

Thromboembolism in obstetrics and gynaecology

No Preference

A rare case of acute superior mesenteric venous thrombosis during the postpartum period



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The puerperium being a hypercoagulable state is associated with an increased risk of complications of thromboembolism. Acute thromboembolic occlusion of the superior mesenteric vein after a normal vaginal delivery is a rare condition with an unfavorable prognosis. We report a case of acute postpartum abdominal pain in a 23-year-old-woman less than 12 h after an uneventful vaginal delivery. Among the various causes of acute abdomen, mesenteric ischemia due to mesenteric venous thrombosis appeared to be the cause in our case. Despite performing CT scan at the time of symptoms onset, the diagnosis was made intraoperatively based on the observations of intestinal necrosis and thrombi in the branches of the superior mesenteric vein. Lifesaving surgery was performed – hemicolectomy with ileotransverse anastomosis. Acute mesenteric ischemia is a rare abdominal emergency in the postpartum period with high morbidity and mortality. Crucial for the survival in such cases is the prompt diagnosis and treatment
Keywords acute superior mesenteric venous thrombosis, acute abdomen, postpartum period, thromboembolism, acute mesenteric ischemia.

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Infections in obstetrics and gynaecology

No Preference

Glycyrrhizinic acid – an alternative treatment of anogenital warts during pregnancy



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Anogenital warts (also called condylomata acuminata) are one of the most common types of sexually transmitted infections. Condylomata acuminata are benign proliferations of skin and mucosa caused by human papilloma virus infection (HPV). HPV encompasses a family of over 150 subtypes of highly infectious viruses, some of which with varying malignant potential. Anogenital warts acquired during pregnancy tend to proliferate due to altered immunity and increased blood supply. Treatment of anogenital warts during pregnancy is aimed at assuring good pregnancy outcome and preventing viral transmission to the fetus.

Objective: To evaluate the effectiveness and safety of glycyrrhizinic acid when treating external anogenital warts in pregnant women.

Method: A prospective clinical study was performed from 05.2014 to 05.2015 in Varna, Bulgaria. A total of 40 pregnant women aged 18–36 years with anogenital warts were included and further subdivided into two groups based on size of the lesions – first group with lesion to 5 mm and second group with lesions over 5 mm. The

treatment consisted in the topical application of glycyrrhizinic acid four times daily for three weeks.

Results: The lesions of 80% of the pregnant women from the first group disappeared completely after three weeks of treatment with glycyrrhizinic acid, while in the other 20% – the anogenital warts significantly decreased in size. In the second group of pregnant women, with anogenital warts over 5 mm in size, positive response to treatment was found in only 53.3% of the cases. No adverse reactions were observed during the clinical trial.

Conclusion: The glycyrrhizinic acid is a safe and effective treatment for the management of anogenital warts during pregnancy.

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Minimally invasive surgery

Poster Presentation

Higuchi's Transverse Incision and its modification method for minimally invasive surgery



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Objective: Laparoscopic surgery has developed markedly with improvements in medical instruments, and the concept of reduced port surgery facilitating even less invasive surgery is spreading. At our department, laparotomy is performed using Higuchi's transverse incision procedure, in which the subcutaneous tissue is detached cranially, a T-shaped incision is made in the fascia, and the peritoneum is longitudinally incised while confirming the location of the bladder, in surgery for benign tumors and Caesarean section. We introduced low single-incision laparoscopic surgery (L-SILS) using this technique for benign ovarian tumors and evaluated its usefulness and safety.

Methods: In 51 patients with benign ovarian tumors who underwent laparoscopic surgery (L-SILS in 22, multi-port surgery in 29) between March and August 2014, the patient background, results of surgery, perioperative complications, and postoperative pain were statistically evaluated. L-SILS was performed by an approach with a small 2- to 3-cm incision on the upper margin of the pubis using Higuchi's transverse incision procedure. Postoperative pain at rest and on movement was evaluated using a visual analogue scale (VAS).

Results: The patients' mean age was 33.8 (range: 19–65) years, and the diagnoses were mature cystic teratoma in 25 (L-SILS in 17), endometrioid cyst in 20 (L-SILS in 2), and mucinous adenoma in 2 (L-SILS in 1). The mean tumor diameter was 9.94 (4.0–30.0) cm in the L-SILS group but 7.06 (4.2–10.0) cm in the multi-port surgery group, with a significant difference ($p=0.018$). The mean operative times were 112.9 (72–150) and 136.6 min, respectively, being significantly shorter in the L-SILS group ($p=0.017$). No significant difference was noted in the postoperative pain, volume of hemorrhage, complications, or duration of hospitalization.

Conclusion: While this procedure is performed through a very small incision at the upper margin of the pubis, injury of the bladder can be invariably avoided, and an excellent esthetic outcome can be