稿件編號：OG1

臨時稿件編號：
1307

子宮內膜異位症的新療法：以臍帶間質幹細胞條件培養基改善疼痛和生育能力
A Novel Therapy for Endometriosis: Pain and Fertility Improvement by Conditioned Medium of Umbilical Cord-derived Mesenchymal Stem Cells

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論文發表方式：
口頭報告

論文歸類：
一般婦科

Introduction: Endometriosis is defined by abnormal seeding of endometrial tissue outside uterus. Endometriotic patients suffer from such pain-related symptoms as chronic pelvic pain, dysmenorrhea, dyspareunia, dysuria and dyschezia as well as subfertility. Although various agents are used to treat endometriosis, the recurrence rate remains high. Lesion removal does not ensure pain relief. Lesion-derived and neurogenic inflammation that lead to peripheral and ultimate central sensitization cause endometriosis-induced pain. Our previous data showed the inhibition of endometriosis development by conditioned medium (CM) of multipotent adipose mesenchymal stem cells (MSCs). Other than tissue regeneration, MSCs also exert immune regulatory effect. Umbilical cord is an abundant source of umbilical cord-derived MSCs (UCMSCs). Thus, the current study aims to test the effects of UCMSC-derived CM (UCMSCCM) on the development of endometriosis, subfertility, and pain induction.

Methods: UCMSCs were isolated from umbilical cord obtained from cesarean section of normal term pregnancy under Good Tissue Practice regulations. UCMSCs and UCMSCCM were collected and subjected to quality validation, including karyotyping, growth promotion and sterility tests for microbial contamination. Autologous endometriosis mouse model was established by suturing 4 pieces of endometrial tissue 2 mm in diameter to the peritoneum followed by treating with either ddH2O or UCMSCCM for 28 days. After sacrifice, the area of lesions and the grade of adhesion were measured. The expression of ICAM-1, caspase 3, VEGF, PTGES, NGF, CGRP, MMP-9, TIMP-1, TNF-α, and IL-1□in the lesions was assessed by qRT-PCR, IHC and Western blot. The thickness and receptivity of cycling and decidualized eutopic endometrium as well as pregnancy outcomes were also examined.

Results: Both UCMSCs and UCMSCCM passed quality validation. Compared with control, UCMSCCM reduced the lesion size. qRT-PCR, IHC and Western blot showed the consistent inhibition of ICAM-1, VEGF, NGF, CGRP, MMP-9, TNF-α, and IL-1□as well as enhancement of caspase-3 and TIMP-1 expression by UCMSCCM. Moreover, the eutopic endometrial thickness and receptivity as well as pregnancy outcomes were all improved by UCMSCCM treatment in endometriotic mice.

Conclusion: UCMSCCM exerts inhibitory effect on the development of endometriosis and endometriosis-induced pain. The eutopic endometrial receptivity and pregnancy outcomes in mice with endometriosis are improved by UCMSCCM. This finding can potentially be translated to clinical treatment for human endometriosis.

稿件編號：OG2

臨時稿件編號：
1503

高消融率 HIFU 治療：對子宮肌瘤復發與產科結果之影響
HIFU and High Ablation Rates: Implications for Fibroid Recurrence and Obstetric Outcomes

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論文發表方式：
口頭報告

論文歸類：
一般婦科

This case series and literature review explore the impact of high ablation rates, particularly high non-perfused volume (NPV) rates, in high-intensity focused ultrasound (HIFU) treatment on the recurrence rates of uterine fibroids. By analyzing existing literature on independent factors influencing fibroid recurrence, we provide a comprehensive presentation of current evidence. In addition, we present a series of clinical cases from our own experience that illustrate these findings, offering practical insights into the relationship between high ablation rates and treatment outcomes. From an obstetric perspective, we also discuss the potential implications of high ablation rates on reproductive health, including the risk of adverse pregnancy outcomes.

