ISP-33-2  Successful delivery after abdominal radical trachelectomy and in vitro fertilization treated in the same facility throughout: a case report

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The number of uterine cervical cancer patients in their 20's and 30's is increasing, and many of them want to retain their fertility. Radical trachelectomy is a possible option for patients with early-stage cervical cancer. We experienced a case that the patient delivered after being performed radical trachelectomy and in vitro fertilization all in our hospital. The patient was a 35-year-old Japanese woman, gravida 0, para 0. She was diagnosed with cervical cancer stage Ib1 (mucinous adenocarcinoma, endocervical type). A radical trachelectomy with sentinel node biopsy was performed. Twenty months after operation, we performed egg retrieval and froze all the embryos for fear of ovarian hyperstimulation syndrome. Five months after that, the patient became pregnant by frozen embryo transfer. From 21 weeks of gestation, she had continuous tocolytic treatment with ritrodrine because of threatened premature delivery. At 35 weeks of gestation, she underwent emergency cesarean section because of premature rupture of the membrane. A boy weighing 2272g was delivered, with Apgar scores of 8 and 9 at 1 and 5 min, respectively. Both the mother and the baby were discharged without trouble. We could observe all the course of her treatment from the operation for cancer to successful delivery. This case will help young early-stage cervical cancer patients to keep hopes for childbearing.

ISP-33-3  Survey of attitudes toward uterus transplantation among Japanese women of reproductive age

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[Objective] To clarify the views of Japanese women of reproductive age on uterus transplantation (UTx) for uterine factor infertility. [Methods] A total of 3,892 women aged 25 to 39 years old were randomly chosen by an Internet research company and a questionnaire on UTx was conducted via the Internet in December 2014. Responses were analyzed from 3,098 subjects (mean age 32.1 ± 4.2 years old), after exclusion of inappropriate respondents in screening. The study was conducted with the approval of the institutional review board. [Results] As a result of questionnaires, deceased donors (33.8%) and mothers (19.0%) were favored as donors, and women with congenital absence of the uterus (54.4%) and hysterectomy due to a malignant uterine tumor (20.0%) as recipients. Of the respondents, 62.1%, 34.7% and 18.1% favored adoption, UTx and gestational surrogacy, respectively. In contrast, 7.0%, 21.9% and 63.3% opposed adoption, UTx and gestational surrogacy, respectively, and 89.9% opposed at least one of these options. Regarding societal acceptance for UTx, the answer rates were 15.7% for "should be permitted", 77.6% for "should be permitted with discussion", and 67.9% for "should not be permitted, even with discussion". [Conclusion] Many Japanese women of reproductive age felt that UTx is socially and individually acceptable. They were also more favorable about UTx than gestational surrogacy.

ISP-33-4  Fertility preservation in three AYA women with myelodysplastic syndrome

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[Introduction] Myelodysplastic syndrome (MDS) is characterized by bone marrow failure with pancytopenia and risk of leukemia. The curative treatment approach is hematopoietic stem cell transplantation (HSCT). Fertility preservation should be considered in young women with this condition. [Case 1] 21 years old married woman was diagnosed as MDS with bone marrow chromosome aberration at 12 weeks of gestation. The patient chose to terminate pregnancy to have HSCT. Five weeks after the evacuation, ovarian stimulation was commenced while she received platelet transfusions. Twelve oocytes were retrieved and six blastocysts were vitrified. She received frozen–thaw embryo transfer two years after HSCT. [Case 2] 18 years old girl was diagnosed as MDS without chromosomal aberration. Since she sought fertility preservation before progression of disease, ovarian stimulation was commenced and eight oocytes were vitrified. [Case 3] 18 years old girl had been diagnosed as severe aplastic anemia. As she evolved into MDS with bone marrow chromosome aberration, HSCT was planned and ovarian stimulation was commenced. She received frequent blood transfusion and eight oocytes were vitrified by two stimulated cycles. [Conclusions] Women with MDS at reproductive age sometimes require HSCT. Oocyte cryopreservation may be the choice of fertility preservation and could be performed under strict surveillance.