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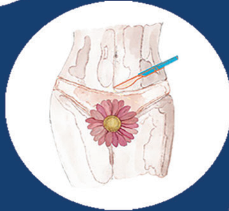

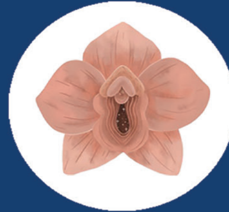

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ORAL PRESENTATIONS IN 9th INTERNATIONAL UROGYNECOLOGY CONGRESS

O1

Predictive value of anamnesis for detecting the dominant type of mixed urinary incontinence in postmenopausal patients

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Background: In this study, we aimed to investigate the reliability of the patient's anamnesis in diagnosing the dominant type in postmenopausal patients with mixed urinary incontinence complaints.

Materials and Methods: Fifty-seven postmenopausal women with mixed incontinence complaints were included in the study. The descriptive information of the patients and the type of incontinence were recorded. Used with SPSS 22.0 for statistical analysis of research data. In the diagnosis of incontinence, the power of agreement of amannesis and urodynamics was evaluated with the kappa coefficient.

Results: In the diagnosis of urinary incontinence, moderate agreement between anamnesis, urodynamics and physical examination; were found to be in postmenopausal (Kappa: 0.493) women.

Conclusion(s): We believe that in the diagnosis of the dominant type in postmenopausal women with mixed type urinary incontinence, anamnesis should be supported by physical examination and, if necessary, urodynamics.

Keywords: Patient history; physical examination; reliability, mixed incontinence; urodynamics; urge incontinence

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O2

A case report: Labiaplasty

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Background: Labiaplasty is a correction surgery performed on the genital area (1). The labium minus may be large, drooping, irregular or asymmetrical in some women. The drooping and large labium minus causes some aesthetic and functional problems (2). The drooping labium minus is irritated by contacting and rubbing underwear during walking, running or various sports activities. Prolonged irritation can cause skin rash, infection or ulcerative sores. This causes distress and problems in daily life. Labiaplasty can be planned due to both cosmetic concerns and the discomfort experienced by the patient. Hudoplasty can be added to these procedures depending on the situation (1,3).

Materials and Methods: A 34-year-old patient with hypertrophy of the labium minus applied to the outpatient clinic of our hospital. The patient had cosmetic concerns. She also had a feeling of discomfort, which he described when walking and wearing tight pants. Labiaplasty with the shaving technique was planned and applied to the patient. There were no intraoperative and postoperative complications.

Results: There was no problem in the postoperative follow-up of the patient. The patient's cosmetic and functional problems were resolved.

Conclusion(s): With the completion of the recovery period, labiaplasty surgery is a surgical operation with a very high satisfaction rate.

Keywords: Female genital aesthetic surgery; labiaplasty; labia minora reduction

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O3

Investigation of the efficiency of TOT and TVT and the parameters of residential urine volume in stress incontinence

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Background: Urinary incontinence is involuntary urinary incontinence that creates social and hygienic problems. Stress urinary incontinence (SUI) affects more than a quarter of all women aged 30-60 in the world. The most common types of urinary incontinence are stress incontinence 45%, urgency incontinence 25% and mixed types 28% (1). SUI is defined as the involuntary leakage of urine when the intra-abdominal pressure is increased, such as coughing, sneezing, laughing and heavy lifting. The gold standard treatment for SUI is surgery. Ulmstein et al. (2) in 1996, the midurethral sling was introduced to the literature as a tension-free vaginal tape (TVT), and then the transobturator tape (TOT) method was defined by Delorme (3). In both of these methods, a polypropylene mesh is used to support the suburethral tissue and in cases where intra-abdominal pressure increases, urethral closure resistance is increased. In this study, we aimed to examine the complication (intra-operative and post-operative) success rates and residual urine volume parameters of patients who underwent TVT and TOT surgery for stress urinary incontinence.

Materials and Methods: Patients who underwent TVT and TOT operations at University of Health Sciences Türkiye, Etlik Zübeyde Hanım Gynecology Training and Research Hospital between 2012 and 2020 were included. Demographic and clinical data of the patients [age, body mass index (BMI), parity, menopause status, duration of incontinence, length of stay, pre-operative-post-operative examination values, complications] were analyzed. Patients who had full access to their data within the date range were included in our study.

Results: One hundred ninety-nine patients were included in the study, and 98 (49.2%) patients were treated with TOT and 101 (50.8%) patients who underwent TVT surgery. Among the patients included in the study, there was no statistically significant difference in terms of age, parity, and BMI between those who had TOT and TVT operations ($p>0.05$). No statistically significant difference was observed in terms of presence of concomitant POP and menopausal status ($p>0.05$). There was a statistically significant difference in terms of duration of hospitalization and hospitalization, and it was higher in the TVT group ($p<0.05$). Although the complication of bladder injury was observed only in the TVT group, no statistically significant difference was observed between the groups in the general distribution of complications ($p>0.05$). A statistically significant difference was observed in terms of post-operative control residues of the patients ($p<0.05$).

Conclusion(s): Bladder perforation is an intraoperative complication that can occur in incontinence surgery. In studies, the incidence of bladder perforation was reported as 0.2-32.6% for TVT and 0-4.2% for TOT (4). The rate of bladder injury in the patients included in our study was less than the literature data. Although there were no patients in whom outlet obstruction developed and mesh tension was reduced, there were patients with globe vesical in both groups that regressed with catheterization. Although prospective, large-scale, randomized controlled studies are needed to examine the long-term effects of incontinence surgery procedures, the success of our TOT and TVT surgery seems to be high.

Keywords: Transobturator tape (TOT); transvaginal tape (TVT); stress urinary incontinence (SUI)

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O4

Deep infiltrative endometriosis, laparoscopic nerve decompression and nodule excision

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Background: Demonstrating laparoscopic excision of a deep infiltrative endometriosis (DIE) nodule located on the obturator nerve and Cul de sac.

Materials and Methods: A 32-year-old G1P1 patient presented to our clinic with long-standing severe dysmenorrhea, left hip and leg pain. In the gynecological examination, a painful DIE nodule in the Cul de sac was palpated. The operation lasted 125 minutes in the patient who underwent laparoscopic nerve decompression and nodule excision from Cul de sac. Intraoperative bleeding amount was 30 cc. No intraoperative complications were observed. In the EMG performed at the 6th month postoperatively, nerve regeneration was observed. Functional capacity improvement was good and the patient's complaints was resolved.

Discussion: DIE is defined as the penetration of endometriotic tissues 5 mm or deeper into the peritoneal surfaces. Nodules can penetrate many areas in the pelvis such as pelvic nerves (sciatic nerve, obturatory nerve), bowel, bladder and Cul de sac. Compression of the obturator nerve by the endometriotic nodule may cause entrapment neuropathy, pain and loss of sensation in the medial groin and hip (1). DIE nodule located in the cul de sac may cause severe dyspareunia together with dysmenorrhea. Surgical excision of all nodules is important, especially in symptomatic cases, in order to improve the patient's complaints and quality of life (2). Today, laparoscopic surgery is often preferred. Chronic inflammation can lead to disruption of anatomy, making it difficult to distinguish pelvic landmarks. Determining safe areas, performing a careful surgery by visualizing the ureters and pelvic vessels, and being careful in electrocauterization are important to reduce the possibility of complications (3). With the right technique, the intraoperative complication rate is 1%. It has been shown that performing minimally invasive surgery increases the quality of life, dysmenorrhea and dyspareunia in patients with pain and DIE if conservative treatment is not beneficial (4).

Conclusion(s): A good knowledge of pelvic floor and retroperitoneal anatomy and advanced surgical experience are important in DIE cases requiring surgery. In symptomatic DIE cases, if all endometriotic lesions are removed, improvement of the patient's symptoms, low recurrence rate and improved quality of life can be observed.

Keywords: Deep infiltrative endometriosis; obturator nerve decompression; laparoscopic surgery; endometriosis in Cul de sac

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O5

Repair of vesicovaginal fistula with transvaginal and abdominal approach: Pamukkale university urology clinic results

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Background: Vesicovaginal fistula (VVF) is a pathological condition that causes a certain cost and negatively affects the quality of life and health, resulting in urine coming from the vagina as a result of the continuous leakage of urine from a tract between the bladder and the vagina. Transvaginal approach has recently been popularly used by surgeons because of similar success rates between the transvaginal and the abdominal approach. Factors such as fistula location and size, previous surgeries, history of VVF operation, necessity of simultaneous abdominal surgery, radiotherapy history, patient request, and surgeon's experience are considered in the selection of surgical technique (1). It is aimed to compare the characteristics and results of the patients with both approach.

Materials and Methods: In the study, 35 patients who underwent VVF operation between January 1, 2012 and November 1, 2022 were evaluated retrospectively. Fistula repair was performed with transvaginal approach in 23 patients and with abdominal approach in 12 patients. It was noteworthy that 9 of the patients who underwent fistula repair with abdominal approach had a history of previous VVF operation, 2 had simultaneous ureteroneocystostomy, and 1 patient had a history of radiotherapy. In the postoperative period, the patients were followed up for complications and recurrence.

Results: The mean age of the patients was 47.17±7.09. While the abdominal method was preferred in 12 (34.3%) of the patients, the transvaginal method was preferred in 23 (65.7%) patients. Recurrence was observed in 2 (8.6%) of 23 patients in whom the transvaginal approach was preferred, and in 2 (16%) of 12 patients in whom the abdominal approach was preferred (p=0.594). It was observed that in one of the patients who relapsed after the transvaginal surgical method, the fistula was localized on the opposite wall, and in the other, 3 millimetric fistulas were detected in the recurrence. A large fistula tract (4 cm) was observed in one of the patients who was preferred the abdominal approach and relapsed, while the other had adhesions and poorly healed tissues due to a previous VVF operation. Abdominal VVF repair was performed in the patients in both groups who relapsed, and no recurrence was observed in the follow-up.

Conclusion(s): Transvaginal and abdominal surgical techniques show similar success rates in vesicovaginal fistula surgery. In appropriate patient selection, the transvaginal approach stands out with its short hospital stay and recurrence rates similar to the abdominal approach (2). When the selection is made by considering the criterias, high success in both techniques can be obtained (3).

Keywords: Vesicovaginal fistula; surgery; urinary incontinence

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Table 1. Results of vesicovaginal fistula repair

	Transvaginal approach	Abdominal approach	Total
Number of patients	23 (65.7%)	12 (34.3%)	35
History of VVF repair surgery	-	9 (75%)	9
Simultaneous abdominopelvic surgery	-	2 (16.6%)	2
History of pelvic radiotherapy	-	1 (8.3%)	1
Relapse status	2 (8.6%)	2 (16.6%)	11.4%

O6

Our sacrocolpopexy and colpocleisis results: Pamukkale university urology clinic experiences

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Background: Pelvic organ prolapse (POP) is defined as a vaginal herniation of the pelvic organs. POP can be the origin of conditions that affect women's quality of life, such as urinary incontinence, fecal incontinence, discomfort of herniated organs, sexual dysfunction, chronic pelvic pain. Parity, vaginal delivery, age, menopause, history of gynecological operation and body mass index are identified as confirmed risk factors for the development of POP (1). In studies on anatomical prolapse, POP was detected in half of the patients and symptomatic cases were seen at a lower rate (2). Intervention and hysterectomy for urinary incontinence may be required concurrently with POP surgery. In this study, we aimed to present our experiences with sacrocolpopexy and colpocleisis in POP surgery.

Materials and Methods: In the study, 28 patients who underwent POP surgery between January 1, 2011 and November 1, 2022 were included. All patients had POP-Q stage 3 and above. Age, comorbidities, previous gynecological operations, history of prolapse and urinary incontinence surgery, and quality of life were recorded. In the postoperative period, the patients were followed up in terms of complications, incontinence and recurrence.

Results: Abdominal sacrocolpopexy was performed in 22 of the patients. Since 4 of the patients had a previous hysterectomy, the mesh was attached to vaginal cuff in those patients. The mesh was attached to the cervix in the remaining 18 patients. Since 17 patients who underwent sacrocolpopexy had concomitant urinary incontinence, the patients also underwent burch colposuspension and, if necessary, lateral defect repair. No recurrence or *de novo* incontinence was observed in 6 patients who underwent LeFort colpocleisis, and it was noted that all patients were satisfied. *De novo* urge incontinence was observed in 2 of 22 patients who underwent sacrocolpopexy, and it was noted that the incontinence regressed with medical treatment. Constipation was observed in one patient in the postoperative period and it was observed that it regressed with conservative medical therapy. Patient satisfaction was observed as 26/28 (92.8%) in general.

Conclusion(s): Abdominal sacrocolpopexy and colpocleisis can be applied in POP cases. They are methods with high success rates and satisfaction rates and low complication rates. Both methods have advantages to each other. Colpocleisis surgery stands out with shorter hospital stay. These patients should be well informed in terms of sexual life, and if there is concomitant stress urinary incontinence, it is recommended to perform the necessary surgery before colpocleisis (3). For sacrocolpopexy, the patient should be well informed about mesh and related complications beforehand. In the selection of surgical technique, the appropriate technique can be preferred by talking with the patient in appropriate indications, taking into account the experience of the surgeon and the patient's request.

