



TAOG 2025

台灣婦產科醫學會114年度
年會暨擴大學術研討會

The 64th Annual Congress of
Taiwan Association of Obstetrics and Gynecology

2025 **3**.22~23

高雄萬豪酒店

Kaohsiung Marriott 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



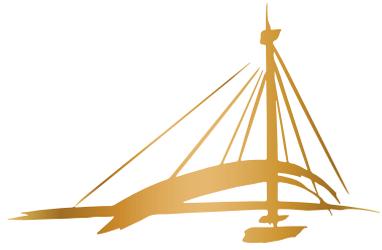
抽取血液檢體



獲得檢測報告
21個工作天



與醫師討論
後續生育計畫



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手冊電子檔_QR Code



倫理問卷 QR Code



2025年3月23日(星期日)

	(8 樓) 醫學會議 A International Symposium (IV) : Plenary Lecture	(8 樓) 醫學會議 C 專科演講：一般婦科 Symposium	(8 樓) 醫學會議 8-1 International Symposium (V) : 年輕醫師英文演講	(8 樓) 醫學會議 8-2 International Symposium (V) : 年輕醫師英文演講	(10 樓) 醫學會議室 10C
08:30	<p>Opening Remarks (President of TAOG)</p> <p>主講人: 廖榮輝、李宗賢</p>	<p>08:30-09:00</p> <p>09:00-09:30</p> <p>09:30-10:00</p> <p>主講人: 李麗潔、蔡榮和</p>	<p>08:30-09:00</p> <p>09:00-09:30</p> <p>09:30-10:00</p> <p>主講人: 蔡榮和、李宗賢</p>	<p>08:30-09:00</p> <p>09:00-09:30</p> <p>09:30-10:00</p> <p>主講人: 蔡榮和、李宗賢</p>	<p>08:30-09:00</p> <p>09:00-09:30</p> <p>09:30-10:00</p> <p>主講人: 蔡榮和、李宗賢</p>
10:00	<p>10:30-11:00</p> <p>11:00-11:30</p> <p>11:30-12:00</p> <p>12:00</p>	<p>10:30-10:50</p> <p>10:50-11:10</p> <p>11:10-11:30</p> <p>11:30-11:50</p> <p>11:50-12:00 Discussion</p> <p>主講人: 蔡榮和、李宗賢</p>	<p>Coffee Break</p> <p>Young Doctors Session (I) (Y1-9)</p>	<p>Coffee Break</p> <p>Young Doctors Session (II) (Y10-17)</p>	<p>10:30-11:00</p> <p>11:00-11:30</p> <p>11:30-12:00</p> <p>主講人: 蔡榮和、李宗賢</p>
12:20	<p>12:20-12:25 Opening</p> <p>12:25-12:40</p> <p>12:40-12:55</p> <p>12:55-13:10</p> <p>13:10-13:20</p> <p>13:20</p> <p>13:30</p>	<p>12:20-12:25 Opening</p> <p>12:25-12:40</p> <p>12:40-12:55</p> <p>12:55-13:10</p> <p>13:10-13:20</p> <p>13:20</p> <p>13:30</p>	<p>Lunch Time</p> <p>Young Doctors Session (II) (Y18-24)</p>	<p>Lunch Time</p> <p>Young Doctors Session (II) (Y18-24)</p>	<p>12:20-12:25 Opening</p> <p>12:25-12:40</p> <p>12:40-12:55</p> <p>12:55-13:10</p> <p>13:10-13:20</p> <p>13:20</p> <p>13:30</p>
13:30	<p>13:30-14:00</p> <p>14:00-14:15</p> <p>14:15-14:30</p> <p>14:30-14:45</p> <p>14:45-15:00</p> <p>15:00</p>	<p>13:30-14:00</p> <p>14:00-14:15</p> <p>14:15-14:30</p> <p>14:30-14:45</p> <p>14:45-15:00</p> <p>15:00</p>	<p>專科演講：泌尿科</p> <p>專科演講：婦科</p>	<p>專科演講：泌尿科</p> <p>專科演講：婦科</p>	<p>13:30-14:00</p> <p>14:00-14:15</p> <p>14:15-14:30</p> <p>14:30-14:45</p> <p>14:45-15:00</p> <p>15:00</p>
15:30	<p>15:30-16:00</p> <p>16:00-16:30</p> <p>16:30-17:00</p> <p>17:00</p>	<p>15:30-16:00</p> <p>16:00-16:30</p> <p>16:30-17:00</p> <p>17:00</p>	<p>Coffee Break</p> <p>Young Doctors Session (I) (Y1-9)</p>	<p>Coffee Break</p> <p>Young Doctors Session (II) (Y10-17)</p>	<p>15:30-16:00</p> <p>16:00-16:30</p> <p>16:30-17:00</p> <p>17:00</p>

請確實遵守以下時間：

★簽到時間：3月22日(六)上午 8:15~下午 4:00
3月23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

年輕醫師英文演講 Young Doctors Session

3月23日(日)上午
(8樓)皇倫會議室 8-1

★ 不孕症+產科 --

主持人：何信頤、陳宜雍

08:30-08:40

[Y1] Which is the best approach for embryo transfer with biopsied embryos: biopsy-fresh transfer, biopsy-freeze FET, or freeze-biopsy FET? **Tian-Jeau Huang 黃天爵**

08:40-08:50

[Y2] Clinical Outcomes of Mosaic Embryos Transfer_

Yu-Tung Hsieh 謝雨彤

08:50-09:00

[Y3] Does the interval between two consecutive cycles of oocyte retrieval have an impact on the outcomes? **_Yung Huang 黃詠**

09:00-09:10

[Y4] Conservative treatment for early-stage endometrial cancer conservative treatment: single-center real-life data and Parallel Artificial Reproductive Treatment (P-ART protocol) _

Ting-Chien Lin 林廷謙

09:10-09:20

[Y5] Transarterial Embolization for Post-Oocyte Retrieval

Hemorrhage: A Case Series **_Yi-Hsuan Ho 何宜軒**

09:20-09:30

[Y6] Recombinant Follicle-stimulating hormone and Luteinizing hormone Enhance Mitochondrial Function and Metabolism in Aging Female Reproductive Cells **_Jie Sung 宋潔**

09:30-09:40

[Y7] The predictability of serum anti-Müllerian level for cumulative live birth rates in women aged over 40 years receive IVF/ICSI_

Hsin-Tze Hwang 黃信慈

09:40-09:50

[Y8] Clinical and sonographic risk factors for developing pre-eclampsia refractory to aspirin prophylaxis **_Ming-Ju Wang 王敏如**

09:50-10:00

[Y9] The benefit of routine 2nd trimester screening of anemia _

Yu-Wei Chang 張祐維

3月23日(日)上午
(8樓)皇倫會議室 8-2

★ 婦女泌尿 --

主持人：洪滿榮、黃文助

08:30-08:40

[Y10] Comparison between MUS concurrent with PRS and MUS after PRS in treating stress urinary incontinence._

Chia-Hsuan Yang 楊佳璇

08:40-08:50

[Y11] Outcomes on mid-urethral sling for urodynamic stress incontinence following extensive pelvic reconstructive surgery. **_Chien-Chien Yu 游千千**

08:50-09:00

[Y12] Voiding Dysfunction in Patients with Advanced Pelvic Organ Prolapse and Bladder Outlet Obstruction Following Pelvic Reconstructive Surgery: Urodynamic Profile and Predictive Risk Factors **_Yi-Chi Chen 陳昱綺**

09:00-09:10

[Y13] Predictors of Surgical Failure following Sacrospinous Ligament Fixation using Anchorsure device **_Chieh-Ju Lin 林潔如**

09:10-09:20

[Y14] In Vitro and In Vivo Morphology and Mechanical Properties of Three-Dimensional (3D) Polycaprolactone Stem Cells Coated Compound Mesh: Invention for Pelvic Floor Reconstructive Surgery **_Aileen Ro 羅艾琳**

09:20-09:30

[Y15] Risk factors of persistent de Novo SUI following TVM surgery and how to treat it? **_Yu-Ling Tu 涂育綾**

09:30-09:40

[Y16] Modified Surelift anterior-apical transvaginal mesh for advanced urogenital prolapse: Retrospective surgical, functional and sonographic outcomes at 3 years **_Chien-Tung Lin 林建棟**

09:40-09:50

[Y17] Efficacy and Safety of Solifenacin with Local Estrogen Versus Combination Treatment with Mirabegron and Solifenacin for Refractory Overactive Bladder in Menopausal Women: A Randomized Clinical Trial **_Han-Ni Li 李函妮**

Coffee Break

★ 婦癌+一般婦科 --

主持人：林武周、翁嘉穗

10:30-10:40

[Y18] The oncologic and reproductive outcomes after fertility-sparing surgery in ovarian and endometrial cancers _

Tzu-Ya Wang 王姿雅

10:40-10:50

[Y19] Anti-B and T lymphocyte Attenuator (BTLA) can be a Potential Target of Immunotherapy in Epithelial Ovarian Cancer (EOC) _

Tyan-Shin Yang 楊恬欣

10:50-11:00

[Y20] Real-World Analysis of Pembrolizumab in Gynecologic Cancer: Efficacy, Adverse Events and Correlation with Clinical and Pathological Features. **_Chien-Hsiang Kao 高健祥**

11:00-11:10

[Y21] Should early-stage grade 3 endometrial endometrioid adenocarcinoma be treated as 2023 FIGO stage IIC? _

Hao-Yang Chang 張皓揚

11:10-11:20

[Y22] Gravity versus Pump Infusion of Distending Media for Hysteroscopic Myomectomy: A Retrospective Cohort Study _

Ta-Cheng Lee 李大成

11:20-11:30

[Y23] The Therapeutic Effect of Monopolar Radiofrequency Therapy on Urinary Symptoms and Sexual Function _

I-Chieh Sung 宋怡潔

11:30-11:40

[Y24] Extracorporeal shockwave therapy for women's pelvic floor myofascial pain: A retrospective cohort study _

Ya-Chu Wu 吳雅筑

台灣婦產科醫學會
114年度年會暨學術研討會
工作人員名單

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盧佳序 李宗賢

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周宏學 應宗和 武國璋 洪滿榮 許耿福 施景中
洪泰和 王有利 詹德富 龍震宇 呂建興 賴鴻政
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秘書：吳純琪 黎婉青 賈豫琪 潘若澄 張幼欣
高桑惠子 廖思涵

理事長的話

感謝所有會員及第23屆會員代表、理監事及秘書長的協助，學會成立迄今已64年，前輩醫師筭路藍縷，開創新頁。然而少子化衝擊及不斷高漲的醫療糾紛，曾讓住院醫師卻步。幸而在大家的努力之下，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。

2024年3月第63屆年會，在臺北圓山飯店舉行，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，年輕醫師的成果報告及回饋都非常好，一個星期的相處，彼此之間也建立了深厚的友誼。

2024年4月陳思原理事長領隊，在黃建霖秘書長盡心安排籌劃下，代表台灣婦產科醫學會，前往參加第76屆的日本婦產科醫學會，團隊包括蘇聰賢院士、何弘能院士、謝卿宏院士、蔡明松監事長、陳美州理事、劉蕙瑄副秘書長，以及眷屬，新生代醫師代表有朱庭儀、王邵琪醫師，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，主動報名到日本來發表他們的學術成果，並且獲得優秀論文獎項。

2024年5月前往韓國釜山參加亞太婦產科醫學會(AOFOG)會議，由陳思原理事長領隊，黃建霖秘書長協助，以及楊友仕院士、蔡鴻德院士、蘇聰賢院士、謝卿宏院士、黃閔照院士、蔡明松監事長、張維君副理事長、劉蕙瑄副秘書長、及多位理監事及會員以及眷屬擁躍參加，讓我們台灣團隊更有底氣，做好國際學術及友誼交流。今年選出2024年到2026年的理事長是紐西蘭的John Tait，蘇聰賢院士當選President elect是台灣的光榮。同時我們爭取到2028年在台北舉辦第30屆AOFOG會議。

2024年6月在臺北主辦第三屆美台國際婦產科學研討會，參加者非常地踴躍。在美國婦產科醫師學會(ACOG)歷任理事長的努力之下，包括Jeanne Conry、Thomas Gellhaus、Verda Hicks和 Mark DeFrancesco教授，讓我們兩國的學術及友誼更加的深厚。優秀的演講者陣容，ACOG現任理事長Stella Dantas教授演講社區醫療的重要性，副理事長Steven Fleischman教授演講人工智慧在健康的照顧，哈佛醫學院的Erin Bradley博士演講婦產科的公衛照顧，以及約翰霍普金斯大學的Daniel Gomez教授演講腹腔鏡的自然孔微創手術；和TAOG院士蘇聰賢教授演講骨盆腔脫垂手術的新進展。整個演講會充滿豐富的知識和思想交流，對於臺灣的學術水準及國際地位有很大的幫忙。

2024年9月台灣婦產科醫學會會員年度旅遊，這次的旅遊是搭乘郵輪前往沖繩及石垣島。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，一起欣賞美麗的風景，享受美食，真是非常好的機會。

2024年11月陳思原理事長領隊，在黃建霖秘書長盡心安排籌劃下，代表台灣婦產科醫學會，前往韓國參加第110屆的韓國婦產科醫學會，團隊包括楊友仕院士，蘇聰賢院士，謝卿宏院士，黃閔照院士，蔡明松監事長，張維君副理事長，劉蕙瑄副秘書長，及眷屬，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。

2024年的繼續教育非常豐盛，包括乳房超音波訓練課程，機器人手術訓練課程，進階產前照護教育訓練課程，性健康教育訓練課程，孕產期精神疾病篩檢及治療繼續教育，孕婦及高危險群流感疫苗接種教育訓練課程，更年期線上專業人員訓練課程，產婦B、C型肝炎等傳染病防治教育訓練，生產事故救濟研討會，達文西機械手臂輔助婦產科手術醫師認證課程，自費醫療發展研習課程，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年住院醫師教學線上讀書會，繼續在黃閔照院士的主持之下，住院醫師及年輕主治醫師參加人數越來越多，達到400多位。內容非常實用，讓年輕醫師收穫良多。對於學術及將來的臨床服務，都有很大的幫忙。

2025年2月有2個星期天上午，讓各個教學醫院的住院醫師，自己主講特殊的案例，每人10分鐘，所以案例相當的多，並且有老師打分數來評比，名列前茅者將於年會的晚宴頒獎。讓住院醫師能夠早日加入婦產科的大家庭，大家彼此互相討論，互相學習，能夠對於學會更早就有向心力，學習更多的知識與技術。

2025年第64屆年會，於3月22，23日在高雄萬豪飯店舉行，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、RCOG、AOFOG、日本、韓國的學者，同時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

各位會員及前輩們，大家好！

感謝大家這兩年多來的支持及理監事們的努力，讓監事會的運作都相當順利。今年的年會特別感謝高雄地區理監事們的大力協助，讓這次年會能夠順利在高雄舉辦。不僅讓北、中、東部的會員有機會親自來到高雄，體驗這座城市快速發展的活力，也讓國際友人得以見證港都的進步、文化與美麗風景。

在國際交流方面，今年除了日本、韓國率領代表團參加外，其他國外貴賓如FIGO、AOFOG、ACOG的理事長及重要幹部也都親自出席!可見在大家的努力之下，台灣婦產科的成果受到國際肯定與重視。今年5月學會將率團至日本岡山參加日本婦產科醫學會年會，另外10月FIGO年會將於南非開普敦舉辦，都歡迎有興趣參加的會員踴躍報名參加，提升台灣婦產科醫學會的能見度及促進國際友誼交流。

在健保政策方面，今年已經正式實施「妊娠糖尿病共照方案」每位2400點來提升孕產婦照護品質，減少胎死腹中等產科併發症之發生率，學會已經安排相關課程讓大家盡快取得資格及相關給付。另外值得大家注意的新規定是針對胎位不正需剖腹產的產婦，醫師須檢附手術前兩週內的清晰超音波照片及檢查報告以供審查醫師判定。在國民健康署政策方面則對於子宮頸抹片的篩檢給付及次數都有放寬，另外提供35、45、65三個年齡層的HPV篩檢每件給付1400點，對於大家都是好的消息，學會應該會持續努力為全體會員爭取最大的福利。

在住院醫師訓練方面，特別感謝黃閔照院士持續推動住院醫師線上讀書會，今年2月份更嘗試舉辦第一次的住院醫師病例討論會，共有40名來自全國各醫院的住院醫師參與，可以了解各家醫院對於特殊個案的處理方法及其經驗做交流之外並可有良性競爭的效果。學會將從中選出3位優秀的住院醫師於年會做表揚也鼓勵他們參與台、日、韓等國的年輕醫師交流參訪活動，費用皆由學會補助。這個活動幫助年輕醫師提早拓展國際視野，培養更廣闊的世界觀，提升臨床技術與學術研究能力，進而成為具備國際競爭力的優秀婦產科專科醫師。

時間過得飛快，三年的監事長的任期即將結束，預計於今年下半年進行改選。回顧這兩年多來，感謝各個院士們的指導及理監事們的辛勞付出，當然也感謝所有會員的支持與努力，尤其個人這段期間在國際的交流及學術活動的參與方面受益良多。相信在全體會員共同努力下，台灣的婦女健康照護品質將持續提升，讓我們攜手迎向更美好的未來！祝福大家平安如意、健康喜悅!

監事長 蔡明松 敬上

秘書長的話

各位貴賓、會員前輩及伙伴們：

大家平安!

今年是台灣婦產科醫學會自1961年成立以來的第六十四屆年會，也是相隔七年後再次於高雄舉辦，並首次選擇於擁有超高級且舒適場地的萬豪酒店系列來舉行，感謝學會顧問蔡宛芬局長的幫忙，讓我們爭取到高雄市政府的大方補助，加上高屏地區理監事及前輩夥伴們的同心協力，讓此次的港都年會更加豐富精采。

今年的年會主場地包括學會報到處均設在八樓，持續前幾年綠色環保及地球永續的政策，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。廠商展覽也達到破紀錄的66家，歡迎大家多去看看各種新產品，引進自家院所為婦女同胞提供更新更好的服務。

英文演講方面，國際研討會於3/22早上，安排AOFOG session 由其理事長講紐西蘭的立法如何影響流產、秘書長講實證的現代產程照護，卸任理事長講實證醫學下的生殖健康及剛卸任的FIGO理事長美國Jeanne Conry 教授講從受孕前到嬰兒期，日本岡山大學增山教授講周產期的預防醫學，張維君副理事長講卵巢癌化療的新發展。下午由台、日、韓的中生代學者就產科、生殖內分泌、不孕、婦癌等重要議題來發表其精心的研究成果。3/23早上，大會演講則由 林靜儀次長來講台灣公衛政策的跨世代挑戰，日、韓理事長不約而同地來講現今「婦癌之王」子宮內膜癌，FIGO的繼任理事長 Frank Louwen、RCOG理事長 Rane Thakar來講產科的新進展及肛門括約肌損傷，ACOG的繼任理事長Steven J. Fleischman來講越來越重要的骨質疏鬆症，並請到各國專精這些領域的大老們來主持，相信能給聽眾許多收穫。同時段也有舉辦，台灣各大醫院的年輕醫師們用英文演講研究成果，培育我們具國際競爭力的優秀下一代。

星期六、日全天都有各次專科的口頭報告及特別演講，感謝 楊政憲教授召集學術委員會內的各方專家為大家精心安排的題目，包含各種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聽。午餐會報方面也有婦科腫瘤消融、RSV、HPV、新型避孕藥、內膜異位症用藥、體重管理、醫學美容等多種議題供大家選擇聆聽，學會也備妥營養均衡、種類豐富、衛生安全的便當給大家於各會場內來使用，希望儘量滿足大家的需求。

醫法倫議題於3/23星期天下午舉行，今年特別安排去年引起多起生產事故事件及新聞關注的腹膜外剖腹產來討論，以及第三方生殖的身世告知等值得深入探討的議題，學會也特別請來國內外多位醫法倫及性平專家來演講及主持，在此也歡迎大家多多來參與及關心。

晚宴則在3/22星期六晚上18:00於萬豪萬享宴會廳舉行，晚宴邀請卡已提前寄給受邀及已報名者，因臨時加位實在有困難，且為避免去年已報名者座位被未報到者占走的情況發生，今年將嚴格執行入場者須持有晚宴票券才能入場的規定，還請已報名者務必提前至

報到處報到領取晚宴券並憑券入場。晚宴中除貴賓演講、優秀論文頒獎外，學會也備妥美食、美酒及精彩的餘興表演節目，歡迎大家開心來參與，一起會會老友，把酒言歡。

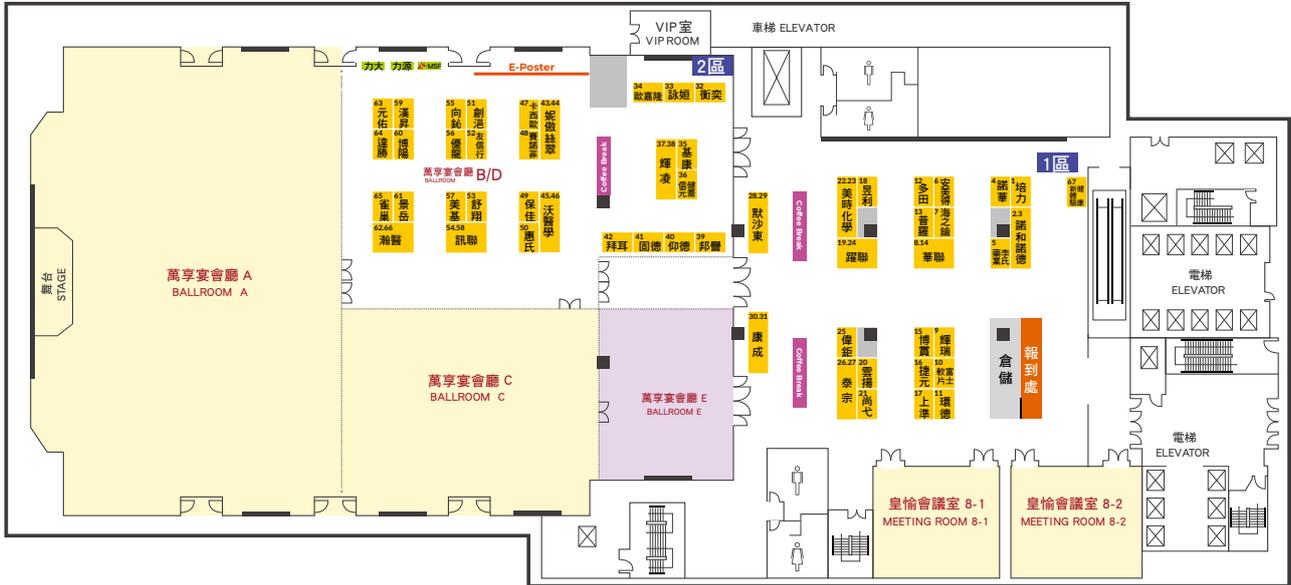
學會也已安排密集的交通車班次，來回會場及左營捷運站，也請有需要者多加來利用。本次也於大會中同時安排會員旅遊，暢遊西子灣、新灣、香蕉碼頭、駁二特區、哈瑪星鐵道文化園區、旗津老街及新風景區，如貝殼館、彩虹教堂、星空隧道等，好玩、好拍、又好吃，現在的高雄與過去的港口工業城有極大的不同，歡迎大家多多來體驗，也希望大家吸收學術新知之餘，都能玩得開心。

最後感謝大家的參與，因為有您們的參與，年會才有意義。

秘書長 **黃建霖** 敬書

會場平面圖

8F



萬享A廳 Ballroom A

萬享C廳 Ballroom C

皇愉8-1 Meeting Room 8-1

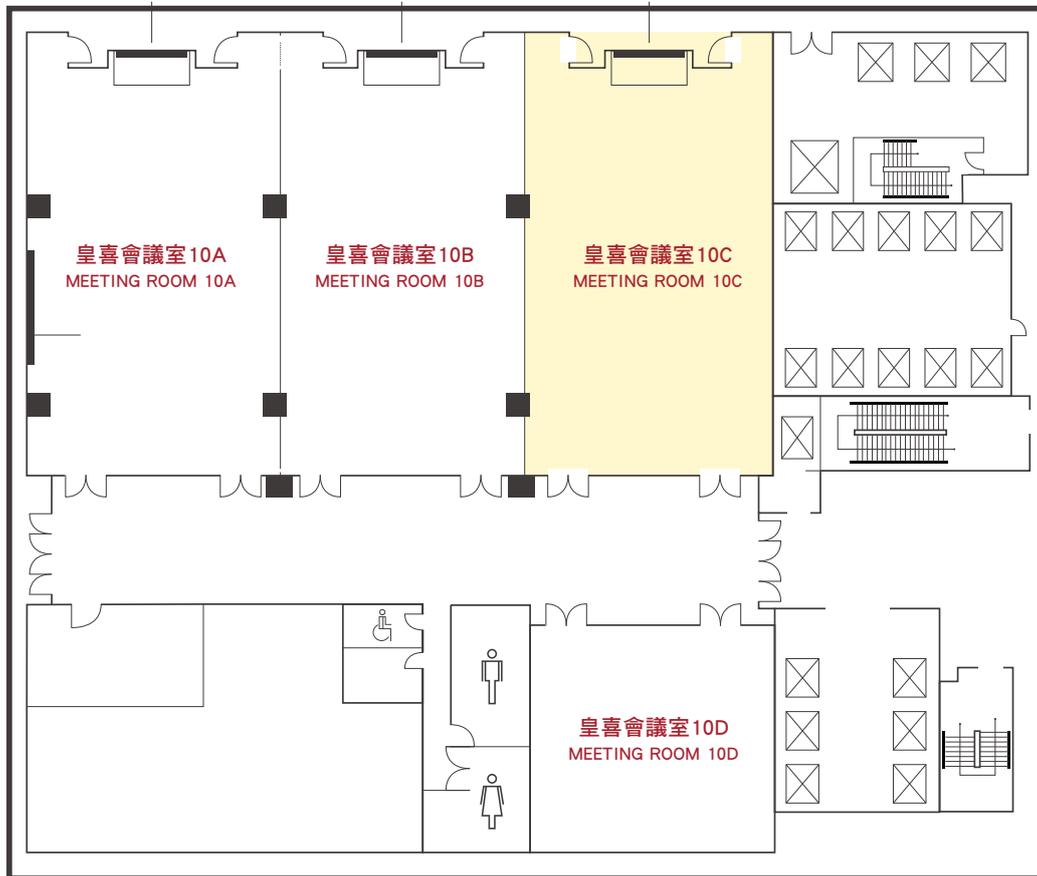
皇愉8-2 Meeting Room 8-2

3 / 22	<ul style="list-style-type: none"> • 婦癌oral • 午餐會報 • 一般婦科oral 	<ul style="list-style-type: none"> • 產科Oral • 午餐會報 • 產科Symposium 	<ul style="list-style-type: none"> • 婦女泌尿oral • 午餐會報 • 婦癌Symposium 	<ul style="list-style-type: none"> • AFOG Session • Invited Speaker Lecture • J-K-T Session
3 / 23	<ul style="list-style-type: none"> • Plenary Lecture • 午餐會報 • 醫療倫理法律 	<ul style="list-style-type: none"> • 一般婦科Symposium • 更年期醫學Symposium • 午餐會報 • 住院醫師教育訓練 	<ul style="list-style-type: none"> • 年輕醫師英文演講 • 午餐會報 • 婦女泌尿Symposium 	<ul style="list-style-type: none"> • 年輕醫師英文演講 • 婦女泌尿oral • 午餐會報 • 生殖內分泌oral

攤位區域表

2區				1區			
達勝	基康	邦譽	力大圖書	普羅	泰宗	上準	諾和諾德
漢昇	雀巢	固德	元佑	華聯	海之鑰	多田	富士軟片
歐嘉隆	創逸	妮傲絲翠	友信	雲揚	偉鉅	安美得	默沙東、羅氏
輝凌	博賞	保佳生物	卡西歐	輝瑞	培力	李氏藥業	健康新體驗
衡奕	惠氏	拜耳	永揚	躍聯	康成	尚弋	
優龍	景岳	美基	仰德	諾華	捷元	昱利	
賽諾菲	舒翔	訊聯	向鈞	環德	博陽	美時化學	
瀚醫	詠姮	健喬信元	沃醫				

10F



皇喜10C Meeting Room 10C

- 3**
22
- 內視鏡oral
 - 內視鏡Symposium

- 3**
23
- 生殖內分泌Symposium
 - 午餐會報
 - 會員代表大會

台灣婦產科醫學會114年度
年會暨擴大學術研討會

大會節目表





114年3月22日(星期六)上午 (8樓)萬享宴會廳A

婦癌Oral

主持人：吳鏡瑜、林浩

- 08:30-08:40 OC1 第二期子宮內膜癌中根治性子宮切除術與簡單性子宮切除術的生存結果：系統性文獻回顧與統合分析
Survival outcomes of radical and simple hysterectomy in stage 2 endometrial cancer : a systematic review and meta-analysis
朱羽群¹ 丁大清¹
花蓮慈濟醫院婦產部¹
- 08:40-08:50 OC2 探討錐狀切除檢體大小及雙側子宮頸動脈結紮對子宮頸病變患者術後出血的影響
Assessing the Impact of Specimen Size and Bilateral Cervical Artery Ligation on Post-LEEP Bleeding in Cervical Dysplasia Patients
胡育嘉¹ 張燕後¹
台北榮民總醫院¹
- 08:50-09:00 OC3 東台灣非預期性婦癌：20年病例回顧
A 20-year observational study of incidental gynecological cancer in a single center at Eastern Taiwan
徐詠琳¹ 丁大清¹
花蓮慈濟醫院婦產部¹
- 09:00-09:10 OC4 MMR status 在晚期子宮內膜癌預後之探討：單一醫學中心研究成果
Prognosis of advanced endometrial cancer with MMR deficiency : a single institute study
劉啓凡¹ 張燕後¹
台北榮民總醫院¹
- 09:10-09:20 OC5 陰道滴蟲與生殖系統癌症的相關性：系統性回顧與統合分析
The Role of Trichomonas vaginalis in Cervical Carcinogenesis : A Comprehensive Systematic Review and Meta-Analysis
許旭寧¹ 楊稚怡¹ 王英哲¹
中國醫藥大學附設醫院¹
- 09:20-09:30 OC6 巨大卵巢顆粒細胞瘤與極高的AMH值
A rare huge ovarian granulosa cell tumor presenting with extremely high antimüllerian hormone levels
林佩琪¹ 曾宇泰¹ 周麗雲¹
基督復臨安息日會醫療財團法人臺安醫院婦產科¹
- 09:30-09:40 OC7 比較腹腔內化療與靜脈化療併癌思停單株抗體治療於晚期卵巢癌一線輔助療法的臨床結果
Intraperitoneal Chemotherapy without Bevacizumab versus Intravenous Chemotherapy with Bevacizumab as the Frontline Adjuvant Therapy in Advanced Ovarian Cancer
陳奐樺¹ 陳惠華² 魏銘洲³ 孫序東³ 蕭聖謀⁴
亞東紀念醫院婦產部，元智大學電機工程學系兼任講師¹
亞東紀念醫院婦產部，元智大學醫學研究所² 亞東紀念醫院婦產部³
亞東紀念醫院婦產部，元智大學生物科技與工程研究所合聘教授⁴

114年3月22日(星期六)上午 (8樓)萬享宴會廳A

婦癌Oral

主持人：劉文雄、許耿福

- 10:30-10:40 OC8 透過術後前哨淋巴結超分期、使用淋巴結切片法及術中靛氰綠標記，優化子宮局限性子宮內膜癌的淋巴結轉移檢測
Optimized Detection of Lymph Node Metastases in Uterine-Confined Endometrial Cancer through Postoperative Sentinel Lymph Node Ultrastaging Utilizing Bread Loaf Slicing and Intraoperative Indocyanine Green Mapping
黃煜盛¹林浩¹歐育哲¹傅宏鈞¹黃昭誠²蔡景州¹陳盈儀¹王映文¹黃偲嫻¹
黃思于¹王劭琪¹高健祥¹吳貞璇¹
高雄長庚紀念醫院婦產部婦癌科¹高雄長庚醫院解剖病理科²
- 10:40-10:50 OC9 在漿液性卵巢癌中，同源重組功能正常與 HER-2 陽性呈正相關
Positive Correlation between Homologous Recombination Proficiency and HER-2 Expression in Serous Ovarian Carcinoma
賴昱蒸¹吳昭志²王道遠²張志隆¹
台北馬偕醫院婦產部¹馬偕紀念醫院醫學研究部²
- 10:50-11:00 OC10 分析第 IIC 期子宮內膜癌預後因子與輔助性治療選擇：多機構世代性研究
Evaluating prognostic factors and adjuvant treatment strategies in 2023 FIGO stage IIC endometrial cancer : a multi-institute cohort study
吳佩姿¹傅宏鈞¹黃偲嫻¹歐育哲¹吳貞璇¹林浩¹
高雄長庚紀念醫院婦產部¹
- 11:00-11:10 OC11 辨認侷限於子宮之並具侵襲性組織學特徵之子宮內膜癌的淋巴結轉移預測因素
Identifying Preoperative Predictors of Lymph Node Metastasis in Clinically Uterine-Confined Endometrial Cancer with Aggressive Histologies
黃若婷¹傅宏鈞¹黃偲嫻¹歐育哲¹吳貞璇¹林浩¹
高雄長庚醫院婦產部¹
- 11:10-11:20 OC12 運用生殖細胞定序檢測與多步驟檢測法診斷 Lynch syndrome 之比較
Detecting Lynch syndrome utilizing multi-step protocol and immediate germline sequencing
李若瑜¹趙安琪¹賴瓊慧¹
林口長庚醫院婦產部¹

- 11:20-11:30 OC13 卵巢癌病人使用 Bevacizumab 的腸穿孔發生率及臨床表現的 15 年回顧性研究
A 15-Year Retrospective Analysis of Gastrointestinal Perforation Incidence and Clinical Profiles in Ovarian Cancer Patients Treated with Bevacizumab
許沛恩¹ 王映文¹ 林浩¹ 蔡景州¹ 歐育哲¹ 傅宏鈞¹ 張簡展照¹ 陳盈儀¹ 黃偲嫻¹
吳貞璇¹
高雄長庚紀念醫院婦產部¹
- 11:30-11:40 OC14 前導性治療於子宮頸癌的復興：前導性化療合併免疫治療之案例分享
Renaissance of neoadjuvant therapy for cervical cancer : case reports of neoadjuvant chemo-immunotherapy
張宸邇¹ 趙安琪¹ 黃慧君¹ 張廷彰¹ 賴瓊慧¹
林口長庚紀念醫院婦癌科¹

114年3月22日(星期六)上午 (8樓)萬享宴會廳C

產科Oral

主持人：蔣安仁、洪韻翔

- 08:30-08:40 001 根據全國資料庫 2004-2020 年間台灣周產期產婦及胎兒結果趨勢與分析
Trends and Analysis of Peripartum and Perinatal Outcomes in Taiwan : A Nationwide Population-Based Study (2004–2020)
洪韻翔¹張婷瑜¹
義大醫療財團法人義大醫院婦產部¹
- 08:40-08:50 002 高齡產婦對妊娠結局的趨勢與影響：基於臺灣健保資料庫資料分析研究
(2004–2020)
Trend and Impact of Advanced Maternal Age on Pregnancy Outcomes : A Study Analyzing Over a Decade in Taiwan (2004–2020)
張婷瑜¹洪韻翔¹
義大醫療財團法人義大醫院婦產部¹
- 08:50-09:00 003 妊娠期 COVID-19 疫苗接種：COVID-19 mRNA 疫苗接種後與發炎細胞因子相關的血漿 MicroRNA 的初步研究
COVID-19 Vaccination in Pregnancy : Pilot Study of Plasma MicroRNAs Associated with Inflammatory Cytokines after COVID-19 mRNA Vaccination
劉至容¹沈靜茹¹
高雄醫學大學附設醫院婦產部¹
- 09:00-09:10 004 評估破傷風、白喉、百日咳、流感和新冠疫苗對孕婦抗體反應影響的先導研究
Pilot Study on Evaluating the Impact of Tetanus, Diphtheria, and Pertussis (Tdap), Influenza, and COVID-19 Vaccinations on Antibody Responses in Pregnant Women
李欣陪¹沈靜茹¹
高雄醫學大學附設中和紀念醫院婦產部¹
- 09:10-09:20 005 (取消報告)
- 09:20-09:30 006 高層次超音波在第二孕期檢測胎兒結構異常的診斷準確性
Diagnostic accuracy of second trimester detailed ultrasound in detecting the fetal structural anomalies in a single tertiary center
陳俐曄¹許德耀¹蔡慶璋¹鄭欣欣¹賴韻如¹李佩芳¹黃坤龍¹
高雄長庚醫院婦產部¹

- 09:30-09:40 007 **2013 年和 2023 年真空抽吸生產數量變化和新生兒出生結果：回顧性世代研究**
The number change of vacuum-extraction delivery and perinatal outcomes in 2013 and 2023:a retrospective cohort study
徐詠琳¹丁大清¹
花蓮慈濟醫院婦產部¹
- 09:40-09:50 008 **台灣世代研究：孕期及產後母親 BMI 變化軌跡及其影響因素分析**
Patterns and Predictors of Maternal BMI Trajectories During and After Pregnancy in a Taiwanese Cohort Study
楊稚怡¹何銘¹陳怡燕¹曾資容¹
中國醫藥大學附設醫院婦產部¹
- 09:50-10:00 009 **維生素 D 代謝基因的遺傳多態性與高危險妊娠 (妊娠高血壓、妊娠糖尿病及免疫疾病) 的關聯性**
The association of the genetic polymorphisms of vitamin D metabolizing genes and high-risk pregnancies with preeclampsia, gestational diabetes and autoimmune-diseases
邱璿葳¹楊稚怡¹
中國醫藥大學附設醫院婦產部¹

114年3月22日(星期六)上午 (8樓)萬享宴會廳C

產科Oral

主持人：林大欽、郭恬妮

- 10:30-10:40 OO10 子宮內輸血用於治療血紅蛋白巴特病：成功的技術和臨床經驗
Intrauterine Transfusion for Hemoglobin Bart's Disease : A Successful technique and Clinical Experiences
廖文樂¹
中國醫藥大學附設醫院婦產部¹
- 10:40-10:50 OO11 發生植入性胎盤新的病理機制
A novel mechanism for the pathogenesis of placenta accreta spectrum
陳治平¹陳震宇¹陳宜雍¹王亮凱¹陳昱豪¹鄧肇雄¹郭怡秀²陳佳玉²
馬偕紀念醫院高危險妊娠科¹馬偕紀念醫院醫學研究部²
- 10:50-11:00 OO12 新創四點射頻燒灼術可以提升同卵多胞胎的減胎成功率
A novel technique with cool-tip radiofrequency ablation for selective fetal reduction in complicated monochorionic twin
吳家昀¹朱庭儀¹羅良明¹謝燦堂¹蕭勝文¹
台北長庚婦產科¹
- 11:00-11:10 OO13 孕婦維生素 D 濃度與高危險妊娠疾病的關聯
Association of Maternal Vitamin D Levels with High-Risk Pregnancy Complications
陳薇文¹楊稚怡¹何銘¹
中國醫藥大學附設醫院¹
- 11:10-11:20 OO14 產後肺栓塞死亡個案之臨床特徵與風險分析
Postpartum Pulmonary Embolism : Delayed Ambulation and Maternal Risk Factors in a Nationwide Cohort
彭冠圖¹陳宜雍¹李幸齡²黃閔照¹
台北馬偕醫院婦產部¹台灣婦女泌尿基金會²
- 11:20-11:30 OO15 骨盆環損傷後的分娩結果
Birth outcomes following pelvic ring injury : A retrospective study
許晉婕¹陳冰¹
林口長庚醫院¹
- 11:30-11:40 OO16 催生還是等待？低風險初產婦的最佳策略
To Induce or Wait : Navigating Labor Strategies in Lower Risk Nulliparous Women Beyond 39 weeks of Gestation
柯俊丞¹謝秉霖¹蘇國銘¹林啟康¹
三軍總醫院婦產部¹

- 11:40-11:50 OO17 **妊娠糖尿病在雙胞胎懷孕之危險因子跟周產期預後**
The predisposing factors and for the occurrence and the neonatal outcomes of gestational diabetes mellitus in twin pregnancies
詹耀龍¹ 李佳樺¹ 趙安祥² 闕河宴¹ 張舜智¹ 李彥璋¹ 彭秀慧¹
長庚林口總院¹ 新北市立土城醫院²
- 11:50-12:00 OO18 **探討試管嬰兒、子宮內膜異位症及子宮腺肌症與重度子癩前症的相關性**
Investigating the associations between in vitro fertilization, endometriosis, adenomyosis, and preeclampsia with severe features
李函妮¹ 陳治平¹ 王國恭¹ 陳宜雍¹ 王亮凱¹ 陳震宇^{*1}
台北馬偕紀念醫院婦產部高危險妊娠學科¹

114年3月22日(星期六)上午 (8樓)皇愉會議室8-1

婦女泌尿Oral

主持人：陳慧毅、莊斐琪

- 08:30-08:40 V1 腹腔鏡手術成功治療一位已經5次修補失敗的膀胱陰道瘻管病患
Laparoscopic transperitoneal repair for a case with recurrent VVF (vesicovaginal fistula) with previously failed 5 fixing surgeries
孫仲賢¹ 侯詠齡¹ 莊國泰¹
四季台安醫院¹
- 08:40-08:50 OU1 陰道閉鎖伴經血滯留之陰道重建——陰道支架的臨床應用
A novel surgical technique to get a successful vaginal reconstruction for vaginal atresia with hematocolpos – Clinical Application of Vaginal Stent
高語謙¹ 余堅忍¹ 洪煥程² 陳怡仁²
振興醫院婦產部¹ 臺北榮民總醫院婦女醫學部²
- 08:50-09:00 OU2 陰道雷射治療對更年期生殖泌尿症候群患者生活品質的影響：臺北市立聯合醫院初步研究結果
The Effects of Vaginal Laser Therapy on Quality of Life in Patients with Genitourinary Syndrome of Menopause (GSM) : Initial Results from Taipei City Hospital
賀培瑄¹ 林姿吟¹
臺北市立聯合醫院仁愛院區婦產科¹
- 09:00-09:10 OU3 二氧化碳陰道雷射對於陰道影像及性功能影響
The Effects of Pixel CO2 Laser on Vaginal Topography and Sexual Function
林冠伶¹ 盧紫曦¹ 楊曜瑜² 宋怡潔¹ 龍震宇¹
高雄醫學大學附設醫院婦產部¹ 高雄醫學大學附設高醫岡山醫院婦產科²
- 09:10-09:20 OU4 應力性尿失禁使用陰道雷射治療的臨床效果
Impact of Vaginal Laser Treatment on Quality of Life in Patients with Stress Urinary Incontinence : Preliminary Results from Taipei City Hospital
李怡慧¹ 林姿吟¹
台北市立聯合醫院仁愛院區婦產科¹
- 09:20-09:30 OU5 子宮肌瘤與下泌尿道症狀以及性功能的關聯性
The Clinical Correlations between Uterine Fibroids and Lower Urinary Tract Symptoms and Sexual Function
盧紫曦¹ 林冠伶¹ 楊曜瑜² 宋怡潔¹ 龍震宇¹
高雄醫學大學附設中和紀念醫院婦產部¹ 高雄醫學大學附設高醫岡山醫院婦產科²

- 09:30-09:40 OU6 膀胱鏡檢查在女性泌尿道症狀患者中的評估：台中榮民總醫院十年的臨床經驗
Cystoscopy Evaluation in Female Patients with Urinary Symptoms : A Decade of Experience at Taichung Veterans General Hospital
蔡卉馨¹ 蔡青倍¹
台中榮民總醫院¹
- 09:40-09:50 OU7 下泌尿道症狀 (LUTS) 對精神疾病的相互影響
The reciprocal impacts of lower urinary tract symptoms (LUTS) on mental illness
謝宛玲¹ 吳銘斌¹
奇美醫院¹
- 09:50-10:00 OU8 以人工智慧預測下泌尿道病人後續發生急性冠狀動脈疾病及中風之風險
Artificial intelligence (AI) prediction model for the impacts of LUTS for subsequent acute coronary syndrome and stroke
吳銘斌¹ 沈姿岑¹ 劉忠峰²
奇美醫學中心婦女泌尿科¹ 奇美醫學中心醫療大數據庫暨人工智慧運算中心²

114年3月22日(星期六)上午 (8樓)皇愉會議室8-1

婦女泌尿Oral

主持人：王國華、蔡青倍

- 10:30-10:40 OU9 難治性膀胱過動症患者接受膀胱內注射肉毒桿菌毒素 A 與合併藥物治療之療效與安全性比較：隨機對照試驗
The Efficacy and Safety between Intradetrusor OnabotulinumtoxinA Injection and Combined Pharmacotherapy in Patients with Refractory Overactive Bladder : A Randomized Controlled Trial.
謝孟軒¹黃俊淇²蘇聰賢¹劉蕙瑄¹
馬偕紀念醫院婦產部¹淡水馬偕紀念醫院婦產部²
- 10:40-10:50 OU10 應力性尿失禁合併逼尿肌無力之患者接受尿道旁填充物注射之術後效果與安全性
Evaluation of Efficacy and Safety of Urethral bulking injection in Women with Stress Urinary Incontinence and Detrusor Underactivity
陳欽貽¹
馬偕紀念醫院¹
- 10:50-11:00 OU11 比較兩種不同膀胱內玻尿酸 (喜仕及海優樂) 針對間質性膀胱炎的療效：回顧性分析，單中心研究
A Comparative Study of the Efficacy of Two Different Bladder Intravesical Hyaluronic Acid Treatments, Cystistat® and Hyauro®, in the Management of Interstitial Cystitis : A Retrospective Analysis, single center study
林詩茵¹許鈞碩¹
大林慈濟醫院婦產部¹
- 11:00-11:10 OU12 間質性膀胱炎病人行影像尿路動力學檢查 - 合併膀胱出口阻塞之臨床發現
Video-urodynamic study finding of overlap between BOO and IC/PBS
梁世蓓¹許鈞碩¹
大林慈濟醫院婦產部¹
- 11:10-11:20 OU13 主動收縮與被動收縮對第四孕期的婦女骨盆腔的影響
Active or Passive Pelvic Floor Exercise for Fourth Trimester Population, it Matters!
潘恆新¹陳尚仁²
柏仁醫院¹柏仁²

- 11:20-11:30 OU14 **經陰道網片手術與機器輔助腹腔鏡骨固定術治療骨盆器官脫垂對下尿路症狀 (LUTs) 和膀胱功能影響的比較研究**
A comparative study of impact on lower urinary tract symptoms (LUTs) and bladder function after transvaginal mesh and robotic-assisted sacrocolpopexy surgery for pelvic organ prolapse
周芷瑜¹ 劉蕙瑄¹
台北馬偕紀念醫院婦產部¹
- 11:30-11:40 OU15 **使用倒 T 型網狀進行子宮保存腹腔鏡骨盆懸吊術治療陰道脫垂**
One-year outcomes of uterine-preserving laparoscopic pectopexy using inverted T mesh for apical and anterior vaginal suspension : A proof-of-concept and comparative study
楊昀臻¹ 廖韻涵¹ 蔡青倍² 應宗和¹ 李宗賢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
- 11:40-11:50 V2 **陰道支架的製作 -- 解決陰道閉鎖導致陰道積血的治療方法**
Vaginal Stent Assembling : a device for neovaginal reconstruction in case of vaginal atresia with functional uterus
余堅忍¹ 高語謙¹ 洪煥程² 陳怡仁²
振興醫院婦產部¹ 臺北榮民總醫院婦女醫學部²
- 11:50-12:00 V3 **腹腔鏡骨子宮懸吊術**
A case of laparoscopic sacrohysteropexy
陳沛安¹ 丁大清¹
花蓮慈濟婦產科¹

114年3月22日(星期六)上午 (8樓)皇愉會議室8-2

AOFOG Session

主持人：Yu-Shih Yang (Fellow of TAOG),
Joong Shin Park (Immediate Past Chairperson of the Board, KSOG),
Kazunori Ochiai (HF of TAOG, Japan)

- 08:30-09:00 IS1 **How Legislative Change Has Affected Abortion Services in NZ (視訊)**
Speaker : John Tait (President, AOFOG, New Zealand)
- 09:00-09:30 IS2 **Implementation of evidence-based medicine in reproductive health : A role of Cochrane systematic review**
Speaker : Pisake Lumbiganon (Immediate Past President, AOFOG, Thailand)
- 09:30-10:00 IS3 **Redefining Intrapartum Care Based on Recent Evidence**
Speaker : Rohana Haththotuwa (Secretary General, AOFOG, Sri Lanka)

Invited Speaker Lecture

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

- 10:30-11:00 IS4 **Preconception to Infancy (視訊)**
Speaker : Jeanne Conry (Immediate Past President, FIGO, USA)
- 11:00-11:30 IS5 **Perinatal care from the perspective of preventive medicine**
Speaker : Hisashi Masuyama (Congress President of the 77th Annual Congress, JSOG, Japan)
- 11:30-12:00 IS6 **Targeting Lipid Metabolism for Chemosensitivity in Epithelial Ovarian Cancer-Updated**
Speaker : Wei-Chun Chang 張維君 (Vice President, TAOG, Taiwan)

114年3月22日(星期六)上午 (10樓)皇喜會議室10C

內視鏡Oral

主持人：陳三農、張裕

- 08:30-08:40 OE1 腹腔鏡併腹部超音波導引子宮肌腺症微波消融手術之初步結果報告
Laparoscopy combined with transabdominal ultrasound-guided percutaneous microwave ablations for symptomatic adenomyosis : preliminary results
林雅翠¹ 許鈞碩¹
大林慈濟婦產部¹
- 08:40-08:50 OE2 比較有無利用檢體裝袋下使用高速碎瘤機影響腹腔鏡子宮次全切除術的手術因素—三級轉診中心的病例對照研究
Factors Influencing Laparoscopic Subtotal Hysterectomy With or Without In-Bag Power Morcellation : A Case-Control Study in A Tertiary Referral Center
林祖薇¹ 吳宛儒¹ 周邦新¹ 許瑞昌¹ 陳子和¹
彰化基督教醫院婦產部¹
- 08:50-09:00 OE3 針對單孔達文西手臂子宮肌瘤及肌腺瘤切除手術，輔以吊頸式止血帶之100例手術成果報告
Surgical Outcomes of 100 Cases : Da Vinci Transumbilical Single-site Robotic Myomectomy and Adenomyomectomy Assisted by Hangman's Tourniquet
郭信宏¹ 張紅淇¹ 吳加仁¹ 林菁卿¹ 林瑾蕙¹
中壢宏其婦幼醫院¹
- 09:00-09:10 OE4 新型多關節式器械於複雜性婦科內視鏡手術之應用
Artiserial Applied in the complex gynecological Surgery
李易良^{1,2} 白尹瑄^{1,2} 尹長生^{1,2} 武國璋^{1,2} 蕭博緯^{1,3}
三軍總醫院¹ 康寧醫院² 國軍桃園總醫院³
- 09:10-09:20 OE5 門診子宮鏡檢查疼痛感受的影響因素：344名患者的回顧性研究
Factors Influencing Pain Perception During Office Hysteroscopy : A Retrospective Analysis of 344 Patients"
陳欣儀¹ 王錦榮¹
林口長庚醫院婦產科¹
- 09:20-09:30 OE6 主要肌瘤直徑與腹腔鏡肌瘤切除術圍手術期併發症可能性之間的關係：一項回顧性世代研究
Diameter of dominant myoma associated with the possibility of perioperative complication of laparoscopic myomectomy : a retrospective cohort study
朱羽群¹ 丁大清¹
花蓮慈濟醫院婦產部¹

- 09:30-09:40 OE7 **協助子宮肌瘤微創手術術式決斷之預測模型**
Development of a myoma score for a patient selection for robotic myomectomy
張茗涵¹張路得¹溫國璋¹賴鴻政¹
衛生福利部雙和醫院¹
- 09:40-09:50 V4 **腹腔鏡子宮次全切除術,"子宮頸截斷後再行直腸沾黏分離"**
LSH, "reverse adhesiolysis after cervical amputation"
葉建麟¹侯詠齡¹李侑潔¹孫仲賢¹莊國泰¹
四季台安醫院¹
- 09:50-10:00 V5 **針對腸道深部浸潤型子宮內膜異位症進行病灶剷除的手術技巧**
Optimizing the surgical techniques of rectal shaving for bowel DE
侯詠齡¹孫仲賢¹莊國泰¹
高雄四季台安醫院¹

114年3月22日(星期六)上午 (10樓)皇喜會議室10C

內視鏡Oral

主持人：童寶玲、王毓淇

- 10:30-10:40 V6 於前期子宮內膜癌微創分期手術中應用 ICG 施行前哨淋巴結採樣
A Case Report : Use of Indocyanine Green for Sentinel Lymph Node Biopsy during Microscopic Endometrial Cancer Staging Surgery
李大成¹ 魏銘洲¹
新北市亞東醫院婦產部¹
- 10:40-10:50 V7 診斷性腹腔鏡在腹壁子宮內膜異位症中的重要性：病例系列
The importance of diagnostic laparoscopy in abdominal wall endometriosis (AWE) : a case series
陳曦¹ 莊乙真¹
亞東紀念醫院婦產部¹
- 10:50-11:00 V8 腹腔鏡下子宮角切開術治療輸卵管切除術後的子宮間質部子宮外孕
Laparoscopic Cornuotomy for Interstitial Pregnancy After Previous Salpingectomy
王貞棟¹ 吳凱筠¹ 顏志峰¹
林口長庚紀念醫院婦產部¹
- 11:00-11:10 V9 超音波輔助下同時進行經陰道及腹腔鏡手術治療雙子宮伴隨半陰道阻塞和同側腎發育不全 (OHVIRA 症候群)
Sonography-assisted transvaginal and laparoscopic surgery for double uterus with obstructed hemivagina and ipsilateral renal agenesis (OHVIRA syndrome)
廖文樂¹ 張恆綱¹ 林武周¹
中國醫藥大學附設醫院婦產部¹
- 11:10-11:20 V10 第三孕期卵巢扭轉之腹腔鏡手術治療：病例報告
Ovarian torsion in 3rd trimester pregnancy management by laparoscopic surgery : A Case Report
王韋筑¹ 李盈萱¹
新竹台大醫院新竹醫院¹
- 11:20-11:30 V11 未被發現的卵巢畸胎瘤慢性扭轉：一案例報告
Undiscovered Chronic Torsion of Ovarian Teratoma : A Case Report
徐千婷¹ 陳楨瑞¹
台北馬偕紀念醫院婦產科¹

- 11:30-11:40 V12 **Caiman® 雙極電燒系統應用於腹腔鏡子宮次全切除術治療巨大子宮肌瘤**
Caiman® Advanced Bipolar Technology application in laparoscopic subtotal hysterectomy
張佳穎¹ 丁大清¹
花蓮慈濟醫院婦產部¹
- 11:40-11:50 V13 **在子宮內胎兒死亡後，對一名患有帶蒂漿膜下肌瘤的患者進行達文西輔助肌瘤切除術**
Robotic Myomectomy in a Patient with a Pedunculated Subserous Myoma Following Intrauterine Fetal Demise
楊晴嵐¹ 莊乙真¹
亞東醫院婦產部¹

114年3月22日(星期六)中午
(8樓)萬享宴會廳A

午餐會報 (輝瑞)

主持人：張正坤、紀鑫 (馬偕紀念醫院兒科部主任)

- 12:20-12:45 L1 **Respiratory Syncytial Virus : Burden of Disease and Clinical Cases in Infants**
Speaker : 李敏生 (高雄醫學大學附設中和紀念醫院小兒感染科主任)
- 12:45-13:10 L2 **Protect From the First Breathe : Role of ABRYSVO Maternal Immunization against RSV**
Speaker : 鄭名芳 (高雄榮民總醫院臺南分院院長)
- 13:10-13:20 Discussion

114年3月22日(星期六)中午
(8樓)萬享宴會廳C

午餐會報 (康成生醫)

主持人：歐育哲、沈煌彬

- 12:20-12:50 L3 **Single-Use Hysteroscopy : An Advanced Choice to Enhance Fertility**
Speaker : Bernard Chern (新加坡 KKH 婦產科微創中心主任)
- 12:50-13:20 L4 **革新婦產科治療：「赫拉刀」術式引領婦科領域的技術突破**
Speaker : 吳珮如

114年3月22日(星期六)中午
(8樓)皇愉會議室8-1

午餐會報 (賽諾菲)

主持人：區慶建、施景中

- 12:20-13:20 L5 **RSV 母嬰預防共識**
Speaker : 林啟康

114年3月22日(星期六)下午 (8樓)萬享宴會廳A

一般婦科Oral

主持人：施英富、黃莉文

- 13:30-13:40 OG1 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
黃瑟德^{1,2,3} 黃俊諺¹ 游雅君¹ 洪韻翔¹ 陳至真¹ 徐歷彥¹
義大醫院婦產部¹ 義大大昌醫院² UniversityofSouthFlorida³
- 13:40-13:50 OG2 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
馬煜鈞¹ 應宗和¹
中山醫學大學附設醫院婦產部¹
- 13:50-14:00 OG3 愛滋病發展史
History of Acquired ImmuoDeficiency Syndrome (AIDS)
鄭永傳¹
新竹大安醫院¹
- 14:00-14:10 OG4 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
丁大清¹ 張佳穎¹
花蓮慈濟醫院婦產部¹
- 14:10-14:20 OG5 子宮肌瘤引起之心衰竭個案報告
Heart Failure Associated with Giant Uterine Leiomyoma : A Case Report
許海寧¹ 蘇國銘¹
三軍總醫院¹
- 14:20-14:30 OG6 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
周宏學¹ 張淑涵¹ 唐維均¹
林口長庚醫院¹

- 14:30-14:40 OG7 **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
台北醫學大學附設醫院婦產部¹
- 14:40-14:50 V14 **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
- 14:50-15:00 V15 **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
李大成¹莊乙真¹
新北市亞東醫院婦產部¹

114年3月22日(星期六)下午
(8樓)萬享宴會廳C

產科Symposium

主持人：李建南、郭富珍

- 13:30-14:00 SY1 **Placenta Accreta Spectrum : A Paradigm Shift in Surgical Treatment**
Speaker : 施景中
- 14:00-14:30 SY2 **產前全基因檢測的分析諮詢原則**
Speaker : 張家銘
- 14:30-15:00 SY3 **子宮動脈血流在 small-for-gestational-age (SGA) 評估與預防的角色**
Speaker : 戴怡芸

主持人：洪泰和、康琳

- 15:30-16:10 SY4 **Artificial Intelligence and Obstetrics**
Speaker : 陳彥廷
- 16:10-16:50 SY5 **人工智慧在產科超音波的最新應用**
Speaker : 陳震宇
- 16:50-17:00 Discussion

114年3月22日(星期六)下午
(8樓)皇愉會議室8-1

婦癌Symposium

主持人：何志明、呂建興

13:30-14:15 SY6 用臨床的角度探討最近三大婦科癌症的進展
Speaker：王鵬惠

14:15-15:00 SY7 子宮頸癌診斷及治療的新契機
Speaker：陳楨瑞

主持人：顏明賢、丁大清

15:30-16:15 SY8 子宮內膜癌診斷及治療的新契機
Speaker：楊思婷

16:15-17:00 SY9 卵巢癌診斷及治療的新契機
Speaker：林玟瑄

114年3月22日(星期六)下午 (8樓)皇愉會議室8-2

J-K-T Session

I. Maternal Fetal Medicine

主持人：Ming-Song Tsai 蔡明松 (Chairman of Supervisor, TAOG),
Hiroaki Kajiyama (Editor-in-Chief of JOGR, JSOG),
Young-Han Kim (Secretary General, KSOG)

- 13:30-13:50 J1 **Changing the standardized obstetric care by expanded carrier screening and counselling : a multicenter prospective cohort study**
Speaker : Shin-Yu Lin 林芯仔 (National Taiwan University Hospital, Taiwan)
- 13:50-14:10 J2 **Newer insights into fetal growth and body composition**
Speaker : Satoru Ikenoue (Keio University School of Medicine, Japan)
- 14:10-14:30 J3 **Impact of Pre-pregnancy Fasting Glucose on Neonatal Outcomes and Early Childhood Neurodevelopment : Analysis of Non-diabetic Maternal Populations**
Speaker : Jae Eun Shin (The Catholic University, Korea)

II. Reproductive Endocrinology & Infertility

主持人：Horng-Der Tsai 蔡鴻德 (Fellow of TAOG),
Mei-Jou Chen 陳美州 (Director of TAOG),
Tomoyuki Fujii (HF of TAOG, Japan)

- 14:30-14:50 J4 **Novel Regulatory Mechanism of Decidualization Mediated by Nuclear F-actin Formation**
Speaker : Isao Tamura (Yamaguchi University School of Medicine, Japan)
- 14:50-15:10 J5 **Common Menstrual Complaints in Pediatric and Adolescent Gynecology Clinics**
Speaker : Bo Hyon Yun (Yonsei University College of Medicine, Korea)
- 15:10-15:30 J6 **Novel Strategies for Optimizing Embryo Selection to Improve IVF Outcomes**
Speaker : Chun-I Lee 李俊逸 (Chung Shan Medical University Hospital, Taiwan)

III. Gynecological Oncology

主持人：Wei-Chun Chang 張維君 (Vice President, TAOG),
Young-Tak Kim (HF of TAOG, Korea),
Noriaki Sakuragi (HF of TAOG, Japan)

- 16:00-16:20 J7 **The Role of Anti-Inflammatory Modulation as a Therapeutic Strategy in Ovarian Cancer Treatment**
Speaker : Yoo-Young Lee (Sungkyunkwan University School of Medicine, Korea)
- 16:20-16:40 J8 **Advancing Endometrial Cancer Care : Sentinel Lymph Node Mapping- A Single-Center Perspective**
Speaker : Chia-Yen Huang 黃家彥 (Cathay General Hospital, Taiwan)
- 16:40-17:00 J9 **Elucidation of Pathophysiology in Gynecologic Cancers through Multi-Omics Analysis**
Speaker : Kosuke Yoshida (Nagoya University, Japan)

114年3月22日(星期六)下午 (10樓)皇喜會議室10C

內視鏡Symposium

主持人：陳怡仁、劉錦成

- 13:30-14:00 SY10 子宮內膜病灶的及早偵測及診斷性子宮鏡的應用
Speaker：張穎宜
- 14:00-14:30 SY11 手術性子宮鏡的應用與妥適性
Speaker：楊政憲
- 14:30-15:00 SY12 子宮鏡併發症的預防與訓練的再省思
Speaker：陳國瑚

主持人：顏志峰、王有利

- 15:30-16:00 SY13 健保給付婦產科機器手臂輔助手術的訓練與認證
Speaker：王功亮
- 16:00-16:30 SY14 單孔腹腔鏡手術的現況與展望
Speaker：桂羅利
- 16:30-17:00 SY15 **Natural Orifice Transluminal Endoscopic Surgery (NOTES) : Current Status and Future Prospects**
Speaker：李奇龍

114年3月23日(星期日)上午
(8樓)萬享宴會廳A

Plenary Lecture

08:25-08:30

Opening Remarks
(President of TAOG)

Moderator : Maw-Sheng Lee 李茂盛 (Fellow of TAOG), Ryan Shiue 薛瑞元 (HF of TAOG)

08:30-09:00

P1

The Cross-Generational Challenge in Public Health Policy

Speaker : Ching-Yi Lin 林靜儀 (Deputy Minister, Ministry of Health and Welfare, Taiwan)

**Moderator : Su-Cheng Huang 黃思誠 (Fellow of TAOG),
Yutaka Osuga (Vice Chairperson of the Executive Board, JSOG)**

09:00-09:30

P2

Development of novel therapies for treatment-resistant endometrial cancer

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

**Moderator : Toshiharu Kamura (HF of TAOG, Japan),
Jae Kwan Lee (Chairperson elect of the board, KSOG)**

09:30-10:00

P3

Surgical and oncologic outcomes in endometrial cancer : Population-based cohort study comparing robotic, laparoscopic, and open surgery

Speaker : Young-Tae Kim (Chairperson of the Board, KSOG, Korea)

**Moderator : Ming-Chao Huang 黃閔照 (Fellow of TAOG),
Ravi Chandran (Honorary Secretary, FIGO/ HF of TAOG, Malaysia)**

10:30-11:00

P4

Future of Maternofetal Medicine (暫定)

Speaker : Frank Louwen (President Elect, FIGO, Germany)

Moderator : Tsung-Hsien Su 蘇聰賢 (Fellow of TAOG), Ahm Kim (President, KSOG)

11:00-11:30

P5

Management of Obstetric Anal Sphincter Injuries (OASIS)

Speaker : Ranee Thakar (President, RCOG, U.K.)

**Moderator : Ching-Hung Hsieh 謝卿宏 (Fellow of TAOG),
Fung-Wei Chang 張芳維 (Executive Supervisor, TAOG)**

11:30-12:00

P6

Osteoporosis : Prevention, Screening, Diagnosis and Management

Speaker : Steven J. Fleischman (President Elect, ACOG, USA)

114年3月23日(星期日)上午
(8樓)萬享宴會廳C

一般婦科Symposium

主持人：李耀泰、應宗和

- 08:30-09:00 SY16 **Exerkine and health**
Speaker：鄭碧華
- 09:00-09:30 SY17 **Sarcopenia：Impact on Gynecologic Patients**
Speaker：陳子健
- 09:30-10:00 SY18 **Holistic care of menopausal women**
Speaker：張文君

114年3月23日(星期日)上午
(8樓)萬享宴會廳C

更年期醫學Symposium

主持人：蔡景州、林立德

- 10:30-10:50 SY19 **Management of obesity in menopause**
Speaker：藍國忠
- 10:50-11:10 SY20 **The musculoskeletal syndrome of menopause**
Speaker：劉奕吟
- 11:10-11:30 SY21 **Endocrine consequences of breast cancer therapy and survivorship**
Speaker：孫怡虹
- 11:30-11:50 SY22 **Sleep disturbance associated with the menopause**
Speaker：賴宗炫
- 11:50-12:00 **Discussion**

114年3月23日(星期日)上午 (8樓)皇愉會議室8-1

Young Doctors Session (I)

★ 不孕症+產科 --

主持人：何信頤、陳宜雍

- 08:30-08:40 Y1 **Which is the best approach for embryo transfer with biopsied embryos : biopsy-fresh transfer, biopsy-freeze FET, or freeze-biopsy FET?**
Speaker : Tian-Jeau Huang 黃天爵 (Changhua Christian Hospital)
- 08:40-08:50 Y2 **Clinical Outcomes of Mosaic Embryos Transfer**
Speaker : Yu-Tung Hsieh 謝雨彤 (Chi Mei Medical Center)
- 08:50-09:00 Y3 **Does the interval between two consecutive cycles of oocyte retrieval have an impact on the outcomes?**
Speaker : Yung Huang 黃詠 (National Taiwan University Hospital)
- 09:00-09:10 Y4 **Conservative treatment for early-stage endometrial cancer conservative treatment : single-center real-life data and Parallel Artificial Reproductive Treatment (P-ART protocol)**
Speaker : Ting-Chien Lin 林廷謙 (National Cheng Kung University Hospital)
- 09:10-09:20 Y5 **Transarterial Embolization for Post-Oocyte Retrieval Hemorrhage : A Case Series**
Speaker : Yi-Hsuan Ho 何宜軒 (China Medical University Hospital)
- 09:20-09:30 Y6 **Recombinant Follicle-stimulating hormone and Luteinizing hormone Enhance Mitochondrial Function and Metabolism in Aging Female Reproductive Cells**
Speaker : Jie Sung 宋潔 (Kaohsiung Veterans General Hospital)
- 09:30-09:40 Y7 **The predictability of serum anti-Müllerian level for cumulative live birth rates in women aged over 40 years receive IVF/ICSI**
Speaker : Hsin-Tze Hwang 黃信慈 (Mackay Memorial Hospital)
- 09:40-09:50 Y8 **Clinical and sonographic risk factors for developing pre-eclampsia refractory to aspirin prophylaxis**
Speaker : Ming-Ju Wang 王敏如 (Mackay Memorial Hospital)
- 09:50-10:00 Y9 **The benefit of routine 2nd trimester screening of anemia**
Speaker : Yu-Wei Chang 張祐維 (Mackay Memorial Hospital)

114年3月23日(星期日)上午
(8樓)皇愉會議室8-2

Young Doctors Session (II)

★ 婦女泌尿 --

主持人：洪滿榮、黃文助

- 08:30-08:40 Y10 **Comparison between MUS concurrent with PRS and MUS after PRS in treating stress urinary incontinence**
Speaker : Chia-Hsuan Yang 楊佳璇 (Linkou Chang Gung Memorial Hospital)
- 08:40-08:50 Y11 **Outcomes on mid-urethral sling for urodynamic stress incontinence following extensive pelvic reconstructive surgery**
Speaker : Chien-Chien Yu 游千千 (Linkou Chang Gung Memorial Hospital)
- 08:50-09:00 Y12 **Voiding Dysfunction in Patients with Advanced Pelvic Organ Prolapse and Bladder Outlet Obstruction Following Pelvic Reconstructive Surgery : Urodynamic Profile and Predictive Risk Factors**
Speaker : Yi-Chi Chen 陳昱綺 (Linkou Chang Gung Memorial Hospital)
- 09:00-09:10 Y13 **Predictors of Surgical Failure following Sacrospinous Ligament Fixation using Anchorsure device**
Speaker : Chieh-Ju Lin 林潔如 (Kaohsiung Medical University Hospital)
- 09:10-09:20 Y14 **In Vitro and In Vivo Morphology and Mechanical Properties of Three-Dimensional (3D) Polycaprolactone Stem Cells Coated Compound Mesh : Invention for Pelvic Floor Reconstructive Surgery**
Speaker : Aileen Ro 羅艾琳 (Linkou Chang Gung Memorial Hospital)
- 09:20-09:30 Y15 **Risk factors of persistent de Novo SUI following TVM surgery and how to treat it?**
Speaker : Yu-Ling Tu 涂育綾 (Kaohsiung Medical University Hospital)
- 09:30-09:40 Y16 **Modified Surelift anterior-apical transvaginal mesh for advanced urogenital prolapse : Retrospective surgical, functional and sonographic outcomes at 3 years**
Speaker : Chien-Tung Lin 林建棟 (Chang Gung Memorial Hospital)
- 09:40-09:50 Y17 **Efficacy and Safety of Solifenacin with Local Estrogen Versus Combination Treatment with Mirabegron and Solifenacin for Refractory Overactive Bladder in Menopausal Women : A Randomized Clinical Trial**
Speaker : Han-Ni Li 李函妮 (Mackay Memorial Hospital)

114年3月23日(星期日)上午 (8樓)皇愉會議室8-1

Young Doctors Session (III)

★婦癌+一般婦科 --

主持人：林武周、翁嘉穗

- 10:30-10:40 Y18 **The oncologic and reproductive outcomes after fertility-sparing surgery in ovarian and endometrial cancers**
Speaker : Tzu-Ya Wang 王姿雅 (Taipei Veterans General Hospital)
- 10:40-10:50 Y19 **Anti-B and T lymphocyte Attenuator (BTLA) can be a Potential Target of Immunotherapy in Epithelial Ovarian Cancer (EOC)**
Speaker : Tyan-Shin Yang 楊恬欣 (National Taiwan University Hospital)
- 10:50-11:00 Y20 **Real-World Analysis of Pembrolizumab in Gynecologic Cancer : Efficacy, Adverse Events and Correlation with Clinical and Pathological Features**
Speaker : Chien-Hsiang Kao 高健祥 (Kaohsiung Chang Gung Memorial Hospital)
- 11:00-11:10 Y21 **Should early-stage grade 3 endometrial endometrioid adenocarcinoma be treated as 2023 FIGO stage IIC?**
Speaker : Hao-Yang Chang 張皓揚 (Mackay Memorial Hospital)
- 11:10-11:20 Y22 **Gravity versus Pump Infusion of Distending Media for Hysteroscopic Myomectomy : A Retrospective Cohort Study**
Speaker : Ta-Cheng Lee 李大成 (Far Eastern Memorial Hospital)
- 11:20-11:30 Y23 **The Therapeutic Effect of Monopolar Radiofrequency Therapy on Urinary Symptoms and Sexual Function**
Speaker : I-Chieh Sung 宋怡潔 (Kaohsiung Medical University Hospital)
- 11:30-11:40 Y24 **Extracorporeal shockwave therapy for women's pelvic floor myofascial pain : A retrospective cohort study**
Speaker : Ya-Chu Wu 吳雅筑 (Hualien Tzu Chi Hospital)

114年3月23日(星期日)上午 (8樓)皇愉會議室8-2

婦女泌尿Oral

主持人：張廷禎、林姿吟

- 10:30-10:40 OU16 使用自體奈米脂肪合併濃縮血小板血漿經膀胱內注射治療女性頑固性間質性膀胱炎
Sustained improvement in symptoms and signs of refractory interstitial cystitis after intravesical Nanofat plus platelet-rich plasma grafting : results from a prospective, observational study
楊昫臻¹蔡青倍²蘇鴻麟³應宗和¹李宗賢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
國立中興大學生命科學系³
- 10:40-10:50 OU17 人類羊水幹細胞與可吸收支架在大鼠模型中的特性：骨盆腔重建手術的創新
The properties of absorbable scaffold harvested with human amniotic fluid stem cells on rat model : an innovation for pelvic reconstruction surgery
盧佳序¹陳怡斌²蕭勝文³劉士榮⁴游千千¹
林口長庚醫院¹基隆長庚醫院²台北長庚醫院³長庚大學⁴
- 10:50-11:00 OU18 腹腔鏡薦骨陰道固定術與陰道薦棘韌帶固定術在大體模型中的強度比較
The immediate pull-out strength of laparoscopic colposacropexy and vaginal sacrospinous ligament fixation in a cadaver model
盧佳序¹張藍心²謝武橋¹林益豪¹梁景忠¹Louiza Erika Rellora¹
林口長庚醫院¹土城長庚醫院²
- 11:00-11:10 OU19 前頂端網膜 (Surelift) 與前陰道壁修補術及薦棘韌帶固定術在嚴重骨盆腔脫垂手術中的長期比較結果
Long term outcome of anterior-apical mesh (Surelift) versus anterior colporrhaphy and sacrospinous ligament fixation in advanced pelvic organ prolapse surgery
盧佳序¹周怡君¹謝武橋¹林益豪¹梁景忠¹蔣奐巧¹
林口長庚醫院¹
- 11:10-11:20 OU20 經陰道骨盆器官脫垂手術中使用 Calistar-S 與前方網片 (Surelift-A) 結合薦棘韌帶固定術的比較：一年期的手術與功能性結果分析
Comparison Between Calistar-S and Anterior Mesh (Surelift-A) With Sacrospinous Ligament Fixation in Transvaginal Pelvic Organ Prolapse Surgery : Surgical and Functional Outcomes at One Year
羅艾琳¹盧佳序^{1,2}高川琪¹張藍心¹謝武橋¹林益豪^{1,2}梁景忠^{1,2}
長庚紀念醫院北院區(林口/台北/基隆)¹長庚大學²

- 11:20-11:30 OU21 **骨盆器官脫垂手術中聚丙烯網膜的創新防沾黏水膠塗層：可大幅減少手術併發症的一種生物相容性解決方案**
Innovative Anti-Adhesion Hydrogel Coating for Polypropylene Mesh in Pelvic Organ Prolapse Surgery : A Biocompatible Solution to Minimize Surgical Complications
張博涵¹張正昌¹宋鈺雯¹
中國醫藥大學附設醫院¹
- 11:30-11:40 OU22 **不同材質的生物網膜對重建手術之預後**
Synthetic or Biochemical Material for Reconstruction of Pelvic Organ Prolapse, It Matters!
潘恒新¹陳尚仁²蔡宗穎¹
柏仁醫院¹柏仁²
- 11:40-11:50 OU23 **膀胱出口阻塞合併有嚴重骨盆腔器官脫垂的病人接受骨盆重建手術的預後**
Outcomes of bladder outlet obstruction following extensive vaginal pelvic reconstruction surgery on patient with advanced pelvic organ prolapse
盧佳序^{1,2}黃詩穎³謝武橋¹蔣奐巧¹胡家瑜¹
林口長庚紀念醫院婦產部¹長庚大學²基隆長庚紀念醫院婦產部³

114年3月23日(星期日)上午
(10樓)皇喜會議室10C

生殖內分泌Symposium

主持人：張榮州、崔冠濠

08:30-09:00 SY23 **Prolactin and Reproduction**

Speaker：許越涵

09:00-09:30 SY24 **The Role of Prostaglandins in Follicular Maturation and the Impact of NSAIDs**

Speaker：賴廷榮

09:30-10:00 SY25 **Endometrium preparation in frozen embryo transfer：natural or artificial**

Speaker：莊蕙瑜

主持人：蔡英美、李宗賢

10:30-11:00 SY26 **The oocyte cryopreservation：medical vs. social reasons**

Speaker：蔡永杰

11:00-11:30 SY27 **Do infertile couples or recurrent pregnancy loss would benefit from use of PGT-A**

Speaker：陳達生

11:30-12:00 SY28 **Chronic endometritis：diagnosis, management and treatment efficacy**

Speaker：蔡妮瑾

114年3月23日(星期日)中午 (8樓)萬享宴會廳A

午餐會報 (偉鉅)

主持人：潘世斌、陳芳英

- 12:20-12:25 **Opening**
- 12:25-12:40 L6 再生醫學應用於婦產科的新趨勢：全球獨家合法私密處外泌體「魔性 IRLV」帶來的全新概念
Speaker：陳保仁
- 12:40-12:55 L7 魔泌 IRLV：新的武器在婦女泌尿領域扮演的生物性角色
Speaker：龍震宇
- 12:55-13:10 L8 外陰美學領域的演變？魔性 IRLV 的絕對角色與經驗分享
Speaker：洪芝晨
- 12:55-13:10 **Discussion**

114年3月23日(星期日)中午 (8樓)萬享宴會廳C

午餐會報 (諾和諾德)

主持人：蔡亞倫、何恭誠 (馬偕紀念醫院減重中心主任)

- 12:20-13:20 L9 週纖達® Wegovy®：全球首款具心血管益處的一週一次 GLP-1 RA 於長期體重管理
Speaker：范綱志 (國立臺灣大學醫學院附設醫院新竹臺大分院代謝內分泌科主任)

114年3月23日(星期日)中午
(8樓)皇愉會議室8-1

午餐會報(拜耳)

主持人：龔福財、吳信宏

12:20-13:20 L10 Long-term dienogest treatment in endometriosis : Consensus from Taiwanese experts
Speaker : 鄭雅敏

114年3月23日(星期日)中午
(8樓)皇愉會議室8-2

午餐會報(美時化學)

主持人：吳孟興、武國璋

12:20-13:20 L11 E4/DRSP – The wonders of a new generation of oral contraceptives
Speaker : 黃泓淵

114年3月23日(星期日)中午
(10樓)皇喜會議室10C

午餐會報(MSD、羅氏診斷)

主持人：余慕賢、張志隆

12:20-13:20 L12 Strategies and Challenges in Comprehensive Cervical Cancer Prevention
Speaker : 吳貞璇

114年3月23日(星期日)下午 (8樓)萬享宴會廳A

醫療倫理法律

★主題1: 「從腹膜外剖腹產生產事故，談醫療安全、法律、倫理議題」

主持人：王炯琅 (TAOG 醫療糾紛暨醫療法制委員會副召集人)、
黃淑英 (台灣婦產科醫學會顧問 / 台灣女人連線常務理事)

- 13:30-14:00 SY29 談腹膜外剖腹產利弊與風險控管
Speaker：詹德富
- 14:00-14:15 SY30 自費醫療的法規範
Speaker：王小星 (高雄市衛生局副局長)
- 14:15-14:30 SY31 談相關法律爭議 - 聚焦告知義務及同意取得
Speaker：王志嘉 (台灣醫事法律學會 (TSLM) 常務理事)
- 14:30-14:45 SY32 醫療倫理與腹膜外剖腹產
Speaker：羅紀琮 (中央研究院經濟學研究所兼任研究員)
- 14:45-15:00 綜合討論

★主題2: 「第三方生殖的兒童身世告知：規範與實作」

主持人：潘恒新 (TAOG 醫療糾紛暨醫療法制委員會召集人)、
范晉魁 (台灣婦產科醫學會顧問 / 立勤國際法律事務所主持律師)

- 15:30-15:35 主持人介紹主題及講者
- 15:35-16:10 SY33 兒童身世告知之法規範
Speaker：戴瑀如 (政治大學法學院特聘教授)
- 16:10-16:45 SY34 告知兒童由捐贈精子所生的重要性 (日文演講，有中文翻譯)
Speaker：寺山竟生 Ryusei Terayama (日本 AID 當事者支援會創辦人與代表理事)
- 16:45-17:00 交流與討論

114年3月23日(星期日)下午 (8樓)萬享宴會廳C

住院醫師教育訓練

主持人：陳治平、陳明

- 13:30-14:00 SY35 **Simulation Training in Obstetric Emergency : Method, Outcome & Challenges**
Speaker : Tang Boon Nee 董文妮 (馬來西亞)
- 14:00-14:30 SY36 **Hypertensive disorders in pregnancy (理論課程及模擬演練)**
Speaker : 許霖雁 主講 (馬來西亞)、董文妮 協助 (馬來西亞)
- 14:30-15:00 SY37 **臀位陰道分娩 (理論課程及操作)**
Speaker : 魏佑吉

主持人：許德耀、徐明洸

- 15:30-16:00 SY38 **肩難產 (理論課程及操作)**
Speaker : 沈靜茹
- 16:00-16:30 SY39 **孕產婦呼吸道處理與急救 (理論課程及操作)**
Speaker : 劉信良 (高醫急診部)
- 16:30-17:00 SY40 **Obstetric Emergency Simulation (模擬演練)**
Speaker : 沈靜茹、劉信良 (高醫急診部)

114年3月23日(星期日)下午 (8樓)皇愉會議室8-1

婦女泌尿Symposium

主持人：盧佳序、劉蕙瑄

- 13:30-14:00 SY41 **How diabetes impacts the LUTS. What can be done?**
Speaker：謝筱芸
- 14:00-14:30 SY42 **Who can benefit from pelvic floor muscle exercises? How is the evaluation before treatment?**
Speaker：許鈞碩
- 14:30-15:00 SY43 **Outcomes of MUS surgeries for SUI among Taiwanese women**
Speaker：孫茂榮

主持人：梁守蓉、洪煥程

- 15:30-16:00 SY44 **POP Surgery：should the uterus be removed or retained, and what should be considered?**
Speaker：蘇國銘
- 16:00-16:30 SY45 **How does obesity contribute to SUI, and what are the treatment strategies?**
Speaker：吳晉睿
- 16:30-17:00 SY46 **How does diabetes affect POP, and what are the treatment strategies?**
Speaker：張藍心

114年3月23日(星期日)下午 (8樓)皇愉會議室8-2

生殖內分泌Oral

主持人：張訓銘、吳憲銘

- 13:30-13:40 OF1 自體血小板濃縮液注射：改善體外受精治療中卵巢反應不良的潛力方案
Autologous Platelet-rich plasma (PRP) Injections as a Promising Approach for Managing Poor Ovarian Response in IVF Treatments
李侑蓁¹ 陳怡君¹ 鄭恩惠¹ 李俊逸^{1,2,3} 林秉瑤¹ 陳忠義¹ 黃俊嘉¹ 陳明哲¹ 李茂盛^{1,3,4}
茂盛醫院¹ 中山醫學大學醫學系婦產科² 中山醫學大學附設醫院婦產部³
中山醫學大學醫學研究所⁴
- 13:40-13:50 OF2 雙酚 A 誘導的人類子宮內膜異位基質細胞的全基因組表達
Genome-wide expression of bisphenol A-induced human endometriotic stromal cells
王凱弘¹
台南郭綜合醫院婦產部¹
- 13:50-14:00 OF3 剖腹產生產史對於胚胎非整倍體基因檢測的冷凍囊胚植入後著床率的影響
Effect of a prior cesarean section delivery on implantation rates of frozen-thawed embryo transfer in PGT-A cycles
詹子葳¹ 陳怡婷¹ 黃俊嘉¹ 陳秀惠¹ 陳建宏¹ 李俊逸^{1,2} 陳忠義¹ 黃梨香^{1,3} 李宗賢^{1,4,5,6}
李茂盛^{1,4,5,6}
茂盛醫院生殖中心¹ 中山醫學大學醫研所² 中山醫學大學護理系³ 中山醫學大學⁴
中山醫學大學醫研所附設醫院婦產部^{5,6}
- 14:00-14:10 OF4 IL-1 β 降低顆粒細胞的間隙連接通訊和 FSHR 表現
Interleukin-1 β reduces gap junctional intercellular communication and follicle-stimulating hormone receptor expression in granulosa cells
王凱弘¹
台南郭綜合醫院婦產部¹
- 14:10-14:20 OF5 PGT-A 對懷孕及新生兒影響：台灣生殖資料庫研究 (2015-2019)
Pregnancy and Neonatal Outcomes of PGT-A : A Pilot Study from Taiwan's ART Registry (2015-2019)
徐以樂¹ 陳姿廷² 張至婷² 莊蕙瑜² 蔡英美²
屏東基督教醫院婦產科¹ 高醫婦產部²
- 14:20-14:30 OF6 胚胎著床前單基因遺傳性疾病檢測 林口長庚紀念醫院 近五年病例回顧
Pre-implantation Hereditary Genetic Disease Screening : A Retrospective Case Review from the Past Five Years at Linkou Chang Gung Memorial Hospital
蔡喬伊¹ 張嘉琳¹
林口長庚紀念醫院婦產部¹

- 14:30-14:40 OF7 **子宮頸癌病患接受保留生育治療後成功妊娠：輔助生殖技術困難的挑戰之病例報告**
Successful Pregnancy Outcome Following Fertility-Sparing Treatment for Cervical Cancer : A Case Report on the Challenges of Assisted Reproductive Techniques
祝筱涵¹吳憲銘¹
 林口長庚紀念醫院婦產部¹
- 14:40-14:50 OF8 **Ibuprofen 使用與男性不育**
Ibuprofen use and male infertility : Insights from a nationwide retrospective cohort study
Wan-Ting Huang¹Jen-Hung Wang¹丁大清²陳沛安²
 花蓮慈濟研究中心¹花蓮慈濟婦產科²
- 14:50-15:00 OF9 **電腦輔助精液分析及活體活動精子選擇裝置是否適合引進作為一個生殖中心實驗室的常規使用：初步評估**
Computer-assisted sperm analysis (CASA)and Live motile sperm sorting device as a routine technique in the IVF laboratory? A Self-validation preliminary report
黃璧蒼¹林育如¹龔福財¹蘇鈺婷¹蔡妮瑾¹蕭宇揚¹連顯庭¹藍國忠¹
 高雄長庚醫院婦產部¹
- 15:00-15:10 V16 **剖腹產疤痕子宮內膜異位症的機器人治療——經血逆行理論的新可能部位**
Robotic treatment of Cesarean scar defect endometriosis – a possible new site of retrograde menstruation theory of endometriosis.
莊乙真¹陳曦¹
 亞東紀念醫院婦產部¹

114年3月23日(星期日)下午 (8樓)皇愉會議室8-2

婦女泌尿Oral

主持人：蕭聖謀、林益豪

- 15:30-15:40 OU24 針對薦棘韌帶固定術中使用的錨定裝置 (anchor-based device) 脫落可能對操作醫師構成的潛在傷害
Dislodging tacker (anchor-based device) for Sacrospinous ligament fixation posing a potential hazard to the operator finger (Operator injury)
盧佳序¹ 王佑辰² 林宜萱¹ 楊佳璇¹ 游千千¹ 羅艾琳¹ 蔣奐巧¹ 張藍心³
林口長庚醫院¹ 基隆長庚醫院² 土城長庚醫院³
- 15:40-15:50 OU25 比較有無陰道子宮切除術之薦棘韌帶固定術使用 Anchorsure 治療骨盆器官脫垂的臨床效果與併發症
Comparison of Clinical Effect and Complication of Sacrospinous Ligament Fixation using Anchorsure with and without vaginal hysterectomy for Pelvic Organ Prolapse
李欣陪¹ 宋怡潔¹ 林冠伶¹ 盧紫曦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
- 15:50-16:00 OU26 比較單一切口中段陰道帶 (single-incision sling devices) 的 Solyx 以及可調整式 I-stop mini 對於治療應力性尿失禁一年的臨床結果
Comparison of clinical outcomes on short tape single-incision sling devices (Solyx) and adjustable length device (I-stop mini) for Urodynamic stress incontinence at one year
盧佳序¹ 林芝卉² 楊佳璇¹ 謝武樵¹ 林益豪¹ 梁景忠¹ 林芳秀²
林口長庚婦產部¹ 基隆長庚婦產科²
- 16:00-16:10 OU27 單切口吊帶 (Solyx™) 合併張力放鬆縫合輔助線應用於術後排尿功能障礙之過度張力在超音波檢查與臨床三年術後回顧結果
Ultrasonography and clinical outcomes following on tension-releasing suture (TRS) appendage on single-incision sling (Solyx™ tape) devices for postoperative voiding dysfunction involving undue tape tension: A 3-year post-operative review
楊佳璇¹ 盧佳序¹ 簡誌緯² 游千千¹ 謝武樵¹ 林益豪¹ 梁景忠¹
林口長庚紀念醫院婦產部¹ 新北市立土城醫院²
- 16:10-16:20 OU28 I-stop Mini 及 Altis 兩種尿失禁手術吊帶的療效與安全性之比較
Comparison of Efficacy and safety using "I-stop Mini" versus "Altis" system devices for the Treatment of Stress Urinary Incontinence
楊曜瑜^{1,2} 林冠伶^{1,2} 盧紫曦^{1,2} 宋怡潔¹ 龍震宇^{1,2}
高雄醫學大學附設中和醫院紀念醫院婦產部¹
高雄醫學大學附設高醫岡山醫院婦產科²

- 16:20-16:30 OU29 **不同年齡層之女性接受經閉鎖孔中段尿道吊帶術手術之預後**
Outcomes of primary transobturator mid-urethral sling surgery in women of different ages
何欣諭¹黃文貞^{1,2,3,4}
國泰綜合醫院婦女醫學部¹ 汐止國泰綜合醫院婦產科² 台北醫學大學醫學系³
國立清華大學醫學院⁴
- 16:30-16:40 OU30 **尿道中段懸吊帶置放後引發尿滯留之機率及危險因子研究**
Incidences and risk factors of postoperative urinary retention after mid-urethral sling placement with and without pelvic reconstructive surgery
孫茂榮^{1,2}
彰化基督教醫院婦產部¹ 彰化基督教醫院婦產部婦女泌尿暨骨盆重建科²
- 16:40-16:50 OU31 **單切口吊帶放置時的術中膀胱損傷 - 文獻回顧及病例報告**
Intraoperative Bladder injury at the Time of Single-incision Sling Placement – review of literature and case report
張哲綱^{1,2} 孫茂榮^{1,2}
彰化基督教醫院婦產部¹ 彰基婦女泌尿暨骨盆重建科²
- 16:50-17:00 OU32 **中段尿道懸吊帶移除的臨床結果分析**
The outcomes of mid-urethral sling removal
吳宛儒¹ 孫茂榮^{1,2}
彰化基督教醫院婦產部¹ 彰化基督教醫院婦女泌尿健康中心²

114年3月22-23日
(8樓) 萬享宴會廳B、D內側

E-poster展示

- P001 絨毛膜絨毛取樣後的腹直肌血腫
Rectus sheath hematoma related to chorionic villus sampling
趙安祥¹ 陳冠儒¹
新北市立土城醫院¹
- P002 李斯特菌症導致胎兒內死亡
Listeria monocytogene infection : A case of unexplained intrauterine death with high fever
陳文美¹
中國醫藥大學附設醫院婦產部¹
- P003 膝胸臥位子宮頸環扎術實例
Modified cervical cerclage in pregnant women with advanced bulging membranes : knee-chest positioning
吳崇安¹ 何銘¹
中國醫藥大學附設醫院婦產部¹
- P004 嚴重子癩前症併產後大出血之案例分享
A case sharing – severe preeclampsia complicated with postpartum hemorrhage
謝易軒¹
三軍總醫院婦產部¹
- P005 透過擴展性帶因者篩檢與遺傳諮詢改變標準化產科照護：多中心前瞻性世代研究
Changing the standardised obstetric care by expanded carrier screening and counselling : a multicentre prospective cohort study
蔡明翰¹ 陳涵英¹
臺大醫院¹
- P006 新生兒 Filaggrin 基因篩檢與諮詢以預防高風險嬰兒的異位性皮膚炎
Neonatal Filaggrin Genetic Screening and Counseling to Prevent Atopic Dermatitis in High-Risk Infants
周芷瑜¹ 陳涵英¹
台大醫院婦產科¹
- P007 2008-2017 年台灣妊娠期高血糖流行病學趨勢
Trends in epidemiology of hyperglycemia in pregnancy in Taiwan, 2008-2017
李家昌¹ 林芯仔¹
國立台灣大學附設醫院婦產部¹
- P008 妊娠前期母血鎂離子轉運蛋白基因表現量與妊娠糖尿病之相關性
Association of first-trimester magnesium transporter genes expression with pregnancy-related glucose metabolism disorders
黃園詠¹ 蔡明松¹
國泰醫院婦女醫學部¹

- P009 **連續流產與連續植入失敗之病患其植入前後自然殺手細胞與腫瘤壞死因子與植入結果分析**
Comparison of Natural Killer Cells, Tumor Necrosis Factor, and Implantation Outcomes in Patients with Recurrent Pregnancy Loss or Repeated Implantation Failure
宋碧琳¹
雙和醫院婦產部¹
- P010 (放棄上傳)
- P011 **妊娠糖尿病對孕中期及產後母體的影響：第二型糖尿病、慢性腎臟病與眼病變的風險評估**
Comparison of Natural Killer Cells, Tumor Necrosis Factor, and Implantation Outcomes in Patients with Recurrent Pregnancy Loss or Repeated Implantation Failure
宋碧琳¹
雙和醫院婦產部¹
- P012 **孕期主動脈剝離：罕見產科急症的處理**
Abstract : Aortic Dissection in Pregnancy : A Multidisciplinary Approach to a Rare Obstetric Emergency
李佳樺¹闕河晏¹
林口長庚紀念醫院婦產部¹
- P013 **妊娠相關非典型溶血性尿毒症綜合徵：病例報告**
Pregnancy-Induced Atypical Hemolytic Uremic Syndrome : A Case Report
林伯倫¹
中國醫藥大學附設醫院婦產部¹
- P014 **生物標記輔助即時醫療行為決策在中正子癲前症的孕婦有較良好的預後-臨床案例分析與文獻回顧**
Timely biomarker assist - medical decision making contributes to a better prognosis of the patient with preeclampsia and severe features - A case study and literature review
靳翔荏¹
三軍總醫院婦產部¹
- P015 **產前基因晶片診斷 STS 基因缺失**
Prenatal diagnosis of fetus with STS gene deletion by microarray-based comparative genomic hybridization
彭秀慧¹闕河晏¹詹耀龍¹張舜智¹
林口長庚醫院婦產部¹
- P016 **妊娠合併減重手術後胃穿孔：病例報告與文獻回顧**
Gastric Perforation in a Pregnant Patient with a History of Bariatric Surgery : A Case Report and Review of Literatures
王芷焄¹莊明達¹
成大醫院婦產部¹
- P017 **雙胞胎延遲間隔生產案例報告**
Delayed interval delivery of twins : a case report
陳紉秀¹陳俐瑾¹
國泰醫院婦女醫學部¹

- P018 **先天性橫膈疝氣合併胎兒水腫及母體鏡像症候群：病例報告與文獻回顧**
Pregnancy and Neonatal Outcomes in Cases of Congenital Diaphragmatic Hernia with Associated Hydrops and Maternal Mirror Syndrome : "A case report and Review of Literature"
陳嘉苓¹
永康奇美醫院¹
- P019 **EXIT 於右側先天性橫膈膜疝氣之胎兒的應用 - 林口長庚醫院案例報告**
Application of the Ex Utero Intrapartum Treatment (EXIT) Procedure in a Fetal Patient with Right Congenital Diaphragmatic Hernia : A Case Report from CGMH-Linkou
林宜萱¹闕河晏¹
林口長庚婦產部¹
- P020 **產前診斷 FLNB gene 突變合併雙側內翻足**
Prenatal Diagnosis of FLNB Gene Mutation Presenting with Bilateral Clubfoot as the Initial Manifestation
張芳瑜¹闕河晏²
林口長庚紀念醫院婦產部¹ 林口長庚紀念醫院婦產部產科²
- P021 **台灣的母嬰親善醫院推廣計畫效益：與母乳哺育率之生態相關性**
Benefits of the Baby-Friendly Hospital Initiative in Taiwan : Ecological correlation with breastfeeding rate
許淳森¹林慈恩¹陳可欣²周寶鈺³廖淑芬²
萬芳醫院婦產部¹ 臺北醫學大學² 萬芳醫院護理部³
- P022 **妊娠期間霍奇金淋巴瘤的罕見表現：杵狀指變作為非典型症狀的案例摘要**
A Rare Presentation of Hodgkin's Lymphoma During Pregnancy : Finger Clubbing as an Atypical Symptom
江恬誼¹黃文郁¹盧筱文¹
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- P226 長期接觸微塑料顆粒後卵巢老化及對女性生殖健康的不良影響
Ovarian ageing and adverse effects on reproductive health in women after chronic exposure to polystyrene microplastics
蔡景州^{1,2}于鴻仁³林育秀^{4,5}王映文¹歐育哲¹許晉銓⁵
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TAOG 2025



台灣婦產科醫學會114年度 年會暨擴大學術研討會

論文摘要

IS : AFOG Session/ Invited Speaker Lecture

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O : 口頭報告

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專 題 演 講

3月22日(六)下午

產科Symposium (8樓)萬享宴會廳C

- SY1 施景中 Placenta Accreta Spectrum : A Paradigm Shift in Surgical Treatment
- SY2 張家銘 產前全基因檢測的分析諮詢原則
- SY3 戴怡芸 子宮動脈血流在small-for-gestational-age (SGA)評估與預防的角色
- SY4 陳彥廷 Artificial Intelligence and Obstetrics
- SY5 陳震宇 人工智慧在產科超音波的最新應用

婦癌Symposium (8樓)皇愉會議室8-1

- SY6 王鵬惠 用臨床的角度探討最近三大婦科癌症的進展
- SY7 陳楨瑞 子宮頸癌診斷及治療的新契機
- SY8 楊思婷 子宮內膜癌診斷及治療的新契機
- SY9 林玟瑄 卵巢癌診斷及治療的新契機

內視鏡Symposium (10樓)皇喜會議室10C

- SY10 張穎宜 子宮內膜病灶的及早偵測及診斷性子宮鏡的應用
- SY11 楊政憲 手術性子宮鏡的應用與妥適性
- SY12 陳國瑚 子宮鏡併發症的預防與訓練的再省思
- SY13 王功亮 健保給付婦產科機器手臂輔助手術的訓練與認證
- SY14 桂羅利 單孔腹腔鏡手術的現況與展望
- SY15 李奇龍 Natural Orifice Transluminal Endoscopic Surgery (NOTES) : Current Status and Future Prospects

3月23日(日)上午

一般婦科Symposium (8樓)萬享宴會廳C

- SY16 鄭碧華 Exerkine and health
SY17 陳子健 Sarcopenia : Impact on Gynecologic Patients
SY18 張文君 Holistic care of menopausal women

更年期醫學Symposium (8樓)萬享宴會廳C

- SY19 藍國忠 Management of obesity in menopause
SY20 劉奕吟 The musculoskeletal syndrome of menopause
SY21 孫怡虹 Endocrine consequences of breast cancer therapy and survivorship
SY22 賴宗炫 Sleep disturbance associated with the menopause

生殖內分泌 Symposium (10樓)皇喜會議室10C

- SY23 許越涵 Prolactin and Reproduction
SY24 賴廷榮 The Role of Prostaglandins in Follicular Maturation and the Impact of NSAIDs
SY25 莊蕙瑜 Endometrium preparation in frozen embryo transfer : natural or artificial
SY26 蔡永杰 The oocyte cryopreservation : medical vs. social reasons
SY27 陳達生 Do infertile couples or recurrent pregnancy loss would benefit from use of PGT-A
SY28 蔡妮瑾 Chronic endometritis : diagnosis, management and treatment efficacy



3月23日(日)下午

醫療倫理法律 (8樓) 萬享宴會廳A

- SY29 詹德富 談腹膜外剖腹產利弊與風險控管
- SY30 王小星 自費醫療的法規範
- SY31 王志嘉 談相關法律爭議-聚焦告知義務及同意取得
- SY32 羅紀琮 醫療倫理與腹膜外剖腹產
- SY33 戴瑀如 兒童身世告知之法規範
- SY34 寺山竜生 告知兒童由捐贈精子所生的重要性

住院醫師教育訓練 (8樓) 萬享宴會廳C

- SY35 董文妮 Simulation Training in Obstetric Emergency : Method, Outcome & Challenges
- SY36 許霖雁、董文妮 Hypertensive disorders in pregnancy (理論課程及模擬演練)
- SY37 魏佑吉 臀位陰道分娩 (理論課程及操作)
- SY38 沈靜茹 肩難產 (理論課程及操作)
- SY39 劉信良 孕產婦呼吸道處理與急救 (理論課程及操作)
- SY40 沈靜茹、劉信良 Obstetric Emergency Simulation (模擬演練)

婦女泌尿Symposium (8樓)皇愉會議室8-1

- SY41 謝筱芸 How diabetes impacts the LUTS. What can be done?
- SY42 許鈞碩 Who can benefit from pelvic floor muscle exercises? How is the evaluation before treatment?
- SY43 孫茂榮 Outcomes of MUS surgeries for SUI among Taiwanese women
- SY44 蘇國銘 POP Surgery : should the uterus be removed or retained, and what should be considered?
- SY45 吳晉睿 How does obesity contribute to SUI, and what are the treatment strategies?
- SY46 張藍心 How does diabetes affect POP, and what are the treatment strategies?



施景中

SY1

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Placenta Accreta Spectrum : A Paradigm Shift in Surgical Treatment

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Placenta accreta is one of the most severe complications of pregnancy. It may result in massive hemorrhage, DIC, shock, organ damage and even maternal death. The most accepted treatment is cesarean hysterectomy without placenta removal. However, this approach demands a high surgical expertise. Despite that, a high surgical morbidity still occurs. Besides, the complications included permanent loss of fertility, increased metabolic long-term consequence. Therefore, expectant management (suture the uterine incision with placenta left in-situ, waiting for spontaneous placenta reabsorption) was advocated. Nonetheless, several complications such as immediate and delayed hemorrhage, DIC, thromboembolism, secondary hysterectomy have reported. Therefore, how to balance the risk and complications between extirpative and conservative approaches is still challenging.

We first advocated the Nausicaä suture in 2014, followed by published our case series in 2018 at British Journal of Obstetrics and Gynecology. Our series consisted of 68 patients with major postpartum hemorrhage, included 36 placenta previa totalis with placenta accreta spectrum (PAS) (26 cases of placenta accreta, 7 cases of placenta increta, and 3 cases of placenta percreta), PAS over the posterior or fundal wall (n = 7), placenta previa totalis without PAS (n = 20), and uterine atony (n = 5). Currently we have finished more than 188 patients of Nausicaä sutures, mainly for different extents and territory of PAS. In contrast to the extirpative and conservative management of PAS, the invent of Nausicaä suture is “walking in the middle way” to avoid the risks and complications two extremes of management. Besides, the rules of “no hysterectomy” and “no placenta separation” were also revisited.

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產前全基因檢測的分析諮詢原則

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Prenatal fetal whole genome sequencing (WGS) is an essential preventive screening method. In the past, prenatal screening primarily involved traditional karyotyping, which had the limitation of only detecting numerical and large-segment chromosomal changes. Later, chromosomal microarray analysis (CMA) was developed, allowing for more refined detection of chromosomal variations, as many of these subtle changes are associated with congenital disorders. Now, next-generation sequencing (NGS) technology can decode the entire genetic code and further analyze its variations.

NGS includes whole exome sequencing (WES), which can mainly detect genetic variations within 1 to 100 DNA bases. However, whole genome sequencing (WGS) provides a more comprehensive analysis by sequencing all 3 billion DNA bases in a continuous manner. Coupled with bioinformatics analysis, this technology not only identifies genetic mutations but also integrates the largest genomic database (ClinVar) for evidence-based interpretation. Additionally, WGS allows for a more precise analysis of chromosomal microvariations, such as copy number variations (CNVs) and structural variants (SVs).

Compared to traditional chromosomal microarrays, WGS offers higher resolution and may become the most comprehensive prenatal genetic analysis tool in the future. However, WGS analysis is significantly more complex. Accurately analyzing this data remains a challenge for obstetricians, particularly in explaining the findings to patients in a comprehensible way and conveying their actual health implications.

This lecture and research paper will provide relevant guidelines and principles to enhance the expertise and application of prenatal genetic testing among physicians. It aims to strengthen the professionalism and accuracy of related medical plans while equipping healthcare professionals with practical experience to improve the efficiency of prenatal genetic screening.

Keywords : whole genome sequencing, bioinformatics, genomic counseling

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子宮動脈血流在small-for-gestational-age (SGA)評估與預防的角色

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The combined presentation offers a comprehensive overview of uterine artery Doppler ultrasonography and its role in predicting adverse pregnancy outcomes of small-for-gestational-age (SGA) infants. It covers the following :

1. Clinical Applications of Uterine Artery Doppler :

- Doppler ultrasound of uterine artery in assessing placental function and blood flow dynamics.
- Diagnostic utility in identifying preeclampsia, gestational hypertension, and preterm birth risks.

2. Fetal Growth Restriction (FGR) Diagnosis and Management :

- Definition and differentiation of FGR and SGA.
- Insights into the pathophysiology of suboptimal utero-placental perfusion and its long-term health implications.
- Management strategies, including timely delivery decisions and fetal surveillance techniques like Doppler velocimetry.

3. Prediction of SGA in Twin Pregnancies :

- Evaluation of second-trimester uterine artery Doppler as a screening tool for twin pregnancies.
- Comparison of Doppler indices in monochorionic and dichorionic twins.
- Limitations and potential improvements through maternal demographic and biometric integration.

陳彥廷

SY4

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Artificial Intelligence and Obstetrics

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Artificial Intelligence (AI) is based on principles that aim to replicate and implement human intelligence functions, such as learning, reasoning, planning, and perception. Its operation is fundamentally based on data, including both structured data (e.g., tabular data) and unstructured data (e.g., images, speech, and text). The performance of AI improves with the quantity and quality of the data available.

AI models are trained to learn patterns and make predictions through different methods, include supervised learning, unsupervised learning, reinforcement Learning, and self-supervised learning. AI models are algorithms developed based on these methodologies, with commonly used models such as Random Forests, Support Vector Machines (SVM), and Artificial Neural Networks (ANN). Additionally, AI can continuously learn and update itself to adapt to dynamic data and evolving demands.

In the field of healthcare, AI has been widely applied in areas such as disease diagnosis, image-aided diagnostics, pathological analysis, early disease screening, drug response prediction, health risk assessments, and pharmaceutical research and development. In obstetrics, AI can play a crucial role in risk assessment and monitoring during pregnancy, including predicting complications and providing ongoing surveillance. It is also instrumental in ultrasound image analysis, enabling automated diagnosis, the identification of standard planes, and automated fetal biometric measurements. Moreover, AI facilitates genetic diagnostics, such as analyzing fetal chromosomal abnormalities and performing large-scale analyses by integrating global or regional obstetric data. During labor and delivery, AI contributes to risk prediction, fetal monitoring, and decision-making support.

This session will briefly introduce AI and explore its applications in obstetrics.

陳震宇

SY5

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人工智慧在產科超音波的最新應用

In the field of obstetric ultrasound, advancements in artificial intelligence (AI) are revolutionizing diagnostic techniques. With the rapid development of AI technologies, particularly in deep learning and convolutional neural networks (CNNs), the accuracy and efficiency of obstetric ultrasound have significantly improved.

Recent studies indicate that AI can automatically analyze ultrasound images to identify fetal anatomical structures and potential abnormalities, a task that previously required experienced clinicians to perform manually. By training AI models on large datasets of ultrasound images, researchers are enhancing the accuracy of these models, enabling early detection of congenital malformations, which is crucial for improving maternal and fetal health.

Moreover, the application of AI can reduce interobserver variability, meaning that different clinicians interpreting the same image will achieve greater consistency in their results. This is particularly important in clinical practice, as it ensures that all pregnant women receive the same level of care and diagnosis.

Future research directions include exploring the optimal AI techniques for use in obstetric ultrasound and assessing whether these technologies can improve maternal and fetal health outcomes. Researchers are also looking into how to integrate AI technologies into existing clinical workflows so that healthcare professionals can utilize these tools more effectively.

Overall, the application of AI in obstetric ultrasound not only enhances diagnostic accuracy and efficiency but also provides a broad scope for future research, signaling a new era in obstetric medicine. As technology advances, AI has the potential to become an indispensable tool in obstetric ultrasound diagnostics, further improving overall maternal and fetal health outcomes.

王鵬惠

SY6

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用臨床的角度探討最近三大婦科癌症的進展

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The current review describes the recent progress of the three major gynecological cancers (GC), including endometrial cancer (EC), ovarian cancer (OC) and cervical cancer (CC) from a clinical perspective. For EC, as playing the top one GC with 3541 new cases annually in 2022 Taiwan, conventional therapy is accorded to FIGO (the International Federation of Gynaecology & Obstetrics) 2009 staging system with clinical-pathological risk factors, including surgery along or surgery and following adjuvant radiotherapy (RT) with/without chemotherapy (CT). Now current approach is switched to treating EC based on a molecular-based FIGO 2023 staging system, which newer innovative therapeutic approaches, such as immunotherapy (immune checkpoint inhibitors : ICIs, such as pembrolizumab or dostarlimab, and immunotherapy-chemotherapy : IO-CT) or many precision medicine and targeted therapy, or combination, such as IO-CT plus PARPi (Poly ADP-Ribose Polymerase inhibitors) are being continuously developed in revolutionizing EC treatment and improving patient outcomes. For OC (n=1859 annually in 2022 Taiwan), besides the standard of care (SOC) as surgical cytoreduction and CT with/without maintenance strategies, such as PARPi are increasingly necessary. For CC (n=1384 annually in 2022 Taiwan), except SOC as primary radical surgery or concurrent chemoradiation (CCRT), IO or IO-CT plays a very important role for advanced CC. Additionally, for advanced, persistent, metastatic, or resistant (APMR) GC, more and more new developed products and therapeutic approaches are being investigated to enhance treatment outcomes and prolong the overall survival. One of the famous products is antibody-drug conjugates (ADCs), and another is an individualized or adaptive RT (IRT or ART), such as three or four-dimensional conformal RT (3D- or 4D-CRT), intensity-modulated RT (IMRT), volumetric-modulated arc therapy (VMAT), stereotactic body RT (SBRT), high dose-low fraction RT and many others. Many are really a big success and make a big breakthrough in the management of these highly lethal GC and further become the SOC landscape. Current review will cover the updated information based on the clinical cases to explore the advance in managing women with three GC, initiating from diagnosis to treatment.

陳楨瑞

SY7

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子宮頸癌診斷及治療的新契機

Cervical cancer (CC) is one of the three major gynecological malignancies. However, it is not among the ten most common women cancers in Taiwan after 2023. The primary treatment modalities for CC include surgery and concurrent chemoradiation therapy (CCRT), while systemic therapy—comprising chemotherapy, targeted therapy, and immunotherapy—is typically employed for recurrent CC.

Primary therapy : Surgical Management of Early-Stage Cervical Cancer

In early-stage CC, findings from the CONCerv and SHAPE trials have established selective criteria for ultra-conservative surgical approaches. These include type A (extrafascial) hysterectomy as an alternative to traditional type B or type C radical hysterectomy. This shift aims to reduce the comorbidities associated with radical surgeries while maintaining comparable disease control rates. Following the publication of the LACC trial in 2018, minimally invasive surgery (MIS) for CC has faced significant scrutiny. The ongoing LASH trial seeks to provide new evidence to clarify the role of MIS in managing operable CC.

Primary therapy : Advances in Locally Advanced Cervical Cancer

In cases of locally advanced CC, the INTERLACE trial, published in 2024, demonstrated that administering systemic dose-dense chemotherapy with paclitaxel and carboplatin prior to CCRT improves patient outcomes. Additionally, the Keynote-A18 trial showed that incorporating the anti-PD1 agent, pembrolizumab, during CCRT improves outcomes for stage III (excluding pelvic and/or para-aortic lymph node metastases) and stage IVA cases. Based on these findings, the U.S. FDA approved pembrolizumab for this indication in January 2024. Ongoing clinical trials, such as e-VOLVE-cervical, are investigating the role of maintenance therapy with volrustomig following standard CCRT.

Recurrent therapy : Management of Recurrent Cervical Cancer

For recurrent CC, combining chemotherapy with immunotherapy has shown promising results. Several key trials have contributed to advancements in this area :

Keynote-826:Evaluated pembrolizumab in combination with chemotherapy.

BEATcc : Studied the addition of atezolizumab.

CALLA : Investigated the role of adding avelumab.

COMPASSION 16:Focused on cadonilimab.

Checkmate 358 explored the use of dual immunotherapy agents (nivolumab and ipilimumab), while the EMPOWER-Cervical 1 trial demonstrated favorable outcomes with cemiplimab. The antibody-drug conjugate tisotumab vedotin (TV) has also improved outcomes in this patient population and received FDA approval. Numerous ongoing trials continue to explore novel therapeutic options in this field.

Recurrent therapy : Challenges in Managing Field Failure After Standard CCRT

Addressing field failure following standard CCRT remains a significant challenge in recurrent CC management. Emerging radiation modalities, such as proton therapy and heavy-ion therapy, have been introduced, with small case series reported by institutions like MD Anderson Cancer Center and Johns Hopkins University hospital. Additionally, hyperthermic therapy, when combined with traditional CCRT, has shown potential role as a radiation sensitizer, enhancing the effectiveness of radiation-induced cancer cell killing.

Conclusion

Recent advancements in surgical techniques, systemic therapies, and novel treatment modalities have significantly improved the management of cervical cancer across its stages. Continued clinical trials and technological innovations will further refine these approaches, offering hope for better outcomes and reduced treatment-related morbidity.

楊思婷

SY8

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子宮內膜癌診斷及治療的新契機

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With the advancement of molecular biology, there are many new treatment options for endometrial cancer, such as immunotherapy, PARP inhibitors, ADCs, and more. The decision of treatment strategy relies on FIGO stage, histologic grade, subtype, and molecular markers. A recent major breakthrough is incorporating immunotherapy with chemotherapy as a first-line treatment. The relevant trials include RUBY, NGR,-GY018, AtTEnd and KEYNOTE-B21. In addition, DUO-E and RUBY part 2 trials demonstrated that the combination of PARP inhibitor with immunotherapy in maintenance treatment may improve outcomes. The DESTINY-PanTumor02 trial on the treatment of endometrial cancer **HIGHLIGHTS** the favorable outcomes of Trastuzumab deruxtecan (T-DXd).

林玟瑄

SY9

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卵巢癌診斷及治療的新契機

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Ovarian cancer remains one of the most challenging gynecologic malignancies, with high mortality rates primarily due to late diagnosis and chemoresistance. Recent advances have opened new opportunities for improving both diagnosis and treatment outcomes.

The integration of molecular profiling has transformed our understanding of ovarian cancer heterogeneity. High-throughput sequencing has identified distinct molecular subtypes, enabling more precise treatment strategies. BRCA1/2 testing has become standard practice, leading to successful implementation of PARP inhibitors, while homologous recombination deficiency (HRD) status also guides therapeutic decisions.

Standard chemotherapy remains the backbone of ovarian cancer treatment, typically utilizing platinum-based combinations (carboplatin/paclitaxel). This first-line treatment demonstrates high initial response rates, though resistance often develops.

Targeted therapies have revolutionized treatment approaches and can be used as maintenance therapy to optimize the benefits of first-line treatment. Anti-angiogenic agents (bevacizumab) improve progression-free survival and overall survival in the patients with higher risk. PARP inhibitors (olaparib, niraparib, rucaparib) show significant benefit in BRCA-mutated and HRD-positive cases.

Novel combinations of targeted agents with chemotherapy also show promising results. Antibody-Drug Conjugates (ADCs) represent an emerging therapeutic strategy. Mirvetuximab soravtansine targets folate receptor alpha (FR α) shows promise in platinum-resistant disease and additional ADCs targeting various antigens are in development

Treatment selection increasingly relies on molecular profiling and biomarker status, enabling more personalized approaches. Ongoing clinical trials continue to explore new combinations and sequences of these therapeutic options, aiming to optimize outcomes while managing toxicities.

張穎宜

SY10

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Early detection of endometrial lesions and the application of diagnostic hysteroscopy

子宮內膜病灶的及早偵測及診斷性子宮鏡的應用

Endometrial lesions, including hyperplasia and carcinoma, represent a significant concern in gynecological health. Early detection playing a crucial role in improving patient outcomes. Advances in diagnostic techniques have enhanced the ability to identify these conditions at an early and treatable stage. Among these, diagnostic hysteroscopy has emerged as a valuable tool for visualizing the uterine cavity and detecting endometrial abnormalities with high precision. The adoption of diagnostic hysteroscopy is particularly impactful in patients presenting with abnormal uterine bleeding (AUB). By providing a clear visual assessment, hysteroscopy helps to differentiate benign conditions from malignant transformations, guiding appropriate clinical management. Some studies showed that when combined with targeted biopsy, diagnostic hysteroscopy significantly increases diagnostic accuracy compared to traditional blind endometrial sampling techniques.

Despite its advantages, challenges such as accessibility, cost, and the need for specialized training must be addressed to optimize its implementation in routine practice. We review literatures about the importance of integrating diagnostic hysteroscopy into gynecological protocols to enhance the early detection of endometrial lesions, ultimately improving prognoses and reducing healthcare burdens associated with advanced-stage endometrial cancer.

楊政憲

SY11

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手術性子宮鏡的應用與妥適性

Intrauterine lesions might result in abnormal uterine bleeding, postmenopausal bleeding, menorrhagia, female infertility, and miscarriage. They generally include endometrial polyp, submucous myoma, retained gestational tissue or placenta, endometrial hyperplasia, endometrial cancer, intrauterine adhesion, septate uterus, Cesarean delivery scar defect, and intrauterine foreign bodies.

Diagnostic hysteroscopy is able to observe the uterine cavity at out-patient clinics. It is safe and accurate, provides immediate results under direct visualization, and the discomfort of patients is minimum. Office hysteroscopy now comes in either a flexible or rigid unit with a diameter around 3-4 mm. Hysteroscopic examination can be done after the distention of uterine cavity with normal saline or glucose water.

After diagnosis of the above-mentioned intrauterine lesions, operative hysteroscopy is employed to remove them under anesthesia. Merits of hysteroscopic surgeries include : no abdominal incision wound, short operation time, less painful, quick recovery, short interval for subsequent conception, etc. However, not every intrauterine lesion can be treated with hysteroscopic surgeries, and case selection before surgery is important.

陳國瑚

SY12

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子宮鏡併發症的預防與訓練的再省思

子宮鏡可分成診斷性及手術性，它從陰道進入子宮，不需開腹。診斷性子宮鏡包括：異常出血、不孕症、習慣性流產等。手術性子宮鏡包括：子宮內膜肌瘤或息肉切除、子宮中隔切除、子宮內膜粘黏分離、拿異物（最常見是避孕器）、剖腹產疤痕出血處理等。此外不明原因一直流血，我們也可以使用子宮鏡去破壞子宮內膜，減少出血。

子宮鏡可分成軟式或硬式，軟式的只能做診斷。施行子宮鏡時鏡頭旁接上光源，另外要用一些擴張劑（因為子宮平常是貼著的，只有懷孕時才會被撐大），因此我們要使用一些東西把它擴張，這樣才看得到裡面。我們可以用 CO₂、生理食鹽水、或葡萄糖水即可。子宮鏡手術最好的時機是：月經剛結束，排卵期前。因為排卵後子宮內膜變厚，就不易看了。子宮鏡手術的術前用藥包括：避孕藥、黃體素或是使用 PG E1 或海草棒擴張宮頸。一般若為診斷性，我們上局部麻醉就可以，或以靜脈注射做全身麻醉。手術性子宮鏡需要時間較長，靜脈全身麻醉以外，也可以使用 LMA。

如前所述，子宮鏡手術適應症包括：(1) 異常子宮出血：例如子宮內膜息肉、子宮黏膜下肌瘤造成出血 (2) 拿避孕器、子宮內異物 (3) 不孕症及習慣性流產評估 (4) 先天性子宮異常：子宮隔膜 (5) 子宮腔沾粘 (6) 子宮內膜燒灼止血 (7) 剖腹產疤痕出血處理及疤痕處外孕切除。

小細節成就完美，良好的準備工作是子宮鏡手術成功的基石。子宮鏡手術注意事項包括：(1) 基本資料：年齡、是否懷孕、是否曾接受子宮手術 (2) 子宮大小及病變或腫瘤位置（超音波）(3) 瞭解子宮腔深度及曲度；若子宮前傾明顯，可以請助手輕壓下腹部以利手術進行 (4) 確實 Sounding，了解子宮腔真正深度及曲度，不要在超出子宮腔深度以外操作 (5) 子宮頸擴張：一般使用 Hegar dilator to No. 9 再置入 hysteroscopy 之後擴張大小 (No. 10~15) 依取瘤大小決定 (6) 適度調節水量：出水 -- 排出血水及血塊，使畫面清楚；掌控 I/O：計算水量，避免 fluid overload 及 electrolyte imbalance。

子宮鏡手術併發症包括：(1) 子宮穿孔，或傷及臟器（有些地方較薄，要特別小心）(2) 出血 (3) 水中毒（灌太多可能會跑到血管去）(4) 氣體栓塞（若打 CO₂，可能造成氣體栓塞）(5) 子宮腔沾粘 (6) 感染。

對於子宮鏡手術併發症，最好的處理方式就是事前預防，減少併發症發生。如前所述，良好的準備工作是最重要的。一旦發生併發症，早期警覺並及時處理是成功挽救併發症的基石。雖然子宮鏡像是小手術，但絕對不可以輕率為之，正確的觀念和嚴格的訓練必不可少。有心開始從事子宮鏡的醫師都應該接受子宮鏡基礎及進階的訓練課程及實作，未來學會也繼續會推動子宮鏡的訓練課程及認證。

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健保給付婦產科機器手臂輔助手術的訓練與認證

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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 originally not covered under the NHI program, and it is an out-of-pocket cost for patients receiving the operation. However, starting on September 1, 2024, Taiwan's NHI has covered some different gynecological 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 malignant indications? TAOG suggests that the gynecologist who is being credentialed must include satisfactory completion of an accredited gynecologic program to perform robotic-assisted surgery and observed/assisted for a minimum of ten 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.

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單孔腹腔鏡手術的現況與展望

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單孔腹腔鏡手術 (Laparoscopic single incision surgery, LESS) 是一種微創手術技術，透過單一切口進行腹腔內操作。相較於傳統的多孔腹腔鏡手術 (Multiport Laparoscopic Surgery, MPLS)，單孔腹腔鏡手術具有更佳的美容效果、減少術後疼痛、縮短恢復時間等優勢，因此自 2010 年後在婦產科領域受到許多的關注與應用。

單孔腹腔鏡手術主要透過肚臍部位進行手術，利用一個特殊的多通道套管 (port) 或利用手套製造多個套管 (home-made port) 插入手術器械和內視鏡。由於所有器械需從同一個切口進入，可能會造成器械操作上的困難，例如：

- 器械互相干擾 (crowding)
- 視野受限 (visual limitation)
- 學習曲線較長 (learning curve)

婦產科領域的應用：良性腫瘤手術，包括子宮切除、肌瘤切除手術、卵巢腫瘤手術、骨盆重建手術，以及部分癌症手術等。研究顯示，對於適合的患者單孔手術與傳統多孔腹腔鏡手術相比，手術時間相近，術後疼痛較低，患者滿意度更高。

然而，單孔腹腔鏡手術與傳統多孔腹腔鏡手術相比，其技術上更具挑戰性，可能導致特定的併發症。常見併發症：

1. 手術視野受限：由於所有器械需經由單一切口進入，手術空間和影像視野容易受限，器械之間可能互相碰撞，增加操作難度。
2. 器械干擾：器械在同一通道進入時，可能造成彼此碰撞和干擾，失去傳統多孔腹腔鏡手術的三角空間感，增加手術操作的複雜性。
3. 縫合與打結困難：在單孔腹腔鏡手術中，縫合及打結技巧更具挑戰性，可能需要使用特殊的縫線 (如帶倒鉤的縫線) 或止血凝膠來輔助。
4. 切口相關併發症：由於單一切口的特性，可能引起切口相關的併發症，如感染或疝氣。
5. 內臟損傷：如膀胱損傷等內臟損傷在婦科腹腔鏡手術中雖然罕見，但仍可能發生。

預防與應對措施：

- 術前評估：仔細評估患者的解剖結構和病情，選擇適合的手術方式。
- 技術培訓：接受專業的單孔腹腔鏡手術培訓，熟悉相關器械的使用。
- 器械選擇：使用可彎曲的器械、不同長度的器械，減少器械之間的干擾。
- 輔助工具：善用子宮托、肌瘤鉗、多功能器械等輔助工具，改善手術視野。

總之，單孔腹腔鏡手術在婦產科的應用具有諸多優點，但也伴隨特定的併發症風險。透過嚴格的術前評估、醫師技術培訓和適當的器械選擇，可有效降低併發症的發生率，確保手術的安全與成功。

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Natural Orifice Transluminal Endoscopic Surgery (NOTES) : Current Status and Future Prospects

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Natural Orifice Transluminal Endoscopic Surgery (NOTES) is increasingly recognized as a groundbreaking advancement in gynecologic surgery. By utilizing natural orifices, such as the vaginal canal, NOTES enables scarless surgery, reduces postoperative pain, shortens recovery times, and minimizes disruption to abdominal structures. This technique holds particular significance in minimally invasive gynecologic procedures, ranging from benign conditions to oncologic surgeries.

NOTES has been successfully applied to a variety of gynecologic procedures, including hysterectomy, myomectomy, adnexal surgeries, and surgical staging for early-stage endometrial cancer. Studies demonstrate that transvaginal NOTES (vNOTES) allows for complete surgical staging in early-stage endometrial cancer, encompassing hysterectomy, bilateral salpingo-oophorectomy, and sentinel lymph node biopsy. These procedures achieve low complication rates and excellent oncologic outcomes, making vNOTES a promising alternative to conventional methods.

The future of NOTES in gynecology is exceptionally promising, driven by ongoing advancements in technology and clinical expertise. Refined techniques and tools are expected to expand its applications, potentially making NOTES the standard for complex oncologic surgeries, such as advanced endometrial and ovarian cancers. Additionally, its role in pelvic reconstructive surgeries and other gynecologic interventions is anticipated to grow.

