IS-40 Laparoscopic management of urachal cyst presented with a huge pelvic mass in a woman

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Urachal anomalies occur when obliteration of the urachus is incomplete during embryologic development, which are uncommon in adulthood. Urachal cysts can mimic a wide variety of intra-abdominal pathologies when they become infected. We report a case of 28-year-old woman who had enlarged abdominal girth and lower abdominal pain. Pelvic ultrasonography revealed a pelvic cystic mass as 13.4 × 10.7 cm in size with homogenous ground glass content. The serum cancer antigen 125 level was 49.63 U/mL. Under the impression of benign pelvic cystic tumor suspected ovarian origin, laparoscopy was performed. Omentum and a small segment of intestine were adherent to the surface of the mass lesion. The cystic mass was isolated in front of the uterus and located over the retroperitoneal and retropubic space. Uterus and bilateral adnexa were normal appearance. After lysis of the adhesion covered on the cystic mass, surgical dissection of the cystic mass with a transperitoneal approach was performed carefully. Purulent fluid content with thick cystic wall was noted. The base of the cyst adhered densely onto the bladder dome. The dissection process was more easily with a full bladder. At the end of the surgical dissection, a small tear of bladder wall was noted. Under the guide of cystoscope, primary repair of the bladder was performed uneventfully. The specimen was retrieved with a Morcellator due to the large size and firm consistency. The patient recovered well after the laparoscopic surgery. Pathology showed benign fibrous-walled cyst with acute and chronic inflammation.

IS-41 Incorporation of Robotics, da Vinci Surgical System, into a Gynecologic Oncology Practice: The First Three Cases

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Introduction: The da Vinci is classified as a master–slave surgical system. It has shown efficacy first in cardiac and then urologic cancer surgery, whereas interest is currently focused on the field of gynecology. It provides several advantages to conventional laparoscopy such as 3D vision, motion scaling, intuitive movements and tremor filtration. Herein, we describe our initial clinical experience for robotic-assisted surgery. Methods: Data were collected from three consecutive patients with endometrial and cervical cancer, who underwent robotic hysterectomy and pelvic lymphadenectomy. All patients signed the informed consent form. The surgical procedure and research protocol were approved by the Institutional Review Board of our hospital. Data regarding patient demographics, operative variables, pathological results, complications, and length of hospital stay were evaluated. Results: Average operative time was 307 min. The mean dissected lymph node count was 28. The mean estimated blood loss was 70 ml and hospital stay six days. No complications were associated with the robotic procedures. Conclusions: Robotic hysterectomy and pelvic lymphadenectomy may be a feasible surgical approach for early gynecologic cancer. It may have the advantages of shorter hospital stay and lower estimated blood loss, which are important for reducing morbidity in patients.

IS-42 Prediction of pregnancy outcomes by uterine artery impedances on the day of embryo transfer in human IVF

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Objective: This study was aimed to investigate whether uterine blood flow on the day of embryo transfer can be a predictor of pregnancy outcome in human IVF. Method: This was a prospective clinical observation study on 51 IVF cycles. Serum E2 levels were measured on the day of hCG administration and uterine pulsatility index (PI) and resistance index (RI) was examined for at embryo transfer of day 3. Results: Of 51 cycles, 22 cycles were clinically pregnant (43.1%) and the implantation rate was 14.7%. Uterine PI and RI had a significant inverse correlation with serum E2 levels (p < 0.05). These uterine blood flows were not significantly different between pregnant and nonpregnant groups. The pregnancy rate was slightly higher in patients with PI more than 3.0 compared to those with PI of 3.0 or less, but there was no significant difference. Conclusion: These results suggest that uterine PI and RI at the day of embryo transfer could not be a good predictor of pregnancy in IVF treatment. But they had an inverse correlation with serum E2 levels on the day of hCG administration.