Keywords: Pelvic organ prolapse; surgery; sacrocolpopexy; colpocleisis

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Table 1. Results of sacrocolpopexy and colpocleisis

	Abdominal sacrocolpopexy	LeFort colpocleisis	Total
Number of patients	22	6	28
Concomitant urinary incontinence and related continence surgery	17	0	17
Relapse status	0	0	0%
De novo incontinence	2	0	92.8%
Patient satisfactin	91%	100%	92.8%

O7

Urethral rotation angles in women with stress urinary incontinence

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Background: Transperineal ultrasonography (TPUS) in a non-invasive office procedure sensitive for assessing dynamic changes related with urethral mobility besides from examining pelvic floor structures (1). Several parameters regarding dynamic angle measurements have been proposed to be related with incontinence types (2). In this study we aimed to compare bladder neck rotation angles measured by TPUS between women with and without stress urinary incontinence (SUI).

Materials and Methods: Patient files of women assessed with TPUS were retrospectively analyzed. Women with SUI were extracted and bladder neck rotation angles were compared against women without SUI. Rotation angles were analyzed during resting and maximum valsalva according to a standardized method described previously (3). Inclination angle of the anterior uretra (Alpha angle) and posterior urethrovesical angle (Beta angle) were noted. Socio-demographic parameters of the SUI and the control group were also assessed.

Results: There were total 80 (40 SUI) women who met the inclusion criteria. Basal characteristics of the two groups are summarized in Table 1. Change in Alpha and Beta angle after valsalva was significantly higher in the SUI group (Table 2).

Conclusion(s): This study documented that change in Alpha and Beta angles after valsalva was significantly higher in women with SUI than that of in women without SUI. Al-Saadi (4) also showed that both the alpha. Beta angles at rest and straining and their change were significantly different between groups (4). However Antovska (5) reported no statistical significance of these angles between women with and without SUI. Heterogeneity in methodology and patient characteristics may cause these conflicting results. Nevertheless. TPUS have promising value in the assessment of women with SUI especially regarding the outcomes of surgical procedures in distinct group of women having different bladder neck measurements.

Keywords: Stress urinary incontinence; transperineal ultrasonography; alpha angle; beta angle

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Table 1. Characteristics of the study population

Parameter	Women without SUI	Women with SUI
Age	43±11	49.8±8.3
BMI	27.5±4.5	28.3±3.6
Gravida	2.3±1.2	3.2±1.4
Vaginal delivery #	1.7±1.3	2.5±1.1

BMI: body mass index; SUI: stress urinary incontinence

Table 2. Comparison of change in Alpha and Beta angle in study groups

	Women without SUI	Women with SUI	p-value
Change in Alpha angle	30.4±23.2	43.7±24.4	0.015
Change in Beta angle	29.6±22.4	42.7±23.4	0.013

SUI: stress urinary incontinence

O8

Laparoscopic hysterectomy with uterosacral plication for cervical intraepithelial neoplasia: Video presentation

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Background: Total hysterectomy is a known and acceptable treatment method for histologically proven cervical intraepithelial neoplasia III (CIN III) especially if there are co-existing conditions (1). Total laparoscopic hysterectomy (TLH) is fast becoming Türkiye's leading type of hysterectomy surgery. This depends on the availability of surgeons, surgical techniques, and the kind of theatre venue. There is also improvement in selecting a total laparoscopic hysterectomy as the gold standard procedure for reducing any residual or incomplete vaginal cuff (2).

Materials and Methods: This is a case series of recurrent CIN III that have been discussed at a multidisciplinary team meeting with a

resultant decision to offer a total laparoscopic hysterectomy with or without BSO. Pneumoperitoneum was created using a Veress needle. A 1.2-cm vertical incision was made at the level of the umbilicus, and a 10-12-mm trocar was inserted through the umbilicus (optic port), followed by a 10-mm 0° or 30° operative laparoscope. Three additional 5-mm trocars were inserted under direct vision at the levels of the lower abdominal quadrants (lateral to the rectus muscles), and another trocar was inserted in the suprapubic area via a midline vertical skin incision. The patient was then placed in the Trendelenburg position. Rumi II uterine manipulator instrument is inserted A concentric ring is noted for colpotomy. A posterior peritoneal reflection to the level of the uterosacral ensures a safe and wide colpotomy. The uterus is retrieved via the vaginal opening and an intracorporeal suture is used for laparoscopic closure of the vault with uterosacral plication.

Results: All cases (n=27) had uncomplicated TLH surgery via the modified palmers point view with no incomplete margins of cervical intraepithelial neoplasia. The average surgical time was 55 minutes, with minimal blood loss of fewer than 70 milliliters and an in-patient stay of 2.0 days. There were no bladder or bowel injuries. The margins were clear of cervical intraepithelial neoplasia on histology.

Conclusion(s): A uterosacral plication gives support to avoiding incomplete margins during TLH for CIN III treatment.

Keywords: Total laparoscopic hysterectomy; uterosacral ligament plication; recurrent cervical intraepithelial neoplasia

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O9

Anorectal angle is not related to quality of life in women with stress urinary incontinence

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Background: Transperineal ultrasonography (TPUS) has been used to investigate various static and dynamic measurements in pelvic floor (1). TPUS can also be used o measure anorectal angle (ARA) with a much better tolerability than defecation proctography (2). In this study we aimed to assess the influence of ANA on quality of life in women with stress urinary incontinence (SUI).

Materials and Methods: TPUS results of women with SUI were analyzed. Patients were divided into two groups according to ARA measurements during rest (group A: ARA <120, group B: ARA ≥120). incontinence impact questionnaire (IIQ-7) was used for evaluation of incontinence related quality of life (3).

Results: There were total 33 women with SUI who had available ARA measurements. Of them 19 had ARA measurements <120° Basal characteristics of the study groups are summarized in Table 1. When IIQ-7 total scores were compared between two groups, no significant difference was found (Figure 1).

Conclusion(s): This study documented that changes in ARA measurements do not have any impact on incontinence related quality of life among women with SUI. Grasso et al. (4) showed good concordance between ultrasound and fluoroscopicdetermination of the anorectal angle. TPUS was first introduced as a reliable diagnostic tool in 1992 in this field (5) and has been used since than popularly in the investigation of anorectal dysfunction. Although TPUS is a non-invasive and well tolerated diagnostic modality for the assessment of anorectal dysfuntion, results of ARA measurements seem not to be related with the incontinence related quality of life for the women with SUI.

Keywords: Anorectal angle; stress urinary incontinence; transperineal ultrasonography

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Table 1. Characteristics of the study population

Parameter	ARA <120°	ARA ≥120°	p-value
Age (years)	42.7±10	49.4±12.6	0.903
BMI (kg/m^2)	27.7±4.9	26.9±3.7	0.387
Gravida	2.3±1.1	2.4±1	0.254
C-section #	0.7±1	0.2±0.6	0.549

ARA: anorectal angle; BMI: body mass index

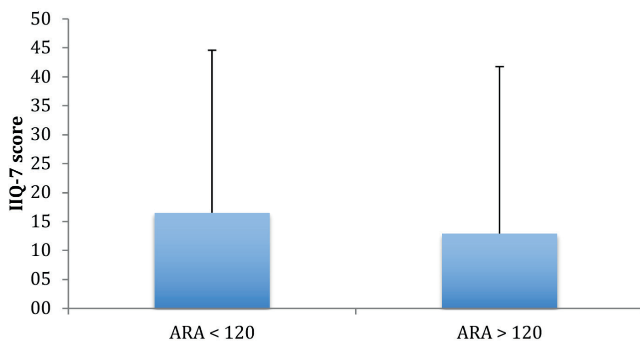

Figure 1. Comparison of total IIQ-7 scores between two groups
ARA: anorectal angle; IIQ: incontinence impact questionnaire

010

Construction of neovagen with the Wharton-Sheares-George method: Case series and long-term results

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Background: Mayer-Rokitansky-Küster-Hauser syndrome (MRKHS) is estimated to affect 1/4000-5000 of women (1). In the past, the main purpose of the treatment of these patients was creating a functional neovagen with low morbidity in the short and long term, while the increasing possibilities of uterine transplantation surgery in the world have brought into question the suitability of neovagina formation methods for transplantation. In recent studies, the suitability of neovagen formation methods for transplantation has been reviewed and it has been seen that the Wharton-Sheares-George method is applicable (2).

Case 1: Our first case is a 35-year-old female patient with a previous diagnosis of MRKHS, whose priority was to have a functional vagina. In 2020, the neovagina was created with the Wharton-Sheares-George vaginoplasty procedure. It was observed that epithelialization was achieved at the post-operative 30th day control (Figure 1). It was learned that the patient applied to another clinic for formation of the uterus from the rudimentary horns and connection with the vagina. During this period, spontaneous pregnancy did not occur. In the control, it was observed that stenosis developed between the uterus and the vagina, but the functional vagina, approximately 7 cm long and 3 cm wide, persisted.

Case 2: A 26-year-old female patient with normogonadotropic amenorrhea presented with the complaint of primary amenorrhea, developed secondary sex characteristics and with no known comorbidity and no drug use. The patient with 46, XX chromosomes was diagnosed with complete MRKHS without renal anomaly, and a neovagen was formed with the Wharton-Sheares-George vaginoplasty procedure, a depth of approximately 8 cm and a width of 3 cm (Figure 2).

In both patients, neovagina was created by the Wharton-Sheares-George vaginoplasty procedure; Obliterated Mullerian canals were dilated with the help of Haegar bougies with simultaneous laparoscopy and the vesicorectal space was surgically dissected up to the pelvic peritoneal border. Estrogen cream-applied vaginal mold was inserted into the vagina created without using any transplant, and it was followed for 10 days. Afterwards, necessary trainings were given and both patients were discharged in good health.

Results: It was observed that both patients had a functional vagina after the operation and more cosmetic results were obtained compared to the methods using grafts. In a study evaluating the long-term follow-up results of cases in which this method was applied, it was reported that sufficient vaginal depth to persist (96%), physiological epithelialization (80%) and no contracture formation (91%) were reported (3). The disadvantages of the method are that it requires lifelong dilatation to prevent the development of secondary stenosis and rectocele/cystocele (4). In another study in the literature, it was reported that no evidence of deterioration in sexual and psychosocial functionality was found (5). The Wharton-Sheares-George technique seems particularly suitable for potential uterine transplantation as it creates a natural neovaginal axis. There is a need for survey studies on long-term sexual life.

Keywords: Neovagina; Mayer-Rokitansky-Küster-Hauser syndrome; Wharton-Sheares-George technique

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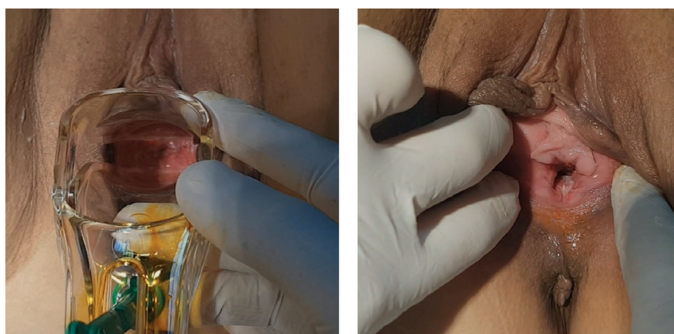

Figure 1. Case 1, at the post-operative 30th day

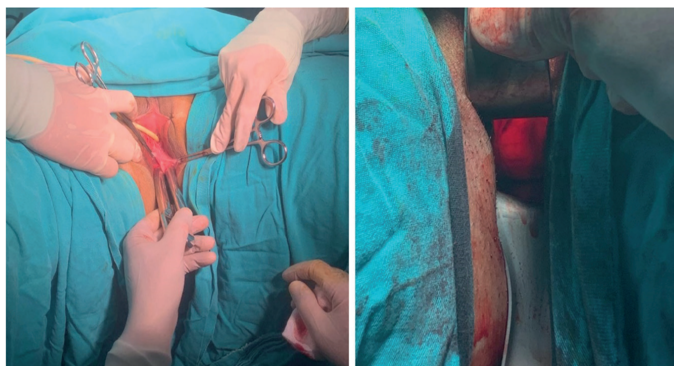

Figure 2. Case 2, intra-operative appearance of neovagina

011

The effect of vaginal closure technique on the colpocleisis success rate

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Background: To evaluate the effect of horizontal and vertical vaginal cuff closure of colpocleisis procedure on the post operative success rate of the surgery.