To fully establish NOTES as a reliable and widespread surgical approach, large-scale randomized controlled trials are crucial to validate its long-term safety and efficacy compared to traditional methods. Moreover, comprehensive training programs and global collaborations will play a pivotal role in facilitating its adoption among gynecologic surgeons worldwide.

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Exerkine and health

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Exerkines 是隨著運動產生 compounds or signal molecules (autocrine, paracrine or endocrine process)- 對全身相關變化之調解者，是健康益處的關鍵機轉。

運動對全身器官系統有許多有益的影響，疾病照護中運動亦是不可或缺的治療要項，其中的機轉日漸明朗。諸如劇烈的體力活動（中-高強度運動 active exercise）能夠明顯影響生理代謝、心臟血管、腦部循環和免疫系統。且其中分生途徑發生之變化於 2022 Stanford whole- systemic molecular 研究以時間序列分析比較精心設計的 active 運動前後過程之間，揭示了數千個有明顯變化分子，分別是參與能量代謝、氧化壓力、組織發炎、組織修復、種種生長因子反應以及其中參與分生調節途徑的分子們。特別在胰島素抗性參與者，大多數屬於作用於抑制抗性過程，有些胰島素抗性調節途徑過程可被運動誘發分子逆轉。分生研究中亦發現參與心肺運動反應的生物途徑，尤其是峰值耗氧量的諸多血液生物標記是可以用來開發預測模組，監測運動健康效應。不只是一次性的中-高強度運動，長期持續的運動 (chronic exercise) 更能誘發身體組織產生諸多參與“器官間和系統性溝通和協調健康反應分子群”總稱之“exerkines”

目前學界傾向深入了解 Exerkines 種種 exercise health-benefits，且能以 exsome 方式來協助治療 cardio-metabolic, neurodegenerative, cancer, immunity 相關疾病。期打破過往治療瓶頸，更全面性照護頑抗之急慢性疾病。

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肌少症：對於婦科患者的衝擊

Sarcopenia : Impact on Gynecologic Patients

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肌少症 (Sarcopenia) 的定義，於 EWGSOP2 (the European Working Group on Sarcopenia in Older People)、SDOC (Sarcopenia Definitions and Outcomes Consortium)、AWGS (The Asian Working Group for Sarcopenia) 各有些許差異；大致而言，包含了低肌肉量、低肌肉力量、不佳之身體活動表現。而肌少性肥胖 (sarcopenic obesity)，則結合了肌少症與肥胖，造成雙重衝擊。停經婦女之合併骨質疏鬆與肌少症，與其體內之性荷爾蒙缺乏，進而間接影響對於骨骼與肌肉的調控有關。重大婦科手術後的併發症，顯著較常發生於肌少症的患者。尿失禁與肌少症之間，存在獨立的關聯性。肌少症與骨盆底疾病 (pelvic floor disorder) 之間則存有雙向的關係；肌少症可使骨盆底疾病更加嚴重，反之骨盆底疾病也可因阻礙身體運動而惡化肌少症。婦癌患者若有肌少症，其存活成績往往較差；肌少症除了可作為婦癌患者病況嚴重性的指標，也增加嚴重化學治療副作用的機會，並減少完成充分癌症治療的可能性。肌少症的應對，包含營養、運動、藥物等方面，像是營養補充品諸如支鏈氨基酸 (branch chain amino acid)、維生素 D、乳清蛋白 (whey protein)、富含 HMB (hydroxymethylbutyrate) 之乳製品等，以及阻力運動 (resistance exercise)。然而，患者若有心血管疾病、骨或關節疾病、周邊神經病變、淋巴水腫、腸造口等特殊狀況，其運動方面則各有不同的要點。目前已有不少關於肌少症的藥物研究，其中已有一些藥物可以增加肌肉量或是肌力。肌少症與一些婦科疾病之間常互有因果關係。肌少症的防範與治療，有助於提升一些婦科疾病的治療成效，並提升患者的生活品質與自我評價。

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更年期婦女的整體照護

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A woman's bone stock is formed until age 20 and remains stable during the childbearing years ; however, with menopause, bone mineral density (BMD) begins to decrease. This decrease, as well as the other disorders mentioned earlier, is caused by the deficiency of estrogen, which plays a vital role in the bone remodeling process essential for maintaining healthy bone. During menopause, the ability of bones to regenerate is diminished, and their deterioration is accelerated, with a more rapid loss of bone density of 2-3% each year. In these cases, bones become more fragile, and the risk of fractures increases by 50%.

Hot flashes, irritability, and insomnia are just a few of the symptoms that affect women during menopause. These are compounded by sexuality disorders, changes in libido, and a high risk of developing cardiovascular problems and osteoporosis that can worsen in postmenopause. To counter these conditions and alleviate the symptoms caused by this period of change, hormone replacement therapy (HRT) has been proven helpful for years. Tibolone plays an essential role in both treatment and prevention : 1. reduces hot flashes episodes ; 2. protects bone health ; 3. counteracts vaginal atrophy ; 4. counteracts urogenital symptoms typical of menopause (such as vaginal dryness or dyspareunia).

Tibolone is indicated for the management of vasomotor symptoms associated with the menopause and for the prevention of bone loss. It can be considered an alternative to conventional HRT where improvement in libido is desired. Its effect on lipid metabolism and haemostasis are less certain, while the long-term effects of tibolone on breast cancer and cardiovascular disease remain unknown. It is not recommended for use in women with a history of breast cancer and should be used with caution in women over age 60 because of the increased stroke risk.

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Management of obesity in menopause (停經婦女肥胖的處置)

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Obesity presents a major public health challenge globally, especially for menopausal women who experience increased risks due to hormonal changes. The decline in estrogen during menopause alters fat distribution from a gynoid (hip-based) to an android (abdominal) pattern, leading to increased visceral fat and various physiological changes. Aging further complicates this, as it is linked to a reduced basal metabolic rate and a loss of muscle mass, which exacerbates fat accumulation. Factors such as physical inactivity, psychological stress, and poor dietary habits contribute to obesity.

This shift in body composition significantly heightens the risk of cardiovascular diseases and metabolic disorders. Excess weight can place additional strain on joints, raising the likelihood of osteoarthritis, while decreased muscle mass increases the risk of falls and fractures. Menopausal obesity is also associated with depression, poor sleep quality, and worsened symptoms like hot flashes, all of which detrimentally impact quality of life.

Managing menopausal obesity and its related health issues is multifaceted. Effective strategies include lifestyle interventions focused on dietary changes and physical activity. For those who struggle to achieve weight loss through these methods alone, pharmacological options such as GLP-1 receptor agonists (e.g., semaglutide) have proven effective in reducing weight and enhancing metabolic health.

Surgical options, including metabolic or bariatric surgeries like sleeve gastrectomy, are viable for patients with severe obesity or related complications, leading to significant weight loss and relief from comorbidities. Additionally, hormone replacement therapy (HRT) may alleviate menopausal symptoms ; however, obese women need careful evaluation of thrombotic risks, with transdermal administration preferred to reduce these hazards.

Obstetricians and gynecologists play a crucial role in addressing obesity in menopausal women. They should offer tailored health counseling, collaborate with nutritionists, endocrinologists, and bariatric surgeons, and create comprehensive treatment plans. Early intervention and education are vital for effectively preventing and managing obesity in this population.

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The musculoskeletal syndrome of menopause

As the ovarian production of estrogen diminishes in midlife and ultimately stops, it is estimated that more than 47 million women worldwide enter the menopause transition annually. An estimated 70% of all midlife women will experience the musculoskeletal syndrome of menopause, 25% will experience severe symptoms and 40% will have no structural findings.

The musculoskeletal syndrome of menopause includes, but is not limited to, musculoskeletal pain, arthralgia, loss of lean muscle mass, loss of bone density with increased risk of resultant fracture, increased tendon and ligament injury, adhesive capsulitis and cartilage matrix fragility with the progression of osteoarthritis.

These musculoskeletal issues can be attributed to the decline in estradiol, the most biologically active form of estrogen, which impacts nearly all types of musculoskeletal tissue including bone, tendon, muscle, cartilage, ligament and adipose. The fall in estradiol levels leads to five primary changes : an increase in inflammation, a decrease in bone mineral density leading to osteopenia/osteoporosis, arthritis, sarcopenia and a decrease in the proliferation of satellite cells (muscle stem cells).

Given the significant effects of these processes on quality of life and the associated personal and financial costs, it is important for clinicians and the women they care for to be aware of this terminology and the constellation of musculoskeletal processes for which proper risk assessment and prophylactic management are of consequence.

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Endocrine consequences of breast cancer therapy and survivorship

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Breast cancer is currently the most common cancer globally and issues like menopausal symptoms and fertility are increasingly important. Today's lecture will address the long-term endocrine effects caused by treatment in breast cancer patients.

While chemotherapy can induce ovarian failure, Tamoxifen may trigger ovarian hyperstimulation, endometrial tissue growth, and coagulation. Aromatase inhibitors lower estradiol in postmenopausal women by blocking androgen conversion to estrogen and required strategies to prevent increased estrogen production in premenopausal women. The POSITIVE (Pregnancy Outcome and Safety of Interrupting Therapy for Women with Endocrine Responsive Breast Cancer) trial and some retrospective data give some reassurance regarding the safety of interrupting therapy in the short to medium term.

Treatments for breast cancer caused by common menopausal symptoms can be worse than those experienced during natural menopause. Although hormone replacement therapy is typically not advised, non-hormonal treatments may not be as effective for symptoms like hot flashes and vulvovaginal atrophy. The contraindication of exogenous estrogens for managing menopausal symptoms raises questions warranting further debate.

By understanding and addressing these complex issues, healthcare providers can better support the long-term well-being and quality of life of breast cancer survivors.

HIGHLIGHTS

1. Understanding the endocrine and menopausal challenge in breast cancer survivors is key to enhancing their long-term well-being and quality of life.
2. The POSITIVE trial and retrospective data provide reassurance about the short- to medium-term safety of interrupting endocrine therapy for the aim of pregnancy.
3. The contraindication of exogenous estrogens for managing menopausal symptoms in breast cancer survivors raises questions warranting further debate.

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Sleep disturbance associated with the menopause

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Sleep disturbances associated with menopause are prevalent and challenging in midlife women, characterized by frequent awakenings, difficulties in sleep initiation and maintenance, and non-restorative sleep. These disturbances are often linked to hormonal changes, vasomotor symptoms (e.g., hot flashes), mood fluctuations, and anxiety. Research HIGHLIGHTS the pivotal role of hypothalamic kisspeptin/neurokinin B/dynorphin (KNDy) neurons in regulating reproduction, thermoregulation, and sleep-wake cycles. Estrogen decline triggers hyperactivity in these neurons, contributing to sleep problems. Additionally, reduced melatonin secretion and disrupted circadian rhythms exacerbate these disturbances with age.

In terms of pharmacological treatment, hormone therapy (HT) is effective for women with vasomotor symptoms but often requires high doses for symptom control, and its use is limited by contraindications and safety concerns. Emerging treatments like elinzanetant, a neurokinin-1 and -3 receptor antagonist, have shown significant efficacy in clinical trials for managing hot flashes and sleep disturbances, offering a promising avenue for future interventions.

For non-pharmacological approaches, cognitive-behavioral therapy for insomnia (CBT-i) remains the gold standard, demonstrating substantial efficacy in improving insomnia in menopausal women. However, its implementation is hampered by limited access to trained practitioners and patient adherence. Digital CBT-i offers a scalable and effective alternative. Natural remedies, including melatonin, probiotics, and herbal supplements like soy isoflavones, are gaining popularity but require further high-quality evidence to validate their effectiveness.

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Prolactin and Reproduction

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Traditionally, hyperprolactinemia is linked to amenorrhea and infertility. Newer research suggests prolactin plays roles in normal reproduction, influencing oocyte competence, corpus luteum function, endometrial receptivity, blastocyst implantation, and sperm survival. In addition, prolactin plays dual roles as a hormone and cytokine, influencing immune modulation. It primarily affects the negative selection of autoreactive B cells, which is crucial in preventing autoimmune responses. Hyperprolactinemia—elevated PRL levels—has been linked to the development and exacerbation of autoimmune diseases. Dopamine inhibits PRL secretion by acting directly on the pituitary gland or indirectly through hypothalamic pathways. Dopamine agonists, which suppress PRL levels, have shown potential clinical benefits for autoimmune conditions, making them a promising therapeutic avenue.

During ovarian hyperstimulation in IVF, transient hyperprolactinemia is a phenomenon that has been reported. However, the timing of its occurrence remains inconsistent across various studies. This raises an important question: should transient hyperprolactinemia be treated to increase IVF pregnancy rates? Further investigation into this matter is warranted to clarify its clinical significance. Another question to consider is whether hyperprolactinemia should be continuously treated after pregnancy is achieved. Furthermore, it is crucial to investigate whether hyperprolactinemia increases the risk of miscarriage. These issues warrant further research to determine the appropriate management strategies for hyperprolactinemia in pregnancy and its potential impact on pregnancy outcomes. Elevated prolactin levels during breastfeeding disrupt the hypothalamic-pituitary-ovarian (HPO) axis, affecting ovulatory and menstrual cycles. Despite the presence of prolactin receptors in the endometrium, the effects of increased prolactin levels during breastfeeding on endometrial receptivity remain unclear. We are also wondering whether the interval between breastfeeding cessation and the initiation of a frozen embryo transfer (FET) cycle correlates with pregnancy outcomes. Clarifying this relationship may offer valuable insights into determining the optimal timing for treatment.

Prolactin (PRL), a hormone primarily known for its role in lactation, also plays a critical role in reproduction. Its functions extend beyond the postpartum period and are integral to various stages of reproductive processes.

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The Role of Prostaglandins in Follicular Maturation and the Impact of NSAIDs

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Indomethacin, a widely used non-steroidal anti-inflammatory drug (NSAID), is commonly prescribed for its anti-inflammatory, analgesic, and antipyretic properties. Its primary mechanism involves the inhibition of cyclooxygenase (COX) enzymes, leading to decreased prostaglandin synthesis. A retrospective study analyzed data from 121 patients undergoing 255 treatment cycles, including 171 cycles without Indomethacin and 84 cycles where patients received 50 mg Indomethacin three times daily until one day before oocyte retrieval. Results showed that the proportion of cycles without oocyte retrieval cancellation was 76% in the Indomethacin group, compared to 64% in the non-Indomethacin group. Moreover, the incidence of premature ovulation was significantly lower in the Indomethacin group (6%) compared to the non-Indomethacin group (16%). These findings suggest that Indomethacin may reduce premature ovulation, enhancing the success rate of oocyte retrieval procedures.

However, prostaglandins, derived from the cyclooxygenase (COX) pathway, are pivotal in reproductive processes, including follicular maturation, ovulation, and luteinization. Recent evidence has highlighted their regulatory role in granulosa cell proliferation and the cumulus-oocyte complex's ability to undergo essential developmental changes. Transforming growth factor $\beta 3$ (TGF $\beta 3$), identified in human follicular fluid, has been shown to modulate COX-2 expression, enhancing prostaglandin synthesis and promoting oocyte maturation. Elevated TGF $\beta 3$ levels positively correlate with oocyte maturity in both in vivo and in vitro fertilization settings, emphasizing its biological importance.

Complementary animal studies reinforce this concept, as NSAIDs like naproxen and indomethacin, which inhibit COX enzymes, have demonstrated significant disruptions in follicular progression. Naproxen administration in murine models, for example, reduced the size of antral follicles, granulosa cell proliferation, and overall oocyte viability. These findings suggest that NSAIDs may inadvertently hinder critical prostaglandin-mediated processes essential for follicular and oocyte development.

Retrospective analyses of clinical data have indicated that the use of NSAIDs such as Indomethacin may influence ovarian physiology by modulating prostaglandin levels. In ART settings, Indomethacin has been hypothesized to reduce the risk of premature ovulation and improve oocyte retrieval success rates by delaying follicular rupture. However, the impact of Indomethacin on oocyte maturity and embryo quality remains underexplored, necessitating further investigation.

Building on these insights, this study aims to evaluate the retrospective clinical impact of indomethacin administration on follicular maturation in human populations undergoing controlled ovarian hyperstimulation (COH) for assisted reproductive technologies (ART). By leveraging large-scale retrospective data, we seek to elucidate how variations in prostaglandin modulation influence follicular development, oocyte maturity, and overall reproductive outcomes. This research focuses on the potential of indomethacin to modulate prostaglandin-mediated pathways, thereby optimizing clinical strategies to enhance ART success rates while minimizing unintended reproductive effects.

Keywords : transforming growth factor ; TXA2 ; cyclooxygenase ; COX ; IVF ; oocyte maturation

HIGHLIGHTS

- Indomethacin reduces early ovulation by inhibiting prostaglandin synthesis, improving oocyte retrieval success rates during controlled ovarian hyperstimulation (COH).
- Prostaglandin modulation by NSAIDs impacts follicular maturation and oocyte quality, highlighting the delicate balance required for optimal ART outcomes.
- Retrospective analysis explores the clinical implications of indomethacin use in ART, aiming to optimize reproductive outcomes while minimizing unintended effects.

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Endometrium preparation in frozen embryo transfer : nature or artificial

近幾年來，因為冷凍保存技術的改良與進步，使得冷凍胚胎植入 (frozen embryo transfer, FET) 比例迅速增長。研究指出冷凍胚胎植入比新鮮胚胎移植有相等或較高的活產率，也可以避免新鮮週期植入擔心的卵巢過度刺激症 (Ovarian hyperstimulation syndrome) 風險，與可能發生的新生兒低體重 (low birth weight)、胎兒較小 (small for gestational age)、早產的機率。

冷凍胚胎植入的內膜準備可分為自然周期 - 冷凍胚胎植入 nature cycle-FET (NC-FET) 及人工周期 - 冷凍胚胎植入 artificial cycle-FET (AC-FET)：

- 自然周期 - 冷凍胚胎植入 (NC-FET)：對於月經規律的女性，利用患者內源性激素調控內膜成熟，需密切追蹤濾泡或抽血追蹤 LH 或 Progesterone，取消率也較高。
- 人工周期 - 冷凍胚胎植入 (AC-FET)：使用外源性激素 (雌激素和黃體素) 調節內膜，門診追蹤次數可以較少，植入時間較有彈性。外生性的雌激素會抑制濾泡的生成，不會有黃體生成，後續不會產生 relaxin，使得母體在早期懷孕時心血管的適應力較差，而可能因此增加妊娠高血壓的機會。

系統性回顧與統合分析發現 NC-FET 週期中的活產率比 AC-FET 週期高。AC-FET 可能會有較高 early pregnancy loss，而且會增加妊娠高血壓疾病和胎兒過大 (Large gestational age, LGA) 的風險。

我們開始思考，在冷凍胚胎植入時，如何內膜準備才是最佳方案，是否該反璞歸真，回歸自然？

Keywords : Endometrium preparation ; frozen embryo transfer ; natural cycle (NC), stimulated cycle (SC), programmed cycle (PC), artificial cycle (AC)

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The Oocyte Cryopreservation : Medical vs. Social Reasons

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Oocyte cryopreservation (OC), once an experimental technique, has evolved into a cornerstone of reproductive medicine. The journey began in 1986 with the first successful birth from a frozen-thawed human oocyte, marking a breakthrough in fertility preservation. Social oocyte cryopreservation, however, emerged later, with the first documented case reported in the early 2000s as women sought to delay childbearing for personal or professional reasons. This dual application—medical and social—has fueled the widespread adoption of OC, though with varying acceptance and outcomes globally.

Medical Oocyte Cryopreservation primarily serves individuals at risk of losing fertility due to medical conditions such as cancer, autoimmune disorders, or genetic predispositions like premature ovarian failure. These patients often face urgent timelines for ovarian stimulation and egg retrieval before undergoing gonadotoxic treatments. In contrast, Social Oocyte Cryopreservation is an elective procedure undertaken by healthy women who wish to defer childbearing for reasons such as career advancement, education, or the absence of a suitable partner.

While the fundamental principles of oocyte freezing are consistent across both groups, variations in ovarian stimulation protocols and outcomes have been observed. Medical patients, particularly those with diminished ovarian reserve or under the stress of impending medical treatments, often yield fewer oocytes, with lower recovery and maturation rates compared to their counterparts undergoing elective freezing. Social OC participants, generally younger and healthier, benefit from planned stimulation cycles, resulting in higher oocyte yields and better-quality eggs. Fertilization rates and live birth outcomes also tend to favor social OC, largely due to the younger age at which the eggs are typically harvested.

Ethical considerations play a significant role in the global disparity in the acceptance of social oocyte freezing. While countries like the United States, Canada, and Spain embrace its use, others, such as Germany and China, either restrict or prohibit the practice. Opponents argue that social OC medicalizes reproduction unnecessarily and reinforces societal pressures on women to delay childbearing. Additionally, concerns about the commercialization of fertility preservation and equitable access further fuel the debate.

Despite these ethical concerns, the increasing adoption of social OC reflects shifting societal norms and advancements in reproductive autonomy. Nonetheless, significant challenges remain, including the financial burden of the procedure, the psychological impact of unused eggs, and the relatively low utilization rates among women who freeze eggs for non-medical reasons.

In conclusion, while oocyte cryopreservation provides a powerful tool for fertility preservation, its applications in medical and social contexts reveal stark differences in clinical protocols, outcomes, and ethical considerations. The ongoing evolution of this technology necessitates a balanced approach that respects individual autonomy while addressing the societal and ethical implications of its use.

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Do infertile couples or recurrent pregnancy loss would benefit from use of PGT-A

近年來，隨著試管嬰兒技術的進步，胚胎植入前遺傳學檢測技術 (PGT-A) 的應用比例不斷上升。根據美國生殖醫學協會 (SART) 資料庫的數據顯示，PGT-A 的採用率逐年增加。從學理上看，PGT-A 通過篩選染色體正常的胚胎 (euploid)，能夠提高懷孕率並降低流產風險。然而，這項技術並非萬能，過度或不當使用可能帶來潛在風險，例如切片過程可能損害原本能正常發育的胚胎，或將正常胚胎誤認為異常而丟棄。這種誤判可能源於內細胞團 (inner cell mass, ICM) 與滋養層 (trophectoderm, TE) 之間的染色體差異。此外，低度鑲嵌型胚胎 (low-level mosaicism embryos) 可能被判定為異常而丟棄，然而這些胚胎在適當條件下仍有正常發育的潛力。本演講將深入探討 PGT-A 在一般不孕症 (無 RPL) 及 RPL 患者中的應用，分析最新的隨機對照試驗 (RCT) 與大型研究結果，並探討其在不同族群中的利弊，幫助聽眾更全面地理解這項技術的價值與爭議。

首先，我們將從 PGT-A 的基礎原理與運作邏輯開始。PGT-A 是一種用於檢測胚胎染色體異常 (aneuploidy) 的技術，通常在胚胎發育的卵裂期 (Blastomere，約第 3 天) 或囊胚期 (Blastocyst，第 5 天) 進行切片分析。囊胚期切片因胚胎細胞數量較多且切片對胚胎的損傷較小，被認為更為準確。然而，切片本身可能影響胚胎的發育潛能，尤其在卵裂期切片時風險更高。此外，PGT-A 依賴新一代測序 (NGS) 等技術，雖然提高了檢測精確度，但仍可能存在誤判風險，例如將正常胚胎誤認為異常而丟棄，這一點我們將在後文詳述。

接著，我們將介紹反覆流產 (RPL) 的定義與診斷流程。RPL 是指連續發生兩次或更多次自然流產的情況，其病因複雜，可能涉及遺傳因素、子宮構造異常、內分泌失調、免疫問題 (如抗磷脂抗體綜合症) 以及凝血功能異常。診斷流程通常包括男女雙方的體染色體核型分析、子宮結構檢查、內分泌評估、免疫學檢測及凝血功能檢查，以全面評估潛在原因。對於 RPL 患者，PGT-A 的目標是篩選出染色體正常的胚胎，降低流產風險。

在一般不孕症的應用中，PGT-A 的證據與爭議值得深入探討。許多隨機對照試驗顯示，PGT-A 在高齡婦女 (通常指 35 歲以上) 中能夠提高懷孕率並降低流產率。例如，Scott et al. (2013) 的研究發現，PGT-A 顯著提升了 IVF 的植入率與活產率。然而，STAR 試驗 (2019 年) 卻指出，使用新鮮胚胎移植時，PGT-A 並未顯著提高懷孕率，可能是因為該試驗排除了鑲嵌型胚胎 (mosaic embryos)，低估了 PGT-A 的潛在益處。此外，Yan J. (2021) 的另一項發表在 NEJM 的大型 RCT (N=1212，年齡 20-37 歲) 發現，PGT-A 組的活產率並未高於對照組，且需要更多次植入才能成功懷孕，但該研究可能因僅切片 3 顆胚胎而低估了 PGT-A 的功能。由原理上來推論，PGT-A 並不改變胚胎的染色體狀態，而是識別異常胚胎，但切片卻可能損傷胚胎，或因假陽性診斷丟棄健康胚胎。對於年輕族群 (35 歲以下)，胚胎染色體異常率較低，PGT-A 反而可能因減少可用胚胎數量或延長培養時間而降低懷孕率，特別是對卵巢儲備功能下降 (DOR) 的患者而言，可能延長懷孕所需的時間。此外，PGT-A 的高成本也是一大考量，根據不同國家的統計，其費用可能顯著增加患者的經濟負擔。美國生殖醫學會 (ASRM) 指南建議，PGT-A 可作為一種選擇，但不應常規使用，尤其在年輕、低風險患者中。

對於 RPL 患者，PGT-A 的應用同樣充滿爭議，目的在挑選健康胚胎以降低流產風險。Bhatt et al. (2021 年) 的研究發現，PGT-A 在 RPL 患者中與較高的活產率和臨床懷孕率相關，但流產率並未顯著下降。文獻結果不一，部分研究支持其效益，另一些則未發現顯著差異。ASRM 指南指出，PGT-A 在 RPL 患者中並非必須，但可在特定情況下考慮，例如高齡或反覆 IVF 失敗的患者。重要的是，RPL 患者應首先接受全面檢查，若確認父母一方帶有染色體平衡易位，可考慮結合 PGT-SR (針對結構重排的遺傳學檢測) 與 PGT-A。

演講中還將探討 PGT-A 的新興技術與爭議。非侵入性 PGT-A (Non-invasive PGT-A) 是一項前景看好的技術，通過分析胚胎培養液中的 DNA 進行遺傳學檢測，避免切片對胚胎的損傷。然而，這項技術目前仍處於研究階段，其準確性與可靠性尚待驗證。

最後，本演講將提供實用的總結與工具。我們將以表格形式概述 PGT-A 在不孕症與 RPL 中的優缺點，基於證據支持其在高齡婦女中的益處，以及在年輕族群與 RPL 患者中的侷限性。對於 RPL 患者，建議首先進行全面檢查，針對特定遺傳異常提供 PGT-SR 與 PGT-A 的聯合應用。最後，我們開發了一個互動式 Web App，供患者與臨床諮詢人員根據年齡、胚胎數量等參數，評估 PGT-A 的風險、益處與成本，促進共享決策。此工具允許自訂參數 (如胚胎冷凍存活率)，並邀請觀眾提供建議以進一步完善。

關鍵字：PGT-A、不孕症、反覆流產、IVF、高齡婦女、共享決策

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Chronic endometritis : diagnosis, management and treatment efficacy

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This speech will underscore the challenge of achieving a diagnostic consensus for chronic endometritis. It emphasizes the goal of dissecting various diagnostic approaches, including traditional histopathology, immunohistochemistry, hysteroscopy, and advanced molecular techniques such as PCR and Next-Generation Sequencing (NGS). It also opens the discussion for evaluating the efficacy and specificity of these methods in the context of endometrial health and immunity, setting the stage for a comprehensive exploration of how these diagnostics can impact the understanding and treatment of infertility linked to chronic endometritis. The endometrial microbiota will be disclosed in normal and chronic endometritis cases.

We aim to develop a diagnostic flow chart in chronic endometritis and infertility patients with endometrial dysbiosis. Lactobacillus-dominant (LD, with a Lactobacillus spp. abundance percentage greater than 90%) and non-Lactobacillus-dominant (non-LD, with a Lactobacillus spp. abundance percentage smaller than 90%) will be discussed in vaginal, endocervix and endometrium. The microbial colonization profiles found along the reproductive tract at each anatomical site were discussed.

Highlight :

- The microbial colonization profiles along the reproductive tract at each anatomical site.
- The microbiome correlation between endocervix samples and endometrium.
- The treatment efficacy and follow-up pregnancy outcomes.

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談腹膜外剖腹產利弊與風險控管

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近年來，腹膜外剖腹生產 (extraperitoneal cesarean section, ECS) 因減少術後疼痛、降低沾黏與感染風險逐漸受到關注，在婦產科醫師間形成討論，並為部分產婦的新選擇。然而，腹膜外剖腹產並非適用所有孕婦，仍有其限制與風險，包括不適用胎盤前置或植入、胎盤早剝，或胎兒過大、胎位不正、胎兒窘迫等。且手術視野受限，手術技術要求提高，如果出現不預期之血管破裂出血或胎兒娩出困難時，常有較嚴重之不良結果出現。需審慎評估適應症及相關風險控管措施，例如嚴格選擇適應症、加強手術者之訓練、術前充分醫病溝通等，以確保母嬰安全。

腹膜外剖腹產手術具備一定優勢，能減少術後疼痛、降低沾黏與感染風險，適合特定產婦，並非所有產婦皆適用。對於產科醫師而言，應審慎評估適應症，提升手術中應變與手術後之觀察與處置，以確保母嬰手術安全與最佳產科照護品質。

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 高雄市登革熱研究中心 代理主任
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自費醫療的法規範

自費醫療收費佔目前醫療機構整體營收比例逐步上升，因應現今的醫療市場環境劇烈改變、新興科技發展以及民眾對醫療服務需求與水準提升的期待，健保不給付的自費醫療項目勢不可免。

然醫療屬高度專業特性，使得醫療行為受到政府的加強管制，針對醫療機構醫療費用的收取，醫療法第 21 條及 22 條定有明文規範。法規分別規定醫療機構收取醫療費用之標準，由直轄市、縣（市）主管機關核定之，以及醫療機構不得違反收費標準，超額或擅立收費項目收費。換言之，若未經核定或未按核定內容收取費用，則違反醫療法相關規定，參憲法德 113 年憲判字第 10 號【醫療費用收取標準案】判決，該等法規未牴觸法律明確性原則、比例原則，與憲法保障職業自由及契約自由之意旨無違。

有關醫療費用收費標準，衛生福利部訂定「醫療費用收費標準核定作業參考原則」供各地衛生主管機關審查作業之依循，其中針對非屬健保給付項目，訂有主管機關應衡酌醫用者意見，參考機構提供之醫療設施水準、成本分析與市場行情等資料，依審查程序據以核定之原則。為因應新興科技和數位醫療的發展，同時簡化申請審查流程，提升審查效率，衛福部規劃推動「全國性醫療費用資訊平台」，透過資訊化系統，針對「全國首例且無對應診療項目之新醫材或創新醫材」，可改由中央統一審查，作為各縣市衛生局簡化審查程序之參考，預計今年上半年上路。

自費醫療涉及鼓勵醫療發展及民眾權益保障的衡平與兼顧，特別是醫療論理的架構精神不能偏廢，如何以病患利益優先的核心價值出發，是需要凝聚共識達成民眾健康的重要使命目標。

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談相關法律爭議-聚焦告知義務及同意取得

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在台灣，腹膜外剖腹產是曾經流行的生產方式，由於宣稱有低痛感和快速恢復的優點，吸引了一些產婦的關注，然而，這種手術方式也有相關的醫療風險和法律問題值得重視，藉由本次演講來探討相關可能的法律爭議，並聚焦在告知後同意的取得。

一、腹膜外剖腹產的醫療行為

目前通說，從醫學的角度來看，腹膜內剖腹產因其較低的醫療風險和併發症被視為是安全的選擇。醫學會也建議基於產婦和胎兒的安全，應優先選擇腹膜內剖腹產。

故實施腹膜外剖腹產，必須考慮腹膜外剖腹產是否符合醫療常規？若未符合醫療常規是否符合合理臨床專業裁量權。

二、腹膜外剖腹產的知情同意

涉及如何進行知情同意，以及知情同意有效性的判斷標準。

對於知情同意的判斷，有 95 年最高法院台上字第 3476 號判決的「不可逆風險告知說」以及 96 年最高法院台上字第 2476 號判決「重大風險告知說」。

三、自費腹膜外剖腹產的爭議

健保對於剖腹產相關的給付規定，如採取自費腹膜外剖腹產，涉及是否能再向病人收費、如何收費、以及是否能差額收費的爭議，若醫療機構在提供腹膜外剖腹產時向產婦收取額外費用，必須有充分的醫療理由和法律依據，否則可能被視為違法，特別是在沒有獲得地方衛生局核准的情形。

綜上，醫療行為對於腹膜外剖腹產的選擇和執行應謹慎處理，特別是在獲取知情同意和確定收費標準方面。

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醫療倫理與腹膜外剖腹產

傳統上醫病之間是雙向關係。病人帶著他們最急迫的醫療需要來尋求醫師的協助，並且信賴醫師會以他們的最佳利益行事。世界醫師會日內瓦宣言 (The World Medical Association Declaration of Geneva) 承諾將病患的利益置於自身的利益之上。因為「病患的健康將是我的首要顧念」。而同理心 (compassion)、能力 (competence) 與自主 (autonomy) 是醫學倫理的基礎。自主或自決 (self-determination) 是近年來變化最大的醫學核心價值。病患自主是說病患對於會影響他們自身的事務應為最終決定者；醫師自主與尊重病患自主問因而可能會有衝突。

隨著醫療科技的進步，醫療支出快速上漲，再加上醫病之間有資訊不對稱性，政府因此以社會保險的方式介入，建立醫療財務體系；且以集體方式協助體系內的保險對象，得著有品質、有效率的醫療服務，醫病之間變為三角關係。

全民健康保險有關生產的給付是以論病例計酬方式支付，同時要求執行基本診療項目之 65% 並符合出院狀態，以確保品質。不符醫學上適應症而自行要求施行剖腹產者，依自行要求剖腹產點數支付 (約為一般剖腹產支付的 50%)，而剖腹產支付點數又較陰道生產的支付為低，以鼓勵採行陰道生產。

自 2022 年 7 月至 2024 年 3 月，腹膜外剖腹產生產事故共有十個案例，其中 7 個案例發生在連鎖診所體系；造成的事故主要為 5 例產婦子宮切除、1 例產婦死亡、1 例產婦重度身心障礙。這種分布似乎隱含此種術式對產婦的風險不可忽視，而連鎖診所體系的醫師有意識的鼓勵採行。

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兒童身世告知之法規範

司法院釋字第 587 號解釋援引聯合國兒童權利公約第七條之規定，揭示子女有獲知其身世的權利，此一權利攸關子女之人格權，而受憲法之保障。在德國基本法上亦承認之，認為身世告知為結合祖先、個人意識，形成理解自己及社會地位之關鍵因素，成為構成人格之要素，故應給予相關資訊。但在人工生殖之情形，兒童身世告知則繫於代孕者與捐贈精卵者之個人資訊係屬其個人資料，其享有決定應否公開、何時公開以及如何公開之權利，而受憲法隱私權所保障，因此兩者均受憲法保障之權利產生衝突時，應如何解決，成為兒童身世告知權落實的重要關鍵。

在參酌外國立法例時，世界各國有分歧的作法，德語系國家之規定，包括奧地利、瑞士、德國已有明文之法規範，使人工生殖子女得在一定條件下請求身世之告知。英國與法國亦然，其修正匿名捐贈之規定，甚至使人工生殖子女得以請求捐贈者之識別資訊。至於北歐的瑞典是第一個不採取捐贈匿名制之國家，而確保兒童的身世告知權，更在民法中明文規定之，要求父母應在適當時期盡速告知子女為人工生殖所出。反而丹麥並未有明文規定，捐贈者得自行決定揭露資訊之範圍、時點與對象，故兒童身世告知權的落實乃完全繫於捐贈者之意願。同樣的，在美國加州對於捐贈者身分乃採用保密制度，僅在法院認為有正當理由 (good cause shown) 之情形下，方得例外允許揭露捐贈者之身分。

回到我國現行法的規定，人工生殖法第 27 條規範了人工生殖機構應向主管機關所通報的資料，其中包括人工生殖之個案資料，以及人工生殖法第 29 條，在有特定情形下，包括結婚及收養對象有違反法律規定之虞時，人工生殖子女與其法定代理人方得向主管機關查詢捐贈精卵者之資訊，前者係以行政管理為目的，後者則為優生保健之需求，避免造成血統紊亂，而與保障未成年子女之人格發展權無涉。為此，於 2024 年公布的人工生殖法之修法草案於第 48 條增訂捐贈人資料、人工生殖紀錄及代孕生殖施行情形之通報規範；於第 50 條則修正人工生殖子女可知悉捐贈人資訊之要件，除原本之特定情形外，另外得基於醫療需求，向中央主管機關查詢其生殖細胞捐贈人之辨識資訊。此一修正雖承認了兒童身世告知權保障之必要性，但與第三方的隱私權權衡下，僅開放非辨識資訊，辨識資訊僅在特定情形下方得以開放。因此相較前述外國立法例，第三方的隱私權仍優先兒童身世告知權而受保障。

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2013 年：無精子発覚

2015 年～2017 年：日本国内で AID 治療 合計 20 回

2017 年：台湾での治療開始

2018 年：長女出産 (台湾人ドナー)

2022 年：一般社団法人 AID 当事者支援会設立代表就任

2024 年：医療機関、政府機関、教育機関などで講演多数

2024 年：次女出産 (台湾人ドナー)

2025 年：無精子症当事者メンバーが 700 人を超える日本最大の団体に成長

(講者以日文演講・現場中文口譯)

『我が子に提供精子で生まれたことを伝えながら育てる大切さ』

今回の講演では、2つのお話をします。

1つ目は、告知の重要性です。

子どもは成長するにつれて、自分のルーツやアイデンティティに対する理解が深まります。親が早い段階で告知することで、子どもが自己理解を深めやすくなります。

また、正直に話すことで、親子間の信頼関係を強めることができます。子どもが後から知ると、親からの裏切りを感じることもあるため、事前に説明することが大切であることを日本での例を紹介して説明します。

2つ目は、告知の方法です。

幼少期から情報を与え、子どもの理解力に応じて段階的に伝える方法が有効です。さらに伝える内容は「血のつながりがない」ことだけではありません。子どもにとっての安心安全な「告知」とは何かについて、私や多くの無精子症家族が実践してきた内容を具体的にお伝えします。

この講演終了後には、提供精子を使って授かった子どもへの告知の大切さと必要性、さらに具体的な告知の方法が実際のケーススタディを通して実践的に理解できます。

Keywords：無精子症、告知の重要性、アイデンティティの形成、親子の信頼関係の構築、具体的な告知方法

HIGHLIGHTS：子どものアイデンティティ形成や親子の信頼関係を強化するためには、早期かつ率直な告知が必要です。

年齢や理解力に応じた段階的な情報提供が効果的であり、専門用語を避けコミュニケーションを促す環境作りが大切です。また、子どもの反応に備えた心構えや、実際の体験談を通じて参加者の理解を深めることを目指します。

(以下為CV、摘要中文翻譯)

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Ryusei Terayama

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2013 年：發現無精子症

2015-2017 年：日本共實施 20 例 AID 治療

2017 年：在台灣開始治療

2018 年：生下第一個女兒 (台灣捐贈者)

2022 年：一般社團法人 AID 支援協會創辦人及代表

2024 年：在醫療機構、政府機構和教育機構進行多次演講

2024 年：生下二女兒 (台灣捐贈者)

2025 年：成長為日本最大的組織，擁有超過 700 名無精子症患者成員

『在撫養孩子時告訴他們，他們是由捐贈者精子所生，這很重要』

在這次演講中，我將講兩件事。

第一是通知的重要性。

隨著孩子們的成長，他們對自己的根源和身分有了更深入的了解。父母及早通知將有助於孩子更深入地了解自己。

誠實說話也有助於增強父母與孩子之間的信任。如果孩子後來發現了，他們可能會覺得被父母背叛了，所以我們將用日本的例子來解釋為什麼提前解釋事情很重要。

二是告知方式。

從小就提供資訊並根據孩子的理解程度分階段進行溝通是有效的。此外，其傳達的訊息已不僅限於「沒有血緣關係」。我將詳細解釋我和許多其他無精子症家庭為確保孩子安全無憂地「通知」所做的努力。

完成本講座後，您將透過實際案例研究實際了解告知使用捐贈精子受孕的孩子的重要性和必要性，以及告知的具體方法。

關鍵字：無精子症、通知的重要性、身分形成、建立親子之間的信任、具體通知方法

重點：早期和誠實的傾訴對於幫助塑造孩子的身份和加強父母與孩子之間的信任是必要的。

根據年齡和理解程度逐步提供資訊是有效的，同時創建一個避免技術術語並鼓勵交流的環境也很重要。我們也旨在幫助參與者為孩子的反應做好準備，並透過實際體驗加深他們的理解。

Tang Boon Nee 董文妮
(馬來西亞)

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SY35

Simulation Training in Obstetric Emergency : Method, Outcome & Challenges

Dr Tang Boon Nee
MBBS, FRCOG
Director of ICOE OGSM

Simulation training has emerged as a pivotal methodology in medical education, particularly in obstetric emergencies. Based on learning theory of Miller's pyramid, it allows healthcare professionals to develop and refine their skills in a risk-free environment, thereby enhancing clinical preparedness.

ICOE (Intensive Course in Obstetric Emergencies) is a Simulation Course for Obstetric Emergencies, 10 years in running in >10 countries. It is a 2 day on site course, focusing on skill acquirement and refreshment, using simulation techniques, including high and low fidelity manikins, scenarios with standardised patients. Non-technical Skills are also introduced and emphasised.

We will discuss its aims and highlight the benefits, methodologies, and outcomes associated with such training, and to underscore its significance in improving both individual and team performance during critical obstetric situations. In particular, its cross country experience will be discussed.

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Hypertensive disorders in pregnancy (理論課程及模擬演練)

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Hypertensive disorders in pregnancy (HDP) remain a significant global burden and public health concern as they affect 5 – 10% of pregnancies. Despite numerous evidence-based studies, there is still a lack of a standardized explanation of the pathophysiology or an absolute preventive method. As the disease progresses, pre-eclampsia and eclampsia rank among the top ten causes of morbidity and mortality for both women and unborn children. One of the key factors identified is the shortage of trained healthcare professionals and midwives who can provide timely interventions for hypertensive disorders. The implementation of multifaceted strategies over the past few decades has successfully reduced maternal deaths due to HDP by 30% from 1990 to 2019 worldwide. Structured and regular training for healthcare professionals covers important aspects : recognition of HDP, optimal control of blood pressure, identification of complications due to HDP, seizure prophylaxis, and timely delivery. Classification of HDP and the degree of hypertension are crucial in deciding the timing and type of antihypertensive agents. Training for preparing and administering magnesium sulfate as seizure prophylaxis is fundamental for healthcare professionals. This includes monitoring for the side effects of antihypertensive agents and magnesium sulfate. Stepwise principles of managing eclampsia are introduced to reduce maternal and fetal complications. Team management, optimal stabilization, and communication between hospitals and teams minimize delays and hiccups.

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臀位陰道分娩 (理論課程及操作)

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臀位分娩是產科領域中最具技術挑戰性的自然生產形式之一，隨著剖腹產技術的進步，許多醫療院所逐漸減少臀位陰道分娩的施行，導致年輕醫師缺乏相關經驗。然而，在某些臨床情境下，如第二胎臀位的急產、未及時發現的臀位分娩，仍需要產科醫師具備熟練的臀位接生技術。有鑑於此，本次課程特別運用高擬真度分娩模型與骨盆模具，為住院醫師創造接近真實的學習環境，以建立處理臀位陰道分娩的核心能力。此互動式課程，除了強調實證醫學的重要性，更著重於透過實際操作，培養臨床技巧與風險評估能力。

工作坊運用分娩模擬系統，將循序漸進的進行臀位分娩技術示範與演練，包括 Lovset's manoeuvre、Mauriceau-Smellie-Veit manoeuvre、Application of Forceps to After Coming Head 等各種輔助性手法及關鍵技巧。每項技術示範後，學員即可在模擬系統上實際操作，透過即時回饋與修正，體會胎兒通過骨盆各平面時的解剖關係與手法要領。本課程讓住院醫師能在安全的環境中重複練習臀位接生的技巧。藉由強調實作的教學模式，搭配精確的模具設計，有效解決臨床上難以獲得實際操作機會的困境。期望透過高擬真度模具的實作訓練，提升住院醫師對臀位分娩的信心與技術水準，確保在必要時能提供安全且適切的臀位陰道分娩服務。

沈靜茹

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產科 主任

肩難產 (理論課程及操作)

肩難產為產科最具挑戰性的急症之一，其發生既無法預期，又需要醫療團隊在極短時間內精準判斷並展開協調處置，稍有延遲即可能危及母嬰安全。然而，此類緊急情況在臨床實務中發生頻率相對較低，造成住院醫師在訓練過程中往往缺乏實際處置經驗。有鑑於此，本次課程特別運用高擬真度模擬教學，為住院醫師創造近似真實的學習環境，透過結合理論與實作的全方位模擬訓練，建立處理肩難產的核心能力。此 30 分鐘的高強度互動式課程，不僅強調實證醫學的重要性，更著重跨團隊即時溝通與協作，藉由實際操作提升臨床決策能力與危機處理效能。

工作坊秉持「從做中學」的教學理念，課程設計包含兩大核心元素：首先是循序漸進的緊急處置流程示範與演練，包括 McRoberts 姿勢、恥骨上壓、內旋轉手法及後肩臂釋放等關鍵技巧。技術示範後，學員立即在指導下實際操作，透過即時回饋與修正，確保技術要領的精準掌握。其次是完整情境模擬，讓學員在高擬真度情境中，整合各項技術並培養團隊合作默契。

本課程期待透過高擬真度模擬訓練，讓住院醫師在安全的環境中學習及演練肩難產的處置技巧。藉由強調實作的教學模式，有效解決臨床上難以實際操作演練的困境，讓住院醫師能在模擬情境中反覆練習，熟悉各項處置技巧。課程架構除了完整涵蓋國際最新實證準則外，更深入考量台灣在地醫療環境與資源配置，特別著重於建立系統性的急症處理流程與團隊溝通模式。期望透過密集且有效的實作訓練，顯著提升醫療團隊的臨床處置能力，最終達到改善母嬰預後的核心目標。

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孕產婦呼吸道處理與急救 (理論課程及操作)

一、課程大綱

1. 孕產婦呼吸道管理與急救的重要性
2. 孕產婦生理解剖及生理變化
3. 孕產婦氣道處理的關鍵要點
4. 孕產婦呼吸道緊急處理流程
5. 孕產婦急救 (ACLS in Obstetric Setting)
6. 案例討論與臨床指引
7. 實作操作 (工作坊 / 示範)
 - 氣道管理操作
 - 影片喉鏡與傳統喉鏡插管示範
 - 甦醒球 (Bag-Valve-Mask, BVM) 及喉罩呼吸道 LMA 的正確操作
 - 高級心肺復甦術 (ACLS) 示範
 - CPR、AED、藥物投予及團隊分工練習
8. 問題與討論

二、課程摘要

本課程旨在強化婦產科住院醫師對於「孕產婦呼吸道處理與急救」的核心知識與臨床技能。懷孕期間的生理與解剖結構改變，包含氧耗量增加、呼吸道黏膜水腫以及胃內容物逆流風險提升等，使得孕產婦在臨床上更容易面臨氣道管理和急救的困境。因此，建立正確的預防觀念與有效的處置流程至關重要。

課程內容將透過理論與實作並重的形式，包括：

孕產婦生理特性與氣道處理重點：深入探討孕期生理解剖學及常見臨床挑戰，並介紹快速序貫插管 (RSI) 及困難氣道預測技術。

孕產婦急救流程修正：在心肺復甦術 (CPR) 及自動體外心臟電擊去顫器 (AED) 使用時，強調子宮左偏移及氣道維持的重要性。

臨床案例討論與最新指引：結合急重症臨床實例及最新國際臨床指引，讓學員更能掌握多元、複雜的情境應對。

操作示範與反覆練習：透過操作工作坊示範氣道管理工具 (如影片喉鏡、喉罩呼吸道 LMA 等) 及 ACLS 流程，培養學員臨場判斷與團隊合作能力。

期望本課程能協助住院醫師從基礎理論到進階操作，全面提升處理孕產婦氣道緊急狀況及心肺復甦術的臨床能力，確保孕產婦與胎兒在危急情況下獲得最佳的照護品質。

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Obstetric Emergency Simulation (模擬演練)

產科急症的處置是一項高度專業且富挑戰性的臨床工作，需要醫療團隊具備紮實的專業技能與絕佳的團隊合作默契。在現今重視病人安全的醫療環境中，情境擬真教育已成為培訓醫療人員的黃金標準。透過高擬真度模擬訓練，不僅能在零風險的環境中強化醫療團隊的臨床技能與應變能力，更能有效降低實際臨床工作中的醫療風險。本課程作為 2025 年台灣婦產科醫學會年會住院醫師教育訓練的綜合演練，特別設計多層次的臨床情境，讓住院醫師在安全且結構化的環境中，培養處理危急情況的核心能力。

課程內容聚焦於高風險產科情境的綜合演練，參與者需要在高擬真度的模擬環境中，靈活運用並整合各項急症處置技能。訓練重點包括快速且精確的臨床評估、清晰的團隊溝通、明確的角色分工、即時的臨床決策，以及熟練的技術操作。這種系統性的培訓模式，能確保住院醫師在面對真實急症時，具備充分的臨床處置能力與專業自信。

在 30 分鐘的密集演練過程中，參與者將面對動態變化的臨床情境，需要展現敏銳的判斷力與果斷的行動力。課程特別強調即時回饋機制，透過結構化的情境後討論，深入檢視每個決策點與執行細節，協助學員建立系統性的臨床思維模式，同時強化以病人安全為核心的專業素養。

本課程期望透過高品質的實境模擬演練，有效提升住院醫師的急症處置能力。藉由標準化的訓練流程與系統性的教學設計，確保醫療團隊能在危急時刻展現專業實力，為每位產婦提供最適切的醫療照護。

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How diabetes impacts the LUTS. What can be done?

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Global Impact of Diabetes

Diabetes is a burgeoning global health issue with significant societal costs. It is a leading cause of various severe health complications, including cardiovascular disease, blindness, kidney failure, and lower-limb amputation. Effective management of blood glucose levels, blood pressure, and cholesterol is crucial in delaying or preventing these complications.

Diabetic Bladder Dysfunction (DBD)

First described by Jordan et al. in 1935, diabetic bladder dysfunction (DBD) is characterized by decreased bladder sensation, increased bladder compliance and capacity, and impaired detrusor contractility. Common symptoms include overactive bladder (OAB) with urgency incontinence, impaired bladder emptying, urinary retention, and overflow incontinence.

Prevalence and Impact

A significant proportion of diabetic patients, ranging from 80-93%, report experiencing LUTS. DBD disproportionately affects women and remains an understudied area, necessitating further research and attention.

Clinical Phenotypes and Urodynamic Findings

Studies reveal varying prevalence rates of detrusor overactivity (DO) and detrusor underactivity (DU) among diabetic patients. The lack of standardized definitions complicates the diagnosis and understanding of these conditions.

Risk Factors

The risk of LUTS in diabetic patients increases with longer disease duration and higher HbA1c levels, highlighting the importance of early detection and management.

Differences Between Type 1 and Type 2 Diabetes

Type 2 diabetes is associated with a higher prevalence of incontinence, while Type 1 diabetes is linked to impaired sensation and contractility. These differences underscore the need for tailored approaches in managing diabetic patients.

Pathophysiology

The pathophysiology of DBD involves several factors :

- **Smooth Muscle Dysfunction** : Early stages are marked by hypercontractility, while late stages exhibit hypocontractility.
- **Urothelial Dysfunction** : Overexpression of M3 receptors and impaired sensory function are notable features.
- **Neuropathy** : Sensory and motor nerve impairment, along with NGF dysregulation, play critical roles.

Implications for Clinical Practice

Effective management of DBD in diabetic patients requires regular screening and monitoring of urinary symptoms. Future research should focus on human clinical studies to better understand and address this condition.

Conclusion

Diabetic bladder dysfunction significantly impacts a large portion of diabetic patients, with varying clinical presentations. Individualized management and early detection are essential for effective treatment and improved quality of life.

許鈞碩

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Who Can Benefit from Pelvic Floor Muscle Exercises? How is the Evaluation Before Treatment?

Who Can Benefit from Pelvic Floor Muscle Exercises?

Pelvic floor muscle exercises (PFMEs) are an effective intervention for various pelvic floor disorders in women. They are particularly beneficial for :

1. Urinary Incontinence (UI) – PFMEs are the first-line treatment for stress urinary incontinence (SUI), urge incontinence, and mixed urinary incontinence, improving muscle strength and bladder control (Price et al., 2021).
2. Pelvic Organ Prolapse (POP) – Women with mild-to-moderate POP can benefit from PFMEs, which help reduce prolapse symptoms and delay progression (Nygaard et al., 2022).
3. Postpartum Recovery – Pregnancy and childbirth weaken pelvic muscles. PFMEs aid postpartum recovery, preventing incontinence and pelvic instability (Frawley et al., 2020).
4. Pelvic Pain and Sexual Dysfunction – Women with dyspareunia or pelvic pain benefit from relaxation-focused PFMEs, which improve muscle coordination and enhance sexual function (Berghmans et al., 2019).
5. Preventative Care – Regular PFMEs help maintain pelvic floor health, especially during pregnancy and menopause (Dumoulin et al., 2022).

Evaluation Before Treatment

A comprehensive assessment ensures proper diagnosis and treatment planning :

1. Medical History – Includes symptoms, obstetric history, lifestyle, and previous treatments. Standardized questionnaires like the Pelvic Floor Distress Inventory are useful (Price et al., 2021).
2. Physical Examination – Evaluates pelvic muscle function, using tools like the Modified Oxford Scale to assess strength (Nygaard et al., 2022).
3. Functional Assessment – Examines posture, breathing, and core stability.
4. Biofeedback and Imaging – Tools like real-time ultrasound help ensure correct muscle activation (Dumoulin et al., 2022).
5. Patient Education & Goal Setting – Ensures proper exercise technique and sets treatment goals based on individual needs.

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Outcomes of MUS surgeries for SUI among Taiwanese women

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Mid-urethral sling (MUS) operations have been the most extensively researched and widely accepted surgical treatment for stress urinary incontinence (SUI) with excellent cure rate and good safety profile. There are various types of MUS which can be offered and have evolved in technique, kit and application from retropubic approach to trans-obturator and mini-sling or single incision sling.

This review showed the evolution of MUS and its comparable therapeutic efficacy.

In this review we collated published data on MUS surgery performed among Taiwanese women with SUI in search for the best techniques and their outcomes. We reviewed 77 articles, searched using PubMed platform related to MUS in USI among Taiwanese women from 1998 to 2023. There are 24 articles totaling 2733 participants with at least a 12-month follow-up after MUS. Objective cure rate for trans-obturator tape (TOT), retropubic sling (TVT, tension vaginal tape), single incision sling (SIS) (Solyx) and SIS (MiniArc) are 80%-92%, 88%-94%, 87%-90% and 87%-91% respectively, while subjective cure is 60%-90% in TOT, 86% in SIS (Solyx) and almost 90% in SIS (MiniArc). Subsequently, we dwell into the relative few complications of each type of MUS including major complications (bladder injury, hematoma and vaginal injury) and minor complication (tape extrusion, urinary retention, UTI, voiding dysfunction, dyspareunia, groin pain, and denovo urgency, frequency).

Postoperative urinary retention (POUR) is a common consequence of urogynecologic surgery.

In our recent study of MUS in Changhua Christian Hospital, a total of 866 patients were included. The total objective cure rate of urodynamic stress incontinence was 91.7%, of which 686 patients had no POUR (79.2%), 158 had transient POUR (18.3%), and 22 had prolonged POUR (2.5%). No patient with severe POUR required a Foley catheter 2 weeks after discharge. Incidences of POUR were not significantly different between patients with and without concomitant pelvic reconstructive surgery. However, patients with SIS had a higher incidence of POUR than those with TOT ($p < 0.05$). Multiple logistic regression analysis revealed that old age, previous hysterectomy, MUCP < 30 cmH₂O, and SIS were the risk factors for POUR. Clinicians should be aware of the risk factors for POUR and strive for adequate prevention and management.

In conclusion, MUS is the gold standard as a treatment for SUI with the best cure outcome, improvement in patient symptoms and quality of life. This procedure not only has high acceptance rate not in Taiwan, but also has promising outcome supported and endorsed internationally by IUGA Society and FIGO. Nevertheless, continuous training, monitoring of outcomes, reporting and longer-term data are still crucial to provide clearer depiction of MUS efficiency and long-term effects.

蘇國銘

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POP Surgery : should the uterus be removed or retained, and what should be considered?

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Pelvic organ prolapse (POP) is a common gynecological condition that results from weakened pelvic floor support, often necessitating surgical intervention. A crucial decision in POP surgery is whether to **remove or retain the uterus**, as both options have significant implications for anatomical integrity, surgical outcomes, recurrence risk, and patient quality of life. Clinical factors, patient preference, and long-term health considerations should guide this decision.

1. Anatomical and Surgical Factors

- **Hysterectomy-Based Repair** : Traditionally considered the standard approach in POP surgery, hysterectomy is often recommended when the uterus contributes to prolapse or when additional pathology (e.g., fibroids, adenomyosis, or malignancy) is present. However, it may increase the risk of vaginal vault prolapse and require additional reconstructive procedures.
- **Uterine-Sparing Surgery** : Advances in reconstructive techniques have made uterine preservation a viable option. Procedures such as **sacrohysteropexy** (mesh suspension of the uterus) and **hysteropexy** (native tissue support) aim to restore pelvic floor stability while maintaining the uterus, often leading to **shorter operative times and reduced morbidity**.

2. Patient-Centered Considerations

- **Fertility and Hormonal Aspects** : Uterine preservation is essential for women who desire future pregnancies. Additionally, some studies suggest that **preserving the uterus may help maintain pelvic nerve function**, potentially benefiting sexual function and hormonal balance.
- **Psychological and Quality of Life Factors** : Many patients prefer **uterine preservation for psychological and cultural reasons**, viewing the uterus as integral to their identity. Conversely, some may prefer hysterectomy to eliminate future gynecological concerns.

3. Oncological and Pathological Considerations

- **Indications for Hysterectomy** : If the patient has a history of **endometrial hyperplasia, uterine fibroids, or malignancy**, hysterectomy is the preferred approach to prevent further complications.

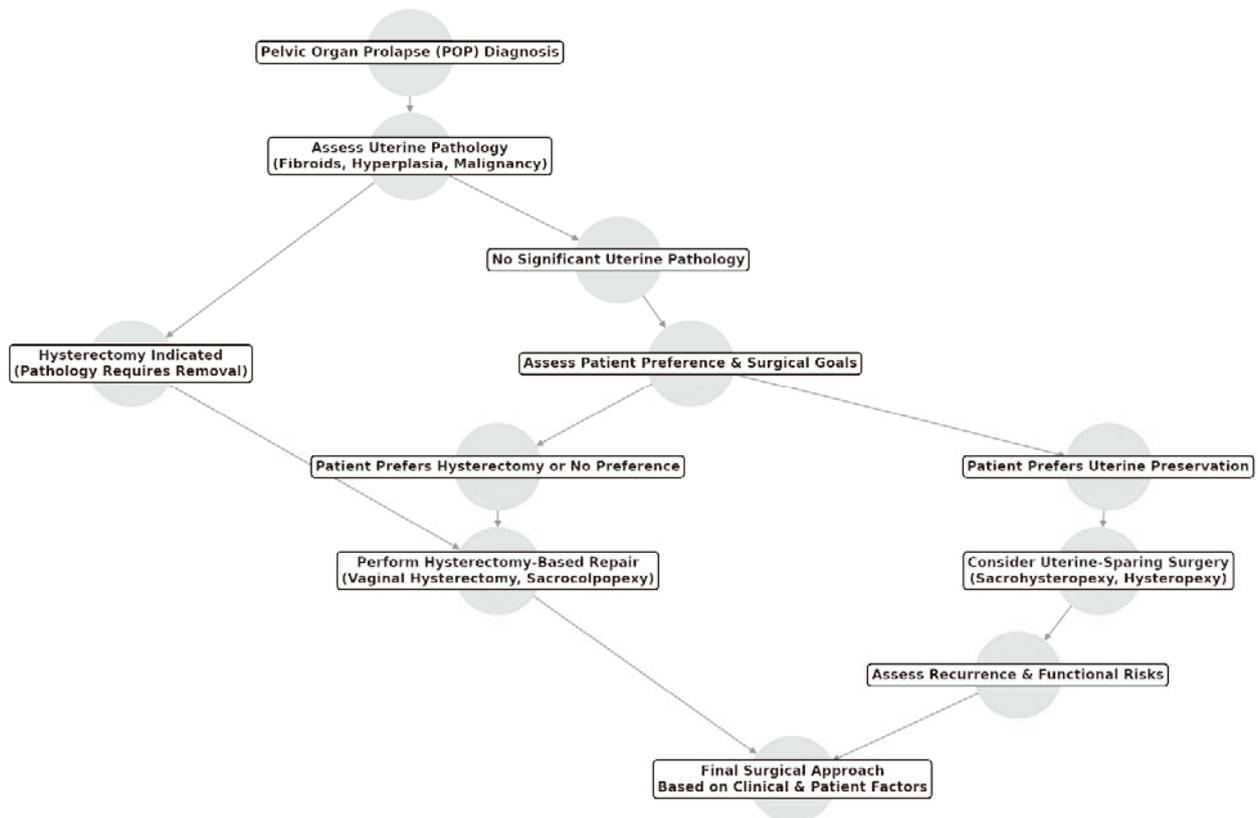
- **Uterine-Sparing Surgery in Low-Risk Patients** : If the uterus is free of pathology, preservation is a safe and feasible option, provided that recurrence risk is managed effectively.

4. Evidence-Based Outcomes

- **Recurrence Rates** : Studies suggest that **hysterectomy-based and uterine-sparing procedures offer comparable success rates**. However, **uterine preservation may slightly increase the risk of recurrence** if adequate pelvic support is not established.
- **Surgical Morbidity and Recovery** : Uterine preservation is associated with **shorter operative times, fewer intraoperative complications, and quicker recovery** compared to hysterectomy.

The decision to remove or retain the uterus in POP surgery should be **individualized based on clinical evaluation, surgical feasibility, and patient preferences**. While **hysterectomy remains the gold standard in cases of uterine pathology**, uterine-sparing techniques provide a **safe, effective alternative for select patients**. A **shared decision-making process** between the patient and healthcare provider is essential to achieving **optimal surgical outcomes and long-term satisfaction**.

Structured Decision-Making Flowchart for POP Surgery



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How does obesity contribute to SUI, and what are the treatment strategies?

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Obesity is a significant risk factor for stress urinary incontinence (SUI), a condition characterized by involuntary urine leakage due to increased intra-abdominal pressure. The pathophysiological mechanisms linking obesity to SUI include excessive mechanical stress on the pelvic floor, weakened urethral support, and metabolic changes leading to impaired neuromuscular function. Increased body mass index (BMI) correlates with heightened intra-abdominal pressure, resulting in strain on the bladder and urethral sphincter, which weakens their ability to maintain continence. Additionally, obesity-associated inflammation and hormonal imbalances may further contribute to pelvic floor dysfunction.

Treatment strategies for SUI in obese individuals involve both conservative and interventional approaches. Weight loss through lifestyle modifications, including dietary changes and exercise, has been shown to reduce SUI symptoms by alleviating pressure on pelvic structures. Pelvic floor muscle training (PFMT) and behavioral therapies, such as bladder training, are effective first-line treatments. Pharmacological interventions targeting urethral function and minimally invasive procedures, such as urethral bulking agents, may offer symptom relief. For severe cases, surgical options like mid-urethral sling procedures are considered, though outcomes may be influenced by obesity-related factors. This report explores the interplay between obesity and SUI, emphasizing the importance of weight management and multidisciplinary treatment approaches to improve patient outcomes. Understanding the underlying mechanisms and optimizing treatment strategies is crucial for addressing SUI in obese individuals and enhancing their quality of life

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How does diabetes affect POP, and what are the treatment strategies?

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Diabetes, particularly type 2 diabetes, has become a significant public health concern globally. The prevalence of diabetes has been steadily increasing, with estimates suggesting that over 400 million people worldwide are affected. Diabetes may contribute to POP through 1. Neuropathy : Diabetic neuropathy can affect the nerves that control pelvic floor muscles, leading to weakened support and increased risk of prolapse. 2. Connective Tissue Changes : Diabetes can alter collagen metabolism, potentially weakening the connective tissues that support pelvic organs. 3. Obesity : Many individuals with diabetes are also obese, which increases intra-abdominal pressure and can exacerbate the risk of prolapse.

For patients with both diabetes and pelvic organ prolapse, treatment strategies may differ from those for the general population due to the need to manage both conditions effectively. Key considerations include : 1. Lifestyle Modifications : Emphasis on weight management, dietary changes, and regular physical activity is crucial. These modifications can help control blood sugar levels and reduce the risk of further prolapse. 2. Surgical Options : If surgical intervention is necessary for prolapse, careful consideration of the type of surgery is important. Surgeons may prefer minimally invasive techniques to reduce recovery time and complications, especially in diabetic patients. 3. Increased Risk of Complications : Diabetic patients may have a higher risk of surgical complications, necessitating a more cautious approach to surgical interventions. 4. Focus on Glycemic Control : Greater emphasis on maintaining stable blood glucose levels before and after any surgical procedure to promote healing and reduce complications. In summary, the interplay between diabetes and pelvic organ prolapse necessitates a tailored approach to treatment that addresses both conditions holistically.

午餐會報

3月22日 (六)

- L1 李敏生 Respiratory Syncytial Virus : Burden of Disease and Clinical Cases in Infants
- L2 鄭名芳 Protect From the First Breathe : Role of ABRYSSVO Maternal Immunization against RSV
- L3 Bernard Chern Single-Use Hysteroscopy : An Advanced Choice to Enhance Fertility
- L4 吳珮如 革新婦產科治療：「赫拉刀」術式引領婦科領域的技術突破
- L5 林啟康 RSV母嬰預防共識

3月23日 (日)

- L6 陳保仁 再生醫學應用於婦產科的新趨勢：全球獨家合法私密處外泌體「魔性IRLV」帶來的全新概念
- L7 龍震宇 魔泌IRLV：新的武器在婦女泌尿領域扮演的生物性角色
- L8 洪芝晨 外陰美學領域的演變？魔性IRLV的絕對角色與經驗分享
- L9 范綱志 週纖達® Wegovy®：全球首款具心血管益處的一週一次GLP-1 RA於長期體重管理
- L10 鄭雅敏 Long-term dienogest treatment in endometriosis : Consensus from Taiwanese experts
- L11 黃泓淵 "E4/DRSP – The wonders of a new generation of oral contraceptives
- L12 吳貞璇 Strategies and Challenges in Comprehensive Cervical Cancer Prevention



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L1

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Respiratory Syncytial Virus : Burden of Disease and Clinical Cases in Infants

李敏生 主任

高雄醫學大學附設中和紀念醫院小兒感染科

呼吸道融合病毒 (RSV) 是嬰兒呼吸道感染常見的病原，是嬰兒住院和接受重症照護的重要原因，尤其是對於早產兒和有先天性疾病的嬰兒，其影響尤為顯著，但是即使是足月出生的兒童也會因為嚴重感染而需要住院插管治療。研究顯示，RSV 感染是兒童嚴重的下呼吸道感染（如細支氣管炎和肺炎）住院的主要原因。這些嚴重疾病的治療需要高強度的醫療資源，對全球各地以及台灣的健康帶來了沉重負擔。本次演講將詳細探討 RSV 的流行病學特徵，從全球數據到台灣的流行現況、易感族群以及傳播途徑，揭示該病毒在嬰兒群體中的發病率和死亡率。此演講也將探討臨床真實案例，展示 RSV 在好發年齡層嬰兒中的典型發病情況。

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Protect from the First Breathe : Role of ABRYSVO Maternal Immunization against RSV

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呼吸道融合病毒 (RSV) 是新生兒常見且潛在嚴重的呼吸道感染病原。每年許多家庭因該病毒所引發的疾病而承受巨大壓力，尤其是在病情發展成重症肺炎或支氣管炎的情況下。近年來，醫學界致力於尋找有效的預防方法，以減少這一疾病對新生兒健康的威脅。

隨著科技的進步，研究人員逐漸認識到通過母體免疫來保護新生兒是一種有效且可行的方法。此演講中將介紹母體免疫的基本原理，解釋孕婦在懷孕期間接種疫苗如何使胎兒獲得被動免疫，從而在出生後的初期生活中提供保護。這種策略已被證明對許多傳染病有效，並正在逐步應用於對抗 RSV 的研究中。

演講中也將介紹 ABRYSVO 這一針對 RSV 的母體免疫疫苗。該疫苗的研發歷時多年，經過多次臨床試驗終於取得突破。從早期的實驗室研究，到臨床試驗的設計與實施，再到最終獲得批准的過程。他將展示疫苗在臨床試驗中的效果數據，包括疫苗安全性、免疫反應以及對新生兒保護效力的證據，以應對新生兒健康保護的挑戰。

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Single-Use Hysteroscopy : An Advanced Choice to Enhance Fertility

In 1805, Philipp Bozzini became the first scientist to illuminate the human body. In 1869, Pantaleoni performed the first successful hysteroscopy on a menopausal woman using a cystoscope developed by Desormeaux. By 1877, Nitze introduced an early cystoscope that closely resembled the modern hysteroscope, establishing the foundation for contemporary techniques.

Over the years, hysteroscopy has gained significant importance in modern gynecologic practice. Initially recognized as a cornerstone for evaluating the uterine cavity in women with abnormal uterine bleeding, its role in fertility has expanded greatly, particularly with the advancements in office-based hysteroscopic techniques and instrumentation. One such significant advancement is the single-use hysteroscope, which has revolutionized the way procedures are performed. These single-use devices eliminate the need for sterilization between uses, meaning they are ready for immediate use, effectively increasing surgical efficiency and saving valuable time during procedures. Unlike traditional reusable models, which require sterilization and have the risk of cross-contamination, single-use hysteroscopes help maintain a sterile environment, significantly reducing the chances of infection.

The 4.8mm ultra-fine diameter of these single-use hysteroscopes ensures a painless procedure for the patient, who can undergo the procedure without needing anesthesia. The fine design eliminates the need for invasive techniques like use of speculums, cervical dilation, grasping devices, or uterine sounding, making the procedure far less invasive and more comfortable for patients.

In conclusion, with single-use hysteroscopes, gynecologists can significantly improve surgical efficiency, patient comfort, and overall safety. These advancements help shorten procedure times, enhance precision, and contribute to better outcomes in fertility treatments and diagnostic evaluations, ultimately transforming the landscape of modern gynecologic practice.

HIGHLIGHTS

- Hysteroscopy plays a dual role in fertility as both a diagnostic and therapeutic tool, effectively managing intrauterine pathologies to improve implantation and pregnancy outcomes.
- It is the gold standard for treating conditions like submucosal polyps, fibroids, uterine septa, and adhesions, with advancements such as second-look hysteroscopy reducing risks like adhesion formation.
- Performing hysteroscopy before IVF significantly improves pregnancy and live birth rates by optimizing the uterine environment, particularly for women with recurrent implantation failure or unsuccessful IVF cycles.
- Single-Use Hysteroscopy Enhances Procedure Efficiency and Safety

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L4

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革新婦產科治療：「赫拉刀」術式引領婦科領域的技術突破

這場演講聚焦於「赫拉刀」技術在婦科治療中的應用與進展，特別是在子宮疾病的精確處置方面的優勢。講解中詳細闡述了該技術如何結合一次性使用子宮鏡和導管，通過高效、精確的操作，實現對子宮肌瘤、瘰肉及其他婦科疾病的治療。這一創新技術的應用，不僅提高了治療的準確度，還有效縮短了手術時間並減少了風險，與傳統手術方法相比，能更好地保護健康組織。

同時，演講也探討了「赫拉刀」技術未來的發展潛力，強調了其在婦科領域中廣泛應用的前景。隨著微創技術的不斷提升，這一技術將能夠為更多婦科疾病的處理提供更加精準、安全和高效的解決方案，對提升女性生殖健康具有深遠的意義。

亮點

- 新術式「赫拉刀」是一項先進的微創手術技術，將一次性使用的子宮鏡、剪鉗、雷射及導管巧妙結合，專為處理婦科問題，如瘰肉和肌瘤。
- 多個臨床案例顯示，「赫拉刀」能有效縮短手術時間、提高精準度並減少風險，顯著改善治療效果。

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RSV母嬰預防共識

RSV 是嬰幼兒呼吸道感染的主要原因，特別是在高危險群如早產兒或患有先天性心臟病的嬰兒中，RSV 感染可能導致嚴重的下呼吸道疾病，甚至住院。

過去常見的方法是透過孕婦接種疫苗，將抗體傳遞給胎兒，這種方式稱為被動免疫。然而，這種策略並非完美。孕婦的免疫反應差異可能影響保護效果，並且接種疫苗也存在早產風險。此外，這種方式無法保護所有嬰兒。

另一個更加直接且有效的方法是單株抗體的使用。單株抗體如 Nirsevimab 能夠快速提供保護，注射後，抗體立即在嬰兒體內發揮作用，不需要依賴嬰兒或孕婦的免疫系統。這意味著無論嬰兒的年齡、性別、種族或孕期如何，單株抗體都能提供穩定且一致的保護效果。而且，它具有高度的安全性，副作用非常少。

研究表明，Nirsevimab 能有效降低高達 83.2% 的 RSV 住院率，這是一個令人振奮的數據。與傳統的疫苗接種不同，單株抗體僅需一次注射，就能提供長達五個月的保護，覆蓋整個 RSV 流行季節。

臨床上可透過醫病共享決策 (shared decision making) 工具，提供孕婦 RSV 疾病簡介，孕期接種疫苗或其他預防 RSV 方式之優缺點，幫助孕婦做出符合其偏好的醫療臨床決定

總結來說，單株抗體提供了一個更加簡單、快速且安全的預防策略，能夠有效保護所有嬰幼兒免受 RSV 感染。相比於傳統的孕婦疫苗接種策略，單株抗體能夠提供更加直接且一致的保護，並顯著降低重症風險。

陳保仁

L6

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再生醫學應用於婦產科的新趨勢：
全球獨家合法私密處外泌體「魔性IRLV」帶來的全新概念
Advancing Women's Health：
The Impact of IRLV Exosome in Intimate Regenerative Therapy

Taiwan's intimate cosmetic medicine is rapidly developing, with market demand increasing year by year. Current analyses encompass both technological applications and clinical outcomes. The introduction of the world's only legally exclusive intimate extracellular vesicle technology provides a completely new treatment option that reduces inflammation, promotes regeneration, delays aging, and enhances hydration. Looking ahead, further applications and developments in this technology are expected, positioning extracellular vesicle technology as a key breakthrough in intimate aesthetics that will improve women's health and quality of life.

Keywords : Exosome, Regenerative

龍震宇

L7

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魔泌IRLV：新的武器在婦女泌尿領域扮演的生物性角色

Exosomes, small extracellular vesicles derived from various cell types, show immense promise in urogynecology, offering innovative solutions for tissue regeneration, inflammation control, and wound healing. Current evidence HIGHLIGHTS their therapeutic potential across several key areas :

1. Pelvic Floor Disorders : Mesenchymal stem cell-derived exosomes (MSC-Exos) enhance collagen synthesis, elastin production, and extracellular matrix remodeling, showing promise in addressing pelvic organ prolapse (POP) and pelvic floor weakness. Preclinical models demonstrate improved tissue strength and repair.
2. Stress Urinary Incontinence (SUI) : MSC-Exos regenerate urethral sphincter muscles and promote vascularization, aiding in the recovery of continence mechanisms in animal studies.
3. Wound Healing : Exosomes accelerate epithelialization, angiogenesis, and fibrosis reduction. They have shown efficacy in surgical cases, minimizing scarring and preventing complications like infections and dehiscence.
4. Anti-Inflammatory Effects : Exosomes deliver microRNAs (e.g., miR-146a) and cytokine modulators to suppress inflammation. This is particularly relevant in chronic inflammation-related urogynecological conditions such as interstitial cystitis.
5. Vaginal Atrophy : Preclinical evidence suggests exosomes enhance tissue hydration, elasticity, and angiogenesis, offering a potential non-hormonal treatment for postmenopausal atrophy.

Exosomes are safe, cell-free, and hypoimmunogenic, making them an ideal alternative to stem cell therapies. While current findings are promising, further clinical trials are necessary to validate their efficacy and standardize protocols for broader urogynecological applications.

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1. Pelvic Floor Regeneration

Evidence : Studies in animal models (rats) with pelvic organ prolapse (POP) treated with mesenchymal stem cell-derived exosomes (MSC-Exos) showed enhanced collagen synthesis, elastin production, and extracellular matrix remodeling, critical for pelvic floor repair.

Source : Yang G., Waheed S., et al. (2023). "Exosomes and their bioengineering strategies in the cutaneous wound healing and related complications : current knowledge and future perspectives." *International Journal of Biological Sciences*, 19:1430-1454. DOI : 10.7150/ijbs.80430.

2. Stress Urinary Incontinence (SUI)

Evidence : MSC-Exos have shown to regenerate urethral sphincter muscles in preclinical models of SUI by delivering growth factors and anti-fibrotic miRNAs. Studies report improved urethral function after exosome injection.

Source : Hade M.D., Suire C.N., Suo Z. (2021). "Mesenchymal stem cell-derived exosomes : applications in regenerative medicine." *Cells*, 10:1959. DOI : 10.3390/cells10081959.

3. Wound Healing and Post-Surgical Applications

Evidence : Clinical case reports and animal studies demonstrate accelerated wound healing, reduced fibrosis, and lower infection rates with the application of MSC-Exos in surgical sites. Exosome use has also been reported in improving wound healing in complex cases like Behçet's disease and abdominoplasty.

Source : Elajami M.H. (2024). "The Usefulness of Exosomes in Accelerating Healing and Preventing Complications in Behçet's Disease : A Case Report." *Cureus*, 16(11) : e74476. DOI : 10.7759/cureus.74476.

4. Vaginal Atrophy

Evidence : Adipose-derived exosomes have shown promise in preclinical models by enhancing angiogenesis, epithelial proliferation, and collagen production in atrophied tissues. While research is limited, these effects suggest potential use for non-hormonal treatment of postmenopausal vaginal atrophy.

Source : Zhong Y., Zhang Y., et al. (2023). "Therapeutic role of exosomes and conditioned medium in keloid and hypertrophic scar and possible mechanisms." *Frontiers in Physiology*, 14:1247734. DOI : 10.3389/fphys.2023.1247734.

5. Anti-Inflammatory Properties

Evidence : Exosomes derived from mesenchymal stem cells modulate inflammatory pathways by delivering microRNAs (e.g., miR-146a) that suppress inflammatory cytokines such as TNF- α and IL-1 β . This effect has been studied in wound healing and inflammation-associated conditions.

Source : Malhotra P., Shukla M., et al. (2022). "Mesenchymal stem cells as prospective novel off-the-shelf wound management tools." *Drug Delivery and Translational Research*, 12:79-104. DOI : 10.1007/s13346-021-00925-6.

6. Bioengineering and Drug Delivery

Evidence : Studies emphasize the ability to engineer exosomes for targeted delivery of growth factors, drugs, or nucleic acids to urogynecological tissues. These advances improve therapeutic efficacy and safety.

Source : Moghassemi S., Dadashzadeh A., et al. (2024). "Extracellular vesicles in nanomedicine and regenerative medicine : a review over the last decade." *Bioactive Materials*, 36:126-156. DOI : 10.1016/j.bioactmat.2024.02.021.

7. General Mechanisms and Safety

Evidence : Exosomes are cell-free and hypoimmunogenic, making them safer alternatives to stem cells. Their mechanisms include carrying bioactive molecules such as RNA, proteins, and lipids to target cells, promoting tissue repair and reducing inflammation.

Source : Wei H., Chen Q., et al. (2021). "Regulation of exosome production and cargo sorting." *International Journal of Biological Sciences*, 17:163-177. DOI : 10.7150/ijbs.53671.

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L8

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外陰美學領域的演變？魔性IRLV的絕對角色與經驗分享

IRLV Exosome in Vulvar Aesthetics : Clinical Insights and the Future of Regenerative Care

外泌體 (Exosomes) 是一種由細胞分泌出的微小囊泡，直徑約在 50-150 奈米之間，比細胞小很多，它的外層是脂質雙層膜，主要作為細胞間訊息交換傳遞的核心物質；內部則包含了豐富的蛋白質、DNA、mRNA、生長因子等生物活性分子，能夠促進組織的修復和再生，並且提供強大抗發炎及抗老的用途！

所有細胞皆具有外泌體，而幹細胞外泌體則是特別由幹細胞以旁泌方式釋出外泌體，目前以化妝品方式使用，對於肌膚使用能利用複合式的方式來提升及改善效果。女性私密處也和人體肌膚組織一樣，會隨著年齡增長逐漸出現老化、鬆弛、暗沉、失去彈性、不再緊緻等困擾，而全球獨家合法婦科外泌體「魔性 IRLV」婦科外泌體含多種再生因子能補足肌膚所需，給予內陰健康環境、提升敏感度；塗抹於外陰能重建肌膚光澤水嫩感，在滋養細胞的同時達到延緩老化的效果。

魔泌 (ASCE plus) 是由國際知名再生醫學公司 ExoCoBio，所研發的植物外泌體保養品，其核心成分為大馬士革玫瑰外泌體。透過獨家專利技術，將美國專利認證的玫瑰幹細胞外泌體來源，經由 TFF 雙層切向過濾技術，將外泌體純度提升至 99.9%，並以凍晶乾粉形式，將珍貴活性成分能以 2 年時間放置在 2-8 度 c 冷藏完整封存。

「魔性 IRLV」，它專門用於私密處的植物幹細胞外泌體精華！也是目前台灣獨家合法的私密處外泌體，可以使用在婦科手術雷射的術後加強保養，也可單純塗膜改善內陰黏膜層的婦科問題，創造更加健康的陰道微環境，亦可應用在外陰美學的領域，提升除毛後女性第二張臉在型態與色澤上的滿意度與信心！玫瑰外泌體特有的再生特性，強大抗發炎作用、促進強化活化細胞，在搭配儀器使用後，能有 1+1>2 的超強提升術後效果！

范綱志

L9

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週纖達® Wegovy®：全球首款具心血管益處的一週一次GLP-1 RA於長期體重管理

週纖達® Wegovy® (semaglutide injection 2.4mg) 是全球首款一週一次 Glucagon-like peptide-1 RA (GLP-1 RA) 減重藥物，藥效激活後可增加飽足感、降低食慾、刺激胰臟胰島分泌胰島素、抑制昇糖素及延遲胃排空，半衰期延長至七天，週纖達® Wegovy® 為目前半衰期最長的減肥用藥，每週僅需一次皮下注射即可有效減重。週纖達® Wegovy® 除了能提供較優異的減重效果外，更提供超越減重的加值好處，顯著降低心血管事件風險，保護心臟、胰臟、腎臟和大腦等多重器官，扮演在臨床應用中的重要地位。週纖達® Wegovy® 更於 2023 年榮獲第 19 屆國家新創獎肯定，成為首個榮獲國家新創獎的減重藥物，更因在 SELECT 試驗中的卓越表現，成為歐洲心臟病學會最新的 2024 ESC CCS 指引中唯一被列入的減重藥物，使用於 BMI >27 kg/m² 或 BMI >30 kg/m² (無糖尿病) 的慢性冠狀動脈綜合症患者，以降低心血管死亡、心肌梗塞或中風的風險。

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L10

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Long-term dienogest treatment in endometriosis : Consensus from Taiwanese experts

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Dienogest has been proven effective as long-term therapeutic option for pelvic pain caused by endometriosis. However, in Taiwan, there is a lack of a well-tailored consensus on its long-term administration. To address this gap, Taiwanese experts in collaboration with the Taiwan Endometriosis Society (TES), convened to provide structured recommendations on dienogest treatment and monitoring strategies. Drawing from clinical evidence and collective expertise, the experts formulated individualized treatment strategies based on treatment objectives and the patient's demographics.

The experts recommend long-term dienogest administration for endometriosis patients for appropriate symptom control while reducing the risk of disease recurrence. Specifically, they recommend regular ultrasound examinations and relevant blood tests to monitor disease progression and therapeutic response with additional breast screening for patients at high risk for breast cancer. These recommendations aim to provide physicians with comprehensive guidance on the long-term administration of dienogest for endometriosis, ensuring patient safety and optimizing treatment outcomes.

Keywords : Endometriosis ; consensus ; dienogest ; management ; monitoring

HIGHLIGHTS

- The experts recommend dienogest as the first-line treatment for symptomatic endometriosis patients unless surgery is required. In cases where patients require surgery, dienogest is recommended to be continued as maintenance hormone therapy post-surgery.
- The consensus among Taiwanese experts recommends a minimum of two years of dienogest administration to manage symptoms and mitigate recurrence.
- A structured diagnosis and treatment approaches based on age group and treatment goals are advised.

黃泓淵

L11

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“E4/DRSP – The wonders of a new generation of oral contraceptives”
E4/DRSP – 新一代口服避孕藥的臨床應用

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Combined oral contraceptives contain the estrogen component contributes to the contraceptive activity and balances the progestin effect to provide an acceptable bleeding pattern and to counteract any potential estrogen deficiency symptoms. Estetrol (E4) is a natural human estrogen produced during human pregnancy in the fetal liver with a unique mechanism of action that displays tissue-selective activity, and behaves as a natural selective estrogen receptor modulator. It has a moderate affinity for both human estrogen receptor alpha (ER α) and beta (ER β), with a preference for ER α . E4 has lower binding affinity for the ER- α in contrast to estradiol and has antagonistic properties against membrane ER- α in several tissues, including the breast, while retaining agonistic activity on receptors located in the nucleus. Clinical studies have demonstrated COC containing E4 and drospirenone (DRSP) showed a high acceptability, tolerability, and user satisfaction also when compared to COCs containing ethinyl estradiol (EE). E4/DRSP effectively inhibits ovulation, with a similar effect on endometrium thickness than that of EE-containing COCs. Low doses (15 mg) of E4 with DRSP (3 mg) showed promising results in term of bleeding pattern and cycle control, also when compared to other COCs containing synthetic estrogens. This combination also could drive a lower risk of venous thromboembolism than EE-containing COCs.

Approximately 10 % of women of reproductive age are affected by endometriosis-associated chronic pelvic pain (CPP). Women usually take non-steroidal anti-inflammatory drugs (NSAIDs) on demand as first-line agents to control CPP. COC or progestins are mainly used to counteract the effects of ovarian estrogenic secretion on the development of endometrium-like tissue outside the uterus. Recently, COCs containing E2 or E4 could be an alternatively better treatment for women with endometriosis-associated pain than COCs containing EE. They may represent a suitable alternative to the use of DNG, particularly for women who do not want to become pregnant.

吳貞璇

L12

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Strategies and Challenges in Comprehensive Cervical Cancer Prevention 全面防治子宮頸癌的策略與挑戰

子宮頸癌是一種主要由人類乳突瘤病毒 (Human Papillomavirus ; HPV) 感染引起的癌症。為了有效防治子宮頸癌，各國制定了多項策略，其中 HPV 疫苗接種和 HPV 檢測是關鍵組成部分。

首先，HPV 疫苗的接種是一項重要的預防措施。根據世界衛生組織 (WHO) 的報告，HPV 疫苗能顯著降低高致癌型 HPV 感染的風險，進而減少子宮頸癌的發病率。疫苗通常接種於青少年時期，以確保在性行為開始之前獲得保護。儘管疫苗的有效性已被廣泛證實，但在推廣過程中仍面臨許多挑戰，包括疫苗接種率低、社會文化障礙以及對疫苗安全性的誤解等。

其次，HPV 檢測及子宮頸抹片是子宮頸癌篩檢的重要工具。透過定期檢測，可以及早發現 HPV 感染和前期病變，並及時進行治療。HPV 檢測的敏感性高於傳統的抹片檢查，因此在篩檢策略中愈來愈受到重視。台灣也在 2025 年開始針對 35、45 及 65 歲女性新增 HPV 篩檢的公費政策。然而提升婦女以及醫師對 HPV 檢測的認知仍是主要挑戰。

總結來說，全面防治子宮頸癌的策略需要整合 HPV 疫苗接種、HPV 檢測、子宮頸抹片及男女共同施打，並克服社會文化、經濟和健康系統中的挑戰。這要求政策制定者、醫療提供者和社區共同努力，以提高疫苗接種率和檢測的可及性，最終達成減少子宮頸癌發病率和死亡率的目標。



TAOG 2025



口頭報告

3月22-23日

OC：婦癌

OO：產科

OE：內視鏡

OU：婦女泌尿

OG：一般婦科

OF：生殖內分泌

V：影片展示





稿件編號：OC1	第二期子宮內膜癌中根治性子宮切除術與簡單性子宮切除術的生存結果：系統性文獻回顧與統合分析
臨時稿件編號：1595	Survival outcomes of radical and simple hysterectomy in stage 2 endometrial cancer: a systematic review and meta-analysis 朱羽群 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	Objective This systematic review and meta-analysis evaluated the survival outcomes of radical (RH) and simple hysterectomy (SH) for stage 2 endometrial cancer.
論文歸類：婦癌	Methods A comprehensive search of PubMed, Web of Science, Embase, and Cochrane databases from 1960 to 2024 identified 19 cohort studies for inclusion. Search with keywords "endometrial cancer, radical hysterectomy, simple hysterectomy". Original research papers were included. A descriptive analysis and a meta-analysis were conducted. We used the Mantel-Haenszel random-effects model to analyze dichotomous data, with odds ratio (OR) as the effect measure and 95% confidence intervals (CIs). A random-effects model was applied throughout the meta-analysis to account for potential variability across studies. The Review Manager Software (Revman, version 5.3) and Comprehensive Meta-Analysis (CMA) Software (version 3.7) were used for the analysis. The statistical heterogeneity among the included studies was evaluated using the Chi-square test. P-values < 0.10 were used to determine statistical significance. Results The results indicated no significant difference in 5-year overall survival (OS) between RH and SH (OR = 0.87, 95% CI 0.70–1.07; p = 0.19). Cancer-specific survival was notably higher in SH compared to RH (OR = 2.34, 95% CI 1.63–3.36, p < 0.0001). However, RH showed a significantly better 5-year disease-free survival (DFS) than SH (OR = 0.75, 95% CI 0.58–0.98; p = 0.04). No significant difference was observed in recurrence rates between RH and SH (OR = 0.94, 95% CI 0.69–1.27; p = 0.67). Conclusion In conclusion, while there was no significant difference in 5-year OS between RH and SH, cancer-specific survival was significantly higher in SH. However, RH demonstrated a better 5-year DFS than SH. These findings suggest that while SH may improve cancer-specific outcomes, RH could provide better long-term disease control.

稿件編號：OC2	探討錐狀切除檢體大小及雙側子宮頸動脈結紮對子宮頸病變患者術後出血的影響 Assessing the Impact of Specimen Size and Bilateral Cervical Artery Ligation on Post-LEEP Bleeding in Cervical Dysplasia Patients
臨時稿件編號：1408	胡育嘉 ¹ 張燕後 ¹ 台北榮民總醫院 ¹
論文發表方式：口頭報告	This study examines the impact of specimen size and bilateral cervical artery ligation on post-LEEP bleeding in patients with cervical dysplasia. Conducted at a single institution over five years (2019–2024), the study collected data to analyze potential risk factors and mitigation strategies for post-LEEP hemorrhage. LEEP (loop electrosurgical excision procedure) is a cornerstone treatment for high-grade squamous intraepithelial lesions (HSIL), yet postoperative bleeding remains a notable complication, ranging from minor discomfort to severe morbidity requiring intervention.
論文歸類：婦癌	The investigation focuses on specimen size, a key indicator of excised tissue volume, as a significant contributor to bleeding risk. Additionally, the study evaluates whether adjunctive measures, such as suturing at the 3 and 9 o'clock positions and bilateral cervical artery ligation, can effectively reduce bleeding. Results suggest a positive correlation between larger specimen volumes and increased bleeding rates, with bilateral artery ligation showing promise in mitigating this risk, particularly for cases involving extensive tissue removal. This comprehensive dataset provides valuable insights into optimizing surgical strategies for cervical dysplasia treatment. By addressing bleeding risks associated with excision size and exploring the protective role of artery ligation, the study aims to enhance postoperative outcomes and guide evidence-based clinical practices. Further research is recommended to validate these findings and refine management protocols.

稿件編號：OC3	東台灣非預期性婦癌：20 年病例回顧
臨時稿件編號：1604	A 20-year observational study of incidental gynecological cancer in a single center at Eastern Taiwan 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	Objective: This study aimed to explore the different qualities and outcome of incidental gynecological cancer in a single medical center in Eastern Taiwan.
論文歸類：婦癌	Methods: This was a retrospective observational study. The subjects included patients who was diagnosed with gynecological cancer incidentally post surgery in our hospital. These patient included has a pre-operative diagnosis as a benign lesion or biopsy result showing various form of hyperplasia. We analyzed the characteristics of such patients including the patients' gynecological history, initial diagnosis, final pathology, staging, types of surgery received, pre-operational imaging, tumors markers, adjuvant chemotherapy or radiotherapy and 5-year survival. Results: The study included 21 cases of incidental gynecological cancer, in which 9 cases with final pathology as ovarian cancer, 7 cases as endometrial cancer, 4 cases as cervical cancer and 1 case of sarcoma. Conclusion: The study found that most incidental cancer has a early stage of disease and a high 5-year survival. Keywords: ovarian cancer, endometrial cancer, cervical cancer, sarcoma

稿件編號：OC4	MMR status 在晚期子宮內膜癌預後之探討：單一醫學中心研究成果 Prognosis of advanced endometrial cancer with MMR deficiency: a single institute study
臨時稿件編號：1605	劉登凡 ¹ 張燕後 ¹ 台北榮民總醫院 ¹
論文發表方式：口頭報告	The prognosis of advanced endometrial cancer (EC) is influenced by multiple factors, including molecular characteristics. One such factor is the presence of mismatch repair (MMR) deficiency, which results from mutations or epigenetic silencing of MMR genes. MMR deficiency is associated with microsatellite instability (MSI) and a distinct immunogenic tumor microenvironment. This study evaluates the impact of MMR deficiency on the clinical outcomes of patients with advanced endometrial cancer, focusing on its role as a prognostic biomarker and its implications for therapeutic strategies.
論文歸類：婦癌	Emerging evidence suggests that MMR-deficient endometrial tumors have a more favorable prognosis compared to MMR-proficient counterparts, likely due to increased immunogenicity that enhances responsiveness to immune checkpoint inhibitors (ICIs). However, challenges remain in understanding the heterogeneity within MMR-deficient tumors and the interplay of other molecular factors, such as coexisting mutations in genes like PTEN, PIK3CA, and TP53. This study collected recent findings on the prognostic significance of MMR deficiency in advanced endometrial cancer, highlighting its predictive value for response to ICIs and standard therapies by analyzing the patients from a single institute in Taiwan.

稿件編號：OC5	陰道滴蟲與生殖系統癌症的相關性：系統性回顧與統合分析 The Role of Trichomonas vaginalis in Cervical Carcinogenesis: A Comprehensive Systematic Review and Meta-Analysis
臨時稿件編號：1618	許旭寧 ¹ 楊雅怡 ¹ 王英哲 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式：口頭報告	Introduction: Trichomoniasis is a common non-viral sexually transmitted infection. However, whether Trichomonas vaginalis infection contributes to the development of gynecological cancers remains controversial. This study utilizes a meta-analytic approach to investigate the potential association between T. vaginalis infection and cervical cancers.
論文歸類：婦癌	Material and methods: We searched scientific databases (PubMed/Medline, Scopus, the Web of Sciences, and Embase) from inception to Nov. 30, 2024. Research discussing the relationship between T. vaginalis infection, cervical dysplasia, and cervical cancer were enrolled. Results: A total of 18 studies, consisting of over 5,000 participants, were included in the analysis. The meta-analysis revealed a significant association between T. vaginalis infection and an increased risk of cervical cancer (pooled OR = 2.14, 95% CI: 1.65–2.78). Subgroup analysis showed a stronger association in women with high-risk human papillomavirus (HPV) co-infection and in studies from regions with high cervical cancer incidence. The sensitivity analyses confirmed the robustness of the results. However, significant heterogeneity was observed among studies, suggesting potential variations in study design and population characteristics. Conclusions: Our findings revealed that T. vaginalis infection may be associated with an increased risk of cervical carcinogenesis, especially in women with concurrent HPV infection.

稿件編號：OC6	巨大卵巢顆粒細胞瘤與極高的 AMH 值 A rare huge ovarian granulosa cell tumor presenting with extremely high antimüllerian hormone levels
臨時稿件編號：1643	林佩琪 ¹ 曾宇泰 ¹ 周麗雲 ¹ 基督復臨安息日會醫療財團法人臺安醫院婦產科 ¹
論文發表方式：口頭報告	Introduction: Sex cord-stromal tumors (SCSTs) are the neoplasms that could be benign or malignant. They developed from the sex cord (Sertoli cell tumor, granulosa cell tumor) or stromal cells (fibroma, thecoma, Leydig cell tumor) or both (Sertoli-Leydig cell tumor). In contrast to the more common epithelial ovarian malignant neoplasms, most patients with malignant SCSTs are diagnosed with early-stage disease. Adult granulosa cell tumors (AGCTs), the most common subtype, typically affect women aged 40–50. These tumors often present with hormonal symptoms, such as abnormal menstrual bleeding, abdominal fullness, or a palpable pelvic mass. Despite their infrequency, GCTs are significant due to their unique hormonal activity and potential for late recurrence. Here, we present a case of a 39-year-old woman diagnosed with an AGCT, highlighting her clinical presentation, diagnostic workup, and management. Case presentation: A 39-year-old female, gravida 0, presented to the outpatient department with the chief complaint of abdominal fullness over the past few months. The patient reported a history of menorrhagia and irregular menstrual cycles. She had no significant past medical or surgical history. On physical examination, the patient was noted to have a palpable abdominal mass, and pelvic examination revealed a large, non-tender mass. The patient was anemic, with a hemoglobin level of 8.5 g/dL. Pelvic ultrasound revealed endometrial thickness of 0.8cm, and a large pelvic mass. A subsequent abdominal computed tomography (CT) scan showed a 20 cm heterogeneous pelvic mass with solid components, hemorrhagic areas, and necrosis. Due to the patient's age and the tumor characteristics, potential germ cell tumor was suspected. Laboratory results showed Anti-Müllerian Hormone (AMH) level of 124 ng/mL, and a Dehydroepiandrosterone sulfate (DHEAS) level of 441 µg/dL, both of which were very high for a woman of this age. Other hormone levels such as estradiol, Alpha-fetoprotein (AFP) and Beta-human chorionic gonadotropin (β-HCG) were all within normal range. Based on imaging and tumor marker results, a germ cell tumor was initially suspected. The patient underwent an exploratory laparotomy. A right ovarian mass, measuring 1220 grams, was completely excised without rupture. The frozen section of the ovarian mass was sent for pathological examination, which showed features of an adult granulosa cell tumor. We performed fertility-sparing surgery including right salpingo-oophorectomy, omentectomy and right inguinal lymph nodal dissection. Final diagnosis was consistent with adult granulosa cell tumor. Postoperatively, AMH and DHEAS levels were rechecked. Both markers had significantly decreased to normal levels with AMH (3.81 ng/mL) and DHEAS (246.4 µg/dL). Conclusion: This case highlights the importance of considering ovarian tumors, such as adult granulosa cell tumors, in the differential diagnosis of women presenting with abnormal menstrual bleeding, abdominal fullness, and a pelvic mass. Early detection and surgical intervention are crucial, and the outcome is generally favorable, particularly with complete surgical resection. Regular follow-up is essential to monitor for recurrence, as these tumors, while generally indolent, can occasionally exhibit late recurrence or metastasis.
論文歸類：婦癌	

稿件編號：OC7	比較腹腔內化療與靜脈化療併用思停單株抗體治療於晚期卵巢癌一線輔助療法的臨床結果 Intraperitoneal Chemotherapy without Bevacizumab versus Intravenous Chemotherapy with Bevacizumab as the Frontline Adjuvant Therapy in Advanced Ovarian Cancer
臨時稿件編號：1326	陳奕輝 ¹ 陳惠華 ² 魏紹洲 ³ 孫序東 ³ 蕭聖謀 ⁴ 亞東紀念醫院婦產部，元智大學電機工程學系兼任講師 ¹ 亞東紀念醫院婦產部，元智大學醫學研究所 ² 亞東紀念醫院婦產部 ³ 亞東紀念醫院婦產部，元智大學生物科技與工程研究所合聘教授 ⁴
論文發表方式：口頭報告	Objectives: To compare the clinical outcomes of intravenous carboplatin/paclitaxel chemotherapy plus bevacizumab versus intraperitoneal cisplatin/paclitaxel chemotherapy without bevacizumab as the frontline treatment in women with advanced ovarian, fallopian tube and primary peritoneal cancer.
論文歸類：婦癌	Methods: Between November 2012 and January 2024, medical records of all consecutive women with stage II–IV cancer treated with either frontline adjuvant intraperitoneal cisplatin/paclitaxel without bevacizumab (IP group), intravenous carboplatin/paclitaxel without bevacizumab (IV group) or intravenous carboplatin/paclitaxel with bevacizumab (IVB group) at a tertiary referral center were reviewed. Results: A total of 143 women (IP group, n = 57; IVB group, n = 23; IV group, n = 63) were reviewed. The IP group had greater progression-free survival compared to the IVB group (49.1 months, 95% confidence interval [CI] = 27.8 months to infinity, versus 11.9 months, 95% CI = 11.2 to 16.2 months; adjusted hazard ratio [HR] = 0.45, 95% CI = 0.24 to 0.87, p = 0.017). Additionally, the IP group also had a higher overall survival compared to the IVB group (not reached, 95% CI = 55.6 months to infinity, versus 38.9 months, 95% CI = 21.9 months to infinity; adjusted HR = 0.34, 95% CI = 0.15 to 0.79, p = 0.012). Conclusions: Intraperitoneal cisplatin/paclitaxel chemotherapy without bevacizumab seems to offer a survival advantage when compared with intravenous carboplatin/paclitaxel with bevacizumab in the frontline treatment of women with advanced ovarian cancer.

稿件編號：OC8	透過術後前哨淋巴結超分期、使用淋巴結切片法及術中氬氣標識，優化子宮局限性子宮內膜癌的淋巴結轉移檢測 Optimized Detection of Lymph Node Metastases in Uterine-Confined Endometrial Cancer through Postoperative Sentinel Lymph Node Ultrastaging Utilizing Bread Loaf Slicing and Intraoperative Indocyanine Green Mapping
臨時稿件編號：1610	黃煜盛 ¹ 林浩 ¹ 歐育哲 ¹ 傅宏鈞 ¹ 黃昭誠 ¹ 蔡榮州 ¹ 陳昱儀 ¹ 王映文 ¹ 黃德嫻 ¹ 黃思于 ¹ 王劭琪 ¹ 高健祥 ¹ 吳貞璇 ¹ 高雄長庚紀念醫院婦產部婦癌科 ¹ 高雄長庚醫院解剖病理科 ²
論文發表方式：口頭報告	Background: The advent of sentinel lymph node (SLN) mapping and biopsy for early-stage endometrial cancer (EC) has gained recognition as a viable alternative to traditional systematic lymphadenectomy. This approach aims to minimize the intra- and post-operative morbidities associated with conventional methods. This study seeks to clarify the role and diagnostic precision of SLN mapping utilizing the bread loaf slicing technique, supplemented by intra-operative indocyanine green (ICG) mapping in EC patients treated at a tertiary center. Materials and Methods: A retrospective identification was conducted for all patients pre-operatively diagnosed with uterine-confined EC who underwent staging with planned SLN mapping at Kaohsiung Chang Gung Memorial Hospital from November 2021 to October 2024. Each case was subjected to post-operative SLN ultrastaging using the bread loaf slicing method. Demographic, clinicopathologic, and treatment data were collected and analyzed using descriptive statistics. Univariate and multivariable logistic regression analyses were performed to determine predictors of unsuccessful mapping. Results: A total of 103 patients were identified with a mean age of 53.9 years and a mean BMI of 26.8 kg/m ² . Most patients (87.4%, 90/103) underwent minimally invasive staging surgery using ICG as the detection dye (89.3%, 92/103). Endometrioid histology constituted the majority of cases (90.3%, 93/103). A majority (73.8%, 76/103) had successful bilateral mapping with the same unsuccessful rate bilaterally (9.7%). The average number of collected SLNs on the right and left sides were 3.1 and 2.7, respectively. Neither BMI (p=0.2) nor pre-treatment CA-125 level (p=0.608) was associated with the unsuccessful rate, but using ICG dye as the tracer was more likely to result in successful SLN mapping compared to using patent blue (85.9% vs 63.6%, p=0.081). In patients with successful mapping, the most common SLN locations were the obturator and external iliac vessels on the right side, and the external and internal iliac vessels on the left side. The detection rate of SLN metastases by postoperative ultrastaging with the bread-loaf slicing method was 4.9%, very close to those early-staged cohorts that underwent complete lymph node dissection in previous studies. Conclusion: Postoperative SLN ultrastaging with the bread-loaf slicing method following intraoperative ICG mapping yields an optimal detection rate of lymph node metastases in uterine-confined EC. The results of this study may serve as a reference for future SLN mapping procedures in early-stage EC.
論文歸類：婦癌	

稿件編號：OC9	在漿液性卵巢癌中，同源重組功能正常與 HER-2 陽性呈正相關 Positive Correlation between Homologous Recombination Proficiency and HER-2 Expression in Serous Ovarian Carcinoma
臨時稿件編號：1378	賴星堃 ¹ 吳昭志 ² 王道遠 ² 張志隆 ¹ 台北馬偕醫院婦產部 ¹ 馬偕紀念醫院醫學部 ²
論文發表方式：口頭報告	Objective: Homologous recombination deficiency (HRD) has been a major breakthrough for ovarian cancer patients due to the revolutionary impact of PARP inhibitors on patient management. We used ovarian tissue array immunohistochemistry (IHC) with four markers—gamma-H2Ax, geminin, RAD51, and PARP—which play roles in DNA damage and repair, to assess HRD and Homologous Recombination Proficiency (HRP). The aim of our study is to evaluate their associations with HER-2, progression-free survival, and overall survival. Methods: A retrospective cohort study was conducted on stage IA to stage IVB ovarian cancer, encompassing serous, clear cell, endometrioid, mucinous, mixed type, MMMT, and germ cell tumors, at a tertiary medical center from January 2008 to December 2011. The ovarian carcinoma tissues underwent immunohistochemical analysis and were placed on tissue array slides. Gamma-H2Ax, geminin, RAD51, and PARP were identified as positive and negative stains (Grading as 0/1). Her-2 was graded as 0/1/2/3. Results: Among 287 ovarian carcinomas, HER-2 positive rate (HER-2: 3+) was 3.8%. Overall, HER-2 positivity was not related to any of the HRP markers. In the serous type (N=92), HER-2 positivity was positively related to geminin (5.88% vs 0%, p=0.035), PARP (5.88% vs 0%, p=0.046), RAD51 (5.88% vs 0%, p=0.035), and the sum of the four markers (3 vs 0.63 ± 0.972, p=0.017). HER-2 positivity was not associated with a higher recurrence rate or death. The correlations among the four markers showed significant positive results. In all serous ovarian carcinomas, gamma-H2Ax and geminin were associated with a lower rate of recurrence (42.86% vs 83.11%, p Conclusions: In serous type ovarian carcinomas, HRP markers—gamma-H2Ax, geminin, RAD51, and PARP—identified as positive through IHC staining and ovarian tissue array were associated with HER-2 positivity. They were also associated with better progression-free survival, but not overall survival.

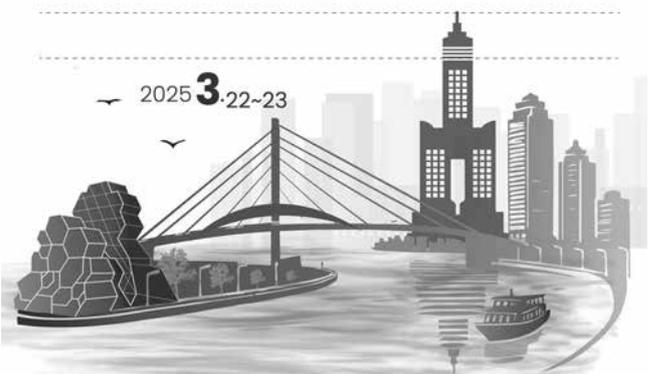
稿件編號：OC10	分析第 IIC 期子宮內膜癌預後因子與輔助性治療選擇：多機構世代性研究 Evaluating prognostic factors and adjuvant treatment strategies in 2023 FIGO stage IIC endometrial cancer: a multi-institute cohort study
臨時稿件編號：1442	吳佩瑩 ¹ 傅宏鈞 ¹ 黃德嫻 ¹ 歐育哲 ¹ 吳貞璇 ¹ 林浩 ¹ 高雄長庚紀念醫院婦產部 ¹
論文發表方式：口頭報告	Background: The optimal adjuvant treatment and prognostic factors for patients with 2023 FIGO stage IIC endometrial cancer remain unclear due to limited and controversial data. This study aimed to evaluate prognostic factors and assess the impact of different adjuvant therapies on survival outcomes in a large multi-institutional cohort. Methods: We conducted a retrospective multi-institutional cohort study, enrolling 692 patients with 2023 FIGO stage IIC endometrial cancer between January 2009 and December 2021 from the Chang Gung Research Database. Clinicopathological factors, including histological type, lymphovascular space invasion (LVSI), adjuvant therapy type, tumor marker levels, and inflammatory markers, were analyzed for their association with disease recurrence. Cox proportional hazards regression was applied to identify independent prognostic factors. Results: Patients were classified into histological subtypes: 523 with grade 3 endometrioid carcinoma, 66 with serous carcinoma, 34 with clear cell carcinoma, and 69 with carcinosarcoma. At a median follow-up of 63.4 months, disease recurrence was significantly associated with histological type, LVSI, adjuvant therapy, and hemoglobin levels. However, only grade 3 endometrioid carcinoma (hazard ratio [HR] 0.325; 95% confidence interval [CI] 0.123–0.861) and hemoglobin level (HR 0.837; 95% CI 0.721–0.971) were identified as independent prognostic factors for disease-free survival (DFS). Compared to observation, adjuvant therapies (radiotherapy, chemotherapy, or a combination of both) did not significantly impact DFS across the cohort. Patients with carcinosarcoma had the worst DFS outcomes compared to other histological subtypes. Conclusions: In patients with FIGO stage IIC endometrial cancer, grade 3 endometrioid histology and higher hemoglobin levels were associated with improved DFS outcomes. Traditional adjuvant therapies did not significantly improve DFS, suggesting that alternative strategies should be explored. Further studies are warranted to refine the selection of adjuvant therapies for this patient population.

稿件編號：OC11	辨認侷限於子宮之並具侵襲性組織學特徵之子宮內膜癌的淋巴結轉移預測因素 Identifying Preoperative Predictors of Lymph Node Metastasis in Clinically Uterine-Confining Endometrial Cancer with Aggressive Histologies
臨時稿件編號：1495	董若婷 ¹ 傅宏鈞 ¹ 黃德嫻 ¹ 歐育哲 ¹ 吳貞璇 ¹ 林浩 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式：口頭報告	Background: Accurately predicting lymph node metastasis preoperatively in clinically uterine-confined endometrial cancer with aggressive histologies is critical for optimizing surgical management and reducing overtreatment. However, reliable pretreatment predictors for lymph node metastasis remain undefined in this population. This study aimed to identify clinicopathological and immune-inflammatory factors associated with lymph node metastasis. Methods: A multi-institutional retrospective cohort study was conducted, enrolling 601 endometrial cancer patients with clinically uterine-confined aggressive histologies between January 2009 and December 2021 from the Chang Gung Research Database. Patients were evaluated for lymph node metastasis based on surgical-pathological findings. Potential pretreatment predictive factors, including tumor markers (CEA and CA125), immune-inflammatory markers, and clinicopathological variables, were analyzed using univariate and multivariate logistic regression models to identify independent predictors of lymph node metastasis. Results: Among the 601 patients, 65 were found to have lymph node metastasis. The incidence of lymph node metastasis in this cohort was 10.8%, emphasizing the importance of preoperative risk stratification. Pretreatment platelet count >400,000/mL and CA125 >40 U/mL were identified as independent predictors of lymph node metastasis. The odds ratio (OR) for platelet count >400,000/mL was 2.36 (95% CI: 1.35–4.12), while CA125 >40 U/mL had an OR of 2.24 (95% CI: 1.26–3.97). Conclusion: Clinically uterine-confined endometrial cancer with aggressive histologies has a notable risk of lymph node metastasis. Pretreatment platelet count and CA125 level are significant, independent predictors of lymph node metastasis and could guide the need for systemic lymphadenectomy. These findings provide a foundation for developing preoperative risk assessment models to improve the individualized management of endometrial cancer.

稿件編號：OC12	運用生殖細胞定序檢測與多步驟檢測法診斷 Lynch syndrome 之比較 Detecting Lynch syndrome utilizing multi-step protocol and immediate germline sequencing
臨時稿件編號：1349	李若瑜 ¹ 趙安琪 ¹ 賴瓊慧 ¹ 林口長庚醫院婦產部 ¹
論文發表方式：口頭報告	Background: Lynch syndrome is characterized by hereditary germline mutations in mismatch repair (MMR) genes. It is often diagnosed among patients with endometrial and/or colorectal cancers. Since these individuals encounter increased lifetime risk of developing other cancers, efforts were made to seek effective screening tools. We aim to compare the diagnostic performance between immediate germline sequencing (IGS) with multi-step screening protocol (MSP). Methods: We reviewed 31 patients with synchronous or metachronous endometrial and colorectal cancer treated in Chang Gung Memorial hospital from 2000 to 2017. Participants underwent MSP, including immunohistochemical staining of MMR proteins, MLH promoter methylation test and MMR germline mutation analysis to detect Lynch syndrome. In contrast, IGS was performed by extracting DNA from plasma or normal tissues to identify pathogenic variants using Ion Ampliseq Library Kit 2.0 cancer panel. Results: Of the 31 patients, 19 would have been disqualified from germline mutation analysis in MSP. MSP identified six cases of Lynch syndrome while IGS detected nine. IGS surpassed diagnostic yield (29.0% vs. 19.4%) and sensitivity (90% vs. 60%) compared to MSP. Conclusion: IGS demonstrated superiority over MSP in diagnostic yield and sensitivity when identifying Lynch syndrome in high-risk patients.

稿件編號：OC13	卵巢癌病人使用 Bevacizumab 的腸穿孔發生率及臨床表現的 15 年回顧性研究 A 15-Year Retrospective Analysis of Gastrointestinal Perforation Incidence and Clinical Profiles in Ovarian Cancer Patients Treated with Bevacizumab
臨時稿件編號：1405	許沛恩 ¹ 王映文 ¹ 林浩 ¹ 蔡景州 ¹ 歐育哲 ¹ 傅宏鈞 ¹ 張簡展照 ¹ 陳盈儀 ¹ 黃德嫻 ¹ 吳貞璇 ¹ 高雄長庚紀念醫院婦產部 ¹
論文發表方式：口頭報告	Objective: Bevacizumab (BEV) has been increasingly used in managing epithelial ovarian cancer (EOC) since 2011. Phase 3 trials have shown BEV's efficacy in EOC, with the rate of \geq grade 2 gastrointestinal perforation (GIP) ranging from 1.3–2.6%. However, the occurrence of GIP can lead to detrimental outcomes for these patients. This study aims to illustrate the incidence and clinical characteristics of GIP associated with BEV use in EOC patients in a real-world setting. Methods: Patients with EOC treated with BEV at Kaohsiung Chang Gung Memorial Hospital from 2009 to 2024 were retrospectively reviewed. Patients receiving BEV in front-line or recurrent settings were included. Demographic and clinical data, including FIGO stage, histology, debulking surgery details, and BEV dosage and cycles, were collected. Clinical profiles at GIP occurrence and subsequent management were documented. Results: Of 262 patients, 11 (4.2%) experienced GIP. All had risk factors associated with GIP, including bowel resection during debulking surgery, history of peptic ulcer or irritable bowel syndrome, or bowel involvement on imaging. Median time to perforation and treatment cycles of BEV varied. GIP was confirmed via pelvic CT or surgery. Most perforation sites were undetermined. Most cases were managed conservatively, with 2 patients undergoing CT-guided drainage. Only 2 patients received surgical intervention. Survival following GIP ranged from 6 to 1,080 days. Conclusion: The incidence of GIP in this real-world cohort was 4.2%, slightly higher than rates reported in phase 3 trials. Although rare, GIP is a severe complication that can compromise survival. Identifying patient-specific risk factors and providing counseling on GIP risk are essential when evaluating the benefits of incorporating BEV into EOC management.
論文歸類：婦癌	

稿件編號：OC14	前導性治療於子宮頸癌的復興：前導性化療合併免疫治療之案例分享 Renaissance of neoadjuvant therapy for cervical cancer: case reports of neoadjuvant chemo-immunotherapy
臨時稿件編號：1309	張宸翎 ¹ 趙安琪 ¹ 黃慧君 ¹ 張廷彰 ¹ 賴瓊慧 ¹ 林口長庚紀念醫院婦癌科 ¹
論文發表方式：口頭報告	Cervical cancer is the third most common female cancer in Taiwan. Based on NCCN guideline, radical hysterectomy is standard of care in early-stage cervical cancer which does not meet criteria of SHAPe trial. Concurrent chemoradiation (CCRT) is recommended in locally advanced cervical cancer (LACC). However, short term of long-term complications of radiation compromise quality of life. Besides, combined radical hysterectomy and postoperative radiation appeared to be possible and associated with severe complications. An additional treatment option is neoadjuvant chemotherapy followed by radical hysterectomy (NACT-S). However, EORTC-55994 trial showed this strategy is not superior to CCRT and associated to adjuvant chemotherapy. Although NACT-S is not recommended, a current study which investigated neoadjuvant chemo-immunotherapy (NACI) for LACC showed near 40% of patients had pathologic complete remission. Therefore, NACI has potential for treatment of LACC. We described three patients who received neoadjuvant chemo-immunotherapy and those outcomes. Case 1: A 42-year-old female presented with 3-months history of vaginal bleeding. Cervical mass was found on per vagina examination and cervical adenocarcinoma was proved later. The tumor size is 5.7cm, without parametrial invasion and nodal metastasis. The clinical stage is IB3. She received NACI with cisplatin, paclitaxel, and pembrolizumab, followed by surgery. Pathologic complete remission was noted on pathologic evaluation. Case 2: A 60-year-old female visited outpatient clinic for routine cervical smear. No obvious ectocervical lesion was found. However, ultrasound showed hydrometra. Transcervical resection was arranged and endocervical tissue and endometrium were sampled. The specimen of endocervical tissue is cervical adenocarcinoma and measures 1.2x0.8x0.5 centimeter in dimension. MRI revealed a 1.8 cm residual cervical mass with parametrial and lymph nodes involvement. The clinical stage is IB2. She received NACI with cisplatin, paclitaxel, and pembrolizumab, followed by surgery. Only 0.47 cm residual tumor was presented microscopically. Case 3: A 33-year-old female visited for histologically proven cervical squamous cell carcinoma. The tumor size is 3.3 cm with parametrial invasion. The clinical stage is IIB. She had a strong willingness to preserve uterus. Therefore, she received NACI plus bevacizumab. After 4 cycles of treatment, she had radiologically and grossly complete remission.
論文歸類：婦癌	



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：OO1	根據全國資料庫 2004-2020 年間台灣周產期產婦及胎兒結果趨勢與分析 Trends and Analysis of Peripartum and Perinatal Outcomes in Taiwan: A Nationwide Population-Based Study (2004–2020)
臨時稿件編號：1502	洪韻翔 ¹ 張婷瑜 ¹ 義大醫院 ¹
論文發表方式：口頭報告	Introduction: Globally, obstetric trends have shown declining birth rates, increasing cesarean section rates, and a shift towards advanced maternal age. This study aims to analyze changes in obstetric and perinatal outcomes in Taiwan from 2004 to 2020 and explore potential factors contributing to these changes. Methods: We conducted a retrospective cohort study using data from the Taiwan National Health Insurance claim database, maternal-children files, and birth certificate records spanning 2004–2020. Variables analyzed included maternal age, gestational age, delivery modes, perinatal risk factors, and infant birth weight. Outcomes assessed included preterm births, neonatal and maternal ICU admissions, postpartum hemorrhage, stillbirths, gestational diabetes, preeclampsia, and maternal mortality. The study also evaluated the influence of maternal obesity and living conditions. Results: Birth rates in Taiwan declined steadily over the study period, mirroring global trends. The proportion of births to mothers of advanced maternal age increased significantly. Although the overall C-section rate rose slightly, it stabilized in recent years. However, operative vaginal deliveries showed a gradual increase. Rates of preterm birth and postpartum hemorrhage demonstrated notable increases, particularly in the advanced maternal age group. Additionally, the prevalence of gestational diabetes, hypertension, and preeclampsia rose significantly over time. Conclusion: While the overall C-section rate in Taiwan remained relatively stable, it was higher among mothers of advanced maternal age. Operative vaginal deliveries and peripartum morbidities such as gestational diabetes, hypertension, preeclampsia, preterm labor, and postpartum hemorrhage were strongly associated with advanced maternal age, likely influenced by physiological changes and conditions like uterine fibroids or adenomyosis in older mothers. These findings underscore the need for tailored obstetric care for aging maternal populations to improve perinatal outcomes.
論文歸類：產科	

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：OO2	高齡產婦對妊娠結局的趨勢與影響：基於臺灣健保資料庫資料分析研究 (2004–2020) Trend and Impact of Advanced Maternal Age on Pregnancy Outcomes: A Study Analyzing Over a Decade in Taiwan (2004–2020)
臨時稿件編號：1513	張婷瑜 ¹ 洪韻翔 ¹ 義大醫療財團法人義大醫院婦產部 ¹
論文發表方式：口頭報告	Introduction: Advanced maternal age (AMA, ≥35 years) is associated with increased obstetric risks such as preterm birth, gestational diabetes, hypertensive disorders, and postpartum hemorrhage. In Taiwan, as in many high-income countries, the mean maternal age has increased over recent decades. The impact of AMA on adverse perinatal outcomes requires further study. This research aims to evaluate how AMA affects pregnancy outcomes in Taiwan, including preterm birth, neonatal birth weight, ICU admissions, delivery modes, tocolytic use, postpartum hemorrhage, intrauterine growth restriction, stillbirth, neonatal death, and maternal mortality. The study also investigates the role of urban-rural disparities. Methods: This retrospective cohort study utilized data from Taiwan's National Health Insurance claim dataset, maternal-children files, and birth certificate records (2004–2020). Key variables included maternal age, gestational age, perinatal risk factors, delivery modes, and socioeconomic factors. Outcomes analyzed were preterm birth rates, neonatal birth weight (<1500g, 1500–2500g, >2500g), malpresentation, tocolytic use, postpartum hemorrhage, ICU admissions, intrauterine growth restriction, stillbirth, and maternal mortality. Univariate analysis identified risk factors, while multivariate logistic regression determined predictors of adverse outcomes in AMA mothers. Results: AMA mothers, particularly those aged 40 and older, had significantly higher preterm birth rates, with increased risks for extremely preterm infants and low birth weights. Rates of cesarean delivery, postpartum hemorrhage, intrauterine growth restriction, fetal malpresentation, tocolytic use, and maternal ICU admissions increased with age. Postpartum mortality within seven and forty-two days was significantly associated with AMA and various risk factors. Conclusion: Women aged 35 and older face heightened pregnancy risks, particularly those aged 40 and above, who experience higher neonatal death rates and severe maternal complications. Interestingly, while an increasing proportion of AMA mothers, cesarean rates in Taiwan have remained stable. This may be attributed to advances in prenatal care and obstetric management, greater emphasis on the benefits of vaginal delivery, improved pre-pregnancy health awareness, and healthcare policies aimed at reducing unnecessary cesarean deliveries. However, the persistent risks of preterm birth, ICU admission, postpartum hemorrhage, and maternal mortality emphasize the need for targeted, age-specific risk management strategies.
論文歸類：產科	

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：OO3	妊娠期 COVID-19 疫苗接種：COVID-19 mRNA 疫苗接種後與發炎細胞因子相關的血漿 MicroRNA 的初步研究 COVID-19 Vaccination in Pregnancy: Pilot Study of Plasma MicroRNAs Associated with Inflammatory Cytokines after COVID-19 mRNA Vaccination
臨時稿件編號：1362	劉至容 ¹ 沈靜茹 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：口頭報告	Background: The impact of mRNA COVID-19 vaccines on the immunological profiles of pregnant women remains a crucial area of study. This research aims to explore the specific immunological changes triggered by these vaccines in this demographic. Methods: In a focused investigation, we examined the effects of mRNA COVID-19 vaccination on microRNA expression in pregnant women. Key microRNAs, including miR-451a, miR-23a-3p, and miR-21-5p, were analyzed for expression changes post-vaccination. Additionally, we assessed variations in S1RBD IgG levels and specific cytokines to gauge the broader immunological response. Results: Post-vaccination, significant expression shifts in the targeted microRNAs were observed. Alongside these changes, we noted alterations in S1RBD IgG and various cytokines, indicating an adapted inflammatory response. Notably, these immunological markers displayed no direct correlation with S1RBD IgG concentrations, suggesting a complex interaction between the vaccine and the immune system in pregnant women. Conclusions: Our pilot study provides valuable insights into the nuanced effects of the mRNA COVID-19 vaccine on immune dynamics in pregnant women, particularly emphasizing the role of microRNAs. The findings illuminate the intricate interplay between vaccines, microRNAs, and immune responses, enhancing our understanding of these relationships in the context of pregnancy. This research contributes significantly to the growing body of knowledge regarding mRNA COVID-19 vaccines and their specific impact on maternal immunology, offering a foundation for further studies in this vital area.
論文歸類：產科	

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：OO4	評估破傷風、白喉、百日咳、流感和新冠疫苗對孕婦抗體反應影響的先導研究 Pilot Study on Evaluating the Impact of Tetanus, Diphtheria, and Pertussis (Tdap), Influenza, and COVID-19 Vaccinations on Antibody Responses in Pregnant Women
臨時稿件編號：1622	李欣隆 ¹ 沈靜茹 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：口頭報告	This study assessed IgG levels to influenza/pertussis and neutralizing antibody (Nab) responses of COVID-19 vaccines in blood of pregnant women following immunization with pertussis (Tdap), influenza, and COVID-19 vaccines. We prospectively collected 71 participants categorized by the following vaccine combinations: 3T1, 4T1, 3T, and 4T groups (three and four doses of COVID-19 vaccines plus Tdap/influenza or Tdap vaccines alone). Our findings have indicated that the 3T1 group exhibited elevated IgG levels for influenza B compared to the 3T group (12.90 vs. 7.75 U, p = 0.001); this pattern was not observed for influenza A. Pertussis IgG levels remained uniform across all groups. The 4T1 group demonstrated a greater Nab inhibition rate from COVID-19 vaccines compared to both the 3T1 and 3T groups (61.34% vs. 22.5% and 15.16%, respectively, p = 0.001). We observed no correlation between Nab inhibition rate and IgG levels for Tdap/influenza, with the exception of a moderate correlation with influenza B in the 3T1 group. The efficacy of Tdap vaccine in pregnant women remained consistent, regardless of the administration of COVID-19 or influenza vaccines. Interestingly, without the influenza vaccine, both three and four doses of the COVID-19 vaccine still offered protection against influenza A, but not B. Hence, co-administering COVID-19, influenza, and Tdap vaccines during prenatal care maintains immunogenicity and is highly advised to safeguard pregnant women fully.
論文歸類：產科	

稿件編號：OO6	高層次超音波在第二孕期檢測胎兒結構異常的診斷準確性 Diagnostic accuracy of second trimester detailed ultrasound in detecting the fetal structural anomalies in a single tertiary center
臨時稿件編號：1444	陳俐璇 ¹ 許德權 ¹ 蔡慶璋 ¹ 鄭欣欣 ¹ 賴頌如 ¹ 李佩芳 ¹ 黃坤龍 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式：口頭報告	Objective To evaluate the sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) in detecting fetal congenital abnormalities using mid-trimester detailed ultrasound examination.
論文歸類：產科	Material and Methods We conducted a retrospective review of electronic medical records from Kaohsiung Chang Gung Memorial Hospital between November 2019 and December 2023. The detection of prenatal structural abnormalities was performed according to ISUOG guidelines. Prenatal ultrasound findings were compared with postnatal diagnoses to calculate sensitivity, specificity, PPV and NPV. Results A total of 3,159 cases were included in the analysis, comprising 3,006 singleton pregnancies and 153 multiple pregnancies. In singleton pregnancies, the overall detection rate of congenital abnormalities showed a sensitivity of 27.21%, specificity of 96.69%, PPV of 28.03%, and NPV of 96.56%. For multiple pregnancies, the corresponding values were: sensitivity 33.33%, specificity 99.28%, PPV 83.33%, and NPV 93.20%. In singleton pregnancies, the sensitivity, specificity, PPV, and NPV for different anatomical regions were as follows: Head and Neck: sensitivity 20.00%, specificity 99.20%, PPV 11.11%, NPV 99.60%. Heart and Chest: sensitivity 10.26%, specificity 99.83%, PPV 28.57%, NPV 99.42%. Abdomen: sensitivity 24.07%, specificity 98.00%, PPV 18.06%, NPV 98.60%. Extremities: sensitivity 7.41%, specificity 100.00%, PPV 100.00%, NPV 99.17%. Spine and Vertebrae: sensitivity 0.00%, specificity 99.97%, PPV 0.00%, NPV 99.93%. Others (skin and umbilical cord): sensitivity 45.45%, specificity 99.97%, PPV 90.91%, NPV 99.60%. In multiple-gestation pregnancies, the sensitivity, specificity, PPV, and NPV for different anatomical regions were as follows: Head and Neck: sensitivity not applicable (NA), specificity 99.35%, PPV 0.00%, NPV 100.00%. Heart and Chest: sensitivity 10.00%, specificity 99.78%, PPV 36.36%, NPV 98.86%. Abdomen: sensitivity 25.00%, specificity 99.33%, PPV 50.00%, NPV 98.01%. Extremities: sensitivity 0.00%, specificity 100.00%, PPV NA, NPV 97.39%. Spine and Vertebrae: sensitivity NA, specificity 100.00%, PPV NA, NPV 100.00%. Others (skin and umbilical cord): sensitivity 66.67%, specificity 100.00%, PPV 100.00%, NPV 99.34%. Conclusion: Mid-trimester detailed ultrasound examination demonstrated high specificity in detecting fetal structural abnormalities. However, the sensitivity was lower for specific structural anomalies, highlighting the need for increased clinical vigilance in their detection.

