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## FIRST PRIZE ORAL PRESENTATION

# The Effect of Probiotics on Quality of Life in Women with Primary Dysmenorrhoea: A Randomized, Double-Blind, Placebo-Controlled Trial (The Period Study-Probiotic Effects on Primary Dysmenorrhoea)

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**Introduction:** Primary dysmenorrhea is a common yet often underappreciated condition affecting young women with a high burden of illness due to loss of productivity. As exact pathophysiology is still unknown, effective strategies targeting underlying cause remain elusive. This randomized double-blind placebo-controlled trial aims to investigate the effect of probiotic supplementation on quality of life in women with primary dysmenorrhea.

**Methods:** 72 patients were randomized to receive either oral sachets containing six probiotic strains (*Lactobacillus acidophilus*, *Lactobacillus casei*, *Lactobacillus lactis*, *Bifidobacterium bifidum*, *Bifidobacterium longum*, and *Bifidobacterium infantis*) 107 mg each or placebo twice daily for three months. Quality of life was assessed using visual analog scale (VAS), verbal rating scale (VRS), physical and mental health scores using SF12v2 questionnaire evaluated on day 2 of menses before and after treatment, and frequency of non-steroidal anti-inflammatory drugs (NSAIDs) use were documented throughout study duration.

**Results:** 67 women (93%) completed the study and included in intention-to-

treat analysis. There is no significant difference in total quality of life scores post-treatment compared to placebo (p-values >0.05). However, probiotic group had lower NSAIDs use (55.9% vs 63.6%, OR 0.68, 95% CI 0.28-1.83) and significant improvement in mental health score (mean difference 6.5 vs 6.1, p-value 0.03) compared to placebo group.

**Conclusions:** This study observed a novel approach using probiotic which may have potential positive effect in primary dysmenorrhea possibly via modulation of intestinal homeostasis reducing estrogen reabsorption. Further research is needed to assess the relationship of probiotics and dysmenorrhea.

## Endometrial Cancer in Pre-menopausal Women and Younger Women: Risk factors and Outcome

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**Background:** Endometrial cancer is the sixth most common malignancy in women and it is known to be a disease among post-menopausal women, but there is rising in number of endometrial cancers among pre-menopausal women.

**Objective:** The aim of this study is to compare the clinical characteristic, risk factor, outcome and survival in pre- and post-menopausal women with endometrial cancer.

**Methods:** A retrospective study was conducted in Hospital Melaka that involve all women who diagnosed with endometrial cancer in Hospital Melaka from January 2002 until July 2020. All subject's histopathological examination result was confirmed and their clinical data extracted and transferred into a standardised data checklist and analysed.

**Result:** Total number of 392 cases was obtained from the Annual Cancer Registry Hospital Melaka. However, only 281 cases were studied which includes 44.8% pre-menopausal and 55.2% post-menopausal group. The incidence of obesity ( $30.8 \pm 8.6$ ) and nulliparity (46.8%) are higher in pre-menopausal group. The pre-menopausal group also have a lower incidence of hypertension (38%), lesser number of children ( $1.47 \pm 1.84$ ) and longer duration of symptom prior consultation ( $38.8 \pm 70$ ). Pre-menopausal group tend to be presented with well differentiated grading of tumour (52.4%) and higher incidence of having concomitant endometrial hyperplasia (41.3%). The mean survival month among pre-menopausal group is higher ( $193.1 \pm 8.6$ ) compared to post-menopausal group ( $149.5 \pm 6.0$ ).

**Conclusion:** These findings are correlate with a good survival and prognosis among pre-menopausal group as compared to post-menopausal group.

## Bone Mineral Density Status in Patients with Turner Syndrome Attending The Paediatrics and Adolescent Gynaecology (PAG) Unit, Hospital Canselor Tuanku Muhriz (HCTM) UKM: 5 Year Review

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**Objectives:** Turner syndrome (TS) is associated with decreased bone mineral density and increased fracture rate. Early diagnosis of girls with TS is crucial to provide appropriate management on puberty induction to minimize long term complications specifically low bone mass. The aim of this study was to determine the age, presenting complaint and result of bone mineral densitometry of girls with TS at the time of presentation to Paediatrics and Adolescent Gynaecology (PAG) unit. The karyotype and puberty induction treatment were also determined.

**Methods:** Retrospective data was retrieved from medical records of 27 young women with TS aged 17 to 48-year-old within 2015 to 2019. The data include age at diagnosis, karyotype analysis, presenting complaints with its associated problems, hormonal profiles, puberty induction treatment and bone mineral densitometry result.

