid volume was normal. She had no other medical history. She did not have a prior smoking habit or history of alcohol drinking. She was not taking any medication at home. On exam, the abdomen was soft and non-tender. The patient was normocardic and normotensive. The patient was planned cervical ripening with PGE2 3mg/6 hours and Induction of labor with oxytocin. After 14 hours observation, it reached the 2nd stage of labor. 2.5 hours later, she had a normal cephalic delivery of a female newborn weighing 3304 g with APGAR scores of 9 and 10 at one and five minutes of life, respectively. The third stage of labor was short, as the placenta was easily delivered within 6 minutes with gentle cord traction. Upon inspection of the placenta, an approximately 300 cc clot was noted, evidencing the source of the abruption. Follow-up hemoglobin was 10.5 mg/dL. No obstetrical maneuver was used to assist the delivery. On day 1 postpartum, she reported right flank pain. On examination, she was hemodynamically stable with a blood pressure of 120/71 mmHg and a pulse rate of 98 bpm. An abdominal examination revealed mild tenderness on palpation at the right flank area. The uterus was well contracted and centrally located. A pelvic examination demonstrated intact vaginal wall and cervix. There was no evidence of active bleeding or hematoma over the vulva and the vaginal wall. Abdominopelvic ultrasonographic findings revealed a normal uterus, and there was no free fluid in the pouch of Douglas. Both kidneys were normal. On day 2 postpartum, she complained of persistent right flank pain. Blood work revealed a hemoglobinemia at 9.4g/dL, a WBC count 14210/uL, and CRP at 17mg/dL. A contrast abdominopelvic CT showed a right retroperitoneal hematoma about 6.2x3.9cm, just abutting to the right psoas muscle and posterior uterine wall. As the patient was clinically stable, she was managed conservatively. Broad-spectrum antibiotics (intravenous Cefmetazole and Clindamycin) and regular analgesia were given. She was kept on close observation. Laboratory blood tests repeated after 48 h showed the patient's hemoglobin level was 9.2 g/dL, a WBC count 8560/uL, and CRP at 14.3mg/dL. She had no symptom of anemia or hemodynamic changes. She remained stable, ambulated well, was not febrile, less pain, had no urinary retention or other symptoms. Her hemoglobin level remained static. CRP dropped to 6.09 mg/dL on day 7 postpartum. And she was discharged home. The total duration of antibiotic administration was two weeks. She followed up at 2, 4 and 6 weeks postpartum. She was clinically well, and transabdominal ultrasound follow-up examination showed a complete resolution of the hematoma. She was also referred to cardiovascular surgeon for further examination. A contrast abdominopelvic CT revealed normal-sized uterus, and total resolution of previous retroperitoneal hematoma as compared with previous CT two months ago.
論文歸類： 產科	

	singular cerebral ventricle, and facial dysmorphisms such as cyclopia, proboscis, ethmocephaly, and cebocephaly. This represents the most extreme manifestation of holoprosencephaly. Around 25% to 50% of those diagnosed with holoprosencephaly have underlying chromosomal errors contributing to their condition. Trisomy 13(Patau's syndrome) stands out as the most prevalent cause associated with holoprosencephaly. Trisomy 13 affects multiple organ systems and is characterized by notable physical exam findings including microphthalmia/anophthalmia, cleft lip and palate, postaxial polydactyly, and rocker bottom feet. Reports indicate that holoprosencephaly is present in 8% to 39% of individuals diagnosed with trisomy 13. Newborns with the most extreme variations of alobar holoprosencephaly, like cyclopia or ethmocephaly, usually do not survive beyond their first week. Around 50% of children with alobar HPE pass away before four to five months of age, and only 20% manage to live past one year. During the first trimester, prenatal ultrasound examination can identify facial irregularities associated with severe holoprosencephaly, especially the alobar subtype. However, milder forms might not be as easily detected. Severe cases of holoprosencephaly are not compatible with sustaining life. It's recommended to counsel affected families regarding the nature of the condition and the likelihood of recurrence, which varies from very low (less than 1%, like in trisomy 13) to high (up to 50% if a parent has an autosomal-dominant genetic disorder such as an SHH mutation).
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稿件編號：E018	無葉性全前腦畸形型的兩個病例討論及超音波圖片 Alobar holoprosencephaly diagnosed by ultrasonogram: Two Case Reports 王儷璇 ¹ 毛芷琳 ¹ 台北慈濟醫院 ¹
臨時稿件編號： 1070	
論文發表方式： 海報	Holoprosencephaly (HPE) is a developmental defect affecting the embryonic forebrain, commonly associated with midfacial defects. This anomaly arises due to incomplete development of central nervous system (CNS) structures and presents across a spectrum of severity. This defect occurs due to the absence or incomplete division of the prosencephalon between the 4th and 8th week of gestation. There are three classic types based on the degree of cerebral involvement, ranging from the most severe CNS defects in alobar to the less severe forms of semilobar and lobar. The clinical presentation varies significantly depending on the severity of the condition. Additionally, a recently described mild subtype known as the middle interhemispheric (MIH) variant has been identified. While severe forms are not compatible with life, milder variations hold potential for viability, necessitating a multidisciplinary approach to ensure both survival and quality of life. The incidence of holoprosencephaly is estimated at 1 in 16,000 live births and 1 in 250 spontaneous abortions. This article presents two cases of prenatal ultrasound scan diagnosis with alobar holoprosencephaly. Case no. 1: This is a 37-yaer-old woman with no systemic diseases or surgical history. She was pregnant at 21 weeks gestational age. Antepartum sonography showed findings of cleft lip, cleft palate, and alobar holoprosencephaly. The doctor explained the prognosis to the patient and her family, and they had agreed with termination. Termination was induced with misoprostol regiment. Vaginal delivery was performed smoothly at our delivery room. A dead female newborn with craniofacial defect was delivered. The body weight was 355gm and body length was 28 cm.(Figure 4) Figure.1-3 Alobar holoprosencephaly of prenatal ultrasonograms-Case no. 1. Figure.4-Case no. 1 A dead female fetus with alobar holoprosencephaly and craniofacial defect. Case no. 2: This 24-year-old woman, denied personal history and family history, was pregnant at 11 weeks gestational age. She had received regular antepartum examinations in our hospital. The antepartum ultrasound revealed the fetal CRL was 3.98cm with holoprosencephaly (alobar type), the fetal heart rate was 180 bpm. After counseling, she was admitted for termination. Augmentation of misoprostol was tried but in vain. After two days of admission, uterine aspiration abortion was done by dilation and evacuation (D&E) under ultrasound guiding. Figure.5-7 Alobar holoprosencephaly of prenatal ultrasonograms-Case no. 2. Discussion Alobar holoprosencephaly refers to the total failure of division within the prosencephalon structures. This results in the complete absence of the interhemispheric fissure and corpus callosum, fusion of the thalami, merged cerebral hemispheres with a
論文發表方式： 海報	
論文歸類： 產科	

稿件編號：E019	妊娠後期急性雙胞胎輸血症候群併子宮內雙胎死亡 Acute Twin-to-Twin Transfusion Syndrome Resulting in Double Twin Intrauterine Demise: A Case Report 徐安聲 ¹ 劉惠珊 ¹ 陳欽德 ¹ 楊友仕 ¹ 輔仁大學附設醫院 ¹
臨時稿件編號： 1073	
論文發表方式： 海報	Monochorionic twins are at high risk for complications related to placental vascular anastomoses, including twin-to-twin transfusion syndrome (TTTS) and twin anemia-polycythemia sequence (TAPS). Chronic TTTS, characterized by oligohydramnios in the donor twin and polyhydramnios in the recipient twin, is typically diagnosed by ultrasound in the second trimester and has been extensively studied in literature. However, acute shunting of blood through the anastomoses may also occur near or during delivery, resulting in a separate form of TTTS known as acute TTTS. Acute TTTS is a poorly understood entity due to its low incidence. Current reported cases suggest associations with labor or change in fetal position and various outcomes ranging from perinatal asphyxia and hypovolemic shock to neonatal mortality. Here we present a rare case of acute TTTS resulting in double twin intrauterine demise at 39 and 0/7 weeks of gestation. The ultrasound examination 3 days prior to the event displayed no weight discordance between the two fetuses, no signs of hydrops fetalis, nor any significant differences in the volume of amniotic fluid. Postmortem examination of the twins revealed a pale hypo-perfused neonate and a polycythemic neonate with distended abdomen. No placental abruption and abnormalities of the umbilical cords were found. A large superficial vein-vein anastomosis was later identified by placental injection study. TTTS may onset abruptly in the third trimester and cause serious consequences. There is risk in expectant management of monochorionic twins at term despite adherence to weekly sonographic examination. Planned early delivery might improve neonatal outcomes.
論文發表方式： 海報	
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E020	<p>懷孕期間感染 COVID-19 是否影響產後心理健康 Psychological burden inflicted on postpartum women infected with COVID-19: a questionnaire-based observational study.</p> <p>謝佳容¹ 蘇修緯¹ 陳威志¹ 台中榮民總醫院婦女醫學部¹</p>
臨時稿件編號： 1075	
論文發表方式： 海報	
論文歸類： 產科	<p>Objective: Postpartum depression affects ~1/7 of women who give birth. COVID-19 impacted the childbirth experience and increased rates of postpartum depression (PPD). The purpose of this study is to evaluate the psychological burden inflicted on postpartum women who were infected with COVID-19 or not during pregnant period. Methods: We conducted a prospective observational study around 200 postpartum women including around cases with COVID-19 infection and without COVID-19 infection. We used measure psychological health with the Edinburgh Postnatal Depression Scale (EPDS), General Anxiety Disorder-7 (GAD-7) and PHQ-9; compared the scores of postpartum women with and without COVID-19 infection. Results: We conducted a prospective observational study 113 postpartum women including around 54 cases with COVID-19 infection and 59 cases without COVID-19 infection during 2022.11.24 til 2023.01.18. There was no significant result to effect postpartum mental health with(without) COVID-19 infection during pregnancy; even lower scores (with covid19 infection vs without covid19 infection: EPDS (5.00 [3.84, 6.16] vs 6.46 [5.29, 7.63]), GAD-7 (3.17 [2.38, 3.95] vs 3.69 [2.98, 4.41], PHQ-9 (2.57 [1.78, 3.36] vs 3.07 [2.33, 3.80])).</p>

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稿件編號：E021	<p>周產期心肌梗塞變中的哺乳挑戰:個案探討 Breastfeeding Challenges in Peripartum Cardiomyopathy: An individual case approach</p> <p>洪雅珊¹ 奇美醫院¹</p>
臨時稿件編號： 1076	
論文發表方式： 海報	
論文歸類： 產科	<p>Peripartum Cardiomyopathy (PPCM) represents a rare cause of maternal heart failure and is diagnosed by exclusion. The 2019 definition by the Heart Failure Association of the European Society of Cardiology Working Group characterizes PPCM as an idiopathic cardiomyopathy presenting with heart failure secondary to left ventricular systolic dysfunction towards the end of pregnancy or in the months following delivery, where no other cause was found. While the etiology remains multifactorial and the true global incidence is uncertain, PPCM is associated with various risk factors, including African-American ethnicity, preeclampsia, hypertension, advanced maternal age, and multifetal pregnancies. Echocardiography, particularly assessing left ventricular ejection fraction (LVEF) < 45%, is pivotal for diagnosis. PPCM often goes unrecognized, given that its heart failure symptoms mimic those of pregnancy, such as fatigue, shortness of breath, and leg swelling.</p> <p>We present the case of a 41-year-old woman with type 2 diabetes and hypertension, who underwent a Cesarean Section at 34 weeks due to preterm labor. Seeking lactational consultation for low milk supply (<100ml/day) six weeks postpartum, we discovered severe bilateral extremity edema during breastfeeding evaluations and physical examination. The patient reported gradual edema progressing from her legs to the vulvar area since childbirth, accompanied by fatigue, shortness of breath, and palpitations. Subsequent internal medicine referral revealed cardiomegaly and right pleural effusion on X-ray, with echocardiography confirming left systolic dysfunction (LVEF 40%) and a diagnosis of peripartum cardiomyopathy.</p> <p>Standard systolic heart failure treatment including Lasix, Losartan, Spironolactone, and Ivabradine was prescribed. Although most medications are deemed compatible with breastfeeding with caution, lactation cessation was advised due to "not zero risk of heart failure medications" to the infant and the patient's limited physical capabilities resulting from reduced cardiac function. Opting to discontinue breastfeeding, the patient adhered to heart failure medications and a rehabilitation program, leading to an LVEF recovery to 67% after six months with ongoing close cardiology follow-up. Mothers with PPCM encounter breastfeeding challenges, including limited physical capability, potential medication effects, and emotional stress. While appropriate PPCM treatment is the paramount, breastfeeding compatibility is secondary. The European Society of Cardiology study group recommended that breastfeeding should be "encouraged in women with mild cardiac dysfunction" but is "not advisable in cases of severely impaired systolic function". As a large amount of evidence support that breastfeeding provides important physical and psychological benefits to infants and mothers, therefore, counseling and shared decision-making about lactation considerations are crucial for women with PPCM particularly with mild cardiac dysfunction.</p>

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論文摘要

稿件編號：E022	<p>案例報告:初產婦併發急性腎衰竭與產後高血壓 Acute Renal Failure and Postpartum Hypertension in a Primigravida - A Case Report</p> <p>袁橙¹ 區慶建¹ 台北醫學大學附設醫院婦產部¹</p>
臨時稿件編號： 1077	
論文發表方式： 海報	
論文歸類： 產科	<p>This 41-year-old primigravida, with a history of three hysteroscopic procedures, presented for labor induction at 39 3/7 weeks due to term pregnancy and large fetal abdominal circumstances. Her medical history revealed no underlying disease. Routine prenatal care showed regularity. Her confinement date was 2023-08-03. Laboratory tests including HBsAg, HBeAg, VDRL, and rectovaginal culture for Group B Streptococcus returned negative. Negative results for spinal muscular atrophy and Fragile X carrier screenings were noted. Preeclampsia risk was calculated at 1:186. She received oral low-dose aspirin daily. Assessments such as the 75-g oral glucose tolerance test, fetal karyotype analysis, and chromosomal microarray showed no abnormalities. Ultrasonography exhibited cephalic presentation with an estimated fetal weight of 3150gm and normal placental positioning.</p> <p>Upon examination in the labor and delivery unit, vital signs were stable with a blood pressure of 135/89 mmHg, heart rate of 76 bpm, respiratory rate of 15/min, and SpO2 of 97%. The patient remained afebrile with a non-tender abdomen. Electronic fetal monitoring displayed normal fetal parameters without regular uterine contractions. She denied typical signs of labor.</p> <p>Admitted on 08/02 for labor induction, dinoprostone vaginal tablets were administered. On 08/03, spontaneous rupture of membranes occurred at 8 am, followed by prophylactic intravenous clindamycin. In the afternoon, the patient developed fever and decreased urine output. Fetal monitoring showed moderate variability with occasional deceleration. Despite fluid resuscitation, oliguria persisted, with only 50ml urine output recorded since midnight, raising suspicion of acute renal failure (Creatinine: 2 mg/dL). Subsequently, emergent cesarean section was performed due to failed labor progression, oliguria, acute renal failure, and meconium-stained amniotic fluid.</p> <p>Post-surgery, the patient's fever resolved, and renal function improved. However, she developed hypertension, managed with Nifedipine. She denied symptoms such as blurred vision, headache or right upper abdominal pain. Upon stability, the patient was discharged with follow-ups scheduled in the cardiovascular and obstetric outpatient departments.</p>

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稿件編號：E023	<p>母親具內服異位症病史其孩童神經發育障礙之發生率 The incidence of children neurodevelopment disorder in mothers with endometriosis history</p> <p>廖佩倫¹ 楊珮宜^{2,3} 王博輝^{4,5,6} 中山醫學大學附設醫院醫學研究部¹ 彰化基督教醫院婦產部² 中山醫學大學醫學研究所³ 中山醫學大學附設醫院婦產部⁴ 醫學研究所⁵ 醫學研究部⁶</p>
臨時稿件編號： 1079	
論文發表方式： 海報	
論文歸類： 產科	<p>Objective: Inflammation was an important reason to central nervous system injury in the developing brain. Several neurodevelopment disorders have been linked to early life immune activation and inflammation, including cerebral palsy, epilepsy, cognitive impairment, autism spectrum disorder. In endometriosis, the inflammatory mediators secrete include prostaglandins, vascular endothelial growth factors, tumor necrosis factor (TNF-α), nerve growth factor and interleukins (IL). Some studies found certain types of cytokines as IL-1β, IL-6 and TNF-α from endometriosis cells, which are expressed in locations such as the dorsal root ganglion, spinal cord or injured nerves to cause pelvic pain. The aim of this study was to evaluate whether maternal endometriosis increased the risk of children neurodevelopment disorder.</p> <p>Materials and methods: We conducted a retrospective cohort study using the Taiwan Maternal and Child Health Database to identify mothers whose offspring were diagnosed with endometriosis before delivery from 2009 to 2016. We collected perinatal data and observed the births of their offspring until December 31, 2019. Patients with endometriosis were matched with those without the condition in a 1:4 ratio, based on the year and sex of delivery. Multivariable Cox regression models were employed to compare the risk of mood disorders, cerebral palsy, and low intelligence in offspring born to mothers with and without endometriosis.</p> <p>Results: The primary outcome included the incidence of children emotional disorder (312, 313, F63, F91, F93, F94), cerebral palsy (343, G80), low intelligence (317-319, F70-F79), developmental delay (315, F80-F89) in maternal with/without endometriosis compared. The adjusted hazard ratio in these 4 comparison groups were 1.15 (0.96-1.37), 1.39 (1.04-1.85), 0.89 (0.69-1.16) and 1.16 (1.11-1.22) as well as P value were 0.129, 0.0256, 0.3816 and < 0.0001, respectively. Maternal endometriosis had higher risk to exhibit developmental delay.</p> <p>Conclusion: Mother with endometriosis had higher incidence of development delay and tendency to cerebral palsy in her children. As for children emotional disorder and low intelligence, there is no obvious associations with endometriosis, which reflected the complexity of the children neurodevelopment.</p>

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稿件編號：E024	<p>孕期椎間盤突出誘發馬尾症候群：案例報告與文獻回顧 Herniated Intervertebral Disc induced Cauda Equina Syndrome during Pregnancy: Case Report and Literature Review</p> <p>陳觀敏¹ 谷月涵² 夏立忻¹ 蔡素如² 應宗和¹ 中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院復健科²</p>
臨時稿件編號：1081	
論文發表方式：海報	<p>Herniated Intervertebral Disc (HIVD) has long been a major and common cause of lower back pain. When complicated with cauda equina syndrome and neurological symptoms, HIVD remains a surgical indication to release compressive stress over the spinal area. However, for pregnant female patients, it poses a huge dilemma regarding preterm delivery, as the increasing fetal body weight may burden the mother's spinal condition.</p> <p>In this article, we present a case of a 27-year-old female diagnosed with HIVD complicated with cauda equina syndrome while pregnant in the second trimester. She underwent spinal decompression surgery during pregnancy and was under regular rehabilitation and prenatal examinations afterward. Cesarean section delivery was performed under the situation of preterm labor at 35 weeks of pregnancy. Reviewing past articles, surgical intervention was generally suggested in HIVD patients with cauda equina syndrome, regardless of pregnancy status. However, further analysis is needed for a consensus on management in such scenarios.</p>
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E025	<p>早期診斷帆狀胎及相關發生率及預後回顧 Early detection of velamentous cord insertion and review of incidence, risk factors, adverse outcomes</p> <p>周維薪¹ 臺北市立聯合醫院和平婦幼醫院¹</p>
臨時稿件編號：1083	
論文發表方式：海報	<p>Velamentous cord insertion is an abnormal umbilical cord attachment, the umbilical cord attach to the membranes surrounding the placenta instead of the central mass. The adverse outcomes of velamentous cord insertion is associated with vasa praevia, in which condition the umbilical vessels lie proximally to the internal cervical os. Vasa previa leaves the vessels vulnerable to rupture and it can cause fatal fetal outcomes due to blood loss. It is necessary to screen for vasa previa via second-trimester transabdominal sonography (TAS) by detecting velamentous cord insertion has been proposed. This time we conducted a case of velamentous cord insertion in our hospital and review the evidence available on the epidemiology, screening test accuracy and post-screening management pathways for velamentous cord insertion.</p>
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E026	<p>成功立即處置剖腹產後嘗試自然分娩併發子宮破裂-案例報告及文獻回顧 Successful immediately management of vaginal birth after cesarean section complicated with uterine rupture-A case report and literature review</p> <p>林啟旺¹ 唐德鑫² 大千綜合醫院¹ 竹南診所²</p>
臨時稿件編號：1094	
論文發表方式：海報	<p>Background: The increasing number of patients who desire to experience vaginal birth after cesarean (VBAC)</p> <p>The VBAC trend is accompanied with numerous challenges for healthcare professionals, from establishing suitability of each pregnant patient profile for trial of labor after cesarean (TOLAC) to active labor management, and ethical or legal issues, which occasionally are not included in specific guidelines.</p> <p>We report a case of successful vaginal birth after cesarean section complicated with asymptomatic uterine rupture and underwent successful immediately repair of the uterine rupture with a smooth course.</p> <p>Case Report: This 39-years-old woman, G3P2, EDC: 2023/11/03. She had obstetric history of once a Cesarean section 10 years ago and once a successful VBAC four years ago. For the past 7 months, she got pregnancy with regular prenatal care at our hospital and was scheduled for elective C/S at pregnancy 37+ weeks on 2023/10/23. This time, she was admitted due to pregnancy at 35+ weeks with labor pain and request try VBAC after well consultation. She had a normal labor course and successful vaginal delivery a male baby weight 2845g. After vaginal delivery, her general condition was stable but uterine cesarean scar rupture was highly suspected due to omentum was found from lacerated cervical OS during checking bleeding and uterine message.</p> <p>After transabdominal ultrasound examination, she underwent emergent exploratory laparotomy immediately and uterine rupture with omentum incarcerated into previous cesarean scar was confirmed. After hemostasis was achieved using TRAUMA GAUZE packing smoothly, the uterine rupture was repaired by two layer suture with a smooth course. The details of this case and literature review will be presented in the final poster.</p> <p>Conclusions: VBAC is an increasing trend among various healthcare systems in the world and obstetricians need to adapt their surveillance and case-management approach to the new norms and requirements.</p> <p>The uterine rupture is the most important adverse effect associated with failed TOLAC, and an active labor monitoring strategy is required for detection of signs and symptoms that indicate such a complication.</p>
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E027	<p>假性動脈瘤與延遲性產後大出血：個案報告 Pseudoaneurysm with Delayed Postpartum Hemorrhage: A Case Report</p> <p>蔡亞倫¹ 吳子綽¹ 國泰綜合醫院¹</p>
臨時稿件編號：1096	
論文發表方式：海報	<p>A 36-year-old woman, gravida 1 para 1, had just delivered a baby 2 months ago via cesarean section due to prolonged fetal heart beat deceleration and distress. Postpartum recovery was well with firm uterine contraction and acceptable lochia. Throughout the puerperium, she observed mild on and off vaginal spotting. However, at two months postpartum, after aerial yoga exercise, she experienced an episode of massive vaginal bleeding, needing to change a full maxi-pad every hour. At our ER, vital signs were relatively stable but physical examination revealed pale conjunctiva. Trans-abdominal ultrasonography showed a pulsating mass in the uterine cavity near the internal cervical os, about 1.6cm in diameter. Computed tomography confirmed a pseudo aneurysm at the left lateral wall near the internal os. Trans-arterial embolization was arranged for the delayed secondary postpartum hemorrhage, revealing a 2cm pseudo aneurysm arising from the left uterine artery. Gelfoam, coil, then gelfoam again was used for the procedure. After embolization, the patient's hemoglobin stabilized and the catheter was removed smoothly on post-procedure day 2. The aneurysm was not detected anymore on follow up outpatient visits.</p>
論文歸類：產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E028	產前乙型交感神經抑制劑(Labetalol)暴露與胎兒心律不整及心搏過緩之病例報告 Prenatal labetalol exposure with subsequent fetal arrhythmia and bradycardia: a case report
臨時稿件編號： 1100	蘇品勻 ¹ 陳俐瑾 ¹ 國泰綜合醫院婦產科 ¹
論文發表方式： 海報	CASE REPORT
論文歸類： 產科	<p>A 44-year-old pregnant woman with chronic hypertension has been taking oral labetalol 200mg twice a day for blood pressure (BP) control since before pregnancy and aspirin 100mg at bedtime for preeclampsia prevention since 15 weeks of gestation. Routine prenatal tests, including a level II fetal ultrasound, were unremarkable. At 34 weeks, ectopic fetal heartbeats with a subsequent irregular rhythm were detected, prompting advice to reduce caffeine intake. By 35 weeks, she experienced preeclampsia with severe features (headache, elevated systolic BP of 165 mmHg), leading to admission. Fetal echocardiography revealed intermittent blocked atrial bigeminy (BAB). Close observation was conducted. Maternal symptoms improved after adding nifedipine for BP control, leading to discharge three days later. At 36 weeks, persistent BAB caused prolonged bradycardia lasting for 2 hours and led to an emergent cesarean section. The neonate weighed 2,377 g, with an Apgar score of 8 (1') to 9 (5') and a heart rate of 80 bpm, and was admitted to the neonatal intensive care unit. The neonatal survey, including testing for anti-Ro/-La autoantibodies, revealed normal results. Echocardiography and electrocardiogram (EKG) showed intermittent BAB with no atrioventricular block (AV block). The BAB gradually decreased and returned to a normal heart rhythm two weeks later.</p> <p>Discussion</p> <p>Fetal arrhythmias, including PACs, may arise from an immature fetal cardiac system, maternal drug exposure, or congenital heart defects. BAB presents irregular rhythms with low ventricular rates of 70-90 bpm, unrelated to fetal hydrops, and typically require no specific treatment. Labetalol, the most commonly used beta-blocker for non-severe hypertension in pregnancy, is effective but carries potential adverse effects. Beta-blockers crossing the placenta may cause intrauterine growth restriction (IUGR), fetal hypoglycemia, and bradycardia. Despite concerns, labetalol is considered the safest beta-blocker due to its lower incidence of side effects.</p> <p>Brian et al. found a 1.3-fold increase in neonatal bradycardia with labetalol. Conversely, a randomized trial with nifedipine, labetalol, and methylodopa showed no such instances. A meta-analysis in 2022 indicated a higher risk of bradycardia with labetalol compared to alternative treatments.</p> <p>In our presented case, prenatal exposure to labetalol presented a potential causal effect on fetal arrhythmia and bradycardia. Notably, other potential risk factors, including heart structural abnormalities, caffeine exposure, and anti-Ro/La autoantibodies, were excluded.</p> <p>Conclusion</p> <p>Labetalol, widely prescribed for hypertension in pregnancy, can cross the placenta, posing risks like fetal bradycardia, hypoglycemia, and IUGR. If fetal bradycardia occurs, it is advisable to explore alternative medications like nifedipine after ruling out other potential causes.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E030	長期服用類固醇之紅斑性狼瘡患者於剖腹產中意外發現子宮肌層顯著變 The extreme thinning of uterine myometrium of a SLE patient with long term steroid use- A case report
臨時稿件編號： 1115	簡宏如 ¹ 丁筠 ¹ 彰化基督教醫院 ¹
論文發表方式： 海報	Objective：To present a case with extreme thinning of uterine myometrium found during cesarean section, who had long term steroid exposure for SLE.
論文歸類： 產科	<p>Case report：A 33-year-old, gravida 1, para 0, abortion 1 woman, came to our emergency room at 34 weeks of gestational age due to preterm labor. Her prior medical history includes idiopathic thrombocytopenia purpura and SLE diagnosed 10 years and 5 years ago respectively. Prednisolone had been prescribed for long term use. However, poor adherence without OPD follow up was noted since 2019. Patient got this pregnancy with LMP on 2022-04-23, having antepartum care at LMD. She denied any fetal or maternal anomaly. At GA 27 weeks, she was referred to our rheumatology OPD due to proteinuria noted. Under the concern of SLE flaring up, MTP pulse therapy was prescribed at 34 weeks of gestational age. Two days after the pulse therapy, the patient was found to have low abdominal tightness with vaginal bloody discharge. She then went to our ER for further investigation. Os dilatation about 4 cm with moderate variability was found. Sonography revealed a breech presentation. Progression of proteinuria was also noted, without hypertension, or other signs of preeclampsia. Rheumatologist had been consulted. Lupus nephritis with superimposed preeclampsia cannot be ruled out. After discussion with the patient and her family, an emergency cesarean section was arranged for malpresentation with preterm labor at GA 34+2, suspect lupus nephritis with superimposed preeclampsia.</p> <p>During operation, extremely thinning of uterine myometrium was found. Even with multiple compression sutures and bilateral uterine artery ligation, the uterus atony still caused massive hemorrhage. Eventually, an abdominal total hysterectomy was performed. The pathology report showed dilated vessels with congestion as well as hemorrhage of myometrium, compatible with clinically uterine atony.</p> <p>Conclusion：Long-term glucocorticoid exposure is not rare in women of childbearing age with autoimmune diseases such as SLE. However, the consequence of thinning of myometrium was an uncommon complication. Glucocorticoids is well known for its muscle wasting effect because of decreased protein synthesis. The catabolic effect may have detrimental consequences on the uterus, resulting in the thinning of myometrium. Nonetheless, SLE by itself can also cause decreased estrogen levels, leading to insufficient growth of the uterus to accommodate the rapid fetal growth. The mucosal involvement of lupus erythematosus causing interstitial fibrosis to myocardial involvement had also been reported, adding to the damage toward microvascular structure of the uterus. To sum up, though rarely present, the thinning of uterus myometrium or even the risk of uterine rupture should be concerned in patients with long term steroid exposure for SLE or other autoimmune diseases.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E029	新冠肺炎確診產婦之臨床表現及胎盤病理研究 Maternal and Neonatal Outcomes in COVID-19: A Cohort Study with Emphasis on Placental Pathological Findings and SARS-CoV-2 Impact
臨時稿件編號： 1112	張豈榕 ¹ 邱筱宸 ¹ 張銀洸 ¹ 趙露露 ² 余忠泰 ³ 台北慈濟醫院婦產部 ¹ 台北慈濟醫院兒科部 ² 台北慈濟醫院病理部 ³
論文發表方式： 海報	Objective: This study investigates the obstetric consequences and placental histopathological features in pregnant Taiwanese women diagnosed with SARS-CoV-2, the virus responsible for the COVID-19 pandemic that has posed unprecedented global health challenges since its emergence in 2019.
論文歸類： 產科	<p>Materials and Methods:</p> <p>We conducted a cohort study of 17 pregnant women with confirmed COVID-19 at Taipei Tzu Chi Hospital between April and July 2022. Diagnosis was established either by a positive rapid antigen test or by a polymerase chain reaction (PCR) test with a cycle threshold (CT) value below 30. We collated comprehensive clinical and demographic data, maternal comorbidities, pregnancy and neonatal outcomes, and performed histopathological examination of the placenta post-delivery under informed consent.</p> <p>Results:</p> <p>The age of the participants ranged from 17 to 43 years. Sixteen cases had well-documented delivery processes, with all reaching full-term gestation. The Cesarean section rate was documented at 17.6%, with an average blood loss of 253.85 mL. One notable case involved severe preeclampsia, placental abruption, and intrauterine fetal death, resulting in a Cesarean hysterectomy and subsequent transient ICU admission. No other significant gestational or postpartum complications were recorded. The average maternal hospital stay was 7.87 days. Newborns had an average weight of 3044.23 grams, with mean Apgar scores at one and five minutes post-delivery of 8.31. Neonatal outcomes included an intensive care admission rate of 58.3%, an observation room admission rate of 33.3%, and no instances of neonatal SARS-CoV-2 infection. The average neonatal hospital stay was 8.33 days. Histopathological analysis revealed multifocal or focal hemorrhage in 72.7% of cases, prominent proliferative syncytial cells and cytotrophoblasts in 63.6%, fibrinoid necrosis in 63.3%, and calcification in 36.4%. Additional findings included subchorionitis, angiomatosis, myxoid degeneration in vessels, and immature intermediate villi presence.</p> <p>Conclusion:</p> <p>Pregnancy during the COVID-19 pandemic is associated with an elevated risk of maternal and fetal complications. The study highlights that while most cases managed at Taipei Tzu Chi Hospital resulted in stable hospitalization courses, significant placental pathology was observed, including multifocal or focal hemorrhage, pronounced proliferative syncytial cells and cytotrophoblasts, fibrinoid necrosis, and calcification.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E031	先天性牙齦瘤：產前診斷及處置 Congenital granular cell epulis: Prenatal Ultrasound diagnosis and neonatal treatment
臨時稿件編號： 1117	林廷謙 ¹ 張惲心 ¹ 成大醫院 ¹
論文發表方式： 海報	Congenital granular cell epulis (CGCE) is a rare fetal alveolar ridge tumor. The disease predominantly occurred in female neonatal maxillary predilection site. The tumor enlarges prenatally but growth arrests after birth. Although reported cases to date showed no malignant change, immediate surgery is required if airway obstruction or feeding difficulty is suspected. Besides, if severe airway obstruction is suspected prenatally, ex-utero intrapartum treatment (EXIT) is essential. Herein, we reported a case of prenatal diagnosed fetal oral tumor treated with EXIT and neonatal surgery.
論文歸類： 產科	<p>The patient was a 37-year-old female, G3P2, had once Cesarean section before due to obstructive labor. She had delivered two children before without significant neonatal abnormality. Detailed fetal anatomic ultrasound at 22 weeks of gestation, which showed no fetal anomaly then. Besides, non-invasive prenatal testing (NIPT) reported no genetic defect. However, ultrasound at 35 weeks of gestation accidentally documented a protruding fetal oral mass, 1.9*1.7cm with much blood flow supply. The oral mass enlarged to around 3cm in the following week. Considering fetal anomaly needed immediate treatment, the patient received Cesarean section at 37 weeks of gestation. During the surgery, EXIT was performed as neonate delivered to secure neonate airway. Apgar scores were 7 and 9 on one- and five-minute, respectively. The neonate was admitted to NICU. The surgery and postoperative care for the patient were uneventful.</p> <p>After admitted to NICU, the female neonate had stable status. She weighted 3206g, and other body figure were appropriate for gestational age. The oral tumor was 3cm in diameter, elastic, movable, and rooted from mandibular gingiva with dilated vessels. Aside from the oral tumor, physical examination showed no fetal anomaly. Tumor excision was performed 3 days after delivery. Tumor pedicle from mandibular gingiva was cut and hemostasis was achieved with suture and electrocoagulation. Pathologic examination revealed congenital granular cell epulis without evidence of malignancy.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E032	35 歲懷孕女性診斷胎兒水腫併發鏡像綜合症 A 35-year-old female with fetal hydrops complicated with mirror syndrome
臨時稿件編號： 1124	劉至容 ¹ 葛菁如 ¹ 高雄醫學大學附屬醫院婦產部 ¹
論文發表方式： 海報	Objective Mirror syndrome is a rare condition occurred in pregnancy women with fetal hydrops. We would like to present a case with a 35-year-old female diagnosed fetal hydrops complicated with mirror syndrome.
論文歸類： 產科	Materials and methods This 35-year-old female was transferred from local medical doctor due to small for gestational age and fetal edema. Tracing back to her history, her pregnancy history is G4P1A2, via vaginal delivery once, artificial abortion twice due to personal reason. She received prenatal care at local medical clinic. Although she and her husband were carriers of alpha-Thalassemia, she refused amniocentesis and level II sonography examination. At our outpatient department, sonography revealed oligohydramnios, SGA, cardiomegaly, r/o anasarca. Furthermore, the patient also complained of progressive lower limbs, hypertension, and short of breath. TORCH survey was done, which showed normal report. Amniocentesis was arranged, but it failed because amniotic fluid was too less. Considering fetal hydrops complicated with mirror syndrome, termination was suggested. Then, the fetus was terminated via vaginal delivery with PGE2 at gestational age 30+1 weeks. Apgar score was 1 to 0. The fetus looked grossly generalized skin edema, increased abdominal circumference, and multiple ecchymosis. The death fetus was sent for gene examination, and it reported SEA type α -Thalassemia-1.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E033	案例討論：子癲前症產婦合併產後 HELLP 症候群併急性肝衰竭及腹直肌血腫 Case insight: a rare obstetric case with severe preeclampsia and postpartum HELLP syndrome with acute liver failure and retro rectus hematoma.
臨時稿件編號： 1129	蕭博緯 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 海報	HELLP syndrome, an acronym for Hemolysis, Elevated Liver enzymes, and Low Platelets, is a severe and life-threatening complication that can occur during pregnancy. It is often considered a variant of preeclampsia, a condition characterized by high blood pressure and organ damage. HELLP syndrome typically manifests in the third trimester but can occur earlier or later. HELLP syndrome involves a triad of symptoms include hemolysis (H): Breakdown of red blood cells, leading to anemia. This contributes to the characteristic symptoms of fatigue and weakness; Elevated Liver Enzymes (EL): Liver dysfunction, indicated by elevated liver enzymes. This may result in upper abdominal pain, nausea, and vomiting; Low Platelets (LP): Reduced platelet count, which can lead to bleeding tendencies and bruising. The HELLP is often associated with preeclampsia which both share common risk factors, including first pregnancies, multiple pregnancies, and a history of preeclampsia, however, it can also occur independently. For Diagnosis and Monitoring, we usually based on clinical symptoms, blood tests, and imaging studies. Regular monitoring of blood pressure, liver function, and platelet count is crucial for early detection and management. If left untreated, HELLP syndrome can lead to serious complications for both the mother and the fetus include maternal complication with liver rupture, kidney failure, and disseminated intravascular coagulation (DIC) and Fetal complications with preterm birth, intrauterine growth restriction (IUGR), and placental abruption. Recent management and Treatment for HELLP syndrome as below. Prompt delivery is often the primary treatment, considering the gestational age and severity of symptoms. In cases where the fetus is not mature enough for delivery, close monitoring and supportive care are essential. Corticosteroids may be administered to accelerate fetal lung development. Blood pressure control and magnesium sulfate infusion may be used to prevent seizures. With timely and appropriate management, the prognosis for both the mother and the baby can be favorable. Close follow-up after delivery is necessary to monitor for lingering effects on liver function and blood pressure. Postpartum HELLP syndrome is about 30% of all these case and it needs differentiated with other pregnancy related liver disorder or hemolytic disease. This time, we will share a rare case with postpartum HELLP syndrome and discuss management of postpartum HELLP syndrome with acute liver failure and retro rectus hematoma.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E034	產後憂鬱與生產方式的相關性 Relationship of Postpartum depression with different delivery methods
臨時稿件編號： 1130	蘇晉德 ¹ 毛士鵬 ¹ 陳嘉維 ¹ 衛生福利部雙和醫院婦產部 ¹
論文發表方式： 海報	This retrospective study investigates the correlation between the mode of childbirth, specifically Cesarean section (C-section) versus vaginal delivery, and the subsequent development of postpartum depression (PPD). Despite prevalent assumptions in clinical settings regarding the impact of delivery methods on maternal mental health, statistical evidence suggests a negligible disparity in the incidence of PPD between these two modes of childbirth. Our analysis encompassed a comprehensive review of patient records, focusing on psychological assessments conducted post-delivery. The study sample included women from diverse demographic backgrounds, ensuring a representative analysis. Our findings reveal no significant variance in PPD rates, challenging prevailing perceptions and emphasizing the need for a broader understanding of PPD etiology. This study contributes to the ongoing discourse in obstetrics and mental health, highlighting the multifactorial nature of PPD and underscoring the necessity for individualized postnatal care irrespective of the mode of delivery.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E035	孕產前過敏性疾病與產後憂鬱症患病率 Risk of postpartum depression in women with allergic disorders: a nationwide cohort study involving 1,338,061 women
臨時稿件編號： 1134	楊雅怡 ¹ 張穎宜 ¹ 何銘 ¹ 邱璟箴 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式： 海報	[Objective]: To assess if the risk of maternal postpartum depression (PPD) is increased with a variety of prenatal allergic disorders using a large nationwide population-based data of 13 years. Design, Setting, and Participants This retrospective cohort study identified 1,338,061 of 20-49 years old women with singleton live births and 20-week gestational age or more, from the birth registry in databases of the Ministry of Health and Welfare of Taiwan from 2005 to 2017. Among them, 946,627 women had been diagnosed with allergic disorders (asthma, allergic rhinitis, atopic dermatitis, allergic conjunctivitis and/or food allergy) and 391,434 women without as controls. [Materials and Methods]: Both cohorts were followed up to the end of 2017 to assess PPD occurrences. Cumulative incidence rates of PPD were assessed in women with and without the disorders for up to one year after births. Odds ratios of PPD were measured by each allergic type and multiple types, comparing with the controls. [Results]: With an overall cumulative incidence 1.1-fold higher in the allergic cohort than in the controls (0.67% versus 0.60%), the rate was the highest in women with asthma: 0.94% with an adjusted OR of 1.60 (95% CI=1.46-1.76), followed by those with allergic rhinitis, atopic dermatitis and allergic conjunctivitis. No significant risk was associated with food allergy. The rate increased from 0.64% for those with 1 allergic disorder to 1.00% for those with 4 or 5 disorders, and the corresponding adjusted ORs increased from 1.07 (95% CI = 1.01-1.13) to 1.78 (95% CI = 1.54-2.06). [Conclusions]: Women with prenatal allergic disorder(s) were at an increased risk of PPD in addition to the impact of pregnancy. Prompt and efficient intervention for PPD prevention is needed for women with an allergic disorder, particularly for those with asthma and multiple disorders.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E036	胎便性腹膜炎案例分享與討論 Meconium peritonitis case report and discussion
臨時稿件編號： 1138	
論文發表方式： 海報	楊佳瑾 ¹ 許瑋芸 ¹ 唐德富 ¹ 高醫婦產部 ¹
論文歸類： 產科	<p>Introduction: Meconium peritonitis is a sterile, chemical peritonitis caused by intrauterine bowel perforation, resulting in the leakage of meconium into the peritoneal cavity. Severe cases may lead to serious morbidities and mortalities.</p> <p>Case Presentation: A 26-year-old female, G2P1. During antenatal examination, fetal ascites was noted by ultrasound at 23 weeks of gestation. Besides, ultrasound also revealed progressive fetal bowel dilation since 30 weeks of gestation. Meconium peritonitis was impressed.</p> <p>Due to macrosomia, suspected fetal hydrops, the patient was admitted for induction at 33+5 weeks. A male newborn was delivered at 34+2 weeks, APGAR scores: 8/9, birth body weight 2630 grams. After birth, abdominal distension, bilious vomiting, respiratory distress, and no passage of meconium were noted. Due to suspicion of intestinal obstruction, the baby underwent small bowel resection and anastomosis. We reviewed our experience with cases of meconium peritonitis. The prenatal ultrasound features, neonatal birth characteristics, surgical findings, and prognosis were discussed.</p> <p>Discussion: The clinical diagnosis of meconium peritonitis is based on prenatal and postnatal radiography and clinical manifestations. Prenatal ultrasound is a commonly available and reliable assessment modality in the diagnosis of meconium peritonitis. The most common prenatal ultrasound features include intraperitoneal calcifications, fetal ascites, polyhydramnios, bowel dilation, increased abdominal circumference, and meconium pseudocysts. Massive fetal ascites and a giant meconium pseudocyst are poor prognostic factors. After birth, most cases required surgical intervention due to bowel obstruction or perforation.</p> <p>Conclusion: Meconium peritonitis was once considered a disease with a very high mortality rate. However, due to advancements in prenatal detection, pediatric anesthesia, surgical techniques, and postoperative neonatal intensive care, the survival rate of meconium peritonitis has now increased to over 80%. Therefore, early diagnosis, closely follow up, and timely surgical intervention can improve the outcomes.</p>

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稿件編號：E037	沙門氏菌引起剖腹產後細菌腹水：病例報告 Salmonella species caused bacterascites after Cesarean section: a case report
臨時稿件編號： 1144	
論文發表方式： 海報	吳雅筑 ¹ 丁大濤 ¹ 花蓮慈濟醫院婦產部 ¹
論文歸類： 產科	<p>BACKGROUND Postoperative bacterascites is a very rare complication of cesarean section delivery. Bacterascites have multiple etiologies and iatrogenic injuries of the bowels or urinary tracts should be eliminated promptly in ascites following cesarean delivery. The peritoneum can become infected due to a perforated organ, leading to peritonitis. Bacterascites is an ascitic fluid infection without an identifiable surgically-treatable source. Bacterascites typically occur in patients with advanced cirrhosis and are diagnosed by a positive ascitic fluid bacterial culture and >250 neutrophils/μL in the ascites fluid.</p> <p>CASE SUMMARY We reported unusual bacterascites with Salmonella species growth in ascites culture following cesarean delivery in a 41-year-old female at 38 4/7 weeks with superimposed preeclampsia and prolonged labor. She had no underlying liver disease. No signs of iatrogenic injury were detected after examination with ultrasonography and ascites analysis. The patient had no symptoms of enterocolitis, such as diarrhea, nausea, or vomiting. After management with empirical antibiotics and therapeutic paracentesis, the patients recovered and were discharged after 20 days of hospitalization. The cause of bacterascites with Salmonella infection was unknown.</p> <p>CONCLUSION Salmonella is rarely associated with bacterascites. Contamination was thus suspected. Ascites, in our case, may be associated with multiple causes: hypoproteinemia state in preeclampsia, allergic or inflammatory reaction of the peritoneum. Antibiotic therapy is the mainstay of treatment.</p>

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E038	案例報告：懷孕合併多顆巨大胎盤絨毛膜血管瘤 Pregnancy complicated by multiple giant placental chorangiomas : a case report
臨時稿件編號： 1145	
論文發表方式： 海報	馮毓堃 ¹ 方詩雯 ¹ 嘉義長庚紀念醫院 ¹
論文歸類： 產科	<p>Chorangioma (also called Chorioangioma) is the benign and most common non-trophoblastic vascular tumor of the placenta, ranging from microscopic lesions to large masses, with an estimated incidence of 1%. Zanardini et al. had reported that large or giant chorangiomas (defined as measuring more than 4.5cm in diameter) have an increasing risk of fetal adverse outcomes, including polyhydramnios, growth restriction, hyperdynamic circulation, cardiomegaly, anemia, fetal hydrops and preterm delivery. Here we presented a 31-year-old primigravida women who delivered a preterm (GA 29 5/7 weeks) female baby with cardiomegaly and fetal distress by Cesarean section and multiple giant placental chorangiomas found.</p>