稿件編號：OO7	2013 年和 2023 年真空抽吸生產數量變化和新生兒出生結果:回顧性世代研究 The number change of vacuum-extraction delivery and perinatal outcomes in 2013 and 2023: a retrospective cohort study
臨時稿件編號：1602	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	Objective: This study aimed to explore the number of vacuum extraction delivery (VED) in 2013 and 2023 and the associated perinatal outcomes.
論文歸類：產科	Methods: This was a retrospective cohort study. The subjects included patients who delivered a child using normal spontaneous delivery (NSD) or VED in 2013 and 2023 in our hospital. We analyzed the number of VED in the two years, maternal outcomes (vaginal laceration degree and blood loss), and adverse baby outcomes. Multivariable logistic regression was performed on the entire cohort, adjusting for study covariates to assess the odds ratio (OR) of risk factors associated with VED. P values below 0.05 were considered significant. Results: The study included 127 cases of VED (21.6%) and 461 NSD (74%). VED was more common in 2023 (61.42% vs. 38.58%, p<0.001) and associated with higher rates of severe lacerations (aOR = 2.49, 95% CI: 1.13-5.52, p=0.024), potential more blood loss (aOR = 35.96, 95% CI: -6.17-78.09, 0.094), and adverse baby outcomes (aOR = 2.97, 95% CI: 1.57-4.97, p=0.001). Key predictors of using VED include parity and fetal presentation, emphasizing the significance of these factors in maternal and neonatal outcomes. Conclusion: The study found a significant increase in VEDs in 2023 compared to 2013, with VEDs being associated with higher risks of severe lacerations, blood loss, and adverse baby outcomes. Keywords: vacuum extraction delivery; normal spontaneous delivery; complication; risk factors; perinatal outcomes

稿件編號：OO8	台灣世代研究：孕期及產後母親 BMI 變化軌跡及其影響因素分析 Patterns and Predictors of Maternal BMI Trajectories During and After Pregnancy in a Taiwanese Cohort Study
臨時稿件編號：1418	楊雅怡 ¹ 何銘 ¹ 陳怡燕 ¹ 曾寶容 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	Importance: Variations in BMI can influence pregnancy outcomes, postpartum recovery, and long-term health of mothers and their offspring. At present, there is no consensus report regarding the Gestational Weight Gain (GWG) values in Asian populations.
論文歸類：產科	Objective: To investigate maternal BMI trajectories from peripartum to postpartum 6 months and seeking associated factors effect BMI patterns. Design: This birth cohort study including 502 pregnancy women using statistical method to observe BMI patterns from peripartum to postpartum 6 months. Setting: This study involved all with singleton pregnancies women aged 18-50 years old in one medical center in Taiwan. Participants: 502 pregnancy women were initially recruited from August 2022 to August 2023. After excluding cases, 444 participants were included. Exposures: During the first prenatal check-up, consent form and questionnaires such as education level, bad habits; supplements supply and past medical history were arranged. Blood samples included serum vitamin D level and total serum immunoglobulin E were collected at gestational age of 24-28 weeks. Main Outcomes and Measures: Using latent class trajectory modeling (LCTM) to observed maternal BMI trajectory from peripartum to postpartum 6 months and we aimed to identify distinct BMI trajectories and associated factors. Results: Three trajectory groups included Majority-Rapid Decline (MR), High-Rapid Decline (HR) and High-Slow Decline (HS) were emerged. We found the relative risk of hypertension for HS group with an adjusted of OR of 7.63 (2.05-28.38) compared to MR group. In addition, the more the mother's BMI from the beginning of pregnancy, the less weight loss postpartum period. Conclusions and Relevance: Our study identified different BMI trajectory patterns during peripartum to postpartum 6 months. Understanding these trajectories was essential for developing targeted interventions to support maternal health. Proper weight gain management and personalized healthcare interventions can reduce complications for maternal and neonatal. Future research should address limitations such as regional variations and data biases to enhance the generalizability of the findings.

稿件編號：OO9	維生素 D 代謝基因的遺傳多態性與高危險妊娠(妊娠高血壓、妊娠糖尿病及免疫疾病的關聯性)
臨時稿件編號：1542	The association of the genetic polymorphisms of vitamin D metabolizing genes and high-risk pregnancies with preeclampsia, gestational diabetes and autoimmune-diseases 邱瑋菱 ¹ 楊雅怡 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	Abstract Background: High risk pregnancy among mothers and their babies are a major cause of maternal mortality and morbidity. In a previous study, vitamin D levels were associated with adverse pregnancy outcomes, including preeclampsia, preterm labor, and gestational diabetes. Our study aimed to investigate whether genetic polymorphisms in the vitamin D metabolism might play a role in the development of high-risk pregnancies in the presence of vitamin D.
論文歸類：產科	Materials and methods: The study involved 453 pregnant women, including 93 with High-Risk pregnancy and 360 without any diseases (Control). High-risk pregnancy included Preeclampsia, gestational diabetic and autoimmune disease. We analyzed concentrations of 25-hydroxyvitamin D3 (vitamin D) using Chemiluminescence. Gene variants of vitamin D signaling genes, such as the vitamin D receptor (rs11574010, rs1544410, rs2228570, rs731236, rs7975232), vitamin D binding protein (rs4588, rs4752, rs7041), and CYP27B1 (rs10877012), were examined using the MassARRAY™ system. Chi-square tests and logistic regression were employed to assess associations between vitamin D-related gene polymorphisms, vitamin D levels, and the potential for high-risk pregnancies. Result: The vitamin D levels in pregnant women at high risk were significantly higher than those in controls (28.76±9.90 vs. 25.30±9.65 ng/ml, p=0.0044). There was no difference in vitamin D levels between pregnant women with Gestational diabetes, preeclampsia and autoimmune diseases those without. The SNP rs10877012 (in the CYP27B1 promoter region) G-carriers (GG+GT) were more prevalent in three high pregnancy diseases (OR: 0.469, 95% CI: 0.242-0.908, p=0.0247); adjusted for age and vitamin D level). Conclusion: Our results revealed that the genetic polymorphism rs10877012 in CYP27B1 is associated with an increased risk of high-risk pregnancy

稿件編號：OO10	子宮內輸血用於治療血紅蛋白巴特病：成功的技術和臨床經驗 Intrauterine Transfusion for Hemoglobin Bart's Disease: A Successful technique and Clinical Experiences
臨時稿件編號：1508	廖文崇 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	Alpha thalassemia is one of the most common genetic diseases worldwide. Haemoglobin (Hb) Bart's, a highly severe form of deletional α -thalassemia, leads to fetal hydrops and death in the third trimester. Intrauterine transfusion (IUT) is an critical and life-saving intervention for severe fetal anemia with demonstrated good outcomes. Special consideration needs to be taken into account before the procedure, such as patient selection, blood preparation, assessing the site of transfusion, blood volume. We performed IUT on two cases with homozygous alpha-thalassemia fetal hydrops, at 23 weeks and 29 weeks of gestation, respectively, both survived to birth and one was successfully transplanted with donor cord blood after birth.
論文歸類：產科	

稿件編號：OO11	發生植入性胎盤新的病理機制 A novel mechanism for the pathogenesis of placenta accreta spectrum
臨時稿件編號：1562	陳治平 ¹ 陳震宇 ¹ 陳宜雅 ¹ 王亮凱 ¹ 陳昱豪 ¹ 鄧肇雄 ¹ 郭怡秀 ² 陳佳玉 ² 馬偕紀念醫院高危險妊娠科 ¹ 馬偕紀念醫院醫學研究部 ²
論文發表方式：口頭報告	Objective: Abnormal trophoblast invasion and defective decidua are the hallmarks of placenta accreta spectrum (PAS); however, the mechanisms underlying this condition remain unclear. This study investigated whether the upregulation of HtrA4 expression in extravillous trophoblasts and the downregulation of HtrA1 expression in defective deciduae lead to PAS. Methods: Tissue samples from patients undergone cesarean hysterectomy because of postpartum hemorrhage due to PAS (n=15) or uterine atony (control group; n=10) were analyzed through immunostainings. The effect of extracellular matrix (ECM) on trophoblast HtrA4 expression, and HtrA4 in the alteration of trophoblast epithelial-to-mesenchymal transition, proliferation, invasion and HtrA1 inhibition were assessed. Results: ECM molecule collagen I, collagen IV, fibronectin, or laminin were highly expressed in decidua and myometrium. Culturing trophoblasts with these molecules induced HtrA4 expression. HtrA4 upregulated the expression of N-cadherin, vimentin, integrin beta1, snail, and matrix metalloproteinase-2 but downregulated that of zonula occludens-1. HtrA4 knockdown inhibited these effects. HtrA4 knockdown or pretreatment with recombinant HtrA1 inhibited HtrA4-induced trophoblast invasion. HtrA4 promoted trophoblast proliferation. Numerous extravillous trophoblasts exhibiting strong HtrA4 expression invaded the myometrium at the villous adherence sites affected by PAS. Relatively few extravillous trophoblasts were observed at the nonadherence sites and in the control specimens; these trophoblasts exhibited weak or no HtrA4 expression. HtrA1 was primarily expressed over the decidua. Discussion: ECM in decidua and myometrium induced trophoblast HtrA4 expression. Decidual HtrA1 inhibited HtrA4-induced trophoblast invasion. Without the inhibition of HtrA1, HtrA4 expression and invasion was upregulated in the trophoblasts of patients with PAS. The reciprocal effects of HtrA4 and HtrA1 at the maternal-fetal interface may be involved in the pathogenesis of PAS.
論文歸類：產科	

稿件編號：OO12	新創四點射頻燒灼術可以提升同卵多胞胎的減胎成功率 A novel technique with cool-tip radiofrequency ablation for selective fetal reduction in complicated monochorionic twin
臨時稿件編號：1656	吳家駒 ¹ 朱庭儀 ¹ 羅良明 ¹ 謝燦堂 ¹ 蕭勝文 ¹ 台北長庚婦產科 ¹
論文發表方式：口頭報告	Background: To invent a novel method for selective fetal reduction in monochorionic (MC) twin using cool-tip radiofrequency ablation (RFA) and analysis the perinatal outcome.
論文歸類：產科	Material and Methods: Complicated MC twins including twin-to-twin transfusion syndrome (TTTS), selective fetal growth restriction (sFGR) and twin reverse arterial perfusion sequence (TRAP) were enrolled from 2020 to 2024. All cases were indicated for selective fetal reduction due to expected poor outcome. Equilateral triangle method using single puncture 4 times ablation with 17G cool-tip RFA to cord insertion site, umbilical vein and two umbilical arteries for complete stopping the blood flow. The power was starting from 60W, 80W, 80W and 100W one minute each site. outcome were analyzed. Results: A total of 51 cases were collected and treated in a single medical center. We divided first 20 cases as tradition group using single point ablation and novel 4-point ablation group after 21st cases. The overall co-twin survival rate after RFA procedure was 88% (45 out of 51) in whole series. However, the co-twin survival rate in the novel 4-point group was better than single point group (93.5% vs 80%) with statistically significance. The maternal age, procedure at gestational age, procedure time and preterm birth rate did not show statistically difference between two groups. Conclusions: This novel equilateral triangle method to stop all the umbilical blood flow achieved the high successful rate without maternal complication. The 17g cool-tip RFA worked at low temperature to avoid thermal damage. This might be the new choice of RFA in monochorionic pregnancies.

稿件編號：OO13	孕婦維生素 D 濃度與高危險妊娠疾病的關聯 Association of Maternal Vitamin D Levels with High-Risk Pregnancy Complications
臨時稿件編號：1584	陳益文 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	In recent years, the age at first childbirth has increased year by year. The proportion of pregnant women with high-risk pregnancies is increasing year by year. Pregnant women from high-risk groups will have higher complications during pregnancy or the fetus. The National Health Service of the Ministry of Health and Welfare provided the "Peripartum High-Risk Maternity (Child) Tracking Care Plan" from 110 to 113 years and mentioned that Taiwan's current high-risk pregnancy rate is 15-20%. Preventing reproductive risks and promoting fetal health have become very important medical and social issues. In an era where public health knowledge is increasing, prevention is the best medicine to reduce various complications. According to the results of the "National Nutrition and Health Survey" conducted by the National Health Service from 2018 to 2022, the rate of vitamin D deficiency among women of childbearing age in my country between 20 and 49 years old is 44.6%. Literature studies have shown that vitamin D can reduce pre-epileptic syndrome and gestational diabetes, but the dosages studied in the literature are higher to have a more significant difference. Therefore, we want to use this project to study the correlation between vitamin D concentrations in pregnant women suffering from high-risk pregnancy diseases and using a prospective follow-up study conducted at a central medical center to collect clinical and health data on pregnant women. The main purpose of this study is to explore the relationship between maternal vitamin D level and high-risk pregnancy diseases. High-risk pregnancies include preeclampsia, gestational diabetes, and autoimmune diseases. Through this research, we can observe the changes in various physiological values of pregnant women during childbirth and discover related factors that may cause health hazards to mothers and babies. Increased attention by clinical units to high-risk pregnancies could also benefit the implementation of health promotion policies. Our study shows that maternal vitamin D concentrations during pregnancy have no significant impact on subsequent high-risk pregnancy disorders. These results and information can also provide important references and basis for industrial application in pregnant women with high-risk pregnancies.
論文歸類：產科	

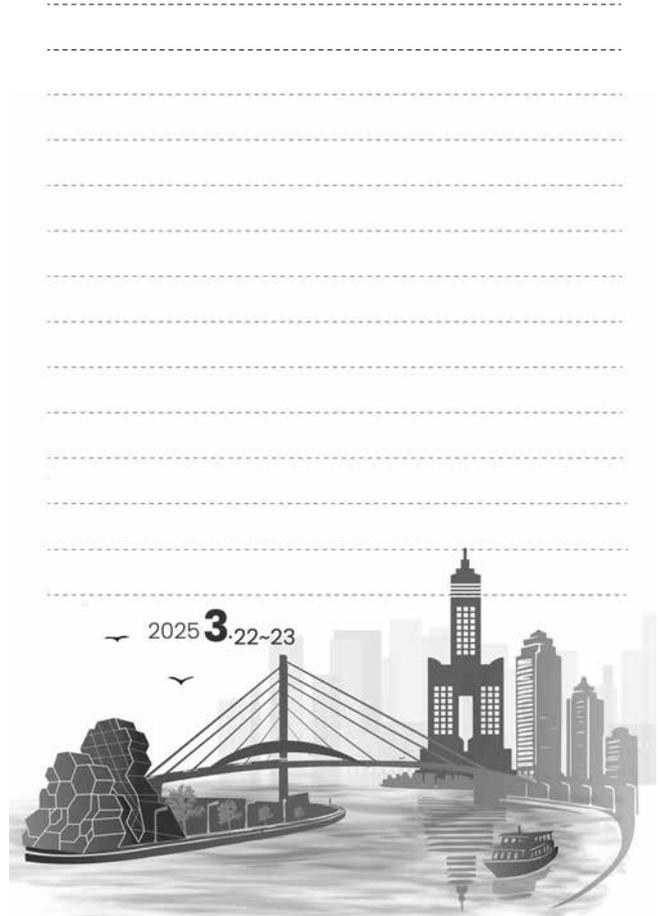
稿件編號：OO14	產後肺栓塞死亡個案之臨床特徵與風險分析
臨時稿件編號：1463	Postpartum Pulmonary Embolism: Delayed Ambulation and Maternal Risk Factors in a Nationwide Cohort 彭冠國 ¹ 陳宜雍 ¹ 李幸齡 ² 黃開照 ¹ 台北馬偕醫院婦產部 ¹ 台灣婦女泌尿基金會 ²
論文發表方式：口頭報告	Background: Pulmonary embolism (PE) is a leading cause of maternal mortality, with risk factors such as delayed postpartum ambulation, obesity, and advanced maternal age compounding the likelihood of fatal outcomes. Understanding the interplay between these factors and the rapid progression of PE is critical for improving prevention and outcomes. Objective: To characterize the clinical features and specific risk factors associated with postpartum maternal deaths due to PE in Taiwan. The study focuses on identifying high-risk factors, including maternal age, pre-pregnancy and antepartum weight, gestational weight changes, mode of delivery, and time to ambulation. By recognizing these risk factors, the goal is to provide actionable insights to reduce the incidence and mortality of PE in postpartum women. Methods: This retrospective cohort study analyzed 25 maternal deaths due to postpartum PE in Taiwan (2017–2023) using nationwide data from the Childbirth Accident Emergency Relief Act (CAERA). Key metrics included maternal age, parity, delivery method, pre-pregnancy and antepartum BMI, total gestational weight gain (GWG), underlying condition, postpartum and post-PE complications and time intervals related to childbirth, symptom onset, and death. Maternal-fetal medicine experts reviewed each case to distinguish PE from amniotic fluid embolism (AFE). Results: The cohort had a mean maternal age of 35.6 years, with 92% classified as overweight or obese (mean pre-pregnancy BMI: 29.28; mean antepartum BMI: 32.34). Nearly half (48%) of the patients gained less than the ACOG-recommended gestational weight, while 28% adhered to recommendations, and 24% exceeded them. Cesarean delivery accounted for 96% of cases. The median time to first ambulation was 30.7 hours, with PE symptoms appearing at a median of 35.6 hours. A moderate correlation (R = 0.678, Confidence interval (CI) 0.386 to 0.846) was observed between delayed ambulation and symptom onset. The rapid progression from symptom onset to death (median: 22.6 hours) highlights the aggressive nature of postpartum PE. Conclusion: This study is the first to statistically analyze postpartum time intervals—ambulation, symptom onset, and death—in relation to PE, highlighting the critical role of delayed ambulation and its alignment with the 2020 TAOG 'Reduce obstetric pulmonary embolism (ROPE)' recommendations. Additionally, advanced maternal age, obesity, and cesarean delivery emerged as significant contributors to postpartum PE fatalities. These findings underscore the urgent need for comprehensive prevention strategies, including early ambulation protocols, personalized weight management, and thromboprophylaxis, to reduce maternal mortality and improve postpartum outcomes

稿件編號：OO15	骨盆環損傷後的分娩結果
臨時稿件編號：1548	Birth outcomes following pelvic ring injury: A retrospective study 許晉婕 ¹ 陳冰 ¹ 林口長庚醫院 ¹
論文發表方式：口頭報告	Pelvic ring injuries (PRI) are uncommon yet significant skeletal injuries that may affect future obstetric outcomes in women of childbearing age. This retrospective cohort study aimed to evaluate delivery outcomes in 41 women with prior PRI who underwent pregnancy and delivery between 2000 and 2021 at a single tertiary center. The mode of delivery, radiological outcomes, and potential influencing factors were analyzed. Of the cohort, 27 underwent cesarean section (CS) and 14 had vaginal deliveries (VD). Logistic regression identified pelvic asymmetry, as assessed by Lefavre criteria, as a significant risk factor for CS (odds ratio 1.52; 95% CI 1.043–2.213). Retained trans-iliac sacral implants were not associated with increased CS risk. These findings indicate that VD is feasible following PRI, and pelvic asymmetry measurements may guide delivery mode decision-making. Further prospective research is needed to validate these findings and support shared decision-making between patients and clinicians.

稿件編號：OO16	催生還是等待？低風險初產婦的最佳策略
臨時稿件編號：1660	To Induce or Wait: Navigating Labor Strategies in Lower Risk Nulliparous Women Beyond 39 weeks of Gestation 柯俊丞 ¹ 謝秉霖 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: Elective induction of labor, defined as initiating labor without a medical necessity, remains a debated topic in obstetrics, especially regarding its appropriateness at 39 weeks in low-risk nulliparous women. Historically, concerns over increased cesarean section rates led to discouragement of the practice. However, the 2018 ARRIVE trial, published in The New England Journal of Medicine, indicated that elective induction at 39 weeks could reduce cesarean delivery rates. In contrast, Taiwanese studies have reported differing outcomes, possibly due to variations in patient demographics and study sizes. This underscores the importance of localized research, such as this Taiwanese ARRIVE study, to evaluate the effects of early induction versus expectant management. Methods : We conducted a monocentric retrospective cohort study at a tertiary medical center in Taipei's Neihu district between January 2018 and May 2023. A total of 4752 patients were included, comprising 3289 cases of successful vaginal deliveries and 1462 cesarean deliveries. The study analyzed labor duration, bleeding tendencies, fetal well-being, and complications such as postpartum hemorrhage (PPH) and cesarean delivery rates. Statistical analyses were performed using Stata version 11.0 (StataCorp, College Station, TX). Chi-square and Fisher's exact tests were applied where appropriate, with a p-value < 0.05 considered statistically significant. Survival curves were generated using the Kaplan-Meier method, and the log-rank test assessed differences in survival outcomes. Cox proportional hazards modeling and multivariable analyses were performed to identify independent predictors of cesarean delivery. Results: The study analyzed 3289 cases of vaginal delivery, with 1680 in the early induction group and 1609 in the expectant management group. The average maternal age was 32.4 years in the induction group and 33.2 years in the expectant group. The mean labor duration was 40.8 hours in the induction group versus 37.5 hours in the expectant group. Importantly, the induction group did not exhibit a significant increase in neonatal intensive care unit (NICU) admissions. However, a trend toward higher cesarean section rates was noted. Hospital stays averaged 3.36 days in the induction group and 3.28 days in the expectant group. PPH rates were 0.8% for the induction group and 0.7% for expectant management, while cesarean rates were 15.6% and 16.8%, respectively. Conclusion: This study highlights that in low-risk pregnancies beyond 39 weeks, elective induction of labor does not significantly increase cesarean rates, postpartum hemorrhage, or NICU admissions compared to expectant management. These findings provide clarity for obstetricians in making evidence-based decisions regarding labor induction strategies, supporting its safety and feasibility in similar populations.

稿件編號：OO17	妊娠糖尿病在雙胞胎懷孕之危險因子跟周產期預後
臨時稿件編號：1340	The predisposing factors and for the occurrence and the neonatal outcomes of gestational diabetes mellitus in twin pregnancies 詹耀龍 ¹ 李佳樺 ¹ 趙安祥 ² 閻河寧 ¹ 張舜智 ¹ 李彥璋 ¹ 彭秀慧 ¹ 長庚林口總院 ¹ 新北市立土城醫院 ²
論文發表方式：口頭報告	Background: The predisposing factors for the occurrence of gestational diabetes mellitus (GDM) have been reported as high pre-pregnancy body mass index (PBMI), advanced maternal age, or high weight gain. However, the conclusion is not solid, especially in twin pregnancy. This study aimed to evaluate the predisposing factors for the occurrence and neonatal outcomes of GDM in twin pregnancy. Materials and methods: This was a retrospective cohort study of twin pregnancies delivered at our hospital between April 2013 and December 2018. GDM was diagnosed by OGTT test during pregnancy. Maternal characteristics including the maternal age at delivery, gestational ages of delivery, maternal PBMI, weight gain during pregnancy, birth weight of smaller and larger twins, whether conceived by IVF and chorionicity were evaluated. Neonatal outcomes including neonatal death, gestational age of delivery, intraventricular hemorrhage (IVH), necrotizing enterocolitis (NEC), and respiratory distress syndrome (RDS) were evaluated. Result: Totally 859 twins were included. There were 64 (7.5%) cases of GDM diagnosed during pregnancy. The maternal age of twin pregnancies with GDM was older than those without. Gestational ages of delivery, maternal PBMI, weight gain during pregnancy, and birth weight of smaller and larger twins are not significantly different between cases with and without GDM. After logistic regression analysis, only advanced maternal age is the predisposing factor for the occurrence of GDM in twin pregnancies. The neonatal natal outcomes were not significantly different between twin pregnancies with and without GDM. Conclusion: The predisposing factor for GDM in twin pregnancy for the case series is advanced maternal age. Education of timing conception may reduce the risk of GDM in twin pregnancies.

<p>稿件編號：OO18 臨時稿件編號： 1449</p>	<p>探討試管嬰兒、子宮內膜異位症及子宮腺肌症與重度子癩前症之相關性 Investigating the associations between in vitro fertilization, endometriosis, adenomyosis, and preeclampsia with severe features 李涵堃¹ 陳治平¹ 王國恭¹ 陳宜雅¹ 王亮凱¹ 陳震宇*¹ 台北馬偕紀念醫院婦產部高危險妊娠學科¹</p>
<p>論文發表方式： 口頭報告</p>	<p>Objective: The associations between in vitro fertilization (IVF), endometriosis, adenomyosis, and preeclampsia have been previously discussed. This study aimed to further investigate whether these factors increase the risk of developing preeclampsia with severe features.</p>
<p>論文歸類： 產科</p>	<p>Methods: We conducted a retrospective cohort study involving singleton preeclamptic women who conceived via IVF treatment or were diagnosed with adenomyosis or endometrioma based on sonography or surgical pathology at a tertiary medical center between January 2016 and March 2024. The participants were divided into two groups: those with preeclampsia without severe features and those with severe features. Multivariate logistic regression analyses were performed to identify risk factors associated with preeclampsia with severe features, including advanced maternal age, nulliparity, elevated body mass index, chronic hypertension, diabetes mellitus, gestational diabetes, IVF, adenomyosis, and endometrioma.</p> <p>Results: A total of 3,606 women with preeclampsia were screened, and women who conceived via IVF treatment (n = 100) or were diagnosed with adenomyosis (n = 20) or endometrioma (n = 18) through sonography or surgical pathology were enrolled. Of these, 74 women had preeclampsia without severe features, and 50 had preeclampsia with severe features. The group with preeclampsia with severe features had a higher incidence of conception via IVF (90% vs. 74.3%, p = 0.03) compared to the group with preeclampsia without severe features. However, no significant differences were observed between the two groups regarding adenomyosis or endometrioma. Additionally, the group with preeclampsia with severe features had an earlier delivery age (mean 35.0 ± 3.4 vs. 36.2 ± 2.2, p = 0.009), higher rates of non-reassuring fetal heart rates (36% vs. 14.9%, p = 0.006), and lower Apgar scores (median 8 vs. 9 at 1 minute, p < 0.001; median 9 vs. 10 at 5 minutes, p = 0.003). After adjusting for individual variables in multivariate logistic regression analysis, maternal preeclampsia with severe features was strongly associated with IVF (adjusted odds ratio 11.99, 95% confidence interval 2.18 - 65.98, p = 0.004).</p> <p>Conclusion: Women who conceive via IVF are at a higher risk of developing preeclampsia with severe features during pregnancy, which may lead to adverse maternal and neonatal outcomes.</p>



稿件編號：OE1	<p>腹腔鏡併腹部超音波導引子宮肌腺症微波消融手術之初步結果報告 Laparoscopy combined with transabdominal ultrasound-guided percutaneous microwave ablations for symptomatic adenomyosis: preliminary results</p> <p>林雅翌¹ 許鈞碩¹ 大林慈濟婦產部¹</p>
臨時稿件編號：1499	
論文發表方式：口頭報告	Objective: To evaluate the efficacy and safety of laparoscopy combined with transabdominal ultrasound-guided percutaneous microwave ablation (PMWA) for treating symptomatic adenomyosis.
論文歸類：內視鏡	<p>Introduction: Adenomyosis is a common gynecological disorder in reproductive-aged women, causing severe dysmenorrhea, menorrhagia, anemia, and infertility. It has a significant impact on both the physical and mental health of women. Due to the suboptimal outcomes of traditional medical and surgical treatments, an increasing number of patients are seeking more effective and less invasive therapies. Since around 2010, percutaneous microwave ablation (PMWA) has been widely performed for symptomatic uterine lesions in China and Japan. In this procedure, a needle is inserted into the target lesion under ultrasound guidance, and the microwave-heated center rapidly reaches temperatures above 60°C to coagulate the tissue. In our department, Dr. C.S. Hsu has performed laparoscopy combined with transabdominal ultrasound-guided PMWA for symptomatic adenomyosis. We evaluated the patients' symptoms using a questionnaire and assessed the reduction in lesion volume via pre-operative and post-operative transabdominal ultrasound.</p> <p>Methods: Patients with symptomatic adenomyosis were enrolled in this prospective study. They underwent transabdominal ultrasound to measure lesion volume before the operation. The following parameters were collected before the procedure, and at 3, 6, and 12 months post-treatment: uterine volume, hemoglobin (Hb) levels, cancer antigen 125 (CA125) levels, cancer antigen 199 (CA199) levels, symptom severity score (SSS), dysmenorrhea visual analog scale (VAS), Quality of Life Scale (QOLS), and 36-Item Short Form Health Survey questionnaire (SF-36). Adverse events and complications were also recorded to assess clinical efficacy. Patients received general anesthesia and were positioned in the dorsal lithotomy position. A 5-mm trocar was inserted, and a laparoscope was used to examine the pelvic condition. If adhesions were noted, another 5-mm trocar was inserted, and adhesiolysis was performed first. Microwave ablation was done under transabdominal ultrasound guidance throughout the procedure. We would follow up the patient 3 months later with transabdominal ultrasound, questionnaire and laboratory data.</p> <p>Results: Since November 8th, 2023, 20 patients have undergone laparoscopy combined with transabdominal ultrasound-guided PMWA at our department. Of these, 16 patients were followed up for more than 3 months. The average uterine volume reduction rate at 3 months post-operation was 25.55% (ranging from 58.73% to -47.32%). Laboratory data showed a mild increase in mean hemoglobin (10.91 g/dL to 11.83 g/dL, +0.92 g/dL), a decrease in CA-125 (94.18 U/mL to 49.54 U/mL, -44.64 U/mL), and a decrease in CA-199 (45.28 U/mL to 25.7 U/mL, -19.58 U/mL) after 3 months. The symptom severity score decreased from 26.75 to 18.71 (-8.04), the dysmenorrhea VAS decreased from 6.81 to 4.31 (-2.5), the Quality of Life Scale decreased from 106.56 to 69.14 (-37.42) and the SF-36 score increased from 49.53 to 67.24 (+17.71), indicating improving compared to preoperative levels.</p> <p>Conclusion: Laparoscopy combined with transabdominal ultrasound-guided percutaneous microwave ablation is an effective and minimally invasive technique for treating adenomyosis. Further long-term follow-up and a larger sample size are needed for more comprehensive evaluation.</p>

稿件編號：OE2	<p>比較有無利用檢體裝袋下使用高速碎瘍機影響腹腔鏡子宮次全切除術的手術因素 — 三級轉診中心的病例对照研究 Factors Influencing Laparoscopic Subtotal Hysterectomy With or Without In-Bag Power Morcellation: A Case-Control Study in A Tertiary Referral Center</p> <p>林祖熾¹ 吳宛儒¹ 周邦新¹ 許瑞昌¹ 陳子怡¹ 彰化基督教醫院婦產部¹</p>
臨時稿件編號：1485	
論文發表方式：口頭報告	Introduction: Laparoscopic supracervical hysterectomy (LSH) offers a surgical option for women with severe adenomyosis, multiple and complex fibroids who require hysterectomy. The removal of specimen is the rate determining step in LSH. However, using high speed morcellators may have the potential of spreading occult tumor. Therefore, in this study, we compared the surgical outcomes of LSH with and without the use of containment system.
論文歸類：內視鏡	<p>Method: A retrospective study was conducted between January 1, 2022, and April 30, 2024 at Changhua Christian Hospital. Demographic data from the patients and factors that influenced surgical outcomes were collected, including BMI, use of containment systems, previous operation history, preoperative hemoglobin levels, uterine size, complexity of surgery, and hierarchy of assistant. The difference in operation time between groups of LSH with and without bag was also analyzed after controlling for possible confounding factors.</p> <p>Results: A total of 60 patients who underwent LSH were recruited. The median age was 46 years. The most common indication of LSH was symptomatic uterine fibroid (55%). Endometriosis was the only factor associated with longer operating time with an odd ratio of 1.26 (95% CI: 1.05-1.51, p<0.012). No significant learning curve was noted as the scatterplot indicated non-significant relationship between operating time and case numbers (r = -0.121, p value = 0.668).</p> <p>Discussion: Power morcellation had a smaller wound incision (<1.5 cm) and shorter morcellation operative time (MOT) than manual morcellation in bag without increase the complication rates. However, the technique of manipulating the endoscopic bag and direct control of the morcellated tissue to minimize specimen spillage was also rate determining step to reduce MOT. Interestingly, our study showed little definite learning curve for contained power morcellation. No malignancy was reported in the permanent pathology results.</p> <p>Conclusion: Tissue retrieval from the surgical site using power morcellation with containment system may provide the right combination of patient safety, speed, and ease of use, even for less experienced surgeons.</p>

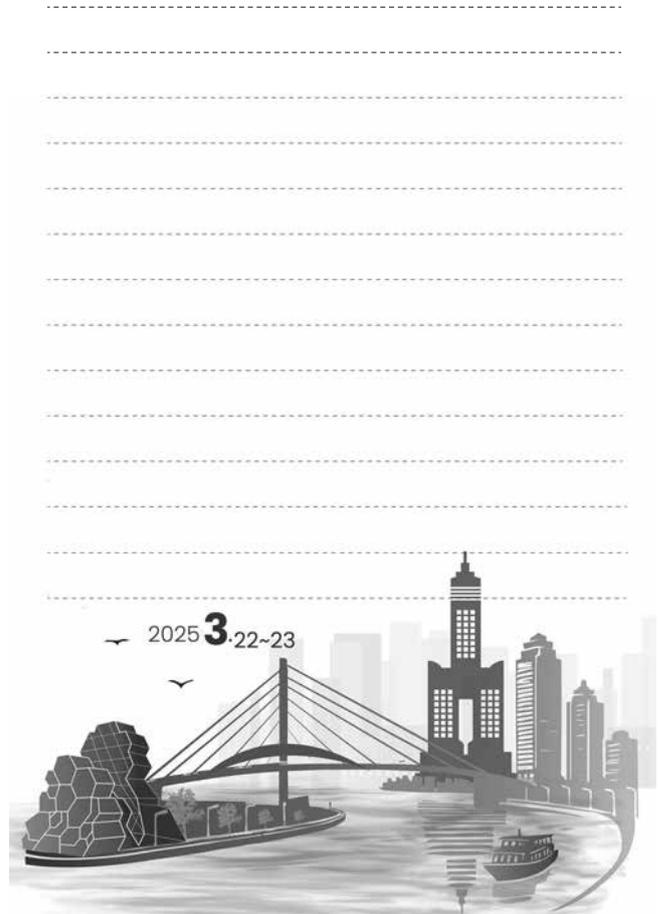
稿件編號：OE3	<p>針對單孔達文西手子宮肌腺及肌腺瘤切除手術，輔以吊頸式止血帶之 100 例手術成果報告 Surgical Outcomes of 100 Cases: Da Vinci Transumbilical Single-site Robotic Myomectomy and Adenomyomectomy Assisted by Hangman's Tourniquet</p> <p>郭信宏¹ 張紅洪¹ 吳加仁¹ 林菁卿¹ 林理堯¹ 中壢宏基婦幼醫院¹</p>
臨時稿件編號：1366	
論文發表方式：口頭報告	Uterine fibroids or adenomyosis are benign tumors of the uterus that can cause symptoms such as heavy menstrual bleeding, dysmenorrhea, infertility, or compression-related bothers like frequent urination. The standard treatment is hysterectomy; however, for women who wish to preserve their uterus or have future pregnancy needs, uterus-sparing surgery is a feasible alternative.
論文歸類：內視鏡	<p>Among uterus-sparing surgeries, the most critical step is intraoperative bleeding control. In 2022, Dr. Hsin-Hong Kuo introduced the triple-tourniquet technique (including isthmic and bilateral infundibulopelvic tourniquets, with the isthmic tourniquet also known as the Hangman's Tourniquet or HMT) to reduce intraoperative bleeding. Subsequent comparative studies showed that the tourniquet group had a statistically significant reduction in blood loss and allowed the removal of a greater number of uterine tumors compared to the non-tourniquet group. This report presents a case series study documenting the outcomes of transumbilical single-port robotic myomectomy and adenomyomectomy performed by a single surgeon, Dr. Hsin-Hong Kuo, using HMT between February 1, 2023, and December 31, 2024. The current data (averages) indicate that the total operation time was 125 minutes, console time was 50 minutes, 6.2 tumors were removed, and the specimen weight was 322 grams. These outcomes were achieved using the transumbilical single-port approach with one HMT applied for 7.1 minutes, resulting in an ischemic time of 56 minutes.</p> <p>This report demonstrates the critical role of HMT in transumbilical single-port robotic uterus-sparing surgeries. HMT not only lifts the uterus automatically, eliminating the need for a second assistant during the surgery, but also significantly reduces blood loss, with an average intraoperative blood loss of 202 mL. Furthermore, during the console time, no suction or irrigation was needed, which minimizes instrument collisions, reduces the risk of assistant injury, and greatly enhances surgical efficiency.</p>

稿件編號：OE4	<p>新型多關節式器械於複雜性婦科內視鏡手術之應用 Artisential Applied in the complex gynecological surgery</p> <p>李易良^{1,2} 白尹瑄^{1,2} 尹長生^{1,2} 武國璋^{1,2} 董博緯^{1,3} 三軍總醫院¹ 康寧醫院² 國軍桃園總醫院³</p>
臨時稿件編號：1538	
論文發表方式：口頭報告	Background: Hysterectomy is one of the most common benign gynecological surgery over the world. Hysterectomy is often performed for non-cancerous conditions such as fibroids, bleeding disorders, endometriosis, and uterine prolapse. From 2000 to 2004, 90% of hysterectomies in the United States were for benign diseases, while the remaining 10% were for cancers like uterine, cervical, and ovarian cancer. According to several previously published randomized controlled trials and meta-analyses, laparoscopic offers potential advantages in complex gynecological surgery, including shorter hospital stays and improved cosmetic satisfaction compared to conventional explore laparotomy. However, it remains technically challenging with insufficient operating space due to huge uterus or ovarian tumor. These challenges lead to longer operating times and higher conversion rates. To overcome these difficulties, new laparoscopic articulating instruments have been developed as an alternative.
論文歸類：內視鏡	<p>Purpose: Conventional straight-fixed laparoscopic instruments have disadvantages of reduced dexterity, limited freedom of movement, and uncomfortable ergonomics. Therefore, it was hard for surgeons to get an effective angle and make effective traction and counter-traction during laparoscopic surgery. To overcome these limitations, a surgical robot system, the da Vinci (Intuitive Surgical Inc., Sunnyvale, CA), was developed. Robot system provides high-definition three-dimensional vision with enhanced dexterity, multi-joint instruments, tremor reduction, and comfortable ergonomics. However, it has cost versus benefits issue. A new laparoscopic articulating instrument has multi-joint structure that are synchronized with the surgeon's hand, wrist, and finger movement. With this structure, it can provide 360° of movement. Its multiple degrees of movement allows a wide range of surgical procedures like using a robotic arm. In addition, it has cost-effectiveness compared to robotic surgery. In this video, we intended to show how to overcome internal collision and make a good surgical view through a new laparoscopic articulating instrument during laparoscopic hysterectomy.</p> <p>Materials and Methods: We used the ArtiSential® (LIVSMED Inc., Republic of Korea), a new laparoscopic articulating instrument which is registered as a class I medical device with the Korea Food and Drug Administration in 2019. Also, it achieved USFDA approval in June 2020. The instrument can be used with any 8 mm, or larger, sized trocar. In port placement, we applied the Glove port® (Nelis Corp., Republic of Korea). It consists of three 5-mm-sized ports and one 12-mm-sized port. Therefore, it is possible to freely use a stapling device according to surgeon's preference. The articulating instrument is placed on the left side, with surgeon's non-dominant hand.</p> <p>Results: In this video, we presented the steps of laparoscopic hysterectomy using a new laparoscopic articulating instrument.</p> <p>Conclusions: Laparoscopic gynecological surgery using a new laparoscopic articulating instrument (ArtiSential®) is safe and technically feasible. Furthermore, it can be applied in various abdominal surgeries requiring a wider range of movement.</p>

稿件編號：OES	門診子宮鏡檢查疼痛感受的影響因素：344 名患者的回顧性研究 Factors Influencing Pain Perception During Office Hysteroscopy: A Retrospective Analysis of 344 Patients*
臨時稿件編號：1556	陳欣儀 ¹ 王錦榮 ¹ 林口長庚醫院婦產科 ¹
論文發表方式：口頭報告	Introduction Office hysteroscopy offers convenience, shorter procedure times, and reduced anesthesia-related risks compared to operative hysteroscopy. However, increased pain perception remains a significant concern. This study aimed to identify specific patient characteristics associated with higher pain levels during office hysteroscopy.
論文歸類：內視鏡	Methods This retrospective, single-center study analyzed 344 patients who underwent office hysteroscopy without anesthesia between August 2024 and November 2024. Patients were categorized into two groups based on their pain perception: those experiencing significant pain (VAS ≥ 4) and those with minimal or no pain (VAS < 4). The study examined the associations of age, body mass index (BMI), primiparity, primigravidity, history of vaginal delivery, menopausal status, uterine axis alignment, and dysmenorrhea with pain levels reported during the procedure. Results Physiological factors influencing pain perception during office hysteroscopy were assessed in 344 patients. No significant differences were observed in baseline characteristics, including age, history of cesarean delivery, or menopausal status, between the two groups. However, significant associations were identified between pain perception and the following factors: a BMI below 18 (P = 0.01), primiparity (P < 0.01), primigravidity (P < 0.01), extreme uterine axis deviation (P < 0.01), absence of a history of vaginal delivery (P < 0.01), and dysmenorrhea (P < 0.01). Conclusion This study highlights potential associations between a BMI below 18, primiparity, primigravidity, extreme uterine axis deviation, absence of a history of vaginal delivery, and dysmenorrhea with pain experienced during office hysteroscopy. Further research with larger datasets and prospective studies is required to validate these findings and enhance clinical understanding.

稿件編號：OE6	主要肌瘤直徑與腹腔鏡肌瘤切除術併發症可能性之間的關係：一項回顧性世代研究 Diameter of dominant myoma associated with the possibility of perioperative complication of laparoscopic myomectomy: a retrospective cohort study
臨時稿件編號：1596	朱羽群 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	Objective This study aimed to establish the dominant myoma diameter threshold associated with increased risk of complications following laparoscopic myomectomy (LM).
論文歸類：內視鏡	Design Retrospective cohort study Setting Single tertiary referral center Patients This study evaluated patients who underwent LM for benign indications at our institution between January 2013 and June 2023. The primary aim was to investigate the association between dominant myoma diameter and 30-day postoperative complications. Patient characteristics, statistical methods, and outcome measures were comprehensively documented. Receiver operating characteristic (ROC) curve analysis assessed the predictive performance of myoma diameter. Statistical significance was defined as p < 0.05. Intervention(s) LM Measurements and Main Results The final sample comprised 119 patients, with a mean dominant myoma diameter of 6.52 cm and a 15.13% complication rate. The mean myoma weight was 224.27 grams (n=45). Receiver operating characteristic analysis identified 7.11 cm as the optimal cutoff for predicting complications (AUROC=0.69). Multivariable logistic regression revealed a significant relationship between dominant myoma diameters greater than 7.11 cm and higher complication risk (OR 4.44, 95% CI 1.05-18.66, P = 0.042). Myoma-type stratification reinforced myoma diameter's predictive utility. A strong correlation existed between myoma weight and dominant myoma diameter (r=0.85, P<0.001), supporting the diameter's potential for preoperative myoma weight estimation. Conclusion The dominant myoma diameter emerged as a valuable predictor of 30-day surgical complications following laparoscopic myomectomy (LM). An optimal cutoff of 7.11 cm was associated with a statistically significant increase in complication risk.

稿件編號：OE7	協助子宮肌瘤微創手術術式決策之預測模型 Development of a myoma score for a patient selection for robotic myomectomy
臨時稿件編號：1439	張笠遙 ¹ 張路得 ¹ 溫國璋 ¹ 賴鴻政 ¹ 衛生福利部雙和醫院 ¹
論文發表方式：口頭報告	Objective: Uterine fibroids are the most common benign neoplasms of the uterus. For patients with symptomatic leiomyomas who wish to preserve their uterus or maintain the possibility of future pregnancy, myomectomy is considered the ideal surgical management option. This procedure can be performed using various techniques, including hysteroscopic, laparoscopic, robotic-assisted laparoscopic, or abdominal (laparotomy) approaches. In recent years, the advent of modern minimally invasive surgery has led to an increase in the use of robotic-assisted laparoscopic myomectomy (RALM). However, the question of whether RALM offers superior outcomes compared to traditional laparoscopic myomectomy (LM) or abdominal myomectomy (AM) remains a topic of debate. The aim of this study is to develop a clinical scoring system to help guide the selection of the most appropriate surgical approach for myomectomy.
論文歸類：內視鏡	Method: In this retrospective study, we reviewed 240 consecutive cases of myomectomy performed using minimally invasive procedures between January 2014 and December 2019 at a single tertiary care center. Among these, 122 cases of RALM were compared with a matched control group of 118 cases of LM. And then, we collected the cases of open myomectomy, laparoscopic myomectomy, robotic myomectomy since 2020 to 2022 in SHH and to validate the myoma score of different operations. Result: The final model included four independent variables— "number of fibroids," "size of fibroids," "type of fibroids," and "location of fibroids"—and was named the Complicated Myoma Score. Based on binary logistic regression, the area under the ROC curve was 75.8%, with a confidence interval of 69.6% to 81.9%, reaching statistical significance (p < 0.001). Using the Youden index (which maximizes the sum of sensitivity and specificity), we determined the optimal cut-off point for the probability value to be 0.442, yielding a sensitivity of 83.3% and specificity of 57.8%. If the probability value exceeds 0.442, surgeons are advised to consider robotic-assisted myomectomy (RM) for potentially better clinical outcomes. The model demonstrated a significant difference in the mean probability values between laparoscopic myomectomy (LM) (0.439 ± 0.202), robotic-assisted laparoscopic myomectomy (RM) (0.560 ± 0.205), and abdominal myomectomy (OM) (0.622 ± 0.219) in subsequent validation cohorts. Conclusion: This multivariable prediction model shows promise in guiding surgical decisions for myomectomy. The Complicated Myoma Score offers the potential to stratify myomas based on various parameters. The results also provide statistical evidence supporting the optimal cut-off point. Accurate preoperative assessment can assist clinicians in selecting the most appropriate surgical approach. Further randomized control trial are warranted to assess the utility of Complicated Myoma Score.



稿件編號：OU1	陰道閉鎖伴經血滯留之陰道重建——陰道支架的臨床應用 A novel surgical technique to get a successful vaginal reconstruction for vaginal atresia with hematocolpos – Clinical Application of Vaginal Stent
臨時稿件編號：1336	高語謙 ¹ 余堅忍 ¹ 洪煥程 ² 陳怡仁 ² 振興醫院婦產部 ¹ 臺北榮民總醫院婦產科 ²
論文發表方式：口頭報告	Introduction Congenital anomalies of the müllerian ducts may lead to malformations of the uterus and vagina. Different types of müllerian agenesis can result in a wide range of genitourinary abnormalities. Patients with absence of vagina with or without uterus might be presented with amenorrhea, cyclic lower abdominal pain and hematocolpos. Here, we presented a novel technique of vaginal stent in using a porous hollow plastic tube to achieve a successful vaginal reconstruction.
論文歸類：婦女泌尿	Summary of Cases Case I is a 14 years old female who suffered from cyclic lower abdominal pain with amenorrhea. She had received vaginal reconstruction once but failed. The patient then came to our OPD for help. Upon examination, stricture and obliteration of a segment of upper 2/3 of the neovagina was noticed, and we arranged a two-step reconstruction using our vaginal stent mold. Case II is a 26 years old female who experienced progressive lower abdominal regular cyclic pain since she was 11 years old, also accompanied with amenorrhea. The patient came to our hospital for vaginal reconstruction. Profuse amount of pus about 70ml was drained from the apex of vagina. Both patients were educated on how and when to place the mold correctly into their neovagina before discharged, to prevent re-obliteration and to keep function of the neovagina. Discussion In patients of vaginal hypoplasia with functional uterus, a vaginal stent mold is the key to a successful reconstruction surgery. There are six points we would like to emphasize on. First, accurate diagnosis and good surgical timing is crucial. Second, the hematocolpos is important in reconstructing the neovagina. Third, the use of a vaginal stent supports effective drainage of menstrual blood and uterine secretions. Fourth, patients should have the ability to independently insert and remove the vaginal stent before being discharged. Fifth, the duration of vaginal stent placement can be gradually reduced but should be maintained for at least six months to allow scar stabilization and minimize the risk of stricture. Lastly, a vaginal stent can be improvised using a 50 ml plastic centrifuge tube, providing a cost-effective, manually constructed alternative. These strategies above have been associated with a higher success rate in operative outcomes. Reference: Yu, K. J., Lin, Y. S., Chao, K. C., Chang, S. P., Lin, L. Y., & Bell, W. (2004). A detachable porous vaginal mold facilitates reconstruction of a modified McIndoe neovagina. Fertility and sterility, 81(2), 435–439. https://doi.org/10.1016/j.fertnstert.2003.06.032

稿件編號：OU2	陰道雷射治療對更年期生活品質的影響——臺北市立聯合醫院初步研究結果 The Effects of Vaginal Laser Therapy on Quality of Life in Patients with Genitourinary Syndrome of Menopause (GSM): Initial Results from Taipei City Hospital
臨時稿件編號：1486	賀培強 ¹ 林姿吟 ¹ 臺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	Introduction: The symptoms of genitourinary syndrome of menopause (GSM) included vaginal pruritus, dyspareunia, dryness, itching, urinary incontinence, and recurrent urinary tract infections affected more than 50% postmenopausal women. Nonhormonal therapies, such as lubricants and moisturizers, were indicated as first-line treatments, while the "gold standard" was represented by topical estrogen treatment. Recent studies showed that vaginal laser therapy could be used to reduce the symptoms of GSM especially for the women who were hesitated for estrogen therapy. The vaginal laser was well tolerated and increased the vaginal thickness of epithelium and improved vascularity of vagina so that it had good efficacy to treat symptoms of GSM. Here we reported an initial result of the improvement of GSM after vaginal laser therapy for patients with menopause by quality of life assessment.
論文歸類：婦女泌尿	Objective: To compare the quality of life improvement among patients with GSM before and after vaginal laser therapy by using Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire short form (PISQ-12, item 5-8). Materials and Methods: We collected 39 patients with genitourinary syndrome of menopause (GSM) during August 2022 to September 2024 at Taipei City Hospital, Ren Ai Branch. Patients had vaginal laser therapy monthly for three times using the SmartXide ² Laser System. Three types of probes were utilized during treatment: the 360-degree probe, the 90-degree single-mirror probe, and the straight vulvar probe. The energy settings for each probe were 30 W, 30 W, and 4 W, respectively. Quality of life was evaluated before and at the third time of the vaginal laser therapy using the PISQ-12 short form. Only patients who were postmenopausal at the time of receiving vaginal laser therapy were included in our study. Patients who completed at least three sessions of vaginal laser therapy and fulfilled all questionnaires were included into our study. Results: A total of 39 patients were initially included into our study. However, 12 patients who had not been sexually active within the past year were excluded, as they were ineligible for evaluation. There were 27 patients evaluated finally. The mean age of the participants was 55.89 ± 5.69 years, with an average parity of 1.44 ± 0.87. The results showed the PISQ-12 short form significant increased from 9.85 to 12.67 (p = 0.004). Further analysis was conducted based on whether the patients had undergone hormone therapy (HT) in the past year. The mean score of PISQ-12 short form increased from 10.50 to 13.31 (p = 0.008) in the group without HT. Conversely, in patients who had received HT, the mean score increased from 8.91 to 11.73, which was not statistically significant (p = 0.154). Conclusion: Our study showed that the postmenopausal women had significant improvement in GSM symptoms after vaginal laser therapy. The score of PISQ-12 short form had significant increased from 9.85 to 12.67 (p=0.004). Notably, among patients without HT, the score of PISQ-12 short form increased significantly from 10.50 to 13.31 (p = 0.008). In conclusion, vaginal laser therapy is a promising treatment for postmenopausal patients with GSM. The efficiency of vaginal laser was better in the group without HT comparing to HT group. Vaginal laser therapy could be used for postmenopausal women with GSM particularly for those who are concerned for HT.

稿件編號：OU3	二氧化碳陰道雷射對於陰道影像及性功能影響 The Effects of Pixel CO2 Laser on Vaginal Topography and Sexual Function
臨時稿件編號：1582	林冠伶 ¹ 盧紫曦 ¹ 楊曜瑜 ² 宋怡潔 ¹ 龍震宇 ¹ 高雄醫學大學附設醫院婦產部 ¹ 高雄醫學大學附設高醫岡山醫院婦產科 ²
論文發表方式：口頭報告	Purpose: The aim of our study was to assess the changes in vaginal capacity and sexual symptoms following Pixel CO2 laser therapy.
論文歸類：婦女泌尿	Materials and Methods: Thirty women with stress urinary incontinence (SUI) or genitourinary symptoms of menopause (GSM) were referred for Pixel CO2 laser treatment and completed follow-up in this study at our hospitals. Clinical evaluations before and 6 months after surgery included 3-Dimensional (3D) perineal ultrasound, and a personal interview to evaluate the short forms of ICIQ-SF, UDI-6, IIQ-7, and FSFI. Results: The overall efficacy for sexual improvement was 83.3% (25/30), and 66.7% (20/30) of women felt vaginal tighter following laser therapy. We found the vaginal width and area on levator hiatus view decreased significantly by 3-D perineal ultrasound (P< 0.05). There was a significant improvement in several domains and total scores of FSFI (P< 0.05). Conclusions: The results of our study suggested that Pixel CO2 laser is an effective procedure for the treatment of SUI and GSM, and it causes significant improvement in several domains of sexual function. 3-D transperineal ultrasound can be used to measure vaginal topography precisely, and positive correlation between the ultrasound parameters and subjective outcomes.

稿件編號：OU4	應力性尿失禁使用陰道雷射治療的臨床效果 Impact of Vaginal Laser Treatment on Quality of Life in Patients with Stress Urinary Incontinence: Preliminary Results from Taipei City Hospital
臨時稿件編號：1317	李怡慧 ¹ 林姿吟 ¹ 臺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	Introduction: Stress urinary incontinence (SUI) is a common condition characterized by involuntary urine leakage during activities that increase intra-abdominal pressure, such as coughing or exercising. This condition significantly impairs the quality of life in affected women. Recently, vaginal laser therapy has emerged as a potential treatment option for SUI. This study aims to evaluate the impact of vaginal laser treatment on quality of life and objective measures of incontinence in patients with SUI.
論文歸類：婦女泌尿	Objective: To assess improvements in quality of life and pad test results in patients with stress urinary incontinence following vaginal laser therapy. Materials and Methods: This cohort study included patients diagnosed with SUI who received vaginal laser treatment at Taipei City Hospital between August 2022 and September 2024. Quality of life was evaluated using the Urinary Distress Inventory (UDI-6) and the Incontinence Impact Questionnaire (IIQ-7) before and after 2 months of treatment. Additionally, pad tests were performed pre-treatment and two to three weeks post-treatment to quantify urine leakage. Inclusion criteria required patients to have completed both questionnaires and undergone at least two vaginal laser sessions. Exclusion criteria included patients with interstitial cystitis, recurrent urinary tract infections, or those who had undergone midurethral sling surgery during the study period. Results: A total of 49 patients participated in the study. Significant improvements in quality of life were observed, with the mean UDI-6 score decreasing from 7.0 to 4.1 (p<0.01) and the mean IIQ-7 score decreasing from 7.6 to 4.6 (p<0.01). The pad test demonstrated a trend toward improvement, with average leakage volume decreasing from 14.3g to 5.8g (p=0.052). While the overall change in pad test results did not reach statistical significance, subgroup analyses revealed notable findings. Premenopausal women demonstrated significant improvement in leakage volume, decreasing from 18.9g to 6.9g (p=0.002), compared to postmenopausal women, who showed a smaller, non-significant reduction from 9.9g to 4.8g (p=0.285). Women who had undergone two or more vaginal deliveries experienced significant improvement, with leakage volume decreasing from 11.1g to 5.5g (p=0.024), in contrast to women who had undergone one (from 19.3g to 6.8g, p=0.109) or no vaginal deliveries (from 16.1g to 5.5g, p=0.141). Additionally, women with an initial pad test greater than 10g showed a significant reduction in leakage from 48.3g to 12.8g (p=0.011), when compared with women with an initial pad test less than 10g (from 2g to 3.3g, p=0.163). Conclusion: Vaginal laser treatment is associated with significant improvements in both quality of life and objective measures of urinary incontinence in women with stress urinary incontinence. These preliminary results suggest that vaginal laser therapy may be a promising non-surgical option, particularly for premenopausal women, those who have had two or more vaginal deliveries, and those with an initial pad test result greater than 10g. As a non-invasive alternative to surgical interventions, vaginal laser therapy offers a viable treatment option for women seeking non-surgical solutions. However, further studies with larger sample sizes and longer follow-up periods are needed to confirm these findings.

稿件編號：OUS	子宮肌瘤與下泌尿道症狀以及性功能的關聯性 The Clinical Correlations between Uterine fibroids and Lower Urinary Tract Symptoms and Sexual Function
臨時稿件編號： 1568	盧紫曦 ¹ 林冠伶 ¹ 楊曜瑜 ² 宋怡潔 ¹ 龍震宇 ¹ 高雄醫學大學附設中和紀念醫院婦產部 ¹ 高雄醫學大學附設高醫岡山醫院婦產科 ²
論文發表方式： 口頭報告	Objective: To evaluate the clinical correlations between Uterine fibroids and Lower Urinary Tract Symptoms (LUTS) and Sexual Function after High-intensity Focused Ultrasound (HIFU) therapy.
論文歸類： 婦女泌尿	Methods: Seventy-five women with symptomatic uterine fibroids and adenomyosis were scheduled for high-intensity focused ultrasound ablation for uterine fibroids. All subjects underwent Magnetic Resonance Imaging of Uterus, LUTS severity and sexual function was assessed by using questionnaires OABSS, UDI-6, IIQ-7, ICIQ-SF, FSFI before and three months post HIFU treatment. Results: Among these 75 patients, 45 of them presented with anterior wall uterine fibroids while 30 of them had not anterior located uterine fibroids. There was a significant improvement in uterine reduction rate ($27.1 \pm 15.2\%$, $P < 0.05$) and fibroid reduction rate ($40.68 \pm 23.85\%$, $P < 0.05$) after 3-month HIFU treatment and symptomatic improvement in genitourinary symptoms with total reduction in OABSS, UDI-6, IIQ-7, ICIQ-SF score postoperatively ($P < 0.05$). The scores of all parameters of FSFI except the satisfaction and pain domain, improved significantly after HIFU therapy ($P < 0.05$). In subgroup OABSS analysis, LUTS severity was correlated with uterine volume and uterine greatest diameter with significant improvement of OABSS scores while the uterine fibroid location had no significant changes in OABSS score after treatment. Conclusion: Successful ablation and shrinkage of uterine fibroid size alleviates the bothersome LUTS symptoms through reducing in bulk symptoms and also improvement in sexual function. LUTS severity was correlated with uterine volume & uterine greatest diameter but not with the location of uterine fibroids. Word Count: 235

稿件編號：OU6	膀胱鏡檢查在女性泌尿道症狀患者中的評估: 台中榮民總醫院十年的臨床經驗 Cystoscopy Evaluation in Female Patients with Urinary Symptoms: A Decade of Experience at Taichung Veterans General Hospital
臨時稿件編號： 1504	蔡卉馨 ¹ 蔡青倍 ¹ 台中榮民總醫院 ¹
論文發表方式： 口頭報告	Abstract Objective: To explore the diagnostic value of cystoscopy with hydrodistension in female patients presenting with urinary symptoms, using ESSIC criteria established in 2008 by the European Society for the Study of Interstitial Cystitis (ESSIC), and its utility in the management of Bladder Pain Syndrome/Interstitial Cystitis (BPS/IC).
論文歸類： 婦女泌尿	Methods: This retrospective study was conducted at the Taichung Veterans General Hospital, Department of Obstetrics and Gynecology, from January 1, 2014, to December 31, 2023. Data from 607 patients who underwent cystoscopy with hydrodistension for urinary symptoms were analyzed. Clinical characteristics and endoscopic findings were recorded, including glomerulation severity, the presence of Hunner lesions, cystitis cystica, and other notable bladder pathologies. Results: Among the 607 patients, the median age was 50.9 years (range 18–89). Glomerulations were observed in 57% of patients, with 72.7% showing grade II or higher severity. Hunner lesions were rare, identified in only 2% of cases (12/607), while cystitis cystica was observed in 9.7% (59/607). A single case (0.2%) of urothelial carcinoma was detected. These findings suggest that cystoscopy with hydrodistension provides critical diagnostic insights, particularly for stratifying disease severity and guiding subsequent management plans. Conclusion: Cystoscopy with hydrodistension proves to be a valuable tool in diagnosing and planning treatment for patients with urinary symptoms, particularly in the context of BPS/IC. The identification of glomerulations and other pathologies underscores its relevance in clinical decision-making.

稿件編號：OU7	下泌尿道症狀 (LUTS) 對精神疾病的相互影響 The reciprocal impacts of lower urinary tract symptoms (LUTS) on mental illness
臨時稿件編號： 1395	謝宛玲 ¹ 吳銘誠 ¹ 奇美醫院 ¹
論文發表方式： 口頭報告	Lower Urinary Tract symptoms (LUTS) are defined as symptoms related to the lower urinary tract, or referred from similarly innervated anatomy. There are no specific criteria to define LUTS precisely, because of multi-organ involved, instead of organ-centric (urethra and bladder). The prevalence of LUTS increased dramatically during past decade, which is, however, accompanied with low healthcare-seeking behaviors. LUTS patients seemed not to actively look for medical opinion initially, due to culture barriers, or ethnicity reasons. To raise general awareness of the importance may contribute to increase the health-seeking behaviors of LUTS. In addition to the association between LUTS and mental illness, there also exists temporal relationship, i.e. LUTS may cause mental illness, and vice versa. This bidirectional correlation relationship was evidenced by a national-wide observation study. The impacts of LUTS differ among difference age groups. The elderly have higher LUTS prevalence, while the younger with LUTS have higher risk to develop anxiety and depression. Similarly, the impacts of LUTS also differ between men and women. Women have higher LUTS prevalence, but men with LUTS have higher risk to develop anxiety and depression. In conclusion, there exists significant association, and temporal bi-directional relationship between LUTS and mental health. From our review, we suggested that LUTS patients may also receive mental illness healthcare; in a similar way, patients with mental illness, may have risks for subsequent LUTS problems, as well.
論文歸類： 婦女泌尿	

稿件編號：OU8	以人工智慧預測下泌尿道病人後續發生急性冠狀動脈疾病及中風之風險 Artificial intelligence (AI) prediction model for the impacts of LUTS for subsequent acute coronary syndrome and stroke
臨時稿件編號： 1372	吳銘誠 ¹ 沈姿岑 ¹ 劉忠峰 ² 奇美醫學中心婦女泌尿科 ¹ 奇美醫學中心醫療大數據庫暨人工智慧運算中心 ²
論文發表方式： 口頭報告	Objective: The global population is aging and the burden of lower urinary tract symptoms (LUTS) is expected to increase. According to the National Health Insurance Research Database, our previous studies have showed LUTS may predispose patients to cardiovascular disease with a significant predictor (hazard ratio, 1.29; 95% confidence incidence, 1.06–1.50). In a multivariable analysis. However, it is difficult to provide a personalized risk assessment in the context of "having acute coronary syndrome (ACS) and stroke." This study aimed to develop an artificial intelligence (AI)-based prediction model for patients with LUTS.
論文歸類： 婦女泌尿	Material and methods: We retrospectively reviewed the electronic medical records of 1799 patients with LUTS at Chi Mei Medical Center (Tainan, Taiwan) between January 1, 2001 and December, 31, 2018. Features with >10 cases and high correlations with outcomes were imported into six machine learning algorithms. The study outcomes included ACS and stroke. Model performances was evaluated using the area under the receiver operating characteristic curve (AUC). The model with the highest AUC was used to implement the clinical risk prediction application. Results: Age, systemic blood pressure (SBP), diastolic blood pressure (DBP), creatinine, glycated hemoglobin, hypertension (HTN), diabetes mellitus (DM) and hyperlipidemia were the most relevant features that affect the outcomes. Based on the AUC, our optimal model was built using multilayer perception (AUC 0.803) to predict ACS and stroke events within 3 years. Conclusion: We successfully built an AI-based prediction system that can be used as a prediction model to achieve time-saving, precise, personalized risk evaluation; it can also be used to offer warning, enhance patient adherence, early intervention and better health care outcomes.

稿件編號：OU9	難治性膀胱過動症患者接受膀胱內注射肉毒桿菌毒素 A 與合併藥物治療之療效與安全性比較：隨機對照試驗 The Efficacy and Safety between Intradetrusor OnabotulinumtoxinA Injection and Combined Pharmacotherapy in Patients with Refractory Overactive Bladder: A Randomized Controlled Trial.
臨時稿件編號：1376	謝孟軒 ¹ 黃俊淇 ² 蘇聰賢 ¹ 劉慧瑄 ¹ 馬偕紀念醫院婦產部 ¹ 淡水馬偕紀念醫院婦產部 ²
論文發表方式：口頭報告	Objective To investigate whether intradetrusor onabotulinumtoxinA injection demonstrates superior efficacy and fewer side effects compared to combined pharmacotherapy in patients with refractory overactive bladder. Material and methods This single-center, open-label, randomized controlled trial enrolled patients with symptoms of OAB and urodynamic study-confirmed detrusor overactivity. All patients had received either an antimuscarinic or a β 3-adrenoceptor agonist for at least two months but continued to report persistent OAB symptoms. Participants were randomly assigned to receive either intradetrusor onabotulinumtoxinA injection or combined pharmacotherapy with Solifenacin 5 mg and Mirabegron 25 mg. Clinical assessments were conducted before and at 12 weeks after the initiation of treatment. Outcome measurements included changes in daily voiding parameters, changes in questionnaire results including UDI-6, IIQ-7, OABSS, and adverse events. Results From November 2021 to November 2024, 74 women were enrolled, 66 of whom completed 3-month follow-up, with 33 in the onabotulinumtoxinA group and 33 in the combined pharmacotherapy group. Both groups demonstrated improvement in all daily voiding parameters, except urgency in combined pharmacotherapy group. All questionnaire results including UDI-6, IIQ-7 and OABSS improved after treatment in both groups. No differences were observed in changes in daily LUTS episodes or questionnaire results between the two groups, except micturition frequency and UDI-6. The onabotulinumtoxinA group had fewer adverse events, especially in dry mouth, constipation and blurred vision. Conclusion Intradetrusor onabotulinumtoxinA injection demonstrates comparable effectiveness to combined pharmacotherapy while causing fewer adverse events. Consequently, it may be the treatment of choice for patients who are contraindicated for pharmacotherapy or unable to tolerate its side effects.
論文歸類：婦女泌尿	

稿件編號：OU10	壓力性尿失禁合併逼尿肌無力之患者接受尿道旁填充物注射之術後效果與安全性 Evaluation of Efficacy and Safety of Urethral bulking injection in Women with Stress Urinary Incontinence and Detrusor Underactivity
臨時稿件編號：1558	陳欽鼎 ¹ 馬偕紀念醫院 ¹
論文發表方式：口頭報告	Objective In patients with both stress urinary incontinence (SUI) and detrusor underactivity (UAB), mid-urethral sling—still the gold standard for SUI—may increase the risk of postoperative voiding dysfunction. Urethral bulking agent injections serve as a minimally invasive alternative for patients with treatment failure or those unsuitable for surgery. This article aims to evaluate the efficacy and safety of urethral bulking injections in women with SUI and UAB. Materials and Methods This single-arm, retrospective study enrolled patients diagnosed with SUI and UAB who received periurethral bulking injections at Mackay Memorial Hospital, Taipei, Taiwan, from March 2023 to February 2025. We compared preoperative and postoperative bladder function using the UDI-6 and IIQ-7 questionnaires, evaluated lower urinary tract symptoms (LUTS) for subjective assessment, and conducted urodynamic studies for objective assessment. We also reported the incidence of postoperative complications, including acute urinary retention, urinary tract infections, pain, and bleeding events. Results A total of 25 patients were enrolled. The questionnaires demonstrated significant improvement after the Bulkamid injection. A trend of improvement was observed when evaluating LUTS. For the urodynamic studies, there was a significant decrease in urine leakage during the one-hour pad test. Urodynamic parameters related to voiding, storage, and urethral function revealed no significant differences after treatment. No adverse effects were observed, except that one patient reported postoperative pain. Conclusion Urethral bulking agent injection is a safe intervention for treating women with SUI and UAB. It is also effective in improving patients' quality of life and results from the pad test.
論文歸類：婦女泌尿	

稿件編號：OU11	比較兩種不同膀胱內玻尿酸（喜仕及海優樂）針對間質性膀胱炎的療效：回顧性分析，單中心研究 A Comparative Study of the Efficacy of Two Different Bladder Intravesical Hyaluronic Acid Treatments, Cystistat® and Hyauro®, in the Management of Interstitial Cystitis: A Retrospective Analysis, single center study
臨時稿件編號：1612	林詩蓀 ¹ 許鈞碩 ¹ 大林慈濟醫院婦產部 ¹
論文發表方式：口頭報告	Background: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a chronic bladder condition marked by inflammation and pain in the bladder lining, accompanied by urinary frequency, urgency, and pelvic pain. Intravesical instillation of hyaluronic acid is a recognized treatment modality which aims to restore the glycosaminoglycan (GAG) layer of the bladder. Due to supply disruptions of Cystistat® (an internationally recognized hyaluronic acid bladder instillation medication produced by the Irish company Mylan) during the COVID-19 pandemic, Hyauro®, a locally manufactured alternative, was adopted by our hospital. Objective: To retrospectively analyze patient medical records and post-treatment questionnaire surveys, aiming to investigate the differences in efficacy between Cystistat® and Hyauro® hyaluronic acid treatments for interstitial cystitis. Study Design: This retrospective study analyzed medical records and post-treatment questionnaires of 101 IC/BPS patients treated at a single institution from January 2019 to December 2023. Patients received six months of treatment with Cystistat® and Hyauro® respectively. Data collection included the O'Leary-Sant Interstitial Cystitis Symptom Index (ICSI), Interstitial Cystitis Problem Index (ICPI), visual analog scale (VAS) for pain, and Global Response Assessment (GRA). Paired t-tests were used for statistical analysis. Results: No significant differences were observed between Cystistat® and Hyauro® for ICSI (p=0.88), ICPI (p=0.95), or VAS scores (p=0.54). Furthermore, for the Global Response Assessment (GRA) scores, the average scores were 2.00 and 2.25 for Cystistat® and Hyauro® respectively. Paired t-test analysis revealed a significant difference between the two groups (t=-2.84; p=0.005). Conclusion: Cystistat® and Hyauro® showed comparable effectiveness in managing IC/BPS symptoms in this real-world setting. The significant GRA score difference may indicate enhanced patient response following sequential therapy. These findings support Hyauro® as a viable alternative to Cystistat® for IC/BPS treatment.
論文歸類：婦女泌尿	

稿件編號：OU12	間質性膀胱炎病人行影像學膀胱動力學檢查合併膀胱出口阻塞之臨床發現 Video-urodynamic study finding of overlap between BOO and IC/PBS
臨時稿件編號：1588	梁世益 ¹ 許鈞碩 ¹ 大林慈濟醫院婦產部 ¹
論文發表方式：口頭報告	Video-urodynamic studies (VUDS) are vital diagnostic tools for patients experiencing low urinary tract symptoms (LUTS). Interstitial cystitis (IC), a chronic condition marked by bladder pain and urinary urgency, is primarily diagnosed based on symptoms, cystoscopy, urodynamics, and bladder biopsy. Since 1988, the National Institute of Diabetes and Digestive and Kidney Diseases (NIIDDK) has established stringent diagnostic criteria for IC, necessitating at least two typical findings from symptoms, cystoscopy, or urodynamics. To including more patients with bladder pain, in 2009, the Society for Urodynamics and Female Urology (SUFU) defined the term IC/BPS as "an unpleasant sensation (pain, pressure, discomfort) perceived to be related to the urinary bladder, associated with lower urinary tract symptoms for more than six weeks duration, in the absence of infection or other identifiable causes." The American Urological Association (AUA) guideline in 2022 suggested "Cystoscopy and/or urodynamics should be considered when the diagnosis is in doubt; these tests are not necessary for making the diagnosis in uncomplicated presentations." However, during a VUDS, detailed analysis helps differentiate IC from other bladder disorders, such as overactive bladder or bladder outlet obstruction (BOO). By identifying specific bladder dysfunctions, clinicians can tailor treatment plans to the individual needs of patients. Paul Irwin in 2005 and Cameron AP in 2009 both highlight a significant association between BOO and IC by VUDS. From 2021 to 2023, we diagnosed 63 patients with interstitial cystitis (IC) based on symptoms and cystoscopy, who subsequently underwent video-urodynamic studies (VUDS) at our hospital. The videos revealed findings of bladder outlet obstruction (BOO), primary bladder neck obstruction (PBNO), and dysfunctional voiding (DV), with over half of the IC patients exhibiting signs of total BOO. We had 19.3% of IC patients who met BOO definition of Qmax \leq 12 ml/sec and detrusor pressure at maximum flow (PdetQmax) \geq 25 cmH ₂ O, 12% with PBNO, 21% with DV. Furthermore, among all of the IC patients, 28% exhibited detrusor underactivity, and 61% had hypersensitive bladder. We would like to share our preliminary data on the similar findings with previous studies of the overlap between BOO and IC. Although the pathophysiology and mechanisms are not fully understood, identifying patients with IC who experience symptoms that overlap with those of BOO may help provide additional treatment strategies for patients with complex symptoms that are difficult to treat. Ultimately, VUDS enhance the understanding of IC, leading to more targeted and effective management strategies, improving the quality of life for patients facing this challenging condition.
論文歸類：婦女泌尿	

稿件編號：OU13	主動收縮與被動收縮對第四孕期的婦女骨盆的影響 Active or Passive Pelvic Floor Exercise for Fourth Trimester Population, it Matters!
臨時稿件編號： 1438	潘恒新 ¹ 陳尚仁 ² 柏仁醫院 ¹ 柏仁 ²
論文發表方式： 口頭報告	woman's urinary control abilities. During pregnancy, the weight of the expanding uterus can weaken the strength of a woman's pelvic floor muscles and cause urine to leak. Giving birth can also affect those same muscles. Symptoms of incontinence may persist even after delivery. Hormones, genetics and other lifestyle factors, like smoking, can also make it more likely that a woman will experience incontinence after childbirth. Doing regular Kegel exercises will strengthen the pelvic floor muscles and can help to prevent urinary incontinence after childbirth. We have many resources all about Kegels including how to do them and how often, exercise tips and more. We emphasized and strong encourage pelvic floor stimulation for those who encounter postpartum period female.
論文歸類： 婦女泌尿	

稿件編號：OU14	經陰道網片手術與機器輔助腹腔镜骶骨固定術治療骨盆器官脫垂對下尿路症狀 (LUTs) 和膀胱功能影響的比較研究 A comparative study of impact on lower urinary tract symptoms (LUTs) and bladder function after transvaginal mesh and robotic-assisted sacrocolpopexy surgery for pelvic organ prolapse
臨時稿件編號： 1458	周芷瑜 ¹ 劉蕊瑩 ¹ 台北馬偕紀念醫院婦產部 ¹
論文發表方式： 口頭報告	Objective Transvaginal mesh (TVM) and robotic-assisted sacrocolpopexy (RSCP) are commonly performed to treat pelvic organ prolapse. This study is aimed to investigate the impact on LUTs and bladder function after two surgeries. Materials and Methods This single-center, open-label, prospective controlled study enrolled women with at least symptomatic stage II prolapse according to POP-Q system. Women underwent either TVM or RSCP were enrolled. Clinical assessments were performed both preoperatively and postoperatively, incorporating subjective evaluations of LUTs using valid questionnaires as well as objective measurements of bladder function through urodynamic studies. Results From March 2020 to June 2024, 110 patients were enrolled, with 55 underwent TVM and 55 underwent RSCP. LUTs and urodynamic parameters were analyzed before and three months after surgery. Results showed both TVM and SCP surgeries demonstrated significant improvements in certain LUTs and urodynamic parameters. TVM was particularly effective in reducing frequency, urgency, and voiding difficulty (all p<0.05), while SCP significantly decreased frequency and residual urine volume (all p<0.05). However, RSCP was associated with a higher rate of de novo stress urinary incontinence and worsening nocturia postoperatively. Urodynamic evaluations revealed significant reductions in maximal cystometric bladder capacity and maximum urethral closure pressure in both groups. Conclusion Both TVM and SCP surgeries effectively improved certain LUTs and urodynamic parameters. SCP reduced residual urine volume but was associated with higher rates of de novo SUI and worsening nocturia. These findings highlight the need for individualized surgical planning to balance the benefits and risks, tailoring the approach based on patient-specific symptom profiles and urodynamic characteristics.
論文歸類： 婦女泌尿	

稿件編號：OU15	使用倒 T 型網狀進行子宮保存腹腔镜骨盆懸吊術治療陰道脫垂 One-year outcomes of uterine-preserving laparoscopic pectopexy using inverted T mesh for apical and anterior vaginal suspension: A proof-of-concept and comparative study
臨時稿件編號： 1522	楊昶臻 ¹ 廖韻涵 ¹ 蔡青怡 ² 應宗和 ¹ 李宗賢 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： 口頭報告	Objective: Since its introduction in 2011, laparoscopic pectopexy has been proposed to be an effective alternative to sacrocolpopexy in the treatment of apical pelvic organ prolapse. Previous studies have found similar outcomes including functional and anatomical outcomes between pectopexy and sacrocolpopexy, while the pectopexy group showed fewer bowel complications and no post-operative defecation disorders. Furthermore, pectopexy has a more advantageous learning curve and is associated with shorter operative times. In this study, we aimed to explore the surgical outcomes after laparoscopic pectopexy using an inverted T mesh for a concurrent apical and anterior vaginal suspension. Materials and Methods: Between August 2020 and December 2023, a total of 67 patients who were referred to a tertiary medical center for laparoscopic reconstructive surgery for advanced POP were included in this study. Of the 67 patients, 42 (62.7%) presented with advanced (POPQ stages ≥ 2) apical and anterior vaginal prolapse and underwent an innovative laparoscopic uterine pectopexy procedure with an inverted T mesh extending distally to cover the anterior vaginal wall. The other 25 (37.3%) patients were found to have dominant uterine or post-hysterectomy vaginal vault prolapse and underwent the standard laparoscopic sacral hysteropexy (n=12) or sacrocolpopexy (n=12) procedures using a commercial Y-shaped mesh. Baseline and follow-up assessments included pelvic examinations and composite condition-specific questionnaires. A detailed analysis of 1-year post-operative outcomes was conducted. Results: Compared to the sacrocolpopexy group, the pectopexy group was characterized by a younger age (56.6 years vs 65.4 years, p < 0.009) and lower body mass index (23.3 vs 25.5, p < 0.02). Objective anatomical success (POP stage ≤ 1) rates were 76.2% (32/42) and 92.0% (23/25) for the pectopexy and sacrocolpopexy groups, respectively, at one-year post-operative follow-up. Of the 10 pectopexy patients who presented with recurrence at one-year follow-up, 7 required reoperations due to likely mesh dehiscence which led to recurrent prolapse. 95.2% (40/42) of patients in the pectopexy group underwent a concomitant McCall culdoplasty at the time of operation for the prevention of enterocele formation. There were no significant differences between groups in other perioperative surgical outcomes such as operative times, operative blood loss, and length of hospital stay. There were no severe adverse events reported for patients in both groups post-operatively. Conclusion: This innovative laparoscopic uterine pectopexy with an inverted T mesh for concurrent apical and anterior vaginal suspension is an effective and safe approach for the treatment of advanced apical and anterior vaginal prolapse. This approach has comparable surgical outcomes to the sacrocolpopexy while affording an easier learning curve and lessened risk of mesh erosion due to the smaller amount of mesh used during the operation. Furthermore, it allows for the conservation of the uterus while still utilizing a minimally invasive approach.
論文歸類： 婦女泌尿	

稿件編號：OU16	使用自體奈米脂肪合併濃縮血小板血漿經膀胱內注射治療女性頑固性間質性膀胱炎 Sustained improvement in symptoms and signs of refractory interstitial cystitis after intravesical Nanofat plus platelet-rich plasma grafting: results from a prospective, observational study
臨時稿件編號： 1511	楊昶臻 ¹ 蔡青怡 ² 蘇鴻麟 ³ 應宗和 ¹ 李宗賢 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 國立中興大學生命科學系 ³
論文發表方式： 口頭報告	Objective: Interstitial cystitis/bladder pain syndrome (IC/BPS) is a debilitating chronic disease characterized by pelvic pain, irritative urinary symptoms, typical cystoscopic findings, and histological features. Despite decades of research, the etiology remains obscure, and no curable treatment is currently available. We aim to assess the safety and efficacy of a novel bladder injection therapy using regenerative medicine in women with refractory IC/BPS. Materials and methods: This is a prospective, observational study. Between January 2019 and 2021, Women with cystoscopic IC refractory to conventional therapy were enrolled consecutively for the study. The medicine, which is an autologous emulsified fat (Nanofat) plus platelet-rich plasma (PRP) combination, was prepared intraoperatively. Lesion-targeted injection was performed after cystoscopic hydrodistension of the bladder. Patients, who completed a standard protocol of four consecutive treatments at 3-month intervals, were followed up. Results: 12 (80%) of the 15 patients after enrollment completed the treatment. Three (20%) patients dropped out of the study because of inadequate fat harvest. Of the 12 patients, nine (75%) and three (25%) were found to have non-Hunner and Hunner IC, respectively. All (100%) patients reported marked (+3; +3~-3) improvement of their overall bladder conditions at 6 months and at the latest follow-up (average 3 years) after treatment. Mean pelvic pain (from 8.2 to 1.7; range: 0~10), IC-related symptoms (from 18.5 to 5.7; range: 0~20) and bother (from 14.8 to 3.8; range: 0~16) improved significantly (P< 0.01). Functional bladder capacity increased while cystoscopic abnormalities with treatments was persistently remarkable at the latest follow-up. One severe adverse event was reported for a patient (8.3%) with Hunner IC who suffered from a severely contracted bladder and intractable pelvic pain after treatment. Uneventful recovery was achieved after appropriate treatment. The cultured mesenchymal stem cells and purified cytokines/growth factors from Nanofat samples of seven patients were verified in vitro. Conclusion: Our results suggest the novel bladder injection therapy using a bio-cellular regenerative medicine provides immediate and sustained safety and efficacy in the treatment of refractory IC/BPS. Surgical efficacy might be attributed to an in vivo tissue engineering process.
論文歸類： 婦女泌尿	

稿件編號：OU17	人類羊水幹細胞與可吸收支架在大鼠模型中的特性：骨盆重建手術的創新 The properties of absorbable scaffold harvested with human amniotic fluid stem cells on rat model: an innovation for pelvic reconstruction surgery
臨時稿件編號：1459	盧佳序 ¹ 陳怡斌 ² 蕭勝文 ³ 劉士榮 ⁴ 游千一 ¹ 林口長庚醫院 ¹ 基隆長庚醫院 ² 台北長庚醫院 ³ 長庚大學 ⁴
論文發表方式：口頭報告	ABSTRACT Objective: The current practice of restoring the anatomical structure in the treatment of pelvic floor dysfunction includes implantation of synthetic sling, which carries potential complications. This study aimed to develop biological substitutes to improve tissue function using scaffolds as a support to the host cells, through formation of new tissue. Human amniotic fluid stem cells (hAFSCs) were seeded on synthetic mesh-scaffold of AlloDerm Regenerative Tissue Matrix (RTM), Poly-DL-lactico-glycolic acid (PLGA) mesh (VICRYL) and Polydioxanone (PDS) meshes. In vitro study evaluates the metabolic activity of hAFSCs seeded mesh-scaffolds. In vivo study involving Sprague-Dawley rats was performed by assigning into 7 groups of sham control with fascia operation, AlloDerm implant, PDS implant, PLGA implant, AlloDerm harvest with hAFSC (AlloDerm-SC), PDS harvest with hAFSC(PDS-SC) and PLGS harvest with hAFSC (PGLA-SC). In vitro study reveals cell viability and proliferation of hAFSC on mesh scaffolds varies between meshes, with AlloDerm growing the fastest. The biomechanical properties of tissue-mesh-complex tension strength declined over time, showing highest tension strength on week-1, deteriorated similar to control group on week-12. All hAFSC-seeded mesh provides higher tension strength, compared to without. This study shed the potential of synthetic mesh as a scaffold for hAFSC for the surgical treatment of pelvic floor dysfunction.
論文歸類：婦女泌尿	

稿件編號：OU18	腹腔鏡薦骨陰道固定術與陰道薦棘韌帶固定術在大體模型中的強度比較 The immediate pull-out strength of laparoscopic colposacropey and vaginal sacrospinous ligament fixation in a cadaver model
臨時稿件編號：1592	盧佳序 ¹ 張藍心 ² 謝武橋 ¹ 林益豪 ¹ 梁景忠 ¹ Louiza Erika Rellora ¹ 林口長庚醫院 ¹ 土城長庚醫院 ²
論文發表方式：口頭報告	Abstract Objective: The main aim of this study is to determine the biomechanical strength of LSC and SSLF through its pull out force. Material and Methods: The data for this study was collected during the Cadaver workshop organized by TUGA, TAOG and Chang Gung Memorial hospital for skill competence. The data collected for this study focused on two primary procedures: Laparoscopic Sacrocolpexy (LSC) and Sacrospinous Ligament Fixation (SSF). LSC was performed by the skilled surgeon. The mesh was stitched to the anterior and posterior wall of the vagina using prolene 4-0 sutures. Tackers or Prolene sutures were used to fix the mesh to the promontory followed by peritoneal closing. Pelvicstop PP, Dynamesh PVPDF and Uplift were used for this procedure in 5 cadavers. SSF was done using the Anchorsure system by a skilled surgeon at two fingerbreadths medial to the spin and at mid-portion between superior and inferior border of the ligament which was used as a marker for the trainees to be used as a reference. The sutures were marked in a sequential order. Results: The study made use of 6 cadavers. Load at failure for the SSF, the lowest mean value was recorded was 25.3N, while highest was 52.5N. The majority of the cadavers had mean values within the 44-47N, indicating consistent load bearing capacity across most specimens. For LSC, the tackler has an average result of 13.7N and the 1-0 suture with 2 stitches were 8.2N and 6.7N, while 4 stitches with highest value of 22.8N. The average outcome for the suture group was 12.6N. Vaginal load values are relatively consistent, with an average of 42.6N across all cadavers. Conclusions: This study is the first investigation of mechanical data for cadavers in context of SSF and LSC. SSF provided superior apical support compared to LSC. The LSC uterus grip force was found to be greater than the LSC promontory grip force. SSF may offer more effective support as the LSC demonstrates variability in grip force depending on the anatomical location.
論文歸類：婦女泌尿	

稿件編號：OU19	前頂端網膜 (Surelift) 與前陰道壁修補術及薦棘韌帶固定術在嚴重骨盆脫垂手術中的長期比較結果 Long term outcome of anterior-apical mesh (Surelift) versus anterior colporrhaphy and sacrospinous ligament fixation in advanced pelvic organ prolapse surgery
臨時稿件編號：1460	盧佳序 ¹ 周怡君 ¹ 謝武橋 ¹ 林益豪 ¹ 梁景忠 ¹ 蔣奕巧 ¹ 林口長庚醫院 ¹
論文發表方式：口頭報告	Objective: This study aims to compare the outcomes of Surelift and Sacrospinous ligament fixation (SSF) with anterior repair using objective and subjective cure rates. Secondly, to compare the quality of life and its major and minor complications. Material and Methods: A retrospective study was conducted between December 2011 and January 2020. Patients with symptomatic stage ≥ 3 anterior or apical prolapse were included. Those who had prior POP mesh and who were unfit for surgery were excluded. Pre-operative evaluation included history and physical exam, urodynamic studies and validated questionnaires (IIQ-7, UDI-6, POPDI-6) at baseline, one, three, and five years later. Results: 181 patients were included: 98 underwent Surelift and 83 had SSF with Anterior colporrhaphy (SSF+A). Surelift and SSF+A patients had mean follow-up periods of 83.5 ± 6.1 and 91.6 ± 39 months, respectively. At one-year, there was no statistically significant difference was noted in objective and subjective cure rates between Surelift (96.8% and 94.7%) and SSF+A (89.9% and 88.6%). However, after three and five years, Surelift showed superior results with objective cure rates of 94.1% and 89.1%, respectively, compared to 80% and 64.4% for SSF+A (p=0.008). At 3 and 5 years, Surelift had 92.9% and 85.9% subjective cure rates compared to SSF's 77.1% and 60%, respectively (p=0.005). Conclusions: Surelift has better long-term outcomes and lower recurrence rates than SSF+A, with effective management of minor complications in both groups. These findings attests its use as a superior surgical option for pelvic organ prolapse.
論文歸類：婦女泌尿	

稿件編號：OU20	經陰道骨盆器脫垂手術中使用 Calistar-S 與前方網片 (Surelift-A) 結合薦棘韌帶固定術的比較：一年期的手術與功能性結果分析 Comparison Between Calistar-S and Anterior Mesh (Surelift-A) With Sacrospinous Ligament Fixation in Transvaginal Pelvic Organ Prolapse Surgery: Surgical and Functional Outcomes at One Year
臨時稿件編號：1472	羅艾琳 ¹ 盧佳序 ^{1,2} 高川琪 ¹ 張藍心 ¹ 謝武橋 ¹ 林益豪 ^{1,2} 梁景忠 ^{1,2} 長庚紀念醫院北院區(林口/台北/基隆) ¹ 長庚大學 ²
論文發表方式：口頭報告	Objective: We aim to study the incidence of de novo and persistent stress urinary incontinence (SUI), urodynamic stress incontinence (USI) using Calistar-S and anterior mesh (Surelift-A) + sacrospinous fixation (SSF). Methods: Patients with Stage III or IV POP who underwent Surelift-A+SSF or Calistar-S were evaluated at 1 year postoperative and compared. Primary outcome was emergence of postoperative de novo and persistent SUI. Secondary outcomes rate of 50 POP recurrence, quality of life, sexual function and complications. Results: 107 patients underwent Calistar-S and 122 patients with Surelift-A+SSF. 12/58 (20.7%) had de novo USI, 15/58 (25.9%) de novo SUI in Calistar-S, while in Surelift A+SSF group, de novo USI developed in 3/43 (7%) and de novo SUI in 4/43 (9.3%), significantly higher with p .048, and p .035 respectively. 5/46 (10.9%) had persistent USI, 7/46 (15.2%) persistent SUI in Calistar-S+MUS, while in Surelift A+SSF+MUS group, persistent USI observed in 7/74 (9.5%) and persistent SUI in 9/74 (12.2%), comparable between two groups with p .802, and p .632 respectively. Objective cure was comparable between the two groups (96.3% vs 97.5%, p .428), subjective cure 99/107 (92%) vs 114/122 (93.8%) for Calistar-S vs Surelift+SSF. One case of bladder injury occurred in Calistar-S and one mesh erosion seen in both groups. Conclusion: Risk of de novo SUI and de novo USI were 3-fold higher in the Calistar-S, however risk of persistent USI and SUI was similar. Both Calistar-S and anterior vaginal mesh (Surelift-A) with SSF confer comparable high objective and subjective cure.
論文歸類：婦女泌尿	

稿件編號：OU21	<p>骨盆器官脫垂手術中聚丙烯網膜的創新防黏水膠塗層：可大幅減少手術併發症的一種生物相容性解決方案</p> <p>Innovative Anti-Adhesion Hydrogel Coating for Polypropylene Mesh in Pelvic Organ Prolapse Surgery: A Biocompatible Solution to Minimize Surgical Complications</p> <p>張博涵¹ 張正昌¹ 宋紅雲¹ 中國醫藥大學附設醫院¹</p>
臨時稿件編號：1550	
論文發表方式：口頭報告	<p>Surgical mesh is integral to the management of pelvic organ prolapse (POP), providing essential structural support to compromised tissues and decreasing recurrence rates. The clinical application of polypropylene (PP) mesh in pelvic organ prolapse (POP) surgery is constrained by complications, including mesh erosion, infection, and adhesion formation. Adhesions are bands of scar tissue that develop between organs or between organs and the abdominal wall. They are a prevalent postoperative complication associated with chronic pain, bowel obstruction, and surgical failure, presenting considerable challenges in gynecologic practice.</p> <p>This research presents a new anti-adhesion hydrogel created from methacrylated carboxymethyl cellulose (CMC) and maleated type I collagen. The hydrogel serves as a physical barrier, integrating the non-adhesive characteristics of CMC with the biocompatibility of collagen to achieve sustained anti-adhesion effects. In vitro analyses indicated the hydrogel exhibits a favorable cytotoxicity profile and biocompatibility. The hydrogel's anti-adhesion efficacy and its effect on the inflammatory response were assessed using a rat cecal abrasion model.</p> <p>In a subsequent phase, the hydrogel was utilized as a coating for PP mesh to improve its clinical applicability in POP surgery. The hydrogel-coated mesh's anti-adhesion performance was assessed through preclinical testing utilizing a rat uterine repair model, concentrating on outcomes including adhesion formation, mesh exposure, tissue erosion, and inflammatory response. The findings demonstrated a notable decrease in adhesion formation and enhanced biocompatibility, while maintaining mesh integrity.</p> <p>The CMC/Col hydrogel serves as a promising adjunct in gynecologic surgeries that utilize synthetic mesh. This innovation may improve surgical outcomes, enhance patient quality of life, and broaden the safe use of mesh in pelvic reconstructive procedures by reducing adhesion-related complications.</p>
論文歸類：婦女泌尿	

稿件編號：OU22	<p>不同材質的生物網膜對重建手術之預後</p> <p>Synthetic or Biochemical Material for Reconstruction of Pelvic Organ Prolapse, It Matters!</p> <p>潘恒新¹ 陳尚仁² 蔡宗穎¹ 柏仁醫院¹ 柏仁²</p>
臨時稿件編號：1437	
論文發表方式：口頭報告	<p>ic Organ Prolapse (POP) is a disabling and chronic condition that affects women of all ages. Pelvic organs can protrude outside the body through the vagina due to weakness in the pelvic floor. POP affects patients both physically and psychologically. Most women with POP suffer from at least one other pelvic floor disorder, such as incontinence. Pelvic organ prolapse increases nationwide, namely, anterior, posterior and middle compartments prolapse. Plenty of different kits had created in recent years for reconstruction surgery. Among those surgical kits, synthetic material augmentation plays a major role, for last Decade, however, Food and Drug Administration raised (FDA) a red flag due to massive complication, such as spontaneous vaginal pain, extrusion, therefore, Nowadays, selection of proper material for reconstruction surgery is important for life quality. It divides into two systems: anchor non-anchor system. Hence, we attempt to compare a novel modified surgical technique involving a non-anchor system with the conventional anchor approach to determine the effectiveness of these two systems for treating POP. In this study, we compared the benefit, disadvantage, side effects, and complications for the two systems. Then we found that the modified tiling approach can be used to prevent the aforementioned surgical risks. Furthermore, if patients cannot bear the cost of using the required instruments, they can consider undergoing the modified non-anchor surgical procedure</p>
論文歸類：婦女泌尿	

稿件編號：OU23	<p>膀胱出口阻塞合併有嚴重骨盆腔器官脫垂的病人接受骨盆重建手術的預後</p> <p>Outcomes of bladder outlet obstruction following extensive vaginal pelvic reconstruction surgery on patient with advanced pelvic organ prolapse</p> <p>盧佳序^{1,2} 黃詩穎³ 謝武橋¹ 蔣奧巧¹ 胡家瑜¹ 林口長庚紀念醫院婦產部¹ 長庚大學² 基隆長庚紀念醫院婦產部³</p>
臨時稿件編號：1422	
論文發表方式：口頭報告	<p>Objective To evaluate the impact of extensive vaginal pelvic reconstruction surgery (PRS) on advanced pelvic organ prolapse (POP) patients with bladder outlet obstruction (BOO)</p> <p>Methods We conducted a single center, retrospective analysis of women who attended a tertiary referral center for receiving extensive vaginal pelvic reconstruction surgery for advanced POP (POP-Q ≥ 3) with BOO from January 2006 to January 2016. Data regarding preoperative evaluation, surgical procedure, and post-operative management were abstracted from medical record. Patients were considered to have BOO when detrusor pressure at maximum flow (Dmax) was ≥20 cmH2O and peak flow rate (Qmax) of ≤15 mL/s. Postoperative value of Dmax lower than 20 cmH2O or Qmax higher than 15 mL/s were regarded as objectively cured.</p> <p>Results: A total of 1894 patients with severe POP stages III or IV were assessed. The incidence of BOO was 22.8% (431/1894) within this patient population of advanced POP. One year after the vaginal PRS, the objective cure rate of BOO was 98.1%. Urodynamic voiding parameters showed a significant increase in Qmax (P < 0.001), while Dmax (P < 0.001) and postvoid residual urine (PVR) (P < 0.001) were significantly decreased. Previous POP surgery, native tissue repair (NTR), PVR ≥ 200ml, and MCC ≥ 500ml increase the likelihood of persistent BOO in patients.</p> <p>Conclusion: Vaginal PRS demonstrated effectiveness in treating BOO in patients with advanced POP, exhibiting a notable objective cure rate. Previous POP surgery, NTR, preoperative PVR ≥ 200ml, and MCC ≥ 500ml were the risk factors predicting the failure of PRS in improving BOO.</p>
論文歸類：婦女泌尿	

稿件編號：OU24	<p>針對薦棘韌帶固定術中使用的錨定裝置 (anchor-based device) 脫落可能對操作醫師構成的潛在傷害</p> <p>Dislodging tacker (anchor-based device) for Sacrospinous ligament fixation posing a potential hazard to the operator finger (Operator injury)</p> <p>盧佳序¹ 王佑辰² 林宜萱¹ 楊佳璇¹ 游千千¹ 羅艾琳¹ 蔣奧巧¹ 張藍心³ 林口長庚醫院¹ 基隆長庚醫院² 土城長庚醫院³</p>
臨時稿件編號：1591	
論文發表方式：口頭報告	<p>Abstract Objective: This study aims to identify factors contributing to tacker dislodgement and associated complications during sacrospinous ligament fixation (SSF) procedures.</p> <p>Materials and Methods: A retrospective review was conducted on 674 patients with stage >3 pelvic organ prolapse (POP) who underwent SSF with anchor-based devices between April 2018 and November 2023. Of these, 665 underwent SSF with transvaginal mesh (461 with Surelift and 194 with Calistar-S), and 19 underwent SSF with Anchorsure alone. Patients were categorized into secure tacker (n=649) and dislodged tacker (n=27) groups.</p> <p>All patients followed standardized institutional protocols, including preoperative assessments, validated Chinese questionnaires at baseline, and follow-ups at 6 and 12 months postoperatively. Surgical techniques varied by device type but adhered to meticulous dissection and repair protocols.</p> <p>Results: Tacker dislodgement occurred in 2.2% of cases. The dislodged group exhibited significantly higher BMI (p<0.001) and hypertension prevalence (p=0.004). Complications in this group included two bladder injuries and four operator injuries, including glove tears and finger cuts (p<0.001). The secure group demonstrated significantly less blood loss (p<0.001).</p> <p>Objective and subjective cure rates were high and comparable between groups: 95.5%/94.4% for the secure group and 90%/90% for the dislodged group. Quality of life and sexual function outcomes were similarly favorable.</p> <p>Conclusion: SSF using tacker-based devices is safe and effective. Recognizing risks associated with tacker dislodgement can enhance preparedness and minimize complications for both patients and operators.</p>
論文歸類：婦女泌尿	

稿件編號：OU25	比較有無陰道子宮切除術之薦棘韌帶固定術使用 Anchorsure 治療骨盆器官脫垂的臨床效果與併發症
臨時稿件編號：1623	Comparison of Clinical Effect and Complication of Sacrospinous Ligament Fixation using Anchorsure with and without vaginal hysterectomy for Pelvic Organ Prolapse 李欣隆 ¹ 宋怡潔 ¹ 林冠伶 ¹ 盧紫曦 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
論文發表方式：口頭報告	Objective: To assess the therapeutic effects and complications of sacrospinous ligament fixation with Anchorsure® Suture Anchoring System (Neomedic) with and without vaginal hysterectomy (VH) for pelvic organ prolapsed (POP).
論文歸類：婦女泌尿	Materials and methods: This study recruited a total of 74 women who suffered from POP and received sacrospinous ligament fixation with Anchorsure® device. All subjects were assigned to either VH (n=26) or without VH (n=48) groups. To assess objectively, all patients received urodynamic study and POP-Q system examination before and 6 months after the operation. The change of lower urinary tract symptoms was recorded simultaneously as well. Results: Our data revealed that success rate for POP were comparable in both groups, and residual urine had significantly decreased after the operation (Paired t-test, P<0.05) in both groups. Among POP-Q parameters, nearly all items improved significantly except for total vaginal length and the point Ap (Wilcoxon signed-rank test, P>0.05). Moreover, no patient had recurrent pelvic organ prolapse six months after the operation in our present study. There was a significant reduction in all urinary symptoms except the nocturia (McNemar's test, P= 0.168). As for the complications, one patient had a bladder injury in a woman with cervical amputation. Conclusion: Our results showed that sacrospinous ligament fixation with Anchorsure® Suture Anchoring System is an effective and relatively safe treatment for women with POP, regardless of vaginal hysterectomy.

稿件編號：OU26	比較單一切口中段陰道帶(single-incision sling devices)的 Solyx 以及可調整式 I-stop mini 對於治療壓力性尿失禁一年的臨床結果
臨時稿件編號：1494	Comparison of clinical outcomes on short tape single-incision sling devices (Solyx) and adjustable length device (I-stop mini) for Urodynamic stress incontinence at one year 盧佳序 ¹ 林芝卉 ² 楊佳璇 ¹ 謝武樞 ¹ 林益豪 ¹ 梁景忠 ¹ 林芳秀 ² 林口長庚婦產部 ¹ 基隆長庚婦產科 ²
論文發表方式：口頭報告	Objective The study primarily aims to compare the outcome of voiding dysfunction related to over-tension and the resumption of normal voiding after TRS manipulation in Solyx and I-stop Mini. Secondly, it aims to determine the cure rate, complications and Quality of Life at 1-year post-operatively.
論文歸類：婦女泌尿	Materials and Methods This is a retrospective study conducted from March 2015 to June 2023 approved by the Chang Gung Memorial Hospital's Ethics Committee. Patients with clinically confirmed SUI and Urodynamic stress incontinence (USI) were included, excluding those with pelvic organ prolapse (POP) greater than stage II, neurogenic bladder dysfunction, or post-void residual (PVR) of more than 100ml. Standardized pre-operative evaluations and tension-releasing sutures (TRS) were used. Follow-ups were conducted at 1 week, 1 month, 3 months, 6 months and annually. Statistical analysis were performed using SPSS version 17. Results Out of 453 patients, 333 underwent Solyx and 120 underwent I-stop Mini. The mean age was 56.6 years with an average BMI of 25.4. Post-operatively, urinary retention and TRS manipulation were more common in the Solyx group (12% vs 4.2%, p=0.014). Objective cure rates were 87.1% for Solyx and 91.7% for the I-stop Mini, with no statistical difference. Two patients in the Solyx group required repeat mid-urethral sling surgery. Conclusion Solyx and I-stop mini are effective for treating SUI. Short tape single-incision sling device (Solyx) was found to be tighter than adjustable-length device (I-stop mini). With the addition of TRS, the surgeon can easily treat post-operative voiding dysfunction.

稿件編號：OU27	單切口吊帶 (Solyx™) 合併張力放鬆縫合輔助線應用於術後排尿功能障礙之過度張力在超音波檢查與臨床三年術後回顧結果
臨時稿件編號：1445	Ultrasonography and clinical outcomes following on tension-releasing suture (TRS) appendage on single-incision sling (Solyx™ tape) devices for postoperative voiding dysfunction involving undue tape tension: A 3-year post-operative review 楊佳璇 ^{1,2} 盧佳序 ¹ 簡誌緯 ² 游千一 ¹ 謝武樞 ¹ 林益豪 ¹ 梁景忠 ¹ 林口長庚紀念醫院婦產部 ¹ 新北市立土城醫院 ²
論文發表方式：口頭報告	Abstract Objective: The mid-urethral sling (MUS) is a safe and effective treatment for stress urinary incontinence (SUI), however it can produce voiding dysfunction in 2-4% of patients, typically due to over-tensioning. Sling lysis and/or mobilization can help, but it needs additional surgery and costs. The tension-releasing suture (TRS) (i.e., a bedside maneuver to loosen the sling in the immediate post-operative period) can overcome such difficulties and has previously been described with a 92% objective and subjective cure rate. The study seeks to evaluate the long-term effectiveness of TRS after installing the Solyx™ MUS over a three-year follow-up. The secondary goal is to demonstrate functionality and position using in-trait ultrasonography (US).
論文歸類：婦女泌尿	Materials and methods: Retrospective case-series study conducted at a tertiary referral facility from September 2015 to December 2020. 18 patients experienced voiding dysfunction following anti-incontinence surgery. Primary outcome was objective and subjective cure. Secondary outcomes included quality of life (QoL) and ultrasonography assessments. US was done six months and three years following the procedure. Results: Objective cure rate was 94.1%, and the subjective rate was 94.4%. QoL also showed improvement. As shown in the US results, the bladder neck position and mobility remained consistent. The percentages of mid-point sling position and urethral kinking were consistent, showing that the sling was appropriately positioned and did not migrate after surgery. Conclusions: TRS manipulation after Solyx™ surgery is safe and effective modality to treat post-operative voiding dysfunction. Furthermore, the tape position was constant with no dislodging noted after three years.

稿件編號：OU28	I-stop Mini 及 Altis 兩種尿失禁手術吊帶的療效與安全性之比較
臨時稿件編號：1574	Comparison of Efficacy and safety using "I-stop Mini" versus "Altis" system devices for the Treatment of Stress Urinary Incontinence 楊曜瑜 ^{1,2} 林冠伶 ^{1,2} 盧紫曦 ^{1,2} 宋怡潔 ¹ 龍震宇 ^{1,2} 高雄醫學大學附設中和醫院紀念醫院婦產部 ¹ 高雄醫學大學附設高醫岡山醫院婦產科 ²
論文發表方式：口頭報告	Introduction: This study aims to compare clinical outcome using the I-stop Mini® vs. Altis® devices for the treatment of stress urinary incontinence (SUI). Methods: One hundred and seventy-four women with SUI were scheduled for either Altis® (n=118) or I-stop Mini® device (n=56). Preoperative and postoperative assessments included pelvic examination, urodynamic study, and a personal interview about urinary symptoms. Results: Despite longer follow-up period for the Altis group, the success rates for two groups were comparable (P> 0.05), as well as postoperative VAS scores. The prevalences of severe SUI and intrinsic sphincter deficiency (ISD) did not differ significantly in both groups (P<0.05). The mesh extrusion was not found in the both groups. Conclusions: Altis® and I-stop Mini® devices for SUI have comparable success rates and functional outcomes, with relatively low complication rate.
論文歸類：婦女泌尿	

稿件編號：OU29	不同年齡層之女性接受經閉鎖孔中段尿道吊帶術之預後 Outcomes of primary transobturator mid-urethral sling surgery in women of different ages
臨時稿件編號：1412	何欣諭 ¹ 黃文貞 ^{1,2,3,4} 國泰綜合醫院婦女醫學部 ¹ 汐止國泰綜合醫院婦產科 ² 台北醫學大學醫學系 ³ 國立清華大學醫學院 ⁴
論文發表方式：口頭報告	Background: Urinary incontinence is more common with advancing age, often accompanied by unaddressed healthcare needs. Whether age influences clinical and ultrasonographic outcomes following transobturator mid-urethral sling (TOS) surgery remains uncertain. This study compared 1-year postoperative outcomes of TOS across age groups. Methods: We conducted a retrospective analysis of women undergoing primary, isolated TOS surgery for uncomplicated urodynamic stress incontinence. Eligibility criteria included independence in daily activities and an acceptable level of surgical risk. Preoperative and 1-year postoperative assessments comprised clinical interviews, pelvic examinations, urodynamic studies, and introital four-dimensional ultrasound. The primary outcome was the rate of stress urinary incontinence (SUI) 1 year postoperatively. Secondary outcomes included postoperative adverse events and ultrasound findings. Results: A total of 464 women were included, with 162 aged <51 years, 213 aged 51–64 years, 60 aged 65–74 years, and 29 aged ≥75 years. At 1-year follow-up, older women were more likely to report persistent or bothersome SUI. The severity of SUI and the incidence of adverse events did not differ significantly between age groups. Ultrasonography demonstrated that slings were positioned higher and appeared looser in older women. Conclusions: TOS surgery is a safe and effective treatment for women of all ages who are independent in daily activities and have an acceptable level of surgical risk. However, sling positioning appeared higher and looser in older women.
論文歸類：婦女泌尿	

稿件編號：OU30	尿道中段懸吊帶置放後引發尿滯留之機率及危險因子研究 Incidences and risk factors of postoperative urinary retention after mid-urethral sling placement with and without pelvic reconstructive surgery
臨時稿件編號：1483	孫茂榮 ^{1,2} 彰化基督教醫院婦產部 ¹ 彰化基督教醫院婦產部婦女泌尿暨骨盆重建科 ²
論文發表方式：口頭報告	Objective: Postoperative urinary retention (POUR) is a common consequence of urogynecologic surgery. In this study, we retrospectively assessed the rate of POUR and identified risk factors for the development of urinary retention after mid-urethral sling placement with and without pelvic reconstructive surgery. Materials and Methods: Eight hundred and sixty-six women with urodynamic stress incontinence who underwent transobturator (TOT) and single-incision sling (SIS) placement, with or without a concomitant reconstructive procedure, were included in this study. Postoperative evaluations from the study were reviewed both subjectively and objectively, including voiding volume and bladder scan prior to discharge, cough stress test, uroflowmetry, changes in urodynamic parameters, and the Urogenital Distress Inventory six-item questionnaire at 3 months after surgery. Results: A total of 866 patients were included, of which 686 patients had no POUR (79.2%), 158 had transient POUR (18.3%), and 22 had prolonged POUR (2.5%). No patients with prolonged POUR required a Foley catheter 2 weeks after discharge. Prior pelvic reconstruction surgery, concomitant hysterectomy, older age, and higher postvoid residual volume were associated with POUR (p<0.05). Incidences of POUR were not significantly different between patients with and without concomitant pelvic reconstructive surgery. However, patients with SIS had a higher incidence of POUR than those with TOT (p<0.05). Total objective cure rate of urodynamic stress incontinence was 91.7%. Patients with prolonged POUR had a significantly lower cure rate, whereas those with transient POUR had the highest cure rate (p=0.013). Multiple logistic regression analysis revealed that old age, previous hysterectomy, MUCP <30 cmH2O, and SIS were the risk factors for POUR. Conclusions: POUR was common after mid-urethral sling placement with or without pelvic reconstructive surgery; however, most cases were mild, transient and resolved spontaneously. Clinicians should be aware of the risk factors for POUR and strive for adequate prevention and management.
論文歸類：婦女泌尿	

稿件編號：OU31	單切口吊帶放置時的術中膀胱損傷-文獻回顧及病例報告 Intraoperative Bladder injury at the Time of Single-incision Sling Placement – review of literature and case report
臨時稿件編號：1453	張哲綱 ^{1,2} 孫茂榮 ^{1,2} 彰化基督教醫院婦產部 ¹ 彰基婦女泌尿暨骨盆重建科 ²
論文發表方式：口頭報告	Bladder injury during single-incision sling (SIS) procedures is exceedingly rare, with a reported incidence of 0% to 0.8%, and literature on this complication remains limited. This study focuses on two recent cases of bladder injury during SIS at our institution and reviews the associated risk factors, including surgical route, surgeon experience, prior pelvic surgeries, and patient characteristics such as age and BMI. Management strategies, adapted from traditional mid-urethral sling techniques, emphasize the importance of intraoperative cystoscopy for early detection, catheterization to facilitate healing, and careful decision-making on sling placement timing. While minor injuries may allow immediate sling placement, complex injuries often require delayed intervention. In both cases, early detection and prompt management resulted in satisfactory recovery without long-term complications. Despite its rarity, vigilance is critical to managing bladder injury during SIS procedures. Surgeons must recognize risk factors and adopt evidence-based practices to ensure optimal patient outcomes.
論文歸類：婦女泌尿	

稿件編號：OU32	中段尿道懸吊帶移除的臨床結果分析 The outcomes of mid-urethral sling removal
臨時稿件編號：1345	吳宓儀 ¹ 孫茂榮 ^{1,2} 彰化基督教醫院婦產部 ¹ 彰化基督教醫院婦女泌尿健康中心 ²
論文發表方式：口頭報告	Stress urinary incontinence is a prevalent problem affecting approximately 4% to 35% of the global population. Since the introduction of tension-free vaginal tape in 1995, mid-urethral sling(MUS) are now the preferred surgical approach to treat urinary stress incontinence nowadays. Although generally considered safe, sling procedures can be associated with complications such as vaginal extrusion(0.5%–3%), mesh erosion(1%–3%), new-onset urinary urgency(5%–15%), delayed voiding dysfunction(2%–10%), and pelvic pain (1%–10%). Approximately 10% of women who underwent MUS insertion were admitted due to complications during 5-year follow up, additionally, 5% underwent further continence surgery. Around 0-30% of women experience urogenital pain post-surgery. Some require full or partial sling removal. Data suggests that a minority of women (2-4%) undergo removal specifically because of chronic pelvic pain that does not resolve despite conservative treatments. According to recent study, the risk of mesh sling removal was higher in women with a retropubic insertion compared to transobturator insertion (3.6% vs 2.7%) at 9 years post-operation. Age was a significant factor, with younger women (18-39 years) having a higher risk of mesh removal (4.4%) compared to older women (≥70 years, 2.1%). Women who underwent complete sling removal due to mesh exposure had a significantly higher rate of recurrent SUI compared to partial removal. With perspective to pain resolution, partial and complete removal have similar rate (72% vs 76%). Overall improvement of LUTS better in the early sling lysis group compared with the late sling lysis group (91% vs 71%; P=.01). The likely mechanism is related to the degree of tissue scarring and fibrosis that develops over time, later interventions face more extensive tissue changes, which may limit the functional recovery after lysis. There was no statistically significant difference between the two groups about complication rates such as minor bleeding, infection, or transient urinary retention. Bladder outlet obstruction outcomes were associated with improvement irrespective of amount of mesh removal or even by mesh transection. There was one case of our hospital who underwent partial removal of the urethral sling due to persistent lower abdominal pain and difficulty urinating 3-month after mid urethral sling inserted. Intraoperative findings of second surgery revealed significant adhesion of the sling to surrounding tissues, limiting the extent of its removal. Therefore, a partial removal of the urethral sling was performed. Postoperative follow-up 5 months later demonstrated significant pain relief with no recurrence of stress urinary incontinence.
論文歸類：婦女泌尿	

稿件編號：OG1	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
臨時稿件編號：1307	黃基德 ^{1,2,3} 黃俊諤 ¹ 游雅君 ¹ 洪韻翔 ¹ 陳至真 ¹ 徐歷彥 ¹ 義大醫院婦產部 ¹ 義大醫院 ² University of South Florida ³
論文發表方式：口頭報告	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 ddH ₂ O 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	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
臨時稿件編號：1503	馬理鈞 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：口頭報告	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.
論文歸類：一般婦科	

稿件編號：OG3	愛滋病發展史 History of Acquired ImmunoDeficiency Syndrome (AIDS)
臨時稿件編號：1564	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推屬 (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 (Worchester 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 Montagnier (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 \rightarrow DNA \rightarrow Polypeptide \rightarrow 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 (Kaposi 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 (Pneumocystis carinii pneumonia) ⑦ 消化系統：隱孢子蟲腸炎 (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！

稿件編號：OG4	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顾性研究
臨時稿件編號：1621	Age did not affect the rate of subsequent hysterectomy following hysteroscopic surgery: a population-based retrospective cohort study from 2000 to 2020 丁大清 ¹ 張佳穎 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式：口頭報告	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.
論文歸類：一般婦科	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	子宮肌瘤引起之心衰竭個案報告 Heart Failure Associated with Giant Uterine Leiomyoma: A Case Report
臨時稿件編號：1590	許海寧 ¹ 蘇國銘 ¹ 三軍總醫院 ¹
論文發表方式：口頭報告	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 x 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.
論文歸類：一般婦科	

稿件編號：OG6	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
臨時稿件編號：1677	周宏學 ¹ 張淑涵 ¹ 唐維均 ¹ 林口長庚醫院 ¹
論文發表方式：口頭報告	婦產科過去幾年採用翻轉教室作為產科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。
論文歸類：一般婦科	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	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
臨時稿件編號：1384	蔡孟臻 ¹ 傅皓聲 ¹ 王培儀 ¹ 簡立維 ¹ 區慶建 ¹ 台北醫學大學附設醫院婦產部 ¹
論文發表方式：口頭報告	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.
論文歸類：一般婦科	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：OF1	自體血小板濃縮液注射改善體外受精治療中卵巢反應不良的潛力方案 Autologous Platelet-rich plasma (PRP) Injections as a Promising Approach for Managing Poor Ovarian Response in IVF Treatments
臨時稿件編號：1415	李維基 ¹ 陳怡君 ¹ 鄭恩惠 ¹ 李俊逸 ^{1,2,3} 林秉瑤 ¹ 陳忠義 ¹ 黃俊嘉 ¹ 陳明哲 ¹ 李茂盛 ^{1,3,4} 茂盛醫院 ¹ 中山醫學大學醫學系婦產科 ² 中山醫學大學附設醫院婦產部 ³ 中山醫學大學醫學研究所 ⁴
論文發表方式：口頭報告	Objective: Poor ovarian responders (POR) exhibit inadequate responses to ovarian stimulation, resulting in fewer oocytes, and reduced pregnancy outcomes. Autologous platelet-rich plasma (PRP), rich in growth factors and cytokines, has emerged as a promising therapy for enhancing ovarian function. Recent studies have shown that PRP can improve ovarian function in women with POR, leading to the generation of more follicles. With limited success in current treatments for POR, this research aims to explore PRP as a potential adjunctive therapy to enhance oocyte retrieval and embryo quality. Material and methods: This prospective case-control study was conducted at Lee Women's Hospital from July 2020 to September 2024 (IRB: CS2-20037). A total of 60 women undergoing in vitro fertilization (IVF) and diagnosed with POR [clinical criteria: fewer than 4 eggs retrieved and AMH <1.1 ng/ml] were enrolled and divided into two groups: a control group (n=30) and a PRP injection group (n=30). PRP was prepared from the patients' blood and injected into the ovarian cortex under ultrasound guidance. The primary outcomes measured included the number of oocytes retrieved, mature oocytes (MII), 2PN embryos, good-quality embryos, and blastocysts. Statistical analysis was performed using SPSS 22.0 to evaluate the efficacy of PRP in treating POR. Results: When comparing the clinical characteristics of the control group and the PRP-injection group, no significant differences were observed in age, BMI, AMH levels, duration of infertility, or the number of IVF cycle failures. After PRP treatment, several parameters significantly improved, including the number of MII oocytes (1.5±1.8 vs. 0.9±0.9, p=0.049), 2PN embryos (1.3±1.7 vs. 0.7±0.7, p=0.017), total blastocysts (0.6±0.8 vs. 0.1±0.3, p=0.001), and good-quality blastocysts (0.4±0.7 vs. 0.2±0.2, p=0.005). Additionally, the oocyte maturation rate (67.6% vs. 50.0%, p=0.048), total blastocyst rate (47.5% vs. 20%, p=0.039), and good-quality blastocyst rate (27.5% vs. 5%, p=0.040) significantly improved following PRP injection. Furthermore, in subsequent oocyte retrieval cycles after PRP injection, the improvements persisted, including basal FSH and LH levels, the number of MII oocytes, 2PN embryos, D3 good embryos, total blastocysts, and good-quality blastocysts. All these parameters showed significant improvement compared to the pre-treatment cycle. Conclusions: Autologous PRP injections significantly improve embryo quality and quantity in POR patients, showing promise as a treatment to enhance ovarian function and improve ART outcomes. Further studies are needed to clarify PRP mechanisms and optimize its application in reproductive medicine.

稿件編號：OF3	剖腹產生產史對於胚胎非整倍體基因檢測的冷凍囊胚植入後着床率的影響 Effect of a prior cesarean section delivery on implantation rates of frozen-thawed embryo transfer in PGT-A cycles
臨時稿件編號：1635	盧子璇 ¹ 陳怡婷 ¹ 黃俊嘉 ¹ 陳秀惠 ¹ 陳建宏 ¹ 李俊逸 ^{1,2} 陳忠義 ¹ 黃梨香 ^{1,3} 李宗賢 ^{1,4,5,6} 李茂盛 ^{1,4,5,6} 茂盛醫院生殖中心 ¹ 中山醫學大學醫研所 ² 中山醫學大學護理系 ³ 中山醫學大學 ⁴ 中山醫學大學醫研所附設醫院婦產部 ^{5,6}
論文發表方式：口頭報告	Background: Little is known about the relationship between previous mode of delivery and the success of subsequent assisted reproductive treatments. The freezing-all strategy provides a new model to study the independent impact of prior cesarean section (CS) on embryo transfer outcomes. One adverse effect of CS reported in some studies is an increased risk of subfertility. No studies have evaluated the relationship between previous mode of implantation outcomes after frozen blastocyst transfer (FET) in aneuploidy preimplantation genetic testing (PGT-A) cycles. In this study, we primarily investigated the impact of a history of CS on PGT-A-FET results compared with a history of vaginal delivery (VD). Methods: This single-center retrospective cohort study included 215 patients who underwent PGT-A-FET cycles from October 2021 to July 2024 in Lee Women's Hospital. In total, 134 women with a previous VD were assigned to the VD group, and 81 women with a history of delivery by CS were assigned to the CS group. Patients with age > 45 years, repeat implantation failure (RIF) or recurrent pregnancy loss (RPL) were excluded in this study. Only qualified and expanded blastocyst was selected for trophoblast biopsy. All FET cycles have least one euploidy or low mosaicism (30%) blastocyst with top quality (ICM and TE was least B grade) for transfer. A hormone replacement treatment (HRT) protocol was used for the endometrium preparation. The primary outcome measure was clinical pregnancy and implantation rates. Univariate and multivariate logistic regression analyses were performed using the GEE analysis. Binary logistic regression analyses were performed to explore the association between clinical outcomes. Results: Average of women age was 37.3±3.7 years. The overall clinical pregnancy and implantation rates were 78.6% (169/215) and 65.7% (239/364), respectively. Compared with the VD group, the clinical pregnancy rate (81.3%, 109/134) was lower in women with a history of CS (74.1%, 60/81). Furthermore, the implantation rate in VD group (69.8%, 157/225) was significantly higher than that in CS group (59.0%, 82/139, p=0.034). The miscarriage rates between CS and VD groups (12.8%, 14/109 vs. 10.2%, 6/59) were no significantly different. When adjusted for women age and patient characteristics, only the positive association between endometrium thickness and pregnant success was maintained (OR: 1.18, 95% CI: 1.004-1.379). In addition, all patients were further divided into 4 subgroups based on endometrial thickness (ROC curve cutoff is 10 mm). The clinical pregnancy and implantation rates in group of endometrial thickness ≥10 mm (83.8%, 171/206 vs. 69.9, 253/362) was significantly higher than that in group of endometrial thickness <10 mm (68.0%, 83/122 vs. 54.2%, 115/212, p<0.001). However, the implantation rate in group of CS with endometrial thickness ≥10 mm (64.6%, 64/99) was significantly lower than that in group of VS with endometrial thickness ≥10 mm (76.2%, 109/143). Conclusions: This study showed that the presence of CS did not significantly reduce clinical pregnancy rates after PGT-A-FET compared with VD group. However, even in patients with endometrial thickness ≥ 10 mm, CS group showed significant defects in implantation. We suggested that CS may have a certain degree of influence on implantation.