Materials and Methods: Women with uterine prolapse or vaginal vault prolapse of stage 2 or higher were included to this study. All patients underwent total colpocleisis with levatoroplasty. Patients were evaluated into two groups in terms of the vaginal cuff closure technique employed which is either vertically (group 1, right to left) or horizontally (group 2, anterior to posterior). Patients who underwent anti-incontinence surgery were excluded from the study. The prolapse stages, incontinence rates and pelvic evaluations of the patients at sixth months and first year were compared.

Results: A total of 49 women participated, 23 in group 1 and 26 in group 2. No recurrence of prolapse was found. It was observed that the urethra-perineal body distance and perineal body measurements of group 2 patients were significantly higher. In addition, it was observed that the transverse vaginal opening was significantly reduced in this group. Postoperative incontinence was significantly less common in group 2 patients.

Conclusion(s): Colpocleisis is a procedure with high success rates that can be preferred in sexually inactive patients. Postoperative incontinence is an important complication of this procedure and limits the use of this technique (1,2). Horizontal closure of the vaginal cuff prevents retraction of the urethra towards the perineal body, thus reducing the incidence of this complication (3,4). Horizontal approach should be preferred for closure of the vaginal cuff after colpocleisis.

Keywords: Colpocleisis; pelvic organ prolapse; closure

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O12

Management of recurrent labial dehiscence after labioplasty; a case report

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Background: Labiaplasty is the world's fastest growing cosmetic surgery in the last 10 years increased as at least 10 times according to NHI (1). However, the complication rates are also increasing in compliance with the growing numbers. Dehiscence especially in wedge resection is one of the foremost and hardest complications of labia minora plasty. There is a longer learning curve for the wedge resection technique to acquire the judgment to estimate the angle of the resected tissues. Excessive tension may result in partial or complete wound dehiscence. Post-opertive hematomes or abcesses may result with disturbed wound healing and dehiscence. Early on, it is best to underresect to minimize this difficult problem.

Case: In this case, a 42 year old women admitted to our clinic after two times of recurred dehiscence following 2 repeated abscess clinic (Figure 1). There was a 3 cm distance within the scar tissue between the superior and inferior labiums. We performed v-y plasty for the lateral walls to compose considerable subcutaneous supportive tissue by reducing tissue tension. Afterwards, we composed flattering flaps from the inferior residual labiums and posterior fourchette. As a result the patient was recovered without any complication or colour discrepancy (Figure 2).

Conclusion(s): There are different surgical techniques of reconstruction after dehiscence. Flap augmentation is the frequently used method. But there are several problems with this technique: one may see color discrepancies with the superior flap not matching the color of the inferior flap, and this is not always correctable. Modifications might be required to treat clitoral hood redundancy. Redundant tissues of the vaginal fourchette may be addressed with a conservative "U-shaped" local resection (2).

Keywords: Labiaplasty; dehiscence; complication; management

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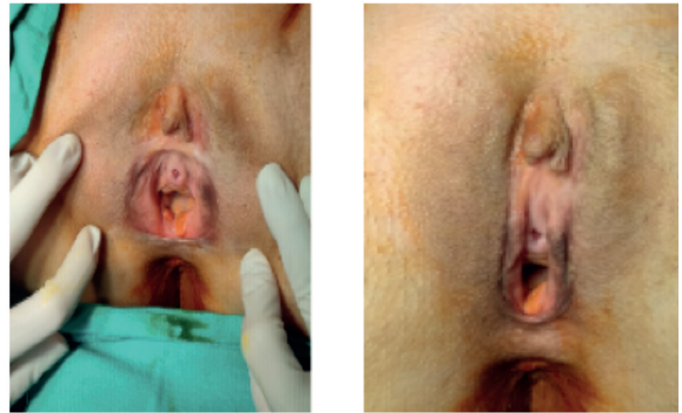

Figure 1. Pre-operative assessment of patient with recurred dehiscence history

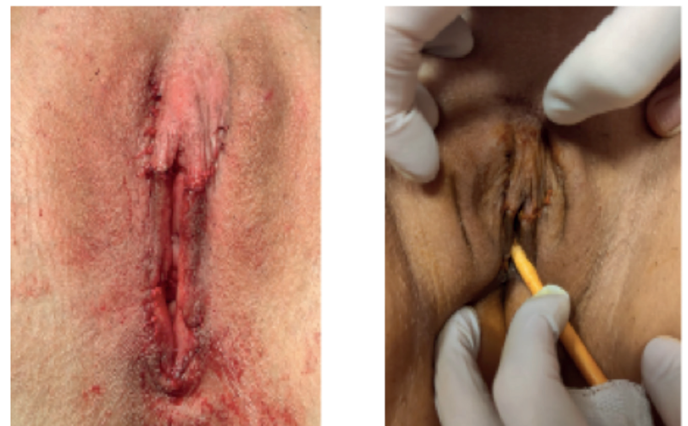

Figure 2. Early post-operative and at the first day view of the patient

O13

The effect of mediolateral episiotomy performed on primiparous before delivery of the placenta on postpartum hemorrhage

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Background: In the third stage, the process between the birth of the baby and the expulsion of the placenta and membranes, uterine muscle tone increases, the placenta is gradually separated, the maternal vessels contract, the coagulation system is activated, and the amount of bleeding decreases (1,2). In addition to these physiological mechanisms, active management with medical treatments and interventions recommended by the International Federation of Gynecology and Obstetrics and the World Health Organization have become important means for reducing postpartum hemorrhage and maternal mortality (3,4). Active management not only reduces maternal mortality capable of being caused by postpartum hemorrhage, but also reduces

complications that result in severe morbidity, such as hypovolemic shock, disseminated intravascular coagulation, acute renal failure, and Sheehan's syndrome (5,6). Episiotomy, which is particularly applied in case of first births, involves an incision to the external genital organs during birth and is preferred because its produces a wound with smooth edges that heals easier and entails a lower risk of sphincter and rectal injury (7). This study aimed to investigate whether mediolateral episiotomy performed on primiparous women before delivery of the placenta has any effect on postpartum hemorrhage.

Materials and Methods: One hundred two women with gestational ages of 37-41 weeks and undergoing vaginal delivery with mediolateral episiotomy were prospectively included in this study between December 2021 and June 2022 (group 1: Episiotomy repair without separation of the placenta, n=51 and group 2: Episiotomy repair after placental separation n=51). Following delivery of the fetus, the sterile hemorrhage-collecting v-drape was placed under the patient. The participants' socio-demographic characteristics and laboratory results were documented and compared between the groups.

Results: No difference was determined between the groups in terms of maternal age, BMI, education level, economic status, miscarriage rates, regular antenatal care, gestational age at delivery, Bishop scores on admission, rates of labor induction, birth time and weight, Apgar scores, retained placenta rates, NICU admission, or length of hospital stay ($p>0.05$). Although hemoglobin (Hb) and hematocrit (Htc) levels on admission, leukocyte counts on admission and after delivery, and platelet counts on admission and after delivery were comparable ($p>0.05$), Hb (11.65±1.54 g/dL vs 10.90±1.41 g/dL, p=0.010) and Htc (35.31±4.27 vs 32.91±3.93, p=0.004) levels after delivery and amounts of blood loss (115.10±60.45 mL vs 156.37±107.52 mL, p=0.019) differed significantly between the groups.

Conclusion(s): Episiotomy repair performed without separation of placenta results in a smaller decrease in hemoglobin and hematocrit values and reduces postpartum bleeding. Further studies with larger cohorts are now needed to support the results of the present research.

Keywords: Episiotomy; postpartum bleeding; vaginal delivery

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O14

The effect of time from uterine incision to delivery on neonatal outcomes in previous and repeat cesarean sections

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Background: Recent studies have emphasized that uteroplacental blood flow decreases following uterine incision during cesarean section, and this may result in neonatal hypoxia (1). Prolonged uterine manipulation and compression of the fetal head may also lead to neonatal hypoxia (2). Based on this pathophysiology, researchers have speculated that a prolonged uterine incision-delivery time may exacerbate neonatal hypoxia (3). The incidence of neonatal hypoxia, which occupies an important place in neonatal morbidity, is 0.03%. The fact that this figure has remained unchanged despite advances in the neonatal intensive care unit (NICU) is due to the more frequent occurrence of unavoidable intrapartum events in the etiology (4). The causes of perinatal hypoxic-ischemic damage are antenatal (maternal arrest, maternal hemorrhage, congenital anomalies) in 20% of cases, intrapartum (placental abruption, uterine rupture, intrapartum trauma) events in 35%, combined antenatal and intrapartum events in 35%, and postnatal events in 10% (5). Increasing cardiac output with the activation of the sympathetic nervous system reduces the blood flow in the musculoskeletal system, gastrointestinal system, and kidneys, and the body endeavors to protect the blood supply of the heart and brain, which are more vital organs (6,7). The aim of this study was to compare the effect of time from uterine incision to delivery on neonatal outcomes in women with previous and repeat cesarean sections.

Materials and Methods: One hundred forty-six pregnancies with gestational ages of ≥37 weeks involving cesarean delivery between January 1and June 30, 2021, in our hospital's obstetrics clinic (group 1, previous cesarean section, n=103 and group 2, repeat cesarean section, n=43) were prospectively included in the study. The participants' socio-demographic and obstetrics characteristics and laboratory results were documented and compared between the groups.

Results: Although body mass index, education level, economic status, gravidity, parity, miscarriages, birth type, gestational age at delivery, gender, birth weight, Apgar scores, admission to the neonatal intensive care unit, hospitalization length, preoperative and postoperative hemoglobin-hematocrit levels, leukocyte and platelet counts, blood loss, umbilical cord pH, lactate, base deficiency, and the rate of obstetric complications were comparable between the groups ($p>0.05$), age (27.65±5.26 vs 31.77±5.28 in groups 1 and 2, respectively, $p<0.001$) and time from uterine incision to delivery (40.15±10.40 vs 53.23±12.33, respectively, $p<0.001$) differed significantly between the groups.

Conclusion(s): The findings from this study show that time from uterine incision to delivery has no effect on neonatal outcomes in patients with previous and repeat cesarean sections. Further studies with larger cohorts are now needed to elucidate this issue.

Keywords: Neonatal outcomes; previous cesarean section; repeat cesarean section; uterine incision to delivery

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O15

Association of cervicovaginal *Lactobacillus* reduction with persistence of HPV in women with high-risk HPV infection

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Background: It has been demonstrated that cervicovaginal inflammation may contribute to carcinogenesis by potentiating the effect of HPV infection (1). In this study, we aimed to determine the relationship between *Lactobacillus* reduction and cervical HR-HPV persistence.

Materials and Methods: We studied a total of 100 women aged 30-65 years, who were followed up after colposcopic evaluation for high-risk HPV infection. In the first year follow-up, we determined two groups; HPV positive (HPV persistent, n=43) and HPV negative (HPV clearance, n=57) patients. We collected blood samples with cervicovaginal swab specimens and evaluated outcomes in terms of Nugent score, *Lactobacillus* dominance, white blood cell count (WBCc), age, and menopausal status.

Results: Among 100 patients included in our study, 43 (43%) patients had HPV persistence, and HPV persistence was more common in the group with *Lactobacillus* depletion. Although *Lactobacillus* reduction was detected in 21.1% of women in the HPV regression group, this rate was significantly higher in the HPV persistent group (46.5%, $p=0.007$) (Table 2). Moreover, we found that the mean age and incidence of menopause in the group in which HPV persisted was significantly higher than the other group (45.0±10.7 vs 40.7±7.7, $p=0.03$ for mean age and 39.5% vs 15.8%, $p=0.007$ for menopause incidence) (Table 1). We did not observe a significant difference in the median value of Nugent scores (1 vs 2, $p=0.745$) and WBCc median values [7.4±1.8 and 7.6±1.9 ($p=0.610$)] of cervicovaginal samples (Figures 1, 2). We analyzed mean age, menopausal status and lactobacillus reduction with logistic regression analysis, which are the parameters found to be significant in terms of HPV persistence, with this analysis, we found that *Lactobacillus* reduction was significantly associated with HPV persistence, regardless of age and menopausal status (Table 3).

Conclusion(s): We found that *Lactobacillus* reduction in the cervicovaginal microbiota was associated with persistence of HPV, regardless of age and menopausal status.