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稿件編號：E039	台灣南部經由產前篩檢診斷的地中海型貧血分佈狀況:單一醫學中心 13 年回顧性研究 Distribution of Thalassemia Identified by Prenatal Screening and Diagnosis in Southern Taiwan: A 13-years Retrospective Study from a Single Medical Center
臨時稿件編號： 1146	
論文發表方式： 海報	郭昱伶 ^{1,2} 黃意惠 ³ 王俐瑀 ³ 林書愷 ³ 郭佩雯 ² 王禎鞠 ² 邱世欣 ³ 高雄醫學大學附設中和紀念醫院婦產部 ¹ 高雄醫學大學附設中和紀念醫院遺傳諮詢中心 ² 高雄醫學大學附設中和紀念醫院檢驗醫學部 ³
論文歸類： 產科	<p>Introduction The National Thalassemia Major Prevention Program has been carried out in Taiwan since 1993 with the purpose of identifying couples who are at risk and preventing the birth of infants with severe thalassemia. Kaohsiung medical university hospital is one of the thalassemia referral centers in southern Taiwan. We reported our experience in prenatal screening and diagnosis of thalassemia.</p> <p>Materials and Methods A complete blood count (CBC) test was routinely examined for all pregnant women. If a low level of mean corpuscular volume (MCV)(<80fL) was found, an evaluation for the spouse was recommended. If a low MCV was found in both partners, they were suggested to refer to confirmation centers. Serum ferritin, transferrin saturation and Hemoglobin (Hb) electrophoresis were examined first. Thalassemia genetic analyses were performed accordingly. In cases where α or β (E) trait mutation were identified in both parents, prenatal diagnosis procedures were performed. We retrospectively collected the records of patients who receive thalassemia gene studies in our laboratory from 2010 to 2022.</p> <p>Results A total of 1189 peripheral blood specimens were obtained for thalassemia DNA diagnosis during prenatal screening. α-thalassemia was the most common type of hemoglobinopathy (n = 677/1189, 57%), followed by β-thalassemia (n = 188/1189, 16%). A combination of α- and β-thalassemia could be identified in nearly 1.6% (n = 19/1189) of the samples. Of the α-thalassemia carrier, the most common genotype was the SEA type (n=466, 70.4%), followed by the FIL type (n=77, 11.6%) and the -α3.7 (n=65, 9.8%). Of the patients with Hb H disease (n=15), the most common form was SEA + α3.7 (n=8, 53.3%). Of the β-thalassemia carrier, the most common genotype was IVS-II-654 (n=79, 42.7%), followed by codons 41/42, and promoter-28.</p> <p>369 amniotic fluid specimens were obtained from amniocentesis. Prenatal diagnosis revealed that 14.4% (53/369) of these fetuses were thalassemia major (including α-thalassemia hydrops and β-thalassemia major); 3.8% (14/369) were α-thalassemia intermedia (Hb H disease); 58.8% (217/369) were thalassemia minor (include α-thalassemia carrier, α-thalassemia carrier, and α+β-thalassemia carrier) and 23% (85/369) were normal type.</p> <p>We retrospectively reviewed the iron studies of 463 patients with thalassemia carrier. We found 86 patients (10%) also had combined iron deficiency. The coexistence of iron deficiencies in thalassemia carrier was present in 33.8% (67/198) of females and 7.2% (19/265) of males.</p> <p>Discussion In Taiwan, prevention of thalassemia major and associated hemoglobinopathy is achieved via prenatal screening and prenatal diagnosis of high-risk couples. Global migration and international marriage have gradually changed the distribution of thalassemia. Iron deficiencies commonly coexist in thalassemia carrier pregnant women and should be treat appropriately.</p>

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論文摘要

稿件編號：E040	快速增長之胎兒腹部囊腫 Fetal-neonatal ovarian serous cystadenoma presented with prenatal rapid growing abdominal cyst 張益婷 ¹ 張瑞君 ¹ 台中榮民總醫院婦產部 ¹
臨時稿件編號： 1165	
論文發表方式： 海報	A 36-year-old lady, G1P0, conceived via frozen embryo transfer. She had uneventful prenatal care including low risk of preeclampsia, amniocentesis with karyotype 46XX, and unremarkable Level II screening at gestational aged 20 weeks. However, fetal simple pelvic cyst 2.5cm without flow noticed at gestational aged 29 weeks with increasing size to 9cm at gestational aged 39 weeks. She underwent a Cesarean section due to dysfunctional labor with a baby girl. The baby was admitted to the Neonatal intensive care unit due to respiratory distress. Postnatal abdominal sonography and computed tomography revealed an abdominal cyst 8x7x6cm without flow. Laparoscopy was arranged at 4-day-old due to abdominal distension with respiratory distress. A 7x6cm encapsulated cystic lesion originating from the left ovary with 150ml serous fluid was drained and laparoscopic oophorectomy was performed. Final pathology confirmed with serous cystadenoma. Fetus abdominal cyst is common in neonates while ovarian cyst is rare with an incidence of 1: 2500. It should be distinguished from choledochal cyst, hepatic cysts, mesenteric cysts, renal cysts, and intestinal duplication cysts. The mean age at diagnosis of ovarian cyst was 34 gestational weeks. The majority of histopathology type were follicular and hemorrhagic cyst, only a few cases of serous cystadenoma were reported in the literature review. Complication of torsion, rupture or infarction must be kept in view. Minimally invasive fertility preservation surgical technique is essential for those affected neonates.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E041	懷孕期間脫膜化卵巢子宮內膜異位瘤破裂之臨床案例分享 Ruptured Decidualized Ovarian Endometrioma During Pregnancy 柯俊丞 ¹ 林啟康 ¹ 蘇國銘 ¹ 三軍總醫院婦產部 ¹
臨時稿件編號： 1166	
論文發表方式： 海報	Introduction In individuals diagnosed with endometriosis, ovarian endometrioma occurs in 17–44% of cases and comprises 35% of all benign ovarian cysts. During pregnancy, increased progesterone levels may cause the decidualization of ovarian endometriomas. Moreover, decidualization can elevate the risk of ovarian endometrioma rupture. Consequently, precise identification and diagnosis of a ruptured, decidualized ovarian endometrioma during pregnancy are crucial for ensuring appropriate medical intervention and surgical management. Many ovarian cysts safely endure throughout pregnancy, while ovarian torsion, with an incidence ranging from 3 to 5 per 10,000 pregnancies, presents a relatively rare occurrence. In this context, we present a unique case involving cyst rupture, underwent Cesarean section, and followed a successful subsequent pregnancy. Case presentation A 34-year-old patient, para 0 gravida 0, has a history of a 60-mm ovarian endometriotic cyst, noted before the following pregnancy for three years. She was brought to the emergency room with severe generalized lower abdominal pain at week 35 of pregnancy. Examination revealed a gravid abdomen, remarkable for a diffuse tenderness that worsened at the left upper quadrant with some abdominal guarding but no rebounding pain. The pain experienced by the patient was continuous and widespread. She denied experiencing painful urination, constipation, or diarrhea but reported feelings of nausea and vomiting. Given the patient's symptoms and medical history suggestive of acute cholecystitis, acute pyelonephritis, or gastroenteritis, we conducted an abdominal plus pelvic ultrasound revealing the presence of free fluid in the abdomen. The liver, spleen, kidneys, and gallbladder appeared normal. However, two days after admission, the patient progressively complained of worsening symptoms. Intravenous analgesics proved inadequate for symptom relief, leading to the decision to perform a cesarean section the following day. Upon opening the abdomen, we found a small amount of brown ascites containing blood clots, and the left ovarian tumor ruptured and partially collapsed. Enucleation of the tumor was performed in addition to the cesarean section. Conclusion This case illustrates that endometriotic cysts can undergo desmoplastic changes and enlargement during pregnancy. Furthermore, enlarging endometriotic cysts may rupture in the last trimester of pregnancy, leading to the development of an acute abdomen. This observation underscores the importance of monitoring disease progression during pregnancy and emphasizes the value of a second observation for clinicians managing pregnant individuals with similar medical histories. Such valuable insights contribute to the collective knowledge base, guiding future clinical decisions for pregnant women with analogous conditions.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E042	子宮切開術處理經保守性治療之殘存侵入性胎盤 Hysterotomy with Removal of Unresolved Placenta After Conservative Management of Placenta Accreta Spectrum 周芷瑜 ¹ 陳宜雍 ¹ 台北馬偕紀念醫院婦產科 ¹
臨時稿件編號： 1183	
論文發表方式： 海報	Introduction Placenta accreta spectrum is considered as abnormal trophoblast invasion into the myometrium, causing the placenta unable to detach completely after delivery. Severe obstetric bleeding leading to maternal morbidity and Cesarean hysterectomy is considered as the gold standard treatment for PAS. Nowadays, studies provide different opinions on the treatment methods for PAS. Conservative management is feasible for fertility preservation and leaving placenta in situ has been reported as an effective way to avoid hysterectomy. However, complications such as infection, delayed PPH make conservative treatment questionable. Herein, we would like to report a case of placenta left in situ and its prognosis and treatment. Case report This is a 32-year-old, gravida 7, para 5, Taiwanese woman, without systemic disease. Placenta accreta was found during her second screening ultrasound at Kaohsiung Chang Gung Memorial Hospital in 2022. A classical Cesarean section with transcatheter arterial embolization was performed during operation. The placenta was left in situ. The patient visited an outpatient clinic one year later with the symptoms of amenorrhea and intermittent vaginal spotting after operation. A pelvic exam showed enlarged uterus. Serial periodic serum hCG was <0.6mIU. Transvaginal ultrasound examination showed an intrauterine complex mass about 10.18*8.81cm with heterogeneous echogenicity. Scheduled dilation and curettage was performed one week later. We shifted to laparotomy hysterotomy to remove all placenta tissue. Bulging uterus with defect at lower segment was noted and a vertical incision was done. After removing all retained placenta tissue, we remodified the anterior and posterior thinning wall with I-0 safil. The total blood loss during the hysterotomy was 300ml. The histopathological report showed degenerated placenta. The patient recovered uneventfully and was discharged on the third post-operative day under stable condition. Subsequently, the symptoms of amenorrhea were resolved, and the uterus was successfully preserved through this surgery. Conclusion This case highlights the possible long term complication of placenta left in situ. Clinicians should consider whether hysterectomy or conservative treatment is more suitable based on its clinical condition when sharing decisions with the patients. If women choose for conservative treatment to preserve their fertility, they must be appropriately counseled.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E043	染色體 8p23.1 缺失症候群自然產案例 Chromosome 8p23.1 deletion with successful NSD- A case report 李宜嫻 ¹ 李如悅 ¹ 高雄榮民總醫院婦女醫學部 ¹
臨時稿件編號： 1191	
論文發表方式： 海報	1.Introduction of Chromosome 8p23.1 deletion - The majority of mothers carrying babies with a deletion of 8p23 experienced no pregnancy problems, had a normal delivery and only discovered their baby was affected after the birth - Heart conditions (especially when the deletion includes the GATA-4 heart gene located in proximal 8p23.1) - Many children will need support with learning. The amount of support needed by each child will vary - Behavioural issues, often including hyperactivity and impulsiveness 2.Clinical course of the case This is a 36-year-old woman without systemic disease, G1P0->1, who gave birth to a 38 4/7 weeks female baby. The birth weight was 2291g. Chromosome 8p23.1 deletion was diagnosed at LMD antenatal examination by amniocentesis at gestational age 18 weeks as well as 46XX, del(8)(p23) in array CGH, and level II ultrasonography and fetal cardiologist revealed fetal arrhythmia with VSD 0.07cm(subsided in 3rd trimester) without significant abnormalities, so she was referred to our OPD for further evaluation and management. During prenatal checkup, severe intrauterine growth restriction(<2.4%) was noted in 3rd trimester. She was admitted for labor induction and had NSD on 2023/08/19 without complications. Apgar score 7 at 1st minute and 9th at 5th minutes. No specific finding was noted at postnatal f/u. We will keep closely monitoring the baby's condition.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E044	<p>早期第二孕期雙胞胎妊娠合併子宮破裂:案例報告 Early second-trimester twin pregnancy with uterine rupture: a case report</p> <p>李孟剛¹ 黃千竹¹ 何銘¹ 陳怡燕¹ 林武周¹ 中國醫藥大學附設醫院婦產部¹</p>
臨時稿件編號： 1192	
論文發表方式： 海報	<p>Spontaneous uterine rupture during pregnancy is a rare but emergent event associated with poor maternal and neonatal outcomes. The overall incidence of spontaneous uterine rupture is approximately 0.06%, and most cases occurred in the third trimester of pregnancy. We reported a case of 38-year-old female with Gravida 1 para 0 who was sent to our emergency department due to twin pregnancy at 14+2 weeks with severe lower abdominal pain and shock status. She had received laparoscopic myomectomy 1 year ago. Sonography at emergency department showed massive ascites, and her vital signs were unstable. Emergent exploratory laparotomy was performed immediately. Uterine rupture along previous myomectomy scar was noted with amniotic sac bulging from ruptured site. In case of the poor fetal outcome and the risk of repeat uterine rupture, we chose termination of pregnancy.</p>
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E045	<p>以產前類固醇治療胎兒巨大先天性肺部呼吸道畸形合併心臟偏移之成功案例分享 Huge CPAM with cardiac shift, fully regression after antenatal corticosteroid treatment</p> <p>王韋筑¹ 黃冠穎¹ 國立臺灣大學醫學院附設醫院新竹臺大分院¹</p>
臨時稿件編號： 1200	
論文發表方式： 海報	<p>[Case presentation] A 42-year-old gravida 3, para 1, spontaneous abortion 1, woman received regular prenatal screening in our hospital. At 17 weeks 6 days of gestation, a hyperechogenic mass with a cystic lesion, measuring 3.5*2.3*1.8 cm, and a CPAM volume ratio (CVR) of 0.5 was identified in the left lung. Subsequent sonography showed an increase in the size of the cystic lesion and CVR. By gestational age 25 weeks 2 days, the CVR had reached 1.6, indicating a high risk for hydrops. Consequently, Betamethasone 12 mg IM QD was administered for 2 days at gestational ages 26 and 28, respectively. The lung mass reduced to 1.4*1.0 cm without heart deviation. The patient delivered a female newborn at gestational age 39 weeks with Apgar scores of 9 at 1 minute and 9 at 5 minutes. Chest X-ray of newborn revealed no specific lung lesions. [Discussion] Congenital Pulmonary Airway Malformation (CPAM) is a rare anomaly in the lower respiratory tract, with an incidence of 1 in 8,300 to 35,000 live births. Despite being the most common congenital lung lesion, its cause is unknown. CPAM typically presents with neonatal respiratory distress and can lead to recurrent, resistant lung infections. Routine prenatal ultrasounds facilitate early detection, and surgical resection is the definitive treatment. CPAM exhibits variable appearances, emerging at different tracheobronchial tree levels and stages of lung development. The CPAM volume ratio (CVR) is crucial, with a CVR over 1.6 indicating a risk of hydrops and fetal demise. Lesions often grow significantly between gestational weeks 22-26, stabilizing or regressing afterward. Continuous monitoring is essential until growth stabilizes. For high-risk cases (CVR > 1.6 ± hydrops), betamethasone administration reduces hydrops incidence by 20-47%. This underscores the importance of rigorous antenatal surveillance and timely intervention in managing CPAM.</p>
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E046	<p>成功處理孕早期子宮嚴重脫垂之案例報告:子宮頸環紮手術與子宮拖之應用 Integrated Management of Uterine Prolapse during Pregnancy: A Case Report of Successful Term Delivery Following Cervical Cerclage and Pessary Utilization</p> <p>戚紫怡¹ 何鎮宇¹ 新光醫療財團法人新光吳火獅紀念醫院婦產科¹</p>
臨時稿件編號： 1201	
論文發表方式： 海報	<p>Objective: Present a comprehensive management approach for uterine prolapse during pregnancy in a 43-year-old female with a history of second-trimester pregnancy loss. Evaluate the utilization of prophylactic cervical cerclage, the effectiveness of an adjuvant ring pessary, and their combined impact on maintaining cervical integrity and achieving successful term delivery. Case report: The management of uterine prolapse during pregnancy presents a unique set of challenges, particularly in cases involving a history of cervical incompetence and preterm birth. In this context, we present the case of a 43-year-old woman who conceived through frozen embryo transfer. Due to her history of second-trimester pregnancy loss, prophylactic cervical cerclage was arranged at 12 weeks. Adding complexity to the situation, she exhibited stage III uterine prolapse at 11 weeks, leading to an emergency room visit at 12 weeks due to a protruding sensation. In response, McDonald cerclage was performed to address cervical incompetence, complemented by the adjunctive use of a ring pessary and vaginal progesterone for additional support. The pessary, introduced post-cerclage placement, was comfortably removed after 2 weeks, coinciding with the resolution of uterine prolapse. Follow-up examinations revealed a cervical length of 2.83cm, showcasing the effective management throughout the pregnancy, culminating in a successful term delivery. Conclusion: This case underscores the complexities of managing uterine prolapse during pregnancy, particularly in high-risk scenarios. The successful integration of prophylactic cervical cerclage, McDonald cerclage, and a pessary showcases the efficacy of tailored interventions, providing valuable insights for similar cases. A multidisciplinary approach is crucial for optimal maternal and fetal outcomes.</p>
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E047	<p>41 歲懷孕女性併早期破水及早期宮縮 A 41-year-old pregnant woman with Preterm premature rupture of membrane and Preterm labor</p> <p>關哲彥¹ 邱品妮² 奇美醫院婦產部¹ 奇美醫院²</p>
臨時稿件編號： 1208	
論文發表方式： 海報	<p>A 41-year-old pregnant woman, (gravida 2, para 0) was admitted to our hospital at 31 weeks 6 days of gestation because of Preterm premature rupture of membrane and preterm labor. She had autoimmune disease with enoxaparin control and high risk of preeclampsia under prophylactic therapy with aspirin. On day 4 of admission, NST presented with pattern of minimal variability with recurrent late deceleration. IV fluid challenge, O2 supply and left lateral position was prescribed,, but in vain. After thorough discussion with patient and her husband, we arranged emergent Cesarean section at 32 weeks 3 days of gestation. Discussion: The patient's NST pattern fulfilled with Category II of three-tiered fetal heart rate interpretation system. We discussed about possible cause and management of this condition.</p>
論文歸類： 產科	

稿件編號：E048	個案報告: 前胎剖腹產後曾試陰道分娩之子宮破裂個案 A Case Report: Uterine Rupture followed by TOLAC (Trial of labor after previous cesarean)
臨時稿件編號： 1209	楊清萍 ¹ 何倩蓁 ¹ 汪世強 ¹ 謝保群 ¹ 中港澄濟醫院 ¹
論文發表方式： 海報	In TAIWAN, most pregnant women who had previous cesarean delivery usually choose elective cesarean for the following pregnancy, but still some would rather choose the way of trying Vaginal delivery. However, Uterine rupture at the site of the previous uterine scar sometimes complicates the attempts of TOLAC (Trial of labor after previous cesarean). This is a 32-year-old women, G3P1A1(C/S about 2 years ago), who visited our Emergent Department at GA:34+5/7 weeks with obvious preterm labor sign. After discussing the benefit and risk, she determined to receive the way of TOLAC. We had closely monitored the Fetal condition via cardiotocography during the whole labor course. After 27-hours labor augmentation, abnormal signal of sudden uterine contraction cease was detected (OS: 8cm), then followed by marked prolonged fetal deceleration in about 25 minutes. The checked ultrasound showed Fetal HR dropped to only around 50-60 BPM. Under the impression of fetal distress, we immediately sent patient to OR for emergent cesarean section. A demise newborn was soon expelled with in 30 minutes (from the time calling the OP room), however, remained expired even after 30-minutes resuscitation. In addition, a laceration wound about 15cm (from right lateral uterine wall to left lower uterine wall) was noted during operation, which directly indicated the Diagnosis of Uterine rupture. We sadly share this unfortunate rare case to everyone, hope to put emphasis the aura of uterine rupture, and wish to avoid another tragedy in the future.
論文歸類： 產科	

稿件編號：E050	周產期心肌病變合併急性心臟衰竭在一長期安胎藥物靜脈治療的產婦 Peripartum cardiomyopathy and acute heart failure in a postpartum woman with long-term intravenous tocolytic therapy: case report
臨時稿件編號： 1215	高珮瑜 ¹ 劉謙慧 ¹ 張銀洸 ¹ 台北慈濟醫院，婦產部 ¹
論文發表方式： 海報	Background Peripartum cardiomyopathy(PPCM) is an idiopathic cardiomyopathy presenting with heart failure (HF) secondary to left ventricular systolic dysfunction towards the end of pregnancy or in the months following delivery, where no other cause of HF is found. Global estimates of the incidence of PPCM vary by regions, which is 1 in 20,000 deliveries in Japan. Though prevalence of PPCM was low among Asian women, those with such diagnosis had higher in-hospital mortality rates compared with other racial groups. The incidence of PPCM is also increasing, and heightened awareness is important for obstetrics. Delays in diagnosis may occur because the symptoms and signs of PPCM can mimic the normal findings of late pregnancy and the peripartum period. It's crucial to consider and rule out alternative diagnoses which may cause HF. Timely diagnosis is essential for providing appropriate management.
論文歸類： 產科	Clinical case A 31-year-old pregnant woman with a parity of 1 and underlying disease of asthma was admitted due to cervical insufficiency and preterm uterine contractions at gestational age(GA) of 23 weeks. She received long-term tocolysis therapy with Ritodrine for 13 weeks. During tocolysis treatment, she developed intermittent dyspnea and nocturnal cough. Suspecting an acute exacerbation of asthma, we added nebulized terbutaline and ipratropium. The patient experienced partial relief from her symptoms, and uterine contractions stabilized relatively. The patient had smooth vaginal delivery at a GA of 36 weeks and had postpartum hemorrhage with blood loss of 1000mL due to uterine atony. Fluid resuscitation blood transfusion of 4 units of packed red blood cells and 2 units of fresh frozen plasma was done. During blood infusion, she had progressive dyspnea despite non-rebreathing mask use. She was intubated and transferred to ICU for further management. Upon physical examination, jugular vein engorgement was noted. Cardiac auscultation revealed pansystolic murmur at the mitral area. Bilateral rales breathing sound and pitting edema was also found. Chest X-ray showed bilateral pulmonary edema and cardiomegaly(Figure 1). Electrocardiography showed sinus rhythm. Echocardiogram revealed dilated left ventricle (LV) and left atrium (LA). Hypokinesis of LV wall motion, a low ejection fraction (EF) of 33% and severe mitral regurgitation (MR) was found. Possible moderate pulmonary hypertension, and engorged inferior vena cava with poor inspiratory collapse was noted (Figure2-3). Under the impression of acute HF, the cardiologist suggested furosemide, albumin, ivabradine, candesartan, empagliflozin. We maintained a negative fluid balance through salt and fluid restriction. Extubation was performed after two days of intubation. Over the 7 days in ICU, the patient's dyspnea and peripheral edema improved. Nine days after delivery, she was discharged in a stable condition. The patient remained asymptomatic after discharge.
	Discussion We presented a 31-year-old woman who received long-term tocolysis therapy for 13 weeks and developed PPH after vaginal delivery. She had acute decompensated HF with LVEF only 33% and PPCM was diagnosed. After standard HF treatment, she was

discharged in stable condition.

The diagnosis criteria of PPCM requires echocardiographic evidence of LVEF < 45% and often left ventricular dilatation, with no other cause of HF is evident. PPCM is a diagnosis of exclusion and the diagnosis could be quite challenging. Reviewing her history, there were no risk factors such as African descent, pre-eclampsia, hypertension, older maternal age, multiple gestation or parity over 4. It's noteworthy that long-term tocolysis therapy is associated with increased risk of PPCM. Beta-adrenergic receptor agonist tocolysis has been reported to cause noncardiogenic pulmonary edema, which may contribute to cardiomyopathy.

In our case, a few differential diagnoses of peripartum dyspnea should be considered. Our patient developed dyspnea after blood transfusion, therefore anaphylaxis transfusion reaction and transfusion-associated circulatory overload (TACO) should be considered. Anaphylaxis can be excluded due to no laryngeal edema seen while intubation and no signs of anaphylactic shock. The dyspnea did not improve after antihistamine and steroid administration. TACO may happen to patients with HF and massive blood transfusion can increase preload and may worsen the condition. History of massive blood transfusion at first can also mask the diagnosis of PPCM. Looking back on her clinical course, our patient may develop PPCM first and TACO might be a complication of it.

Patients with PPCM and HF should be managed by an interdisciplinary cardio-obstetrics care team. For those who had severe HF and cardiogenic shock, optimize preload (consider diuretics), oxygenation, use of inotropes or vasopressors should be prescribed. Intravenous nitroglycerin is preferred for patients who present with evidence of pulmonary edema. Standard HF Medical therapy should be initiated in postpartum stable patients, which included angiotensin-converting enzyme inhibitors, angiotensin II receptor blockers, angiotensin receptor neprilysin inhibitors, β -blockers, sodium-glucose cotransporter-2 (SGLT2) inhibitors and aldosterone antagonists. Patients should be advised to suspend breastfeeding due to high metabolic demands of lactation and breastfeeding.

Conclusion
PPCM is a rare form of pregnancy-associated HF, which can cause major adverse cardiovascular events. Patients who develop PPCM have a high likelihood of achieving complete recovery with standard HF treatment. Therefore, timely diagnosis and providing proper treatment of PPCM is important for obstetricians.

稿件編號：E051	妊娠第三孕期超音波診斷胎兒動脈導管動脈瘤的病例報告及分析 A case report of prenatal sonographic diagnosis of ductus arteriosus aneurysm
臨時稿件編號： 1219	林雅翠 ¹ 莊啟豪 ¹ 嚴嘉琪 ¹ 許鈞碩 ¹ 大林慈濟婦產部 ¹
論文發表方式： 海報	Introduction: Ductus arteriosus aneurysm (DAA) is characterized by a fusiform and saccular dilatation of the ductus arteriosus (DA). DAA is often detected in the late third trimester of pregnancy by fetal echocardiography.
論文歸類： 產科	Case: A 29-year-old pregnant woman (gravidity 2, para 1) was suspect fetal ductus arteriosus aneurysm (DAA) at 32+2 weeks of gestation. Three-vessel view of the heart founded fusiform dilatation and tortuous of the ductus arteriosus(DA). Turbulent flow was detected by color Doppler. The active female baby was vaginally delivered at 37+3 weeks gestation, weighing 2960 grams. Ductus arteriosus aneurysm(DAA) was confirmed by postnatal echocardiography within 24 hours after birth. Discussion: We report this case to show the importance of cardiac review in late pregnancy growth scan to identify late onset cardiac anomalies as well as to show the usefulness of the three-vessel view in the diagnosis of prenatal DAA. Significant potential complications mean that congenital DAA when recognized should be referred to the pediatric cardiologist for postnatal assessment and possible treatment.

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稿件編號：E052	產前超音波診斷之胎兒肺動脈瓣狹窄: 病例報告 Prenatal diagnosis of pulmonary stenosis by fetal echocardiography: A Case Report
臨時稿件編號： 1222	林詩蓀 ¹ 莊啟柔 ¹ 嚴嘉琪 ¹ 許鈞碩 ¹ 大林慈濟婦產部 ¹
論文發表方式： 海報	Abstract Pulmonary stenosis (PS) is an obstruction of the blood flow from the right ventricle to the pulmonary artery. Pulmonary stenosis occurs in 7-10 percent of all congenital heart disease (CHD). When some typical image was seen by prenatal echocardiography, pulmonary stenosis should be suspect and further evaluation for pulmonary stenosis will be discuss later.
論文歸類： 產科	Case description This is a 34 year-old women, gravida 3, parity 0 and spontaneous abortion 2, without any underline disease. At this pregnancy, fetus with enlarged pulmonary artery trunk was noted during gestational age 22 weeks by fetal echocardiography. Color Doppler flow revealed a turbulent pulmonary valve flow. After further evaluation, valvular pulmonary stenosis with post-stenotic dilatation was favor. Moderate to severe valvular PS was diagnosis after birth within 24hrs. The neonatal was undergo percutaneous transluminal pulmonary valvuloplasty (PTPV) at 2m/o and only residual mild PS noted after treatment. Discussion Some typical image can be seen when fetus has pulmonary stenosis like size of pulmonary artery will enlarged compared to aortic in three vessel view. Turbulent flow across pulmonary valve will be noted at the same time. Peak velocity of >100cm/sec across pulmonary valve is abnormal. Further evaluation should be done when these features noted. Flow within ductus arteriosus; right ventricular size, hypertrophy, function; tricuspid valve function, tricuspid regurgitation and branch of pulmonary arteries should be survey. In our case, right to left shunt PDA was noted, pulmonary atresia, right ventricular hypoplasia and tricuspid atresia had been ruled out. There was no tricuspid valve regurgitation noted too. Thus, valvular pulmonary stenosis with post-stenotic dilatation was favor.

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稿件編號：E054	先天性囊腫性腺瘤樣畸形之外顯子定序應用於致病位點檢測 A case of Pulmonary Airway Malformation with whole exome sequence
臨時稿件編號： 1227	胡晉碩 ¹ 蕭慶華 ¹ 陳敬軒 ¹ 臺北市立聯合醫院和平婦幼院區 ¹
論文發表方式： 海報	Abstract Background Congenital Cystic Adenomatoid Malformation (CCAM) is typically diagnosed through prenatal ultrasound examinations when a bright mass in the fetus' chest is identified. The size of this mass varies among fetuses and may undergo significant changes throughout the course of the pregnancy. The estimated incidence of CCAM is around 1 in 25,000 to 35,000 pregnancies.
論文歸類： 產科	Although the precise mechanism underlying CCAM is not fully elucidated, it is thought to arise from abnormalities in the branching of the bronchial tree during embryonic lung development. This developmental anomaly leads to the formation of cystic spaces within the lung tissue. The cystic lesions can vary in size and are often filled with fluid or other materials instead of normal lung tissue. Case report This case is a 31 year-old female without underlying disease. She received sonographic examination at had pregnancy at Tai-Ji clinic at gestational age 18 weeks and dextrocardia due to mass effect of CCAM was noted. There was no pleural effusion, cardiomegaly or hydrops. Amniocentesis with karyotyping and chromosomal copy number array reported no abnormal finding. Trio whole exome sequencing (WES) revealed de novo genetic variants in GRIP1, FREM2, and GATA4. Among these genes, GRIP1 and FREM2 are related to lung development in human phenotype ontology and online Mendelian inheritance in man database. A digenic inheritance was hypothesized to be the cause of the disease. In subsequent follow up, intrauterine fetal demise was noted at gestational age 23 weeks and pregnancy termination was arranged. Conclusion In sonographic abnormal but karyotyping and copy number normal CCAM cases, WES may help in finding the etiology.

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稿件編號：E055	在母體經歷車禍後所造成後續胎兒腦傷: 案例報告 Fetal intracranial injuries after maternal car accidents: A case report
臨時稿件編號： 1228	徐祥堯 ¹ 張志仰 ² 義大醫院婦產部 ¹ 義大醫院婦產部生殖內分泌科 ²
論文發表方式： 海報	We present a case of fetal intracranial injuries following maternal car accidents. A 36 year-old woman, G4P1SA2, at 28+6 weeks of gestational age suffered from a car accident(self-collision to trees). In addition, she was a rear seat passenger and did not buckle up. After the accident, she got initial consciousness loss and was sent to our ER for help. Mother had multiple laceration wounds and SAH. About the fetus, initial ultrasound showed no obvious placental abruption sign. No watery discharge or vaginal bleeding was noted. However, the fetal monitor revealed late deceleration at first. After initial treatment, the variability of fetal heartbeat presented no repeat late deceleration but less variability was shown. Mother was sent to SICU for further care for SAH. During SICU period, the fetal monitor revealed improving variability of fetal heartbeats. Then she was transferred to OBGYN ward for tocolysis after stable condition of SAH. But fetal distress was noted, then emergent C/S was given when gestational age 29+2 weeks. The newborn had perinatal asphyxia and Apgar score was 3->4. Then the baby was sent to PICU and brain echo showed intraventricular hemorrhage, bilateral ventriculomegaly. It means indirect(hypoxic-ischemic) and direct(hemorrhagic) intracranial injuries. So after car accidents, a fetal monitor can show a transient loss of variability, which may precede the appearance of fetal brain injury.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E056	經腹部超音波診斷第一孕期之連體嬰- 案例報告 Prenatal transabdominal sonographic diagnosis of conjoined twins at first trimester – a case report
臨時稿件編號： 1230	廖文樂 ¹ 陳怡燕 ¹ 何銘 ¹ 楊雅怡 ¹ 中國醫藥大學婦產部 ¹
論文發表方式： 海報	The incidence of conjoined twins is rare. With the development of high-resolution sonographic images, the diagnosis of conjoined twins can be made earlier in advance. We present a case of conjoined twins diagnosed through a transabdominal sonographic exam at 8 weeks' gestation. The sonographic features and challenges of diagnosis will be discussed.
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E057	<p>孕程中骨髓增生不良症候群併血小板低下之處理與文獻回顧 Pregnancy with myelodysplastic syndrome (MDS) complicated with severe thrombocytopenia: management and literature review.</p> <p>陳威志¹ 三軍總醫院婦產部¹</p>
臨時稿件編號： 1231	
論文發表方式： 海報	<p>Pregnancy in individuals with Myelodysplastic Syndrome (MDS) poses a unique set of challenges, particularly when complicated by severe thrombocytopenia. This abstract presents a thorough literature review, summarizing existing knowledge and highlighting key considerations in managing pregnancies under such circumstances. Myelodysplastic Syndrome, a heterogeneous group of clonal disorders characterized by ineffective hematopoiesis, often presents complex clinical scenarios during pregnancy due to its impact on hematologic parameters.</p> <p>The literature review encompasses epidemiological data, pathophysiological insights, and outcomes associated with pregnancies in individuals with MDS complicated by severe thrombocytopenia. Recognizing the intricate interplay between pregnancy-related hemodynamic changes and the underlying hematologic disorder is crucial for optimal management.</p> <p>This abstract further explores various therapeutic interventions and management strategies employed in the care of pregnant individuals with MDS and severe thrombocytopenia. The delicate balance between ensuring maternal well-being and fetal health is discussed, encompassing the role of hematopoietic growth factors, platelet transfusions, and potential pharmacotherapeutic interventions.</p> <p>Additionally, the abstract sheds light on the importance of a multidisciplinary approach involving obstetricians, hematologists, and neonatologists to tailor individualized care plans. Close monitoring, timely interventions, and a comprehensive understanding of the potential complications associated with MDS during pregnancy are essential for achieving favorable maternal and fetal outcomes.</p>
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E058	<p>一名懷孕 36 週的 Loeys-Dietz 症候群女性發生 A 型主動脈剝離 Stanford type A aortic dissection in a 36-week pregnant patient with Loeys-Dietz aneurysm syndrome: a case report.</p> <p>劉謙慧¹ 嚴鈞上¹ 張誌元¹ 臺北慈濟醫院，婦產部¹</p>
臨時稿件編號： 1232	
論文發表方式： 海報	<p>Introduction: Aortic dissection in pregnancy is a rare and life-threatening condition that is associated with high maternal and fetal mortality. Women with heritable thoracic aortic diseases (HTADs, such as Marfan syndrome (MFS), Loeys-Dietz syndrome (LDS) and vascular Ehlers-Danlos syndrome), congenital conditions (such as Turner syndrome and tetralogy of Fallot), chronic hypertension and other aortopathies or congenital heart diseases are at an increased risk of aortic dissection related to pregnancy. Most pregnancy-related aortic dissection often not diagnosed until after aortic dissection. Diagnosis of aortic dissection and rupture requires reliance on history, clinical examination and imaging. The classic presentation of aortic dissection includes sharp chest pain radiating to the back and dyspnea. For pregnant patients presenting with a high clinical suspicion for acute aortic dissection, computed tomography (CT) is the gold standard for diagnosing aortic aneurysm or dissection based on its widespread availability, reliability, and imaging speed. The choice of medical or surgical aortic treatment and mode of delivery are based upon the patient's stability, the types of aortic dissection, and the gestational age of the fetus. Optimal treatment of aortic dissection during pregnancy requires individualized management by a multidisciplinary pregnancy and aortic heart team.</p> <p>Case report : A 36-year-old gravida 2 para 1 pregnant woman at 36 weeks of gestation with previous mitral valve replacement at her age of 6 presented to the emergency department because of the sudden onset of chest pain radiating to the back. On arrival, vital signs were grossly normal except for a relatively low blood pressure(93/49mmHg). Laboratory tests showed microcytic anemia (hemoglobin level was 8.0 g/dL, mean corpuscular volume was 67.9 fL), elevated D-dimer level(1550.68 ng/mL) and normal hs-Troponin I (3.6 pg/mL). Her prenatal course was uneventful. Fetal heart rate tracing was reassuring and no contractions were noted. Chest CT scan showed type A aortic dissection with a 72 mm aortic root aneurysm and a 45 mm ascending thoracic aortic aneurysm. Cardiac surgeon and obstetrician were consulted and decided to arrange an emergent cesarean section followed by operative repair of the aortic dissection, based on her relatively stable hemodynamic status and consideration of a reduced risk of fetal mortality. A 2910 gm male infant was delivered with Apgar score of 9 at 1 minute and 9 at 5 minutes. She was then transferred to surgical intensive care unit for further management and had regular cardiovascular follow-up after discharged .</p> <p>During her hospitalization, we consulted a pediatric geneticists for genetic evaluation of hereditary thoracic aortic diseases (HTADs). According to her statement, she was 172 cm in height which was much taller than family target height 158.5 cm (father: 168 cm, mother: 160 cm). Her 2 elder brothers were also taller than expectation with 174 cm and 178 cm in height. There was no positive family history of sudden death or aortic problem in close relatives but her father had a history of acute myocardial infarction. Physical examination showed no ectopia lentis or chest wall deformity, however, she had bifid uvula, arachnoidactyly with positive wrist sign and thumb sign, thin skin that easy bruising, dystrophic scar and loose joint. The spine image was against scoliosis. Whole-exome sequencing (WES) was arranged that revealed a TGFBR-1 variant(c.809G>A, p.Cys270Tyr). Due to the genetic mutation, the similarity of clinical manifestations and its related condition, Loeys-Dietz aneurysm syndrome was highly suspected.</p> <p>Conclusion : Pregnancy in individuals at risk for thoracic aortic aneurysm or dissection is associated with elevated maternal and offspring risk. Women with Loeys-Dietz syndrome, as well as Marfan syndrome warrant special consideration in obstetric management secondary to the risk for aortic dissection. Successful diagnosis and management of these patients is challenging and requires multidisciplinary expertise, including confirmation of the diagnosis by a clinical geneticist.</p>
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E059	<p>一位體重過輕產婦發生嚴重產中及產後大出血 An underweight woman with severe intrapartum, postpartum hemorrhage</p> <p>張路得¹ 莊雯琇¹ 雙和醫院婦產部¹</p>
臨時稿件編號： 1237	
論文發表方式： 海報	<p>Objective: To investigate the association between pre-pregnancy underweight status (BMI <18) and maternal hemorrhage complication.</p> <p>Case report:</p> <p>A 30-year-old female patient of gravida 1 para 0, gestational age at 39+2 weeks , was presented to ER with intermittent lower abdominal pain. She received routine antenatal check-up at our hospital. Her BMI was 18 (height 157cm, weight 42Kg) and her laboratory exams showed negative HBsAg, HBeAg , Anti-HIV, VDRL, and rectovaginal GBS culture. No gestational hypertension, no proteinuria, nor gestational diabetes mellitus were noted during pregnancy. At ER, pelvic exam showed cervical os dilated 3 cm and 60% effaced. The presenting part was vertex and station -2. She underwent normal spontaneous vaginal delivery of a 9'->10' female baby with body weight 2710gm under medial EP wound. Second degree perineal laceration was noted, and placenta delivery with cord traction with intact cotyledon. Bimanual massage was done and firm uterus was noted. We estimated blood loss about 400ml included blood clot, bleeding mainly when EP wound cutting and placenta delivery. During EP wound repair, vomiting and pale appearance were noted gradually and blood pressure showed around 55/36-93/72 mmHg. Concurrent IV challenge and blood transfusion with LRBC 2u was arranged and patient became irritable and saturation fluctuated around 78-95% and the breathing mask was used.</p> <p>When we finished perineal repair, patient suddenly collapsed. We started ambu bagging, PE showed carotid artery pulseless, and CRP with epinephrine 1mg and amiodarone 300mg IV push were used at initially and three minutes later. EKG showed VT pattern so defibrillation was done and followed by CPR. Intubation was done by video-assisted stylet and carotid artery pulse was noted and vital sign showed HR 51, BP 110/84mmHg, and saturation 75% finally. Norepinephrine pump was used through femoral CVP catheter and the patient was transferred to ICU. Impression of intrapartum hemorrhage with hypovolemic shock, TAE of bilateral hypogastric artery and massive blood transfusion were done and vital sign became stable.</p> <p>Conclusion: After literature review, the underweight women are also associated with increased prevalence of intrapartum, postpartum hemorrhage, and blood transfusion as obesity group. We should need more aggressive individual care and monitor clinical outcome closely to the underweight women.</p>
論文歸類： 產科	

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稿件編號：E061	<p>海芙刀手術和長效型性腺釋放激素效劑治療多發性子宮肌瘤後一個月內快速受孕，最終實現足月自然陰道分娩：病例報告 Rapid Conception Within One Month Post HIFU Surgery and GnRhA Treatment for Multiple Uterine Fibroids, Culminating in a Full-Term Natural Vaginal Delivery: A Case Report</p> <p>夏立忻¹ 林書凡² 應宗和¹ 中山醫學大學附設醫院婦產部¹ 中山醫學大學附設醫院教學部²</p>
臨時稿件編號： 1248	
論文發表方式： 海報	<p>High-Intensity Focused Ultrasound (HIFU) has emerged as an effective treatment for uterine fibroids, offering targeted ablation and symptom relief. However, limited clinical evidence exists regarding its impact on fertility and pregnancy. This case report presents a swift conception and successful full-term vaginal delivery following combined HIFU and Gonadotropin-Releasing Hormone agonist (GnRhA) therapy for multiple fibroids. Emphasizing the significance of preserving endometrial function during HIFU to protect fertility, the study advises a three to six-month delay in conception post-treatment. Despite this, immediate conception post-GnRhA treatment, accompanied by appropriate progesterone, does not adversely affect pregnancy outcomes. While natural conception post-HIFU is feasible, it necessitates evaluation considering fertility implications. This case demonstrated the possibility of successful natural childbirth following HIFU treatment, offering crucial insights into fertility and childbirth after combined HIFU and GnRhA therapy for uterine fibroids.</p>
論文歸類： 產科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E062	雙側腎臟集尿系統重複尿管囊腫的個案報告及後續追蹤：產前診斷和新生追蹤
臨時稿件編號：1252	"Case Report and Subsequent Follow-up of Bilateral Duplication of Kidney Collecting Systems with Ureterocele: A Multifaceted Approach in Prenatal Diagnosis and Neonatal Management"
論文發表方式：海報	顏堯霖 ¹ 何銘 ² 中國醫藥大學附設醫院婦產部 ^{1,2}
論文歸類：產科	<p>This case report outlines a challenging prenatal referral originating from a local medical department with the primary objective of investigating fetal hydronephrosis. However, during the evaluation, the unexpected findings of right hydronephrosis and ureterocele added complexity to the clinical scenario. The prenatal assessment revealed a significant enlargement of the upper pole of the right hydronephrosis (2.16 cm), leading to a referral to a neurologic pediatric specialist for further evaluation.</p> <p>Remarkably, there was a strong suspicion of bilateral kidney duplication, primarily characterized by pronounced right hydronephrosis, predominantly affecting the upper pole, while the left kidney remained unaffected. Additionally, the presence of a cystic bladder lesion raised concerns of a cystocele. Initially measuring 3.25 x 1.86 cm, this cystic lesion subsequently enlarged to 7.2 x 4.7 cm before ultimately stabilizing at 7.0 x 4.5 cm, with considerations of partial obstruction.</p> <p>At gestational age 29+1 weeks, due to escalating concerns regarding the cystic lesion in the bladder, which now strongly suggested a ureterocele, and persistent suspicions of partial obstruction, the patient was admitted for tocolysis.</p> <p>Amniocentesis results revealed abnormal electrolyte levels, including sodium (100 meq/L), potassium (2.9 meq/L), chloride (90 meq/L), and osmolality (214 mOsm/kgH₂O).</p> <p>Furthermore, a urinary examination from the fetal bladder indicated borderline renal function.</p> <p>To address these prenatal concerns and ensure the well-being of both mother and child, a cesarean section was performed. Following birth, the neonate underwent fiberoscopy, confirming complete bilateral duplication of the collecting systems. Cystourethroscopy was performed smoothly, revealing no definite ureteroceles. Importantly, it is worth mentioning that, postnatally, the pressure on the ureterocele gradually improved.</p> <p>During the fiberoscopy, a 6 Fr. Silicone Foley catheter was successfully placed with 1.2 mL of normal saline in the balloon. The entire procedure proceeded without complications, with the patient tolerating it well.</p> <p>This case underscores the intricate nature of prenatal diagnostics in congenital anomalies, highlighting the importance of a multidisciplinary approach, from referral to neonatal intervention, to ensure comprehensive evaluation and optimal patient care.</p>

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稿件編號：E063	妊娠婦女急性胰臟炎之成功處置案例分享及文獻回顧
臨時稿件編號：1253	Successful management of a pregnancy women with sudden onset of acute pancreatitis: a case report and literature review
論文發表方式：海報	許旭寧 ¹ 楊雅怡 ¹ 何銘 ¹ 蘇俊維 ¹ 陳怡燕 ¹ 張庭瑜 ¹ 陳致穎 ¹ 中國醫藥大學附設醫院 ¹
論文歸類：產科	<p>Abstract</p> <p>Objective: Hypertriglyceridemia (HTG) is a rare cause of acute pancreatitis (AP) in pregnancies and has emerged as an aggravating factor of severe pancreatitis. To enhance the diagnosis and management of HTG-induced AP during pregnancy by improving early recognition, optimizing treatment strategies, and minimizing maternal and fetal complications.</p> <p>Case Report: This is a 29-year-old multigravida woman at gestational age of 34 weeks and 2 days, who presented with sudden abdominal pain and vomiting. She had severe hypertriglyceridemia (7855 mg/dL) and was diagnosed with acute pancreatitis. After an emergency Cesarean section, the patient received aggressive hydration, fenofibrate and gemfibrozil as lipid lowering agents, and other supportive care, resulting in a successful recovery.</p> <p>Conclusion: The management of HTG-induced AP must consider both maternal and fetal health, with options such as lipid lowering agents and plasmapheresis being explored, further research was required to ascertain their safety during pregnancy.</p>