台灣婦產科醫學會 114 年度年會暨學術研討會

論文摘要

稿件編號：OG3 臨時稿件編號： 1564	愛滋病發展史 History of Acquired ImmuoDeficiency Syndrome (AIDS) 鄭永傳[1] 新竹大安醫院[1]
論文發表方式： 口頭報告	Symposium of AIDS causes viruses 愛滋病致病病毒之討論
論文歸類： 一般婦科	Summary（摘要） 愛滋病（AIDS）的致病病毒在學術界掀起狂風巨浪，學術最高榮譽諾貝爾醫學獎應該誰屬（Nobel prize winner）？筆者收集當時學術大師們的論述，以張博雅署長任內舉辦的第一屆世界愛滋病會議在台灣台北圓山飯店頂樓（First world AIDS conference in Taipei, Taiwan），全程以英文進行。 筆者有幸以 Cambridge Biotech（Worchest Boston, MA）台灣區業務代表參與該醫學會，有幸親臨目睹世界級大師的風采。今欣逢台灣婦產科 114 年會在高雄舉辦，回憶整理將世界第一次 AIDS 會議討論，在婦產科年會向台灣婦產科前輩先進們報告，期盼前輩們賜教，不勝感恩。 Scholar Introduction（大師們介紹） Dr. Robert Gallo（National institute of Health / USA） Dr. Luc Montaginer（Pasteur's research institute / France） Dr. Max Essex（Harvard's public health / USA） Dr. Tun-Ho Lee（Harvard's public health / USA）李敦厚 台大畢業 回轉病毒（Retrovirus） 1. 特性 RNA → DNA → Polypeptide → Protein 2. 種類 HTLV-Ⅰ HTLV-Ⅱ HTLV-Ⅲ HTLV-Ⅳ Feline Leukemia 3. 感染途徑 ① 輸血 ② 靜脈毒癮 ③ 器官移植 ④ 性行為 ⑤ 生產 4. 病毒的繁殖方式 病毒 envelop protein GP120 攻擊人類 T Helper cell 5. WHO 對 AIDS 診斷要項 主症狀 ① 消瘦（體重減少 10%以上） ② 慢性下痢（超過一個月以上） ③ 發燒（超過一個月以上） 副症狀 ① 持續性乾咳（一個月以上）

② 廣泛皮膚炎
③ 反覆帶狀疱疹
④ 口腔咽喉念珠菌症
⑤ 進行性單純疱疹
⑥ 全身兩處以上淋巴腫
主要症狀兩項副症狀兩項 AIDS 就成立
小兒：除了上述事項外，發育不良（主症狀）
母體 HIV 感染
6. 臨床症狀
① 皮膚：卡波西氏肉瘤（Kaposis sarcoma）
② 口腔：廣泛念珠菌感染（Candidiasis）
③ 舌：舌尖舌緣白線條（Hairy Leukoplakia）
④ 腦血管：CMV 感染（Cytomegalovirus 巨細胞病毒）
⑤ 腦：弓形蟲（Toxoplasmosis）
⑥ 肺：肺囊蟲（Pneumocytis carimiipneumonia）
⑦ 消化系統：隱胞子蟲腸炎（Cryptosporidium）
7. 檢驗方法
① 凝集法（Latex agglutination test）
② 免疫酵素法（ELISA test）
③ 西方墨點法（Western Blot）
8. 造成腫瘤相關的病毒
病毒 腫瘤（癌）
HPV 子宮頸癌、女陰癌、陰莖癌
EBV 鼻咽癌
HBV 肝細胞癌
HSV-Ⅱ 子宮頸癌
HTLV-Ⅰ T 細胞血癌
HIV-Ⅰ 卡波西氏肉瘤

謝謝聆聽！

台灣婦產科醫學會 114 年度年會暨學術研討會

論文摘要

稿件編號：OG4

臨時稿件編號：
1621

年齡不影響子宮鏡手術後之子宮切除術率：2000 年至 2020 年以族群為基礎的回溯性研究

Age did not affect the rate of subsequent hysterectomy following hysteroscopic surgery: a population-based retrospective cohort study from 2000 to 2020

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論文發表方式：
口頭報告

論文歸類：
一般婦科

Objective: Previous studies found younger age associated with an increased hysterectomy after hysteroscopic surgeries (HS) due to abnormal uterine bleeding (AUB). This study aimed to evaluate the effect of age on the incidence of hysterectomy after HS for treating AUB in Taiwan.

