

稿件編號：OG1	<p>高強度聚焦超聲消融術與子宮肌瘤切除術治療對患者精神狀態、症狀及生活品質影響的比較</p>
<p>臨時稿件編號： 0724</p>	<p>Comparison of the treatment with high-intensity focused ultrasound ablation and myomectomy in the influence of mental status, symptoms, and life quality in patients</p> <p>林瑜萱<sup>1</sup> 卓曉清<sup>2</sup> 謝珮玲<sup>2</sup> 林怡君<sup>3</sup> 應宗和<sup>1</sup>                  中山醫學大學附設醫院婦產部<sup>1</sup> 中山醫學大學/臨床心理碩士班<sup>2</sup> 國立雲林科技大學/工業工程與管理系<sup>3</sup></p>
<p>論文發表方式： 口頭報告</p>	<p>Uterine fibroids are common benign tumors found in women of 30–50 years old. They sometimes cause substantial symptoms such as severe bleeding and pelvic pain, affecting quality of life. Surgical treatments for those who desire to preserve the uterus include myomectomy and HIFU(high-intensity focused ultrasound) ablation. The aim of this study is to evaluate the influence of mental status, symptoms, and life quality in patients with uterine myoma after the treatment of HIFU(high-intensity focused ultrasound) ablation and myomectomy(including laparotomy and laparoscopic). We conducted a prospective pre-/post-interventional questionnaire study and analysed 40 patients with uterine myoma, who underwent HIFU(high-intensity focused ultrasound)(n=17) or myomectomy(n=23) in Chung Shan Medical University Hospital. The questionnaires were respectively conducted before surgery, 1 months, 3 months, and 6 months after surgery. Patients were asked about their mental status (depression, anxiety, stress), symptoms, and life quality.</p>
<p>論文歸類： 一般婦科</p>	

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

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

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

稿件編號：OG5	臺灣首台磁振導引海扶刀(振磬海扶)於子宮肌瘤治療之臨床經驗及腫瘤體積變化的初步報告
臨時稿件編號：0964	<p>The clinical experience and volume change of uterine fibroids after ArcBlate HIFU in our preliminary report</p> <p>謝雨彤<sup>1</sup> 許鈞碩<sup>1</sup> 林肇柏<sup>1</sup> 陳建翰<sup>1</sup>                  佛教慈濟醫療財團法人大林慈濟醫院婦產部<sup>1</sup></p>
論文發表方式：口頭報告	<p>Introduction:                  Uterine fibroids are benign gynecologic tumors and may be present in over 70% of the premenopausal population, as many as 50% of which are symptomatic and represent the most common indication for hysterectomy in many countries. Patients are increasingly seeking uterus-preserving, minimally invasive treatments for symptomatic fibroids. The ArcBlate focused ultrasound ablation system, a novel magnetic resonance-guided high-intensity focused ultrasound (MRgHIFU) developed in Taiwan, demonstrated clinical effects similar to those demonstrated by other MRgHIFU systems and it proved to be safe in 2016. ArcBlate MRgHIFU has the potential to be an alternative, non-invasive treatment option for uterine benign tumors.</p>
論文歸類：一般婦科	<p>Objective:                  To compare the volume change of uterine fibroids in 3 months and 6 months after ArcBlate MRgHIFU procedure, and the safety of procedure.</p> <p>Materials and Methods:                  We had performed eleven cases of ArcBlate MRgHIFU from June 2022 to January 2023 in Buddhist Dalin Tzu Chi Hospital. We evaluated the non-perfused volume ratio (NPVR) with the MRI images done at within half month after the MRgHIFU procedure for the prediction of the efficacy for volume reduction of uterine fibroids. We further evaluated the volume of uterine fibroids with ultrasound at 3 months and 6 months after the MRgHIFU procedure.</p> <p>Results:                  All patients completed the ArcBlate MRgHIFU procedure, and the average age was 42.4 years old (ranged from 33 to 54 years old). Mean volume of the treated uterine fibroids was 151.74 cm<sup>3</sup> (6.31 to 519.9 cm<sup>3</sup>). All cases received follow-up MRI after the MRgHIFU treatment, with mean NPVR 51.61% (12.3% to 93.7%). Reported adverse events included fever (2 cases), first-degree skin burns (1 case), numbness (1 case), and progression of hemorrhoids (1 case). No major adverse events were noted during or after the procedure. None of them required re-admission or re-intervention for uterine fibroids.</p> <p>Conclusion:                  The preliminary results of ArcBlate MRgHIFU had favorable outcomes. But more cases are required with long-term follow up of the tumor size and the severity of related symptoms of uterine fibroids after the procedure.</p>