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稿件編號：E064	產後婦女急性呼吸衰竭合併葉克膜使用之成功經驗分享
臨時稿件編號：1254	A Successful Case of Using Extracorporeal Membrane Oxygenation in Postpartum Patient with Respiratory Failure
論文發表方式：海報	許旭寧 ¹ 楊雅怡 ¹ 何銘 ¹ 蘇俊維 ¹ 陳怡燕 ¹ 張庭瑜 ¹ 中國醫藥大學附設醫院 ¹
論文歸類：產科	<p>Abstract</p> <p>Objective: Respiratory failure is one of the leading causes of maternal mortality. ECMO could be considered a second therapy choice despite the higher tendency of thromboembolism and bleeding.</p> <p>Case report: This is a 27-year-old primigravid woman with preeclampsia at 36+5 weeks gestation. She was referred to our emergency room due to desaturation during induction. Preeclampsia resulted in pulmonary edema and developed into ARDS. ECMO was performed as a rescue therapy for refractory hypoxemia. The patient recovered well without complications.</p> <p>Conclusion: ECMO is an effective therapy for pregnant and postpartum patients with severe cardiopulmonary dysfunction after evaluating the risk of thromboembolism and bleeding.</p>

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稿件編號：E066	同時有臍膨出、顱骨脊椎裂畸形和心臟異位和第一孕期診斷的三染色體 18 相關
臨時稿件編號：1274	Concomitant omphalocele, craniorachischisis and ectopic cordis associated with trisomy 18 diagnosed in first trimester.
論文發表方式：海報	潘鈺廷 ¹ 陳持平 ¹ 黃建霖 ¹ 王亮凱 ¹ 吳方慈 ¹ 陳樹人 ² 李貞姬 ¹ 王偉信 ² 馬偕紀念醫院婦產部 ¹ 馬偕紀念醫院醫學研究部 ²
論文歸類：產科	<p>Objective: We present a rare case of trisomy 18 of maternal origin in a pregnancy with omphalocele, craniorachischisis, and ectopia cordis.</p> <p>Case Report: A 38-year-old woman, G3P1A1, was diagnosed with fetal anencephaly, an extrathoracic heart (ectopic cordis), deformity of spine and a stomach-and-intestine-containing omphalocele by prenatal ultrasound at 12 weeks of gestation. The patient's husband was 39 years old and healthy. The patient had no significant past medical history. She was a nonsmoker, with a pre-pregnancy BMI of 23.7 and was not diabetic. There was no family history of malformations, diseases, or teratogenic medication. The patient had not received assisted reproductive technology during this pregnancy. The pregnancy was terminated in the 13th gestational week. Additional anomalies detected after termination of the pregnancy included small and triangular face, abnormal posturing of hands, clubfoot and craniorachischisis. Crown-heel length was 5.5 cm consistent with a 12–13-week gestational age. Postnatal cytogenetic analysis of chorionic villi obtained by placental sampling revealed a karyotype of 47, XX + 18. Polymorphic DNA marker analysis by quantitative fluorescent polymerase chain reaction (QF-PCR) assays showed a maternal origin of the extra chromosome 18.</p> <p>Conclusion: The concomitant omphalocele, ectopia cordis and craniorachischisis may be related to trisomy 18. Genetic analysis of the postmortem tissue and the analysis of the parental origin of the extra chromosome 18 using QF-PCR, provide valuable information for genetic counseling.</p>

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稿件編號：E068	<p>案例報告：胎兒先天性心臟病簡介及產前產後超音波檢查 Case report: Fetal ultrasound finding of suspected congenital heart disease (PAPVR, ASD and pulmonary artery sling)</p> <p>呂奇樺¹ 嘉義長庚醫院¹</p>
臨時稿件編號： 1286	
論文發表方式： 海報	Partial anomalous pulmonary venous return (PAPVR) occurs when one or more of the veins drain to an abnormal location on the right side of the heart. The estimated prevalence is 0.2 to 0.7% and is more common in patients with Turner syndrome. Most patients with PAPVR have an associated atrial septal defect (ASD). It can cause overt heart failure and pulmonary hypertension in severe cases. This case study describes a 44-year-old woman who had regular prenatal examinations and suspected fetal congenital heart disease (PAPVR, ASD and pulmonary artery sling) by level II ultrasound. This case study will show images of ultrasound during prenatal examination and fetal cardiac echo after birth. We will also summarize associated genetic problem, clinical manifestation and management of this case.
論文歸類： 產科	

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稿件編號：E069	<p>產前診斷 1q43-44 deletion 缺失合併腦室擴張 Prenatal diagnosis of 1q43-44 deletion with the initial presentation of borderline ventriculomegaly by ultrasound</p> <p>彭秀慧¹ 閻河晏¹ 唐耀龍¹ 張舜智¹ 林口長庚醫院¹</p>
臨時稿件編號： 1288	
論文發表方式： 海報	Objective The clinical features of chromosome 1q43-44 deletion include mental retardation, growth retardation, microcephaly, abnormal corpus callosum and dysmorphic features (sparse fine hair, round face, epicanthus, low set ears, short broad nose with flat bridge, downturned corners of the mouth, small chin). We present the case of a pregnant woman in whom the fetus presented with borderline ventriculomegaly, leading to the prenatal diagnosis of 1q43-44 (240983677-249212668) deletion. Case Report We report the case of a 28-year-old pregnant woman with the initial presentation of fetal borderline ventriculomegaly at 19 weeks of gestation. Amniocentesis of the fetal karyotype revealed 46, XX, del(1)(q43q44), and array CGH showed 1q43-44 (240983677-249212668) deletion. Prenatal ultrasound follow up at 21 weeks of gestation revealed borderline ventriculomegaly (right ventricle 9.8 mm, left ventricle 8 mm), dilated third ventricle and smaller head. The woman had her pregnancy terminated at 23 weeks of gestation. The proband, weighted 420 gm, had a general appearance of low-set ears and bilateral eye ecchymosis. Discussion The main prenatal ultrasound findings that alert clinical doctors about the possible diagnosis of 1q43-44 deletion included microcephaly, abnormal corpus callosum and facial dysmorphism. Defects of the brain and the clinical consequences of these defects are the most serious features of this condition. In our case, although the prenatal ultrasound findings is relatively mild, but the postnatal development is usually significantly delayed. Our case underscores the importance of fetal karyotyping combined with array CGH when borderline ventriculomegaly is found.
論文歸類： 產科	

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稿件編號：E070	<p>運用胚胎著床前基因診斷 PGT-M 避生已遺傳二代遺傳性多囊腎臟生健康女嬰 Preimplantation Genetic Diagnosis (PGT-M) in Assisted Reproduction for Polycystic Kidney Disease: A Case Study</p> <p>蔡鋒博¹ 陳昭雯¹ 林招彰¹ 林殷睦¹ 張舜評² 馬國欽² 張月嬌¹ 陳晚青¹ 徐慧鈴¹ 潘孟麗¹ 張琇媛¹ 施俐君¹ 陳明^{2,3} 博元婦產科不孕症試管嬰兒中心¹ 彰化基督教醫院基因醫學部² 台灣大學醫學院婦產部³</p>
臨時稿件編號： 1023	
論文發表方式： 海報	Abstract: Polycystic kidney disease (PKD) is a hereditary disorder characterized by the formation of fluid-filled cysts in the kidneys, leading to renal impairment. Recent advancements in assisted reproductive technologies have provided optimism for PKD patients seeking healthy offspring.
論文歸類： 生殖內分泌	<p>This study explores the successful application of Preimplantation Genetic Diagnosis for monogenetic disorders (PGT-M) in in vitro fertilization (IVF) procedures for couples affected by PKD. The maternal lineage was identified as a carrier of the heterozygous PKD1 c.8606_8607delAG mutation, while the paternal lineage was wild-type. Seven normally developing embryos were collected and screened for the familial PKD1 mutation using ARMS-qPCR-based PGD. The PGD results identified 4 out of 7 embryos as wild type, devoid of the PKD1 c.8606_8607delAG mutation. The remaining three embryos exhibited heterozygous familial mutations, indicating affected status. Through meticulous genetic screening, unaffected embryos were selected for implantation, enhancing the probability of a healthy female 2270 gm baby on 35 weeks of gestation.</p> <p>This study discusses ethical considerations, challenges faced, and the emotional journey of the involved couples. The findings demonstrate that Preimplantation Genetic Diagnosis (PGT-M) in IVF significantly enhances the likelihood of successful pregnancies in PKD patients, offering hope to families grappling with this debilitating condition.</p> <p>Keywords: Polycystic kidney disease, Preimplantation genetic diagnosis, In vitro fertilization, Assisted reproductive technology, Healthy pregnancy.</p>

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稿件編號：E071	<p>應用雙效 Double factor 胚胎著床前基因 PGT-M 及染色體 PGT-A 篩檢，避免生遺傳性神經纖維瘤子女 "Genetic Diagnosis and Successful Pregnancy Outcome in Neurofibromatosis-Affected wife: A Case Study"</p> <p>蔡鋒博¹ 陳昭雯¹ 林招彰¹ 林殷睦¹ 張舜評² 馬國欽² 張月嬌¹ 陳晚青¹ 徐慧鈴¹ 潘孟麗¹ 張琇媛¹ 施俐君¹ 陳明^{2,3} 博元婦產科不孕症試管嬰兒中心¹ 彰化基督教醫院基因醫學部² 台灣大學醫學院婦產部³</p>
臨時稿件編號： 1024	
論文發表方式： 海報	Abstract: This research paper presents a case study of only wife affected by neurofibromatosis, a genetic disorder characterized by the growth of tumors on nerve tissue. The wife, already diagnosed with the condition, had given birth to two daughters, both affected by neurofibromatosis. Concerned about the hereditary implications, the couple sought assistance at Boyuan Fertility Clinic, where preimplantation genetic test-monogenic + disease (PGT-M) was conducted with two specific objectives: to ensure the selected embryo was free of neurofibromatosis and possessed normal chromosomal structure. The maternal line was diagnosed as a carrier with the heterozygous NF1 c.5030TCTATA[1](p.Ile1679_Tyr1680del) mutant, and the paternal line was wild-type. In this study, 11 normally developing embryos were collected and screened for the familial NF1 mutation by ARMS-qPCR based PGD. The PGD results of 5 out of 11 embryos were consistent with wild type, and no NF1 c.5030TCTATA[1] mutant was found. Heterozygous familial mutations were found in the remaining six embryos and interpreted as affected embryos. One genetically healthy embryo, devoid of neurofibromatosis and with normal chromosomal composition, was implanted successfully. The pregnancy has now progressed to 16 weeks, showing stability and promising signs. This case study emphasizes the efficacy of PGD in ensuring a healthy pregnancy outcome for couples facing genetic challenges, thereby offering hope and possibilities for families affected by neurofibromatosis.
論文歸類： 生殖內分泌	Keywords: Neurofibromatosis, Preimplantation genetic diagnosis, Genetic screening, Healthy pregnancy, Fertility treatment, Genetic disorders.

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稿件編號：E072	應用胚胎著床前基因診斷 PGT-M，避生重症甲型地中海型貧血子女 Medical Case Report: Successful Prevention of Thalassemia Major through Pre-Implantation Genetic Diagnosis
臨時稿件編號： 1025	蔡鋒博 ¹ 陳昭雯 ¹ 林招彰 ¹ 林昶睦 ¹ 張舜評 ² 馬國欽 ² 張月嬌 ¹ 陳曉青 ¹ 徐慧鈴 ¹ 潘孟麗 ¹ 張瑋媛 ¹ 施俐君 ¹ 陳明 ^{2,3} 博元婦產科不孕症試管嬰兒中心 ¹ 彰化基督教醫院基因醫學部 ² 台灣大學醫學院婦產部 ³
論文發表方式： 海報	*Introduction:* Alpha thalassemia, a hereditary blood disorder, results from mutations in genes related to the alpha globin protein, leading to reduced hemoglobin content in red blood cells. We present a case where a couple both carried the alpha thalassemia trait, making them carriers of the disease, and sought assistance from BoYuan Obstetrics and Gynecology Clinic for pre-implantation genetic diagnosis (PGD) to prevent the birth of a child with thalassemia major.
論文歸類： 生殖內分泌	*Case Description:* The couple, both carriers of alpha thalassemia, opted for PGD at BoYuan Obstetrics and Gynecology Clinic. Using advanced genetic screening techniques, two embryos free from thalassemia major were identified. In an unexpected turn, one of the implanted embryos split into identical twins, resulting in a rare natural triplet pregnancy. Case Description: The couple, both carriers of SEA subtype alpha thalassemia, chose to undergo PGD at Boyuan Obstetrics and Gynecology Clinic. PGT-M studies used nested gap PCR. After ovarian stimulation, 6 embryos with good morphology were selected and biopsied from blastocysts on day 5 for PGT-M. The PGT-M results showed that 1 wild type, 1 SEA carrier and 4 thalassemia major embryos were detected. Two thalassemia major-free embryos were selected for transfer on day 6. Unexpectedly, one of the implanted embryos split into identical twins, resulting in a rare natural triplet pregnancy now on the. 25 Weeks of gestation. *Discussion:* The successful identification and implantation of thalassemia-free embryos demonstrate the effectiveness of PGD in preventing the birth of children with severe genetic disorders. This case highlights the significance of early genetic screening for couples at risk of transmitting hereditary diseases, allowing them to make informed decisions about their reproductive options. *Conclusion:* The case of this triplet pregnancy showcases the importance of genetic screening and PGD in the prevention of hereditary diseases like alpha thalassemia. BoYuan Obstetrics and Gynecology Clinic's expertise in assisted reproductive technologies has not only ensured the health of the unborn babies but also brought immense joy and hope to the expecting parents. This case serves as a testament to the advancements in medical science and the positive impact it can have on families facing genetic challenges. *Acknowledgments:* We would like to express our gratitude to the medical team at BoYuan Obstetrics and Gynecology Clinic for their expertise and support throughout this case. Additionally, the parents have consented to sharing their story for the purpose of medical education and awareness.

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稿件編號：E073	育齡乳癌患者的生育能力保存: 成功生育活產的個案報告 Successful Live Birth Following Fertility Preservation in a Young Breast Cancer Patient
臨時稿件編號： 1042	簡銘瑩 ¹ 賴宗炫 ^{1,2} 國泰綜合醫院婦產科 ¹ 輔大醫學系 ²
論文發表方式： 海報	Breast cancer (BC) is the most prevalent cancer affecting women globally. In 2018, approximately 2.1 million new cases were reported. Notably, 5-7% of these cases occur in women under 40, a period often considered their prime reproductive years. The aggressive oncological treatments, including cytotoxic chemotherapy and endocrine therapy, can significantly impair fertility, presenting a substantial challenge for reproductive specialists. They are tasked with maximizing fertility preservation for young women diagnosed with breast cancer, offering them the opportunity to conceive and deliver their biological children.
論文歸類： 生殖內分泌	This report details a case involving a young woman diagnosed with right breast ductal carcinoma in situ (DCIS). After completing surgical intervention and radiation therapy, she was referred to our infertility department. Here, she underwent oocyte retrieval and embryo cryopreservation. Subsequently, she proceeded with in vitro fertilization (IVF) and achieved a successful pregnancy. The patient delivered a late-preterm infant at a gestational age of 36 5/7 weeks via transverse low segment cesarean section. This case exemplifies the potential for reproductive success following fertility preservation in breast cancer patients and highlights the importance of interdisciplinary collaboration in managing fertility in cancer survivors.

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稿件編號：E074	多囊性卵巢病患於人工授精後懷有四絨毛膜四半膜四胞胎 Quadrichorionic Quadriamniotic Quadruplets After Intrauterine Insemination in a Patient with Polycystic Ovarian Syndrome
臨時稿件編號： 1048	蘇品勻 ¹ 賴宗炫 ^{1,2} 國泰綜合醫院婦產科 ¹ 輔仁大學醫學系 ²
論文發表方式： 海報	Introduction The advancement of artificial reproductive technology (ART) has increased multiple pregnancies incidence. Careful embryo assessment and patient selection are essential to minimize this risk. Controlling the number of embryos is feasible during in vitro fertilization (IVF) but challenging with intrauterine insemination (IUI).
論文歸類： 生殖內分泌	Case Report A 24-year-old woman with a year of unsuccessful conception attempts, irregular menstrual cycles, and no underlying systemic diseases, underwent an evaluation for infertility. Diagnosed with polycystic ovarian syndrome (PCOS), she failed to conceive after three clomiphene citrate cycles. She presented with elevated serum prolactin, anti-Müllerian hormone (AMH), and testosterone levels, and a sonography confirmed PCOS. After the hysteroscopic polypectomy, an IUI was scheduled. Ovarian stimulation was followed by IUI, which resulted in a quadrichorionic quadriamniotic (QCQA) quadruplet pregnancy, as confirmed by ultrasound. Fetal reduction at 9 weeks led to a trichorionic triamniotic (TCTA) triplet pregnancy, which later spontaneously reduced to a dichorionic diamniotic (DCDA) twin pregnancy and resulted in preterm labor at 20 5/7 weeks of gestational age and delivery without survival. Discussion One in seven couples in Taiwan is affected by infertility. With a 10.6% multiple delivery rate after IUI, the risk varies internationally. Factors influencing outcomes include the number of mature follicles and the use of ovarian stimulation and intrauterine insemination (OS-IUI) agents. A retrospective study highlighted increased multiple gestations with more mature follicles. Letrozole, compared to Clomiphene and Gonadotropins, showed higher mono-follicular growth rates and did not significantly increase live births but reduced multiple pregnancies. Multiple pregnancies entail higher maternal and neonatal morbidity and mortality risks. Fetal reduction is considered for more than two fetuses, with miscarriage and preterm birth as major complications. Our patient's case indicates that Letrozole could have controlled follicle counts better, potentially avoiding the need for fetal reduction and the associated risks. Conclusion In PCOS patients like the subject of this study, Letrozole may be preferable to reduce the risk of multiple pregnancies. Cycle cancellation should be considered when multiple follicles are present to prevent the need for fetal reduction and mitigate the risks of preterm birth and other complications.

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稿件編號：E075	透過排卵期性交與單一胚胎植入相結合策略，在自然周期的冷凍胚胎移植過程中達成異卵雙胞胎懷孕 A heterozygotic twin pregnancy was achieved through a combination of timed intercourse and single embryo transfer during a natural cycle of frozen embryo transfer
臨時稿件編號： 1114	何欣諭 ¹ 賴宗炫 ^{1,2} 國泰醫院婦產科 ¹ 輔大醫學系 ²
論文發表方式： 海報	This case report presents the successful management of a 32-year-old nulliparous woman with a desire for pregnancy for over a year. The patient had regular menstrual cycles (30-31 days, duration: 6 days) and a 2.2cm intramural myoma. Her husband's semen analysis revealed oligospermia, and they experienced a previous failure in intrauterine insemination (IUI) treatment.
論文歸類： 生殖內分泌	Following the unsuccessful IUI attempt, the couple opted for in vitro fertilization (IVF) with a gonadotropin-releasing hormone (GnRH) antagonist protocol. A total of 20 oocytes were retrieved during the IVF procedure, all of which were cryopreserved to prevent ovarian hyperstimulation syndrome (OHSS). In the subsequent natural cycle of frozen embryo transfer, timed intercourse was advised on ovulation day. Five days later, a thawed blastocyst was transferred. Successful implantation was confirmed by measuring serum beta-hCG 9 days later after the single thawed blastocyst transfer. Ultrasound examination at 6 weeks of gestational age revealed a dichorionic diamniotic (DCDA) twin pregnancy. The patient successfully carried the pregnancy to 36+4 weeks of gestation and delivered healthy male and female twins via scheduled Cesarean section due to fetal malpresentation. This case demonstrates the effectiveness of IVF with a combination of timed intercourse and single embryo transfer during a natural cycle of frozen embryo transfer. The strategy may serve as personalized assisted reproductive technologies in optimizing outcomes for couples with challenging fertility issues.

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稿件編號：E076	以銅中毒相關基因 FDX1 作為卵巢老化的潛在指標 Cuproptosis-Related Gene FDX1 Identified as A Potential Target for Human Ovarian Aging
臨時稿件編號： 1160	嚴心勵 ¹ 伍佳君 ¹ 李佳榮 ¹ 林立德 ¹ 林佩瑩 ¹ 陳其蕓 ¹ 陳昱蓁 ¹ 崔冠濠 ¹ 高雄榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Background and Aims: Cuproptosis, a recently identified cell death mechanism, has gained attention for its association with diverse diseases. However, the genetic interplay between cuproptosis and ovarian aging remains largely unexplored. This study aims to fill this gap by analyzing datasets related to ovarian aging and cuproptosis.
論文歸類： 生殖內分泌	Methods: To elucidate FDX1's role, spatial transcriptome analyses were conducted in the ovaries of both young and aged female mice. Comprehensive bioinformatics analyses, facilitated by R software, revealed FDX1 as a potential cuproptosis-related gene with implications for ovarian aging. Clinical infertility biopsies were also examined to validate these findings, demonstrating consistent results in elderly infertile patients. Furthermore, pharmacogenomic analyses of ovarian cell lines explored the intricate association between FDX1 expression levels and sensitivity to specific small molecule drugs. Results: Spatial transcriptome analyses unveiled a significant reduction in FDX1 expression in aging ovaries, supported by consistent findings in biopsies from elderly infertile patients. Pharmacogenomic investigations indicated that modulating FDX1 could influence drug responses in ovarian-related therapies. Conclusions: This study pioneers the identification of FDX1 as a cuproptosis-related gene linked to ovarian aging. These findings not only contribute to understanding the mechanisms of ovarian aging but also position FDX1 as a potential diagnostic biomarker and therapeutic target. Further research may establish FDX1's pivotal role in advancing precision medicine and therapies for ovarian-related conditions.

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稿件編號：E077	單一細胞多體學表現出骨橋蛋白在調節卵巢老化的角色 Multi-Omics Reveals The Role Of Osteopontin/Spp1 In Regulating Ovarian Aging
臨時稿件編號： 1161	魯羽珈 ¹ 李佳榮 ¹ 林立德 ¹ 林佩瑩 ¹ 陳其蕓 ¹ 陳昱蓁 ¹ 崔冠濠 ¹ 高雄榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Background and Aims: Secreted phosphoprotein 1 (SPP1), also known as osteopontin (OPN), is a multifunctional glycoprotein implicated in various diseases. Despite its association with regulatory proteins and pro-inflammatory immune chemokines, the genetic connections between SPP1 and ovarian aging remain largely unexplored. This study aims to fill this knowledge gap by investigating the relationships between SPP1 and ovarian aging through multi-omics data analysis.
論文歸類： 生殖內分泌	Methods: To comprehend the role of SPP1, spatial transcriptomic analyses were conducted on ovaries from young and aged female mice. The study also included a sample from a 73-year-old individual. In-depth single-cell RNA sequencing analysis was performed to identify associations between SPP1 and key genes such as ITGAV, ITGB1, CD44, MMP3, and FN1. Co-expression analysis focused on revealing correlations, particularly between SPP1 and ITGB1. Results: The findings indicate that SPP1 is a potential gene related to ovarian aging. Spatial transcriptomic analyses revealed a significant decline in SPP1 expression in aged ovaries compared to young ovaries. A similarly low level of SPP1 was observed in the 73-year-old sample. Single-cell RNA sequencing analysis unveiled associations between SPP1 and crucial genes involved in cellular functions. Notably, strong co-expression correlation was identified between SPP1 and ITGB1. Conclusions: This study pioneers the identification of SPP1 as a gene implicated in ovarian aging. The exploration of SPP1's role holds the potential to advance precision medicine and enhance treatment strategies for conditions related to ovarian aging.

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稿件編號：E078	抗氧化劑對罹患寡精、弱精與畸精症的治療具正面效應 Positive Effect of Antioxidants for the Treatment of Oligoasthenoteratozoospermia
臨時稿件編號： 1167	何坤達 ¹ 蔡永杰 ² 溫仁育 ² 林毅倫 ² 蕭存變 ² 陳怡婷 ² 奇美醫療財團法人柳營奇美醫院 ¹ 奇美醫療財團法人奇美醫學中心婦產部 ²
論文發表方式： 海報	Objective: Oligoasthenoteratozoospermia (OAT) constitutes approximately 90% of male infertility cases. Previous research has suggested that OAT may be triggered by oxidative stress (OS), an imbalance between free radicals and antioxidants in the body, thereby diminishing the likelihood of successful fertilization. Existing evidence supports the idea that supplementing with antioxidants can mitigate OS, leading to enhancements in both the quality and quantity of sperm. This prospective study aims to assess the influence of antioxidant supplementation on sperm quality, sex hormone levels, and metabolic parameters in male infertility patients with OAT.
論文歸類： 生殖內分泌	Materials and Methods: From Dec.2022 to Sep 2023, male infertile patients suffered from OTA for in vitro fertilization and embryo transfer (IVF-ET) treatment were screened to joint this study. Totally, there were 124 patients screened and 79 patients were included. Patients were prescribed with oral antioxidants (Ferti-A) based on the body mass index. OTA was defined as either hypospermia (semen ≤ 2 cc) 、oligozoospermia (total sperm count $\leq 40 \times 10^6$) 、athenozoospermia (sperm motility $\leq 50\%$) or teratozoospermia (sperm normal morphology $\leq 14\%$ according to Kruger criteria). The contents of the nutritional supplement contains L-carnitine, L-arginine, zinc, vitamin E, glutathione, selenium, CoQ10, folic acid and Maca (Ferti-A). 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 3 months of the supplementation of this antioxidant combinations. Results: For patients who received the Ferti-A due to hypospermia (semen ≤ 2 cc), the semen volume increased from 1.18 ± 0.54 to 1.86 ± 1.02 ; $P=0.001$. For patients who received the Ferti-A due to oligozoospermia (total sperm count (TSC) $\leq 40 \times 10^6$), the TSC increased from $12.20 \pm 10.52 \times 10^6$ to $51.25 \pm 33.24 \times 10^6$; $P=0.001$. For patients who received Ferti-A due to athenozoospermia, the percentage of motile sperm increased from $33.81 \pm 12.26\%$ to $50.1 \pm 17.6\%$; $P=0.03$. There were no statistically significant difference in the serum level of E2, P4, T, FSH, LH, prolactin before and after treatment. There were also no significant difference in the main metabolic parameters such as GOT, GPT, T, Cholesterol, LDL, HDL, TG. There were no patients withdraw from this study due to side effects. Conclusion: This follow up study demonstrated oral antioxidant (Ferti-A) was safe and can effective improving semen quality in patients with suboptimal sperm quality. Oral antioxidant can produce benefit effect on semen volume, total sperm count, and the sperm motility for patients with OTA.

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稿件編號：E079	確診新冠肺炎後，卵巢功能大幅下降 Significant Reduction in Ovarian Reserve Post-COVID-19
臨時稿件編號： 1177	王采邑 ¹ 賴宗炫 ^{1,2} 國泰綜合醫院婦產科 ¹ 輔仁大學醫學系 ²
論文發表方式： 海報	The pandemic of COVID-19 not only dramatically changes our lifestyle but also leads to multisystemic disease affecting organs from respiratory to the cardiovascular, nervous, gastrointestinal, and not least, the gynecological systems. There are some hypothesis in reproductive dysfunction affected by COVID-19 infection, which may be related to pathologic change or associated with long-term inflammatory situation.
論文歸類： 生殖內分泌	We present a case where a patient with polycystic ovarian syndrome (PCOS) contracted COVID-19, leading to a sharp decline in her ovarian reserve, which showed gradual improvement over the course of a year.

稿件編號：E080	乳癌賀爾蒙接受器對生育保存的影響 Influence of breast cancer hormone receptor profiles on fertility preservation outcome
臨時稿件編號： 1203	劉尚昱 ¹ 黃尚玉 ¹ 張嘉琳 ¹ 吳憲銘 ¹ 黃泓淵 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式： 海報	Background: To evaluate the effect of different hormone receptor profiles of breast cancer on ovarian stimulation and fertility outcome
論文歸類： 生殖內分泌	<p>Methods: This retrospective cohort study evaluates data of all fertility preservation breast cancer patients in a tertiary medical center from 2014 to 2022. Women who underwent fertility preservation following the diagnosis of breast cancer were included in the study. The outcomes of women with different hormone receptor profiles were compared: estrogen receptor-positive (ER+) versus estrogen receptor negative (ER-); triple-negative breast cancer (TNBC) versus non-triple negative breast cancer (non-TNBC). The primary outcome was the total number of mature oocytes. Secondary outcomes included the number, the peak estradiol levels.</p> <p>Results: A total of 46 breast cancer patients underwent fertility preservation included in the study. They were further divided into ER+ (n=35), ER- (n=11); TNBC (n=6), non-TNBC (n=40). Patients with ER+ (n=35, mean age 33.4+-5.2 years) had compatible number of collected oocytes (11.8 versus 12.7, p=0.57) and mature oocytes (9.1 versus 9.4, p=0.939) in comparison with patients with ER- (n=11, mean age 33.3+- 5.7 years). Triple-negative breast cancer patients (n=6, mean age 31.5+-4.4 years) also revealed a similar number of collected oocytes (14 versus 11.8, p=0.19) and mature oocytes (10.3 versus 9, p=0.254) with non-triple negative breast cancer patients (n=40, mean age 33.7+- 5.4 years).</p> <p>Conclusion: Our study showed that there were similar ovarian stimulation and fertility preservation outcomes between different hormone receptor profiles of breast cancer patients.</p>

稿件編號：E081	黃體生成素(LH)和濾泡刺激素(FSH)在生殖細胞代謝老化中的交互作用 Interaction of Luteinizing Hormone and Follicle-Stimulating Hormone in the Metabolic Aging of Reproductive Cells
臨時稿件編號： 1220	許乃元 ¹ 李佳榮 ¹ 林佩瑩 ¹ 陳其威 ¹ 陳昱蓁 ¹ 崔冠濠 ¹ 林立德 ¹ 高雄榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Background and Aims: Luteinizing hormone (LH) and follicle-stimulating hormone (FSH) are vital hormones facilitating follicle growth and ovulation. While essential for controlled ovarian stimulation in hypogonadotropic hypogonadism patients, their involvement in other molecular mechanisms is not well-explored.
論文歸類： 生殖內分泌	<p>Methods:</p> <p>The research employed LH/FSH treatment to investigate its impact on ROS-induced oocyte apoptosis. Assessments included the measurement of reactive oxygen species (ROS) production, mitochondrial membrane potential, and mitochondrial dynamics. The expression of key molecules, Drp1 S637, AIFM1, and PGAM5, were analyzed to understand the molecular mechanisms involved. Cellular energy metabolism and ATP production were also evaluated.</p> <p>Results:</p> <p>Treatment with LH/FSH significantly reduced ROS production, restored mitochondrial membrane potential balance, and prevented excessive mitochondrial fragmentation by modulating Drp1 S637 expression. LH/FSH played a crucial role in maintaining aerobic respiration, reducing anaerobic respiration, and enhancing cellular ATP production. Importantly, LH/FSH treatment effectively downregulated the expression of AIFM1 and PGAM5, key molecules implicated in granulosa cells and mouse oocytes.</p> <p>Conclusions:</p> <p>This study demonstrates that LH/FSH has the potential to ameliorate mitochondrial deterioration induced by ROS and reprogram cellular energy metabolism, offering protection against oocyte apoptosis. The findings suggest that the presence of LH/FSH may contribute to safeguarding human germ cells, particularly under in vitro culture conditions.</p>

稿件編號：E082	胚胎移植策略：凍結和新鮮、囊胚及裂解期胚胎移植的全國性比較分析 Embryo Transfer Strategies and Maternal-Neonatal Outcomes: A National Cohort Comparative Analysis of Frozen and Fresh Blastocysts and Cleavage Stage Embryo Transfers
臨時稿件編號： 1229	張至婷 ¹ 蔡英美 ¹ 高雄醫學大學附設中和紀念醫院 ¹
論文發表方式： 海報	Introduction: The use of frozen embryo transfer in assisted reproductive technology has seen significant advancements and is a topic of ongoing debate within the medical community. The stage of embryo development at transfer and cryopreservation impact on perinatal outcomes has been underexplored. Comprehensive cross-comparisons between blastocyst and cleavage stages, and fresh versus frozen transfers, are lacking. This study analyzes national assisted reproductive technology and population registry data to address this gap. With extensive national registry data, we provided a comprehensive dataset that compared the outcomes of fresh blastocyst, fresh cleavage stage, frozen blastocyst, and frozen cleavage stage embryo transfers. The results shed light on factors influencing live birth rates, maternal complications, and neonatal outcomes. The study's findings provide valuable insights into the optimal practices for embryo transfers in assisted reproduction.
論文歸類： 生殖內分泌	<p>Methods: This retrospective cohort study conducted in Taiwan examines the outcomes of different embryo transfer techniques in assisted reproductive technology. The study utilizes a comprehensive dataset from the national assisted reproductive technology (ART) database, covering the years 2013 to 2017. The research categorizes cases into Fresh and Frozen Embryo Transfer groups, with further distinctions made between Cleavage Stage and Blastocyst Stage transfers. The study focuses on singleton births and assesses various reproductive, maternal, and neonatal outcomes. Statistical analyses, including the use of inverse probability of treatment weighting (IPTW), are employed to ensure data accuracy and balance baseline characteristics.</p> <p>Results: Frozen blastocyst transfers exhibited higher rates of clinical pregnancy (CPR) (OR 1.37, 95%CI 1.28-1.45) and live births (LBR) (OR 1.33, 95%CI 1.25-1.41) when compared to fresh blastocyst transfers. In contrast, frozen cleavage stage transfers had lower rates of clinical pregnancy (OR 0.74, 95%CI 0.70-0.78) and live births (OR 0.80, 95%CI 0.75-0.84) compared to fresh cleavage stage transfers. Additionally, frozen embryo transfers were associated with reduced risks of ovarian hyperstimulation syndrome (OHSS) (OR 0.03, 95%CI 0.02-0.04 for blastocyst and OR 0.04, 95%CI 0.02-0.08 for cleavage stage) and a lower incidence of postpartum hemorrhage (OR 0.62, 95%CI 0.39-1.01 for blastocyst and OR 0.34, 95%CI 0.15-0.73 for cleavage stage) compared to fresh embryo transfers. Frozen embryo transfers were linked to a higher risk of pregnancy-induced hypertension (OR 1.32, 95%CI 1.10-1.59 for blastocyst and OR 1.58, 95%CI 1.33-1.88 for cleavage stage), placental abruption (OR 1.15, 95%CI 0.97-1.37 for blastocyst and OR 1.54, 95%CI 1.29-1.83 for cleavage stage), and a higher incidence of large-for-gestational-age infants (OR 1.75, 95%CI 1.39-2.21 for blastocyst and OR 1.65, 95%CI 1.32-2.05 for cleavage stage). Blastocyst transfers were associated with fewer small-for-gestational-age babies (OR 0.81, 95%CI 0.67-0.99 for fresh embryo transfers and OR 0.79, 95%CI 0.65-0.96 for frozen embryo transfers) compared to cleavage stage transfers. Interestingly, higher incidence of newborn systemic physical disorders was noted in blastocyst transfers (OR 1.57, 95%CI 1.03-2.37 for fresh embryo transfers and OR 2.02, 95%CI 1.22-3.35 for frozen embryo transfers). Notably, no significant differences were observed in the incidence of gestational diabetes and preterm premature rupture of membranes (PPROM) among the various transfer groups.</p> <p>Conclusion: This comprehensive study highlights the disparity in clinical pregnancy and live birth outcomes between frozen and fresh, blastocyst and cleavage stage embryo transfers. Our findings indicate that frozen embryo transfer, particularly with blastocysts, is associated with higher clinical pregnancy and live birth rates, making it a preferred option in specific circumstances, such as younger maternal age and when a higher number of embryos is</p>

available. However, caution is needed due to the elevated risk of maternal complications and heavier newborn birthweights. Conversely, for cases where embryos can only develop to the cleavage stage, fresh embryo transfer remains a reasonable choice, albeit with a higher risk of ovarian hyperstimulation syndrome and low birth weight. The increased occurrence of newborn systemic physical disorders observed in blastocyst transfers warrants further validation. These complexities emphasize the need for personalized approaches in assisted reproduction.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E083	精液綠膿桿菌感染: 病例討論 Bacteriospermia of <i>Pseudomonas aeruginosa</i> : case discussion
臨時稿件編號： 1234	張晉瑜 ¹ 鄭菱勻 ¹ 嘉義長庚紀念醫院 ¹
論文發表方式： 海報	
論文歸類： 生殖內分泌	This 36-year-old woman first came to our outpatient department in 2019 for primary infertility. She had medical history of bilateral endometrioma status post laparoscopy partial cystectomy and adhesiolysis twice in 2013 and 2015, and uterine polyp status post TCR polypectomy three times in 2015, 2016, 2019. She had done hysterosalpingogram at other hospital in 2017 and it showed right tube partial occlusion. We checked her anti-mullerian hormone on 2019/05/22, and it revealed 1.5 ng/mL. Thus, ovum pick up was done in 2021/03, and total 7 oocytes was picked up. Her husband's sperm analysis on 2021/03 revealed normal. In vitro fertilization was done, but all embryo had zona pellucida loss since day 2. So, culture of the embryo media was done, and it revealed <i>Pseudomonas aeruginosa</i> growth. We soon arranged endocervix culture and sperm culture in 2021/12. Endocervix culture revealed group B streptococcus and <i>Escherichia coli</i> growth. Sperm culture revealed <i>Enterococcus faecalis</i> and <i>Pseudomonas aeruginosa</i> growth. We suggested her husband antibiotic therapy and circumcision. Her husband recived antibiotic therapy since 2021/12, but recurrent bacteriospermia of <i>Pseudomonas aeruginosa</i> was still noted for several times. Thus, circumcision was done in 2023/04. Recent sperm culture in 2023/09 revealed no <i>Pseudomonas aeruginosa</i> growth. Bacterial contamination of gamete samples may impair the embryo culture environment, and cause damage or loss of cultured oocytes and embryos. In a research of 347 semen specimens culture, 62 (17.8%) showed significant bacterial growth. The commonest isolates were <i>Escherichia coli</i> (41.9%), and 3 semen specimens showed <i>Pseudomonas aeruginosa</i> growth(4.8%). In another research, <i>Pseudomonas</i> seems to have no impact on semen quality. In a research of 162 women underwent in vitro fertilization, there was 10 specimens culture of catheter tip at the time of embryo transfer showed <i>Pseudomonas aeruginosa</i> growth, and 8 of the woman had pregnancy failure(80%). Thus, early diagnosis and treatment of bacteriospermia of <i>pseudomonas aeruginosa</i> may lead higher success rate of in vitro fertilization.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E084	身體質量指數和年紀對精液品質的影響 Impact of Body Mass Index (BMI) and Age on Semen Quality.
臨時稿件編號： 1240	蔡永杰 ¹ 溫仁育 ¹ 林毅倫 ¹ 蕭存燮 ¹ 陳怡婷 ¹ 何坤達 ² 奇美醫療財團法人奇美醫學中心、婦產部、生殖醫學中心 ¹ 奇美醫療財團法人柳營奇美醫院 ²
論文發表方式： 海報	Objective: This study aimed to investigate the impact of age and obesity on semen parameters, including semen ejaculate volume, total sperm count, and sperm motility. Materials and Methods: From Mar.20223to Oct 2023, semen sample from male patients who visit our hospital were analyzed and grouped on the basis of their body mass index (BMI) and age. Results: A total of 124 patients were enrolled in this study. In the initial screening, 36% (44/124) of the patients exhibited a normal BMI, 49% (61/124) were classified as overweight, and 15% (19/124) were categorized as obese (Fig 1). There was no statistically significant difference in semen volume among individuals with normal body weight, overweight, and obese groups (2.38 ± 1.23, 2.4 ± 1.22, and 1.94 ± 0.88) (Fig 2). A statistically significant difference was observed in the percentage of motile sperm between individuals with a normal BMI and overweight male patients (64.13 ± 20.23 vs. 52.95 ± 21.01; P=0.007) (Fig 3). Although there was a trend suggesting that overweight and obese males might have a lower total sperm count, the difference was not statistically significant (Fig 4).When patients were stratified by age, 21% (26/124) were younger than 35 years old, 66% (82/124) were between 35-45 years old, and 13% (19/124) were older than 45 years old (Fig 5). To our surprise, young male patients in our study appeared to have less semen volume and a lower total sperm count than aged males, although the differences were not statistically significant (Fig 6,7). Older males seemed to exhibit fewer motile sperm than younger male patients (59.7 ± 20.76 vs. 48.12 ± 15.27; P=0.03) (Fig 8).Conclusion: A significant majority of Taiwanese males are either overweight or obese (64%). Obesity can negatively impact semen quality by disrupting the hypothalamus-pituitary-testis axis or directly causing damage to sperm through the production of reactive oxygen species (ROS). Lifestyle modifications and weight management should be prioritized as the initial approach for overweight men contemplating pregnancy. Age exerts a considerable influence on fertility, affecting not only women but also men. Advanced age in men is associated with the production of lower-quality sperm with suboptimal motility. Our findings offer valuable insights for men who are not in their youth but may be hesitant about completing family planning.
論文歸類： 生殖內分泌	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E085	台灣人之居住地與試管嬰兒療程的關聯性 Association between Living Area and In Vitro Fertilization Outcomes in Taiwanese Patients
臨時稿件編號： 1249	馮敏 ¹ 尤星策 ¹ 台北長庚醫院 ¹
論文發表方式： 海報	# Abstract: Background: The living area is one factor that has yet to be a well-studied factor that may influence in vitro fertilization (IVF) outcomes.
論文歸類： 生殖內分泌	Objective: To investigate the association between living area and IVF outcomes in a cohort of Taiwanese patients undergoing IVF treatment in Taipei. Methods: We conducted a retrospective study of 1046 IVF cycles in a tertiary IVF center between July 2020 and June 2023. We collected data on patient demographics, clinical characteristics, and IVF outcomes. Living area was defined as the metropolitan and suburban/rural area of the patient's primary residence. Ongoing pregnancy rate (OPR) was our primary outcome measure. Result(s): Of the 612 patients undertaking 1046 IVF cycles, 216 lived in the metropolitan area of Taipei, and 396 lived in the suburban/rural area. We found no statistical significance between the two groups when comparing the OPR and other parameters of the IVF outcomes. Conclusion(s): Our study suggests that the living area of patients receiving IVF treatment is not associated with pregnancy outcomes. Further research is needed to confirm these findings. Keywords: IVF, living area, metropolitan, urban, suburban, rural, Taiwan

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E086	患有子宮內膜異位症的女性在受精-胚胎移植前使用長效型性腺釋放激素促效劑(GnRH-HR)與長效型性腺釋放激素促效劑加復乳納膜衣錠(GnRHa-Let-HRT)的預後比較 Efficacy between GnRH-agonist hormone replacement therapy (GnRH-HR) and GnRH-agonist and Letrozole pretreatment in hormone replacement therapy (GnRHa-Let-HRT) as pre-treatment for women with endometriosis prior to fertilization-embryo transfer (IVF).
臨時稿件編號： 1266	宋潔 ¹ 林佩瑩 ¹ 李佳榮 ¹ 陳其蕓 ¹ 陳昱蓁 ¹ 崔冠濠 ¹ 林立德 ¹ 高雄榮總 ¹
論文發表方式： 海報	Background: Endometriosis is a gynecologic condition that affects 5-10% of women in their reproductive age. One of its complications is infertility, which can be treated with assisted reproductive technology (ART). However, studies have shown that the pregnancy rate of women with endometriosis-associated infertility is lower than other causes of infertility. Gonadotropin-releasing hormone (GnRH) regimens have been found effective in relieving endometriosis symptoms and improving pregnancy success rates when used prior to in vitro fertilisation-embryo transfer (IVF). Aromatase inhibitors (AIs), such as Letrozole, have also been used to manage endometriosis-related symptoms. However, there is limited research on the effectiveness of combining GnRH with Letrozole before IVF. This study aims to examine the efficacy between GnRH-agonist pretreatment in hormone replacement therapy (GnRH-HR) and GnRH-agonist and Letrozole pretreatment in hormone replacement therapy (GnRHa-Let-HRT) as pre-treatment for women with endometriosis prior to fertilization-embryo transfer (IVF).
論文歸類： 生殖內分泌	Method: This study is a retrospective analysis of 470 females with endometriosis undergoing IVF treatment in a single center between July 2022 and December 2022. Patients were divided into two groups based on their endometrial preparation protocol: Group A consisted of 343 patients using the GnRH-agonist pretreatment in hormone replacement therapy (GnRH-HR) protocol, while Group B consisted of 127 patients with adenomyosis and endometriosis using the GnRH-agonist and Letrozole pretreatment in hormone replacement therapy (GnRHa-Let-HRT) protocol. The study compared clinical pregnancy, ongoing pregnancy, live birth, and abortion rates between the two groups. Result: The study found that FSH levels were higher in Group B (p = 0.002) and anti-mullerian hormone levels were lower (p < 0.001) compared to Group A. However, ongoing pregnancy rates were comparable between the two groups (OR 1.25, 95% CI 0.77-2.04, p = 0.366), as well as live birth rates (OR 1.24, 95% CI 0.76-2.02, p = 0.398). Conclusion: Patients with endometriosis who received GnRH-HRT have comparable pregnancy outcomes to GnRHa-Let-HRT prior to IVF. There were no significant differences in ongoing pregnancy rates and live birth rates.