Methods: This is a population-based retrospective cohort research. This nationwide retrospective cohort study utilized the Taiwan National Health Insurance Database. This study involved 4,150 participants who underwent HS due to AUB. The study focused on females aged ≥40 years diagnosed with AUB who underwent HS between 2000 and 2020. Hysterectomy outcomes were analyzed using the Cox proportional hazards model, and age was categorized into 3 groups (40–44, 45–49, and 50-55 years). Statistical significance was set at $p<.05$.

Results: This study involved 4,150 participants with an average age of 46.1 years, categorized into the following age groups: 40–44 years (39.6%), 45–49 years (38.8%), and 50-55 years (21.6%). Approximately 8.1% of participants required hysterectomy treatment; the highest incidence was observed in the 40–44-year age group (8.6%). The median time from HS to hysterectomy varied across age groups, ranging from 0.25–2.78 years. The presence of uterine myoma (adjusted hazard ration (aHR): 2.11; 95% CI: 1.70–2.64; $p<0.0001$) and adenomyosis (aHR: 10.24; 95% CI: 8.17–12.85; $p<0.0001$) significantly increased the risk of hysterectomy. Kaplan–Meier survival curves demonstrated a comparable likelihood of hysterectomy across age groups within 5 years post-HS, with most occurrences occurring in the initial 5 years.

Conclusion: Our study found no age effect on subsequent hysterectomy after HS. This study contributes to a significant understanding of HS outcomes, aiding information for patients seeking AUB surgical options.

稿件編號：OG5

臨時稿件編號：
1590

子宮肌瘤引起之心衰竭個案報告
Heart Failure Associated with Giant Uterine Leiomyoma: A Case Report

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三軍總醫院 [1]

論文發表方式：
口頭報告

論文歸類：
一般婦科

Heart failure impairs the heart's pumping ability and triggers catecholamine production as an adaptive mechanism. Uterine leiomyomas are common tumors of the female reproductive tract. Their growth is promoted by dysregulated angiogenesis and gonadal steroid hormones. Although uterine leiomyomas share risk factors with most cardiovascular diseases, their relationship with heart failure has not been well described. Herein, we present the case of a 45-year-old woman with heart failure who visited the emergency department, where we incidentally discovered a giant uterine leiomyoma. The patient was admitted with progressive dyspnea and abdominal distension. Echocardiography revealed an enlarged right ventricle and a decreased systolic function. Computed tomography revealed cardiomegaly with bilateral pleural effusions and a tumor measuring 18.0 × 12.0 cm in the abdominal cavity with massive ascites. A diagnosis of heart failure in conjunction with a uterine leiomyoma was established, which prompted the prescription and adjustment of heart failure medications according to the patient's clinical presentation. Three weeks later, given the persistent symptoms of bilateral lower extremities pitting edema and abdominal distension, a total hysterectomy was performed. Postoperatively, echocardiography revealed marked improvement in her heart failure. The patient was discharged in a stable clinical and hemodynamic conditions, and reported good physical condition at the 4-month follow-up. Growth factors and the compression effect of uterine leiomyomas may predispose patients to heart failure and exacerbate its deterioration. Although reports of fibroid-related heart failure are rare, uterine leiomyomas should be considered a potential cause of refractory heart failure. Nevertheless, a direct association requires a longer follow-up period.

台灣婦產科醫學會 114 年度年會暨學術研討會

論文摘要

稿件編號：OG6

臨時稿件編號：
1677

結合翻轉教室與小組討論實施全人照護教學

Combining flipped classroom and group discussion to implement whole-person care teaching

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林口長庚醫院[1]

論文發表方式：
口頭報告

論文歸類：
一般婦科

婦產科過去幾年採用翻轉教室作為婦產科學個案的教學已經有經驗，也得到學生正向的回饋。本計畫把過去翻轉教室教學的經驗應用在全人醫療教育，透過預先設計的臨床個案，搭配小組討論的方式提升學生生理、心理、靈性以及社會的全人醫療各個面向的能力。

