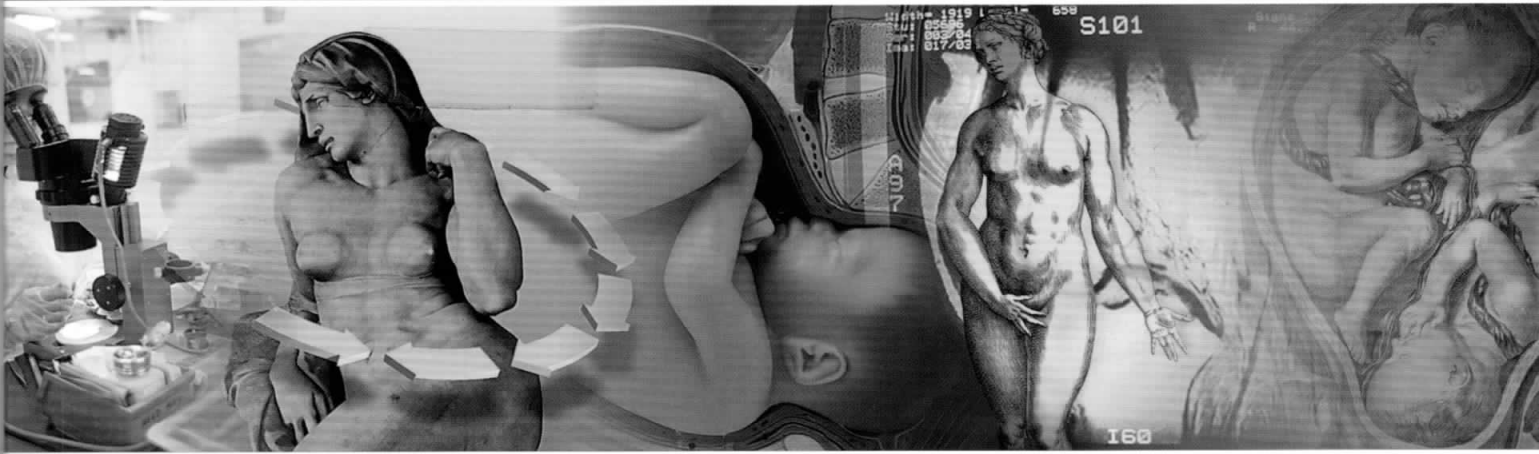


The Academy for Clinical Debates & Controversies in Medicine

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value was 91% and negative predictive value was 96%. Nerve fibre density did not differ between different menstrual cycle phases. Women with endometriosis and pain symptoms had significantly higher nerve fibre density in comparison with women with infertility but no pain (2.3 and 0.8 nerve fibre per mm<sup>2</sup> respectively,  $p = 0.005$ ).

Conclusions: Endometrial biopsy, with detection of nerve fibres, provided a reliability of diagnosis of endometriosis which is close to the accuracy of laparoscopic assessment by experienced gynecological laparoscopists.

#### **CONTRACEPTIVE METHODS IN IRANIAN PREMENOPAUSAL WOMEN**

**B. Enjezab, M. Bokaeia, A. Khoshbin, T. Farajkhoda**  
*Shahid Sadughy Medical Science University, Isfahan Medical Science University, Yazd, Iran*

Introduction: Although sexual intercourse becomes less frequent as couples grow older, and fecundity also declines, the probability of pregnancy still exists if contraceptive methods are not used. Purpose of this study is contraceptive methods used in premenopausal women in YAZD.

Methods: this is a cross-sectional descriptive study with convenience sampling in 4 health centers in YAZD and it studied 200 women with over 40 years. Individuals have been interviewed and data analyzed with descriptive statistic.

Results: mean of age:  $43.93 \pm 3.41$ , these were 12.5% illiterate, 74% under diploma, 95.5% sexual active. The most common contraceptive methods is tubal ligation (30%), after respectively condom(24%), withdrawal(19%), IUD(10%), vasectomy(8%), OCPs(3%) and only one person used DMPA and other person used cyclofem. There are usually abhor of unwanted pregnancy and this awe was affected on their sexual relationships.

Conclusion: 43% of Individuals used methods with high unsuccessfulness and 4% were without any contraceptive method. Every pregnancy in this age has worse outcome for mother and fetus. Also continuous fear of unwanted pregnancy affect on their psychological and sexual health. Pregnancy in women this group is unwanted and in the UK official statistics show that 45% of the pregnancies among women over 40 are terminated by legal abortion. In this community only 4% individuals have used hormonal methods although OCPs containing low doses of one estrogen and progesterone are suitable for healthy, non-smoking women over the age of 35. Therefore advocacy and education for use of successful methods in premenopausal women must be advert.