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論文摘要

稿件編號：E087	探討女性生殖道菌相對生殖預後的影響：前瞻性觀察研究 Impact of female genital tract microbiota on fertility and pregnancy outcome: A prospective study 陳怡婷 ^{1,2} 蔡永杰 ^{1,2} 溫仁育 ^{1,2} 林靦倫 ^{1,2} 蕭存壹 ^{1,2} 奇美醫學中心 ¹ 生殖醫學科 ²
臨時稿件編號： 1283	
論文發表方式： 海報	Objective: This study evaluated the vaginal microbiota of infertile females undergoing ART cycles with frozen embryo transfer. We aim to investigate biomarkers between pregnant and non-pregnant women to improve reproductive outcomes. Materials and methods: This is a prospective study conducted at our center between July 1, 2022, and August 31, 2023. We included primary infertile females undergoing ART cycles with frozen embryo transfer, aged between 20 and 42 years old. Several conditions were excluded, as listed below: 1. Age: <20 or >42 years old, 2. Active vaginitis, endometritis, or PID, 3. AMH levels <2ng/ml, 4. Severe male factor infertility. Vaginal discharge was initially collected from the posterior fornix of the vagina using sterilized swabs, following the placement of a sterilized vaginal speculum. The swab was immediately placed in a DNA/RNA shield tube. Samples were sent for DNA extraction on the same day. Full-length 16s rRNA sequence analysis from the specimen DNA was performed by an Outsourced Biotechnology Company. Patients who did not achieve pregnancy were placed in group 1, while those who did were placed in group 2. We conducted graphical phylogenetic analysis of the microbiota, assessing α -diversity and β -diversity between the samples to compare bacterial abundances between the two groups. Statistical analysis will be conducted by the outsourced biotechnology company. Result: Fourteen women were included in this study, with a mean patient age of 36.2 years. Eight patients who did not become pregnant were in group 1, while the remaining six patients who became pregnant were in group 2. Therefore, two distinct phenotypes were available for comparison: pregnant and non-pregnant. The vaginal microbiota in group 2 exhibited a low-diversity environment, predominantly comprising lactic acid-producing Lactobacillus crispatus. Only one out of the six patients had Gardnerella vaginalis dominance. However, no significant differences were found in the alpha diversity index and Beta Diversity analysis. Conclusion: In our study, it was shown that Lactobacillus species are the most prevalent vaginal microbiota species during pregnancy, especially Lactobacillus crispatus. However, due to the small sample size, we were unable to demonstrate significant results from the analysis. A larger sample size is needed in future studies.
論文歸類： 生殖內分泌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
論文摘要

稿件編號：E088	較低的 GnRH antagonist 劑量對年輕且卵巢正常反應者在進行試管嬰兒新鮮胚胎植入療程有較好的臨床預後 Lower doses of GnRH antagonist were associated with better IVF outcomes in normal responders with young age 李佳臻 ¹ 林明輝 ¹ 台北馬偕醫院婦產部 ¹
臨時稿件編號： 1293	
論文發表方式： 海報	Study question: To analyze the impact of the total dose of GnRH antagonist on IVF outcomes in women undergoing fresh embryo transfer (ET) Study Design, Size, Duration: A total of 585 patients who underwent fresh ET at our tertiary hospital between January 1, 2017, and December 31, 2022, were included in the retrospective cohort study. Materials, Setting, Methods: The eligible patients were divided into three categories based on the number of retrieved ova: normal responders (6 to 15 ova), high responders (more than 15 ova), and poor responders (less than 6 ova). We analyzed the IVF outcomes for total GnRH antagonist doses below and above two ampules (Cetrotide 0.25mg/amp; ≤ 0.5 mg and >0.5 mg). Furthermore, we conducted subgroup analyses for the young age group (age ≤ 38 y/o) and advanced age group (age >38 y/o) within the three categories. Main results: In the normal responder group, lower GnRH antagonist doses were associated with significantly higher livebirth rates (37.2% vs 24.1%, $p=0.006$) and implantation rates (35% vs 25.5%, $p=0.026$). The clinical pregnancy rate was higher (44.2% vs 36.6%) and the miscarriage rate was lower (7.7% vs 12.5%), but not statistically significant, and. However, these effects were not observed in the poor or high responder group. In the subgroup analysis of young age within the normal responder group using lower GnRH antagonist doses, the livebirth rate was significantly higher (45.6% vs 30.1%, $p=0.023$), and the clinical pregnancy rate (52.2% vs 39.8%) and implantation rate (45.6% vs 33%) were higher but not statistically significant. In the subgroup of advanced age, there were no significant differences in clinical pregnancy, implantation, and livebirth rates between the two doses. Conclusion: In this study, lower doses of GnRH antagonist (≤ 0.5 mg) were associated with better IVF outcomes in normal responders, including higher implantation, clinical pregnancy, and livebirth rates, as well as a reduced miscarriage rate. This effect was observed in the subgroup analysis of young age within the normal responder group but not in the advanced age group. However, there was no significant difference in poor or high responders, regardless of the GnRH antagonist dose. We suggest that a low dose of GnRH antagonist may improve endometrial synchrony and embryo quality in normal responders. Nevertheless, further research is required to validate these findings.
論文歸類： 生殖內分泌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
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稿件編號：E089	境界惡性卵巢癌合併深部靜脈血栓 Borderline ovarian tumor with deep vein thrombosis A Case Report and Review of the Literature 張維鑑 ¹ 簡婉儀 ¹ 高雄市阮綜合醫院 ¹
臨時稿件編號： 0997	
論文發表方式： 海報	orderline ovarian tumor with deep vein thrombosis A Case Report and Review of the Literature 阮綜合醫院 張維鑑 簡婉儀 Introduction. Ovarian cancer is a tumor with an extremely high thrombotic rate.Despite advances in the prevention of deep vein thrombosis(DVT) and pulmonary embolism(PE) by sequential compression devices and perioperative anticoagulation, venous thromboembolic events remain a serious and common complication for women with ovarian cancer after primary surgical treatment. Case report and methods. A 40-year-old woman suffered from abdominal distension for about 5-6 months and bilateral lower limbs edema occurred recently,especially left lower limb was noted.Associated symptoms including short of breath and body weight loss was noted.The labortory data revealed leukocytosis with elevated CRP.Vital signs revealed body temperate was 37.4, heart rate was 129, breath sound was 18,blood pressure was 156/112mmhg in emergent room on 2021/05/21 and patient was admitted to our ward for further evaluation.upper and lower abdomen CT impressed abdominal cystic tumor (435x365x280mm) ,ovary cystadenoma is likely on 2021/05/22. venography for lower extremities revealed deep vein obstruction with collateral circulation in the IVC , left iliac,left femoral and left popliteal vein. And pulmonary embolism was intermediate probability, especially left lung on 2021/05/28. Chest CT-without contract was performed and showed subsegmental atelectasis in bilateral low lung was noted and huge cystic in the abdomen on 2021/05/29.D-dimer level was 10.37mg/l and FDP-quani was 18.01ug/ml. Tumor maker was normal value except CA -199 was 1212.6u/ml.Under the impression of huge ovarian tumor with deep vein thrombosis and maybe pulmonary embolism, patient received expartory lapatomy left salpingo- oophorectomy +adhesiolysis+ frozen section on 2021/5/31.Flatus passage was noted after operation.Patient try diet and anticoagulation drug and sequential compression stockings was given. The final pathology showed mucinous borderline tumor—ovary,left side oophorectomy.No malignancy was identified.With all condition stable, Patient was discharged and OPD follow up. Result.venous thromboembolism(VTE) such as deep-vein thrombosis (DVT) and pulmonary thromboembolism(PTE) often occurs after surgery and rarely occurs even before surgery in patient with ovarian cancer.It is well known that levels of plasma D-dimer(DD) before treatment in most ovarian cancer patient are increased. But final pathology was borderline ovarian tumor and no malignancy was noted. And patient was diagnosed deep-vein thrombosis and pulmonary embolism before operation. however,large tumors in mucinous bordline tumor may compress the intrapelvic vein and increase the risk of DVT even before surgery. Conclusion.The guidelines focus on treatment of preoperation VTE and recommended the use of elastic stockings and IPC during and after surgery and anticoagulant therapy after surgery in patient with borderline ovarian tumor.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
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稿件編號：E090	子宮癌肉瘤 Carcinosarcoma of uterus A Case Report and Review of the Literature 張維鑑 ¹ 簡婉儀 ¹ 高雄市阮綜合醫院 ¹
臨時稿件編號： 0998	
論文發表方式： 海報	Introduction.. Uterine carcinosarcoma also known as malignant mixed mullerian tumor, malignant mesodermal mixed tumor, or metaplastic carcinoma is a rare uterine malignancy with an incidence of fewer than 2 per 100,000 women per year. Although carcinosarcomas account for <5% of all uterine malignancies, they are associated with >15% of uterine cancer-associated deaths. This aggressive behavior along with its unique histological appearance including both malignant epithelial and mesenchymal components has attracted considerable attention since the beginning of the 20th century. In 1940, Dixon and Dockerty reported on a case of "carcinosarcomatode". Since this early report, many advances have been made in the surgical management and adjuvant therapies; nevertheless, no significant improvement in survival has been achieved. Case report and methods. A 63-year-old, G3P2A1, woman has no history of hypertension and hyperlipidemia and menopause was age of 40. She suffered from menopausal vaginal spotting since 2022/07. She had ever visited our OPD for help on 2022/07/07. The PV showed vulva:normal, vagina: normal, cervix: smooth, uterus: n/s Adnexa: free bil. The gynecologic ultrasound revealed 1. Uterus: 67x38x47mm 2. Endometrium:13mm 3. Fluid in cavity 4.bil ovary: invisible. The pap smear showed atypical glandular was noted. Then hysteroscopy + D&C was arranged on 2022/07/13. The pathology showed carcinosarcoma was noted. The abdomen MRI was done on 2022/07/25. The impression showed 1. Consistent with endometrial cancer invading more than one half of the myometrium,---Preliminary cancer stage:T1bN0; 2. Small right ovarian cyst(1.6cm); 3.Suspicious small cyst at S7 of liver. Endometrial cancer AJCC clinical stage IB(cT1bN0) was diagnosed and operation was also suggested. She was admitted on 2022/08/01 and received operation on 2022/08/02. Pathologic diagnosis was carcinosarcoma without lymph nodal metastasis (pathological stage: pT1bN0, FIGO stage: Ib). The whole course was smoothly. Due to general condition was stable, she was discharged on 2022/08/10 . Result: In 60% of patients, carcinosarcoma presents as an advanced disease extending beyond the uterus; and in >50% recurrence will occur after primary surgical and adjuvant therapy.1,2 Although the pathological and molecular characteristics and behavior of the tumor is more related to high-grade endometrial carcinosmas than to uterine sarcoma, still this disease has unique clinical and prognostic characteristics that make it a distinct biological entity of tumor. Clinical presentation of uterine carcinosarcoma depends on the disease distribution. Typically, carcinosarcoma presents with abnormal vaginal bleeding, bloody discharge, watery discharge, abdominal pain, or as an abdominal mass. On imaging studies, uterine carcinosarcoma appears as a large mass accompanied by dilatation of the uterine cavity and myometrial invasion mostly in the fundus area. Magnetic resonance (MR) can be helpful in differentiating from other uterine tumors. Tumors often appear hyperechoic on sonography, heterogeneously hypodense and illdefined on contrast-enhanced computed tomography, and heterogeneously hyperechoic on T2-weighted MR images with signal abnormalities indicating subacute hemorrhage on T1-weighted MR images. Myometrial invasion is common and has a predilection for the uterine fundus. The diagnosis of carcinosarcoma is a histological one, sometimes only possible after hysterectomy. Previous studies reported low accuracy of endometrial sampling in diagnosing carcinosarcoma. In 1 study the histological diagnosis of carcinosarcoma was correct in 60%, and 8% of patients with carcinosarcoma had a negative
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	<p>preoperative endometrial biopsy. Preoperative CA125 elevation is a marker of extrauterine disease and deep myometrial invasion in patients with uterine carcinosarcoma. Postoperative CA125 elevation is an independent prognostic factor for poor survival. The implication of this in clinical practice is not yet established. Carcinosarcoma and endometrial carcinomas share similar risk factors.</p> <p>The incidence of carcinosarcoma is increased in association with increased exposure to estrogen and with pelvic radiation. There is evidence of reduced incidence in women on oral contraceptives. Patients treated with tamoxifen have 2 times increase in the incidence of endometrial carcinoma and 8-fold increase in the incidence of carcinosarcoma. Interestingly, black race was associated with increased incidence of carcinosarcoma compared with whites and was associated with higher recurrence rates. This finding merits further investigation.</p> <p>Conclusion.</p> <p>Carcinosarcoma is a highly aggressive uterine malignancy. An approach with targeted therapies based on individualized risk of recurrence and molecular characterization of each tumor might be the future direction for treatment. Until then, a comprehensive approach with complete surgical staging to assess tumor dissemination followed by multimodal therapy with combinations of external beam irradiation or vaginal brachytherapy and systematic chemotherapy in patients with both early and advanced stage disease is the best available approach.</p> <p>.</p>
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台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E091	<p>子宮頸癌合併同時性卵巢原發癌：病例報告及文獻回顧 Synchronous primary cervical cancer and ovarian cancer: A rare case report and Review of Literature</p> <p>林士文¹ 台北榮民總醫院桃園分院婦產科¹</p>
臨時稿件編號：1000	
論文發表方式：海報	
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E092	<p>以子宮精水以及急性尿滯留表現的子宮頸癌患者 -- 個案報告 A case of cervical cancer presents with massive hydrometra and sudden onset urinary retention</p> <p>李曜宏¹ 屏東榮民總醫院婦產科¹</p>
臨時稿件編號：1001	
論文發表方式：海報	<p>【Abstract】 The incidence of cervical cancer in Taiwan has been decreasing due to the policy of annual Pap smear and the HPV vaccine. However, there are still quite a number of elder people never do the Pap smear screening because of embarrassment or misunderstanding that the Pap smear screening is not necessary after menopause especially in advanced age. Hence, the incidence of cervical cancer in Taiwan increases with age while the overall prevalence is decreasing. Cervical cancer mostly presents with abnormal vaginal discharge, non-menstrual bleeding, and postcoital bleeding. Some patients might be also diagnosed with asymptomatic lesions upon pelvic examination or Pap smear cytologic evaluation. As the cervical lesion enlarges, it could also result in difficult urination or defecation. In this article, we share a 72 years old lady who presented to emergency department with acute urinary retention due to compression resulted from hydrometra instead of the cervical mass. She was initially managed as obstructive uropathy secondary to diabetes mellitus, but finally the endocervical malignancy was confirmed and she received the laparoscopic radical hysterectomy and comprehensive staging surgery.</p> <p>【Case report】 A 72 years old lady presented to emergency department with sudden onset difficult urination for several days. She reported that she has history of hypertension and diabetes mellitus and both are well-controlled with regular medication. The abdominal CT revealed extremely distended urinary bladder and hydrometra, and bilateral hydronephrosis as well. However, there was no obvious cervical or uterus corpus mass shown in the abdominal CT. The urinary catheterization was done to relieve her urinary retention, and this patient was referred to gynecology due to the hydrometra. Upon pelvic examination, no visible cervical lesion was detected, and the cervical cytology even showed only atrophic and inflammatory change. The transvaginal sonography revealed hydrometra and some papillary lesion near low segment of uterus. To further evaluate the etiology of the hydrometra, hysteroscopy was done and multiple polyp-like lesion was observed at low segment of uterine body. The D&C was done for pathologic diagnosis which revealed carcinoma with papillary features that could arise from cervix or endocervix due to the IHC result of ER(-), P16(+) and scattered P40. Later, the MRI examination disclosed the generally smooth endometrial lining and a lesion limited to endocervix with stromal invasion more than 5mm, and the clinical image stage was cT1b1N0M0, stage IB1. According to above findings, the cervical cancer was impressed and this patient received the laparoscopic radical hysterectomy, bilateral salpingo-oophorectomy, and comprehensive staging surgery. The final pathology report confirmed the cervical papillary squamous cell carcinoma with FIGO stage IB2. Now, this patient was regularly followed up with complete response.</p> <p>【Discussion】 The most common symptom of cervical cancer is abnormal vaginal bleeding, but some patients with early stage disease might present with no clinical symptoms upon diagnosis. On the other hand, urinary retention is a rare clinical manifestation of cervical cancer that is a consequence of compression from enlarged cervical mass. However, in this case with acute urinary retention, no marked cervical mass was detected by transvaginal sonography, abdominal CT and pelvic examination. Therefore, the urinary retention is due to the engorged low segment of uterus caused by the massive hydrometra. It is necessary to differentiate the origin of the malignancy, because the surgical strategy, radical hysterectomy or extrafascial hysterectomy, depends on the cancer type. A gynecologist must carefully evaluate a patient with hydrometra to survey if any occult cervical or endometrial lesion.</p>
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台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E093	<p>巨大卵巢腫瘤併發下肢急性廣泛靜脈血栓以及腔室症候群 -- 個案報告 Huge ovarian tumor complicated with phlegmasia cerulea dolens and compartment syndrome – A case report</p> <p>李曜宏¹ 屏東榮民總醫院婦產科¹</p>
臨時稿件編號：1002	
論文發表方式：海報	<p>【Purpose】 This report is to share a rare case that a young female who was diagnosed with huge ovarian mass and complicated with critical extended deep vein thrombosis, lower limb compartment syndrome, and pulmonary embolism.</p> <p>【Material and Methods】 A 25-year-old female presented to the emergency department due to sudden onset of left leg pain with rapidly progressive swelling just a few hours before her arrival. Because of her initial presentation, the DVT was impressed and CT angiography revealed a huge left heterogeneous ovarian mass measuring about 25 cm, collapsed IVC, and diffuse thrombosis of bilateral pulmonary arteries and iliac veins. Soon after her arrival, the left leg became pale, cold, and pulseless, and showed diffuse mottling. Furthermore, acute kidney injury and rhabdomyolysis secondary to compartment syndrome developed rapidly.</p> <p>【Result】 Because of the left leg compartment syndrome, emergent fasciotomy was planned, but sudden desaturation and shock occurred during general anesthesia, which was mostly likely due to pulmonary embolism. Therefore, the surgery was held and the patient was transferred to ICU ward for following treatment. During the period in ICU, anticoagulant therapy with unfractionated heparin was initiated instead, followed by percutaneous transluminal angioplasty plus thrombectomy. The patient received fasciotomy and resection of the huge left ovarian tumor after her condition improved. The pathology of the left ovarian tumor was endometrioid adenocarcinoma.</p> <p>【Conclusion】 Malignancy and tumor compression of vessels are both risk factors leading to lower limb deep vein thrombosis, which is rarely complicated with compartment syndrome and phlegmasia cerulea dolens. This patient underwent repeat percutaneous transluminal angioplasty for residual pulmonary embolism and iliac vein thrombosis and she was discharged with apixaban treatment, without marked sequelae.</p>
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台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E094	惡性卵巢生殖細胞腫瘤經化療後引發之罕見血栓性微血管病：個案報告及文獻回顧
臨時稿件編號：1004	Drug-induced thrombotic microangiopathy after adjuvant chemotherapy in malignant ovarian germ cell tumor: a case report and literature review 李光晏 ¹ 江盈澄 ¹ 台大醫院婦產部 ¹
論文發表方式：海報	This case report described a rare case of drug-induced thrombotic microangiopathy (DI-TMA) following chemotherapy with the regimen of bleomycin, etoposide, and cisplatin (BEP) in a patient with malignant ovarian germ cell tumor (MOGCT). The objective is to highlight the difficulty in diagnosing and treating DI-TMA associated with BEP chemotherapy. A 21-year-old woman presented with a pelvic mass. Fertility-sparing surgery was performed, and a diagnosis of endodermal sinus tumor was confirmed. The patient received the first course of adjuvant chemotherapy with BEP regimen, but she developed symptoms of anemia, thrombocytopenia, and acute kidney injury. DI-TMA was diagnosed after thorough examinations, and she improved gradually by three courses of plasma exchange. Adjuvant chemotherapy was discontinued due to DI-TMA, and she kept disease-free for 17 months after the operation. Our case highlighted the importance of considering DI-TMA in patients receiving BEP chemotherapy who presented with anemia, thrombocytopenia, and acute kidney injury.
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E095	Trastuzumab deruxtecan (T-DXd)與 HER2 突變型高度惡性神經內分泌腫瘤型子宮頸癌的關聯性
臨時稿件編號：1016	Trastuzumab deruxtecan (T-DXd) vs. HER2 mutant high-grade neuroendocrine carcinoma of the uterine cervix 林瑜瑩 ¹ 趙婉如 ² 韓志平 ¹ 中山醫學大學附設醫院婦產部 ¹ 中山醫學大學附設醫院解剖病理科 ²
論文發表方式：海報	High-grade neuroendocrine carcinoma (NEC) of the uterine cervix (Ut Cx) is a rare and aggressive subtype, comprising less than 2% of cervical cancers. Its prognosis is poor due to early metastasis and high recurrence rates, with most cases diagnosed at advanced stages. Conventional treatments yield unsatisfactory outcomes, prompting the need for more effective therapies.
論文歸類：婦癌	Trastuzumab deruxtecan (T-DXd; Enhertu) is an antibody-drug conjugate (ADC) combining a humanized anti-HER2 monoclonal antibody (Trastuzumab) with a topoisomerase I inhibitor payload (deruxtecan). Its high drug-to-antibody ratio induces DNA damage and apoptosis, affecting neighboring tumor cells. Activating HER2 mutations enhance receptor internalization, potentially explaining T-DXd's clinical efficacy. The FDA approved T-DXd on August 5, 2022, for adult patients with HER2-mutant non-small cell lung cancer, marking the first approval for HER2-mutant solid tumors. This tumor-agnostic approach may apply to Ut Cx SCNEC with activating HER2 mutations. We identified ERBB2 gene mutations in 41.7% of Ut Cx SCNEC cases, including concurrent double mutations. Notably, the exon 20 A775_G776insYVMA insertion reported in other cancers was not detected. Robust and reliable HER2 mutations were identified using high-quality DNA and specific sequencing methods. Our findings reveal a relatively high frequency of actionable ERBB2 missense mutations in Ut Cx SCNEC, providing insights into potential targeted therapies. Further studies are needed to assess trastuzumab deruxtecan's efficacy across tumor types with activating ERBB2 mutations, potentially supporting tumor-agnostic approvals for HER2-mutant cancers. This precision medicine approach may benefit patients with this rare and aggressive cervical malignancy.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E096	高度惡性神經內分泌腫瘤型子宮頸癌中 KIT 和 PDGFRA 癌基因的分離分析
臨時稿件編號：1021	Molecular analysis of KIT and PDGFRA oncogenes in high-grade neuroendocrine carcinoma of the uterine cervix 林瑜瑩 ¹ 趙婉如 ² 韓志平 ¹ 沈煌彬 ¹ 中山醫學大學附設醫院婦產部 ¹ 中山醫學大學附設醫院解剖病理科 ²
論文發表方式：海報	Introduction: High-grade neuroendocrine carcinoma (NEC) of the uterine cervix (Ut Cx) represents a rare and highly aggressive subtype, accounting for less than 2% of all cervical cancers. The prognosis for patients with this condition is generally poor, necessitating intensive combination chemotherapy. However, there remains a critical need for further research to develop optimal treatment strategies and improve outcomes. Notably, studies have indicated variable presence of KIT and PDGFRA immunoreactivities in a subset of high-grade NEC cases, though inconsistencies exist. KIT and PDGFRA, both located on chromosome 4q12, share structural similarities and activate analogous downstream signaling pathways upon binding to their respective ligands, PDGF and SCF. These molecularly related targets can be therapeutically addressed by inhibiting their kinase activities using tyrosine kinase inhibitors (TKIs), offering potential clinical benefits for cancers driven by their aberrant signaling. Given this context, we sought to investigate the molecular status of KIT/PDGFRA in high-grade NEC of the Ut Cx.
論文歸類：婦癌	Materials and Methods: Formalin-fixed paraffin-embedded (FFPE) tumor samples were procured from 12 cases of high-grade NEC of the Ut Cx. Macro-dissection was employed on unstained sections of 10mm thickness FFPE samples to isolate and enrich DNA from tumor cells. DNA extraction was conducted using the QIAamp DNA FFPE Kit (Qiagen, Valencia, CA, USA). Targeted next-generation sequencing (NGS) was subsequently performed to screen for mutations in hotspots of the KIT and PDGFRA oncogenes, utilizing the Human Clinically Relevant Tumor GeneRead DNAseq Targeted Panel V2 (Qiagen) on the Illumina MiSeq platform (San Diego, CA). Results: Among the 12 high-grade NEC cases examined, 2 cases (16.67%) exhibited over-expression of the KIT protein (Figure 1), although no KIT oncogene mutations were identified (Table 1). Conversely, no activating mutations in the PDGFRA proto-oncogene were observed. However, a polymorphic variant with a silent base substitution in exon 12, c.1701A>G p.P567, was present in all 12 cases. Additionally, another silent base change in exon 18, c.2472C>T p.V824, was identified in 5 cases (Table 1). Discussion: The observed over-expression of the KIT protein did not correlate with activating mutations in the KIT oncogene within high-grade NEC of the Ut Cx. The underlying mechanism and functional implications of KIT over-expression in these tumors remain unclear. Furthermore, the absence of identified missense driver mutations in KIT and PDGFRA suggests limited efficacy of KIT/PDGFRA inhibitors (e.g., imatinib, sunitinib, regorafenib, ripretinib, and avapritinib) as therapeutic options. However, the consistent presence of a silent mutation (c.1701A>G p.P567) in the PDGFRA proto-oncogene across all 12 cases may serve as a valuable genetic marker. This potential marker could be employed for identifying drug vulnerabilities or monitoring tumor evolution. Further research is warranted to elucidate the significance of this mutation and explore its potential applications in guiding patient management. Conclusion: In summary, while KIT/PDGFRA inhibitors may offer limited therapeutic value, the recurring silent PDGFRA mutation could prove to be a crucial genetic marker for high-grade NEC of the Ut Cx. Additional studies are warranted to ascertain its clinical utility for these patients. Further research and clinical investigations are needed to determine its significance and potential applications in patient management.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E097	結合免疫檢查點抑制劑與放射治療引發卵巢癌抗腫瘤遠端效應：病例報告
臨時稿件編號：1030	Combinations of immune checkpoint blockade with radiotherapy to induce anti-tumor abscopal effect in ovarian cancer: a case report 王欣怡 ¹ 溫國璋 ¹ 賴鴻政 ¹ 朱凌慧 ¹ 周子婷 ¹ 宋碧琳 ¹ 呂岳勳 ² 劉蓓麗 ³ 衛生福利部雙和醫院婦產部 ¹ 衛生福利部雙和醫院放射科 ² 衛生福利部雙和醫院病理科 ³
論文發表方式：海報	Introduction Epithelial ovarian cancer (EOC) was considered as an immuno-reactive cancer. A recent phase 2 trial combining pembrolizumab, bevacizumab, and oral cyclophosphamide in patients with recurrent EOC presented with an ORR of 47.5%. Radiotherapy could treat distant metastasis tumor with high energy x-rays. We presented a heavily treated EOC patient, who underwent combined immune checkpoint blockade and radiotherapy, resulted in considerable therapeutic effect.
論文歸類：婦癌	Clinical Presentation 59-year-old female patient, a case of mixed epithelial carcinoma (95% dedifferentiated + 5% clear cell) of ovary stage IIIB, had liver metastasis tumors 10 months after her first debulking surgery and first line adjuvant chemotherapy with Carboplatin and Paclitaxel in September 2015. Due to disease progression with persistent metastasis tumors, she received 3 lines of chemotherapy and target therapy, including Carboplatin plus Doxorubicin in July 2016, Bevacizumab plus carboplatin and paclitaxel in June 2017, then Gemcitabine plus carboplatin in September 2018. However, new liver and lung metastasis with peritoneal seedings still noted on following abdomen and pelvis computed tomography in April 2019. She finally received pembrolizumab combined with bevacizumab. The treatment outcome was not ideal at first, with interval progression of recurrent tumors on follow-up image after 3 months. Therefore, radiotherapy was added for the liver metastasis tumors. The tumors regressed after 4 months on image follow-up. With abscopal effect, the patient continued receiving pembrolizumab and bevacizumab, combined with radiotherapy. The follow-up images showed partial response in June 2020. She had remained progression-free for 14 months since the combination therapy initiated. Discussion The "abscopal effect" which refers to using low-dose radiation to reprogram the tumor microenvironment may reverses tumor immune desertification or even overcome the resistance. Radiotherapy could be regarded as a trigger of systemic antitumor immune response, and with the help of immunotherapy can be used as a radical and systemic treatment and be added into current standard regimen of patients with metastatic cancer . From the results of our case, there may be more extensions of current combined pembrolizumab and bevacizumab therapy in the future. Conclusion Combine immune checkpoint blockade with radiotherapy could induce anti-tumor abscopal effect, resulted in therapeutic effect in heavily treated ovarian cancer.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E098	COVID-19 是否影響卵巢癌病人初診斷時之表現 Ovarian tumor in COVID-19 era: a retrospective cohort.
臨時稿件編號： 1031	簡詠蓁 ¹ 台北醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	Introduction: In January 2020, the emergence of COVID-19 sparked a global health crisis, prompting the World Health Organization to declare it a pandemic in March 2020. Simultaneously, ovarian cancer (OC) remained a significant threat, ranking fifth in cancer-related deaths in the United States and seventh in Taiwan in 2020. The study investigates the interplay between the unprecedented pandemic and the complexities of ovarian cancer dynamics, focusing on the clinical presentation of affected individuals. Methods: This retrospective cohort study, spanning January 1, 2018, to December 31, 2021, utilized data from the TMUH cancer registry. Divided into pre-COVID (2018-2019) and COVID (2020-2021) eras, the study assessed pathological stage for primary outcomes using the chi-square test and t-test for secondary outcomes like age, imaging size, and tumor size. Rstudio facilitated the statistical analysis. Results: In this study, 124 patients underwent rigorous statistical analysis after meticulous data cleansing. The patient distribution showed 75 in the pre-COVID group and 49 in the COVID group, reflecting a significant 34.7% reduction in patient inclusion during the pandemic. Despite the differing group sizes, subsequent analyses demonstrated no statistically significant differences in outcomes. Examination of patient characteristics, including age, imaging size, and tumor size, also showed a lack of distinctions between the pre-COVID and COVID groups. Pathological staging, assessed through the chi-square test, revealed an X2 value of 0.75281 with a p-value of 0.8607, supporting the absence of a statistically significant difference in pathological staging between the two periods. Discussion: Our study offers nuanced insights into ovarian cancer dynamics during the COVID-19 era. The 34.7% reduction, while substantial, differs from Austria and Brazil, emphasizing the need to consider regional factors. Intriguingly, age trends in our study deviated from Austria, highlighting diverse demographic patterns. The absence of significant differences in pathological staging aligns with Austria but differs from Brazil, emphasizing the multifaceted global impact on ovarian cancer diagnostics. Conclusion and Limitation: This study, conducted at TMUH, provides valuable insights into COVID-19's impact on ovarian cancer diagnoses. Limitations include single-center design and a relatively small sample size, the findings underscore the need for broader research initiatives. Future studies should incorporate multi-center collaborations, larger samples, and post-COVID-19 data to enhance external validity and comprehensively assess the pandemic's enduring impact on ovarian cancer outcomes.

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E099	比較以異環磷酰胺為主與紫杉醇合併鉑金類之化學治療作為子宮內膜癌患者輔助性化療之療效 Comparing therapeutic effect of ifosfamide-based regimen versus taxane and platinum combination as adjuvant chemotherapy in patients with uterine carcinosarcoma
臨時稿件編號： 1047	曾瑞傑 ¹ 黃家彥 ¹ 國泰綜合醫院婦產科 ¹
論文發表方式： 海報	[Introduction] Uterine carcinosarcoma (UCS) is a rare but aggressive and high-grade endometrial cancer. Current consensus for treatment of the disease is similar to that of high-grade endometrial cancer, and active chemotherapy regimens include combination of either carboplatin or cisplatin with ifosfamide or paclitaxel. In this study, we aimed to compare the therapeutic effect in patients with UCS receiving either ifosfamide-based or taxane and platinum combined chemotherapy as the first-lined adjuvant chemotherapy. [Methods] We retrospectively reviewed 64 women with UCS from two medical centers who received chemotherapy with either ifosfamide-based or taxane and platinum combined regimen. Patients' demographics, clinical and pathological behavior, treatment course and outcome were also collected. Kaplan-Meier survival analysis and Cox proportional hazards models were used to determine the survival difference. [Results] Among these 64 patients, 26 women underwent ifosfamides-based chemotherapy (40.6%). Patients treated with either of the two regimens showed similar overall survival. However, longer disease free survival was found in the ifosfamide-based group; although no statistical significance was disclosed (P=0.088). Besides, univariate analysis revealed no significant association between variables including FIGO stage, cycles of chemotherapy, initial CA-125 levels, adjuvant radiotherapy or presence of lymphovascular space invasion on the overall survival of the included patients. Nevertheless, advanced FIGO stage (stage III-IV) is related to poorer disease free survival in both univariate (Hazard ratio [HR] 4.09, 95% confidence interval [CI] 1.21-13.85, p=0.024) and multivariate (HR 5.13, 95% CI 1.08-24.45, p=0.04) analysis. Optimal debulking surgery, though not statistically significant, was found to be associated with better disease free survival by univariate analysis (HR 0.4, 95% CI 0.16-1.04, p=0.059). [Conclusions] Among patients with UCS, adjuvant chemotherapy with ifosfamide-based regimen was not inferior to taxane and platinum combined chemotherapy.
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台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E100	Pitavastatin 對子宮頸癌細胞株 C33A 的體內外抗癌作用 Anticancer Effect of Pitavastatin on Cervical Cancer Cell Line C33A in vitro and in vivo
臨時稿件編號： 1067	陳雅慧 ¹ 吳俊學 ¹ 蕭品卉 ^{1,2} 陳子和 ² 彰化基督教醫院婦女醫學研究室 ¹ 彰化基督教醫院婦產部 ²
論文發表方式： 海報	Background: Cervical cancer is the second most common cancer in women worldwide, and it is expected to result in 460,000 deaths per year by 2040. Moreover, drug resistance and severe side effects to chemotherapy are often exhibit in cervical cancer's patients. And conventional treatment effects are already shown to be limited. Therefore, the development of effective novel therapeutic agents is urgently needed. Pitavastatin is a widely used cholesterol-lowering drug for the prevent cardiovascular diseases, and has been shown to possess important anticancer properties in various cancers, but its effects are not widely accepted by clinical practitioners. The present study investigated the anticancer effect of pitavastatin in cervical cancer. Methods: The cervical cancer C33A cell line was cultured in media with various concentrations of pitavastatin for 24, 48 and 72 hours. Pitavastatin treated C33A cells were subjected to cell viability by CCK-8, cell migration by wound-healing assay, and cell cycle and apoptosis by flow cytometry. A C33A xenograft tumor model study using BALB/c nude mice also established in evaluated anticancer effect of pitavastatin. Results: We observed that pitavastatin dose-dependent suppress cell proliferation, inhibit cancer cell migration ability, cause sub-G1- and G2/M-phase arrests and induce apoptosis in C33A cells. Similarly results, pitavastatin markedly inhibited cervical cancer C33A cell-derived xenograft tumor growth. Moreover, the mice body weight was no significant difference and 100% survival rate, suggesting that pitavastatin did not induce a high host toxicity at a therapeutic dose. Furthermore, pitavastatin-treated group significant reduces tumor cellularity and to produce apoptotic phenomenon, and the immunohistochemistry study demonstrated significantly decreased expressions of ki67 and cleaved caspase-3. Conclusion: Pitavastatin may be an effective novel treatment option for cervical cancer.
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台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E101	Cepharanthine 對子宮頸癌細胞的抗癌作用 Anticancer Effect of Cepharanthine on Cervical Cancer Cells
臨時稿件編號： 1068	吳俊學 ¹ 陳雅慧 ¹ 蕭品卉 ^{1,2} 陳子和 ^{1,2} 彰化基督教醫院婦女醫學研究室 ¹ 彰化基督教醫院婦產部 ²
論文發表方式： 海報	Cepharanthine (Cep) originates from Chinese herbs like Stephania cepharantha Hayata and Stephania japonica. This alkaloid, cationic and amphipathic in nature, possesses diverse properties, anti-viral, anti-malarial, anti-inflammatory, anti-metastatic, and anti-cancer, demonstrated across different cell lines and animal models. Cep promotes apoptosis and arrest the cell cycle in various cancer cell types, such as melanoma, colorectal cancer, breast cancer, non-small-cell lung cancer and ovarian cancer, among its anti-cancer activities. In our study results that showed Cep inhibited the proliferation of Caski, HeLa and C33A cells by CCK-8 kit; the number of cell nuclei also significantly decreases, examine by DAPI staining. Further, colony formation assay is the method of choice to determine ability of individual cells to proliferate and form colonies after treatment, result showed that Cep can also affect ability of individual cells to proliferate. In addition, Cep induced apoptosis, in part of cell cycle caused sub-G1-phase arrest in HeLa and C33A cells, G2M arrest in Caski cell by flow cytometry. Studies results showed that Cep might have potential as an anticancer agent for improving cervical cancer prognosis, with the possibility of future clinical applications.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E102 臨時稿件編號： 1069	麩醣胺酸對於預防和治療化疗引起的周邊神經病變的有效性：系統性回顧和荟萃分析 Effectiveness of Glutamine in Preventing and Treating Chemotherapy-Induced Peripheral Neuropathy: A Systematic Review and Meta-Analysis 鄭盛庭 ¹ 陳子昂 ² 羅爾維 ³ 台北市立萬芳醫院婦產部 ¹ 醫療財團法人徐元智先生醫藥基金會亞東紀念醫院耳鼻喉部 ² 台北醫學大學醫學院臨床醫學研究所 ³
論文發表方式： 海報	Chemotherapy-induced peripheral neuropathy (CIPN) is a common and dose-limiting complication caused by various chemotherapeutic agents, leading to sensory neuropathy and pain. We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) to evaluate the effectiveness of glutamine in preventing and treating CIPN among patients receiving chemotherapy. The review included six RCTs published between 2001 and 2018, involving a total of 462 patients. The primary outcomes assessed were the incidence of CIPN, nerve conduction tests, interference with activities of daily living (ADL), and chemotherapy dose reduction. The results indicated that glutamine shows a minimal prevention and treatment effect for sensory CIPN, with no significant improvement in nerve conduction tests. However, there was less interference with ADL in the glutamine group compared to the control group. Adverse events, particularly nausea, occurred more frequently in the glutamine group. We concluded that while glutamine may have some benefits in reducing interference with ADL, its overall effectiveness in preventing or treating CIPN is minimal, and its use may lead to more adverse events. Further studies with larger sample sizes and rigorous designs are recommended to validate these findings.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E103 臨時稿件編號： 1080	案例報告:一位長期使用異位孕控制子宮肌腺症之卵巢癌患者--異位孕與卵巢癌風險之關聯 Case report: A 47-year-old ovarian cancer patient who receiving dienogest as adenomyosis control for years -- does long-term use of dienogest associate with increased risk of developing ovarian cancer? 蔡孟旭 ¹ 王懿德 ¹ 邱彥瑋 ¹ 台北醫學大學附設醫院 ¹
論文發表方式： 海報	We present a case of a 47-year-old nulligravida nulliparous woman with systemic underlying disease of subclinical hypothyroidism, receiving regular thyroxine supplements daily. She was diagnosed of adenomyosis with adenomyoma for 7 years, which was treated with dienogest 2mg daily for 4 years and was regularly followed up at outpatient department. At her regular visit in March 2023, a left ovarian cyst measuring 14*11 mm was noted. However, the cyst significantly enlarged in size to 47*42*42 mm, with a solid component measuring 38*22 mm during her visit in August 2023. In addition, her CA-125 level had elevated from 35 to 57.30 IU/ml. Yet, the patient denied symptoms such as decreased appetite, body weight loss, lower abdominal discomfort, bowel habit change, or urinary incontinence. In light of the above findings, pelvic computer tomography was arranged in September 2023, which revealed the presence of several small leiomyoma in the uterus and a hemorrhagic or high-protein-containing cyst in the left ovary. After thoroughly explained of all of the possibilities and discussed with the patient, she decided to undergo surgical intervention. Laparoscopic left salpingo-oophorectomy with frozen section examination during the operation was performed on October 4th 2023, and the result showed malignancy. Because of the discussion with her family, they hope to conserve the uterus and another side of ovary. Subsequently, laparoscopic-assisted staging surgery (left salpingo-oophorectomy + right salpingectomy + bilateral pelvic lymph node dissection + para-aortic lymph node sampling + partial omentectomy + uterus biopsy + cul-de-sac biopsy + anterior abdominal wall biopsy + cytology) and myomectomy were performed. Final pathology revealed left ovarian endometrioid carcinoma without involving right fallopian tube, bilateral pelvic and para-aortic lymph nodes, omentum, abdominal wall, cul-de-sac, and uterus. Cytology report showed benign non-specific cellular change. The pathologic TNM staging of the patient was pT1aN0Mx, stage IA. Currently, the patient continued to regularly followed up her adenomyosis and left ovarian cancer at our outpatient department.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E104 臨時稿件編號： 1093	原發性輸卵管癌的臨床表徵、影像型態和預後因子分析 Clinical characteristics, imaging features, and prognostic factors of primary fallopian tube carcinoma 廖堯謙 ¹ 陳啟豪 ¹ 台灣大學附設醫院婦產部 ¹
論文發表方式： 海報	Primary fallopian tube carcinoma (PFTC) is one of the rarest gynecological malignancies, accounting for less than 2% of all female genital tract malignancy. The initial clinical presentation of PFTC is indolent and non-specific. The most specific signs of PFTC, "Latzko's triad of symptoms," consist of vaginal bleeding or discharge, abdominal pain, and abdominal mass. Some research indicated PFTC may have unique radiological features in MRI, such as rim enhancement, sausage-like shape, and hydrosalpinx or intrauterine fluid accumulation. Unfortunately, patients with PFTC are often misdiagnosed as epithelial ovarian cancer (EOC), and some early-stage PFTCs are even mistakenly recognized as endometrial cancer due to abnormal vaginal bleeding.
論文歸類： 婦癌	Although most of the disease management principles of PFTC are similar to those of EOC, PFTC has a higher risk of early lymphatic spread, retroperitoneal or distant metastases compared to EOC. Since fallopian tubes encompass rich lymphatic networks, complete abdominal and bilateral lymphadenectomy are recommended in surgery. Therefore, early and accurate diagnosis of PFTC before treatment can possibly improve patients' outcomes. The objective of our study is to analyze the clinical characteristics, sonographic and radiographic features, and prognostic factors of primary fallopian tube carcinoma. In this retrospective study, 28 women with PFTC were assessed from 2013 to 2023. Clinical characteristics, pathology, images, recurrence, and survival were analyzed. Mean age was 62.29 ± 11.50 years, and 82% (23/28) of the patients were menopausal. 54% (15/28) of the patients presented with abnormal vaginal bleeding, 36% (10/28) of them complained of abdominal pain, and 29% (8/28) had abdominal distention. Of the premenopausal patients, all of them (5/5) presented with abnormal uterine bleeding. The serum CA-125 was elevated (≥35 U/ml) in 79% (22/28) of patients. Preoperatively, 68% (19/28) of the patients were diagnosed with ovarian cancer or peritoneal cancer, 14% (4/28) were diagnosed with endometrial cancer, and 11% (3/28) were misdiagnosed with benign gynecological disease such as adenomyosis. Surgery was the initial therapy for all patients. The proportions of PFTC stages, I, II, III, and IV were 14% (4/28), 39% (11/28), 43% (12/28), and 4% (1/28), respectively. The histologic subtype was mostly serous adenocarcinoma (89%, 25/28). The median disease-free survival was 28 months (IQR 9-66 months). Univariate analysis showed cancer stage, and the completion of adjuvant chemotherapy were significantly associated with disease-free survival rates. Primary fallopian tube carcinoma is difficult to diagnosed preoperatively. There is a substantial proportion of PFTC patients presented with vaginal bleeding instead of the specific signs of PFTC, Latzko's triad. The early stage and completion of adjuvant chemotherapy are important factors to improve patients' survival.