第一個教案教學的對象是第二年實習醫學生，內容是一對新手夫妻，早期懷孕的太太被診斷出懷有唐氏症的胎兒。第二個教案教學的對象是第一年畢業後醫學訓練學員(PGY1, post-graduate year1)，內容是一位年輕女性罹患第二期子宮頸癌。

學生在上課之前被要求完成自我研讀有聲幻燈片，上課小組討論之中，老師採用“正字評分法”，觀察學生的表現，做出差異性的評量。再配合學生對自己各方面能力的課前及課後評量，比較學生的學習成效。

202207 – 202411 期間，已經累積 85 位學員的學習評量結果，學生對於這種教學活動給予正向肯定。

結論：採用翻轉教室合併小組討論，可以降低全人醫療教育的實施過程中所需要的人員數目，更能充分頻繁的執行婦產科全人醫療照護教育。

稿件編號：OG7

臨時稿件編號：
1384

非活產妊娠接受藥物流產後，需後續手術的超音波子宮內膜特徵

Ultrasonographic endometrial features associated with subsequent surgical intervention in women who undergo a medical abortion for a non-viable pregnancy

蔡孟臻[1] 傅皓聲[1] 王培儀[1] 簡立維[1] 區慶建[1]
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論文發表方式：
口頭報告

論文歸類：
一般婦科

Objectives: This study aimed to assess the factors associated with subsequent surgical intervention for non-viable pregnancies after medical termination based on gestational size determined using transvaginal ultrasonography.
Design: This study included women who had undergone a medical abortion for a non-viable pregnancy at a single tertiary university-affiliated hospital between 2010 and 2019. The medical abortion protocol included the administration of mifepristone (600 mg) orally, followed by misoprostol (600 mcg) administered orally after 48 h. Patients received a transvaginal ultrasound examination at 14–16 d after mifepristone administration. Sonographic characteristics of the endometrium were assessed. All subjects were classified into 3 groups according to ultrasound-determined gestational size. A failed medical abortion was defined as the need for surgical intervention to complete the abortion.
Results: Approximately 39 (7.3%) of the total of 534 patients included in the analysis failed medical abortion. Gestation size up to 7+ weeks was not associated with medical abortion outcomes. All women with a linear endometrial midline or homogenous echogenic endometrium had had a successful medical abortion ($p < 0.001$). The logistic regression model showed that a thick endometrium (adjusted odds ratio [aOR]: 1.43, 95% confidence interval [CI]: 1.25–1.62, $p < 0.001$), non-clear endometrial-myometrial margin (aOR: 8.88, 95% CI: 3.26–24.15, $p < 0.001$), and parity ≥ 2 (aOR: 3.29, 95% CI: 1.29–8.42, $p = 0.013$) were factors associated with a failed medical abortion.
Conclusions: Women with a linear endometrial midline or homogenous echogenic endometrium could be reassured that they have a successful medical abortion. A thick endometrium or non-clear endometrial-myometrial margin is associated with a failed medical abortion. Sonographic endometrial characteristics at approximately 14 d after a medical abortion may provide decision-making information.