Keywords: HPV; persistence; *Lactobacillus*; nugent score

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Table 1. Mean age and menopausal status of the patients included in the study for groups with and without HPV persistence			
Demographic and clinical characteristics	**Without HPV persistence**	**With HPV persistence**	**p-value**
Age (average ± SD)	40.7±7.7	45.0±10.7	0.03*
Menopausal status [n (%)]	9 (15.8%)	17 (39.5%)	0.007*
*p<0.05; HPV: human papillomavirus; SD: standard deviation			

Table 2. The relationship between *Lactobacillus* reduction and persistence of HPV			
	Without HPV persistence n=57 (100%)	**With HPV persistence n=43 (100%)**	**p-value**
Normal *Lactobacillus* count (n=68)	45 (78.9%)	23 (53.5%)	0.007
Decreased *Lactobacillus* (n=32)	12 (21.1%)	20 (46.5%)	
p<0.05; HPV; human papillomavirus			

Table 3. Logistic regression analysis results for HPV persistence					
Parameters	**B**	**Standard deviation**	**Odds ratio**	**95% confidence interval for odds ratio**	**p-value**
Constant	-1.412	1.525	0.244		0.354
Age	0.014	0.039	1.014	0.940-1.095	0.716
Menopausal status	0.774	0.833	2.169	0.424-11.105	0.353
Lactobacillus reduction	0.982	0.467	2.668	1.069-6.662	0.036*

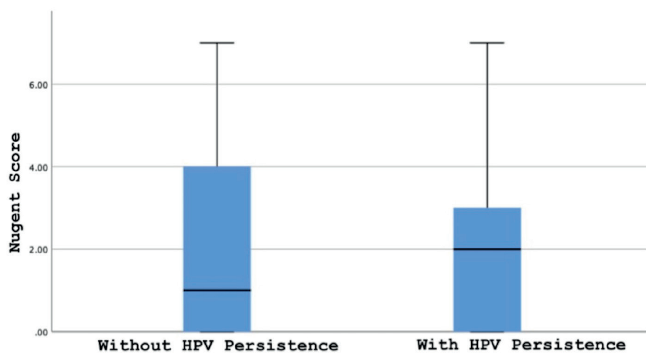

Figure 1. Comparison of median Nugent score between groups with and without HPV persistence

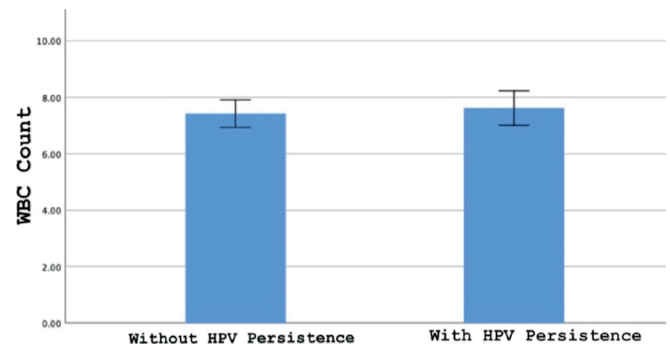

Figure 2. Comparison of median white blood cell count between groups with and without HPV persistence

O16

Investigation of the effect of the Manchester-Fothergill procedure on the risk of development of cervical malignitis

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Background: Pelvic organ prolapse (POP) is the condition of the female pelvic organs, including bladder, uterus, vaginal cuff after hysterectomy, and bowel loops, descending and protruding from the vaginal orifice (1). The lifetime risk of women undergoing pelvic reconstructive surgery due to POP is 11%. POP can be treated with conservative or surgical approaches. Several surgical techniques aim to preserve the uterus. These include sacrocolpopexy, in which the uterus is preserved, sacrospinous ligament fixation, and the Manchester-Fothergill (MF) procedure (2). However, despite the obvious advantages of uterine-sparing procedures, long-term follow-up is also required. This study was conducted to investigate the risk of developing cervical malignancy after POP surgery with the MF procedure.

Materials and Methods: Patients who underwent MF operation between 2013 and 2022 at University of Health Sciences Türkiye, Etlik Zübeyde Hanım Gynecology Training and Research Hospital were included. Demographic and clinical data of the patients (age, gravida, parity, smoking, comorbid disease, menopause status, preoperative-postoperative examination values, complications, preoperative- postoperative cervical scan/Pap smear results) were analyzed. Patients who had full access to their data within the date range were included in our study. The screening results of the patients who were screened according to the National Standards of the General Directorate of Public Health Cancer Department Cervical Cancer Screening Program were obtained from the Hospital Information system or the E-Nabız information system.

Results: The mean age of 57 patients included in the study was 40.19±8.22. Gravida was in the range of (1-12) Parity (1-10). Eight of the patients (14.1%) had a history of smoking. Eight of the patients (14.1%) had a history of comorbid disease. Three of the patients (5.2%) were in the menopausal period during the operation period. The mean preoperative hemoglobin value of the patients was 12.82±1.21, and the mean postoperative hemoglobin value was 11.05±1.51. Postoperative complications (Globe vesicale, Hemotemetra and wound site infection) were observed in 3 (5.2%) patients, and treatment and follow-up were planned. No patient with cervical cancer or precursor lesion was reported in the preoperative – postoperative cervical screening/Pap-smear results of the patients who were operated between 2013 and 2022 and whose data were scanned until 2022.

Conclusion(s): Cervical pathology was not observed in the patients included in our study, and in a study including 299 patients who underwent MF operation in Denmark, regressed CIN I result was observed in 1 patient during the follow-up period (3). Although prospective, large-scale, randomized controlled studies are needed to examine the long-term effects of uterine-sparing procedures, the risk of developing cervical malignancy after the MF procedure appears to be low.

Keywords: Manchester-Fothergill; cervical malignancy; Pap-smear test

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O17

The frequency of absence of vaginal bleeding during first sexual intercourse and its psychological effects on women

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Background: The hymen is a metaphorand symbol of female virginity that exposes gender inequalities between young women and men through a wide variety of cultural implications and traditions (1). Virginity is generally thought to be related to the integrity of the hymen, which is commonly believed to rupture and bleed during first coitus (2). Vaginal bleeding during the first sexual intercourse as claimed an indicator of virginity is a taboo particularly in Muslim countries (3). Many women who do not bleed at first intercourse are exposed to various forms of psychological and physical violence. This therefore represents a major stress factor among women. The fear of not being seen to be a virgin on the wedding night can cause very significant problems including depression, isolation, feelings of guilt, suicide, and even fear of being murdered (2). This "honor-related" violence takes place in many countries worldwide. Some 5000 women are murdered worldwide every year in so-called "honor killings" (4). This study aimed to determine the percentage of women with no vaginal bleeding during first sexual intercourse and to analyze the potential psychological, physical, sociological, and sexual effects of first sexual intercourse.

Materials and Methods: Five hundred thirty-three sexually active white Turkish women were included in the study. The primary outcome was to identify the frequency of vaginal bleeding during

first intercourse. Secondary outcomes were to compare sexual functions and the psychological, sociological, and physical effects of first sexual intercourse between women with and without vaginal bleeding.

Results: One hundred fifty-five (group 1 =29.08%) women experienced bleeding after first intercourse, while 378 (group 2 =70.92%) experienced no bleeding. Age, body mass index, age at first intercourse, partner's age, place of residence, maternal and paternal educational levels, spasm and orgasm in intercourse, and receipt of psychiatric support for psychosexual disorder were comparable between the groups (p>0.05), while participants' educational levels, economic status, marital status, number of marriages, fear, arousal, pain at first intercourse, and number of attempts to achieve successful first intercourse differed significantly (p<0.05). In addition, 41.9% of the participants in group 1 had experienced psychological or physical violence from their partners, family members of the partner, or their own family members.

Conclusion(s): The absence of vaginal bleeding after first sexual intercourse can cause psychological, sociological, physical, and sexual problems for women. Bleeding may not be a reliable sign of virginity. Promulgating this fact may enhance public awareness and make a very important contribution to reducing psychological and physical violence against women.

Keywords: Hymen; psychological effects; sexual intercourse; vaginal bleeding; virginity

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O18

Effectiveness of transobturatuar tape in patients with stress type incontinence and evaluation of complications

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Background: Stress urinary incontinence (SUI), which is one of the types of urinary incontinence, is defined as "involuntary urinary incontinence seen in situations where intra-abdominal pressure increases such as coughing, sneezing and straining," according to the 2002 report of the International Continence Association (1). Urethral hypermobility and sphincteric insufficiency due to the weakness of the pelvic floor muscles are blamed in the pathophysiology of stress urinary incontinence, which is defined as urinary incontinence as a result of the intra-bladder pressure exceeding the urethral closure pressure, without detrusor contraction (2). Its prevalence is 20-30% in young women over the age of 20,30-40% in middle age, and 30-50% in older ages (3). The main goal in the surgical treatment of SUI is to maintain continence with minimal morbidity. New and minimally invasive surgical methods are constantly being described in the treatment of SUI (4). In this study, it was aimed to evaluate complications and success rates in patients who applied to our clinic for stress incontinence and underwent transobturatory tape (TOT) procedure.

Materials and Methods: Twenty-eight patients who applied to the Aksaray Training and Research Hospital, Obstetrics and Gynecology Clinic due to stress incontinence between August 2020 and August 2022 and underwent TOT procedure were retrospectively scanned. Early and late complications were recorded by examining the file data of the patients' controls. The operation was considered successful in patients who did not have urinary incontinence due to increased intra-abdominal pressure in at least three-month follow-up after the operation.

Results: Between August 2020 and August 2022, a total of 28 patients underwent TOT procedure in our clinic, and 15 patients had only stress type incontinence, while 13 patients had mixed type incontinence (stress type incontinence and urge incontinence). While the mean age of the patients was 57.14±11.2 (41-80), the mean number of deliveries was 3.16±1.2 (1-10). Twenty-two patients (78.5%) were in the postmenopausal period. There were 15 patients (53.5%) with urogenital prolapse on examination, and additional surgery was performed for the prolapse. There were 25 patients (89.2%) whose complaints of stress incontinence disappeared from the patients who came to the control after 1 month. While major complications such as bladder perforation, hemorrhage and bowel injury were not observed in our clinic, urinary retention resolved with temporary catheterization in 5 patients (17.8%), while temporary micturition difficulties were observed in 8 patients (28.5%) that did not require intervention.

Keywords: Transobturator tape; stress incontinance; urinary incontinance

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O19

Relationship with melanocortin, oxytocin, androgen receptor level in vaginal tissue and sexual functions

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Background: Research on female sexual function underlines the lack of knowledge about the functional anatomy and function of the vagina, and these considerations emphasize the role of the human vagina not as a passive conduit but rather as a clinically contractile organ of women's physical receptivity and sexual response. Peripheral neurochemical pathways involved in the control of female sexual responses are largely unknown and uncharacterized. Clinical studies have uncovered a number of potential neurotransmitter candidates that may include the control of female sexual response. Melanocortin and oxytocinergic neuronal systems and androgenic pathways are thought to play crucial roles in regulating female sexual desire and arousal. In line with this information, we aimed to investigate the levels of melanocortin 4 receptors (MCR4), oxytocin receptors (OR) and androgen receptors (AR) in the distal anterior vaginal tissue and its relation with sexual functions.

Materials and Methods: In the study group, patients who were operated with the diagnosis of cystocele and vaginoplasty request; anterior vaginal tissues that were removed by colporrhaphy anterior operation and were not routinely sent for pathological examination were included, and the analysis of MCR4, OR, AR in the patients' vaginal tissue was investigated by immunohistochemical method. For the evaluation of sexual functions, the female sexual function index (FSFI) scale was filled in by the patients before the operation and the results were recorded. Mann-Whitney U and Student's t-test were used for statistical analysis. Statistical significance was evaluated at the $p<0.05$ level.

Results: In the immunohistochemical evaluation of the anterior distal vagina, MCR4, cytoplasmic staining; detected in squamous epithelium. OR, cytoplasmic and membranous staining; In muscle tissue, stromal cells, vascular endothelial cells, AR was nuclear stained and detected in stromal and vascular endothelial cells. There was no significant difference in terms of melanocortin receptor and androgen receptor staining intensity and FSFI sub-dimensions and total score. When the FSFI scores were compared, the desire, arousal, orgasm and FSFI total scores of those with oxytocin receptor + 2 staining were found to be significantly higher than those with + 1 staining.

Conclusion(s): Our study confirms the presence of MC4R, OR and AR in the human vagina immunohistochemically and suggests that the intensity of OR immunoreactivity is positively related to sexual functions. Of course, further studies are needed to understand the physiological role of vaginal peripheral receptors on sexual functions.

Keywords: Androgen; immunohistochemistry; FSFI; melanocortin; oxytocin; vagina; sexual function

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O20

Bacterial colonization results of IUDs and urine samples in women with chronic pelvic pain

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Background: Chronic pelvic pain (CPP) CPP is defined as pain, tenderness or extreme discomfort lasting more than six months. The diversity of etiological factors complicates the treatment. The most common identifiable causes of CPP are endometriosis, pelvic adhesions, chronic pelvic infection, myoma uteri and ovarian cyst. The intrauterine device (IUD) is seen as a mediator for the ascending genital flora and the spread of pathogens into the abdomen. Although it is not as severe as pelvic inflammatory disease, it was aimed to evaluate whether the IUD has an effect on the development of CPP by taking culture samples from patients with chronic pelvic pain with findings that may suggest vaginitis or cystitis. In this study, it was aimed to investigate possible factors by evaluating the IUD and urine cultures of women with an IUD who

applied to our clinic due to CPP.

Materials and Methods: Patients with IUD who applied to our clinic with CPP in the last 1 year (13.09.2022-13.09.2021) were included in the study. IUD cultures were taken from those who had vaginal discharge. Urine cultures were also taken from those who had complaints of frequent urination, urinary incontinence, and burning while urinating. The duration of IUD use and age of the patients were evaluated.