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E105 臨時稿件編號： 1109	經陰道後穹窿穿刺及細胞分析於骨盆腔腫瘍病人之臨床應用 Culdocentesis and Cell Block Analysis in Differential Diagnosis of Pelvic Masses: A Case Series Highlighting Diagnostic Challenges and Strategies in Gynecological Oncology 邱筱宸 ¹ 黃思誠 ¹ 余忠泰 ² 陳怡伶 ¹ 台北慈濟醫院婦產部 ¹ 台北慈濟醫院病理部 ²
論文發表方式： 海報	Background: Ascites, a common effusion in various pathological states, poses diagnostic challenges, particularly in cancer patients where it may indicate peritoneal dissemination. Culdocentesis, the aspiration of peritoneal fluid, plays a critical role in differentiating malignant from benign intra-abdominal processes, especially when non-invasive tests are inconclusive. The cell block (CB) technique following culdocentesis enhances cytological evaluation, enabling more detailed histopathological and immunohistochemical analyses.
論文歸類： 婦癌	Case Series: This series encompasses three cases illustrating the diagnostic utility of culdocentesis and CB analysis in patients with pelvic masses. The first case, a 62-year-old woman with metastatic breast cancer, demonstrated the efficacy of culdocentesis in identifying GATA3-positive cells in ascitic fluid, confirming peritoneal metastases. The second case, a 53-year-old woman, presented with a mucinous borderline ovarian tumor, initially yielding negative results from preoperative culdocentesis but later confirmed through surgery. The third case, a 67-year-old woman, exhibited a mucinous carcinoma of the ovary, again demonstrating the limitations of culdocentesis in yielding definitive results, necessitating further surgical exploration. Discussion: The cases underscore the importance of culdocentesis in distinguishing primary ovarian cancer from metastatic involvement and highlight the added value of the CB technique in providing a more comprehensive examination of cells from ascitic fluid. However, they also reveal the limitations of this approach, including potential false negatives, emphasizing the need for a multimodal diagnostic approach integrating imaging, laboratory tests, and clinical judgment. Implications: These cases have significant implications for clinical practice in gynecological oncology, underscoring the necessity for clinicians to be aware of the diagnostic challenges and to consider comprehensive patient evaluation. The findings also pave the way for future research, particularly in enhancing diagnostic accuracy and exploring novel methodologies in cancer diagnostics. Conclusion: The case series highlights the crucial role of culdocentesis and cell block analysis in the differential diagnosis of pelvic tumors, emphasizing the complexities in diagnosing gynecological malignancies. It calls for continuous advancement in diagnostic strategies, advocating for a comprehensive and multimodal approach to improve patient outcomes in gynecological oncology.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E106	比較反覆子宮搔刮和子宮腔鏡下切片對接受生育保存治療子宮內膜增生或癌症的婦女後續懷孕生產的影響
臨時稿件編號：1113	The impact of repeated dilatation and curettage versus hysteroscopic biopsy on obstetric and neonatal outcomes in women receiving fertility-sparing treatment for endometrial hyperplasia or carcinoma 林浩 ¹ 歐育哲 ² 高雄長庚紀念醫院婦產部 ¹ 嘉義長庚紀念醫院婦產部 ²
論文發表方式：海報	Background: Dilatation and curettage (D&C) and hysteroscopic biopsy are two different procedures commonly used for the monitoring of treatment response during conservative management of endometrial hyperplasia or carcinoma. Here we aimed to compare the impact of these two different repeated procedures on subsequent obstetric and neonatal outcomes. Material and methods: This was a population-based study utilizing Taiwan National Health Insurance Research Database from 2009 to 2017. It included female participants with a history of endometrial hyperplasia or early-stage carcinoma treated with progestins who subsequently gave birth. We employed logistic regression analysis to calculate adjusted odds ratios (aORs) with 95% confidence intervals, elucidating the relationship between two different procedures and their impact on obstetric and neonatal outcomes. Results: A total of 2859 subjects with 3040 deliveries were included in the analysis with 1305 women (45.7%) in the D&C group and 1554 women (54.3%) in the hysteroscopy group. When compared to those who underwent D&C procedures, women who received hysteroscopic biopsies exhibited a significantly reduced risk of subsequent gestational hypertension or preeclampsia (aOR 0.67, 0.49-0.90). Moreover, women who underwent hysteroscopic procedures had neonates with a lower risk of Apgar scores less than 7 at both 1 minute (aOR 0.56, 0.38-0.84) and 5 minutes (aOR 0.37, 0.17-0.80) after birth. Conclusion: Our data provide evidence that repeated hysteroscopic biopsies are associated with a decreased risk of gestational hypertension/preeclampsia and low Apgar scores in subsequent pregnancies and deliveries when compared to D&C procedures. Healthcare providers should be mindful of the potential risks and balance the benefits and harms of these two distinct procedures.
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E107	惡性血管旁類上皮細胞瘤：罕見腫瘍樣態 Malignant PEComa, heterogenous pelvic tumor mimicking leiomyomatosis
臨時稿件編號：1116	林廷謙 ¹ 鄭雅敏 ² 成大醫院 ¹ 郭綜合醫院 ²
論文發表方式：海報	Perivascular Epithelioid Cell neoplasms, or PEComa in abbreviation, is defined by mesenchymal tumors composed of histologically and immunohistochemically distinctive perivascular epithelioid cells. It is composed of a family of variable tumor entities, including angiomylipoma (AML), clear cell sugar tumor of the lung (CCST), lymphangioleiomyomatosis (LAM), and very rare tumors in other locations. It has been reported to occur at various anatomical locations, including lungs, skin, colon, kidney, bladder, and pancreas. Gynecological tract was rarely reported. rarely seen in the gynecological tractThe patient is a 64-year-old female with history of uterine mass, and received total hysterectomy with bilateral salpingo-oophorectomy 2 years before this visit. Pathologic examination then showed large uterine leiomyoma with hyaline and infarct necrosis. This time, the patient came to gynecologic clinic due to progressive abdominal distension and palpable abdominal mass for 6 months. Contrast computed tomography (CT) disclosed huge heterogenous lobulated tumor with calcification, cystic change and soft tissue component extending from pelvis to right upper abdomen. CA125 was 79.1U/ml, and other tumor markers including CA199, CEA, AFP and SCC were all within normal range. Exploratory laparotomy revealed two abdominal heterogenous mass. The first tumor was elastic, myomatoid tumor with central necrosis, covered in peritoneum and severely adhesion to colon. Frozen section during the surgery revealed epithelioid leiomyomatous neoplasm, STUMP at least. After thorough palpation, there was another abdominal soft, erythematous mass with multicystic change and nodular component emerged from omentum. Pathologic examination of both tumor revealed PEComas with necrosis. Immunohistochemically, the tumor cells are positive for Melan-A, Cathepsin-K, focal CD117, weakly Caldesmon stains, but negative for CK, DOG-1, CD10, Desmin, actin, inhibin-a, HMB45, TFE3, SF-1, and MUC-4 stains. There was no surgical complication, and her postoperative recovery course was uneventful.
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E108	妊娠併發症與子宮內膜癌或卵巢癌或乳癌風險:真實世界的病例对照研究 Pregnancy Complications and Risks of Endometrial or Ovarian Cancer or Breast: A Real-world Case-Control Study
臨時稿件編號：1121	張俊恒 ¹ 何宗錦 ¹ 嘉義基督教醫院婦產部 ¹
論文發表方式：海報	Background: The relationship between pregnancy complications and gynecological cancer risk is conflicting due to limited research. This study aims to investigate if pregnancy complications including preeclampsia, or gestational diabetes mellitus (GDM), or large for gestational age (LGA), or intrauterine growth restriction (IUGR) associated with an increased risk of endometrial, ovarian cancer or breast cancer. Methods: A population-based case-control study by linking the National Health Insurance Research Database from 2009 to 2020, using ICD codes to identify parous gynecological cases (n=6714), and using the propensity score matching method for matched controls (n=1,153,346). Among the cases, 328 women with endometrial cancer (EC) and 502 women with ovarian cancer (OC) and 5884 women with breast cancer (BC) were included. Multinomial logistic regression model was used to evaluate the correlation between the above pregnancy complications and the risk of EC, OC and BC. Results: Women with a history of preeclampsia or IUGR are at increased risk of endometrial or ovarian cancer (cOR= 1.17; cOR=1.47, respectively), while women with delivery of LGA infant increased the risk of developing breast cancer but not EC or OC. Women with GDM had an increased risk of EC or BC but not OC compared with controls. No statistically significant associations were found between above pregnancy complications and the risk of EC, OC and BC. However, GDM or IUGR was associated with an decreased risk of breast cancer after adjusted variables including gender, age, charlson comorbidity index group and comorbidities (aOR = 0.66, 95% CI: (0.53,0.82); aOR=0.46, 95% CI: (0.24,0.89, p Conclusion: The association between pregnancy complications and risk of EC, OC, and BC was not significant. However, after adjusting for adjustment variables, GDM had a significant impact on breast cancer risk. Cancer screening is warranted in women with GDM, IUGR and preeclampsia. Further validation in a larger cohort is needed.
論文歸類：婦癌	Keywords: preeclampsia, GDM, IUGR, endometrial cancer, ovarian cancer

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E109	卵巢亮細胞瘤併發靜脈栓塞：個案報告與文獻回顧 Ovarian Clear Cell Carcinoma Presenting with Venous Thromboembolism: A Case Report and Literature Review
臨時稿件編號：1123	廖建睦 ¹ 孫怡虹 ¹ 黃國峯 ¹ 康介乙 ¹ 奇美醫學中心 ¹
論文發表方式：海報	Ovarian clear cell carcinoma (OCCC) is one subtype of epithelial ovarian carcinoma (EOC). OCCC is highly prevalent in Asia but not belonged specific molecular subtype classification. Endometriosis is thought as the precancerous lesion and is the risk factor that carries three-fold increased risk of OCCC. Ovarian endometrioid carcinoma, which can also be progressed from endometriosis, shares several features with OCCC, including platinum resistance and younger age at diagnosis. Patients with OCCC also have about a 2.5 to 4 times greater risk of having a venous thromboembolism (VTE) compared with other EOC, and OCCC tends to metastasize through lymphatic vesicular and peritoneal spread as opposed to hematogenous metastasis. We have a female patient of 35-year-old, G0P0, without any systemic disease. She presented initial symptoms with left low extremity swelling and persisted cough with sputum in recent two weeks. Also she felt poor appetite and got progressive body weight loss about 12kg in recent 3 months. She was transferred to our emergency department after her primary visiting our out-patient department for highly suspected deep vein thrombosis. Her laboratory data showed leukocytosis (WBC 12,300/uL), extremely high D-Dimer (43934.2 ng/ml), elevated CA-125 (1597 U/ml), and elevated CA-199 (34733 U/ml). Computed Tomography of abdomen/pelvis and chest revealed a 15.3cm-in-size right ovarian mass, peritoneal carcinomatosis with ascites, venous thrombosis from the level of left common iliac vein, a suspicious metastatic lymph node at right anterior cardio-phrenic angle, acute bilateral pulmonary artery embolism, and right pleural fluid effusion. She was admitted into our intensive care unit for her critical condition resulted from systemic venous thromboembolism, and was prescribed with Rivaroxaban 15mg twice daily for 21 days following by a shift to 20mg once per day. Pleural fluid effusion was drained by pigtail with following cytology of pleural fluid showing no malignant cell. With consideration of fertility sparing for her young age and nulligravida, staging surgery including right salpingo-oophorectomy, left ovary biopsy, peritoneal biopsy, partial infracolic omentectomy, bilateral pelvic lymph node sampling, para-aortic lymph node sampling, and ascites cytology was completed on the 16th day of the hospitalization. The report of pathology revealed that ovarian clear cell carcinoma is limited to the right ovary and is positive in ascites. And other specimen including infracolic omentum, left ovary biopsy, and peritoneal biopsy showed mesothelial hyperplasia. And no malignant cell was showed in all eight sampling lymph nodes. With the stage of FIGO is stage IIIC3 (pT1C3N0M0), following systemic therapy with intravenous paclitaxel and carboplatin every 3 weeks for 6 cycles was scheduled after staging surgery.
論文歸類：婦癌	

稿件編號：E110	當 PARP-i 遇見登革熱 When PARP-i meets dengue fever
臨時稿件編號： 1136	康介乙 ¹ 永康奇美婦產部 ¹
論文發表方式： 海報	When PARP-i meets dengue fever 台南永康奇美醫學中心婦產部 康介乙醫師
論文歸類： 婦癌	In 2023, Tainan was the most severely affected area for dengue fever in Taiwan. For patients with advanced-stage ovarian cancer who have BRCA 1 or 2 gene mutations, after undergoing debulking surgery and adjuvant chemotherapy, they may receive PARP inhibitors as maintenance therapy. PARP inhibitors and dengue fever share similar hematologic toxicities, especially thrombocytopenia. There is no clear documentation in the literature regarding the necessity of discontinuing PARP inhibitors if a patient unfortunately contracts dengue fever. We will report on an ovarian cancer patient who, while undergoing maintenance treatment with PARP inhibitors, was hospitalized after unfortunately contracting dengue fever. The patient continued taking PARP inhibitors during hospitalization. It was only upon returning for a follow-up visit that this situation was discovered during medication retrieval. Reviewing her blood test results and clinical condition during that period, no more severe complications arose. Therefore, we believe that when taking PARP inhibitors, it may not be necessary to discontinue treatment if dengue fever occurs, but close monitoring of blood changes and clinical symptoms is essential

稿件編號：E111	子宮內膜癌接受前置輔助性化治療後的癌症分期降階 Downstage of endometrial cancer after neoadjuvant chemotherapy
臨時稿件編號： 1150	李彥均 ¹ 李耀泰 ¹ 鄭雅敏 ¹ 郭宗正 ¹ 郭綜合醫院婦產部 ¹
論文發表方式： 海報	Abstract: According to Albright's systemic review and meta-analysis [1] in 2021 and N.M. de Lange's study [2] in 2019 for neoadjuvant chemotherapy (NACT), we hoped to reveal the benefit of debulking surgery after the downstage of endometrial cancer in a KGH case of endometrioid type endometrial cancer, wherein the patient twice received NACT of Carboplatin + Paclitaxel and follow-up staging surgery.
論文歸類： 婦癌	Case Presentation: A 53 y/o female patient had been suffering from aggravated vaginal pain and vaginal bleeding for one year. She visited the obstetrics and gynecology clinic for help with vaginal bleeding; no dizziness, no urinary frequency, and no urgent symptoms were reported. The patient had the underlying disease of diabetes mellitus under drug control. Her history of OBS/GYN was G4P4A0, with menopause occurring at the age of 51. Transvaginal sonography was arranged and revealed a suspect endometrial mass of 6.2*4.6cm. Pelvic examination showed the following: normal vulva/vagina, bloody cervix, a 1-cm viable cauliflower-like mass and multiple small masses around vaginal wall with vaginal bleeding, suspected cervical cancer. Cervix biopsy showed carcinoma, but based on the morphologic ground and the immune profile, a poorly differentiated adenocarcinoma of cervical origin was slightly more favored than was an endometrial origin. Abdomen and pelvic CT on 112/07/17 showed: 1) cervical cancer with upward extension to the uterine cavity (6.84 x 3.70cm) staging T1b2N1M0 with left adnexal regional metastatic lymphadenopathy; and 2) a left ovarian cyst (3.45 x 2.45cm). Pelvic MRI on 112/07/21 revealed: 1) suspected endometrial cancer, T2N1aMx (AJCC 8th edition), with another DD of cervical cancer being less likely; 2) suspected endometrioma at left adnexa of 3.7 x 2.7cm in size. Laboratory data revealed: CA125: 75.7 U/mL; CEA: 10.4 ng/mL; CA199: 85.6 U/mL; and SCC: 1.2ng/mL. She received two cycles of chemotherapy of Carboplatin and Paclitaxel on 112/07/31 and 112/08/31. No fever, upper respiratory infection symptoms, or vaginal bleeding were noted. A follow-up MRI on 112/09/09 revealed the likelihood of endometrial cancer, T2N1aMx (AJCC 8th edition), with mild regressive change in size compared with the previous report. Under the impression of suspected endometrial cancer, T2N1aMx, s/p 2 cycle of neoadjuvant chemotherapy of Carboplatin and Paclitaxel was administered, and she received staging surgery (ATH + BSO + BPLND + washing cytology) on 112/10/12. After staging surgery, she experienced a smooth recovery. Finally, the pathology report was revealed as follows: PATHOLOGIC STAGE: ypT3aN0 (AJCC 8th edition) FIGO STAGE: FIGO IIIA Consider further adjuvant chemo- and radio-therapy after optimal debulking surgery. Discussion: According to the primary image report, FIGO IIIB was assumed to be due to vaginal wall involvement. After two administrations of neoadjuvant chemotherapy Carboplatin and Paclitaxel, mild regressive change in size was noted. Tumor marker of: CA125: 71.1 U/mL; CEA: 8.4 ng/mL; CA199: 51.0 U/mL; and SCC: 0.6ng/mL were slightly decreased after neoadjuvant chemotherapy. However, after the optimal debulking surgery, left adnexal involvement was unexpectedly found; thus, this patient

did not meet the expected downstage results, just FIGO IIIB→IIIA.

From N.M. de Lange's study, the primary treatment for these carcinomas is surgical. However, some patients are unfit for primary surgical treatment due to the advanced stage of their disease. As such, the conclusion was made wherein the present observational study indicates that NACT + debulking surgery is a suitable non-inferior treatment strategy for patients with advanced endometrial cancer who are not suitable for primary surgery.

For this patient, although she was not fully compatible with the definition of downstage, the NACT was nevertheless a reasonable treatment choice for the advanced stage endometrial cancer according to the decreased size and tumor marker level.

Appendix

For the immunohistochemical study:

- ☐ Estrogen receptor: Positive (focal)
- ☐ Progesterone receptor: Negative
- ☐ PMS2 protein expression: Present
- ☐ MSH6 protein expression: Present
- ☐ P53: Complete absence
- ☐ P16: Positive (patchy)
- ☐ WT-1: Negative

Reference:

[1] Benjamin B Albright , Karen A Monuszko , Samantha J Kaplan , Brittany A Davidson , Haley A Moss , Allan B Huang , Alexander Melamed , Jason D Wright , Laura J Havrilesky , Rebecca A Previs
Primary cytoreductive surgery for advanced stage endometrial cancer: a systematic review and meta-analysis
Am J Obstet Gynecol 2021 Sep;225(3):237.e1-237.e24.

[2] N.M. de Lange, N.P.M. Ezendam, J.S. Kwon, I. Vandenput, D. Mirchandani, F. Amant, L.J.M. van der Putten, and J.M.A. Pijnenborg
Neoadjuvant chemotherapy followed by surgery for advanced-stage endometrial cancer
Curr Oncol. 2019 Apr; 26(2): e226–e232.

稿件編號：E112	ChatGPT 在婦科癌症治療決策中的應用 Exploring the Role of AI: ChatGPT in Decision-Making for Gynecologic Cancer Treatment
臨時稿件編號： 1154	陳威君 ¹ 張廷彰 ² 周宏學 ² 新北市立土城醫院婦產科 ¹ 林口長庚紀念醫院婦產部婦癌科 ²
論文發表方式： 海報	Objectives: Gynecological cancers represent a major global health issue. Tumor board joint conferences (TBJC) commonly guide the development of effective treatments. While Artificial Intelligence (AI), like ChatGPT, shows ability in generate conclusions from summarizing the patient's clinical data, its role in recommending gynecological cancer treatments needs more exploration. Thus, the aim of our study was to investigate the potential of the ChatGPT language model in recommending treatment strategies for gynecological cancer by summarizing patient clinical data and current treatment guidelines.
論文歸類： 婦癌	Methods: We engaged in comprehensive discussions on cases with gynecologic cancer at Linkou Chang Gung Memorial Hospital, and employed ChatGPT to generate treatment recommendations using clinical data. These AI-proposed suggestions were compared with real-world tumor board joint conference (TBJC) decisions, and a statistical analysis was conducted to measure their consistency that were further classified as preliminary consistency (PC) and exact consistency (EC) based on the general direction and specific details. Results: This study evaluated 116 gynecologic cancer case discussions using the AI model ChatGPT across diverse age groups and cancer types (cervical cancer, endometrial cancer, ovarian cancer, other rare gynecologic cancers) in different stages. Results showed a PC of 75% and EC of 54.3% between AI-generated recommendations and TBJC decisions. Discrepancies arise due to variations in chemotherapy regimens and differences in the specificity and comprehensiveness of AI responses. In subgroup analysis, newly diagnosed patients showed higher PC and EC rates than those with suspected recurrence (PC: 81.2% vs. 58.1%, p=0.012; EC: 61.2% vs. 35.5%, p=0.012). Patients over 70 exhibited higher EC than those under 40 (82.4% vs. 20%, p=0.013). Conclusion: ChatGPT demonstrates high consistency with the decisions of TBJC for newly diagnosed patients at elder age without considerations for fertility. Discrepancies can be found in more complex clinical situations like cancer recurrences or fertility considerations. The potential of ChatGPT in cancer care can be anticipated with the persistent evolution and improvement of AI.

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E113	陰道癌: 手術併發症和脫細胞異體真皮組織(ADM)的應用 Vaginal cancer: surgical complication and the application of ADM
臨時稿件編號： 1155	傅偉志 ¹ 蘇棋楓 ¹ 光田綜合醫院 ¹
論文發表方式： 海報	Introduction: Vaginal cancer is a rare malignancy, comprising only 1%-2% of all female genital tract cancers, with primary cases even less frequent. The primary approach to treating vaginal cancer involves surgery, typically complemented by radiotherapy, chemotherapy, or a combination based on specific circumstances. We present a case involving vaginal cancer complicated by spontaneous bladder rupture in surgery, followed by the application of acellular allogeneic dermal matrices (ADM) and the subsequent management of bladder repair.
論文歸類： 婦癌	Case presentation: This 68-year-old post-menopausal female patient had a history of rectal cancer, which showed no recurrence during several years of follow-up. During the latest follow-up, a pelvic examination revealed a nodule approximately 2.5 cm in size. Subsequently, a whole-body FDG PET/CT study was conducted and the Imaging revealed a suspicious lesion in the pelvic cavity near the uterine cervix. The MRI was performed and results indicated a 2.5 cm mildly high T2 nodule with infiltrative contrast enhancement in the right aspect of the vagina, along with suspicious adjacent peritoneum invasion, raising concerns about malignancy. Then the surgical intervention was scheduled. During the surgical procedure, the patient had significant adhesions. The tumor, located on the right vaginal wall and extending to the anterior wall of the vesicovaginal septum, was completely excised. Tissue samples were sent for frozen section, and pathology confirmed squamous cell carcinoma (SCC). Due to the defect extension to the anterior wall of the vesicovaginal septum, partial bladder rupture repair was conducted. Our intervention included the placement of double J stents during surgery, bladder tissue repair, and the use of ADM to assist in filling the bladder defect. Postoperatively, due to the patient's bladder leakage issue, a percutaneous nephrostomy (PCN) was performed to divert urine away from the bladder, facilitating wound recovery. Despite the initially unfavorable prognosis, there has been a gradual improvement in bladder function, with a noticeable recovery in urine storage capabilities observed after two months. The patient continues to make progress in the recovery. Discussion: For surgical interventions in vaginal cancer, the lack of randomized trials and limited relevant cases has restricted the establishment of a standardized approach to determine the optimal treatment for patients. Treatment plans should be personalized, taking into account factors such as the location, size, and clinical stage of the tumor. The probability of complications arising in the treatment of vaginal cancer is approximately 10-15%. Organs in close proximity, such as the rectum and bladder, are particularly susceptible to damage from both surgery and radiation therapy. In our case, following the successful removal of the specimen during surgery, an issue of bladder rupture was identified. Despite a comprehensive pathology examination of the specimen, no bladder tissue was identified. This absence raises the possibility that the rupture may be linked to weakened bladder tissue, possibly influenced by the multiple intraabdominal surgeries performed during the patient's prior rectal cancer surgery. The management following the identification of bladder rupture is crucial. Literature on bladder rupture caused by gynecological surgery is limited, but it remains one of the primary complications. After encountering several unsuccessful attempts to repair the bladder through suturing during the surgery, an alternative approach was pursued. A patch of ADM was employed to reinforce and fortify the structural integrity. ADM provides both structure and growth factors that allow for the organized cell proliferation. They have versatile applications in various medical-surgical fields. Therefore, our innovative use of ADM in repairing bladder rupture proved to be an effective management strategy for this complication. Fortunately, the bladder exhibited gradual recovery, attributed to a series of protective and reparative measures. While full recovery has not been achieved, the application of ADM offers a promising alternative in the context of bladder repair. Conclusion: In our case of vaginal cancer, although the unexpected occurrence of bladder rupture during surgery was a potential complication, our successful experience revealed that ADM could serve as an alternative option. We hope that this finding will contribute to more choices in future related or other surgical application.

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稿件編號：E115	微創偶發性子宮惡性間質瘤分期手術 Staging Surgery for Incidental Uterine Malignant Mesenchymal Tumor Accomplished with Minimal Invasive Method
臨時稿件編號： 1180	張家楨 ¹ 王懿德 ¹ 邱彥譜 ¹ 臺北醫學大學附設醫院 ¹
論文發表方式： 海報	A 49-year-old female suffered from dysmenorrhea and menorrhagia for 6 years with history of left ovarian endometrioma and received laparoscopic cystectomy 14 years ago. A pelvic mass with flow, a right ovarian cyst and ascites 5cm were discovered by ultrasound accidentally at our outpatient department 4 months ago. CT Imaging revealed several varying sized leiomyomas with cystic degeneration, an encapsulated pelvic cyst and a right endometrioma. Then, a laparoscopy was arranged and gross adenomyosis with right uterine protruding mass over fundus, right endometrioma, and Cul-de-sac adhesion were seen. Intraoperative frozen section of the easy contact bleeding uterine mass was compatible with malignant mesenchymal tumor. Staging surgery was performed without complication. Final pathology report was pending. This case demonstrates the presentation and surgical management of incidental uterine malignant mesenchymal tumor.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E114	病例報告：一未生育停經前女性的子宮上皮與間質混合增生腫瘤合併潛在腺肉瘤風險 Mixed epithelial and stromal proliferative tumor of the uterus with the potential of adenosarcoma in a premenopausal nullipara: A case report
臨時稿件編號： 1170	李默樺 ¹ 屠乃方 ¹ 陳之緯 ² 黃博琪 ³ 黃景瑩 ¹ 衛生福利部桃園醫院婦產部 ¹ 衛生福利部桃園醫院影像醫學部 ² 衛生福利部桃園醫院臨床病理科 ³
論文發表方式： 海報	Introduction: Mixed epithelial and stromal proliferative tumor of the uterus is an uncommon disease in gynecologic tumors. The WHO definition of adenosarcoma is "a mixed epithelial and mesenchymal tumor in which the epithelial component is benign or atypical and the stromal component is low-grade malignant". We present a case report regarding a premenopausal nullipara with a protruding mass from vagina coexisting with mild bleeding and necrotizing change, underwent resection of the tumor and the pathologic diagnosis was mixed epithelial and stromal proliferative tumor of the uterus, the potential of adenosarcoma can not be totally excluded. Case report: A 36-year-old premenopausal nullipara resorted to a public hospital seeking management for a protruding mass from vagina coexisting with bleeding and odor for a week. Pelvic examination showed a protruding mass from the cervical canal measuring 10x5x5cm with irregular surface, necrosis and odor. Transabdominal ultrasound revealed the endometrial cavity lining was 24.0mm in thickness. A complex mass with inner neovascularization from endometrial cavity into vagina measuring 11.5x9.5x9.5cm. Subsequent magnetic resonance imaging (MRI) revealed a large mass measuring 9.9 x 9.9 x 20.2 cm with multiple cystic components within the uterine cavity with suspicious protruding out of the orifice of the vagina. Several hyperintensities on T1WI were noted at this mass, suspiciously due to hemorrhage. A small component with diffusion restriction at the left portion of this mass. Serum level of tumor markers were as following, CA-125: 116.3 U/ml, CEA: 2.7 ng/mL, SCC: 1.4 ng/mL, CA-199: 6.82 U/ml, beta-hCG<2.30 mIU/ml, AFP<2.00 ng/ml. The patient then underwent tumor resection from the vagina. Histological examination and immunohistochemical stains of the tumor confirmed the diagnosis of mixed epithelial and stromal proliferative tumor with less than 1/10 areas showing per-glandular stromal cell condensation and increased mitosis. The potential of adenosarcoma cannot be totally excluded. Follow-up by pelvic examination and image study every 3 months is recommended due to considering the patient's desire for subsequent fertility. If the tumor grows too large during the surveillance, surgical resection again is recommended. Discussion: Mixed epithelial and stromal proliferative tumor of the uterus is an uncommon disease in gynecologic tumors. The clinical features were similar to adenosarcoma. The differential diagnosis includes endometrial polyp, atypical polypoid adenomyoma, malignant mixed Mullerian tumor (MMMT) and adenosarcoma. Surgical excision was suggested for pathologic diagnosis and symptom relief. Frozen section can not give more information due to mitosis can not account. Immunohistochemical stains were needed to distinguish the origin of the tumor. The appropriate treatment is total hysterectomy and bilateral salpingo-oophorectomy. However, the gynecological organs cannot be removed due to subsequent childbearing requirements of the patient, resection of the tumor as much as possible can be an alternative plan. Close surveillance with ultrasonography or magnetic resonance imaging (MRI) should be performed every 3 months.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E116	卵巢淋巴瘤 Burkitt's lymphoma of ovary
臨時稿件編號： 1181	鍾昀堃 ¹ 三軍總醫院 ¹
論文發表方式： 海報	Malignant lymphoid tumors of the female genital tract are unusual, but ovary is the common site in the female genital tract to be involved by the hematological malignancies. Involvement of the ovary by malignant lymphoma can be primary or secondary and is discovered incidentally during a workup for abdominal or pelvic complaints. This is a 25-year-old female diagnosed as bilateral pelvic tumor with carcinomatosis. However, frozen section disclosed lymphoma. We will discuss this case in the following case report.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E117	<p>停經後婦女之幼年型卵巢顆粒細胞瘤: 臨床案例及文獻整理 Postmenopausal woman with juvenile granulosa cell tumor: A case report and literature review</p> <p>林宜樺¹ 賴薇安² 吳鏡珣¹ 高雄醫學大學附設中和紀念醫院婦產部¹ 高雄醫學大學附設中和紀念醫院病理部²</p>
臨時稿件編號：1182	
論文發表方式：海報	<p>This is a 67-year-old menopausal woman with an obstetric and gynecologic history of Gravida 0, Para 0, Abortion 0 and no sexual activity before. Due to the increased abdominal girth and the abdominal palpable mass, the patient first went to the local medical department for further survey. Abdominal computer tomography showed a right multilocular cystic ovary tumor around 17 cm. Under the impression of the right ovarian cancer, the patient was admitted for the debulking surgery. Pathologic findings revealed the right juvenile granulosa cell tumor and the left sclerosing stromal cell tumor.</p> <p>In our case, we present the first case of a postmenopausal woman with two rare ovarian sex-cord stromal cell tumors: juvenile granulosa cell tumor and sclerosing stromal cell tumor. Review of the recent articles, there are only 3 case reports mentioned about the postmenopausal juvenile granulosa cell tumors and none of them were combined with the sclerosing stromal cell tumors.</p> <p>Though currently there is no known potential driver mutation genes related to the juvenile granulosa cell tumors or the sclerosing stromal cell tumors, this article presents two rare sex-cord stromal cell tumors and recent molecular researches associated with juvenile granulosa cell tumors.</p>
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E118	<p>免疫治療在子宮內膜癌的罕見致命併發症：噬血性淋巴組織球增生症 Case report: A rare but lethal complication, Hemophagocytic lymphohistiocytosis induced by pembrolizumab treatment in endometrial cancer patient</p> <p>郭泊芸¹ 吳貞璇¹ 劉建廷² 高雄長庚醫院婦產部¹ 高雄長庚醫院血液腫瘤科²</p>
臨時稿件編號：1185	
論文發表方式：海報	<p>Background: Immunotherapy has been widely used in several different cancers, and there have been documented cases of Hemophagocytic lymphohistiocytosis (HLH) induced by pembrolizumab in lung cancer, a rare condition associated with immune-related adverse events (irAEs). HLH is characterized by the release of uninhibited T-cells leading to a potentially lethal condition caused by cytokine storm and histiocytes consuming blood and marrow cells. Here, we report a patient who was on immunotherapy with pembrolizumab for metastatic endometrial cancer and developed HLH.</p> <p>Case: A 52-year-old woman with stage IVB endometrial serous carcinoma was treated with pembrolizumab and lenvatinib after six cycles of platinum-based systemic chemotherapy. One week after the first cycle of immunotherapy, she developed persistent high fever up to 40°C, chills, and self-limited diarrhea. No evidence of infection was found, and the fever did not respond to empirical antibiotics. Additionally, the patient experienced bilateral lower limb soreness three days after the onset of high fever. Blood tests showed no increase in CPK and troponin levels. Thyroid and related endocrine blood tests, including cortisol, were all normal. However, laboratory tests showed pancytopenia as well as hyperferritinemia with pelvic CT revealing hepatosplenomegaly, suggestive of HLH. She was immediately treated with intravenous high-dose dexamethasone and fever subsided with achieved clinical improvement after two days of treatment. She was discharged and continued to receive immunotherapy with close monitoring because the patient and her family insisted and were fully informed of the possibility of recurrence. Fortunately, no similar complications occurred during subsequent immunotherapy.</p> <p>Conclusion: This is the first case report of HLH induced by immunotherapy in a patient with gynecologic cancer. As immunotherapy becomes more widely used, clinicians should be aware of this rare but potentially fatal complication and initiate prompt diagnosis and treatment. HLH may be underdiagnosed due to its nonspecific presentation and overlapping features with other irAEs. Therefore, a high index of suspicion and close monitoring of immunotherapy patients are essential.</p>
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E119	<p>吉舒達免疫療法所導致的前降鈣素上升-一位復發的子宮頸癌患者案例 Pembrolizumab-induced Elevated Procalcitonin in a Case of Recurrent Cervical Cancer</p> <p>徐千婷¹ 陳植瑞¹ 王功亮² 台北馬偕紀念醫院婦產部¹ 台東馬偕紀念醫院婦產部²</p>
臨時稿件編號：1189	
論文發表方式：海報	<p>The addition of Pembrolizumab to chemotherapy prolonged survival in recurrent, persistent, or metastatic cervical cancer, according to results of the KEYNOTE-826 study presented at the European Society for Medical Oncology (ESMO) Congress 2021. Pembrolizumab is Anti-PD1 antibody that triggers the activation of the T-lymphocytes on malignant cells, releasing pro-inflammatory cytokines. Currently, it is unknown if immunotherapy (IO) raises procalcitonin. Procalcitonin (PCT) is a peptide released in response to an inflammatory stimulus, long being used as a biomarker in bacterial infections.</p> <p>Here we reported a case of a 41 y/o female patient with recurrent cervical endometrioid adenocarcinoma, initial FIGO stage IB2, ypT1B2N0Mb. She received neoadjuvant chemotherapy and then underwent laparoscopic class C2 radical hysterectomy, bilateral salpingo-oophorectomy as well as bilateral pelvic and paraaortic lymph node dissection. Later on six courses of brachytherapy were completed. Unfortunately, follow-up image reported recurrent tumor and she accepted CCRT and Avastin treatment. Afterwards, PET scan revealed recurrent cervical cancer with lymphadenopathy at the left common iliac chain and right inguinal region. Thus, she underwent salvage chemotherapy with Paclitaxel + Cisplatin plus Pembrolizumab. We noticed marked temporarily elevated procalcitonin level after this regimen at course 3 and course 4. Interestingly, the patient remained easy clinical status. Blood culture revealed negative findings and no other proof of infection. The Procalcitonin did decline obviously a week later at OPD follow-up.</p> <p>This case aims to present PCT fluctuations after immunotherapy. This finding suggests possible relation with immune reaction or potential subclinical bacterial infections. The FDA approved Pembrolizumab in combination with chemotherapy does profit certain recurrent PD-L1-positive cervical cancer patients. However, Pembrolizumab treatment can be associated with immune-related adverse events (irAEs) and high cost. Therefore, finding reliable biomarkers of response and irAEs is strongly encouraged to select patients who may potentially benefit from the immuno-oncological treatment. The potential role of PCT in defining the response to PD-1/PD-L1 blocking mAbs deserves further and more specific investigations.</p>
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E120	<p>異卵雙胞胎同時出現雙側卵巢成熟畸胎瘤的一例報告 Bilateral Ovarian Mature Teratomas : a Case Report of Simultaneous Presentation in Dizygotic Twins</p> <p>徐千婷¹ 陳植瑞¹ 王功亮² 台北馬偕紀念醫院婦產部¹ 台東馬偕紀念醫院婦產部²</p>
臨時稿件編號：1193	
論文發表方式：海報	<p>Mature cystic teratomas are the most common ovarian germ cell tumor among young women. To the best of our knowledge, there have been few reports introducing mature cystic teratomas in twin siblings to date. The motivation for our case report is due to the rarity of bilateral immature teratomas, especially the fact that they occurred on dizygotic twin sisters.</p> <p>A 23year-old woman visited our ER due to lower abdominal pain and distension. CT scan revealed multiple bilateral adnexal masses up to 23cm. Bilateral ovarian teratomas with suspected small immature parts was impressed. The patient thus underwent laparotomy operation for resection of the ovarian tumors. Finally the pathological diagnosis was bilateral mature cystic teratomas. A week later, her twin sister chose to undergo laparoscopic resection of bilateral ovarian masses which were discovered previously. The pathological diagnosis was also bilateral mature cystic teratoma.</p> <p>Uncomplicated ovarian cystic teratomas tend to be asymptomatic and are often discovered incidentally. They do, however, predispose to ovarian torsion or less occurred complications as rupture or malignant transformation. Early diagnosis accompanied with surgical intervention or follow up are essential for long-term favorable outcomes. Thus, for early diagnosis, it may be important to consider the possibility of mature cystic teratoma in the twin siblings of a patient, even in the absence of symptoms. It is preferable she has the awareness in presence of symptoms such as abdominal pain or distension.</p>
論文歸類：婦癌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
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稿件編號：E121	利用錯誤配對修復蛋白區分併存性子宮內膜/卵巢癌或轉移性子宮內膜癌 Identifying a case of synchronous endometrial and ovarian cancer as ovarian metastasis from endometrial cancer with mismatch repair protein status 謝中凱 ¹ 賴鴻政 ¹ 雙和醫院 ¹
臨時稿件編號：1194	
論文發表方式：海報	Identifying synchronous endometrial and ovarian cancer or a single tumor of metastatic cancer with the same histological type is clinically challenging according to morphological features. We introduced a 43-year-old female presented with urinary frequency, urgency and vaginal spotting in recent half year. A trans-vaginal sonography was performed, which showed right adnexal cystic mass about 13x8 cm in size with blood flow and endometrial thickness was 16mm. A+P CT reported ovarian cystic mass at right pelvis with septation and solid component with right ureteral compression and splenic metastasis. Tumor maker CA-125 revealed 568.8 U/mL. Debulking surgery including total abdominal hysterectomy, bilateral salpingo-oophorectomy and splenectomy were performed. The final pathological examination reported right ovarian endometrioid carcinoma (Grade 2) and endometrial endometrioid carcinoma (Grade 1); splenic lesion was also diagnosed as endometrioid carcinoma. All tumors mismatch repair (MMR) protein status were intact nuclear MLH1, PMS2 expression but lost nuclear MSH2, MSH6 expression. Clinicopathological and mismatch repair protein status suggested that the patient had ovarian and splenic metastasis from endometrial cancer. The patient received combined adjuvant radio-chemotherapy and immunotherapy with paclitaxel, cisplatin and pembrolizumab, with obvious decreased level of tumor maker CA-125. In this case report, mismatch repair protein profiling evaluation was performed to diagnose metastasis from endometrial cancer. In conclusion, the application of immunohistochemical (IHC) analysis of MMR protein may be helpful to indicate appropriate treatment as these diseases management and prognosis were distinct.
論文歸類：婦癌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
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稿件編號：E122	甲狀腺風暴：婦癌手術後病人發病之及早預測及治療 A case of early detection of thyrotoxicosis in patient with gynecological staging surgery during post-operative hospital course 蘇思嘉 ¹ 黃文貞 ¹ 國泰綜合醫院 ¹
臨時稿件編號：1196	
論文發表方式：海報	Introduction Thyrotoxicosis is defined as a clinical manifestation of excessive thyroid hormone action at tissue level. Hyperthyroidism, a subset of thyrotoxicosis, refers specifically to excessive thyroid hormone secretion and synthesis by thyroid gland. Patient can present a myriad of symptoms and signs, with the most severe form, thyroid storm, resulting to end-organ injury. Management of thyrotoxicosis without thyroid storm is tailored to the underlying cause. Most patient can gain benefit from thioamide therapy. Patients with thyroid storm need stepwise approach and require emergent treatment and resuscitation. Special attention should be paid to cardiac function on patients with thyroid storm, as the results of the possibility of incidence in cardiac collapse. Case report This 54 year-old, gravida-3 -para-1 -abortus-2, female having hyperthyroidism was admitted for large intra-abdominal tumor. Lab data reported elevated CA125 (49.4 U/mL) and CA19-9 (238.8 U/mL). Transvaginal sonography showed uterus 4*2*3 cm, endometrium thickness 4.1mm, pelvic tumor 27*24*25 cm (PI:0.96,1.04 ;RI:0.62;0.66), with no ascites. Computed tomography scan reported one twenty-seven centimeter mixed cystic and solid tumor arising from adnexa, highly suspicious malignancy. Laparotomy bilateral cystectomy with frozen section biopsy of mucinous borderline tumor, converting to staging surgery R0(total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymph nodes dissection, omental biopsy, and peritoneal washing cytology) was done on 2023/10/02. The patient had underlying disease: hyperthyroidism, diagnosed at her age of thirty-five. Family history with mother, aunt and uncle having hyperthyroidism. She had then been treated with antithyroid agent and, for a short period, with thyroxine and Inderal. Three years ago, discontinuation of treatment was suggested, and she experienced only intermittent palpitation and mild heat intolerance. Thus she stopped following up at endocrinology clinic. Preoperative survey showed suppressed TSH(0.06 uIU/mL) and elevated free thyroxine level(free T4= 3.01 ng/dL). At her post-operative hospital course, tachycardia(heart rate>130 per minute) and elevated blood pressure(systolic blood pressure>160 mmHg) was noticed. Palpitation, nausea and fatigue were complained as well. Physical examination showed no exophthalmos, intact extraocular movement and mild thyroid goiter with no palpable mass. Bedside electrocardiogram showed sinus tachycardia. Labetalol 0.5 amp intravenous form was prescribed for her blood pressure and heart rate. TSH-receptor(60.9%), thyroid peroxidaseantibody(242.5IU/mL) and thyroglobin antibody(4.2IU/mL) were checked based on endocrinologist's recommendation. Heart echo was done and reported negative finding in heart failure. Medication Propranolol 10mg QID was prescribed first, but her symptoms persisted. We adjusted Propranolol to 20mg QID with Methimazole (thionamide) 5mg TID and her vital signs returned to normal range. Bedside thyroid sonography reported hypoechoic thyroid gland with hypervascularity and left thyroid nodules. She will be followed up at endocrine clinic after discharge. Her abdominal wound was dry and clean, with tolerable wound pain. Under the stable condition, the patient was discharged and outpatient department appointment was arranged.
論文發表方式：海報	
論文歸類：婦癌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
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稿件編號：E123	個案報告：子宮內膜癌與腺肉瘤並存的停經後婦女 A Complex Case of Coexisting Endometrioid Carcinoma and Adenosarcoma in a Postmenopausal Woman 劉洸全 ¹ 黃佩儀 ¹ 臺北醫學大學附設醫院婦產部 ¹
臨時稿件編號：1202	
論文發表方式：海報	This case report details the clinical and pathological aspects of a 57-year-old postmenopausal woman who presented with six months of postmenopausal bleeding and an associated enlarged abdominal mass. The patient, nulliparous with a history of appendectomy, exhibited symptoms of shortness of breath and palpitations. Initial examination at our outpatient department revealed massive pus discharge during pelvic examination. Transvaginal sonography disclosed multiple myomas, the largest measuring up to 10 cm, and an endometrial thickness of 5 mm. Pelvic CT imaging suggested a substantial lobulated heterogeneous lesion of the uterus, raising concerns for leiomyosarcoma or leiomyomas with malignant transformation and secondary infection. Under the impression of pyometra and suspected tubo-ovarian abscess, She was admitted for antibiotic treatment first. After nearly one week antibiotic treatment,total abdominal hysterectomy, bilateral salpingoophorectomy, and partial excision and drainage of bilateral tubo-ovarian abscess were performed. Intraoperatively, frozen section analysis of the uterus indicated no obvious malignancy, with recognition of a myoma component. Partial abscess excision was performed due to severe adhesion in the cul-de-sac. The final pathological examination revealed a unique coexistence of p53-mutant endometrioid carcinoma and adenosarcoma. The endometrioid carcinoma, characterized by low-grade features and an absence of myometrial invasion, coexisted with a polypoid lesion indicative of adenosarcoma, confirmed by immunohistochemistry. The patient's ER and PgR-positive status added complexity to management considerations. This case underscores the significance of meticulous evaluation and multidisciplinary collaboration in postmenopausal women presenting with complex gynecologic symptoms. The unexpected coexistence of distinct pathologies highlights the need for comprehensive diagnostic approaches and has potential implications for treatment strategies.
論文發表方式：海報	
論文歸類：婦癌	