**Results:** The mean age of diagnosis was 17.6 ( $\pm 7.8$ ) years with 45X (48.1%) as the main karyotype diagnosed. Primary amenorrhea (81.5%) was the commonest presenting complaint in PAG clinic. The associated medical problem detected in this study population was mostly low bone mass (70.4%). Conjugated Equine Estrogen (CEE) (55.6%) was commonly used for puberty induction. The bone mineral density status was not significantly influenced by patient karyotype or age.

**Conclusion:** Majority of young women with TS were diagnosed in PAG unit late. Primary amenorrhea triggered evaluation for most patients. Most of them had low bone mineral densitometry during screening. Hence, it is crucial to educate and increase awareness among doctors and the community to establish early diagnosis and to improve the quality of life in young women with TS.

## In Embryo Transfer Procedure After In-Vitro Fertilization Cervical Blockage Can Occur. Hence A Device, The Malleable *P. ovata* Hygroscopic System Hereby is Described as A Solution to This Problem

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**Objectives:** The purpose of this system is to attain embryo transfers as the following : Blood less cervical dilatation, without general anaesthetic and easy embryo transfers as planned with no cancellations.

**Methodology:** The devices comprises: *P. ovata* plant husks processed to various sizes wood-like hygroscopic block of length 3 cm and diameters of a minimum 1.5 mm on one end and maximum 4.5 mm over the opposite end, an hydrogel cover embedded in the outer surface of *P. ovata* block, a metallic shaft in sizes of 4.5 cm with a central cavity of 3.5 to 4.5 mm in diameter and small peripheral portals to infiltrate local anaesthetics. The *P. ovata* is connected to one end. The hydrogel cover is designed to an ideal coefficient factor of 1/10 the diameter of *P. ovata*. This factor will negate shear forces, microtears and bleeding. The *P. ovata* is inserted into the cervix. Dilatation will be over 4 to 7 hours and patients can be ambulant and then transfers performed.

**Results:** Twenty-four patients who had previously failed embryo transfers due to blockage underwent this procedure. Three patients had unsuccessful embryo transfers. These three patients had small cervices and hypo plastic uteri. Twenty-one patients were successful with no bleeds.

**Conclusion:** This *P. ovata* system is affordable and can be applied also for other gynaecological procedures. Proof of concept studies were done on 24 patients pre-embryo transfer. The cervical canal injury test was performed by cotton bud gentle touches oval the canal and some of them were checked under stereo microscope.

## Bone Health Status among “At Risk” Adolescents and Young Women in PAG Clinic: Assessment of Prevalence and Treatment Effects

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**Introduction:** Low bone mineral density (BMD) is expected among adolescents and young women with estrogen deficiency. Unfortunately, treatment compliance among them are poor. Locally this remains unclear due to lack of published data in this cohort.

**Objective:** To determine prevalence of low BMD among adolescents and young women who are “at risk” and assess relationship between treatment compliance and effect on BMD.

**Methodology:** A cross-sectional study involving adolescent and young women aged 10-30 years old and “at risk” of low BMD. BMD results within 2 years were reviewed and treatment compliance assessed using medication possession ratio (MPR).

**Results:** Total of 47 adolescent and young women recruited. Prevalence of low BMD was 59.5% (n=28). Diagnoses were majority (19%) premature ovarian failure, 17% Turner’s syndrome, 14% hypogonadotrophic hypogonadism and 8% disorders of sex development (DSDs). Half of them were on treatment combination of calcium, vitamin D and hormonal therapy (HT). Two groups; (20.8% each) were on treatment of Combined Oral Contraceptive Pills (COCP) with either calcium, vitamin D or bisphosphonates. Balance 8.4% were on HT and bisphosphonates. Good compliance were observed in all treatment groups. Marked improvement in lumbar spine BMD for all treatment combinations. Significant BMD improvement seen in combination of with calcium, vitamin D with either HT or COCP. No significant changes of BMD in combination of bisphosphonates with either HT or COCP.

**Conclusion:** Adolescents and young women with estrogen deficiency are at higher risk (59.5%) of low BMD. Good treatment compliance translates into significant improvement of BMD values. Most significant BMD improvement were in treatment combination of Calcium and Vitamin D and HT.

## A Study on Prevalence of Menopausal Symptoms and Quality of Life among Post-Menopausal Women in Shah Alam, Malaysia

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**Introduction:** Menopause is a normal physiological changes experienced by women approximately from 40 to 60 years of age. Cessation of menstruation is accompanied by withdrawal of female hormones and leading to some changes in the body. Apparently, most of the women are not aware of the changes caused by menopause, but some are experiencing symptoms severely and these are believed to affect their quality of life.

