ISP-37-6 Surgical method of laparoscopic gonadectomy and histological examination for the 3 cases of AIS (Androgen Insensitivity Syndrome)

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[Objective] Androgen Insensitivity Syndrome (AIS), is caused by mutation of the gene encoding the androgen receptor. Localization of internal genitalia of AIS is intra-pelvis, intra-inguinal and intra-labia. Here, for 3 cases of AIS performed by laparoscopic gonadectomy, whose internal genitalia existed on different area. We are reporting on our findings regarding of them to demonstrate the procedure of laparoscopic surgery with VTR and analyze histological examination. Case1) There is a gonad and para-gonadal cyst intra peritoneum around inguinal. In the histological finding, there were testis consisted of seminiferous tubules, testicular artery and vas deferens. Case2) This case is an elder sister of case 1. Both gonads were could be seen in the pelvis and they were connected by cord-like tissue. In histology, the testis, fallopian tubes and rudimentary uterus were also existed in the removed masses. Case3) Both gonads existed deep in the back of the inguinal duct. In the gonads, there were testis and fallopian tubes as well. [Conclusion] laparoscopic gonadectomy could be performed anywhere the gonads existed in the pelvic cavity and some cases of AIS may have remnants of Mullerian and Wolffian duct in histology.

ISP-37-7 Laparoscopic diagnosis and treatment of 46, XY disorders of sex development

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Three cases of 46,XY disorder of sex development (DSD) were treated. [Case1] 18y.o.woman with primary amenorrhea visited. After accepting an informed consent blood chromosomal test showed 46XY (90%)/45X (10%). Based on hypergonadotropic hypogonadism (HH) and on genital findings, she was diagnosed as mixed gonadal dysgenesis. She received laparoscopic gonadectomy followed by Kaufmann treatment. [Case2] 19y.o.woman with primary amenorrhea visited. The defect of upper vagina and uterus was pointed out. After accepting an informed consent blood chromosomal test showed 46XY. Based on hormonal pattern and genital findings, she was diagnosed as androgen insensitivity syndrome. She received laparoscopic gonadectomy followed by estrogen replacement therapy. Vaginoplasty was scheduled later. [Case3] 18y.o. woman with primary amenorrhea visited. After accepting an informed consent blood chromosomal test showed 46XY. Based on HH pattern and genitalia findings, she was diagnosed as XY pure gonadal dysgenesis. Though informed about the risks of malignancy, it took 3years to get consent. On laparoscopy, both ovaries shrank, however histological examination revealed dysgerminoma 1a. She was followed up receiving Kaufmann treatment. [Conclusions] Only with image examination, internal gonad is difficult to examine. Laparoscopy is useful to confirm the findings and to treat with 46,XY DSD.

ISP-37-8 Ischemic heart disease and risk of perinatal factors

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[Objective] The relationship between perinatal factors and ischemic heart disease (IHD) have not been well known. [Methods] We retrospectively examined past perinatal factors for women over 40 years old, admitted in cardiovascular section in 2015. Perinatal factors were as follows ; Times of pregnancy and delivery, Method of delivery, Birth weight, Hypertensive disease in pregnant period, GDM, preterm labor and delivery, and placenta abruption. Those women were divided into two groups : IHD and non-IHD and compared perinatal factors. [Results] The incidence of perinatal factors in each groups was as follows ; Hypertensive disease (20.2% vs 18.9%) delivery of low birth weight (LFD) infant (21.5% vs 16.2%) delivery of heavy-for-date weight (HFD) infant (24.0% vs 13.5%) PTL (21.5% vs 13.5%). Each perinatal factor was higher in IHD group, but there was no significant difference. But the women who have at least one perinatal factor were significantly higher in the IHD group (p=0.045 Fisher's exact test). Furthermore, women with histories of abnormal birth weight (LFD +HFD infants) had significantly relationship to IHD. [Conclusion] The study demonstrates the risk of IHD was much higher in women who have at least one of the perinatal factors.