Results: In our clinic, IUD removal was performed on 418 people in the last 1 year, and 51 of them had chronic pelvic pain. The mean age of the patients was 49 (27-62). The mean duration of IUD use was determined as 7 years (2 months-15 years). Of the 51 patients in the study, cultures were taken when there was a suspicion of urinary tract infection in 22, and when there was a suspicion of vaginitis in 31 of them. Four of those with CPP and negative IUD culture had myoma (25%). None of the patients had endometriosis or ovarian cysts. Vaginal flora with the most lactobacilli was observed in the culture results of 77.4% (n=24) of those with CPA and suspected vaginitis. The most common bacteria are *Gardnerella vaginalis* (12.9%, n=4), *Candida* spp. (6.5%, n=2), *Klebsiealla pneumoniae* (3.2%, n=1) (Table 1). On the other hand, 54.5% (n=12) of the urine cultures were negative, and the most common pathogens were *Lactobacillus* spp. (9%, n=2), *Gardnerella vaginalis* (9%, n=2), *Streptococcus agalactiae* (9%, n=2), *Corynebacterium* spp. (9%, n=2), coagulase negative *Staphylococcus* (4.5%, n=1), *Echerichia coli* (4.5%, n=1) (Table 2). Five patients had IUD with levonorgestrel (LNG), and their IUD and urine cultures were negative.

Conclusion(s): IUD is a common method of contraception because it is safe, inexpensive, easily accessible, easy to use for a long time, and has a reversible effect. In our clinic, the rate of CPP in patients with IUD was 12.2%, which was consistent with the incidence of CPP in the general population (1). Accordingly, since the incidence of CPP is similar to the general population, it can be said that the use of IUD is not a predisposing factor for the development of CPP. In addition, the absence of reproduction in the group with LNG IUD may suggest that progesterone plays a protective role in the development of infection. As a matter of fact, there are publications on this subject that the short-term use of the LNG IUD temporarily reduces the dominance of lactobacilli, but after 1 to 5 years, these features return to pre-insertion levels, reducing the risk of complications to the initial levels (2). Similar to our study, Işık et al. (3), in their study investigating bacterial colonization with IUD culture by removing IUD for reasons other than pelvic inflammatory disease, observed growth in the culture of only one of 5 patients using LNG IUD. Although most of the culture results were negative in patients with an IUD and urinary symptoms, it was observed that urinary symptoms were resolved with IUD removal in the follow-up of the patients. There is no publication in the literature specifically comparing the urinary tract infection rates of copper IUD and LNG IUD. In a review examining urinary tract infections in women with an IUD, it was reported that studies conducted to date did not find a relationship between IUD exposure and the occurrence of UTIs (4,5). It may be possible to have extensive information on this subject with studies to be conducted with larger sample groups. In addition, raising the awareness of patients about the use of IUD may have led to a decrease in the frequency of vaginitis.

Keywords: Intrauterine device; chronic pelvic pain; urine culture

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Table 1. Evaluation of bacterial colonization of the intrauterine device extracted from women with chronic pelvic pain

Culture of IUD	%	n
Lactobacillus spp.	77.4	24
Gardnerella vaginalis	12.9	4
Candida spp.	6.5	2
Klebsiella pneumonia	3.2	1

IUD: intrauterine device

Table 2. Evaluation of urine sample in women with chronic pelvic pain and urinary symptoms with IUD

Culture of urine	%	n
Negative	54.5	12
Lactobacillus spp.	9	2
Gardnerella vaginalis	9	2
Streptococcus agalactiae	9	2
Corynebacterium spp.	9	2
Coagulase negative *Staphylococcus*	4.5	1

IUD: intrauterine device

O21

A long-term complication of median episiotomy, perineal asymmetry and labia majoras fused to the perineum

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Background: Improper repair and healing of episiotomy may be associated with long-term aesthetic complications.

Case: A 46-year-old patient with gravida 2 parity 2 gave birth for the last time 15 years ago. She especially complained about the appearance of her vulva. She complained that the major labia were getting into the vagina during sexual intercourse and unenviable sound was coming out of the vagina during intercourse. On examination, the folds of the labium majora are fused in the perineal region. Posterior fourchette was indented inside the vagina. In addition, there was a scar area of approximately 2x1 cm in the perineal region. Volume loss was observed in labium majora (Figure 1). After catheterizing the bladder in the lithotomy position under general anesthesia, vaginoplasty was performed. A 4 cm median incision was made in the perineal region, and the labias were separated and repaired with 2.0 rapid vicryl. The perineal scar was removed and sutured. Fat was removed from the abdomen with suction, and 10 cc fat was filled into each labium (Figure 1). She was seen 1 week after the operation and was satisfied with the aesthetic result.

Conclusion(s): Episiotomy incisions that are not repaired in accordance with the anatomy may deteriorate body image and self-confidence for years until the patient decides for correction and applies to a specialist. Patient-based individualized options for anatomical and functional integrity should be decided together with the patient.

Keywords: Perineal asymmetry; median episiotomy; complication; perineoplasty

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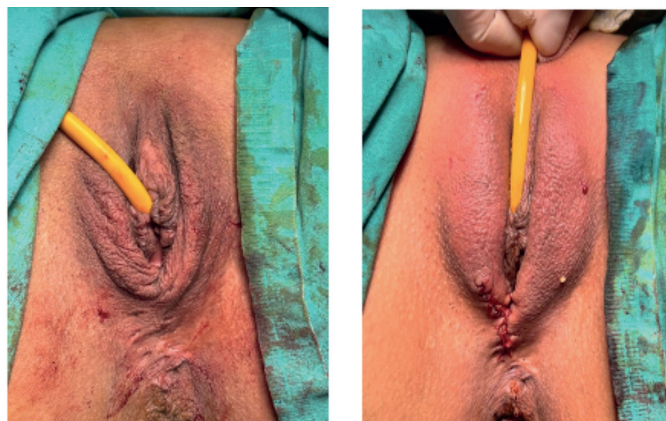

Figure 1. Pre-operative and post-operative images of vulva

O22

Transobturator tape surgery experience: Analysis of 220 cases in a single tertiary center in Türkiye

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Background: Stress urinary incontinence (SUI), which can cause social and hygienic problems, affects 4-35% of women. It is the involuntary leakage of urine after increased intraabdominal pressure in certain situations, such as exercise, sneezing, coughing, and laughing, without bladder detrusor muscle contraction (1-3). Urethral hypermobility and intrinsic sphincteric deficiency are the two main mechanisms involved in the etiopathogenesis of SUI (4,5). The aim of SUI treatment is to relieve the symptoms and improve the quality of life of the female patient. Both conservative and surgical options are available for the treatment of SUI. The mid-urethral sling procedure was performed for the first time in 1996 using a mesh through the retropubic space with the aid of trocars (6). In 2001, TOT slings were introduced by Delorme in order to avoid retropubic insertion complications, such as bladder perforations, vascular injuries, and bowel injuries (7). The aim of this study was to investigate the intra and postoperative results and complication rates of the transobturator tape (TOT) procedures used for stress urinary incontinence (SUI) treatments in a tertiary center located in central Türkiye.

Materials and Methods: A total of 220 patients undergoing TOT procedures for SUI were prospectively evaluated. The demographic and clinical characteristics, preoperative and postoperative cystometry values, and operative outcome parameters of the study participants were analyzed.

Results: The mean age of the participants was 53.87±6.22 years old, 155 (70.5%) of them were in the menopausal period, and the

mean operation time was 18.43±3.98 minutes. While no significant difference was noted between the preoperative and postoperative periods with respect to residual volume (27.09±8.51 vs. 26.01±3.51 mL, p=0.125), there were significant differences in terms of the first urinary urge (142.61±20.25 vs. 145.64±20.91 mL, p<0.001), maximum bladder capacity (423.70±38.43 vs. 402.32±39.46 mL, p<0.001), the Q angle (45.54±5.33 vs. 43.81±6.15, p=0.001), Qmax (37.65±11.54 vs. 24.38±9.26 mL/s, p<0.001), Qave (19.92±9.64 vs. 14.77±8.71 mL/s, p<0.001), number of urinations during the daytime (7.29±1.35 vs. 6.58±1.29, p<0.001), and number of urinations during the nighttime (1.48±1.01 vs. 0.92±0.83, p<0.001).

Conclusion(s): This study demonstrated that the TOT procedure is an easy to apply minimally invasive technique with low peri and postoperative complication rates and a high success rate. Additionally, the TOT procedure reduces urinary retention symptoms, improves the quality of life of the patient, and reduces morbidity. Nevertheless, further studies with larger cohorts are needed to validate the results of the current study and to determine the long-term results.

Keywords: Stress urinary incontinence; transobturator tape; urodynamic; voiding function

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O23

One-year follow-up results of TOT and Burch procedure in the treatment of stress urinary incontinence

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Background: Stress urinary incontinence (SUI) is the complaint of involuntary loss of urine on effort or physical exertion including sporting activities, or on sneezing or coughing (1). Burch colposuspension was considered as the gold standard surgical treatment before Ulmsten and Petros (2) presented the tension-free vaginal tape (TVT) procedure in 1995 and, consecutively, Delorme (3) practiced the transobturator tape (TOT) (outside-in) procedure in 2001. However, Burch colposuspension is still a frequently performed and effective surgical procedure for SUI, especially when there is a need for concomitant pelvic surgery (4). In this study, we aimed to compare the results of TOT and Burch colposuspension operations, which are the most frequently performed surgical procedure in our clinic in cases with SUI.

Materials and Methods: Our study consisted of patients who applied to our clinic with the complaint of SUI and were not found to have uterine prolapse and cystocele during urogynecological examinations. The TOT group consisted of the cases who applied only with the complaint of SUI, and no additional pathological condition was detected in their urogynecological examination and Transvaginal ultrasonographic (TVUSG) evaluation. Burch group consisted of patients who were scheduled for abdominal surgery due to gynecological reasons such as uterine fibroids, ovarian cysts and menometrorrhagia, who had additional SUI complaints. In other words, TOT group cases only underwent TOT procedure, while Burch group cases were applied Burch procedure in addition to abdominal gynecological surgery. The ICIQ-SF (International Consultation on Incontinence Questionnaire-Short Form) questionnaire was used to determine the severity and type of incontinence of the patients. Exclusion criteria included gynecological malignancy, acute infection of the reproductive system or other organs, inability to tolerate surgery or anesthesia, uterine prolapse and cystocele. Patients' demographic information such as age, gravida, parity, body mass index (BMI), menopausal status, pre- and postoperative ICIQ-SF scores and residual urine volume were recorded. Urogynecological examinations, ICIQ-SF scores and residual urine volume assesment of all cases were performed again 6 and 12 months after the operation.

Results: Overall, 50 patients were operated on, according to our inclusion criteria (26 patients with TOT and 24 with Burch). Mean ages of the groups were 52.38 and 47.75, respectively. No significant difference was observed between groups in terms of cardiovascular disease, diabetes, birth type, BMI, gravida, and parity (p>0.05) (Table 1). Preoperative ICIQ-SF scores of the groups were 16.04 and 12.75, respectively. While there was no significant difference between the

two groups in the postoperative 6th month ICIQ-SF scores, the postoperative 12th month ICIQ-SF scores were higher in the Burch group. In addition, there was no significant difference between the two groups in the postoperative 6th month mean residual urine volume, while the postoperative 12th month mean residual urine volume was higher in the TOT group. That is, there was no significant difference between the 6th month mean residual urine volume of the Burch group and the 12th month mean residual urine volume, while the 12th month mean residual urine volume of the TOT group was found to be significantly higher than the 6th month mean residual urine volume (Table 2).

Conclusion(s): Burch and TOT surgical methods are still widely used among urogynecologists in the treatment of SUI. The results of our study showed that both methods were effective in the treatment of SUI, however, in long-term follow-up, there was a greater increase in ICIQ-SF scores in the Burch group and a greater increase in residual urine volumes in the TOT group. More case studies are needed in this area to support our results.