稿件編號：OF2	雙酚 A 誘導的人類子宮內膜異位基質細胞的全基因組表達 Genome-wide expression of bisphenol A-induced human endometriotic stromal cells
臨時稿件編號：1404	王凱弘 ¹ 台南綜合醫院婦產部 ¹
論文發表方式：口頭報告	Introduction Bisphenol A (BPA), an estrogenic-like endocrine disrupting chemical, is one of the most widely produced chemicals in the world. Recent studies have found that BPA is associated with female reproductive disorders such as recurrent or spontaneous miscarriage, endometrial hyperplasia, and endometriosis. Endometriosis is a chronic gynecological disease affecting women of childbearing age. It is mainly caused by the implantation of uterine tissue at ectopic abdominal places, originating from retrograde menses. This ectopic endometrium responds to hormonal signals, causing dysmenorrhea, chronic pelvic pain, and infertility. To obtain clues as to the etiology and pathophysiology of endometriosis, genome-wide expression analysis of eutopic and ectopic endometrium has already been reported; however, the impact of BPA on the expression profile of endometriosis progression has not been studied. In this study, we used genome-wide expression to explore the regulation of endometriotic stromal cell-related genes by BPA. Materials and methods Endometriotic stromal cells isolated from human ovarian endometrioma (hEN-SCs) were used in this study. Genome-wide expression was analyzed using Illumina Whole Genome Expression Arrays and RT-PCR. Protein expression was performed using western blot analysis. Results Whole genome expression profiling identified 2,892 differentially expressed genes, with 1,679 genes upregulated and 1,213 downregulated in BPA-treated hEN-SCs. 81 out of 1,679 upregulated genes (4.8%) significantly increased more than tenfold in their expression. Among these 81 genes, ESR1, HSD17B1, OXTR, VPS37D, AXUD1, and TP53I13 were confirmed to be genes related to the pathogenesis of endometriosis. To verify these results, we quantified the gene and protein expression of these six genes using RT-PCR and western blot analysis, respectively. RT-PCR results showed significantly higher expression in BPA-treated hEN-SCs than hEN-SCs (14.1, 7.3, 10.2, 4.1, 7.8 and 5.1-fold increases in ESR1, HSD17B1, OXTR, VPS37D, AXUD1 and TP53I13, respectively). However, western blot analysis results revealed that only HSD17B1 and OXTR protein expressions were significantly higher in BPA-treated hEN-SCs than hEN-SCs (5.9 and 3.8-fold, respectively). According to related research and literature reports, HSD17B1 is a risk factor for infertility in women with endometriosis. OXTR expression is associated with endometriosis-related fertility and endometriosis-related symptoms. Conclusion The results provide evidence of the adverse effects of BPA on endometriosis. We hope to further understand the mechanism of this endocrine disrupting chemical on the progression of endometriosis through this research model.

稿件編號：OF4	IL-1β 降低顆粒細胞的間隙連接通訊和 FSHR 表現 Interleukin-1β reduces gap junctional intercellular communication and follicle-stimulating hormone receptor expression in granulosa cells
臨時稿件編號：1403	王凱弘 ¹ 台南綜合醫院婦產部 ¹
論文發表方式：口頭報告	Introduction Interleukin-1β (IL-1β) is an important cytokine that simultaneously regulates the production of inflammatory mediators and affects female reproduction. In mammals, the follicle is the functional unit in the female reproductive organ. The ovarian follicle is the functional unit of the ovary and is composed of an oocyte surrounded by layers of somatic follicular cells (granulosa cells; GCs) and a basement membrane. Since oocyte quality (oocyte maturation, ovulation, and luteal growth/involvement) relies is positively correlated with efficient gap junctional intercellular communication (GJIC) between GCs, female fertility may be reduced when GCs undergo apoptosis. Connexin43 (Cx43) is an important gap junction protein required for communication between GCs and GCs or oocytes. The extant literature proves that follicle-stimulating hormone (FSH) can increase the expression of Cx43 in GCs. Since FSH acts exclusively through its receptor, the abundance of FSH receptors (FSHR) determines the sensitivity of GCs to FSH and its activity on these GCs. This study mainly investigated whether IL-1β affects the GJIC and FSHR expression in GCs and explored its possible mechanism. Materials and methods The GCs were collected from patients undergoing IVF procedures after controlled ovarian stimulation. GJIC was determined using the scrape loading-dye transfer technique. FSHR and Cx43 expression was quantified by immunofluorescence staining and reverse transcription polymerase chain reaction (RT-PCR) analysis. Results In our previous study, we demonstrated that IL-1β exerts adverse effects on GCs, including increasing the expression of apoptotic rate genes (caspase-3) and inflammatory cytokines (COX-2 and IL-8). From this study, we first found that GCs treated with different concentrations of IL-1β (0, 5, 10, 15, 20 ng/ml) for 24 hours showed a dose-responsive decrease in GJIC ability. To further elucidate the mechanisms of IL-1β on GJIC in GCs, RT-PCR and immunofluorescence staining were used to detect the effect of IL-1β on Cx43 expression. The results clearly show that the Cx43 level of GCs was significantly downregulated after 24 hours of treatment with IL-1β (10, 15, 20 ng/ml). Next, we analyzed the effect of IL-1β on FSHR expression in GCs. The results showed that IL-1β (20 ng/ml) significantly reduced FSHR expression in GCs. Conclusion Our study shows that IL-1β could reduce FSHR and Cx43 expression in GCs and decrease the GJIC ability of GCs, thereby leading to IL-1β-induced female reproductive disorders.

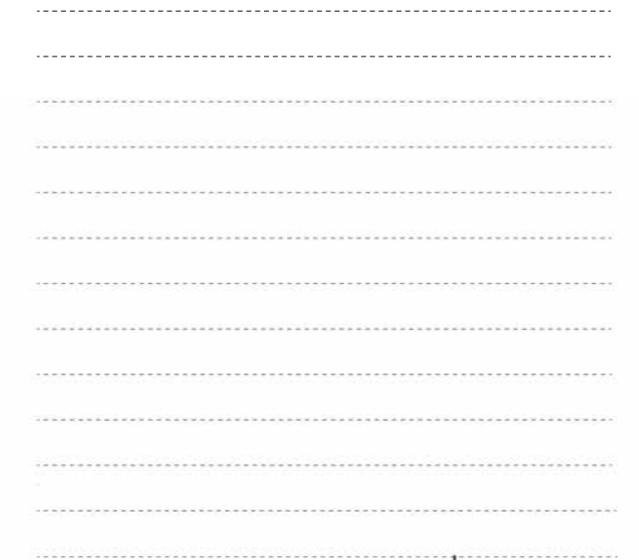
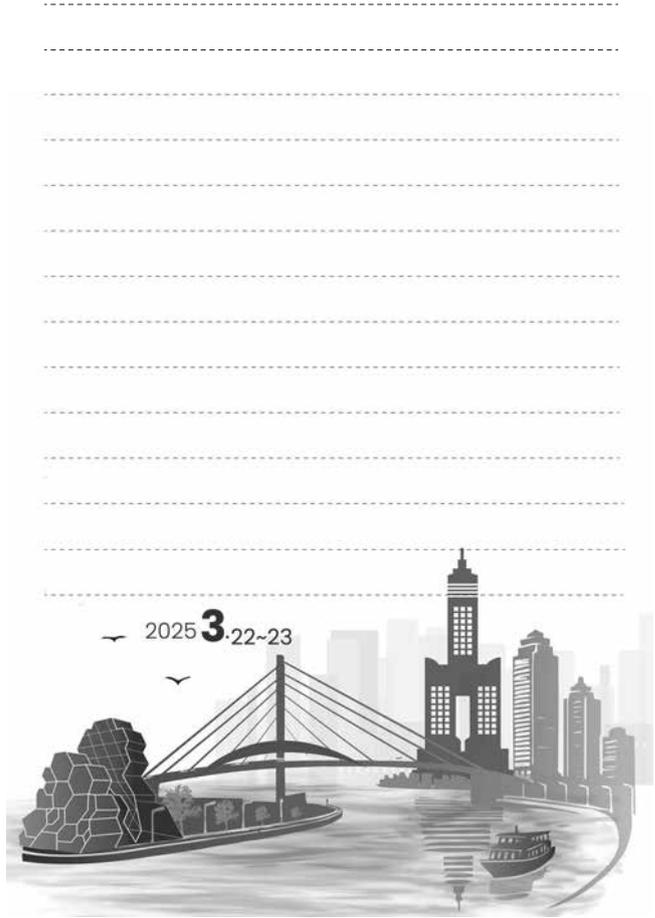
稿件編號：OF5	PGT-A 對懷孕及新生兒影響：台灣生殖資料庫研究(2015-2019) Pregnancy and Neonatal Outcomes of PGT-A: A Pilot Study from Taiwan's ART Registry (2015–2019)
臨時稿件編號：1414	徐以巖 ¹ 陳安廷 ² 張玉婷 ² 莊蕙瑜 ² 蔡英美 ² 屏東基督教醫院婦產科 ¹ 高醫婦產部 ²
論文發表方式：口頭報告	Objective: This study evaluates the impact of preimplantation genetic testing for aneuploidy (PGT-A) on pregnancy and neonatal outcomes using data from Taiwan's national assisted reproductive technology (ART) registry (2015–2019). Methods: A retrospective cohort study analyzed 45,429 blastocyst-stage embryo transfer cycles (1,009 PGT-A and 44,420 non-PGT-A), including both fresh and frozen transfers. Cycles with incomplete data or use of donor gametes were excluded. Pregnancy outcomes (biochemical pregnancy, clinical pregnancy, ultrasound-confirmed fetal heartbeat, and live birth) and neonatal outcomes (gestational age at delivery, birth weight, delivery method, and gender) were assessed. Inverse probability of treatment weighting (IPTW) was applied to balance confounding factors before outcome assessment. Subgroup analyses were conducted based on maternal age and the number of embryos transferred. Results: PGT-A utilization increased from 0.95% (2015) to 3.21% (2019). The PGT-A group had a higher proportion of advanced maternal and paternal ages and a greater rate of single embryo transfer (71.95% vs. 22.59%, p<0.001). While the overall pregnancy and live birth rate did not show significant differences (PGT-A vs non-PGT-A 53.72% vs 54.42, p=0.657; 42.12% vs 41.11%, p= 0.518, respectively), After IPTW adjustment, PGT-A cycles demonstrated significantly higher rates of biochemical pregnancy, clinical pregnancy, ultrasound confirmation of fetal heartbeat, live birth and lower artificial abortion rates across single and double embryo transfers. Among singleton live births, the PGT-A group had higher neonatal birth weights, increased incidence of large-for-gestational-age (LGA), and reduced small-for-gestational-age (SGA) rates. A higher proportion of male neonates was observed. For double embryo transfers, PGT-A was associated with a higher incidence of multiple gestations. When categorized by maternal age and number of embryos transferred, PGT-A was associated with improved biochemical pregnancy rates, clinical pregnancy rates, and fetal heartbeat confirmation in women ≥ 35 years undergoing single embryo transfer and in women ≤ 39 years undergoing double embryo transfer. Enhanced live birth rates were observed across most PGT-A subgroups, except for women aged 30–34 years (single embryo transfer) and >34 years (three or more embryos transfer). Conclusion: In its early use in Taiwan (2015–2019), PGT-A was generally associated with improved pregnancy outcomes after adjusted with confounding factors such as paternal age and infertility etiology. However, the increased rates of multiple gestations in PGT-A double embryo transfers highlight the importance of elective single embryo transfer. This study has limitations, including a significant disparity in the number of PGT-A and non-PGT-A cycles, which could result in statistical bias. Furthermore, the data represents only the initial five years of PGT-A registry use, limiting its relevance to current trends. Further studies are needed to provide results that better represent current clinical practices.

稿件編號：OF7	子宮頸癌病患接受保留生育治療後成功妊娠：輔助生殖技術困難的挑戰之病例報告 Successful Pregnancy Outcome Following Fertility-Sparing Treatment for Cervical Cancer: A Case Report on the Challenges of Assisted Reproductive Techniques
臨時稿件編號：1443	祝筱涵 ¹ 吳憲銘 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式：口頭報告	Introduction Cervical cancer is a leading cause of morbidity among women, particularly impacting fertility in those of reproductive age. While fertility-preserving treatments like trachelectomy aim to retain reproductive potential, they often result in complications, including cervical incompetence, thin endometrium, and embryo transfer difficulties. Assisted reproductive techniques (ART) provide a pathway to parenthood for these patients but pose unique challenges. Case Presentation We report a 37-year-old nulliparous woman with stage IB cervical cancer and chronic hypertension who underwent trachelectomy, radiotherapy, and chemotherapy. Prior to treatment, she cryopreserved 10 oocytes and 10 embryos. Following cancer remission, she sought fertility treatment but faced obstacles, including ovarian failure, uterine atrophy, and isthmal synecchia. An extended hormone replacement therapy regimen, including estradiol, pentoxifylline, and vitamin E, improved her endometrial thickness to 0.78 cm. Hysteroscopic dilation resolved uterine adhesions, enabling successful transfer of two cryopreserved embryos. At 29 weeks gestation, pre-eclampsia and fetal distress necessitated cesarean delivery, resulting in a live birth. Discussion This case highlights the multifaceted challenges of ART in cervical cancer survivors, including endometrial preparation, embryo transfer, and pregnancy complications. Extended hormonal protocols and surgical interventions can address structural and functional barriers, while vigilant prenatal care mitigates risks of hypertensive disorders and preterm delivery. Conclusion Despite significant obstacles, successful pregnancy outcomes are achievable for cervical cancer survivors through individualized ART protocols, careful pregnancy management, and multidisciplinary care. This case underscores the importance of innovative approaches in fertility preservation and reproductive medicine.

稿件編號：OF6	胚胎著床前單基因遺傳性疾疾病檢測 林口長庚紀念醫院 近五年病例回顧 Pre-implantation Hereditary Genetic Disease Screening: A Retrospective Case Review from the Past Five Years at Linkou Chang Gung Memorial Hospital
臨時稿件編號：1571	蔡喬伊 ¹ 張嘉琳 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 investigate outcomes of embryos underwent preimplantation genetic testing for monogenic/single gene (PGT-M) from in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) cycles in Linkou Chang Gung Memorial hospital. Method: This retrospective cohort study collected data from a medical center in Taiwan in recent 5 years. Total 14 patients were included, with 124 blastocysts biopsied and screened. We analyzed the indication of PGT-M, embryo outcomes and subsequent pregnancy results. Results: Of the 14 PGT-M patients, total 338 oocytes were retrieved, with 31 fertilized via IVF and 252 via ICSI. 31.5%(39/124) of embryos are unaffected, and carriers of autosomal recessive diseases account 21%(26/124). The most common indication for PGT-M is alpha-thalassemia(N=3), followed by osteogenesis imperfecta(N=2). Other indications were represented by a single patient each. The cumulative pregnancy rate for patients who had embryo transfers was 57.9%, with an ongoing pregnancy or delivery rate of 42.1%. Conclusion: These findings offer an insight to current status of PGT-M in Taiwan and supplement existing literature to set realistic expectations for patients undergoing PGT-M.

稿件編號：OF8	ibuprofen 使用與男性不育 Ibuprofen use and male infertility: Insights from a nationwide retrospective cohort study
臨時稿件編號：1614	Wan-Ting Huang ¹ Jen-Hung Wang ¹ 丁大清 ² 陳沛安 ² 花蓮慈濟研究中心 ¹ 花蓮慈濟婦產科 ²
論文發表方式：口頭報告	Previous studies have indicated that nonsteroidal anti-inflammatory drugs, including ibuprofen, may have varying effects on the male reproductive system. This study aimed to evaluate the impact of ibuprofen on male infertility in Taiwan. This nationwide retrospective cohort study used the Taiwan National Health Insurance Database from January 1, 2000, to December 31, 2021. The study participants were males aged 20–59 years who had used ibuprofen or acetaminophen between 2000 and 2020. The primary outcome was the incidence of male infertility. Cox regression analysis estimated cumulative incidences and hazard ratios (HRs) with their corresponding 95% confidence intervals (CIs). The Kaplan–Meier method was used to illustrate cumulative incidence curves. The participants using ibuprofen and acetaminophen were 15564 and 15564. After the propensity score matching, the two groups did not show differences in age, medication year, and disease prevalence. Ibuprofen usage for >60 days per year had a higher HR of male infertility than acetaminophen usage for the same duration. The cumulative incidence of male infertility over time showed that ibuprofen use for >60 days per year was significantly associated with a higher incidence of male infertility compared to acetaminophen. The association between ibuprofen use and male infertility has broad public health implications. If further confirmed through prospective studies, these findings may impact medical advice and inform discussions on drug use, particularly among individuals of reproductive age.

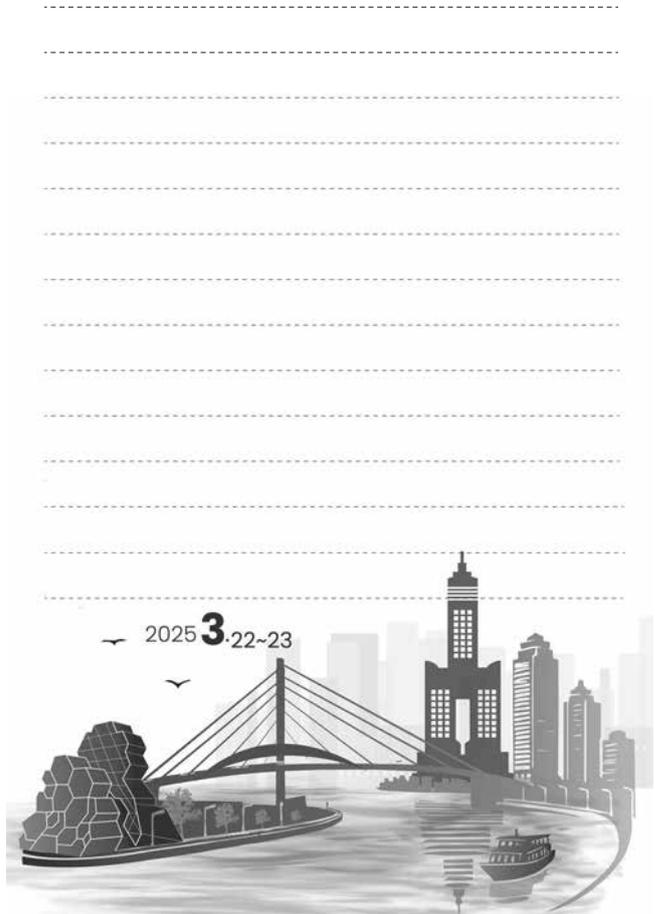
稿件編號：OF9	電腦輔助精液分析及活體活動精子選擇裝置是否適合引進作為一個生殖中心實驗室的常規使用:初步評估
臨時稿件編號：1676	Computer-assisted sperm analysis (CASA) and Live motile sperm sorting device as a routine technique in the IVF laboratory? A Self-validation preliminary report 黃璧蒼 ¹ 林育如 ¹ 龔福財 ¹ 蘇紅婷 ¹ 蔡妮瑾 ¹ 蕭宇揚 ¹ 連穎庭 ¹ 藍國忠 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式：口頭報告	Infertility leads to significant psychological and social challenges, while also placing a heavy financial strain on both patients and the health-care system. Worldwide, about 8 to 12% of the reproductive age couples are faced with infertility problems and male factor solely contribute to 20-30% of them.
論文歸類：生殖內分泌	Sperm DNA fragmentation (SDF) testing has emerged as a valuable tool for diagnosing male infertility. Studies indicate that elevated SDF levels can contribute to male subfertility, IVF failure, and an increased risk of miscarriage. Recently, Hsu et al. reported that the CA0 separation device (LensHooke CA0, Bonraybio Co., Taichung, Taiwan) significantly enhances multiple sperm quality parameters while minimizing sperm DNA fragmentation. Kuroda et al. demonstrated a strong correlation and consistency between the novel sperm chromatin dispersion kit(LensHooke R10 plus®, R10), Bonraybio Co., Taichung, Taiwan) combined with an AI-aided platform(LensHooke X12PRO® X12], Bonraybio Co., Taichung, Taiwan) and traditional sperm chromatin dispersion methods, achieved through the analysis of a larger number of spermatozoa. Before introducing the computer-assisted sperm analysis (LensHooke X12PRO® X12], Bonraybio Co., Taichung, Taiwan) and the CA0 live motile sperm sorting device (LensHooke CA0, Bonraybio Co., Taichung, Taiwan) to a CAP-certificated IVF lab, we would like to evaluate the efficacy and accuracy of the R10 plus kit in combination with X12PRO as well as the CA0 sorting device.



稿件編號：V1	腹腔镜手術成功治療一位已經 5 次修補失敗的膀胱陰道瘻管病患 Laparoscopic transperitoneal repair for a case with recurrent VVF (vesicovaginal fistula) with previously failed 5 fixing surgeries
臨時稿件編號： 1611	孫仲賢 ¹ 侯詠齡 ¹ 莊國泰 ¹ 四季台安醫院 ¹
論文發表方式： 影片展示	Introduction: V-V-F (vesicovaginal fistula) after hysterectomy is a nightmare for both patients and gynecologic doctors. Patients with VVF are facing the problems of continuous and unremitting urinary incontinence and that greatly impairs their quality of life and psychological well-being. Small and fresh (without epithelization) VVF can be treated conservatively by bladder drainage only, with a 10% spontaneous healing rate. Fulguration, with or without fibrin sealant, may sometimes be helpful for those epithelized small holes. However, in most cases, these conservative methods will fail, and the performance of surgery is needed. VVF can be repaired either vaginally or abdominally. The Latzko transvaginal repair is usually the first-line surgery preferred by gynecologic doctors. The urologist may prefer abdominal approach (either trans-vesical or trans-peritoneal). However, both methods have a certain risk of recurrent fistula formation. In this video, we will demonstrate a case with supratrigonal VVF after an open abdominal hysterectomy 5 years ago. In the subsequent 3 years, she received totally 5 surgeries to fix her problem (2 times transvaginal Latzko repair by gynecological doctor, 1 time transvesical repair by urologist, 1 time robotic transperitoneal repair by urologist, and 1 time open transperitoneal approach by urologist). For all these 5 procedures, VVF recurred in post-operative 1 to 14 days. Finally, she was successfully treated with laparoscopic transperitoneal VVF repair (with omentum flap patching) by us. Materials and Methods: Surgical video review, edited. Result: Cystoscopy was performed first, identifying the fistula hole inside the bladder. A Sarot clamp was introduced from the vagina hole. An epidural cath was introduced cystoscopically, and was grabbed outside the vagina through the fistula tract. Ureter stents were then inserted bilaterally. Then the laparoscopy was set up. After adhesiolysis, the peritoneum overlying the vagina cuff was opened, identifying the endopelvic fascia. Then the vesico-vaginal space was opened (with great difficulties from previous repeated surgeries-induced scarring). Paravesical spaces were also opened, in order to help identifying the exact surgical plane of endopelvic fascia, and for displacing the terminal ureter away from the upper and middle vagina. Finally, the vesicovaginal space was well developed, identifying the fistula tract with adequate margin. The epidural cath inside the fistula tract was then removed, and the vesical and vaginal wound were debrided and repaired separately. (bladder wall repaired in 2 layers, and vagina wound repaired in 1 layer). Then an omentum flap was interposed between bladder and vagina. The Foley catheter and double J stent were kept in place for 2 weeks. The patient recovered very well, and was so happy to be dry again. Conclusion: Recurrent or complex VVF can be successfully treated with a laparoscopic transperitoneal approach. The bladder wound and vaginal wound can be well repaired under excellent vision, and an omentum interposition flap can be applied to promote additional blood supply, which should decrease the recurrence rate of VVF.
論文歸類： 婦女泌尿	

稿件編號：V2	陰道支架的製作-解決陰道閉鎖導致陰道積血的治療方法 Vaginal Stent Assembling: a device for neovaginal reconstruction in case of vaginal atresia with functional uterus
臨時稿件編號： 1367	余堅忍 ¹ 高語謙 ¹ 洪煥程 ² 陳怡仁 ² 振興醫院婦產部 ¹ 臺北榮民總醫院婦女醫學部 ²
論文發表方式： 影片展示	The underdevelopment of the female reproductive tract manifests in various clinical presentations, which can differ in location and severity. In cases where uterine function is normal but vaginal atresia is present, patients often experience periodic abdominal pain due to menstrual blood retention around the age of 14. Imaging studies typically reveals hematocolpos or hematometra. To prevent retrograde menstruation into the abdominal cavity and other complications, it is essential to promptly eliminate the vaginal obstruction to allow for the drainage of menstrual blood. In cases where uterine function is normal but with vaginal atresia caused by a thin transverse vaginal septum, a simple incision of the septum can achieve drainage and restore normal vaginal function. However, if the atresia involves a closed segment of tissue, neovaginal reconstruction is required to restore normal vaginal functionality. In cases of significant vaginal atresia, the surgical creation of a vaginal opening often carries a high risk of failure due to subsequent reclosure. To mitigate this risk, a stent-like device is typically used postoperatively to maintain the patency of the vaginal canal for a duration of 6 to 12 months, allowing scar tissue to stabilize. During this period, the placement of a cylindrical plug may impede the discharge of menstrual blood and uterovaginal secretions. A widely adopted approach is the use of medications to suppress menstruation; however, challenges remain due to the retention of secretions and the potential for secondary infections or abscess formation, which pose significant clinical difficulties. The stent described here is made of a 50 ml centrifuge tube, which is readily available in hospital wards and clinical laboratories. Clinically, it demonstrates effective drainage and ease of sterilization, along with additional advantages such as accessibility, simplicity of production, and cost efficiency. Currently, there is no commercially available vaginal stent with integrated drainage functionality. Therefore, we aim to present a video demonstration on how to construct a vaginal stent with effective drainage capabilities, thereby addressing this pressing clinical need.
論文歸類： 婦女泌尿	

稿件編號：V3	腹腔镜骶骨子宮懸吊術 A case of laparoscopic sacrohysteropexy
臨時稿件編號： 1615	陳沛安 ¹ 丁大濤 ¹ 花蓮慈濟婦產科 ¹
論文發表方式： 影片展示	Laparoscopic sacrohysteropexy is a minimally invasive surgical procedure used to treat women with uterine prolapse. This technique involves securing the uterus to the sacral promontory using sutures and mesh, effectively restoring the anatomical position of the uterus and supporting pelvic structures. Compared to traditional open surgical methods, laparoscopic sacrohysteropexy offers several advantages, including reduced postoperative pain, shorter recovery times, and smaller incisions. The procedure is associated with a low complication rate and high patient satisfaction. Here we present a case of laparoscopic sacrohysteropexy
論文歸類： 婦女泌尿	



稿件編號：V4	腹腔鏡子宮次全切除術，"子宮頸斷後再行直腸沾黏分離" LSH, "reverse adhesiolysis after cervical amputation"
臨時稿件編號： 1629	葉建麟 ¹ 侯詠齡 ¹ 李侑潔 ¹ 孫仲賢 ¹ 莊國泰 ¹ 四季台安醫院 ¹
論文發表方式： 影片展示	This is a case of adenomyosis for subtotal hysterectomy. During operation, we found uterine-rectum adhesion with poor operative fields. Because of severe adhesion, we opened retroperitoneum to identify the ureter and do uterine artery ligation. Therefore, we performed cervical amputation first rather than adhesiolysis. After that, adhesiolysis was done step by step with unipolar. Finally, we repaired the pararectal and rectal serosa defect for hemostasis.
論文歸類： 內視鏡	

稿件編號：V5	針對腸道深部浸潤型子宮內膜異位症進行病灶創除的手術技巧 Optimizing the surgical techniques of rectal shaving for bowel DE
臨時稿件編號： 1616	侯詠齡 ¹ 孫仲賢 ¹ 莊國泰 ¹ 高雄四季台安醫院 ²
論文發表方式： 影片展示	Introduction: In an overall context of colorectal surgery, there is a general tendency toward more conservative surgical techniques, based on the evidence that more radical rectal surgery is associated with a higher risk of complications. The risk of immediate complications is probably lower after shaving and disc excision than after colorectal resection, allowing for better functional outcomes. The presumed higher risk of recurrence related to shaving has not been demonstrated. Shaving is a more than superficial surgical treatment of rectovaginal DE and consists in excision of the DE nodule, even if during this procedure the bowel lumen could be inadvertently opened. And thus intraoperative detection of unintended enterotomy is of paramount importance, since the delayed diagnosis after surgery are liable to significantly worse outcomes. Once confirmed, immediate management with the closure of the defect is recommended to optimize surgical outcome and
論文歸類： 內視鏡	Material & methods: Patient's clinical data and surgical videos were collected and edited. Results: The accurate disease mapping with pre-operative ultrasound is the cornerstone of choosing the right techniques for deep endometriosis over GI tract, when the number, size, location and extend of the lesions should be taking into consideration. During the shaving procedure, the deep subperitoneal space located between the uterosacral ligaments and the rectum is longitudinally opened with further dissection in close contact with the lateral face of the rectum toward the healthy rectovaginal space located below the endometriosis nodule. Rectal shaving is then performed as deeply as possible into the thickness of the rectal wall to remove abnormal fibrous lesions involving rectal layers under visual and tactile guidance. The risk of enterotomy can be minimized by several methods such as ICG enema, injection of colloid solution into submucosal layer, etc. Any inadvertent enterotomy should be examined carefully by means of air leakage test, intraluminal povidone-iodine solution infusion, or extravasation of ICG dye recognized immediately during shaving. Conclusion: Taking into account the low rate of postoperative complications and recurrences, along with good improvement in digestive function and satisfactory fertility outcomes, rectal shaving is considered a favorable choice for surgical management of deep endometriosis infiltrating the rectum.

稿件編號：V6	於前期子宮內膜癌微創分期手術中應用 ICG 施行前哨淋巴結採樣 A Case Report : Use of Indocyanine Green for Sentinel Lymph Node Biopsy during Microscopic Endometrial Cancer Staging Surgery
臨時稿件編號： 1333	李大成 ¹ 魏銘洲 ¹ 新北市亞東醫院婦產部 ¹
論文發表方式： 影片展示	Sentinel-lymph-node biopsy involves selective and limited removal of tumour-specific or organ-specific lymph nodes that are identified after injection of tracer dye into, or in proximity to, the primary tumour, and allows the surgeon to remove only nodal tissue that drains directly from the site of the primary tumour. The feasibility of sentinel-lymph-node mapping in endometrial cancer has been described in large, single institution, retrospective series and its accuracy has been reported in smaller prospective trials.
論文歸類： 內視鏡	We report at 58 years old female whose Endometrioid carcinoma was diagnosed by dilatation and curettage of endometrium. Magnetic Resonance Imaging discovered greatest diameter of tumor was 1.6 cm with invasion less than one half of the myometrium and there were no regional nodal metastasis or distant metastasis noted. Therefore, she received microscopic staging surgery for her early stage endometrial cancer including collection of peritoneal washing cytology, laparoscopically assisted vaginal hysterectomy, bilateral salpingo-oophorectomy and bilateral sentinel pelvic lymph node biopsy with indocyanine green mapping. She had smooth recovery after surgery and she was discharged at the 3rd day after surgery. Her endometrial cancer staging was pT1aN0MB, FIGO stage IA2 according to final pathological report. Details of the indocyanine green mapping for microscopic sentinel lymph node biopsy will be demonstrated during video presentation.

稿件編號：V7	診斷性腹腔鏡在腹壁子宮內膜異位症中的重要性：病例系列 The importance of diagnostic laparoscopy in abdominal wall endometriosis (AWE): a case series
臨時稿件編號： 1576	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/Background: For patients with prior Cesarean sections, the development of abdominal wall endometriosis (AWE), while rare, can cause discomfort and cyclic lower abdominal pain. This case series examines our approach to diagnosing and managing AWE using laparoscopy, focusing on the surgical findings and the unique challenges encountered.
論文歸類： 內視鏡	Materials and Methods: We retrospectively reviewed medical records of patients who underwent surgery for AWE at our institution between January 2014 and August 2024. Inclusion criteria were a history of Cesarean section and cyclic lower abdominal wall pain lasting 1-14 years post-surgery. A total of 18 patients with suspected AWE were identified. All underwent mini-laparotomy and diagnostic laparoscopy for diagnosis and excision. Data collected included demographics, surgical findings, and postoperative outcomes. Results: Among the 18 patients, 3 (16.7%) were presented with concomitant pelvic endometriosis, suggesting a possible association between AWE and pelvic endometriosis. Furthermore, 3 patients (16.7%) required mesh repair by a general surgeon due to fascial defects created during AWE lesion excision. This highlights the potential for complications (incisional hernia) and the need for multidisciplinary collaboration in AWE management. In one challenging case (5.6%), the AWE lesion was not readily identifiable through the abdominal wall incision. Diagnostic laparoscopy allowed for visualization and complete excision of the lesion from the peritoneal side. In the post operative 3 months following up, all patient reported complete lower cyclic pain disappeared. Conclusion: Given the variable presentation of AWE, individualized treatment strategies are paramount. A thorough preoperative assessment, combined with a comprehensive surgical approach that may include laparoscopy, is critical for effective management. Further investigation is warranted to better understand the pathogenesis and long-term implications of AWE.

稿件編號：V8	<p>腹腔鏡下子宮角切開術治療輸卵管切除術後的子宮間質部子宮外孕 Laparoscopic Cornuotomy for Interstitial Pregnancy After Previous Salpingectomy</p> <p>王貞慧¹ 吳凱筠¹ 顏志峰¹ 林口長庚紀念醫院婦產部¹</p>
臨時稿件編號： 1617	
論文發表方式： 影片展示	<p>[Objective] Interstitial pregnancy is a rare type of ectopic pregnancy where the fertilized egg implants between the inner and outer walls at the cornu (horn) of the uterus. This video presentation is to demonstrate a typical interstitial pregnancy and the advantages of the tourniquet constriction technique for minimizing intraoperative blood loss in the laparoscopic cornuotomy.</p>
論文歸類： 內視鏡	<p>[Patient and Method] A 42-year-old woman with a history of multiple pelvic surgeries, including treatment for bilateral endometriomas and a right ovarian borderline tumor, presented with a right tubal ectopic pregnancy following in vitro fertilization (IVF) in August 2023. With the formation of hydrosalpinx and tubo-ovarian complex after the treatment of methotrexate (MTX), she underwent right salpingectomy and extensive adhesiolysis in November 2023. She was referred to our clinic again on November 2024 following an IVF and embryo transfer (ET) with a suspected right angular pregnancy. Ultrasound demonstrated a gestational sac at the right uterine angle, with a β-hCG level of 3347 mIU/mL. Hysteroscopic removal of the gestational tissue was performed; however, no trophoblastic tissue was identified in uterine angle and on pathological evaluation. Post-procedure β-hCG levels rose to 3630 mIU/mL on day 2 and 8692 mIU/mL on day 5. Subsequent sonography revealed a persistent gestational sac with active fetal heartbeat at the previous angular region, suggesting an interstitial pregnancy. The patient opted for laparoscopic removal of the ectopic pregnancy.</p> <p>[Results] During oxytocin infusion, exploration of the abdominal cavity revealed a bulging mass at the right uterine angle with a markedly thin myometrium, indicative of an interstitial ectopic pregnancy. A tourniquet constriction technique was applied using 1-0 monocryl suture around the para-cervical region and the ipsilateral infundibulopelvic ligament to control bleeding. The affected outer myometrium was opened, and the gestational tissue was removed completely with minimal blood loss. The inner uterine wall remained intact, with no evidence of rupture during the cornuotomy. The uterine cornu was reconstructed with a two-layer closure of the myometrium.</p> <p>[Conclusion] Developing an interstitial pregnancy after achieving pregnancy through IVF/ET following previous salpingectomy is an exceptionally rare occurrence. Laparoscopic cornuotomy is the preferred conservative surgical approach in such cases. The use of the tourniquet constriction technique is a simple and effective method to minimize intraoperative blood loss, thereby improving surgical visualization, facilitating the precise removal of gestational tissue, and a comprehensive repair of the uterine wound.</p>

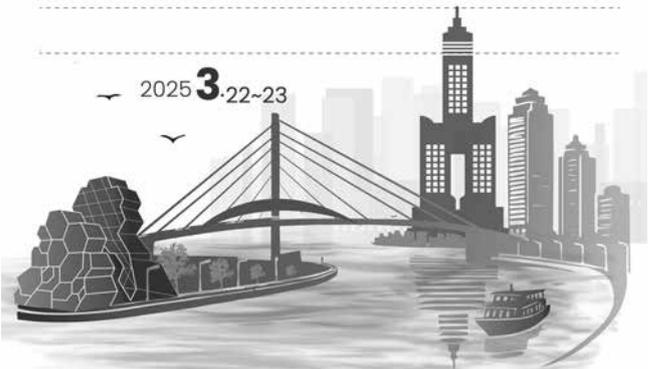
稿件編號：V9	<p>超音波輔助下同時進行經陰道及腹腔鏡手術治療雙子宮伴隨半陰道阻塞和同側腎發育不全 (OHVIRA 症候群) Sonography-assisted transvaginal and laparoscopic surgery for double uterus with obstructed hemivagina and ipsilateral renal agenesis (OHVIRA syndrome)</p> <p>廖文樂¹ 張恆綱¹ 林武周¹ 中國醫藥大學附設醫院婦產部¹</p>
臨時稿件編號： 1637	
論文發表方式： 影片展示	<p>Double uterus with obstructed hemivagina and ipsilateral renal agenesis is a rare syndrome (OHVIRA syndrome), related to the misfusion of Müllerian duct with urogenital sinus during early embryology. After Menarche, the regurgitated menstruation blood owing to the obstructed hemivagina leads to hematometocolpos and sometimes even more severe scenarios such as hematosalpinx and severe pelvic endometriosis. Surgical technique keypoints/ checkpoints include proper resection of the vaginal septum, visualization of the anatomy urogenital system, salpingoplasty and adhesiolysis caused by endometriosis, which is a complex and challenging surgery. We present a 14 year-old affected by severe dysmenorrhea and pelvic pain after menarche. Diagnostic transabdominal sonography, hysteroscopy and CT revealed didelphys uterus with cervical septum, right hemivagina obstruction, right kidney agenesis, and right multilocular adnexal cyst. To show a comprehensive surgical treatment of double uterus with obstructed hemivagina and ipsilateral renal agenesis under sonography assistance simultaneously. We stepwisely use laparoscopy, hysteroscopy under sonographic guidance for vaginal septum resection, then return to laparoscopy after.</p>
論文歸類： 內視鏡	

稿件編號：V10	<p>第三期卵巢扭轉之腹腔鏡手術治療：病例報告 Ovarian torsion in 3rd trimester pregnancy management by laparoscopic surgery: A Case Report</p> <p>王壹菡¹ 李盈瑩¹ 新竹台大醫院新竹醫院¹</p>
臨時稿件編號： 1668	
論文發表方式： 影片展示	<p>[Backgrounds] Ovarian torsion is a medical emergency requiring prompt surgical intervention to detorse or excise adnexal lesions. The risk of ovarian torsion is heightened during pregnancy, and 10.5% reported in the third trimester. Laparoscopy has emerged as a preferred surgical approach due to its advantages, including shorter hospital stays, reduced postoperative pain, and a lower risk of fetal loss, but performing laparoscopic abdominal procedures in patients during third trimester of pregnancy poses significant challenges. This report presents a case of laparoscopic cystectomy for ovarian torsion at 28 weeks of gestation.</p> <p>[Case Presentation] A case of 27-year-old woman at 28 weeks of gestation had a 6.5 cm right ovarian cyst which caused ovarian torsion. Laparoscopic oophorocystectomy was conducted by a gynecological specialist, and intraoperative photographs and the video were presented. Rinderone was given for antenatal pulmonary maturation. Post-operation care was aimed to pain control including acetaminophen and IVPCA. Also, tocolysis was given with ritodrine. Patient was recovered smoothly and discharged on post operation day 3. At GA 37+4 weeks, patient delivered a mature infant via NSD.</p> <p>[Discussion] Management of non-obstetric surgery during pregnancy necessitates specific intraoperative adaptations to ensure maternal and fetal safety. FHB monitor should be checked pre and post operation. Antenatal corticosteroid could be considered if fetal at viable premature gestational age. Tocolysis isn't recommend for routine using. Laparoscopy setting position should be lateral decubitus or partial lateral decubitus position since 1st trimester which reduced aorticaval compression. Insufflation pressure should be control under 20-25 mmHg for port placement and under 12-15 mmHg intraoperation. Also, it should be adjusted based on maternal capnography and vital sign. Hasson entry is recommended for reduced risk of uterine trauma or spillage of ovarian cysts, while Veress and optical tracer are acceptable. Primary port location including umbilical, supraumbilical and palmar point all need to account for fundal height, location pathology and operation experience. 30-degree laparoscope would provide more flexible approaching angle. Postoperative care emphasized fetal heart rate monitoring, the avoidance of NSAIDs, and vigilance for thromboembolic events.</p> <p>[Conclusion] Emerging evidence supports the safety and efficacy of laparoscopic surgery for non-obstetric indications during pregnancy at third trimester. Meticulous perioperative preparation and comprehensive postoperative care are critical to optimizing maternal and fetal outcomes.</p>
論文歸類： 內視鏡	

稿件編號：V11	<p>未被發現的卵巢畸胎瘤慢性扭轉：一案例報告 Undiscovered Chronic Torsion of Ovarian Teratoma: A Case Report</p> <p>徐千姍¹ 陳積瑞¹ 台北馬偕紀念醫院婦產科¹</p>
臨時稿件編號： 1534	
論文發表方式： 影片展示	<p>Objective: Adnexal torsion is a surgical emergency that necessitates prompt diagnosis and laparoscopic intervention to preserve ovarian function. However, atypical clinical presentations and nonspecific imaging findings can result in delayed recognition and chronicity of the condition.</p> <p>Case Report: A 46-year-old woman with no history of sexual activity presented to the emergency department with acute onset of right lower abdominal pain radiating to the periumbilical region, persisting for three days. Associated symptoms included mild nausea without vomiting. Laboratory investigations revealed leukocytosis and elevated C-reactive protein levels. Imaging studies, including ultrasound and abdominal CT scan, demonstrated a 15-cm lobulated solid-cystic mass with fat components and calcifications, raising suspicion for an ovarian teratoma.</p> <p>Following symptomatic relief with conservative management, the patient opted to leave the emergency department without undergoing surgical intervention. She was subsequently referred to the outpatient clinic for further evaluation.</p> <p>After discussing management options, the patient consented to laparoscopic surgery. Intraoperative findings revealed a large pelvic mass densely adherent to the anterior parietal peritoneum, omentum, cecum, and appendix. Meticulous adhesiolysis was performed, revealing a large right ovarian mass with pedicle torsion. The tumor was excised at the pedicle and retrieved using an endobag. Histopathological examination confirmed a mature cystic teratoma with hemorrhagic necrosis, consistent with torsion. The patient's postoperative recovery was uneventful.</p> <p>Conclusion: Diagnosing adnexal torsion in the absence of specific symptoms remains a clinical challenge. Timely surgical intervention using minimally invasive techniques is essential to prevent misdiagnosis or delays in treatment. In cases of chronic adnexal torsion, precise and careful adhesiolysis is pivotal for successful surgical outcomes.</p>
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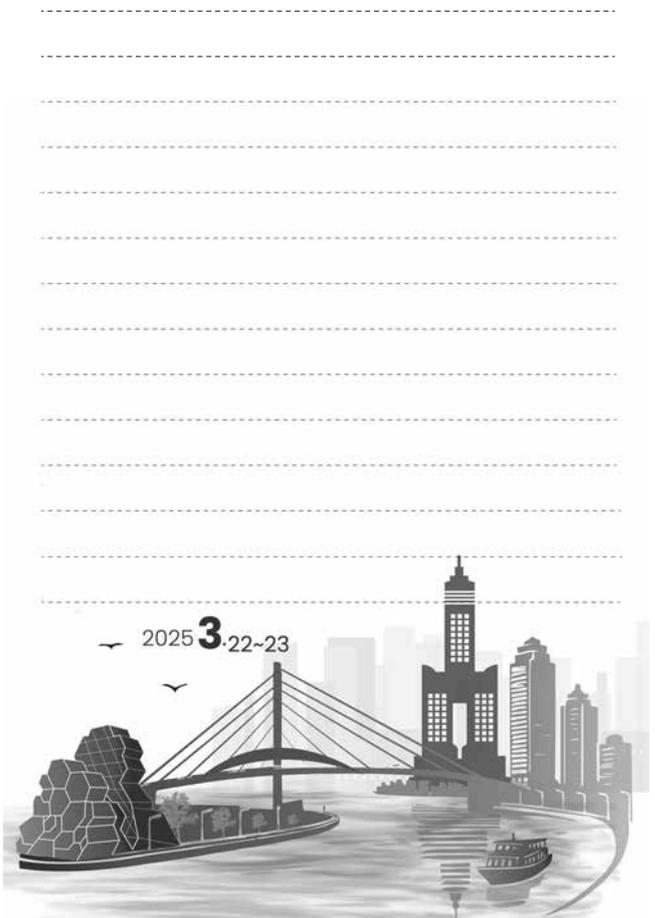
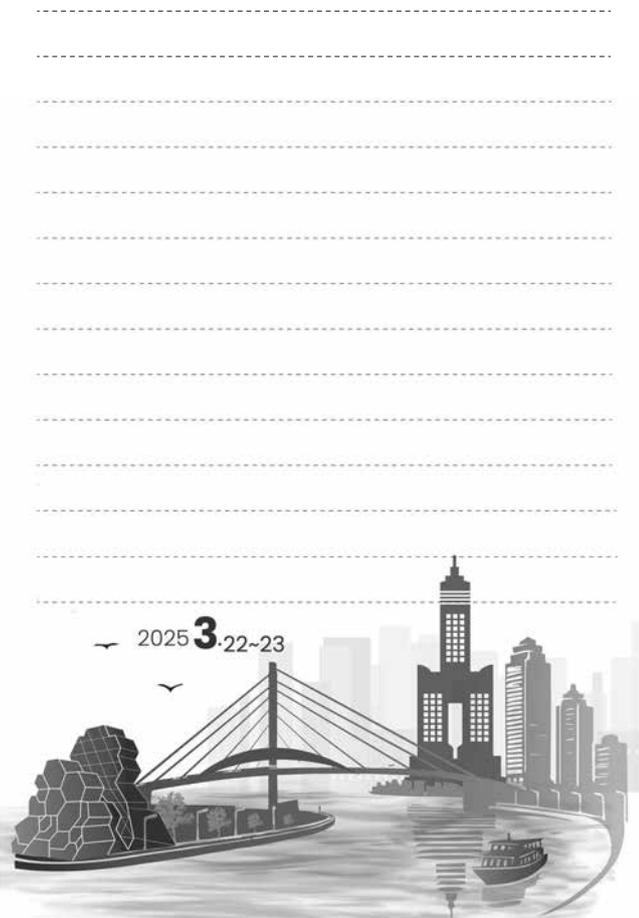
稿件編號：V12	Caiman®雙極電鏡系統應用於腹腔鏡子宮次全切術治療巨大子宮肌瘤 Caiman® Advanced Bipolar Technology application in laparoscopic subtotal hysterectomy
臨時稿件編號：1620	張佳穎 ¹ 丁大濤 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式：影片展示	Background: Caiman® Advanced Bipolar Technology is a new advanced bipolar seal and cut technology which could be applied in laparoscopic and open surgery within the surgical fields of general surgery, gynecology, urology and thoracic surgery. The instruments enable high uniform tissue compression, good vessel sealing quality, and avoid tissue slippage. Leiomyomas are the most common pelvic tumor in females. The overall prevalence with 7 to 25% had been reported. The incidence and prevalence of leiomyomas increase with age during the reproductive years. Three categories of common symptoms were: heavy or prolonged menstrual bleeding; bulk-related symptoms, such as pelvic pressure and pain; reproductive dysfunction, such as infertility, miscarriage, or obstetric complications. The clinical diagnosis of uterine leiomyomas is made based on the pelvic examination and pelvic ultrasound findings. A diagnostic hysteroscopy is useful for evaluation for submucosal or protruding myometrial myomas. Besides, MRI is also effective for visualizing the size and location of all uterine myomas and can distinguish among leiomyomas, adenomyosis, adenomyomas, and even leiomyosarcoma. The treatment of myomas is aimed at resolving or reducing the symptoms associated with the lesions. Treatment choice included symptoms control, combined estrogen-progestin contraceptive, levonorgestrel-releasing intrauterine devices, gonadotropin-releasing hormone (GnRH) agonists and antagonists, myomectomy, and hysterectomy, etc. We will show a case of application of Caiman® Advanced Bipolar Technology in laparoscopic subtotal hysterectomy for a huge myoma. Patient and Methods: This is a 45-year-old female patient, G0P0, with no sexual intercourse experience. She reported a palpable firm mass at the periumbilical region for 3 months, accompanied with intermittent mild lower abdominal pain. Physical examination revealed a pelvic firm lesion, which extended over 10 cm above umbilicus. Transabdominal sonography showed an enlarged uterus with uterine myomas, and size of the maximal myoma was 11.0 x 8.95 cm. Due to no desire for future fertility, the patient received surgical therapy with laparoscopic subtotal hysterectomy and bilateral salpingectomy. Results: The surgery lasted 2 hours and 26 mins with an estimated blood loss of 200 mL. Morcellation time of the uterus was 41 mins and 53sec. The patient was discharged on the third postoperative day. The pathology report confirmed that leiomyomas composed of benign smooth muscle bundles. The specimen of the uterus with leiomyomas was 2kg in weight. Conclusion: This case demonstrates the successful management of a huge uterine leiomyoma using laparoscopic subtotal hysterectomy with the application of Caiman® Advanced Bipolar Technology. The advanced features of this technology, including uniform tissue compression, effective vessel sealing, and prevention of tissue slippage, allowed for precise and efficient surgical intervention.

稿件編號：V13	在子宮內胎兒死亡後，對一名患有帶蒂漿膜下肌瘤的患者進行達文西輔助肌瘤切除術 Robotic Myomectomy in a Patient with a Pedunculated Subserous Myoma Following Intrauterine Fetal Demise
臨時稿件編號：1530	楊晴嵐 ¹ 莊乙真 ¹ 亞東醫院婦產部 ¹
論文發表方式：影片展示	Background: This case describes a 31-year-old female with a history of liver transplantation who presented with severe nausea and vomiting during pregnancy, followed by intrauterine fetal demise at 23+4 weeks of gestation. During surgical exploration, a pedunculated subserous myoma adhered to the omentum was identified. Case: We report a 31-year-old female with a complicated obstetric and surgical history. The patient underwent a liver transplantation as a liver donor to her father in December 2022. Approximately one year later, she became pregnant but experienced progressive nausea and vomiting during her pregnancy. At 23+4 weeks of gestation, intrauterine fetal demise was diagnosed. After 2 months of the abortion, the patient presented to the Gynecology outpatient department for further evaluation. Imaging revealed a 7 cm pedunculated subserous myoma on the fundus of the uterus. Given the patient's symptoms, which suggested possible torsion of the myoma, after thorough discussion, robotic myomectomy was arranged on 12th December 2023. During the operation, the abdominal and pelvic cavity was inspected. Intraoperative findings revealed an enlarged uterus with a pedunculated subserous myoma located on the left lateral aspect of the fundus, with evidence of adhesion to the omentum. The myoma was also noted to be rotatable. Adhesiolysis was performed to separate the myoma from the omentum, utilizing traction and counter-traction techniques. The myoma was carefully dissected from its base and removed. Discussion: Uterine myomas are often asymptomatic during pregnancy. However, when pedunculated, these fibroids can undergo torsion, which may lead to acute abdominal pain and other complications. In this case, we hypothesized that the patient's history of liver transplantation likely contributed to abdominal adhesions, which in turn caused the myoma to become adhered to the omentum, potentially exacerbating her nausea and vomiting during pregnancy. Previous studies had suggested that myomectomy is a feasible procedure if performed during pregnancy. However, careful patient selection is crucial, as abdominal surgery during pregnancy carries risks, including the development of obstetric complications [1]. If a myomectomy had been performed, it is possible that she could have carried the pregnancy to term without adverse outcomes. Reference: 1. Basso A, Catalano MR, Loverro G, Nocera S, Di Naro E, Loverro M, Natrella M, Mastrolia SA. Uterine Fibroid Torsion during Pregnancy: A Case of Laparotomic Myomectomy at 18 Weeks' Gestation with Systematic Review of the Literature. Case Rep Obstet Gynecol. 2017;2017:4970802. doi: 10.1155/2017/4970802. Epub 2017 Apr 24. PMID: 28523198; PMCID: PMC5421091.

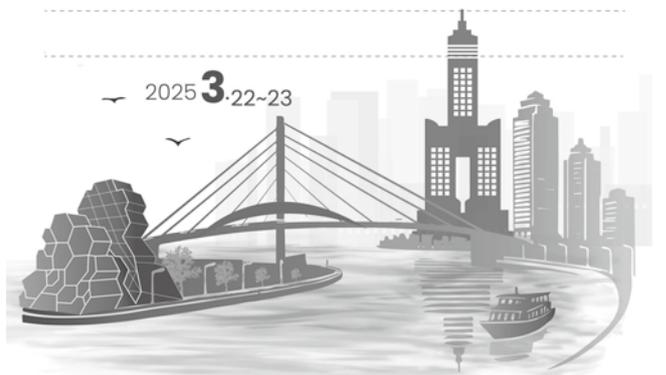


稿件編號：V14	硬針導引之完整剖腹產疤痕切除術：使用改良式經陰道修補術完整辨認與切除 Optimal excision of cesarean scar defect by needle-guided technique: a modified transvaginal repair to recognize and resect whole defect
臨時稿件編號：1416	吳婉菁 ¹ 黃寬慧 ¹ 黃坤龍 ¹ 莊斐琪 ^{1,2} 楊采祥 ¹ 蔡福財 ¹ 高雄長庚紀念醫院婦產部 ¹ 莊斐琪婦產科診所 ²
論文發表方式：影片展示	Background : Approximately 40% 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 vaginal 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.
論文歸類：一般婦科	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	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盆腔黏滯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
臨時稿件編號：1383	李大成 ¹ 莊乙真 ¹ 新北市亞東醫院婦產部 ¹
論文發表方式：影片展示	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.
論文歸類：一般婦科	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.



稿件編號：V16	剖腹產疤痕子宮內膜異位症的機器人治療—經血逆行理論的新可能部位 Robotic treatment of Cesarean scar defect endometriosis – a possible new site of retrograde menstruation theory of endometriosis.
臨時稿件編號： 1577	莊乙真 ¹ 陳曦 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 影片展示	Introduction/Background This report presents the surgical process and outcomes of a patient with isthmocele (Cesarean scar defect). The retrograde menstruation theory, the oldest explanation for endometriosis, suggests that endometrial cells or debris flow backward through the fallopian tubes into the pelvic cavity during menstruation, contributing to the development of endometriosis.
論文歸類： 生殖內分泌	Materials and Methods This case report presents a 39-year-old woman who received treatment at our hospital. She had a prior low transverse cesarean section 8 years ago and experienced prolonged dysmenorrhea, dysuria, and infertility for 3 years. After two failed IVF cycles, an ultrasound revealed a 2x1.8x1.0 cm Cesarean scar defect. Robotic repair was performed. The analysis includes a review of outpatient records, hospitalization, surgical details, follow-up history, and laboratory data. Results The surgical findings revealed a dense endometriotic mass at the site of the scar defect and extending onto the bladder flap. A purple-colored mass was identified, along with additional areas of endometriosis observed on other pelvic structures. The accompanying surgical video illustrates these findings, demonstrating the extent of pelvic endometriosis. Conclusion A previous Cesarean scar defect may serve as a new site for retrograde menstruation, contributing to the development of endometriosis. This theory suggests that endometrial tissue can be transported into the pelvic cavity through the scar during menstruation.



E-Poster 摘要





稿件編號：P001	絨毛膜絨毛取樣後的腹直肌血腫 Rectus sheath hematoma related to chorionic villus sampling
臨時稿件編號： 1353	趙安祥 ¹ 陳冠儒 ¹ 新北市立土城醫院 ¹
論文發表方式： 海報	To report a rare chorionic villus sampling (CVS) procedure-related maternal complication.
論文歸類： 產科	Most common cause of rectus sheath hematoma (RSH) is trauma of the inferior epigastric artery. Spontaneous cause of RSH during pregnancy is rare and has some predisposing factors: elevate intraabdominal pressure, such as coughing, severe vomiting, or straining during passing a stool, hereditary or iatrogenous coagulation abnormalities, vascular malformation, and previous surgery and strenuous physical activities. Amniocentesis related RSH was once reported. A 35-year-old G2P1 at 14 week of gestation came to ER complaining of persistent low abdominal pain and bruise after CVS 3 days earlier. She was advised to take limited activity but the pain was poorly tolerable. Her vital signs were stable with Hb 10 g/dl. Imaginif studies by trans-abdominal ultrasound and MRI revealed a right 17 X 8 cm RSH. The woman took analgesics and had OPD F/U a week later. She had less pain but the fetus show short long bones. The pregnancy was terminated after the final report of CVS and ultrasound confirmed the diagnosis of a thanatotropic drwafism.

稿件編號：P002	李斯特菌症導致胎兒內死亡 Listeria monocytogene infection : A case of unexplained intrauterine death with high fever
臨時稿件編號： 1510	陳文美 ¹ 中國醫藥大學附設醫院產部 ¹
論文發表方式： 海報	Listeriosis, caused by Listeria monocytogenes, is a foodborne infection that can lead to serious outcomes including spontaneous abortion, stillbirth, preterm labor, and neonatal infections. Pregnant women are particularly vulnerable due to changes in their immune system. Here, we present a case of a 39-year-old pregnant woman at 35 weeks gestation with chronic hypertension and type 2 diabetes, managed with insulin. Her regular antepartum visits showed fetal growth restriction, but sonography showed normal S/D ratio and fetal monitoring (NST) remained normal fetal heart rate of 140-160 bpm with moderate variability. On May 2, she developed a fever and chills but had no change in fetal movement. The following day, a sudden decline in fetal movement prompted a visit to outpatient clinic, where intrauterine fetal death was diagnosed. Despite high fever (38.4°C), the patient denied respiratory or gastrointestinal symptoms and intake of contaminated food. Placental culture confirmed the presence of Listeria monocytogenes, indicating listeriosis as the cause of fetal death. The patient underwent pregnancy termination, emphasizing the importance of considering listeriosis in cases of unexplained intrauterine fetal death, especially in high-risk pregnancies.
論文歸類： 產科	

稿件編號：P003	膝胸臥位子宮頸環扎術實例 Modified cervical cerclage in pregnant women with advanced bulging membranes: knee-chest positioning
臨時稿件編號： 1583	吳崇安 ¹ 何銘 ¹ 中國醫藥大學附設醫院產部 ¹
論文發表方式： 海報	This 34-year-old female with the gestational age of 22+4 week was admitted to our DR due to extremely short cervical length noted at level II sonogram. Mild vaginal spotting noted, no abdominal pain, no vaginal active bleeding or watery discharge were noted. She had regular antepartum examination at LMD. The pregnancy course was smooth, no hypertension, proteinuria nor glucosuria except for occasional vagina spotting. GBS colonization was unknown. Speculum revealed bulging membrane. Sonography showed MVP 4.8cm, EBW 540gm, S/D 2.49, bag bulging 4.88*4.58 cm. Under the diagnosis of APH and bag bulging, we performed rescue cerclage. The cerclage was done under knee-chest positioning. The procedure was done smoothly. Pelvic examination right after the cerclage revealed dilation 1 cm, effacement 20%, and station -3.
論文歸類： 產科	

稿件編號：P004	嚴重子癲前症併產後大出血之案例分享 A case sharing – severe preeclampsia complicated with postpartum hemorrhage
臨時稿件編號： 1525	謝易軒 ¹ 三軍總醫院產部 ¹
論文發表方式： 海報	Case presentation A 36-year-old woman, G3P0SA2, at 34 1/7 weeks of gestation, was admitted for labor induction due to severe preeclampsia with hypertension, headache, thrombocytopenia, and fetal growth restriction. Prolonged fetal deceleration during induction led to an emergency cesarean section. Postoperatively, she became drowsy, tachycardic, and hypotensive. Blood tests showed elevated LDH, low hemoglobin, thrombocytopenia, liver enzyme elevation, acute kidney injury, and disseminated intravascular coagulation. Abdominal sonography revealed a large hematoma above uterus. Supportive care and transfusions improved most lab results, though LDH, hemoglobin, and platelet levels remained abnormal. Pulmonary edema and petechiae developed, and intravenous nicardipine managed her hypertension, later transitioning to oral antihypertensives. Surgical drainage of the hematoma normalized hemoglobin and platelets, with LDH levels rapidly declining. Her blood pressure stabilized, and she was discharged in good condition.
論文歸類： 產科	Discussion This case of severe preeclampsia involved postpartum hemorrhage following cesarean delivery for acute fetal distress. Thrombocytopenia during labor induction likely increased the risk of hemorrhage. The patient developed acute kidney and liver injury, anemia, and disseminated intravascular coagulation (DIC), potentially caused by hypovolemic shock from hemorrhage or the progression of severe preeclampsia. Despite blood transfusions and conservative treatment, hemoglobin and platelet levels remained unstable, with persistently high LDH. After draining the intra-abdominal and muscle hematoma, these abnormalities resolved, suggesting correction of pre-existing DIC. This case highlights how severe preeclampsia, thrombocytopenia, and hypertension can lead to postpartum hemorrhage, hypovolemic shock, and DIC. Arrange of cesarean section should be cautious for pregnant women with thrombocytopenia, especially those with severe preeclampsia. Systemic endothelium damage, one of the pathophysiology of preeclampsia, may exacerbated thrombocytopenia. Concurrently, systemic endothelial cell injury promotes interstitial leakage, and platelets and fibrinogen are deposited in the subendothelial space, which may lead to disseminated intravascular coagulation. These pathophysiology of preeclampsia elevates the risk of postpartum hemorrhage. Thus detection of relative complications should be more alert for cases with severe preeclampsia.

稿件編號：P005 臨時稿件編號：1651	<p>透過擴展性帶因者篩檢與遺傳諮詢改變標準化產科照護：多中心前瞻性世代研究 Changing the standardised obstetric care by expanded carrier screening and counselling: a multicentre prospective cohort study</p> <p>蔡明翰¹ 陳涵英¹ 臺大醫院¹</p>
論文發表方式：海報	<p>Background: Expanded genetic screening before conception or during prenatal care can provide a more comprehensive evaluation of heritable fetal diseases. This study aimed to provide a large cohort to evaluate the significance of expanded carrier screening and to consolidate the role of expanded genetic screening in prenatal care.</p>
論文歸類：產科	<p>Methods: This multicentre, retrospective cohort study was conducted between 31 December 2019 and 21 July 2022. A screening panel containing 302 genes and next-generation sequencing were used for the evaluation. The patients were referred from obstetric clinics, infertility centres and medical centres. Genetic counsellors conducted consultation for at least 15 min before and after screening.</p> <p>Results: A total of 1587 patients were screened, and 653 pairs were identified. Among the couples who underwent the screening, 62 (9.49%) had pathogenic variants detected on the same genes. In total, 212 pathogenic genes were identified in this study. A total of 1173 participants carried at least one mutated gene, with a positive screening rate of 73.91%. Among the pathogenic variants that were screened, the gene encoding gap junction beta-2 (GJB2) exhibited the highest prevalence, amounting to 19.85%.</p> <p>Conclusion: Next-generation sequencing carrier screening provided additional information that may alter prenatal obstetric care by 9.49%. Pan-ethnic genetic screening and counselling should be suggested for couples of fertile age.</p>

稿件編號：P006 臨時稿件編號：1653	<p>新生兒 Filaggrin 基因篩檢與諮詢以預防高風險嬰兒的異位性皮膚炎 Neonatal Filaggrin Genetic Screening and Counseling to Prevent Atopic Dermatitis in High-Risk Infants</p> <p>周芷瑜¹ 陳涵英¹ 台大醫院婦產科¹</p>
論文發表方式：海報	<p>Atopic dermatitis (AD) is a chronic inflammatory skin condition affecting approximately 230 million people worldwide. It often manifests in infancy, with over 60% of cases appearing within the first year of life. AD has a profound impact on patients' quality of life and is frequently associated with other allergic diseases, such as asthma and allergic rhinitis, contributing to the so-called "atopic march." The pathogenesis of AD involves both genetic and environmental factors, with mutations in the Filaggrin (FLG) gene identified as a critical cause of skin barrier dysfunction. This study evaluates whether early interventions based on FLG genetic screening and parental counseling can effectively reduce AD incidence in high-risk infants.</p>
論文歸類：產科	<p>The study was conducted from January 2016 to March 2020 across clinics in Taiwan, enrolling 7,521 newborns. All participants underwent FLG genetic screening for 20 known mutations, with written parental consent. The study was approved by the Research Ethics Committee of National Taiwan University Hospital (Registration No.: 202010039RINA), adhering to international and national ethical guidelines. Infants carrying two or more FLG-associated high-risk mutations were classified as high-risk and were eligible for genetic counseling and education.</p> <p>The genetic screening targeted multiple FLG mutations, including one missense variant, 10 nonsense mutations, and nine insertions or deletions leading to frameshift changes. Samples were obtained from whole blood, cord blood, oral mucosal cells, or blood films. Polymerase chain reaction (PCR) amplification and Sanger sequencing were used to confirm mutations. Parents of high-risk infants were divided into two groups: one received genetic counseling and health education, while the other did not. Counseling included at least a 30-minute face-to-face session and a health education leaflet emphasizing daily preventive practices, such as regular use of emollients and minimizing allergen exposure.</p> <p>The results revealed that 39.4% of newborns carried at least one high-risk FLG mutation, with the most common being the c.1432C>T variant, detected in 73.4% of AD cases. Genetic counseling and education significantly reduced AD incidence. Among counseled infants, only 17.8% developed AD within 12 months, compared to 48.4% in the non-counseled group. Additionally, counseling delayed the onset of symptoms: 90.3% of non-counseled infants exhibited symptoms within six months, compared to 63.3% of those in the counseled group. The relative risk (RR) of developing AD for the counseling group was 0.367 (95% CI: 0.2621-0.5150, p < 0.0001), demonstrating a 63.3% reduction in AD incidence among high-risk infants.</p> <p>The discussion highlighted this as the first large-scale study in an Asian population to screen for 20 AD-associated FLG mutations. The findings indicated a strong correlation between FLG mutations, particularly the c.1432C>T variant, and AD in Taiwanese infants. This variant's prevalence among other populations warrants further investigation. The study also underscored the importance of early prevention,</p>

particularly through interventions targeting skin barrier protection, such as consistent use of moisturizers and allergen avoidance.

Despite its strengths, the study had several limitations. The follow-up period was limited to 12 months, preventing evaluation of long-term outcomes. Selection bias was a concern, as families with higher socioeconomic status were more likely to participate. Additionally, while AD diagnoses adhered to the Hanifin and Rajka criteria, disease severity was not systematically graded, restricting deeper analysis of genotype-phenotype correlations.

Future research should extend the follow-up period to assess the long-term effects of early interventions on AD incidence and symptom persistence. Expanding the sample size and incorporating next-generation sequencing (NGS) could uncover additional FLG mutations. Moreover, validating the c.1432C>T variant's prevalence and pathogenicity in diverse populations would enhance the study's generalizability.

In conclusion, this study confirmed the effectiveness of genetic screening and parent education in preventing AD in high-risk neonates. FLG mutation-based risk stratification significantly reduced AD incidence, offering a feasible preventive strategy for neonatal care. The integration of genetic screening into routine neonatal healthcare underscores its potential to improve outcomes not only for AD but also for other conditions influenced by genetic factors.

稿件編號：P007 臨時稿件編號：1664	<p>2008-2017 年台灣妊娠期高血糖流行病學趨勢 Trends in epidemiology of hyperglycemia in pregnancy in Taiwan, 2008-2017</p> <p>李容暻¹ 林芯仔¹ 國立台灣大學附設醫院婦產部¹</p>
論文發表方式：海報	<p>Background: Hyperglycemia in pregnancy (HIP) is an important health threat to pregnant women and fetus. It increases the risk of adverse pregnancy outcomes, including higher rate of Cesarean section, gestational hypertension and preeclampsia. Newborns delivered by women with HIP are at increased risk of macrosomia, neonatal hypoglycemia and hyperbilirubinemia, preterm delivery, birth trauma and admission to neonatal intensive care unit. In Taiwan, the percentage of women with overweight or obesity increased gradually. On the other hand, the proportion of pregnant women with advanced maternal age (AMA, ≥35 years old) is increasing, especially in developed countries. We analyzed the secular trend of HIP prevalence in 2008-2017 in Taiwan and investigated the impact of AMA in this study</p>
論文歸類：產科	<p>Methods: This cross-sectional study used data from Health and Welfare Data Science Center. Pregnant women who registered their data in the Birth Certificate Application in 2008-2017 were recruited. Diagnosis of HIP was defined by ICD-9-CM and ICD-10-CM codes. We analyzed the change in prevalence of HIP over time in 2008-2017.</p> <p>Results: The results recruited 151,306-211,768 pregnant women in 2008-2017. The proportion of women with AMA increased from 15.8% to 32.1%. Meanwhile, the prevalence increased from 0.5% to 0.9% for preexisting diabetes, 0.2% to 0.4% for undiagnosed diabetes, and 11.4% to 14.5% for GDM. Maternal age was significantly associated with the prevalence of HIP. For women aged < 30 years, 30-34 years and ≥35 years, the prevalence of preexisting diabetes were 0.51%, 0.75% and 1.24%, respectively (p<0.05); the prevalence of undiagnosed diabetes were 0.18%, 0.24% and 0.37%, respectively (p<0.05); and the prevalence of GDM were 10.57%, 14.77% and 18.13%, respectively (p<0.05). In all age groups, the prevalence of HIP increased over time in 2008-2017.</p> <p>Conclusion: In conclusion, the prevalence of HIP increased in Taiwan in 2008-2017, which may result from the increasing proportion of pregnant women with AMA and the change in the diagnostic criteria for GDM.</p>

稿件編號：P008	妊娠前期母血鎂離子轉運蛋白基因表現量與妊娠糖尿病之相關性 Association of first-trimester magnesium transporter genes expression with pregnancy-related glucose metabolism disorders
臨時稿件編號：1368	黃國誌 ¹ 蔡明松 ¹ 國泰醫院婦女醫學部 ¹
論文發表方式：海報	Introduction Magnesium (Mg ²⁺) is vital for various biochemical functions during pregnancy, but many pregnant women experience magnesium deficiency due to inadequate intake. Even with normal serum magnesium levels, intracellular magnesium may be low. This study explores whether the expression of magnesium transporter genes (MTGs) is linked to impaired glucose tolerance (IGT) or gestational diabetes mellitus (GDM). Methods This study involved 252 pregnant women from Cathay General Hospital, Taipei, who underwent first-trimester Down syndrome screening. Blood samples were analyzed for MTG expression using quantitative PCR. GDM was assessed via a 75-g oral glucose tolerance test (OGTT) between 24 and 28 weeks of gestation. Participants were categorized into normal, IGT, and two GDM subgroups (GDM-AC and GDM-PC). Statistical analyses included Mann-Whitney U tests for group differences and Spearman's test for correlations. Results Participants were grouped as follows: 167 normal, 15 IGT, 35 GDM-AC, and 35 GDM-PC. MTG expression showed a trend toward negative correlation with postprandial glucose levels but lacked statistical significance. MagT1 expression was notably lower in the GDM-PC group compared to the normal group (0.56 vs. 0.70, p=0.03). When combining GDM-PC and IGT groups, significant reductions in MagT1, TRPM6, and TRPM7 expression were observed compared to the normal group (p-values: 0.005, 0.001, and 0.02, respectively). Conclusion First-trimester MTG expression may indicate magnesium deficiency and is associated with impaired glucose metabolism during pregnancy. MagT1 expression, in particular, could serve as a potential marker for GDM screening, warranting further investigation into magnesium supplementation's role in preventing glucose metabolism disorders.
論文歸類：產科	

稿件編號：P009	連續流產與連續植入失敗之病患其植入前後自然殺手細胞與腫瘤壞死因子與植入結果分析 Comparison of Natural Killer Cells, Tumor Necrosis Factor, and Implantation Outcomes in Patients with Recurrent Pregnancy Loss or Repeated Implantation Failure
臨時稿件編號：1480	宋碧琳 ¹ 雙和醫院婦產部 ¹
論文發表方式：海報	Objective: This study investigates the levels of natural killer (NK) cells, tumor necrosis factor (TNF), B cells, leukocytes, and luteal phase markers in patients with a history of recurrent pregnancy loss (RPL) or repeated implantation failure (RIF) during the peri-implantation period, comparing these to successful implantation outcomes. Materials and Methods: A total of 20 patients with documented histories of RPL or RIF were included. Blood samples were collected on the 10th day of the implantation cycle (pre-implantation) and on the third day post-implantation. Key immune parameters, including NK cell activity, TNF levels, B cell counts, leukocyte counts, and luteal phase markers, were measured. These parameters were analyzed to determine their association with implantation outcomes. Results: The results provided insights into the dynamic changes in immune responses during the peri-implantation period and highlighted specific differences between successful and unsuccessful implantation attempts. Conclusion: Abnormalities in NK cells, TNF levels, or other immune parameters may contribute to the failure of implantation in patients with RPL or RIF. These findings suggest potential immunological targets for therapeutic interventions to improve implantation success rates in these patients.
論文歸類：產科	

稿件編號：P011	妊娠糖尿病對孕早期及產後母體的影響：第二型糖尿病、慢性腎臟病與眼病變的風險評估 The Impact of Gestational Diabetes on Gestational and Postpartum Outcomes: Risk of Type 2 Diabetes, Chronic Kidney Disease, and Ophthalmic Disorders
臨時稿件編號：1478	張嘉怡 ¹ 蔡明松 ¹ 吳重寬 ² 國泰綜合醫院婦女醫學部 ¹ 新光吳火獅紀念醫院 ²
論文發表方式：海報	Background: Gestational diabetes mellitus (GDM) is a disastrous metabolic complication. The prevalence of GDM in Taiwan has increased in recent years. Maternal gestational and extended consequences of GDM are seldom reported here. Accordingly, this study investigated the consequences of GDM. Aim and methods: A total of 206,831 adult pregnant women were divided into GDM (n=8,204) and non-GDM (n=198,627). The data were obtained from Taiwan NHI Research Database. After 1:1 matching of age and comorbidities, logistic and Cox regression was used to assess the odd and hazard ratio of maternal gestational and extended consequences of GDM. Kaplan-Meier analyses provided events-free outcomes during follow-up. Findings: The incidence of preterm labor, preeclampsia, cesarean section (CS), and gestational hypertension were significantly higher in the GDM group. The odd ratios of these consequences were 1.72, 2.86, 2.08, and 2.85 (95% CI, 1.47–2.02, 1.86–4.40, 1.74–2.49, and 1.53–5.41), respectively. GDM significantly affected the development of type 2 DM, CKD, and ophthalmic disease. The hazard ratios of these diseases were 2.88, 1.54, and 1.63 (95% CI, 2.54–3.28, 1.15–2.05, and 1.30–2.03), respectively. Kaplan-Meier analysis revealed that GDM significantly increased these diseases during follow-up, especially within 2 years for type 2 DM and within 1 year for CKD and ophthalmic disease after delivery. Conclusion: GDM is a risk factor of preterm labor, CS, gestational hypertension, preeclampsia, type 2 DM, CKD, and ophthalmic diseases. The recommended GDM postpartum follow-up time is 2 years for type 2 DM and 1 year for CKD and ophthalmic disease.
論文歸類：產科	

稿件編號：P012	孕期主動脈剝離：罕見產科急症的處理 Abstract: Aortic Dissection in Pregnancy: A Multidisciplinary Approach to a Rare Obstetric Emergency
臨時稿件編號：1633	李佳樺 ¹ 關河晏 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式：海報	Introduction: Aortic dissection (AD), characterized by an intimal tear forming a false lumen within the aortic wall, is a rare but life-threatening condition during pregnancy. Physiological adaptations, including increased blood volume, cardiac output, and hormonal influences on connective tissue integrity, significantly elevate the risk, particularly in the third trimester or postpartum period. Women with predisposing aortopathies such as Marfan syndrome, Loeys-Dietz syndrome, and nonsyndromic thoracic aortic disease (nsHTAD) are especially vulnerable. This report highlights the pathophysiology, risk factors, and multidisciplinary management strategies for pregnancy-associated AD. Case Presentation: A 32-year-old woman with chronic type B aortic dissection presented in the third trimester with acute type A dissection, characterized by severe chest pain, pulse asymmetry, and hypotension. Imaging confirmed the diagnosis, and a multidisciplinary team managed the case. An emergent cesarean section was performed, followed immediately by aortic repair surgery. Both maternal and neonatal outcomes were favorable. Genetic testing was recommended to evaluate underlying predisposition, as the patient had no family history of aortopathy. This case underscores the critical role of early recognition, timely surgical intervention, and coordinated multidisciplinary management in improving maternal and fetal outcomes. Proactive risk assessment, delivery planning, and close postpartum follow-up remain pivotal to mitigating the complications associated with aortic dissection during pregnancy, especially in cases involving acute or chronic dissections.
論文歸類：產科	

稿件編號：P013	妊娠相關非典型溶血性尿毒綜合徵：病例報告 Pregnancy-Induced Atypical Hemolytic Uremic Syndrome: A Case Report
臨時稿件編號： 1451	林伯倫 ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式： 海報	Title: Pregnancy-Induced Atypical Hemolytic Uremic Syndrome with Microangiopathic Hemolytic Anemia: A Case Report
論文歸類： 產科	Background: Pregnancy-associated thrombotic microangiopathy (TMA) is a rare but severe condition characterized by microangiopathic hemolytic anemia (MAHA) and multi-organ dysfunction. Prompt diagnosis and targeted therapy are critical for favorable outcomes. Case Presentation: A 40-year-old female with a history of sicca syndrome presented with postpartum vaginal bleeding, blurred vision, and oliguria following an emergent cesarean section for placental abruption at 36+5 weeks gestation. Laboratory results revealed features of MAHA, including hemoglobin of 9.2 g/dL, platelets of 27,000/ μ L, schistocytes on blood smear, and elevated lactate dehydrogenase (LDH). She also exhibited acute kidney injury (GFR 9 mL/min), pulmonary edema, and a grand mal seizure. Plasma exchange was initiated due to TMA-related symptoms, but her condition remained refractory. Comprehensive investigations excluded other etiologies such as thrombotic thrombocytopenic purpura (TTP), typical hemolytic uremic syndrome (HUS), and preeclampsia. A diagnosis of atypical HUS (aHUS) was established. Emergency access to eculizumab, a complement inhibitor, was secured. Following treatment, hemolysis markers improved significantly, renal function gradually recovered, and no further seizures occurred. Brain MRI showed subcortical T2 hyperintensities in the occipital and parietal lobes, consistent with posterior reversible encephalopathy syndrome (PRES), a complication of TMA. Conclusion: This case underscores the critical role of recognizing MAHA symptoms in the context of pregnancy-associated TMA. The use of eculizumab resulted in marked clinical improvement, emphasizing its importance in treating complement-mediated TMA. Close monitoring is essential to prevent recurrence and ensure long-term recovery.

稿件編號：P014	生物標記輔助即時醫療行為決策在中正子癩前症的孕婦有較良好的預後 - 臨床案例分析及文獻回顧 Timely biomarker assist - medical decision making contributes to a better prognosis of the patient with preeclampsia and severe features - A case study and literature review
臨時稿件編號： 1659	靳翔廷 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 海報	This 37-year-old female, married Taiwanese, parity 0101, is a pregnant woman at 30 2/7 weeks of gestation. She had received the regular examinations at our OBS OPD. This time, she came to our Emergency Department on 2024-09-21 due to severe headache and bilateral lower limbs edema. On arrival, hypertension with 167/115 mmHg was noted, and the urine analysis showed proteinuria 3+. The blood profiles showed renal impairment with BUN/Cr 31/1.4. Preeclampsia was diagnosed, and the patient was under labetalol 200 mg BID and aspirin 81 mg QN. Due to the tentative diagnosis of preeclampsia with severe feature, we discussed the cesarean delivery with the patient, and the patient was admitted for further management.
論文歸類： 產科	During the hospital course, the patient received a series of examinations. Severe hypertension was noted, so we adjusted the medication. Under the impression of preeclampsia with severe feature, the betamethasone 12 mg IM was administered for reduction of neonatal respiratory morbidity and mortality from preterm delivery. Magnesium sulfate was also prescribed for maternal seizure prophylaxis. However, at that night, the patient complained of vomiting again and again. Abdominal fullness was stated as well, and massive ascites (estimated about 1500-2000 mL) was found by the repeat sonography. The Biophysical profiles were 8/8, and the left pleural effusion was found under the chest film. We checked the soluble fms-like tyrosine kinase 1 (sFlt-1) / placental growth factor (PlGF) ratio; 625.9, and immediately cesarean section was performed on the 2024-09-22. The whole procedure was smooth and the patient stood it well. She delivered a female newborn with 1126 gm in weight at 22:29. The Apgar score at 1/5 minutes was 6/8. The postpartum course was generally well after operation. Foley catheter was removed on post operation day 1, and there was no difficulty of urination. We adjusted the medication for hypertension control. There was no nosocomial infection or other complication noted, and she was discharged under stable condition on 2024-09-26. GYN OPD follow up one week later was advised, and the patient then presented in our Out-Patient Department with well recovery pfannenstiell scar. In normal pregnancy, the pro-angiogenic factor placental growth factor (PlGF) circulated in the bloodstream, and its level increases from 11 weeks of gestation, and achieves the peak value on the 30 weeks of gestation. Later, its value gradually decreases until the fetus becomes full term. Based on the previous studies, the patient with preterm preeclampsia has significantly lower first-trimester PlGF levels in comparison to those with normal pregnancies. There was a significant correlation between the lower serum PlGF levels in early pregnancy and the severity of preeclampsia. (defined by gestational age at the time of iatrogenic delivery and neonatal birth weight percentile). In this case, we attempted to investigate the relationship between the value of sFlt-1/PlGF ratio, and we found that timely medical

decision making based on the above biomarker lead to a better prognosis of the patient who had preeclampsia with severe features.

稿件編號：P015	產前基因晶片診斷 STS 基因缺失 Prenatal diagnosis of fetus with STS gene deletion by microarray-based comparative genomic hybridization
臨時稿件編號： 1337	彭秀基 ¹ 閻河基 ¹ 詹耀龍 ¹ 張舜智 ¹ 林口長庚醫院婦產部 ¹
論文發表方式： 海報	Objective STS gene deletion is known to cause X-linked recessive ichthyosis (XLI), which is a rare genetic skin disorder. Affected male patients can normally produce skin cells but cannot shed them correctly, leading to dry skin that accumulates in the form of polygonal scales. The extracutaneous features include asymptomatic punctate corneal opacities, cryptorchidism, and cognitive or behavioral disorders, such as attention-deficit hyperactivity disorder. Prenatal microarray-based comparative genomic hybridization (array CGH) can detect segmental amplification or deletion. We report three cases of fetus with STS gene deletion diagnosed by prenatal array CGH.
論文歸類： 產科	Materials and Methods We present three pregnant women who received prenatal array CGH (Agilent SurePrint G3 Human CGH Microarray Kit, 8 × 60K) at Chang Gung Memorial Hospital, Taiwan with the result of fetus with STS gene deletion. Clinical data on maternal age, fetal karyotyping, array CGH findings, sonographic findings, pregnancy outcome were obtained by chart review. Results Case 1: A 38 y/o pregnant woman, she received amniocentesis for fetal karyotype and array-CGH at 16 weeks of gestational age due to advanced maternal age. The result of fetal karyotype showed 46, XY and array CGH showed Xp22.31 (6705268_8050650) x1, the 1.35 Mb microdeletion region involved 4 genes (GS1, STS, VCX, PNPLA4). STS gene deletion is known to cause X-linked recessive ichthyosis (XLI), the condition predominantly affects males rather than females. Prenatal ultrasound revealed no structural abnormalities. After counselling, she decided to go on pregnancy and delivered a male baby with 2910 gm at 38 weeks of gestational age. Case 2: A 39 y/o pregnant woman, she received amniocentesis for fetal karyotype and array-CGH at 16 weeks of gestational age due to advanced maternal age. The result of fetal karyotype showed 46, XX and array CGH showed Xp22.31 (6488721_8097511) x1, the 1.61 Mb microdeletion region involved 5 genes (PUDP, GS1, STS, VCX, PNPLA4). STS gene deletion is known to cause X-linked recessive ichthyosis (XLI), and the fetus is a carrier of X-linked recessive ichthyosis. Prenatal ultrasound revealed placenta previa totalis with velamentous cord insertion. She go on pregnancy and delivered a female baby with 2500 gm at 36 weeks of gestational age. Case 3: A 35 y/o pregnant woman, she received amniocentesis for fetal karyotype and array-CGH at 17 weeks of gestational age due to advanced maternal age. The result of fetal karyotype showed 46, XX and array CGH showed Xp22.31 (6488721_8097511) x1, the 1.61 Mb microdeletion region involved 5 genes (PUDP, GS1, STS, VCX, PNPLA4). STS gene deletion is known to cause X-linked recessive ichthyosis (XLI), and the fetus is a carrier of X-linked recessive ichthyosis. Prenatal ultrasound revealed no abnormalities was found. She go on pregnancy and delivered a female baby with 2420 gm at 38 weeks of gestational age.

	<p>Conclusions</p> <p>Prenatal diagnosis of segmental amplification or deletion by array CGH raises important genetic counseling issues. Detailed ultrasound and data analysis of array CGH are necessary to provide enough information for decision about pregnancy management. Genetic counseling and pedigree establishing are recommended, for better prenatal diagnosis in next pregnancy and family health status assessment.</p>
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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：P016	<p>妊娠合併減重手術後胃穿孔：病例報告與文獻回顧</p> <p>Gastric Perforation in a Pregnant Patient with a History of Bariatric Surgery: A Case Report and Review of Literatures</p>
臨時稿件編號：1639	
論文發表方式：海報	<p>王芷蕙¹ 莊明達¹</p> <p>成大醫院婦產部¹</p>
論文歸類：產科	<p>Case Presentation</p> <p>A 43-year-old woman, gravida 4, para 3, at 37 weeks and 1 day of gestation, presented with frequent uterine contractions and a history of one prior Cesarean section. She had a sleeve gastrectomy in 2016 for morbid obesity, and her pregnancy had been uneventful. On admission, she was tachycardic (130 bpm) with abdominal distension and tenderness. Sonography confirmed a singleton pregnancy in vertex presentation with poor fetal heart rate variability on cardiococography.</p> <p>A Cesarean section was performed, delivering a 2,118 g male infant with Apgar scores of 4 and 7 at one and five minutes. The baby was admitted to NICU due to poor activity and respiratory distress. Intraoperatively, 600 mL of turbid ascites was aspirated.</p> <p>On postoperative day 1, the patient developed shock symptoms, including hypotension and tachycardia. Imaging revealed gastric wall perforation, pneumoperitoneum, and peritonitis. Emergency laparotomy identified a 1.2-cm gastric perforation at her prior gastrojejunostomy site, with 1,500 mL purulent fluid aspirated. Cultures grew <i>Klebsiella pneumoniae</i>. Broad-spectrum antibiotics were started, and she recovered gradually, being discharged 27 days later.</p> <p>Discussion</p> <p>This case highlights the potential for rare but serious complications in pregnant patients with a history of bariatric surgery. Bariatric procedures, particularly gastric bypass and gastric banding can predispose patients to complications like gastric perforation due to anatomical changes and altered gastric physiology. Prompt recognition, early diagnosis, and coordinated multidisciplinary management are crucial to improving both maternal and fetal outcomes.</p>

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：P017	<p>雙胞胎延遲間隔生產案例報告</p> <p>Delayed interval delivery of twins: a case report</p>
臨時稿件編號：1450	
論文發表方式：海報	<p>陳昶秀¹ 陳俐瑾¹</p> <p>國泰醫院婦女醫學部¹</p>
論文歸類：產科	<p>The rate of multiple gestation has increased recently due to advanced maternal age and the rise of assisted reproductive technology. Typically, twins are delivered within minutes of each other; however, in cases of inevitable abortion or preterm labor affecting the first twin, delayed-interval delivery (DID) can be considered. DID is defined as a gap of more than 24 hours between the births of twins. This approach may enhance the survival rate of the second twin by extending the gestational age. A case is presented involving a 40-year-old woman, gravida 2 para 1, who conceived via in vitro fertilization with two embryos. Routine prenatal examinations were within normal limits, and chorionic villus sampling, showed no chromosomal anomalies. Preterm premature rupture of membranes occurred with twin A at 19 weeks and 5 days, leading to spontaneous delivery at 20 weeks. After the delivery of twin A, the mother received tocolytic agents and antibiotics for infection prevention, and cervical cerclage was performed at 20 weeks and 1 day. Tocolysis was successful and twin B was ultimately delivered at 35 weeks and 6 days, with birth body weight 2570g, Apgar score 8 at one minute and 9 at five minutes. No maternal complication.</p> <p>Our case has successfully delayed interval delivery for 111 days, setting what may be the longest duration recorded in Taiwan to date. A review of previous studies shows that the longest interval recorded globally is 154 days. This achievement underscores the potential for extending gestation in complex cases and highlights the advances in medical management that make such outcomes possible. This case illustrates the potential benefits of DID in multiple gestation scenarios, although it also highlights the absence of clear guidelines regarding the management of such conditions, including the timing of cervical cerclage and the duration of antibiotic therapy. When there is a prolonged gap between the birth of the first and second twin, it introduces significant risks for both the mother and the infants. A coordinated approach involving obstetricians, neonatologists, anesthesiologists, and other specialists is essential to ensure the best possible outcomes. Multidisciplinary collaboration ensures comprehensive care, minimizes risks, and improves overall outcomes in these complex cases.</p>

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：P018	<p>先天性橫膈疝氣合併胎兒水腫及母體鏡像症候群：病例報告與文獻回顧</p> <p>Pregnancy and Neonatal Outcomes in Cases of Congenital Diaphragmatic Hernia with Associated Hydrops and Maternal Mirror Syndrome: "A case report and Review of Literature"</p>
臨時稿件編號：1475	
論文發表方式：海報	<p>陳嘉苓¹</p> <p>永康奇美醫院¹</p>
論文歸類：產科	<p>Maternal mirror syndrome, first described by John William Ballantyne in 1892, is a rare condition characterized by maternal edema mirroring fetal hydrops. We present a case of fetal congenital diaphragmatic hernia (CDH) with associated hydrops and maternal mirror syndrome, accompanied by a systematic review of the literature. This review highlights the fetal conditions associated with mirror syndrome, maternal clinical presentations, and reported perinatal outcomes, emphasizing the importance of early recognition and management to optimize maternal and fetal prognosis.</p>

稿件編號：P019	EXIT 於右側先天性橫膈膜疝氣之胎兒的應用-林口長庚醫院案例報告
臨時稿件編號：1645	Application of the Ex Utero Intrapartum Treatment (EXIT) Procedure in a Fetal Patient with Right Congenital Diaphragmatic Hernia: A Case Report from CGMH-Linkou 林宜萱 ¹ 關河晏 ¹ 林口長庚婦產部 ¹
論文發表方式：海報	Introduction: A case of a fetus diagnosed with a right diaphragmatic hernia, a less common condition, was delivered using the EXIT (Ex utero Intrapartum Treatment) procedure.
論文歸類：產科	Case report: This nulliparous 30-year-old female, whose fetus was found to have left deviated heart at GA 31 weeks, congenital right diaphragmatic hernia. Later on an MRI scan revealed heterogenous cord in right thoracic cavity, right congenital diaphragmatic herniation was diagnosed. She also had gestational hypertension and low-lying placenta. She was then referred to our hospital at GA 35 weeks, where sonography showed levoposition of heart, stomach below the diaphragm and right side congenital diaphragm hernia with intestines and liver seen in right thoracic cavity. The measured lung-to-head circumference ratio (LHR)(longest diameter method) = 21.9mm x 33.5mm / 324.7mm = 2.25. The O/E LHR (Jani) = 77.64%. The fetal patient was delivered with a successful EXIT procedure. The baby boy weighed 3070 gm, and the APGAR score was 8 at 1 minute and 9 at 5 minutes. Lung hypoplasia and pulmonary hypotension were noted. The neonate underwent surgery for reduction of the herniated organ, excision of the hernia sac and repair of the diaphragmatic hernia. Discussion: Congenital diaphragmatic hernia account for 1~4/10000 live births (30% went for termination or stillbirth). It is a developmental discontinuity of the diaphragm that allows the abdominal viscera to herniate into the chest, of which most are sporadic, and the pathophysiologic reason is unknown. In utero herniation of viscera can result in pulmonary hypoplasia and pulmonary hypertension. There are more than 60% cases are initially suspected on a routine sonographic survey at GA 18~22 week. Presentation at an older gestational age may be due to lack of early herniation of abdominal contents into the fetal thorax, which can happen with a smaller defect. Mild cases may be identified until later in postnatal life with mild GI or respiratory symptoms or has a chest radiograph. EXIT to ECMO was described as the best strategy in poor prognosis group. The EXIT procedure was designed to secure the airway at delivery in fetuses who had undergone tracheal occlusion for severe congenital diaphragmatic hernia. It consists of planned partial delivery of the fetus via hysterotomy while maintaining uterine relaxation and placental support, allowing for the establishment of neonatal cardiopulmonary stability in a controlled manner.

稿件編號：P020	產前診斷 FLNB gene 突變合併雙側內翻足
臨時稿件編號：1672	Prenatal Diagnosis of FLNB Gene Mutation Presenting with Bilateral Clubfoot as the Initial Manifestation 張芳瑜 ¹ 關河晏 ² 林口長庚紀念醫院婦產部 ¹ 林口長庚紀念醫院婦產部產科 ²
論文發表方式：海報	Introduction The FLNB gene, located at 3p14.3, encodes filamin B, which is a critical protein for cytoskeletal organization. The filamin B was expressed in many cell types—particularly chondrocytes and endothelial cells. It is vital for cartilage ossification and skeletal development before birth. As an actin-binding protein, filamin B facilitates the formation of the branching actin filament network that constitutes the cytoskeleton, providing structural support to cells. Moreover, it links actin to other proteins, such as transmembrane proteins, enabling cell signaling pathways that regulate cytoskeletal remodeling, tissue growth, shaping, and cellular movement during development. The FLNB gene mutation change single amino acids in the filamin B protein or delete a small section of the protein sequence, resulting in an abnormal protein. The abnormal protein interferes with normal proliferation or differentiation of chondrocytes, impairing ossification. The most commonly observed syndromes associated with FLNB mutations include: Spondylocarpotarsal Synostosis Syndrome, Larsen Syndrome, Atelosteogenesis Types I and III and Boomerang dysplasia.
論文歸類：產科	Case Presentation A 46-year-old gravida 1, para 0 woman with a history of chronic hypertension, type 2 diabetes mellitus managed with insulin, and hepatitis B presented to our obstetrics clinic at 14 weeks of gestation after a spontaneous conception. At 18 weeks of gestation, she underwent amniocentesis, which revealed a normal karyotype (46, XY) and no pathogenic copy-number variants on array comparative genomic hybridization (aCGH). However, a level 2 ultrasonographic examination at 20 weeks of gestation identified bilateral clubfoot in the fetus, with a normal amniotic fluid index (20.43 cm) and decreased fetal movements. Amniocentesis was repeated for next-generation sequencing (NGS), which identified a pathogenic autosomal dominant mutation in the FLNB gene. The mutation was a single nucleotide variant, HGVS: NM_001457.4:c.5071G>A. This variant is related to Larsen syndrome. Notably, the fetus's father exhibited a distinctive phenotype of a short and broad left thumb, a feature commonly seen in individuals with Larsen syndrome. However, Larsen syndrome exhibits intrafamilial variation, with both germline and somatic mosaicism potentially complicating the clinical presentation and recurrence risks associated with autosomal dominant FLNB disorders. Clinical variability can arise when a mildly affected parent carries somatic mosaicism for a pathogenic variant, while more severely affected offspring inherit the same germline pathogenic variant. Somatic mosaicism occurs when a mutation arises after fertilization, leading to a partial expression of the disease in affected tissues. For example, somatic mosaicism for an FLNB pathogenic variant may be linked to Larsen syndrome, while the same pathogenic variant in the germline can result in a different condition, such as acromesomelic dysplasia, type 3 (AOIII). Germline FLNB pathogenic variants are fully penetrant, though their expressivity is variable, which accounts for the wide range of phenotypes observed in affected individuals.

	In the subsequent antepartum examination at 24 weeks of gestation, an increase in amniotic fluid volume was noted (AFI = 26 cm), while fetal movements remained diminished. After thorough counseling with the patient and her partner regarding the fetal phenotype and prognosis, they chose to proceed with pregnancy termination. Following review and approval by the ethical committee, fetocide was performed using potassium chloride (KCl), and labor induction was initiated with vaginal cytotec. The patient delivered a stillborn male fetus weighing 820 grams, which demonstrated bilateral elbow external rotation, bilateral knee external rotation, and bilateral clubfoot. Conclusion This single nucleotide variation is associated with Larsen syndrome, a condition whose signs and symptoms can vary widely, even within the same family. Based on the early onset of bilateral clubfoot, polyhydramnios, and decreased fetal movements observed in the second trimester—features distinct from the paternal phenotype—we hypothesize that the fetus represents a more severe manifestation of the syndrome. This case highlights the prenatal diagnosis of an FLNB gene mutation presenting with bilateral clubfoot as the initial clinical feature, underscoring the need for further investigation into the gene and its related syndromes.
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稿件編號：P021	台灣的母嬰親善醫院推廣計畫效益：與母乳哺育率之生態相關性
臨時稿件編號：1311	Benefits of the Baby-Friendly Hospital Initiative in Taiwan: Ecological correlation with breastfeeding rate 許淳森 ¹ 林慈恩 ¹ 陳可欣 ² 周寶鈺 ³ 廖淑芬 ² 萬芳醫院婦產部 ¹ 臺北醫學大學 ² 萬芳醫院護理部 ³
論文發表方式：海報	Objective: To evaluate benefits of breastfeeding through the implementation of the Baby-Friendly Hospital Initiative in Taiwan. Methods: The ecological analyses were conducted with the national statistics. Administrative public data on 1-, 2-, 4-, and 6-month breastfeeding rates were collected to determine the degree of the Baby-Friendly Hospital Initiative implemented in Taiwan. The benefits were evaluated with health outcomes for infants and mothers. Infant and neonatal mortality, as well as outpatient rates and medical costs for acute upper respiratory infections, influenza, bronchitis and asthma, and perinatal abnormalities were used for infant outcomes. Mean age at diagnosis and the incidence of breast and ovarian cancer were used for maternal outcomes. We also evaluated long-term maternal cancer status by the later 5 and 10 years. Pearson's correlation analysis and general linear regression were used to evaluate the correlation and association, respectively, between breastfeeding rate and infant or maternal outcomes. Results: A negative correlation was observed between infant or neonatal mortality and the breastfeeding rate. A significant inverse correlation was observed between the breastfeeding rate and medical usage for infectious diseases, including acute upper respiratory infections, influenza, and bronchitis and asthma. In terms of long-term maternal outcomes, the diagnosis of 5- and 10-year breast and ovarian cancer was delayed by an increase in the breastfeeding rate. Although a significant positive association was observed between the incidence of breast and ovarian cancer and the breastfeeding rate, this association tended to weaken when the 10-year period was examined.
論文歸類：產科	Conclusion: Breastfeeding may have many health, human capital, and future economic benefits for young children and their mothers as well as for countries. It also has major effects at national, regional, and global levels. Further individual level studies were required for discovering the benefits of breastfeeding, which was considered to improve health in both rich and poor countries, and contribute to achieving Sustainable Development Goals.

稿件編號：P022	<p>妊娠期間霍奇金淋巴瘤的罕見表現：杵狀指變作為非典型症狀的病例摘要 A Rare Presentation of Hodgkin's Lymphoma During Pregnancy: Finger Clubbing as an Atypical Symptom</p> <p>江恬誼¹ 黃文郁¹ 盧筱文¹ 天主教耕莘醫院¹</p>
臨時稿件編號：1455	
論文發表方式：海報	<p>Introduction</p> <p>Cancer during pregnancy is rare, occurring in approximately 1 in 1,000 pregnancies, often due to advanced maternal age. Hodgkin's lymphoma (HL) and non-Hodgkin's lymphoma (NHL) are uncommon malignancies during pregnancy, with incidences of approximately 1 in 1,000 and 1 in 3,000 pregnancies, respectively. Diagnosing HL during pregnancy is challenging due to overlapping symptoms with physiological pregnancy changes. While common symptoms include painless lymphadenopathy, fatigue, and fever, finger clubbing is a rarely reported manifestation. This case highlights the importance of recognizing atypical presentations of HL during pregnancy to ensure timely diagnosis and management.</p> <p>Case Presentation</p> <p>A 26-year-old pregnant woman presented with a history of left fibroadenoma excision in 2019. Routine prenatal evaluations were unremarkable, except for leukocytosis (WBC 30,000–32,000/mm³) with a left shift. Despite referral to the Hematology department, no significant findings emerged. During labor, she delivered a healthy neonate, but persistent leukocytosis and finger clubbing were noted postnatally. She denied other symptoms such as fever, night sweats, or lymphadenopathy. Subsequent imaging revealed a mediastinal mass. Thoracic surgery consultation and biopsy confirmed a diagnosis of Hodgkin's lymphoma. After completing six cycles of ABVD chemotherapy, the mass diminished significantly, and follow-up was uneventful, with no maternal or fetal complications.</p> <p>Discussion</p> <p>Leukocytosis and neutrophilia are common physiological changes in pregnancy, potentially masking pathological findings. The presence of finger clubbing in this case, although atypical, raised suspicion of an underlying pathology. While clubbing is rarely associated with HL, it may result from impaired gas exchange caused by a mediastinal mass. This highlights the need for thorough evaluation of atypical symptoms during pregnancy. HL management requires a multidisciplinary approach, balancing maternal and fetal safety. Imaging modalities like MRI and ultrasound are preferred during pregnancy, and biopsy remains essential for diagnosis. This case underscores the importance of recognizing and addressing rare presentations of HL in pregnancy to achieve favorable outcomes.</p> <p>Keyword: Hodgkin's lymphoma, pregnancy, finger clubbing, mediastinal mass</p>
論文歸類：產科	

稿件編號：P023	<p>第二孕期意外發現的巨大骨盆腔腫瘤，一個成功足月生產併延遲手術治療之個案報告 Incidentally found a huge pelvic tumor during pregnancy with full-term delivery and delayed surgical management: A case report</p> <p>謝秉霖^{1,2} 柯復丞^{1,2} 林宜欣^{1,2} 林啟康^{1,2} 三軍總醫院¹ 國防醫學院²</p>
臨時稿件編號：1540	
論文發表方式：海報	<p>Introduction: The incidence of pelvic tumor found during pregnancy was 2-20 in 1000, approximately 2 to 20 times the rate in the age matched general population. To continue pregnancy or termination was a dilemma for the obstetricians. Here we shared a case of multiparous woman found a huge pelvic tumor on gestational age of 18 weeks. She successfully delivered a term infant and received laparotomy exploratory surgery of tumor resection 6 weeks later after vaginal delivery. Case presentation: A 42-year-old woman (Gravida 2, Para 1) present out obstetric section on gestational age of 18 weeks. A pelvic tumor measured 8cm noted over left adnexa was noted on prenatal sonography. The tumor has mixed solid part and heterogenous component with strong hypervascular reaction on color doppler. We arranged the pelvic MRI and it disclosed a well-defined tumor very close to the enlarged uterus and composed with mixed hyper-and hypo- signal intensity content. All Of the tumor markers of AFP, CA125, CA199, LDH, CEA were all within normal range. There was no other remarkable anomaly on fetal structures. Initially, we planned to performed cesarean section on gestational age of 34 weeks as fetus enough lung maturation and consulted gynecology-oncologist for possible tumor oophorectomy at the same time for suspicion of ovarian tumors. However, the was no obvious growth in size of the tumor during third trimester. Thus we changed the delivery plan to expectant management because there was no clear evidence of immediate surgery prior to preterm delivery. In the end, she delivered a male infant on gestational age of 40 weeks and 3 days with normal spontaneous vaginal delivery without instrument assistance nor fundal pressure. The post-delivery abdominopelvic computed tomography scan revealed no interval change of the tumor, and the left ovary was seen with 3cm side by the tumor. The gynecology-oncologist performed delayed surgical management 6 weeks later of exploratory laparotomy and the tumor was found in retroperitoneal space between left common iliac artery bifurcation. Both ovary showed normal appearance. So we performed the retroperitoneal tumor resection and the frozen diagnosis revealed benign neurogenic tumor. The final pathologic diagnosis was schwannoma and regular out-patient department observation was suggested by neurosurgeon.</p> <p>Discussions: Among the incidentally identified adnexal masses, 75% are <5cm simple cyst, and 68%-72% spontaneous resolved by 6 weeks after delivery. Those did-not-resolved tumor, the most common tumors are ovarian teratoma. The malignant tumor are approximately about 2% in pregnancy. Among the adnexal malignancy, epithelial tumors are the most common and followed by germ cell tumors and pseudomyxoma peritonei. The consideration of pelvic tumors found during pregnancy include labor obstruction, abdominal pain, acute torsion, or tumor rupture. If the tumor is a malignant tumor, the dynamic change of hormone during pregnancy may result in cancer progression or rupture. The timing of surgical intervention for the pelvic tumors is a big issue to obstetricians. Few studies suggest to arrange the non-emergent surgery between 16 to 20 weeks of gestation as the optimal timing for</p>
論文歸類：產科	

<p>laparoscopic cases because of the theoretical decreased risk of miscarriage r preterm labor and improved visualization. As the malignancy tumor was confirmed, surgical staging or chemotherapy gave another decision making difficulty since the safety of maternal and fetus are equal. As the case appeared to our hospital, we held the multidisciplinary combined meeting. We could not diagnose the pelvic tumor origin and malignant or not confidentially, though the tumor size, and the radiologic features suggested the consideration of ovarian malignancy. Thus we planned to followed the antepartum ultrasound more often, and discussed with the patient to perform Cesarean section at gestational age of 34 weeks and combined with tumor resection for frozen diagnosis. And complete surgical staging at the same time if necessary. During these careful antepartum sonography follow-up, there was no interval change of the tumor size and features. Term delivery could avoid the preterm complications. And the second stage management could decreased the difficulty of surgery because of smaller surgical field on third trimester of pregnancy if the tumor had low malignancy potential. After delivery and few weeks recovery of the uterus. The comprehensive radiology survey could provide a better tumor evaluation, while the tumor seemed to not originated from ovary in our case. And the final diagnosis was benign schwannoma as case presentation before. This successful decision making resulted in a greater outcome for both pregnant woman and infant.</p> <p>Conclusions: Diagnosis is of paramount importance for management on pelvic tumor incidentally found during pregnancy. Both ultrasound and MRI are helpful tool. The decision making of surgical intervention or expectant treatment still needs comprehensive considerations.</p>

稿件編號：P024	<p>產後出血經導管動脈栓塞治療後後續成功懷孕：病例報告與研究回顧 Fertility after Transcatheter Arterial Embolization for Postpartum Hemorrhage: A case report and study review</p> <p>王尚文¹ 台南郡綜合醫院¹</p>
臨時稿件編號：1625	
論文發表方式：海報	<p>Introduction: Postpartum hemorrhage (PPH), a leading cause of maternal morbidity and mortality, affects approximately 5% of deliveries globally, with severe cases in about 1%. Primary PPH occurs within 24 hours postpartum, while secondary PPH can arise up to six weeks after delivery, most commonly due to uterine atony. Transcatheter arterial embolization (TAE), introduced in 1979, is recommended as a second-line therapy for severe PPH, achieving hemostasis in over 90% of cases. Both ACOG (2017) and FIGO (2022) endorse TAE for PPH management, highlighting its fertility-preserving potential. This case describes a patient who achieved successful pregnancy post-TAE for PPH.</p> <p>Case report: A 28-year-old female, gravida 1 para 0, presented at 38 weeks and 6 days gestation (dated by last menstrual period and first-trimester ultrasound) for induction of labor. The patient reported no history of abortion, miscarriage, or other medical conditions and denied any prior surgeries. She reported no use of tobacco, nicotine, alcohol, opiates, or illicit drugs during this pregnancy. The patient denied abdominal pain, fluid leakage, and vaginal bleeding. Screening for sexually transmitted infections was negative in both the first and third trimesters. System review was unremarkable, with the patient noting good fetal movement, and a non-stress test showed reassuring results. The patient was admitted to the labor and delivery unit for labor induction due to preeclampsia. Labor was initiated with prostaglandin E2 for cervical ripening; however, a cesarean section was performed due to prolonged labor. She delivered a healthy female infant with a birth weight of 3225 grams, Apgar scores of 8 at one minute, and 9 at five minutes. Estimated blood loss, including amniotic fluid, was approximately 1200 ml.</p> <p>Following the procedure, the patient developed postpartum hemorrhage (PPH) with substantial lochia and clot formation, attributed to uterine myoma and uterine atony. Management included administration of oxytocin and Cytotec, along with Transamin for hemostasis. Uterine massage and blood transfusion were also performed. She was transferred to the intensive care unit (ICU) for close monitoring, where her vital signs stabilized. Medication therapy and fluid replacement continued, though ongoing uterine bleeding with clots was observed. Consequently, transcatheter arterial embolization (TAE) was arranged and performed on POD1. Uterine bleeding ceased following TAE, and the patient's condition stabilized. The patient was subsequently transferred from the ICU to a general ward for continued care and was later discharged. She conceived three years later and successfully delivered a healthy infant via cesarean section.</p> <p>Discussion: The primary objective of the emergency TAE program is to preserve menstruation and fertility. A review of 13 studies confirmed that TAE effectively preserves menstruation and fertility, and is also associated with favorable pregnancy outcomes. The use of gelatin sponge has been shown to allow for potential recanalization within 3 weeks.</p>
論文歸類：產科	

	<p>Three prior studies have similarly reported that women undergoing TAE can expect a return to normal menstruation and successful future pregnancies. Fiori et al. suggested that TAE does not compromise endometrial or ovarian function. Among women desiring another pregnancy post-TAE, reported success rates have reached 100%. In this study, 98.6% of women resumed menstruation, with only one developing Sheehan syndrome. Of the women attempting to conceive, 82.6% were successful, with the shortest interval to conception being 6 months and only two cases of miscarriage. Notably, four women indicated that the PPH experience reduced their desire for future pregnancies, underscoring the need to consider psychological impacts when evaluating reproductive potential after PPH.</p>
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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：P025	<p>案例報告：第八凝血因子/累血友病因子濃縮製劑在嚴重第一型類血友病之懷孕病人之預防大量失血之運用</p> <p>Demonstration of The Utilization of Factor VIII/VWF Concentrate (Haemate-P) to Prevent Hemorrhage in A Pregnancy Woman with Severe Type I von Willebrand Disease: A Case Report</p> <p>蔡孟旭¹ 張景文¹ 台北醫學大學附設醫院婦產部¹</p>
臨時稿件編號：1406	
論文發表方式：海報	<p>Von Willebrand disease (vWD) is a common autosomal inherited bleeding disorder characterized by reduced level or qualitative defects of von Willebrand factor (vWF). Despite its pathophysiological mechanisms and phenotypes of disease have been studied, monitoring and management of these patients during pregnancy still remain a clinical challenge to the obstetricians. Considering higher risk of hemorrhage of these patients, managements may be necessary to control bleeding tendency before invasive procedure and delivery. We report the case of a 36-year-old G3P1A1 woman with underlying condition of severe type I von Willebrand disease, presented to our delivery unit at 38 3/7 weeks of gestation with regular uterine contractions, denying vaginal bloody show or watery discharge. Routine antenatal examinations and sonography did not show remarkable abnormalities. Her latest level of von Willebrand factor antigen, von Willebrand factor ristocetin cofactor activity and factor VIII was 16.20%, 7.4%, and 48.1%, respectively. After she was admitted for delivery, she was treated with von Willebrand factor/factor VIII concentrate (Haemate-P) infusion before and after the delivery via intravenous route. The patient delivered a 3712 gram male live baby vaginally uneventfully. Apgar score at 1 minute and 5 minutes was 7 and 9, respectively. Subsequently, she was transferred to the service of hematologist for postpartum Haemate-P infusion and hemorrhage observation. She denied remarkable symptoms and signs. The amount of lochia was moderate. Hence, she was discharged at the 8th day postpartum. Upon her scheduled postpartum outpatient department follow-up, the amount of lochia was scant in amount. This case demonstrates and provides a sample of what should clinicians focus on during antepartum period and the efficacy of von Willebrand factor/Factor VIII concentrate on the control of bleeding tendency in such cases.</p>
論文歸類：產科	

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：P026	<p>罕見病例報告：產前診斷之 1q43 缺失併胎兒第一型動脈幹畸形</p> <p>A rare case of 1q43 deletion diagnosed prenatally in fetus with truncus arteriosus type1</p> <p>李德豐¹ 陳怡燕¹ 中國醫藥大學附設醫院¹</p>
臨時稿件編號：1517	
論文發表方式：海報	<p>Few cases of terminal 1q deletion syndrome are diagnosed in utero, mostly after 20 weeks of gestation. Deletions in the distal long arm of chromosome 1 result in variable clinical presentations, including intellectual disability and structural abnormalities. A minimum critical region of 2 Mb at 1q43-q44 has been identified. No literature describes truncus arteriosus with a pure 1q43 deletion. We present a second-trimester fetus with a 1q43 deletion. Ultrasound at 21 weeks showed truncus arteriosus type 1 and esophageal atresia. Amniocentesis was performed, and array comparative genomic hybridization (aCGH) revealed a deletion in the 1q43 region (240,269,513–243,095,932), affecting fourteen genes, including FMN2, GREM2, RGS7, FH, and KMO. We discuss the structural features of the diagnosed fetus and compare them to existing literature on genotype-phenotype correlations of pure 1q43 deletions.</p>
論文歸類：產科	

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：P027	<p>胎兒甲狀腺腫的產前評估與治療</p> <p>Prenatal diagnosis and management of fetal goiter</p> <p>許祐瑄¹ 陳冠宇¹ 台北榮民總醫院婦產部¹</p>
臨時稿件編號：1551	
論文發表方式：海報	<p>Fetal goiter is a rare but significant prenatal condition characterized by the abnormal enlargement of the fetal thyroid gland. It can result from various etiologies, including maternal thyroid disease (such as hypothyroidism or hyperthyroidism), iodine deficiency, or genetic mutations affecting thyroid function. Fetal goiter is often detected during routine ultrasound as an enlargement of the neck or signs of hydrops fetalis in more severe cases. The management of fetal goiter is complex and involves a multidisciplinary approach, with maternal thyroid function being closely monitored and treated as necessary. If maternal hypothyroidism is identified, levothyroxine therapy is typically initiated to ensure adequate fetal thyroid function. In cases of severe fetal goiter with signs of airway obstruction or hydrops, early delivery or in utero treatments, such as the use of corticosteroids or intrauterine thyroid hormone therapy, may be considered. Neonatal outcomes can vary depending on the timing of diagnosis a</p>
論文歸類：產科	

稿件編號：P028	三倍體妊娠：一例嚴重的子宮內生長遲緩及羊水過少案例報告 Digynic Triploidy: A Case Report of Severe Intrauterine Growth Restriction and Oligohydramnios
臨時稿件編號：1555	劉垂彰 ¹ 黃冠穎 ¹ 國立臺灣大學醫學院附設醫院新竹台大分院 ¹
論文發表方式：海報	Triploidy is a rare and lethal chromosomal disorder characterized by an extra haploid set of chromosomes, resulting in a total of 69 chromosomes. This condition arises from abnormal fertilization events, such as a normal egg fertilized by two sperm (diandric) or a diploid sperm fertilizing a haploid egg (digynic). Triploidy occurs in approximately 1% to 3% of all conceptions and accounts for about 20% of chromosomal abnormalities in first-trimester miscarriages. Most triploid pregnancies end in spontaneous abortion, while those that progress face significant complications, including severe growth restrictions and congenital anomalies like heart defects and neural tube abnormalities. The phenotypic manifestations can vary based on whether the extra chromosomes are of maternal or paternal origin, influencing maternal outcomes such as preeclampsia.
論文歸類：產科	We present a case of triploidy diagnosed prenatally in a 39-year-old female (G3P2), and an estimated delivery date of September 22, 2024. Her previous deliveries were uncomplicated. At 13 weeks' gestation, ultrasound revealed growth restriction of approximately two weeks. Subsequent assessments indicated high-risk preeclampsia and intrauterine growth restriction. Given these findings, the patient began aspirin therapy at 150 mg nightly. Due to her advanced maternal age and concerning ultrasound findings, amniocentesis with array comparative genomic hybridization (aCGH) was performed at 16 weeks, confirming triploidy with a karyotype of 69 chromosomes (XXX). Ultrasound findings included oligohydramnios, asymmetric fetal growth restriction, hydrocephalus, fused thalamus, absent corpus callosum and cavum septi pellucidi, lobar holoprosencephaly, single umbilical artery and mild placenta previa.
	This case exemplifies typical digynic triploidy and emphasizes the importance of distinguishing between digynic and diandric origins based on ultrasound findings and gestational age; digynic cases are more likely to progress into the second trimester. Recognizing diandric triploidy is crucial for monitoring beta-hCG levels to prevent overlooking partial hydatidiform moles that carry risks for malignant trophoblastic disease. Early identification through serum screening and molecular testing such as non-invasive prenatal testing can provide vital information before invasive diagnostic procedures. This case underscores the need for clinical vigilance in managing pregnancies complicated by triploidy.

稿件編號：P029	妊娠期間伴有胎兒先天性心臟病的非典型高安氏動脈炎病例 An Atypical Case of Takayasu Arteritis in Pregnancy Associated with Fetal Congenital Heart Disease
臨時稿件編號：1601	陳月雙 ¹ 鄧森文 ¹ 盧筱文 ¹ 財團法人天主教新店耕莘醫院產部 ¹
論文發表方式：海報	Background: Takayasu arteritis (TA) is a rare, chronic vasculitis affecting large vessels, primarily in women of childbearing age. While TA is associated with maternal complications, its impact on fetal outcomes, particularly congenital heart disease (CHD), is not well-documented. This case explores a potential association between TA and fetal CHD.
論文歸類：產科	Case Presentation: A 37-year-old woman with a history of TA and open-heart bypass surgery presented with an uncomplicated pregnancy except for gestational diabetes mellitus (GDM), which was managed through diet. She delivered a healthy male infant at 37+5 weeks via cesarean section due to breech presentation. Postpartum recovery was uneventful, with no disease relapse. However, the neonate was admitted to the NICU for congenital cardiac anomalies, including a small muscular ventricular septal defect (VSD), atrial septal defect (ASD), and mild peripheral pulmonary stenosis (PS).
	Discussion: This case highlights an atypical presentation of TA with fetal congenital heart disease. While a direct causal link between TA and CHD remains speculative, systemic inflammation or altered maternal hemodynamics may play a role. Further studies are needed to explore this potential association and guide management.

稿件編號：P031	Van der Woude 症候群 (遺傳型唇顎裂) 之案例報告 A case of Van der Woude syndrome- hereditary orofacial clefts.
臨時稿件編號：1306	陳瓊凌 ¹ 東元綜合醫院產部 ¹
論文發表方式：海報	Introduction: The oral cleft is the most common congenital craniofacial anomaly. Cleft lip with or without a cleft palate (CL/P) and cleft palate alone (CP) differ with respect to embryology and etiology. Most oral clefts are non-syndromic, while syndromes account for approximately 30 percent of cases of CL/P and 50 percent of cases of CP alone.
論文歸類：產科	Among over 100 syndromes associated with oral clefting, Van der Woude syndrome is the most common form, and is diagnosed in about 1 to 2 percent of children born with cleft lip and/or cleft palate. The typical phenotypic expression is lower lip pits combined with CL/P or CP. Hypodontia, bifid uvula, and submucosal CP have also been described.
	Case Report: A 30-year-old primipara (G2P0SA1) woman received prenatal exams in our hospital. Her last menstrual period was on December 1, 2023, and her due date would be on September 10, 2024.
	Non-invasive prenatal cell-free DNA screening were tested low risk for 39 types of aneuploidies and microdeletions/duplications syndromes, including trisomy 13 and DiGeorge syndrome. However, ultrasound revealed bilateral cleft lip and palate. The anomaly scan revealed no associated abnormalities. Fetal magnetic resonance imaging (MRI) revealed bilateral cleft lip and palate with pre-maxillary protrusion, while the secondary palate was intact.
	The expectant mother refused amniocentesis due to fear of miscarriage. Her first pregnancy ended up with spontaneous abortion at 8 weeks of pregnancy. Tracing back her history, she had cleft soft palate status post posterior repair. Her mother had cleft lip with cleft palate.
	She received cesarean section at 38 1/7 weeks of pregnancy due to malpresentation. Physical exam of the female newborn showed bilateral complete cleft lip and cleft palate in addition to two lower lip pits [Fig. 1 and Fig. 2]. The newborn will undergo staged reconstructive surgery by a multidisciplinary cleft management team.
	Conclusion: Van der Woude syndrome results in structural problems of the mouth. Characteristic symptoms include cleft lip and/or cleft palate in addition to a pit or slit on both sides of the lower lip. There are no other anomalies outside the orofacial region. The long-term outlook is generally very positive.
	Van der Woude syndrome is an autosomal dominant disorder caused by mutations in the IRF6 gene on chromosome 1. Given the high likelihood of recurrence, referral to a genetic counselor is suggested.