台灣婦產科醫學會 113 年年度年會暨學術研討會
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稿件編號：E124	淋巴瘤模仿卵巢癌復發症狀 Lymphoma mimicking metastasis of ovarian cancer 林潔如 ¹ 吳鏡璿 ¹ 許証揚 ¹ 高雄醫學大學附設中和醫院婦產部 ¹
臨時稿件編號：1221	
論文發表方式：海報	Background Nodular lymphocyte-predominant Hodgkin lymphoma are lymphoid neoplasms with typical symptoms of asymptomatic lymphadenopathy. Primary ovarian lymphoma (POL) and lymphoma itself have similar clinical picture to advanced ovarian cancer and could be easily confused. Case presentation We report on a case of Nodular lymphocyte-predominant Hodgkin lymphoma that was diagnosed after treatment for ovarian cancer, and mimicked a cancer metastasis. A 25-year-old female diagnosed with stage IC right ovarian cancer underwent infertility sparing surgery (right salpingo-oophorectomy + omentectomy + bilateral pelvic lymphadenectomy + paraaortic lymphendectomy + trocar site fibrosis tissue excision) and postoperative chemotherapy. Four years later, she found her right axillary swelling . Breast sonography revealed a right axillary lymph node 4cm. Core biopsy was done and revealed no evidence of malignancy. Due to her history of ovarian cancer, she received axillary lymph node excision and histology showed nodular sclerosis classic Hodgkin lymphoma. PET (positron emission tomography) showed NLPHL stage II with nodal involvement as right axillary and mediastinal/ bilateral internal mammary basins without FDG -avid of left ovary. Further chemotherapy for lymphoma was done with stable disease of ovarian cancer. Conclusion: The relationship between haematological disorders and ovarian cancer has been reported ever since 1990s. However, unlike AML, Lymphoma shared a weak link to ovarian cancer. The prognosis of early-stage NLPHL is excellent, whereas patients with advanced disease at diagnosis tend to relapse even after aggressive chemotherapy. We demonstrated a case of ovarian cancer diagnosed with second cancer of NLPHL highlighting the importance of differential diagnosis for lymphadenopathy in patient with or without advanced ovarian cancer.
論文發表方式：海報	
論文歸類：婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E125	解讀謎團：針對停經後婦女骨盆腔腫塊與淋巴結腫脹進行多專科診斷 Navigating the Enigma: A Multidisciplinary Approach to Diagnosing Pelvic Mass and Lymphadenopathy in Postmenopausal Women 陳薇安 ¹ 黃家彥 ¹ 國泰綜合醫院 ¹
臨時稿件編號： 1223	
論文發表方式： 海報	A 54-year-old postmenopausal female, known to have hypertension under medication, presented with a recent history of mild intermittent bloody discharge. The patient reported experiencing fatigue, nausea, right waist pain, and occasional bloody discharge. Seeking medical attention, she visited the Keelung Hospital hematologist outpatient department (OPD). Initial investigations revealed an elevated CEA (17.91), while CA-125 (14.9) and CA-199 (25.8) were within normal limits. On physical examination, a 1cm polypoid urethral mass was noted. Condyloma was suspected by a urologist. Erythematous change of the adjacent vulva was also noted. A PET scan revealed a pelvic mass and lymphadenopathy involving abdominal para-aortic and bilateral iliac lymph nodes, prompting consideration of lymphoma. CT imaging identified bilateral external iliac nodes with suspected hyperplastic changes. Differential diagnoses included metastasis and lymphomatous changes. Panendoscopy and colonoscopy showed negative findings. Given the impression of a pelvic mass with lymphadenopathy, the patient was admitted for laparotomy exploration and further treatment. Intraoperatively, a frozen section of the right external iliac lymph node dissection revealed metastatic carcinoma with squamous differentiation, suggesting an origin from the urothelium, cervix, or vulva. Consequently, the surgical team performed a urethral tumor excisional biopsy, bilateral pelvic lymph node dissection, omental biopsy, and vulvar biopsy. The final pathological immunochemical stain of the lymph node showed CK7 positivity (diffusely), CK20 negativity, focal and weak GATA-3 positivity (with negative staining in areas of high-grade SIL and tumor emboli), p63 positivity, and diffuse and strong p16 positivity. The urethral tumor biopsy displayed atypical urothelial epithelium with moderate to marked cellular atypia, suggesting a more advanced lesion that could not be entirely excluded. The vulvar biopsy reported focal high-grade SIL (VIN 2 to VIN 3) with tumor emboli similar to the metastatic carcinoma observed in pelvic lymph nodes. A comprehensive urological workup, including urine cytology, IVP, and cystoscopy, was conducted. Urine cytology revealed malignant cells. IVP and cystoscopy were negative findings. We then arranged concurrent chemoradiation for this patient. In conclusion, this case involves a postmenopausal female with elevated CEA and lymphadenopathy, ultimately diagnosed as urethral cancer with vulvar involvement and widespread lymph node involvement. The comprehensive diagnostic process included imaging studies, surgical exploration, and detailed pathological examination, revealing a complex and challenging clinical scenario.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E126	非人類乳突病毒相關分化不良子宮頸癌第四期合併急性腎損傷、代謝性酸中毒及尿毒症之特殊個案 A rare case of poorly differentiated carcinoma with clear cell change of cervix, HPV-independent, AJCC stage cT4N2aM0, 2018 FIGO stage IVA (bladder invasion) with post renal obstruction related acute kidney injury, metabolic acidosis and uremic syndromes 楊易宸 ¹ 三軍總醫院婦產部 ¹
臨時稿件編號： 1262	
論文發表方式： 海報	Cervical cancer is the fourth most frequent cancer in women worldwide, representing nearly 8% of all female cancer deaths every year. Persistent infection with human papillomavirus (HPV), particularly high-risk genotypes of HPV, is considered the major cause of cervical cancer. Although the sensitivity of HPV testing has improved significantly in recent years, a small fraction of cervical cancers are continued to be reported as HPV-independent. HPV-independent cervical cancer is often diagnosed at an advanced FIGO stage and associated with poor prognosis. Here we report an rare case of poorly differentiated carcinoma with clear cell change of cervix, HPV-independent and initially presented with post renal obstruction related acute kidney injury, metabolic acidosis and uremic syndromes. The case is a 55-year-old female with history of hypertension. She is a virgin and has no previous operative history, and she suffered from post menopausal vaginal spotting for months. Besides, she experienced bilateral hydronephrosis and received temporary double-J catheterization in August, 2023 and removed one month later after symptom improved. However, a palpable mass over orifice of vagina was noted so she called at GYN outpatient department for help on 20231017. The biopsy of vaginal tissue revealed necrotizing inflammation with focal mild dysplasia. Recently, she suffered from intermittent soreness sensation over bilateral back, and compression symptoms of bowel habits change. Because the vaginal tumor she was admitted for evaluation. However when admission, acute kidney injury with hyperkalemia was impressed. Because progressive uremia syndrome with metabolic acidosis, with highly suspicion of tumor compression related post renal obstruction, we consulted NEP doctor for evaluation. Emergent bilateral PCN insertion was conducted by the RAD doctor on 20231107 and we used large dosage of diuretics and aggressive hydration and bicarbonate correction the acidosis first. After large urine amount(total 11000cc) drained via bilateral PCN catheter, her respiratory condition turned smoother and hyperkalemia and acidosis were corrected. Following we performed the examination under anesthesia and diagnostic vaginal tumor biopsy and cystoscopy with bilateral double-J catheterization for disease diagnosis on 20231108, since the abdominal sonography and the previous CT scan arranged on August revealed thickened endometrium and suspicion of endometrial lesion. The cystoscopy revealed tumor invasion over posterior wall of bladder base and the biopsy of vaginal tumor revealed poorly differentiated carcinoma with clear cell change. Furthermore, we arranged the pelvic MRI and the image revealed cervical cancer with low third vaginal invasion, bladder invasion and bilateral enlarged pelvic lymph nodes. Because of advanced HPV-independent cervical cancer was diagnosed, we arranged the whole body PET scan and the final stage was cT4N2aM0, stage IVA. On the multi-disciplinary combined meeting, we suggested neoadjuvant chemotherapy before concurrent radiotherapy. And pembrolizumab and bevacizumab were suggested on advanced cervical cancer as well. Therefore, the first course neoadjuvant therapy with bevacizumab(7.5mg/kg) + pembrolizumab(200mg) + paclitaxel(175mg/m2) + carboplatin(AUC:5) was arranged during 11/16 to 11/17. Infusion reaction of paclitaxel was noted in the beginning of 3 minutes, so we temporarily stopped. The patient could tolerate the whole course therapy. We removed the Foley's catheter on 20231118 and no difficulty in urination and the daily urine output was around 2000-2500c.c. The patient was discharged on 20231119 and the next course of neoadjuvant therapy will be arrange on three weeks later.
論文發表方式： 海報	
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E127	類似卵巢性索腫瘤之子宮腫瘤復發—病例報告 Recurrent uterine tumor resembling ovarian sex cord tumor: a case report 謝易軒 ¹ 王毓淇 ¹ 三軍總醫院婦產部 ¹
臨時稿件編號： 1267	
論文發表方式： 海報	Introduction Uterine tumor resembling ovarian sex cord tumors (UTROSCTs) are extremely rare type of uterine tumors, which generally have a low malignant potential. These tumors were mainly treated by hysterectomy with negative margins with or without bilateral salpingo-oophorectomy. This is a case report of a patient diagnosed as uterine tumor resembling ovarian sex cord tumors post surgery with recurrence under chemotherapy. Case report A 71-year-old female was admitted to our department due to vaginal bleeding for 6 months in 2022. Image studies revealed several heterogeneous hypoechoic mass within uterus with maximum size 6.9 x 5.2 cm. Total abdominal hysterectomy, bilateral salpingo-oophorectomy and bilateral pelvic lymph node sampling were performed on 2022/03/09, and she was diagnosed as uterine tumor resembling ovarian sex cord tumor based on Immunohistochemical findings of pathology report. After then, she was under surveillance of image studies regularly, and recurrence in pelvic cavity and spine was impressed around one year after surgery. After total laminectomies with tumor removal was performed, chemotherapy with bleomycin, etoposide and cisplatin was prescribed. Discussion As uterine tumor resembling ovarian sex cord tumors are rare uterine neoplasms, there are no prospective studies to obtain the optimal management. Surgery with negative margins has been considered the backbone treatment of UTROSCT, with a lack of guidelines for adjuvant treatment. Our case and her families refused to receive surgery after we informed her tumor recurrence and the suggestion of tumor resection. Therefore chemotherapy with the regimen of bleomycin, etoposide and cisplatin (BEP) was prescribed for our patient, based on the adjuvant treatment of Sertoli-Leydig-cell tumors and a case report of recurrent UTROSCT.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E128	罕見的惡性卵巢腫瘤扭轉案例報告 Krukenberg Tumor: A Rare Case of Ovarian Torsion 林亞瑩 ¹ 游正峰 ¹ 新光醫療財團法人新光吳火獅紀念醫院婦產科 ¹
臨時稿件編號： 1272	
論文發表方式： 海報	Objective: Adnexal torsion is a gynecological emergency affecting females of all ages. It results in ischemic changes in the adnexa. Ovarian torsion results from the rotation of the ovary about its pedicle, to an extent that the ovarian arteries and or veins are obstructed. It is more likely to occur with a benign tumor than in a malignancy. According to the reports, the incidence of ovarian torsion with ovarian malignancy was <2%. Case presentation: A 49-year-old female presented to the emergency department(ED) complaining of acute right lower abdominal pain for one day. In the emergency room, the vital sign was stable. In addition to the abdominal pain, the patient also reported vomiting and poor appetite and abdominal bloating. There is no fever, diarrhea, bloody stools, vaginal bleeding, or other symptoms. Computed tomography (CT) was performed which reporting 1.Gastric tumor suspected with bilateral ovarian metastasis ; 2. Right adnexa torsion; 3. Cul-de-sac nodule with local adhesion. Tumor marker was checked and found elevation (CEA :9.4ng/mL ; CA-125:69.7U/mL; CA 19-9:489.8U/mL). Due to the patient presented persisting painful and failure of conservative treatment, the emergent laparoscopic surgery was performed. During the operation, right ovarian tumor 7cm with torsion and ischemic change was first seen. Left ovarian tumor with multiple septa was also noted. Laparoscopic bilateral salpingo-oophorectomy was performed smoothly. Stomach surface was checked and there was no tumor lesion invasion. Pelvic tumor was noted, and biopsy was done. After the surgery, the patient's symptoms subsided. The final pathology reported bilateral metastatic ovarian adenocarcinoma. The case was then referred to a gastroenterologist for a comprehensive cancer survey. PET scan found multiple nodules in bilateral lungs. She underwent Robotic-assisted radical subtotal gastrectomy due to pre-pyloric antrum with stenosis. The final diagnosis was gastric adenocarcinoma, moderately differentiated, stage pT4aN0M1(lung, ovary and pelvic wall). Conclusions: The most common tumor predisposed for ovarian torsion is the benign mature cystic teratoma. The incidence of ovarian torsion with ovarian malignancy was <2%. Although uncommon, Krukenberg tumors should be considered as a differential diagnosis of acute on set lower abdominal pain. In this situation, an emergent operation for relieving acute symptoms is inevitable.
論文發表方式： 海報	
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E129	處理與 Pembrolizumab 相關的難治性婦科癌症嚴重不良事件的臨床見解 Clinical Insights on Managing severe Adverse Events associated with Pembrolizumab in Refractory Gynecological Cancer
臨時稿件編號： 1277	高健祥 ¹ 吳貞璇 ¹ 張簡展照 ¹ 林浩 ¹ 歐育哲 ¹ 蔡景州 ¹ 傅宏鈞 ¹ 陳盈儀 ¹ 王映文 ¹ 黃偉雄 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式： 海報	Background: The utilization of the immune checkpoint inhibitor, pembrolizumab has progressively expanded within the realm of gynecological cancer treatment as a result of the demonstrable enhancement in survival rates and tolerable adverse effects. While infrequent, it is important to note the presence of severe adverse events attributed to the administration of Pembrolizumab. We aim to present our clinical experience in managing severe adverse events associated with the administration of pembrolizumab.
論文歸類： 婦癌	Materials and Methods: The study included patients who had received a minimum of one cycle of pembrolizumab treatment at Kaohsiung Chang Gung Memorial Hospital from June 2017 to August 2023, and who were pathologically diagnosed with gynecological malignancies. In addition to clinical manifestations, treatment outcomes, and medication dosages, we also meticulously documented immune-related adverse events (irAEs) as well as the duration between treatment initiation and the detection of irAEs. Our cohort was exclusively composed of patients who had undergone a minimum of six months of follow-up care within our institution. Results: Fifty-eight patients were identified with the median age as 56 years old. 60% of patients had received more than 2 lines of prior chemotherapy and 65% of the patients underwent a minimum of three treatment cycles. All included patients received fixed pembrolizumab dosage throughout the treatment course, and the dosage per cycle comprised of 50 mg (n=2, 3.4%), 100 mg (n=50, 86.2%) and 200 mg (n=6, 10.3%). IrAE of any grade occurred in 17 patients (29.3%) with the most common were dermatitis (n=5, 8.6%) and colitis (n=4, 6.9%). Among these patients experiencing irAEs, five individuals (8.6%) presented with grade 3 adverse events including 1 dermatitis, 2 colitis, 1 uveitis and 1 hemophagocytic lymphohistiocytosis. Upon cessation of immunotherapy, the administration of high-dose oral or intravenous corticosteroids, combined with symptom-alleviating medications, led to complete resolution of adverse effects in all patients except for the individual afflicted with severe uveitis, whose visual acuity did not completely recover. Furthermore, there were no documented fatalities attributed to irAEs, and no grade 4 irAEs were identified within our cohort. Conclusions: In this study, the incidence of irAEs observed in our patients undergoing pembrolizumab treatment was comparable to that reported in previous studies. While severe adverse events are uncommon, the timely identification, comprehensive understanding of their management, and early intervention in treatment are crucial components in immunotherapy to prevent serious long-term sequelae.

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E131	罕見病例診斷復發性子宮內膜癌合併骨轉移 Successful treatment of a rare case diagnosed with recurrent endometrial cancer with bone metastasis
臨時稿件編號： 1281	張博涵 ¹ 黃千竹 ¹ 林武周 ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式： 海報	Bone metastasis among endometrial cancer was very rare. Endometrial metastases to the bone are generally restricted to the axial skeleton, including the pelvis and vertebrae. Here we present a case report about recurrent endometrial cancer with left iliac wing bone metastasis.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E132	使用阿斯匹靈導致惡性子宮腫瘤之繼發性子宮破裂 Uterine rupture secondary to a malignant myometrial tumor with Aspirin use
臨時稿件編號： 1290	柯良聰 ¹ 吳鏡瑜 ¹ 高雄醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	Uterine sarcomas are rare and aggressive gynecologic malignancies. They can cause a rupture of the uterus with or without clinical and radiological symptoms. Herein, we reported a 52-year-old female presented with lower abdominal fullness and pain and under Aspirin use for three months. The sonography was performed and found one 8cm initially but reached 11cm in 1 week. The hemoglobin (10.9 g/dL) and abnormal value of Lactate Dehydrogenase (794 IU/L) were noted. The abdominal computed tomography suspected endometrial cancer with lung metastasis, FIGO Stage IVB. The gynecological staging surgery was performed, and the hemoperitoneum with uterine rupture was seen. The frozen section showed the suspected malignant myometrial tumor. The postoperative course was uneventful, and we are still awaiting the formal pathological report. The rupture of the uterus could not have been suspected as the patient did not have any symptoms except for the slow and progressive reduction in the hemoglobin value. In our case, we suspected the Aspirin may exaggerate the tumor bleeding, causing the intrauterine hematoma and hemoperitonium. Therefore, observing patients with clinical and/or radiological suspicion of sarcoma, even with no clinical manifestations, is important.
論文歸類： 婦癌	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E133	腹腔鏡電凝對良性卵巢囊腫子宮內膜異位症卵巢儲備功能減少的潛在損害：系統性回顧與統合分析 The potential damage of laparoscopic electrocoagulation on ovarian reserve in endometriomas reduced in benign ovarian cysts: A systematic review and meta-analysis
臨時稿件編號： 1010	林瑜瑩 ¹ 夏立忻 ¹ 黃允瑤 ¹ 張浩榕 ¹ 李宗賢 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 海報	Nonthermal hemostasis is less destructive to ovarian reserve than electrocoagulation with a bipolar current in patients with endometriomas undergoing laparoscopic surgery. A systematic review with meta-analysis was performed. We searched the Cochrane Library, PubMed, EMBASE, and Web of Science databases, using entry terms associated with the MeSH terms “ovarian cysts,” “laparoscopy,” “electrocoagulation,” and “anti-Müllerian hormone,” or “antral follicle count” for articles published before October 2022.
論文歸類： 內視鏡	PARTICIPANTS/MATERIALS, SETTING, METHODS: Randomized controlled trials (RCTs) that evaluated the impact of nonthermal hemostatic methods on ovarian reserve compared with electrocoagulation during laparoscopic surgery were identified. The quality of included studies was determined using the Cochrane Risk of Bias Tool for Randomized Controlled Trials (ROB 2.0). The meta-analysis of data from the included studies was conducted using Review Manager ver. 5.4. Thirteen randomized controlled studies were included in the assessment. A total of 532 patients received nonthermal hemostatic methods and 512 patients had electrocoagulation with bipolar current (total n=1043) during laparoscopy. In the endometrioma patients, the postoperative serum anti-Müllerian hormone (AMH) was significantly higher in the nonthermal group than in the bipolar group at one month (mean difference [MD] 0.72, 95% confidence interval (CI) [0.42, 1.03]), three months ([MD] 0.68, 95%CI [0.27, 1.09]), six months ([MD] 0.65, 95%CI [0.27, 1.03]), and 12 months ([MD] 0.86, 95%CI [0.69, 1.04]) after surgery respectively. However, in the patients with benign ovarian cysts, there was no significant difference in AMH levels between the two groups at 3-, 6-, and 12-month after surgery. A similar result was also observed in the antral follicle count (AFC) level, while a significantly lower postoperative AFC in the electrocoagulation group compared with nonthermal hemostatic method group was only observed in patients with endometriomas. Nonthermal hemostatic methods are less destructive to ovarian reserve than bipolar electrocoagulation in patients undergoing laparoscopic surgery for ovarian endometrioma. However, we found no significant impact of bipolar electrocoagulation on the ovarian reserve of patients with other benign ovarian cysts.

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E134	<p>雙側巧克力囊腫在接受腹腔鏡卵巢腫瘤切除手術後對卵巢功能的影響 The bilaterality, not the side of ovarian endometriomas affect the decline of serum AMH after Laparoscopic ovarian cystectomy</p> <p>麥迪森¹ 王錦榮¹ 林口長庚醫院¹</p>
臨時稿件編號：1041	
論文發表方式：海報	<p>Study Objective: This study was designed to evaluate whether the side and bilaterality affect the decline of serum anti-Müllerian hormone levels after laparoscopic ovarian cystectomy in endometrioma.</p> <p>Design: Retrospective cohort study.</p> <p>Setting: Tertiary-care university hospital.</p> <p>Materials and methods: A total of 168 patients with endometriomas undergoing laparoscopic ovarian cystectomy were enrolled. Preoperative serum levels of cancer antigen 125 and preoperative, 1 week and 6 months postoperative anti-müllerian hormone (AMH) were measured. Other values included patient characteristics and surgical details.</p> <p>Measurements and Main Results: The mean operating time for the unilateral and bilateral diseases was 103.4 ± 54.7 min, and 138.0 ± 56.5 min, respectively (p < 0.001). Serum AMH level decreased significantly from preoperative (3.1 ± 3.1 ng/mL) to 1week (1.8 ± 2.1 ng/mL) and 6 months (2.0 ± 2.2 ng/mL) postoperatively. Those patients with bilateral endometriomas had significantly lower levels of AMH and decline of AMH, 1week and 6 months after operation. The AMH level of baseline, 1 week, 6 months after operation, and postoperative decline of AMH were no clinical significance in the unilateral tumor regardless of left or right sides.</p> <p>Conclusions: The serum AMH level decreased after laparoscopic cystectomy for endometriomas, particularly in patients with bilateral tumors. Side of ovarian endometrioma does not affect the preoperative serum AMH level and postoperative decline.</p>
論文歸類：內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E135	<p>個案報告: 單孔腹腔鏡處理 13 歲女性 28 公分巨大卵巢囊腫 Single-Port Laparoscopic Ovarian Cystectomy in a 13-Year-Old Female with a Massive 28cm Ovarian Cyst: A Case Report</p> <p>杜依儒¹ 黃佩儀¹ 台北醫學大學附設醫院¹</p>
臨時稿件編號：1061	
論文發表方式：海報	<p>This case report outlines the successful management of a 13-year-old female presenting with abdominal discomfort and distension. A CT scan revealed a well-defined cystic mass measuring 28.6x19.9x10.4cm in the midline pelvic cavity, extending into the lower and middle abdomen. Importantly, the scan indicated no abnormal enhancing mural nodules, internal septa, or wall thickening, with a radiological impression favoring an ovarian cystadenoma.</p> <p>Further diagnostic investigations included tumor marker assessments, which all yielded normal results. AFP, CA125, CA199, and HCG levels were within the expected ranges, providing reassurance regarding the likelihood of malignancy associated with the ovarian cyst. These findings significantly influenced the decision-making process, supporting the consideration of a benign etiology.</p> <p>Given the extensive size of the cyst and the absence of concerning features, a single-port laparoscopic ovarian cystectomy was chosen as the optimal surgical approach. The procedure involved meticulous dissection and removal of the cyst, preserving the surrounding ovarian tissue. Intraoperatively, a benign serous cystadenoma was confirmed through pathology.</p> <p>Postoperatively, the patient experienced a smooth recovery with minimal pain and no immediate complications. The successful outcome underscores the feasibility and safety of single-port laparoscopy in pediatric gynecological surgery, particularly in managing massive ovarian cysts. The combination of detailed imaging, normal tumor markers, and a minimally invasive approach contributes valuable insights to the broader understanding of pediatric ovarian pathology.</p> <p>This case report serves as a noteworthy example of a multidisciplinary approach, where imaging, tumor markers, and surgical intervention collectively inform decision-making and contribute to a favorable patient outcome. As the medical community continues to refine minimally invasive techniques, this case highlights their applicability in challenging scenarios, providing a foundation for future considerations in the field of pediatric gynecological surgery.</p>
論文歸類：內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E136	<p>子宮內膜異位症相關之卵巢邊緣型類子宮內膜腫瘤: 十年經驗與文獻回顧 Endometriosis-associated Endometrioid Borderline Ovarian Tumor: Ten-years-experience in Linkou CGMH and Literature Review</p> <p>蔡天琦¹ 顏志峰¹ 林口長庚¹</p>
臨時稿件編號：1084	
論文發表方式：海報	<p>Introduction The relationship between endometriosis and ovarian cancer has been a topic of interest for many years. Endometriosis-associated neoplasia (EAN) can occur in 0.5-1% of patients with ovarian endometriosis, with endometrioid carcinoma and clear cell carcinoma being the two most common types. Endometrioid borderline ovarian tumors (EBOT) are a rarer type of EA-neoplasm that can only be diagnosed postoperatively through histopathologic findings.</p> <p>Material and methods: A retrospective study was conducted at Chang Gung Memorial Hospital to review the preoperative findings, surgical procedures, and prognosis of patients diagnosed with EA-EBOT. The study included patients diagnosed between 2007 and 2020, who had ovarian endometriosis with regions resembling atypical endometrioid hyperplasia. Patients with concurrent adenocarcinoma were excluded.</p> <p>Results The study reviewed 10 patients with EA-EBOT. The mean age was 42.6 years and the mean BMI was 25.5. Most patients were premenopausal and half were over 40 years old. The median preoperative CA-125 value was 95 U/mL, with only 30% of patients having values over 200 U/mL. The mean tumor diameter was 9.5 cm, with 70% of patients having a tumor diameter of 7cm or more. Regarding surgical procedures, three patients underwent ovarian tumor enucleations due to their young age. Four patients received total oophorectomy, either in primary or secondary operation, for age over 40 or large tumor size. There were two cases of staging surgeries. None of the patients have recurrence with 3 of them loss follow up.</p> <p>Conclusion: The intricate link between endometriosis and ovarian cancer, especially with borderline endometrioid tumors, underscores a complex relationship. Despite a favorable prognosis, further research is crucial to enhance understanding and improve diagnosis and treatment.</p>
論文歸類：內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E137	<p>輸卵管卵巢膿瘍行雙側輸卵管切除術後形成復發性假性囊腫 Recurrent pseudocyst formation after bilateral salpingectomy for tubo-ovarian abscess mimicking ovarian neoplasm.</p> <p>彭依婷¹ 奇美醫院¹</p>
臨時稿件編號：1088	
論文發表方式：海報	<p>This a 32-year-old woman without any underlying disease. She had operation history of laparoscopic right ovarian cystectomy 2 years ago for endometrioma. She was married, G0P0, and had one episode of pelvic inflammatory disease after undergoing hysterosalpingography (HSG) 3 months ago. The result of HSG showed non-patent bilateral fallopian tubes. She received inpatient antibiotic therapy then without surgical intervention. This time, she experienced lower abdominal pain and fever for 2 days and came to our emergency department. CT scan showed pelvic inflammatory disease and bilateral pyosalpinx. After antibiotic treatment for 36hours, she felt no improvement of symptoms. As a result, surgical intervention with laparoscopic salpingectomy was arranged after discussion with the patient and her husband. During the operation, we confronted severe pelvic inflammation and found absence of right ovary, might be due to previous surgical history of right endometrioma. Adhesiolysis was done carefully to prevent damage to the remaining left ovarian tissue. Right salpingectomy was done smoothly and completely. But fimbrial end of left fallopian tube was left in situ due to difficulty in separating it from ovarian tissue. Resection of the proximal part of the left tube was done. Her symptoms improved immediately after the surgery, and she was discharged on post-op day 3. She was doing well at outpatient follow up on post-op day 11. But she started to feel soreness over left lower abdomen 3 days later, on post-op day 14. Ultrasonography showed a well-defined cystic mass with anechoic content sized 6 cm over left pelvic area. CT scan showed a complex left adnexal cystic mass with mural soft tissue enhancement. Radiologist reported a neoplasm could not be excluded by the imaging expression on CT scan. But CA-199 and CA-125 were normal. And there is little change a ovarian neoplasm could developed in such a short time. Under the suspicion of recurrent PID and pseudocyst formation, antibiotic treatment and transvaginal drainage of the cyst was done. Clear yellowish fluid content about 150 ml was drained. Cytology showed benign cells. Her discomfort improved on the next day, but the cyst recurred along with her symptom in a few days. Repeat diagnostic surgery was arranged, 1 month apart from the first surgery for pyosalpinx. Pseudocyst formation at left adnexal area was found. After opening the cystic space with incision about 3cm, yellowish-brownish fluid content came out. The fimbrial end of left fallopian tube and left ovary was also found embedded in the space. The fimbrial end was removed smoothly this time. Adhesion barrier with Hyalobarrier gel was applied to prevent reformation of pseudocyst. She was discharge on post-op day 5. However, a recurrent cyst measured 5 cm was found at the same area during OPD f/u 1 week later. Because she could tolerate the symptom (occasional LLQ soreness), pain control as needed and OPD follow up was suggested. But the cystic size progressed gradually to 8cm with bothering episodes of severe pain. Surgical intervention was planned, 1 year after the second surgery. This time, we made a incision over the top of the pseudo-cystic space as big as possible and applied 4DryField® 3g over a wider area over left adnexa to prevent adhesion formation. There is no more recurrence of pseudocyst at 3 months follow up after the third surgery.</p>
論文歸類：內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E139	成功以腹腔鏡處理瀰散破裂的剖腹產傷口疤痕處子宮外孕-案例報告及文獻回顧 Successful laparoscopic management of cesarean section ectopic pregnancy with impending uterine rupture-A case report and literature review 林啟旺 ¹ 唐德鑫 ² 大千綜合醫院 ¹ 竹南診所 ²
臨時稿件編號： 1095	
論文發表方式： 海報	Background: Pregnancy developing in a cesarean scar is a very rare form of ectopic pregnancy and may lead to catastrophic complications, such as uterine rupture and excessive hemorrhage. We report a case of cesarean scar ectopic pregnancy with impending uterine rupture due to delay diagnosis and underwent successful laparoscopic management with a smooth course. Case Report: This 44-year-old women, G3P2, with a history of two previous Cesarean section, presented to our clinic for abnormal vaginal bleeding with mild lower abdominal pain for 3+ weeks. Urine pregnancy test was positive with an initial β-hCG levels 7571 mIU/mL. Transabdominal ultrasound revealed empty uterine cavity and a 64x56mm hyperechoic mass located within the lower anterior wall of the uterine isthmus. Transvaginal ultrasound had the same finding and absence of healthy myometrium between the urinary bladder and cesarean scar ectopic pregnancy (CSP) mass was also found. Under the tentative diagnosis of a CSP with impending uterine rupture, she was admitted and underwent emergent operative laparoscopy. Laparoscopy confirmed the CSP diagnosis, then hysterotomy was made beneath the cesarean scar, the ectopic mass was removed and hemostasis was achieved using TRAUMA GAUZE packing smoothly. The details of this case and pictures of the diagnostic ultrasound & laparoscopy will be presented in the final poster. Conclusions: Cesarean scar pregnancy should be diagnosed and treated as soon as possible to prevent severe complications. The rarity of cesarean scar pregnancy explains the absence of universal guidelines for management. Our case demonstrated that laparoscopic conservative surgery is effective and optimal for delay diagnosed cesarean scar pregnancy cases if facilities and expertise are available.
論文歸類： 內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E140	初步病例報告：結合腹腔镜微波消融和子宮鏡多脈衝激光治療大型黏膜下子宮肌瘤 A Preliminary Case Report Using Combined Laparoscopic Microwave Ablation and Hysteroscopic Multipulse Laser Vaporization for Huge FIGO Type 1 Uterine Fibroid 李易良 ^{1,2,3} 尹長生 ^{3,1,2} 白尹琮 ^{3,4} 三軍總醫院婦產部 ¹ 國防醫學院 ² 財團法人康寧醫院婦產科 ³ 國防醫學院生命科學所 ⁴
臨時稿件編號： 1098	
論文發表方式： 海報	Introduction The management of larger FIGO type 1 fibroids using percutaneous microwave ablation (PMWA) remains a complex task, often requiring subsequent two-step hysteroscopic procedures and carrying inherent risks. A novel approach to managing large type 1 fibroids involves the combination of laparoscopic-guided microwave ablation (LGMA) and hysteroscopic multipulse laser vaporization, as reported. This approach allows for the safe thermal ablation of intramural and submucosal fibroids through laparoscopy and hysteroscopy, providing direct visualization, precise saline infusion, and improved manipulation of the uterus while minimizing the chances of unintentional injury to adjacent organs. Case Summary This case report pertains to a 39-year-old female who presented with heavy uterine bleeding, attributed to a sizable type 1 fibroid. The patient underwent a successful and tailored treatment involving the simultaneous application of LGMA and hysteroscopic multipulse laser vaporization of the fibroid. Post-surgery, an immediate transvaginal ultrasound revealed a remarkable 77.52% reduction in fibroid volume. The patient tolerated the procedure well and was discharged just two days later. In conclusion, this combined surgical intervention has proven to be both effective and safe for women with large type 1 fibroids who wish to retain their uterus.
論文歸類： 內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E141	達文西機器手臂在疑似卵巢癌之年輕女性的生育保留手術 Da Vinci Robotic Fertility-Sparing Cystectomy In a Young Woman With Suspected Ovarian Neoplasm 陳曉 ¹ 莊乙真 ¹ 亞東紀念醫院婦產部 ¹
臨時稿件編號： 1212	
論文發表方式： 海報	Introduction: Our objective is to demonstrate the feasibility and safety of performing robotic-assisted laparoscopic fertility-sparing surgery for women of reproductive age with suspected ovarian cancer. Materials & Methods: A 25-year-old woman was admitted due to the discovery of a solid and irregular right ovarian tumor during a routine ultrasound examination and CT scan. The surgical procedure was conducted using the da Vinci Si robotic system by Intuitive Surgical, based in Sunnyvale, USA, with a 3-port robotic technique. The approach involved placing an Endo bag beneath the ovarian tumor, with three gauzes positioned inside the bag to encompass and stabilize the tumor. The Endo bag was suspended using a 2-0 Prolene straight needle to suture the bag's edge, preventing any tilting during the procedure. We employed robotic scissors to precisely cut and open the ovarian tumor, and dry gauze was used to manage the drainage. The tumor was methodically removed in stages, with Arm 1 for needle holder and Arm 2 for bipolar forceps to ensure complete tumor removal while preserving the healthy ovarian cortex. To prevent any residual tumor, we meticulously cleared the surgical site using gauze. The tumor specimen, along with any used gauze, was securely sealed in an Endo bag and removed through an assistant port with a wound retractor and surgical glove. The tumor was sent for frozen section analysis, which revealed a diagnosis of an atypical borderline tumor with stromal invasion. Considering the patient's youth, we opted to carefully suture the remaining ovarian tissue to preserve her ovarian reserve as much as possible. Results: No intraoperative or postoperative complications were encountered. The surgical procedure lasted for 4 hours and 15 minutes (including waiting for frozen section pathology and discussion with the pathologist and her family), with an estimated blood loss of 100 mL. The patient was discharged and allowed to return home on the third day following the operation. The pathology report showed a seromucinous neoplasm with atypical epithelial proliferation, and a seromucinous borderline tumor/atypical proliferative seromucinous tumor was considered. Conclusion: The acceptance of fertility-sparing surgery as a choice for young women with suspected ovarian cancer continues to grow, leading to an increasing adoption of less invasive techniques. Given the benefits of robotic-assisted surgery over traditional laparoscopy, our experience affirms its safety and feasibility. However, there is a pressing need for further research to deepen our knowledge and refine the utilization of this approach.
論文歸類： 內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E142	微波消融後子宮內肌瘤壞死及自然脫落 Intrauterine necrosis and expulsion of leiomyoma following microwave ablation 鄭芷薇 ¹ 柯良穎 ² 龍震宇 ² 高雄醫學大學附設紀念醫院一般科 ¹ 高雄醫學大學附設紀念醫院婦產部 ²
臨時稿件編號： 1217	
論文發表方式： 海報	Laparoscopic-guided percutaneous microwave ablation (MWA) has become a promising, safe, minimally invasive approach for treating myoma or adenomyosis. Herein, we reported a 37-year-old woman with multiple myomas accompanied by persistent abdominal bloating and constipation. The preoperative pelvic magnetic resonance imaging (MRI) revealed several myomas (the largest measuring 8.1 x 7.6 x 8.8 cm ³) along with bilateral ovarian endometriomas. She underwent laparoscopic-guided percutaneous microwave ablation, and the admission time was uneventful. However, the fever was up to 39 degrees Celsius, associated with leukocytosis (19500/uL) and elevated C-reactive protein levels (417.17 mg/L) at day 42. The yellowish vaginal discharge with odor was also noted during the pelvic examination. Re-admission was arranged, and the antibiotics were administered for the suspected postoperative intra-uterine necrosis. Computed tomography revealed red degeneration of the myoma. The patient was admitted for 20 days and discharged after the fever subsided and the inflammation was controlled. The subsequent MRI follow-up at 6 months indicated a remarkable 81% reduction in myoma volume to 5.2 x 3.6 x 5.4 cm ³ . The efficacy and safety of percutaneous microwave ablation (MWA) as a non-invasive intervention for uterine myomas is delightful. We demonstrated a case with notable volume reduction observed postoperatively, highlighting the potential for substantial therapeutic impact. Nevertheless, the associated complications, especially the inflammation related to intra-uterine necrosis, still need to be addressed. This experience contributes to the evidence supporting the role of microwave ablation myolysis in the comprehensive management of uterine myomas.
論文歸類： 內視鏡	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E143	單一切口尿失禁手術進入角度不同的影響
臨時稿件編號： 1005	The different insertion angle for sling surgery may improve the outcome and quality of life for the stress urinary incontinence population. 潘恒新 ¹ 陳尚仁 ¹ 柏仁醫院 ¹
論文發表方式： 海報	Abstract
論文歸類： 婦女泌尿	Objective To compare patients' outcome using different insertion angle for mid urethra sling surgery, based on the severity of stress urinary incontinence (SUI) Materials and methods We recruited patients with SUI between year 2017 to 2019. One hundred and one patients with pad test less than 10gram were included into the experimental group of the entrance of insertion angle for sling surgery is similar to the tension-free vaginal tape surgery, the angle is less than 45 degrees. On the other hand, the control group 83 patients who had pad test with result for more than 10 grams, the insertion angle is 45 degrees. The cure rate and quality of life (QoL) were compared between the two groups of SUI patients during one year follow up. Pad test and urodynamic testing were repeated after six months' follow-up. Results There was no significant difference between the acute angle group and 45-degree group in 6-months successful rate and postoperative voiding difficulty. However, patients in acute angle group have statistically significant in postoperative QoL(24.6±3.5 versus 23.9±2.7, p value<0.05) and Neo SUI(5.9% versus 13.3%, p value<0.05). Conclusion Pelvic organ prolapse (POP) commonly coexists with SUI (20%) and de novo SUI after surgery for POP occurred frequently with the range between 12% and 35%, suggesting that POP surgery should consider the subsequent sequelae-occurrence of SUI. Tension free vaginal sling surgery (TVT) is the mainstream treatment for urinary stress incontinence. In this study, we compare patients' outcome using different insertion angle for mid urethra sling surgery, based on the severity of SUI. Based on our results, for patients' encounter pad test that is more than 10 grams and with UD confirmed SUI, the insertion angle used should be less than 45 degrees similar to TVT for better QoL and less Neo-SUI.

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E144	利用達文西完成複雜性骨盆重建手術-恥骨韌帶懸吊術、次子宮切除術及陰道旁修補
臨時稿件編號： 1052	Robotic mesh-supported cervical pectopexy associated with supracervical hysterectomy and paravaginal repair for multiple pelvic floor reconstructive surgeries 沈榮堃 ¹ 吳銘斌 ¹ 永康奇美醫院婦產部 ¹
論文發表方式： 海報	Pelvic reconstructive surgery can be performed transvaginally or transabdominally. Sacro-colpopexy (SCP) has been regarded as the gold standard for anatomical correction of POP, which can be performed by laparotomy, traditional laparoscopic approach, or robotic technique recently. Laparoscopic SCP has the disadvantages including dangerous surgical area at presacral area, complicated, demanding, and challenging suture techniques. Therefore, mesh-supported cervical pectopexy (CPP) has merged as a simpler and safer alternative method. For patients with multiple pelvic floor defects, the pelvic floor reconstructive surgery is even more challenging. Here we presented clinical pearl with robotic mesh-supported cervical pectopexy associated with supracervical hysterectomy, paravaginal repair, midurethral sling and posterior colporrhaphy for multiple pelvic reconstructive surgeries. Our report indicates successful anatomical and subjective outcome after multiple pelvic floor reconstructive surgeries. Patient was satisfactory with both good POP-Q stage, and quality of life.
論文歸類： 婦女泌尿	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E145	LeFort 陰道閉合手術合併子宮切除之手術案例探討
臨時稿件編號： 1063	To investigate LeFort colpocleisis combined with hysterectomy: the case presentation 吳維庭 ¹ 柯俊丞 ¹ 蘇國銘 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 海報	Introduction: Surgical management of pelvic organ prolapse (POP) contains various techniques, including the LeFort colpocleisis procedure which is effective in treating advanced POP among patients who no longer desire preservation of coital function and could provide long-lasting results and fewer complications. However, the LeFort surgery combined with hysterectomy or not for apical prolapse remains a specific issue worth discussing. In this study, we aim to investigate the surgical technique and outcome of our modified LeFort surgery combined with hysterectomy for apical prolapse, which characterized strengthened posterior colporrhaphy and perineorrhaphy instead of sphincter plication and levatorplasty.
論文歸類： 婦女泌尿	Methods: A 65-year-old multiparous, gravida 6, para 6 woman with the past medical history of coronary artery disease post percutaneous coronary intervention and type II diabetes mellitus who suffered from dragging sensation and severe apical prolapse (prolapse of uterus, stage III Cx, prolapse of anterior wall, stage III Ba and prolapse of posterior wall, stage III Bp). After the discussion with integrated consideration about related risks, benefits, and potential complications, the surgical intervention with transvaginal hysterectomy, bilateral salpingo-oophorectomy, and LeFort colpocleisis with anteroposterior colporrhaphy was performed. Results: The patient had an uneventful recovery and was discharged 48 hours after surgery. The outpatient department postoperative follow-up was performed one and three months separately without further complications. Discussion: In our study, the concomitant procedures of perineorrhaphy and plication of levator ani muscles and fascia were modified to elevate the success rates of Lefort colpocleisis with higher comfort, shortened recovered time and cosmetic appearance. Nevertheless, performing the conventional Lefort procedure with plication of levator ani muscles and fascia has more complications such as severe perineal pain, damage of levator ani muscles and nerve injury. The adaptation of surgical techniques to minimize the risk of prolapse recurrence was designed to be combined with hysterectomy. Removal of the cervix and uterus would obviate the drainage tracts and allow this vaginal surface area to be buried among the total colpocleisis that would follow. Whether total colpocleisis has a higher success rate and lower recurrence rate than the LeFort procedure still needs to be explored more from the past to the future. As a result, we suggested that all patients with POP regarding management options should undertake detailed counseling with the gynecologist through shared-decision-making. Conclusion: LeFort colpocleisis surgery is an alternative suitable option for POP in older women who do not have further desire for sexual intercourse. In our study, Lefort colpocleisis combined with hysterectomy and strengthened posterior colporrhaphy seem to be a viable and valid treatment option without significant complications.

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稿件編號：E146	在台灣使用玻尿酸膀胱內灌注治療頑固型間質性膀胱炎的經驗
臨時稿件編號： 1097	Experience of using intravesical hyaluronic acid for the treatment of refractory interstitial cystitis/bladder pain syndrome in Taiwan: a literature review and recommendations 楊昶臻 ¹ 劉芝谷 ² 蔡青伶 ² 應宗和 ¹ 陳進典 ¹ 洪滿榮 ¹ 中山醫學大學附設醫院婦產部 ¹ 臺中榮民總醫院婦女醫學部 ²
論文發表方式： 海報	Intravesical hyaluronic acid (HA) therapy is indicated for patients with refractory interstitial cystitis/bladder pain syndrome (IC/BPS) in Taiwan. It is a safe and effective treatment modality for most (60-70%) patients. Intravesical HA may also improve sexual function along with the reduction of IC/BPS symptoms. Bladder instillation of HA seems to be more efficient in improving bladder pain symptoms than storage symptoms associated with IC/BPS. The persistence of bladder storage symptoms after treatment might result from a reduced functional bladder capacity. Statistical analyses suggest functional bladder capacity and pain-VAS scores before treatment, and the early treatment responses are helpful predictors of treatment outcomes. The aims of this review are: 1. To summarize study results of using intravesical HA for treatment of refractory IC in Taiwan; 2. To summarize official guidelines and/or position statements on the roles of intravesical HA for the treatment of IC/BPS worldwide; and 3. To make an evidence-based suggestion of possible additional medicine treatment in conjunction with intravesical HA for the treatment of refractory IC/BPS.
論文歸類： 婦女泌尿	

稿件編號：E147	使用旋轉性皮瓣修補陰道直腸瘻管-病例報告 Repair of rectovaginal fistula with rotational vaginal flap - case report
臨時稿件編號： 1108	陳怡婷 ¹ 台大醫院婦產部 ¹
論文發表方式： 海報	This is a 30-year-old woman, G3P3 (NSD*3), with an underlying disease of ventricular septal defect. She sustained 4th grade laceration during 3rd delivery on 2021/2/26. After that, she had been experiencing stool-like discharge from vagina. Flatus from vagina was also noted. Therefore, she came to our out-patient clinics of general surgeon. Digital exam revealed minimal hemorrhoids and thinning of rectovaginal septum. She was then referred to obstetrics' OPD for evaluation. Pelvic examination revealed recto-vaginal fistula. After fully discussion, she decided to receive surgical intervention. Operation was done on 2023/02/17. Intra-operative finding included a 0.5 cm rectovaginal fistula over the posterior wall of vagina. We make incision on the posterior vaginal mucosa, with excision of the vaginal fistula orifice and continuing down to the defective rectovaginal septum. Then, dissect the recto-vaginal space. Repair the rectal mucosa with 2-0 Monocryl interrupted suture. And then, reconstruct the rectovaginal septum with rotational vaginal flaps(see photos). Her surgery went smooth and successful. Blood loss was 100ml and she was discharged on POD3. No more stool or flatus passage from vagina was noted after the operation.
論文歸類： 婦女泌尿	

稿件編號：E148	上皮保留式陰道前壁修補術，骨盆底器官的一種改良式手術方式 Epithelium preserved anterior colporrhaphy, an alternative method for pelvic reconstruction in patients with pelvic organ prolapse
臨時稿件編號： 1162	黃士庭 ¹ 李易良 ¹ 劉嘉耀 ¹ 三軍總醫院 ¹
論文發表方式： 海報	Base on previous studies, the prevalence of pelvic organ prolapse can as high as 41% among the women around aged 50 to 80 years. For those patients with advanced stage of pelvic organ prolapse, surgical intervention proved better prognosis and recurrent rate compare with conservative treatment.
論文歸類： 婦女泌尿	Approaches to surgery include abdominal, laparoscopic and vaginal. The surgical route is chosen with several considerations, including severity of prolapse, surgical risk, age and patient's preference. In our hospital, vaginal route surgery is chosen for patients with advanced age, highly obesity, cosmetic reason and sexual function. Pelvic reconstruction with transvaginal hysterectomy, sacrospinous ligament fixation and anterior-posterior colporrhaphy were usually performed in these patients. For patients concerned about sexual function, adequate anterior colporrhaphy is particularly important. Here, we demonstrate an epithelium preserved procedure for vaginal wall colporrhaphy. Compared with traditional epithelium excess method, patients received preserved procedure have lower prolapse recurrent rate, better QoL and sexual satisfaction by using multiple scale such as POP-Q, SPF-QOL and new sexual satisfaction scale(NSSS)

稿件編號：E149	修飾後腹腔鏡子宮骹骨固定術/陰道骹骨固定術與腹腔鏡恥骨固定術之回溯性比較 A Retrospective Comparative of Modified Laparoscopic Sacrohysteropexy with Laparoscopic Pectopexy
臨時稿件編號： 1292	林益豪 ¹ 周怡君 ¹ 謝武橋 ¹ 盧佳序 ¹ 梁景忠 ¹ 林口長庚醫院 ¹
論文發表方式： 海報	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：E150	案例報告:偽裝成子宮肌瘤的淋巴瘤 A case of follicular lymphoma disguised as a uterine myoma
臨時稿件編號： 0995	姚鎮泰 ¹ 李書萍 ¹ 陳欽德 ¹ 輔大醫院婦產科 ¹
論文發表方式： 海報	A case of follicular lymphoma disguised as a uterine myoma: A 44-year-old, G2P2(NSD) woman presented with intermittent vaginal bleeding for 2 months, with increasing amount. She came to our gynecology clinic and sonography disclosed uterine myoma. Then total hysterectomy surgery was performed and uterine myoma was impressed. However, pathology report afterwards unraveled follicular lymphoma grade 3.
論文歸類： 一般婦科	Hence, we want presenting the history of this case and further discussion about the relationship about lymphoma and gynecology.

