



# FIGO - SAFOG - SLCOG 2014

31<sup>st</sup> October – 02<sup>nd</sup> November 2014

at the  
**BMICH, Colombo**

*“Unmet Needs in Women’s Health”*

## ABSTRACTS *of* FREE COMMUNICATIONS

*Sri Lanka Journal of  
Obstetrics & Gynaecology  
Volume 36, Supplement 1*

### *Editorial Committee*

Prof. Deepal Weerasekera  
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### *Coordinator*

Dr. Isuru Jinasena

**Objectives:** The purpose of this study is to evaluate the association of amniotic fluid index and perinatal outcome.

**Method:** We conducted a retrospective study from January 2014 to June 2014. Term medically uncomplicated parturients (n=214) with intact amniotic membranes were studied in 2 amniotic fluid index groups (AFI). 1) AFI <8cm 2) AFI  $\geq$  8cm. The perinatal outcomes were analyzed between these 2 groups.

**Results:** A total of 214 records were selected. The numbers in each group was 22 in the group with low AFI and 192 in the normal AFI group. Out of the 214, 160 delivered vaginally. The caesarean section rate was significantly higher in the group with low AFI (significance P= 0.39) compared to the other group. The caesarean sections were performed for foetal distress detected on Cardiotocography. The APGAR scores were measured at 5 minutes. The cutoff level taken was  $\geq$ 7 for a normal APGAR and <7 for reduced APGAR. There was no difference between the 2 groups. Clear amniotic fluid v Meconium in amniotic fluid was analyzed and there was no significant difference between the two groups. There was no significant difference in admissions to Neonatal intensive care/special care baby unit between the two groups AFI.

**Conclusion:** At term the decreased AFI levels correlated strongly with increased caesarean births. The APGAR scores at 5 minutes, meconium in amniotic fluid, admissions to Neonatal Intensive care unit/special care baby unit were unrelated to amniotic fluid index.

### FC 2.5: Precision of Predicting Expected Date of Delivery by Ultrasound Scan in Comparison to Last Menstrual Period

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**Introduction:** Estimation of the expected date of delivery (EDD) is important in management of pregnancy, as many clinical decisions would rely on the estimated gestation of the fetus. In routine clinical practice, this is done by either adding the duration of a pregnancy to the last menstrual period (LMP) or by assessment of fetal biometry by an early pregnancy ultrasound scan (USS). The accuracy of these methods can be assessed either by correlating the dates with people with a know date of conception, such as following IVF, or by study of the correlation with the date of delivery in a cohort of women who goes in to spontaneous labour. In this study we have assessed the accuracy of the two methods by the latter approach. The aim of this study was to assess the agreement of EDD calculated by LMP or USS, to the date of delivery in spontaneous labour.

**Methods:** This was a retrospective cohort study. 675 patients who had a spontaneous onset of labour were included in the analysis. USS fetal crown rump length was considered for gestational age assessment between 8 and 14 weeks and fetal head circumference considered thereafter. Their agreement of the date of delivery with the estimated expected date of delivery by LMP or USS was assessed.

**Results:** Spontaneous delivery was seen with 6 days of the USS EDD and 7 days of the LMP EDD in 50% of women and within 11days of USS EDD and 15days of LMP EDD among 75% of women. A delivery within 14 date of the EDD was observed in 93.7% when USS EDD was considered and it was only in 86.2% with the LMP EDD (OR 2.40, 95%CI 1.64-3.52).

**Conclusion:** This study demonstrate that the USS EDD is more in agreement with the date of spontaneous delivery than the EDD estimated from LMP. This highlights the importance of dating USS in all pregnancies which would be helpful in management of pregnancy in late stages.

### FC 2.6: Restriction of the Placental Image Using 3D Slicer Medical Image Soft Wear

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**Objective:** The aim of this pilot study presents a novel approach to visualize the architecture of placenta using gray scale obtains to acquire volume data of the placenta from the three-dimensional (3D) ultrasound machine, and then these data restructure the placental architecture using 3D Slicer software.

**Methods:** We used a Voluson E6 wit 3D/4D 8MHz a trans-abdominal transducer. 3D volume image adjusted to include the entire placenta. Volume dataset stored DICOM format for restricting on the 3D SlicerThe 3D volume image reconstruction of the placenta using Grow Cut Segmentation and the manual segmentation and the label statics analysis.

**Results:** The mean gestational age at the time of this study was 15.2 weeks, and the mean maternal age was 28.5 years. The anterior of the uterine wall, the placenta and part of the umbilical cord was separated by Grow Cut Segmentation using ultrasound image at 13 weeks. Manual Segmentation demonstrated visualization of the placental architecture, which also matched the anatomy of the placental tissue at 20 weeks.

**Conclusions:** This pilot study presented (1) 3D reconstruction of the human placenta based on ultrasound imaging using 3D Slicer. (2) The theory of processing algorithms. (3) The challenge to reach the statistical processing of prospective cohort study by using large number of subjects.

### FC 3.1: Laparoscopic Management of Cornual Ectopic Pregnancies

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**Objective:** To illustrate the successful management of cornual (interstitial) ectopic pregnancies with laparoscopic cornual excision.

**Method:** This was Case series and technique description carried out in a Private hospital. Laparoscopic findings in three patients with cornual ectopic are presented.

**Results:** Three women (mean age: 28 yrs, range: 24-32 yrs) underwent laparoscopic cornual excision for cornual ectopic gestation at our institutions. Mean operative time was 59.4 +/- 8.4 minutes (range: 51-69 mins). Average estimated blood loss was 50 +/- 4 mL (range: 48-52 mL). There were no intra-operative or postoperative complications. Average duration of hospital stay was 24 +/- 3 hours. All patients are currently doing well on followup visits.

**Conclusions:** The authors demonstrate the role of laparoscopic cornual excision and conclude that this operative technique, when performed by an experienced surgeon, allows for improved surgical dexterity and can be considered a safe and effective method in the management of cornual ectopic pregnancy.