稿件編號：P032	第二孕期非結石性阻塞性腎積水：病例報告及文獻綜述 Non-calculus obstructive hydronephrosis during second trimester pregnancy: A case report and literature review
臨時稿件編號：1581	陳威志 ¹ 三軍總醫院產部 ¹
論文發表方式：海報	Non-calculus obstructive hydronephrosis management approach during pregnancy was polarized, with some cases requiring conservative measures while others necessitated more invasive interventions. We report a case of non-calculus obstructive hydronephrosis in a 28-year-old woman during the second trimester of pregnancy who presented with severe flank pain and urinary retention. Initial imaging with ultrasound confirmed hydronephrosis without evidence of renal stones. Due to the severity of pain and risk of complications, bilateral double J stents were inserted to relieve the obstruction and alleviate symptoms. The patient's condition improved following the procedure, and she was closely monitored throughout the remainder of the pregnancy. This case emphasizes the importance of prompt intervention in managing obstructive hydronephrosis during pregnancy. A comprehensive literature review is provided, discussing treatment strategies and maternal and fetal outcomes. The review highlights the effectiveness of double J catheter placement in managing severe cases, as well as the need for individualized care to ensure optimal maternal and fetal health.
論文歸類：產科	

稿件編號：P033	妊娠期復發性腦膜瘤：個案報告 Recurrent meningioma in pregnancy: A case report
臨時稿件編號： 1421	姜貝璇 ¹ 台中榮民總醫院婦產部 ¹
論文發表方式： 海報	Meningiomas during pregnancy are rare but can pose significant risks to both the mother and fetus due to potential rapid tumor growth and associated complications. We report a case of a 38-year-old pregnant woman with a right clinoid process and suprasellar meningioma, presenting with worsening visual impairment during the 12th week of gestation. MRI revealed compression of the right optic nerve and chiasm. She underwent a right mini-pterional craniotomy at 14 weeks, with pathology confirming an atypical meningioma (WHO grade II). Pregnancy was terminated at 21+5 weeks due to fetal spinal muscular dystrophy, and post-termination MRI showed stable residual tumor. In a subsequent pregnancy, at 15+ weeks, the patient experienced complete loss of right-sided vision, and MRI confirmed tumor recurrence. She underwent a second surgery at 24 weeks, but her visual impairment persisted. At 35+6 weeks, an emergent cesarean section was performed due to preterm labor. Meningiomas in pregnancy require a multidisciplinary approach, with management decisions based on tumor characteristics, gestational age, and fetal well-being. Further research is needed to improve treatment strategies for this rare condition.
論文歸類： 產科	

稿件編號：P034	產後輸血相關急性肺損傷：病例報告與關於早期辨識與治療之文獻回顧 Postpartum Transfusion-Related Acute Lung Injury: A Case Report and Literature Review on Early Recognition and Management
臨時稿件編號： 1429	林書凡 ¹ 應宗和 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 海報	Transfusion-related acute lung injury (TRALI) is a rare but serious complication of blood transfusion, occurring in approximately 1 in 4000–5000 transfusions. It should be highly suspected when a patient develops hypoxemia shortly after transfusion of any blood product, requiring prompt diagnosis and immediate cessation of transfusion alongside supportive care for optimal patient recovery. We report a case of a 30-year-old woman at 39 weeks of gestation who underwent emergency cesarean section due to fetal distress and cephalopelvic disproportion. However, acute shortness of breath and oxygen desaturation (SpO ₂ : 81%) shortly after receiving a transfusion of 2 units of leukocyte-poor red blood cells for anemia. TRALI was suspected based on clinical findings, including pulmonary edema and pleural effusion on chest X-ray and sonography, with normal LV contractility. This case underscores the importance of early recognition of TRALI and provides a concise review of its diagnosis and management based on current literature.
論文歸類： 產科	

稿件編號：P035	無症狀抗 SSA 抗體陽性孕婦併發胎兒三尖瓣膜破裂 Fetal tricuspid valve rupture in an asymptomatic anti-Ro positive pregnant woman
臨時稿件編號： 1473	王有儀 ¹ 陳敬軒 ² 臺北市立聯合醫院仁愛院區教學部 ¹ 臺北市立聯合醫院和平婦幼院區婦產科 ²
論文發表方式： 海報	Objective: We reported a case of ruptured tricuspid valve with positive maternal anti-Ro antibodies and fetal cardiac echogenic foci seen during second trimester ultrasound evaluation. Case Report: The 37-year-old gravida 3 para 2, with a history of autoimmune disease without regular follow-up was ever tested positive for anti-SSA (anti-Ro) antibodies, rheumatoid factor, decreased C3, and C4 levels, and elevated erythrocyte sedimentation rate. She presented to our obstetric outpatient department at gestational age of 38 weeks and 2 days for regular prenatal follow-up. Ultrasound evaluation revealed fetal abdominal ascites, pleural effusion, polyhydramnios and a flail leaflet on tricuspid valve. Cardiotocography showed normal baseline fetal heart rate with minimal variability. Emergency cesarean section was performed due to non-reassuring fetal status, despite intrauterine resuscitating measures. A live, mature female infant weighing 3266 grams and Apgar scores 4 and 5 at one and five minutes was delivered. The neonate exhibited respiratory distress despite endotracheal tube intubation. Cardiac sonography showed chordae tendineae rupture of the tricuspid valve and severe tricuspid regurgitation. Surgical repairment of chordae tendineae and right atrial reduction plasty were arranged. The postoperative course was smooth and the baby was discharged after 30 days of hospitalization. Discussion: Cardiac echogenic foci are typically benign. However, it may signal severe complications when associated with maternal autoimmunity. The presence of anti-Ro antibody, is a potential cause of fetal cardiac dysfunction through inflammatory and immunogenic pathways. This case underscores the significance of thorough prenatal monitoring and early multidisciplinary intervention in pregnancies complicated by autoimmune conditions. Management with hydroxychloroquine is recommended for managing systemic lupus erythematosus in pregnancy. In prenatal clinics, routine surveillance for fetal heart block is discouraged but close follow-up for fetal growth restriction is recommended. Further research is warranted to explore the interplay between echogenic foci, chordae tendineae, and autoimmune disorders, particularly in understanding their pathophysiology and improving antenatal care strategies.
論文歸類： 產科	

稿件編號：P036	案例報告：剖腹產硬腦膜外麻醉後併發氣腦症 Pneumocranium with headache, nausea and elevated blood pressure post epidural analgesia: a case report
臨時稿件編號： 1589	呂奇樺 ¹ 嘉義長庚醫院 ¹
論文發表方式： 海報	Pneumocranium refers to the presence of intracranial gas. It is often caused by trauma or instrumentation, e.g. neurosurgery, external ventricular drain insertion, sinus surgery, peridural anesthesia. In rare cases, about 0.06% postdural puncture headache (PDPH) may be associated with pneumocranium. This case study describes a 37-year-old woman was diagnosed pneumocranium after Cesarean section which may be related to epidural anesthesia. This case study will show images of CT, introduce appropriate diagnostic examination, clinical evaluation and management of this case.
論文歸類： 產科	

稿件編號：P037	<p>妊娠期雙側卵巢蜕膜化之子宮內膜異位症 Bilateral ovarian endometrioma with decidualization change during pregnancy</p> <p>黃怡婷¹ 林口長庚醫院¹</p>
臨時稿件編號： 1658	
論文發表方式： 海報	<p>Ovarian endometrioma is a common gynecologic condition among reproductive-aged women. During pregnancy, the ectopic endometrium undergoes changes due to progesterone, including increased glandular epithelial secretion, stromal vascularity, and edema, a process known as decidualization. Decidualized endometriomas, with increased blood flow and intraluminal papillary vegetations, can present diagnostic challenges, as they may mimic malignant ovarian tumors.</p> <p>We present the case of a 40-year-old female, G1P0, at 19 weeks of gestation, who was referred to our hospital after bilateral ovarian tumors were detected during an antenatal examination. Ultrasound revealed a right ovarian mass measuring approximately 5.87 x 4.88 x 4.98 cm, unilocular with low to medium echogenic content, and a focal thickened capsule at the right lateral wall. The resistive indices (RI) were 0.43, 0.47, 0.49, and 0.51. Additionally, irregular medium echogenic areas measuring 1.38 x 1.16 cm and 0.93 x 0.45 cm (blood flow with RI = 0.31, 0.33) were observed on the inner surface. The mass suggested an endometrioma with focal malignant features. The left ovarian mass measured 6.20 x 4.91 x 7.25 cm, unilocular with low to medium echogenic content, and showed medium echogenic masses (1.39 x 0.74 cm, 1.06 x 0.76 cm, and 0.90 x 0.53 cm) at the upper part of the inner surface, with blood flow (RI = 0.27, 0.34, 0.35, 0.36, 0.45). The left mass also raised concerns about endometrioma with focal malignant features. MRI of the pelvis without contrast suggested that malignant features could not be excluded. Given these findings, laparoscopic surgery was planned. During the procedure, bilateral ovarian tumors were found to be adhered to the cul-de-sac, with the ovaries "kissing." Enucleation of the left ovarian tumor was performed first. The tumor contained light chocolate-colored fluid, with multiple dark chocolate coating on the inner wall. The inner wall was irregular, with multiple translucent cystic lesions, and the tumor was fragile and difficult to separate from the normal ovarian tissue. A frozen section was sent and revealed endometrioma with decidualization. Enucleation of the right ovarian tumor was performed, and the frozen section showed the same result. The patient was discharged uneventfully three days after laparoscopic surgery. The final pathology report for both ovarian tumors confirmed the diagnosis of endometrioma with decidualization, consistent with the frozen section findings. The ultrasound features of endometriomas with decidualization changes during pregnancy can resemble those of borderline or malignant tumors, presenting a challenging diagnostic dilemma. Based on this experience, if decidualized endometriosis is suspected, conservative management with expectant care and serial monitoring is recommended during pregnancy.</p>
論文歸類： 產科	

稿件編號：P038	<p>案例系列：妊娠早期感染與胎兒大腦發育。 A case series of fetal brain development after early trimester infection.</p> <p>結雨澄¹ 陳雅芳¹ 台中榮民總醫院¹</p>
臨時稿件編號： 1467	
論文發表方式： 海報	<p>The embryonic-fetal central nervous system has a developmental timetable: dorsal induction, ventral induction, neurogenesis, neuronal migration, post-migration neuronal development, and cortical organization. The neurogenesis and neuronal migration are mainly occurred between 10 to 20 weeks of gestation. Dysregulation of these mechanisms may result in migratory abnormalities such as schizencephaly and anencephaly.</p> <p>The gestational ages at which parieto-occipital fissure, calcarine sulcus, cingulate sulcus and convexity sulci could be seen by transabdominal ultrasound were as early as 18.5, 18.5, 23.2 and 23.2 weeks. They were always visible as follows gestational age: >20.5, >21.9, >24.3 and >27.9 weeks.</p> <p>The circular sulcus at the margin of the insula was initially smooth but started becoming angular after about 17 weeks as it started to be overgrown by the parietal and temporal lobe opercula. Initially the insula/operculum angle was obtuse. An acute angle was first evident at 23.2 weeks and in all fetuses older than 24.5 weeks.</p> <p>We reported 4 cases of fetal brain development after early trimester infection. Two were infected by COVID-19, and the others were influenza and CMV infection. The first case had COVID-19 infection at 14 weeks of gestation and isolated dilated cavum septum pellucidum since 22 weeks of gestation. Delayed maturation of central sulcus, parietooccipital sulcus and calcarine fissure for 2 weeks was suspected. The baby doesn't have chromosome anomaly and development delay at 2-year-old.</p> <p>The second case had COVID-19 infection at first trimester and came to our outpatient department for absence of splenium of corpus callosum and left side septum pellucidum with borderline dilatation of occipital horn of bilateral lateral ventricle. Then she received feticide and had a vaginal delivery at 27 weeks of gestation.</p> <p>The third case had influenza infection at 15 weeks of gestation. She had narrow CSP noted at 20 weeks of gestation. During follow-up checkup, the corpus callosum was gradually developed and catch up normal range. The baby doesn't have development delay at 1-year-old.</p> <p>The fourth case had bilateral lateral ventricle anterior horn dilatation, small CSP, smaller cerebellum and delay sulcus development at 21 weeks of gestation. The MRI revealed thinning of corpus callosum and intraventricular septum. The serum test revealed negative result of CMV IgM, but positive result of CMV IgG. The amniocentesis showed positive result of CMV PCR. The CMV IgM might be cleared 3 month after infection, therefore the early trimester CMV infection was suspected. She received termination of pregnancy.</p>
論文發表方式： 海報	
論文歸類： 產科	

稿件編號：P039	<p>胎兒房室傳導阻滯：病例報告與文獻回顧 AV block in fetus: a case report and literature review</p> <p>吳孟萍¹ 葉長青¹ 臺北榮民總醫院婦產科¹</p>
臨時稿件編號： 1532	
論文發表方式： 海報	<p>Congenital atrioventricular (AV) block, a potentially life-threatening condition characterized by fetal bradycardia, poses significant risks of intrauterine fetal demise (IUFD), neonatal mortality, and developmental complications. This report presents the case of a 30-year-old pregnant woman with Sjögren's syndrome, positive for anti-Ro/SSA and anti-La/SSB antibodies, whose fetus was diagnosed with a second-degree 2:1 AV block at 21 weeks of gestation. Treatment included a combination of dexamethasone, hydroxychloroquine, and aspirin, with close echocardiographic monitoring. Despite advancements in understanding immune-mediated fetal heart block, therapeutic interventions remain limited, particularly for advanced cases.</p> <p>The pathophysiology of congenital heart block (CHB) is often linked to maternal autoantibodies crossing the placenta and inducing damage to the fetal cardiac conduction system through mechanisms such as apoptosis and cross-reactivity with calcium channels. These processes result in fibrosis and irreversible conduction tissue damage, leading to progressive AV block. Echocardiography remains the cornerstone for diagnosis and monitoring, with therapies tailored according to the severity of AV block. First-degree blocks are primarily observed, while second-degree blocks are managed with a combination of corticosteroids and immune modulators, such as hydroxychloroquine and sometimes intravenous immunoglobulin (IVIG). For complete AV block, therapeutic options are more limited, with β-sympathomimetic agents and steroids showing some benefit in specific cases.</p> <p>This case emphasizes the importance of early detection and individualized management strategies, particularly for high-risk pregnancies.</p>
論文發表方式： 海報	
論文歸類： 產科	

稿件編號：P040	<p>全人醫療 SPARC 問卷對於產科生產照護的效用與影響因子分析 The reliability and impact factors of holistic health care with the traditional Chinese version of SPARC questionnaire in obstetrics during labor</p> <p>謝中凱¹ 譚家偉² 雙和醫院產部¹ 雙和醫院²</p>
臨時稿件編號： 1557	
論文發表方式： 海報	<p>Holistic health care is a patient-centered approach that addresses physical, psychological, spiritual, and social dimensions of health. In obstetric care, the physical and emotional changes during pregnancy often result in symptoms and challenges that impair mental, spiritual, and social well-being. Therefore, psychological, spiritual, and social support are essential components of comprehensive obstetric care. However, in practice, obstetricians frequently face time and resource constraints, making it difficult to identify and address these multifaceted needs. Many concerns go unrecognized unless pregnant women actively report them.</p> <p>In Taiwan, the government has been vigorously promoting holistic health care, which has significantly increased public awareness. A tool with this initiative is the Sheffield Profile for Assessment and Referral for Care (SPARC), a multidimensional, self-reported questionnaire developed by the Academic Unit of Supportive Care at the University of Sheffield. Originally designed to screen patients across various diagnoses, the SPARC comprises 45 items across 8 dimensions: communication and information issues, physical symptoms, psychological issues, religious and spiritual issues, independence and activity, family and social issues, treatment issues, and personal issues.</p> <p>At Shuang-Ho Hospital, a traditional Chinese version of the SPARC has been translated and implemented to improve patient screening and identify those requiring additional care. The questionnaire has also been administered to pregnant women admitted to the obstetric ward for delivery. Factors potentially influencing questionnaire outcome were considered, including past medical history, previous labor experiences, prenatal care, and complications during the current pregnancy. This study involved a correlation analysis to assess the reliability of the translated SPARC for use with pregnant women. The ultimate goal is to enable early recognition of women requiring further intervention, thereby improving the quality of obstetric care and ensuring comprehensive support during labor.</p>
論文發表方式： 海報	
論文歸類： 產科	

稿件編號：P041	地中海貧血孕婦之胎兒生長遲滯與重度子癩前症：案例研究與臨床處理回顧 Fetal Growth Restriction and Severe Preeclampsia in a Pregnant Woman with Thalassemia: A Case Study with Review of Management Strategies
臨時稿件編號：1600	王崇禹 ¹ 三軍總醫院婦產部 ¹
論文發表方式：海報	We present the case of a 32-year-old Taiwanese woman with a history of thalassemia who was normal throughout her pregnancy but diagnosed with preeclampsia and fetal growth restriction (FGR) at 32 weeks and 1 day of gestation. After admission, management included betamethasone for fetal lung maturation, magnesium sulfate for neuroprotection, and blood transfusion to address anemia. Antihypertensive medications, including nifedipine, labetalol, and hydralazine, were initiated. The patient remained stable for several days, but on the fourth day, she developed dizziness and bilateral lower leg edema, and controlled hypertension despite ongoing antihypertensive treatment. Due to worsening maternal condition and very low fetal weight, a cesarean section was performed at 32 weeks and 4 days of gestation. A female infant weighing 1242 g was delivered with an Apgar score of 7 at 1 minute and 8 at 5 minutes. Velamentous cord insertion was noted, and the placenta weighed 170 g. The neonate was admitted to the NICU for management of extremely low birth weight and remained stable, without complications.
論文歸類：產科	

稿件編號：P042	自然產後併發膀胱破裂 Spontaneous urinary bladder following vaginal delivery
臨時稿件編號：1603	張書綾 ¹ 成大醫院 ¹
論文發表方式：海報	Case
論文歸類：產科	We reported a case of spontaneous urinary bladder rupture after vaginal delivery. The 32-year-old woman, G3P3, presented to our ED with worsening abdominal distention and oliguria after vaginal delivery. 19 hours before the presentation, she had rupture of membranes at gestational age 38 weeks and 6 days. She had vaginal delivery with her first pregnancy and Cesarean section with her second pregnancy. Trial of labor after cesarean was suggested and augmentation of labor with oxytocin was started. Labor course was smooth but voiding difficulty was noted and catheterization was performed to empty her bladder. After 14 hours, she had vaginal delivery after Cesarean section with fundal pressure. The neonatal body weight was 3100g. After delivery, she reported progressive abdominal distention and pain and no desire to void. Catheterization was performed 3 hours after the delivery. Only 100 mL urine was drained and gross hematuria was noted. Aggressive hydration was started but worsening abdominal pain with oliguria and tachycardia were found. Due to highly suspected bladder rupture, she was transferred to our ED for further management. At triage, her blood pressure was 118/80 mmHg, heart rate 96 bpm and saturation was 99% under nasal cannula 3L/min. Physical examination showed diffuse abdominal distention and tenderness with muscle guarding and rebound pain. Sonography showed massive ascites. CT of abdomen was performed which revealed massive ascites and a 2 cm perforation at dome of the urinary bladder. Urologist was consulted and laparoscopic exploration was arranged. About 1000 mL bloody ascites was drained in the beginning of surgery. A 2 cm laceration over right, anterior wall of bladder was found. Cystorrhaphy with 2-0 vicryl was performed smoothly and Foley catheter was inserted. Urine was drained smoothly after the surgery and she also recovered from the surgery well. She was discharged four days after the surgery and the Foley was removed 1 month later without complications. Discussion Spontaneous urinary bladder rupture (SRUB) following spontaneous vaginal delivery is an extremely rare condition and represents a surgical emergency. SRUB is usually associated with recent trauma, malignant diseases, anatomical outflow obstructions, indwelling catheters, neurogenic bladder or a combination of these. Intraperitoneal urinary bladder rupture following vaginal delivery is usually seen in association with uterine rupture, while isolated intraperitoneal bladder rupture following vaginal delivery is extremely rare (1). Only few cases were reported in the past decades. The clinical presentations of bladder rupture are abdominal pain, abdominal distention, oliguria, hematuria, fever and vomiting. Elevated serum creatinine can be seen after 24 hours (2). The possible etiology of bladder rupture following vaginal delivery includes urinary retention which results in bladder over-distention and thinning of bladder dome. Furthermore, sustained pressure of the fetal head against the bladder during forceful

	uterine contractions may provoke necrosis of the bladder dome. The above condition can be aggravated by prolonged second stage and high birth weight babies (3). Thus, the lack of catheterization and improper catheterization can cause bladder damage. In addition, a history of Cesarean section, instrumental vaginal delivery and fundal pressure during second stage of labor can also be the independent risk factors of bladder rupture. The diagnosis of bladder rupture is challenging, because the symptoms are not specific, leading to misdiagnosis or late treatment. Computed tomography scan of abdomen can establish the diagnosis and localize the site of rupture. However, small sizes of laceration can be missed and retrograde cystography can be considered since it provides the benefit of cross-sectional images and the ability to distend the bladder to detect small perforation and also avoids contrast nephrotoxicity (3). The treatment of bladder rupture remains surgical repair and urinary test (with a Foley catheter left in place of at least one week (4). Conclusion Despite being a rare condition, postpartum spontaneous bladder rupture should be considered in cases if abdominal pain, oliguria, ascites and features of kidney injury following delivery. Early diagnosis and prompt surgical treatment can decrease morbidity and mortality associated with bladder rupture. Reference: Julius Wandabwa, Tom Otim, Paul Kiondo. Spontaneous rupture of bladder in puerperium. Afr Health Sci. 2004 Aug;4(2):138-9 Guglielmo Stabile, Francesco Cracco, Davide De Santo, Giulia Zinicola, Federico Romano, Nicolò De Manzini, Serena Scomersi, Giuseppe Ricci. Spontaneous bladder rupture after normal vaginal delivery: description of a rare complication and systematic review of the literature. Diagnostics (Basel). 2021 Oct 13;11(10):1885 Omar Felipe Dueñas-García, Hugo Rico, Viridiana Gorbea-Sanchez, Tomas Herrerias-Canedo. Bladder rupture caused by postpartum urinary retention. Obstet Gynecol. 2008 Aug;112(2 Pt 2):481-2 Pingjin Qiao, Dongmei Tian, Qiao Bao. Delayed diagnosis of spontaneous bladder rupture: a rare case report. BMC Womens Health. 2018 Jul 11;18(1):124
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稿件編號：P043	鼠李糖桿菌血症合併絨毛膜羊膜炎：病例報告 Chorioamnionitis with Lactobacillus rhamnosus Bacteremia: A Case Report
臨時稿件編號：1675	劉亞彤 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
論文發表方式：海報	Lactobacillus rhamnosus, a well-established probiotic strain, is recognized for its health benefits, particularly in managing gastrointestinal and vaginal microbiota disorders. While generally considered safe, rare instances of opportunistic infections associated with this bacterium have been reported, especially in immunocompromised individuals or those with compromised gut barriers. This case report outlines a unique instance of chorioamnionitis complicated by Lactobacillus rhamnosus bacteremia in a pregnant woman.
論文歸類：產科	A 37-year-old woman (G2P1) with a history of recurrent acute pyelonephritis and a previous cesarean section due to myomectomy history had been taking U-Relax, a probiotic containing Lactobacillus rhamnosus and Lactobacillus reuteri since early pregnancy. This pregnancy was achieved via in vitro fertilization (IVF), and initial screenings indicated a low risk for chromosomal abnormalities. At 18 weeks of gestation, she presented with abdominal pain and vaginal spotting, raising suspicion for preterm labor. Despite medical management, the patient developed a continuous turbid vaginal discharge accompanied by fever, elevated CRP levels, and leukocytosis two days later. Transabdominal ultrasound revealed a viable fetus but indicated oligohydramnios; a Nitrazine test confirmed premature rupture of membranes (PPROM). Given the suspicion of chorioamnionitis and clinical signs suggestive of sepsis, labor was induced. Cultures from blood, cervical swabs, amniotic fluid, and placenta confirmed Lactobacillus rhamnosus infection. The patient reported regular consumption of the probiotic since early pregnancy. This case highlights the potential risks associated with probiotic use during pregnancy, particularly in patients with underlying risk factors for infection such as immunocompromised status or gut mucosal defects. Although probiotics like Lactobacillus rhamnosus are generally deemed safe during pregnancy, careful evaluation is warranted to ensure maternal and fetal safety. Further research is needed to elucidate the implications of probiotic consumption during pregnancy and to establish guidelines for their use in this vulnerable population.

稿件編號：P044	安非他命篩檢評估：調查孕婦和新生兒的“真”或“假”陽性結果 Amphetamine Screening Issues: Investigating “True” or “False” positive Results in Pregnant Women and Newborns ²
臨時稿件編號：1347	
論文發表方式：海報	Background: Amphetamine addiction is a global concern due to its profound effects on the central nervous system. By modulating key neurotransmitters—dopamine, serotonin, and norepinephrine—amphetamines impact reward pathways and can cause symptoms like tachycardia, hypertension, mydriasis, and convulsions. In severe cases during pregnancy, amphetamine abuse may result in abortion or neonatal withdrawal syndrome, with additional risks to newborns such as respiratory distress, arrhythmia, and shock. Immunoassays are widely used for initial urine drug screenings due to their rapidity and cost-effectiveness, yet they often lack specificity and can yield false-positive results for amphetamines due to cross-reactivity with structurally similar compounds. Case Presentation: A 24-year-old gravida 2, para 1 woman at 34+5 weeks of gestation came to our out-patient -department with shortness of breath, bilateral lower limb edema, and a rapid weight gain of 5 kg over one week. She had irregular antepartum examination at clinic and she was admitted due to rule out preeclampsia with severe features. After admission, she exhibited mental status fluctuations, alternating between severe drowsiness and agitation, raising concerns about potential substance use. Patient was performed Cesarean section due to non-reassuring fetal status one day after admission. A female neonate was delivered, presenting with irritability and respiratory distress, necessitating NICU admission. The mother denied amphetamine use but reported taking a cold and flu syrup (Contonlin) for fever relief prior to admission. Toxicology screening revealed amphetamine levels exceeding 900 ng/mL in both maternal and neonatal samples. Discussion: Research indicates that certain medications, such as antidepressants, antipsychotics, β -blockers, and antiarrhythmics, can cause false-positive amphetamine screenings due to structural similarities. This underscores the need for careful interpretation of initial screening results, particularly in cases involving pregnancy. Following a positive screening, a comprehensive review of the patient's vital signs, patient's history and medications is essential. Confirmatory testing using gas chromatography-mass spectrometry (GC-MS) is essential, as it provides greater specificity by accurately distinguishing amphetamines from other compounds, thereby preventing misdiagnosis and unnecessary treatment. Conclusion: When a pregnant woman displays signs of amphetamine addiction and screening tests indicate high amphetamine levels, confirmatory testing with GC-MS should be promptly conducted to ensure an accurate diagnosis and avoid treatment delays for both mother and infant.
論文歸類：產科	

稿件編號：P045	胎兒合併羊水染色體嵌型 Trisomy 21 之病例報告 Case Report of Fetal Mosaic trisomy 21 with amniocentesis
臨時稿件編號：1385	
論文發表方式：海報	方俊能 ¹ 高雄四季安醫院 ¹ Case report: A 34 y/o, female, G2P1A0, EDC 113-03-02, pregnancy 19+5 weeks, visit our OPD for regular prenatal examination since early pregnancy. A normal fetus was noted during early pregnancy. She received amniocentesis and aCGH at pregnancy 17+3 weeks, and fetal karyotyping revealed: 1. AF: 47, XX, +21 [1]/ 46, XX [24] (level 2 mosaicism), with normal aCGH: arr (X,1-22) x2. Karyotyping interpretation: A mosaic karyotype showing 2 cell lines, one cell line with 3 chromosome 21, represented by 3 cells in one colony of one culture, the other is normal 46, XX cell line in 24 colonies. 2. Level 2 U/S at pregnancy 23+ weeks also revealed no fetal anomaly. Chromosome Mosaicism: It is a biological phenomenon that indicates the presence of two or more chromosomally different cell lines in an individual arising from a single zygote. Chromosomal mosaicism in CVS and amniocytes (AF) is a well-recognized biological phenomenon occurring in 1%–2% of CVS procedures and 0.1%–0.3% of amniocentesis. The rescue mechanism was demonstrated after the introduction of CVS and DNA polymorphisms analyses. Referring to paper of “Mosaic trisomy 21 at amniocentesis associated with a favorable fetal outcome and perinatal progressive decrease of the trisomy 21 cell line” by Dr. Chih-Ping Chen, Mosaic trisomy 21 at amniocentesis can be a transient and benign condition, and the abnormal trisomy 21 cell line may decrease and disappear after birth. Conclusion: In the recent years, improvements have been made in the field of molecular cytogenetics so that currently additional methods are available to detect mosaicism. In particular, these techniques include FISH, QF-PCR, aCGH, SNP array, and, more recently, NGS. Since this is a case of level 2 mosaicism, and normal aCGH is normal. The outcome of fetus would be uneventful. Well explanation to the parent, and the pregnancy is carrying on smoothly till now.
論文歸類：產科	

稿件編號：P046	經陰道生產後之早期產後子宮腺肌症與肌瘤之變性變化 Degenerative changes in adenomyosis and uterine fibroids in early postpartum period after vaginal delivery
臨時稿件編號：1487	
論文發表方式：海報	陳玟琦 ¹ 廖宗和 ¹ 中山醫學大學附設醫院 ¹ Degeneration of adenomyosis and uterine myomas during pregnancy and the early postpartum period is a rather rare clinical situation with few cases reported in the literature. The pathophysiology about these degenerative changes remains poorly understood. We present this case of a 42-year-old Taiwanese woman who received tocolytic therapy from gestational age of 23 weeks to 30 weeks due to preterm labor. Despite treatment, preterm delivery happened after failure of tocolytics. After delivery, the patient complained of lower abdominal tenderness accompanied by elevating white blood cell counts and C-reactive protein levels, raising concerns about potential postpartum complications. Pelvic MRI performed on postpartum day three revealed degeneration of adenomyosis and uterine myomas. Under symptomatic treatment, the patient's symptoms improved. She was discharged on postpartum day six in stable condition. A follow-up MRI was performed five months postpartum to evaluate the uterine findings.
論文歸類：產科	

稿件編號：P047	胎盤異常患者接受計畫性或緊急剖腹產之新生兒預後綜合分析 Impact of planned versus emergency cesarean delivery on neonatal outcomes in pregnancies complicated by abnormal placentation A systematic review and meta-analysis
臨時稿件編號：1300	
論文發表方式：海報	黃羿倩 ¹ 楊政群 ² 健康超人兒科診所 ¹ 奇美醫學中心 ² Background: Although planned cesarean delivery (PCD) is the mainstay of management for abnormal placentation, some patients still require emergency cesarean delivery (ECD). We aimed to systematically analyze the impact of various modes of delivery on neonatal outcomes. Methods: This study was compiled with the PRISMA guidelines and was registered in the PROSPERO (code: CRD42022379487). A systematic search was conducted on Ovid MEDLINE and Embase, Web of Science, PubMed, and the Cochrane databases. Data extracted included gestational age at delivery, birth weight, the Apgar scores at 1 and 5 minutes, numbers of newborns with low Apgar score (Results: Fifteen cohort studies met the inclusion criteria, comprising a total of 2565 women (2567 neonates) who underwent PCD (n = 1483) or ECD (n = 1082) for prenatally diagnosed placenta accreta spectrum (PAS) and/or placenta previa (PP). Compared with the ECD group, neonates in the PCD group had significantly higher gestational ages (standardized mean difference [SMD]: 2.20; 95% confidence interval [CI]: 1.25–3.15; P < .001), birth weights (SMD: 1.64; 95% CI: 1.00–2.27; P < .001), and Apgar scores at 1 minute (SMD: 0.51; 95% CI: 0.29–0.73; P < .001) and 5 minutes (SMD: 0.47; 95% CI: 0.25–0.70; P < .001). Additionally, the PCD group had significantly lower rates of neonatal intensive care unit admission (odds ratio [OR]: 0.21; 95% CI: 0.14–0.29; P < .001), low Apgar score at 5 minutes (OR: 0.27; 95% CI: 0.11–0.69; P = .01), and neonatal mortality (OR: 0.13; 95% CI: 0.05–0.33; P < .001). Conclusion: When pregnancies are complicated by abnormal placentation, PCD is linked to noticeably better neonatal outcomes than emergent delivery.
論文歸類：產科	

稿件編號：P048	束腹帶對於剖腹產術後在疼痛控制中的有效性評估：系統性回顧與統合分析 Evaluating the Effectiveness of Abdominal Binders for Pain Management Following Cesarean Section: A Systematic Review and Meta-Analysis
臨時稿件編號：1310	郝盛庭 ¹ 台北市立萬芳醫院婦產部 ¹
論文發表方式：海報	This study evaluates the efficacy of abdominal binders in pain management following cesarean section (C-section). Abdominal binders are commonly used postoperatively for their potential benefits, including surgical incision support, pain relief, increased mobility, and reduced swelling. However, despite widespread use, evidence supporting their effectiveness remains inconclusive. This research adopts a PICO framework, focusing on patients post-cesarean section, comparing those who used abdominal binders with those who did not, with pain scores as the primary outcome. The study includes human adult participants and comparative studies while excluding review articles. Data were sourced from PubMed, Embase, and Cochrane Library as of March 20, 2024. Outcomes were measured using the Visual Analog Scale (VAS) for pain on postoperative days one and two (POD1 and POD2), and the Symptom Distress Scale (SDS). Sensitivity tests were conducted to assess the reliability of findings. Results will inform clinical practice regarding the routine use of abdominal binders in post-cesarean recovery.
論文歸類：產科	

稿件編號：P049	洗腎患者的懷孕 Hemodialysis during pregnancy: reviews and updates
臨時稿件編號：1328	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
論文發表方式：海報	Background: Reviewing the updates of hemodialysis (HD) in pregnancy Case report: A 24-year-old female, para 1, visited our department at early pregnancy 12 weeks with an end stage renal disease and regular HD. Her first pregnancy (2 years ago) was uneventful with regular HD pre-term vaginal delivery (35 weeks). She suffered from unstable high blood pressure and shortness of breath in this pregnancy since the 10th weeks of gestations. Conservative treatment was given with regular HD. Unfortunately, her condition became unfavorable instead of extra-HD. Termination induction was suggested by the nephrologist, and the termination induction with vaginal delivery was uneventful during 15 weeks of gestation. No obvious sequelae and regular HD was arranged then. Discussion: For the HD with pregnancy, a report showed the mean age at first gestation was 30.8 ± 6.5 years, with the average birth week 32 (28-36) weeks. A total of 53.8% of the patients had live births, 51.7% had at least one abortion in the first 20 weeks, and 13.1% had at least one stillbirth after 20 weeks. The rate of patients' increased numbers of dialysis sessions during pregnancy was 71.7%. The abortion rate was 22.4% in those with increased HD sessions, whereas 79.3% in those not increased HD sessions. Live birth frequency was 67.2% in the increased HD sessions group and 3.4% in those who did not differ in HD sessions. Therefore, it has been observed that increasing the number of HD sessions in dialysis patients will decrease fetal and maternal complications and increase live birth rates. An estimated 28% of pregnancies were complicated by preeclampsia, 8% by placental abruption, 58% delivered by cesarean. In the postpartum, 28% required blood transfusions and 6% experienced sepsis. About 45% of babies were born preterm and 14% had IUGR. Women with chronic kidney disease (CKD) have a 10-fold increased risk of superimposed preeclampsia compared with women without CKD. Superimposed preeclampsia affects up to 60% of women with CKD, and the resulting iatrogenic preterm delivery is reported to occur in up to 80% of pregnant women on dialysis. Angiogenic factors, soluble fms-like tyrosine kinase-1(sFlt1) and placental growth factor (PlGF), have been found to be useful in predicting and diagnosing preeclampsia, particularly in women with underlying chronic hypertension and CKD.
論文歸類：產科	

稿件編號：P050	一氧化碳中毒孕婦之高壓氧治療：成功分娩案例分析 Hyperbaric Oxygen in Perinatal CO Poisoning: Favorable Maternal and Fetal Outcomes
臨時稿件編號：1334	祝麗恩 ¹ 陳至真 ¹ 義大醫院婦產部 ¹
論文發表方式：海報	Carbon monoxide (CO) poisoning during pregnancy is rare but poses severe risks to both the mother and fetus, with high rates of morbidity and mortality. This case involves a 32-year-old pregnant woman (G1P0) at 29 6/7 weeks of gestation who attempted suicide by burning charcoal in an enclosed bathroom, leading to CO poisoning. She was sent to the Emergency Department with symptoms of headache, dizziness, and elevated carboxyhemoglobin (COHb) levels (18.2%). The fetus initially showed signs of distress, including an abnormal biophysical profile and heart rate patterns suggestive of hypoxia. However, the condition improved with maternal treatment, allowing the patient to avoid an emergency cesarean section at that time. She was discharged with routine prenatal follow-ups. At gestational age 37 5/7 weeks, she delivered via emergency cesarean due to fetal distress, and the newborn, small for gestational age (SGA), had Apgar scores of 8 and 9. Both the mother and baby recovered well, with normal follow-up results. This case highlights the importance of prompt recognition and treatment of CO poisoning during pregnancy, with HBO therapy being crucial for positive maternal and fetal outcome.
論文歸類：產科	

稿件編號：P051	胎兒粒線體疾病之個案報告 fetal mitochondrial disease case report
臨時稿件編號：1435	劉述全 ¹ 台北醫學大學附設醫院 ¹
論文發表方式：海報	This case involves a 32-year-old gravida 1, para 0 woman at 38 5/7 weeks gestation who presented with vaginal watery discharge. Her pregnancy was complicated by gestational diabetes mellitus and borderline fetal growth, with an estimated fetal weight of 2700 g (<10th percentile). Prenatal evaluations, including NIPT, karyotyping, and level II sonography, revealed no chromosomal or structural abnormalities. The patient delivered spontaneously at term. The male neonate, weighing 2984 g, had Apgar scores of 7 and 8 at 1 and 5 minutes, respectively. On day three postpartum, the neonate developed cyanosis, prompting urgent evaluation. Postnatal metabolic and molecular studies confirmed a diagnosis of mitochondrial disease, a rare genetic disorder affecting cellular energy production. Mitochondrial disease is challenging to diagnose prenatally due to non-specific markers. Current options include targeted genetic testing through amniocentesis or CVS, metabolite analysis, and detailed ultrasonography, though these approaches are limited by variability in phenotype expression and interpretation of mitochondrial heteroplasmy. This case underscores the importance of neonatal monitoring and a high index of suspicion for metabolic disorders in at-risk infants. Early recognition and multidisciplinary care are essential for managing these conditions. Comprehensive genetic counseling is recommended for families with a history of mitochondrial disease to inform reproductive decisions.
論文歸類：產科	

稿件編號：P052	妊娠期高三酸甘油血症併發急性復發性胰臟炎—案例報告 Acute recurrent pancreatitis in pregnancy with hypertriglyceridemia: a case report
臨時稿件編號： 1520	張瑋庭 ¹ 張銀沈 ¹ 台北慈濟醫院婦產部 ¹
論文發表方式： 海報	Acute pancreatitis is a life-threatening condition, with hypertriglyceridemia being a significant underlying cause. Physiological changes in lipid metabolism during pregnancy, such as elevated estrogen and insulin resistance, can worsen hypertriglyceridemia. Recurrent episodes of acute pancreatitis during pregnancy present significant risks to both maternal and fetal health, requiring careful management.
論文歸類： 產科	This case involves a 29-year-old woman at 33 weeks of gestation, diagnosed with diabetes mellitus managed with insulin, and uncontrolled hypertriglyceridemia. She had two prior episodes of acute pancreatitis during this pregnancy, both managed conservatively. She presented with diffuse abdominal pain and vomiting. Laboratory results showed triglycerides at 2,201 mg/dL, cholesterol at 324 mg/dL, lipase at 744 U/L, creatinine at 0.63 mg/dL, glucose at 137 mg/dL, a left-shifted white blood cell count, and blood ketones at 1.1 mmol/L. Acute pancreatitis related to hypertriglyceridemia was diagnosed, and an emergency cesarean section was performed under spinal anesthesia due to signs of fetal distress. The neonate was admitted to the neonatal intensive care unit for respiratory distress and preterm birth. Post-delivery, an abdominal computed tomography scan revealed pancreatic swelling, fat stranding, and fluid collection consistent with grade D pancreatitis. The patient's condition improved with conservative treatment and management of hypertriglyceridemia. Severe hypertriglyceridemia (>1,000 mg/dL) increases the risk of acute pancreatitis, leading to maternal morbidity, preterm labor, or fetal loss if not promptly treated. The timing of delivery is critical, requiring a balance between maternal health and the risks of preterm birth. Proactive monitoring and individualized management for pregnant patients with hypertriglyceridemia, especially those with a history of pancreatitis, to optimize both maternal and neonatal outcomes.

稿件編號：P053	先天性肺部呼吸道畸形之案例分享討論 A case with fetal congenital pulmonary airway malformation diagnosed at 22 weeks
臨時稿件編號： 1541	顏廷奎 ¹ 台北榮民總醫院 ¹
論文發表方式： 海報	Congenital Pulmonary Airway Malformation (CPAM) is a rare developmental anomaly of the lung, characterized by the formation of cystic or abnormal non-functioning lung tissue. CPAM arises during fetal development due to disruptions in the normal branching of the bronchial tree. It is typically diagnosed through prenatal ultrasound, where cystic lesions in the lung are detected.
論文歸類： 產科	The condition is classified into five types (Type 0 to Type 4) based on the size and nature of the cysts and their histological features. While many cases are asymptomatic and may not require immediate intervention, larger or symptomatic lesions can cause respiratory distress in newborns. Management varies depending on severity and includes close monitoring, surgical resection, or postnatal treatment to address complications. Early detection and multidisciplinary care are crucial for optimizing outcomes. Here we presented a case with fetal CPAM diagnosed at gestational age of 22 weeks, MRI was done and revealed suspect type II CPAM or neoplastic growth. Polyhydramnios and fetal ascites noted at 27, 29, 31 weeks and amniocentesis tapping was performed. Cesarean section was performed for delivery at gestation age 36 weeks and 5 days. The neonate then went through thoroscopic wedge resection of the lung tumor immediately on the next day after birth. Final pathology revealed CPAM, composed of mixed feature of both type 1 and 3 CPAM.

稿件編號：P054	關於 7p22.3 微重複和微缺失，以及 array CGH 在產前基因診斷中的作用 A case of 7p22.3 microduplication and deletion: the role of array CGH in genetic diagnosis in prenatal exam.
臨時稿件編號： 1578	楊智元 ¹ 徐英倫 ¹ 林敬川 ¹ 奇美醫院婦產部 ¹
論文發表方式： 海報	Array comparative genomic hybridization (array CGH) has become an essential tool for prenatal genetic diagnosis, enabling the detection of submicroscopic chromosomal abnormalities. We report a case of a fetus with abnormal sonographic findings, including large head circumference to the gestational age. Array CGH analysis revealed three segmental aneuploidies involving microdeletion and microduplication within the 7p22.3 sub-band: a 1.79 Mb deletion at 7p22.3 and a 2.42 Mb duplication at 7p22.3p22.2. Few cases with 7p22.3p22.2 deletion have been reported to exhibit neurodevelopmental delay, while 7p22.2 duplication has been associated with neurodevelopmental phenotypes. Parental array CGH analysis revealed 46, XY and 47, XX, +mar[7]/46, XX. This report aims to highlight the importance of array CGH in prenatal diagnosis of 7p22.3 microdeletion and microduplication. This case underscores the value of array CGH in identifying subtle chromosomal abnormalities and providing accurate genetic counseling to families.
論文歸類： 產科	

稿件編號：P055	剖腹產後的異常出血-子宮動脈假性動脈瘤：病例報告 Unexpected Uterine Artery Pseudoaneurysm Following Cesarean Section: Case Report
臨時稿件編號： 1363	陸盈如 ¹ 曾慶培 ¹ 中山附醫婦產部 ¹
論文發表方式： 海報	Pseudoaneurysms, which known as false aneurysms, are localized blood collections that forms outside the vessel walls but remains contained by the surrounding connective tissue. Typically resulting from vascular trauma or inflammation, such as obstetric or gynecologic procedures, they can lead to life-threatening complications. This report discusses a case of abnormal vaginal bleeding following a cesarean section, during which a uterine artery pseudoaneurysm was incidentally identified. The case underscores the importance of vigilant post-operative management and highlights the need for ongoing follow-up to monitor complications and evaluate pregnancy outcomes.
論文歸類： 產科	

稿件編號：P056	<p>案例報告：懷孕合併末期腎臟病且執行血液透析 Pregnancy complicated by end-stage renal disease with hemodialysis: a case report</p>
臨時稿件編號： 1523	<p>馮毓堃¹ 古宇倫¹ 嘉義長庚醫院婦產部¹</p>
論文發表方式： 海報	<p>Pregnancy in women with chronic kidney disease has always been regarded as a challenging episode for both the mother and the fetus, with an estimated incidence of 3% in high-income countries. Gianfranco et al. had reported that maternal complication included miscarriage, placenta detachment, anemia, infections, premature rupture of membranes, polyhydramnios, pre-term birth, uncontrolled arterial hypertension, preeclampsia/eclampsia, hemorrhage, need for a cesarean section and maternal death. Nevertheless, through adequate deparative and pharmacological strategies in patients with end-stage renal diseases, the possibility of success of the pregnancy increases. Here we presented a 32-year-old multipara women (G3P1) (preterm labor at GA 24 weeks due to preterm premature rupture of membranes, expired) SA1) who successfully delivered a preterm (GA 35 weeks) female baby with Apgar score: 9->10 and body weight 2510gm by vaginal delivery.</p>
論文歸類： 產科	

稿件編號：P057	<p>試管受孕單絨毛膜雙羊膜囊雙胞胎妊娠單胎死亡之管理與結果:病例報告 Management and Outcomes of Single Intrauterine Demise in an IVF-Conceived MonoChorionic Diamniotic Twin Pregnancy: A Case Report</p>
臨時稿件編號： 1456	<p>黃育琳¹ 應宗和² 中山醫學大學附設醫院教學部¹ 中山醫學大學附設醫院婦產部²</p>
論文發表方式： 海報	<p>Twins have a significantly higher risk of stillbirth and preterm delivery. In addition, single intrauterine fetal death is a relatively common complication in the second and third trimester of a twin pregnancy, with the incidence of SIUD approximately 0.5-6.8%. We report a case of single fetal demise in a twin pregnancy found at gestational age 22+ weeks and preterm delivery at gestational age 26+4/7 weeks. A 35-year-old G1P0 female with an IVF-conceived MCDA twin pregnancy was diagnosed with the demise of the leading twin and oligohydramnios at 22+6/7 weeks. She was admitted for preterm labor and received tocolysis (Yutopar, Adalat, Tractocile) and prophylactic flunarilin from 2024/09/13 to 2024/10/01, then discharged in stable condition. However, on 2024/10/11, she was readmitted with vaginal bleeding, lower abdominal pain, and 7cm cervical dilation with a protruding amniotic sac. Given the onset of labor and the risk to the surviving twin, an emergency Cesarean section was performed, resulting in the delivery of a live female newborn weighing 660g (Apgar 5 at 1 minute, 8 at 5 minutes) and a demised twin. The mother recovered well and was discharged stable, while the surviving newborn was admitted to the NICU. The vital signs of the surviving neonate were stable; however, the infant is now experiencing multiple sequelae of extreme prematurity, including respiratory distress syndrome, retinopathy of prematurity, and ventriculomegaly. We will now discuss the risk factors and causes of single intrauterine death in twin pregnancies, as well as the management strategies for this condition.</p>
論文歸類： 產科	

稿件編號：P058	<p>胎兒母體輸血症病例報告 Massive Fetomaternal Hemorrhage in a 43-Year-Old Primigravida</p>
臨時稿件編號： 1335	<p>張若凡¹ 台北醫學大學附設醫院¹</p>
論文發表方式： 海報	<p>Background: Massive fetomaternal hemorrhage (FMH), defined as fetal blood loss of ≥20% of total blood volume, is a rare but serious obstetric complication that can lead to fetal anemia, neonatal compromise, or intrauterine death. Clinical signs of FMH are often nonspecific, which can delay diagnosis and increase the risk of adverse outcomes.</p> <p>Case Presentation: We report a case of a 43-year-old primigravida, conceived via in vitro fertilization, with a singleton pregnancy complicated by gestational diabetes mellitus, preeclampsia risk, and breech presentation at 38 weeks. The patient was admitted for a scheduled cesarean section (C/S) and subsequently required emergent C/S due to non-reassuring fetal heart rate patterns. A live male infant was delivered with severe neonatal anemia (Hb 3.9 g/dL), necessitating immediate blood transfusion. Postpartum analysis, including the Kleihauer-Betke test and flow cytometry, confirmed massive FMH, with an estimated fetal blood loss of 89%.</p> <p>Conclusion: This case underscores the challenges in diagnosing and managing massive FMH, particularly in high-risk pregnancies. Timely recognition of non-reassuring fetal signs and prompt intervention are critical to improve neonatal outcomes. Regular prenatal surveillance, especially in cases with placental insufficiency or abnormal fetal heart rate patterns, may aid in early detection and management of FMH.</p>
論文歸類： 產科	

稿件編號：P059	<p>罕見的胎兒體莖異常案例:論早期診斷之重要性 A Rare case of Body Stalk Anomaly: the importance of early prenatal diagnosis.</p>
臨時稿件編號： 1514	<p>林育瑩¹ 謝聰哲¹ 彰化基督教醫院¹</p>
論文發表方式： 海報	<p>Body stalk anomaly is a rare malformation syndrome with a low prevalence of 1 in 15,000 pregnancies. It is characterized by a large abdominal wall defect and multiple associated fatal malformations, including limb defects, spinal deformities, pulmonary hypoplasia, and craniofacial anomalies.</p> <p>We present a case of a 29-year-old pregnant woman at 11+2 weeks of gestation. The fetus was found to have only one leg, a short umbilical cord, and an omphalocele. Based on these findings, body stalk anomaly was suspected, and the decision was made to terminate the pregnancy.</p> <p>The neonatal outcome for body stalk anomaly is typically poor, and there is no known treatment for the condition. Therefore, early diagnosis is crucial, particularly through sonography, such as transvaginal ultrasound. The benefits of early diagnosis include not only enabling prompt management but also reducing the cost and time associated with additional prenatal screening tests, such as noninvasive prenatal testing (NIPT).</p>
論文歸類： 產科	

稿件編號：P060	自然受孕三胞胎之自然減胎至單胞胎活產的臨床觀察與討論 Clinical Observation and Discussion of Spontaneous Fetal Reduction in Naturally Conceived Triplets to a Singleton 陳致琦 ¹ 應宗和 ¹ 中山醫學大學附設醫院 ¹
臨時稿件編號：1529	
論文發表方式：海報	Multiple gestation is considered a high-risk pregnancy, associated with an increased likelihood of prolonged hospital stays, preterm birth, stillbirth, and various maternal and fetal complications. In recent years, the incidence of multiple gestations has risen, largely due to older maternal age at conception and the growing use of assisted reproductive technologies. To improve maternal and fetal outcomes, fetal reduction may be taken into consideration. Additionally, spontaneous reduction may occur naturally during pregnancy. In this case, we report a 34 year-old woman with a twin pregnancy at six weeks of gestation. Subsequent evaluation revealed another delayed development of one fetus in one of the gestational sacs. By 11 weeks of gestation, the triplet pregnancy had spontaneously reduced to a singleton. There was no major complications in this pregnancy. The mother underwent cesarean delivery at 37 weeks with a healthy newborn.
論文歸類：產科	

稿件編號：P061	前胎剖腹嘗試陰道生產導致子宮破裂，緊急剖腹後形成膀胱陰道瘻管：病例報告 Uterine Rupture During Attempted Vaginal Delivery After Cesarean Section, with Vesicovaginal Fistula Formation Following Emergency Cesarean Section: A Case Report 牛恩云 ¹ 孫路 ¹ 台中榮民總醫院 ¹
臨時稿件編號：1559	
論文發表方式：海報	In this case report, we demonstrated a 31 year-old woman, who had previous cesarean section in Cambodia. She tried vaginal delivery after cesarean section in other hospital. However, fetal distress down to 80-120bpm was noted while pushing. The cervix was full dilated and the station was 0+1 at then. At the same time, vaginal bleeding were also noticed. Emergency cesarean section was performed. A female baby was delivered. Apgar score was 0, 0 at first and fifth minutes respectively. During the emergency cesarean section, bladder injury was noticed and primary repair was done. Three days later, cystography showed vesicovaginal fistula. The patient was transferred to our hospital for further evaluation and treatment.
論文歸類：產科	

稿件編號：P062	因胎兒窘迫之緊急剖腹產中，意外發現之複雜性闌尾炎：案例報告 Complicated appendicitis in the third trimester was discovered incidentally during an emergency Cesarean section performed due to fetal distress: A Case Report 徐祥雲 ¹ 傅啟峰 ² 義大醫院婦產部 ¹ 義大醫院婦產科主任 ²
臨時稿件編號：1298	
論文發表方式：海報	Introduction: Acute appendicitis is one of the most common non-obstetric emergencies in pregnant women. Acute appendicitis is classified into complicated appendicitis and uncomplicated appendicitis. The incidence of acute appendicitis is slightly higher in the second trimester compared to the first and third trimesters and the postpartum period. Diagnosing appendicitis during pregnancy is particularly challenging due to the high prevalence of abdominal and gastrointestinal discomfort, anatomical changes from an enlarged uterus, and physiological leukocytosis during pregnancy. Complicated appendicitis during pregnancy significantly affects clinical outcomes for both the mother and the fetus. However, accurately diagnosing complicated appendicitis in pregnant patients presents various challenges. Additionally, we review some research on diagnosis and management options for complicated appendicitis during pregnancy. We will report a case discussing appendicitis in pregnancy. Case report: A 37-year-old woman, G1P0A0, at a gestational age of 33+4 weeks, denied any underlying disease. She denied gestational complications. She was then sent to our delivery room for fetal monitoring. Due to fetal distress, a Cesarean section was scheduled. During the procedure, a significant amount of abscess was found throughout the abdominal cavity. Suspecting a ruptured appendix, we consulted a general surgeon. The general surgeon confirmed acute appendicitis with rupture, and complicated appendicitis was diagnosed. Discussion: Diagnosing acute appendicitis in pregnant women is more challenging than in non-pregnant patients. Therefore, diagnosing complicated appendicitis is crucial for selecting appropriate treatment options and determining the disease prognosis. In addition to basic history-taking, physical examination, and imaging studies, some clinical lab data can help improve diagnostic accuracy for rapid management of acute appendicitis in pregnant patients. After diagnosing acute appendicitis in pregnant women, management is essential to improve maternal and fetal clinical outcomes. Management options include nonoperative and operative interventions. Immediate surgical intervention is often considered the first-line treatment for pregnant women with complicated appendicitis. In summary, atypical clinical presentations are common in pregnant patients. We must be careful in managing to reduce complications associated with acute appendicitis.
論文歸類：產科	

稿件編號：P063	新生兒先天性膝蓋脫臼 Intra-uterine Congenital knee dislocation: updates 謝偉吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
臨時稿件編號：1327	
論文發表方式：海報	Background: to review the etiologies of intrauterine fetus knee dislocation Case report: A 28-year-old girl, primigravida, visited our department at 24 weeks of gestations, for routine prenatal care. The whole prenatal course was uneventful with persisted fetus malpresentation (frank breech) until term pregnancy. The baby was delivered by cesarean section and bilateral knees dislocation was noted after delivery. The newborn was follow-up in pediatrics orthopedics department and low extremities splints was done. Discussion: Congenital dislocation of the knee (CDK) is an uncommon congenital malformation. It accounts for approximately 1/100,000 of births; prenatal ultrasound can confirm the diagnosis at approximately 20 weeks of gestation. It is approximately 1% the incidence of developmental dysplasia of the hip. It is twice as frequent in females can occur as an isolated condition, but more often in association with other genetic abnormalities such as Larsen syndrome, arthrogyripos multiplex congenita, Ehler's-Danlos syndrome and developmental dysplasia of the hip and talipes equinovarus. The diagnosis can be confirmed through prenatal 3D or 4D ultrasound, typically performed around the 20th week of gestation. Type 1 may lack identifiable findings on X-rays, necessitating caution in the diagnosis. Nonsurgical treatment is recommended for newborn cases whenever possible, which involves gentle manual reduction and the application of continuous casting, starting with knee extension and gradually transitioning to knee flexion. The cast was changed every two weeks for 2-3 months. The prenatal diagnosis of CKD is rare, and the outcome of CKD is heterogeneous, being excellent in isolated cases with appropriate orthopedic treatment and poor in complex cases. Detailed genetic testing (including cytogenetics, CGH array and gene panel to exclude associated syndromes) and subsequent management is mandatory, with reassurance for isolated cases regarding favorable outcomes, and surgery is generally not required, particularly in isolated cases, and effective treatment is mostly by early postnatal intervention with serial casting and physiotherapy. Intervention, ranging from serial casting to surgery, is required as soon as possible. It may be associated with genetic syndromes but also with developmental hip dysplasia and clubfoot, and screening is warranted for these conditions. Further research should be done to improve prenatal detection of this deformity.
論文歸類：產科	

稿件編號：P064	胎兒心臟主動脈弓異常 Fetus aortic system anomaly : update reviews
臨時稿件編號： 1332	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 何坤達 ¹ 黃順賢 ¹ 張峰銘 ² 奇美柳營分院 ¹ 張教授胎兒醫學中心 ²
論文發表方式： 海報	Background: to report a fetus with an aortic arch variant. Case report: A 32-years-old female, para 0, pregnancy at 22 weeks, visited our department for fetus right aortic arch (RAA) with left ductus arteriosus (DA). The noninvasive prenatal test (NIPT2.0), spinal muscular atrophy screen (SMA) and fragile X syndrome screen were no abnormality detected. The prenatal course was uneventful, and she give birth to a female baby with body weight 3100 grams with APGAR score 8 to 9 without cardiopulmonary problem after delivery. The pediatric cardiac echogram showed similar findings and regular follow up was arranged. Discussion: In normal fetus situs, the aortic arch (AA) passes to the left side of trachea with ductus arteriosus (DA). The right aortic arch (RAA), accounts for about 0.1%, is an abnormality of aorta and brachiocephalic vessels, which it courses to the right of the trachea. The prenatal diagnosis for AA is important due to the association of cardiac and extracardiac abnormalities, and chromosome defects particular in 22q11.2 deletion. The detection of AA abnormality can be determined by both two-dimensional grayscale and color Doppler imaging, especially with the inclusion of three vessels and trachea (3VT) at 18-20 weeks of gestations. Most of the fetuses (83%) with RAA had a left-sided DA, which is the V sign to U sign in the 3VT view. Vascular rings, including those with a right aortic arch, usually occur without associated cardiovascular anomalies. Ventricular septal defect is the most common associated anomaly, although various others have been reported as well. Others anomaly include palatal abnormalities, laryngotracheal anomalies, speech and learning delay, characteristic facial features, hypocalcemia, abnormalities of T-cell-mediated immune function, and neurologic defects. Surgical management has been the standard of care for more than 50 years. Patients with significant airway compression may die because of respiratory compromise, but such events are rare.
論文歸類： 產科	

稿件編號：P065	病例報告：子宮肌瘤切除術後診斷植入性胎盤 Placenta Accreta Diagnosed Following Myomectomy: A Case of Sudden Abdominal Pain in a Pregnant Woman
臨時稿件編號： 1469	林芊華 ¹ 宮曉帆 ¹ 台中榮總 ¹
論文發表方式： 海報	Case report: This is a 39-year-old female with a medical history of psoriasis, currently not on medication. Her OB/GYN history includes multiple myomas, status post myomectomy in 2015, and gravida 2 para 1 (P1: 25+ weeks with a fetal de novo anomaly suspected as a cardiac tumor, likely rhabdomyoma, terminated on 2020/04/21 due to suspected rhabdomyoma and tuberous sclerosis; maternal TSC2 gene mutation C.3733). She is currently at GA 21+1 weeks, with an EDC of 2024/06/27. She has been undergoing regular antenatal check-ups in our outpatient department. Her family history is unremarkable, and she has no history of alcohol use, betel nut chewing, or smoking. On this occasion, she experienced a sudden onset of persistent abdominal pain at 02:00 on 2024/02/15 while sleeping. The pain radiated to the right back and right shoulder and was aggravated by the supine position. The pain was accompanied by dysuria but without urinary frequency or hematuria. She denied vaginal bleeding or increased vaginal discharge. She initially visited the emergency room at another hospital, where ascites and a hemoglobin level of 11.8 g/dL were noted. At our ER, her initial vital signs were T/P/R: 37.4°C/87 bpm/18 breaths per minute, and BP: 136/65 mmHg. Physical examination revealed a soft abdomen with abdominal distension, diffuse tenderness, no rebound pain, and hypoactive bowel sounds without flank pain on percussion. Laboratory data showed mild leukocytosis with neutrophil predominance, anemia (Hb: 10.6 g/dL), and mildly elevated CRP and D-dimer levels. Urinalysis revealed proteinuria (1+) but no pyuria. A sonogram showed minimal fluid accumulation in the A4 and A7 regions, with no fluid in the Morison's pouch or splenorenal fossa. Further imaging was recommended. An abdominal CT scan revealed some high-density fluid in the abdomen, raising the suspicion of hemoperitoneum. MRI findings demonstrated a placental mass with focal thinning of the myometrium, engorged vessels, intraplacental bands, and uterine bulging. Placenta focal accreta at the right fundus was diagnosed. A review of her history revealed an open myomectomy performed in 2015, during which a type 2-5 myoma measuring 3-4 cm at the right fundus was removed. The endometrial cavity was entered by approximately 1 cm and subsequently sutured. Under the impression of placenta accreta following myomectomy, she was admitted for further management. Discussion: The Risk and Management of Placenta Accreta Spectrum Following Myomectomy.
論文歸類： 產科	

稿件編號：P066	剖腹生產傷疤子宮內膜異位症 Secondary cutaneous endometriosis - Cesarean scar endometriosis: case report with updates review
臨時稿件編號： 1330	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
論文發表方式： 海報	Background: to report and review an uncommon skin lesion after cesarean section (CS) Case reports: Case 1: A 32-years-old female, para 1, post-CS for 13 months, visited our department because of a palpable subcutaneous nodule with pain especially during menstruation. The ultrasound showed a hypochoic mass about 1cm in subcutaneous layer below the cesarean section scar (CSS). Excision was done during her second CS and the pathological findings showed endometriosis (E). Case 2: A 38 -years-old female, para 2, post-CS 3years, referred from our plastic surgery department for a CSS mass. The ultrasound showed a hypochoic mass about 3cm in size in subcutaneous area below the CSS. Excision was done and it showed E. Discussion: The most common sites of pelvic endometriosis include ovary, uterosacral ligaments, ovarian fossa, the pouch of Douglas, and the bladder. Cutaneous endometriosis (CE)/scar endometriosis (SE) is an uncommon extra pelvic endometriosis (EPE), which accounts between 0.03% to 0.45% women of childbearing age. Patients usually complain of a palpable mass, swelling, or even bleeding over the affected sites of the skin with cyclic pain during menstruation. The incidence of E in women of childbearing age is around 5 to 15%, the CE is about 0.5 %, the PCE is less than 30% in CE, and the episiotomy scar endometriosis (ESE) occurs extremely rare in births. The increasing number of CS and laparotomies will expect to increase the rate of CE. The pathogenic mechanism includes local environment inflammation at the implant site, the metalloproteinases activation due to local growth factors, estrogen stimulation through estrogen receptors and potential epigenetic changes. However, the underlying mechanisms are not fully understood. The time of the first symptoms appearance/definitive diagnosis can be around 10 years, and differential diagnosis include lipoma, hernia, suture granulomas, abscess, desmoid tumor, or malignancies. The surgery is the first line of therapy which should include clear margins, at least 1 cm from solid tissue. Medications such as gonadotrophin releasing hormone agonist (GnRH) or danazol (a synthetic derivative of 17- α -ethinyl testosterone), both before and after surgical resection, may be effective in preventing CE. Some CS practices, such as bleeding control methods, abdominal cavity washing before closure, and minimizing subcutaneous dead space, may reduce the incidence of CE.
論文歸類： 產科	

稿件編號：P067	個案報告:孕早期誤用 ACEI 所致胎兒之不良影響 Maternal Exposure to Angiotensin II Receptor Blockers in Early Pregnancy and Its Association with Oligohydramnios: A Case Report
臨時稿件編號： 1381	阮承宜 ¹ 石宛菁 ¹ 楊清淳 ¹ 何倩菱 ¹ 蔡丞拔 ¹ 謝保群 ¹ 中港澄濟醫院 ¹
論文發表方式： 海報	We present the case of a 43-year-old woman (G5P2A2) with chronic hypertension, managed at a local clinic for two years, who was referred to our care for oligohydramnios at 24+5 weeks of gestation. The patient initially reported taking antihypertensive medication, later identified as Asartan (Amlodipine/valsartan); an angiotensin receptor blocker, ARB) and aspirin, which were discontinued at 27 weeks. Ultrasound revealed breech presentation, a low amniotic fluid index (4.8 cm). At 31+6 weeks, worsening fetal prognosis led to the decision for induction of labor. Management included switching to Norvasc and a thiazide diuretic, alongside magnesium sulfate for fetal neuroprotection and Ampicillin for GBS prophylaxis. Spontaneous labor began at 31+6 weeks, resulting in a partial breech extraction vaginal delivery of a male infant weighing 2340 g, with Apgar scores of 3 and 6 at 1 and 5 minutes, respectively. The newborn required NICU admission for Grade IV respiratory distress syndrome, oliguria, and suspected renal dysfunction. This case highlights potential adverse effects of ARB exposure during pregnancy on fetal renal development and emphasizes the need for careful antihypertensive selection. A review of ARBs' impact on fetal renal outcomes will follow.
論文歸類： 產科	

稿件編號：P068	嚴重子癩前症合併腎病徵候群：病例報告 Severe pre-eclampsia with nephrotic syndrome: a case report
臨時稿件編號： 1397	梁尹蕓 ¹ 大林慈濟醫院婦產部 ¹
論文發表方式： 海報	Background: Preeclampsia refers to the development of hypertension and new-onset proteinuria or progressive organ damage (especially kidney) in a previously normotensive pregnant woman after 20 weeks of gestation, and it is the leading cause of nephrotic syndrome during pregnancy. According to previous reports, new-onset nephrotic syndrome due to preeclampsia is rarely seen, making its management challenging.
論文歸類： 產科	Case presentation: A 27-year-old woman presented with new-onset preeclampsia with severe features at 27 weeks of gestation, accompanied by headache, dizziness, blurred vision, and leg edema. She was admitted to our hospital for blood pressure control and maternal-fetal monitoring. Hypoalbuminemia and massive proteinuria (UPCR: 23,005.02 mg/g) were noted at the time of admission, making nephrotic syndrome secondary to preeclampsia the most likely diagnosis. After admission, her general condition improved, and her blood pressure remained stable. However, pleural effusion and ascites developed during hospitalization. Sonography-guided aspiration was performed, which significantly improved her symptoms of dyspnea and shortness of breath. Since there was no evidence of HELLP syndrome or worsening renal function, and the fetus showed fair growth with normal Doppler findings, we continued her tocolysis treatment. At 30+3 weeks of gestation, she experienced a sudden onset of general weakness, dizziness, and intermittent blurred vision. Additionally, decreased urine output and elevated magnesium levels were observed. Due to acute kidney injury and progression of severe preeclampsia, an emergent en caul cesarean section was performed. A female newborn with Apgar scores of 9 at both 1 and 5 minutes, appropriate for gestational age, was delivered. After delivery, the patient was followed in our nephrology outpatient clinic and treated with ARB therapy. Her blood pressure remained normal, and her proteinuria significantly improved. Conclusions: New-onset nephrotic syndrome due to preeclampsia is rarely seen, making its management challenging. Related pleural effusion or ascites are also uncommon and are unlikely to be absolute indications for delivery. In contrast, uncontrollable hypertension and acute kidney injury (AKI) are true indications for delivery. Nephrotic syndrome may improve rapidly, or it may take more than the usual six weeks to resolve, requiring referral to nephrology for long-term management.

稿件編號：P069	第二孕期超音波診斷之胎兒小耳症-病例報告 Fetal microtia identified during mid-trimester ultrasound—a case report
臨時稿件編號： 1402	謝昱樺 ¹ 台南郭綜合醫院婦產部 ¹
論文發表方式： 海報	Introduction Microtia is a congenital anomaly of the external ear, and it is typically diagnosed after birth. In prenatal settings, mid-trimester ultrasounds can sometimes detect microtia, particularly in severe cases. Here we present a case of a primipara who was diagnosed as having isolated fetal microtia.
論文歸類： 產科	Case report A 24-year-old female woman had a reproductive history of gravida 1, para 0. She received regular prenatal care at Kuo General Hospital. She received detailed second trimester ultrasonography at a gestational age of 22 weeks and 2 days, revealing an isolated fetal right ear anomaly. She was referred to National Cheng Kung University Hospital for prenatal counseling where the ultrasonography confirmed the same finding. She then received amniocentesis and SNP array at a gestational age of 23 weeks and 1 day, which then revealed a normal result. Cervical incompetence and bag protruding was noted at her gestational age of 24 weeks at Kuo General Hospital, and she was subsequently referred to NCKUH immediately due to high risk of extreme preterm. She received tocolytic treatment after that time and received rescue McDonald's cerclage at a gestational age of 25 weeks and 1 day. She then received removal of cerclage and vaginal delivery on 2024/04/25 at a gestational age of 29 weeks and 3 days due to progressed preterm labor and antepartum hemorrhage. A male baby was born at the birth weight of 1267g. The delivery course was smooth. This baby was diagnosed as having congenital microtia grade 3 with aural atresia. This baby received auditory brainstem response threshold screening at a post-menstrual age of 44 weeks. ABR threshold screening revealed a normal threshold of the left ear (20 dB nHL) and an elevated threshold of the right ear (60 dB nHL), compatible with hearing impairment in the right ear and normal hearing in left ear. Discussion Microtia is a congenital anomaly characterized by the underdevelopment, malformation, or absence of the external ear. It can affect one ear or both ears. The prognosis for microtia largely depends on whether the condition occurs in isolation or as part of a syndrome, including Goldenhar syndrome, Treacher Collins syndrome, Nager syndrome, Crouzon syndrome, Pierre Robin sequence, and CHARGE syndrome. These syndromes often involve a range of craniofacial, skeletal, and systemic abnormalities, which are frequently associated with a poorer prognosis. In cases of isolated microtia with aural atresia, conductive hearing loss is common but does not affect cognitive or language development if managed early. With appropriate hearing aids and surgical reconstructive interventions, individuals with isolated microtia can lead normal, healthy lives. Microtia is typically diagnosed after birth through physical examination. The prenatal detection methods of microtia include ultrasound examination and fetal MRI. Microtia is typically assessed during the mid-trimester anomaly ultrasound scan. 2D ultrasound can be used for identifying gross structural anomalies, and 3D ultrasound can offer detailed visualization of the external ear anatomy. Color Doppler Imaging may help assess blood supply to the auricular region. Fetal MRI is used as a complementary tool when ultrasound findings are inconclusive.

	In this case, the isolated fetal microtia was successfully detected in the detailed second trimester ultrasonography scan. The mother received amniocentesis immediately to exclude associated syndromes, chromosomal or genetic disorders. The mother was referred to the medical center for better multidisciplinary maternal-fetal care. Prenatal diagnosis of microtia provides valuable information for assessing the condition's severity, identifying associated anomalies, and ensuring that families and healthcare providers are equipped to deliver optimal care before and after birth.
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稿件編號：P070	案例報告：腹壁下深穿皮瓣乳房重建術後子宮頸閉鎖不全及早產。 A case report: cervical insufficiency and preterm pregnancy after breast reconstruction with the deep inferior epigastric perforator flap.
臨時稿件編號： 1461	趙函澄 ¹ 林樹伶 ¹ 台中榮民總醫院 ¹
論文發表方式： 海報	This is a 23-year-old woman had a past history of right phylloides tumor status post nipple sparing simple mastectomy on April 19, 2024, and deep inferior epigastric perforator flap surgery on May 28, 2024. Also, she had a history of type 2 diabetes mellitus since 16-year-old, controlled by insulin now. She is a recent smoker and quit after pregnancy, and she took Nicotine pill 4 mg until July, 2024.
論文歸類： 產科	This time, she came to our outpatient department for antenatal care at 12 weeks' of gestation. The prenatal exam revealed negative finding of HIV, hepatitis B, RPR, SMA, Fragile X syndrome and NIPS. The first trimester preeclampsia survey showed low risk for preeclampsia (1:567) but high risk for IUGR (1:51). However the level II ultrasound at weeks' of gestation revealed short cervix of 2 cm with funneling on Aug 5, 2024. Therefore the McDonald's cerclage was performed at 20 weeks' of gestation on August 15, 2024. During surgery, the shorter cervix of 0.6 cm and easily dilated cervix with bag protruding was noted. At 28 weeks of gestation, the cervical length was 0.8cm with intact suture stitch. Because of possibility of preterm delivery, the betamethasone and MgSO4 were administered for lung maturation and neuroprotection. We strongly suggested her to stay longer for monitoring and informed the higher risk of preterm labor. However, she insisted to leave after preterm preparation and asked for weekly follow-up. At 34 weeks of gestation, she came to our delivery room because of regular uterine contraction once per 2-3 minutes. After discussion, the cerclage stitch was removed at night on November 17, 2024. She had rapid labor progression and had a smooth delivery at 1507 on November 18, 2024. The male baby weighed 2720g. The Apgar Score was 4 at 1 minute and 7 at 5 minute. After delivery, she recovered soon and was discharged on November 20, 2024.

稿件編號：P071	<p>妊娠期李斯特菌感染的病例报告 A Rare Case of Listeriosis in Pregnancy: Challenges in Diagnosis and Management</p> <p>陳曦¹ 吳文毅¹ 亞東紀念醫院婦產部¹</p>
臨時稿件編號： 1575	
論文發表方式： 海報	<p>Introduction: Listeriosis, caused by <i>Listeria monocytogenes</i>, is a rare but serious bacterial infection during pregnancy, associated with significant risks to both maternal and neonatal health, including complications such as preterm labor, stillbirth, and neonatal sepsis. Pregnant women are particularly vulnerable due to immune changes that increase susceptibility to infections. The infection is typically contracted via contaminated food and can present with symptoms ranging from mild flu-like illness to severe outcomes. Early diagnosis and treatment are crucial for reducing maternal and neonatal morbidity.</p> <p>Case Presentation: A 21-year-old G1P0 pregnant woman at 33+ weeks of gestation with type II diabetes presented with vaginal watery discharge, abdominal pain, and fever. She underwent Cesarean delivery due to fetal distress, preterm premature rupture of membranes (PPROM), and a 4 cm cervical dilation with palpable fetal limbs. Despite negative maternal blood cultures, blood cultures from the neonate confirmed <i>Listeria monocytogenes</i>, and the mother was treated with a 7-day course of ampicillin, resulting in resolution of her fever and stabilization. The neonate, born weighing 2250g with an Apgar score of 4 to 7, developed <i>Listeria</i> sepsis and severe persistent pulmonary hypertension of the newborn (PPHN), requiring VA-ECMO for 7 days. The infant was treated with ampicillin, gentamycin, ceftazidime, vancomycin, and Unasyn. Neurological issues, including mild tremors and a seizure-like event, resolved without intervention. Imaging revealed a right lower quadrant ovarian cyst that gradually improved. The infant was gradually weaned off NCPAP and tolerated nasal cannula.</p> <p>Discussion: This case highlights the importance of early recognition and treatment of listeriosis in pregnancy, with high-dose ampicillin being the key of therapeutic approach. It also emphasizes the risks for preterm birth and low-birth-weight infants, as well as the need for preventive strategies, such as avoiding high-risk foods (raw fruits and vegetables or ready-to-eat foods that have not been fully heated), to reduce maternal and neonatal complications. Despite initial negative cultures, early intervention with antibiotics improved maternal outcomes. The infant's complications, including PPHN, underline the severity of neonatal listeriosis, requiring advanced respiratory support. Neurological sequelae, though alarming, resolved spontaneously. Preventive measures, including educating pregnant women on the risks of foodborne pathogens, remain essential in reducing the incidence of this infection. Recent cohort studies reinforce the significance of early intervention in improving neonatal outcomes.</p> <p>Conclusion: Listeriosis during pregnancy requires prompt management and preventive care to reduce maternal and neonatal risks. Timely adherence to treatment guidelines can significantly improve outcomes for both mother and infant. This case reinforces the importance of recognizing listeriosis early and providing appropriate, guideline-based care to mitigate the risks associated with the infection.</p>
論文歸類： 產科	

稿件編號：P072	<p>早產合併臍帶異常插入與胎盤剝離的病例报告 Case Report: Preterm Delivery Complicated by Velamentous Cord Insertion and Placental Abruptio</p> <p>傅偉志¹ 光田綜合醫院¹</p>
臨時稿件編號： 1641	
論文發表方式： 海報	<p>Abstract: This case report details a 26-year-old primigravida who presented with preterm premature rupture of membranes (PPROM) at 33+6 weeks gestation, complicated by velamentous cord insertion and placental abruption. Emergent delivery was necessary, and the patient underwent vacuum-assisted vaginal delivery. The case emphasizes the importance of immediate clinical intervention, particularly in cases involving PPROM with abdominal pain, to avoid potential maternal and fetal complications.</p> <p>Introduction: Velamentous cord insertion (VCI) is a rare but significant obstetric complication, where the umbilical cord's blood vessels insert into the fetal membranes rather than the placental tissue. This condition can lead to severe complications such as fetal distress, preterm labor, and placental abruption. Early identification and appropriate management are critical to preventing adverse outcomes. This case report highlights the emergent nature of managing a preterm delivery complicated by PPROM, velamentous cord insertion, and placental abruption.</p> <p>Case Presentation: A 26-year-old woman, G1P0, at 33 6/7 weeks of gestation, presented to the emergency department at 04:40 AM with complaints of fluid leakage. Initially, she suspected it was urinary incontinence and did not seek immediate medical attention. However, by 06:00-07:00 AM, she experienced severe abdominal pain, which prompted her to visit the hospital. Upon arrival at the emergency room, the patient was transferred to the Obstetric and Gynecological Emergency department for further evaluation.</p> <p>On examination, the patient exhibited significant abdominal pain, which was described as severe, causing her to twist and writhe on the bed. Pelvic examination revealed that the cervix was near fully dilated, and labor was imminent. Immediate preparations were made for delivery, and fetal monitoring was initiated.</p> <p>Upon delivery, the patient was found to have a significant placental abruption. The placenta showed evidence of velamentous cord insertion, with the blood vessels coursing across the membranes before attaching to the edge of the placenta. Despite these complications, the baby was delivered vaginally via vacuum extraction at 08:05 AM.</p> <p>Discussion: Velamentous Cord Insertion (VCI): Velamentous cord insertion occurs when the umbilical cord's blood vessels travel through the amniotic membrane before inserting into the placental margin, rather than the placental center. This abnormality can result in compromised blood flow to the fetus, increasing the risk of intrauterine</p>
論文歸類： 產科	

	<p>growth restriction, fetal distress, and premature labor. In this case, the presence of VCI contributed to the placental abruption and required careful management to minimize fetal and maternal risks.</p> <p>Placental Abruption: Placental abruption, or premature separation of the placenta from the uterine wall, is a serious condition that can result in heavy bleeding, fetal hypoxia, and preterm birth. In this case, the patient experienced significant abdominal pain and labor, which were exacerbated by the abruption. Early recognition and rapid intervention, including emergent delivery, were critical to ensuring a good neonatal outcome.</p> <p>Preterm Premature Rupture of Membranes (PPROM): PPROM, which is the rupture of membranes before 37 weeks of gestation, is associated with increased risks of infection, preterm birth, and neonatal complications. In this case, PPROM occurred at 33+6 weeks of gestation, and the patient presented with labor pain shortly after rupture. PPROM in the context of VCI and placental abruption necessitates close monitoring and timely intervention to prevent adverse outcomes for both mother and baby.</p> <p>Management and Clinical Considerations: In third-trimester pregnancies, particularly between 28-34 weeks, it is essential to be cautious when performing vaginal examinations. In cases of PPROM accompanied by abdominal pain, especially severe or crampy pain, a pelvic exam should be prioritized to assess for possible complications such as placental abruption or cord insertion abnormalities. The case illustrates the importance of clinical judgment in deciding when to proceed with immediate delivery versus conservative management.</p> <p>Conclusion: This case underscores the critical importance of early detection and intervention in pregnancies complicated by PPROM, velamentous cord insertion, and placental abruption. Although these conditions are rare, they can lead to severe maternal and fetal complications if not promptly managed. A multidisciplinary approach involving close monitoring, timely diagnostic evaluation, and emergent delivery were essential to ensuring a positive outcome for both the mother and the baby.</p> <p>This case serves as an important reminder of the potential dangers of placental abruption and cord insertion abnormalities, and it highlights the need for vigilance in managing complicated preterm deliveries.</p>
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稿件編號：P073	<p>雙胞胎孕婦使用 Ritodrine 安胎合併類粒性白血球缺乏症之病例报告 A case Report of twin pregnancy complicated with agranulocytosis during tocolysis with ritodrine</p> <p>方偉倫¹ 高雄市四季平安醫院¹</p>
臨時稿件編號： 1386	
論文發表方式： 海報	<p>Case report: A 40 y/o, female, G1P0A0, EDC 113-09-08, IVF, twin pregnancy, DC, DA, malpresentation of both twins. She was at pregnancy 32+1 weeks and admitted for tocolysis for irregular uterine contraction and vaginal bleeding off and on. She received Ritodrine iv with titration dose for reducing regular uterine contraction. The dose is titrated from 10 cc/hr (Ritodrine 3 amp (10 mg/ml) in 500 cc D5W) since first day of tocolysis to Day 24 with dosage of 60 cc/hr (Ritodrine 3 amp (10 mg/ml) in 500 cc D5W) and total dosage of Ritodrine 5625 mg.</p> <p>The WBC on admission is 10010/ul, 7920/ul, 5970/ul on the following next 2 weeks on average of 7 days interval, but the WBC on the morning of day 23 with accumulated dosage of Ritodrine to 5625 mg is 1570/ul, and the WBC follow-up is 1090/ul and neutrophil is 0.</p> <p>Since no sign of infection and sepsis, she was still given prophylactic antibiotics and arranged emergent C/S. The course of C/S was smooth.</p> <p>The WBC was increasing to 2727/ul and neutrophil 38.6 % on post-operative day 1, and increasing on the following 2nd days to WBC 8970/ul and neutrophil 60.8%. The post-operative admission course was smoothly. The impression of agranulocytosis induced by tocolysis with Ritodrine was made.</p> <p>Conclusion: Ritodrine hydrochloride is frequently used for tocolysis, there are many side effects such as tachycardia, pulmonary edema, and seldom agranulocytosis. The Ritodrine continuous iv infusion should be extremely cautious especially in cases with placenta previa, abruptio placentae, severe pre-eclampsia, IUFD, chorioamnionitis, maternal hyperthyroidism and maternal cardiac, renal and hepatic malfunction. Although agranulocytosis is seldomly reported, regularly checking CBC during admission for tocolysis with Ritodrine is strongly recommended.</p>
論文歸類： 產科	

稿件編號：P074	剖腹產後腸阻塞 Case report: Post-cesarean ileus
臨時稿件編號： 1440	關哲彥 ¹ 台南永康奇美醫院 ¹
論文發表方式： 海報	Introduction Bowel obstruction occurs when the normal flow of intraluminal contents is interrupted. The small bowel is involved in approximately 80 % of cases of mechanical intestinal obstruction. Case A 36 y/o female, G1P1, GA:39+5 week in labor with rupture of membrane and prolong labor. So cesarean section was arranged, whole procedure was smooth without any complication. After surgery, patient complained about abdominal distention, nausea and vomiting was found, so plain Abdomen x-ray (KUB) was arranged with bowel obstruction was found. So non per oral (NPO) was ordered and nasogastric tube was used for decompression with intravenous fluid was given. After 3 day, patient start to try liquid then soft diet without any complain, so solid food was allowed for patient. Due to patient's condition become stable, she was discharged without any sequela. Discussion Adynamic ileus of moderate and severe intensity has been reported in 10 ~ 20 % of post-cesarean patients. Estimates of the frequency of pathologic or prolonged ileus after cesarean birth are imprecise because ileus is a normal physiologic response to abdominopelvic surgery. There are multiple factors affect the risk of occurrence. Symptoms may include abdominal distention, bloating, and "gassiness"; diffuse, persistent abdominal pain; nausea and/or vomiting; delayed passage of or inability to pass flatus; and inability to tolerate an oral diet. Inflammation of the intestine with or without abscess formation can lead to an acute mechanical small bowel obstruction as the healthy small bowel tries to contain the process and becomes involved in an inflammatory phlegmon. The symptoms of small bowel obstruction are typically overshadowed by other clinical features, such as fever and abdominal pain, and the obstruction may resolve with resolution of the underlying condition. Conclusion Postoperative ileus refers to obstipation and intolerance of oral intake following abdominal surgery. It is due to nonmechanical factors, primarily inflammation of the intestinal smooth muscle, leading to disruption of the normal coordinated propulsive motor activity of the gastrointestinal tract. Because strategies aimed at decrease prolonged postoperative ileus may not be as effective once it is established, they are best instituted before or shortly after surgery, before the postoperative ileus becomes prolonged. Such preventive measures, which are the essence of the modern enhanced recovery after surgery (ERAS) programs.
論文歸類： 產科	

	compared with non-diabetic, non-obese and younger women with spontaneous deliveries before 41 weeks of gestation.
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稿件編號：P075	胎兒肩難產併發臂神經叢受損 Shoulder dystocia induced brachial plexus injury, a disaster obstetrics affair: Review the of updates
臨時稿件編號： 1329	謝俊吉 ¹ 謝宗穎 ¹ 關貝如 ¹ 何坤達 ¹ 黃順賢 ¹ 奇美柳營分院 ¹
論文發表方式： 海報	Background: To review the sequelae of neonatal brachial plexus injury after vaginal delivery 2 Case reports: case 1: A 33-year-old female, para 0, did her prenatal care in our department since early pregnancy. The prenatal care was uneventful until 28 weeks of gestations, the oral glucose tolerance test (OGTT) was positive, maternal body mass index >35 and the fetus became large for gestational age then. Induction was arranged at 37 weeks of gestations with estimated fetus weight of 3500grams. The labor course was uneventful, but the fetus shoulder was trapped over the introitus after head delivery. The use of release maneuvers included knee to chest (McRoberts maneuver), suprapubic pressure, Rubin II maneuver and finally delivered a male baby weight 3346grams with APGAR score 6 to 8. Unfortunately, his right arm showed weakness with inverted rotation (figure 1-3), and the chest X-ray showed right clavicle linear fracture without dislocation (figure 4). The baby boy arranged passive rehabilitation since delivery and his right arm became movable and able to rise to his head after 4 weeks of delivery (figure 5-6). Case 2: A 32-year-old female, para 1, have regular prenatal care in our department without any abnormality. The baby became large for gestational age after the 2nd trimester and maternal body mass index <30. The estimated body weight was about 3300 grams during 37 weeks of gestations. Induction was suggested but hesitant. She visited our department at 38 weeks with labor pain. The 1st stage labor course was eventually about 7-8hours, but disaster conditions occurred in the 2nd stage of labor. The baby shoulder was trapped and delivered about 5-6 minutes after several maneuver including McRoberts/Rubin/Woods done. The baby weight was 3550 grams with an APGAR score 8 to 9 with right arm flaccid /weakness (with fingers movement only). No improvement after 6 months of rehabilitation and she received neuron reconstruction at the age of 12 months but in vain. Nevertheless, the baby girl continued to rehab and can raise her right hand to the waist level at the end of the 3-year-old. The rehabilitation was going on. Discussion: Shoulder dystocia is an obstetric emergency which can cause neonatal brachial plexus injuries, hypoxia, and maternal trauma, including damage to the bladder, anal sphincter, and rectum, as well as postpartum hemorrhage. The risk factors included fetal macrosomia, prior shoulder dystocia, and preexisting or gestational diabetes mellitus, but most cases occur without warning. The use of release maneuvers such as knee to chest (McRoberts maneuver), suprapubic pressure, posterior arm or shoulder delivery, and internal rotational maneuvers will almost always result in successful delivery. The overall incidence of shoulder dystocia was around 0.18%. The incidence increased significantly in all analyzed subgroups except for women with BMI <18.5 or age <20 years. A practical and simple shoulder dystocia risk score tool was created included instrumental vaginal delivery, maternal diabetes of any kind, BMI ≥25, age ≥40 years and gestational age ≥41 weeks were associated with higher shoulder dystocia risk
論文發表方式： 海報	
論文歸類： 產科	

稿件編號：P076	Uterine Adenomyosis Complicated by Post-Cesarean Section Infection and Uterine Necrosis: A Case Report 子宮肌腺症合併剖腹產後感染及子宮壞死：病例報告
臨時稿件編號： 1352	陳暨敏 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	Adenomyosis has long been a gynecologic and obstetric concern. Additional to menstruation problems, obstetric complications including increasing rate of abortion, fetal development restriction, along with several case reports of uterine rupture during pregnancy, attributing the jeopardy of the volume consuming and poor healing nature. In this article, we present a case of a 42-year-old female, pregnant at 38 weeks with underlying adenomyosis and huge adenomyoma, who received a scheduled cesarean section and myomectomy surgery with difficulty of uterus wound closure, followed by transcatheter embolization for postpartum hemorrhage. However, intra-abdominal infection with pus formation, necrosis and sepsis was noted afterward, and thus subtotal hysterectomy was performed, with pathology revealing necrosis and suppurative inflammation. Considering the high occurring rate and diverse etiology of complications regarding uterine adenomyosis, extra caution should be taken with pregnant patient of such diagnosis. On top of fetus problems during prenatal period, postpartum maternal complications including massive bleeding, poor wound healing and infection problems should also be reckoned with.
論文發表方式： 海報	
論文歸類： 產科	

稿件編號：P077	第三孕期急性腹痛診斷輸尿管結石之個案報告 Acute abdomen in third trimester pregnancy: a case of urethral stone
臨時稿件編號： 1481	蔡孟珊 ¹ 林秉命 ¹ 王銘德 ¹ 台北醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	We reported a case of pregnant women complaining right side abdominal pain and it turned out to be ureter stone. This 30-year-old woman, G1P0, presented at 30 0/7 weeks of gestation. She denied any abnormality during prenatal check ups nor any systematic underlying disease. She visited the emergency room due to right side abdominal pain for 2 hours. Accompanied symptoms included right flank pain with nausea and vomiting. Positive findings include flank knocking pain, neutrophil predominant leukocytosis, pyuria and hematuria. There was no retroplacental hematoma and no specific placental findings. General surgeon ruled out the appendicitis after preliminary evaluation. After a few hours, a follow ultrasound revealed right side hydronephrosis. MRI confirmed the previous findings. Due to hematuria and hydronephrosis, a urologist was consulted and a double j catheter was placed. The symptoms relieved after the procedure and the patient was discharged smoothly. The case reminded the differential diagnosis of abdominal pain in third trimester and the importance of basic evaluation of abdominal pain.
論文歸類： 產科	

稿件編號：P078	37 歲核型正常女性產前診斷 VACTERL 症候群：個案報告 A Case of Prenatal Diagnosis of VACTERL Syndrome in a 37-Year-Old Woman with Normal Karyotype: A Case Report
臨時稿件編號： 1433	劉謙基 ¹ 台北慈濟醫院 ¹
論文發表方式： 海報	VACTERL syndrome is a rare congenital disorder characterized by a combination of multiple anomalies, including vertebral, anal, cardiac, tracheoesophageal, renal, and limb defects. Early prenatal diagnosis plays a crucial role in determining the management and outcomes of pregnancies affected by this syndrome. We report a case of a 37-year-old, G2P0A1 woman who was diagnosed with a suspected VACTERL syndrome at 24+1 weeks of gestation. Despite a normal karyotype, the presence of several structural anomalies led to a decision for medical termination of pregnancy. This case highlights the importance of early ultrasound screening, interdisciplinary consultation, and patient-centered decision-making in the management of complex prenatal diagnoses.
論文歸類： 產科	Case Presentation A 37-year-old woman, gravida 2, para 0, abortus 1 (G2P0A1), presented for prenatal care at 24+1 weeks of gestation. She had no significant medical history and no known systemic diseases. Her first pregnancy had ended in a spontaneous abortion. She conceived naturally and had received routine prenatal care at our hospital. Her prenatal laboratory tests were grossly normal, and her blood type was O+. Other results included a normal blood cell count, urine analysis, and negative anti-HIV antibody and hepatitis B markers. Notably, her rubella IgG was positive, suggesting previous immunity, while the VDRL test was non-reactive. Non-invasive prenatal testing (NIPT) showed a low risk of chromosome abnormalities. However, a detailed level II ultrasound on June 7 and June 13, 2024, revealed several structural anomalies suggestive of VACTERL syndrome. These included: Mesocardia (abnormal position of the heart in the chest) Ventricular septal defect (VSD) measuring 3.2 mm Small stomach with suspected tracheoesophageal fistula (TEF) Polycystic kidney on the right side Blunt-tip penis, with suspected hypospadias Imperforate anus (suspected) These ultrasound findings raised concern for a possible diagnosis of VACTERL syndrome. Given the multiple anomalies, amniocentesis was performed to rule out chromosomal abnormalities. The results of the amniocentesis showed a normal karyotype (46, XY). After discussing the potential outcomes, prognosis, and available options, the patient opted for medical termination of the pregnancy.

稿件編號：P079	妊娠前期甲狀腺風暴 Thyroid storm in early pregnancy: case report and review
臨時稿件編號： 1331	謝俊吉 ¹ 謝宗穎 ² 關貝如 ² 何坤達 ² 黃順賢 ² 奇美柳營分院 ^{1,2}
論文發表方式： 海報	Background: To report a case of sinus tachycardia with preterm labor at first trimester of pregnancy Case report: A 28-year-old female, Para 0, a case of hyperthyroidism with poor medical control, visited our department at 12 weeks of gestation, for severe sinus tachycardia and preterm labor. She was just discharged from our intensive care unit for thyroid storm. Progesterone, anti-arrhythmia and anti-hyperthyroidism medication were given. The fetus started to grow-up smaller after 24 weeks of gestation, and persisted uterine contraction induced preterm premature ruptured of membrane at 28 weeks. Discussion: Thyroid storm (TS) during pregnancy is rare but a critical condition and an exaggerated form of the usual symptoms of hyperthyroidism (HT) which can cause high morbidity and mortality. The diagnosis of TS is based upon clinical and laboratory findings including respiratory failure, and shock. Burch-Wartofsky Point Scale (BWPS) is the clinical criteria which included 1) temperature >40°C (score 30), 2) seizures (score 30), 3) pulse rate 138 bpm (score 20). The mechanism of seizures in thyroid storm patients is not clear. Paralysis that occurs in thyroid storm can occur secondary to stroke or can be associated with hypokalemia that often occurs in Asian populations. Paracetamol can be given and added with a cooling pad for high fever if necessary. Aspirin should be avoided because it releases thyroxine from its protein bonds. The first-line therapy in treating thyroid storm consists of using thionamides (Methimazole, Propylthiouracil/PTU), which halt new thyroid hormone production and the PTU reducing the peripheral conversion of T4 to T3. General supportive care, such as antipyretic drugs, and cardiovascular monitoring maintaining normal oxygen level, are also important. The natural course of neonatal hyperthyroidism (NHT) is usually self-limited, but it can be severe, even life-threatening, and may have deleterious effects on neural development. NHT can occur in babies whose mothers have active Graves' disease or who are born to women with a stimulatory TSHR-Ab associated with Hashimoto thyroiditis due to trans-placental passage of the maternal stimulatory TSH receptor antibody; it also can occur in infants of women who do not have active disease during pregnancy but has a history of Graves' hyperthyroidism.
論文歸類： 產科	

稿件編號：P080	三倍體的 21 號染色體異常及胎兒水腫-病例報告 Trisomy 21 presents with severe hydrops fetalis: - a case report
臨時稿件編號： 1506	陳景勳 ¹ 劉瑞德 ¹ 何鎮宇 ¹ 新光炎火獅紀念醫院 ¹
論文發表方式： 海報	Title: Hydrops Fetalis: Diagnosis and Management – A Case Report
論文歸類： 產科	Background Hydrops fetalis is a severe fetal condition characterized by the accumulation of fluid in two or more compartments, such as the skin (subcutaneous edema), pleural cavity (pleural effusion), pericardial cavity (pericardial effusion), and abdominal cavity (ascites). It results from disrupted fluid balance within the fetus and is categorized into immune and nonimmune types. Immune hydrops, now rare due to Rh immunoprophylaxis, arises from Rh incompatibility, causing fetal anemia and heart failure. Nonimmune hydrops fetalis (NIHF) is more common and stems from diverse causes, including structural cardiac defects, chromosomal abnormalities, infections, hematologic disorders, and maternal conditions. Diagnosis is typically made via ultrasound, which reveals fluid accumulation and associated findings, such as polyhydramnios or placental thickening. Hydrops fetalis carries a high mortality rate, especially when detected early in pregnancy, underscoring the importance of timely diagnosis and management. Case Presentation A 35-year-old primigravida underwent a routine prenatal examination. She denied substance use, such as alcohol, betel nut, or smoking, and had no significant family history. Her only underlying condition was mitral valve prolapse. At 15 weeks of gestation, ultrasound revealed hydrops fetalis, characterized by subcutaneous edema and abdominal ascites. Prenatal tests showed no expanded CGG repeats in the FMR1 gene, no SMN gene deletions, and no infections. The patient's blood type was Rh D-positive (O type). Following confirmation of hydrops fetalis, pregnancy termination was performed. Post-delivery examination revealed diffuse edema of the head, trunk, and limbs, as well as a distended abdomen. Cytogenetic analysis of fetal skin tissue identified a karyotype of 47,XX,+21, confirming trisomy 21 (Down syndrome) in all 20 examined cells. Discussion Hydrops fetalis is diagnosed by identifying at least two fetal effusions (pleural, pericardial, or ascites) or one effusion combined with anasarca. Sonographically, skin thickness >5 mm indicates edema. Placentomegaly is defined as ≥4 cm in the second trimester or ≥6 cm in the third trimester. Progression typically involves anasarca, placentomegaly, and hydramnios. Immune hydrops has declined significantly with the introduction of anti-D immune globulin and middle cerebral artery Doppler for anemia detection. Severe anemia

	<p>remains the primary cause of immune hydrops.</p> <p>NIHF accounts for over 90% of hydrops cases. Its etiology includes chromosomal abnormalities, cardiovascular or hematologic disorders, infections, and structural anomalies. Common causes include cardiovascular defects and alpha-thalassemia, especially in regions like Southeast Asia. Infections and structural anomalies, such as lymphatic system malformations, also contribute.</p> <p>A systematic evaluation includes antibody screening to distinguish immune from nonimmune hydrops, detailed ultrasound (including echocardiography and Doppler studies), karyotype analysis, chromosomal microarray testing, and specialized tests like the Kleihauer-Betke to detect fetomaternal hemorrhage.</p> <p>Treatment varies by etiology and gestational age. Preterm delivery is often recommended for obstetric indications. Prognosis depends on the underlying cause. Conditions like α-thalassemia carry poor survival rates (30–50%), whereas treatable causes, such as parvovirus infections, can yield survival rates of about 66% with appropriate therapy.</p> <p>Advances in genetic and molecular diagnostics have improved the identification and management of hydrops fetalis. However, the prognosis remains guarded for many cases due to the condition's complexity.</p>
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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：P081	35 歲女性不完全流產後延遲性大出血之臨床病例報告 A 35-year-old Woman with Delayed and Excessive Hemorrhage after Incomplete Abortion : A case report
臨時稿件編號：1339	張豈榕 ¹ 張誌元 ¹ 台北慈濟醫院婦產部 ¹
論文發表方式：海報	Case Information A 35-year-old, G1P0S1A1, woman with surgical history of laparoscopic oophorectomy for ovarian endometrioma conceived by in vitro fertilization. She made weekly outpatient clinic visits, where her β -hCG level and ultrasonography were closely followed. Unfortunately, intrauterine gestational sac without fetal heart beat was still noted over 8+ weeks of gestation. Meanwhile, she also presented with vaginal spotting.
論文歸類：產科	<p>Missed abortion was highly suspected. Tranexamic acid and Progesterone were given as an initial approach. However, fetal pole was not noted finally two weeks later. After discussion, 600 mcg oral Misoprostol was administered every one week for three consecutive weeks for expulsion of gestational tissues. Ultrasonography at 11w+2 gestational week showed only suspicious retained gestation-like tissues between the low segment of the uterine cavity and the cervical os without apparent blood clots at uterine cavity. Removal of the retained tissues by a placenta ring forceps was performed at the outpatient clinic but massive and active uterine bleeding developed subsequently.</p> <p>Management and Clinical Course Due to active uterine bleeding, suprapubic compression and internal os packing with Bosmin-dressing gauze was performed. Nevertheless, rapid and active bleeding persisted with the estimated blood loss reached 400 mL. Guessing possible bleeding point near low segment of uterine cavity, transcatheter arterial embolization (TAE) was immediately arranged for uncontrolled and unmanageable bleeding and TAE of bilateral uterine arteries with gelfoam pieces via microcatheter was completed smoothly by the radiologist.</p> <p>Uterine bleeding significantly decreased after TAE. She was then hospitalized for close observation where oral Transamin, Ergometrine and fluid supplement were used. She was discharged three days later under stable condition and received post-abortion follow-up at outpatient clinic.</p> <p>Discussion Missed abortion refers to the arrest of embryonal or fetal development in early pregnancy with a closed cervix that fails to expel the gestational tissues. Vaginal or sublingual Misoprostol is considered to be a safe and effective treatment, with an often favored single dosage of 600 microgram via the sublingual route. Close observation and follow-up is required for one to two weeks. [1] Our case was managed appropriately but was encountered with a rare and unexpected delayed hemorrhage that required TAE.</p> <p>Unlike postpartum hemorrhage, there is a lack of a precise definition for post-abortion hemorrhage. However, medical abortion always warrants caution about the</p>

	<p>possibility of an emergency surgery related to massive hemorrhage. The rate of hemorrhage followed by medical abortion ranges between 1% and 15% and may sometimes require surgical intervention, namely curettage. Possible high-risk factors for post-abortion massive hemorrhage include nulliparity, shorter pregnancy intervals, larger maximal fibroid size, more advanced gestational weeks, etc. [2]</p> <p>The practice of TAE in post-abortion hemorrhage is rare. We depict a case where uncontrollable bleeding could not be handled with curettage and uterine compression. TAE was hence performed as the next step as the routine in post-abortion hemorrhage with success.</p>
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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：P082	超音波下發現薦尾部區域有一個病灶(50.4x 42.8x 34 mm) A Case Report: A large space-occupying lesion (50.4x 42.8x 34 mm) at the Sacrococcygeal region was noted at sonograph.
臨時稿件編號：1387	蔡丞煇 ¹ 石宛菁 ¹ 阮承宜 ¹ 楊清淳 ¹ 何倩蕓 ¹ 關祥彬 ¹ 中港澄清醫院 ¹
論文發表方式：海報	Title: Clinical Case Report: Large Space-Occupying Lesion in the Sacrococcygeal Region During Pregnancy Background: This case report presents a 27-year-old pregnant woman (G2P1A0E0) who was regularly attending prenatal care at our hospital. At 25+4 weeks of gestation, a large space-occupying lesion was unexpectedly discovered in the sacrococcygeal region.
論文歸類：產科	<p>Case Description: At 25+4 weeks of gestation, an ultrasound revealed a lesion located in the sacrococcygeal region, measuring 50.4x42.8x34 mm, with both cystic and solid components. Fetal parameters, including head circumference, femur length, and cardiac activity, were slightly below the expected limits for the gestational age. The patient's hemodynamic condition remained stable, and biochemical investigations (complete blood count, renal function tests, PT/INR, and OGTT) were normal.</p> <p>Follow-up and Management: During a follow-up ultrasound, the lesion had increased in size to 116x94x91 mm. An MRI was arranged for further evaluation of the lesion's characteristics. The patient was also referred to Pediatric Surgery for a specialized assessment.</p> <p>Discussion: This case highlights the need for close monitoring and multidisciplinary collaboration in pregnancies with unusual findings such as space-occupying lesions. The rapid increase in size of the mass suggests potential complications and requires further evaluation. The lesion's location in the sacrococcygeal region raises concerns for conditions such as sacrococcygeal teratoma (SCT) or other congenital tumors, necessitating careful management to ensure optimal outcomes for both mother and fetus.</p>

稿件編號：P083	深部子宮內膜異位症不孕患者之機器人輔助輸尿管分離術 Robotic ureterolysis in Deep endometriosis Infertility patient
臨時稿件編號： 1579	陳曦 ¹ 莊乙真 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 海報	Introduction Endometriosis surgery involving the ureter presents unique challenges due to the complexity of deep endometriosis and the risk of ureteral involvement. Deep endometriosis affects up to 10% of reproductive-aged individuals, with ureteral involvement occurring in 1%–14% of cases. This condition often leads to ureteral obstruction, hydronephrosis, and chronic pelvic pain, requiring advanced surgical management. Ureterolysis, a critical technique in endometriosis surgery, ensures ureteral isolation and mobility, minimizing the risk of injury. Precise surgical strategies are essential to optimize patient outcomes. Case Presentation We present a case of a 38-year-old woman with a history of 2 failed in vitro fertilization (IVF) attempts and severe dysmenorrhea. She was diagnosed with left hydronephrosis due to ureteral endometriosis and had been managed with a ureteral stent for over a year. Seeking definitive treatment, she underwent robotic-assisted laparoscopic surgery. Severe adhesions between the left uterosacral ligament and the posterior uterus were identified, with ureteral involvement. Ureterolysis was performed using careful dissection techniques and traction-counter traction, resulting in minor ureteral perforation. Given the presence of a double-J stent, primary repair was performed without necessitating additional ureteral resection. Postoperatively, the patient recovered well, and the stent was removed after sufficient healing. Discussion Endometriosis that involves the ureter requires special attention due to the potential for significant complications, including obstructive hydronephrosis and kidney damage. Ureterolysis is a crucial technique in these surgeries, requiring a careful dissection to prevent injury. In this case, the use of robotic surgery allowed for enhanced precision in identifying and managing adhesions. Early recognition of ureteral injury, even minor, is essential to minimize long-term complications. In this patient, the presence of a pre-existing stent helped manage the injury, facilitating primary repair rather than more invasive procedures. Given the proximity of endometriotic lesions to the ureters, it is crucial to approach the surgery with detailed preoperative imaging to assess the degree of involvement and potential risk to surrounding structures. Multidisciplinary cooperation, particularly with urology specialists, is critical for the management of such cases. Conclusion This case emphasizes the importance of careful surgical planning and execution in patients with deep endometriosis involving the ureters. Ureterolysis, when performed carefully, can reduce the risks of ureteral injury and improve outcomes. With appropriate management, including preoperative imaging and postoperative care, patients with ureteral endometriosis can achieve favorable results, as demonstrated in this case.

稿件編號：P084	前胎腹膜外剖腹產的體外受精案例之機器人輔助剖腹產疤痕憩室修補 Robotic repair of isthmocele of a patient with previous extra-peritoneal CS with IVF
臨時稿件編號： 1613	莊乙真 ¹ 陳曦 ¹ 亞東紀念醫院婦產部 ¹
論文發表方式： 海報	Extra-peritoneal cesarean section (EPCS), introduced by Philip Physick in 1824, involves separating the peritoneum from the bladder dome to expose the lower uterine segment (LUS) without entering the peritoneal cavity. While less commonly performed today, EPCS is still used in specific cases. A complication after cesarean sections is the formation of an isthmocele, or cesarean scar defect, where incomplete healing creates a pouch in the uterine wall. This can lead to infertility and complications in future pregnancies, particularly for women undergoing in vitro fertilization (IVF). We present a case of a 32-year-old woman with secondary infertility, a history of EPCS, and two failed IVF attempts. She was referred for robotic repair of her isthmocele, suspected to be contributing to her infertility. The patient underwent robotic-assisted repair using the Da Vinci system. After hysteroscopic evaluation and abdominal access, the isthmocele was identified and excised with minimal trauma to surrounding structures. The robotic approach provided enhanced precision and minimized invasiveness, allowing for a successful repair. The patient's recovery was uneventful. In conclusion, robotic-assisted repair of isthmoceles offers a precise and minimally invasive solution for improving fertility outcomes in patients with cesarean scar defects.

稿件編號：P085	滋養層細胞切片數量對次世代定序分析失敗率的影響：一項回溯性研究 Impact of biopsied trophoctoderm cell number on the failure rate of next-generation sequencing analysis: a retrospective study
臨時稿件編號： 1436	龔喬新 ¹ 藍國忠 ¹ 高雄長庚紀念醫院 ¹
論文發表方式： 海報	Objective: To evaluate whether the failure rates of next-generation sequencing (NGS) analysis are influenced by the number of trophoctoderm (TE) cells biopsied during preimplantation genetic testing. Design: A retrospective, single-center study. Setting: In vitro fertilization (IVF) center. Patient(s): Women who underwent preimplantation genetic testing for aneuploidy (PGT-A) and monogenic disorders (PGT-M) between May 2013 and November 2024. A total of 231 cycles were analyzed, including 685 embryos biopsied and 149 embryos thawed and transferred. Intervention: None. Main outcome measure(s): Diagnosed failure rate, mosaicism rate, and blastocyst reexpansion rate. Results: The embryos were categorized into three groups based on the number of biopsied TE cells: 2–4, 4–6, and >6 cells. Subgroup analyses were also conducted based on maternal age (<35 years and ≥35 years) and TE morphologic grades (A, B and C). The diagnosed failure rate was not significantly affected by the number of biopsied cells (4.1%, 3.9%, 1.7%, p=0.485), regardless of age or TE morphologic subgroup. Similarly, mosaicism rates and blastocyst reexpansion rates showed no significant differences across the cell number groups or age subgroups. However, in the subgroup of embryos with grade C TE morphology, the number of biopsied cells influenced the mosaicism rate (18.4%, 60.0%, 52.9%, p=0.011). Conclusion: Previous studies have suggested that a lower number of biopsied trophoctoderm cells (<5) may increase the failure rate of NGS analysis. Moreover, groups with fewer biopsied cells were reported to achieve better biochemical and clinical pregnancy rates. However, our findings indicate that, under the operation of skilled embryologists, biopsy of a small number of cells (e.g., 2–4 cells) does not lead to an increased diagnostic failure rate. Additionally, mosaicism rates and blastocyst reexpansion rates were largely unaffected by the number of biopsied cells. The only exception observed was in blastocysts with a grade C TE morphological score, where the number of biopsied cells influenced the mosaicism rate. In conclusion, we propose that using a smaller number of biopsied cells does not compromise diagnostic quality. Theoretically, fewer biopsied cells may cause less harm to the embryo, potentially leading to better embryonic development and outcomes.

稿件編號：P086	多囊性卵巢症候群之孕前高雄性素血症與不良懷孕結果 The Association of Pre-conceptual Hyperandrogenism with Adverse Pregnancy Outcome in Patients with Polycystic Ovary Syndrome: A Multi-institutional Cohort Study
臨時稿件編號： 1357	張益婷 ¹ 陳明哲 ¹ 張瑞君 ¹ 台中榮民總醫院婦產部 ¹
論文發表方式： 海報	Background/Objectives: Women with polycystic ovarian syndrome (PCOS) are at higher risk for pregnancy complications. The PCOS population is heterogeneous, with different phenotypes linked to varying risks of adverse outcomes. However, literature on pre-conceptual hyper-androgenism is limited and based on small sample sizes. Methods: This multi-institutional retrospective cohort study included pregnant patients diagnosed with PCOS with or without pre-conceptual hyperandrogenism. Utilizing the TriNetX platform, one-to-one propensity score matching was conducted to adjust for factors such as age at pregnancy, race, chronic diseases (e.g., diabetes and hypertension), and body mass index. Exclusion criteria included multiple pregnancies and patients who received assisted reproductive technology, oral contraceptives, or spiro-nolactone. 571 patients with PCOS and pre-conceptual hyperandrogenism and 13,465 patients with PCOS without hyperandrogenism were identified. Post-propensity matching, each cohort consisted of 564 patients. Results: Pregnant women diagnosed with PCOS and pre-conceptual hyperandrogenism showed a higher risk of adverse maternal and neonatal outcomes compared to those diagnosed with PCOS but without hyperandrogenism. There was a higher incidence of large for gestational age (6.6% vs. 3.9%, OR = 1.73, 95% CI [1.007-2.972], p-value = 0.045) and preterm birth (10.3% vs. 5.9%, OR = 1.844, 95% CI [1.183-2.876], p-value = 0.006), but had no significant increase in the risk of gestational hypertension, preeclampsia/eclampsia, gestational diabetes, missed abortion, intrauterine growth restriction, placenta abruption, or cesarean section. Conclusions: Women with PCOS and pre-conceptual hyperandrogenism face a greater risk of pregnancy complications. Further studies are needed to clarify the results and mechanisms and determine whether treatment improves outcomes.

稿件編號：P087	<p>肥胖對進行體外受精女性卵母細胞能力與胚胎發育的影響 Impact of Obesity on Oocyte Competence and Embryo Development in Women Undergoing In Vitro Fertilization (IVF)</p> <p>陳怡婷^{1,2} 蔡永杰^{1,2} 溫仁育^{1,2} 林毅倫^{1,2} 奇美醫學中心¹ 生殖醫學科²</p>
臨時稿件編號：1419	
論文發表方式：海報	<p>Objective To evaluate the impact of body mass index (BMI) on oocyte and embryo quality in women undergoing in vitro fertilization (IVF).</p> <p>Materials and Methods This retrospective study included 169 women who underwent oocyte retrieval cycles with IVF or intracytoplasmic sperm injection (ICSI) between January 2023 and December 2023. Participants were divided into four groups based on Taiwan's BMI classification: underweight (BMI < 18.5), normal weight (BMI 18.5–23.9), overweight (BMI 24–26.9), and obese (BMI ≥ 27). The primary outcomes measured were the total number of oocytes retrieved, number of mature oocytes, oocyte maturation rate, fertilization rate, and cleavage rate. Statistical analyses were conducted using ANOVA and Kruskal-Wallis tests.</p> <p>Results Overweight women (BMI ≥ 27) demonstrated a lower oocyte maturation rate (77%) compared to women in the normal BMI group (90%, 82%, and 83% in other categories). However, this difference was not statistically significant. Similarly, no significant differences were observed between the groups in terms of the total number of oocytes retrieved, fertilization rate, or cleavage rate.</p> <p>Conclusion This study found no statistically significant differences in oocyte and embryo quality across BMI categories. However, the observed trends, such as lower oocyte maturation rates in obese women, may be related to the limited sample size. Clinically, maintaining a healthy BMI remains important, as it may contribute to improved reproductive outcomes in women undergoing IVF.</p>

稿件編號：P089	<p>卵巢反應正常者在 IVF 療程中獲得全為等級差胚胎的相關風險因子評估 Potential risk factors associated with all poor-quality embryos obtained from IVF in normal or high responders</p> <p>江麗婷^{1,2,3} 林明輝^{1,2,3} 馬偕紀念醫院¹ 婦產部² 不孕症學科³</p>
臨時稿件編號：1626	
論文發表方式：海報	<p>Study question: To evaluate the possible risk factors for retrieving at least 6 oocytes during IVF treatment, but all embryos were poor morphological grade. In particular, we aimed to identify risk factors occurring in the group who are relatively young and have normal AMH level.</p> <p>Study Design, Size, Duration: This was a retrospective cohort study. A total of 358 patients undergoing in vitro fertilization had good or poor embryo quality at Mackay Memorial Hospital collected from January 1, 2018, to December 31, 2023.</p> <p>Materials, Setting, Methods: All patients included were normal-responders or high responders who had retrieved six or more oocytes. Eligible patients were divided into two categories: poor embryo quality and good embryo quality. In the poor embryo quality group, all retrieved fresh oocytes after fertilization were graded at cleave stage 3, 4, 5 or low-grade (grade C for Inner cell mass or trophectoderm) blastocysts, according to the Gardner embryo grading system. In the group of good embryo quality, three or more embryos were graded at cleave stage 1, 2 or good-grade (AB, AB, or BA) blastocysts. We analyzed the characteristics as the patient's BMI, AMH level, trigger day serum estradiol level, progesterone level and total gonadotropin dose between two groups. Additionally, we also analyzed the characteristic differences between two different embryo qualities in the subpopulation aged 38 years-old or younger with normal ovarian reserve (1.2 ≤ AMH < 4.5 ng/mL).</p> <p>Main results: In this study, older age, higher BMI, lower serum AMH level, less total OPU number, less MII and 2PN number, lower serum E2 level of trigger day, higher total gonadotropin dose were associated with poor embryo quality. Then we focus on the subgroup as mentioned above. Multivariable analysis showed that total FSH dose and retrieved oocytes number were significant predictors for embryo quality. Total FSH dose more than 2543 IU was more associated with poor embryo quality.</p> <p>Conclusion: Our study demonstrates that higher BMI, total FSH dose more than 2543 IU, and lower number of oocytes retrieved were significant predictors when all embryos were poor-grade quality, especially in the subgroup of women younger than 38 years-old with serum AMH level between 1.2 and 4.5 (ng/mL).</p>

稿件編號：P090	<p>褪黑激素對老化人類顆粒細胞氧化壓力誘導之線粒體功能障礙及代謝重編程的保護作用 Protective Effects of Melatonin on Oxidative Stress-Induced Mitochondrial Dysfunction and Metabolic Reprogramming in Aging Human Granulosa Cells</p> <p>劉相宜¹ 李佳榮¹ 林佩瑩¹ 蘇琬屏¹ 伍佳君¹ 崔冠濠¹ 林立德¹ 高雄榮總婦女醫學部¹</p>
臨時稿件編號：1338	
論文發表方式：海報	<p>Aging human granulosa cells are susceptible to oxidative stress, leading to mitochondrial dysfunction and metabolic derangements, which are implicated in ovarian aging and infertility. This study investigates the protective effects of melatonin against oxidative stress-induced damage in the human granulosa cell line, HGL5, focusing on its ability to ameliorate mitochondrial dysfunction and reprogram cellular metabolism.</p> <p>HGL5 cells were cultured under standard conditions and subjected to serial passaging to induce senescence, with passages 59 (P59) and 113 (P113) utilized for experiments. Oxidative stress was induced using 0.8 mM hydrogen peroxide (H₂O₂), and the protective effects of melatonin (25 μM) were assessed by pretreating cells for 20 hours prior to H₂O₂ exposure. The experiments included assessments of oxidative stress, mitochondrial function, and metabolic reprogramming using flow cytometry, fluorescent staining, real-time oxygen consumption rate (OCR) analysis, and molecular assays.</p> <p>Our findings demonstrate that melatonin exerts significant antioxidative effects in HGL5 cells, reducing oxidative stress and mitochondrial reactive oxygen species (ROS) levels, as evidenced by decreased CellROX, DCFH-DA, and MitoSOX fluorescence intensities. These protective effects were more pronounced in senescent P113 cells compared to younger P59 cells, highlighting the age-dependent efficacy of melatonin. Furthermore, melatonin markedly improved mitochondrial membrane potential, as measured by TMRM fluorescence, reflecting enhanced mitochondrial integrity and function.</p>

稿件編號：P091	<p>極低等級囊胚的冷凍保存，值得嗎？ Cryopreservation of very low-grade blastocyst, is it worth it?</p> <p>連穎庭¹ 蘇惠茹¹ 蕭宇揚¹ 林育如¹ 藍國忠¹ 高雄長庚醫院婦產部生殖醫學科¹</p>
臨時稿件編號：1560	
論文發表方式：海報	<p>Study question: What are the clinical benefits and risks of cryopreservation of very low-grade blastocyst?</p> <p>Study design, size, duration: In this retrospective study, 132 women undergoing 138 frozen blastocyst transfer cycles were enrolled between March 2019 and March 2024 at the Obstetrics and Gynecology department of Chang Gung Memorial Hospital, Kaohsiung Medical Center, Taiwan.</p> <p>Materials, setting, methods: Blastocysts were individually evaluated based on the morphology and development of the inner cell mass (ICM) and trophectoderm (TE) following Gardner and Schoolcraft's criteria. CC blastocysts were categorized as very low-grade blastocysts (VLGBs). The primary measure was the rate of blastocyst degeneration. In total, 174 VLGBs were assessed for degeneration and morphological quality after warming. Logistic regression analyses were performed to examine the relationship between any pre-vitrification characteristics and the behavior of blastocysts post-warming. Additionally, pregnancy outcomes following blastocyst transfer were analyzed.</p> <p>Main results: The overall degeneration rate of VLGBs was 9.8% (N = 17/174). For blastocysts that took 5 days to reach full blastulation before vitrification, the degeneration rate was 4.5% (N = 5/111), while it was 19.1% (N = 12/63) for those taking 6 days. Taking 6 days to reach full blastulation pre-vitrification was associated with a significantly higher risk compared to 5 days (OR [95% CI] = 4.86 [1.41–16.76], p = 0.012). The ages of the patients and their partners did not show a significant correlation with the degeneration rate of VLGBs. The chemical pregnancy rates for transferring 1 VLGB, 2, 3, and 4 VLGBs were 33.3% (N = 1/3), 12.5% (N = 1/8), 100% (N = 1/1), and 0% (N = 0/1), respectively. However, there were no live births following the transfer of VLGBs in these 13 cases.</p> <p>Conclusion: Our study highlights that the cryopreservation of VLGBs still resulted in an acceptable blastocyst survival rate after warming (92%). However, VLGBs that took 6 days to reach blastulation before vitrification had a higher risk of degeneration compared to those that took 5 days. Additionally, the pregnancy outcomes of VLGB transfers were suboptimal. Combining VLGBs with good or moderate quality blastocysts could be a viable strategy for patients to achieve pregnancy.</p>

稿件編號：P092	<p>解冻至胚胎植入之時間間隔對單一冷凍胚胎植入臨床結果的影響評估 Impact of the interval between embryo warming and transfer on pregnancy outcomes in women undergoing Single Embryo Transfer (SET) with Frozen Embryo Transfer (FET)</p> <p>王語菴¹ 林明輝¹ 台北馬偕紀念醫院婦產部生殖內分泌學科¹</p>
臨時稿件編號：1518	
論文發表方式：海報	<p>Embryo transfer is a crucial procedure in assisted reproductive technology (ART), particularly with frozen embryos. One key factor that may influence success rates is the time between embryo warming and transfer. This study examines whether the interval between warming and transfer impacts pregnancy and live birth rates in women undergoing single frozen embryo transfer (FET) at Mackay Memorial Hospital. A total of 346 cycles, involving patients under 38 years old, were analyzed. The embryos were categorized into three post-warming culture groups: A (≤ 2 hours), B ($>2-4$ hours), and C ($>4-8$ hours). The study focused on pregnancy and live birth rates, with subgroup analyses for "good" and "poor" embryo groups based on quality. Group B (2-4 hours) showed the highest pregnancy (60%) and live birth rates (43%), while Group A (≤ 2 hours) had 55% and 40%, respectively, and Group C ($>4-8$ hours) had the lowest at 53% and 33%. In our study, we observed no statistically significant differences in pregnancy outcomes across the various post-warming culture times for patients undergoing either "good" or "poor" frozen embryo transfers. However, a noticeable trend emerged indicating poorer outcomes with longer culture times, particularly those exceeding four hours. This finding could be valuable for clinical practices, especially in settings with limited staffing or high patient volumes. Further large-scale studies are needed to validate these results and refine clinical protocols.</p>
論文歸類：生殖內分泌	

稿件編號：P093	<p>Does fresh embryo transfer provide superior IVF outcomes compared to frozen embryo transfer in women with diminished ovarian reserve? 在卵巢功能減退女性中，新鮮胚胎植入是否有比冷凍胚胎植入更優越之臨床結果？</p> <p>翁慈襄¹ 林明輝¹ 台北馬偕婦產科¹</p>
臨時稿件編號：1521	
論文發表方式：海報	<p>Study Question: We aimed to assess whether frozen embryo transfer (FET) provides superior outcomes compared to fresh embryo transfer (ET) in women with diminished ovarian reserve (DOR).</p> <p>Study Design, Size, Duration: A retrospective cohort study enrolled a total of 446 transfer cycles, 252 FET cycles and 194 fresh ET cycles, at Taipei MacKay Memorial Hospital, Taiwan collected from January, 2018 to June, 2023.</p> <p>Materials, Setting, Methods: We defined the diminished-ovarian reserve women with AMH<1.2 or numbers of oocytes retrieved($n<5$) as the POSEIDON criteria in FET and fresh ET groups. These participants are selected by age(≤ 44 years). We analyzed the pregnancy outcome of clinical pregnancy rate, live birth rate and miscarriage rate. Furthermore, we conducted subgroup analysis for young age group(age < 38 years old) and advanced age group(age≥ 38 years old) with good and poor quality embryos.</p> <p>Main Results: There was no statistical difference between the outcomes in fresh ET or FET group of women with DOR in either young age group or advanced age group: clinical pregnancy rate(34.1% vs 36.5%, $p=0.77$); miscarriage rate (7.3% vs 13.5%, $p=0.24$) and live birth rate(22.0% versus 25.0%, $p=0.68$). However, in young age group with poor quality embryos showed better clinical pregnancy rate for frozen embryo transfer(40.0% vs 12.0%, $p=0.031$). In advanced age group with poor quality embryos also showed better clinical pregnancy rate for frozen embryo transfer(20.0% vs 2.3%, $p=0.005$) but higher miscarriage rate(10.0% vs 0, $p=0.016$).</p> <p>Conclusion: In women with diminished ovarian reserve, the fresh ET group and the FET group showed comparable pregnancy outcomes, including clinical pregnancy rates, live birth rates, and miscarriage rates. However, despite a limited sample size of poor quality embryo group, frozen ET group showed had higher clinical pregnancy rates in both young age and advanced age group. In women with DOR, FET may provide a more favorable intrauterine environment for embryo implantation and placentation for poor quality embryos by avoiding the impact on hormonal levels after ovarian stimulation.</p>
論文歸類：生殖內分泌	

稿件編號：P094	<p>癌症患者生育保存的回顧性研究：單一醫學中心的十五年經驗 A Retrospective Study on Fertility Preservation in Cancer Patients: Fifteen Years Experience in a Single Center</p> <p>宋恩鈴¹ 藍國忠¹ 高雄長庚婦產部¹</p>
臨時稿件編號：1632	
論文發表方式：海報	<p>Background Cancer remains a public health problem worldwide, affecting women of reproductive age as well. Additionally, the risk of cancers increase with age. Delayed marriage and childbearing has become a significant social phenomenon in Taiwan in the past few decades. The trend of delayed childbearing may result in more women receiving a cancer diagnosis when they are ready to have children. Cancer treatments, such as chemotherapy, radiation therapy and removal of the reproductive organs, could often negatively impact fertility. Therefore, counseling of the fertility preservation is critical in these patients.</p> <p>Methods We retrospectively reviewed cancer patients who underwent fertility preservation with between January 2011 and August 2024 in Kaohsiung Chang Gung Memorial Hospital. We analyzed age, cancer types, disease status, the types of fertility preservation procedures, utilization of the oocyte or embryo, and the subsequent pregnancy outcomes.</p> <p>Results 103 patients were enrolled with a mean age at 32.4 years old. The majority were diagnosed with breast cancer (38.8%), followed by endometrial cancer (21.3%) and lymphoma (6.8%). Among all the patients, 51 underwent oocytes freezing, 49 underwent embryo cryopreservation, and 3 patients had both embryo and oocytes cryopreservation. The total utilization rate was 24%, which resulted in 8 live births. The embryo utilization rate was much higher than the oocyte utilization rates in cryopreservation.</p> <p>Conclusion All cancer patients of reproductive age should be offered with comprehensive counseling about fertility preservation. A multi-disciplinary approach is essential to ensure that these patients fully understand their reproductive options before undergoing cancer treatment. Timely counseling and individualized fertility preservation strategies are important for enhancing the chances of pregnancy after cancer treatment.</p>
論文歸類：生殖內分泌	

稿件編號：P095	<p>女性血清雄性素過高有憂鬱與疼痛感受度上升現象 Female Hyperandrogenism Increases Vulnerability to Pain and Depression in a Rat Model of Polycystic Ovary Syndrome</p> <p>蘇鈺婷¹ 吳承寓² 高雄長庚醫院婦產部¹ 義守大學醫學院²</p>
臨時稿件編號：1427	
論文發表方式：海報	<p>Polycystic ovary syndrome (PCOS) stands out as the most prevalent reproductive disorder affecting women, impacting hormonal and metabolic equilibrium. It can manifest as hyperandrogenism, insulin resistance, anovulation, and infertility. PCOS is associated with various symptoms such as obesity, hirsutism, and acne, which, in turn, elevate the risk of conditions like endometrioma, type 2 diabetes, cardiovascular disease, and irritable bowel syndrome. Previous data from our research indicated that PCOS accelerates pain perception in patients, yet the underlying mechanism remains elusive.</p> <p>In this study, we employed spinal nerve ligation (SNL) to induce chronic pain and depression in a rat model of PCOS induced by letrozole. Our findings revealed that PCOS heightened behavioral outcomes related to pain sensitivity and depression, as assessed through the von Frey test, forced swimming test, tail suspension test, and open-field test. Additionally, enzyme-linked immunosorbent assay (ELISA) results demonstrated elevated levels of inflammatory cytokines TNF-alpha and IL-6 in PCOS rats. Moreover, immunofluorescent staining revealed increased accumulation of macrophages in adipose tissue, coupled with enhanced polarization towards the M1 type microglia in PCOS rats.</p>
論文歸類：生殖內分泌	

稿件編號：P096	人工生殖技術造成單絨毛膜單羊膜三胞胎的因素：罕見個案報告及文獻回顧 Monochorionic-triamniotic triplet pregnancy following artificial reproductive technology: Rare case report and review of literature
臨時稿件編號： 1364	賴秀燕 ¹ 謝曉哲 ¹ 吳信宏 ¹ 蔡鴻德 ¹ 彰化基督教醫院婦產部 ¹
論文發表方式： 海報	Objective: Monochorionic-triamniotic (MCTA) triplet pregnancies following artificial reproductive technologies are uncommon. We report a case in which one of two transferred embryos differentiated into an MCTA triplet. This study aimed to investigate the potential factors contributing to MCTA triplet pregnancy.
論文歸類： 生殖內分泌	Case report: A 39-year-old woman underwent her second frozen embryo transfer with hatching blastocysts, which resulted in the detection of an MCTA triplet on ultrasonography. She delivered by cesarean section at 32 weeks of gestation, resulting in the birth of three live male infants. Her medical history and in vitro fertilization treatment were reviewed to identify potential causes. Discussion: Several mechanisms have been suggested to explain the occurrence of monozygotic twinning(MZT) or triplet pregnancy, such as maternal age, extended embryo culture to the blastocyst stage, embryo biopsy, assisted hatching (AH), intracytoplasmic sperm injection (ICSI), frequent zona manipulation, and culture media conditions. Inner cell mass (ICM) splitting during in vitro culture and prolonged cultures to the blastocyst stage are most frequently associated with MZT or triplet pregnancy. However, the exact mechanism remains unclear. Conclusion: The etiology of MCTA triplet pregnancy remains multifactorial. In the presented case, prolonged in vitro culture to the blastocyst stage and inner cell mass splitting were potential contributing factors. Further research is needed to fully understand the complexity of MCTA triplet pregnancy.