Keywords: Burch colposuspension; stress urinary incontinence; transobturator tape

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Table 1. Comparison of patient groups in terms of demographic and postoperative characteristics

	TOT (n=26)	BURCH (n=24)	p*
Age (year)	52.38±8.1	47.75±6.5	0.032*
Gravida	3.54±1.2	3.63±1.1	0.789
Parity	3.19±1.1	3.2±0.9	0.953
BMI (kg/m^2)	30.77±3.6	29.83±3.5	0.364
Medical comorbidities			0.997
No	21 (80.8%)	21 (87.5%)	
CVD	4 (15.4%)	3 (12.5%)	
DM	3 (11.5%)	2 (8.3%)	
Birth type			
Vaginal delivery	2.9±1.1	2.8±1.1	0.768
Cesarean section	0.38±0.6	0.42±0.8	0.878
Menopausal status			
Premenopausal	6 (23.1%)	9 (37.5%)	
Postmenopausal	20 (76.9%)	15 (62.5%)	
ICIQ-SF			
Preoperative	16.04±3.3	12.75±3.5	0.001*
Postoperative 6th month	1.04±1.0	1.58±1.1	0.062
Postoperative 12th month	1.38±1.0	2.25±0.9	0.001*
Residual urine volume (mL)			
Postoperative 6th month	33.19±13.6	38.33±13.7	0.175
Postoperative 12th month	49.23±15.2	39.72±13.2	0.023*

*p<0.05. TOT: transobturator tape; BMI: body mass index; ICIQ-SF: international consultation on incontinence questionnaire-short form

Table 2. Comparison of postoperative 6th and 12th month results

	Postoperative 6th month	Postoperative 6th month	p*
ICIQ-SF			
TOT	1.04±1.0	1.38±1.0	0.001*
BURCH	1.58±1.1	2.25±0.9	p<0.001*
Residual urine volume			
TOT	33.19±13.6	49.23±15.2	p<0.001*
BURCH	38.33±13.7	39.72±13.2	0.549

*p<0.05. TOT: Transobturator tape; ICIQ-SF: International consultation on incontinence questionnaire-short form

O24

A case of courvalarie uterus resulting with postpartum hysterectomy

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Background: Immature separation of placenta may result in upright, maternal hemodynamic instability, hypovolemic shock, renal failure, hysterectomy, need for blood transfusion, and maternal and infant death. In severe cases of detachment, blood leakage can be seen between the myometrial fibers extending to the serosal surface and this is called Couvelaire uterus. It increases the risk of uterine atony and postpartum hemorrhage. It is not an indication for hysterectomy alone. However, they respond less to treatment when atony or postpartum hemorrhage develops (1,2).

Case: A 37-year-old g5p2y2a2 pregnant woman arrived at our hospital 2.5 hours after the referral request from the district with complaints of intrauterine exfetus and vaginal bleeding. Active vaginal bleeding was detected in the hospitalization examination of the pregnant. Tetany was detected on uterine physical examination. On ultrasound, ex fetus compatible with bpd 32 w ac 31 w fl 28 weeks was observed. She underwent emergency cesarean section with the diagnosis of pregnant ablatio placenta, ex fetus and active vaginal bleeding. In the first examination results of the patient's hospitalization, hgb was observed as 9.3 hct 29.5 plt 132. A severe couvelaire uterus was detected. Ablatio placenta was observed. Amniotic fluid was followed by active blood. Ex fetus was delivered. The uterine kerr incision was sutured. A brief period of atony occurred. A b lynch was thrown into the uterus. Uterine arteries were ligated. Uterus collected. A Neleton drain was placed in the abdomen and a hemovac drain was placed under the skin. Intraoperatively, 1 erythrocyte and 1 fresh frozen plasma were inserted into the patient. The case lasted about 30-40 minutes. Postoperative patient's first hemogram in the service was hgb 6.7 plt 139 htc 21. Two erythrocytes, 2 fresh frozen plasma and 2 g fibrinogen were applied to the patient. At the postoperative 4th hour, her HB was 7.4 and there was no vaginal bleeding, and 150 cc of bleeding from the drain was considered good. At 6 hours postoperatively, hgb 6.4, plt 60, creatinine 1.9, 500 cc coming from the drain were observed, no active vaginal bleeding was observed. Four erythrocytes and 4 tdp were given to the postoperative total patient. Emergency laparotomy was decided for the patient because 1000 cc of hemorrhagic fluid came from the drain at the postoperative 7th hour and the control hgb was 5.9. A 500 cc hemorrhagic and necrotic uterine mass was observed in the abdomen and no active bleeding focus was detected. Bleeding in the form of leakage from the suture lines was detected. Hysterectomy was started. The patient, who was taken to the postoperative intensive care unit, was taken to the ward on the postoperative 1st day due to increased hemograms. The patient was discharged in the 1st postoperative week. Urea-creatinine was elevated in the patient. A diagnosis of acute renal failure was made by internal medicine. It was evaluated as normal on the 15th postoperative day.

Results: Our case, who was admitted to our hospital with the complaint of sudden abdominal pain, developed in utero due to severe detachment. Our patient, who came to the hospital about 4 hours after acute bleeding started, was found to have a couvalaire uterus during cesarean section. The patient, who developed atony at cesarean delivery and was followed up, underwent emergency laparotomy, and hysterectomy was performed when postpartum hemorrhage started at the 7th postpartum hour and DIC was observed. Our patient was given 8 units of erythrocyte and 4 platelet replacement and 2 g of fibrinogen. The postoperative values of our patient who developed acute renal failure were 15. returned to normal within days.

Keywords: Couvelaire uterus; postpartum hysterectomy; cesarean section

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O25

LEEP results of 579 patients between 2015 and 2020 in the middle Anatolia region of Türkiye

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Background: Cervical intraepithelial neoplasia (CIN) is a premalignant squamous lesion of the uterine cervix diagnosed through histopathologic evaluation of cervical biopsy material (3,4). Proper management of CIN is precarious because any delay in treatment increases the risk of cervical cancer, and overtreatment can cause some negative results such as preterm delivery, premature rupture of the membrane, and low birth weight (3-5). The two main management approaches for CIN are observation (cervicovaginal cytology and colposcopy) and local excision or ablation of the cervical transformation zone, hysterectomy is not considered the primary treatment (6,7). There are two types of treatment for CIN, depending on the degree of the disease; local ablative treatment or excision. Knife cone excision and radical diathermy are traditional methods and are performed under general anesthesia, whereas excisional procedures such as local ablative methods and loop electrosurgical excisional procedures (LEEP) can be performed under

local anesthesia in outpatient clinics (5). The transformation zone of the cervix should be fully seen and there should be no invasive and glandular disease in local ablative treatment. Excisional treatment is mandatory in case of insufficient colposcopic findings, and invasive and glandular disease (6). This study aimed to evaluate the results of loop electrosurgical excisional procedures (LEEP) of 579 patients who presented to our hospital for vaginal smears between 2015 and 2020.

Materials and Methods: The LEEP reports of 579 patients who presented to our gynecology clinic between January 2015 and December 2020 were retrospectively evaluated. The data were obtained from electronic patient records and the Medical Pathology Department archives.

Results: The mean age of the patients was 38.05+6.17 years. Colposcopy-guided biopsy was not taken from 102 patients. The results of the remaining 477 patients were as follows: no dysplasia (n=12; 2.1%), CIN-I (n=99; 17.1%), CIN -II (n=111; 19.2%), CIN-III (n=248; 42.8%), and cancer (n=7; 1.2%). Completed excision was performed in 87.0% of the patients using LEEP, the lesion was positive at the surgical margins in 10.9%, and the lesion could not be completely excised in 2.1%. The complication rate after LEEP was 3.1% (pelvic pain, n=5; 0.9% and bleeding, n=13; 2%). The histopathologic results of LEEP were as follows: benign (n=50; 8.6%), CIN-I (n=110; 19.0%), CIN-II (n=89; 15.4%), CIN-III (n=280; 48.4%), cancer (n=7; 1.2%), and metaplasia (n=37; 6.4%). The concordance between colposcopic biopsy and LEEP results was observed as 85.9% for CIN-I, 71.2% for CIN-II, 98.4% for CIN-III, and 85.7% for cancer diagnoses.

Conclusion(s): LEEP is a simple minimally invasive method used in the treatment of CIN, with low persistence, recurrence, and complication rates and increased HPV clearance in most patients. Our results support the consistency of cervical colposcopic biopsy and LEEP results.

Keywords: Biopsy; cervical intraepithelial lesion; colposcopy; LEEP

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O26

Investigation of the effect of ERAS programme on the quality of healing in laparoscopic hysterectomy

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Background: There are a lot of studies evaulating the relationship between enhanced recovery after surgery (ERAS) protocol and laparoscopic hysterectomies (LH) (1-5). The purpose of this study is to research the effect of ERAS protocol on perioperative and postoperative outcomes in LH performed for benign gynecological diseases.

Materials and Methods: This prospective study was performed with a randomized 100 participants who undergone Laparoscopic Hysterectomy between January and August 31, 2022. Standard care protocol was applied to 50 participants (group 1, control) and the ERAS protocol was applied to other 50 participants (group 2, study). As the primary outcome; the length of stay in the hospital, as the secondary outcomes; the duration of the operation, the amount of bleeding, postoperative nausea-vomiting, gassing time, visual analog scale (VAS) pain scores and complications were evaluated.

Results: There was no statistically significant difference between the groups in terms of socio-demographic characteristics, medicalhistory, operation indications, surgical procedures applied in addition to hysterectomy, operation time, preoperative and postoperative hemoglobin, amount of bleeding and use of drains ($p>0.05$). But a statistically significant difference was found in terms of nausea-vomiting, duration of gassing, visual analog scale pain scores, need for analgesia and length of hospital stay ($p<0.05$).

Conclusion(s): It has been observed that the ERAS protocol has positive effects on peri and postoperative outcomes in laparoscopic hysterectomy. A prospective study with a larger number of participants is necessary to confirm the validity of the results in existing studies.

Keywords: Hospital stay; laparoscopic hysterectomy; ERAS; enhanced recovery after surgery; pain

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027

Laparoscopic repair of small bowel perforation by intrauterine device: A case of 8 weeks pregnant woman

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Background: Intrauterin device (IUD) is one of the most common and effective contraceptive methods in the world. Small bowel perforation with IUD is a rare and life threatening complication. We aimed to present this case due to small bowel perforation with IUD in pregnancy is quite rare in literature.

Case: A 34-year-old 8 weeks pregnant woman was admitted to our clinic with right-lower quadrant pain. Patient referred our clinic due to missing IUD and 8 week pregnancy with abortus imminens. The patient had a history of copper-T 380A IUD placement 2 months ago. She reported that serious pain during insertion, persisted right-lower quadrant pain since insertion of IUD and it increased for 1 week. The patient had one cesarian section. Her hemodynamics were stable and her vital signs were normal. Leucocyte count was 18000/mm^3 in hemogram and other parameters were normal. In gynaecological examination revealed IUD strings invisible at the cervical os, and transvaginal ultrasound confirmed absence of echogenicity of IUD in intrauterine cavity and 8 week pregnancy with fetal cardiac activity. And an I-shaped echogenic focus were distinguished at the side of right adnex. Laparoscopic surgery was performed for the patient with ultrasound findings. In exploration, the small bowel segment adhered to the posterior wall of the uterus and right fallopian tube. The loop of bowel was separated of the uterus and fallopian tube using a combination of blunt and sharp dissection. At the point of attachment, IUD was detached from right fallopian tube lumen with "T" segment embedded in the bowel lumen (Figure 1). The bowel defect was repaired with 3/0 vicrıyl and 2/0 silk suture (Figure 2). After hemostasis control, the abdomen was washed and 1 drain was placed into the Douglas. At the end of the operation, fetal cardiac activity was confirmed by obstetric ultrasound. The patient was discharged on the postoperative 3th day to come for a follow-up visit. There were no complication and threat of miscarriage.

Conclusion(s): In cases of mislocated IUD penetrating the intestine, laparoscopy allows simultaneous RIA removal and bowel repairing. We chose laparoscopy for both locating IUD and repair of small bowel segment who had 8 weeks of pregnancy. Minimally invasive method improves postoperative quality of life of the patients.

Keywords: Intrauterin device; bowel perforation; laparoscopy; pregnancy

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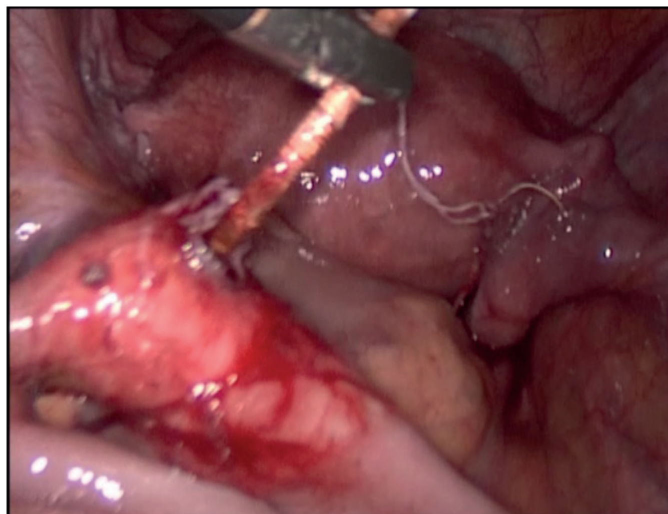

Figure 1. IUD was detached from right fallopian tube lumen with "T" segment embedded in the bowel lumen

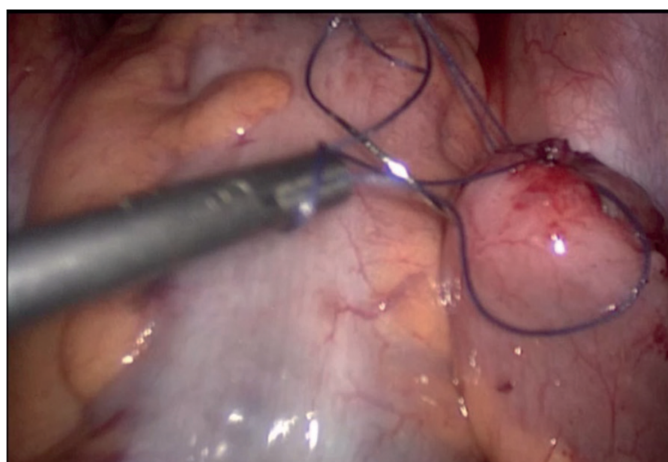

Figure 2. The bowel defect was repaired with 3/0 vicrıyl and 2/0 silk suture

O28

Microperforate hymen opening onto the urethral orifice: Report of two cases, one infertile and the other pregnant

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Background: Among hymen anomalies, microperforate hymen is one type of hymen associated with tiny opening which occurs rarely and exhibiting various symptoms.