#### **THE INVESTIGATION OF BODY IMAGE IN WOMEN UNDERGONE MASTECTOMY**

**M. Azarbarzin**  
*Islamic Azad University, Najafabad branch, Esfahan, Iran*

Background: Breast cancer has serious psychological and physical complications. Like any other body part amputation, mastectomy, can have devastating effects on women. The more one values her breasts the greater would be the effect on her body image. Therefore in this research we decided to investigate the effect of mastectomy on body image.

Methods: The samples of this research were 58 women who had referred to cancer hospital of Esfahan in 3 months. Data gathered by a questionnaire with 0.94 validity and 0.84 reliability and with SPSS software data were analyzed.

Findings: The mean of the age of samples was 47.7 year and the most women were house keepers (%67.6), diploma (%37.6), married (%84.7), with surgery in last year (%75.7) with modified radical mastectomy (%55.2), without familial history (%84.7), without the use of prosthesis (%93.7). The mean of body image of samples were 71.96 that were in moderate level. The lowest mean of questions referred to the question that said

"one has a high level of health is lucky human." And the highest referred to the question that said "I want my body without defect" and also in the sexual questions the mean was low. With T paired test demographics factors and body image score analyzed. In comparison of the results of this research with other same researches the finding was the same. Like this research most of researches showed that mastectomy can affect on body image and sexual behaviors.

Conclusion: this research showed that mastectomy can seriously affect on body image of women and therefore one of the most tasks of medical- health visitors must be the programming for prevention and treatment of this disturbance.

#### **EVACUATING RETAINED PRODUCTS OF CONCEPTION IN THE SETTING OF AN ULTRASOUND UNIT**

**I.J. Wolman, G. Fait, J. Har-Toov, R. Amster, A. Jaffa**  
*Lis Maternity Hospital, Tel-Aviv Medical Center, Israel*

Retained products of conception (RPOC) are estimated to occur after approximately 1% of term pregnancies and probably more often after termination of pregnancies. This condition is considered a possible cause for intrauterine adhesion and Asherman syndrome (1), and so a definite treatment is mandatory.

In general these patients are referred to a surgical procedure such as curettage or hysteroscopy. Both these procedures are carried out under general anesthesia, requiring an operating theater and occasionally hospitalization.

We are offering patients with RPOC the possibility of treatment of the RPOC within the settings of our ultrasound unit where we complete the evacuation of these products under ultrasonographic guidance without any form of anesthesia.

In the present study we present our experience with consecutive 39 symptomatic patients that underwent this procedure.

#### **THE EPIDEMIOLOGICAL STUDY OF WOMEN WITH URINARY INCONTINENCE AND RISK FACTORS FOR STRESS URINARY INCONTINENCE IN CHINA**

**L. Zhu, J. Lang, C. Liu, S. Han, J. Huang, X. Li**  
*Peking Union Medical College Hospital, Beijing, P.R of China*

Objectives: To evaluate the prevalence and associated risk factors of urinary incontinence in Chinese women. Methods: In the cross-sectional survey, 20,000 Chinese women aged  $\geq 20$  years were randomly selected and interviewed with modified Bristol Female Lower Urinary Tract Symptoms (BFLUTS) questionnaires to estimate population prevalence rates and identify potential risk factors. Results: 19,024 cases were included in the analysis with 976 excluded, qualified rate 95% (19024/20000). Of the Chinese women aged from 20 to 99 years old, (mean 45 $\pm$ 16), the overall prevalence of urinary incontinence (UI) was 30.9%. Estimates of stress urinary incontinence (SUI), urge urinary incontinence (UUI) and mixed urinary incontinence (MUI) prevalence were 18.9%, 2.6% and 9.4%, with a corresponding proportional distribution of 61%, 8% and 31%, respectively. The prevalence of MUI increased with aging, while the prevalence of SUI peaked in 50 years group, and the UUI in 70 years group. Only 25% patients have consulted doctors on this issue. Through multivariable logistic regression analysis, we identified age, vaginal delivery, multiparity, alcohol consumption, central obesity (female waist circumference  $\geq 80$ cm), constipation, chronic pelvic pain (CPP), history of respiratory disease, gynecological events, pelvic surgery, peri-menopausal and postmenopausal status as potential risk factors for SUI, among which age, vaginal delivery, multiparity are three major risk factors. Conclusions: Our findings suggest that the prevalence of UI is high in China,