

## Poster Presentations

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### Survival and Prognostic Factors in Early-Stage Cervical Carcinoma Treated with Radical Hysterectomy and Pelvic Lymphadenectomy

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**Objectives:** To determine disease-specific survival (DSS), patterns of recurrence, and prognostic factors in women with cervical carcinoma who underwent radical hysterectomy and pelvic lymphadenectomy.

**Material and Method:** Data were gathered from hospital records of women diagnosed as cervical carcinoma undergoing radical hysterectomy and pelvic lymphadenectomy in Songklanagarind Hospital between January 1982 and December 1996. Clinicopathologic factors presumed relevant to survival and recurrence were collected namely age, size, cell type, depth of invasion, lymphovascular space invasion (LVSI), number of nodes removed, the presence of uterine invasion, parametrial involvement, the presence of tumor cells at surgical margin, blood loss during operation, and body mass index. Follow-up information was obtained from mailing and medical records. Patterns of recurrence and survival data were analysed. Life time table analysis was used to determine 5- and 10-year survival. The effect of various prognostic factors on survival was analysed by the log rank test and cox regression analysis.

**Results:** Mean age was 43.1 years (range 24-68). Stage distribution was IA2 (6.4%), IB1 (91.0%), IIA (2.6%). Median time of follow-up was 86 months (range 2-171). Five-year and 10-year disease-specific survival was 95.4% and 93.0%. Median time of recurrence was 18 months with a range of 2-84. Sites of recurrence included upper vagina (60.9%), pelvis (13.0%), distant organ (26.0%), and Univariate analysis showed parametrial involvement, and blood loss more than 800 ml influenced DFS ( $p = 0.07$ ,  $p = 0.010$ ), whereas LVSI, size of lesion, and blood loss effected DSS ( $p = 0.008$ ,  $p = 0.01$ ,  $p = 0.04$ ). Only parametrial involvement was demonstrated to be a prognostic factor of DFS by multivariate analysis (hazard ratio = 4.1, 95% CI = 1.1-15.3) while no clinicopathologic features was found to influence DSS.

**Conclusion:** Women with cervical cancer underwent radical hysterectomy and pelvic lymphadenectomy had an excellent prognosis. Among various clinicopathologic factors, only parametrial involvement predicted the disease-free survival.

**Keywords:** Survival, Prognostic factors, Early-stage cervical carcinoma, Radical hysterectomy

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### Pregnancy Associated Breast Cancer

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**Introduction:** Breast cancer is the most common cancer in many geographic areas, the most frequent cause of cancer deaths in women, and is also the cancer most likely to be seen during pregnancy and lactation. Pregnancy associated breast cancer is defined as breast cancer diagnosed during pregnancy or within the first year after delivery. The disease is estimated to have an incidence of 0.2% to 3.8% and is reported to occur in 1 in 3,000 to 1 in 10,000 pregnancies.

**Report of a case:** We report a case of a 30 year old Primigravida who discovered a lump in her breast during her pregnancy for which she saw her doctor who dismissed it as a pregnancy related change. It was subsequently found to be malignant and pregnancy had to be terminated to facilitate urgent aggressive chemo-radiotherapy in view of an advanced tumour. Despite chemo-radiotherapy and the performance of a mastectomy, she rapidly developed widespread metastasis and finally succumbed to the disease.

**Summary & Conclusion:** The occurrence of breast cancer during pregnancy and lactation presents a challenging clinical problem. Delay in diagnosis appears to be the primary and perhaps the only reason for the generally worse prognosis overall for all patients with breast cancer diagnosed during pregnancy. Unfortunately, this delay can be attributed to physician neglect as readily as to the patient. The obstetrician who performs the routine antenatal examinations can play an important role by performing a vital breast examination which might bring to light and prompt timely investigation of otherwise asymptomatic breast masses.