稿件編號：OG6	粒線體功能異常誘發的 TGF- $\beta$ 1 表現異常與子宮腺肌症導致纖維化的關聯
臨時稿件編號： 0694	The involvement of mitochondrial dysfunction-induced aberrant TGF- $\beta$ 1 expression during the development of fibrosis in adenomyosis  黃瑟德 <sup>1</sup> 黃俊諺 <sup>2</sup> 游雅君 <sup>2</sup> 邱紋瑛 <sup>2</sup> 桂羅利 <sup>2</sup> 義大醫院婦產部，義守大學醫學系，University of South Florida <sup>1</sup> 義大醫院婦產部 <sup>2</sup>
論文發表方式： 口頭報告	Introduction: Adenomyosis is characterized by the presence of endometrial glands and stroma within myometrium accompanied with pelvic pain, hypermenorrhea, dysmenorrhea, and reduced fertility. Its therapy usually adopts the strategies used for endometriosis because of unclear pathogenic mechanisms. Elevated fibrogenic transforming growth factor-beta 1 (TGF- $\beta$ 1) levels in the uterine lavage from adenomyotic patients suggest the role of TGF- $\beta$ 1-induced fibrosis in the pathogenesis of adenomyosis. The oxidative stress-induced dysfunction of mitochondria and resulting TGF- $\beta$ 1 up-regulation have been well-documented in various cell models. Although fibrosis caused by oxidative stress-induced mitochondrial dysfunction via TGF- $\beta$ 1 has been shown in other organs, the signaling pathways by which mitochondrial dysfunction induces TGF- $\beta$ 1 production and ultimate fibrosis in response to oxidative stress during the development of adenomyosis remain to be elucidated. Thus, the hypothesis that oxidative stress-induced mitochondrial dysfunction and resulting TGF- $\beta$ 1 production lead to fibrosis in adenomyotic tissue was tested using a mouse model.
論文歸類： 一般婦科	Methods: Adenomyosis in ICR mice was induced by oral gavage of tamoxifen (TAM) from postnatal days (PNDs) 1 to 4. Hematoxylin and eosin, Masson trichrome, Van Gieson staining and transmission electron microscopy were used to examine the uterine tissue. Control mice were treated with or without intraperitoneal 3-NPA, an oxidative stress inducer, at PND 28. The TAM-treated mice were treated with or without oral L-NAME, an oxidative stress inhibitor, from PNDs 28 to 42. Uterine expression of PINK-1, 8-OHdG, TGF- $\beta$ 1, E-cadherin, $\alpha$ -SMA, and OXR-1 was examined by immunohistochemistry and quantitative reverse transcription polymerase chain reaction. Total RNA of uterine tissue was used for next generation sequencing (NGS) analysis. Results: In adenomyotic tissue, mitochondrial deformity and an up-regulation of PINK-1 for mitophagy, 8-OHdG for oxidative stress as well as TGF- $\beta$ 1 were consistently found in human and mouse. Treatment by 3-NPA induces not only PINK-1, OXR-1 (oxidative stress marker), TGF- $\beta$ 1 and $\alpha$ -SMA, but also adenomyosis-like changes in the uteri of control mice. In contrast, treating the adenomyotic mice with L-NAME led to down-regulation of OXR-1, TGF- $\beta$ 1 and $\alpha$ -SMA as well as up-regulation of E-cadherin with a reduction in adenomyosis-like changes. Moreover, NGS analysis found an up-regulation of mitochondrial dysfunction-related molecules, including Adipog, Cypze1, Plin1, Pdyn, Lin28b, and Cidec, in adenomyotic uteri. Conclusion: These findings indicate that oxidative stress-induced mitochondrial destruction and dysfunction may play a role in the development of adenomyosis and uterine fibrosis via TGF- $\beta$ 1 production.