稿件編號：E152	子宮角懷孕 Cornual ectopic pregnancy A Case Report and Review of the Literature
臨時稿件編號： 0999	張維鑑 ¹ 簡婉儀 ¹ 高雄市阮綜合醫院 ¹
論文發表方式： 海報	Introduction. Cornual ectopic pregnancy is an uncommon variety of ectopic pregnancy which is located in the interstitial part of fallopian tube. It often posed a diagnosis and therapeutic challenge to the obstetrician. It is seen in 1/2500-1/5000 of all pregnancies and 2%-4% of all ectopic pregnancies. Despite the availability of morden diagnostic modalities including transvaginal ultrasonography, there is a difficulty in the early diagnosis because of its location. Majority of the times, these patient present with intraperitoneal bleeding and haemorrhagic shock leading to high mortality as compared with other tubal ectopic pregnancies. A case of unruptured cornual ectopic pregnancy in a patient with abnormal uterine bleeding is reported which was managed with laparotomy. Case report and methods .This is 37-year-old woman ,G2P1A0, LMP: 2021/06/04 and denied any systemic disease. According to her description, she received pregnancy test and showed positive. Then visited LMC for follow and ectopic pregnancy was suspected and checked B-HCG level showed 652.3 mIU/ml (2021/07/15), 1030mIU/ml (2021/07/18), 1740mIU/ml (2021/07/21) and referral to our OPD was suggested. At our hospital PV showed vulva: normal vagina: normal uterus: N/S adnexa: mass lesion, right. The pelvic sonography revealed 1. uterus: 88x41x545cm; 2.endometrium: 15mm; 3.right ovary: 27x18mm, right mass lesion r/o cornual pregnancy, 4. left ovary: 27x16mm and check B-HCG and revealed 2229.0 mIU/ml at 2021/07/22. Right cornual ectopic pregnancy was diagnosed and admitted on 2021/07/22 and operation was suggested on 2021/07/23 under extortory right salpingectomy + wedge resection of right side uterine cornual mass + therapeutic D&C, Perminent pathological finding revealed right cornual pregnancy was noted.The patient recovered uneventfully three days after operation and recheck B-HCG 401.2 mIU/ml on (2021/07/24) and 85.6 mIU/ml on (2021/07/26). With overall condition stable, patient was discharged and OPD follow up prescribed. Result: Cornual ectopic pregnancy occurs when the embryo implantation occurs in the interstitial portion of follapian tube which is 0.7 mm diameter and 1-2 cm in length. Mortality in cornual ectopic pregnancy is reported to be seven times higher than those with other tubal ectopic pregnancies and can be as high as one in 50 wemen. The terminology of cornual pregnancy remains ambiguous as it also a bicornuate uterus. Typical symptoms of a interstitial pregnancy are the classic signs of ectopic pregnancy, manely, abdominal pain and vaginal bleeding were not present in this patient. Haemorrhagic shock is found in almost a quarter of patients. Assisted reproductive technologies, previous salpingectomy, or any other tubal surgery, rudimentary horn, history of reproductive tract infection, previous tubal pregnancy and proximal tubal adhesion are the factors associated with the increased incidence of cornual ectopic pregnancy. Ultrasonographic caiteria for the cornual ectopic pregnancy including a gestational sac separate from the uterine cavity, an empty uterine cavity and thin zone of endometrium (less than 5 mm) around the gestational sac. Also an echogenic line is seen in the central endometrial cavity which extends till the gestational sac. Conclusion:The choice of treatment is largely dependent on the clinical situation and expertise. Immediate surgical intervention is required in case of ruptured cornual pregnancy is an emergency either by laparotomy or laparoscopy. Surgical methods to removed the ectopic pregnancy site includes cornuostomy (incision of cornua with removed the pregnancy, cornual evacuation), resection of cornual area or a cornual wedge resection, typically combined with an ipsilateral salpingectomy. Blood loss during surgery can be minimised by injected vasopressin around the ectopic site. There are concerns regarding uterine rupture in the scarred uterus in further pregnancy; thus, caesarean section is recommended by some authors to avoid uterine rupture during labour which was found to be as high as 30%. It is very important to monitor the further pregnancy by serial ultrasonography to ensure the proper location and the repaired surgical area remains intact. Patient with conservative surgical therapy are at the risk for development of a persistent ectopic pregnancy due to the presence of deeply embedded

trophoblastic tissue. Thus, the monitoring of hCG levels is indicated postoperatively until they become undetectable in these cases.

稿件編號：E153	案例報告：子宮摘除手術因使用 4Dry 防沾黏止血凝膠造成之骨盆腔腫塊 Pelvic loculated cyst following hysterectomy concomitant using 4DryField gel : A case report
臨時稿件編號： 1033	張若涵 ¹ 陳碧華 ¹ 衛生福利部臺北醫學大學雙和醫院婦產部 ¹
論文發表方式： 海報	Objective: To determine the condition of pelvic fluid collections after hysterectomy detected by transvaginal sonography in correlation with 4dryField absorption time.
論文歸類： 一般婦科	Case report: A 52-year-old, multipara (G3P2AA1) woman, was diagnosed by transvaginal sonography with adenomyoma (Fig.1). Preoperative lab data showed no significant findings except for elevated serum marker CA-125 at 125.5 U/mL. Laparoscopic assisted vaginal hysterectomy and bilateral salpingo-oophorectomy with pelvic adhesiolysis surgery under general anesthesia was performed. At the end of the surgery, 4DryField powder (9gm) was saturated with 20mL of normal saline over the vaginal stump and pelvic sidewalls (Fig.2). Postoperative clinical course was smooth but the patient complained of pelvic discomfort after two weeks during outpatient follow up. Pelvic examination showed profuse watery coffee-coloured vaginal discharge. Transvaginal sonography revealed a sonolucent mass consistent with a fluid collection above the vaginal cuff, about 7.0x4.9 cm (Fig.3A) in size. The loculated cyst has an irregular border with fibrin-like content. Pelvic hematoma was not likely since no blood flow was found within the cystic mass which was semi-fluid infiltration in consistency. Lab data showed no leukocytosis and normal hemoglobin levels with CRP less than 0.10 mg/dL, and CA125 level of 13.5 U/mL. Intravenous pyelography was performed on the 17th postoperative day and revealed normal bladder contour without hydronephrosis and urinoma (Fig.3B). Transabdominal ultrasound was done on the 30th postoperative day and showed that the pelvic mass has resolved spontaneously (Fig. 4A). Potential 4dryField gel related pelvic cyst was most likely. Abdomen pelvic CT scan was arranged and revealed little ascites in the pelvic cavity (Fig.4B). Discussion: 4DryField powder is purified from starch resulting in a potato-based polysaccharide with hydrophilicity which can be applied directly onto bleeding tissues. It absorbs water from the wound, resulting in stable hemostasis. As saline solution is applied, 4DryField powder transforms into a viscous gel which acts as a mechanical barrier, separating adjacent tissues, preventing the formation of fibrin connections and creating optimal conditions for healing. The gel barrier is not absorbed for more than 7 days, prolonging healing time and minimizing adhesions following abdomen-pelvic surgery. Most laparoscopic surgery use 5gm of 4DryField powder which is diluted with 50 ml 0.9% normal saline (1:10) to prevent adhesion. However, in this case, we sprayed 9 gm of the product which was only diluted with 20 ml normal saline to maximize for hemostasis. This may have prolonged the absorption time and lead to a cyst within more fine thin intersecting lines over the pouch of Douglas. The amount of 4dryField powder applied to the oozing surface of the surgical site should just be enough to cover the rough surface for clinical efficiency. Conclusion: Pelvic fluid collections are common findings after hysterectomy. Women who develop lobulated cysts appear to be at increased risk for the development of pelvic abscesses. The initial ultrasound image was uncertain due to the content of pelvic cystic mass. Serial weekly sonography can facilitate the diagnosis of 4DryField gel related the loculated mass, which resolves after four weeks and unnecessary surgical intervention should be avoided. Conservative management as well as abdominal and pelvic computed tomography with contrast for differential diagnosis is recommended.

稿件編號：E154	長期觀察性研究：高強度聚焦超音波治療子宮肌瘤及懷孕結果 Long-Term Observational Study: High-Intensity Focused Ultrasound Treatment for Uterine Fibroids and Pregnancy Outcomes in a Single Teaching Hospital
臨時稿件編號： 1034	游毓瑤 ¹ 廖宗和 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 海報	Background: Uterine fibroids, common among women of reproductive age, often pose challenges to fertility and pregnancy. High-Intensity Focused Ultrasound (HIFU) has emerged as a non-invasive treatment for symptomatic fibroids. However, its specific impact on pregnancy outcomes remains insufficiently studied.
論文歸類： 一般婦科	Objective: This ten-year observational study aimed to analyze pregnancy outcomes in 65 patients with uterine fibroids who underwent HIFU treatment and desired conception at a single teaching hospital. Methods: Among 1045 patients receiving HIFU treatment for uterine fibroids between October 2014 and October 2023, 65 patients meeting inclusion criteria experienced pregnancies. Data encompassing patient demographics, fibroid characteristics, time to pregnancy, delivery methods, and pregnancy outcomes were assessed. Results: Patients, with a mean age of 37.3 years and an average fibroid size of 7.6 cm, exhibited varying pregnancy outcomes post-HIFU treatment. Of the pregnancies observed during the follow-up period, 62% culminated in successful live births, while 25% ended in miscarriages. Cesarean section was predominantly performed (71%) due to reasons such as malpresentation and specific medical indications. Discussion: Similar to global studies, a majority of pregnancies occurred within 2 years post-HIFU treatment, with natural conceptions constituting the majority. This suggests that HIFU might not compromise fertility. Notably, no significant increase in obstetric complications or uterine ruptures was observed post-HIFU. Conclusion: This study highlights favorable pregnancy outcomes in women with uterine fibroids following HIFU treatment, supporting its potential as a fertility-preserving option. Despite limitations like sample size and potential biases, the findings suggest the safety and efficacy of HIFU in this patient group. Larger prospective studies with extended follow-ups are crucial to validate these conclusions and ascertain HIFU's enduring impact on pregnancy outcomes.

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稿件編號：E155	海扶超音波聚焦治療後腹腔鏡子宮肌瘤切除手術：個案報告 A case report of laparoscopic myomectomy after high-intensity focused ultrasound treatment
臨時稿件編號： 1036	游婉儒 ¹ 何鎮宇 ¹ 新光醫療財團法人新光吳火獅紀念醫院婦產科 ¹
論文發表方式： 海報	Introduction High-intensity focused ultrasound (HIFU) is considered a non-surgical and minimally invasive option for treating uterine fibroids, especially for those who wish to preserve their uterus.
論文歸類： 一般婦科	In this report, we present a case where a patient underwent a laparoscopic myomectomy following the treatment of a uterine fibroid with HIFU. The myomas had significantly degenerated, but the capsules surrounding them remained unbroken or undamaged. Case presentation We present the case of a 37-year-old female with a history of hyperlipidemia and thyroid goiter. She reported suffering from hypermenorrhea for the past 10 years. In 2016, she was diagnosed with a uterine myoma and underwent a HIFU procedure. Post-HIFU therapy, the size of the myoma reduced by 1 cm. However, she still experiencing dysmenorrhea, heavy vaginal bleeding, and bilateral flank pain. Sonographic evaluation revealed myomas measuring 4x3 cm and 2x2 cm when she visited out OPD. Considering the diagnosis of uterine myoma and suspected adenomyosis, she was admitted for laparoscopic myomectomy. During the operation, it was observed that the myomas had undergone severe degeneration, yet the capsules enclosing them were intact and showed no signs of damage. The myoma was totally enucleated and removed without disturbing her endometrial cavity. The myometrial defect was repaired with a continuous suture using the V-loc suture in two layers. The entire myoma was removed using a tissue morcellator. The weight of the excised specimen was 75 grams. The operation was uneventful, and the patient was discharged on the third day after the operation. The final pathologic diagnosis was leiomyoma with degeneration, and the patient has had no complication for half year since the surgery. Conclusion Uterine fibroids, which are prevalent benign tumors in premenopausal women, can be managed with a variety of treatment approaches. These range from surgical interventions like hysterectomy and myomectomy to less invasive or pharmacological therapies. HIFU therapy, known for its minimally invasive nature, is gaining increasing recognition. It offers the unique advantage of inducing coagulative necrosis precisely at the target site, effectively treating the fibroids while sparing the overlying and surrounding structures from damage. This precise targeting capability makes HIFU an attractive option in the array of treatments for uterine fibroids. However, our case demonstrates that despite undergoing HIFU treatment, the patient continued to suffer from distressing symptoms, and the myoma remained persistent. This underscores the importance of careful patient selection, particularly for women who wish to preserve their fertility, as a crucial factor in ensuring the success of HIFU treatment outcomes.

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稿件編號：E156	大網膜子宮外孕：個案報告 Omental Ectopic Pregnancy: a case report
臨時稿件編號： 1038	朱曼榕 ¹ 金宏諤 ¹ 台北醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	Ectopic pregnancies, characterized by implantation outside the uterus, pose a significant risk to maternal health. While the majority occur in the fallopian tube, it can occur in the ovaries, cervix, C/S scar or in the abdomen. This case report details a 25-year-old nulliparous woman with primary omental pregnancy, emphasizing its rarity and emergent nature. The patient presented with abdominal fullness and progressive abdominal pain. She underwent transvaginal ultrasound revealing a left adnexal mass with ascites and with elevated B-HCG levels, prompting suspicion of ectopic pregnancy. An emergent laparoscopic procedure revealed hemoperitoneum with a gestational sac extruded from the left fallopian tube and implanted on the omentum. Gestational tissue removal was performed successfully, highlighting the importance of timely surgical intervention. The diagnosis of abdominal pregnancy may be difficult owing to the unspecific symptoms. The classification of abdominal pregnancy based on gestational age and implantation site, and the utility of Studdiford's criteria for primary abdominal pregnancy diagnosis. Diffidence treatment will be given according to the clinical situation and minimize risk to patients.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E157	陰唇之血管肌纖維母細胞瘤-案例報告 A case report and discussion of Angiomyofibroblastoma of vulva
臨時稿件編號： 1059	姚鎮泰 ¹ 劉惠珊 ¹ 陳欽德 ¹ 輔大醫院婦產科 ¹
論文發表方式： 海報	A case report and discussion of Angiomyofibroblastoma of vulva This 48-year-old, gravida-0 para-0 with sexual experience woman, came to our gynecology department due to left vulva mass. The tumor was noted since 6 years ago, however the size enlarged and caused discomfort for the patient recently. Partial vulvectomy was performed and pathology report disclosed angiomyofibroblastoma. Hence we want to present this case and further discussion on the topic of angiomyofibroblastoma.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E158	子宮內避孕器於纖維包膜中似子宮內膜下肌瘤 Encapsulated intrauterine device mimics a submucosal myoma
臨時稿件編號： 1062	王健瑋 ¹ 黃閔熙 ² 新竹馬偕紀念醫院婦產科部 ¹ 馬偕紀念醫院婦產科部 ²
論文發表方式： 海報	Implant-elicited biochemical and mechanical stimuli create sustained chronic inflammatory signals eliciting the foreign body reactions (FBR), eventually producing fibrous encapsulation. We reported a case of 60-year-old post-menopausal women who had an intrauterine device for over 30 years. Due to postmenopausal bleeding, she underwent dilatation and curettage, but failed to remove the intrauterine device. The intrauterine device was completely encapsulated by fibrous tissue. Hysteroscopic surgery was performed and successfully removed the intrauterine device.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E159	性交疼痛_疼痛的位置並不一定是疼痛的來源 Dyspareunia...The location of pain does not necessarily indicate its origin."
臨時稿件編號： 1066	張民傑 ¹ 張民傑診所(婦產科) ¹
論文發表方式： 海報	ABSTRACT: OVERVIEW AND BACKGROUND Dyspareunia is recurrent or persistent genital pain during sexual intercourse. It has devastating effects on women's health, relationships and quality of life. The prevalence of dyspareunia varies from 8% to 21.1% globally, as reported by the World Health Organization in 2006. [3] Symptoms may include throbbing, burning pains, pelvic cramping, or muscle tightness or spasms; occurring just before, during and/or after sexual intercourse. While there are no precise etiology, a variety of factors (both physical to psychological) can contribute. The management performed in the context of the multidisciplinary team focuses on the underlying causes. There is currently no consensus on treatment with etiotropic effect. We aim to provide a single modality management option. We also aim to provide our hypothesis on the etiopathology for dyspareunia. METHODS: 28 female patients with dyspareunia was treated in our outpatient clinic between 2019 to 2023. Age range from 25 to 71 years old (average 46.5yrs). The average time from symptoms onset to referral to our clinic was 3 years. The referrals are from various clinics and teaching hospitals which have already excluded the following causes: 1. Vaginal dryness 2. Vaginal atrophy 3. Hormone replacement therapy 4. Postpartum scars 5. Vaginal and vulvar inflammation, PID 6. Emotional stress, anxiety, vaginismus, etc. 7.uterine fibroids and adenomyosis. Endometriosis ,cervical cancer 8. Exclude uterine retroversion and uterine prolapse. 9. Pelvic floor muscle dysfunction . We treated all the 28 cases with single modal treatment endocervical cauterization. Main outcomes collected via survey are pain treatment satisfaction scale (PTSS) and Maronoff Dyspareunia scale (MDS). PTSS scale is scored between 1 to 10 (0 is no pain and 10 is worst pain possible). MDS scale included 4 choices with a score of 0-3 (0 = no pain during intercourse, 1 = pain during intercourse that does not prevent the intercourse, 2 = pain during intercourse that interrupts intercourse, 3= pain that prevents the intercourse). RESULTS: The average treatment period is 132 days. The average duration between the satisfaction survey and the completion of treatment is 455 days. Following treatment: Average PTSS score is 2.8. Pre-treatment MDS score is 2 or 3. Post treatment MDS scale is 0 or 1. Conclusion: Via the exclusion of other causes and the good response rate to our single modality treatment we postulate that endocervicitis can be a primary cause of dyspareunia. In our patient cohort, we did not treat vulva or vagina areas. Rather we only treated the cervical area by endocervical cauterization. This has achieved good reduction in sexual pain post treatment.

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稿件編號：E160	病例報告: 穆勒氏症候群造成子宮積血引起之中年婦女腹痛 Lower abdominal pain caused by hematometra associated with Müllerian anomaly in a middle-aged woman: a case report
臨時稿件編號： 1085	黃國瑛 ¹ 黃文貞 ¹ 國泰綜合醫院婦產部 ¹
論文發表方式： 海報	Background Lower abdominal pain is a common symptom encountered in gynecology, with diverse etiologies ranging from conditions like pelvic inflammatory disease, ectopic pregnancy and ovarian cysts to causes like hematometra. Hematometra, the accumulation of blood within the uterine cavity, is sometimes associated with Müllerian anomalies. Its presentation typically involves cyclic pelvic pain, which can be accompanied by urinary symptoms, and usually occurs during adolescence. This case report sheds light on a rare instance of hematometra in a middle-aged patient with a complex surgical history and Müllerian anomaly, underlining the diagnostic challenges in such presentations. Case Presentation A 47-year-old nulliparous woman presented with a week-long history of left lower quadrant abdominal pain, abdominal enlargement, and a palpable mass. She had a history of childhood laparotomy, myomectomy, and was found to have multiple uterine myomas, a double vagina, and a retroperitoneal uterus. Recent investigations included transvaginal ultrasound, which identified several leiomyomas and bilateral ovarian tumors, and CT scans revealing uterine myomas and bilateral adnexal lesions. Exploratory laparotomy revealed severe pelvic adhesion, a retro-pubic cystic tumor, and a suspected hematometra of a uterine horn. The pathological analysis confirmed left ovarian endometriotic cyst and myometrial fibrous adhesion. Discussion Hematometra's etiology varies by age, with congenital anomalies being a common cause in younger women and cervical obstruction in older women. Diagnosing hematometra and Müllerian anomalies can be challenging, requiring a combination of imaging modalities. In this case, the patient's complicated surgical history and severe pelvic adhesions added to the diagnostic complexity. Conclusion This case highlights the importance of considering hematometra in patients with lower abdominal pain, particularly those with a history suggestive of Müllerian anomalies. A comprehensive approach, including advanced imaging beyond ultrasonography, is essential for accurate diagnosis and management.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E161	病例報告：一例罕見的腹直肌子宮內膜異位症伴隨蛻膜改變 Case report: A rare case of endometriosis with marked decidual change on rectus abdominis muscle
臨時稿件編號： 1086	黃國瑛 ¹ 陳俐瑾 ¹ 國泰綜合醫院婦產部 ¹
論文發表方式： 海報	Background Endometriosis, affecting about 10% of women in their reproductive years globally, involves the growth of endometrial glands and stroma outside the uterus, leading to pain, infertility, and other symptoms. Typically found in pelvic organs, it can also occur in extrapelvic areas like the bowel and diaphragm. A particularly rare form is endometriosis in the rectus abdominis muscle, with its prevalence estimated at 0.04% to 5.5%. This case report details a rare case of endometriosis in the rectus abdominis muscle with marked decidual change, an entity infrequently encountered in clinical practice. Case Presentation We report the case of a 38-year-old woman, Gravida-3-Para-2, with a history of two cesarean sections, presenting at 38 weeks of gestation for a scheduled cesarean. During the operation, an incidental finding of an 8 cm tumor infiltrating the right rectus muscle and adjacent structures was noted. Pathological evaluation revealed endometriosis with a marked decidual reaction within the skeletal muscle fibers. Discussion The occurrence of endometriosis within the rectus abdominis muscle is typically iatrogenic, with a strong correlation to previous abdominal surgeries such as cesarean sections. The pathogenesis of ectopic decidual reactions remains not fully elucidated, often associated with an exaggerated response to progesterone during pregnancy. Differential diagnosis is crucial to distinguish such reactions from malignant conditions. Management primarily involves surgical excision, with medical therapy playing a role in inoperable cases or as adjunctive postoperative care. Conclusion This case underscores the need for awareness of atypical forms of endometriosis as differential diagnoses for abdominal masses and pain in women with prior abdominal surgeries. It also reaffirms the efficacy of surgical excision in the management of such cases. Preventive measures during abdominal surgeries may reduce the incidence of this rare condition, although further research is warranted to establish the most effective strategies.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E162	子宮腺肌症在子宮內膜表面上呈現不同的細胞景觀 Adenomyosis Presents with Different Cellular Landscapes in the Endometrial Luminal Epithelium
臨時稿件編號： 1089	白欣玉 ¹ 顏志峰 ¹ 林口長庚 ¹
論文發表方式： 海報	Objective: As the first maternal layer of cells that an embryo comes into contact and communicates with, the endometrial luminal epithelium (LE) plays a crucial role in determining receptivity and embryo-endometrial crosstalk. Clinically, patients with adenomyosis often present with suboptimal reproductive outcomes, which suggests possible underlying disparities to normal population. The objective of this study is to investigate the morphological differences of the endometrial LE during window of implantation (WOI) in patients with adenomyosis. Materials and Method: Biopsies of eutopic endometrium from patients with and without adenomyosis were collected throughout the menstrual cycle. After in vitro culturing, the endometrial glandular cells (EGCs) were first grown into a 3D spheroid of organoid then underwent treatment, fixation, and slicing into ultra-thin sections (60-70nm). Observed with both transmission electron microscopy (TEM) and scanning electron microscopy (SEM), the ultrastructure of LE and 3D spheroid of EGCs organoid were analyzed and compared. Additionally, immunohistochemistry (IHC) staining with primary monoclonal mouse anti-human acetylated α Tubulin antibody (Santa Cruz) was performed to localize the expression of surface cilia on the LE. Results: SEM analysis identified four cell types with varying characteristics in the endometrial LE, which included microvilli-rich cells, pinopode cells, vesiculated cells, and ciliated cells. Meanwhile, TEM evaluation revealed notable differences between EGC of adenomyotic samples and control. Significantly less amount of microvilli and shorter primary cilia were observed on the cell surface of LE from patients with adenomyosis when compared to control samples. In addition, besides more scantily dispersed, the cilia of cultured EGCs from patients with adenomyosis were markedly shorter and slimmer than that of control. Conclusion: This study has identified pronounced morphological differences in the LE of patients with adenomyosis that could have potentially affected their reproductive outcomes. Alteration or disruption of this histoarchitecture during WOI may impair the LE-embryo interaction and be detrimental to the process of implantation in patients with adenomyosis.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E163	罕見的病例報告: 以內膜息肉表現之血管周圍上皮樣細胞瘤 (Perivascular epithelioid cell tumors/PEComas)
臨時稿件編號： 1099	A Rare Case Report of Perivascular Epithelioid Cell Neoplasm (PEComa): A 54-Year-Old Woman With Endometrial Polyp 李易良 ^{1,2,3} 尹長生 ^{1,2,3} 武國璋 ^{1,2,3} 白尹瑄 ^{4,3} 三軍總醫院婦產部 ¹ 國防醫學院 ² 財團法人康寧醫院婦產科 ³ 國防醫學院生命科學所 ⁴
論文發表方式： 海報	Abstract Endometrial polyps are a common cause of abnormal uterine bleeding in postmenopausal patients. The endometrial polyps, an abnormal growth containing glands, stroma, and blood vessels, are usually benign. However, an increased risk of malignancy occurs in postmenopausal bleeding, hereditary cancer syndrome, and tamoxifen use. Perivascular epithelioid cell tumors (PEComas) are rare mesenchymal tumors characterized by perivascular epithelioid cells exhibiting features of both melanocytes and smooth muscle cells. These tumors can manifest as benign, with uncertain or malignant potential. Only 114 cases of gynecologic PEComas have been reported, primarily affecting the uterus, cervix, vagina, adnexa, broad ligament, and vulva. However, no previous reports of PEComa are arising from endometrial polyps. Here, we present the case of a postmenopausal woman undergoing hormone replacement therapy (HRT) who experienced unscheduled vaginal bleeding. Following office, no-touch hysteroscopic removal of an endometrial polyp, a PEComa tumor was incidentally discovered. After a thorough discussion with the patient, a decision was made to pursue a follow-up plan without additional surgery. Two years later, the patient remained in a satisfactory condition, and two subsequent endometrial biopsies showed no remarkable changes. While the occurrence of endometrial polyps and PEComa can be concurrent or independent, managing such cases presents potential challenges.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E164	案例報告: 網膜上的卵巢外畸胎瘤
臨時稿件編號： 1102	Case report: An Omental Extraovarian Teratoma: Unveiling a Puzzling Pathogenesis 張品瑜 ¹ 鄭晴予 ¹ 陳欽德 ¹ 楊友仕 ¹ 輔仁大學附設醫院婦產部 ¹
論文發表方式： 海報	Abstract: Mature teratomas from extraovarian origin were very rare. We presented a case who is 38 year-old woman with G2P2 with a history of elective low segment cesarean sections 14 and 7 years earlier, presented with progressive left lower abdominal pain for 2 months. Ultrasound imaging revealed an 11x8x7cm pelvic homogeneous cystic tumor with an echogenic component and without abnormal blood supply. Tumor markers showed that CA-125 was elevated with 97.9U/ml (0-35U/ml), initially suggesting a left endometrioma. Laparoscopic surgery was arranged. Intraoperatively, a 10cm pelvic cyst without feeding vessel, adhered to the omentum, was observed, detaching effortlessly without notable bleeding. This finding was retrospectively correlated with unnoticed occurrences during the prior cesarean sections, raising questions about the pathogenesis of an extraovarian teratoma in this context. Examination of the bilateral adnexa revealed normal ovaries, except for a 3cm right fallopian tubal cyst with no ascites or cul-de-sac adhesion. The excised cyst contained hairball, sebaceous and mucinous contents, histologically confirmed as a mature teratoma with skin and its appendages, fat tissue and bone.
論文歸類： 一般婦科	The discovery of the extraovarian teratoma, unnoticed during previous cesarean sections, challenges conventional understanding regarding the timeline of teratoma development. Despite an uneventful postoperative course and discharge, the patient missed the one-month follow-up, hindering a complete evaluation of long-term outcomes. Conclusion: This unique case unravels conventional understanding of teratoma origin and development. Initially mistaken as an endometrioma, the pelvic mass revealed itself as an omental extraovarian teratoma, previously unnoticed during cesarean sections. This unexpected discovery prompts a reevaluation of teratoma pathogenesis. Further exploration is essential to comprehend the clinical implications and pathogenesis of similar extraovarian teratomas

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E165	非懷孕且無手術痕癥之子宮破裂 - 病因探討與治療方針
臨時稿件編號： 1107	Spontaneous uterine rupture in a non-gravid unscarred uterus- etiological Insights and managements 謝宛玲 ¹ 蕭存寬 ¹ 奇美醫院婦產部 ¹
論文發表方式： 海報	Introduction The incidence of spontaneous uterine rupture in non-gravid and unscarred uterus is extremely low. The literature reports only five instances of spontaneous uterine rupture in non-gravid uteri to date since 1949. To our knowledge, this case marks the first reported occurrence of uterine rupture in a virgin, underscoring the rarity and significance of this presentation. Most etiology of uterine rupture are trauma, weakness of the myometrium, congenital anomaly of genital tract, overdistension of the uterine cavity in pregnancy and other acquired reason, such as prolonged labor or use of uterotonic drugs, which place prolonged stress on the myometrium. Here, we presented a case of uterine rupture without any of the related risk factors. A 29-year-old virgin presented with uterine rupture with hemoperitoneum and shock. Initially uterine cancer with serosal invasion causing rupture, adenomatous uterus with degeneration change accompanied with infection were impressed. The final pathological diagnosis revealed adenomyosis with extensive hemorrhage and necrotizing inflammation and diffuse thrombus over the lower segment of uterine vessels.
論文歸類： 一般婦科	Case report A 29-year-old virgin visit the Emergency Room with a 3-day history of epigastric pain and postprandial vomiting. Laboratory investigations revealed severe anemia, leukocytosis, and an elevated C-reactive protein (CRP) level. A computed tomography (CT) scan of the abdomen, initially conducted to investigate suspected ileus with acute intra-abdominal infection, unexpectedly revealed a uterine mass with rupture and moderate hemoperitoneum. Given the critical findings, an emergency exploratory laparotomy was promptly performed. Intraoperatively, necrotic tissue was discovered covering nearly the entire uterine structure. Due to the challenging task of preserving healthy tissue and ensuring patient safety, an abdominal total hysterectomy was deemed necessary. Pathological analysis showed that adenomyosis with extensive hemorrhage and necrotizing inflammation and diffuse thrombus in lower segment of uterine vessels characterized by marked vascular dilation, suggesting extensive necrosis resulting from vascular occlusion. There was no evidence of malignancy in the specimen. The patient's then being cared in ICU, postoperative recovery was favorable, and she was discharged smoothly after a 10-day hospitalization. Further investigations for autoimmune and thrombophilia were done and revealed protein-S deficiency. The patient is currently under the care of the Hematology Outpatient Department (HEMA OPD) and is being treated with edoxaban as part of the follow-up plan. Conclusion: We present this rare case to provide insights into differential diagnosis and management. Although uncommon, uterine rupture in a virgin can occur, as demonstrated in our case involving adenomyosis and thrombophilia, specifically protein S deficiency. In life-saving situations, hysterectomy may be inevitable. A comprehensive investigation of the underlying etiology is also crucial in cases of atypical uterine rupture presentations.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E166	缺血性中風伴隨卵巢癌的發生案例分享
臨時稿件編號： 1131	Ischemic stroke concomitant with ovarian cancer occurrence 蕭永瑜 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式： 海報	Background: Cancer, including ovarian cancer, can promote a state of hypercoagulability, making individuals more prone to blood clot formation. Blood clots can potentially travel to the brain, causing an ischemic stroke. Venous thromboembolisms are a leading secondary cause of death of ovarian cancer patients, especially for the clear cell histology type. However, the incidence of arterial thrombosis in patients with ovarian carcinoma is only 2.4%, cerebral infarction only accounting about 2.2%. In this report, we describe a case of ovarian carcinoma with incidence of cerebral infarction
論文歸類： 一般婦科	Case Summary: A 43-year-old Asian female presented with sudden onset of right hemiplegia and aphasia 2 days after incidental findings of a huge ovarian tumour suspecting malignancy of about 14 cm. The patient had a medical history of hypertension and adenomyosis. She underwent debulking surgery after stabilising vital signs. Final diagnosis was clear cell carcinoma of right ovary, stage IA. She had received 6 courses of adjuvant chemotherapy. During the period of chemotherapy, she received rehabilitation. She can walk independently but aphasia still noted. Discussion: Hypertension was one of the underlying cardiovascular risk factors in this case. It is also proposed that endometriosis could increase arterial stiffness and thus patients may be at increased cardiovascular risk, but evidence is lacking. Given the known association between ovarian malignancy and thromboembolic states, it is reasonable to relate a hypercoagulable state of an ovarian cancer to the cerebral infarction event in this case. Conclusion: Clear cell carcinoma of ovary might be highly associated with thromboembolic events. It is justified to consider malignancy especially in patients with a diagnosis of ovarian cancer.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E167	比較過去 12 年不同骨盆重建手術方式之結果分析 Comparing the outcome of different pelvic reconstruction methods: A 12-year analysis
臨時稿件編號： 1132	蕭永瑜 ¹ 丁大清 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式： 海報	BACKGROUND: Pelvic organ prolapse is a common condition but remains a challenge for gynecological surgeons. Debate focuses on which reconstruction methods have better outcomes.
論文歸類： 一般婦科	AIMS: We aim to retrospectively analyse the outcome of different pelvic reconstruction methods throughout a 12-year period. MATERIAL AND METHODS: A total of 186 cases were included in this study. We compare outcomes of three groups of pelvic reconstruction methods, including laparoscopy with mesh (laparoscopy), transvaginal mesh (TVM), as well as natural tissue repair (NTR). Primary outcomes were recurrence rate, reoperation rate, mesh erosion rate and postoperative complication. Secondary outcomes were operation time, blood loss, hospital stay. RESULTS: We observed a higher reoperation rate in the transvaginal mesh group compared to laparoscopy (p=0.0371). There is also a trend in higher recurrence rate in natural tissue repair compared to laparoscopy (p=0.0698). We also see a trend in increased mesh erosion rate in tranvaginal mesh compared to laparoscopy. In terms of operation time, laparoscopy generally costs more time than the other two groups with statistically significance, although NTR seems to have more blood loss than laparoscopy (p=0.0015) . CONCLUSION: Our study results are comparable to previous study. The optimal method for pelvic organ prolapse is still undetermined. We believe this study would be helpful to have data about the outcomes of the three different pelvic reconstruction methods.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E169	比較子宮頸抹片採檢工具鑽子（Cytobrush）及掃帚（Cervex-Brush）有何差異？ A Comparative Analysis of Cytobrush and Cervex-Brush Collection Tools for Pap Smear—What is the Difference?
臨時稿件編號： 1151	金貞伶 ¹ 朱益志 ¹ 鄭雅敏 ¹ 郭宗正 ¹ 劉耀文 ² 郭綜合醫院婦產部 ¹ 郭綜合醫院病理科 ²
論文發表方式： 海報	Introduction: The Papanicolaou smear is an inexpensive, effective screening tool used by most clinicians to detect cervical cancer. Because most neoplastic epithelial abnormalities arise at or near squamocolumnar junction,the reliability of cervical cytology for detecting premalignant and malignant disease strongly depends on proper sampling of the transformation zone. Two commonly utilized instruments for collecting Pap smear samples are the Cytobrush and Cervex-Brush. While the cytobrush features a bristle brush gently rotated against the cervical canal for sample collection, the Cervex-Brush has gained popularity for its superior ability to collect samples from the cervical canal. This study aims to compare the quality of Pap smear testing using the cytobrush and Cervex-Brush collection tools.
論文歸類： 一般婦科	Methods: A total of 101 patients were recruited for this study. Simultaneous Pap smear tests were conducted using both the cytobrush and Cervex-Brush. The research was carried out at Tainan’s Kuo General Hospital from May 18, 2023, to June 9, 2023, spanning a one-month period. Inclusion criteria involved patients aged 65 and under. All participating physicians were provided with comprehensive procedural instructions, and the collected samples were consistently fixed and processed. A suitable conventional cervical specimen was defined as one containing a minimum of approximately 8000-12000 well-preserved and well-visualized squamous epithelial cells. Results: The median age of the participants was 47 years (range: 25 to 65 years), with only two patients having previously undergone hysterectomy. Among all collected samples, only one exhibited signs of infection, suggesting a shift in vaginal flora. In the Cervex-Brush group, unsatisfactory squamous cellularity was observed in three cases (3%), whereas in the cytobrush group, this rate was higher, with 16 cases (15.8%) exhibiting unsatisfactory squamous cellularity. Regarding the presence of endocervical cells, the Cervex-Brush group had endocervical cells in 71 cases (70.3%), while the cytobrush group showed endocervical cells in 90 cases (89.1%), with 25 cases containing a substantial number of endocervical cells. Furthermore, the Cervex-Brush group had 11 cases (10.9%) with evidence of excessive inflammation, while the cytobrush group had two cases (2%) exhibiting the same feature. Blood obscuration was observed in five cases (5%) in the Cervex-Brush group and 13 cases (12.9%) in the cytobrush group. Conclusion: In sampling of the cervix, the Cervex-Brush exhibited a higher yield of squamous cells compared to the cytobrush, resulting in a higher overall satisfactory rate. However, the Cervex-Brush often lacked sufficient endocervix cells and was more susceptible to excessive inflammation due to its propensity to collect vaginal discharge. In contrast, the cytobrush tended to collect insufficient squamous cells, possibly because it primarily targeted cells from the inner cervix. Although it yielded a higher quantity of endocervical cells, the overall quality of the smears was primarily assessed based on squamous cells, leading to a higher likelihood of unsatisfactory results. It is noteworthy that the cytobrush had a higher tendency to cause cervical bleeding, which could obscure the samples. These findings underscore the trade-offs and considerations when choosing between the Cervex-Brush and cytobrush for sampling of the cervix.

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E168	子宮內膜異位症的新治療策略：低能量震波治療及其治療子宮內膜異位症之分子機制 A Novel Treatment Strategy for Endometriosis: Low-energy Shock Wave Treatment and Its Molecular Mechanisms in Endometriosis
臨時稿件編號： 1137	連顯庭 ¹ 鄭尹華 ² 張雲喬 ² 翁珮鈴 ² 林姿伶 ² 藍國忠 ³ 高雄長庚醫院婦產部生殖醫學科 ¹ 高雄長庚醫院更年期醫學研究中心生殖醫學實驗室 ² 台中大里仁愛醫院 ³
論文發表方式： 海報	Study Question: To investigate whether shock wave therapy is effective for endometriosis. Study Design, (Size and Duration): In our preliminary study, we injected estradiol into 8-week-age female SD rats for three days. Then, sacrificed the rats, isolated and culture of primary rat endometrial cells. The Endometrial cells was divided into two groups: LPS group and LPS plus ESWT group. The shock wave was applied with frequency of 5 Hz with 250 impulses. After that, the cell was sent for real time PCR. In order to mimic the real in vivo model for apply shock wave, we modified two experimental animal model. In the first model, we minced uterine from one donor rat into two recipient’s peritoneum, and one of the recipient injected estradiol for 4 weeks. In the second model, we cut unilateral uterine horn into small pieces (about 5mm) from one rat, and sew every piece to its own peritoneum. Then, divided them into two group, control group and Endometriosis-like group. The Endometriosis-like group will be injected estradiol for 4 weeks. Materials, Settings and Methods: After 4 weeks, these two models of rats were sacrificed to examine and collect endometriotic lesion. We recorded the size, weight, volume of these specimen. The tissue was embedded in paraffin wax for further histology and Immunohistochemistry (IHC) analysis. Total RNA isolation and reverse-transcribed according to the recommendations of the manufacturer will be performed for the endometriosis tissue from the two rats’ model. Main Results: In our preliminary study, the mRNA expression of NF-κB, IL-1β, and TNF-α significantly decreased in the endometriosis group compared with the control group after ESWT. In the two animal models, both models are different to induce the development of endometriosis, and the mechanisms are need to be clarified. Sewing-uterus-induced endometriosis (Model 2) dramatically upregulated the endometrial vascular, epithelial, oxidative stress, and inflammatory markers than minced-uterus-induced endometriosis (Model 1). Conclusion: The ESWT treatment has the potential to regulate the anti-inflammatory effects of primary rat endometrial cells. Due to the dramatic upregulation of endometrial vascular, epithelial, oxidative stress, and inflammatory markers, we will choose the sewing-uterus-induced endometriosis model for further ESWT evaluation.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E170	女陰汗常痛一個案報告 Vulvar syringoma—a case report
臨時稿件編號： 1152	洪瑜澤 ¹ 吳珮蓉 ² 鄭雅敏 ^{1,2} 郭宗正 ¹ 郭綜合醫院婦產部 ¹ 國立成功大學附設醫院婦產部 ²
論文發表方式： 海報	Abstract：The following details the case of a 34-year-old woman who visited physicians after observing the appearance of numerous skin-colored papules on her vulva. Excision biopsy was done for diagnosis. The pathological report confirmed vulvar syringoma. Vulvar syringoma usually occurs as multiple flesh-colored or brownish papules on both sides of the labia majora of women in their fourth decade. The diagnosis occurs via biopsy with pathological confirmation, with treatment performed mainly for cosmetic purposes.
論文歸類： 一般婦科	Case presentation：A 34-year-old female presented with multiple bilateral skin-colored asymptomatic vulva nodules. She had noticed these lesions over a period of about three years, during which they progressively increased in size and number. As she mentioned, the vulva nodules caused occasional itching. Her surgical, family, and social history were noncontributory. Physical examination was notable for 20 to 30 flesh-colored, firm, subcutaneous papules measuring 3 to 7 mm in diameter along the bilateral labia majora with surrounding macular hyperpigmentation (picture 1). No scarring or traumatic lesions were observed. HIV and syphilis screening test was performed; all tests were negative. Initially, oral empiric antibiotic agent as clindamycin was prescribed, but the status of the lesions did not change. Therefore, we perform excision biopsy and vulva syringoma was diagnosed. A trial of steroid cream for two weeks was performed without any improvement. The patient was then referred to a dermatologist for vulva CO2 laser treatment. After only one course of treatment, her syringoma revealed dramatic shrinkage (picture 2). Discussion: Syringoma, a benign skin adnexal tumor, primarily manifests in middle-aged women on the periorbital area, but may also appear at various anatomical sites including the scalp, forehead, neck, anterior chest, axillae, upper abdomen, and extremities. However, occurrences of syringoma in the genital area are relatively rare, with only sporadic reports available [1]. A classification criterion for syringomas proposed by Friedman and Butler is based on clinical features and is comprised of four variants: localized, familial, a form associated with Down syndrome (DS), and a generalized variant encompassing multiple and eruptive syringomas. The localized syringoma, defined as multiple syringomas confined to a single anatomic site, was more commonly reported than the eruptive form. Specifically, 88.7% of cases were classified as localized, with the periorbital region (81%), vulva (17%), and face (2%) being the most frequently affected areas [2]. Diagnosing syringoma poses a clinical challenge due to its similarity to various other skin conditions. Patients may present with pruritic vulvar papules, and differential diagnoses encompass lichen simplex chronicus, lichen sclerosis, lichen planus, condyloma acuminata, and epidermal cysts. The key to confirmation lies in its distinct histopathologic features. The hallmark histopathologic features that confirm the diagnosis include the presence of multiple small ducts and epithelial cords within the dermis, as well as cystic eccrine ducts with characteristic comma-shaped tails [3]. The treatment of vulvar syringomas, benign adnexal tumors that can cause discomfort and cosmetic concerns, encompasses various methods, each with its own advantages and potential drawbacks. Historically, treatment options have included excision, cryotherapy, electrosurgery, and carbon dioxide laser therapy. Notably, carbon dioxide laser vaporization has shown promising results in alleviating pruritus and resolving lesions effectively in some patients. While carbon dioxide laser therapy is effective at removing lesions, it is not without potential complications, including hyperpigmentation, scarring, and delayed wound healing. Recent advances in syringoma treatment have explored non-invasive options like topical retinoids and topical atropine. The primary goal of syringoma treatment is to enhance cosmetic appearance, as these lesions are typically benign, nonprogressive, and often asymptomatic [2, 4]. Reference: [1] Y.H. Huang, Y.H. Chuang, T.T. Kuo, L.C. Yang, H.S. Hong, Vulvar syringoma: a clinicopathologic and immunohistologic study of 18 patients and results of treatment, J Am Acad Dermatol 48(5) (2003) 735-9. [2] K. Williams, K. Shinkai, Evaluation and management of the patient with multiple syringomas: A systematic review of the literature, Journal of the American Academy of Dermatology 74(6) (2016) 1234-1240.e9. [3] M.M.K. Shalabi, K. Homan, L. Bicknell, Vulvar syringomas, Proc (Bayl Univ Med Cent) 35(1) (2022) 113-114. [4] G. Aksoy Sarac, M. Onder, An alternative for the treatment of vulvar syringoma: 577 nm pro-yellow laser, J Cosmet Dermatol 20(12) (2021) 3931-3933.