**Keywords:** Breast cancer, Pregnancy

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## The New Trend Management of Ectopic Pregnancy in Ramathibodi Hospital: 15 Years Review

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**Objective:** To review and analyze the diagnostic procedures and surgical treatment of ectopic pregnancy compared between two periods; 10 years (1989-1998) and 5 years (1999-2003).

**Material and Method:** A retrospective study of patients admitted at the Department of Obstetrics and Gynecology, Ramathibodi Hospital from 1989-2003 was conducted.

**Results:** The incidence had been increasing from 9.8/1000 to 15.3/1000 deliveries ( $P < 0.05$ ). The aged incidence was not changed ( $P > 0.05$ ) but seemed to increase among the age 15-20 years and 30-35 years. The diagnostic procedures had been changed from invasive techniques to image diagnosis (transvaginal sonography) combined with serum beta-HCG levels which offered the early and precise diagnosis.

The rate of minilaparotomy became decreasing from 27.8% to 5.4% but of laparoscopy was not changed, 7.3% and 6.0%, while the described noninvasive procedures became increasing from 38.8% to 74.8% ( $P < 0.05$ ). This yielded decreasing rate of immediate laparotomy with blood transfusion from obvious hemoperitoneum from 26.1% to 13.8% ( $P < 0.05$ ). The surgical treatments had been developed to laparoscopy which the rate was increasing from 0.13% to 4.3% ( $P < 0.05$ ).

**Conclusion:** The new trend management of ectopic pregnancy had been developing to the noninvasive rapid and precise diagnosis. This led to the less blood transfusion during open laparotomy and trend of laparoscopic surgery for the choice of treatment in the near future.

**Keywords:** Ectopic pregnancy, Diagnostic procedure, Surgical treatment

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## Clinico-Pathological Profile of Vulva Cancer in Southern Thailand: Analysis of 66 Surgical Cases

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**Introduction:** Vulva cancer is a rare gynecologic malignancy, composing only 3-5% of female malignancy. Surgery has been the mainstay of management of the disease. Radical or modified radical vulvectomy and bilateral groin node dissection have remained the standard surgical approach until recently.

**Objective:** To evaluate the clinico-pathologic findings and treatment outcome of women with vulva cancer in Southern Thailand.

**Material and Method:** We retrospectively reviewed the medical records of 66 women who had been treated with surgery between June 1984 to October 2003 at the Department of Obstetrics and Gynecology, Prince of Songkla University.

**Results:** The patients' age ranged from 30 to 87 years, mean 58.2 years. The most common presentations were vulva mass (89%) and pruritus (58%). Duration of symptoms at presentation ranged from 1 month to 5 years. Most cases were squamous cell carcinoma (82%). The distribution by FIGO surgical stage I, II, III and IV was 9%, 47%, 35% and 9%, respectively. The most common complication was wound infection (45%), followed by wound dehiscence, lymphosis and leg edema (each 15%). The 5-year survival (and 95% CI) for stages I, II, III and IV were 100%, 96% (76-99%), 94% (63-99%) and 60 (13-88%), respectively. The 5-year survival for node-positive cases was 82% (54-94%) versus 100% for node-negative cases. Stage was a significant predictor of survival and disease-free survival. Nodal involvement was also a predictor of survival.

**Conclusion:** Stage and nodal involvement are predictors of survival, and stage is a predictor of disease-free survival.

**Keywords:** Vulva cancer, Surgery, Survival, Prognostic factors

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# Differences in Postload Plasma Glucose Levels between 100-G and 75-G OGTT in Pregnant Women: A Role of Early Insulin Secretion

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**Objective:** To prove a role of an early insulin secretion on plasma glucose levels after different amounts of oral glucose load in pregnant women.

