

P-IS-52 Cytotoxic Effect of Zinc-Citrate Compound on Choriocarcinoma Cell Line

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This study investigated the cytotoxic effect of zinc-citrate compound (CIZAR[®]) on choriocarcinoma cell line. Primary cultured normal trophoblastic tissues (NPT), human tumorigenic poorly differentiated trophoblast cell line (HT), and choriocarcinoma cell line (BeWo) were exposed to different concentrations of CIZAR[®] and cultured at different times. Cell viability was determined by CCK-8 assay. The effects on cell cycle progression, population distribution and apoptotic incidence were determined by flow cytometry. The appearance of apoptosis was confirmed by DNA laddering and DAPI staining. The quantitative analysis of telomerase was measured by TRAPeze[®] telomerase detection kit. The molecular mechanism of CIZAR[®]-induced apoptosis was examined with Western blot analysis and enzyme linked immunosorbent assay of caspase-3. In vitro condition, CIZAR[®] had a selective cytotoxic effect on choriocarcinoma cell line in dose- and time-dependent pattern. Flow cytometric analysis, DNA laddering, and DAPI staining indicated that CIZAR[®] induced apoptosis on BeWo cells. Shortening of telomere was also observed in BeWo cells. Results also displayed that CIZAR[®]-induced apoptosis involves the up-regulation of p21WAF1 and Bax protein, down-regulation of Bcl-2, which were accompanied by the activation of caspase-3. Taken together, these studies suggest that CIZAR[®] is an apoptotic inducer in malignant trophoblast cells (BeWo).

24 IS
(月)**P-IS-53** Heterotopic pregnancy : A rare clinical event

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Heterotopic pregnancy in a spontaneous cycle is a rare entity with an estimated frequency below one per 30,000 pregnancies. Its incidence evidently has increased in accordance with the widespread use of in vitro fertilization and ovulation induction.

We report a case of heterotopic pregnancy in a 21-year-old primigravida who presented to the emergency department with amenorrhoea and severe pain abdomen. During the period of observation, she had 2 episodes of fainting attacks. Vaginal ultrasound imaging showed viable intrauterine pregnancy of 8-9 weeks. Simultaneously, exploratory laparotomy revealed tubal ectopic pregnancy. After surgery, transvaginal sonography confirmed the salvage of the intrauterine pregnancy and histopathology report established the tubal ectopic pregnancy. With patient still on follow up, the fate of this viable intrauterine pregnancy is awaited.

P-IS-54 Comparisons between MTx treatment and Laparoscopic surgery in Ectopic pregnancy

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Objectives : To evaluate the efficacy and cost effectiveness between MTX treatment and Laparoscopic surgery in treatment of ectopic pregnancy

Methods : Between January and September 2004, we compared 20 members of Laparoscopic surgery group and 32 members of MTx treatment group who were diagnosed ectopic pregnancy at Korea University Ansan Hospital.

Results : Success rate of treatment is significantly higher in Laparoscopic surgery group than Mtx treatment group. (100% vs 81%) And laparoscopic surgery group showed significantly lower readmission rate (0% vs 29%). There were no difference in vaginal bleeding between groups (10% vs 13%) but lower abdominal pain is significantly lower in laparoscopic surgery group. (10% vs 35%) And admission duration and number of OPD visitings are significantly lower in Laparoscopic group. (3.2 days vs 5.2 days, 1.1 visitings vs 5.9 visitings) When we compared the direct cost, laparoscopic surgery group showed significantly higher admission cost (a + 107 vs a) but cost of OPD visitings were higher in MTX group.

Results : MTX treatment and Laparoscopic surgery had merits and demerits, respectively. After counselling to patients and protectors about that enough, then individualized therapy is needed in the treatment of Ectopic pregnancy.