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E171	成功以子宮鏡治療肌層內-肌層下腺瘤樣癌-案例報告 Successful treatment of an intramural to submucosal adenomatoid tumor with hysteroscopy—a case report
臨時稿件編號： 1153	謝芟樺 ¹ 洪渝澤 ¹ 鄭雅敏 ¹ 郭宗正 ¹ 康曉儀 ² 郭綜合醫院婦產部 ¹ 郭綜合醫院病理科 ²
論文發表方式： 海報	Introduction: Adenomatoid tumors are rare benign tumors composed of mesothelium and smooth muscle. In the female genital tract, they often involve the serosal and subserosal aspects of the fallopian tube or uterus. They are usually incidental findings, and most are asymptomatic. Here we present a case of a patient suffering from menorrhagia and anemia. She received hysteroscopic excision of a uterine submucosal tumor, with pathology revealing an adenomatoid tumor. Case report: A 37-year-old female patient had a reproductive history of gravida 2, para 2, and had twice previously undergone Cesarean section. She suffered from menorrhagia for a period, and iron deficient anemia was noted in her health exam. She visited the gynecologic out-patient department and a uterine mass near the endometrium was noted, though not compressed to the uterine cavity. Pelvic examination revealed a smooth cervix with no palpable mass. Submucosal myoma was first diagnosed, and she received hysteroscopic excision of the tumor. Hysteroscope revealed suspected a 1 × 1 cm FIGO type 2 myoma over the posterior wall. The infusion medium was 5% dextrose water, and the energy instrument was a unipolar energy device. The fluid input and output were 4000 ml and 3400 ml, respectively. The microscopic description revealed multiple small, slit-like or ovoid spaces lined by a single layer of flattened cells (which are positive for calretinin) within the myometrium. There was no evidence of malignancy. After the hysteroscopy, the symptoms of menorrhagia significantly improved. The follow-up echoes at three months and eight months after operation each revealed a normal uterus without residual tumors. Generally, the tumor cells had positivity for Calretinin, low molecular-weight keratin and WT1, which aligns with a mesothelial origin. Discussion: Adenomatoid tumors are distinctive benign tumors with a good prognosis. These tumors are often small and slow-growing, and they are usually not cancerous. While adenomatoid tumors can occur in various parts of the body, they are most commonly found in the reproductive organs and the serous membranes surrounding them. The exact origin of adenomatoid tumors is not fully understood, but they are thought to develop from mesothelial cells. Mesothelial cells are a type of specialized cell that lines the internal body cavities, including the serous membranes that cover organs such as the testes, ovaries, and uterus. Adenomatoid tumors are believed to arise from these mesothelial cells and hyperplastic smooth muscle. Adenomatoid tumors can occur in various locations, including the fallopian tube and uterus. The incidence rates for uterine adenomatoid tumors are typically low. Adenomatoid tumors in the uterus are more commonly found in the uterine serosa (the outermost layer of the uterus), rather than within the uterine cavity. Adenomatoid tumors are usually discovered incidentally during medical examinations. Treatment is generally not necessary unless they cause symptoms or complications. In this unique case, an adenomatoid tumor was discovered in the submucosal layer of the uterus. The submucosal adenomatoid tumor exhibited characteristics that mimicked a submucosal uterine myoma, both in terms of imaging appearance and symptoms such as menorrhagia (heavy menstrual bleeding) and the resulting anemia. This resemblance posed diagnostic challenges. Hysteroscopic excision proved to be an effective and safe method for removing the tumor, leading to a successful outcome with minimal complications.

台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E172	子宮內膜增生患者同時和未來患子宮內膜癌的風險—個案報告 The concurrent and prospective risk of endometrial cancer in individuals diagnosed with endometrial hyperplasia—a case report
臨時稿件編號： 1164	王尚文 ¹ 關龍錦 ¹ 鄭雅敏 ¹ 郭宗正 ¹ 郭綜合醫院婦產部 ¹
論文發表方式： 海報	Abstract Endometrial hyperplasia is diagnosed histologically in the presence of a proliferation of the endometrial glands resulting in an increase in the gland-to-stroma ratio. While endometrial hyperplasia can progress to endometrial cancer, the rate of progression depends on factors such as the degree of architectural abnormality and the presence or absence of nuclear atypia [1]. Endometrial intraepithelial neoplasia, formerly recognized as complex atypical hyperplasia, represents a premalignant condition within the endometrial tissue, bearing clinical significance owing to an estimated 30% likelihood of advancing to endometrial adenocarcinoma [2]. We reported on a case involving a 40-year-old woman initially diagnosed with Endometrial Intraepithelial Neoplasia (EIN). Following hysterectomy as a component of her surgical intervention, the final pathology report disclosed a revised diagnosis of endometrioid carcinoma, grade 1. Case presentation This 40-year-old woman had a medical history of hypertension, diabetes mellitus, and hyperlipidemia. She was nulliparous (G0P0) and had no history of sexual activity. Her BMI was 31.6. Her last menstrual period was extended by one month. She experienced menorrhagia and irregular menstrual cycles for one year. Additionally, she reported abdominal pain. She denied symptoms such as fever, weight loss, dizziness or weakness during menstruation, urinary incontinence, increased urinary frequency, urinary urgency, and constipation. She initially presented herself to our outpatient department in January 2022. Hysteroscopic polypectomy was performed, and pathology revealed hyperplasia without atypia. She subsequently underwent hormone therapy with daily administration of Progesterone 100mg for one year. She underwent routine sonographic follow-up every 3-6 months, revealing a normal endometrial thickness. However, she reported recurrent symptoms and signs in August 2023. Another hysteroscopy was conducted, and the pathology indicated Endometrioid Intraepithelial Neoplasia (EIN). An MRI was performed, revealing a suspicion of endometrial cancer, staged as T1aN0Mx (Picture 1). Thereafter, she underwent a successful abdominal total hysterectomy on 22 nd September, 2023. Her postoperative condition remained stable, and she was subsequently discharged. The pathology report indicated Endometrioid carcinoma, grade 1, pT1aNx without lymphovascular space involvement. In accordance with NCCN guidelines (Version 1.2024), patients diagnosed with endometrial carcinoma falling within the following two categories—stage 1A, grade 1-2, without lymphovascular space involvement and an age of under 60 years; or stage 1A, grade 3, without lymphovascular space involvement and an age of under 60 years with no myometrial invasion—may be considered for observation as a management strategy, with routine outpatient department (OPD) follow-up. Hence, she was directed to our oncology department for regular follow-up. Discussion In 1994, the World Health Organization (WHO) categorized endometrial hyperplasias into four classifications based on histologic findings derived from a substantial cohort study. This system is comprised of four subcategories of endometrial hyperplasia (EH) that encompass both architectural and cytologic findings, providing prognostic information regarding the risk of developing endometrial carcinoma, which spans from 1% to 29% [3, 4, 5]. In its most recent classification, published in 2014, the World Health Organization (WHO) has provided clarification by reducing the differentiation to only two categories of endometrial hyperplasia [6] One study demonstrated that the preoperative diagnosis of atypical endometrial hyperplasia (AEH) was confirmed in 41% of 773 cases, while 59% were subsequently diagnosed with

	endometrial cancer [7]. Another meta-analysis comprised of 15 studies revealed that around 32% of women diagnosed with endometrial hyperplasia also concurrently received a diagnosis of endometrial cancer. It is noteworthy that the majority of the studies focused exclusively on women diagnosed with atypical hyperplasia [1]. The cumulative risk of progressing to endometrial cancer in the overall cohort was 3% per year, with a significantly elevated risk observed in patients with atypical hyperplasia (8%) [1]. In such instances, the timing and method of surgical intervention become crucial. In a retrospective cohort study involving women who underwent hysterectomy for pathologically confirmed endometrial intraepithelial neoplasia between January 2004 and December 2015, a measurement of the endometrial stripe at ≥ 2 cm was associated with a 4 times increase in the odds of concurrent endometrial cancer, with age as a controlled variable. Moreover, roughly 44% of patients diagnosed with endometrial cancer and an endometrial stripe ≥ 2 cm fulfilled the “Mayo criteria” for recommended lymphadenectomy, in contrast to 22% of endometrial cancer patients with an endometrial stripe < 2 cm. It was observed that both endometrial stripe thickness and age emerged as the most robust predictors of concurrent endometrial cancer at the time of hysterectomy for endometrial intraepithelial neoplasia [2]. Conclusion In summary, 33% to 59% of women diagnosed with atypical endometrial hyperplasia were concurrently diagnosed with endometrial cancer [1, 7]. However most studies were small in size. The underdiagnosis of endometrial cancer may lead to insufficient staging and potentially suboptimal treatment. Population-based studies encompassing both atypical and non-atypical hyperplasia patients are essential for identifying women at risk of concurrent and future endometrial cancer. This enables targeted preventative interventions. Additional substantial evidence is imperative to decisively guide treatment decisions for patients with endometrial hyperplasia. This is particularly relevant for women who opt against hysterectomy due to fertility concerns or for whom hysterectomy is contraindicated due to underlying comorbidities. Reference [1] Doherty MT, Sanni OB, Coleman HG, Cardwell CR, McCluggage WG, Quinn D, Wylie J, McMenamin UC. Concurrent and future risk of endometrial cancer in women with endometrial hyperplasia: A systematic review and meta-analysis. PloS One. 2020 Apr 28;15(4):e0232231. [2] Vetter MH, Smith B, Benedict J, Hade EM, Bixel K, Copeland LJ, Cohn DE, Fowler JM, O'Malley D, Salani R, Backes FJ. Preoperative predictors of endometrial cancer at time of hysterectomy for endometrial intraepithelial neoplasia or complex atypical hyperplasia. Am J Obstet Gynecol. 2020 Jan;222(1):e60.e1-60.e7. [3] Holman, Laura L., Karen H. Lu and Kwong Kwok Wong. “Serum Omentin As A Potential Biomarker For Complex Atypical Hyperplasia And Endometrioid Endometrial Adenocarcinoma.” (2015). [4] Scully R.E., Bonfiglio T.A., Kurman R.J., Silverberg S.G., Wilkinson E.J.: International Histological Classification and Typing of Female Genital Tract Tumours.2 nd ed.1994.Springer-VerlagNew York, NY 1–189. [5] Kurman R.J., Kaminski P.F., Norris H.J.: The behavior of endometrial hyperplasia: a long-term study of “untreated” hyperplasia in 170 patients. Cancer 1985; 56: pp. 403-412. [6] Zaino R, Carinelli S G, Ellenson L H, Lyon: WHO Press; 2014. Tumours of the uterine Corpus: epithelial Tumours and Precursors; pp. 125–126. [7] Antonsen S L, Ulrich L, Hogdall C. Patients with atypical hyperplasia of the endometrium should be treated in oncological centers. Gynecol Oncol. 2012;125:124–128.
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台灣婦產科醫學會 113 年度年會暨學術研討會 論文摘要	
稿件編號：E173	大腸直腸癌以 β-HCG 上升為表現: 案例報告與討論 Colorectal Malignancy with Elevated Human Chorionic Gonadotropin Levels Mimicking Ectopic Pregnancy: A Case Report
臨時稿件編號： 1171	馬煜鈞 ¹ 曾慶堉 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	An elevation in Human chorionic gonadotropin (hCG) without intrauterine gestational sac may be a hint for occulted colorectal malignancy. We present a case of a 45 years old female, with history of Type 1 diabetes mellitus complicated with diabetic retinopathy and nephropathy, and has been undergoing regular peritoneal dialysis. The patient initially presented abdominal tenderness with on and off fever hinting an intraabdominal infection. Further work up favor adnexal ectopic pregnancy. Following laparoscopic surgery and methotrexate therapy, her β-hCG level continued to rise, hinting other etiology.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
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稿件編號：E174	HIFU 單次功率大小對組織傷害效果的影響評估 Assessment of the Impact of Different Single Power Levels on HIFU Damage Efficiency
臨時稿件編號： 1184	周芷佑 ¹ 林安菁 ² 莊清超 ² 應宗和 ³ 中山醫學大學附設醫院婦產部 ¹ 中山醫學大學醫學影像放射科學系 ^{2,3}
論文發表方式： 海報	Background High-intensity focused ultrasound (HIFU) is an effective and promising treatment modality for the formation of coagulative necrosis inside the cancer/tumor noninvasively. Nowadays HIFU is widely used for the treatment of soft tissue tumors such as uterine fibroids, prostate cancer, breast cancer, liver cancer, and pancreatic cancer. However, long treatment times and collateral damage to healthy tissues due to high acoustic powers are still challenges for the clinical application of HIFU.
論文歸類： 一般婦科	Methods In order to accurately understand the extent and size of the damage caused by HIFU, we chose porcine muscle tissue with skin as the biological tissue sample used HIFU to observe the lateral damage width and longitudinal damage height of porcine muscle tissue under different output powers and treatment durations while maintaining the same total power. Each set of parameters was applied ten times to the porcine muscle tissue samples. Each set of energy was tested repeatedly ten times. Following the ultrasound ablation, the samples were evaluated using T2-weighted magnetic resonance imaging (MRI) scans, which assessed the extent and size of damage based on the signal characteristics observed in the images.
	Results Based on the research results, we found that, under the same total power, there was no significant difference in the lateral damage width between 400W for 6 seconds and 200W for 12 seconds, as well as 300W for 8 seconds. However, in the case of longitudinal damage, there was a significant difference with the 400W for 6 seconds treatment compared to the other two groups.
	Conclusions An output power of 400W per second causes a deeper area of destruction, which has significant clinical implications. Physicians need to consider the distance between the lesion and the neural vessels to determine whether it falls within this zone of damage.

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稿件編號：E175	單獨性輸卵管扭轉：罕見臨床案例與文獻討論 Isolated fallopian tube torsion: A rare clinical condition and literature review
臨時稿件編號： 1188	林宜樺 ¹ 徐以樂 ¹ 蔡英美 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹
論文發表方式： 海報	This is a 59-year-old woman with the underlying disease of hypertension. The patient had gynecology history of gravida 1, para 1 (via cesarean section) and menopause at the age of 52. This time, the patient had incidentally found an 2-3 cm ovarian cyst and thickened endometrium under sonography several years ago. However, recent sonography showed an enlarged 6.25 cm ovarian cysts with a small myoma. Therefore, surgical intervention was suggested. During the operation, we have noted that there is no ovarian cystic tumor. Instead of the ovarian tumor, isolated right torsion swelling fallopian tube was noted.
論文歸類： 一般婦科	Isolated fallopian tube torsion is an extremely rare occurrence in female and is actually defined by torsion of only the fallopian tube without any ovarian involvement. We here presented the rare entity and recent articles review.

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稿件編號：E176	腹腔鏡子宮肌瘤切除術後單側氣血胸：一個罕見的病例報告-橫膈膜孔洞症候群 An unilateral hemo-pneumothorax following laparoscopic myomectomy: A rare case report of porous diaphragm syndrome
臨時稿件編號： 1199	劉鈺微 ¹ 唐德富 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹
論文發表方式： 海報	Porous diaphragm syndrome is a condition that describes a defect or fenestrae over diaphragm, which may cause a interflow between pleura and abdominal cavity. Pleural effusion, hemothorax, or pneumothorax could be seen in this condition, especially when a higher intra-abdominal pressure was created, such as laparoscopic surgery in our case, would involuntarily cause air or fluid flowing into pleural cavity by pressure gradient.
論文歸類： 一般婦科	We presented a case of a rarely seen thoracic complication following laparoscopy surgery. A 48-year-old nulliparous without systematic disease presented as menorrhagia for years and was further diagnosed of multiple fibroids, hysteroscopic myomectomy and laparoscopic myomectomy was performed. hysteroscopic myomectomy was done under carefully recording input and output of uterine distention media, and was followed by laparoscopic myomectomy. However, few hours after surgery, the patient developed mild dyspnea with decreasing oxygen saturation. CXR revealed right-sided unilateral pleural effusion and CT also reported right hydropneumothorax with partial atelectasis of right lung. Unilateral drainage of pleural effusion was done and showed bloody content. Thoracoscopic examination was performed for persisting unilateral pleural effusion after few days, and thoracoscopic findings revealed multiple small fenestration over right diaphragm, which was repaired thoracoscopically.
	Porous diaphragm syndrome is a rarely reported thoracic complication which could present with pleural condition. Imbalance of pressure between pleural and abdominal with interflow of air or fluid is believed to be causative reason. Porous diaphragm syndrome could be life-threatening if not accurately diagnosed and treated. Only few literature had reported porous diaphragm syndrome and was even less presented after laparoscopic surgery. Unilateral pleural effusion on radiologic findings with the absence of other possible causing factors rule in the diagnosis of porous diaphragm syndrome. In increasing trend of laparoscopic surgery over worldwide nowadays, gynecologists should be aware of this rare complications.

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稿件編號：E178	子宮肌瘤海扶術後需要再次治療之探討:病例報告與討論 Factors affecting reintervention following high-intensity focused ultrasound for leiomyoma: Case Report and Literature Review
臨時稿件編號： 1218	馬煜鈞 ¹ 應宗和 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	Two cases involving a 47-year-old and a 50-year-old female are presented, both of whom underwent ultrasound-guided high-intensity focused ultrasound (USgHIFU) ablation for leiomyoma exceeding 10cm in size, leading to abdominal pain and severe anemia. The procedure successfully resulted in symptomatic relief and a substantial reduction in fibroid size for both patients. However, despite initial success, reintervention in the form of hysterectomy became necessary for one patient as her myoma lesion had increased to 11cm. Conversely, the other patient remained stable under regular follow-up. These cases prompt a discussion on the factors influencing the rate of reintervention following HIFU ablation.
論文歸類： 一般婦科	

稿件編號：E179	一名無症狀子宮內避孕器具位至膀胱合併膀胱結石經膀胱鏡併綠光雷射移除之病例分享
臨時稿件編號： 1224	Asymptomatic migration of an intrauterine device into bladder with calculus and removed with cystoscopy and laser: a rare case report 張世蓀 ¹ 陳建翰 ¹ 大林慈濟醫院 ¹
論文發表方式： 海報	Intrauterine device (IUD) is widely used for contraception worldwide. Generally, it is cost effectiveness, high efficiency, and with low complication rate. However, complication could occur such as hemorrhage, uterine perforation, infection, ectopic migration, and dislocation. Among these, one of the most serious complications is uterine perforation, and it is rare with an incidence of one in 1,000 insertions. Migration of IUD into bladder usually causes symptoms such as hematuria, dysuria, recurrent urinary tract infections, and stone formation. A patient may visit clinic for urologic problems and accidentally be diagnosed with a migration of IUD. According to previous case reports, once a urinary tract stone was identified, cystolithotomy was usually needed for stone removal. There was a patient visit our clinic for removal of an IUD which was inserted for more than 10 years. No IUD in uterine cavity was noted during an ultrasonography survey but a hyper-echoic lesion noted in bladder. She denied hematuria, dysuria or UTI experience ever. A cystoscope was arranged and a 30x25mm stone encrustation on IUD was found, with one IUD branch inserted in bladder wall. We consulted urologist and KTP laser was arranged to make stone fragmentation and removed the fragment via cystoscope.
論文歸類： 一般婦科	

稿件編號：E180	罕見病例報告：活體雙胞胎子宮外孕，與過往報告的綜合比較
臨時稿件編號： 1241	A rare case report: Live twin ectopic pregnancy, comparison with previous report 劉承德 ¹ 黃千竹 ¹ 林武周 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式： 海報	Ectopic pregnancy remains a concerning issue in the realm of obstetrics, presenting unique challenges for healthcare providers globally. The occurrence of a live twin ectopic conception is exceedingly rare, further compounded by the exceptional scarcity of spontaneously conceived twin ectopic pregnancies. A recent case study involving a 29-year-old woman, gravida 3, abortion 2 (blighted ovum) illustrates the importance of rapid diagnosis and surgical management, while making one wonder about the differences in other rare cases. The patient sought medical attention upon experiencing cramp pain in the right suprapubic area, coinciding with a positive result on a urinary pregnancy test kit. Blood tests indicated elevated levels of serum beta-human chorionic gonadotropin hormone, prompting further investigation. Transvaginal ultrasonography revealed a remarkable finding: a twin ectopic conception situated in the right fallopian tube. Notably, both embryos exhibited cardiac activity, while no evidence of an intrauterine gestational sac was observed. In this article, a comparison will be made between other rare cases in terms of differences in diagnosis, gestational age, and management approaches.
論文歸類： 一般婦科	

稿件編號：E181	在超音波檢查中與卵巢囊腫相似的雙側嚴重輸卵管卵巢膿腫：病例報告及文獻回顧
臨時稿件編號： 1242	Bilateral Severe Tubo-Ovarian Abscess Mimics Ovarian Cancer on Sonography: A Case Report and Review of the Literature 陳景勳 ¹ 游正峰 ¹ 新光吳火鉞紀念醫院婦產科 ¹
論文發表方式： 海報	Background: A ruptured tubo-ovarian abscess represents a infectious mass within the adnexa, posing a formidable and life-threatening surgical emergency due to its rapid development. This condition arises as a complication of pelvic inflammatory disease, requiring the critical importance of timely intervention. The result of a ruptured abscess extend beyond localized complications, potentially contributing to systemic sepsis, septic shock, and, ultimately, death. The urgency of addressing this complex medical scenario is paramount, necessitating a comprehensive and immediate medical response to mitigate the risk of severe consequences associated with the dissemination of infection and the ensuing systemic inflammatory response. Early recognition, coupled with swift and targeted medical interventions, becomes essential in averting the progression towards a potentially fatal outcome and ensuring the best possible clinical outcome for the affected individual.
論文歸類： 一般婦科	Case presentation: In this study, we present a case of a 47-year-old woman who experienced watery diarrhea and intermittent lower abdominal pain for 2 weeks. Notably, the patient had an intrauterine device, no history of pelvic inflammatory disease, diabetes mellitus, nor previous uterine surgery. Initially seeking assistance from a local medical practitioner, she received antidiarrheal agents, providing temporary relief. However, the recurrence of symptoms prompted her to seek further evaluation at our outpatient department. Abdominal and vaginal sonography unveiled a complex multilocular bilateral adnexal mass with solid components and extensive hypochoic strands of tissue entrapping bowel loops. Elevated C-Reactive Protein (CRP) and leukocytosis was also noted. Therefore, admission was arranged. Contrast-enhanced computed tomography (CT) exposed infectious peritonitis with huge ovarian abscess. After discussion with the patient, a decision was made for laparoscopic salpingo-oophorectomy after initiating antibiotic therapy. The intraoperative discovery of dense adhesions involving bowel and omentum necessitated an emergent transition to exploratory laparotomy for adhesiolysis and enterolysis with drainage, performed by a general surgery team. Postoperatively, due to hemodynamic instability, septic shock, ventilator dependency, and the use of inotropic agents, she was admitted to intensive care unit (ICU). Following a day of meticulous care, her condition stabilized, facilitating a transfer to a general ward. Subsequent postoperative follow-up revealed normalized white blood cell count, and symptoms such as fever, watery diarrhea, and abdominal pain subsided with our comprehensive management. Maintaining stable vital signs and improved clinical parameters, the patient demonstrated a positive response to treatment, allowing for the uneventful removal of the combination waste vent (CWV) drainage. With the overall positive trajectory in laboratory data and clinical symptoms, the patient was discharged, and outpatient department follow-up was scheduled to ensure continued monitoring and support. Discussion: A thorough history taking and pelvic imaging examination can confirm the characteristics of the tubo-ovarian mass, which most commonly are found in reproductive-age women after pelvic inflammation disease, providing detailed insights into the size, location, and composition of the mass. This diagnostic approach aids in differentiating between various pathologies, ensuring a more precise understanding of the condition. Sepsis is a critical medical condition often characterized by elevated vital signs such as fever, tachycardia, and low blood pressure. In cases of tubo-ovarian abscess, a bimanual examination may reveal palpable, firm, and exquisitely tender bilateral masses. This abscess can be located in the pelvic cul-de-sac and can be noted by rectovaginal examination. The majority of patients, approximately 90%, experience abdominal or pelvic pain, while 60% to 80% present with fever and/or leukocytosis. The urgency of addressing tubo-ovarian abscesses may lead to rapid complications. A ruptured abscess can lead to diffuse peritonitis, manifesting as widespread tenderness upon palpation in all four abdominal quadrants, accompanied by tachycardia. In cases of endotoxic shock,

additional symptoms like hypotension and oliguria may emerge, posing a grave threat to the patient's life. The definitive intervention for such cases involves exploratory laparotomy with the mandatory resection of infected tissue. In this critical condition, prompt and decisive action is imperative to alleviate the progression of sepsis and its life-threatening consequences. The multidimensional approach, encompassing clinical examination, diagnostic assessment, and surgical intervention, is crucial in managing tubo-ovarian abscesses effectively and ensuring the patient's optimal outcome. A comprehensive literature review supplements the clinical examination by offering a broader perspective on the symptoms and signs associated with ruptured tubo-ovarian abscess. This synthesis of clinical experience and theoretical insights contributes to a holistic understanding of the tubo-ovarian mass phenomenon, facilitating improved patient care and management strategies.

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稿件編號：E182	陰道血管肌纖維母細胞瘤之案例報告 A case of rare benign vaginal angiomyofibroblastoma
臨時稿件編號： 1251	張瑜珈 ¹ 黃千竹 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式： 海報	Angiomyofibroblastoma is a benign subcutaneous tumor that predominately affects the female genital tract which consists of two components: blood vessels and stromal cells. The vaginal location of this tumor is very rare with only eight documented cases in literature.
論文歸類： 一般婦科	This is a case of 48-year-old woman with vaginal angiomyofibroblastoma. The patient had vaginal protruding mass and felt vulvar itching and discomfort. The protruding mass grew in about one year from 1x4 cm to 2x4 cm, and we resected the tumor one month later.

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稿件編號：E183	困難多發性子宮腺痛的生育保留手術治療 Surgical management of challenging multiple myometrial abscesses : case report and review of literatures
臨時稿件編號： 1255	陳立珊 ¹ 謝汶圻 ¹ 李維鈞 ¹ 新光醫療財團法人新光吳火獅紀念醫院 ¹
論文發表方式： 海報	This is a 40-year-old female with a history of epilepsy under regular oral Keppra control. She underwent laparoscopic myomectomy and adenomyomectomy separately in 2017 and 2020. Multiple uterine abscesses occurred as complications after these operative procedures. She went to another hospital and laparotomy for uterine abscess excision and debridement was done. Two years later, a recurrence of uterine abscess prompted three sonography-guided drainages along with IV antibiotics administered every three months. Despite multiple admissions, the patient still experienced intermittent lower abdominal pain, malaise, poor appetite, and foul-smelling yellowish vaginal discharge. Image showed persistent uterine abscess. Hysterectomy was proposed, but the patient declined due to fertility preservation, then she sought help at our Gynecology OPD.
論文歸類： 一般婦科	Upon evaluation, laboratory results revealed mild leukocytosis and elevated CRP. CT scans disclosed multiple uterine abscesses. After discussing surgical risks, the patient consented to exploratory laparotomy. During surgery, multiple myometrial abscesses were identified, and excision with drainage was performed. Adhesiolysis of the sigmoid colon and omentum to the uterus were addressed. Intraoperative septic shock occurred, necessitating transfer to the ICU. Pus culture revealed E. coli growth. Antibiotic therapy continued for two weeks, resulting in a favorable clinical outcome; the patient was discharged with fully recovery. We followed up on this case for six months, noting no signs of relapse. Uterine abscess and pyomyoma (suppurative leiomyoma of the uterus) are rare complications of myomectomy. The primary treatment involves a combined regimen of antibiotics or ultrasonography-guided drainage. In appropriate cases, conservative surgery, coupled with medical interventions, may be life-saving and preserve fertility.

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稿件編號：E184	使用左側陰道縫合術治療工地意外造成的陰部穿刺傷的案例分享 A case report of left lateral colporrhaphy for perineal penetrating injury caused by falling on a steel bar at a construction site
臨時稿件編號： 1256	程董倫 ¹ 關哲彥 ¹ 永康奇美醫院婦產部 ¹
論文發表方式： 海報	We report a case of perineal penetrating injury caused by falling on a steel bar at a construction site in a 25-year-old female patient. The patient had no history of systemic disease, and her obstetrics and gynecology history was G2P2 (all NSD), with regular menstruation, no dysmenorrhea or menorrhagia. The patient accidentally fell on the steel bar on 2023-11-20 afternoon, and presented with perineal bleeding and left lower back pain. She sought medical attention immediately. Physical examination revealed a soft abdomen without tenderness, and CT scan showed a left retroperitoneal hematoma. The diagnosis was left lateral fornix penetrating wound with active bleeding, and she was admitted for left lateral colporrhaphy. The surgery revealed a tunnel-like wound in the left perineum caused by the steel bar, which was debrided and sutured. The patient recovered well, with no complications. We discuss the clinical presentation, diagnosis and treatment of perineal penetrating injury, and review the relevant literature.
論文歸類： 一般婦科	

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稿件編號：E185	血管肌纖維母細胞瘤--罕見的外陰良性腫瘤: 案例報告及文獻回顧 Angiomyofibroblastoma of the vulva--a rare benign mesenchymal tumor: a case report and review of literature
臨時稿件編號： 1258	謝函彤 ¹ 許鈞碩 ¹ 佛教慈濟醫療財團法人大林慈濟醫院婦產部 ¹
論文發表方式： 海報	Angiomyofibroblastoma (AMFB) is a rare benign mesenchymal tumor and often occurs in women of reproductive age, mostly involves the vulva, vagina, and perineum. It is difficult to differentiate AMFB from other soft tissue tumors, and it is often misdiagnosed as a Bartholin's gland cyst, abscess, or lipoma. Most scholars believe that AMFB may originate from stem cells with multidirectional differentiation potential around blood vessels, but its histological origin remains unclear. Ultrasound is preferred in preoperative diagnosis, and surgery remains the best treatment. Long-term follow-up is necessary to avoid recurrence or other complications. As a benign tumor, its prognosis is usually good, and the occasional local recurrence is mostly due to residual tumor during surgical resection, which is not invasive and easily cured by a second operation. Only a few malignant cases were reported, such as sarcomatous transformation.
論文歸類： 一般婦科	We presented a 68-year-old female, with surgical history of hysterectomy for leiomyoma, visited with a palpable vulvar mass below clitoris noted for 10 months with slowly progressive enlargement. Pelvic examination at initial visit showed a movable vulvar mass about 3.4*4cm below clitoris with firm texture, with no tenderness and no signs of vaginitis or vulvitis was noted. Transperineal ultrasound showed a homogenous mass, 4.03*1.92*3.42cm, with minimal blood flow supply. The size of tumor increased to 5.6x5.5x3.8 cm at 4 months after initial visit. Initial diagnosis was vulvar lipoma, and surgical excision was arranged. After Foley inserted, the solid vulvar mass was removed completely without rupture, and the wound was closed after confirmed no connection or injury to the urethra. Final pathology report revealed angiomyofibroblastoma, with nodular mass shows mainly hypocellular areas of bland spindle cells, loose matrix, and abundant thin-walled blood vessels. Immunohistochemical study shows CD34(+, weak), actin-M851(-), S-100(-). The margin of resection is free. The vulvar wound was with proper healing after local edema subsided. It is important to be aware that aggressive angiomyxoma (AAM) must be considered in the differential diagnosis of AMFB. AAM is a fast-growing infiltrative malignancy that occurs in the same region, having infiltrative margins and requires wide excision for its higher tendency for local recurrence. While AMFB appears well-circumscribed with strong heterogeneous enhancement, AAM has a strong infiltrative tendency and is poorly circumscribed, with the contrast-enhanced images are characterized by a whorled or swirling growth pattern. Preoperative ultrasound or MRI may be performed to differentiate the tumor if rapid tumor growth is noted.

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稿件編號：E186	子宮肌瘤手術後多久懷孕與其產科風險的相關性：台灣人口之世代研究 Associations between the time interval from myomectomy to subsequent pregnancy and the obstetric outcomes: a population-based cohort study
臨時稿件編號： 1264	陳文欣 ^{1,2} 歐育哲 ^{2,3} 新北市立土城醫院產科 ¹ 嘉義長庚紀念醫院婦產科 ² 高雄長庚紀念醫院婦產科 ³
論文發表方式： 海報	Objective: Few studies have explored the associations between the time interval from myomectomy to pregnancy (TIMP) and the pregnancy outcomes. We aimed to investigate the associations between TIMP and subsequent pregnancy and obstetrics complications, and to explore whether these associations vary according to maternal age at birth. Methods: Data was extracted from the National Health Insurance Research Database and Taiwan Maternal and Child Health Database for the years 2008 to 2017 (2,024,379 births from 1,391,856 pregnancies); eligible cases were identified using diagnostic and procedure codes; 4,080 first singleton births in 4,080 women after first laparotomic myomectomy were identified. We estimated the risks of pregnancy and obstetrics outcomes according to TIMP (< 6, 6-11, and ≥ 12 months). Subgroups analysis was performed by further divided according to maternal age at birth (18-35 vs. > 35). Results: We observed higher risks of gestational hypertensive disorders (aOR 2.07, 95% CI 1.31-3.27), preterm birth < 37 weeks (aOR 1.35, 95% CI 1.01-1.81), and neonatal death (aOR 4.81, 95% CI 1.55-14.95) for TIMP < 6 months vs. TIMP 6-11 months. TIMP ≥ 12 months was associated with increased risks of gestational hypertensive disorders (aOR 1.88, 95% CI 1.27-2.78), preterm premature rupture of membrane (aOR 1.44, 95% CI 1.00-2.06), and neonatal death (aOR 3.36, 95% CI 1.18-9.54) vs. TIMP 6-11 months. In subgroup analysis, women over 35-years-old still had higher risks of gestational hypertensive disorders and neonatal death when TIMP < 6 months or ≥ 12 months; women aged 18 to 34-years-old did not. Conclusions: TIMP between 6-11 months has lower risks of gestational hypertensive disorders, preterm delivery or rupture of membrane and neonatal death vs. < 6 months or ≥ 12 months. In women over 35-years-old, TIMP between 6-11 months still had the lowest risks of gestational hypertensive disorder and neonatal death.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E187	利用影像學特徵早期診斷闊尾低度惡性腫瘤以避免與卵巢腫瘤混淆 Appendiceal mucinous neoplasms mimic ovarian tumors: image characteristics for early preoperative diagnosis
臨時稿件編號： 1271	廖宜威 ¹ 陳文欣 ^{2,3} 歐育哲 ^{1,3} 高雄長庚紀念醫院婦產部 ¹ 新北市立土城醫院產科 ² 嘉義長庚紀念醫院婦產科 ³
論文發表方式： 海報	Background: Appendiceal mucinous neoplasms may mimic ovarian tumors. Low-grade appendiceal mucinous neoplasm (LAMN) lacks a definite malignant tendency; however, it may serve as the precursor lesion for pseudomyxoma peritonei. The prognosis and treatment of LAMN are based on tumor grading and staging. Delayed diagnosis due to impressed as ovarian tumor initially may deteriorate the prognosis. The purpose of this study is to enable the early pre-operative diagnosis of low-grade appendiceal mucinous neoplasm (LAMN) from ovarian tumors using computed tomography. Methods: This retrospective chart review study was conducted between July 2015 and May 2021 at Kaohsiung and Chiayi Chang Gung Memorial Hospital. The women received computed tomography before operations and whose final pathology confirmed LAMN were included. Lesions were evaluated for morphology, fluid content, density (compared with water), margin, calcification, septum, maximal tumor diameter, ratio of length to width, maximal thickness of the cystic wall, cystic wall attenuation, and progressive contrast enhancement. Results: A total of 11 female patients were included. Most masses were homogenous and well-circumscribed, with all masses exhibiting hypodense density. Curvilinear mural calcification was found in 6 cases (54.5%), and 3 cases had septum (27.3%). The largest diameter of masses ranged from 29 to 76 mm, with a mean value of 57.7 mm. The ratio of length to width was calculated, averaging 1.85. All masses showed a thickened cystic wall with an irregular inner margin but a relatively smooth outer margin. The maximal thickness of the cystic wall ranged from 2.46 to 5.97 mm, with an average of 3.86 mm. Progressive contrast enhancement from the non-enhanced phase to the delay phase was observed in 8 cases (88.9%). Conclusion: Our study emphasizes the special imaging findings of appendiceal mucinous neoplasms to facilitate the prompt and accurate pre-operative diagnosis. In cases where an oval or tubular-shaped homogenous mass is located in the right lower quadrant of the abdomen, with specific findings such as hypodensity, curvilinear mural calcification, a length-to-width ratio over 1, and progressive contrast enhancement in computed tomography images, LAMN should be considered as one of the initial impressions.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E188	評估防沾黏劑在婦科手術後減少腹腔內沾黏的效力：系統性文獻回顧及統合分析 evaluating the efficacy of antiadhesive agents in reducing intra-abdominal adhesions after gynecologic surgeries, a systematic review and meta-analysis
臨時稿件編號： 1273	張鴻樞 ¹ 黃允瑤 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 海報	objective: to systemically evalute the role of anti-adhesive agent such as ghyaluronic acid (HA) gel, seprafilm, polylactide-epsilon-caprolactonetrimehtylenecarbonate, adept or adhesion barrier in gynecology surgery including intrauterine surgery. Data sources: A structured search was performed in PubMed, Cochrane, Scopus, Web of Science, and Embase on February 11, 2023. Methods of study selection: We use the key word "gynecology surgery", "anti-adhesive agent" to search the article which is in randomized controlled trials (RCTs). Then the primary outcome are including birth rate in intrauterine surgery or the condition during the "second look" surgery. Conclusion: In most of the RCT reveal the use of anti-adhesive agent have better outcome compared to the placebo especially in the case of severe adhesion. The live birth rate is obviously increasing than those not use in those severe intrauterine adhesion. However, there are lots of factors need to clarify.
論文歸類： 一般婦科	

台灣婦產科醫學會 113 年度年會暨學術研討會
論文摘要

稿件編號：E189	輸卵管卵巢扭轉 A case of tubo-ovarian torsion, literature review
臨時稿件編號： 1275	葉健倫 ¹ 賴禹儒 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 海報	Introduction Tubo-ovarian torsion is a rare but emergent condition. It refers to rotation of the ovary or the salpinx or both which results in vascular supply stasis. If the condition persisted, it may inevitably result in ovarian necrosis. Therefore, early dianosis and detorsion are emphasized. Prevalence of ovarian torsion is relative low, about 4.9 per 100000 in females aged 1 to 20. However, it accounts for 2.7 percent of women's emergent surgeries. The most significant risk factors include ovarian mass, especially 5cm in diameter or larger, and prior ovarian torsion. It may be various but the classic presentation including acute low abdominal moderate to severe pain, companied with nausea and vomitus. If there was a history of vigorous activity, suspicion of torsion should be raised. The diagnosis is based on direct visualization and presumptive diagnosis was mainly made depended on presentation, image and exclusion of other cause of acute abdomen. As for management, surgical intervention is needed and options include detorsion and salpingo-oophorectomy. Case A 25-year-old female without systemic disease before, G1P1, delivered by Cesarean section, encountered intermittent low abdominal dull pain, which relieved spontaneously but relapsed and got worsen at next episode since this afternoon, first day of her menstrual cycle, just after intercourse and visited emergency room at midnight of the day. The pain was accompanied with nausea, radiated to left flank, exaggerated by moving. Physical examination unveiled abdominal left lower quarter tenderness without left flank tenderness or knocking pain. Single dose of ketorolac 30mg was prescribed intra-muscularly but there was no improvement. Abdminal as well as pelvic computed tomography with/without contrast was conducted and a left pelvic well-confined cystic-like mass about 5 cm in diameter was identified. Gynecologist was consulted and transvaginal ultrasound was performed and a hypochoic homogeneous cyst mass was seen over left adnexa region, just adjacent to left ovary. Definite lifting tenderness over left adnexa was observed. There was neither significant findings over uterus or right adnexa nor fluid accumulated at cul-de-sac. Laboratory test showed leukocytosis without elevated serum C-reactive protein. Urine routine presented with microhematuria without pyuria. Left adnexa torsion was impressed and emergent surgery was arranged immediately. During the surgery, a 2.5 spin torsing paratubal cyst, left, containing clear and clean fluid about 5 cm in diameter was identified. Detorsion and salpingectomy, left, were performed after well and detailed discussed with family. Surgery was smooth and patient recovered well. She was discharged 2 days (about 60 hours) after surgery.
論文歸類： 一般婦科	

稿件編號：E190	卵巢大小正常的 19 歲女孩與時胎瘤相關的抗 NMDA 腦炎的個案報告 Case report: a 19-year-old girl with normal size ovarian teratoma-associated anti-NMDAR encephalitis
臨時稿件編號： 1289	蔡亞榮 ¹ 黃彥筑 ² 歐育哲 ¹ 吳昱靜 ³ 嘉義長庚紀念醫院婦產科 ¹ 嘉義長庚紀念醫院神經內科 ² 高雄長庚紀念醫院婦產科 ³
論文發表方式： 海報	Background: AC is an autoimmune disease, and is recognized in the recent decade. The clinical manifestations include complex neuropsychiatric features, such as rapidly progressive psychiatric symptoms, cognitive impairment, seizures, abnormal movements, or coma of unknown cause. The disease preferentially affects young woman, and is associated with teratoma.
論文歸類： 一般婦科	Case presentation: A 19-year-old woman had no known systemic disease before. Rapidly progressive psychiatric symptoms, such as incoherent speech, agitation, and angry, were noted in early June 2020. She was then sent to Chiayi Branch, Taichung Veterans General Hospital, and was admitted to intensive care unit for further survey and care. The cerebrospinal fluid (CSF) analysis revealed encephalitis, suspect viral infection or autoimmune related. Abdominal CT and brain MRI showed no abnormality. Steroid pulse therapy and acyclovir were prescribed, but the symptoms persisted. Intermittent seizure was also noted during hospitalization. Due to no improvement, the patient was transferred to our hospital as the family's request on June 19th, 2020. In our hospital, anti-NMDAR antibodies was noted during the survey on June 24th, 2020, and anti-NMDAR was diagnosed. Neither teratoma nor visible tumor noted by CT. Intravenous immunoglobulin (IVIG) was given. However, the patient had more frequent generalized involuntary movement, and worse autonomic dysfunction. Respiratory failure was also noted, suspect pneumonia related. Tracheostomy was performed. Rituximab therapy and plasmapheresis were also done, but in vain. GYN sonography was done, and showed no obvious adnexal mass on October 7th, 2020. The patient was transferred to Chang Gung Memorial Hospital (Linkou Branch) as the family's request on October 13th, 2020. After one month treatment, she still had stuporous consciousness at most of the time. She was then transferred back to our hospital on November 16th, 2020. Pelvic MRI showed multiple small cysts with some hypointensity lesion in bilateral adnexa on November 19th, 2020. Teratoma, endometrioma, or polycystic ovary syndrome was suspected. Thus, the neurologist consulted us for surgical intervention. Laparoscopic left salpingo-oophorectomy and right ovary biopsy were performed smoothly on December 1st, 2020. The pathology showed left ovarian mature teratoma. The ventilator was weaning on December 2nd, 2020. Her consciousness became clear gradually. The patient was transferred to general ward on December 7th, 2020. Rehabilitation was also scheduled. She could obey order, express by gesture, and walk with assistance in the following hospitalization. Finally, she was discharged on January 22th, 2021. Normal behaviors (full muscle power and normal sensation) were recorded at OPD on June 11th, 2021. Conclusions: If a young woman has rapidly onset non-infective encephalitis, anti-NMDAR encephalitis should be taken into consideration. Teratoma should be survey. If the tumor is noted, it should be removed as soon as possible. And the neurologic and psychiatric symptoms may be improved dramatically.

稿件編號：E191	透過一項回顧性群體研究，發現在進行 IVF-ICSI 的同時，對符合 POSEIDON 4 組的患者進行減數分裂紡錘體對齊微注射，有望提高受精率並改善胚胎品質 The application of meiotic spindle-aligned microinjection appears to positively impact fertilization outcomes and enhance embryo quality in patients classified under POSEIDON group 4 undergoing IVF-ICSI cycles, according to insights gleaned from a retrospective cohort study.
臨時稿件編號： 1053	劉相宜 ¹ 廖佩芬 ¹ 林佩瑩 ¹ 陳其葢 ¹ 陳昱蓁 ¹ 崔冠濠 ¹ 林立德 ¹ 高雄榮總婦女醫學部 ¹
論文發表方式： 海報	During the process of intracytoplasmic sperm injection (ICSI), a single sperm is carefully injected into an oocyte to facilitate fertilization. In order to ensure the success of this procedure, the operator utilizes a microscope to evaluate the alignment of the spindle and the positioning of the polar body within the oocyte. The assessment of polar body alignment serves as an indicator of proper chromosomal segregation, while spindle alignment focuses on the proper organization and alignment of the spindle within the oocyte.
論文歸類： 生殖內分泌	The objective of this study was to compare the outcomes of spindle-aligned ICSI and polar body-aligned ICSI in human oocytes. A total of 315 patients classified under the POSEIDON group 4 were included in the study, with data collected from January 2019 to March 2023. The patients were divided into two groups: the spindle-aligned group (n=168) and the PB-aligned group (n=147). The results of the study revealed that the spindle-aligned group exhibited significantly higher rates of fertilization, cleavage, and the development of top-quality Day 3 embryos compared to the PB-aligned group (P<0.05). These findings highlight the substantial benefits of utilizing meiotic spindle imaging to select oocytes, as it leads to an improvement in the fertilization rate and embryo cleavage. Ultimately, this enhanced selection process significantly increases the rate of successful implantation.

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Reference:

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2. Japan Fertilization and Implantation Congress 2019
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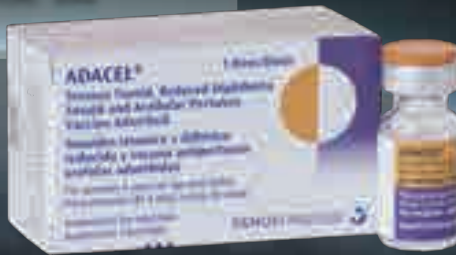
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第一個持續型濾泡刺激素－與 GnRH 拮抗劑併用

試管嬰兒 (IVF) 大躍進

elonva[®]
corifollitropin alfa

GnRH=Gonadotropin Releasing Hormone = 性腺刺激素釋放激素
IVF=In Vitro Fertilization = 試管嬰兒

伊諾娃注射液 150 微克/0.5 毫升 **Elonva Solution for Injection 150ug/0.5ml** 衛署醫投輸字第 000903 號
伊諾娃注射液 100 微克/0.5 毫升 **Elonva Solution for Injection 100ug/0.5ml** 衛署醫投輸字第 000904 號

北市衛藥廣字第 112080187 號

安全性資訊摘要 (版本：2021年3月)

適應症 I

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，使用於控制下刺激卵巢，以誘導多個濾泡發育。

用法用量 I

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 I

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層；不適合懷孕的生殖器官畸形。

副作用 I

臨床試驗中，使用Elonva治療中最常見的副作用為骨盆腔不適感(6.0%)、OHSS(4.3%)、頭痛(4.0%)、骨盆腔疼痛(2.9%)、噁心(2.3%)、疲勞(1.5%)和乳房壓痛(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 I

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)合併使用的數據十分有限。因此，不建議Elonva與GnRH類似劑(GnRH agonist)合併使用。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，因此此類婦女勿使用。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處理並追蹤。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復位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植入的胚胎數目有關。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確認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：在接受多次療程不孕症治療的婦女中，已有案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相關或無關的血栓栓塞事件的報告。源於靜脈或動脈的血栓栓塞可導致流向重要器官(vital organ)或四肢的血流減少。具有一般已知血栓形成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風險。因此此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，懷孕本身就會增加血栓形成的風險。