稿件編號：V14 臨時稿件編號：1416	硬針導引之完整剖腹產疤痕切除術：使用改良式經陰道修補術完整辨認與切除 Optimal excision of cesarean scar defect by needle-guided technique: a modified transvaginal repair to recognize and resect whole defect 吳婉菁[1] 黃寬慧[1] 黃坤龍[1] 莊斐琪[1,2] 楊采樺[1] 龔福財[1] 高雄長庚紀念醫院婦產部[1] 莊斐琪婦產科診所[2]
論文發表方式：影片展示 論文歸類：一般婦科	Background : Approximately 40% to 60% women are troubled by symptomatic cesarean delivery scar defect (CSD) with abnormal uterine bleeding and/or prolonged menstrual cycle. CSD is mostly diagnosed by transvaginal ultrasound (TVS) and further followed up by measuring residual myometrial thickness (RMT) after receiving the procedures. Surgical interventions have developed to aid to reduce bothersome virginal bleeding or spotting, including hysteroscopic excision, laparoscopic repair, vaginal repair. We will introduce an edited video regarding optimal excision of cesarean scar defect by needle-guided technique: a modified transvaginal repair to recognize and resect whole defect. Patient and Methods: The patient underwent the procedure in lithotomy position under general anesthesia. Initially identified by surgeon's finger, CDS was visually localized by hysteroscopy with the appearance of the thinnest RMT as the location of CSD. After injecting the diluted adrenaline (1ml adrenaline added to 1000ml normal saline) into the vesico-cervical space to achieve hydro-dissection and hemostasis. Anterior wall of vagina was transversely incised while cervix being retracted to open the vesico-cervical space. The bladder was carefully separated away from the uterus with gauze-assisted blunt dissection until revealing the peritoneum. The isthmus of uterus was palpable by surgeon's finger to identify the location of CSD. A 18-22 Gauge needle was bent in 90 degree and pinned at the location of CSD after revealing the vesico-cervical space. Hysteroscopy was performed again to confirm the thinnest RMT by visualized the protruding needle tip at the center of whole CSD to identify the optimal margin for excision. Optimal margin was identified and resected. The uterine wound after the optimal excision of the CSD margin was closed with double-layer method by absorbable suture. To monitor surgical complications, such as urinary tract injury or bladder perforation, intraoperative cystoscopy was routinely performed after the wound closure. Results: Majority of the patients reported much satisfaction after the procedure. Troublesome prolonged menstrual period and inter-menstrual cycle spotting have resulted in improvements. Transvaginal excision not only has shorter operation time in average than laparoscopic approach but reveals operation site for surgeons to touch and visualize, leading to optimal excision. Conclusion: Symptomatic CSD brings inconvenient change for many women after cesarean delivery. Surgical intervention shines possible ultimate solution for prolonged menstrual period and vaginal spotting. However, the best surgical method has yet to be discussed. Transvaginal approach avoids additional wound from skin and serve ideal cosmetic purpose comparing to laparoscopic method. Unlike hysteroscopic excision, double-layer closure ensures thickened residual myometrial thickness outcomes after the surgery. With the aid of intraoperative cystoscopy, surgical complications, such as urinary tract injury or bladder perforation, allows to be managed at the earliest timing. We proposed an optimal excision by needle-guided technique to excise the whole defect to achieve best surgical outcome, while shortening the recovery time and limits the complication chance.

稿件編號：V15

臨時稿件編號：
1383

以達文西機械手臂子宮次全切除術處理子宮腺肌症合併嚴重骨盆腔沾黏並進行膀胱分離及縫合之個案報告

Robotic Subtotal Hysterectomy for A Case with Adenomyosis and Severe Pelvic Adhesion, Adhesiolysis and Repair for Bladder Was Performed

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新北市亞東醫院婦產部[1]

論文發表方式：
影片展示

論文歸類：
一般婦科

Three different forms of endometriosis exist: ovarian endometriosis (endometrioma), peritoneal endometriosis and adhesions, and deep endometriosis. Pelvic endometriosis, especially in severe stages, is strongly associated with adenomyosis, which plays an important role in causing dysmenorrhoea, menorrhagia, and infertility in women with endometriosis.

Adhesions lesions remain the most important limitation in the surgical treatment of endometriosis. This limitation obviously differs according to the surgeon's experience and skill. Women with severe disease and extensive adhesions may, therefore, need delicate and complex surgical procedures to ensure complete surgical excision.

We report a 38 years old, gravida-2, para-1, abortion-1 women who suffered from severe dysmenorrhea and hypermenorrhea which were refractory to conservative treatment. Therefore she decided to receive robotic subtotal hysterectomy. Severe pelvic adhesion was noted during surgery. Adhesiolysis for bladder and enterolysis was performed. Ligation for uterine artery before resection of the cervical stump was also performed to reduce blood loss during surgery. After the removal of uterus, repair for the bladder injury at the adhesion was repair. The patient passed gas and started oral feeding at post-operative day 2. Foley catheter was removed at 1 week after operation and no hematuria or urine to leak into the abdomen noted afterward. She was discharged smoothly from hospital at the same day.

This case supporting the safety and feasibility of robotic hysterectomy for this kind of complicated and challenging case and the details of procedures will be demonstrated in the video presentation.