稿件編號：OG7	<p style="text-align: center;">罕見案例報告：雙側輸卵管異位妊娠 Bilateral Tubal Ectopic Pregnancy: A Rare Case Report</p>
臨時稿件編號： 0813	
論文發表方式： 口頭報告	<p>林青樺<sup>1</sup> 傅佩德<sup>2</sup> 林珮瑩<sup>3</sup> 莊舒斐<sup>1</sup>                  基督復臨安息日會醫療財團法人台安醫院婦產部住院醫師<sup>1</sup> 基督復臨安息日會醫療財團法人台安醫院婦產部主治醫師<sup>2</sup> 基督復臨安息日會醫療財團法人台安醫院婦產部主任醫師<sup>3</sup></p> <p><b>Introduction</b>                  Ectopic pregnancy happens when the embryo implants outside of the uterus, usually in a unilateral oviduct or ovary. The reported occurrence is around 1%. Among all types of ectopic pregnancy, bilateral tubal ectopic pregnancy is a very rare and without timely diagnosis and treatment, it can result in high maternal morbidity and mortality. Review of the medical literature showed only two reported cases in Taiwan in the past 30 years. Although the incidence of bilateral tubal ectopic pregnancy cannot be defined due to the limited number of reported cases, some literature reported that it occurred approximately 1 in 725 to 1580 ectopic pregnancies and 1 in 200,000 pregnancies. Additionally, higher incidence is described in women undergoing assisted reproductive techniques, ovulation induction or with a history of pelvic inflammatory disease. Due to the low incidence and non-specific clinical symptoms in initial presentation, bilateral tubal ectopic pregnancy can be missed or delayed diagnosis, leading to an increased rate of a second operation. Here we report a case of bilateral tubal ectopic pregnancy and provided our diagnostic and therapeutic strategy for a better understanding of the disease.</p> <p><b>Case report</b>                  We reported a case of bilateral tubal ectopic pregnancy. The 34-year-old woman, gravida 2, para 1 (termination of pregnancy at 28 gestational weeks due to the fetus affected by FGFR3 gene disease) was transferred from an infertility center to our hospital for suspected left tubal ectopic pregnancy after ovulation stimulation by Letrozole and Gonal-f. Upon her admission, we immediately performed a laparoscopic left partial salpingectomy due to the sonographic diagnosis of left side of ruptured tubal ectopic pregnancy with hemoperitoneum. 10 days later, she underwent another right side laparoscopic partial salpingectomy based on the diagnosis of a double tubal ectopic pregnancy. After the second surgery, she received one-dose methotrexate injection and was followed until a negative beta-human chorionic gonadotropin (B-hCG) level was observed.</p> <p><b>Discussion</b>                  It is extremely difficult to distinguish bilateral tubal ectopic pregnancy from unilateral ectopic pregnancy. Most bilateral tubal ectopic are diagnosed during surgery. The prevalence of bilateral tubal ectopic pregnancy has increased by virtue of the increased use of assisted reproductive techniques or ovulation induction, and has become a concern. Being aware of the possibility of bilateral tubal ectopic pregnancy is necessary especially when patients are undergoing infertility courses. Diligent detailed physical examination and imaging evaluation of bilateral oviducts should be performed in every patient suspected to have ectopic pregnancies. Moreover, scrutinizing both fallopian tubes during laparoscopic surgery is critical in the surgical treatment of any ectopic pregnancy.</p>
論文歸類： 一般婦科	