稿件編號：P097	在 IVF-FET 中使用 Melatonin 對活產率的影響 Effects of Melatonin use in IVF-FET on live birth rates
臨時稿件編號： 1344	李宜嫻 ¹ 林佩瑩 ² 李佳榮 ² 陳其斌 ² 陳昱堯 ² 崔冠濠 ² 林立德 ² 高雄榮民總醫院 ^{1,2}
論文發表方式： 海報	- Objective To evaluate whether the use of melatonin during IVF-FET cycles improve pregnancy outcome or not
論文歸類： 生殖內分泌	- Intervention Melatonin versus control group - Study design The primary endpoint of this study was the live birth rate, defined as the birth of a viable infant after 24 weeks of gestation. Secondary endpoints included clinical pregnancy rate, ongoing pregnancy rate, and miscarriage rate. Clinical pregnancy was identified through the presence of a fetal heartbeat detected via transvaginal sonography at 6–7 weeks of gestation. Ongoing pregnancy was characterized by the continuation of the pregnancy beyond 12 weeks of gestation. Miscarriage was defined as the loss of a pregnancy following the detection of fetal cardiac activity but occurring before 24 weeks of gestation. - Result 1. In women >35 years old: Only clinical pregnancy rate reached significance. 2. In women >38 years old: clinical pregnancy rate, ongoing pregnancy rate, and live birth rate all reached significance. - Conclusion The use of melatonin may improve clinical pregnancy rate in women undergo IVF-FET cycles

稿件編號：P098	父系體染色體平衡性三轉位 t(6,9,10)誘發反覆性流產 Recurrent pregnancy loss caused by paternal three-way balanced reciprocal translocation t(6,9,10)
臨時稿件編號： 1474	謝強 ¹ 賴宗堃 ^{1,2} 國泰綜合醫院婦女醫學部 ¹ 輔仁大學醫學系 ²
論文發表方式： 海報	Recurrent pregnancy loss is a phenomenon caused by many etiologies, such as uterine factor, endocrine factor, immunologic factor and genetic factor. The abnormalities of chromosomal number or structure are the most common cause, which was associated with aneuploidy, mosaicism, translocation, inversion, deletion, duplication and fragile sites. Here we presented an infertility case with recurrent pregnancy loss after in-vitro fertilization (IVF) treatment. In this case, after full hormonal evaluation, immunologic testing, hysterosalpingogram and uterine cavity survey, there was no obvious abnormality found. Subsequently, karyotyping of the couple was performed. The results revealed that a normal variant 46, XX, inv(p12q13) was found in the female. However, 46, XY, t(6,9,10)(q11;q21;q11.1), which was a balanced complex reciprocal translocation, was detected in the male. Because of the paternal three-way balanced reciprocal translocation, preimplantation genetic testing for structural rearrangements (PGT-SR) was performed in the next IVF cycle. Finally, the patient got pregnancy after transferring an euploid embryo and her prenatal care was uneventful. Balanced translocation carriers are usually phenotypically normal, but at risk of reproductive failures. They may create gametes with unbalanced chromosomal translocation. The production of embryos from unbalanced gametes typically results in failed implantation, miscarriage, stillbirths, the birth of a child with congenital anomalies or neurodevelopment disorders. IVF combined with PGT-SR can be used to resolve this problem and conceiving a child faster than natural conception in this situation.
論文歸類： 生殖內分泌	

稿件編號：P099	少子化時代的因應對策：彰化基督教醫院針對三十歲以上員工提供抗穆勒氏管荷爾蒙檢驗以及相關生殖諮詢 AMH measurement for female employees over 30 years old as part of the employee benefits at Changhua Christian Hospital
臨時稿件編號： 1379	丁筠 ¹ 吳信宏 ¹ 彰化基督教醫院 ¹
論文發表方式： 海報	Anti-Müllerian hormone (AMH) is specifically expressed by small growing follicles in the ovary. Serum AMH levels relative to age are the most reliable marker for assessing the quantity of a woman's functional ovarian reserve, surpassing age alone or other reproductive markers. Given the occupational hazards in the healthcare sector, including exposure to hazardous chemicals, radiation, and psychosocial risks related to long working hours and shift work, it is important to be aware of their potential impact on health, including effects on fertility.
論文歸類： 生殖內分泌	In addition to the standard annual health exam, Changhua Christian Hospital now offers AMH level tests for employees over 30 years old. According to the European Society of Human Reproduction and Embryology (ESHRE) guidelines, we have set the cut-off point at 2 ng/mL. For individuals with AMH levels below 2 ng/mL, the report will recommend a fertility consultation for future family planning. Since the study began in January 2024, the data collected up until July 2024 includes 330 women aged 26 to 40 years. Low AMH levels (<2 ng/mL) were found in 13 women (16.46%) under the age of 30, 39 women (16.25%) aged 31–35, and 1 woman (9.10%) aged 36–40. It showed similar or even higher rates of low AMH among younger women compared to previous studies, suggesting that they may benefit from subsequent fertility consultations and treatments. With government support for the in-vitro fertilization (IVF) program starting in 2021, the consultation can offer employees additional options, whether they have fertility needs now or in the future. As an industry, it is our responsibility to prioritize the health and well-being of our employees. By offering the AMH test followed by fertility consultations, we can foster a health-conscious and supportive workplace environment.

稿件編號：P100	台灣子宮外孕後生育能力的長期追蹤：一項全國性資料庫研究 Long-term follow up of fecundability after ectopic pregnancy in Taiwan: a nationwide population-based study
臨時稿件編號：1531	李易良 ^{1,2,3} 尹致翔 ^{1,2} 張嘉慶 ^{1,2} 武國璋 ^{1,2,3} 尹長生 ^{1,2,3} 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
論文發表方式：海報	Background: Ectopic pregnancy (EP) occurs when a fertilized ovum is implanted outside the uterine cavity. Its incidence is 2% of all pregnancies and is known to decrease fertility. This study aimed to measure pregnancy rates after EP, identify the various parameters influencing pregnancy, and compare these variables in women with and without a history of EP, as well as determine in which medical facilities women with EP seek medical help.
論文歸類：生殖內分泌	Methods: The data was extracted from the National Health Insurance Research Database during 2000–2013. The study group included of women with a history of one EP (study group) and women without EP (control group). The chi-square/Fisher exact test was performed for categorical variables, and t-tests were used for continuous variables. Results: The EP group had a higher cumulative pregnancy rate (41.55%) than the control group (37.14%), and a 1.16 times higher rate in developing pregnancy ($p < 0.001$). While the pregnancy rate in the EP group was initially lower than in the control group during the first 5 years, it surpassed the control group's rate between the 10th and 14th years. Conclusions: Fecundability after EP was lower at the beginning but increased at long-term follow-up.

稿件編號：P101	氣喘可能造成年輕女性不孕：案例報告與討論 Asthma may cause infertility in young women: cases report and discussion
臨時稿件編號：1586	楊佳瑾 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: Asthma is a chronic respiratory condition characterized by inflammation and narrowing of the airways. Asthmatic women may face unique challenges when conceiving and undergoing assisted reproductive technologies.
論文歸類：生殖內分泌	Case Presentation: A 32-year-old female, G2P0A2, experienced infertility for 5 years. Her menstrual cycles are irregular. She has a medical history of asthma, which is managed with the use of symbicort turbuhaler. The primary cause of her infertility was identified as ovulation dysfunction. In vitro fertilization (IVF) was initiated, and she achieved a successful pregnancy on the second cycle. A 28-year-old female, G0P0, has been experiencing infertility for three years, with irregular menstrual cycles. She has a history of asthma, without medication use. She underwent intrauterine insemination (IUI) three times, but all attempts were unsuccessful. This time, she received in vitro fertilization (IVF) and achieved a successful pregnancy. Discussion: The underlying mechanisms linking asthma to infertility may involve chronic inflammation, immune dysregulation, and hormonal imbalances. In our case, the patient is young and denies any underlying diseases other than asthma. Therefore, asthma-related irregular menstrual cycles are suspected, which could lead to hormonal imbalances and ovulatory dysfunction, ultimately resulting in infertility. Estrogen and progesterone play a key role in regulating various aspects of asthma pathogenesis, including airway inflammation, mucus production, and airway hyperresponsiveness. Therefore, asthmatic women should be closely monitored throughout assisted reproductive treatments. Most asthma medications, such as inhaled corticosteroids and short-acting bronchodilators, are considered safe for use during ART. However, further research is needed to investigate the potential impact of systemic corticosteroids on fertility treatments. Studies have shown that the success rates of ART in achieving successful pregnancies are generally similar between asthmatic and non-asthmatic women. Asthma itself does not affect overall success of ART procedures significantly. Conclusion: Asthma may cause infertility, even in young women. Nevertheless, asthmatic patients still have a chance of a successful pregnancy with the help of assisted reproductive technologies.

稿件編號：P102	刺激排卵中當注射絨毛膜性腺激素時，不同年齡層血清雌二醇濃度是否影響新鮮胚胎植入之結果 Whether the serum E2 level on the day of hCG injection effect IVF-ET outcomes at different age
臨時稿件編號：1424	唐雲龍 ¹ 楊熾弘 ¹ 施佳惠 ¹ 劉康佑 ¹ 鄒昕穎 ¹ 王友尚 ¹ 張紅淇 ¹ 宏其婦幼醫院 ¹
論文發表方式：海報	To predict the IVF-ET outcomes at different ages, the monitor of serum estradiol level on the day of hCG administration may available during controlled ovarian hyperstimulation.
論文歸類：生殖內分泌	This retrospective study collected 582 IVF-ET cycles from January 2021 to March 2024. Patients were grouped based on age and serum estradiol (E2) level. They were first divided into two groups: those younger than 38 years old (<38) and those 38 years or older (≥38). Then, according to E2 level, they were categorized into three subgroups: Group I (E2 < 1500 pg/mL), Group II (E2 1500-3000 pg/mL), Group III (E2 > 3000 pg/mL), and statistically analyzed the hCG positive rate, clinical pregnancy rate, implantation rate, miscarriage rate and live birth rate. In the group aged <38, higher E2 level above 3000 pg/mL appeared to be associated with better IVF-ET outcomes. However, statistical analysis revealed no significantly different. In group aged ≥38, group III exhibited higher hCG positive rate than group I (50.0% v.s 26.6%), as well as improved clinical pregnancy rate (41.7% v.s 21.1%), implantation rate (66.7% v.s 25.1%), and live birth rate (33.3% v.s 14.1%). Additionally, the miscarriage rate showed no significantly different among the subgroups. Our result suggested that the serum E2 levels of >3000 pg/mL on the day of hCG injection achieved better IVF-ET outcomes in women aged ≥38, but not in those <38. Above all, our study highlighted the relationship between E2 level and IVF-ET outcomes, providing valuable predictive data for aged ≥38 women undergoing IVF-ET cycles. The mechanism underlying the improved IVF-ET outcomes in aged ≥38 associated with high serum E2 level requires further investigation in the future.

稿件編號：P103	三個月內進行胚胎移植的可行性：子宮肌瘤切除術後的兩例個案報告 Feasibility of Embryo Transfer Within Three Months of Myomectomy: Insights From Two Cases
臨時稿件編號：1519	盛堯怡 ¹ 何鎮守 ¹ 新光醫務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	This report presents two cases of successful pregnancies achieved through embryo transfer within three months following laparoscopic myomectomy. Both patients underwent the GnRH antagonist protocol for in vitro fertilization (IVF), resulting in favorable outcomes. These cases offer insights into the feasibility of short-interval embryo transfer after surgical uterine correction.
論文歸類：生殖內分泌	Case 1 A 32-year-old woman, Gravida 1 Artificial Abortion 1, experienced infertility for 1.5 years due to left endometrioma and multiple uterine myomas. Additionally, her partner had asthenozoospermia, and multiple intrauterine insemination (IUI) attempts were unsuccessful. The couple decided to proceed with IVF. Transvaginal oocyte retrieval (TVOR) yielded ten eggs, all of which were fertilized via intracytoplasmic sperm injection (ICSI). Subsequently, the patient underwent laparoscopic myomectomy and left ovarian cystectomy. After a three-month recovery period, she started a GnRH antagonist protocol IVF cycle. A single day-5 frozen embryo was transferred, resulting in a successful pregnancy and an uneventful obstetrical course. Case 2 A 36-year-old nulligravida presented with infertility attributed to recurrent endometrial polyps and multiple uterine myomas. Her partner's semen analysis was normal. Given her advanced age, the patient opted for IVF. Transvaginal oocyte retrieval (TVOR) yielded 18 oocytes, which were fertilized via intracytoplasmic sperm injection (ICSI). She underwent laparoscopic myomectomy and hysteroscopic polypectomy. After a three-month recovery period, she began a GnRH antagonist protocol IVF cycle. Two day-5 frozen embryos were transferred, resulting in a successful twin pregnancy. The obstetrical course remained uneventful, and the pregnancy concluded with the delivery of healthy twins. Current guidelines recommend a 3–6 month interval between myomectomy and conception to allow adequate uterine healing. However, both cases suggest that a shorter interval of three months can result in successful pregnancies when patients are carefully selected, and surgical trauma is minimized. Conclusion These cases demonstrate the feasibility of embryo transfer within three months of myomectomy using the GnRH antagonist protocol. Careful surgical techniques, patient selection, and close monitoring are essential to achieving successful outcomes. Further studies are needed to establish guidelines for short-interval ART after myomectomy.

稿件編號：P104	黃體期刺激中未檢測出的自然懷孕病例報告及文獻回顧 Undetected Natural Conception Pregnancies in Luteal Phase Stimulation: Case Report and Literature Review
臨時稿件編號：1314	蔡鋒博 ^{1,2} 陳昭雯 ^{1,2} 林招彰 ^{1,2} 張月嬌 ^{1,2} 陳曉青 ^{1,2} 徐慧鈴 ^{1,2} 潘孟麗 ^{1,2} 張琇媛 ^{1,2} 施術君 ^{1,2} 博元婦產科 ¹ 不孕症試管嬰兒中心 ²
論文發表方式：海報	Study Question :
論文歸類：生殖內分泌	What is the risk of undetected natural conception occurring during luteal phase ovarian stimulation, and how does it impact the course of pregnancy? Undetected natural conception during luteal phase ovarian stimulation (LPOS) is extremely rare but presents unique clinical considerations. This report presents a case of a natural conception discovered during LPOS at the Po Yuan IVF Center in Changhua, Taiwan, examining its incidence, detection strategies, and the potential impact of LPOS on undetected pregnancies, along with insights and possible management strategies for similar occurrences. Study Design, Sample Size, Duration A long-term infertility patient from southern Taiwan visited Po Yuan IVF Center for in vitro fertilization (IVF). On the day injections started, the patient was in the luteal phase, with a negative pregnancy test. Ovarian stimulation began in June 2024. Materials, Setting, Methods This is an IVF case that occurred in June 2024 at the Po Yuan IVF Center. Main Results: A long-term infertility patient from southern Taiwan sought IVF treatment at Po Yuan IVF Center. Routine blood and pregnancy tests indicated no pregnancy. The patient began LPOS with serum progesterone (P4) levels over 1.5 ng/ml in the luteal phase, planning for oocyte retrieval and embryo cryopreservation. However, despite the initial negative pregnancy test, menstruation was delayed after retrieval. Subsequent blood tests and transvaginal ultrasound revealed a natural conception pregnancy at five weeks. The patient is now receiving regular prenatal care at a medical center in southern Taiwan, with no noted complications. Conclusion, Clinical Significance, and Literature Review This case highlights a rare but clinically significant event in assisted reproductive technology (ART), where natural conception is discovered after initiating LPOS. LPOS protocols allow for scheduling flexibility, enabling ovarian stimulation regardless of the menstrual cycle, or in cases of urgent need, such as patients requiring egg retrieval and freezing prior to chemotherapy. However, this method may inadvertently stimulate ovaries in cases initially tested as non-pregnant. Despite the low overall risk, this case emphasizes the importance of careful monitoring during

LPOS to detect early pregnancies that might not immediately manifest in initial tests.

A study published in Human Reproduction in October 2024 reported a 2.1% rate of undetected natural conception pregnancies in 488 LPOS cycles, with 10 cases of natural conception. Among these, 8 patients were on a GnRH antagonist protocol, and 2 used a progesterin-primed ovarian stimulation (PPOS) protocol. Notably, 90% of pregnancies were detected by elevated or rising progesterone levels before oocyte retrieval. Outcomes included 3 successful births, 2 ongoing pregnancies, 3 biochemical pregnancies, 1 ectopic pregnancy requiring salpingectomy, and 1 early pregnancy loss, underscoring the importance of thorough monitoring and testing during LPOS cycles.

While LPOS provides IVF scheduling flexibility, the low risk of undetected natural conception cannot be overlooked. This case illustrates the necessity of strict monitoring and verification protocols before initiating LPOS, especially for patients with irregular cycles. Further research is required to develop standardized guidelines for managing LPOS in cases of undetected pregnancy and to understand the potential risks involved. This report and literature review underscore the importance of vigilance in ART settings to mitigate unintended risks associated with LPOS in undetected pregnancies.

Reference: Human Reproduction, Volume 39, Issue 10, October 2024, Pages 2268–2273

稿件編號：P105	以術前因子建立與驗證預測子宮內膜癌局限於子宮期病人淋巴結轉移之列線圖 Development and Validation of a Preoperative Nomogram to Predict Lymph Node Metastasis in Clinically Uterine-Confined Endometrial Cancer
臨時稿件編號：1341	歐育哲 ¹ 傅宏鈞 ¹ 高雄長庚醫院 ¹
論文發表方式：海報	Objective. The aim of this study was to develop and validate a nomogram to predict lymph node metastasis (LNM) in endometrial cancer (EC) patients with tumors confined to the uterine corpus, using pretreatment parameters. Methods. This multi-center, retrospective analysis included data from 2,169 EC patients treated between January 2009 and December 2021. The cohort was randomly split into a training group (n=1,472) and a validation group (n=697). Logistic regression was used to identify independent risk factors for LNM. A nomogram was subsequently constructed and validated through bootstrap resampling and calibration plots. Results. The overall incidence of LNM was 5.4% in the training cohort. Independent risk factors for LNM included body mass index > 27 kg/m ² [OR 0.57; 95% CI 0.33-0.97], type II tumors [OR 2.77; 95% CI 1.72-4.45], CA-125 > 40 U/mL [OR 4.09; 95% CI 2.55-6.55], and platelet counts > 300 × 10 ⁹ /L [OR 2.59; 95% CI 1.59-4.21]. The nomogram demonstrated strong discriminatory performance in both the training (area under the curve [AUC] 0.72; 95% CI 0.66-0.78) and validation cohorts (AUC 0.72; 95% CI 0.65-0.79). Using an optimal cut-off point, the nomogram achieved negative predictive values of 97.7% and 97.4% in the training and validation cohorts, respectively, supporting its clinical utility in excluding LNM. Conclusion. This nomogram serves as a valuable resource for estimating the risk of LNM in EC patients whose tumors are confined to the uterine corpus. It can aid in preoperative risk assessment and inform surgical choices, especially regarding the need for lymphadenectomy.

稿件編號：P106	預防高風險族群卵巢癌的創新基因篩檢方法 Innovative Genetic Screening Approaches for Ovarian Cancer Prevention in High-Risk Populations
臨時稿件編號：1294	王可可 ¹ 陽明大學 ¹
論文發表方式：海報	Introduction: One of the most lethal gynecological malignancies is ovarian cancer, and genetic mutation is the main risk factor. Although mutations in BRCA1 and BRCA2 have been extensively studied, recent studies have also identified mutations in other genes, such as RAD51C, RAD51D, BRIP1, and PALB2, which contribute to ovarian cancer risk. In research, it was found that these genes play an important role in the DNA repair process. The development of cancers may be related to mutations within them that lead to genomic instability. Exploring these emerging genes may provide more comprehensive protection strategies for individuals in high-risk groups who do not carry BRCA but have mutations. Materials & Methods : A detailed literature review was conducted, focusing on studies from 2010 to 2023. A total of 15 peer-reviewed articles were analyzed from prominent databases such as PubMed, Medline, and The Cochrane Library. The review centered on the role of RAD51C, RAD51D, BRIP1, and PALB2 in ovarian cancer susceptibility, evaluating both genetic studies and clinical trials focused on risk-reducing strategies such as prophylactic surgeries and early screening. The data were synthesized to highlight the prevalence of these mutations, the associated risk levels, and the effectiveness of interventions aimed at prevention. Results: The review revealed that mutations in RAD51C and RAD51D confer a significant but less studied risk for ovarian cancer compared to BRCA mutations. These mutations have been associated with an increased lifetime risk of developing ovarian cancer, suggesting the need for enhanced preventive strategies. BRIP1 mutations similarly showed a heightened risk of ovarian cancer, leading to recommendations for genetic screening and preventive surgeries. PALB2, though primarily linked to breast cancer, is now recognized for its role in increasing ovarian cancer susceptibility. Risk-reducing procedures, such as prophylactic oophorectomy, have shown promise in decreasing cancer incidence in mutation carriers. Conclusion: Emerging genetic markers like RAD51C, RAD51D, BRIP1, and PALB2 represent significant advancements in understanding ovarian cancer risks. While BRCA1 and BRCA2 remain central to risk assessment, expanding screening to include these newer genetic mutations offers the potential for more personalized prevention strategies. These findings suggest that individuals carrying these mutations may benefit from earlier and more targeted interventions. Further research is required to establish comprehensive guidelines for managing ovarian cancer risk in carriers of these emerging genetic mutations.

稿件編號：P107	人工智慧模型進一步提升 2023 年 FIGO 子宮內膜癌分期判斷的準確性與效率 Incorporation of AI Models Improves Accuracy and Reduces Time in Staging Endometrial Cancer Using the 2023 FIGO System
臨時稿件編號：1527	林佑庭 ¹ 鄭乃銘 ¹ 陳怡仁 ¹ 臺北榮民總醫院 ¹
論文發表方式：海報	Purpose: In 2023, the International Federation of Gynecology and Obstetrics (FIGO) updated the staging system of endometrial cancer, making it more complex than its previous version. In early 2024, we developed a digital application, the Endometrial Cancer Staging (ECAS) application, to assist in staging of endometrial cancer according to the FIGO 2023 criteria. The ECAS application showed increased accuracy (91.8%) and reduced time compared to the traditional manual table lookup method. While results were promising, it did not achieve absolute accuracy, and did not significantly reduce the time required by gynecologic oncologists. Therefore, we incorporated artificial intelligence (AI) into the system to further enhance accuracy and reduce the time needed to determine the stage of endometrial cancer. Materials & Methods: An AI model was trained using 500 endometrial cancer pathology reports from a single medical institute in Taiwan. Various model types, input sizes and parameters were tested. The final model extracted data from pathology reports and assigned staging based on the FIGO 2023 staging system. In this study, we compared the accuracy and time required to determine the stage using ECAS application with either human input or AI analysis. 20 healthcare professionals from the gynecology department participated. Each participant completed two tests: interpreting 10 pathology reports using the AI model and 10 using the ECAS application. Accuracy and time spent on each report were recorded and analyzed. Paired T-test was used to compare results between the AI model and the ECAS application. Results: 20 healthcare workers completed 40 tests, resulting in 800 pathological interpretation samples. 20 tests done with the ECAS application had a mean score of 9.1 (out of 10). Another 20 tests done with the AI model had a mean score of 10 (out of 10). The interpretations using the AI model demonstrated higher accuracy compared to the ECAS application (p<0.05). The time spent on each test was significantly reduced using the AI model, with an average of 5.6 seconds versus 86 seconds for the ECAS application. Conclusion: The integration of AI into our ECAS application further increased accuracy and reduced time required to determine the endometrial cancer stage, regardless of clinical experience. This combined digital and AI model sets a new standard for accurate and efficient staging. We aim to expand this model to other gynecologic cancers in the future.
論文歸類：婦癌	

稿件編號：P108	術前輔助化療療程對晚期卵巢癌存活結果的影響：回顧性研究 Impact of Neoadjuvant Chemotherapy Cycles on Survival Outcomes in Advanced Ovarian Cancer: A Retrospective Study
臨時稿件編號：1634	林瑛婷 ¹ 陳盈儀 ¹ 吳貞璇 ¹ 林浩 ¹ 蔡景州 ¹ 歐育哲 ¹ 傅宏鈞 ¹ 王映文 ¹ 黃德禧 ¹ 高雄長庚醫院 ¹
論文發表方式：海報	Background Neoadjuvant chemotherapy (NACT) serves as an alternative for patients deemed unsuitable for primary surgery in ovarian cancer. Our retrospective cohort study aimed to evaluate the impact of the number of NACT cycles on both patient survival and surgical outcomes. Methods This retrospective study included stage III-IV ovarian cancer patients who received neoadjuvant chemotherapy (NACT) and interval debulking surgery (IDS) at Kaohsiung Chang Gung Memorial Hospital from 2008 to 2021. NACT cycles were classified as standard (2-4 cycles) or extended (≥ 5 cycles), and total chemotherapy cycles were categorized as ≤ 9 or >9 . Kaplan-Meier analysis was conducted to assess progression-free survival (PFS) and overall survival (OS). Results This study included 115 stage III (n=66) and IV (n=49) ovarian cancer patients treated with NACT and IDS. The mean number of NACT cycles was 4.92; 59 patients (51.3%) received 2-4 cycles, while 56 (48.7%) underwent ≥ 5 cycles before IDS. A trend toward better OS was observed in patients receiving ≥ 5 NACT cycles (HR 0.519; 95% CI 0.253-1.066; p = 0.074). Among patients achieving suboptimal debulking surgery, those who receiving >9 total chemotherapy cycles demonstrated improved OS (HR 0.030; 95% CI 0.003-0.295; p = 0.003). In high-grade serous carcinoma (HGSC) patients (70% of the cohort), optimal debulking was the only factor significantly associated with better PFS (24 vs. 13 months, p < 0.001) and OS (non-reached vs. 26 months, p < 0.001). Neither NACT cycles (2-4 vs. ≥ 5) nor total chemotherapy cycles (≤ 9 vs. >9) affected prognosis in HGSC patients. Conclusions The number of NACT cycles does not significantly affect survival outcomes in advanced ovarian cancer. However, total chemotherapy over 9 cycles improve overall survival in cases of suboptimal cytoreduction surgery.
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稿件編號：P109	比較傳統淋巴結切除與前哨淋巴結切片於早期原發性子宮頸癌的臨床結果 Comparison of clinical outcomes in women with surgically treated early primary cervical cancer: Lymphadenectomy versus sentinel lymph node biopsy
臨時稿件編號：1325	陳奕瑾 ^{1,2} 陳惠華 ^{1,3} 謝書維 ⁴ 魏銘洲 ¹ 蕭聖謀 ^{1,5} 亞東紀念醫院婦產部 ¹ 元智大學電機工程學系兼任講師 ² 元智大學醫學研究所 ³ 亞東紀念醫院解剖病理部 ⁴ 元智大學生物科技與工程研究所合聘教授 ⁵
論文發表方式：海報	Background: The primary objective of this study was to elucidate the impact of sentinel lymph node (SLN) mapping and biopsy techniques on the clinical outcomes of women with early primary cervical cancer. Methods: All consecutive women with clinically determined stage I-IIA cervical cancer who underwent lymph node assessment with either SLN mapping or conventional pelvic/para-aortic lymphadenectomy were reviewed. Results: Women in the SLN group (n=33) had fewer total dissected pelvic nodes (8.3 \pm 5.9 versus 17.4 \pm 7.7, p<0.001), less intraoperative blood loss (513 \pm 332mL versus 1228 \pm 1170mL, p<0.001), a shorter length of hospital stay (7.1 \pm 2.4 versus 10.2 \pm 6.1 days, p=0.004) and a trend toward a lower incidence of lymphocysts (3% versus 14%, p=0.090) than women in the conventional lymphadenectomy group (n=74). The rates of recurrence-free survival (3-year: 87.6% vs. 82.9%) and overall survival (3-year: 100% vs. 91.0%) did not differ between the SLN group and the conventional lymphadenectomy group (p=0.846 and p=0.254, respectively). Conclusion: SLN biopsy does not seem to be associated with an inferior survival outcome compared with conventional lymphadenectomy in women with early primary cervical cancer. In addition, it is associated with less blood loss and a shorter length of hospital stay.
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稿件編號：P110	使用免疫螢光染色去評估卵巢癌中黃體素 A 和 B 異構體比例的可行性 The Feasibility of Using Immunofluorescence to Assess Progesterone Receptor-A and -B Isoform Ratios in Ovarian Cancer
臨時稿件編號：1515	林浩 ¹ 傅宏鈞 ¹ 高雄長庚紀念醫院婦產部 ¹
論文發表方式：海報	Background: Progesterone receptors (PR) may play crucial roles in ovarian cancer, and the expression ratio of PR-A to PR-B isoforms holds significance in understanding disease pathogenesis. Immunohistochemistry (IHC) and quantitative polymerase chain reaction (qPCR) are techniques used to visualize and quantify the presence of specific proteins and the amount of nucleic acids in tissue samples. However, two PR isoforms are transcribed from a single gene, and each isoform possesses unique tissue-specific functions, making them difficult to discriminate by IHC or qPCR. Currently, immunoblotting (IB) is the most reproducible method of discriminating between the isoforms to obtain the PR-A/PR-B ratio. Unfortunately, unlike IHC or qPCR, IB may require a larger amount of fresh tissue to be analyzed; moreover, the entire procedure is time-consuming and requires a level of technical expertise. All these limitations make IB less feasible for routine clinical practice. In the present study, we attempted to explore whether the immunofluorescence (IF) technique is feasible to determine PR-A to PR-B ratio in ovarian cancer cells and a cohort of patients and validate it by IB. Material and methods: Ovarian cancer cells OC3-VGH and OVCAR8 and fresh frozen tissues from 13 high-grade serous ovarian cancer patients were subjected to IF staining. PR-B was revealed using a mouse anti-human PR monoclonal antibody that detects PR-B only (cell signaling#3157), biotinylated goat anti-mouse antibody, and green-fluorescent dye (Alexa FluorTM 488-Thermo Fish#A-11008). Total PR was revealed with a mouse monoclonal antibody that detects both PR-A and PR-B (Leica#PGR-312-L-CE), biotinylated goat anti-mouse antibody, and red-fluorescent dye (Alexa FluorTM 594-Thermo Fish#A-11005). Finally, cells were mounted onto slides with Prolong® Gold antifade reagent (Invitrogen, Carlsbad, CA, USA) and examined using a FV1000 laser confocal scanning microscope (Olympus Microscopy ix81, Germany). Image analysis was performed using ImageJ v 1.50 software (National Institute of Health, USA). Fluorescence intensities for each cell were obtained by selecting areas of interest around the entire cell or nucleus, as previously described. The IF findings were rigorously validated using quantitative RT-PCR and IB. A Pearson correlation test was used to find the correlation of PR-A/PR-B ratio between IF and IB. Results: Immunofluorescence staining revealed distinct patterns of PR-A and PR-B expression in ovarian cancer cells. The findings were further corroborated through IB, demonstrating a robust agreement between the two techniques. In the patient cohort, PR-A and PR-B ratios determined by IF were also consistent with IB results, affirming the reliability of the integrated approach. Conclusions: To the best of our knowledge, this study represents the inaugural comparison of IF
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staining with the established gold standard, IB, for assessing the PR isoform ratio. We established ovarian cancer cell lines with variable degrees of PR-A and PR-B expression, resembling a real clinical scenario suitable for PR-A to PR-B ratio determination. Our findings underscore the feasibility of incorporating IF staining into routine clinical practice, offering the advantage of easy accessibility to tumor tissue in both research and clinical environments compared to the IB technique.

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：P111	<p>卵巢透明細胞癌中 BRAF 基因與 KRAS 基因的伴隨突變：17 例臺灣病例的單一醫學中心分析 Concomitant BRAF and KRAS Mutations in Ovarian Clear Cell Carcinoma: A Single-Center Analysis of 17 Taiwanese Cases</p> <p>陳安琪¹ 沈煌彬¹ 韓志平¹ 中山醫學大學附設醫院婦產部¹</p>
臨時稿件編號：1350	
論文發表方式：海報	<p>Ovarian clear cell carcinoma (OCCC) is a highly chemoresistant cancer with unique molecular characteristics. This study analyzed 17 Taiwanese OCCC cases to investigate the co-occurrence of BRAF and KRAS mutations, which are typically mutually exclusive in other cancers. BRAF mutations were found in 94.12% of cases, with a predominance of non-Class I variants, while 64.71% of cases exhibited KRAS mutations. Concomitant BRAF and KRAS mutations were observed in 64.71% of cases, suggesting a potential synergistic role in tumorigenesis. Statistical analysis revealed a weak but non-random association (Cohen's kappa = 0.206) between these mutations. This molecular profile may drive tumor heterogeneity and resistance to therapies targeting Class I BRAF mutations. The findings highlight the need for innovative treatment strategies, including dual BRAF/MEK inhibitors, PI3K pathway-targeting drugs, and immunotherapy, to address the aggressive and chemoresistant nature of OCCC.</p>
論文歸類：婦癌	

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：P112	<p>利用點擊化學進行抗體接合及 FFPE 組織染色於子宮內膜癌腫瘤微環境的應用 Application of Click Chemistry for Antibody Conjugation and Staining of FFPE Tissues of endometrial cancer</p> <p>堡佳芬¹ 林宜欣^{2,3} 國防醫學院微生物免疫學所¹ 國防醫學院婦產學科² 三軍總醫院婦產部³</p>
臨時稿件編號：1663	
論文發表方式：海報	<p>Background Endometrial cancer (EC) is one of the most common gynecologic malignancies worldwide, characterized by its distinct tumor microenvironment (TME) that influences disease progression and therapeutic response. Traditional histopathological approaches provide limited insights into the spatial and functional heterogeneity of the TME. CODEX (CO-Detection by Indexing) is an advanced multiplex imaging platform enabling simultaneous detection of up to 50 biomarkers in a single tissue section. However, the commercial conjugated antibody is always an obstacle in developing the CODEX. This study explores the utility of click chemistry, an efficient and specific method for conjugating antibodies with minimal impact on their functionality.</p> <p>Objective This study aims to demonstrate the successful application of click chemistry for antibody conjugation, enabling robust staining of FFPE tissues and subsequent compatibility with CODEX imaging.</p> <p>Methods Antibodies were conjugated using dibenzocyclooctyne (DBCO)-based click chemistry to attach oligonucleotide barcodes. FFPE endometrial cancer tissues were deparaffinized, antigen-retrieved, and stained with click-conjugated antibodies. CODEX imaging was performed to assess the staining quality, signal intensity, and spatial resolution across multiple tissue sections.</p> <p>Conclusion Click chemistry provides a reliable and efficient approach for conjugating antibodies, enabling high-quality staining of FFPE tissues for use in CODEX imaging. This method expands the utility of multiplex imaging in studying tumor microenvironments and other complex tissue systems.</p>
論文歸類：婦癌	

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：P113	<p>Cepharanthine 增加 C33A 子宮頸癌細胞中 ROS 並抑制體內腫瘤生長 Cepharanthine Increases ROS level in C33A Cervical Cancer Cells and Inhibits Tumor Growth in vivo</p> <p>吳俊學¹ 陳雅慧¹ 蕭品卉¹ 陳子和¹ 彰化基督教醫院¹</p>
臨時稿件編號：1630	
論文發表方式：海報	<p>Cervical cancer ranks as the fourth most frequently diagnosed cancer in women and the seventh most common cancer overall. Cepharanthine (Cep), a natural product derived from Chinese herbs such as <i>Stephania cepharantha</i> Hayata and <i>Stephania japonica</i>, is a cationic and amphipathic alkaloid with diverse pharmacological properties. Cep has demonstrated anti-malarial, anti-viral, anti-inflammatory, anti-metastatic, and anti-cancer effects in various cell lines and animal models. Cep has been shown to induce apoptosis and cause cell cycle arrest in several types of cancer cells, including colorectal cancer, melanoma, breast cancer, non-small-cell lung cancer, and ovarian cancer. In our study, results revealed that Cep inhibited the proliferation of C33A cervical cancer cells as measured by the CCK-8 assay. Cep induced apoptosis and caused sub-G1-phase arrest in the cell cycle of C33A cells. Additionally, mitochondrial membrane potential, a crucial indicator of cellular energy metabolism, was evaluated using the JC-1 assay. The results demonstrated that Cep effectively reduced mitochondrial membrane potential. Furthermore, intracellular ROS levels increased while SOD protein activity decreased in response to Cep treatment. In an animal model, Cep was shown to effectively suppress the growth of C33A tumors, further supporting that is potential as an anti-cancer agent.</p>
論文歸類：婦癌	

稿件編號：P114	低度惡性漿液性卵巢癌：單一機構回顧性研究 Low-grade serous ovarian cancer: a single-institute retrospective study in Taiwan
臨時稿件編號： 1430	王韻涵 ¹ 劉希儒 ¹ 陳怡仁 ¹ 臺北榮民總醫院婦女醫學部 ¹
論文發表方式： 海報	Low-grade serous ovarian cancer (LGSOC) is a very rare histological subtype of serous ovarian cancer, representing about 2% of all epithelial ovarian cancer cases. This malignancy has a better overall prognosis, and a notably lower response rate to chemotherapy when compared to high-grade serous ovarian carcinoma (HGSO). The aim of this study was to evaluate the clinicopathological behavior and treatment patterns of low-grade serous ovarian carcinomas (LGSOC) treated at a medical center in Taiwan. This retrospective study reviewed medical records of patients with histologically confirmed LGSOC diagnosed and treated in a single institute between June 2010 and December 2023. Patient demographics, disease stage at presentation, treatment modalities, and clinical outcomes were analyzed. The study also examined the role of optimal cytoreductive surgery and systemic treatment options, in influencing progression-free survival (PFS) and overall survival (OS). Findings highlight the unique clinical behavior of LGSOC and the potential for long-term disease control. Optimal cytoreductive surgery improves survival outcomes in advanced stage LGSOC; although controversies persist regarding the optimal systemic treatment approach. These insights underscore the need for personalized treatment strategies and further research to refine management protocols for this rare subtype of ovarian cancer.
論文歸類： 婦癌	

稿件編號：P115	17 位台灣卵巢透明細胞癌患者的 BRAF 基因突變分析: 使用高靈敏度桑格定序法 Mutational Analysis of BRAF in Ovarian Clear Cell Carcinoma among 17 Taiwanese Patients Utilizing Highly Sensitive BRAF Mutant Enrichment and Sanger Sequencing
臨時稿件編號： 1351	游麗瑤 ¹ 沈煌彬 ¹ 韓志平 ¹ 中山醫學大學附設醫院婦產部 ¹
論文發表方式： 海報	Ovarian clear cell carcinoma (OCCC) is more prevalent in Asian populations and is often resistant to platinum-based chemotherapy. This study analyzed the frequency and diversity of BRAF mutations in OCCC among 17 Taiwanese patients using a sensitive mutation detection method. DNA from formalin-fixed, paraffin-embedded samples was analyzed with the FemtoPath® BRAF Mutation Screen Kit and validated by Sanger sequencing. BRAF mutations were found in 16 of 17 cases (94.12%), including both Class I (p.V600M) and non-Class I variants (p.A598V, p.T599I, p.S602F). The high prevalence of non-Class I mutations suggests that existing therapies targeting Class I variants may be ineffective. The findings highlight the need for alternative therapeutic approaches like dual BRAF/MEK inhibitors to address resistance and improve outcomes in OCCC patients.
論文歸類： 婦癌	

稿件編號：P116	以胸腔熱灌注化療 (HITHOC) 治療復發性卵巢顆粒細胞瘤伴雙側惡性胸腔積液- 病例報告 Hyperthermic intrathoracic chemotherapy (HITHOC) in recurrent ovarian granulosa cell tumor with bilateral malignant pleural effusion: a case report
臨時稿件編號： 1356	吳玟瑩 ¹ 呂明憲 ² 王鼎堯 ³ 李莉文 ⁴ 劉淨蘭 ⁵ 歐育哲 ⁶ 陳松峻 ⁶ 陳兆瑜 ⁶ 嘉義長庚紀念醫院一般科 ¹ 嘉義長庚紀念醫院心臟胸腔血管外科 ² 嘉義長庚紀念醫院血液腫瘤科 ³ 嘉義長庚紀念醫院放射診斷科 ⁴ 嘉義長庚紀念醫院解剖病理科 ⁵ 嘉義長庚紀念醫院婦產科 ⁶
論文發表方式： 海報	Sex-cord-stromal tumors are rare ovarian cancers. The most common ovarian sex-cord-stromal tumor is adult granulosa cell tumor, which occurs in 70% of cases. Most patients (88%) had peritoneal recurrence or liver metastasis. Lung metastasis with pleural effusion only occurred in less than 5% of cases. A novel approach, hyperthermic intrathoracic chemotherapy (HITHOC) is applied for the treatment of malignant pleural effusion. Heat and cytotoxic drugs work together to make cell membranes more permeable, allowing drugs to enter cells more easily and destroy cancer cells. Cytoreductive surgery with HITHOC is usually considered for patients with malignant pleural mesothelioma, thymic carcinoma, thymoma with pleural spread and secondary pleural carcinosis. ESGO guidelines and NCCN guidelines indicated surgery is the first choice for recurrent AGCT. However, there are no specific recommendations for the best systemic treatments for recurrent AGCT, especially for patients with malignant pleural effusion. Some case reports have shown that cytoreductive surgery combined with HITHOC can be used for recurrent epithelial ovarian cancer with malignant pleural effusion. In this case, we present our experience of two-staging cytoreductive surgery with HITHOC applied for recurrent AGCT with bilateral malignant pleural effusion.
論文歸類： 婦癌	

稿件編號：P117	後腹股股肌膿瘍作為一名復發性子宮內膜癌患者使用 Pembrolizumab 後的免疫 相關不良事件 Retropertoneal Iliopsoas Abscess as an Immune-Related Adverse Event from Pembrolizumab in a Patient with Recurrent Endometrial Cancer
臨時稿件編號： 1375	顏昱堯 ¹ 王功亮 ¹ 陳楨瑞 ¹ 台北馬偕醫院婦產部 ¹
論文發表方式： 海報	Background Endometrial cancer is among the few malignant diseases with both incidence and mortality rates currently on the rise. The optimal treatment for advanced endometrial cancer following the failure of platinum-based chemotherapy remains uncertain. The combination of pembrolizumab and lenvatinib has demonstrated efficacy in treating pMMR, microsatellite-stable endometrial cancer. The most common adverse events associated with pembrolizumab include hyperthyroidism, hypothyroidism, pneumonitis, colitis, hepatitis, and dermatologic reactions. Our case highlights a rare immune-related adverse event: an aseptic retroperitoneal iliopsoas abscess induced by pembrolizumab. Case Summary A 66-year-old woman was diagnosed with recurrent endometrial endometrioid adenocarcinoma with squamous differentiation. Despite undergoing platinum-based chemotherapy and radiation therapy, she experienced recurrence at the vaginal cuff and pelvic sidewall, followed by liver metastasis. The patient subsequently began treatment with pembrolizumab (100 mg every three weeks) and lenvatinib (10 mg daily). After five cycles of pembrolizumab, a partial response was observed. The patient later developed severe pain in her right hip and thigh, significantly restricting movement and causing severe claudication. MRI revealed focal high signal intensities in the right psoas and iliopsoas muscles, suggesting an abscess or a coexisting tumor. A CT scan showed a 9.0 x 2.6 cm cystic lesion embedded in the right iliopsoas muscle, suspicious for an abscess, along with perirectal fat stranding and fascia thickening indicative of an inflammatory process. Empirical antibiotic therapy with Tazocin and Teicoplanin was initiated. Blood cultures were negative, leading to the diagnosis of an aseptic iliopsoas muscle abscess, likely an immune-related adverse event (irAE) associated with pembrolizumab. Several months later, the iliopsoas abscess enlarged to 20 cm, prompting CT-guided drainage. However, no pathogens or malignant cells were identified in the aspirate. Conclusion Although severe irAEs, such as fatal myasthenia, myocarditis, myositis, and rheumatic immune-related fasciitis with myositis syndrome, have been reported in patients treated with pembrolizumab, our patient's myositis was localized to the right iliopsoas muscle and improved with antibiotics, steroids, and drainage.
論文歸類： 婦癌	

稿件編號：P118	使用 Keynote-826 療程治療轉移性子宮頸腺癌達到完全緩解：病例報告 Complete Response of Metastatic Endocervical Adenocarcinoma Treated with Keynote-826 Protocol: A Case Report
臨時稿件編號： 1377	顏昱堃 ¹ 王功亮 ¹ 台北馬偕醫院婦產部 ¹
論文發表方式： 海報	Background Since the introduction of Keynote-826, the combination of platinum, taxane, with or without bevacizumab, and pembrolizumab has become the standard of care for patients with metastatic, advanced cervical cancer. While progression-free survival and overall survival were significantly longer in patients receiving pembrolizumab compared to those receiving placebo and undergoing chemotherapy with or without bevacizumab, a higher number of complete responses were also observed in the pembrolizumab group. Our case highlights a complete response of metastatic endocervical adenocarcinoma with supraclavicular lymph node metastasis treated with the Keynote-826 protocol. Case Summary A 58-year-old woman was diagnosed with endocervical adenocarcinoma with left supraclavicular lymph node metastasis, FIGO stage IVB. She initially presented with lower abdominal pain for three weeks. Pelvic and colposcopic examinations revealed a 4 cm cauliflower-like tumor extending from the endocervix to the lower third of the vagina. A biopsy confirmed the diagnosis of endocervical adenocarcinoma. Her CA-125 level was elevated at 260.98 U/mL. CT imaging showed a 5 cm cervical mass with suspected vaginal involvement and enlarged lymph nodes in the left supraclavicular and posterior neck regions. A biopsy of the left supraclavicular lymph node confirmed metastatic adenocarcinoma, and PD-L1 testing revealed a combined positive score (CPS) of 12. The patient started combination chemotherapy with cisplatin and paclitaxel every three weeks, along with bevacizumab (7.5mg/kg) and pembrolizumab 200 mg as part of the Keynote-826 protocol. After six cycles, a follow-up pelvic exam showed no residual mass, and CA-125 dropped to 15.34 U/mL. No enlarged lymph nodes were palpable in the neck. A PET scan showed no lymphadenopathy, and the patient achieved a complete response, with resolution of both the primary tumor and the left supraclavicular lymph node metastasis. Conclusion This case highlights the promising efficacy of the Keynote-826 protocol, combining pembrolizumab with chemotherapy and bevacizumab, in the management of metastatic endocervical adenocarcinoma with supraclavicular lymph node involvement. The significant reduction in tumor burden and complete resolution of metastatic sites underscore the potential of immunotherapy in treating advanced cervical cancers, even in the context of distant metastasis.
論文歸類： 婦癌	

稿件編號：P119	卵巢透明細胞癌併發雙側腫脹綜合症：罕見病例報告 Ovarian Clear Cell Carcinoma Complicated by Double Paraneoplastic Syndrome: A Rare Case Report
臨時稿件編號： 1567	盧堃 ¹ 王功亮 ¹ 陳楨瑞 ¹ 台北馬偕紀念醫院婦產部 ¹
論文發表方式： 海報	Background Ovarian clear cell carcinoma (OCCC) is the second most common subtype of epithelial ovarian cancer in Taiwan. OCCC has been frequently associated with various paraneoplastic syndromes, including hypercalcemia, retinopathy, coagulopathy with thromboembolism, cerebellar degeneration, and nephrotic syndrome. However, the coexistence of two paraneoplastic syndromes—nephrotic syndrome (PNS) and thromboembolic events—in a single patient with OCCC is exceedingly rare and warrants detailed reporting. Case Report We present the case of a 65-year-old Taiwanese postmenopausal woman who was newly diagnosed with OCCC, staged as FIGO IIIA2. She had recently undergone initial debulking surgery. Unfortunately, she was readmitted through the emergency department due to diffuse abdominal pain, distension, poor oral intake, vomiting, and moderate subcutaneous edema involving the abdominal wall and bilateral lower limbs. A computed tomography (CT) scan revealed massive ascites and pronounced subcutaneous edema. Peripheral vascular Doppler studies confirmed bilateral deep vein thrombosis (DVT) in the femoral and popliteal veins. Laboratory investigations revealed hypoalbuminemia, with a serum albumin level of 2.3 g/dL, and significant proteinuria, with 24-hour urinary protein loss of 524 mg. These findings strongly suggested nephrotic syndrome. However, renal biopsy could not be performed due to the patient's ongoing anticoagulant therapy. Supportive treatment, including albumin supplementation, was initiated. Subsequently, a CT pulmonary angiogram confirmed pulmonary embolism (PE) involving both pulmonary arteries, manifesting as tachycardia and tachypnea. After multidisciplinary discussions, the patient was started on dose-dense weekly chemotherapy with paclitaxel (80 mg/m ²) and carboplatin (AUC2) to target both her underlying OCCC and the associated paraneoplastic syndromes. Gradual symptomatic improvement was observed following chemotherapy, and the patient is continuing her anticancer treatment. Conclusion Paraneoplastic syndromes, thromboembolic complications, such as DVT and PE, are life-threatening conditions. PNS remain rare and challenging to diagnose and manage, particularly in OCCC. The combination of these two complications significantly increases the complexity of treatment. Directly addressing the underlying malignancy has been shown to improve paraneoplastic syndromes more effectively than symptomatic management alone. Chemotherapy, and potentially adding anti-angiogenic agents, continues to play a crucial role in the management of such challenging cases.
論文歸類： 婦癌	

稿件編號：P120	Pembrolizumab 合併 Bevacizumab 治療在鉀類化療下快速進展的年輕女性肉瘤樣鱗狀細胞癌的成功經驗 Positive effect of Pembrolizumab combined Bevacizumab treatment on a young woman with rapid progression of sarcomatoid squamous cell carcinoma arising from mature teratoma under platinum-based chemotherapy
臨時稿件編號： 1554	戴雅亭 ¹ 陳啟豪 ¹ 台大醫院婦產科 ¹
論文發表方式： 海報	[Introduction] Mature cystic teratoma is the most common benign ovarian neoplasm in patients under 20 years of age. Malignant transformation occurs in approximately 1–2% of cases, with ovarian squamous cell carcinoma (OSCC) arising from the ectoderm accounting for over 80% of these malignancies. Among them, sarcomatoid squamous cell carcinoma (SSCC) is an exceptionally rare and aggressive subtype characterized by mixed epithelial and mesenchymal elements. Optimal treatment strategies for SSCC remain poorly defined. We report the case of a 35-year-old woman diagnosed with SSCC who experienced rapid disease progression despite platinum-based chemotherapy. Remarkably, the patient demonstrated rapid tumor regression following treatment with a combination of pembrolizumab and bevacizumab. This case highlights the potential efficacy of immunotherapy and anti-angiogenic therapy in managing this rare and challenging malignancy. [Case presentation] The patient is a 35-year-old gravida zero who presented in March 2024 with persistent mild to moderate lower abdominal pain and a sensation of bloating. A review of systems was otherwise unremarkable, without additional gynecologic concerns. Her past medical history was non-contributory, and her family history was negative for malignancies of the breast, colon, uterus, or ovaries. A previous Pap smear test had been negative for HPV infection. On bimanual examination, non-mobile, tender pelvic masses were palpated, with no other gross abnormalities noted. Transabdominal and pelvic ultrasound revealed a large pelvic mass measuring approximately 30 cm, suspected to be of gynecologic origin. Computer tomography (CT) of the abdomen and pelvis confirmed this finding. Laboratory investigations showed an extremely elevated CA-199 level (8090.51 U/mL) and mildly elevated squamous cell carcinoma antigen (SCC) levels (14.8 ng/mL). Other tumor markers, including beta-hCG, LDH, and alpha-fetoprotein, were within normal limits. Given the patient's young age, a fertility-sparing surgical approach was undertaken. The patient underwent right salpingo-oophorectomy, right pelvic lymph node sampling, omental biopsy, and peritoneal washing cytology. Final pathology confirmed sarcomatoid squamous cell carcinoma arising from a mature cystic teratoma, classified as pT1aN0Mx, FIGO stage IA. Postoperatively, adjuvant chemotherapy with paclitaxel (175 mg/m ²) and carboplatin (AUC: 5) was initiated. Tumor markers (CA-199 and SCC) showed a significant decrease after two cycles. However, the patient presented to the emergency department with fever and chills after the second cycle. Laboratory findings included leukocytosis (WBC 39.63 K/μL) and abnormal liver function tests (AST 96 U/L, ALP 339 U/L, GGT 283 U/L). CT imaging of the abdomen and pelvis revealed multiple hypodense nodules in both liver lobes, consistent with metastatic disease. A CT-
論文歸類： 婦癌	

guided liver biopsy confirmed metastatic sarcomatoid squamous cell carcinoma. Further evaluation with positron emission tomography (PET) demonstrated extensive metastases involving the bone marrow, liver, lungs, left adnexa, and uterus. Immunohistochemistry was performed to evaluate therapeutic options, revealing a PD-L1 combined positive score (CPS) of 100 and Her-2 negativity. Based on these findings, pembrolizumab (200 mg) and bevacizumab (500 mg) were introduced alongside the third cycle of chemotherapy. Subsequent PET imaging after three cycles showed significant regression of metastases. After completing six cycles of chemotherapy, the patient transitioned to maintenance therapy with pembrolizumab and bevacizumab at the same doses.

[Discussion]
Our patient was significantly younger than the average age of 55 years at diagnosis of ovarian squamous cell carcinoma (OSCC). Despite her atypical age, she presented with typical clinical features, including lower abdominal pain, a sensation of bloating, and a large tumor size. Preoperative findings of elevated tumor markers further indicated a high risk of malignancy. Although prior studies have suggested an association between human papillomavirus (HPV) infection and the malignant transformation of mature teratomas into squamous cell carcinoma, our patient tested negative for HPV infection.
From a genetic perspective, OSCC differs from other malignant germ cell tumors by demonstrating a high tumor mutation burden (TMB) but lacking mutations in KIT and KRAS. Tamura et al. reported that OSCC shows overexpression of XCL1, potentially inducing cytokine production, activation of CD8+ cytotoxic T cells, and tumor expression of PD-L1. Liang et al. identified frequent mutations in PIK3CA, TP53, TERT, and CDKN2A, suggesting that OSCC may behave more like ovarian carcinoma than traditional ovarian germ cell tumors. Immunohistochemical studies further highlighted epithelial-to-mesenchymal transition in sarcomatoid squamous cell carcinoma (SSCC), underscoring its aggressive biological behavior.
The rarity of OSCC—and particularly SSCC—limits opportunities for patients to participate in large randomized phase III trials, and no established treatment guidelines currently exist. A systemic review suggested improved prognosis for patients receiving platinum-based chemotherapy compared to those receiving no adjuvant therapy or alternative regimens. However, our patient exhibited rapid disease progression under platinum-based chemotherapy. This underscores the aggressive nature of SSCC and the need for alternative therapeutic approaches. Immunotherapy with pembrolizumab has been explored in OSCC in only two reported cases, with controversial results. Wu et al. described a positive response to 15 months of pembrolizumab, while Martel et al. reported a negative response after three cycles of platinum-based chemotherapy combined with pembrolizumab. In our case, the patient exhibited high PD-L1 expression, making pembrolizumab a logical therapeutic choice. Additionally, based on experience with cervical squamous cell carcinoma, a more common gynecologic squamous cell carcinoma, we combined pembrolizumab with bevacizumab. This dual approach resulted in rapid tumor regression, highlighting the potential synergistic effects of immunotherapy and anti-angiogenic therapy in SSCC.
Considering the frequent mutations associated with OSCC, targeted therapies also represent a promising avenue for treatment. Peluso et al. reported successful maintenance therapy with olaparib and pembrolizumab for seven months. Comprehensive genomic profiling will be conducted for our patient to identify actionable mutations and further refine her treatment plan.

稿件編號：P121	比較子宮內膜癌合併糖尿病之婦女以機械手臂子宮切除或腹腔鏡子宮切除的術後短期結果
臨時稿件編號：1593	Short-Term Outcome of Robotic versus Laparoscopic Hysterectomy for Endometrial Cancer in Women with Diabetes: Analysis of the US Nationwide Inpatient Sample 周芷蓓 ¹ 沈煜彬 ¹ 曾志仁 ¹ 中山醫學大學附設醫院 ¹
論文發表方式：海報	This study investigated short-term outcomes of robotic versus laparoscopic hysterectomy for endometrial cancer (EC) in women with diabetes. We extracted the data of hospitalized females aged ≥18 years who were diagnosed with EC and diabetes and underwent robotic or laparoscopic hysterectomy from the US Nationwide Inpatient Sample (NIS) 2005–2018. Associations between study variables and in-hospital outcomes, including complications, unfavorable discharge, length of stay (LOS), and hospital costs, were examined using logistic regression. A total of 5745 women (representing 28,176 women in the US) were included. Multivariable analysis revealed that robotic surgery was significantly associated with a decreased risk of unfavorable discharge (adjusted odds ratio [aOR] = 0.63, 95% confidence interval [CI]: 0.46, 0.85) than pure laparoscopic surgery. Women who underwent robotic surgery had a significantly shorter LOS (0.46 fewer days, 95% CI: -0.57, -0.35) but higher total hospital costs (6129.93 greater USD; 95% CI: 4448.74, 7811.12). Compared with pure laparoscopic surgery, robotic hysterectomy was associated with less unfavorable discharge among women aged ≥60 years (aOR = 0.60, 95% CI: 0.44, 0.80). For US women with EC and diabetes, robotic hysterectomy is associated with shorter LOS, decreased risk of unfavorable discharge, especially among older patients, and higher total costs than laparoscopic surgery.
論文歸類：婦癌	

稿件編號：P123	家族性卵巢囊性卵黃囊腫瘤：一例患者及其姐妹的罕見病例報告
臨時稿件編號：1346	Familial malignant ovarian yolk sac tumor in a case and her sibling, a rare case report 戴建瑩 ¹ 王功亮 ¹ 陳楨瑞 ¹ 台北馬偕紀念醫院婦產部 ¹
論文發表方式：海報	Background: Ovarian yolk sac tumor is an extremely rare and rapidly growing tumor in young women, ranking second among ovarian germ cell tumors. Few studies have explored the familial occurrence of germ cell tumors, including yolk sac tumors. This case report presents a young woman diagnosed with a malignant ovarian yolk sac tumor, whose blood relative also suffered from a malignant ovarian yolk sac tumor.
論文歸類：婦癌	Case Presentation: A 35-year-old female presented with a self-palpable lower abdominal mass persisting for 2 months. Initial examination revealed a large, complex, solid pelvic mass with massive ascites observed on imaging, along with markedly elevated AFP levels, raising strong suspicion of a yolk sac tumor. The patient underwent surgical resection of the pelvic mass, and final pathology confirmed a left ovarian yolk sac tumor with metastases to the omentum, colonic surface, and right subdiaphragm. Subsequently, she underwent chemotherapy. Tracing her family history revealed that her sister had also been diagnosed with an ovarian yolk sac tumor and had undergone similar treatment. Conclusion: This case highlights the possibility of familial clustering of ovarian yolk sac tumors. Further molecular biology studies on ovarian yolk sac tumors may elucidate the familial association of this rare malignancy. Keywords: Ovarian yolk sac tumor, familial, young patient

稿件編號：P122	反覆性的外陰癌與重建
臨時稿件編號：1468	Recurrent Vulvar Squamous Cell Carcinoma with Extensive Surgical Management 吳東穎 ¹ 林武周 ¹ 中國附醫 ¹
論文發表方式：海報	Objective: This case illustrates the challenges in managing recurrent vulvar SCC with unknown primary origin and extensive regional involvement. Despite aggressive multimodal treatments—including CCRT, multiple surgeries, and reconstructions—the patient experienced persistent recurrences over several years and accepted extensive surgical management recently.
論文歸類：婦癌	Case report: A 60-year-old female presented with a history of metastatic squamous cell carcinoma (SCC) of the left inguinal region, with an unknown primary origin. She first noticed a left inguinal lump in early 2015. A biopsy confirmed metastatic SCC over the vulva, with the primary site undetermined but suspected to be of gynecological (GYN) or genitourinary (GU) origin. In 2015, the patient underwent concurrent chemoradiotherapy (CCRT) from April 9 to May 26, which included radiation therapy (RT) and chemotherapy with cisplatin and fluorouracil (PF regimen). Additional chemotherapy was administered every two weeks from June 30 to September 4, 2015, with carboplatin given on September 18. Despite treatment, positron emission tomography (PET) scans revealed residual uptake, suggestive of persistent disease. She was referred to plastic surgery for further management. Due to recurrent vulvar cancer, the patient was referred for further management. On November 22, 2024, the patient underwent extensive surgical intervention: 1. Excision of a 6 × 6 cm vulvar mass with solid components from the 12 o'clock to 6 o'clock positions. 2. Partial resection of the vagina. Conclusion: This case underscores the importance of a multidisciplinary approach in managing complex cases of recurrent vulvar SCC. Continuous surveillance, prompt recognition of recurrences, and coordination among oncology, gynecology, urology, plastic surgery, and radiation oncology specialists are crucial for optimizing patient outcomes.

稿件編號：P124	子宮頸小細胞神經內分泌癌：病例報告系列及回顧
臨時稿件編號：1441	Small Cell Neuroendocrine Carcinoma of the Cervix: A single-institution case series and review 張哲維 ¹ 陳怡仁 ¹ 台北榮民總醫院 ¹
論文發表方式：海報	Small cell neuroendocrine carcinoma of the cervix (SCNECC) is a rare and aggressive subtype of cervical cancer, constituting less than 5% of all cervical malignancies. Its clinical presentation often mimics other cervical cancers, but SCNECC is distinguished by early metastasis, high recurrence rates, and poor prognosis. Diagnosis relies on histopathological examination and immunohistochemical markers such as synaptophysin, CD56, and chromogranin A. Imaging modalities like MRI and PET-CT are essential for accurate staging.
論文歸類：婦癌	Treatment for SCNECC is multidisciplinary, combining surgery, platinum-based chemotherapy, and radiotherapy, often adapted from small cell lung cancer protocols. Emerging therapies, including immunotherapy and targeted agents, show promise but require further research. Despite aggressive interventions, survival outcomes remain significantly lower than other cervical cancer types, with a 5-year survival rate of 25%-39%. This review also includes a single-institution case series of six SCNECC patients, illustrating its clinical challenges and therapeutic outcomes. While some of the patients achieved partial or complete remission, recurrence was common, occurring within a mean of 6.6 months. This underscores the need for novel, personalized treatment strategies to improve survival in this highly aggressive cancer.

稿件編號：P125	胃腸道間質瘤的罕見表現：圓韌帶腫瘤合併腹膜播散 A Rare Presentation of Gastrointestinal Stromal Tumor in the Round Ligament with Peritoneal Spread
臨時稿件編號：1447	洪婉婷 ¹ 江盈澄 ¹ 國立臺灣大學醫學院附設醫院 ¹
論文發表方式：海報	Introduction: Gastrointestinal stromal tumors (GISTs), which most commonly arise from the gastrointestinal tract, can, present as pelvic tumors in rare instances, complicating the identification of the primary site during diagnostic evaluation. With recent advancements in tyrosine kinase inhibitor (TKI) therapy, a multimodal approach, incorporating both surgical resection and targeted medical therapy, should be considered for optimal management. We present a case of metastatic GIST originating from the round ligament with disseminated peritoneal carcinomatosis. Case: A 39-year-old woman presented with a two-week history of progressive abdominal distension and persistent abdominal pain. Imaging through a CT scan revealed a multilocular hypoenhancing lesion in the right lower abdomen, accompanied by coarse calcifications. The scan further demonstrated signs of an omental cake, ascites, and multiple peritoneal nodules, suggestive of an advanced intra-abdominal malignancy. Tumor marker analysis revealed significantly elevated levels of CA-125 (983.6 U/mL) and CA15-3 (31.7 U/mL), raising suspicion of an epithelial or mesenchymal neoplasm. A diagnostic laparoscopy revealed a mass located in the right broad ligament with a gooseberry-like surface. The tumor exhibited multiple, variable-sized nodules, with evidence of seeding to critical areas including the uterine serosa, bilateral ovarian capsules, pelvic cavity, ventral abdominal wall, colonic serosa, liver surface, and the subdiaphragmatic region. Biopsy of the right broad ligament tumor tissue confirmed a diagnosis of metastatic gastrointestinal stromal tumor (GIST). Immunohistochemical analysis demonstrated that the tumor cells were positive for c-kit and DOG1, while negative for desmin and S100, consistent with the GIST diagnosis. Genetic testing revealed a mutation in KIT exon 11, but no mutations were found in KIT exon 9 or PDGFRA exon 18. Imatinib therapy was initiated and well tolerated by the patient. Serial imaging studies showed a partial response, with shrinkage of the primary tumor to 4.7 cm and complete resolution of tumor seeding in the peritoneal cavity after 18 months of treatment. Additionally, CA-125 levels showed a significant decrease, from 983.6 U/mL to 28.2 U/mL within just 8 months. Conclusion: As tyrosine kinase inhibitor (TKI) therapy becomes a cornerstone for the management of GISTs in the NCCN guidelines, drug resistance is increasingly garnering attention. Advanced genetic analysis of KIT and PDGFRA exons is increasingly employed to assess diagnosis and treatment response. While debulking surgery for primary tumor resection remains an important therapeutic option, the optimal timing of surgery after Imatinib therapy in TKI-sensitive patients is still a subject of ongoing debate. Regular imaging follow-up is essential during this period to monitor disease progression and treatment efficacy.
論文歸類：婦癌	

稿件編號：P126	後腹腔時胎瘤惡性轉化為透明細胞癌：罕見病例報告 Pelvic Retroperitoneal Teratoma with Malignant Transformation to Clear Cell Carcinoma: A rare Case Report
臨時稿件編號：1342	游婉儀 ¹ 黃莉文 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: Primary retroperitoneal tumors account for a small percentage of adult malignancies, and among these, teratomas are rare. Teratomas are typically benign and composed of tissues derived from multiple germ layers. Malignant transformation within a teratoma is uncommon and, when it occurs, clear cell carcinoma is an unusual histologic subtype. This case report provides insights into the diagnosis, management, and challenges associated with such a rare presentation. Case presentation: A 62-year-old woman with a history of hyperlipidemia, managed with medication, was under regular follow-up at our clinic for routine Pap smears and monitoring of known uterine myomas. During a routine transvaginal ultrasound on 2024/05/02, suspect two right adnexal mass were incidentally discovered. Tumor marker tests showed elevated levels of CA-125 (56.3 U/mL) and CA 19-9 (72.1 U/mL). A subsequent CT scan revealed findings of: (1) a probable left ovarian teratoma with potential benign or malignant components; (2) multiple uterine myomas; and (3) right adnexal enlargement suggestive of a paratubal cyst or other benign lesion. The patient was scheduled for an abdominal subtotal hysterectomy with bilateral salpingo-oophorectomy on 2024/08/08. During surgery, while the uterus and bilateral adnexa appeared grossly normal, a 6 x 6 cm right para-tubal tumor was identified. A frozen section identified this mass as a spindle cell tumor, which was excised. Additionally, an incidental retroperitoneal tumor measuring 15 x 10 cm was found and excised during the operation. The final pathology report confirmed multiple uterine leiomyomas and an epithelioid leiomyoma in the right para-tubal region. The retroperitoneal tumor was diagnosed as clear cell carcinoma arising from a teratoma. Following the diagnosis of clear cell carcinoma, the patient received four cycles of chemotherapy (on 2024/09/04, 2024/09/25, 2024/10/16, and 2024/11/06), with minimal side effects, except for a mild mouth ulcer after the last session. She remains under close surveillance to monitor treatment response and guide further management. Conclusion: Malignant transformation in retroperitoneal teratomas is rare, and transformation to clear cell carcinoma is particularly unusual. Clear cell carcinoma is known for its aggressive behavior, which necessitates prompt and aggressive treatment. This case underscores the importance of considering retroperitoneal teratomas in the differential diagnosis of retroperitoneal masses and highlights the potential for malignant transformation. Early detection and complete surgical excision are crucial, followed by appropriate chemotherapy. Through this case, we aim to raise awareness of the possibility of malignant transformation in retroperitoneal teratomas and highlight the importance of timely intervention. Close postoperative surveillance and multidisciplinary management are essential for improving outcomes in such rare cases.
論文歸類：婦癌	

稿件編號：P127	癌惡性治療卵巢癌復發病人引起間質性肺炎：病例報告與文獻回顧 Bevacizumab-Induced Interstitial Pneumonitis in a Patient with Recurrent Ovarian Cancer: A Case Report and Literature Review
臨時稿件編號：1303	廖建騰 ¹ 孫怡虹 ¹ 蔡永杰 ¹ 黃國峯 ¹ 康介乙 ¹ 奇美醫院婦產部 ¹
論文發表方式：海報	Bevacizumab, a recombinant humanized monoclonal antibody against vascular endothelial growth factor, is approved to treat epithelial ovarian, fallopian tube, or primary peritoneal cancer and many other types of cancer. Although many adverse reactions of bevacizumab, such as hypertension, proteinuria, thromboembolism, impaired wound healing, and bowel and nasal septum perforation, have been reported, interstitial pneumonitis was rarely reported in previous literature. We report a case of a 62-year-old woman with recurrent high-grade serous ovarian cancer who presented with dyspnea, increased radiographic lung infiltration, and acute respiratory failure within 48 hours after initiation of single bevacizumab maintenance treatment. After excluding infectious and cardiogenic etiologies of dyspnea, she was suspected to have possibly developed interstitial pneumonitis induced by bevacizumab. She improved rapidly with a radiologic resolution of infiltrations after starting high-dose steroids.
論文歸類：婦癌	

稿件編號：P128	漿母細胞淋巴瘤轉移至卵巢及腹膜腔：一個案報告 Plasmablastic lymphoma metastasizes to the adnexa and peritoneum: a case report
臨時稿件編號：1316	鄭伊靈 ¹ 張珍 ² 蔡宏名 ³ 許雅婷 ⁴ 黃于芳 ¹ 成大醫院婦產部 ¹ 成大醫院病理部 ² 成大醫院影像醫學部 ³ 成大醫院基因醫學部 ⁴
論文發表方式：海報	Background: Plasmablastic lymphoma (PBL), a highly aggressive B-cell non-Hodgkin lymphoma, is frequently associated with immunosuppression, particularly following HIV infection. PBL with primary involvement of the ovaries, cervical lymph nodes, and bone marrow is unusual in immunocompetent women. To the best of our knowledge, this is the first case of an aggressive, advanced disease mimicking epithelial ovarian cancer (EOC), tubal cancer (TC), or primary peritoneal cancer (PPC). Case report: A 42-year-old premenopausal woman presented with abdominal dullness and distension. Imaging studies revealed the presence of ascites, peritoneal carcinomatosis, and lymphadenopathy. Laparoscopic biopsies of the right adnexal tumor, omental cake, and peritoneal seeds were performed. Poorly differentiated carcinomas were identified in intraoperative frozen sections. Intriguingly, a diagnosis of peritoneal or ovarian metastasis of the PBL was reached pathologically. Human immunodeficiency virus test results were negative. Bone marrow involvement and multiple lymphadenopathies were also confirmed. The patient was treated with dose-adjusted etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin plus daratumumab and bortezomib. Haploidentical peripheral blood stem cell transplantation (halpo-PBSCT) was performed to achieve better disease control. The patient showed sustained partial response for six months. Conclusion: The diagnosis of immunocompetent PBL with intraperitoneal metastasis before surgery and during intraoperative cryosections remains challenging. Intraperitoneal biopsy and delayed cytoreduction can prevent unnecessary tumor resection. However, a definitive treatment modality is yet to be established. Our patient responded to chemotherapy plus targeted therapy, followed by halpo-PBSCT, leading to a 6-month partial response. Our experience provides additional information on pretreatment evaluation and therapeutic considerations for patients with PBL.
論文歸類：婦癌	

稿件編號：P129	罕見外陰癌病例報告：巨大的乳房外柏哲德氏症 Rare Vulvar Cancer Case Report: A Case of Large Extramammary Paget's Disease
臨時稿件編號： 1665	孫皓怡 ^{1,2} 吳珮瑩 ³ 成大醫院 ¹ 成大醫學院 ² 成大醫院婦產科 ³
論文發表方式： 海報	Introduction Extramammary Paget's disease (EMPD) is a rare, slow-growing intraepithelial adenocarcinoma that primarily affects the epidermis, with occasional dermal extension. EMPD typically develops in apocrine gland-bearing areas, most frequently the vulva (65% of cases), and predominantly affects postmenopausal women. Presenting symptoms, such as rash, erythema, and pruritus, often mimic benign conditions, leading to significant diagnostic delays averaging three years. Lesions usually appear as erythematous and whitish eczematous plaques, making a biopsy essential for diagnosis. The mean lesion size is around 7 cm, though larger lesions are rare. This report discusses a unique case of vulvar EMPD with an 18 cm lesion, highlighting the need for early biopsy in atypical presentations. Case presentation A 71-year-old woman experienced a gradually enlarging perineal tumor over one year, with intermittent pain and itching. She self-treated gentamycin and neomycin ointments, but the tumor continued to grow and became reddened. After significant bleeding, she sought emergency care. Examination revealed a left vulvar mass with an irregular border and firm texture, and CT showed a subcutaneous infiltrating mass in the left buttock area. A vulvar biopsy confirmed invasive extramammary Paget's disease. She underwent wide local excision and a split-thickness skin graft. She also did sentinel lymph node sampling. Pathology confirmed EMPD with invasive adenocarcinoma. Discussion Cases of larger EMPD are rarely reported in recent publications. The primary treatment remains surgical, including sentinel lymph node biopsy. Adjuvant therapy is determined based on histology, but there are no clearly defined non-surgical therapies. Adjuvant radiotherapy (RT) may be administered in cases of positive margins, dermal invasion, or lymph node metastasis. Other non-surgical adjuvant therapies, such as topical imiquimod, chemotherapy, photodynamic therapy, and laser CO2 therapy, remain unclear.
論文歸類： 婦癌	

稿件編號：P130	卵巢 Brenner 腫瘤的臨床多樣性與處理策略：從良性病變到罕見惡性病例的回顧 Brenner Tumors of the Ovary: Clinical Spectrum from Benign to Malignant – A Case Series
臨時稿件編號： 1669	張家甄 ¹ 江玲諭 ¹ 臺北榮民總醫院 ¹
論文發表方式： 海報	Brenner tumors are rare ovarian neoplasms, typically categorized as benign, with malignant cases being exceptionally uncommon. This report examines a series of Brenner tumor cases, focusing on their clinical presentations, surgical findings, pathology, and management strategies, drawn from institutional records. The malignant Brenner tumor of the left ovary described in this dataset highlights an intricate clinical course. A 49-year-old woman presented with a left adnexal mass characterized by progressive abdominal distension and compression symptoms. Preoperative imaging revealed a large, heterogeneous, calcified adnexal lesion, with elevated CA-125 levels suggesting malignancy. Surgical intervention involved abdominal total hysterectomy, bilateral salpingo-oophorectomy, pelvic and para-aortic lymphadenectomy, omentectomy, and appendectomy. Intraoperative findings included a ruptured left ovarian mass measuring 22x20x16 cm, ascites with tumor fluid, and no residual tumor post-debulking. Pathology confirmed a malignant Brenner tumor (FIGO Stage IC1). The patient underwent adjuvant chemotherapy with paclitaxel and carboplatin for three cycles, achieving favorable post-treatment outcomes. A second case of a benign Brenner tumor with mucinous cystadenoma and ovarian torsion further illustrates the spectrum of Brenner tumors. A 20x20x20 cm right ovarian tumor, complicated by necrosis and rupture, required emergency surgical management. Frozen section analysis revealed bilateral benign Brenner tumors with mucinous components. Surgery entailed oophorectomy, hysterectomy, omentectomy, and pelvic lymph node biopsy, with no evidence of malignancy on final pathology. This series underscores the variable clinical behavior of Brenner tumors, from benign to malignant forms, and highlights the critical role of comprehensive surgical management and adjuvant therapy in achieving optimal outcomes. These findings contribute to the limited body of literature on Brenner tumors, providing insights into their diagnosis, treatment, and prognosis.
論文歸類： 婦癌	

稿件編號：P131	卵巢成年型顆粒細胞瘤預後與治療 The prognosis and treatment of adult granulosa cell tumor
臨時稿件編號： 1654	鄭宇婷 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	Background Adult granulosa cell tumor is a vascular tumor that may suddenly rupture and result in abdominal pain, hemoperitoneum, and dropped blood pressure. Surgery is required for definitive tissue diagnosis, staging, and tumor debulking. A total abdominal hysterectomy and bilateral salpingo-oophorectomy are typically performed in older women. Stage is the most important prognostic factor, with a higher risk of relapse being associated with stages II through IV disease. Case presentation We report on a case of adult granulosa cell tumor that was diagnosed after surgery. A 63-year-old female presented with abdominal pain. Abdominal computed tomography showed hemoperitoneum and right ovarian tumor. We underwent right salpingo-oophorectomy + partial omentectomy + left partial oophorectomy + enterolysis (freeing from) + fulguration of severe pelvic endometriosis. The patient was diagnosed with stage IIB adult granulosa cell tumor and initiated postoperative chemotherapy. Conclusion The prognosis of early-stage adult granulosa cell tumor is excellent, whereas patients with advanced disease at diagnosis tend to relapse. We demonstrated a case of ovarian cancer diagnosed with adult granulosa cell tumor highlighting the relationship between staging and prognosis.
論文歸類： 婦癌	

稿件編號：P132	婦科案例報告：漿液性輸卵管上皮內癌之個案 A Rare Pathologic Finding: Serous Tubal Intraepithelial Carcinoma
臨時稿件編號： 1380	石冠堯 ¹ 蔡丞煥 ¹ 阮承宜 ¹ 何倩蓁 ¹ 楊清淳 ¹ 謝保群 ¹ 中港澄濟醫院婦產科 ¹
論文發表方式： 海報	Objective: To present a rare case of serous tubal intraepithelial carcinoma (STIC) identified incidentally during surgery for presumed benign ovarian tumors, and to discuss its management and follow-up strategies. Case Report: A 71-year-old postmenopausal woman with a 30-year history of an ovarian cyst presented with recent growth of the lesion from 3 cm to 5 cm. Transvaginal ultrasound and pelvic MRI revealed bilateral ovarian cysts with features suggestive of benign pathology. Tumor markers, including CA-125, AFP, and CEA, were within normal limits. The patient underwent laparoscopic bilateral salpingo-oophorectomy (BSO) and adhesiolysis on 2024/07/19. Intraoperative findings included a left ovarian cystic mass (7 x 6 x 5 cm) with clear fluid and a right ovarian cystic mass (4 x 3 x 3 cm) with calcifications, alongside obliterated pelvic adhesions. Pathology confirmed benign ovarian tumors (left serous cystadenoma and right serous cystadenofibroma) and a diagnosis of serous tubal intraepithelial carcinoma in the left fallopian tube. Cytology of ascites was negative for malignancy. Discussion: STIC is a rare premalignant lesion of the fallopian tube and a precursor to high-grade serous ovarian carcinoma. Standard management includes surgical resection with careful pathological assessment to exclude invasive carcinoma. Given its association with hereditary cancer syndromes, genetic counseling and testing for BRCA mutations or other associated genes are essential. Postoperative surveillance typically involves regular physical examinations, imaging, and tumor marker monitoring to detect any recurrence or progression. This case underscores the importance of meticulous pathological evaluation in patients undergoing surgery for presumed benign adnexal masses. Conclusion: The incidental discovery of STIC in a postmenopausal woman highlights the critical role of surgery and pathology in diagnosing early premalignant lesions. Comprehensive follow-up strategies, including genetic evaluation and surveillance, are imperative to optimize patient outcomes.
論文歸類： 婦癌	

稿件編號：P133	<p>案例討論：子宮內膜基質瘤的治療及追蹤的困境 A case of endometrial stromal tumor with dilemma of treatment and follow-up strategy</p> <p>柯翔耘¹ 柯良穎¹ 吳鏡瑜¹ 高雄醫學大學附設中和紀念醫院¹</p>
臨時稿件編號：1598	
論文發表方式：海報	<p>Endometrial stromal tumors (ESTs) are a rare subgroup of uterine mesenchymal tumors with nonspecific imaging features and lack of single serum biomarkers with high specificity for preoperative evaluation. According to the latest classifications of the World Health Organization published in 2020, ESTs may be categorized into 4 subtypes based on the cell morphology, including (1)Endometrial stromal nodule(ESN), (2)Low-grade endometrial stromal sarcoma (LG-ESS), (3)High-grade endometrial stromal sarcoma (HG-ESS) and (4) Undifferentiated uterine sarcoma (UUS). Of which, the ESNs are deemed benign and curable with hysterectomy, while the other 3 subgroups presented malignancy potentials and lack of consensus on therapeutic measures. Owing to the scarcity of this tumor type and, on the contrary, the high prevalence of leiomyoma with misleading and similar clinical and image presentations, the tumor treatment had been thorny for surgeons.</p> <p>We presented a 42-year-old woman with an incidental diagnosis of EST after a surgery of laparoscopic myomectomy for a presumed benign leiomyoma. The patient had routine medical check-ups at a local gynecologic clinic. She was referred to our hospital for consultation of treatment for a uterine tumor with slowly increasing size in the past 6 years. Due to the patient's absence of clinical symptoms or family history, minimally-invasive laparoscopic myomectomy was suggested and smoothly performed afterwards. During the surgery, the specimen of the tumor was morcellated and removed through the incision with scalpels. The pathology report revealed that, grossly, the tumor was in fragments with 9*3*2.5cm in size. Microscopically, the morphology patterns and the immunohistochemical staining all indicated the tumor to be an EST. However, the assessment of invasion of the tumor was challenging due to the disruption of the margins and relationships among the tissue fragments. Thus, unfortunately, it was unavailable to distinguish the tumor between low-grade ESS and ESN. In addition, potential dissemination of the tumor should be taken into consideration. The patient then proceeded to receive debulking surgery with lymphadenectomy and partial omentectomy but without adjuvant treatment.</p> <p>In this project, we reviewed the latest evidence on the classifications and corresponding prognosis of both the ESN and low grade ESS, the advancement of diagnosis of the uterine sarcoma with emerging biomedical and genetic methods and controversies about the aggressiveness of additional surgical intervention and the necessity of adjuvant treatment. Despite the limited data due to the low prevalence of this tumor, we managed to create an individualized treatment plan and an adequate follow-up strategy for this patient.</p>
論文歸類：婦癌	

稿件編號：P134	<p>子宮頸平滑肌肉瘤 病例報告及文獻回顧 Leiomyosarcoma of cervix A Case Report and Review of the Literature</p> <p>張維鑑¹ 簡婉儀¹ 高雄阮綜合醫院¹</p>
臨時稿件編號：1297	
論文發表方式：海報	<p>Introduction. Sarcomas of the uterine cervix constitute less than 1% of all cervical malignancies. Although leiomyosarcoma is one of the most common non-epithelial malignant neoplasms arising in soft tissue and somatic organs, while arising from the uterine cervix is extremely rare. The rarity of cervical sarcomas as contributed to paucity of information regarding the clinical features, mode of management and prognosis of the patients. Usually most patients present with vaginal bleeding and a bulky cervical mass at the time of diagnosis. They generally occur in the perimenopausal and postmenopausal population in their 4th–6th decades of life. We present a rare case of leiomyosarcoma of cervix presented with bleeding per vaginam which was managed with combined modality of treatment. Case report and methods. A 69-year-old woman, her ADH (activities of daily living) was totally independent. Her general history were : Gravida 3, Para 3, Abortion 0, who has history of abnormal pap smear with regular follow-up.</p> <p>She suffered from vaginal spotting and discharge since 2022/11 and went to our Gyn hospital for help. The PV showed vulva: normal, vagina: normal, cervix:neogrowth lesion, uterus: N/S, adnexa: free bil. And she arrange cervix biopsy + D&C on 2022/11/02. The pathology showed 1. Spindle cell neoplasm favor carcinosarcoma---uterus, cervix, biopsy and uterus endocervix curetting. Then abdominal CT was arranged and showed 1. Consistent with cervical cancer (7 cm) with suspiciously right parametrial invasion.--- Preliminary cancer stage: T2bN0 on 2022/11/10. Cervical cancer was diagnosed and operation was suggested. After admission, she was received RH+ BSO+ BPLND+ Para-aortic LN dissection+ washing cytology+ Bilateral hypogastric artery ligation on 2022/11/22. The pathologic report was leiomyosarcoma with lymph nodal metastasis (pathologic stage: pT2bN1a, FIGO stage IIIC1). Nausea, vomiting with abdominal distension was happened after operation. Plain abdominal film showed. NPO and IV fluid supply therapy was given. Symptom improved after treatment. Bilateral J-P drain was removed on 2022/11/29. Foley was removed and check residual urine and reon foley on 2022/11/30. We explained the pathological report for patient and her son and chemotherapy was suggested. Then patient was discharged and OPD follow up.</p> <p>Result: Patients with cervical sarcomas tended to be younger, diagnosed in the later years of study, have larger tumour and have more advanced stage of the disease. Among women with early stage disease survival was inferior for those with sarcomas. Five-year survival for cervical sarcoma were 80%, 67%, 42% and 20% compared to 95%, 80%, 56% and 32% of cervical squamous cell carcinomas for stage IA, IB, II and III, respectively. Overall leiomyosarcomas of uterine cervix has poor prognosis and patients with cervical sarcomas were 60% more likely to die from their tumours. They generally occur in the perimenopausal and postmenopausal population in their 4th–6th decades of life. Most patients present with vaginal bleeding and a bulky cervical mass at the time of diagnosis. Macroscopically, the tumours are typically large (up to 12 cm in one series) and poorly circumscribed. These masses either protrude from the cervical canal or thicken and expand it circumferentially.3 The current approach is to simply extrapolate diagnostic criteria from the corpus tumours and apply them to their cervical counterparts,</p>
論文歸類：婦癌	

	<p>incorporating various combinations of cytological atypia, coagulative necrosis and mitotic activity to predict their malignant potential. The optimal management of these tumours is uncertain owing to its rarity; however, combined modality treatment can result in prolonged survival and cure. Several factors have consistently been found to demonstrate value as prognostic indicators predictive of outcome of therapy and includes tumour size, stage, grade, mitotic count, age and menopausal status. The role of chemotherapy in cervical sarcomas is difficult to assess. Owing to tendency of haematogenous spread most patients are candidates for systemic chemotherapy. In leiomyosarcoma of the uterine cervix, the combination of doxorubicin and ifosfamide was used as a first-line combination chemotherapy and in spite of the high toxicity, response rate as high as 30% was seen in advanced or metastatic leiomyosarcoma of the uterus. Although the chemotherapeutic regimens were not standardised, combination chemotherapy containing doxorubicin which has best activity against uterine leiomyosarcoma results in better outcome. Because therapeutic measures have been widely discordant among the reported cases, their true natural history and any variations in their malignant potential are not readily evaluable. Combined modality of treatment including surgery, radiotherapy and chemotherapy should be used in these patients to achieve better survival.</p> <p>Conclusion. Leiomyosarcoma of uterine cervix is a rare disease and diagnostic confirmation is based on pathological and immunohistochemical profile. Prognostic indicators predictive of outcome of therapy include tumour size, stage, grade, mitotic count, age and menopausal status. For disease confined to the cervix, radical hysterectomy with bilateral salpingo-oophorectomy is probably warranted. Combined modality of treatment including postoperatively adjuvant chemotherapy with VAC regimen followed by external beam radical radiotherapy and vaginal cuff brachytherapy should be used to achieve better survival.</p>
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稿件編號：P135	<p>外陰癌併乳房外佩吉特病:病例分享與文獻探討 Primary extramammary Paget disease of vulva: a case report and literature review</p> <p>鄭伊靈¹ 黃家彥¹ 國泰醫院¹</p>
臨時稿件編號：1382	
論文發表方式：海報	<p>Extramammary Paget disease (EMPD) is a rare malignant cutaneous neoplasm, whereas vulvar EMPD being even rarer and predominantly affecting postmenopausal women. Primary EMPD is thought to arise from the skin, while secondary EMPD is often associated with genitourinary and gastrointestinal carcinomas.</p> <p>This report presents a 47-year-old woman diagnosed with vulvar carcinoma accompanied by secondary EMPD, likely of urothelial origin. The patient initially presented with an enlarged right vulvar mass and diffuse vulvar erythema. Pathological examination of vulvar biopsy confirmed the diagnosis of vulvar invasive carcinoma with epidermal invasion. Immunohistochemical (IHC) staining showed that the neoplastic cells were CK7(+), CK20(+), GATA-3(+), GCDFP-15(-), and P63(-). A tentative diagnosis of secondary EMPD with urothelial origin was made. However, the workup of primary urothelial cancer including cystoscopy, renal ultrasonography, and computed tomography (CT) urography were all negative. Thus, the diagnosis of primary EMPD of vulva was made.</p> <p>Further imaging revealed extensive lymphadenopathy. The FIGO stage was stage IVb (T1N2bM1). Despite undergoing concurrent chemoradiotherapy, the patient experienced disease progression, with bone metastases detected in the T7, T8, L5, and right sacroiliac joints. Salvage chemotherapy and palliative radiotherapy were initiated, but subsequent metastases and a pathological compression fracture developed. Moreover, IHC of HER2 was strongly positive (3+). The patient is now scheduled for additional palliative radiotherapy and targeted therapy using Trastuzumab deruxtecan (Enhertu®).</p> <p>This case highlights the rarity and complexity of EMPD in vulvar carcinoma, underscoring the importance of multidisciplinary management in advanced cases.</p>
論文歸類：婦癌	

稿件編號: P136	子宮內膜大細胞神經內分泌性腫瘤- 案例報告 Endometrial large-cell neuroendocrine carcinoma: a case report
臨時稿件編號: 1569	張肇子 ¹ 劉瑞德 ¹ 何鎮宇 ¹ 新光吳火獅紀念醫院婦產科 ¹
論文發表方式: 海報	Purpose: Large-cell neuroendocrine carcinoma (LCNEC) of the endometrium is a rare and aggressive malignancy. Early diagnosis is challenging, and the tumor often metastasizes distantly, resulting in a poor prognosis. While LCNEC commonly affects the uterine cervix and ovaries, endometrial involvement is exceedingly rare. We report a case involving a 49-year-old woman diagnosed with endometrial LCNEC.
論文歸類: 婦癌	Case Report: A 49-year-old Taiwanese woman presented with progressive abdominal fullness lasting two weeks, accompanied by decreased appetite, dysmenorrhea, prolonged menstruation, and vaginal spotting. A transvaginal ultrasound identified a pelvic mass, and further evaluation revealed an elevated serum Ca-125 level (381.3 U/mL). CT imaging showed uterine enlargement with multiple masses, lymph node metastases, and suspected peritoneal and pleural seeding. Biopsy confirmed high-grade carcinoma, and the clinical staging was cT3N2M1 (FIGO stage IVc). Due to advanced disease, the patient initially received chemotherapy, but severe abdominal distension necessitated palliative surgery. Intraoperatively, extensive tumor seeding and adhesions in the pelvic cavity were observed. Biopsies of the uterine surface, ovaries, and pelvic peritoneum confirmed LCNEC. Postoperatively, she received six cycles of etoposide and cisplatin chemotherapy, resulting in a significant reduction in serum Ca-125 levels (from 381.3 to 31.4 U/mL) and partial regression of metastatic lesions on CT. Subsequently, debulking surgery was performed, including total hysterectomy, bilateral salpingo-oophorectomy, lymph node dissection, and excision of peritoneal nodules. Postoperative recovery was uneventful. A second chemotherapy course was initiated one month later due to progression of retroperitoneal metastases. The most recent CT scan revealed a >50% reduction in metastatic nodes following an additional four cycles of chemotherapy. The patient remains on treatment. Conclusion: The proper diagnosis of endometrial LCNEC is important due to its rarity, rapid progression, and poor prognosis. We presented a case of advanced endometrial LCNEC that showed a good response to chemotherapy and survived for over one year after diagnosis. Neoadjuvant chemotherapy may be considered when the patient is not suitable for surgery.

稿件編號: P137	子宮頸管惡性腫瘤以後腹腔腫脹表現 Endocervical malignancy presenting as a retroperitoneal tumor
臨時稿件編號: 1482	葉健倫 ¹ 許博超 ¹ 三軍總醫院婦產部 ¹
論文發表方式: 海報	A 66-year-old female, G1P1, who lived in the USA and had returned to Taiwan due to personal reasons, presented to the emergency department after being found unconscious by hotel staff. Her vital signs were relatively within normal limits upon arrival. Tracing her history, she had a history of type 2 diabetes mellitus and bipolar disorder, both controlled with medication, as well as progressive lower abdominal pain for the past 4 months. A series of examinations were conducted, and an abdominal computed tomography (CT) scan revealed a large retroperitoneal tumor with invasion into adjacent muscles and bones, as well as right ureter compression complicated with severe right hydronephrosis. Military tumors throughout the abdomen were also identified, leading to suspicion of a gynecological malignancy. A gynecological consultation was requested, and a vaginal examination showed a smooth cervix. Vaginal ultrasonography demonstrated an enlarged uterus with a thin myometrium with homogeneous hypoechoic content in the cavity, along with minimal ascites and unsatisfactory bilateral adnexa. Furthermore, the patient had never undergone a Pap test. Given the possibility of gynecological malignancy, the patient was admitted for further management.
論文歸類: 婦癌	A sonographically-guided biopsy of the retroperitoneal tumor was performed, revealing poorly differentiated carcinoma with squamous differentiation. Immunohistochemical stains showed positive p16, positive p40, and normal p53 expression, leading to consideration of cervical malignancy. A subsequent whole-body PET scan confirmed malignancy consistent with the abdominal CT scan findings and also identified another FDG-avid lesion in the lower segment of the uterus. Cervical biopsy and endometrial sampling were performed; the cervical biopsy showed chronic cervicitis, while the endometrial biopsy revealed squamous cell carcinoma. The final diagnosis was poorly differentiated squamous cell carcinoma of the endocervix, AJCC 9th edition, T3bN0M1, 2018 FIGO stage IVb with retroperitoneal organ metastasis.

稿件編號: P138	高惡性度子宮內膜基質肉瘤: 案例報告及文獻回顧 High-grade endometrial stromal sarcoma – A case presentation and literature review.
臨時稿件編號: 1409	高顯諭 ¹ 葉思誠 ¹ 佛教慈濟醫療財團法人台北慈濟醫院 ¹
論文發表方式: 海報	Background Endometrial stromal sarcoma (ESS) is a subtype of uterine sarcoma, which only represents 1% of all uterine malignancies. According to the WHO classification (2014), ESS can be categorized into low-grade and high grade (HG). HG-ESS is very rare, which only accounts for 14% of all ESS. HG-ESS often presents with an aggressive clinical behavior and the patients may have worse prognosis than other uterine malignancies.
論文歸類: 婦癌	Case presentation A 54-year-old lady presented with abdominal fullness for two weeks and postmenopausal bleeding (PMB) for three months. She was with parity of 1 and abortion of 1. She had her menopause at the age of 52, and her previous cycles were regular. There was no symptoms of dysmenorrhea, hypermenorrhea, or use of contraceptives before. She started to have PMB three months ago, and developed abdominal fullness in the recent two weeks. Accompanied symptoms including constipation and dizziness were also reported. She came to the emergency room for help. Physical examination revealed an enlarged uterus above umbilical level, firm in consistency, with restricted mobility. Anemia(Hb=9.7 g/dl) and elevated CA125(=421 U/mL) and CA199(=52.5 U/mL) was found. Sonography showed uterine mass 17x13 cm with diffuse coarse heterogeneous myometrial echoes and normal vascularity. CT scan revealed a 19x15 cm huge heterogeneous soft tissue mass occupying the abdominal cavity and bilateral iliac lymphadenopathy. Bilateral lung nodules, suspect malignancy metastasis were also found. Under the impression of uterine sarcoma or endometrial cancer, she received total hysterectomy with bilateral salpingo-oophorectomy (BSO) through a vertical midline incision. Intra-operative frozen section proved the tumor to be malignancy. Hence, bilateral pelvic lymph nodes dissection was performed. The operation findings were a uniformly enlarged, fleshy uterus, with no clear border between uterine cavity and myometrium. Massive tumor bleeding was noted. The uterine tumor was intensely attached to cul-de-sac and rectum. Tumor seeding was found on bilateral pelvic wall and sub-diaphragmatic surface. Suboptimal debulking surgery was achieved with multiple residual tumors, over rectum and bilateral pelvic wall. The final pathology report showed high-grade endometrial stromal sarcoma, invaded to myometrium, cervix, bilateral ovaries, omentum and left pelvic lymph node. The staging was pT3aN1cM1 (lung metastasis), FIGO stage IVb. She will be receiving chemotherapy and radiation therapy afterwards. Discussion Giving the aggressive character of HG-ESS, approximately 70% of the patients present at stage III-IV. The median progression-free survival and median overall survival was 7–11 months and 11–24 months, respectively. HG-ESS mainly affects peri- or postmenopausal women, with the median age of 50 years. The clinical presentation was usually abnormal uterine bleeding or

symptoms related to extra-uterine spread.
In early stage of HG-ESS, the standard treatment was total hysterectomy + BSO +/- node dissection (with suspicious nodes). There is no role for fertility sparing treatment. If risk factors such as stage > I, tumor morcellation, large tumor size and high mitotic index present, adjuvant chemotherapy with anthracycline + ifosfamide and radiation therapy may be done.
In patients with advanced stage and potentially resectable disease, primary cytoreduction followed by chemotherapy is recommended. If non-resectable disease, upfront chemotherapy and subsequent debulking surgery may be performed. For metastatic HG-ESS, operation can be offered to patients suitable for complete debulking surgery, continued with chemotherapy.
There are two major genetic subtypes: 1) HG-ESS with YWHAE-NUTM2A/B genetic fusion; 2) HG-ESS with BCOR gene abnormalities. Study showed that moderate to strong c-KIT presenting in YWHAE-rearranged HG-ESS, which makes cabozantinib a potential medication in maintenance therapy. The efficacy of immunotherapy such as nivolumab is also under investigation.

Conclusion
HG-ESS is a rare yet aggressive uterine malignancy. Most patient was diagnosed with an advanced stage. The standard treatment for advanced stage HG-ESS was total hysterectomy and BSO, followed by adjuvant chemotherapy therapy. In patients with non-resectable disease, primary chemotherapy followed by debulking surgery in responsive cases is proposed. Future studies on target therapy and immunotherapy for HG-ESS are needed.

稿件編號：P139	<p>案例報告: 卵巢中腎臟樣腺癌 Case report: mesonephric-like adenocarcinoma of the ovary</p>
臨時稿件編號： 1597	<p>周沅儀¹ 李書萍¹ 劉惠珊¹ 陳欽德¹ 天主教輔仁大學附設醫院¹</p>
論文發表方式： 海報	<p>Mesonephric-like adenocarcinoma (MLA) is a recently recognized and rare neoplasm primarily found in the uterine corpus and ovaries. It exhibits a distinct clinical and pathological profile that poses diagnostic challenges, often being misclassified as more common types of endometrial carcinoma such as low-grade endometrioid adenocarcinoma or clear cell carcinoma. The treatment approach for MLA typically involves a combination of surgical intervention and chemotherapy. We have met two cases of mesonephric-like adenocarcinoma within half a year. First case is a 65-year-old woman with history of diabetes mellitus under diet control, who complained enlarged abdominal circumference, lower abdominal pain off and on, urine incontinence and fatigue for 1 year. Ultrasound revealed a 22x13.5x23cm multilocular pelvic tumor with solid component and blood flow. Elevated tumor markers CA-125 (395.5 U/mL) and CA-199(898.7U/mL) was found. The postoperative pathological diagnosis was mesonephric-like adenocarcinoma confined to the right ovary. Immunohistochemical findings showed positive results of PAX8, GATA3, TTF-1, CD10, and patchy p16; negative results of WT-1, p53 and PR. She refused adjuvant chemotherapy after operation. Second case is a 53-year-old woman with a 15x11cm multilocular pelvic tumor with solid component and blood flow in left adnexa. Elevated tumor markers CA-125 (56.3 U/mL), CEA(7.66 ng/mL), and CA-199 (543.0 U/mL) was also reported. The postoperative pathological diagnosis was mesonephric-like adenocarcinoma and endometriosis of left ovary. Immunohistochemical findings showed positive results for PAX8 and GATA3 while focally positive for TTF-1 and patchy staining for p16 and p53; negative for ER, PR, WT-1. Paclitaxel and carboplatin chemotherapy were given after the operation. Currently, no specific criteria are available for diagnosis and treatment of the disease. This article aims to improve the understanding of clinicians in this disease and create a basis for clinical diagnosis and treatment.</p>
論文歸類： 婦癌	

稿件編號：P140	<p>病例報告：胃型子宮內膜黏液性腺癌 Case report: Gastric-type mucinous adenocarcinoma of endometrium</p>
臨時稿件編號： 1512	<p>邱品熾¹ 康介乙¹ 永康奇美醫院產產部¹</p>
論文發表方式： 海報	<p>A 67-year-old female patient reported history of 1. Type II diabetes mellitus with metformin BID + Glimepiride BID + Empagliflozin QD + Pioglitazone BID use 2. Hypertension under Valsartan QD use In her obstetrics and gynecology (OBS/GYN) history, she had Gravida 3 Para 3 (via Normal spontaneous delivery). She had history of tubal ligation. She experienced menarche at 12 years old, had a regular menstrual cycle, and reached menopause at about 50 years old. According to the patient's statement, she suffered from fever, low abdominal pain, nausea with vomiting for 1 days on 2024/09/02. She visited local clinic and was transfer to our emergency department (ER) for further evaluation. During her visit, physical examination showed abdominal tenderness. Pelvic examination revealed smooth cervix with purulent discharge. Transabdominal sonography (TAS) and transvaginal ultrasound (TVUS) exam illustrated a 8.3cm myoma at fundus, with pyometra and thickened endometrium. Laboratory data showed leukocytosis(18200/uL).Endometrial biopsywas performed, and admission was suggested with antibiotic treatment with ceftriaxone plus metronidazole .After, the pathology result of endometrium biopsy showing fragmented neoplastic glands, r/o high grade endometrial adenocarcinoma and endocervical adenocarcinoma. Pelvic MRI was arranged showing: a 1.9cm tumor in cervical canal, favor endocervical carcinoma with hydrometra, with mild invasion to stroma. There is no vaginal or parametrial invasion. Ovary (adnexa): unremarkable, no obvious synchronous tumor lesion Lymph nodes (pelvis): no enlarged (> 8mm in short-axis diameter) lymph node Lymph nodes (retroperitoneum): no enlarged (>10mm) lymph node Hence, under impression of endocervical mass, r/o endocervical cancer or endometrial cancer, the Staging operation including modified radical hysterectomy + bilateral salpingo-oophorectomy + Bilateral pelvic lymph nodes dissection +washing cytology was arranged. The initial pathology report showed: Non-aggressive Endometrioid carcinoma with lymph node status (N0, 0/12), endometrium, pT1aN0 Histological grade: - Grade 1 (5% or less nonsquamous solid growth pattern) for endometrioid or mucinous type Adenocarcinoma in situ, cervix However, the Immunostains results showing: - ER: negative (both endometrial and endocervical) - PR: negative - p53: overexpression (both endometrial and endocervical) Thus, the next generation sequencing examination (高通量次世代基因定序) was performed, the results: 1. SINGLE NUCLEOTIDE AND SMALL INDEL VARIANTS</p>
論文歸類： 婦癌	

TP53 : p.R273H STK11 : p.S216F TP53 : p.P13R	<p>Then the additional Immunostains were performed and showed: CEA positive in endometrium, MUC-6 positive in endometrium and endocervix, CDX-2 positive in endocervix Thus, the pathology diagnosis was corrected and favored this was a case of Gastric-type mucinous adenocarcinoma of endometrium(Aggressive type), FIGO Stage IIc.</p>
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稿件編號：P141	<p>子宮體高分化大細胞神經內分泌腫瘤：罕見且侵襲性強的惡性腫瘤 Rare and Aggressive: A Case of High-Grade Large Cell Neuroendocrine Tumor in the Corpus Uteri</p>
臨時稿件編號： 1524	<p>蘇恩嘉¹ 黃文貞¹ 國泰綜合醫院¹</p>
論文發表方式： 海報	<p>High-grade large cell neuroendocrine tumor (LCNET) of the corpus uteri is a rare and aggressive malignancy characterized by neuroendocrine differentiation. It represents a small subset of uterine tumors and is associated with a poor prognosis due to its aggressive behavior, high metastatic potential, and resistance to treatment. Here we presented a 65-year-old female, gravida 1, para 0, abortion 1, with a medical history significant for uterine myoma, thyroid cancer (post-thyroidectomy in 2000, on thyroxine 100 mg daily), colon cancer (post-surgery in 2000), and overactive bladder (on medication), complained of vaginal bleeding and intermittent abdominal pain since June 13, 2024. Additional symptoms included constipation lasting over ten days and flatulence, with no history of irregular menstrual cycles, palpable masses, or urinary symptoms. Transvaginal sonography revealed multiple uterine myomas (largest measuring 59 x 36 mm in the anterior wall, intramural type), endometrial thickening, and a right ovarian cyst (2.0 x 1.5 cm). Tumor markers (CA125, CA199, and CEA) were within normal ranges. Elevation in LDH (724 IU/L) was reported. Hysteroscopic myomectomy was performed, with pathology indicating acute inflammation. A CT scan on June 26, 2024, identified findings highly suggestive of advanced endometrial cancer with direct invasion through the uterine serosa and adhesion/invasion of bowel loops and mesenteries, along with right internal iliac and infrarenal retroperitoneal metastatic lymphadenopathy. The patient underwent an abdominal total hysterectomy, bilateral salpingo-oophorectomy, and right pelvic lymph node sampling. Pathological analysis showed immunohistochemical stains with INSM1: (Positive, diffusely and strongly), Chromogranin A: (Positive, focally and strongly), Synaptophysin: (Positive, focally and strongly), CD56: (Negative), Ki-67 labeling index: (30%), Cytokeratin (AE1/AE3): Negative. Pathologic report confirmed high grade large cell neuroendocrine tumor of the corpus uteri, staged as pT3aN1M0, pFIGO IIc. Adjuvant chemotherapy with Etoposide, Cisplatin (tri-weekly regimen) was initiated, with the first cycle administered on November 6, 2024.</p>
論文歸類： 婦癌	

稿件編號：P142	子宮鏡手術結合 Levonorgestrel 子宮內投藥系統 (LNG-IUD) 用於早期子宮內膜癌 年輕女性的保留生育治療並達到完全緩解-個案報告
臨時稿件編號： 1371	Fertility-Sparing Treatment with Hysteroscopic Tumor Resection Combined with LNG-IUD Leading to Complete Regression in a Young Woman with Early-Stage Endometrial Cancer: A Case Report 臧崇怡 ¹ 朱俊誠 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	We present the case of a 37-year-old woman (Gravida 1, Para 1) who was diagnosed with early-stage endometrial cancer through dilation and curettage (D&C) at a local clinic. Seeking to preserve her fertility, she visited our outpatient department for a second opinion. Her past history included cholecystectomy and hypertension, and her body mass index (BMI) was 32.9. She reported no family history of cancer.
論文歸類： 婦癌	Initial evaluation via transvaginal sonography (TVS) revealed an endometrial thickness of 0.74 cm. A CT scan confirmed the diagnosis of stage IA endometrial cancer with no myometrial invasion, no pelvic or para-aortic lymph node involvement, and no distant metastases. The pre-operative tumor marker CA 125 level was 14.16 U/mL. Hysteroscopy was performed to confirm the histological grade of the tumor. The patient underwent hysteroscopic tumor resection, followed by adjuvant therapy with an LNG-IUD (Mirena®) instead of oral progestin, due to concerns about systemic side effects like weight gain and the convenience of non-daily administration. During the hysteroscopic surgery, the tumor, a layer of underlying myometrium, and adjacent endometrium were resected using a hysteroscope. Pathological analysis confirmed FIGO grade 1 adenocarcinoma with no myometrial invasion. Immunohistochemical staining revealed the tumor was ER(+), PR(+), pMMR, and p53(-). Interval hysteroscopy was scheduled every 3 months to monitor treatment response. At three months, the CA 125 level had decreased to 12.6 U/mL, and TVS showed the endometrial thickness was 0.74 cm. A second hysteroscopic tumor resection was performed, and the LNG-IUD was reinserted. Pathology revealed persistent adenocarcinoma. Consequently, GnRH agonist therapy (Diphereline P.R. 11.25 mg) was added alongside LNG-IUD treatment. At 6 months, the CA 125 level was 10.5 U/mL, and TVS showed the endometrial thickness was 0.55 cm. A third hysteroscopic tumor resection was performed, followed by the reinsertion of the LNG-IUD. Pathology from the third procedure showed no malignancy and inactive. Complete regression was achieved after 6 months of conservative treatment. The patient was advised to pursue conception promptly, considering using assisted reproductive technology (ART). Follow-up evaluations were recommended every 3 months, including TVS, serum CA 125 levels, and diagnostic hysteroscopy with biopsy. After completing childbearing, total hysterectomy with bilateral salpingo-oophorectomy was advised to reduce the risk of recurrence.

	evidence suggesting that ASC is closer to SCC than to AC, is that the efficacy of cervical cancer screening programs is similar for ASC and SCC and higher than that for AC. In patients, treated with definitive radiotherapy, those with ASC had a worse prognosis than patients with SCC, but in cases when concurrent chemoradiotherapy was used, the prognosis was similar in both groups. Conclusion:adenosquamous carcinoma is a rare type of cervical cancer. Screening programs may benefit if early detection. Clinically, it is closer to SCC rather than to AC. Patients with locally advanced carcinoma and /or lymphogenous metastases should undergo more aggressive postoperative treatment as those factors reduce survival. Currently, histology-driven approach is emerging as a clinical strategy, identifying high risk patients. Disease stage is guiding the treatment strategy, but tumor biology is an additional important prognosis and potentially predictive factor. Escalation of treatment (eg chemoradiotherapy) may improve the prognosis of patients with poor prognostic features, including adenosquamous histology. The pathophysiology of cervical carcinoma should no longer be a descriptive characteristic but rather be incorporated into the clinical treatment of patients.
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稿件編號：P143	子宮頸腺鱗癌病例報告及文獻回顧
臨時稿件編號： 1295	Adenosquamous carcinoma of cervix A Case Report and Review of the Literature 張維鑑 ¹ 簡婉儀 ¹ 高雄阮綜合醫院 ¹
論文發表方式： 海報	Introduction. Adenosquamous carcinoma of cervix(ASC) was first described by Greene in 1963. In 2014, The world Health Organization (WHO) defined it as a malignant epithelial tumor, composed of a mixture of invasive adenocarcinoma and squamous cell carcinoma. Still, the diagnosis of ASC can frequently be difficult. Recent analysis of the morphology of this subtype showed that 42% of the cases, primary diagnosed as ASC, were further reclassified. Besides the more complicated morphology. ASCs also differ from squamous cell carcinoma (SCC) and adenocarcinoma (AC) of cervix in prognosis. In patients, undergoing surgical resection, followed by radiotherapy. ASC has showed intermediate prognosis between SCC and AC. Patients with a more advanced stage of ASC and AC and treated with definitive radiotherapy had worse outcomes, compared with SCC. Case report and methods. This is, 54 y/o married female, G1P1, menopause age of 24 y/o (s/p supra-cervical hysterectomy). According to her description, she suffered from menopausal bleeding since 2020/08. She had visited LMC and our OPD for follow up. The pap smear showed inflammatory, repair, radiation and others. Menopause bleeding was noted off and on. She received endometrial biopsy in our hospital on 2021/05/20. The pathology showed carcinoma, HPV-independent (favor squamous cell carcinoma). And abdomen CT was arranged on 2021/06/03, and impressed consistent with cervical cancer and bilateral external iliac enlargement R/O malignancy lymphadenopathies. So she was admitted to our ward for surgical intervention on 2021/06/23. She received radical trachelectomy+BSO+BPLND+para-aortic lymphadenopathy+bilateral hypogastric artery ligation on 2021/06/24. The final pathology was adenosquamous carcinoma with lymph nodal metastasis (FIGO stage IIIC1). Poor wound healing was found since 2021/07/03. Debridement with wound closure was done on 2021/07/05. With overall condition, patient was discharged and OPD follow up prescribed and with further treatment. Result. Clinical behavior of ASC confirms that ASC is to some extent to SCC, rather than to AC, but nonetheless has its own specific features including worse prognosis and higher lymphogenous metastatic potential. Management in oncology is continuously evolving, with major advances in recent years. In the past, when surgery was the initial and frequently the only treatment modality, initial clinical staging of the disease was used to guide the treatment of patient. Other treatment modalities were referred to as either adjuvant or neoadjuvant as surgery was considered the only radical modality. In oncology, the biology-driven approach is becoming more recognized and it is incorporated into the clinical strategy initially at diagnosis. With the development of the technology, the imaging and the radiotherapy, the introduction of system treatment (chemo- and targeted therapy), prognosis of cervical cancer patients has improved. It has been established that different pathophysiology has a prognostic significance and thus may become an important factor in selecting patients for escalation or de-escalation of treatment. Vaccination is considered to reduce the incidence of ASC due to the presence of these particular HPV types 16 & 18. However, despite the increasing incidence of AC of uterine cervix worldwide, the incidence of ASC does not change. Additional
論文歸類： 婦癌	

稿件編號：P144	支持間質細胞瘤病例報告與討論
臨時稿件編號： 1389	Case Report and Discussion of Sertoli-Leydig Cell Tumor 袁愷 ¹ 張景文 ¹ 臺北醫學大學附設醫院 ¹
論文發表方式： 海報	Case presentation This 47-year-old female has no significant medical or surgical history. During a routine health check-up, an incidental finding revealed a right ovarian cyst measuring 5 cm in size, along with a mildly elevated CA125 level (35.2 U/mL). Endometrioma was suspected, and the patient sought a second opinion at our outpatient department. She reported experiencing occasional irregular menstrual cycles but denied any symptoms such as menorrhagia, dysmenorrhea, malodorous vaginal discharge, lower abdominal pain, abdominal fullness, weight loss, poor appetite, virilization or other discomforts. In our department, transvaginal sonography and tumor marker tests were repeated. The sonography showed evidence of adenomyosis in the posterior uterine wall, mild fluid accumulation in the cul-de-sac, and a right ovarian mass with homogeneous content. Follow-up CA125, CEA, and CA19-9 levels were all within normal limits. Based on the findings, a diagnosis of right ovarian endometrioma was suspected, and laparoscopic right salpingo-oophorectomy was planned. During the surgery, however, the ovarian tumor was found to have solid content, raising concern about the possibility of ovarian malignancy. No other suspicious lesions were identified in the pelvic cavity. The right ovary and fallopian tube were sent for frozen section analysis, which suggested a sex cord-stromal tumor. Further immunohistochemical staining was necessary for a definitive diagnosis. Consequently, laparoscopic-assisted vaginal hysterectomy and bilateral salpingo-oophorectomy were performed for surgical staging. The postoperative course was uneventful. Postoperative tumor marker tests, including AMH, E2, Inhibin-A, and Testosterone, were all within normal limits. The final pathological diagnosis was a moderately differentiated Sertoli-Leydig cell tumor. Although we recommended adjuvant chemotherapy with Bleomycin, Etoposide, and Cisplatin, the patient declined this option. She is currently under regular follow-up with scheduled visits every three months.
論文歸類： 婦癌	Discussion A Sertoli-Leydig cell tumor (SLCT) is a rare, non-epithelial ovarian tumor, comprising less than 0.5% of all ovarian neoplasms. SLCTs most commonly occur in young adults, particularly in women in their second decade of life. These tumors are typically unilateral, with only 1.5% of cases reported as bilateral. Macroscopically, SLCTs are often solid with cystic areas, though they can also be entirely solid or entirely cystic. They are usually yellow or orange in color, and features like hemorrhage and necrosis suggest a poorly differentiated tumor. Microscopic classification includes well-differentiated, moderately differentiated, poorly differentiated, retiform variant, and tumors with heterologous elements. More than 50% of SLCTs are moderately differentiated. Virilization is the most common clinical presentation, manifesting as signs such as hirsutism, deepening of the voice, clitoromegaly, and acne. Menstrual irregularities, such as anovulation or amenorrhea, are also common due to hormonal imbalances.

	<p>Patients may also present with abdominal pain or a palpable mass if the tumor is large, and infertility may result from disrupted hormone levels. In cases of malignancy, signs of weight loss, ascites, or metastasis may occur, though these are less common.</p> <p>The clinical evaluation of SLCT includes a detailed history, physical and pelvic examination, imaging studies, and tumor marker testing. Transvaginal sonography is the initial imaging modality of choice, while advanced imaging such as CT scans may be used to rule out metastatic disease. Serum tumor markers, particularly testosterone, can be helpful in diagnosing SLCTs; however, their absence does not exclude the diagnosis.</p> <p>Surgical treatment is the primary management for SLCTs. If the tumor is confined to the ovary or if the patient desires future fertility, fertility-sparing surgery with complete surgical staging is recommended. According to the NCCN guidelines, lymphadenectomy can be omitted in these cases. If the disease is more extensive, complete staging surgery should be performed. Patients with low-risk, stage I disease can be monitored with observation following surgery. Those with high-risk (e.g., ruptured tumors or poorly differentiated histology) or intermediate-risk (e.g., tumors with heterologous elements) disease may benefit from adjuvant platinum-based chemotherapy. For patients with stage II to IV disease, both radiotherapy and platinum-based chemotherapy are acceptable treatment options.</p> <p>The prognosis of SLCTs depends largely on histologic differentiation and whether the tumor is benign or malignant. Well-differentiated SLCTs are generally benign, with an excellent prognosis following surgical removal and rare recurrence. In contrast, poorly differentiated or malignant SLCTs can be more aggressive, with a higher risk of metastasis to distant sites such as the lungs, lymph nodes, and peritoneum. Prognosis for malignant SLCTs is poorer and is influenced by the stage at diagnosis and the patient's response to treatment.</p>
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稿件編號：P145	乳癌復發於子宮內膜息肉個案報告
臨時稿件編號：1628	Distant recurrence of breast cancer presenting as an endometrial polyp: a case report 胡晉碩 ¹ 陳敬軒 ¹ 李隆乾 ² 臺北市立聯合醫院婦幼院區 ¹ 臺北市立聯合醫院陽明院區 ²
論文發表方式：海報	Introduction: Metastasis of breast cancer to the endometrium is uncommon yet feasible. The predominant locations for breast cancer metastases include the bones, liver, lungs, and brain. Metastases to gynecological organs, including the uterus, are infrequent, and when they arise, they typically affect the myometrium rather than the endometrium. The involvement of the endometrial polyp is quite unusual.
論文歸類：婦癌	Case Report: A 55-year-old female had been diagnosed with breast cancer at age 48. She received partial mastectomy and axillary lymph node dissection at that time. Pathology reported left invasive ductal carcinoma, luminal A, pT2N2aM0, stage IIIa. After surgery, she received adjuvant chemotherapy, radiation therapy, and Tamoxifen treatment. Seven years after surgery, an endometrial echogenic mass 1.6 x 1.1 cm and endometrial thickness 2.1 cm were found during regular gynecology follow-up. Hysteroscopic polypectomy was arranged. The H&E stain showed adenocarcinoma of breast origin and immunohistochemistry staining revealed positive for GATA-3, CK, ER and PR and negative for HER2. These supported the diagnosis of metastatic invasive ductal carcinoma to the endometrial polyp. Under the impression of breast cancer recurrence, chemotherapy was advised.
	Discussion: Tamoxifen, a selective estrogen receptor modulator (SERM), is frequently utilized in hormone receptor-positive breast cancer to avert recurrence. Nonetheless, it exerts distinct effects on the endometrium that may be associated with the formation of endometrial polyps and might affect the likelihood of metastatic involvement. The potential association between tamoxifen and breast cancer metastasis to endometrial polyps may be attributed to 1. Tamoxifen. 2. Hormonal sensitivity 3. Vascular modifications. This patient exhibits asymptomatic metastatic endometrial polyp; it is recommended that women on tamoxifen undergo regular gynecological evaluations, including transvaginal ultrasound, to monitor endometrial alterations.

稿件編號：P146	初診斷晚期子宮內膜癌合併嚴重黃疸及肝腦病變
臨時稿件編號：1466	Advanced endometrial cancer diagnosed by presence of multiple liver metastases with severe jaundice and hepatic encephalopathy 何敏慧 ¹ 許博超 ¹ 三軍總醫院婦產部 ¹
論文發表方式：海報	A 55-year-old nulliparous female presented with severe jaundice for 2 weeks. Serum biochemistry profile revealed aspartate transaminase 618 U/L, alanine aminotransferase 195 U/L, total bilirubin 19.7mg/dL and direct bilirubin 12 mg/dL. Computed tomography of the abdomen plus pelvis showed hepatomegaly with myriad nodules throughout the liver (Panel A) and dilated uterus with poor-enhancing foci in the uterine cavity (Panel B, asterisk). Both ultrasound-guided liver biopsy and endometrial biopsy were performed on the same day, and confirmed high grade endometrioid carcinoma of endometrium, indicating advanced endometrial cancer with liver metastases. Considering her advanced cancer stage with unstable hemodynamic status, palliative treatment was prescribed after discussion, and the patient passed away only a few days after diagnosis.
論文歸類：婦癌	

稿件編號：P147	持續性妊娠滋養細胞疾病：因應現代女性忙碌生活提供的治療策略
臨時稿件編號：1493	Persistent Gestational Trophoblastic Disease: Tailored Short-Duration Chemotherapy Solutions for Busy Modern Women 黃楷中 ¹ 臺北榮民總醫院婦女醫學部 ¹
論文發表方式：海報	Gestational Trophoblastic Disease (GTD) is pregnancy-related and caused by abnormal fertilization. GTD can be classified into benign and malignant forms, with molar pregnancy being the most common, occurring in approximately 1-2 per 1000 pregnancies annually. The primary treatment for molar pregnancy is Dilatation and Curettage (D&C), while hysterectomy is an alternative for women who have completed childbearing. Studies have shown that women over 40 have a higher risk of Post-Molar Gestational Trophoblastic Neoplasia (GTN), and total hysterectomy aids in detecting invasive molar pregnancy. After diagnosis, risk classification is necessary to determine chemotherapy strategies, and β -hCG levels need to be regularly monitored during treatment. This report discusses a case of post-molar GTN where persistent β -hCG levels were observed after two D&Cs and Methotrexate (MTX) chemotherapy, without clinical signs. The potential diagnoses and subsequent treatment options will be discussed.
論文歸類：婦癌	

稿件編號：P148	在復發性卵巢癌中整合貝伐珠单抗與紫杉醇-卡鉑化學治療：病例報告 Integrating Bevacizumab with Paclitaxel-Carboplatin in Recurrent Ovarian Carcinoma: A Case Report
臨時稿件編號：1417	梁家榕 ¹ 臺北醫學大學附設醫院 ¹
論文發表方式：海報	Management of recurrent ovarian carcinoma encompasses cytoreductive surgical intervention and platinum-based chemotherapy with potential target therapy. Systematic comprehensive analyses and subgroup evaluations have preliminarily suggested potential survival advantageous outcomes. We present a case of a 51-year-old postmenopausal female with chronic hepatitis B and hypertension. Initial diagnostic imaging revealed a substantial right ovarian cystic mass measuring 16 cm, subsequently addressed through debulking surgery. Histopathological examination confirmed ovarian adenocarcinoma, classified as International Federation of Gynecology and Obstetrics (FIGO) stage IC3, with pathological staging denoted as pT1cN0Mx in 2023. Subsequent clinical progression was characterized by escalating tumor marker concentrations and imaging evidence of enlarged left iliac chain lymphadenopathy in July 2024. Treatment paradigm aligned with contemporary oncological guidelines, specifically referencing the Gynecologic Oncology Group (GOG)-0213 clinical trial protocols. The therapeutic approach incorporated platinum-based chemotherapeutic doublets complemented by the antiangiogenic agent Bevacizumab. Emerging clinical evidence suggests that the integration of Bevacizumab with paclitaxel and carboplatin may favorably improve overall survival, and significantly improve progression-free survival, and objective response in patients with platinum-sensitive recurrent ovarian malignancy. Ongoing and future investigative research remains imperative to comprehensively evaluate potential safety signals and treatment-associated toxicity profiles that might significantly influence therapeutic discontinuation.
論文歸類：婦癌	

稿件編號：P149	子宮次全切除後得到的子宮肉瘤：一個罕見的案例 Uterine Sarcoma in a Patient with a Surgical History of Subtotal Hysterectomy: An Unusual Case
臨時稿件編號：1304	朱曼榕 ¹ 劉偉民 ^{2,1} 臺北醫學大學附設醫院 ¹ 劉教授婦產科診所 ²
論文發表方式：海報	A 47-year-old female whose OB/GYN history was G2P2, cesarean delivery. She had abdominal mass and menorrhagia when she was 30 years old. She received laparotomy myomectomy at that time and the pathology turned out to be myomas. Since then, she had once explore laparotomy, once robotic myomectomy one after another. She started to feel urinary frequency when she was 46 years old and was diagnosed uterine multiple myomas causing compression symptoms. Later, she received robotic subtotal hysterectomy. And the pathology showed benign uterine myomas. Few days after the operation, left lower ureter thermal injury was noted and the double-J was inserted. The patient recover well without other complications. And she had regular follow up in GU outpatient department for changing double-J. However, 10 months after receiving subtotal hysterectomy, she presented to our emergency room complaining about urine retention and flank pain. Lab showed hematuria, proteinuria and bacteriuria. Abdomen CT reported bilateral hydronephrosis and an abnormal large irregular space-occupying tumor at the pelvic cavity, about 12cm in size. Explore laparotomy resulted a huge space taking lesion occupied the pelvic cavity. It was severe adhesion with the colon and pelvic side wall. And it was a very easily contact bleeding lesion. Optimal debulking cannot be done. Biopsy of the main lesion and omentum tumor excision were performed. And the pathology report showed leiomyosarcoma. We reviewed the previous spicement of the subtotal hysterectomy. But no evidence of malignancy was noted. The patient developed ileus symptoms very soon after the operation, suspected causing by the tumor progression. She had nausea, vomiting and very poor appetite. The patient is now receiving chemotherapy and radiation therapy. The treatment is continued.
論文歸類：婦癌	This case report highlights the diagnosis of uterine sarcoma in a 47-year-old female patient previously treated for myomas with a subtotal hysterectomy. It emphasizes the importance of thorough evaluation of uterine masses, even in patients with a history of benign conditions.