**Study design:** We compared plasma glucose and serum insulin responses during 100-g and 75-g OGTT in pregnant and non-pregnant women who had normal glucose tolerance. Forty-one pregnant women with normal glucose tolerance according to the Carpenter and Coustan's criteria and 25 non-pregnant women (control group) with normal glucose tolerance according to the World Health Organization criteria were enrolled. Each subject was randomly scheduled to perform both the 100-g and 75-g OGTT within 1-week interval.

**Results:** The ages of the pregnant and control groups were  $33.3 \pm 0.9$  and  $31.8 \pm 1.4$  years, respectively. The gestational age at the time of performing OGTT of the pregnant group was  $28.7 \pm 0.6$  weeks. The mean plasma glucose concentrations at the 120 and 180 minutes of the 100-g OGTT were significantly higher than those of the 75-g OGTT in the pregnant group, but no such difference was found in the control group. The mean serum insulin concentrations and insulin/glucose ratio at the 30 minutes of the 100-g OGTT were significantly higher than those of the 75-g OGTT in the control group, while they were not different in the pregnant group.

**Conclusions:** The plasma glucose levels after the 100-g OGTT were higher than those after the 75-g OGTT in the pregnant women with normal glucose tolerance. This could be explained by the limitation of an early insulin secretion to increase when glucose load increased.

**Keywords:** Oral glucose tolerance test, Pregnant women

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## Comparison of Complications between Vaginal and Cesarean Deliveries

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**Objective:** To determine and compare the complication rates of vaginal delivery and cesarean section.

**Design:** Prospective hospital - based cohort study.

**Setting:** Songklanagarind Hospital, Faculty of Medicine, Prince of Songkla University, Hat Yai, Songkla.

**Subject:** Pregnant women that were delivered to Songklanagarind Hospital between November 1, 2001 and December 31, 2003. A total of 1,585 eligible cases were enrolled in the project after informed consent.

**Material and Method:** The complications defined both during delivery and within 7 days post delivery were categorized into major and minor types. Descriptive statistics were used. The relationship between mode of delivery and complication rate was calculated by univariate analysis.

**Result:** Of 1,585 subject cases enrolled, 1,044 cases (66%) were for vaginal delivery, 205 cases (13%) were for elective cesarean section, and 336 cases (21%) were for emergency cesarean section. There were 5 cases of maternal deaths, all exclusive to the emergency cesarean section group. Major complications included endometritis, hemorrhage that required blood transfusion, hysterectomies, uterine artery ligation, perineal hematoma and wound disruptions. The complication rates were as follows: 4.2% for vaginal deliveries; 8.8% for elective cesarean section; and 10.4% for emergency cesarean section. Using vaginal deliveries as baseline, the odds ratio for elective cesarean section was 2.2 (95% CI, 1.2-3.9) and for emergency cesarean section was 2.6 (95% CI, 1.7-4.2). Minor complications included wound tenderness, minor wound infections and urinary tract problems. The minor complication rates were as follows: 6.5% for vaginal deliveries; 36% for elective cesarean section; and 41% for emergency cesarean section. Its odds ratio for elective cesarean section was 7.8 (95% CI, 5.3-11.3) and for emergency cesarean section was 10.3 (95% CI, 7.4-14.2). Secondary operation were needed in 11 cases (1.3%) of vaginal delivery (11 cases manual removal of placenta and 2 cases re-suture of birth canal), 1 case (0.5%) of elective cesarean section (subrectus sheath hematoma) and nil in emergency cesarean section (P value = .07). Newborn complications included a low Apgar score, admission to NICU, requiring treatment such as oxygen therapy, and the necessity for nutrients other than breast milk. Such complications were also significantly higher in the cesarean section group.

**Conclusion:** If feasible vaginal delivery is the safest delivery method for both the mother and the newborn. Cesarean section delivery is associated with a higher rate of mortality and morbidity especially in an unexpected operation.

**Keywords:** Complications, Vaginal deliveries, Cesarean deliveries

## Effect of Body Mass Index (BMI) on Bone Mineral Density in Peri-and Postmenopausal Women

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**Objective:** To assess the effect of body mass index (BMI) on bone mineral density (BMD) in peri-and postmenopausal women.