Case 1: A 28-year-old nulligravid patient who had been married for 2 years presented to our outpatient clinic with the complaints of difficulty in coitus, pain and infertility. In gynaecological examination, no vaginal patency was observed, and labia majora, labia minora and urethral orifice were observed to be normal. The appearance resembled imperforate hymen. The patient described a normal menstrual history and frequency of coitus two to three times a week. Ultrasound revealed normal uterus and ovaries. Hematocolpos and hematometra were not observed. Examination and cystoscopy were performed under sedoanalgesia with a preliminary diagnosis of vaginal anomaly and uretrovaginal fistula. A normal bladder mucosa, normal urethral jet flow and proximal urethra were observed upon the cystoscopy. No fistula tract was observed. An opening to the vagina was observed from a 0.5 cm opening approximately 0.5 cm below the urethra (Figure 1A). When a cystoscope was inserted through this opening, normal vaginal mucosa and cervix were observed. After cystoscopy, a catheter was inserted into the urethra and excess hymenal tissue was cut and taken out under the guidance of a cannula, and a normal vaginal orifice was provided (Figure 1B, C).

Case 2: A 25-year-old patient visited our outpatient clinic at her 33+2/7 weeks of gestation. She had been married for 10 months. She was diagnosed as "vaginal agenesis" at the 20th gestational week during routine pelvic examination and concomittant hymenotomy with caesarean section recommended by her obstetrician. On inspection of external genitalia, the vaginal entrance was covered with an elastic hymen and an 0.3 cm diameter opening was observed at the level of the urethra (Figure 2A). She reported reguler menstrual cycles before pregnancy and regular coit 2 times a week until the last 3 weeks. Obstetric ultrasound revealed a normal intrauterine fetus. Hymenotomy was recommended under sedation in order not to lose the chance of vaginal delivery. Hymen was incised from the opening to 6 o'clock position and excised the excessive tissue (Figure 2B, 2C). Vagina and cervix were normal. Due to our experience in case 1, cystoscopy was not performed on this patient. Patient was discharged on the 1st postoperative day with topical dexpanthenol cream. Good wound healing was observed after two weeks' follow-up. She underwent an uncomplicated vaginal delivery at 40 weeks of gestation. A healthy baby was deli vered. The mother and baby were discharged after two postpartum days.

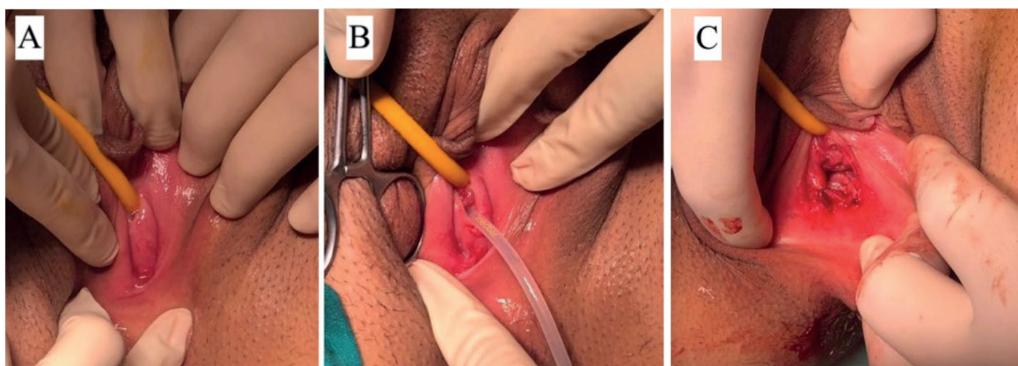

Figure 1. A: The opening on to the urethra mimics the appearance of an imperforate hymen. B: View of the hymen with a guiding instrument inserted thro ugh the opening C: View of introitus after hymenectomy

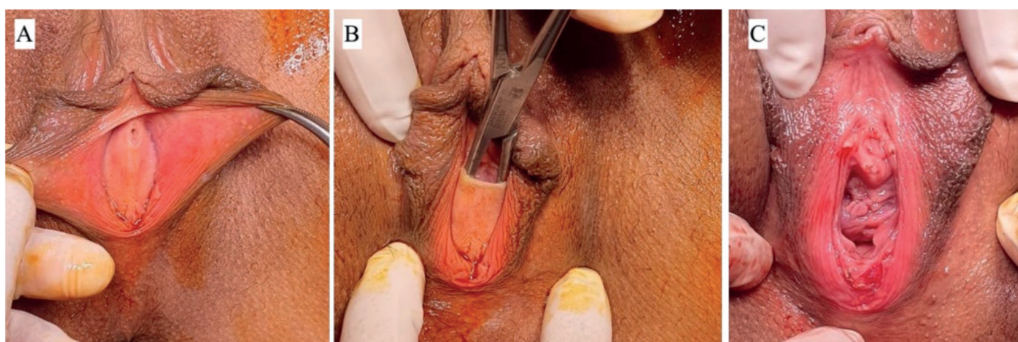

Figure 2. A: The opening on to the urethra mimics the appearance of an imperforate hymen. B: View of the hymen with a guiding instrument inserted through the opening C: View of introitus after hymenectomy

Conclusion(s): Microperforated hymen surgery is necessary for normal sexual intercourse and menstrual flow. Although rare, prenatal hymenotomy will allow.

Keywords: Hymenotomy; infertility; microperforate hymen; pregnant

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O29

Which one has a more profound effect on one's self-esteem: Oligomenorrhea or body mass index?

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Background: Body image is cognition of someone towards own body. Body perception scale (BPS) was described by Secord and Jourard to investigate the discontent of an individual for several body parts (1). Perception for body scale in women changes during puberty, pregnancy, puerperium, and menapouse (2). Hormonal changes may cause these alterations. There is limited data regarding the role of oligomenorrhea and obesity individually on body perception.

Materials and Methods: We evaluated girls studying at Pamukkale University with BPS. Their body mass index (BMI) and status of oligomenorrhea were noted. Girls with chronic disease were excluded from analysis. There were total 415 girls in final analysis.

Results: Mean age of the participants was 20.5±1.1 years. Other study parameters were demonstrated in Table 1. Univariate analyzes for the effect of BMI and oligomenorrhea on the total score of BPS yielded both significant (Tables 2, 3). We further performed a multivariate analysis including these parameters (Table 4). This analysis revealed that BMI and oligomenorrhea both have individually significant effect on BPS. Adjusted R^2 for this model was found to be 0.02.

Conclusion(s): Body perception is a complex situation that can be affected by multiple physical and psychological factors (3). In this study we documented that both BMI and presence of oligomenorrhea have negative impact on BPS in young women at university. The effects of these parameters were individually significant. Many other parameters have potential interaction with such model; therefore further studies are needed to explain this relation.

Keywords: Body perception scale; body image; oligomenorrhea; obesity

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Table 1. Characteristics of participants

Parameter	Study population N=415
Age (mean ± SD)	20.5±1.1
BMI (mean ± SD)	21.3±3.1
Presence of oligomenorrhea	90 (21.7%)

SD: standard deviation; BMI: body mass index

Table 2. Effect of oligomenorrhea on BPS total score

	Control group N=325	Oligomenorrhea group N=90	p-value
Total BPS score (mean ± SD)	138.4±24.3	131.3±24.6	0.015

BPS: body perception scale; SD: standard deviation

Table 3. Correlation of BMI with BPS

		BPS total scale
BMI	Pearson correlation coefficient	-0.109
	p-value	0.026
	N	415

BPS: body perception scale, BMI: body mass index

Table 4. Multivariate analysis of BMI and oligomenorrhea for predicting BPS

Parameter	Beta	t-test	p-value	Partial coefficient
BMI	-0.912	-2.315	0.021	-0.113
Oligomenorrhea	-7.302	-2.529	0.012	-0.124

BPS: body perception scale, BMI: body mass index

O30

Long-term consequences of gynecological cancer treatment on urinary incontinence

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Background: It is seen that the survival results of cancer patients are better than in the past, and other health problems arise with the increased life expectancy. Hysterectomy and radiotherapy are important risk factors for urinary incontinence (1). The aim of our study is to investigate the relationship between urinary incontinence and post-treatment period in cancer patients.

Materials and Methods: Fifty-two patients without recurrence who were operated for gynecological cancer between 2017 and 2022 were included in the study. Patients with recurrent pelvic organ prolapse and patients who died before the first treatment were not included in the study. Ninety-four patients who had hysterectomy for benign reasons were included in the control group. Urinary incontinence of the patients was questioned, and those who answered yes were classified as stress or urge urinary incontinence. We obtained the demographic data of the patients using a questionnaire.

Results: Of the patients who were operated for malignancy, 11 had cervical cancer, 28 had endometrial cancer, and 13 had ovarian cancer. Eight of the cervical cancers were operated only, 3 of them received adjuvant radiotherapy after the operation. Of the endometrial cancer patients, 10 were operated only, 9 received postoperative radiotherapy and 9 received postoperative adjuvant chemoradiotherapy. All ovarian cancers received post-operative adjuvant chemotherapy. Urinary incontinence was analyzed in 18 (34.6%) of gynecological cancer patients (23.0% stress and 11.6% mixed type) and 29 (30.8%) (21.3% stress and 9.6% mixed type) who underwent hysterectomy for benign reasons (p=0.740).

Conclusion(s): The risk of developing urinary incontinence does not change in patients who underwent hysterectomy for gynecological cancer compared to patients who underwent hysterectomy for benign reasons.

Keywords: Gynecological cancer; hysterectomy; urinary incontinence

Reference

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O31

A case report: Labial filling: Microfat & nanofat application

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Background: As with all skin tissue, thinning, sagging, wrinkles and depressions can be seen in the genital areas of people with age. For this reason, labium majus filling operations can be performed. Filling injection to the genital area has become popular especially in recent years (1,2). Hyaluronic acid injection or fat injection techniques can be used in filling processes. Fat tissue taken from the abdomen, inner parts of the legs or hips by liposuction is injected into the thinned genital areas with a cannula, and thus the genital areas that appear sunken become fuller. Autologous adipose tissue is theoretically an ideal soft tissue filler. Easy access and high biocompatibility are its most important advantages. In recent studies, it has been shown that stromal vascular fraction (SVF) cells in injected fat and adipose-derived stem cells (ADSCs) have versatile differentiation ability; it has been found that it can differentiate into adipocytes, osteocytes, chondrocytes and nerve cells. There are three types of oil used for fat grafting; macrofat, microfat and nanofat. Microfat application offers filling effect. Nanofat application, on the other hand, is used for tissue rejuvenation, thanks to its abundant stromal vascular fraction cells and stem cells, rather than its filling effect (1,2).

Materials and Methods: A 43-year-old patient applied to the outpatient clinic of our hospital. The patient had cosmetic concerns. Lipid filling was planned by applying microfat to the patient with age-related atrophy in the labium majus. At the same time, tissue rejuvenation was aimed by applying nanofat. McBurney's point was marked in the distance between the anterior superior iliac crest (SIAS) and the umbilicus, 1/3 of the way close to the umbilicus. Following the site cleaning, a small incision was made with a scalpel and a fat removal cannula was inserted at this point. A 12.5 cm long and 2.4 mm thick cannula was used. After the cannula was inserted, negative pressure was created. Fat collection was performed by going under our fingers in a fan style with the cannula superficial. It was closed by applying a pressure bandage to the abdomen. A total of 15 cc of material was obtained. The material was diluted 1/1 and washed with 15 cc SF for faster separation of the fat from the blood. The material obtained; it was left for about five minutes for the blood and fat to separate. After separation, the remaining oil was removed. It was passed 9 times through the blade system with 2400 microns. Then, 1200 micron blade system was passed 9 times and 9 cc microfat material was obtained. 5 cc of this material was separated as microfat for the filling process. The remaining material was passed through the 600 micron blade system 30 times to obtain nanofat. The vulvar skin was cleaned with 4% chlorhexidine gluconate. Then, the obtained microfat filling material was injected into the pubic region by inserting a cannula through two small

incisions. Nanofat material was applied by entering the vaginal mucosa at an angle of 10° at 5, 6 and 7 o'clock positions.