稿件編號：P150	關於子宮平滑肌腫瘤的惡性轉變 From Uterine Smooth-Muscle Tumors of Uncertain Malignant Potential (STUMP) to Retroperitoneal Leiomyosarcoma: A Case Report of Malignant Transformation
臨時稿件編號：1354	陳盈如 ¹ 曾志仁 ¹ 中山附醫婦產部 ¹
論文發表方式：海報	Uterine smooth muscle tumors of uncertain malignant potential (STUMP) are rare, heterogeneous uterine tumors that histologically fall between leiomyoma and leiomyosarcoma. Due to their potential for recurrence, malignant transformation, and metastasis, the prognosis and treatment strategies for STUMP remain unclear and challenging. This report presents the case of a patient who initially had STUMP and developed malignancy several years following surgical intervention, underscoring the importance of long-term monitoring and individualized treatment strategies.
論文歸類：婦癌	

稿件編號：P151	子宮肌瘤及子宮腺肌症患者高強度聚焦超音波 (HIFU) 治療對陰道分泌物中 miRNA 表現影響的初步研究 Pilot study on the impact of HIFU treatment on miRNA profiles in vaginal secretions of uterine fibroids and adenomyosis patients
臨時稿件編號：1648	陳威君 ¹ 張廷彰 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	Background: High intensity focused ultrasound (HIFU) ablation treatment for uterine fibroids and adenomyosis has been long developed. The aim of this study is to investigate miRNA profile changes in vaginal secretions after HIFU treatment and their clinical relevance.
論文歸類：內視鏡	Methods: We prospectively collected vaginal secretions samples from 8 patients (1 with adenomyosis and 7 with fibroids) before and after HIFU treatment. RNA was isolated and miRNA profiles were analyzed using next-generation sequencing (NGS) sequencing. Results: Our study showed miRNA profile change in vaginal secretion samples after HIFU treatment for uterine fibroids/adenomyosis, with 33 miRNAs upregulated and 6 downregulated overall. In fibroid cases, 31 miRNAs were upregulated and 7 downregulated, while in adenomyosis case, 41 miRNAs were upregulated and 71 downregulated. Four miRNAs (hsa-miR-7977, hsa-miR-155-5p, hsa-miR-191-5p, hsa-miR-223-3p) showed significant differences after HIFU treatment in fibroid cases, except in case 5 with the lowest treatment sonications (425 sonications) and energy input (170000 J). hsa-miR-7977 consistently showed downregulation after HIFU treatment. hsa-miR-155-5p were downregulated in case 4 with lowest treatment efficiency (2439.64J/cm3), while they were upregulated in other cases. hsa-miR-191-5p and hsa-miR-223-3p were downregulated in cases 4 and 7, with case 7 influenced by high sonication and energy due to multiple fibroids. Conclusions: HIFU treatment altered miRNA profiles in fibroids/adenomyosis patients. Notably, hsa-miR-7977, hsa-miR-155-5p, hsa-miR-191-5p, and hsa-miR-223-3p showed significant changes in fibroid cases, except in low-energy treatments. hsa-miR-7977 consistently decreased post-treatment, while hsa-miR-155-5p decreased in the least efficient cases. Further research is needed for validation.

稿件編號：P152	腹腔鏡子宮薦骨固定術中建立腹膜後隧道與否的手術時間之比較：回顧性病例對照研究
臨時稿件編號：1624	Comparing surgical time in laparoscopic sacrohysteropexy with or without retroperitoneal tunneling: a retrospective case-control study 賴顯璇 ¹ 丁大清 ¹ 佛教花蓮慈濟醫院 ¹
論文發表方式：海報	Study objective: This study aimed to evaluate the effectiveness and impact of the retroperitoneal tunneling technique on surgical time and outcomes in laparoscopic sacrohysteropexy (SHP) for treating pelvic organ prolapse. Design: Retrospective single-center cohort study. Patients: Thirty-two consecutive patients undergoing laparoscopic SHP for apical prolapse from 2015 to 2023. Interventions: laparoscopic SHP with or without right pelvic side wall retroperitoneal tunneling Measurement: The primary outcome was the surgical time. Secondary outcomes included blood loss, intraoperative and postoperative complications, length of hospital stay, postoperative pain scores, and improvement in the POP-Q score. Statistical analyses involved t-tests and multiple regression analysis. A p-value of <0.05 was considered statistically significant. Main results: The tunneling group demonstrated significantly shorter surgical times than the non-tunneling group (60.79 ± 22.35 minutes vs. 98.06 ± 26.28 minutes, p<0.001). There were no significant differences between the groups regarding blood loss, intraoperative and postoperative complications, length of hospital stay, pain scores, or Point C positions at three months follow-up. Multiple regression analysis confirmed a significant reduction in surgical time for the tunneling group after adjusting for confounders [-38.52 minutes (95% CI = -60.81 to -16.22, p = 0.002)]. Conclusion: The retroperitoneal tunneling technique in laparoscopic SHP significantly reduced surgical time without increasing the risk of complications. These findings suggested tunneling was a safe and efficient method that could be routinely adopted in SHP. Further research with larger sample sizes and longer follow-up periods is recommended to validate these results and assess long-term outcomes.
論文歸類：內視鏡	

稿件編號：P153	「Struma Pearl」作為卵巢甲狀腺腫瘤的超音波表現：一例對側卵巢畸胎瘤復發的病例
臨時稿件編號：1642	"Struma Pearl" as a Ultrasound Finding in Struma Ovarii: A Case of Contralateral Recurrent Ovarian Teratoma 蔡喬伊 ¹ 林偉力 ¹ 王錦榮 ¹ 林口長庚紀念醫院婦產部 ¹
論文發表方式：海報	Objective: Struma ovarii is a rare benign ovarian tumor, and its diagnosis is challenging due to the difficulty in differentiating it from other benign or malignant ovarian tumors. Misdiagnosis to malignant ovarian tumor may lead to unnecessary examination, increased patient anxiety, and excessive clinical treatment. Case Presentation: We report a case of 33-year-old with history of left salpingo-oophorectomy for a large mature cystic teratoma eight years ago, who presented a recurrent right ovarian mass during routine follow-up. The patient was asymptomatic, and transvaginal ultrasound revealed a multilocular cyst with homogeneous hypoechoic content with peripheral hyperechoic inner mass in the right ovary, the classic "struma pearl" sign. Tumor markers were within normal limits. Surgical resection was arranged and confirmed the diagnosis of struma ovarii. Conclusion: Struma ovarii is a rare form of monodermal teratoma. Diagnosis is mainly dependent on ultrasound, but misdiagnosis with other benign or malignant ovarian lesion occurs sometimes. On ultrasound, "struma pearl" presenting as hyperechoic component, and is a feature of struma ovarii. In this case, the characteristic feature "struma pearl" sign implied the possible diagnosis of struma ovarii. Additionally, the intraoperative findings during laparoscopy further increase the likelihood of the diagnosis, emphasizing the importance of preoperative ultrasound in surgical planning.
論文歸類：內視鏡	

稿件編號：P154	子宮鏡術後氣腹的影像學證據
臨時稿件編號：1497	Asymptomatic Pneumoperitoneum Following Operative Hysteroscopy: A Radiological Evidence 林雅翌 ¹ 林肇柏 ¹ 許鈞碩 ¹ 大林慈濟婦產部 ¹
論文發表方式：海報	Objective Hysteroscopy is a common tool that provides gynecologists the ability to diagnose and treat a variety of intrauterine disorders. It is concerned about distended medium spillage, to pelvic cavity or even dangerous intravascular spaces. The intra-operative ultrasound monitoring is used for advanced operative hysteroscopy like hysteroscopic myomectomy. Here, we present a first radiological evidence of asymptomatic pneumoperitoneum following operative hysteroscopy without uterine perforation. Case Report A 60-year-old multigravida woman with a history of chronic hepatitis C underwent hysteroscopic polypectomy. A non-thermal morcellator was used under pressure setting 70 mmHg with pump system of Storz® Endomat Select UP210. Three intrauterine polyps were found measuring approximately 2 cm, 1.5 cm, and 1 cm, respectively. Air bubbles were observed in the uterine cavity during the hysteroscopic procedure. The procedure was completed smoothly within 20 minutes. After leaving the recovery room, she underwent scheduled contrast-enhanced liver computed tomography (CT) 1 hour after the hysteroscopic polypectomy for her chronic hepatitis C. The CT revealed pneumoperitoneum without ascites. Nevertheless, she reported no discomfort such as abdominal pain or distention. The followed abdominal plain film did not show any pneumoperitoneum one week later. Discussion We used isotonic normal saline (0.9%), pressure setting 70 mmHg via a closed system throughout the hysteroscopic procedure. The hysteroscope and inflow tubing were primed with fluid to eliminate air bubbles before inserting the hysteroscope into the uterine cavity to avoid inference of surgical field. However, some air bubbles were still noted throughout the procedure. The subsequent CT scan incidentally showed pneumoperitoneum without ascites. It meant the air escape into the pelvic cavity instead of distending fluid through the opening of fallopian tubes. The pneumoperitoneum suggested that we did exceed the threshold pressure of fallopian tubes sometimes, which was known as 70 mmHg. The air instead of fluid entering the tubes might be due to antelexion of uterus and short operation time. Second, the tubal opening is dynamic. The tubal mucosal hydrophilicity might delay fluid spillage. The third, the peritoneal absorption of isotonic normal saline is greater than air. Therefore, only pneumoperitoneum was seen one hour after the hysteroscopic surgery. Conclusions As this case highlights, we incidentally found asymptomatic pneumoperitoneum following operative hysteroscopy and try to explain it. Hysteroscopy is a common procedure, and as healthcare providers, we should be aware of any comorbidities. This incidental finding serves as a reminder for all gynecologists.
論文歸類：內視鏡	

稿件編號：P155	用骨科器械輔助移除嚴重鈣化肌瘤
臨時稿件編號：1299	An ossified leiomyoma removed with the assistance of orthopedic instruments in a laparoscopy surgery. 張雅婷 ¹ 桂羅利 ¹ 義大醫院 ¹
論文發表方式：海報	Ossification in uterine leiomyomas is an exceptionally rare degenerative change and represents an example of heterotopic bone formation. While leiomyomas can undergo various secondary changes such as hyaline degeneration, cystic change, myxoid degeneration, infection, necrosis, and calcification, ossification is rarely observed. These changes are primarily attributed to inadequate blood supply, leading to the replacement of muscle fibers with hyaline material, collagen, calcium, mucopolysaccharides, or a combination of these substances. An ossified leiomyoma is infrequently encountered, and its removal through natural orifices or trocar incisions can be challenging. In this case, we discuss the removal of a large ossified leiomyoma using orthopedic instruments, including an electric bone saw, Rongeur, cutting burr, and bone holding clamp. Although laparoscopic surgeries typically use morcellation for leiomyoma removal, this method is less effective for large ossified leiomyomas. If expanding the trocar incision is not an option, alternative instruments are necessary.
論文歸類：內視鏡	

稿件編號：P156	年輕女性雙側卵巢子宮內膜異位瘤合併單側扭轉及對側自發性截斷(Auto-amputation)之治療經驗
臨時稿件編號：1322	Bilateral Endometrioma of Ovary in a 25-year-old Woman with Unilateral Autoamputation and Contralateral Torsion of Ovary: A case report 王晨宇 ¹ 張家瑋 ² 三軍總醫院 ¹ 台北醫學大學醫技系 ²
論文發表方式：海報	Objective: We report a unique case of bilateral ovarian endometrioma in a young woman with suspected torsion. To the best of our knowledge, no previous cases of unilateral torsion with contralateral autoamputation of an ovarian endometrioma have been reported. This case underscores the importance of laparoscopic management and its potential benefits for preserving fertility.
論文歸類：內視鏡	Case report: A 25-year-old woman with no history of acute abdominal pain was initially diagnosed with bilateral ovarian endometrioma and torsion. During emergent laparoscopic surgery, an autoamputation of the left ovarian endometrioma with reimplantation into the great omentum was discovered incidentally after adhesiolysis. The amputated tumor had blood supply from the left lower quadrant of the great omentum, and concurrent torsion of the right ovarian endometrioma was noted. A cutting notch was identified over the left infundibulopelvic ligament, despite the absence of prior surgical history. This finding supported the diagnosis of autoamputation of the left adnexa due to a previous asymptomatic torsion of the ovarian endometrioma. All masses were removed laparoscopically. Conclusion: Clinicians should consider spontaneous autoamputation of the adnexa as a potential condition in women presenting with adnexal masses even in the absence of prior abdominal pain. Before undertaking destructive procedures such as adnexectomy or enucleation, a thorough evaluation of the bilateral ovaries should be performed to preserve future fertility.

稿件編號：P157	腹腔鏡手術中大腸穿孔後導致的肚臍膿瘍
臨時稿件編號：1343	A case report: incidental puncture of colon resulting umbilical abscess after laparoscopic surgery. 彭冠國 ¹ 王功亮 ¹ 陳楨瑞 ¹ 台北馬偕紀念醫院婦產部 ¹
論文發表方式：海報	Background: Laparoscopic surgery has become increasingly prevalent in current gynecologic practice. However, this approach is not without risks. The most dangerous part is to insufflate the abdomen by Veress needle or to create camera port blindly at the starting of the surgery. Here we would like to report an interesting case with umbilical camera port abscess, probably related to incidental puncture of colon by a Veress needle during initial insufflation.
論文歸類：內視鏡	Case Report: A 61-year-old Taiwanese, post-menopausal woman received laparoscopy for bilateral adnexal solid mass, which was found incidentally under regular surveillance for her B-cell lymphoma. Insufflation and placement of trocars were uneventful but over-distended colon was observed without known etiology. Bilateral broad ligament myoma, enlarged right ovarian solid mass and atrophic left ovary were observed. Only right salpingo-oophorectomy was performed and final pathology concluded benign Brenner's tumor. Fever and leukocytosis were observed temporary before discharge but subsided spontaneously. Unfortunately, spiking fever and massive abscess coming from umbilical trocar site were encountered at home. The abscess culture confirmed enteric bacteria. Her condition improved after re-admission for broad spectrum antibiotics and wound better iodine dressing. Conclusion: Incidental puncture of colon by Veress needle would cause over-distended colon appearance and skin tract contamination. More aggressive surveillance and broad spectrum antibiotics coverage could prevent this complication.

稿件編號：P158	單次子宮鏡肌瘤切除術成功移除巨大黏膜下子宮肌瘤：病例報告
臨時稿件編號：1528	Single-Session Hysteroscopic Myomectomy for the Gigantic Submucosal Uterine Leiomyoma: A Case Report" 李易良 ^{1,2,3,4} 白尹瑄 ^{2,3} 武國璋 ^{1,2,3} 黎惠波 ⁵ 賴宗焮 ⁴ 尹長生 ^{1,2,3} 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 國泰醫院婦產部生殖醫學科 ⁴ 孕醫生殖中心 ⁵
論文發表方式：海報	Introduction Minimally invasive gynecological surgery is rapidly evolving globally, with hysteroscopic myomectomy established as the procedure of choice for the removal of submucosal uterine leiomyomas. Recent advancements in surgical techniques have allowed for the effective and safe hysteroscopic management of large submucosal fibroids, achieving outcomes on par with international standards of care. However, managing exceptionally large submucosal fibroids remains a clinical challenge. This report highlights a case of successful hysteroscopic myomectomy performed on an 8 cm submucosal uterine leiomyoma, demonstrating the feasibility of this approach in a complex scenario.
論文歸類：內視鏡	Case A 52-year-old female presented with persistent abnormal uterine bleeding despite undergoing hysteroscopic endometrial ablation and Mirena® insertion six months earlier. Present with a new episode of massive vaginal bleeding. Imaging revealed multiple uterine fibroids, including a dominant 8 cm type 1 submucosal fibroid and mixed small type 4 and 5 intramural fibroids. The patient was counseled on surgical options and underwent hysteroscopic myomectomy for the removal of the largest submucosal fibroid. The procedure was completed in 53 minutes, using 20,000 mL of normal saline for continuous irrigation. Results The hysteroscopic myomectomy was successfully performed without complications. Postoperatively, the patient experienced complete resolution of abnormal uterine bleeding. She recovered uneventfully, and no additional interventions were required. Follow-up evaluations confirmed the absence of residual fibroid tissue and sustained symptom improvement. Conclusion Hysteroscopic myomectomy remains the gold standard for managing submucosal uterine fibroids, even in challenging cases involving large lesions. This case demonstrates that hysteroscopic removal of an 8 cm submucosal leiomyoma is feasible, safe, and effective, highlighting the potential of minimally invasive surgical techniques to achieve excellent outcomes in complex clinical scenarios. Further studies are warranted to evaluate long-term outcomes and to refine approaches for managing large submucosal fibroids.

稿件編號：P159	卵巢肌瘤-罕見病例報告及文獻綜述
臨時稿件編號：1573	Ovarian leiomyoma: a common pelvic tumor in a rare location 徐安堃 ¹ 劉惠珊 ¹ 陳欽德 ¹ 楊友仕 ¹ 輔仁大學附設醫院 ¹
論文發表方式：海報	Ovarian leiomyoma is an extremely rare tumor, accounting for 0.5-1% of all benign ovarian tumors. Fewer than 200 cases have been reported in literature since it was first documented. It is primarily an incidental finding in premenopausal women who are asymptomatic. Ovarian leiomyomas are usually small in size (around 2-3 cm) with predilection for unilateral growth.
論文歸類：內視鏡	Although ultrasound is considered one of the best imaging tools for assessing pelvic masses, it is extremely challenging to distinguish ovarian leiomyoma from other ovarian tumors. Even when CT and MRI are utilized, there have been reports where ovarian leiomyoma was misdiagnosed as ovarian malignancy, resulting in aggressive surgical intervention. Immunohistochemistry staining is imperative for diagnosing ovarian leiomyoma by demonstrating positive staining for SMA antibodies and desmin, thereby distinguishing it from fibroma and thecoma. Surgical intervention, including oophorectomy or enucleation, is generally successful in removing the tumor and low recurrence rate has been observed in most cases. We present a case of a 23-year-old woman with irregular menstrual cycles for 3 months. Preoperative evaluation using ultrasound and abdomino-pelvic CT revealed a 7x7 cm multilocular neoplasm of serous or mucinous content in her right adnexa. During laparoscopic removal of her right ovarian cyst, small < 1cm firm masses were noted and excised from her left ovary. Pathology report later confirmed the masses on her left ovary to be ovarian leiomyomas. While the incidence of ovarian leiomyoma is low, it must be considered as a differential diagnosis when approaching adnexal masses, especially if the tumors are solid and of spindle cell origin. Ovarian leiomyoma is associated with an excellent prognosis and ovary-preserving surgery would be ideal for management.

稿件編號：P160	子宮鏡處理子宮內角妊娠 Hysteroscopy is a useful therapeutic tool for angular pregnancy
臨時稿件編號： 1321	吳加仁 ¹ 張紅洪 ¹ 宏其婦幼醫院 ¹
論文發表方式： 海報	Angular pregnancy is an eccentrically located pregnancy within the uterine cavity. It is medial to the utero-tubal junction and round ligament. It causes asymmetric enlargement of the uterus. The prognosis is variable with high risk of miscarriage, rupture of uterus with life threatening haemorrhage (28%) and live birth rate varying between 25–69%. We present here a case of angular pregnancies and describe using operative hysteroscopy under ultrasound guidance for safe and complete removal of products of conception.
論文歸類： 內視鏡	

稿件編號：P161	腹膜間質細胞囊腫併發於卵巢良性畸胎瘤之案例 Peritoneal mesothelial inclusion cyst co-existing with mature cystic teratoma
臨時稿件編號： 1533	林偉力 ¹ 林杰逸 ² 王錦榮 ² 新北市立土城醫院婦產科 ¹ 林口長庚內視鏡科 ²
論文發表方式： 海報	Background: The coexistence of mesothelial inclusion cysts (MICs) with ovarian tumors is rare but has been observed in clinical and pathological settings. The association may be incidental or a result of reactive changes induced by the tumor
論文歸類： 內視鏡	Case Report: We report the case of a 14-year-old female without any underlying systemic diseases who presented with menorrhagia recently. Ultrasonography and computer tomography revealed a left multicystic ovarian mass. During laparoscopy, cystectomy was performed for the left ovarian mass and multiple debris-like lesions were observed on the surface of ovarian fossa peritoneum. Pathology revealed mature cystic teratoma and mesothelial inclusion cyst for the ovarian mass and the peritoneal harboring lesions, respectively. Conclusion: While MICs are benign, their identification during surgery or imaging warrants careful differentiation from tumor-related cysts or peritoneal metastases. Accurate diagnosis relies on histopathological analysis, and management is directed primarily at the ovarian tumor.

稿件編號：P162	雙子宮伴隨多發性子宮肌瘤之個案報告 Uterine didelphys with multiple leiomyoma: a case report
臨時稿件編號： 1308	王美靈 ¹ 桂羅利 ¹ 義大醫院婦產部 ¹
論文發表方式： 海報	The congenital abnormality of uterus occur due to lack of embryogenetic fusion of the mullerian ducts. The incidence of these anomalies is largely unknown since they are unlikely to be diagnosed in asymptomatic women. Uterine didelphys or double uterus occurs when the two Mullerian ducts fail to fuse resulting in duplication of the uterus and cervix. Each uterus has a single horn linked to the ipsilateral fallopian tube that faces its ovaries. This report discusses a case of a 30 years old female who had regular menstrual cycle without dysmenorrhea and hypermenorrhea. Multiple myomas unexpected found by routine physical check-up. Within her reproductive years, the bigger myoma develop larger than previous. Surgical management was suggested and consented for laparoscopic myomectomy
論文歸類： 內視鏡	

稿件編號：P163	腹腔鏡切除巨大子宮頸肌瘤 Laparoscopic myomectomy of a huge retro-cervical myoma
臨時稿件編號： 1319	吳加仁 ¹ 張宏瀛 ¹ 宏其婦幼醫院 ¹
論文發表方式： 海報	Cervical myomas are rare and accounts for 0.6% of all uterine fibroids. Unlike corporeal fibroids, cervical myomas commonly present with lower abdominal pain and symptoms of pelvic pressure, such as frequent urination, constipation, and sometimes, dyspareunia. Narrow operative field, possible injuries to surrounding pelvic structures, such as ureters, urinary bladder, and rectum, significant hemorrhage, and a difficult repair of the big cavity render the procedure technically challenging. This report described our experience with a case of a huge posterior cervical myoma (4000gr) in a young nulligravida woman who successfully underwent laparoscopic myomectomy.
論文歸類： 內視鏡	

稿件編號：P164	膀胱內注射週邊血單核細胞治療間質性膀胱炎的初步報告 Intravesical injection of peripheral blood mononuclear cell for the treatment of interstitial cystitis: a preliminary report 蔡青堃 ¹ 洪滿榮 ² 台中榮總 ¹ 中山醫學大學附屬醫院 ²
臨時稿件編號：1360	
論文發表方式：海報	Background: Interstitial cystitis (IC) is a complex syndrome characterized by symptoms such as bladder pain, urgency, frequency, and nocturia, without the presence of urinary tract infection or any other identifiable pathology. Traditional treatments, including medication and bladder instillation, are often ineffective in about 30% of patients. This study aims to investigate the efficacy of autologous blood mononuclear cell intravesical injections as a novel treatment for IC. Methods: The study involved isolating peripheral blood mononuclear cells using the Sepax Cell Separation System and injecting these cells beneath the bladder mucosa layer of patients with IC. Clinical efficacy was evaluated using voiding diaries, questionnaires, and cystoscopic examinations before and 3 months after treatment. Results: Twelve patients with refractory IC participated in this study. FACS analysis confirmed the preservation of CD14+ monocytes and M2 macrophage markers post-separation. Although the treatment response varied among patients, half reported improvement in bladder pain, and a third experienced moderate to significant progress according to GRA score. Notably, 4 patients exhibited notable improvement in bladder glomerulation post-surgery. Conclusion: Autologous blood mononuclear cell therapy shows potential as a novel treatment for IC, especially for patients unresponsive to traditional therapies. While the response varied among patients, the potential for sustained improvement and tissue repair is promising. Further research is needed to optimize treatment protocols and understand the factors influencing individual re-sponses to this therapy.
論文歸類：婦女泌尿	

稿件編號：P165	合併腹腔鏡及膀胱鏡手術處理女性慢性骨盆疼痛：單一醫學中心 10 年回溯性研究 Combined Laparoscopic and Cystoscopic Approach to Chronic Pelvic Pain in Women: A 10-Year Retrospective Single-Center Study 陳姿含 ¹ 謝筱芸 ¹ 台中榮民總醫院婦產部 ¹
臨時稿件編號：1580	
論文發表方式：海報	Background: Chronic pelvic pain (CPP) is a condition affecting women worldwide, with an estimated prevalence ranging from 6% to 26%. Reports indicate that CPP is associated with a decreased quality of life and reduced work efficiency, leading to economic losses estimated at up to \$2.8 billion annually. CPP accounts for approximately 10% of gynecological outpatient visits, 12% of hysterectomies, and 40% of diagnostic laparoscopic procedures. The American College of Obstetricians and Gynecologists (ACOG) defines CPP as non-cyclical pelvic pain lasting more than six months, which may relate to intercourse or menstruation, and is accompanied by negative cognitive, behavioral, and emotional effects. Recent systematic reviews aim to estimate the coexistence of endometriosis and IC/BPS (Interstitial Cystitis/Bladder Pain Syndrome) among women with CPP to improve diagnostic accuracy and treatment outcomes. This study aims to examine the prevalence of various diagnostic findings in patients with CPP to better understand its multifactorial nature and improve targeted treatment strategies. Through our study, we can gain a deeper understanding of the multifaceted causes of CPP and identify best practices for its management. Methods: Medical records of CPP patients undergoing combined laparoscopy and cystoscopy at Taichung Veterans General Hospital (TCVGH) since January 1, 2015, were reviewed. These patients were analyzed for relevant factors, including age, BMI, parity, menstrual history, underlying conditions, surgical history, clinical features, and findings from pelvic exams. Laparoscopic and cystoscopic findings were analyzed and summarized to determine the prevalence of specific clinical conditions, including pelvic adhesions, pelvic inflammatory disease (PID), endometriosis, and interstitial cystitis (IC). Negative diagnostic findings were also assessed. Results: This study included 25 patients with 8% exhibiting negative laparoscopic findings, and 20% having negative cystoscopic findings. 68% were diagnosed with pelvic adhesions, making it the most common finding. 44% showed evidence of pelvic inflammatory
論文歸類：婦女泌尿	

	disease (PID). 40% were diagnosed with endometriosis. A significant 80% of patients were diagnosed with interstitial cystitis (IC) based on cystoscopic examination. Conclusion: Chronic pelvic pain (CPP) is a multifaceted health condition requiring integrated and holistic approaches to improve patient outcomes. Effective management depends on understanding the complex interplay of biological, psychological, and social factors that contribute to the condition. This study underscores the diverse etiological spectrum of CPP and the importance of targeted diagnostic evaluations. Understanding the prevalence of specific conditions, such as pelvic adhesions and interstitial cystitis, aids in tailoring management strategies to individual patient profiles, ultimately improving outcomes in this challenging population.
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稿件編號：P166	傳統腹腔鏡與達文西輔助陰道懸吊固定手術：圍手術期及短期效果之比較 Laparoscopic versus robotic pectopexy: comparison of perioperative and short term outcome 鄭益 ¹ 黃寬慧 ¹ 龔福財 ¹ 楊彩樺 ¹ 周鈺敏 ¹ 高雄長庚紀念醫院婦產部 ¹
臨時稿件編號：1609	
論文發表方式：海報	Purpose: This study aims to compare laparoscopic surgery with Da Vinci robotic-assisted pectopexy in the field of pelvic organ prolapse management. The focus is on evaluating the differences in surgical precision, hospital stays, complication rates, and overall patient satisfaction. Methods: A retrospective analysis was conducted on 72 patients who underwent pectopexy by either laparoscopic surgery (N=49, 68.1%) or Da Vinci robotic-assisted surgery (N=23, 31.9%) from June 2020 through January 2024. Key parameters such as surgical time, intraoperative complications, hospital stays, sequential urodynamic assessment and postoperative outcomes were measured and compared between the two groups. Results: The results indicated that Da Vinci robotic-assisted surgery was associated with lower complication rates compared to conventional laparoscopy; however, robotic-assisted laparoscopic pectopexy required longer operative times (248.45 ± 56.14 vs 301.30 ± 42.76 ; p< 0.001). The hospital stays and blood loss for both techniques was relatively similar. Anatomic effectiveness was measured using the POP Quantification system, both before and after operation. Both groups presented similar improvement in POP Quantification scores. The urodynamic finding of both groups showed women with advanced POP provides good functional outcomes. Conclusion: Both laparoscopic and Da Vinci robotic-assisted surgeries are effective in performing pectopexy with minimal invasiveness. However, Da Vinci robotic surgery presents advantages in terms of complication rates, making it a promising alternative to traditional laparoscopy for certain patients. Though the Da Vinci robotic took loner operation time. The POP-Q stage of both groups of patients showed significant differences before and after surgery. Further studies are required to confirm these findings and establish clear guidelines for selecting the optimal surgical approach.
論文歸類：婦女泌尿	

稿件編號：P167	探討骨盆底肌組織疼痛的改善對下泌尿道症狀的影響 Exploring the Impact of Pelvic Floor Myofascial Pain Improvement on Lower Urinary Tract Symptoms
臨時稿件編號：1599	林弘盛 ¹ 金宏諤 ¹ 臺北醫學大學附設醫院產部 ¹
論文發表方式：海報	Background: Pelvic floor myofascial pain (PFMP) is connected to lower urinary tract symptoms (LUTs). This study seeks to determine whether relieving PFMP can help improve LUTs.
論文歸類：婦女泌尿	Method: The data for this study were collected retrospectively between April 2020 and October 2022. A total of 722 patients with varying degrees of LUTs, with or without pelvic pain originating from the levator ani muscle (LAM) or its entheses, were included. Based on the presence of pain-triggering points in the LAM, the patients were categorized into two groups: the PFMP group and the non-PFMP group. Result: In this study, 427 patients (59.14%) were categorized into the non-PFMP group, while the remaining 295 (40.85%) were classified into the PFMP group. The basic characteristics of both groups showed statistically significant differences, including various lower urinary tract symptoms (LUTs) such as urinary frequency, residual urine sensation, painful bladder, bearing-down sensation, and urinary incontinence. Among the patients in the PFMP group, 105 received NSAIDs for pain control. A total of 82 patients experienced pain relief after receiving NSAIDs, including 72 patients (68.2%) who also showed improvements in LUTs. However, 23 patients did not experience pain relief after receiving NSAIDs, including 17 patients (16.2%) who showed no improvement in LUTs. There was statistically significant association in the PFMP group after pain control between pain relief and LUTs improvement ($p < 0.0001$). Logistic regression analysis showed pain improvement was significant predictor of PFMP patient with pain control (OR 35, 95% CI 13.8 - 89.2, $p < 0.0001$). In contrast, LUTs didn't show associated with PFMP after pain control (OR 0.86, 95% CI 0.35 - 2.1, $p = 0.754$). Conclusion: Our study demonstrated that pelvic floor myofascial pain (PFMP) originating from the levator ani muscle (LAM) is associated with lower urinary tract symptoms (LUTs). Although a strong association between PFMP and LUTs was not observed, significant improvement in LUTs was found in response to pain relief, suggesting a potential link between PFMP and LUTs.

稿件編號：P168	案例報告:巨大膀胱結石引起不可復位的生殖器官脫垂 A case report: An irreducible genital prolapse due to a huge bladder stone
臨時稿件編號：1638	楊佳瑾 ¹ 劉至容 ¹ 柯良穎 ¹ 宋怡潔 ¹ 楊曜瑜 ¹ 盧紫曦 ¹ 林冠伶 ¹ 龍震宇 ¹ 高雄醫學大學附設中和紀念醫院 ¹
論文發表方式：海報	Introduction: Bladder stone complicating pelvic organ prolapse (POP) is very rare and is usually seen in older women. In this article we present a rare case of advanced stage, irreducible pelvic organ prolapse with giant bladder stone.
論文歸類：婦女泌尿	Case presentation: This 86-year-old female visited our emergency department due to severe lower abdominal pain. Her pregnancy history is G5P4A1, with vaginal delivery four times. She reached menopause at 50 years old. She denied any underlying systemic disease, but she claimed that vaginal bulging mass had been noted for more than 20 years. Associated symptoms included progressive dysuria and involuntary urine leakage for several years. Pelvic examination revealed anterior compartment prolapse stage 4 and uterine prolapse stage 4. We tried to perform reduction of the prolapsed uterus, but in vain. Sonography demonstrated invisible uterus and bladder, and bilateral hydronephrosis. Abdominal x-ray revealed a giant vesical calculi. The patient underwent the surgery of transvaginal cystolithotomy and transvaginal mesh surgery. Discussion: The exact nature of the association between pelvic organ prolapse and bladder stone remains poorly understood, even without the prevalence rate. Most of them encountered lower urinary tract symptoms and vaginal protruding mass or, worse, uroseptic shock. The latest literature review collected 23 cases of pelvic organ prolapse with vesical calculi. 56.5% (13 of 23) received vaginal hysterectomy, and 34.7% (8 of 23) received transvaginal cystolithotomy. Of note, vaginal hysterectomy combined with transvaginal cystolithotomy was performed in 4 of the 23 cases. Although taking two procedures via natural orifice simultaneously seems cost-effective and less invasive, surgical techniques need complete evaluation depending on the patient's different clinical conditions. Transvaginal cystolithotomy may have the risk of developing postoperative vesicovaginal fistula or prolonged Foley catheter indwelling; thus, the endoscopic transurethral fragmentation of the stone may still be the preferred approach, especially when the prolapse can be reduced and the bladder stone is small. As for an irreducible prolapse with a large bladder stone, transvaginal cystolithotomy combined with transvaginal pelvic reconstruction may be an alternative. Due to the lack of postoperative outcomes and long-term follow-up in pelvic organ prolapse patients with bladder stones, it still needs further investigation.

稿件編號：P169	腹腔鏡骶骨固定術合併或未合併前後壁修補對骨盆脫垂復發率及尿失禁的影響 Recurrence and de novo Stress Urinary Incontinence after Laparoscopic Sacrocolpopexy with or without Concomitant Anterior and Posterior Vaginal Repair
臨時稿件編號：1662	羅艾琳 ¹ 謝武橋 ¹ 林益豪 ¹ 盧佳序 ¹ 梁景忠 ¹ 林口長庚婦產部婦女泌尿科 ¹
論文發表方式：海報	Abstract Introduction and Hypothesis Laparoscopic sacrocolpopexy (LSCP) is a widely accepted procedure for treating pelvic organ prolapse (POP). However, whether concomitant anterior and posterior vaginal repair is necessary remains controversial. This study aimed to compare recurrence rates and the incidence of de novo stress urinary incontinence (SUI) in LSCP performed with or without anterior and posterior vaginal repair. Methods A retrospective analysis was conducted on 60 patients who underwent LSCP, categorized into LSCP alone (n = 30) and LSCP with anterior and posterior vaginal repair (n = 30). Recurrence rates and de novo SUI incidences were evaluated preoperatively and at 6 months and 1 year postoperatively. Statistical analyses were performed using Student's t-test and Wilcoxon rank-sum test. Results Out of 60 patients, 58 (96.7%) completed 6-months follow-up, and 56 (93.3%) completed 1-year follow-up. Postoperative outcomes revealed no significant differences between the two groups in prolapse recurrence rates or de novo SUI incidences. Long-term pelvic floor function, assessed using three validated instruments, was also similar between groups. Conclusions Laparoscopic sacrocolpopexy, with or without anterior and posterior vaginal repair, demonstrated comparable outcomes in terms of recurrence rates and de novo SUI incidences at 1 year. These results support an individualized approach to surgical planning, tailored to the patient's anatomical and symptomatic needs.
論文歸類：婦女泌尿	

稿件編號：P170	經陰道網膜置入手術治療骨盆腔器官脫垂的長期併發症 - 案例系列報告 Long-term complications of transvaginal mesh surgery for pelvic organ prolapse - A case series
臨時稿件編號：1498	曾瑋瑩 ¹ 黃文貞 ¹ 國泰綜合醫院婦女醫學部 ¹
論文發表方式：海報	Pelvic organ prolapse (POP) is a prevalent condition, particularly among perimenopausal and elderly women, often requiring surgical intervention when conservative treatments fail. Transvaginal mesh surgeries have demonstrated higher success and lower recurrence rates compared to native tissue repair. However, these procedures are associated with significant long-term complications, such as mesh exposure, mesh retraction, pelvic pain, and fistula formation.
論文歸類：婦女泌尿	This report presents three cases of transvaginal mesh-related complications. The first case involved recurrent mesh exposure and vaginal pain requiring repeated excision. The second case presented with mesh extrusion and vaginitis associated with malodorous discharge, treated with mesh excision and antibiotics. The third case demonstrated mesh retraction leading to recurrent apical prolapse and voiding symptoms, managed with a secondary native tissue repair. In all cases, surgical interventions successfully resolved symptoms. These cases underscore the importance of careful patient selection and surgical expertise to minimize mesh-related complications. Transvaginal mesh surgeries should be reserved for patients without significant risk factors and those with recurrent or severe prolapse. Furthermore, these procedures should be performed by experienced surgeons to ensure optimal outcomes. Continued research is essential to improve surgical techniques and develop strategies to reduce complications associated with transvaginal mesh use.

稿件編號：P171	利用兩種不同形式網膜以達文西子宮頸懸吊固定手術治療嚴重子宮脫垂併膀胱膨出
臨時稿件編號：1388	Two different robotic cervical pectopexy, apron-mesh versus rectangular-mesh, for advanced uterine prolapse associated with large cystocele 沈瑩瑩 ¹ 吳銘斌 ¹ 永康奇美醫院婦產部 ¹
論文發表方式：海報	Laparoscopic pectopexy, by Banerjee and Noé in 2011, was a safer alternative. Herein, we presented two different cervical pectopexy, apron-mesh, versus rectangular-mesh for advanced uterine prolapse. Between Dec, 2022 and May 2024, patients with stage III cystocele, uterine prolapse, and/or rectocele, or urodynamic stress incontinence (USI), were recruited. All patients who received robotic mesh-supported cervical pectopexy, were categorized into 3 groups: Gr 1, rectangular-mesh alone; Gr 2 rectangular-mesh with paravaginal repair; Gr 3 apron-mesh. The patients also receive other procedures accordingly, e.g. subtotal hysterectomy; midurethral sling for USI. During the recruitment period, there were 20 patients with mean age 63 years (± 5 years standard deviation), 6, 4, 10 cases in Gr 1, 2 and 3, respectively. During follow-up period, there were two post-operative recurrent cystocele in Gr. 1; while no recurrence in Gr. 2, and 3. No post-operative USI occurred in all 20 cases. Patients had satisfactory quality of life. Our study reported successful anatomical and subjective outcome in cervical pectopexy. Apron-mesh can be an alternative for advanced uterine prolapse and large cystocele.
論文歸類：婦女泌尿	

稿件編號：P173	子宮前壁沾黏至前腹壁時進行達文西輔助子宮骹韌帶懸吊術治療子宮脫垂
臨時稿件編號：1546	Robotic uterosacral ligament suspension for uterine prolapse at the time of uterine adhesion to the anterior abdominal wall 林美怡 ¹ 黃寬慧 ¹ 楊采樺 ¹ 周鈺敏 ¹ 高雄長庚醫院婦產科 ¹
論文發表方式：海報	Background To date, laparoscopic sacrocolpopexy stands as the gold standard surgical approach for addressing apical prolapse. Nevertheless, this technique presents certain limitations, including extended operative durations, the need for advanced surgical skill, and the possibility of intraoperative complications. Consequently, alternative methods have been developed, such as laparoscopic uterine suspension, pectopexy and uterosacral ligament suspension. However, due to the relatively short duration of follow-up in the available studies, the effectiveness of these techniques remains uncertain. Patient and Methods A case of a 66-year-old woman, gravida 2 para 2, had undergone 2 cesarean sections with longitudinal wound. She presented to our institution with complaints of protruding vaginal mass and voiding difficulties. Preoperative pelvic organ prolapse quantification (POP-Q) were Aa 0, Ba 0, C 3; gh 5, pb 4, TVL 8; Ap 2, Bp 4, D 1 (stage III uterine prolapse). Urodynamic study report revealed bladder outlet obstruction and occult stress urinary incontinence. Initially, the patient was counseled to undergo robot-assisted pectopexy. However, adhesion of the anterior uterine wall to the anterior abdominal wall was found intraoperatively. We preserved the adhesions between the uterus and abdominal wall. We proceeded with robotic preserved uterus, bilateral uterosacral ligament suspension and culdoplasty. The step-by-step technique used for the herein reported clinical case is shown in the supplementary photo. Results The procedure was performed smoothly in approximately 140 minutes with minimal blood loss. Two months postoperatively, the patient had a well-supported vaginal apex with postoperative POP-Q: Aa -3, Ba -3, C -8, gh 3, pb 2, tvl 8, Ap -3, Bp -3, D -8. Conclusions Based on the experience from this case, it can be inferred that the technique of laparoscopic suspension of the uterus to the anterior abdominal wall (anterior abdominal wall hysteropexy) alone might not be effectively suitable for treating advanced apical prolapse. The adhesion between the anterior uterine wall and the abdominal wall might not possess sufficient strength to support the entire uterus. Over time, the anterior part of the uterus may undergo elongation, which can lead to a downward displacement of the adhesion-free uterus, particularly the posterior part. By performing an additional uterosacral ligament suspension, the supportive strength of both the apex and the posterior part of the uterus can be heightened, consequently reducing the likelihood of recurrence.
論文歸類：婦女泌尿	

稿件編號：P172	骨盆腔器官脫垂手術後膀胱內網膜暴露合併膀胱結石之罕見併發症：病例報告
臨時稿件編號：1470	An unusual complication of intravesical mesh with bladder stone formation of previous pelvic organ prolapse surgery with synthetic mesh: A case report 張欣瑜 ¹ 柯良穎 ¹ 宋怡潔 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
論文發表方式：海報	[Introduction] Erosion of mesh can occur through the vagina or bladder as a complication of transvaginal pelvic floor reconstruction using mesh. It depends on various factors, including the type of mesh used, the surgical technique, patient characteristics, and the duration of follow-up. The overall erosion rate was documented to range from 4.6% to 10.7%, and bladder erosion has been reported in about 1% of cases. [Case report] A 67-year-old woman presented with a stage 3 anterior vaginal wall prolapse and had previously undergone pelvic organ prolapse (POP) surgery with synthetic mesh eight years ago. She experienced multiple episodes of recurrent urinary tract infections, accompanied by urinary frequency and stress urinary incontinence. The preoperative urodynamic study revealed urodynamic stress incontinence and the one-hour pad test showed 5.4 gm. During this admission, she underwent transvaginal pelvic floor reconstruction using MIPS® (DIMA S.L., Inc., Calatayud, Zaragoza, Spain) and a single-incision sling procedure with I-STOP® (CL Medical Inc., Lyon, France). An intra-operative cystoscopy confirmed that there was no bladder injury; however, vesical calculi attached to the previous extrusive mesh were accidentally discovered. (Figure 1) To mitigate the risk of bladder perforation, the fragmented stones and remaining mesh were left in place after cystolithotripsy. (Figure 2) The postoperative event and follow-up period were uneventful, and further surgical plans for exposed mesh will be discussed in the outpatient department. [Discussion] Although intravesical mesh is uncommon, multiple managements have been proposed, and successful transurethral resection with an electrode loop for intravesical mesh has been commonly performed at Kaohsiung Medical University Hospital, even when stone formation is present. Long et al. also reported a successful outcome with asymptomatic and intact bladder mucosa at a 2-month follow-up. This procedure takes shorter surgical time and is minimally invasive, avoiding the additional risk of more extended anesthesia, delayed thermal energy-induced ureteric injury, fistula formation, and prolonged indwelling time of the Foley catheter. For this patient, transurethral electroresection will be considered for its safety and lesser costs.
論文歸類：婦女泌尿	

稿件編號：P174	反覆性壓力性尿失禁治療的趨勢：從外科手術到再生治療
臨時稿件編號：1452	Advancements in the Management of Recurrent Stress Urinary Incontinence: From Surgical Interventions to Rejuvenating Therapies 曾詠翎 ¹ 蘇棋楓 ¹ 光田綜合醫院婦產部 ¹
論文發表方式：海報	Recurrent stress urinary incontinence (SUI) after failed surgical interventions presents a significant challenge, driving the need for alternative treatment strategies. Traditional surgical options like repeat mid-urethral sling (MUS) procedures, retropubic slings, and colposuspension continue to play a role in management but often face reduced success rates due to scarring, anatomical changes, and prior surgical complications. These procedures show variable effectiveness, with success rates ranging from 48% to 90%, depending on factors such as the type of surgery and patient characteristics. As concerns over invasiveness and complications rise, attention has shifted toward minimally invasive techniques. Among these, intravaginal laser therapies, including fractional CO ₂ and Erbium:YAG lasers, show promise by enhancing tissue remodeling and collagen production, improving pelvic support and elasticity. These approaches offer benefits like shorter recovery times and reduced risks, though their long-term durability remains under investigation. Similarly, intraurethral laser treatments demonstrate potential, especially in combination with intravaginal therapy, with significant symptom relief reported. Urethral bulking agents, such as Bulkamid® and Macroplastique®, provide a viable minimally invasive alternative by augmenting urethral support, with benefits extending to patients unresponsive to surgical treatments. Advances in regenerative medicine, particularly the use of platelet-rich plasma (PRP), offer a novel approach. PRP promotes tissue healing and collagen synthesis, and its combination with bulking agents or hyaluronic acid enhances outcomes. Though PRP lacks standardized protocols, it represents a promising option for patients unsuitable for further surgery. In conclusion, the shift toward minimally invasive and regenerative therapies, including lasers, bulking agents, and PRP, marks a significant advancement in managing recurrent SUI, offering effective alternatives with reduced risks and recovery times. Further research is needed to validate their long-term efficacy and optimize treatment protocols.
論文歸類：婦女泌尿	

稿件編號：P175	使用 Niraparib 用作卵巢癌第一線的維持治療 Administration of Niraparib for First-Line Maintenance Therapy of Ovarian Cancer: A Case Report
臨時稿件編號：1400	李耀堃 ¹ 台南郭綜合醫院婦產部 ¹
論文發表方式：海報	Introduction Standard treatment for newly diagnosed ovarian cancer is cytoreductive surgery and platinum-based chemotherapy. Despite an initial positive response, most patients will experience disease recurrence within three years of completing first-line therapy. Recently, PARP (poly ADP-ribose polymerase) inhibitors provide the greatest clinical benefit in patients with BRCA1 and/or BRCA2 mutations. Niraparib is a PARP inhibitor that improves progression-free survival rates as a maintenance therapy with manageable toxicity. Here, we present an ovarian cancer patient using niraparib for first-line maintenance monotherapy.
論文歸類：一般婦科	Case Report A 58-year-old postmenopausal female G3P3 having had right breast cancer and an abdominal total hysterectomy for a benign lesion several years ago, was diagnosed in Sep. 2023 with advanced ovarian cancer by abdominal and pelvic computed tomography. She underwent primary debulking surgery with optimal cytoreduction with FIGO IIC Surgical Staging of carcinosarcoma on the histopathological exam. The baseline CA125 was 27.2 U/mL. She was offered frontline 3 weekly Carboplatin, Paclitaxel plus Bevacizumab without any complications. In addition, the BRCA germline testing reported a pathogenic BRCA1 deleterious mutation. She was then deemed a candidate for Niraparib maintenance monotherapy. Niraparib maintenance commenced at a dose of 200 mg once daily, based on her baseline body weight and platelet count. The Niraparib maintenance is currently ongoing, with good subjective tolerance having only mild anemia at the present time (2024, Oct.).
	Discussion In the newly diagnosed ovarian cancer, PARP (poly ADP-ribose polymerase) inhibitors provide the greatest clinical benefit in patients with BRCA1 and/or BRCA2 mutations (BRCAm). Historically, the milestone of the PARP inhibitors mechanism of action has been identified as synthetic lethality, consisting in the loss-of-function mutation of BRCA genes coupled with synthetically inhibiting PARP1. Early evidence supports the effectiveness of PARP inhibitors in maintenance therapy for ovarian cancer. They are generally well tolerated, with the majority of adverse events managed by dose modification.
	Conclusion Strong evidence supports the use of PARP inhibitors in ovarian cancer. Over time, the treatment landscape has shifted from the use of PARP inhibitors in relapsed disease settings to first-line maintenance therapy settings. Indeed, the collected data support the early introduction of PARP inhibitors, as they appear to provide the most benefit in newly diagnosed patients, rather than reserving their use for relapse settings.

稿件編號：P176	經尿道膿腫切開引流術後併發尿道陰道瘻管·成功行尿道瘻管切除術之病例報告 Post-Incision and Drainage of Periurethral Abscess Complicated by Urethrovaginal Fistula: Successful Management with Urethral Fistulectomy
臨時稿件編號：1401	金貞伶 ¹ 台南郭綜合醫院婦產部 ¹
論文發表方式：海報	Introduction: Periurethral abscesses are rare but significant urological complications, often arising from infections such as urinary tract infections or sexually transmitted infections. In women, periurethral abscesses may be associated with paraurethral glands, such as Skene's glands, and can present with symptoms including fever, dysuria, localized pain, and urinary retention. This report details the clinical presentation, diagnosis, and successful surgical management of a patient who developed a urethrovaginal fistula after I&D for a periurethral abscess.
論文歸類：一般婦科	Case report: Ms. Wu, a 49-year-old female, presented to the emergency department on November 12, 2023, with fever and malaise. She had no significant medical or surgical history, with one full-term vaginal delivery and one spontaneous miscarriage; her last menstrual period occurred in August 2023. She was first clinically diagnosed with a urinary tract infection and possible left acute pyelonephritis. One hour after intravenous antibiotic administration, she developed sudden weakness, with the following vital signs: temperature, 37.2°C; pulse, 73 bpm; respiratory rate, 18/min; and a blood pressure of 68/40 mmHg. Her condition improved following fluid resuscitation. Due to her hemodynamic instability, an urgent abdominal CT was performed, revealing uterine fibroids, an intrauterine contraceptive device (IUD), and a vaginal cyst. Pelvic examination identified an enlarged anterior vaginal wall with intact mucosa. Aspiration of 11 ml of purulent material was performed for culture. Despite recommendations for admission and intravenous antibiotics, the patient opted for discharge against medical advice. She returned on November 14, 2023, for IUD removal and agreed to admission the following day. On November 16, 2023, she underwent incision and drainage (I&D) of the abscess. On postoperative day 7 (November 22, 2023), the patient reported clear fluid discharge from the vaginal wound, with biochemical analysis indicating urine leakage. Cystoscopy on November 23 did not reveal a large fistula, though a small urethrovaginal fistula could not be excluded. A Foley catheter was placed for conservative management. After temporary improvement, the Foley catheter was removed on December 1. However, at follow-up on December 8, fluid was noted in the vaginal vault. A voiding cystourethrogram (VCUG) on January 5, 2024, confirmed a urethrovaginal fistula, and the patient was readmitted on February 29 for urethral fistulectomy. On postoperative day 12, a white vaginal discharge was observed, and cultures grew Morganella morganii in moderate quantities. The antibiotic regimen was adjusted accordingly, and the Foley catheter was removed without further complications. The patient was discharged on postoperative day 17. Follow-up examinations on March 28 and April 25, 2024, demonstrated complete wound healing with no recurrence of fistula or discharge, and the patient remained symptom-free.
	Discussion: This case illustrates the complexities of managing periurethral abscesses, particularly when complicated by fistula formation. Treatment typically involves incision and drainage (I&D) alongside antibiotic therapy, with the choice of conservative

management or surgery based on abscess size and response. When complicated by a urethrovaginal fistula, surgical repair—typically via urethral fistulectomy—is required. Preoperative infection control is crucial to ensure optimal tissue healing. Surgical success depends on timely intervention, healthy tissue margins, and postoperative urinary diversion with a Foley catheter for 10-14 days. Postoperative complications, including infection recurrence or fistula reformation, are potential challenges. In cases of persistent or recurrent fistula, additional surgical interventions may be required, emphasizing the need for a multidisciplinary approach involving both urologists and gynecologists to optimize patient outcomes. In summary, periurethral abscesses, especially when complicated by urethrovaginal fistulas, require a systematic approach that includes prompt diagnosis, tailored antibiotic therapy, and carefully timed surgical intervention. Close postoperative monitoring is vital to ensure successful healing and minimize the risk of recurrence.

稿件編號：P177	Dienogest 治療中斷後發生繼發性子宮內膜異位症引起突發性陰道大量出血一個案報告 Rare Growth of Polypoid Endometriosis After Withdrawal of Dienogest Causing Massive Vaginal Bleeding: A Case Report
臨時稿件編號：1446	洪雅珊 ¹ 奇美醫院 ¹
論文發表方式：海報	Background Endometriosis is one of the most common benign gynecological conditions, characterized by the presence of endometrial tissue outside the uterine cavity. Polypoid endometriosis is a rare variant with an exophytic growth pattern that can mimic neoplasms histologically. Clinical symptoms vary depending on the location of the lesion. Here, we report a case of polypoid endometriosis in the posterior fornix following the withdrawal of Dienogest, which led to unexpected massive vaginal bleeding.
論文歸類：一般婦科	Clinical Case A 39-year-old woman (G1P1) presented with chronic dysmenorrhea on the second day of her menstrual cycle, prompting her to visit our OB-GYN clinic in October 2023. She worked as a care assistant at a nursing home and reported occasional vaginal bleeding, particularly after heavy lifting. Pelvic examination revealed a normal cervix, mild uterine tenderness, and reduced pelvic mobility. Transvaginal ultrasound identified a 4 cm right ovarian endometrioma. Her CA-125 level was 20.3 U/mL, and hemoglobin was 10.8 g/dL. She was prescribed Dienogest 2 mg/day, which significantly improved her symptoms. However, she discontinued the medication six months later and did not return for follow-up.
	In September 2024, the patient presented to the ER with active heavy vaginal bleeding. Her vital signs were stable at arrival, but she reported persistent bleeding that began suddenly after lifting a resident at the nursing home. Pelvic examination revealed active bleeding from a vessel within a purple polypoid tumor located in the posterior fornix, while the cervix appeared normal. Transvaginal ultrasound showed a 2.3 cm hypoechoic nodule behind the cervix. Bleeding was temporarily controlled with Transamine and gauze compression.
	Two hours later, the patient experienced recurrent bleeding accompanied by syncope. Her blood pressure dropped to 85/59 mmHg, and hemoglobin decreased to 8.9 g/dL. She received blood transfusion and intravenous Transamine. Abdominal CT revealed a 5.5 cm right ovarian endometrioma and a 2.8 cm exophytic nodule in the posterior fornix. Biopsy of the posterior fornix lesion confirmed endometriosis. Tumor markers, including CA-125, CEA, and SCC-Ag, were within normal limits. Dienogest 2 mg/day was resumed after the ER visit, leading to significant symptom improvement.
	Discussion Polypoid endometriosis is characterized by localized overgrowth of ectopic endometrial tissue forming polypoid or mass-like lesions. These lesions can occur on serosal or mucosal surfaces and within the cystic walls of endometriomas. Previous case series had reported involvement in various sites, including the colon, ovary, uterine serosa, cervix, vaginal mucosa, ureter, fallopian tubes, omentum, bladder, and retroperitoneum. Clinical manifestations depend on the lesion's location, with cervical and vaginal lesions often causing heavy vaginal bleeding, postcoital bleeding, dysmenorrhea, and pelvic pain.
	Matoba et al. described two cases of massive vaginal bleeding caused by cervical

endometriosis requiring emergency uterine artery embolization or hysterectomy. In contrast, our patient experienced hypovolemic shock due to massive bleeding but responded well to conservative management with blood transfusion, Transamine and Dienogest, avoiding surgical intervention.

Interestingly, our case demonstrated disease progression after the withdrawal of Dienogest. The ovarian endometrioma grew larger, and a new polypoid lesion developed in the posterior fornix. Definitive diagnosis of such malignancy-like lesions is challenging and requires biopsy or surgical confirmation. Standard treatments for endometriosis include low-dose oral contraceptives, GnRH agonists, and progestins like Dienogest. Given the patient's prior favorable response to Dienogest, we resumed this therapy, resulting in symptom control without significant side effects.

An intriguing report by Andreas et al. highlighted the potential of vaginal application of Dienogest for rectovaginal endometriosis, showing effective symptom relief with minimal side effects. This approach may offer an alternative treatment modality in similar cases.

Conclusion
Polypoid endometriosis, although rare and benign, can mimic malignancy and cause life-threatening vaginal bleeding. Diagnosis often requires biopsy or surgery. This condition should be considered in the differential diagnosis of massive vaginal bleeding. In our case, Dienogest proved effective in managing symptoms, underscoring its role in the treatment of polypoid endometriosis.

稿件編號：P178	陰道雷射合併使用胺基酸凝露和上皮生長因子有助於治療乳癌病人早發性陰道萎縮之個案報告
臨時稿件編號：1507	Vaginal Laser with Vaginne plus NewEpi Solution is a Beneficial Treatment for Atrophic Vaginitis in Early Breast Cancer Patients of reproductive age: Case Report 賴冠如 ¹ 陳碧華 ¹ 衛生福利部雙和醫院婦產部 ¹
論文發表方式：海報	Introduction Atrophic vaginitis is one of the most reported side effects from breast cancer survivors with premature ovarian failure. Breast cancer survivors suffer from perimenopausal symptoms after systemic therapy with chemotherapy or endocrine therapy for breast cancer treatment. Nearly 60% of postmenopausal breast cancer survivors and 39.4% of premenopausal breast cancer survivors suffer from atrophic vaginitis. Systemic therapy with chemotherapy could induce ovarian failure, while endocrine therapy may exacerbate postmenopausal symptoms. Patients diagnosed with breast cancer in reproductive age suffer from peri-menopause even more than postmenopausal patients considering that the patients are more likely to be sexually active. Symptoms of atrophic vaginitis include genital dryness, itching, burning, irritation, and dyspareunia, often combined with urinary symptoms of urgency, dysuria, and recurrent urinary tract infection. In breast cancer survivors suffering from estrogen deprivation, hormone therapy can be contraindicated as first line treatment considering the risk of cancer recurrence. However, non-hormonal treatments alone may not fulfill the quality of life and sexual function required in relatively younger patients. Local vaginal laser therapy is proven to strengthen the collagen structure and promote mucosal rejuvenation which showed promising benefits in the treatment strategy for senile vaginitis. In our practice, vaginal laser combined with vaginne gel and NewEpi solution was used to treat atrophic vaginitis in a young breast cancer patient.
論文歸類：一般婦科	Case presentation A 41-year-old married female, gravida 0, para 0, presents to our gynecology outpatient department due to dysuria, dyspareunia, perineal discomfort with burning and tingling sensation. The menstrual period was regular with an interval of 30 days and a duration of 6 days before. The patient once received loop electrosurgical excision procedure (LEEP) 16 years ago due to intraepithelial neoplasia. She visited the gynecology department on a regular basis for follow up. Her last pap smear reported inflammation without atypical cells. The patient was diagnosed with left breast invasive carcinoma, ER(+), PR(+), Her-2(+) with clinical stage of breast tumor of pT1bNo. She underwent left partial mastectomy, sentinel lymph node biopsy, and reconstruction with an advance flap on May, 25, 2023. She also completed six cycles of adjuvant chemotherapy with docetaxel, carboplatin, trastuzumab, and pertuzumab, and another nine cycles of target therapy with Herceptin, Perjeta, and Neratinib. However, after treatment for breast cancer, the patient suffered from menopausal symptoms and her last menstrual period was 19 months ago. On examination, she is found to have atrophic erythematous change over bilateral labia. The cervical culture revealed normal flora. Transvaginal sonography revealed endometrial thickness of 3.4 mm with multiple uterine myomas. The largest myoma was 30 mm x 20 mm. Right

ovary was visible and measured with 11 mm x 7 mm in size. Left ovary was 26 mm x 10 mm in size with a 12 mm x 9 mm hypochoic cyst without blood flow. Serum analysis of follicle stimulating hormone (FSH) level was 26.0 mIU/ml and CA-125 level at 9.8 U/ml.

Despite medical treatment for vaginal atrophy, the patient remained profoundly bothered by vaginal irritation and dryness. We repeated vaginal culture, which yielded E. coli and enterococcus colonization. Oral antibiotic with ciprofloxacin for five days was prescribed accordingly. However, oral or topical hormonal therapy remained inappropriate for her breast cancer. Thus, we recommended vaginal laser therapy for atrophic vaginitis in this patient.

Treatment protocol
A. Preoperative preparation
Prior to laser therapy, weekly Vaginne®-Pro gel application for two weeks was prescribed. Vaginne is a product designed to relieve perineal discomfort. The product consists mainly of Vaginne®-Pro Lactobacillus secreting defensin, hyaluronic acid, vitamin E, arginine, seaweed extract, and lavender oil. The main purpose of Vaginne placement was to treat atrophic vaginitis and reduce discomfort during laser therapy simultaneously.
B. Vaginal laser therapy
The patient was put in a lithotomy position without local anesthesia and vaginal irrigation in an outpatient setting. Fractional CO2 laser system MonaLisa Touch® (DEKA, Florence, Italy) was synchronized to the setting of μ-scan-V2LR, D-pulse mode, dot power 30 watts, and dwelling time at 1000 μs. Laser therapy was initiated from stack two energy at dot energy of 86.40 mJ, and went up to stack three energy at dot energy of 129.60 mJ once the patient tolerated the therapy well. Each treatment was first conducted with a 360 degree probe, followed by a 90 degrees probe. The probe started from the proximal part of vagina and slowly slid towards the distal end of the vagina with laser emission firing 8 times to 10 times in a round. Treatment with the 360 degree probe was repeated for four cycles, while treatment with the 90 degree probe was performed for two cycles in our practice.
C. Postoperative care
Despite the minimal abrasions created by fraction CO2 laser which are barely visible, these incisions could still cause bothersome perineal discomfort considering the dense neural innervation in this sensitive area. NewEpi® Plus Liquid Wound Dressing (Sterile) was applied over the vaginal wall walls and labia right after laser therapy to relieve regional irritation and to also promote epithelial regeneration. NewEpi® is a product composed of sterile water, hyaluronic acid sodium salt, buffer, stabilizers, preservatives, patented Microencapsulated polysaccharide and oligopeptide I. Weekly spray of NewEpi after laser therapy could decrease mucosal inflammatory reaction from the vaginal wall right after laser emission, and accelerate the process of wound healing. Vaginne gel was administered again ten days after laser therapy to relieve transient postoperative irritation, and to also act as maintenance therapy for atrophic vaginitis itself.

Discussion
Vaginal laser therapy with fractional CO2 laser was proved to be effective in treatment for atrophic vaginitis and early-stage stress urinary incontinence. We received feedback of improvements in involuntary urine with increased intra-abdominal pressure. Other than subjective feedback from patients, we believed applying urodynamic study is favorable to better evaluate urinary symptoms before and after vaginal laser therapy. Also, questionnaires regarding atrophic vaginitis and stress urinary incontinence could also be incorporated before and after clinical

practice in the future.

Sometimes patients would mistake the process of postoperative healing as aggravation or recurrence of atrophic vaginitis, and thus be frustrated by seemingly refractory health conditions. We make every effort to reduce postoperative pain or discomfort after vaginal laser therapy in order to shorten the process of wound recovery and lengthen the treatment effect for as long as possible.

Vaginal laser therapy for senile vaginitis was regular performed monthly for 2-3 courses. Therefore, we suggested that 3-6 times of laser therapy for atrophic vaginitis be carried out on a regular basis in the interval of three weeks in four to six months to extend the local effect in the younger patients.

Although allergic reactions to hyaluronic acid were rarely occurred in the patients which present with tingling and burning sensation after spray NewEpi solution or applying vaginne gel immediately. It is crucial to differentiate allergic reactions from thermal reactions of laser therapy. To optimize the treatment effect of the vaginal laser, we are now practicing local injection with platelet-rich plasma after the vaginal laser. Multiple injections of vaginal wall cause minimal bleeding and can be performed smoothly without local anesthesia.

The cost of vaginal laser therapy in combination with Vaginne and NewEpi solution can be covered by the patients' commercial health insurance in the treatment of atrophic vaginitis in patients with breast cancer. Thus, it is cost-effective for young patients suffering from temporary atrophic vaginitis in the period of pseudomenopause, and showed inspiring results to relieve symptoms of atrophic vaginitis.

Conclusions
Vaginal laser therapy to atrophic vaginitis not only acts as a treatment option for itself, but may also enhance patient compliance with systemic therapy with breast cancer if rates of side effects can be reduced. On the other hand, patients with gynecologic malignancy might suffer from chemotherapy induced early menopause or surgical deprivation of estrogen. These patients may also benefit from vaginal laser therapy to treat iatrogenic atrophic vaginitis in the clinical practices.

稿件編號：P179	子宮次全切除術後平滑肌肉瘤：病例報告和診斷挑戰的討論 Leiomyosarcoma Following Subtotal Hysterectomy: A Case Report and Discussion on Diagnostic Challenges
臨時稿件編號：1431	程董倫 ¹ 林毅倫 ¹ 奇美醫療財團法人奇美醫院 ¹
論文發表方式：海報	Introduction Leiomyosarcoma, a rare and aggressive uterine malignancy, often presents diagnostic challenges, particularly in cases with a history of benign uterine tumors. This case report illustrates a patient with a history of uterine leiomyomata who developed leiomyosarcoma after a subtotal hysterectomy. We discuss the diagnostic complexities involved in differentiating between benign and malignant uterine tumors, especially in the context of previous surgical interventions.
論文歸類：一般婦科	Case Presentation A 48-year-old woman with a history of uterine leiomyomata underwent a laparoscopic subtotal hysterectomy and bilateral salpingectomy in 2023. Pathology report shows no evidence of malignancy. Following surgery, she experienced persistent pelvic pain and vaginal bleeding. Subsequent imaging studies revealed a right lower quadrant abdominal wall mass. Histopathological examination confirmed a leiomyosarcoma with extensive metastatic involvement of the sigmoid colon, rectum, abdominal wall, and small intestine.
	Discussion This case highlights the potential for aggressive behavior and metastatic spread of uterine leiomyosarcoma, even after surgical intervention. Early detection, complete surgical resection, and adjuvant therapies remain crucial for optimal patient outcomes.
	Diagnostic Challenges Accurate preoperative diagnosis of uterine leiomyosarcoma can be challenging due to its clinical and radiological similarities to benign leiomyomata. While imaging modalities like ultrasound, CT, and MRI can provide valuable information, definitive diagnosis often relies on histopathological examination. Immunohistochemistry plays a crucial role in differentiating between benign and malignant smooth muscle tumors. Markers such as p53, Ki-67, and smooth muscle actin can aid in assessing tumor aggressiveness and predicting prognosis.
	In cases with a history of uterine leiomyomata, the development of new or recurrent symptoms, such as pelvic pain, abnormal bleeding, or a palpable mass, should prompt careful evaluation. Imaging studies and tissue biopsy may be necessary to rule out malignancy.
	Primary vs. Metastatic Disease The differential diagnosis in this case included the possibility of a primary small intestinal leiomyosarcoma or a metastatic lesion from the uterine stump. While the latter is more common, it is essential to consider the possibility of a primary gastrointestinal malignancy, especially in the presence of extensive metastatic disease.

Conclusion
This case emphasizes the importance of vigilant follow-up and early detection in patients with a history of uterine leiomyosarcoma. Despite advances in diagnostic imaging and histopathological techniques, accurate preoperative diagnosis of uterine leiomyosarcoma remains challenging. A high index of suspicion and timely referral to gynecologic oncologists are essential for optimal patient care.

稿件編號：P180	高齡孕產婦對母親與新生兒之影響：臺灣全國性世代研究 Impact of Advanced Maternal Age on Maternal and Neonatal Health Outcomes in Taiwan - A population-based cohort study
臨時稿件編號：1490	梁蕊瑜 ¹ 許學文 ² 李幸齡 ² 陳宜雅 ¹ 黃開照 ¹ 台北馬偕紀念醫院婦產部 ^{1,2}
論文發表方式：海報	Background and objective The global trend of delayed childbearing has significantly influenced maternal and neonatal health, especially in developed countries. In Taiwan, the average maternal age rose from 25.36 years in 1975 to 32.44 years by 2023. Advanced maternal age (AMA) is linked to an increased risk of adverse pregnancy outcomes, including higher rates of gestational complications, maternal mortality, and neonatal morbidity. This study aims to examine the relationship between maternal age and severe maternal and neonatal morbidity and mortality in Taiwan, offering insights into improving perinatal care in response to demographic changes.
論文歸類：一般婦科	Materials and methods This retrospective cohort study analyzed 1,851 births from January 1, 2017, to December 31, 2022, utilizing data from the National Health Insurance Research Database and the Childbirth Accident Emergency Relief Act. Maternal age was divided into six categories to assess associations with severe maternal and neonatal morbidity and mortality. Crude odds ratios (ORs) and 95% confidence intervals (CIs) were calculated, with statistical significance determined at p<0.05.
	Results During the study period, 1851 births were included, with a maternal mortality rate of 1.53 per 10,000 deliveries. Severe maternal morbidity increased significantly with age, particularly after 39 years, with an odds ratio (OR) of 4.59 for mothers aged >40 years compared to those aged 30-34 years. Neonatal mortality was 4.45 per 10,000 births, with the highest risk in mothers aged over 40 years (8.24 per 10,000 births, OR 1.99). Younger mothers (20-24 years) had the lowest neonatal risk, with an OR of 0.80 compared to the reference group (30-34 years).
	Discussion Women of advanced maternal age exhibited higher risks of complications, including gestational diabetes and preeclampsia, along with increased likelihood of placenta-related issues. While limitations of this study include the use of total births for mortality calculations and potential underrepresentation of severe cases, the study's strengths lie in its national coverage, timely data, and detailed tracking of intrauterine fetal demise beyond 33 weeks.
	Conclusion In conclusion, while advanced maternal age is linked to higher risks of adverse maternal and neonatal outcomes, most older mothers still have positive pregnancy outcomes. Further research is needed to explore the biological mechanisms and other factors contributing to these risks, which could improve care and guidance for this growing population.

稿件編號：P181	巨大子宮肌瘤 s/p ATH+LSO 伴隨低血容休克 s/p ATE 病例報告及文獻回顧 Huge uterine myoma s/p ATH+LSO with hypovolemic shock s/p ATE A Case Report and Review of the Literature
臨時稿件編號：1296	張維鑾 ¹ 陳曉富 ¹ 高雄阮綜合醫院 ¹
論文發表方式：海報	Introduction. Post-ATH hemorrhage is very rely in the clinical condition. Transarterial embolization (TAE) is an alternative management approach to conventional surgery for controlling post-ATH hemorrhage. TAE is a rapid minimally invasive method, which can be performed without general anesthesia. Repeated arterial embolization may be effective for patients with initial TAE failure and do not preclude the possibility of surgery. The clinical success rate is high, approximately 80-90%, but the failure rate is not low enough to be neglected. Although some risk factors associated with TAE clinical failure have been discussed, there are no absolute contraindications for TAE; by contrast, TAE is recommended when available.
論文歸類：一般婦科	Case report and methods. A 48-year-old woman, G1P1A0, denied any systemic disease. She has regular menstrual period and during about 5 days. She has no symptom of dysmenorrhea and hypermenorrhea. The last menstrual period was on 2022/08/28. She didn't regular receive GYN survey on usual. She suffered from abdominal palpable mass since 2022. She had ever visited LMC for help on 2022/05, uterine myoma was told. The other following symptoms with vomiting and mild abdomen distension, urinary frequency, urine incontinence when cough and constipation sometime. Because the abdomen has continued to enlarge and the constipation and frequency urination have increased in the past three months. She came to our outpatient for help on 2022/08/30. The gynaecologic ultrasound revealed uterus: 35x20x20 cm, huge uterine mass, adnexa: no mass, Cul-de-sac: no ascite and no mass. Huge uterine myomas was diagnosed and operation also suggested. Now she was admitted to our ward for surgical intervention. After admission, she received ATH+LSO+adhesiolysis on 2022-09-05 with no any complication. Amount of blood loss was about 1350ml and blood transfusion with LPR 2U was performed. Wound site was evaluated with proper wound care. Painkiller was prescribed for pain control. Acute blood loss with hypovolemic shock was found on 2022/09/06. Emergency blood transfusion was given during (2022-09-05 to 2022-09-07). DSA+ TAE was performed and showed suspicious oozing in bilateral internal artery and injection on 2022-09-07. Transmine and Vit K1 was injected for prevention bleeding during 2022-09-06 to 2022-09-09. Empirical antibiotic treatment with cefazolin 1.0 gm q8h during 2022-09-06 to 2022-09-10. The patient has normal intake with normal stool and urinary passage. The pelvic J-P drain amount about 65ml with light red color. We educated home care with J-P drain and wound care. With overall condition stable, patient was discharged and OPD follow up.
	Result: The shock index has been reported to be useful in predicting patient outcomes for post-ATH hemorrhage. The shock index better reflects the early hypovolemic status of a patient compared with HR or systolic blood pressure alone. The pre-TAE shock index was not statistically associated with TAE clinical failure, but post-TAE shock index was positively associated with TAE clinical failure. Although the post-TAE shock index was not an independent factor, it can be used in the clinical setting to truly reflect the patient's condition after TAE. A lower post-TAE shock index implied successful hemostasis, with a cut-off value of 0.8. On the other hand, pre- and post-TAE systolic blood pressure showed no association with TAE outcome, while HR was

	<p>associated with TAE outcomes regardless of pre- or post-TAE status. The pre-TAE HR was associated with TAE outcome, implying an association that existed before the TAE, rather than reflecting the effectiveness of TAE. Although augmented embolic agents, and INR were independent risk factors of TAE clinical failure following multivariate logistic regression analysis, they existed before or during the TAE procedure. The use of augmented embolic agents is subjective and affected by each radiologist's experience and discretion. These factors were not absolute contraindications for TAE, and TAE might be recommended when available. Thus, they should be considered risk factors rather than predictors. Embolization using a gelatin sponge is usually safe in bilateral internal iliac arteries. When the bleeder was identified, target embolization was performed, because specific-site embolization is more effective. As the arterial collateral was crucial in recurrent hemorrhage after TAE, we embolized the bilateral internal iliac arteries. Rapid vascular recanalization from absorbable gelatin sponge packing occurred. Embolization using coils, NBCA, and microspheres might be applied in the case of arterial lesions, such as ruptures, pseudoaneurysms, and arterio-venous shuntings (3). The requirement of augmented embolic agents is an independent factor of TAE clinical failure, which may imply that augmented embolic agents are needed in addition to gelfoam for hemostasis in patients with aggressive bleeding.</p> <p>Conclusion. independent risk factors of TAE clinical failure include augmented embolic agents, and the INR > 1.3. They either existed before or during the TAE procedure and could not reflect the post-TAE condition. However, although the post-TAE shock index was not an independent factor, it denoted the condition after TAE and was statistically associated with TAE clinical failure using a cut-off value of 0.8. The higher post-TAE shock index indicated that PPH was not stopped and that a supplementary intervention should be initiated promptly.</p>
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稿件編號：P182	<p>靜脈內平滑肌瘤併肺部轉移與骨轉移之案例報告 A Case of Intravenous Leiomyomatosis with Pulmonary and Bone Metastasis</p>
臨時稿件編號：1479	<p>張穎¹ 王佑辰¹ 基隆長庚紀念醫院婦產部¹</p>
論文發表方式：海報	<p>Intravenous leiomyomatosis is a rare disease characterized by the benign growth of smooth muscle cells within the venous system without tissue invasion. Premenopausal patients with a history of leiomyoma who have undergone surgical treatment are more likely to develop this condition. Early diagnosis is challenging because the disease can be asymptomatic or present symptoms similar to those of uterine myoma. Consequently, most cases are diagnosed after surgery. As the disease progresses, it can involve the inferior vena cava, right atrium, and pulmonary arteries, leading to severe morbidity and mortality, including right heart failure, pulmonary embolism, or sudden cardiac death. The primary treatment for intravenous leiomyomatosis is surgical resection. We present a case of intravenous leiomyomatosis with lung and pelvic metastases in a 48-year-old female. The patient underwent an abdominal total hysterectomy and bilateral salpingectomy for multiple uterine myomas in 2021. Pathological examination revealed a mesenchymal tumor composed of small tumor cells with minimal cytoplasm, suggestive of either low-grade endometrial stromal sarcoma or leiomyoma. In 2023, during a routine follow-up after surgery, a right ovarian adnexal mass was accidentally discovered on sonography. The patient had no pulmonary or heart failure symptoms. Imaging studies, including magnetic resonance imaging (MRI) and high-resolution computed tomography (CT), suggested intravenous leiomyomatosis extending from bilateral parametrial vessels to the adnexa and the right ovarian vein, with metastases to the lungs and sacrum. A whole-body tumor scan identified a right pelvic/adnexal tumor with suspected upward extension to the renal level, bilateral pelvic lymph node involvement, multiple bilateral lung metastases, and increased metabolic activity in the right sacrum and posterior iliac region. A CT-guided lung biopsy confirmed benign metastasizing leiomyomatosis. Pathological analysis showed smooth muscle actin (SMA) positivity, progesterone receptor (PR) positivity, and estrogen receptor (ER) negativity. Due to multiple lung metastases and pelvic bone metastases, complete surgical resection was not feasible. As a result, the patient was treated with hormone therapy, including Megestrol acetate and Leuprorelin.</p>
論文歸類：一般婦科	

稿件編號：P183	<p>罕見病例報告：先天性子宮異常，雙子宮併單側子宮腺肌症 Addressing Dual Challenges in a Double Uterus: A Successful Hemihysterectomy for Adenomyosis in a Young Woman Aiming for Fertility Preservation</p>
臨時稿件編號：1516	<p>劉承儀¹ 張正昌¹ 林武周¹ 中國醫藥大學附設醫院婦產部¹</p>
論文發表方式：海報	<p>Adenomyosis is a common gynecological disorder characterized by the invasion of endometrial glands and stroma into the myometrium. Clinically, it may present as abnormal uterine bleeding, pelvic discomfort, and infertility. Historically, diagnosis has depended on histological analysis of hysterectomy specimens. Advancements in imaging technologies facilitate diagnosis via transvaginal pelvic ultrasound or pelvic magnetic resonance imaging (MRI). The imaging modalities have enabled the identification of different forms of adenomyosis, specifically differentiating between lesions in the external and internal myometrium. Adenomyosis exhibits varying epidemiological and clinical characteristics depending on the anatomical location of the lesions. This review seeks to enhance the understanding of adenomyosis diagnosis and its clinical characteristics concerning the various phenotypes of the condition, thereby facilitating optimal management for affected women.</p> <p>Müllerian duct anomalies represent congenital defects that impact the female reproductive system. Uterine didelphys is an anomaly characterized by the presence of a double uterus, resulting from the improper fusion of the Müllerian ducts. The diagnosis of uterine didelphys is generally more straightforward in symptomatic individuals; however, asymptomatic patients may face delayed diagnosis or remain undetected throughout their lives. Women with uterine didelphys experience heightened risks of spontaneous miscarriage, fetal malposition, preterm labor, and cervical insufficiency. This condition is frequently linked to renal anomalies, such as renal agenesis or duplex kidneys.</p> <p>This report discusses a 30-year-old female patient with a history of chronic pelvic pain and dysmenorrhea lasting several years. A diagnosis of double uterus with adenomyosis in the left hemiterus was made. The patient received treatment with Visanne for more than one year; however, due to adverse side effects, a discussion regarding surgical intervention in relation to her future fertility aspirations was held. A hemihysterectomy was subsequently performed. Postoperative follow-up revealed satisfactory outcomes, as the patient reported no pelvic pain. Ongoing assessment of her fertility outcomes will be conducted.</p>
論文歸類：一般婦科	

稿件編號：P184	<p>案例報告：子宮內膜異位痛侵犯過闊韌帶 A case report: endometrioma invaded through board ligament to anterior site</p>
臨時稿件編號：1587	<p>攝佳瑛¹ 李詠詩¹ 陳渝潔¹ 高雄醫學大學附設中和紀念醫院¹</p>
論文發表方式：海報	<p>Background: In this report we present a rare case of an endometrioma invaded through board ligament to anterior site with adhesion.</p> <p>Case Presentation: A 26-year-old nulliparous woman presented with a history of severe dysmenorrhea. Sonography revealed a homogeneous, hypoechoic "ground-glass" mass adjacent to the left ovary, located at the anterior side of the uterus. Endometrioma was suspected, and she was prescribed Visanne 2 mg once daily. Given the location of the mass, which differed from a typical endometrioma, we recommended surgical intervention to rule out other differential diagnoses, such as a paratubal cyst or hydrosalpinx.</p> <p>We approached the uterus under laparoscopic monitor. The laparoscopic view revealed diffuse endometriosis with severe adhesions. A protruding mass was found at the anterior site of broad ligament. Additionally, the left ovary was found to be located at the posterior site of the broad ligament. The mass was then opened to drain the "chocolate" material contained within. It was discovered to be connected to the left ovary. The broad ligament separated the endometrioma from the left ovary. The left endometrioma had invaded through the broad ligament to the anterior site, with adhesions. Left partial oophorectomy was performed.</p> <p>Histopathology confirmed a diagnosis of endometrioma.</p> <p>Discussion: In our case, sonography revealed a hypoechoic, homogeneous mass adjacent to the left ovary, located at the anterior side of the uterus. The location differed from that of a typical endometrioma. A typical endometrioma is usually a unilocular cyst with a homogeneous, hypoechoic, ground-glass appearance, most commonly found in the ovaries or in the cul-de-sac.</p> <p>Due to the atypical location of the mass, we discontinued the visanne use and arranged the surgery for further investigation.</p> <p>Sporadic case reports of endometriomas within the broad ligament have been published. The location of this endometrioma within the broad li-gament suggests that the etiology of endometriomas may involve mechanisms other than retrograde menstruation, such as Müllerian remnants or coelomic metaplasia. The atypical location of endometrioma in our patient may also be related to the studies mentioned above.</p> <p>Conclusion: From this patient, we can observe that the location of endometriomas is variable. The rare possibility of endometriosis with atypical morphology or location should be kept in mind during imaging and laparoscopy.</p>
論文歸類：一般婦科	

稿件編號：P185	卵巢異位妊娠：罕見個案分享 Ovarian Ectopic pregnancy: A rare case
臨時稿件編號： 1670	柯俊丞 ¹ 謝易軒 ¹ 王晨宇 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 海報	Abstract Ovarian ectopic pregnancies are rarely uncommon subgroup of ectopic pregnancy, and the incidence after natural conception ranges from 1 in 2000 to 1 in 60000 deliveries and accounts for 3% of all ectopic pregnancies. Here, we herein report a case of ovarian ectopic pregnancy. A 30-year-old woman, gravida 1 para 0, with no prior history of systemic illness, presented with a confirmed early pregnancy, evidenced by elevated serum β-hCG levels. However, no intrauterine gestational sac was identified on ultrasound. Initial management with methotrexate was attempted but proved unsuccessful, necessitating surgical intervention. Laparoscopic salpingectomy was performed, and intraoperative findings confirmed the diagnosis of ovarian ectopic pregnancy (OEP).
論文歸類： 一般婦科	Introduction Ovarian ectopic pregnancies account for approximately 0.5% to 3.5% of all ectopic pregnancies, representing a rare but potentially life-threatening condition. Rupture of an ovarian ectopic pregnancy poses a significant risk of hemorrhage, making timely diagnosis and management critical. Most cases are identified by the 7th week of gestation when patients typically present with symptoms such as abdominal pain or abnormal bleeding. Ultrasound imaging plays a crucial role in the early and accurate diagnosis of ovarian ectopic pregnancies, enabling prompt intervention to prevent complications. Case presentation A 30-year-old gravida 1, para 0 patient with no significant medical or surgical history, apart from a prior abortion at 7 weeks in her first pregnancy, presented with amenorrhea of at least 7 weeks and no vaginal bleeding. Her menstrual cycles had been regular. A positive pregnancy test prompted further evaluation. Transvaginal ultrasound revealed no intrauterine gestational sac but identified a hypochoic mass measuring 1.4 x 1.0 cm in the right adnexal region. An initial diagnosis of right tubal ectopic pregnancy was made, and methotrexate therapy was administered. However, the patient's serum hCG levels failed to decline, prompting her referral for further evaluation. She underwent laparoscopic surgery after persistent hCG elevation. Under general anesthesia and in the lithotomy position, a uterine manipulator was placed, and laparoscopy was performed using three trocars. The uterus and bilateral fallopian tubes appeared normal. A mass was identified within the right ovary, confirming a diagnosis of ovarian ectopic pregnancy. An ovarian wedge resection was performed without complications. Histopathological examination confirmed the ovarian pregnancy. The patient recovered well postoperatively and was discharged in stable condition two days after surgery. Follow-up demonstrated a significant decline in serum hCG levels, indicating resolution of the condition.

稿件編號：P186	長期背盆腔腹痛之病例討論 Chronic pelvic pain :A case report
臨時稿件編號： 1301	吳文綺 ¹ 許文惠 ² 張庭禎 ² 黃莉文 ³ 花蓮國軍總醫院 ¹ 台北市立萬芳醫院 ² 新光醫院婦產科 ³
論文發表方式： 海報	A 60-year-old female ,Gravida1,Para1 via NSD .Menopause at 50 y/o .No medical or surgery history She reports noticing left lower abdominal pain with vulvodinia for 1 ~2 years.She also complained of hematuria on and off for 1 year.She denies any bladder dysfunction.She visited to Gyn-OPD or ER for painkiller for 2 years. Lab.data:Wnl TVS:Uterus and adnexal :wnl except left pelvic vein engorment then right side CT revealed:an extrinsic compression of the left renal vein engorment by the superior mesenteric artery (SMA) and aorta and dilation of the left ovarian vein and ovarain plexus Vessel sonography :MVO/SVC test:R/O DVT
論文歸類： 一般婦科	The intravenous Digital Subtraction Angiography(IVDSA) revealed:Compression of the left iliac vein by the right iliac artery; () A deep notch was seen (Remove the right common iliac artery)caused by the compression will leads to chronic venous outflow obstruction -> decreased opacification at the proximal portion of left common iliac vein with irregular contour, suspect iliac vein compression syndrome. Arrange intervention surgery for Pelvic congestive syndrome cause left iliac vein compression (May-Thurner Syndrome) and left renal vein compression (Nutcracker syndrome) Under GA with intraoperative sonography, 1.Balloon angioplasty and kissing stenting of both iliac veins 2.Intraoperative sonography 3.Angioplasty of left renal vein 4.Embolization of left ovarian vein and the branches of left internal iliac vein After the intervention surgery the patient was treatment symptomatically and complete remission occurred in few days. Conclusion:Although the incidence of May-Thurner Syndrome with Nutcracker syndrome is rare,clinicians should be aware of this condition as early recognition of the disease will minimize potentially harmful and unnecessary evaluation and treatments

稿件編號：P187	處理老年陰道分泌物增加的策略 Strategy of increasing vaginal discharge at elderly: case series reviewed
臨時稿件編號： 1394	朱奕堯 ¹ 陳子和 ² 員林基督教醫院 ¹ 彰化基督教醫院 ²
論文發表方式： 海報	Background Increasing vaginal discharge may cause by infection, inflammation, or changes in the normal vaginal flora. Symptoms include abnormal vaginal discharge, odor, pruritus, and/or discomfort. In the reproductive age, bacterial vaginosis has a prevalence of up to 50%. Perimenopausal age(mean age 49.6 years) may diagnose with Desquamative inflammatory vaginitis, 70 to 90 percent had purulent vaginal discharge, dyspareunia, and vaginal inflammation 【1】. Underlying endometrial cancer in postmenopausal patients may also cause endometritis. Owing to cervical stenosis, blood can accumulate in the uterus (hematometra) and become secondarily infected (pyometra). 【2】 Cases There were 5 cases in 3 months (2024-08~2024-10), the average age was 77.6. Their chief complainant were increasing vaginal discharge, some received vaginal suppository for weeks and some already prescribed antibiotics. After pelvic exam, vaginal sonography and some with urinary test, endometrial sampling, endocervical curettage. One case was diagnosed with endometrial cancer and one was bladder infiltrating urothelial carcinoma. Discussion In these cases, there was 4 cases with DM and 2 cases was in poor control (HbA1C>7%) as we noted increasing discharge. Before our exam, most cases had already treated by medication without pelvic exam. As we performed the exam, sticky discharge with odor noted, sonar revealed increasing endometrial cavity; only the one who was diagnosed with bladder infiltrating urothelial carcinoma PV showed clear vagina without discharge, further sonography showed mass lesion in the bladder. Conclusion All patients are elderly, ranging from 63 to 84 years, highlighting the high risk of infectious diseases in this age group. Most of them have chronic conditions such as diabetes and hypertension, suggesting that compromised immune function may increase the risk of infections and related complications. Diabetic patients showed significant improvement in blood sugar levels during treatment. Though performing pelvic exam may be suffered and an obstacle to elderly, but it's notably giving much information for following treatment and plan.
論文歸類： 一般婦科	

稿件編號：P188	人工授精後雙側輸卵管異位妊娠 Bilateral Tubal Ectopic Pregnancies following Intrauterine Insemination
臨時稿件編號： 1423	楊家安 ¹ 林芸丹 ² 王有利 ¹ 台北馬偕紀念醫院婦產部 ¹ 臺北市立聯合醫院中興院區婦產科 ²
論文發表方式： 海報	Objective: Bilateral tubal pregnancy is an exceedingly rare condition, with an incidence of approximately 1 in 200,000 uterine pregnancies. The objective of this case report is to emphasize the importance of a thorough evaluation for a more comprehensive diagnosis of ectopic pregnancy, especially in cases involving assisted reproductive technology. Case report: A 32-year-old woman with a history of infertility underwent intrauterine insemination one month prior to presentation. The serum β-hCG levels were analyzed and her β-hCG levels increased from 4230 to 15,490 within 48 hours. Serial sonographic examinations revealed bilateral adnexal masses, with the presence of a fetal heartbeat in the left adnexa. Following a thorough discussion of treatment options, the patient underwent laparoscopy, which identified bilateral tubal ectopic pregnancies: one near the left isthmus and the other near the right fimbria. A left salpingectomy and right salpingostomy were performed to preserve fertility. The patient was discharged without complications, and follow-up β-hCG levels returned to normal. Conclusion: The incidence of bilateral tubal pregnancy has been reported to increase with the growing use of assisted reproductive technologies. For the purpose of fertility preservation in bilateral tubal pregnancy, surgical management was performed by salpingostomy on one side and salpingectomy on the other. Early diagnosis of bilateral tubal pregnancy is essential to mitigate the risks of female morbidity and mortality.
論文歸類： 一般婦科	

稿件編號：P189	子宮內膜微生物群及其通過傳統培養法檢測的細菌特徵及其診斷菌群失調的準確性
臨時稿件編號：1434	Endometrial microbiota and bacterial profile determined by conventional culture and its diagnostic accuracy of dysbiosis 蘇麗瑾 ¹ 連穎庭 ¹ 張永達 ² 陳柏宏 ² 蕭宇揚 ¹ 尤慧玲 ² 藍國忠 ^{1,3} 高雄長庚醫院婦產部 ¹ 高雄長庚檢驗醫學部 ² 高雄長庚更年期生殖醫學研究中心 ³
論文發表方式：海報	Objective: To analyze the endometrial bacterial profile with conventional endometrial culture in reproductive-age women. Can endocervical culture results serve as a surrogate marker? Materials & methods: In this prospective cohort study, 89 participants were enrolled between May 2023 and April 2024 at the Obstetrics and Gynecology outpatient department of Kaohsiung Chang Gung Memorial Hospital, Taiwan. The inclusion criteria specified that women of reproductive age, in the follicular menstrual cycle phase, and desiring future pregnancy were eligible for participation. Exclusion criteria included age over 45, confirmed intrauterine adhesion history, presence of underlying autoimmune diseases, untreated endometrial malignancies, acute infection, or use of antibiotics within one week. During the proliferative phase, hysteroscopy was performed before endometrial (EM) sampling and after endocervical swabs. EM tissues were obtained via an endometrial sampling pipelle. Part of the EM and endocervical swabs were sent for aerobic and anaerobic cultures. Part of the EM was sent for histology/IHC staining. Chronic endometritis (CE) was defined as positive pathogenic bacteria in aerobic or anaerobic cultures. For immunohistochemistry, CD138 was performed, with results presented as the absolute numbers per high power field (HPF). Recurrent miscarriage was defined as having two or more previous miscarriages. In contrast, recurrent implantation failure is defined as experiencing two or more unsuccessful attempts to achieve clinical pregnancy following embryo transfers in fresh or frozen cycles. Results: Table 1 revealed that similar average ages (36.6 ± 3.5 years vs. 36.8 ± 4.1 years;
論文歸類：一般婦科	

稿件編號：P190	一例罕見的子宮積血擬附件腫塊的臨床表現: 案例報告 A Rare Presentation of Hematometra Mimicking an Adnexal Mass: A Case Report
臨時稿件編號：1448	林瑜瑩 ¹ 吳亮瑩 ² 應宗和 ¹ 中山醫學大學附設醫院婦產部 ¹ 台中榮民總醫院影像醫學部 ²
論文發表方式：海報	Hematometra occurs when the uterus becomes distended with blood due to obstruction or atresia of the lower reproductive tract, including the uterus, cervix, or vagina. This condition typically presents with cyclic cramping pain in the lower abdomen or pelvis. We report the case of a 47-year-old woman (G2P2) with a history of normal spontaneous delivery followed by a cesarean section, who presented with abdominal pain and lower back soreness lasting for one week. She had just started her menstrual cycle the day before her outpatient department visit and complained of dysmenorrhea during this cycle. Initial sonography performed at a local medical doctor's office suggested an adnexal mass. Upon referral to our hospital, sonography revealed negative sliding organ signs, suggesting pelvic adhesions, and a 6.0 × 3.7 cm mass with absent blood flow, suspected to be an adnexal mass. Further imaging with CT showed an abnormal distention and expansile lumen with fluid collection, raising suspicion for hematometra localized in the endocervix. Following the completion of her menstrual cycle, a follow-up sonogram showed no mass, a normal endometrial thickness of 0.6 cm, and normal bilateral ovaries. However, adenomyosis and uterine fibroids were noted. This case highlights the importance of considering hematometra in the differential diagnosis of suspected adnexal masses, particularly when imaging findings suggest fluid accumulation in the cervix.
論文歸類：一般婦科	

稿件編號：P191	血管內平滑肌瘤：病例分享及討論 Intravascular leiomyomatosis, case report and review
臨時稿件編號：1491	李錦筠 ¹ 台北榮民總醫院 ¹
論文發表方式：海報	Intravascular leiomyomatosis (IVL) is a rare, benign neoplasm characterized by smooth muscle proliferation within venous structures, often mimicking malignancy and leading to significant complications if untreated. This case highlights the challenges in diagnosing and managing IVL with extensive vascular and pelvic involvement. A 44-year-old female with a history of uterine leiomyomas under long-term medical management presented with bilateral lower limb edema and a palpable abdominal mass during follow-up. MRI revealed uterine and broad ligament leiomyomas with intravascular extension involving the right internal and common iliac veins, inferior vena cava (IVC), and bilateral ovarian veins. The patient underwent a combined cardiovascular and gynecological surgical approach, including subtotal hysterectomy, bilateral salpingo-oophorectomy, adhesion lysis, and thrombectomy of the right iliac vein, IVC, and gonadal veins. Histopathological analysis confirmed IVL. Postoperative recovery was uneventful, with resolution of urinary obstruction and no residual disease on follow-up imaging. This case underscores the importance of a multidisciplinary surgical approach in managing IVL with extensive venous and pelvic involvement. Early recognition and tailored surgical intervention are critical to preventing complications and ensuring favorable outcomes.
論文歸類：一般婦科	

稿件編號：P192	11 歲女孩陰道外側閉鎖導致陰道和子宮積血 Distal Vaginal Atresia in an 11-Year-Old Girl with Hematocolpos and Hematometra
臨時稿件編號：1501	吳昱嫻 ¹ 陳冠仔 ¹ 潘柏宏 ¹ 蔡永杰 ² 吳孟興 ¹ 成大醫院婦產部 ¹ 奇美醫院婦產部 ²
論文發表方式：海報	Background Distal vaginal atresia is a rare congenital condition that may manifest in young girls with symptoms such as lower abdominal pain and hematocolpos. This report details the case of an 11-year-old girl who presented with ongoing abdominal pain and a palpable mass, which was ultimately diagnosed as hematocolpos and hematometra resulting from distal vaginal atresia. Case Presentation In December 2023, an 11-year-old girl complained of lower abdominal pain. Her initial examination yielded no significant findings, and her symptoms subsided temporarily. However, she returned in February 2024 with persistent abdominal pain and a palpable mass in the right lower quadrant. Imaging studies, including CT and MRI, indicated the presence of hematocolpos, hematometra, and a right adnexal cyst, suggestive of hematosalpinx or endometrioma. In March 2024, the patient underwent pull-through vaginoplasty. Pelvic examination under anesthesia showed no bulging or bluish discoloration over vaginal introitus. An incision was given on the vaginal dimple and dissection was done carefully to reach the tense bulge of the haematocolpos. Incision was performed on the bulge and chocolate-colored content was drained. Vaginal mucosal margins were pulled down until the introitus and sutured there. Postoperative evaluations demonstrated significant improvements later: the abdominal mass resolved, and lower abdominal pain subsided. The patient experienced her first menstrual period in May 2024, accompanied by mild dysmenorrhea and clotting, confirming the restoration of vaginal patency. A follow-up transabdominal ultrasound revealed a well-formed uterus, normal endometrial thickness, and healthy ovaries without adnexal cysts. Conclusion A thorough knowledge of embryology, pre-operative imaging with MRI, and pelvic examination under anesthesia is essential to identify accurately the constellation of anomalies and to plan appropriate management. Sometimes, it is difficult to assess the level of obstruction whether imperforate hymen or distal vaginal aplasia. This case underscores the diagnostic difficulties and management challenges associated with distal vaginal atresia in pediatric patients.
論文歸類：一般婦科	

稿件編號：P193	與子宮內膜異位相關的深層靜脈栓塞和肺栓塞：病例報告與回顧 Endometriosis-related Deep Vein Thrombosis and Pulmonary Embolism: A Case Report and Review 林佳儀 ¹ 嘉義長庚醫院婦產科 ¹
臨時稿件編號：1536	
論文發表方式：海報	Objectives Endometriosis is the presence of endometrial tissue outside the uterine cavity. Its true prevalence is unclear due to the need for surgical diagnosis, but estimates range from 2% to 11% in asymptomatic women. Combined hormonal contraceptives are common treatments but carry thrombotic risks. Materials & Methods The author presents a rare case of endometriosis with high CA-125 levels, complicated by severe deep vein thrombosis and pulmonary embolism without hormone exposure. Results A 44-year-old woman with thalassemia and a history of uterine myoma and adenomyosis presented with worsening dysmenorrhea and menorrhagia. Pelvic ultrasound revealed adenomyosis, myoma, and a right adnexal cystic lesion, with elevated CA-125 levels. Despite an initial negative CT scan, she developed deep vein thrombosis (DVT) and pulmonary embolism, linked to adenomyosis compressing the left iliac vein. After anticoagulation and IVC filter placement, surgery revealed uterine tumors and ovarian endometriomas. A total hysterectomy and bilateral salpingectomy confirmed endometriosis without malignancy. Postoperatively, she developed post-thrombotic syndrome but had no DVT recurrence, allowing anticoagulation discontinuation after eight months. Conclusions This rare case highlights deep vein thrombosis and pulmonary embolism without hormone therapy, initially undetected by CT. In cases of high CA-125 with leg thrombosis symptoms, heightened vigilance is crucial, especially in severe endometriosis.
論文歸類：一般婦科	

稿件編號：P194	格雷·特納氏徵：卵巢囊腫破裂後的罕見表現 Grey-Turner's sign: an unusual presentation following ovarian cystic rupture. 林杰進 ¹ 王錦榮 ¹ 林偉力 ¹ 陳欣儀 ¹ 林口長庚紀念醫院婦產科 ¹
臨時稿件編號：1543	
論文發表方式：海報	Background: Grey Turner sign is an uncommon subcutaneous manifestation of retroperitoneal hemorrhage, classically associated with severe acute necrotizing pancreatitis. While this sign may accompany various conditions causing intra-abdominal or retroperitoneal bleeding, with extensive differential diagnosis including splenic rupture, ruptured abdominal aortic aneurysm, or ruptured ectopic pregnancy. However, it has not been previously documented in cases of ovarian cystic rupture. Case Presentation: A 42-year-old female underwent laparoscopic myomectomy for multiple uterine myomas presenting with menorrhagia. Postoperatively, she developed progressive abdominal dullness, intermittent tachycardia, and moderately decreased hemoglobin and minimal cul-de-sac fluid shown on ultrasound. Grey Turner sign developed 20 hours postoperatively, suggesting significant intra-peritoneal hemorrhage. Emergency diagnostic laparoscopy revealed a ruptured corpus luteum cyst with resultant 900mL hemoperitoneum. Hemostasis was achieved through surgical suture. Conclusion: This case demonstrates the clinical significance of Grey Turner sign as an indicator of substantial intra-abdominal hemorrhage, even in the presence of minimal ultrasound findings initially. The presence of this sign should prompt consideration of corpus luteal cyst rupture in the differential diagnosis.
論文歸類：一般婦科	

稿件編號：P195	意外發現罕見子宮頸息肉病理：乳頭狀腺癌維瘤 Incidental finding of papillary adenofibroma: a rare cervical polyp pathology 劉尚晏 ¹ 林口長庚紀念醫院生殖內分泌科 ¹
臨時稿件編號：1565	
論文發表方式：海報	Objective: To present a rare cervical polyp pathology Case report: A 42-year-old female, nulligravida, who underwent hysteroscopic surgery for suspected incarceration of intrauterine device. During hysteroscopic surgery, smooth uterine cavity and intrauterine device in situ were found. Removal of intrauterine device was done. However, one cervical polyp about 1.5 x 1.0 cm at posterior aspect of cervix was found. Hysteroscopic polypectomy was done. Histopathologic examination of cervical polyp showed polypoid endocervical mucosa with papillary adenofibroma. Periglandular cuffing of stromal cells, stromal atypia, and stromal mitosis are not seen. Adenofibroma is a mixed epithelial and mesenchymal tumor. These tumors account for <5% of tumors in the adenofibroma-adenosarcoma spectrum and have a similar clinical presentation and gross appearance to those of adenosarcoma. As the latter can have adenofibromatous areas, a tumor should be thoroughly sampled to ensure that it is a pure adenofibroma. The benign stromal component has a variable cellularity, being composed of cells resembling fibroblasts or endometrial stromal cells that, unlike adenosarcoma, exhibit absent or minimal nuclear pleomorphism, little or no mitotic activity, and usually no periglandular condensation or heterologous elements except for rare cases with foci of fat. Conclusion: This case underscores the importance of thorough evaluation of cervical polyps, even when encountered incidentally. Careful histopathological examination is essential to differentiate pure adenofibroma from tumors in the adenofibroma-adenosarcoma spectrum, ensuring accurate diagnosis and appropriate management.
論文歸類：一般婦科	

稿件編號：P196	子宮肌瘤壓迫效應導致深部靜脈血栓形成的案例報告 The Mass Effect of Uterine Fibroids Leading Deep Vein Thrombosis? A Case Report 林亞瑩 ¹ 游正璋 ¹ 新光吳火獅紀念醫院婦產科 ¹
臨時稿件編號：1594	
論文發表方式：海報	Uterine fibroids are diagnosed in over two-thirds of females of reproductive age. Mechanical compression, a common symptom, can impact adjacent organs. Some studies have reported an association between leiomyomas and venous thromboembolisms. Here, we present a case of deep vein thrombosis (DVT) caused by uterine fibroids. The patient is 55-year-old menopausal female, G3P2E1, with the past operation history of abdominal right salpingectomy for ectopic pregnancy. The patient presented right calf swelling and pain for days, particularly notable when walking. She also found that her right calf was larger than the left. She went to outpatient departments for help and right lower limb deep vein thrombosis was confirmed by CT. Under the image, right external iliac vein was compressed by enlarged uterus which had uterine adenomyosis mixed myomas and leading long segment of femoral to lower leg veins thrombus, varicose vein at medial calf and dilatation of greater saphenous vein. Anticoagulation therapy with Clexane was given initially, and gynecology surgery for decompression was suggested. After full discussion, the laparoscopic subtotal hysterectomy was arranged after IVC filter replacement for pulmonary embolism prevention. During the procedure, a right-leaning enlarged uterus with adenomyosis mixed myomas was observed, which was caused by dense adhesions of the right adnexa to the location of the right external iliac vessel, close to common iliac vein. Laparoscopic subtotal hysterectomy was performed after adhesion-lysis. The specimen weighs about 500mg. After the surgical procedures, the patient was closely monitored in the post-operative ward. Her recovery was uneventful. She was discharged few days later and added back anticoagulation agent for her DVT. Large fibroids can cause mechanical obstruction of the pelvic veins and inferior vena cava, leading to venous stasis and subsequent DVT. This was observed in multiple case reports and studies. Deep vein thrombosis was found in 2.2% of patients with uterine fibroids, which is higher than the reported DVT incidence of 1-2 per 1000 in the general population. Most patients required surgical management to relieve the compression caused by the enlarged uterus. The surgeon should ensure patient safety and clearly explain the risks of thromboembolism before the surgery.
論文歸類：一般婦科	

稿件編號：P197	罕見病例報告：以急性腸胃道症狀表現之自發性子宮肌瘤破裂 Spontaneous Rupture of Uterine Myoma Mimicking Acute Gastrointestinal symptom: A Rare Case Report
臨時稿件編號：1607	趙恩雅 ¹ 盧筱文 ¹ 新店耕莘醫院 ¹
論文發表方式：海報	Spontaneous rupture of uterine myomas is an exceedingly rare complication, with limited cases reported in medical literature. Uterine myomas, also known as fibroids, are benign smooth muscle tumors of the uterus, commonly asymptomatic or associated with heavy menstrual bleeding and pelvic discomfort. However, spontaneous rupture typically arises from unusual circumstances, such as myoma degeneration, vascular compromise, or excessive mechanical stress. Pathogenesis often involves ischemic necrosis or venous thrombosis within the myoma, leading to structural weakening and rupture. In some cases, predisposing factors like pregnancy, infection, or anticoagulation therapy may exacerbate this process. We report the case of a 44-year-old woman who presented to the emergency room with sudden-onset epigastric discomfort. She was initially treated for acute gastroenteritis and discharged. However, she later visited the gynecology outpatient clinic due to persistent discomfort and abnormal vaginal spotting. Transvaginal ultrasound revealed an enlarged uterine myoma accompanied by ascites. As the patient had no desire for future fertility, she opted to undergo an abdominal hysterectomy. During surgery, a ruptured uterine myoma with active bleeding was identified. The procedure was completed without complications, and her postoperative hospital course was uneventful. She was discharged in stable condition on postoperative day 4.
論文歸類：一般婦科	

稿件編號：P198	子宮頸內膜異位症囊腫：病例報告 Huge Pelvic Mass that Proved to Be Cervical Endometrioma: A Case Report
臨時稿件編號：1608	林詩茵 ¹ 陳建翰 ² 許鈞碩 ² 大林慈濟醫院婦產部 ¹ 大林慈濟產部 ²
論文發表方式：海報	Objective: To present a case of a 42-year-old Vietnamese woman diagnosed with a large cervical endometrioma, emphasizing its clinical manifestations, diagnostic approach, and surgical management.
論文歸類：一般婦科	Clinical Features: This is a woman, gravida 2, para 2, who had both deliveries via vaginal delivery. She reported a 3-day history of progressive right lower abdominal pain associated with her menstrual cycle this month. She had experienced irregular menstrual cycles characterized by dysmenorrhea previously; however, the pain this time was more severe than before. Physical examination revealed a large pelvic mass. Transabdominal and transvaginal sonography revealed an 8 cm right pelvic cystic mass with multiple septum, with features suggestive of malignancy. The patient underwent laparoscopic-assisted vaginal hysterectomy (LAVH), bilateral salpingectomy (BS), and adhesiolysis on October 11, 2024. Intraoperative findings included significant pelvic adhesion and a huge multi-lobulated cervical mass with chocolate like fluid content. Postoperative recovery was uneventful, with discharge on postoperative day 3. Histopathological examination confirmed a leiomyoma with endometrioma of the upper uterine cervical wall, proliferative endometrium, nabothian cysts of the uterine endocervix, and bilateral acute salpingitis. Discussion: Cervical endometrioma, a manifestation of endometriosis, is rare and often presents diagnostic challenges due to its atypical location and presentation. Imaging modalities may not always accurately delineate the origin and nature of such masses, leading to potential misdiagnosis. Surgical intervention remains the definitive treatment, with the approach tailored to the patient's clinical condition and reproductive considerations. Conclusion: This case underscores the importance of considering cervical endometrioma in the differential diagnosis of pelvic masses, especially when accompanied by atypical symptoms. A multidisciplinary approach is essential for effective management.

稿件編號：P199	剖腹產疤痕處的假性腫瘤：病例報告 Pseudo-tumor arising from a Cesarean section scar: A Case Report
臨時稿件編號：1644	林佩琪 ¹ 曾宇泰 ^{1,2} 基督復臨安息日會醫療財團法人臺安醫院婦產科 ¹ 傑生婦產科診所 ²
論文發表方式：海報	Introduction : Cesarean scar pseudo-tumors are rare entities that can mimic neoplastic processes. They are characterized by abnormal tissue proliferation at the site of prior surgical trauma. Patients may present with abnormal uterine bleeding, pelvic pain, or as incidental findings during imaging. We report a case of a pseudo-tumor arising from a cesarean scar in a 43-year-old female, emphasizing its clinical presentation, diagnostic workup, and surgical management. Case Presentation: A 43-year-old female, gravida 2, para 2, with a history of two cesarean deliveries, presented to our clinic with intermenstrual bleeding. She reported a history of dysmenorrhea, menorrhagia and associated anemia with hemoglobin of 8.6 g/dL. Her first cesarean delivery was performed due to placenta previa, followed by a second elective cesarean 3 years ago. Physical and pelvic examination were unremarkable except for mild pallor due to anemia. Transvaginal ultrasound revealed a 4 cm cystic tumor at the previous Cesarean section scar, with significant vascularity noted on Doppler. Laparoscopic surgery was performed, revealing a bulky 6 cm cystic tumor arising from the previous cesarean section scar. The bilateral adnexa appeared to be normal. The pseudo-tumor was excised, the cervical defect was repaired. Histopathological evaluation of the excised tissue demonstrated a repaired myometrial proliferation at the cesarean scar with no evidence of malignancy. Conclusion: This case highlights the importance of recognizing pseudo-tumors at cesarean scars as a rare cause of abnormal uterine bleeding and the role of surgical management in such cases.
論文歸類：一般婦科	

稿件編號：P200	海扶刀術後子宮肌肉缺損合併第二學期子宮壁趨近破裂 A myometrial defect after high-intensity focused ultrasound treatment with impending uterine rupture during the second trimester
臨時稿件編號：1348	產登婷 ¹ 孫瑤 ¹ 臺中榮民總醫院婦女醫學部 ¹
論文發表方式：海報	Introduction: High-intensity focused ultrasound (HIFU) is considered a safe treatment for large uterine fibroids or severe adenomyosis in women who wish to become pregnant. However, although rare, life-threatening pregnancy complications after HIFU treatment—such as spontaneous uterine rupture—may sometimes be underemphasized in clinical practice. Case: We present a case of a 37-year-old female with impending uterine rupture during preterm labor at 27 weeks of pregnancy. The patient had severe adenomyosis and received HIFU treatment five years before pregnancy. She conceived via fresh embryo transfer and underwent regular antenatal care at our hospital. A myometrial defect was detected during antenatal ultrasound. A follow-up MRI at 26 weeks of gestation showed a fundal myometrial defect. At 27 weeks of gestation, the patient reported severe persisted lower abdominal pain and the cardiocogram showed regular uterine contractions. An emergency cesarean section was performed. During the cesarean section, the myometrial thickness at the defect site was found to be less than 2 mm. Conclusion: Using HIFU as a treatment for women with large uterine fibroids or severe adenomyosis may disrupt the original myometrial structure, leading to a myometrial defect. If this defect is overlooked in women desiring fertility, it could increase the risk of spontaneous uterine rupture in a subsequent pregnancy.
論文歸類：一般婦科	

稿件編號：P201	病例報告：96 歲女性骨盆發炎併陰道內電池 Case Report : Pelvic Inflammatory Disease with A Vaginal Battery in A 96-Year-Old Female
臨時稿件編號：1399	劉家楨 ¹ 國立台灣大學醫學院附設醫院婦產部 ¹
論文發表方式：海報	A 96-year-old woman, multigravida, had history of hypertension. She had fever and general weakness for two days and thus was brought to our emergency triage. Malodorous vaginal discharge and vaginal spotting were seen. Neither scars nor traumatic wounds were noted. She denied dyspnea, headache, chest discomfort, dysuria, hematuria, or abdominal pain. At emergency department, high body temperature with tachycardia were recorded. Laboratory investigations was notable for leukocytosis and elevated C-reactive protein. The computed tomography (CT) scan revealed a cylinder foreign body (5.1 x 2.6 cm) in vagina without abscess formation in the uterine or the pelvic cavity. Pelvic examination evidenced a hard cylinder foreign body with equivocal cervical motion tenderness. On speculum examination, thin, yellowish discharge with small specks of black substances and mild erosion of the vaginal bilateral wall were noted. Also, a C battery was seen at the posterior fornix with odorless smell. According to the patient, the battery was inserted for more than one month by herself, and she did not tell the reason. Removal of the battery was performed with Magill forceps in dorsal lithotomy position without anesthesia.
論文歸類：一般婦科	

稿件編號：P202	陰道子宮內膜異位症致大量陰道出血 Vaginal endometriosis complicated with massive vaginal bleeding
臨時稿件編號：1471	周祐霆 ¹ 何敏慧 ² 許博超 ² 三軍總醫院 ¹ 三軍總醫院婦產部 ²
論文發表方式：海報	Endometriosis is a common estrogen-dependent disorder. The endometrial tissue implants itself outside the uterus and can be usually found in the pelvis. Yet, vaginal endometriosis, a form of deep infiltrating endometriosis (DIE), is an uncommon manifestation of endometriosis.
論文歸類：一般婦科	A 30-year-old nulliparous women presented to our emergency department with massive vaginal bleeding. According to her, she denied any previous medical history and had normal menstrual period without menorrhagia. Her latest menstrual period just started since one week ago. At her arrival, the blood test revealed serum hemoglobin 11.4 g/dL, platelet 279000/uL and normal coagulation function. A retroverted uterus with thin endometrium (endometrial thickness 4.6mm) and a hypochoic cystic lesion with sandy-like content, size about 2.4cm, over right adnexa were noted on transvaginal ultrasound. Speculum examination showed several bluish color nodules over posterior vaginal wall, and one of them was seen to have active bleeding. Vaginal gauze compress was inserted and the bleeding stopped. A biopsy was performed and chocolate content spilled out during the procedure. Therefore, we confirmed the diagnosis of vaginal endometriosis. For further control of the disease, dienogest was prescribed. This case illustrates the various clinical symptoms and lesion sites of the endometriosis, and the accurate diagnose of the disease relied on pelvic examination and pathology confirmation.

稿件編號：P203	腹腔鏡卵巢妊娠摘除手術 Laparoscopic Enucleation Resection of Ovarian pregnancy
臨時稿件編號：1488	盧麗容 ¹ 楊雅淳 ¹ 林美琪 ^{2,3,4} 王有利 ^{1,3,4} 翁仕賢 ^{1,3,4} 馬偕紀念醫院婦產部 ¹ 馬偕紀念醫院麻醉部 ² 馬偕醫護管理專科學校 ³ 馬偕醫學院 ⁴
論文發表方式：海報	Objective: In clinical practice, ovarian pregnancies account for only 0.5-3% of all ectopic gestations, and are often identified after rupture. Achieving a definitive diagnosis of an ovarian pregnancy is challenging. We report a case of an unruptured ovarian pregnancy diagnosed with pre-operative sonography and laparoscopic imaging, aiming to better understand the clinical features of ectopic pregnancies at this uncommon site. Case report: A 37-year-old woman presented with two weeks of painless vaginal spotting. Transvaginal ultrasound revealed a 3.8x3.7 cm echogenic mass in the right adnexa containing a gestational sac with a Crown-rump length (CRL) 1.36 cm and fetal cardiac activity. Her Human Chorionic Gonadotropin β -Subunit (β -hCG) level was 1342 mIU/mL. Laparoscopy identified an unruptured right ovarian ectopic pregnancy, adherent to the anterior pelvic wall, which was successfully enucleated and removed. Histopathology confirmed the diagnosis. Post-operative β -hCG levels decreased to 189.9 mIU/mL, and the patient was discharged without complications. Follow-up β -hCG levels were monitored until they normalized, indicating successful treatment. Conclusion: Ovarian pregnancies are rare, with unruptured cases being even less common. This report provides insights into the clinical, imaging, and laparoscopic features of unruptured ovarian pregnancies. Early detection and intervention are crucial to prevent complications, emphasizing the need for improved diagnosis and management strategies.
論文歸類：一般婦科	

稿件編號：P204	梅格斯症候群併 CA-125 上升：卵巢恶性肿瘤的模仿者 Meigs syndrome with elevated CA-125: mimicking malignant ovarian tumor
臨時稿件編號：1489	林廷遠 ¹ 周振陽 ¹ 成功大學醫學院附設醫院 ¹
論文發表方式：海報	A 21-year-old female, with newly diagnosed systemic lupus erythematosus, presented with progressive abdominal distension and dyspnea for one month. Ultrasound and computed tomography both showed large pelvic heterogenous mass, massive ascites and bilateral pleural effusion. Besides, lab data showed elevated CA-125 to 812 U/ml, while CA199, CEA, AFP, HCG and LDH were within normal range. Paracentesis and thoracentesis were performed, and cytologic examination of ascites and pleural effusion both yielded no evidence of malignancy. Exploratory laparotomy revealed massive yellowish clear ascites and large left ovarian solid tumor. Left salpingo-oophorectomy was done, and the specimen was sent for frozen section during the surgery. Pathologic examination showed benign stromal tumor. We examined the whole abdominal cavity and there was no other palpable tumor. The patient recovered well from the surgery. Follow-up ultrasound and x-ray showed resolution of ascites and pleural effusion. Histological examination showed left ovarian pure stromal tumor, favor fibroma. In conclusion, this is a case of classic Meigs syndrome complicated with SLE and elevated CA-125. Ascites and pleural effusion resolved after tumor removal.
論文歸類：一般婦科	

稿件編號：P205	子宮腺肌症患者接受 Dienogest 意外發現懷孕合併胎兒羊水過少 Unintended Pregnancy with Fetal Oligohydramnios in a Patient with Adenomyosis using Dienogest
臨時稿件編號：1500	吳昱嫻 ¹ 許紅菱 ¹ 張書綾 ¹ 吳孟興 ¹ 成大醫院婦產部 ¹
論文發表方式：海報	Objective: Adenomyosis is a gynecological condition, and usually leads to painful symptoms and heavy menstrual bleeding. Dienogest is frequently prescribed for managing adenomyosis symptoms and is also used as a contraceptive. However, unintended pregnancies can occur and be ignored due to amenorrhea after dienogest treatment.
論文歸類：一般婦科	Case Report: We report the case of a 39-year-old woman who was confirmed diagnosis of adenomyosis, and prescribed with Dienogest for symptom management. Despite adherence to the medication regimen, she accidentally discovered that she was pregnant while taking the medication until the gestational age of 22 weeks. Ultrasound examination revealed fetal oligohydramnios, which can lead to significant fetal complications. After thorough counseling regarding the risks associated with oligohydramnios and the potential for adverse outcomes, the patient opted for termination of the pregnancy. Conclusion: This case highlights the complexities of managing adenomyosis with Dienogest, particularly regarding its contraceptive efficacy. It underscores the importance of comprehensive counseling for patients regarding the potential for unintended pregnancies and the implications of associated complications. Clinicians should consider the patient's menstrual cycle and use a more comprehensive approach to contraceptive counseling for women with adenomyosis using Dienogest to minimize the risk of unintended pregnancies.

稿件編號：P206	骨盆腔纖維瘤伴囊腫化病變 Pelvic fibroma with cystic change
臨時稿件編號：1552	姚鐘泰 ¹ 江盈澄 ² 輔仁大學附設醫院婦產科 ¹ 台灣大學附設醫院婦產部 ²
論文發表方式：海報	We present a case of a 55-year-old, G1P1, menopausal woman, with a huge pelvic tumor, about 30cm. The tumor was pre-operatively thought to be of ovarian origin, by sonography and CT imaging. However, during operation, we found the bilateral ovaries of the patient to be grossly normal and free of tumors, also, the uterus was also normal in appearance. The tumor was found to have a vascular stalk to the mesocolon during surgery, also, severe adhesions were found between the tumor and abdominal wall and mesocolon. Frozen section of the tumor disclosed spindle cell tumor with hypercellular and hypocellular areas with degeneration and necrosis; Nuclear atypia and occasional mitotic figures are noted. A wide range of spindle cell proliferations are found uncommonly in the sigmoid colon, rectum and anus. They usually present as polyps, and include reactive lesions and benign and malignant neoplasms which may be primary or metastatic. We are here to provide more understanding for this rarely seen disease.
論文歸類：一般婦科	

稿件編號：P207	子宮頸發育不全：案例報告與回顧 Cervical dysgenesis: a case report and review
臨時稿件編號：1563	許晏慈 ¹ 臺北榮民總醫院婦女醫學部 ¹
論文發表方式：海報	Cervical agenesis or dysgenesis is a rare Mullerian anomaly that is usually associated with vaginal aplasia. The patients usually present with primary amenorrhoea, primary infertility, and cyclical abdominal pain with well developed secondary sexual characters. Cervical dysgenesis often presents significant challenges in diagnosis and management, particularly in women who also experience complications such as vaginal agenesis. A 24-year-old woman presented with a longstanding history of cyclical abdominal pain and amenorrhea, which had persisted since the age of 13. Despite consulting multiple gynecological specialists and undergoing various treatments, including hormonal contraceptives, her symptoms remained unresolved. A per vaginal examination ultimately confirmed a diagnosis of vaginal atresia, which was corroborated by normal chromosomal analysis (46, XX). Further imaging via MRI revealed the presence of a uterus with a small cavity, a poorly-differentiated cervical canal containing small Nabothian cysts, and normal bilateral adnexa, with no signs of renal agenesis. This combination of findings strongly indicated the coexistence of vaginal agenesis and cervical dysgenesis.
論文歸類：一般婦科	The patient underwent a laparoscopic subtotal hysterectomy, vaginoplasty, and full-thickness skin grafting using bilateral inguinal skin for vaginal reconstruction. Cervicovaginal canalization was done with simultaneous laparoscopic guidance. Postoperatively, the patient was instructed to maintain strict bed rest for 5-7 days, adopting a semi-fowler's position to enhance recovery. By postoperative day 8, the vaginal acrylic dilator was replaced with one provided by the patient herself. Educational sessions focused on self-insertion of the vaginal dilator helped empower the patient, allowing her to overcome initial hesitance and demonstrate independence. She successfully performed self-catheterization. Comprehensive guidance on wound care and management of dressings ensured her readiness for discharge.

稿件編號：P208	子宮肌腺症合併結腸子宮內膜異位症，以類似發炎性腸道疾病表現為症狀案例 A case of uterine adenocarcinoma and colon endometriosis presented with symptoms mimicking inflammatory bowel disease.
臨時稿件編號：1585	林佳柔 ¹ 江盈澄 ¹ 蘇東弘 ² 施怡倫 ³ 魏淑鈺 ² 戴依柔 ¹ 臺大醫院婦產部 ¹ 臺大醫院內科部 ² 臺大醫院影像醫學部 ³
論文發表方式：海報	Endometriosis is a common condition that particularly affects women of reproductive age. When it is involved in the gastrointestinal system, it can lead to a bowel dysfunction and sometimes becomes obscure to diagnose. A 42-year-old female presented to our gastroenterology clinic with symptoms of refractory bloody diarrhea and weight loss. The survey for infections came back negative and the endoscopy examination revealed polypoid lesions. Magnetic resonance enterography (MRE) showed a uterine mass with possible extraterine extension and nodule at rectum therefore she underwent hysterectomy, bilateral salpingo-oophorectomy and lower anterior resection. The final histologic diagnosis was adenocarcinoma with sigmoid and rectal endometriosis. Her postoperative course was uneventful and she was discharged without postoperative treatment and remains disease free 11 months after the surgery.
論文歸類：一般婦科	

稿件編號：P209	子宮內膜異位症患者的血管內皮功能 Vascular endothelial study in women with endometriosis
臨時稿件編號： 1647	陳亮堃 ¹ 林口長庚醫院 ¹
論文發表方式： 海報	Introduction: Endometriosis is considered a systemic inflammatory disease, presenting endothelial dysfunction and generating lifelong threats of cardiovascular diseases. The study aimed to assess the post-occlusive reactive hyperemic response (PORH) in skin microcirculation among women with or without endometriosis.
論文歸類： 一般婦科	Materials and Methods: This prospective study was conducted from November 2021 to October 2023, enrolling patients with endometriosis (study group) or without endometriosis (control group). Microvascular endothelial function was measured as PORH response by moorVMS-Laser Doppler flowmetry (LDF). Results: Results: Data from 80 patients were analyzed. Compared to the control group, LDF showed impaired microcirculatory function in women with endometriosis (longer time to reach peak flows 21.3±37.1 vs. 10.7±3.5 seconds, p=0.038; lower peak amplitude 35.0±18.3 vs. 55.3 ±30.4, p=0.014). Conclusions: The study highlights impaired microcirculatory function in women with endometriosis compared to control groups using the non-invasive LDF technique.

稿件編號：P210	子宮囊狀肌腺瘤模擬成卵巢囊腫 Cystic adenomyoma of uterus mimicking adnexal cyst
臨時稿件編號： 1320	吳加仁 ¹ 張紅淇 ¹ 宏其婦幼醫院 ¹
論文發表方式： 海報	Endometriosis is a disease characterised by the presence of endometrium-like epithelium and/or stroma outside the endometrium and myometrium, and is considered a spectrum disease with a variety of subtypes and clinical presentations. Ovarian endometrioma is endometrium-like tissue in the form of ovarian cysts. They may be either invagination cysts or true cysts with the cyst wall also containing endometrium-like tissue and dark blood-stained fluid, the colour and consistency of which gives rise to the name 'chocolate cysts'. Ultrasound demonstrates a round cystic low echo mass, with irregular liquid echo pattern inside.
論文歸類： 一般婦科	Adenomyosis is a benign gynecologic disease resulting in globular enlargement of the uterus owing to invagination of endometrial glandular cells and stromal cells into the myometrium of the uterus. Whereas small adenomyotic cysts of up to 2 cm, lying into the uterine muscular bed are fairly common. Here, we reported one case of cystic adenomyoma of uterus mimicking adnexal cyst.

