

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

稿件編號：OG02	<p style="text-align: center;">卵巢輸卵管膿瘍接受藥物治療患者的復發處置分析 Analysis of Recurrence Management in Patients Who Underwent Medical Treatment for TOA</p> <p>陳三農¹ 高雄榮民總醫院婦女醫學部¹</p>
臨時稿件編號：0343	
論文發表方式：口頭報告	<p>The recurrence for tuboovarian abscess treated medically was observed. The management of these patients when tuboovarian abscess recurs can be treated medically again or surgically. We aimed to explore the recurrence rate and management of patients with tuboovarian abscess that were first treated nonoperatively. We identified patients in the Taiwan National Health Insurance Research Database who were hospitalized due to tuboovarian abscess for the first time between 2000 and 2010 and received nonsurgical treatment. The recurrence and its management were recorded. Data were analyzed to access the risk factors for recurrence and factors that influenced the management of recurrent tuboovarian abscess.</p>
論文歸類：一般婦科	

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

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

稿件編號：OG11	<p style="text-align: center;">以 HE4 幫助診斷子宮內膜癌的檢視：一病例報告和文獻回顧 The Role of HE4 in Aiding Diagnosis of Endometrial Cancer: A Case Report and Literature Review</p> <p style="text-align: center;">李耀泰¹ 鄭雅敏¹ 黃閔暄¹ 林儒昌¹ 黃正強² 郭宗正¹ 郭綜合醫院婦產部¹ 郭綜合醫院放射科²</p>
臨時稿件編號： 0231	
論文發表方式： 口頭報告	<p>Introduction</p> <p>In endometrial cancer, there are no markers routinely used in clinical practice. Recently, human epididymis protein 4 (HE4) has been identified as a biomarker for epithelial ovarian cancer and is also highly expressed in endometrial cancer. HE4 is comprised of two whey acidic protein domains and contains a 4-disulfide core. HE4 levels are infrequently elevated by benign gynecologic conditions that frequently cause the overexpression of CA125. In addition, HE4 is significantly correlated in endometrial cancer with histological grade, FIGO stage, lymph node metastasis, myometrial invasion, and cervical involvement. Herein, we detected serum HE4 in a woman to differentiate endometrial cancer from an initial diagnosis of cervical cancer.</p>
論文歸類： 一般婦科	<p>Case Report</p> <p>A 66-year-old woman was presented, exhibiting postmenopausal vaginal bleeding intermittently for 9 months. She had also suffered from type 2 diabetes mellitus with metformin treatment for 10 years. On Aug. 18, 2020, cervical biopsy and endocervical curettage revealed adenocarcinoma, resulting in a tentative diagnosis of cervical cancer in our institution. On Aug. 24, 2020, pelvic examination showed the cervix to be unremarkable, and per rectum examination could not palpably detect any mass. Pelvic sonography revealed a normal-sized uterus with an endometrial thickness of 6 mm. However, a computed tomography scan diagnosed endometrial cancer of stage II. At that time, serum tumor markers revealed an elevation of HE4 of 316 pmol/L (<150 pmol/L), CA125 of 46.7 U/mL (<35 U/mL), SCC 0.7 ng/mL (<1.5 ng/mL), CA199 of 11.5 U/mL (<37 U/mL), and CEA of < 1.7 ng/mL (<5 ng/mL). Therefore, the preoperative diagnosis changed to that of endometrial cancer. She then underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic lymphadenectomy and partial omentectomy on Sep. 9, 2020. The pathologic report showed endometrial cancer of FIGO stage II with a tumor 6 cm in size. Postoperative adjuvant chemotherapy and radiation therapy will therefore be arranged.</p> <p>Discussion</p> <p>HE4 was originally isolated from the human epididymis, but it is also expressed in other tissues of the body. It has been shown to play a role in the regulation and growth of ovarian and endometrial cancer. Median HE4 levels have been shown to increase with old age, and to be significantly lower during pregnancy compared with age-matched control subjects. Preliminary studies have shown that HE4 has potential value in early diagnosis, prognosis prediction, and relapse monitoring of endometrial cancer. In this case, diagnostic curettage and hysteroscopic biopsy may bring additional trauma and cannot be tolerated. HE4 could be used alone or combined with other tools for endometrial cancer diagnosis. In 2020, Lius et al. reported a meta-analysis of 17 articles for endometrial cancer, showing that serum HE4 had high specificity (91.3%), diagnostic odds ratio (OR 26.7), and AUC (area under curve) 0.75, despite low sensitivity (65%). Therefore, these data suggested HE4 is a promising novel biomarker for the diagnosis of endometrial cancer.</p>