稿件編號：OG8	低風險早期子宮頸癌的治療：簡單子宮切除可以取代根治性手術，作為一種新的標準治療嗎？
臨時稿件編號：0858	<p>Management of Low-Risk Early-Stage Cervical Cancer: Should Simple Hysterectomies Replace Radical Surgery as the New Standard of Care?</p> <p>李耀泰<sup>1</sup> 鄭雅敏<sup>1</sup> 朱益志<sup>1</sup> 關龍錦<sup>1</sup> 林儒昌<sup>1</sup> 林大欽<sup>1</sup> 郭宗正<sup>1</sup> 郭綜合醫院婦產部<sup>1</sup></p>
論文發表方式：口頭報告	<p>Introduction</p> <p>The standard treatment of women with early-stage cervical cancer (IA2-IB1) remains a radical hysterectomy with pelvic lymphadenectomy. The possibility of less radical surgery may be appropriate for some selected patients with low-risk early-stage cervical cancer. Criteria that define this low-risk group include squamous carcinoma or adenocarcinoma, tumor size &lt; 2 cm, stromal invasion &lt; 10 mm, and no lymph-vascular space invasion (LVSI) in the pathology of conization. Herein, we present a case to confirm this opinion so as to evaluate the role of less radical surgery in selected patients with early-stage cervical cancer.</p>
論文歸類：一般婦科	<p>Case report</p> <p>A 40-year-old G1P1 woman was referred to our institution for the management of a cervical biopsy of CIN III. Ten years previously, she underwent a thyroidectomy for thyroid cancer. Speculum examination identified mild cervical erosion only. Laboratory data all fell within normal reference points, including SCC of 1.0 ng/mL, CA125 of 9.7 U/mL, CA199 of 16.9 U/mL, CEA of 1.7 ng/mL, and AFP of 2.1 ng/mL. However, cone pathology revealed a Grade 3 squamous cell carcinoma with 9 mm depth invasion and a horizontal spread of 17 mm. In addition, the inner, outer and basal cone specimen were all involved in the carcinoma, but not LVSI. The CT of abdomen and pelvis revealed a cervical mass of 3.1 cm (suspicious misdiagnosis after conization), and the imaging diagnosis was determined to be stage IB cervical cancer (Fig 1). The patient then underwent modified radical hysterectomy and bilateral pelvic lymphadenectomy on Feb. 2, 2023. There was no residual tumor in the uterine cervix and all pelvic lymph nodes were negative in pathologic findings, and she is doing well at the time of writing.</p> <p>Discussion</p> <p>Conization is adequate to treat severe dysplasia (CIN 2/3, CIS) and stage 1A1 squamous cell cervical cancer. The loop electrosurgical excision procedure (LEEP) is a convenient, safe, and effective treatment for the management of cervical dysplasia. Cone specimens obtained during LEEP are adequate for thorough histological evaluation of cervical dysplasia and even early cervical cancer, such as in this present case. Several studies have explored less radical surgical options for early cervical cancer, including simple hysterectomy with or without pelvic lymph node dissection. Multiple retrospective studies have shown very low rates of parametrial involvement in patients with early cervical cancer who have undergone a radical hysterectomy. These reports suggest that these patients could be managed through a more conservative approach in order to obtain faster recovery and achieve a better quality of life.</p> <p>Conclusion</p> <p>The rate of parametrial involvement is extremely low in patients who meet the following criteria: squamous cell carcinoma or adenocarcinoma, tumor size smaller than 2 cm, and no LVSI. A simple hysterectomy and pelvic node dissection seems to achieve the ideal treatment for patients with no desire for fertility in the future.</p>



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

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

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

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

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

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

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

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



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

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