**Objectives:** This research explored prevalence and impact of menopausal symptoms on quality of life in post-menopausal women.

**Methodology:** A cross-sectional study was conducted from January to May 2020 in Shah Alam, Malaysia. Data was collected by using menopause rating scale (MRS) questionnaire and analysed by SPSS. The sample size was calculated by Open Epi software and convenient sampling was carried out.

**Results:** Total participants were 205 postmenopausal women which includes Malay (85.9%), Chinese (7.9%) and Indian (6.3%). Majority of women (93.2%) disclosed about dryness of vagina which was followed by joint and muscular discomfort (89.8%). Hot flushes and sweating was the least common symptoms in this study, however three quarter of the respondents experienced it. According to total score of MRS, there were no women in the category of no or little and mild. Most of the women (96.6%) rated their symptoms as severe and only 3.4% rated their symptoms as moderate. There was no significant association found between their

socio-demographic data and the category of severity.

**Conclusion:** This study showed high prevalence of menopausal symptoms among women in Shah Alam which effect their quality of life.

## Chronic Non Puerperal Uterine Inversion (NPUI)

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**Introduction:** Chronic non puerperal uterine inversion is a rare case with only around 170 cases reported in the last 77 years. The objective of this clinical report is to discuss regarding management of NPUI.

**Case Presentation:** A 67 years old lady, para 13 admitted from urogynaecology clinic for infected chronic non puerperal uterine inversion. Patient presented with mass per vagina of 1 year duration. Vaginal examination noted that there was a reddish and pinkish lump protruding outside the introitus, measuring 10 cm x 8 cm. The cervical os was not identified. Case was planned for hysterectomy. Pfannenstiel incision was made and abdomen entered in layers. Intra-operatively noted the cup of the uterus was at mid pelvic cavity which was formed by the inversion with inwards pulling of tubes and ovaries. Kustner's method was used, whereby vertical incision at posterior part of cervix was made. Pressure done per vaginally by operator index and thumb finger to turn the uterus outside in. Huntington technique was performed, whereby both round ligament were identified and clamped using Allis forceps. Gentle upward traction of the both round ligament and the fundus of uterus were done. Additional method was performed using Haultain procedure. Vertical incision was done posteriorly at the site of constriction ring to facilitate repositioning of the uterus. The uterus was successfully replaced within the pelvis, followed by total abdominal hysterectomy and bilateral salphingo-ophorectomy.

**Conclusion:** Surgery is the primary treatment of non-puerperal uterine inversion, with the aim of repositioning of the uterus followed by hysterectomy.

## Laparoscopic Transient Ovariopexy For Endometrioma and Fertility Outcome - A Case Series

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**Introduction:** Endometrioma with advanced endometriosis is commonly associated with adhesion of the ovary. Laparoscopic cystectomy is the gold standard of treatment but results in an incidence of pelvic adhesion of about 50% - 100% and which may have a significant negative effect on fertility.

**Objectives:** To evaluate the fertility outcome and post-surgical ovarian adhesions of transient ovariopexy for moderate to severe endometriosis.

**Methodology:** 78 patients who had underwent laparoscopic cystectomy with transient ovariopexy from 2015 to 2019 were included in this retrospective study. 61 had attended post-operative follow-up while 42 encountered infertility. The procedure involved suspending the affected ovary to the peritoneum of the lower anterolateral abdominal wall next to the ipsilateral round ligament of the uterus by using an absorbable suture. Fertility outcomes were determined via telephone questionnaire and were further analyzed based on the patients' age, disease severity and sites of endometrioma. Patients who underwent in vitro fertilization, information regarding the difficulties of oocytes retrieval were obtained. Post-surgical ovarian adhesions were evaluated 2 months post-operatively.

**Results:** Among the 42 infertile patients, post-operatively 18 (43.9%) conceived spontaneously at 7.4 months, 3 patients conceived successfully via IVF-ICSI and 1 conceived after ovulation induction (total pregnancy rate = 52.3%). During the post-operative follow-up, 57 of 61 (93.4%) of temporarily suspended ovaries, returned to their anatomical position with no evidence of adhesions. Only 4 (6.6%) ovaries were found to be adhered to the uterus. Transient ovariopexy did not cause any significant complications nor prolong hospital stay.

**Conclusion:** Ovariopexy is a safe and simple procedure with minimal post-operative ovarian adhesion and increased pregnancy rates.