稿件編號：OG13	<p style="text-align: center;">腹腔鏡子宮肌瘤切除術常規使用囊袋內絞碎術的經驗</p> <p style="text-align: center;">The Experience of In-Bag Morcellation as a Routine for Laparoscopic Myomectomy</p>
臨時稿件編號： 0237	<p>林大欽¹ 黃閔暄¹ 朱益志¹ 關龍錦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: The risk of spreading cells from unexpected malignancies maculate the benefits of morcellation in laparoscopic myomectomy. Contained morcellation within a bag may minimize this risk, though this complicated procedure may prolong operation time. Therefore, we provide our experience in using this routine.</p>
論文歸類： 一般婦科	<p>Materials and Methods: The present study evaluated routine use of in-bag morcellation during laparoscopic myomectomy in patients (n=68) from 1/2018 to 10/2020. The bag used was LapSac (Cook) and the morcellator was TCM 3000BL (Nouvag).</p> <p>Results: The median age was 36.4 (ranging from 26 to 49) years old and BMI was 25.1 (21.8 to 45.3). Indications for myomectomy for their fibroids included bleeding disorders (54.1%), anemia (36.3%), compression (31.4%), and infertility (26.3%). Subtotal hysterectomy and hysterectomy were not included. Those with simultaneous transcervical resection of myoma were also not included. Cases with incidental removal of co-existent adenomyoma were included; however, there were no cases of intended laparoscopic adenomyomectomy. No unexpected malignancy occurred during this period of time. The median weight of the removed tissue was 235 g (23 to 1480g). The median duration of the surgeries was 127.5 min, and the median time associated with use of the bag was 44 min (25 to 210 min); this significantly correlated with myoma volume (p<0.01) and specimen weight (P<0.01), but not with the BMI or age of the patients. The technical success rate for contained morcellation was 95.6% (65/68). Three cases with incidental finding of spilled tissue or wandering myoma needed further removal of myoma with or without reinsertion of the bag.</p> <p>Conclusion: Although following the routine of in-bag morcellation may complicate our operation, the high technical success rate of contained morcellation may justify our routine use in minimizing the risk of the spreading cells from unexpected malignancy.</p>

稿件編號：OG15	<p>超音波海扶治療子宮肌瘤及子宮肌腺症：高雄長庚醫學中心經驗報告 Ultrasound-guided high-intensity focused ultrasound treatment for uterine fibroid and adenomyosis: A single center experience from KCGMH</p>
臨時稿件編號：0234	<p>陳文欣¹ 楊采樺¹ 吳伶穎¹ 龔福財¹ 黃寬慧¹ 莊斐琪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>OBJECTIVE: The aim of the present study was to evaluate the efficacy and safety of ultrasound-guided high-intensity focused ultrasound (USgHIFU) for uterine fibroids and adenomyosis in KCGMH single center.</p>
論文歸類：一般婦科	<p>METHODS: This is a retrospective analysis of 61 patients with symptomatic uterine fibroids and adenomyosis who were treated with USgHIFU. Treatment was administrated using the Model Haifu JC Focused Ultrasound Tumor Therapeutic System (Chongqing Haifu Technology, Chongqing, China) under real-time ultrasound guidance. All patients has received magnetic resonance imaging (MRI) before HIFU. The follow-up was conducted on volume change based on MRI at 1st day after HIFU and sonography at 3, 6 and 12 months after treatment. The outcomes included the volume reduction rate, the improving rate of menorrhagia and dysmenorrhea, the complication and secondary surgery rate.</p> <p>RESULTS: The group analysis was stratified as single myoma(n=31), multiple myomas(n=15) and adenomyosis groups(n=15). The non-perfusion volume rate of single myoma, multiple myoma and adenomyosis group were 70.9%, 63.26%, 53.45%(mean), respectively. The fibroid volume reduction rates of single myoma were 33%, 50%, and 52%(mean), by 3, 6, and 12 months, respectively. The volume reduction rates of multiple myoma were 49%, 22%, and 41%(mean), by 3, 6, and 12 months, respectively. The adenomyosis volume reduction rates were 46%, 28%, and 32%(mean) by 3, 6, and 12 months, respectively. The volume reduction of single myoma persisted during the 12 months after HIFU. On the contrary, the volume reduction rate of multiple myomas and adenomyosis reversed since 6 months after HIFU. Menorrhagia improving rates of multiple myoma, single myoma and adenomyosis groups were 91.7%, 80.8% and 61.5%, respectively. Dysmenorrhea improving rates of multiple myoma, single myoma and adenomyosis groups were 85.7%, 73.3% and 63.6%, respectively. Six patients had chronic sacral pain after treatment, but no serious adverse events were observed. Three patients had secondary surgery. Two of them with single submucosal myoma received subsequent hysteroscopic resection during 3 months after HIFU. One of them had hysterectomy at 1 year after HIFU.</p> <p>CONCLUSIONS: Our results suggest that USgHIFU has a promising prospect for treating uterine fibroids and adenomyosis. Objectively, the volume reduction rate persisted decreasing in single myoma group, while the rate had a reverse at 6 months after HIFU in multiple myomas and adenomyosis groups. Subjectively, the menorrhagia and dysmenorrhea improving after HIFU. The most is of the multiple myomas group, and the least is in of the adenomyosis group. The complication rate and secondary surgery rate were acceptable.</p>