

I S—25 Improvement of HPV detectable rate on cytological smears by PCR in situ hybridization

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[Objective] To assess the HPV detective value of PCR in situ hybridization (PISH) in cytological cervical smears by comparison with fluorescence in situ hybridization (FISH) and immunohistochemical staining (IHS). [Methods] From 1985 to 1995, a total of 197 archival cervical smears with different cytological classification (class IIIa, class IIIb and class IV) were taken from 49 patients before they were histologically proven cervical carcinoma in situ (CIS). At least three smears of each patient were selected and randomized into three groups for HPV detection by means of FISH (n=71), PISH (n=69) and IHS (n=57). [Results] In class IV, the HPV detectable rates of the three methods were no difference. In class III (IIIa + IIIb), PISH showed 58.0% positive incidence, which was significantly higher than FISH (34.6%) ($P < .01$), but was no difference with IHS (48.6%). About the total detectable rate, PISH (56.5%) was significantly higher than FISH (35.2%) ($P < .01$) but was no different with IHS (50.9%). However, about the rates of 34 patients in total of 49 patients who were prevalence of HPV, in class IIIa and IIIb, PISH showed higher rates respective than FISH, but were no difference with IHS. [Conclusions] PISH can improve the HPV detectable rate in the cytological smears especially in the low-grade smears comparing to FISH, and also has advantage to conserve the morphology of cells. This new technique, possessing high sensitivity and specificity will have enormous potential for research and early diagnosis of some diseases which suspected having viral infection, and will be further invaluable for molecular biologists, pathologists, geneticists and all those seeking to perform in situ analyses of nucleic acid molecules.

I S—26

The outcomes of microsurgical tubal reanastomosis : A report of 536 cases

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Objective (s) : Since tubal reanastomosis was initially reported by Walz in 1965, it has been performed by various techniques such as macrosurgery, microsurgery, and laparoscopic operation. The most important aim of tubal reanastomosis is a successful pregnancy following operation. However, according to various reports one-third of the patients who underwent tubal reanastomosis have not conceived postoperatively and many efforts to enhance the pregnancy rate have been attempted. The purpose of this study is to report the outcome of tubal reanastomosis by microsurgical procedures and to determine the important factors affecting the fertility potential after reanastomosis.

Methods : Microsurgical tubal reanastomosis was performed in 536 patients from March 1988 to March 1996 at Moon Hwa hospital. The operation was performed by one physician, the first author. The pregnancy outcomes were analyzed in 457 cases who were followed up for a minimal period of one year. A two-layer closure using 9-0 nylon sutures was performed in most of the cases.

Result s : The overall pregnancy rate (PR) was 91.2% (417 cases), of which, intrauterine pregnancy was 88.8% (406 cases), ectopic pregnancy was 2.4% (11 cases). The cumulative PR was 80.3% (367 cases) in one-year, 87.9% (402 cases) in 2 years, 90.4% (413 cases) in 3 years. With our method of microscopic operation, age was the most significant factor affecting the success of pregnancy and the PR was 96.9% for patients aged 25-30 years, 94.6% for patients aged 31-35 years, 89.3% for patients aged 36-40 years, 54.1% for patients aged more than 40 years ($p < 0.005$). Tubal length after reanastomosis and the site of reanastomosis resulted in different PR. However, there were no significant difference in PR considering the parameters of sterilization method, menstrual phase at reanastomosis.

Conclusion (s) : Our microsurgical procedure for tubal reanastomosis could be an excellent procedure considering the high PR. Age, the site of reanastomosis, and tubal length after reanastomosis could be important factors to predict the fertility results after reanastomosis.