稿件編號：P211	附著於大網膜之子宮外孕: 病例报告與文獻回顧 Omental Ectopic Pregnancy: Report of a Rare Case and review of literature
臨時稿件編號： 1428	林書凡 ¹ 曾慶堉 ¹ 中山醫學大學附設醫院 ¹
論文發表方式： 海報	Omental ectopic pregnancy is an exceptionally rare form of abdominal pregnancy, accounting for only 1% of all ectopic pregnancies, and poses significant diagnostic and therapeutic challenges due to its nonspecific symptoms and image findings. We report a case of a 26-year-old woman with a positive pregnancy test, presenting with lower abdominal pain and vaginal bleeding. Initial imaging and evaluations were inconclusive, but follow-up revealed findings suggestive of a ruptured ectopic pregnancy. Exploratory laparoscopy revealed an omental lesion with active bleeding, with pathology confirming the diagnosis of omental pregnancy. This case highlights the importance of maintaining a high index of suspicion for atypical ectopic pregnancies and underscores the critical role of timely surgical intervention to prevent life-threatening complications.
論文歸類： 一般婦科	

稿件編號：P212	達文西輔助微波消融與骨盆腔黏分離手術: 用於治療嚴重腺肌症之經驗與病例報告 A Combined Robotic Technique for Adenomyosis: Case Report of Microwave Ablation and Adhesiolysis in Managing Severe Dysmenorrhea
臨時稿件編號： 1464	馬煜鈞 ¹ 沈煌彬 ¹ 中山醫學大學附設醫院產部 ¹
論文發表方式： 海報	This case report describes a 44-year-old female patient suffering from severe dysmenorrhea due to adenomyosis of the uterus. The patient underwent Da Vinci-assisted microwave ablation for adenomyosis. Operative findings revealed severe pelvic adhesions resulting from a previous cesarean section, which were successfully addressed through adhesiolysis with robotic assistance. The postoperative course was smooth, leading to a quick recovery. Postoperative evaluations indicated high patient satisfaction and significant improvement in symptoms. This case highlights a surgical approach that may be beneficial for managing severe adenomyosis or endometriosis with pelvic adhesions requiring simultaneous adhesiolysis and microwave ablation.
論文歸類： 一般婦科	

稿件編號：P213	後天性子宮動靜脈畸形：栓塞治療之病例報告 Acquired Uterine Arteriovenous Malformation: A Case Report with Embolization Treatment
臨時稿件編號： 1572	張瑜珈 ¹ 黃則立 ¹ 中國醫藥大學附設醫院 ¹
論文發表方式： 海報	Acquired uterine arteriovenous malformation (AVM) is rare and potentially life-threatening. AVM had been reported to occur after uterine trauma. Due to the development of sonography and color Doppler, AVM could be diagnosed under sonography. Nowadays, arterial embolization is a preferable method of treatment to avoid hysterectomy in patients of child-bearing age. We demonstrate a case treated by arterial embolization. This case report describes a 36-year-old woman, presented with profuse and intermittent vaginal bleeding with anemia. Under the transvaginal ultrasound of the pelvis showed multidirectional flow and prominent vessels located on the posterior wall. Though treatment with methotrexate, the symptoms persisted, and she received arterial embolization successfully.
論文歸類： 一般婦科	

稿件編號：P214	外陰部神經纖維瘤 Neurofibromatosis of the vulva
臨時稿件編號： 1636	洪詠蕙 ¹ 江盈澄 ¹ 台大醫院婦產部 ¹
論文發表方式： 海報	Neurofibromatosis type 1 (NF1) is an autosomal dominantly inherited neurocutaneous disorder caused by a mutation on chromosome 17 of the gene for neurofibromin. Patients with this condition are prone to develop benign and malignant tumors of the central and peripheral nervous systems. Neurofibromas commonly involve peripheral nervous system. Although rare, neurofibromatosis can affect the genital tract. Clitoris and labia majora are the most frequent location of neurofibromatosis involving female genital tract. We present a case of 26-year-old woman with plexiform neurofibroma arising from left labia majora. We performed surgical excision of the mass and primary repair of labia majora.
論文歸類： 一般婦科	

稿件編號：P215	腹腔鏡卵巢囊腫摘除術之意外發現：卵巢雄性素瘤 A rare case of Ovarian Steroid Tumor incidentally found during laparoscopic cystectomy
臨時稿件編號： 1305	高語謙 ¹ 李偉浩 ¹ 振興醫院婦產部 ¹
論文發表方式： 海報	Introduction/Background: Steroid cell tumors, a rare subgroup of sex cord stromal tumors - SCTs, includes Leydig cell tumors and Steroid cell tumors not otherwise specified (SCTNOS). SCTNOS lacks Leydig cell tumor characteristics but often shows evidence of androgen excess, which leads to clinical manifestations such as virilization, amenorrhea, hirsutism during reproductive age and isosexual precocious puberty in adolescents. Here, we report a 25 year-old female with gradual hoarseness, progressive lower tone and amenorrhea for 6 months. Physical examination revealed noticeable acne, hirsutism and trans-abdominal ultrasound showed a right adnexa mass with hyperechoic part. Laboratory data showed significant elevation of serum testosterone (245.0 ng/dL) and normal FSH, LH, E2 and prolactin levels. The patient was admitted for laparoscopic ovarian cystectomy and pathology reported a rare case of steroid cell tumor of ovary (SCTNOS).
論文歸類： 一般婦科	

稿件編號：P216	腹壁肌瘤 Abdominal wall leiomyoma
臨時稿件編號： 1318	吳加仁 ¹ 張紅淇 ¹ 宏其婦幼醫院 ¹
論文發表方式： 海報	Leiomyomas are benign soft tissue tumors of smooth muscle origin, most found in the uterus. We present here a rare case of extra-uterine leiomyoma in the abdominal wall. Abdominal wall leiomyomas are extremely rare and are thought to originate from ectopic implantation of uterine tissue after uterine surgery, such as cesarean section, hysterectomy, or uterine myomectomy.
論文歸類： 一般婦科	

稿件編號：P217	從子宮肌瘤切除到自然受孕：病例報告 Spontaneous Conception Following Myomectomy: Case Report
臨時稿件編號： 1361	陳盈如 ¹ 李宗賢 ¹ 中山附醫婦產部 ¹
論文發表方式： 海報	Leiomyomas, common benign uterine smooth muscle tumors, are anatomically classified into subserosal, intramural, and submucosal types. Treatment options include lifestyle modifications, medications, and surgical interventions aimed at improving quality of life and addressing infertility. However, surgical procedures like myomectomy can render the uterus more susceptible to complications such as placental accreta spectrum and uterine rupture. This case report highlights a patient who achieved spontaneous conception following myomectomy, emphasizing the need for careful post-operative management to mitigate potential risks.
論文歸類： 一般婦科	

稿件編號：P220	淋巴管平滑肌瘤病 Lymphangiomyomatosis: A Diagnostic Challenge in a Premenopausal Woman with Pelvic Lymphadenopathy and Solid Adnexal Mass
臨時稿件編號： 1509	陳文美 ¹ 張正昌 ¹ 中國醫藥大學附設醫院婦產部 ¹
論文發表方式： 海報	Lymphangiomyomatosis (LAM) is a rare condition primarily observed in premenopausal women, usually affecting the lungs, as well as the retroperitoneum and pelvis. LAM is frequently misdiagnosed because of its rarity. Symptoms may encompass dyspnea, abdominal discomfort, edema, and urinary complications. This report describes a 41-year-old female patient with a history of gastroesophageal reflux disease (GERD) who exhibited abdominal fullness for one month. Preliminary investigations, including panendoscopy, revealed no notable findings. Pelvic Doppler ultrasound revealed a solid right adnexal tumor measuring 10.39 x 6.77 cm, accompanied by cul-de-sac fluid of 0.99 cm and an elevated CA125 level of 237.0, alongside a low-risk ROMA index indicated in the laboratory data. A follow-up CT scan indicated the presence of enlarged lymph nodes in various regions, raising suspicion for malignancy. The patient received a laparoscopic right pelvic lymph node dissection in the adnexal region, and the pathological report indicated lymphangiomyomatosis. This case underscores the necessity of including LAM in the differential diagnosis of a pelvic solid mass accompanied by lymphadenopathy.
論文歸類： 一般婦科	

稿件編號：P221	4DryField PH 作為子宮內防粘黏劑 4DryField PH as intrauterine anti-adhesive agent
臨時稿件編號： 1410	董永瑜 ¹ 魏佑吉 ¹ 花蓮慈濟醫院婦產部 ¹
論文發表方式： 海報	Introduction: Intrauterine adhesion(IUA) resulting from trauma to healthy myometrium and endometrium, electrosurgery, as well as forceful cervical manipulation during operative hysteroscopy may lead to irregular menstruation, infertility, or obliteration of the endometrial cavity, increasing difficulty in assessment of endometrial cancer. Therefore, in this retrospective trial, we presented an analysis to assess the effectiveness and short term safety use of 4DryField PH (4DF) in the prevention of IUA following operative hysteroscopy and evaluation of the characteristics of IUA observed at second-look hysteroscopy.
論文歸類： 一般婦科	Materials and Methods: Among 485 patients who underwent intrauterine surgery during 2021/01/01 to 2024/07, 85 had second-look hysteroscopy. A total of 79 patients were ultimately included in this study. 48 patients were infused with intrauterine 4DF postoperatively, while 31 patients were not infused with any anti-adhesive agent. Second-look hysteroscopy was done after 1-6 months post-operation in the 4DF group. Results: Women treated with 4DF have lower incidence of intrauterine adhesion than women in the no-treatment group (14.58% vs. 32.26%, p = 0.062). In the group with 4DF, Grade I adhesion was found to be 2.08% (1/48), with filmy adhesion easily ruptured by hysteroscope. Grade IIa adhesion was found in 4.16% (2/48) of patients, synechia at the internal OS region was noted. 24.16% (2/48) was considered as Grade III adhesion, a case with unilateral obliteration of ostial area. Grade IV with total occlusion was noted in 2.08% (1/48) of patients. There was no intrauterine adhesion, no distorted uterine cavity, and intact ostia in 85.42% of the patients. Conclusion: The result showed the addition of 4DF following operative hysteroscopy might be beneficial in terms of formation of intrauterine adhesion. Since the risk of IUA was quite high after operative hysteroscopy, the application of 4DF might be recommended. However, due to the small sample size in our study, more studies are encouraged to confirm our observation.

稿件編號：P222	淨斯本草對婦科癌症患者癌相關性疲勞的影響：一項隨機對照試驗 The effect of Jing Si Herbal Tea on cancer-related fatigue in gynecologic cancer patients: a randomized controlled trial
臨時稿件編號： 1411	董永瑜 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-related fatigue (CRF) is a persistent, distressing, subjective sense of physical, emotional, or cognitive tiredness or exhaustion disproportionate to recent activity and interferes with normal functioning. Jin Si herbal tea has shown several pharmacological actions in preclinical and clinical models. We aimed to investigate the effect of Jin Si herbal tea on alleviating CRF in patients with gynecological cancer. Methods: A randomized controlled trial was conducted at our hospital from 1 March 2021 to 31 December 2023. Participants aged 20–80 years with gynecologic cancer and moderate-to-severe CRF were randomly categorized into two groups. The intervention group was given Jin Si herbal tea twice daily treatment for 6 weeks, while the control group was given a placebo for three weeks and Jin Si herbal tea for the following 3 weeks. The primary outcomes were Fatigue and quality of life, which were evaluated using the Brief Fatigue Inventory-Total (BFI-T) and Functional Assessment of Cancer Therapy-General 7 (FACT-G7) scale. The secondary outcomes included white blood cells and differential counts. Results: Among the 19 participants, there was no significant difference in CRF (BFI-T) and quality of life (FACT-G7) improvement between the intervention group (n =9) and the control group (n = 10). However, both groups showed significant improvements in global fatigue score, fatigue intensity, and fatigue interference after treatment (p<0.05). The difference in monocyte count was statistically significant after treatment in both groups (p<0.001), with the intervention group showing a significant decrease in monocyte count compared to the control group at the beginning of Cycle 2 (p<0.05). Conclusions: Both intervention and control groups improved fatigue and decreased monocyte counts. Further research is needed to explore these findings and their clinical relevance.
論文歸類： 一般婦科	

稿件編號：P223	COVID-19 疫情對於台灣子宮頸癌篩檢之影響 The Impact of COVID-19 Pandemic on Cervical Cancer Screening in Taiwan
臨時稿件編號： 1547	姚鑑泰 ¹ 劉惠珊 ¹ 吳慧敏 ² 吳美瑩 ³ 陳詠家 ⁴ 輔仁大學附設醫院婦產科 ¹ 健康效果暨醫療科技教育聯盟 ² 台大醫學院 ³ 輔大醫學院 ⁴
論文發表方式： 海報	The coronavirus disease (COVID-19) pandemic has caused direct and indirect impacts on public health worldwide including social life and medical care. Pap smear, as a tool for cervical cancer screening was disrupted as well. We aimed to illustrate the impact of COVID-19 on Pap smear and analyze the factors affecting the behavior change in Taiwan. We also reported the influence of the pandemic on referral rate following positive Pap smear.
論文歸類： 一般婦科	Methods and Materials Nationwide cervical screening data, referral rate following positive Pap smear, and cervical biopsy results before and during the COVID-19 pandemic in 2016 to 2021 were calculated. Factors affecting Pap smear numbers during the pandemic were also analyzed.

稿件編號：P224	巨大子宮頸肌瘤接受機械手臂輔助全子宮切除術 Huge Cervical Myoma Undergoing Robotic Total Hysterectomy
臨時稿件編號： 1390	蘇晉德 ¹ 陳嘉維 ¹ 賴鴻政 ¹ 衛生福利部雙和醫院婦產部 ¹
論文發表方式： 海報	Huge uterine cervical myoma often present numerous challenges during minimally invasive surgery, such as inadequate surgical visualization and limited operative space, which can lead to excessive hemorrhage or damage to surrounding tissues and organs. The surgical treatment of cervical myomas poses more difficulty; due to the risk of intraoperative Hemorrhage and the potential injuries because of contiguity and dislocation of adjacent organs. Robotic-assisted surgeries were widely used in gynecology since 2005. The delicate operation technique improved the blood loss and the operation time. We described here a case of huge cervical myoma managed with robotic total hysterectomy. We employed the Da Vinci Xi system, utilizing two robotic arms without the use of a uterine manipulator. The surgical blood loss was minimal, and the procedure was successfully completed in 75 minutes. The patient resumed oral intake four hours after surgery and being discharged on postoperative day two.
論文歸類： 一般婦科	

稿件編號：P225	雌激素與鄰苯二甲酸鹽對人類成骨細胞分化影響的比較 Comparison of the Effects of Estrogen and Phthalates on Human Osteoblasts Differentiation
臨時稿件編號： 1426	陳芳萍 ¹ 長庚大學，基隆長庚醫院 ¹
論文發表方式： 海報	Background: Knowledge of the relationship between phthalates and human bone health is limited. This study analyzed and compared estradiol (E2) and phthalates, including Butyl benzyl phthalate (BBP), di(n-butyl) phthalate (DBP), and di(2-ethylhexyl) phthalate (DEHP), on growth, differentiation, and matrix mineralization in primary human osteoblasts (HOBs) at current reference doses. Material and methods: HOBs were treated with 10nM E2, and 100nM BBP, DBP, and DEHP for 72 hours. MTT and TUNEL assays, as well as protein expression of proliferating cell nuclear antigen (PCNA), caspase-3, osteopontin, bone osteocalcin (OCN), bone sialoprotein (BSP), collagen type 1 alpha 1 (COL1A1), alkaline phosphatase (ALP), Receptor activator of nuclear factor-κB ligand (RANKL), macrophage-lineage-specific growth factor(M-CSF), Runt-related transcription factor 2 (Runx2), and PDZ-binding motif (TAZ), were evaluated. Results: Compared with E2, BBP, DBP, and DEHP inhibited HOBs viability and induced apoptosis, as confirmed by decreased PCNA and increased caspase-3. BBP, DBP, and DEHP caused a significant decrease in BSP, ALP, COL1A1, OPN, OCN, TAZ and RUNX2 expression, but an increase in RANKL and M-CSF expression, while E2 had the exact opposite results. Conclusions: This study demonstrates that E2 has a positive effect on osteoblast differentiation and indirectly inhibits osteoclast formation. In contrast, at reference doses, phthalates had adverse effects on human osteoblast differentiation, matrix formation, and mineralization. Further research is necessary to determine the possible impact of phthalates exposure on bone health under currently established standards.
論文歸類： 更年期醫學	

稿件編號：P226	長期接觸微塑料顆粒後卵巢老化及對女性生殖健康的不良影響 Ovarian ageing and adverse effects on reproductive health in women after chronic exposure to polystyrene microplastics
臨時稿件編號： 1537	蘇景州 ^{1,2} 于鴻仁 ³ 林育秀 ^{4,5} 王映文 ¹ 歐育哲 ¹ 許晉銓 ⁵ 長庚大學高雄長庚紀念醫院婦產科 ¹ 高雄醫學大學臨床醫學研究所 ² 長庚大學高雄長庚紀念醫院兒童內科 ³ 國立中山大學生物科學系 ⁴ 國立中山大學生物醫學所 ⁵
論文發表方式： 海報	Polystyrene microplastics (MPs) contamination is a known risk in premature ovarian insufficiency (POI) and produce hazardous effects on reproductive system. In our recent studies, we have revealed the active involvement of glycoproteins and primary cilia in regulating MPs-induced POI. This underscores the potential significance of cellular sensing mechanisms in microenvironment remodeling during these pathophysiological processes, an area that remains inadequately understood. To unveil novel mechanisms underlying the development of MPs-induced ovarian ageing and dysfunction, our study aims to investigate the modulatory effects of ECM remodeling, glycosylation process, primary cilia, and verify the potential benefits of melatonin. An antioxidant that can overcome oxidative stress, inflammation and fibrosis. Key specific proteins implicated in these processes will also provide valuable insights into potential drug targets for treating patients with ovarian dysfunction caused by chronic MP exposure.
論文歸類： 更年期醫學	

2/9、2/16

住院醫師病例討論會

摘要





報告編號： 0209-01	達文西輔助分期手術後意外發現有淋巴結侵犯的子宮內膜癌患者使用 Pembrolizumab 一年追蹤
臨時稿件編號： 1358	Pembrolizumab use in an endometrial adenocarcinoma patient with nodal metastasis noted accidentally after robotic staging surgery: a one year follow up 張哲維 ¹ 陳怡仁 ¹ 台北榮民總醫院 ¹
論文發表方式： 住院醫師病例報告會	This 56-year-old woman was a patient with endometrial adenocarcinoma, endometrioid type grade 2, cT1aN0M0, pT1aN1aM0, 2023 FIGO IIIC1ii. She has gynecological history of gravida 1, para 1 and menopause at 54-year-old. She suffered from post-menopausal bleeding and visited an outside hospital. Endometrial sampling was done and pathology revealed endometrioid adenocarcinoma grade 2, which was mismatch repair (MMR)-deficient. The ER and PR were positive and p53 was wild type. MRI was done on August 2023 at other Hospital and showed endometrial tumor 4.9cm with polypoid cauliflower intracavity growth, superficial myometrial invasion to the right wall, and no nodal or distant metastasis, tentative clinical staging was T1aN0M0. She then visited our hospital for a second opinion. Tumor marker CA-125 elevating was noted, which was 95.4 U/ml. She finally underwent robotic laparoscopic staging surgery (LAVH+BSO+sentinel lymph node dissection+PALNS+cytology) on 08/17/2023.
論文歸類： 婦癌	The final pathology report revealed endometrioid adenocarcinoma, grade 2 with mismatch repair-deficient (MLH1/PMS2 loss). Invasive adenocarcinoma of myometrium <1/2 of wall thickness was noted, and substantial lymphovascular space invasion was also noted. However, macro-metastasis to the right pelvic lymph nodes was noted. The final staging was pT1aN1aM0, 2023 FIGO IIIC1ii. After discussion with the patient and according to her MMR status, adjuvant therapy pembrolizumab+paclitaxol+carboplatin every 3 weeks for 6 cycles from 09/14/2023 to 02/06/2024 were given. CT was checked on 01/23/2024 and showed stable condition. CA-125 on 02/05/2024 was also in a good condition, which was 5.6 U/ml. She then continued the 7th cycle to the 11th cycle of pembrolizumab in a 6-weeks-interval from 03/19/2024 to 09/03/2024. Recent CT at 09/19/2024 showed stable condition. Recent CA-125 was 5.4 U/ml. She was now still in disease free status and no evidence of recurrence was noted. She is now still under treatment and follow up.

報告編號： 0209-02	她醒來了—卵巢畸胎瘤造成的抗 NMDA 受體腦炎治療經驗分享 Anti-N-methyl-D-aspartate receptor encephalitis induced by an ovarian immature teratoma: a case report and literature review
臨時稿件編號： 1359	廖柔謙 ¹ 李浩宇 ¹ 臺大醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Anti-N-methyl-D-aspartate (NMDA) receptor encephalitis is a newly reported autoimmune encephalitis and paraneoplastic neurological syndrome. Recent studies have found that an ovarian teratoma may induce autoantibodies against the GluN1 subunit of NMDA receptors in cerebrospinal fluid, resulting in neuroinflammation in young females. Patients with anti-NMDAR encephalitis mostly present with complex neuropsychiatric symptoms but may progress to speech disorders, motor dysfunction, seizures, and disturbances in consciousness. Early recognition and timely surgical removal of ovarian lesions are the cornerstone of management. The rarity and the subtle onset of the disease likely preclude early diagnosis. However, surgical intervention should not be delayed, even in patients with poor neurological status, as recovery is often dramatic after the removal of the teratoma. Complete resolution of symptoms can be expected in most cases.
論文歸類： 婦癌	We report a case of anti-NMDAR encephalitis in a 27-year-old female caused by an ovarian immature teratoma, who presented with seizures and rapid deterioration of consciousness. She underwent laparotomy and surgical excision of the ovarian tumor when she was in deep coma, with a Glasgow Coma Scale (GCS) score of 3. The patient gradually recovered over three months following surgery and immunomodulating therapies, though with moderate motor sequelae.

報告編號： 0209-03	子宮鏡手術結合 Levonorgestrel 子宮內投藥系統 (LNG-IUD) 用於早期子宮內膜癌年輕女性的保留生育治療並達到完全緩解
臨時稿件編號： 1370	Fertility-Sparing Treatment with Hysteroscopic Tumor Resection Combined with LNG-IUD Leading to Complete Regression in a Young Woman with Early-Stage Endometrial Cancer 盛崇怡 ¹ 朱俊誠 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： 住院醫師病例報告會	We present the case of a 37-year-old woman (Gravida 1, Para 1) who was diagnosed with early-stage endometrial cancer through dilation and curettage (D&C) at a local clinic. Seeking to preserve her fertility, she visited our outpatient department for a second opinion. Her past history included cholecystectomy and hypertension, and her body mass index (BMI) was 32.9. She reported no family history of cancer.
論文歸類： 婦癌	Initial evaluation via transvaginal sonography (TVS) revealed an endometrial thickness of 0.74 cm. A CT scan confirmed the diagnosis of stage IA endometrial cancer with no myometrial invasion, no pelvic or para-aortic lymph node involvement, and no distant metastases. The pre-operative tumor marker CA 125 level was 14.16 U/mL. Hysteroscopy was performed to confirm the histological grade of the tumor. The patient underwent hysteroscopic tumor resection, followed by adjuvant therapy with an LNG-IUD (Mirena®) instead of oral progestin, due to concerns about systemic side effects like weight gain and the convenience of non-daily administration. During the hysteroscopic surgery, the tumor, a layer of underlying myometrium, and adjacent endometrium were resected using a hysteroscope. Pathological analysis confirmed FIGO grade 1 adenocarcinoma with no myometrial invasion. Immunohistochemical staining revealed the tumor was ER(+), PR(+), pMMR, and p53(-). Interval hysteroscopy was scheduled every 3 months to monitor treatment response. At three months, the CA 125 level had decreased to 12.6 U/mL, and TVS showed the endometrial thickness was 0.74 cm. A second hysteroscopic tumor resection was performed, and the LNG-IUD was reinserted. Pathology revealed persistent adenocarcinoma. Consequently, GnRH agonist therapy (Diphereline P.R. 11.25 mg) was added alongside LNG-IUD treatment. At 6 months, the CA 125 level was 10.5 U/mL, and TVS showed the endometrial thickness was 0.55 cm. A third hysteroscopic tumor resection was performed, followed by the reinsertion of the LNG-IUD. Pathology from the third procedure showed no malignancy and inactive. Complete regression was achieved after 6 months of conservative treatment. The patient was advised to pursue conception promptly, considering using assisted reproductive technology (ART). Follow-up evaluations were recommended every 3 months, including TVS, serum CA 125 levels, and diagnostic hysteroscopy with biopsy. After completing childbearing, total hysterectomy with bilateral salpingo-oophorectomy was advised to reduce the risk of recurrence.

報告編號： 0209-04	於高齡女性罕見的妊娠滋養層細胞病案例 A Rare Case of Gestational Trophoblastic Disease in Advanced Maternal Age
臨時稿件編號： 1413	戴瑾瑩 ¹ 黃閃照 ¹ 台北馬偕紀念醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Background: Gestational trophoblastic disease (GTD) encompasses a spectrum of disorders resulting from abnormal trophoblastic proliferation, with molar pregnancies being the most common form. Extremes of reproductive age have previously been identified as significant risk factors for the development of molar pregnancy. Due to its rarity, diagnosing and managing GTD in advanced maternal age can be particularly challenging. Case Presentation: This report describes a 53-year-old perimenopausal woman, gravida 8 para 1, presenting with advanced-age GTD. She initially experienced abnormal vaginal spotting, progressively worsening abdominal discomfort, nausea, and systemic symptoms due to persistent bleeding. Sonographic and pathological evaluations confirmed a complete hydatidiform mole, indicated by markedly elevated serum beta-HCG levels. Despite diagnostic efforts and suction dilation and curettage (D&C) procedures, the patient exhibited persistent molar tissue and complications, including massive vaginal bleeding and systemic symptoms. Imaging studies, including sonography and computed tomography (CT), revealed a complex uterine mass consistent with molar pregnancy. After extensive counseling, the patient underwent a total abdominal hysterectomy with bilateral salpingo-oophorectomy. Pathological examination confirmed a complete hydatidiform mole with focal placenta accreta. Serum beta-HCG levels significantly decreased following the hysterectomy. Conclusion: This case highlights the unique challenges of diagnosing and managing GTD in advanced maternal age, a demographic at increased risk for molar pregnancy and its complications, such as trophoblastic invasion and hemorrhage. Timely intervention and a multidisciplinary approach are critical for achieving optimal outcomes in complex cases of persistent disease. Keywords: Gestational trophoblastic disease, advanced maternal age
論文歸類： 婦癌	

報告編號： 0209-05	皮膚線索：惡性黑棘皮症與腋褶掌作為子宮內膜癌復發的第一徵兆 Cutaneous Clues: Malignant Acanthosis Nigricans and Tripe Palms as First Signs of Recurrent Endometrial Carcinoma
臨時稿件編號： 1462	左大昕 ¹ 林浩 ¹ 黃德瑋 ¹ 高雄長庚紀念醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Objective 'Tripe palm' is a rare cutaneous paraneoplastic syndrome characterized by velvety thickening of the palms with a ridged or rugose appearance. The condition, either on its own or in combination with acanthosis nigricans, is strongly associated with internal malignancies, particularly gastric and lung cancers. Reports linking malignant acanthosis nigricans to endometrial cancer are scarce. Even more uncommon is its presentation as an initial sign of recurrent disease. Case report We report a rare case of acanthosis nigricans and tripe palms in a 73-year-old woman who had completed treatment for stage IB endometrial adenocarcinoma and remained disease-free for six years. She was referred by a dermatologist for evaluation of potential underlying malignancy. Chest CT, panendoscopy, and colonoscopy showed no significant findings. However, a PET/CT scan revealed a suspicious lymph node metastasis in the porto-caval region. Laparoscopic excision of the retroperitoneal lymph nodes was performed, and pathological examination confirmed metastatic endometrioid adenocarcinoma with microscopic features consistent with the original endometrial carcinoma. Conclusion Malignant acanthosis nigricans and tripe palms are rarely linked to endometrial cancer, especially as indicators of recurrence. Gynecologic oncologists should recognize this clinical presentation during patient surveillance, even if the patient has been disease-free for many years following treatment.
論文歸類： 婦癌	

報告編號： 0209-06	子宮原始神經外胚層腫瘤：罕見病例報告 Uterine Primitive Neuroectodermal Tumor: A Rare Case
臨時稿件編號： 1484	張景捷 ¹ 王佑辰 ¹ 基隆長庚紀念醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Introduction: Primitive neuroectodermal tumors (PNETs) are rare and highly malignant neoplasms, and origin of female genital tract are uncommon. Uterine PNETs are often diagnosed in adolescent and postmenopausal women, and most are diagnosed in advanced stages with poor prognosis. There is no universally accepted treatment guideline. The standard approach involves combination of surgery, chemotherapy, and/or radiation therapy. Case Presentation: A 55-year-old nulliparous woman complained prolonged vaginal bleeding for months. Sonography found a huge heterogenous uterine mass. Serum CA125 level increased to 38.8 U/mL and LDH level increased to 1345 U/L. MRI confirmed a huge uterine tumor with coagulation necrosis, with multiple large lymph nodes in bilateral external iliac region and para-aortic region, which leiomyosarcoma was the first consideration. The patient then underwent staging surgery and final pathology reported in favor of central primitive neuroectodermal tumor, involving the uterus, right fallopian tube, and bilateral pelvic lymph nodes. The 8th AJCC TNM stage was pT2aN1, which correlates to 2021 FIGO stage IIIC. After reviewing the lecture, the patient received treatment with cisplatin, etoposide, and bevacizumab. Discussion: The diagnosis of PNETs requires histological confirmation and imaging tests or surgery to complete the staging. IHC typically shows diffuse membranous CD99, a highly specific marker for PNET. Due to the limited number of reported cases, there was no consensus to establish an optimal treatment regimen in uterine PNET. Ewing sarcoma regimen [vincristine, doxorubicin, cyclophosphamide/ ifosfamide, etoposide (VDCIE)] have been used in extracranial PNETs with successful prognosis. In this case, we opted for another adjuvant chemotherapy regimen with cisplatin, etoposide, and bevacizumab, considering the patient's age and potential toxicities of more aggressive regimens. Prognosis for uterine PNETs is generally poor. Younger patients tend to have a more favorable prognosis with 75% survival at two years compared with 32% in the post-menopausal age group. In addition, the two-year survival rate is 68% for stage 1, but only 58% for stage 3, and 0% for stage 4. Consequently, long-term follow-up is essential to monitor for recurrence and potential distant metastases. Conclusion: Given rarity of uterine PNETs, a comprehensive approach of detailed case reports and long-term follow-up studies is crucial to enhance our understanding and improve patient outcomes. Future research should focus on identifying novel therapeutic targets and developing more effective treatment strategies for this challenging disease.
論文歸類： 婦癌	

報告編號： 0209-07	子宮體高分化大細胞神經內分泌腫瘤：罕見病例報告與臨床啟示 High-Grade Large Cell Neuroendocrine Tumor of the Corpus Uteri: A Case Report and Clinical Insights
臨時稿件編號： 1526	蘇思嘉 ¹ 黃文貞 ¹ 國泰綜合醫院 ¹
論文發表方式： 住院醫師病例報告會	Abstract High-grade large cell neuroendocrine tumor (LCNET) of the corpus uteri is a rare and aggressive malignancy characterized by neuroendocrine differentiation. It represents a small subset of uterine tumors and is associated with a poor prognosis due to its aggressive behavior, high metastatic potential, and resistance to treatment. Here we presented a 65-year-old female, gravida 1, para 0, abortion 1, with a medical history significant for uterine myoma, thyroid cancer (post-thyroidectomy in 2000, on thyroxine 100 mg daily), colon cancer (post-surgery in 2000), and overactive bladder (on medication), complained of vaginal bleeding and intermittent abdominal pain since June 13, 2024. Additional symptoms included constipation lasting over ten days and flatulence, with no history of irregular menstrual cycles, palpable masses, or urinary symptoms. Transvaginal sonography revealed multiple uterine myomas (largest measuring 59 × 36 mm in the anterior wall, intramural type), endometrial thickening, and a right ovarian cyst (2.0 × 1.5 cm). Tumor markers (CA125, CA199, and CEA) were within normal ranges. Elevation in LDH (724 IU/L) was reported. Hysteroscopic myomectomy was performed, with pathology indicating acute inflammation. A CT scan on June 26, 2024, identified findings highly suggestive of advanced endometrial cancer with direct invasion through the uterine serosa and adhesion/invasion of bowel loops and mesenteries, along with right internal iliac and infrarenal retroperitoneal metastatic lymphadenopathy. The patient underwent an abdominal total hysterectomy, bilateral salpingo-oophorectomy, and right pelvic lymph node sampling. Pathological analysis showed immunohistochemical stains with INSM1: (Positive, diffusely and strongly), Chromogranin A: (Positive, focally and strongly), Synaptophysin: (Positive, focally and strongly), CD56: (Negative), Ki-67 labeling index: (30%), Cytokeratin (AE1/AE3): (Negative). Pathologic report confirmed high grade large cell neuroendocrine tumor of the corpus uteri, staged as pT3aN1M0, pFIGO IIIC. Adjuvant chemotherapy with Etoposide, Cisplatin (tri-weekly regimen) was initiated, with the first cycle administered on November 6, 2024.
論文歸類： 婦癌	

報告編號： 0209-08	同步原發性子宮內膜癌與卵巢癌：案例報告及文獻回顧 Synchronous primary endometrial cancer and ovarian cancer: A case report and literature review
臨時稿件編號： 1539	林佑庭 ¹ 臺北榮民總醫院 ¹
論文發表方式： 住院醫師病例報告會	Primary double cancers in the female reproductive system are rare, accounting for 0.6-2% of all malignant tumors. Synchronous primary endometrial and ovarian carcinoma (SPEOC) is the most common form, comprising 40-51.7% of these cases, with the most common histology being endometrioid. This condition is often misdiagnosed as metastatic cancer. SPEOC typically presents in early stages and low-grade tumors, with better prognosis than advanced-stage endometrial cancer. Accurate diagnosis is crucial for appropriate treatment and prognosis. A 55-year-old nulliparous woman presented with a 3-month history of abdominal fullness and a palpable abdominal mass. Tumor markers Ca-125 and Ca-199 were elevated. Imaging, including transabdominal ultrasound and pelvic CT, showed large 14-15cm cystic lesions in both ovaries with soft tissue component and septations, raising suspicion for ovarian cancer. There were also multiple myomas noted in the uterus, no obvious endometrial thickness. Optimal debulking surgery and subsequent pathological examination identified the lesions as right ovarian clear cell carcinoma, left ovarian mixed clear cell and endometrioid carcinoma, and a grade 2 endometrioid adenocarcinoma in the endometrium, arising from polyp. The patient had early-stage primary ovarian (FIGO IB) and endometrial (FIGO IA2) cancers. Due to the aggressive nature of her clear cell ovarian carcinoma, she underwent 4 cycles of paclitaxel and carboplatin chemotherapy and is still disease free after one year of follow up. This case highlights the importance of considering synchronous primary endometrial and ovarian carcinoma in the differential diagnosis of female reproductive system cancers. Accurate histopathological and imaging findings are essential for distinguishing SPEOC from metastatic disease. The patient's favorable outcome emphasizes the importance of individualized treatment, especially when dealing with high-risk histologies such as clear cell carcinoma in ovarian cancer. Early detection and tailored therapy may improve survival outcomes in SPEOC patients.
論文歸類： 婦癌	

報告編號： 0209-09	卵巢癌的治療選擇考量 A 67-year-old woman with left ovarian high grade serous carcinoma stage FIGO stage IIIC
臨時稿件編號： 1553	顏廷奎 ¹ 台北榮民總醫院 ¹
論文發表方式： 住院醫師病例報告會	Ovarian cancer is often called a "silent killer" because its early symptoms—such as bloating, pelvic pain, and changes in appetite—are subtle and easily mistaken for less serious conditions. By the time it is diagnosed, the cancer is often in an advanced stage, making treatment more challenging.
論文歸類： 婦癌	The exact cause of ovarian cancer is unknown, but risk factors include age, genetic mutations (such as BRCA1 and BRCA2), family history, and hormonal influences. Treatment typically involves surgery to remove the tumor, followed by chemotherapy, and in some cases, targeted therapy or immunotherapy. Early detection through awareness of symptoms and risk factors is critical to improving outcomes. Here we presented a case of a 67-year-old woman diagnosed with left ovarian high grade serous carcinoma pT3cN1aM0 FIGO stage IIIC, her BRCA testing is negative. We will explore the treatment options for ovarian cancer according to different genetic profile.

報告編號： 0209-10	腹壁腫瘤之清亮細胞癌：罕見案例分享 Preclear Cell Carcinoma
臨時稿件編號： 1649	柯俊丞 ¹ 謝秉霖 ¹ 蘇國銘 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Introduction Clear cell carcinoma of ovary is a rare and different histotype of epithelial ovarian cancer. Endometriosis is considered to be a major risk factor for the development of ovarian clear cell carcinoma, which is thought to be a precursor of this neoplasm, as it has been identified in over 50% of patients with clear cell carcinoma. Besides, ovarian clear cell carcinoma, which is the second most common subtype of epithelial ovarian cancer after high-grade serous carcinoma, is present in 5-10% of all EOCs in North America, and even more prevalent in East Asia (13-25%). Here, we herein report a case of clear cell carcinoma with a protruding abdominal mass. After undergoing a series of examinations, she underwent a debulking operation and subsequently accepted a scheduled adjuvant chemotherapy regimen for further treatment.
論文歸類： 婦癌	Case Presentation A 50-year-old woman presented to the clinic with a protruding bizarre abdominal wall tumor measuring 5cm over the right end of the C-section scar accompanied by intermittent discomfort during menstruation for six months. Her gynecological history was notable for two cesarean sections, dysmenorrhea and endometriosis of uterus. Computed tomography revealed an isolated solid neoplasm arising from aponeurosis above transversus abdominis of the right abdominal wall, adenomyosis and leiomyomas. Resection of the right abdominal tumor and total abdominal hysterectomy plus bilateral salpingo-oophorectomy were performed under primary impression of malignancy. The definite pathological report of the abdominal wall tumor confirmed clear cell carcinoma, characterized by the papillary tumor growth pattern lined by one to two layers of cuboidal and hobnail cells with focal clear cell cytoplasm features. Four weeks after the surgery, she accepted scheduled adjuvant chemotherapy with paclitaxel, carboplatin and bevacizumab for six courses. No immediate recurrence was noted after primary treatment. Discussion Clear cell carcinoma (CCC) is usually localized to the ovaries and endometrium. CCC of the abdominal wall is an infrequent occurrence that has been reported in medical literature. Middle-aged women presenting with an abdominal wall mass in correlation with a past cesarean section scar should be promptly evaluated. The initial treatment for this condition is surgical removal of the mass, followed by chemotherapy if necessary. From a preventive standpoint, it is essential to ensure that no visible tissue remains are left on the abdominal wall during any gynecological surgery.

報告編號： 0209-11	卵巢 Brenner 腫瘤合併黏液性囊腺瘤扭轉：案例報告和處置分析 Coexisting Right Ovarian Brenner Tumor and Mucinous Cystadenoma with Torsion: A Case Report with Surgical Management
臨時稿件編號： 1661	張家甄 ¹ 江吟諭 ¹ 臺北榮民總醫院 ¹
論文發表方式： 住院醫師病例報告會	This case report describes a rare and complex clinical presentation of a right ovarian Brenner tumor coexisting with a mucinous cystadenoma, complicated by torsion and internal hemorrhage.
論文歸類： 婦癌	A 48-year-old female patient presented with acute abdominal pain, and imaging studies suggested a large right ovarian mass. Surgical exploration revealed a 20 × 20 × 20 cm right ovarian tumor with necrosis and rupture, indicating torsion, and a smaller left ovarian tumor measuring 3 × 3 cm. Significant internal bleeding (approximately 1300 mL) was noted upon entering the abdominal cavity. Surgical intervention included abdominal total hysterectomy (ATH), bilateral salpingo-oophorectomy (BSO), omentectomy, cecum biopsy, and right pelvic lymph node biopsy. Pathological sections confirmed the diagnosis of bilateral benign Brenner tumors with mucinous components. Operative findings included normal-sized uterus, absence of visible tumors on the omentum and intestinal surfaces, and non-enlarged bilateral lymph nodes. The detailed operative procedure involved meticulous dissection and ligation of key structures, removal of the uterus and ovaries, and securing hemostasis. Postoperative recovery was uneventful, with no residual tumor detected. This case underscores the importance of prompt surgical management in ovarian torsion to prevent complications such as rupture and hemorrhage. It also highlights the rarity of coexisting Brenner tumors and mucinous cystadenomas, contributing valuable insights into their diagnosis and treatment.

報告編號： 0209-12	接受非藥物治療不孕症患者之雙側輸卵管異位妊娠：罕見病例的診斷與手術 Bilateral Tubal Ectopic Pregnancy in a Patient Undergoing Fertility Treatment: Diagnostic and Surgical Challenges in an Uncommon Case
臨時稿件編號： 1324	游婉儀 ¹ 朱俊誠 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： 住院醫師病例報告會	Introduction Among all forms of pregnancies occurring outside the uterus, bilateral tubal ectopic pregnancy (BTP) is the least common, with an incidence ranging between 1 in 725 and 1 in 1,580 cases of ectopic pregnancies, translating to roughly 1 occurrence in every 200,000 live births. Identifying BTP at the outset is challenging, as its symptoms are almost indistinguishable from those of a unilateral tubal ectopic pregnancy. Additionally, there is a growing belief that the occurrence of BTP is under-recognized and may be increasing as the use of assisted reproductive technology becomes more widespread. While a prior ectopic pregnancy poses the highest risk for recurrence, pelvic infections such as chlamydia, gonorrhea, or unspecified salpingitis, along with a history of pelvic inflammatory disease (PID), are significant contributors to tubal abnormalities, thereby increasing the likelihood of an ectopic pregnancy. Additional factors that increase the likelihood of tubal pregnancies include a history of surgery on the tubes, the use of intrauterine devices, in vitro fertilization procedures associated with assisted reproductive technology, and tobacco consumption. There are five main theories explaining BTP. First, BTP may result from the transperitoneal migration of trophoblastic cells to both fallopian tubes. Second, multiple ovulations, either naturally or induced by fertility treatments, can increase the risk of oocytes implanting in damaged areas of the tubes or lead to superfetation. Third, rhythmic endometrial movements might inadvertently direct an intrauterine fertilized ovum into the fallopian tubes. Fourth, the use of progesterone-based contraceptives could elevate the risk of BTP by altering fallopian tube muscular activity due to abnormal progesterone levels. Finally, IVF-ET procedures, which transfer multiple embryos into the fallopian tubes, may impact the occurrence of BTP due to the properties and volume of the transfer medium. We report a case of a 35-year-old female patient undergoing fertility treatments, including oral ovulation induction drugs and ovulation-stimulating injections. She was preoperatively diagnosed with a left tubal ectopic pregnancy through ultrasonography; however, histological analysis post-operation unexpectedly confirmed BTP. Case presentation In this case, we report a rare instance of BTP in a 35-year-old woman (gravida 2, para 1) undergoing fertility treatment with oral ovulation induction drugs and ovulation-stimulating injections. She had no significant past medical history and presented with lower abdominal pain at 6+5 weeks of gestation. Initial investigations revealed elevated Beta-Human Chorionic Gonadotropin (β-HCG) levels of 2,900 mIU/mL, with no intrauterine gestational sac observed, raising suspicion of an ectopic pregnancy. The initial evaluation, including transvaginal sonography, identified a cystic formation in the right adnexa (2.1 cm x 1.9 cm), and a concerning mass in the left adnexa (1.3 cm x 1.2 cm), suggestive of an ectopic pregnancy. Consequently, two courses of Methotrexate (MTX) at a dose of 75 mg were administered intramuscularly on the first and fourth days to manage the ectopic pregnancy. Seven days after the first MTX injection, the patient reported sudden, severe abdominal pain, with her β-HCG levels rising to 5,044 mIU/mL. A follow-up ultrasound revealed significant changes: the right adnexa cyst had reduced in size to a heterogeneous mass (1.7 cm x 1.7 cm), the mass in the left adnexa had increased in size (2.1 cm x 1.8 cm), and moderate hemoperitoneum was observed. These findings heightened the suspicion of a ruptured left tubal ectopic pregnancy alongside the existing right adnexa cyst. Given the severity of her symptoms and the ultrasound findings, surgical intervention was deemed necessary. During the surgery, a mass without rupture and slow active bleeding from the fimbrial end of the right fallopian tube was discovered in the ampullary section, while an unruptured mass was found in the infundibulum of the left fallopian tube. Additionally, approximately 400 mL of blood was found in the cul-de-sac, with no other abnormalities in the abdomen. The patient underwent a bilateral salpingectomy and dilation and curettage (D&C). Histological analysis unexpectedly confirmed the diagnosis of bilateral tubal ectopic pregnancy, along with a decidual reaction in the endometrial curettage. The patient had an uneventful postoperative recovery with no complications. Discussion Ectopic pregnancy remains a significant cause of maternal mortality, occurring in approximately 1% to 2% of all pregnancies, with over 98% implanting in the fallopian tube. Among ectopic pregnancies, bilateral tubal pregnancies are the rarest and carry a higher risk, particularly when associated with fertility treatments. The incidence of bilateral tubal pregnancy is only 1 in every 200,000 spontaneous pregnancies and ranges from 1 in every 725 to 1,580 ectopic pregnancies. The

occurrence of BTP has significantly increased in recent decades, likely due to the rising use of assisted reproductive technologies and ovulation induction techniques. Other risk factors for extrauterine pregnancies include a history of sexually transmitted infections, multiple sexual partners, the use of intrauterine devices, smoking, hormonal contraceptive use, pelvic surgery, a previous ectopic pregnancy, a history of infertility, fallopian tube damage, and in-utero exposure to diethylstilbestrol. Regarding the mechanism of BTP, five main theories have been proposed: Transperitoneal Migration: The migration of trophoblastic cells, which are essential for the early development of the placenta and embryo, across the peritoneal cavity to both fallopian tubes is one potential cause of BTP. Multiple Ovulation: The risk of BTP may be increased by multiple ovulations, which can occur spontaneously or be induced by fertility treatments. This could lead to the implantation of oocytes in both fallopian tubes, either through natural processes or as a result of fertility interventions. Rhythmic endometrial wave-like movements: Ijland et al. proposed that the rhythmic, wave-like movements of the endometrium observed in healthy women with regular menstrual cycles might lead a properly placed intrauterine fertilized ovum to move into the fallopian tubes. This migration is thought to occur as a result of the backward movement caused by uterine contractions, and it happens regardless of the use of assisted reproductive technology (ART) or ovulation stimulation. Progesterone Influence: The use of progesterone-only pills or progesterone-containing intrauterine devices could increase the likelihood of ectopic pregnancies, including BTP by changing the circular muscle activity of the fallopian tubes, which is related to elevated levels of progesterone. In vitro fertilization - embryo transfer (IVF-ET) procedures: The practice of transferring more than one embryo directly into the fallopian tubes during IVF-ET could affect the rate of BTP occurrence, with the transfer medium's characteristics and the larger volume used playing a possible role. The typical symptoms of ectopic pregnancy (EP) often present as a classic triad: missed periods, vaginal bleeding, and abdominal pain. Early detection of EP is crucial to prevent severe complications such as rupture and intraabdominal bleeding, which can lead to maternal death and other serious health issues. Bilateral and unilateral EPs are usually not clinically distinguishable. Diagnosing BTP is particularly challenging, as clinical symptoms and signs typically do not reveal bilateral involvement. Laboratory tests, including β -hCG levels, are not indicative of whether the condition is unilateral or bilateral. Additionally, sonographers may be falsely reassured if they identify an ectopic pregnancy on one side without thoroughly investigating the possibility of bilateral involvement. BTP is typically diagnosed during surgical procedures rather than through preoperative diagnostics. Despite over 200 documented cases in the medical literature, only three have been detected preoperatively using ultrasound. In the case we present, the patient received two courses of Methotrexate (MTX) after being initially diagnosed with an ectopic pregnancy in the left fallopian tube. Contrary to expectations, her β -hCG levels did not decrease. Subsequently, a cyst in the right adnexa reduced in size, becoming a smaller, heterogeneous mass, suggesting a more complex scenario than a simple unilateral tubal ectopic pregnancy. Ultimately, a definitive diagnosis of BTP was confirmed through pathological examination after bilateral salpingectomy. Surgical management is recommended for patients who exhibit hemodynamic instability, show symptoms, or present signs indicative of rupture, as well as for those who are not ideal candidates for medical treatment. It is important to note that surgery does not guarantee the detection of BTP. Therefore, a thorough examination of the pelvic region during surgery is essential to prevent missed diagnoses, which could eliminate the need for further surgeries and reduce the risk of rupture from undetected ectopic pregnancies. In summary, comprehensive examination of the abdomen and pelvis is critical during surgery for an EP, with particular attention to the contralateral fallopian tube, even if a unilateral EP is initially suspected. Occasionally, a pregnancy in the contralateral tube is identified days or weeks after the initial surgery. Prior to surgery, a detailed evaluation of both adnexal regions using transvaginal ultrasound is also essential. The combination of patient symptoms, ultrasound findings, serum hCG levels, and effective collaboration between physicians and sonographers is vital. Maintaining vigilance for EP in all women of reproductive age is crucial for enabling faster diagnosis and improving tailored management approaches in the future. Conclusion Bilateral tubal ectopic pregnancy (BTP) is an exceptionally rare form of ectopic pregnancy, presenting significant diagnostic challenges due to its clinical similarity to unilateral ectopic pregnancies. The increasing use of assisted reproductive technologies has contributed to a rise in BTP cases, underscoring the need for thorough diagnostic and surgical evaluations. The case presented highlights the complexities of diagnosing and managing BTP, especially when preoperative findings suggest only unilateral involvement. Despite advancements in imaging and medical treatments, surgical intervention remains crucial for definitive diagnosis and management, particularly in cases of medical treatment failure. A comprehensive examination of both adnexal regions during surgery is essential to prevent missed diagnoses and ensure effective treatment. Continuous vigilance and collaboration among healthcare providers are vital to enhancing early detection and improving outcomes for patients with BTP.
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報告編號： 0209-14	持續性妊娠滋養細胞疾病 Persistent Gestational Trophoblastic Disease
臨時稿件編號： 1657	壹楷中 ¹ 臺北榮民總醫院婦女醫學部 ¹
論文發表方式： 住院醫師病例報告會	Gestational Trophoblastic Disease (GTD) is pregnancy-related and caused by abnormal fertilization. GTD can be classified into benign and malignant forms, with molar pregnancy being the most common, occurring in approximately 1-2 per 1000 pregnancies annually. The primary treatment for molar pregnancy is Dilatation and Curettage (D&C), while hysterectomy is an alternative for women who have completed childbearing. Studies have shown that women over 40 have a higher risk of Post-Molar Gestational Trophoblastic Neoplasia (GTN), and total hysterectomy aids in detecting invasive molar pregnancy. After diagnosis, risk classification is necessary to determine chemotherapy strategies, and β -hCG levels need to be regularly monitored during treatment. This report discusses a case of post-molar GTN where persistent β -hCG levels were observed after two D&Cs and Methotrexate (MTX) chemotherapy, without clinical signs. The potential diagnoses and subsequent treatment options will be discussed.
論文歸類： 一般婦科	

報告編號： 0209-15	血管內平滑肌瘤：病例分享及討論 Intravascular leiomyomatosis, case report an review
臨時稿件編號： 1492	李婷婷 ¹ 臺北榮民總醫院 ¹
論文發表方式： 住院醫師病例報告會	Intravascular leiomyomatosis (IVL) is a rare, benign neoplasm characterized by smooth muscle proliferation within venous structures, often mimicking malignancy and leading to significant complications if untreated. This case highlights the challenges in diagnosing and managing IVL with extensive vascular and pelvic involvement. A 44-year-old female with a history of uterine leiomyomas under long-term medical management presented with bilateral lower limb edema and a palpable abdominal mass during follow-up. MRI revealed uterine and broad ligament leiomyomas with intravascular extension involving the right internal and common iliac veins, inferior vena cava (IVC), and bilateral ovarian veins. The patient underwent a combined cardiovascular and gynecological surgical approach, including subtotal hysterectomy, bilateral salpingo-oophorectomy, adhesion lysis, and thrombectomy of the right iliac vein, IVC, and gonadal veins. Histopathological analysis confirmed IVL. Postoperative recovery was uneventful, with resolution of urinary obstruction and no residual disease on follow-up imaging. This case underscores the importance of a multidisciplinary surgical approach in managing IVL with extensive venous and pelvic involvement. Early recognition and tailored surgical intervention are critical to preventing complications and ensuring favorable outcomes.
論文歸類： 一般婦科	

報告編號： 0209-16	平滑肌瘤侵佔下腔靜脈及右心房併 Budd-Chiari syndrome Intravenous leiomyomatosis with Budd-Chiari syndrome
臨時稿件編號： 1545	林廷謙 ¹ 吳瑛瑩 ¹ 成功大學醫學院附設醫院 ¹
論文發表方式： 住院醫師病例報告會	Intravenous leiomyomatosis is an uncommon intravascular tumor with potentially life-threatening symptoms resulting from intracardiac extension, which may need emergent surgical intervention. Here we report a 49-year-old female patient with history of endometrial simple hyperplasia under progestin treatment. Besides, she had received one robotic myectomy in 2022. She presented at our emergency room due to abdominal distension, nausea, poor appetite and dizziness for days. She had been to other hospital once and elevated liver enzyme level was told then. Lab data showed markedly elevated liver enzyme and serum bilirubin. Abdominal computed tomography showed a intravenous mass extended from right uterine vein, through inferior vena cava toward right atrium. Heterogeneous enhancement of the liver was documented as well. The patient is admitted for surgical intervention, and rapid liver failure occurred within one day. Budd-Chiari syndrome was impressed. Emergent surgery was arranged, and tumor was completely removed by subtotal hysterectomy, venotomy and atriotomy. Follow up lab data showed improved liver function and bilirubin level. Histological examination of intravenous tumor revealed leiomyoma without evidence of malignancy. We performed whole exom sequencing for the tumor, which yielded no specific finding. The patient followed up at cardiovascular surgery department and recovered well without further complication. In conclusion, this is a rare case of intravenous leiomyomatosis complicated with right atrium extension and Budd-Chiari syndrome, which treated successfully with surgical intervention.
論文歸類： 一般婦科	

報告編號： 0209-17	反覆發作的後天性子宮動靜脈畸形案例 Case discussion : recurrent acquired uterine arteriovenous malformations
臨時稿件編號： 1619	林亞瑩 ¹ 謝汶圻 ¹ 蔡育倫 ¹ 新光吳火獅紀念醫院婦產科 ¹
論文發表方式： 住院醫師病例報告會	Uterine arteriovenous malformations (AVMs) result from the formation of multiple arteriovenous fistulous communications within the uterus without an intervening capillary network resulting in turbulent blood flow. It is a rare but potentially life-threatening condition. Uterine AVM can be either congenital or acquired, with the former being extremely rare. Acquired uterine AVM is often associated with conditions such as previous uterine surgeries, curettage, trauma, or malignancies. Imaging modalities play a crucial role in the diagnosis. Doppler ultrasonography typically reveals a hypervascular lesion with increased blood flow velocity and low resistance. MRI and computed tomography (CT) angiography provide detailed visualization of the vascular anatomy, enabling accurate diagnosis and treatment planning. Here, we present a case of a 46-year-old woman with uterine AVM for more than 10 years. She underwent 3 times of transarterial embolization due to recurrent hypermenorrhea and prolonged period. However, prolonged menstrual bleeding with hypermenorrhea was noted again in 2024. She also presented severe anemia. Thus she went to our out-patient clinic for help. Under the trans-vaginal ultrasound, enhanced myometrial vascularity was seen. Color Doppler ultrasound showed high-velocity flow pattern. Thorough full discussion, a subtotal hysterectomy was scheduled. During the operation, we saw severe adhesion to bowel and bladder. Very easy bleeding uterus was noted as well due to hypervascularity. Blood transfusion was performed due to significant bleeding. The patient was eventually discharged safely. During subsequent follow up, the patient reported her symptoms of anemia gradually improved. Through this case, we clearly understand the clinical manifestations and related prognosis of uterine AVM. About the treatment for uterine AVM, uterine artery embolization is the most commonly used and widely published treatment. It has a global success rate of 88.4% and a low risk of adverse outcomes (1.8%). However, in severe cases or when there's no desire for fertility, hysterectomy is an option as well.
論文歸類： 一般婦科	

報告編號： 0209-18	雙側輸卵管異位妊娠與 Clomiphene 誘導引卵：罕見案例分享 Bilateral Ectopic Tubal Pregnancy with clomiphene induction
臨時稿件編號： 1646	柯復丞 ¹ 梁心怡 ² 謝秉霖 ¹ 黃馨慧 ¹ 三軍總醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Introduction Ectopic pregnancy is a pregnancy when a fertilized ovum implants outside the endometrium of the uterine cavity. It most occurs in the fallopian tubes, about 90%, but other possible sites include ovary, cornual, abdomen, cesarean scar or cervix. Bilateral tubal ectopic pregnancies are rarely uncommon subgroup of ectopic pregnancy, and the incidence is higher in women undergoing assisted reproductive techniques (ART) or ovulation induction. Blood tests typically do detection of ectopic pregnancy for serum human chorionic gonadotropin (hCG) and ultrasound. However, they are difficult to diagnosis preoperatively, and there are no appropriate options for management. We herein report a case of bilateral tubal pregnancy associated with clomiphene which was diagnosed during surgery.
論文歸類： 一般婦科	Case presentation A 29-year-old patient, gravida 1 para 0, who has a history of polycystic ovary syndrome. Upon reviewing her history, both her medical and surgical histories were unremarkable except a history of a previous abortion at the seventh week in her first pregnancy. Meanwhile, her menstrual history showed regular occurrence cycles. She has received clomiphene for the induction of ovulation for several cycles. Clomiphene was given with dosage of 50 mg once a day, for 5 days, starting from the third day of the menstruation. The patient presented to clinic initially due to amenorrhea for 7 weeks at least accompanied with vaginal spotting for days. A pregnancy test was positive. Under the vaginal ultrasound, organs and structures including uterus, cervix, vagina, fallopian tubes and ovaries were detected. There was no intrauterine gestational sac was seen and a hypochoic mass lesion about 1 x 1 cm over left adnexa region. Under impression of left ectopic tubal pregnancy at first, methotrexate therapy was administered. However, followed hCG still increased and hazard symptoms got more serious. Then, she was transferred to our OPD with increasing pelvic pain and emergent laparoscopy was performed. Under general anesthesia, the patient was placed in the lithotomy and properly draped and uterine manipulator was inserted through the cervix. In the Trendelenburg position, laparoscopy was performed with three trocars. Intraoperatively, the appearance of uterus and bilateral ovaries was visualized and normal. Bilateral fallopian tubes were swelling with a mixture of clotted and fresh blood was presenting below left side, which revealed a ruptured ectopic pregnancy in the left fallopian tube was found. Moreover, bilateral partial salpingectomy was successfully performed for the ectopic pregnancy without further operative complication. The pathological finding confirmed the diagnosis of bilateral tubal pregnancy. The patient was discharged with stable condition 2 days after surgery. During the postoperative follow-up, serum hCG significantly declined. Conclusion Bilateral tubal ectopic pregnancy is relatively rare and clinically unexpected before surgery; however, it should be considered in the differential diagnosis of extrauterine pregnancy. Besides, when clomiphene is used for ovulation induction, we should always be aware of the possibility of extrauterine pregnancy, especially bilateral fallopian tubes. Furthermore, we emphasize that both tubes must be closely inspected when performing surgery in such cases.

報告編號： 0209-19	Herlyn - Werner - Wunderlich syndrome 症候群：以月經過多為表現的罕見病例 Herlyn-Werner-Wunderlich syndrome: An unusual case with presentation of menorrhagia
臨時稿件編號： 1652	柯復丞 ¹ 梁心怡 ² 張正昌 ³ 余基賢 ¹ 三軍總醫院婦產部 ¹ 國軍台中總醫院婦產部 ² 中國醫藥大學婦產部 ³
論文發表方式： 住院醫師病例報告會	Objective To present a rare case of Herlyn-Werner-Wunderlich (HWW) syndrome, a congenital anomaly characterized by obstructed hemivagina and ipsilateral renal anomaly, in an adolescent patient. This report emphasizes the diagnostic challenges, clinical management, and surgical treatment strategies to highlight the importance of early detection and intervention to prevent complications such as infertility or chronic pelvic pain.
論文歸類： 一般婦科	Case Report A 19-year-old unmarried woman, with no history of sexual activity, presented with irregular menstrual cycles and menorrhagia lasting 10-14 days per cycle. Mild dysmenorrhea had been present since menarche at the age of 13. On transabdominal ultrasound, a double uterus and a heterogeneous mass resembling a myoma were observed in the left cervical region, and the left kidney was found to be absent. Magnetic resonance imaging confirmed a diagnosis of Herlyn-Werner-Wunderlich (HWW) syndrome, revealing uterine didelphys, a double vagina with an upper perforated left hemivagina, and ipsilateral renal agenesis. The patient underwent cervicovaginal orifice reconstruction surgery to relieve the obstruction. Postoperatively, the patient's symptoms resolved, with improved menstrual regularity and reduced duration of bleeding. At follow-up, imaging confirmed the successful resolution of hematocolpos, and no recurrence was observed. This case underscores the need for early recognition and surgical correction in HWW syndrome to prevent long-term complications. Conclusion Herlyn-Werner-Wunderlich syndrome, though rare, should be considered in adolescent females presenting with cyclic pelvic pain, menstrual irregularities, or urinary tract anomalies. This case highlights the importance of a multidisciplinary approach involving gynecologists, radiologists, and pediatric surgeons in diagnosing and managing such congenital anomalies. Early intervention not only alleviates symptoms but also preserves reproductive potential and improves the overall quality of life for affected individuals.

報告編號： 0209-20	懷孕婦女急性下腹痛之鑑別診斷 Pregnant woman with acute abdominal pain
臨時稿件編號： 1323	董博緯 ^{1,2} 王晨宇 ¹ 三軍總醫院 ¹ 國軍桃園總醫院 ²
論文發表方式： 住院醫師病例報告會	41-year-old woman at her 8th week of gestation after in vitro fertilization embryo transfer (IVF-ET) presented to the emergency department with nausea, vomiting, and abdominal pain for 1 day. Two embryos were transferred in this cycle. She had a history of tubo-ovarian abscess and endometriomas and had undergone bilateral salpingectomies before IVF-ET. Prior antenatal examinations were uneventful and identified as singleton pregnancy. In the emergency department, physical examination revealed lower abdominal tenderness and rebounding pain without muscle guarding. Ultrasonography revealed an intrauterine gestational sac with viable fetus accompanied by an extra-ovarian mass over the left adnexa with intraperitoneal free fluid accumulation.
論文歸類： 內視鏡	

報告編號： 0209-21	醫源性寄生性腺肌瘤扭轉造成之急性腹症 Torsion of Parasitic Colon Adenomyoma with Acute Abdomen
臨時稿件編號： 1627	陳致穎 ¹ 中國附醫 ¹
論文發表方式： 住院醫師病例報告會	A 33-year-old female visited our emergency department due to aggravating lower abdominal pain in the last 4 days. She had the history of uterine myoma, which received laparoscopic myomectomy five years ago in local medical department. This time she had suffered from intermittent dull abdominal pain on lower quadrants in recent weeks. Instead of relieving, pain aggravated with NRS up to 7 intermittently in recent weeks. Pregnancy test in our ED showed negative. Initial lab data showed left-shift leukocytosis. Under the suspicion of intra-abdominal infection, abdominal CT was later arranged, with the finding of a solid 10 cm pelvic mass with non-uniform echogenicity. Vaginal ultrasound confirmed the CT finding with non-uniform echogenicity and some intra-tumor cystic presentation. Pre-OP tumor marker survey showed only mild elevation in CA-125(44 U/ml), CA-199 (89 U/ml) and LDH (217U/L). Exploratory laparotomy was later arranged on the same day. Solid fibroid tumor with torsion arising from the serosal layer of sigmoid colon was noted. Multiple small papules on the omentum were also noted. All suspicious tumors were sent for intraoperative frozen pathology all with the finding of negative malignancy. Patient recovered well after the operation and was later discharged in the same week without complication. Final pathology confirmed the resected colon tumor as adenomyoma, while other lesion proven as inflammation related fibrotic tissues. Parasitic leiomyomas are considered a type of extra-uterine leiomyoma and present as peritoneal pelvic benign smooth-muscle masses separate from the uterus. The risks of parasitic myomas are highly correlated in use of morcellation in laparoscopic myomectomy surgery in previous studies. Therefore prevention of tissue spillage as much as possible during operation is crucial to prevent such conditions from occurring.
論文歸類： 內視鏡	

報告編號： 0216-01	雙絨毛膜雙羊膜雙胎胎延遲間隔生產：間隔 111 天的病例報告 Delayed-Interval Delivery In Dichorionic Twin Pregnancies: A Case Presentation of 111 Latency Days
臨時稿件編號： 1365	董國誌 ¹ 陳術瑾 ¹ 國泰綜合醫院婦女醫學部 ¹
論文發表方式： 住院醫師病例報告會	Abstract Introduction We present a case of a 40-year-old woman, gravida 2, para 1(G2P1), who had a complicated dichorionic diamniotic (DCDA) twin pregnancy following in vitro fertilization (IVF). Preterm labor and preterm premature rupture of membranes (PPROM) were noted at 19 5/7 weeks. She underwent vaginal delivery with twin A delivered at 20 weeks, and twin B delivered at 35 6/7 weeks. We would like to share our experience with delayed interval twin delivery. Case Presentation The patient conceived via IVF with two embryos. Early prenatal screening, including NIPT, CVS, and Down syndrome screening, all returned normal results. Her pregnancy was complicated by mild vaginal bleeding and discharge starting at 18 weeks, followed by a significant episode of PPRM at 19 5/7 weeks. She was admitted to our hospital for tocolysis and infection prophylaxis. Despite these efforts, she delivered a deceased preterm female twin (twin A) at 20 weeks by spontaneous vaginal delivery. After the loss of twin A, the patient continued to experience uterine contractions and was treated with tocolytics, antibiotics, and cervical cerclage. Her clinical condition gradually stabilized, and she was discharged at 24 weeks. Serial cultures, laboratory tests, and ultrasounds during outpatient follow-up showed normal CRP and white blood cell counts, persistent cervical shortening, vaginal infections (E. coli and Enterococcus faecalis), and appropriate fetal growth. A 75g oral glucose tolerance test (OGTT) was negative for gestational diabetes. At 35+5 weeks, the patient reported frequent lower abdominal tightness but no significant bleeding or discharge. Cerclage removal was performed, and labor augmentation was arranged at 35 6/7 weeks. The patient eventually delivered a live male preterm infant weighing 2570 grams at 35 6/7 weeks by vaginal delivery, with normal Apgar scores (1' → 5' : 8 → 9). The placenta was delivered without retained tissue, and the postpartum course was smooth and uneventful. Discussion This case highlights the complexities of managing a high-risk pregnancy with preterm labor, PPRM, and multiple complications. Despite the early loss of twin A, the patient achieved a successful pregnancy outcome with the live delivery of twin B at 35 6/7 weeks. This case underscores the importance of multidisciplinary care in managing complex obstetric situations involving delayed interval delivery of twins.
論文歸類： 產科	

報告編號： 0216-02	悲喜交織的重生：一例周產期心肌病變患者接受心臟移植的病例報告 Bittersweet Survival: A Case of Heart Transplantation in Peripartum Cardiomyopathy
臨時稿件編號： 1369	吳宥愷 ¹ 吳信宏 ¹ 彰化基督教醫院產部 ¹
論文發表方式： 住院醫師病例報告會	A 45-year-old female developed acute shortness of breath for the first time during the 36th week of her second pregnancy. She had conceived via in vitro fertilization with a frozen embryo transfer. For two days prior to admission, she experienced progressively worsening dyspnea, especially when lying down, accompanied by a frequent non-productive cough. A scheduled cesarean section had been planned due to her history of classical cesarean delivery. Upon admission, she was tachycardic, with a heart rate of 116 beats per minute, and her oxygen saturation was 100% on room air. Physical examination revealed severe pitting edema in both lower limbs. After receiving intravenous hydration, she was transferred to the operating room for the planned cesarean delivery. However, she developed severe orthopnea and unstable oxygenation (oxygen saturation below 90% on room air) before spinal anesthesia performed. Given the suspicion of heart failure secondary to peripartum cardiomyopathy, general anesthesia was administered instead. A lower segment cesarean section was performed, delivering a live female infant with Apgar scores of 3 and 7. An echocardiogram was performed immediately following the surgery and it revealed a left ventricular ejection fraction (LVEF) of 11%. Laboratory results indicated elevated brain natriuretic peptide (BNP) levels at 1942 pg/mL and troponin I at 240.8 ng/L. According to the findings, acute heart failure was diagnosed. However, the patient exhibited signs of cardiogenic shock, therefore, she was treated with an amiodarone infusion, diuretics, albumin supplementation and a blood transfusion. With the impression of cardiogenic shock caused by acute heart failure, she was further admitted to the intensive care unit (ICU) for management. Follow-up laboratory tests revealed acute renal and liver failure. Continuous venovenous hemofiltration (CVVH) was performed, and ursodeoxycholic acid was administered. Extracorporeal membrane oxygenation (ECMO) was initiated to maintain cardiac output seven hours postpartum. Despite these measures, her cardiac function continued to deteriorate, with persistent LVEF below 10% on serial echocardiograms, and her liver function worsened despite ECMO support. Levosimendan was added to her regimen, but its effect was limited. As multi-organ failure progressed, a multidisciplinary discussion involving a cardiothoracic surgeon was held. Three days after ECMO initiation, the patient was transitioned to a left ventricular assist device (LVAD) to maintain organ perfusion while awaiting heart transplantation. Her treatment was adjusted to include heart failure medications such as dapagliflozin, sacubitril-valsartan, and bisoprolol. Over time, her liver and kidney function gradually normalized. Fortunately, the patient underwent orthotopic heart transplantation, receiving a heart from a 51-year-old female donor 17 days after delivery. She recovered rapidly and was discharged from the hospital 44 days post-transplant on standard triple immunosuppressive therapy (tacrolimus, prednisolone, and mycophenolate mofetil) along with prophylactic antibiotics. She experienced no episodes of rejection during her hospital stay. She remains fair with a recent echocardiogram showing an ejection fraction of 71% without infection- or rejection-related complications 3 months after discharge during clinic follow-up.
論文歸類： 產科	

報告編號： 0216-03	妊娠期或產後感染性心內膜炎 Infective Endocarditis in Pregnancy
臨時稿件編號： 1391	吳遠童 ¹ 王彥筑 ¹ 吳琬如 ¹ 彰化基督教醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Background: This report describes a 29-year-old primigravida (G1P0) woman who was admitted at 18+5 weeks of gestation with persistent high fever (maximum 39.1°C) and severe thrombocytopenia (23,000/ μ L). She was diagnosed with sepsis-related thrombocytopenia caused by Haemophilus parainfluenzae. At 27 weeks of gestation, she was readmitted due to progressive dyspnea and arrhythmia, later diagnosed as infective endocarditis (IE), necessitating emergent cesarean section and cardiac surgery. Case Presentation: [Maternal Course] In the first hospitalization course (June 2022), the patient presented with fever, headache, vomiting, and yellowish watery diarrhea without other significant infection focus. She was treated with broad-spectrum antibiotics (Ceftriaxone) and platelet transfusion. Blood cultures identified Haemophilus parainfluenzae, and secondary immune thrombocytopenia was ruled out by further laboratory testing. She was discharged with oral antibiotics (Cexime), corticosteroid, and outpatient follow-up. In the second hospitalization course (August 2022), the patient presented with progressive exertional dyspnea, arrhythmias, and hypotension. Laboratory testing found elevated cardiac enzyme. Echocardiography revealed a flail anterior mitral leaflet with severe mitral regurgitation. She was diagnosed with IE and heart failure, underwent an emergent cesarean section, and subsequently required mitral valve repair surgery due to pulmonary edema and hypoxemia developed. Postoperatively, her condition stabilized after intensive care, and she transitioned to oral antibiotics and anticoagulants. She was discharged in early September. [Neonatal Course] The neonate, born at 27+2 weeks gestation via cesarean section, weighed 976g with Apgar scores of 6 and 8 at 1 and 5 minutes. Respiratory distress syndrome (RDS) necessitated mechanical ventilation, surfactant therapy, and subsequent weaning to nasal cannula by discharge. PDA (1.7mm) was treated with ibuprofen, and anemia required multiple blood transfusions. Neurological care included luminal therapy for suspected seizures, with brain imaging revealing bilateral PVL and mild ventriculomegaly. Nutritional support progressed from parenteral nutrition to oral feeds. Despite complications like pneumomediastinum and intermittent apnea, the neonate was discharged in stable condition with outpatient follow-up planned. Conclusion: This case highlights the diagnostic challenges and multidisciplinary management of infective endocarditis in pregnancy. Early recognition and intervention were crucial for favorable maternal and fetal outcomes. This report underscores the importance of vigilance for rare infectious conditions in pregnancy and timely cross-disciplinary collaboration for effective treatment.

報告編號： 0216-04	植入性胎盤進行剖婦產的病人之複合式手術室微子宮動脈栓塞術 One-Stage Intraoperative Uterine Artery Embolization during Cesarean Delivery for Placenta Accreta
臨時稿件編號： 1392	瞿心蓮 ¹ 陳明 ¹ 彰化基督教醫院 ¹
論文發表方式： 住院醫師病例報告會	[Background] Placenta accreta spectrum (PAS) is a significant obstetric complication characterized by abnormal adherence of the placenta to the myometrium, often leading to severe maternal morbidity. In this report, we present the management of case of PAS associated with placenta previa, both complicated by abnormal placental vasculature and assisted reproductive technology. [Case Report] The patient, a 41-year-old Gravida 2, Para 1 female, had a history of laparotomy myomectomy, polypectomy, and hyperthyroidism under treatment. She has achieved her current pregnancy via IVF-FET after a prior intrauterine fetal death at 37 weeks. Placenta previa was identified in the third trimester, with sonographic and MRI features consistent with PAS. At 36 weeks, a scheduled cesarean section was conducted in a hybrid operating room. After delivery of a healthy male infant weighing 2792 grams (Apgar scores of 8 and 9), the uterus was repaired, leaving the placenta in situ. Immediate intraoperative TAE was performed via bilateral uterine artery embolization using gel foam particles. Following embolization, the placenta was manually delivered, with some retained tissue managed conservatively. The patient recovered uneventfully, with stable vital signs and minimal blood loss (400 cc). Postoperative management included antibiotics and anemia treatment. She was discharged in good condition. [Discussion] PAS is increasingly diagnosed, with risk factors including placenta previa, prior uterine surgeries, advanced maternal age, and IVF pregnancies. Early recognition of PAS and thorough multidisciplinary management are critical for optimizing outcomes. Sonographic markers such as abnormal placental lacunae and bridging vessels assist in diagnosis, while MRI may confirm invasion depth. Single-step management with immediate intraoperative TAE in a hybrid room can minimize operative time and complications. [Conclusion] Hybrid operating rooms enable effective, time-efficient management of PAS with reduced complications compared to traditional settings. Immediate intraoperative uterine artery embolization can improve maternal outcomes, particularly in high-risk PAS cases. The integration of advanced imaging and surgical interventions in a single setting represents a valuable advancement in obstetric care. Further studies should explore the long-term outcomes and cost-effectiveness of hybrid room management in PAS cases.

報告編號： 0216-05	病例報告：第9號染色體三體症 Case Report : Trisomy 9
臨時稿件編號： 1398	劉家穎 ¹ 國立台灣大學醫學院附設醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	We presented a 42-year-old, multigravida female bearing a fetus with initial presentation of megacystis in prenatal level I ultrasound. Further chorionic villus sampling with array comparative genomic hybridization analysis revealed 47, XX, +9. Trisomy 9, a rare aneuploidy can present with various kinds of clinical manifestation in prenatal examination, and however, this disease should be kept in mind when related congenital anomalies are noted.
論文歸類： 產科	

報告編號： 0216-06	病例報告---一位 29 歲的女性，懷孕 38+6 週，G2P1，併尖性濕疣與陰道上皮贅瘤第三期 Case report---A 29-year-old woman, G2P1, GA 38+6 weeks with a history of VaIN 3 and Condyloma Accuminatum
臨時稿件編號： 1407	黃柏森 ¹ 新竹台大分院新竹醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Background : Vaginal Intraepithelial Neoplasia (VaIN) 3 is a high-grade squamous intraepithelial lesion considered a precursor to invasive vaginal cancer. It is significantly less common than cervical or vulvar intraepithelial neoplasia and is strongly associated with persistent human papillomavirus (HPV) infection, particularly high-risk types such as HPV-16 and HPV-18. While rare, the natural course of untreated VaIN 3 ranges from spontaneous regression to progression into invasive carcinoma. Condyloma Accuminatum, on the other hand, is a benign genital wart caused by low-risk HPV types, primarily HPV-6 and HPV-11. These lesions are typically characterized by their cauliflower-like growth in the anogenital area. Although non-malignant, their growth can be exacerbated during pregnancy due to hormonal changes, increased vascularization, and immune suppression, posing additional management challenges. Case Report : A 29-year-old woman, gravida 2 para 1 (G2P1), presented at 38+6 weeks of gestation with a history of VaIN 3 and Condyloma Accuminatum during pregnancy. Lesions were first observed at 14 weeks of gestation and confirmed as high-grade squamous intraepithelial lesions and condyloma following histopathological examination after surgical excision. The patient underwent multiple interventions during pregnancy, including electrocauterization and partial resection of vaginal lesions. This case highlights the rarity of high-grade VaIN during pregnancy and the clinical complexity it presents in balancing maternal health, fetal safety, and the risk of malignant progression. The management question centers on how to address high-grade VaIN and Condyloma Accuminatum during pregnancy to achieve optimal outcomes for both the mother and fetus while minimizing the risks of malignancy or delivery complications. Conclusion : The management of VaIN 3 and condyloma during pregnancy should be guided by lesion size, location, symptoms, and gestational age. Surgical interventions are often necessary for extensive lesions, while conservative treatment can be considered postpartum. Delivery planning must prioritize maternal and fetal safety, with cesarean section reserved for obstructive lesions or other maternal-fetal indications. Postpartum follow-up is crucial to address recurrence and residual lesions, ensuring long-term health outcomes for the patient.

報告編號： 0216-07	子宮腔內沾黏導致之間隔性羊膜腔：第二及第三孕期之特殊超音波影像與鑑別診斷
臨時稿件編號： 1420	Intrauterine Adhesion-induced Septated Amniotic Cavity: Ultrasonographic Findings in Second and Third Trimesters 黃若婷 ¹ 許德耀 ¹ 蔡慶璋 ¹ 鄭欣欣 ¹ 賴韻如 ¹ 李佩芳 ¹ 黃坤龍 ¹ 高雄長庚醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	A 40-year-old woman, who had obstetric history of one vaginal delivery and two times of surgical abortions to terminate early pregnancy, received regular prenatal care without any systemic maternal diseases. During the detailed second trimester ultrasound, a homogenous cystic lesion sized 8.6x7.4cm between the inlet of the endocervix and uterine cavity in the lower segment of uterus. There was a clear septum with about 2.6cm inlet near right lower segment of uterus. Transvaginal sonography showed cervical length 3.29 cm without dilatation. No gross fetal anomaly was found. Sometimes the fetal head or limbs moved into this cystic space.
論文歸類： 產科	At 36 3/7 weeks of gestation, cesarean section was arranged for fetal breech presentation and prelabor rupture of membrane. After delivery of the baby and its placenta, there was no obvious septum in the uterine cavity but only a very short fibrous tissue from the posterior wall of uterus, which may be destroyed when delivery the baby. No adverse outcomes of the mother and the neonate were observed.

報告編號： 0216-08	產前診斷胎兒心房撲動與產前胎兒治療 Antenatal diagnosis of fetal atrial flutter with transcatheter therapy, antepartum surveillance and intervention.
臨時稿件編號： 1457	彭冠國 ¹ 陳宜璇 ¹ 台北馬偕醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	A 29-year-old woman, G2P1, initially received routine prenatal care at a clinic. Her first and second trimester evaluations were unremarkable, and a Level II ultrasound showed no abnormalities. However, at 32 weeks of gestation, fetal tachycardia was detected during an ultrasound, leading to her referral to our hospital for further evaluation.
論文歸類： 產科	Upon presentation to our emergency department, ultrasound findings included a fetal heart rate of 240 beats per minute (BPM), an estimated fetal weight of 2267 g, and an amniotic fluid index (AFI) of 19.9 cm. Additionally, hydrops fetalis was noted, characterized by pleural effusion, ascites, and anasarca. The biophysical profile (BPP) score was 6 out of 10, with absent non-stress test reactivity and fetal breathing movements.
	The patient was admitted for urgent evaluation and management. Fetal echocardiography confirmed atrial flutter with a 2:1 conduction and excluded fetal anemia as a contributing factor. A multidisciplinary treatment plan was initiated, including antenatal corticosteroid administration, consultation with neonatology to address the risks of preterm delivery, and collaboration with pediatric cardiology to begin transcatheter therapy. Fetal status was monitored with BPP and echocardiography every two days.
	Transcatheter therapy was initiated with Flecainide (100 mg every 8 hours), leading to a reduction in fetal heart rate from 240 BPM to 200 BPM within two days. Digoxin was subsequently added to the regimen, further lowering the heart rate to 170 BPM. Despite stable BPP scores of 8 out of 10 during follow-up, ultrasound revealed worsening pleural effusion and ascites. Following consultation with neonatologist and the pediatric cardiologist, cesarean delivery at 33 weeks of gestation was planned due to progression of hydrops fetalis. Prior to delivery, sonography-guided fetal thoracentesis was performed to reduce pleural effusion and mitigate the risk of neonatal hypoxia caused by impaired lung expansion.
	The cesarean section was conducted smoothly, and the a living female baby was delivered (birth weight 2252g) with Apgar scores of 9 and 10 at one and five minutes, respectively. The neonate did not require immediate intubation and was admitted to the neonatal intensive care unit for monitoring. Persistent atrial flutter with 2:1 conduction was treated successfully with synchronized cardioversion (2 J and 5 J), restoring sinus rhythm.
	Post-discharge, the infant was prescribed oral Digoxin therapy for six months. Regular follow-ups showed no recurrence of arrhythmia, allowing for discontinuation of therapy. Both maternal and neonatal outcomes were favorable, with the infant maintaining sinus rhythm and achieving normal development after treatment.

報告編號： 0216-09	愛滋病毒感染與懷孕 HIV infection and Pregnancy
臨時稿件編號： 1535	吳孟萍 ¹ 洪煥程 ¹ 臺北榮民總醫院婦女醫學部 ¹
論文發表方式： 住院醫師病例報告會	This case report discusses a 30-year-old pregnant woman with HIV infection and a history of a previous cesarean section. The patient, diagnosed with HIV in 2016, underwent antiretroviral therapy (ART) with medications including Truvada, Truvada, Isentress, and later Biktarvy to maintain viral suppression. Antepartum care included regular HIV RNA monitoring, ART adherence assessments, and prenatal screening for fetal anomalies. The patient underwent a scheduled cesarean section at 38+5 weeks of gestation, followed by tubal ligation. The infant, delivered with an Apgar score of 8-9, showed no signs of infection.
論文歸類： 產科	The report highlights key management strategies for HIV in pregnancy, including ART regimens to prevent vertical transmission, the importance of viral load monitoring, and the use of intravenous zidovudine during delivery when viral loads are high. Postpartum care emphasized continuing maternal ART, avoiding breastfeeding, and initiating neonatal antiretroviral prophylaxis within 6-12 hours after birth.
	The discussion underscores that with proper antenatal ART adherence, scheduled cesarean delivery, and neonatal prophylaxis, the risk of vertical HIV transmission can be reduced to less than 1-2%. Additionally, obstetric interventions, including avoiding prolonged rupture of membranes and specific uterotonic choices based on ART regimens, are critical in managing delivery and postpartum complications.
	This case reinforces the importance of multidisciplinary care involving obstetricians, infectious disease specialists, and neonatal care teams to ensure optimal outcomes for both mother and child.

報告編號： 0216-10	一個子宮頸懷孕合併葡萄胎的病例報導 Cervical Pregnancy with Hydatidiform Mole: Case report
臨時稿件編號： 1544	張登瑜 ¹ 李中遠 ¹ 嘉義長庚紀念醫院 ¹
論文發表方式： 住院醫師病例報告會	A 39-year-old woman classified as gravida 2, nullipara, dilatation and curettage 1, presented with a 8-day history of vaginal bleeding. Initially, she visited other hospital where urine pregnancy test revealed positive. Beta -hCG levels was 16371 mIU/ml. A transvaginal ultrasound scan showed a gestational sac like lesion in the cervix. She was then transferred to our department for further treatment on the next day. At our hospital, beta -hCG levels was 21093 mIU/ml. A transvaginal ultrasound scan showed a gestational sac like lesion about 16mm in the cervix. Dilatation and curettage was performed smoothly. Gestational sac at cervix was noted during operation. Histological examination of the tissue obtained revealed hydatidiform mole. 40 days after curettage of the abnormal trophoblast tissue, beta-hCG levels were undetectable.
論文歸類： 產科	Cervical hydatidiform mole pregnancy is an exceedingly rare event. There are only few cases of cervical hydatidiform mole pregnancy had been published. In this report, we present a case of cervical hydatidiform mole pregnancy. We also compare this case with other previously reported cases of cervical hydatidiform mole pregnancy.
	We performed a literature review of case reports from PubMed from 2003 to present, using the keywords "cervical pregnancy" and "hydatidiform mole". There only four cases reported cervical hydatidiform mole pregnancy.
	There are only four case reports published in recent 20 years. All cases had the symptoms of vaginal bleeding, excessive beta -hCG levels, and positive finding under transvaginal ultrasound scan. Transvaginal ultrasound and quantitative beta-hCG are adequate for the diagnosis of cervical molar pregnancies. Vaginal bleeding was improved and beta-hCG levels was gradually decreased after operation in all cases. Three of four cases had history of dilatation and curette. The epithelial defect caused by the previous dilatation and curettage could be a risk factor for the implantation of abnormal trophoblast issue on the epithelial outer surface of the cervix. Our patient had vaginal bleeding, dilatation and curette history, excessive beta -hCG levels, and positive finding under transvaginal ultrasound scan. Her vaginal bleeding was improved and beta-hCG levels was decreased after operation. Early diagnosis and surgical intervention are important to cervical hydatidiform mole pregnancy.

報告編號： 0216-11	急性胎盤剝離：案例討論及文獻探討 Acute placenta abruption: a case report and review
臨時稿件編號： 1549	許祐瑄 ¹ 陳冠宇 ¹ 台北榮民總醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Placental abruption is a serious obstetric complication characterized by the premature separation of the placenta from the uterine wall before delivery. This condition can lead to significant maternal and fetal morbidity and mortality, with symptoms ranging from vaginal bleeding and abdominal pain to fetal distress and preterm labor. The exact cause of placental abruption is often multifactorial, involving a combination of maternal risk factors such as hypertension, trauma, drug use (especially cocaine), advanced maternal age, and a history of previous abruption. Diagnosis is primarily clinical, supported by imaging techniques like ultrasound. The management approach depends on the severity of the abruption, fetal viability, and maternal condition, ranging from close monitoring to emergency delivery. Early recognition and appropriate intervention are crucial in minimizing complications for both the mother and the infant. Prevention strategies include controlling predisposing conditions, particularly hypertension, and promoting prenatal care. Despite advancements in management, placental abruption remains a leading cause of stillbirth and preterm birth, necessitating ongoing research into its pathophysiology and improved treatment protocols.
論文歸類： 產科	

報告編號： 0216-12	全肺靜脈回流異常：案例與回顧 total anomalous pulmonary venous return (TAPVR): a case and review
臨時稿件編號： 1570	許晏熹 ¹ 臺北榮總婦女醫學部 ¹
論文發表方式： 住院醫師病例報告會	Miss Tsao, a 33-year-old female, was a gravida 2, parity 1 with an expected date of delivery (EDD) on May 18, 2024. She had no history of drug allergies, no significant medication use, and no notable family medical history. During her prenatal care, her obstetric history indicated a low risk for preeclampsia and Down syndrome, as confirmed by the first trimester screening. Amniocentesis was not performed, and a level II ultrasound showed no major fetal anomalies. The level II ultrasound included various views that were crucial for assessing fetal development. These views consisted of the four-chamber view, which showed the right and left atria and ventricles, as well as the pulmonary veins connecting directly to the left atrium. Additionally, the four-vessel view was obtained with Doppler flow to assess blood flow through the fetal heart. The left and right ventricular outflow tracts were visualized, and a three-vessel view was also included. These ultrasound assessments were within normal limits, providing reassurance about the fetus's development. Miss Tsao was admitted to the ward at 38 weeks of pregnancy for a scheduled cesarean section, due to her previous cesarean delivery. Her vital signs were stable, and the nonstress test (NST) showed reactive results, indicating that the fetus was not in distress. The cesarean section was performed the following day, and a living male baby was delivered. The baby's Apgar scores were 9 at both one and five minutes, which are indicative of a healthy newborn. However, after birth, the newborn experienced desaturation, with pulse oximetry showing an oxygen saturation of around 65% while breathing room air. Despite receiving oxygen inhalation and ambu-bagging, the saturation only improved to approximately 80%. A pediatrician was immediately consulted, and neopuff was administered, which resulted in an improvement in oxygen saturation to 94%. The newborn displayed shallow breathing but did not show signs of retraction, grunting, bradycardia, or poor activity. Consequently, the newborn was admitted to the Neonatal Intensive Care Unit (NICU) for further evaluation. The estimated blood loss during the cesarean section was approximately 300ml, and the maternal postoperative course was smooth. Miss Tsao was discharged on postoperative day 4. In the NICU, the newborn underwent a cardiac ultrasound to evaluate the cause of the respiratory distress. The parasternal short-axis view revealed a dilated coronary sinus and a right-to-left shunt, with an atrial septal defect (ASD) measuring 0.36 cm. Further investigation revealed that the coronary sinus was dilated with two large veins draining into it, and there was no venous system draining into the left atrium (LA). This raised suspicion for an intracardiac-type Total Anomalous Pulmonary Venous Return (TAPVR). A high-resolution CT scan of the heart confirmed this diagnosis, as it showed that both pulmonary veins drained into the coronary sinus, supporting the suspicion of TAPVR. Consequently, the newborn was diagnosed with TAPVR, intracardiac type. TAPVR is a congenital heart defect where all or some of the pulmonary veins drain abnormally into the right atrium or indirectly via the systemic venous system. TAPVR occurs in approximately 1 in 10,000 live births and accounts for about 2% of all congenital heart diseases. There are three types of TAPVR based on the anatomical location of the abnormal drainage: supracardiac type (Type I), intracardiac type (Type II), and infracardiac type (Type III). A significant concern in TAPVR is the mixing of oxygenated pulmonary blood with deoxygenated systemic blood, which can result in cyanosis after birth. This condition can lead to significant respiratory distress in the newborn, as was observed in this case. Ultrasound findings in TAPVR typically include an absence of connection between the pulmonary veins and the posterior wall of the left atrium, running parallel to the posterior atrial wall. Enlarged retroatrial space is another indication, suggesting the presence of an abnormal connection. In fetal echocardiography, the post-left atrium space index (PLASI) is measured by calculating the ratio of the distance between the left atrium and descending aorta to the diameter of the descending aorta. A PLASI greater than 1.27 is highly suggestive of TAPVR. In Miss Tsao's case, the PLASI was 1.53, which further confirmed the likelihood of TAPVR. Color Doppler flow imaging can enhance the diagnostic accuracy by distinguishing between the posterior wall of the left atrium and the medial wall of the confluent vein. This differentiation helps in assessing the blood flow and the nature of the abnormal connection. The prognosis of TAPVR depends on several factors, including the presence of pulmonary venous obstruction and the extent of right-to-left intracardiac shunting. In particular, the infracardiac type is associated with a worse prognosis due to the likelihood of obstruction, which often leads to symptoms within the first 12 hours of life. Unfortunately, TAPVR is often missed during prenatal screening, and studies have shown that only 1.9% of cases are diagnosed prenatally. Despite this, the overall prognosis for neonates who undergo successful surgical correction is generally favorable.
論文歸類： 產科	

報告編號： 0216-13	妊娠合併減重手術後胃穿孔：病例報告與文獻回顧 Gastric Perforation in a Pregnant Patient with a History of Bariatric Surgery: A Case Report and Review of Literatures
臨時稿件編號： 1640	王芷熹 ¹ 成大醫院婦產部 ¹
論文發表方式： 住院醫師病例報告會	Case Presentation A 43-year-old woman, gravida 4, para 3, at 37 weeks and 1 day of gestation, presented with frequent uterine contractions and a history of one prior Cesarean section. She had a sleeve gastrectomy in 2016 for morbid obesity, and her pregnancy had been uneventful. On admission, she was tachycardic (130 bpm) with abdominal distension and tenderness. Sonography confirmed a singleton pregnancy in vertex presentation with poor fetal heart rate variability on cardiotocography. A Cesarean section was performed, delivering a 2,118 g male infant with Apgar scores of 4 and 7 at one and five minutes. The baby was admitted to NICU due to poor activity and respiratory distress. Intraoperatively, 600 mL of turbid ascites was aspirated. On postoperative day 1, the patient developed shock symptoms, including hypotension and tachycardia. Imaging revealed gastric wall perforation, pneumoperitoneum, and peritonitis. Emergency laparotomy identified a 1.2-cm gastric perforation at her prior gastrojejunostomy site, with 1,500 mL purulent fluid aspirated. Cultures grew Klebsiella pneumoniae. Broad-spectrum antibiotics were started, and she recovered gradually, being discharged 27 days later.
論文歸類： 產科	Discussion This case highlights the potential for rare but serious complications in pregnant patients with a history of bariatric surgery. Bariatric procedures, particularly gastric bypass and gastric banding can predispose patients to complications like gastric perforation due to anatomical changes and altered gastric physiology. Prompt recognition, early diagnosis, and coordinated multidisciplinary management are crucial to improving both maternal and fetal outcomes.

報告編號： 0216-14	單絨毛膜雙羊膜囊雙胎選擇性胎兒生長受限之治療經驗與文獻回顧 Selective IUGR in MCDA twins: Three cases treatment experience and review
臨時稿件編號： 1671	王壹瑩 ¹ 許文瑋 ¹ 新竹台大醫院 ¹
論文發表方式： 住院醫師病例報告會	[Introduction] Selective intrauterine growth restriction (sIUGR), twin-twin transfusion syndrome (TTTS), and twin anemia-polycythemia sequence (TAPS) are serious complications in monochorionic diamniotic (MCDA) twin pregnancies. Early detection and effective management are crucial for improving outcomes for both mother and fetuses. Case 1: A 41-year-old G3P2 woman presented with MCDA twins at 24+5 weeks, with Twin B diagnosed with type I sIUGR and discordance of 45.6%. Series monitoring showed progressive fetal growth restriction. At 31 weeks, patient was admission due to fetal cardiomegaly in Twin A and antenatal corticosteroids were administered. Delivery via cesarean section was performed at 34+2 weeks, with birth weights of 2130 g and 1145 g for Twin A and Twin B, respectively. Small placenta territory and marginal cord insertion was found at Twin B. Case 2: A 39-year-old G1P0 was diagnosed with type III sIUGR at 24+2 weeks, with absent end-diastolic velocity (AEDV) in the umbilical artery of Twin B. Brain-sparing effects and bowel dilatation were noted during follow-up. Antenatal corticosteroids were administered for Twin B sIUGR type III with bradycardia at GA24+2 weeks, and cesarean section at 34+3 weeks resulted in birth weights of 1910 g for Twin A and 1445 g for Twin B. Anastomosis between Twin A and Twin B territory was found. Case 3: A 35-year-old G1P0 developed stage 1 TTTS and type I sIUGR. Fetoscope laser ablation was performed at 20 weeks due to stage 1 TTTS. Despite donor twin AEDV at 21+4 weeks, the pregnancy was managed with regular surveillance until 34 weeks. Delivery via cesarean section resulted in birth weights of 2060 g and 1050 g for Twin A and Twin B, respectively. Previous ablation site and velamentous cord was found at placenta. [Discussion] TTTS, TAPS, and sIUGR in MCDA twin pregnancies require individualized management: • TTTS: Management is guided by the Quintero staging system. Observation is sufficient for stage I, while stages II-IV often require fetoscopic laser ablation between 16-26 weeks. Post-laser monitoring for complications commonly PPRM(25%), recurrent TTTS or TAPS. Recovery is not immediately after operation, therefore weekly surveillance is crucial for 6 weeks at least. Delivery is recommended at 32-34 weeks for untreated TTTS or 34-36 weeks post-laser therapy with dual surviving or 39 weeks post-laser therapy with single surviving • TAPS: Diagnosed through discordant MCA-PSV Doppler studies. Management includes laser ablation for advanced stages or intrauterine transfusion for severe anemia. Delivery is usually planned at 32-34 weeks for significant disease. • sIUGR: Management depends on Doppler classification. Type I typically requires observation, while types II and III, with AEDV or intermittent AEDV, demand close surveillance and timely delivery at 34-36 weeks or earlier if deterioration occurs. [Conclusion] Individualized, multidisciplinary approaches are essential for managing TTTS, TAPS, and sIUGR in MCDA pregnancies. Early detection, targeted interventions like fetoscopic laser therapy, and well-planned delivery schedules optimize outcomes for both mother and fetuses.
論文歸類： 產科	

報告編號： 0216-15	裂手畸形與趾指併指症：病例報告及文獻回顧 Prenatal Diagnosis of Ectrodactyly and Syndactyly: A Case Report and Literature Review
臨時稿件編號： 1674	
論文發表方式： 住院醫師病例報告會	Background: Ectrodactyly and syndactyly are rare congenital limb malformations that can occur in isolation or as part of a syndrome. Prenatal detection during routine ultrasonography allows for early diagnosis, family counseling, and multidisciplinary planning for postnatal care. Case Presentation: A 32-year-old primigravida (G1P0) at 21 weeks and 3 days of gestation underwent a routine level II ultrasound. Detailed fetal anomaly screening revealed ectrodactyly (split-hand deformity) in the right upper limb and syndactyly (fusion of digits) in the left lower limb. The findings were confirmed by 3D ultrasound imaging. No other structural anomalies or evidence of syndromic associations, such as craniofacial malformations or visceral abnormalities, were detected. Non-invasive prenatal testing (NIPT) was performed to screen for chromosomal abnormalities, and the results were normal. Post-diagnosis counseling was provided, focusing on the prognosis, potential functional limitations, options for postnatal surgical intervention, and the possibility of early termination of pregnancy. Conclusion: This case highlights the importance of detailed sonographic evaluation in prenatal anomaly screening and the role of multidisciplinary counseling in supporting parents through complex diagnoses. While isolated limb malformations may not significantly impact overall prognosis, their detection underscores the need for a personalized approach to care planning.
論文歸類： 產科	

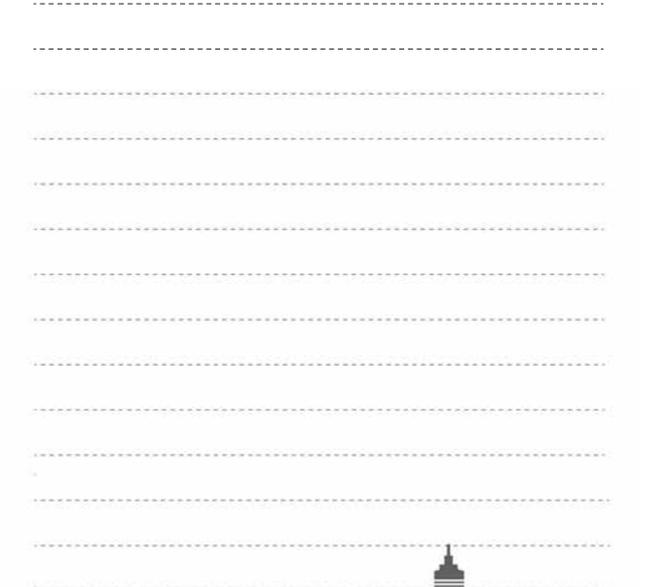
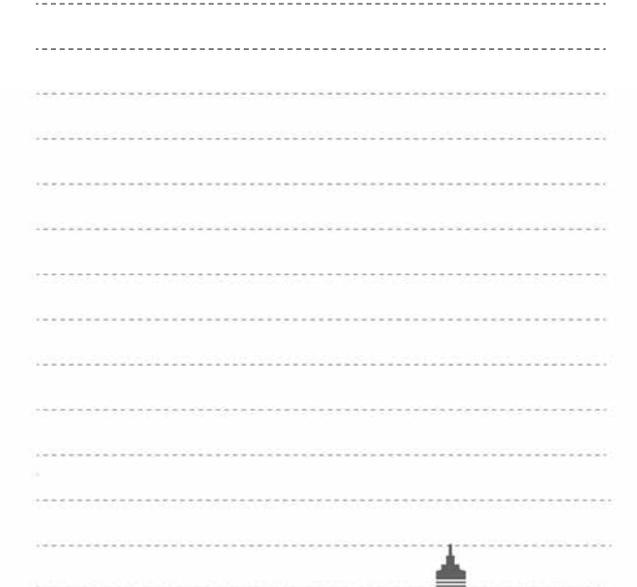
報告編號： 0216-16	孕婦感染李斯特菌之案例分享 A case of Listeriosis during pregnancy.
臨時稿件編號： 1678	
論文發表方式： 住院醫師病例報告會	Listeria monocytogenes is a Gram-positive bacillus that primarily infects individuals of weakened immune systems, including the very young and the elderly. In pregnant women, Listeria infection often only manifests flu-like symptoms. Although the infection is typically contracted through unpasteurized food, it does not always lead to noticeable gastrointestinal symptoms. Due to the subtle nature of the symptoms and the low sensitivity of blood cultures (around 36-55%), it is difficult to diagnose before delivery. Although placental culture is the most accurate diagnostic method, it is usually missed if Listeria infection was not suspected early in time. Fetal infection can lead to severe consequences, including neurological symptoms, with a mortality rate of up to 20%. Pregnant women infected with Listeria also face an increased risk of preterm birth. However, the commonly used broad-spectrum antibiotics, such as cephalosporins, are ineffective against Listeria infections. This case report involves a term-pregnancy woman who received induction of labor and was transferred to cesarean section delivery due to recurrent decelerations of fetal heart rate. During surgery, abnormal odor of the amniotic fluid was noted, and culture of the placenta was done. The patient developed postpartum fever with signs of infection. Empirical cephalosporin was administered before receiving placental and blood culture results. However, clinical symptoms worsened, and antibiotics were escalated. Fever eventually subsided and the treatment was complete. As for the newborn, severe listeriosis occurred, and was also treated with antibiotics. This case aims to raise awareness of Listeria infection and the proper use of antibiotics, encouraging early detection and appropriate treatment.
論文歸類： 產科	

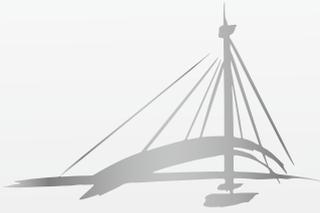
報告編號： 0216-17	經陰道網膜置入術後發生與網膜回縮相關之復發骨盆器官脫垂 - 病例報告 Recurrent pelvic organ prolapse associated with mesh retraction after transvaginal mesh surgery - A case report
臨時稿件編號： 1496	
論文發表方式： 住院醫師病例報告會	Transvaginal mesh has improved the success and reduced recurrence rates of pelvic organ prolapse (POP) surgeries compared to traditional native tissue repairs. However, complications such as mesh exposure, mesh retraction, pelvic pain, or fistula formation remain significant concerns. Mesh retraction, defined as a reduction in the implanted mesh's surface area, can lead to pelvic pain, dyspareunia, lower urinary tract symptoms, and even insufficient vaginal wall support, contributing to POP recurrence. We present the case of a 76-year-old woman who developed recurrent apical prolapse and voiding symptoms two years after undergoing transvaginal mesh surgery. Clinical evaluation and ultrasound confirmed mesh retraction, stage III apical prolapse and rectocele, as well as wide genital hiatus. Surgical management included total trachelectomy, anterior-posterior colporrhaphy, and McCall culdoplasty. Postoperatively, the patient experienced resolution of symptoms and no recurrence of prolapse. This case underscores the role of ultrasound and clinical assessment in diagnosing mesh retraction and associating recurrent POP. And it highlights the importance of individualized management strategies as well. Further research is necessary to address preventive measures and optimize treatment approaches for mesh-related complications in POP surgery.
論文歸類： 婦女泌尿	

報告編號： 0216-18	一名原發性膀胱頸阻滯女性病人之影像尿動力學診斷與治療報告 A Report on the Video-urodynamics Study and Treatment of a Female Patient with Primary Bladder Neck Obstruction
臨時稿件編號： 1606	
論文發表方式： 住院醫師病例報告會	Ms. Kuo is a 64-year-old female, HBV carrier, with history of cervical carcinoma-in-situ s/p hysterectomy at 30 y/o, was admitted during 2024/01/01-01/03 with a diagnosis of primary bladder-neck obstruction(PBNO) and suspected interstitial cystitis for transurethral incision of the bladder neck (TUIBN) and cystoscopic hydrodilatation. According to the patient, she suffered from voiding difficulty with residual urine sensation and suprapubic pain when bladder distention since August 2023. She also complained about increased daytime frequency > 8 times (every 30-60 minutes), nocturia 5-6 times/night, intermittency, and splitting urine. On 2023/08/14, International Prostate Symptom Score(IPSS) was [19.4], Urinary Distress Inventory 6(UDI-6) was 5, Overactive Bladder Symptom Score (OABSS) was 8. A uroflow study on 2023/08/22 showed low flow with Qmax of 6.6ml/s, with abdominal straining. Pdet Qmax was not available due to lead fall out, but Pdet generally >30cmH2O was noted before lead fall out. Video-urodynamics showed poor opening of bladder neck while voiding, and PBNO was impressed. Medical treatment with Tamsulosin (selective α 1-adrenergic receptor antagonist) was given. However, the patient reported only mild improvement (with daytime frequency decreasing from every 30-60 minutes to 40-50 minutes, then to one hour) and surgical intervention was suggested. On 2023/12/11 IPSS was [22.5], UDI-6 was 7, OABSS was 4. With the diagnosis of bladder-neck obstruction and suspected interstitial cystitis, she underwent TUIBN and cystoscopic hydrodilatation on 2024/01/02. Cystoscopy showed grade 3 glomerulation and she subsequently received interstitial cystitis treatment with hyaluronic acid infusion for 10 times during 2024/01/08-02/15, followed by monthly treatments thereafter. As for voiding difficulty, she reports daytime frequency with improving to every 1.5-2 hour, and nocturia decreasing to 1-2 times. A follow-up uroflow study on 2024/01/08 showed improvement, with a Qmax of 16.5ml/s.
論文歸類： 婦女泌尿	

報告編號： 0216-19	父系體染色體平衡性三轉位與反覆性流產 Recurrent pregnancy loss with paternal three-way balanced reciprocal translocation
臨時稿件編號： 1477	謝植 ¹ 賴宗政 ^{1,2} 國泰綜合醫院婦女醫學部 ¹ 輔仁大學醫學系 ²
論文發表方式： 住院醫師病例報告會	Recurrent pregnancy loss is a phenomenon cause by many etiology, such as uterine factor, endocrine factor, immunologic factor and genetic factor. The abnormalities of chromosomal number or structure are the most common cause, which was associated with aneuploidy, mosaicism, translocation, inversion, deletion, duplication and fragile sites. Here we presented an infertility case with recurrent pregnancy loss after in-vitro fertilization (IVF) treatment. In this case, after full hormonal evaluation, immunologic testing, hysterosalpingogram and uterine cavity survey, there was no obvious abnormal was found. Subsequently, karyotyping of the couple was performed. The results revealed that a normal variant 46, XX, inv(p12q13) was found in the female. However, 46, XY, t(6,9,10)(q11,q21,q11.1), which was a balanced complex reciprocal translocation, was detected in the male. Because of the paternal three-way balanced reciprocal translocation, preimplantation genetic testing for structural rearrangements (PGT-SR) was performed in the next IVF cycle. Finally, the patient got pregnancy after transferring an euploid embryo and her prenatal care was uneventful. Balanced translocation carriers are usually phenotypically normal, but at risk of reproductive failures. They may create gametes with unbalanced chromosomal translocation. The production of embryos from unbalanced gametes typically results in failed implantation, miscarriage, stillbirths, the birth of a child with congenital anomalies or neurodevelopment disorders. IVF combined with PGT-SR can be used to resolving this problem and conceiving a child faster than natural conception in this situation.
論文歸類： 生殖內分泌	

報告編號： 0216-20	PPOS 合併復乳納作為引卵療程，成功使一位早期子宮內膜癌女性成功懷孕的病例報告
臨時稿件編號： 1673	謝秉霖 ^{1,2} 柯俊丞 ^{1,2} 林宜欣 ^{1,2} 武國璋 ^{1,2} 三軍總醫院 ¹ 國防醫學院 ²
論文發表方式： 住院醫師病例報告會	Introduction: The woman who has childbirth desire is suggested to received continuous progestin-based therapy for non-invasive grade 1 endometrial cancer. After diagnosis of endometrial cancer in young populations, oncofertility counselling was suggested as early as possible. After adequate comprehensive evaluations for 6-12 months, pregnancy is considered according to NCCN guidelines. We shared a case diagnosed as endometrioid carcinoma of endometrium, FIGO grade 1, FIGO stage IA with in Vitro Fertilization therapy. She was successfully pregnant with progestin-primed ovarian stimulation protocol (PPOS) combined with letrozole. In the end, she delivered a term neonate. Case presentation: A 33-year-old woman, G0P0, was diagnosed as type 1 endometrial cancer, FIGO stage IA with symptoms of dysfunction uterine bleeding when she was 31-year-old. She received two and half years' medroxyprogesterone acetate (MPA) therapy for fertility-sparing management for endometrial cancer. During this period, she got married and planned to get pregnant. We started the ovulation stimulation with progestin-primed ovarian stimulation protocol after withdrawing MPA for two months. However, the first course failed because only three oocytes were retrieved, and all were 0P on day-3 fertilization. We started the second course of ovulation stimulation one month later with letrozole added on since day-1. This time, four oocytes were retrieved and all successfully fertilization day-5 blastocysts. We used hormone replacement therapy for endometrial preparation and frozen embryo transfer on the second month. She got singleton pregnant and has full-term delivery on gestational age of 40 weeks. Discussions: PPOS is one of the most common protocols for ovulation stimulation nowadays. However, the patient failed in the first course after withdrawing the MPA therapy only one month. The possible reason may contribute to prolonged-MPA effects. PPOS is always accompanied by increased pituitary suppression and gonadotropin consumption, while letrozole is lack of prolonged anti-estrogenic activity, short half-life, and lack of estrogen receptor activation. We combined PPOS protocol with letrozole for this case and it providing a successful pregnancy.
論文歸類： 生殖內分泌	





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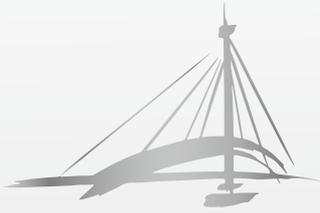
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【以上依筆劃排列】

TESLAChair™ 寵愛椅

盆底肌強化首選

業界唯一雙輸出磁波椅

盆底肌強化更完整，治療效果更好。

1 次療程 3 種療效

全方位解決盆、背、腹問題。



背部探頭

置於薦椎處 → 直接刺激S2-S4，
訓練會陰神經對肌肉的控制
置於疼痛處 → 舒緩腰背疼痛

盆底探頭

強化盆底肌、治療尿失禁
改善男女親密關係



更精準高效的盆底肌訓練

單次30分鐘療程，完成50,000次凱格爾運動。



免脫衣
舒適高隱私



非侵入性



同時改善
尿失禁、下背痛



WOH
MEDICAL
沃醫學集團





千萬別忽視

隱性遺傳疾病！

沒有家族史 也可能生下患病孩童

慧智帶因篩檢 SOFIVA Carrier Scan

一次檢測多項疾病 守護寶貝一輩子的健康！

v1.0

國際指引建議疾病

- ✓ 甲型海洋性貧血
- ✓ 乙型海洋性貧血
- ✓ 鐮刀型貧血
- ✓ 脊髓性肌肉萎縮症
- ✓ X染色體脆折症
- ✓ 囊腫纖維症

6項疾病

v2.0

嚴重帶因率高疾病

- ✓ 新生兒代謝篩檢 (21項)
- ✓ 龐貝氏症
- ✓ 法布瑞氏症
- ✓ 高雪氏症
- ✓ 黏多醣症第一型 (賀勒氏症)
- ✓ 裘馨氏肌肉萎縮症
- ✓ 感覺神經性聽損(GJB2/SLC26A4)
- ✓ 更多其他嚴重疾病
- ✓ 威爾森氏症
- ✓ 血友病A型
- ✓ 血友病B型

53項疾病

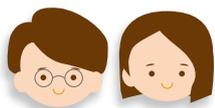
v3.0

全球重要帶因疾病

- ✓ 涵蓋14大類疾病
代謝、血液、肌肉、
腎臟、免疫、心臟、
聽損、視力、皮膚、
中樞神經、多症狀、
結締組織、內分泌、
智力障礙

341項疾病

同時檢測 更有效率



父母一起

15個工作天
同時檢測並比對
是否相同基因帶因

疾病
風險
評估



歷時約3週

加速檢測流程
把握關鍵確認時機



母

15個工作天
檢測發現
帶因



父

15個工作天
檢測並比對
是否相同基因帶因

疾病
風險
評估



歷時約
1.5-2個月

* 若於懷孕初期父母檢測相同基因帶因，可選擇抽取羊水進行單基因檢測確認實況；

若於懷孕前未來父母檢測相同基因帶因，可選擇以生殖醫學方式進行試管嬰兒療程與胚胎著床前單基因檢測(PGT-M)挑選胚胎。



慧智基因 一站式檢測服務

- ✓ 全品項符合LDTS認證規範  
- ✓ 專業團隊協助辦理施行計畫相關流程
- ✓ 檢測前後 專業遺傳諮詢服務
- ✓ 檢測後 完整檢測配套 (家族確認、生殖策略)

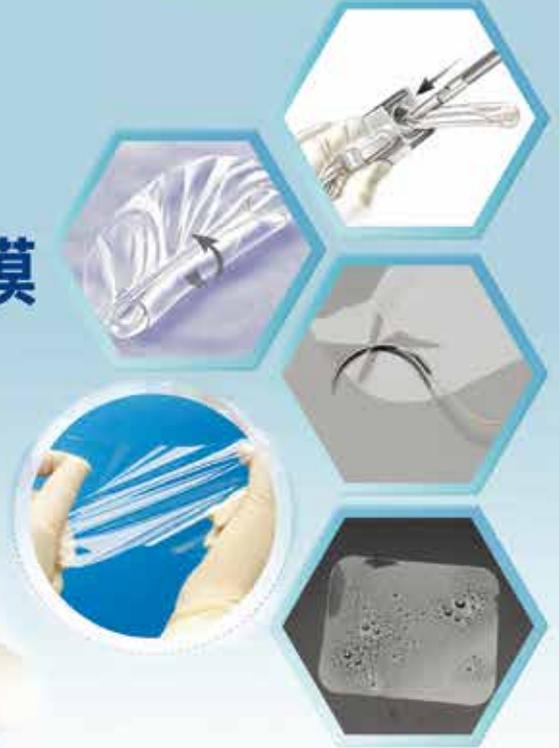
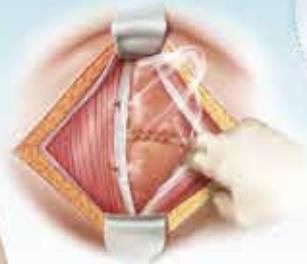
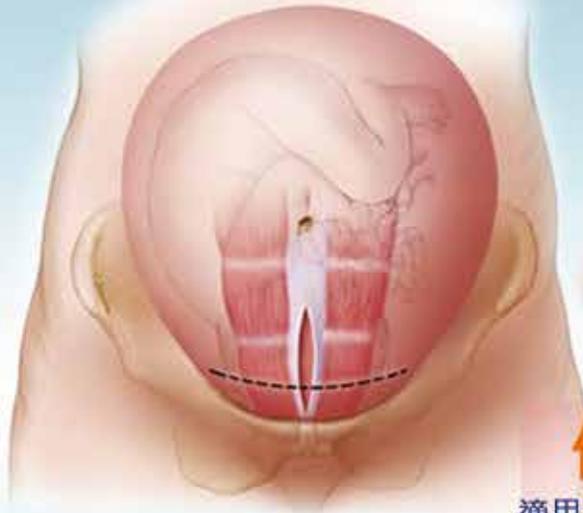
北衛器廣字第10901001號



MAST Bioresorbable Adhesion Barrier Film

“馬斯特” 生物消溶阻黏膜

衛署醫器輸字第016580號



你面對沾黏的另一種選擇

適用於婦產科腹腔鏡手術 開腹手術 可用於防止腹膜沾黏



八光 易利腹腔鏡通路裝置

E-Z ACCESS[®] KIT

衛部醫器輸字第036831號



組裝後示意圖

E-Z ACCESS[®]
氣密蓋



E-Z TROCAR[®]
穿刺套管



日本優良製造 矽膠材質
柔軟有彈性 不易破損
固定通道 無需捲折
傷口外表美觀

LAPPROTECTOR[®]
開創保護器

體壁厚度	5 cm 以下
切開皮膚大小	2 cm ~ 4 cm
開創切口大小	3 cm ~ 4 cm

北衛器廣字第11312022號

中誠生技有限公司

口樂舒™ KOLAS

口腔潰瘍專用敷料

口樂舒™口腔潰瘍專用敷料(未滅菌) KOLAS™ Oral Mucosa Dressing(non-Sterile) 積極輔助治療性的敷料

婦癌化療、放療後口腔潰瘍照護的新選擇

快速、方便、有效

口腔黏膜修復

牙齦

舌頭

口角

唇部



僅限醫療專業人員參考
詳細處方產品資料備索

衛部醫器製壹字第009488號

根據台灣腫瘤護理學會－《癌症病患口腔黏膜炎臨床照顧指引》：

口腔黏膜炎(oral mucositis)是化學及放射線治療後常見的副作用之一。

口腔黏膜炎所造成的合併症，嚴重時將迫使治療被中斷，降低腫瘤治療的反應率與局部控制率，進而導致癌症復發。



口樂舒用途

口腔黏膜修復

牙床傷口癒合

癒合速度快

使用上便利

食品級原料

緩解傷口疼痛



積極輔助 治療性敷料

■ Bifidobacterium/Lactobacillus/
Soybean/Sucrose Ferment Filtrate
雙歧桿菌/乳酸桿菌/大豆/
蔗糖醱酵產物濾液
(有機酸、游離胺基酸、
破碎菌體、微量礦物質)

■ Sodium Lactate 乳酸鈉
■ Propanediol 丙二醇
■ Propylene Glycol 戊二醇
■ Phenoxyethanol 產品保存劑
■ Chlorphenesin 產品保存劑
■ Aloe Barbadensis Leaf Juice
蘆薈萃取物
■ Xanthan Gum 三仙膠

1. 獨家專利技術大豆醱酵萃取物

(豐富多醣體) + 乳酸桿菌菌叢(調節PH值)

• 緩解傷口發炎疼痛、提供傷口營養物質，加速傷口癒合

2. 食品級原料，可食用，安全、表皮或黏膜傷口刺激性低

• 適合老人、孕婦及幼兒使用

3. 噴瓶、噴劑設計

• 方便使用，不需塗抹：提供傷口濕性敷料，加速癒合



合美生技醫藥有限公司

He Mei biopharmaceutical Co., LTD.

02-67057117



鼎諺生醫有限公司

Ding Yan Biomedical Co., Ltd.

04-36097989

AUTHORIZED DISTRIBUTOR



美國Natera公司從2023/6/1起

Panorama™ 非侵入性產前染色體檢查由**尖端醫**獨家代理
Next-generation NIPT

服務台灣醫療單位有關**婦女健康**相關**基因檢測**
代理基因檢測項目如下：

Panorama™ 非侵入性產前染色體檢查
Next-generation NIPT

Horizon™ 帶因者篩檢
Advanced carrier screening

Vistara™ 非侵入性單基因檢測
Single-gene NIPT

Anora™ 流產物染色體檢測
Miscarriage test (POC)

實驗室只提供經過國際臨床驗證發表的檢測符合台灣、歐洲、美國檢測規範與個資法法規要求給予病患、醫生國際級醫療指引的基因檢測服務。

目前有六大醫學中心、十家區域醫院及數十家醫院診所，所申請”非侵入性產前染色體檢查”之計劃書，皆通過衛生福利部核准之實驗室開發檢測項目。



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理真診所
病理實驗室

病理檢驗，交給專業

由病理醫師主持的病理實驗室



專任主治醫師
陳慧娟醫師

負責人
姜謙達醫師

實驗室顧問
王業翰醫師

超過十年病理檢驗經驗的專業團隊

理真診所的客戶涵蓋醫學中心至基層診所，承接多種病理檢驗項目，符合臨床單位健保申報。



求快 48小時快速報告

擁有快速的報告時效，檢體送達後48小時內即可線上查詢報告，滿足您希望盡快得知檢驗結果之醫療需求。



求真 專業品管及顧問

對於惡性腫瘤報告採取第二人覆閱後發出之品管要求；聘請病理學會理事王業翰醫師為兼任醫師暨實驗室顧問，以求實驗室品質水準。



求便 輕鬆便利完善服務

負責檢體收送安排、報告線上查詢及紙本報告寄回等業務，您只需妥善包裝檢體及提供檢體清單即可。能與病歷系統進行資訊串接*，讓檢驗結果輕鬆接軌。



合作享婦產科年會限定方案
詳情請與我們聯絡

☎ 02-27935900

✉ ljpctpe@gmail.com

📍 11469 台北市內湖區金豐街16,18號1樓

🌐 <https://ljpctpe.tw>

* 醫雙方資訊部門配合評估



雀巢媽媽G穩適

升等孕期頭等艙



1包5效

讓媽咪安心舒適





微脂體小紅莓

- 🔄 降低傳統Doxorubicin嚴重落髮比例達87%
- 🔄 降低傳統Doxorubicin心臟毒性比例達79%
- 🔄 延長藥物在血液循環的時間



總公司：台北市南港區園區街3-1號3樓
TEL：(02)2652-5999 消費者服務專線：0800-707-080
<http://www.tty.com.tw> www.lipo-dox.com.tw

使用前請詳閱說明書、警語及注意事項
衛署藥製字第041037號 北市衛藥廣字第108120463 號

LPDIASDM.BC.1217

Yondelis[®] 1 mg
友待 trabectedin 凍晶注射劑 1毫克

THE BALANCE TO ACHIEVE THE PRIMARY GOAL OF THERAPY IN STS¹⁻³

Yondelis[®] 顯著改善轉移性或復發性“平滑肌肉瘤”或“脂肪肉瘤”病人的無惡化存活期⁴。

- 中位數無惡化存活期(mPFS)：Yondelis為4.2個月，Dacarbazine則為1.5個月。
- 反應持續時間(CR+PR)：Yondelis為6.9個月，Dacarbazine則為4.2個月。

適應症與用法

YONDELIS[®]適用於治療患有無法切除或轉移性脂肪肉瘤(Liposarcoma)或平滑肌肉瘤(Leiomyosarcoma)，且曾接受一種含anthracycline療程的病人。

References:

1. Martin-Broto J, et al. Future Oncol. 2017;13(16s): 11-28
2. Blay JY. Future Oncol. 2018;14(10 Supl):3-13
3. Casali PG, et al. Ann Oncol. 2018 Oct 1;29(Supplement_4):iv51-iv67
4. Yondelis台灣仿單

北市衛藥廣字第112050002號

維凝敷 矽膠疤痕貼片

Well Derm

WellDerm Silicone Scar-care
Dressing (Non-sterile)

New

Flattens softens
and
fades scars.

Disposable

拋棄式

低敏

輕薄、透氣

柔軟服貼

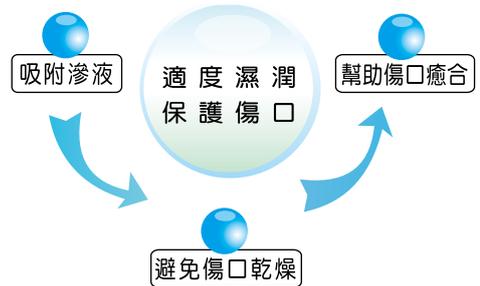
面對疤痕，您可有更好的選擇

《水凝膠敷料優點》

1. 透明可觀察傷口
2. 吸收傷口組織液
3. 不易沾黏傷口，保護傷口
4. 避免再度刺激傷口
5. 隔離外界細菌
6. 提供傷口良好癒合環境



濕潤傷口 《照護新概念》



★ 適用範圍：

一般非感染之手術傷口、婦產科剖腹產傷口、刀傷、擦傷、醫學整形及可自行癒合之二度燒燙傷傷口等。

尺寸

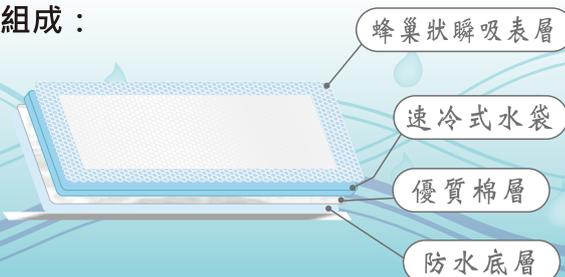
- 3.6cm×3.6cm / 腹腔鏡傷口使用
- 3cm×8cm / 一般手術傷口使用
- 3cm×17cm / 一般手術傷口使用

艾絲沛 icepad

艾絲沛冷敷墊 (未滅菌)

ICEPAD EP COOLER (Non-Sterile)

產品組成：



艾絲沛冷敷墊 (未滅菌)

產婦分娩後使用

會陰冷敷能有效緩解婦女產後會陰傷口疼痛，且非侵入性，單次包裝方便使用，提升分娩媽媽產後生活品質。

優點

- 物理降溫，有效緩解紅、腫、熱、痛。
- 室溫 22-28 度下使用，溫度在 1、2 分鐘內可達到 10 度以下。整體溫度約 6-15°C 間，可維持約 30 分鐘。
- 外層為親膚軟柔之不織布，中層採用優質棉，可吸收部份惡露，柔軟舒適、不刺激、不具侵入性，單片單次使用，衛生方便。

JeanCean[®]

Liquid Wound Dressing (Sterile) 6ml

用噴的！照顧傷口更方便

加速癒合

保濕傷口

降低發炎

剖腹產照護

加速癒合這麼做

預防疤痕

降低疼痛

『組織再生及修復 促進傷口癒合
傷口照護新選擇』

Histoacryl[®]

抗拉強度同於
4-0 表皮縫線

可淋浴
免換藥
免拆線

抗菌薄膜
預防感染

快速黏合
照護方便

有效降低
疤痕生成

7-14天自然剝落



總代理



鼎昕實業有限公司

訂購專線：02-2567-9286

E-MAIL : ORDER@DINGXIN.COM.TW

Anscare

安適康[®]



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完善照護

傷口照護系列

水凝敷料

衛部醫器製壹字第007314號

- 維持傷口濕潤平衡，幫助傷口癒合
- 防水透氣，透明服貼
- 容易撕除，減少二次傷害



疤痕護理矽膠貼片

衛部醫器製壹字第008745號

- 完全透明易於觀察傷疤
- 可重覆使用



暫佳疤痕護理矽凝膠

衛部醫器製壹字第005205號

- 添加酯化維他命C配方，減少疤痕色素沉澱
- 保濕輕透，減少搔抓刺激疤痕



疤痕護理矽膠筆

衛部醫器製壹字第007923號

- 全新固態劑型，不需等乾
- 創新筆型設計，用量好控制
- 添加酯化維他命C&E配方，維持長效保濕
- SPF20，PA+++抵抗紫外線照射

僅供專業人士參考使用



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