**Material and Method:** Cross sectional study on 1,041 peri-and postmenopausal women who attended at menopause clinic. Body weight and height were recorded. Bone mineral density at ultradistal radius was measured by DEXA. ANOVA test was used for statistical analysis.

**Results:** The mean bone mineral density was  $0.332 \pm 0.057$  gm/cm<sup>2</sup>. The mean BMD in thin women (BMI < 18.5 kg/m<sup>2</sup>) was  $0.298 \pm 0.069$  gm/cm<sup>2</sup> and in women with normal weight (BMI 18.5 – 24.9 kg/m<sup>2</sup>) was  $0.324 \pm 0.055$  gm/cm<sup>2</sup>, that was no statistically significant between both groups. The mean BMD in overweight (BMI 25 - 29.9 kg/m<sup>2</sup>) and obese women (BMI  $\geq 30$  kg/m<sup>2</sup>) was  $0.342 \pm 0.056$  gm/cm<sup>2</sup> and  $0.381 \pm 0.054$  gm/cm<sup>2</sup>, respectively. The mean BMD in overweight and obese women were higher than that in thin and normal weight women statistically significant ( $P < 0.01$ ).

**Conclusion:** The BMD in thin women was the same as in normal weight women. The BMD in thin and normal weight women were less than in overweight and obese women statistically significant.

**Keywords:** Body mass index, Bone mineral density

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## Quality of Life Assessment in Thai Postmenopausal Women with Overactive Bladder

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**Objective:** To assess the quality of life (QoL) of Thai postmenopausal women with overactive bladder (OAB) and diabetes compared to the controls (without OAB and diabetes).

**Material and Method:** A total cross-sectional cohort of 180 postmenopausal women aged 48-60 years (60 had OAB, 60 diabetes and 60 controls) was recruited from menopause clinic and diabetes clinic of Hatyai regional hospital between June 2003 and December 2003. Information on QoL were collected using the SF-36 questionnaire, validated for Thai women.

**Results:** There was no significant different in the patient's demographic characteristics. Women with OAB and diabetes had all dimensions scores lower than controls. When compared with diabetes, OAB had significantly lower scores in the dimensions of general health, social function and role-function emotional.

**Conclusion:** QoL was significantly impaired in Thai postmenopausal women with OAB and diabetes compared to the controls. Furthermore, the dimensions of general health, social function and role-function emotional were more impaired in women with OAB than in diabetes.

**Keywords:** Quality of life, Thai postmenopausal women, Overactive bladder, Diabetes

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## Lower Urinary Tract Symptoms and Quality of Life in Women Attending the Gynaecology Clinic

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**Objective:** To assess the prevalence of lower urinary tract symptoms and its impact on quality of life in women attending the gynaecology clinic.

**Method:** From March 2003 to December 2003, a cross-sectional study using a lower urinary tract symptoms questionnaire and a modified self-administered, incontinence-specific quality of life questionnaire were performed among women attending the gynaecology clinic, Faculty of Medicine, Ramathibodi Hospital.

**Results:** A total of 1,042 women, mean age  $42.17 \pm 11.01$  years, completed the questionnaire. Lower urinary tract symptoms was found in 78.7% of women attending the gynaecology clinic. The prevalence of stress urinary incontinence, urge urinary incontinence, urgency, frequency, and nocturia were 49.2%, 18.6%, 41.1%, 29.7% and 43.2% respectively. The incontinence-specific quality to life was significantly affected by lower urinary tract symptoms in aspects of avoidance and limiting behavior, psychosocial impacts and social embarrassment.

**Conclusion:** The lower urinary tract symptoms was experienced by three forth of women attending the gynaecology clinic and was shown to have a negative effect on the women's quality of life.

**Keywords:** Lower urinary tract symptoms, Quality of life

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