Results: No complication developed in the postoperative follow-up of the patient. Improvement was observed in the patient's preoperative complaints.

Conclusion(s): Due to the age-related atrophy in the labia, there are applications to hospitals with complaints related to functional, cosmetic, psychological and sexual problems. Especially in recent years, genital aesthetic operations, which are quite common in recent years, provide many benefits to patients both aesthetically and functionally when performed with the right technique. With microfat and nanofat filling applications, both tissue regeneration and filling processes are performed.

Keywords: Labiaplasty; lipid filler; microfat and nanofat application

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O32

The relationship of genital self-image with genital aesthetic requirement in a women of reproductive age

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Background: The aim of this study is to examine the genital image of single women between the ages of 21-30 using the female genital self-image scale (FGSIS); to examine the relationship between sexual activity, masturbation, awareness of the necessity of gynecological examination and desire for genital aesthetic intervention and FGSIS scores.

Materials and Methods: Data were collected from 71 women who were relatives of the patients who applied to the outpatient clinic in October/November 2022. The FGSIS seven-item, 4-point response scale is used to assess women's feelings and beliefs about their own sexual organs, and higher scores indicate a more positive genital self-image. Chi-square test and Student's t-test were used for categorical and numerical analysis.

Results: Genital aesthetic intervention was found to be statistically less in women with relatively higher FGSIS scores than in women with lower scores. Most of sexually active women have a gynecological examination history. There was no significant difference between two groups according to masturbation, sexually activity and had at least one gynecological examination. Patients who desire genital aesthetic surgery have low score and patients who do not desire aesthetic surgery have high FGSIS score.

Conclusion(s): Idea of having a genital aesthetic operation is strongly related to a woman's view of her genital image. In our study population there is no data that show sexual activity and gynecologic examination increase desire for genital aesthetic surgery. Patients who desire genital aesthetic surgery have low FGSIS score and this data is compatible with literature.

Keywords: Genital aesthetic; self-imaging; history

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Table 1. Comparison of factors affecting desire for genital aesthetics surgery

	Desire genital aesthetics surgery (n=16)	Not desire genital aesthetics surgery (n=55)	p (<0.05)
FGSIS score	20.6±4.7	23.3±3.7	**0.020**
Masturbation (last week)			
Yes	9	27	
No	7	28	0.778
Gynecological examination			
Yes	5	11	
No	11	44	0.510
Coitus			
Yes	4	14	
No	12	41	1.00

FGSIS: female genital self-image scale

O33

Effect of incontinence on quality of life during pregnancy in nulliparous women

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Background: We aim to estimate the type, frequency, and severity and to evaluate symptoms and quality of life impact of urinary incontinence (UI) during pregnancy in nulliparous continent women.

Materials and Methods: Between 2016 and 2018, 121 primiparous women were included the study. Socio-demographic data, pregnancy and obstetric history, personal habits, uro-gynecological history and the changes associated with pregnancy during control visits in all trimesters and obstetric and fetal characteristics at the time of birth (from delivery records) were noted. Data were summarized as means ± standard deviations (SD) or percentages, as appropriate. Student's t-test done for analysis of continuous variables and the χ^2 test for categorical data.

Results: Of the 121 pregnant women, total of 68 (64.4%) reported symptoms of UI at any time during pregnancy. Analysis of the type of UI revealed that the most frequent type was SUI, which affected 38 (55.8%) of the pregnant women with incontinence regardless of the trimester. In the entire sample, urgency urinary incontinence was present in 9 (13.2%) of the pregnant women with urinary incontinence and 21 (31%) showed symptoms of mix urinary incontinence at different time during pregnancy. Women with stress urinary incontinence reported significant lower quality of life compared to women with urge UI or mixed UI.

Conclusion(s): These data corroborate that gestation and childbirth increase the UI. The study found that the quality of life of women experiencing UI was negative impacted.

Keywords: Urinary incontinence; pregnancy; quality of life

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O34

Conservative management of vulvar hematoma caused by blunt trauma

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Background: The vulva is protected against trauma by the dense adipose tissue under the labium majus. Since the adipose tissue is not discrete, adolescents and children are at a higher risk of hematoma and laceration as a result of trauma. Except during birth, vulvar hematoms are most commonly caused by blunt trauma with the legs open (1).

Case: A 42-year-old G2P1 patient was referred to our clinic from an external center with the diagnosis of vulvar hematoma after falling from a boat. In the first examination, a hematoma area of approximately 7*6 cm was observed at the level of deviating from the midline in the labium majus and minus (Figure 1). Catheter insertion was not considered because there was no problem with the patient's urination. After informing, a conservative approach was planned. In the case of the growth of the hematoma area, its boundaries were drawn with a pencil so that they could be easily understood. Analgesics and ice were applied to the patient during the follow-up. Regression in the hematoma area was detected at the 16th hour of the follow-up (Figure 2). The patient was discharged with recommendations.

Discussion: A complete gynecological examination is important after taking the patient's anamnesis. Hymen examination should definitely be included in the childhood and adolescent period (2). The labium, clitoris, hymen, perineum, and rectum should be examined individually. Prophylactic antibiotics are not required for vulvar traumas (3). If possible, it should be left without interference. Bleeding in hematoma from multiple areas is of venous origin. If the hematoma is attempted to be drained, it may be difficult to isolate and surgically control these veins. During this time, the patient may complain due to a feeling of fullness and pain. She may be concerned that she is not receiving treatment. In conservative management, applying ice packs in the first 24 hours may limit bleeding and edema. A foley urinary catheter should be applied during the initial evaluation. If the vulvar hematoma is gradually enlarging or the hematocrit is continuing to decrease, surgical intervention should be planned. It should be kept in mind that it can

expand towards the retroperitoneum. When surgery is planned, a long enough incision is made to observe the bleeding veins. If active bleeding vessel orifices are visible, they are ligated. The subsequent cavity formed is closed with sutures in the form of 8 or filled one by one. Absorbable monofilament sutures should be preferred. The incision should also be closed one by one when closing. A drain can be placed if necessary (4). Vascular methods, such as embolization can be used in selected cases. Pelvic rest is recommended for 3-4 weeks, depending on the depth and size of the hematoma. NSAIDs or narcotic analgesics are used to treat pain.

Conclusion(s): Long-term counseling for these patient may help prevent future problems such as dyspareunia, sexual dysfunction, and chronic pelvic pain.

Keywords: Vulvar hematom; blunt trauma; vulvar trauma

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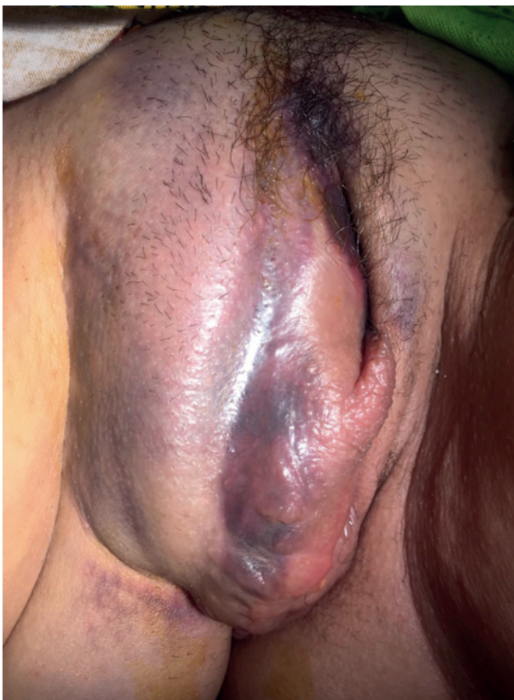

Figure 1. Hematom area in labium minus and majus during the first examination

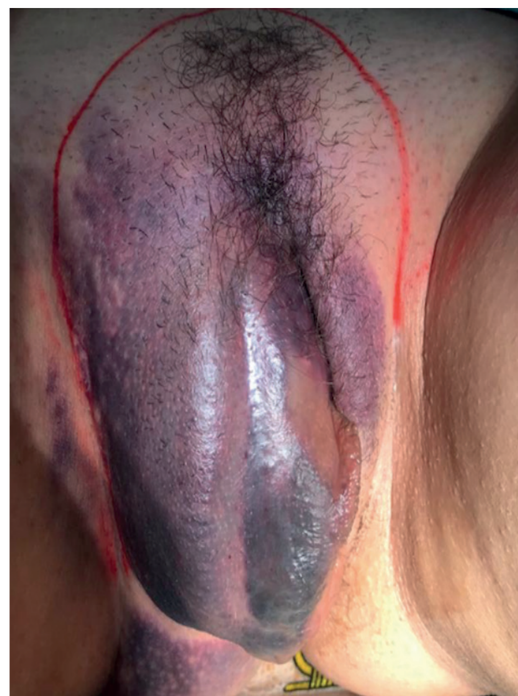

Figure 2. Hematom area in labium minus and majus in 16th hour of follow-up

O35

Sacrospinous ligament fixation-unilateral or bilateral?

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Background: Sacrospinous ligament fixation is a proven surgical treatment for pelvic organ prolapse (POP) (1). In this study we will present comperative results of unilateral and bilateral methods that has been performed in our clinic.

Materials and Methods: Fourty-six sacrospinous ligament fixation surgeries that has been performed University of Health Sciences Türkiye, Ankara Dr. Sami Ulus Child Health and Diseases Training and Research Hospital between January 2019 and June 2021 has been included. Preoperative grades, accompanying surgeries, lengths of stay, complications, follow-up urinary incontinence and relapse rates has been analyzed. In addition, the cases were divided into 2 separate groups as unilateral and bilateral methods and compared in terms of success and complications.

Results: In a population of 46 patients with a mean age of 51.13, SSF was performed unilaterally in 29 patients and bilaterally in 17 patients. The findings are included in the table.

Discussion: When we compare the relapse rates of unilateral and bilateral groups, in early post-operative period, neither group showed any signs of relapse. However after their 1 year follow-up exam, unilateral group had 6 prolapse while bilateral group had none. This seems to indicate that bilateral repair method allows the pelvic floor stability to remain intact for a longer duration. The lower average age of the patient group in bilateral repair and the low presence of comorbidities may also ensure the continuation of pelvic floor support in these patients. In one of these six patients grade3 uterine descensus, grade 2 cystocele and enterocele was present before the surgery and grade 2 cystocele was detected at the 1st year examination. In another patient, grade 3 uterine descensus, grade 3 cystocele, grade 3 rectocele was repaired and grade 2 cystocele was relapsed. In addition, cuff prolapse, cystocele and enterocele were present in another patient at the initial examination, and postop grade 2 cystocele was detected at the first year follow-up. First year relapses of these three patients can be explained by their higher grades of POP but the remaining three patients had same pre-op POP grading as bilateral group. There was also 1 high grade patient in the bilateral group without a 1st year relapse.

Conclusion(s): Even though we couldn't identify a superior method for this surgery, bilateral method seems to be more effective at maintaining the long-term pelvic floor integrity than unilateral method if the pre-op grading of the POP was high (1,2). Considering the bilateral method could increase the chance of nerve and blood vessel injury, the choice of selecting a suitable method should include the patient and be made on a case to case basis.

Keywords: Suture tecnique; pelvic organ prolapse; ligament/surgery; urinary incontinance; treatment failure; postoperative complications

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O36

Effects of human papillomavirus and LEEP on sexual function

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Background: We evaluated the sexual function of human papillomavirus (HPV)-positive patients after colposcopy and loop electrosurgical excision procedure (LEEP).

Materials and Methods: This study enrolled 344 patients with an HPV infection detected on routine screening in 2020-2022. Sexual function was evaluated using the Female Sexual Function Index (FSFI), which consists of six sections: Desire, arousal, lubrication, orgasm, satisfaction, and pain.

Results: The mean age of the 344 HPV-positive patients was 37.2±8.2 years, and 28.2% of them were unmarried. Colposcopy, cervical biopsy, and LEEP were performed in 251 (73.0%), 189 (54.9%), and 42 (12.2%) patients, respectively. The sexual history and FSFI scores of the patients were recorded. The total and individual parameter scores on the FSFI decreased significantly after colposcopy. Similarly, the total and individual parameter scores on the FSFI were lower at 8 weeks after LEEP compared to those before LEEP.

Conclusion(s): Cancer-related fear and anxiety and LEEP may cause sexual dysfunction in HPV-positive patients.

Keywords: Human papillomavirus; sexual dysfunction; loop electrosurgical excision procedure; colposcopy

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037

Postoperative second year results of trapezoid repair for anterior compartment defects

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Background: The most common prolapsed vaginal segment is the anterior vaginal compartment (1). Repair for anterior vaginal compartment has the highest risk of reccurence (2). Iliococcygeal fixation (ICF) was first defined as a safe and practical technique to treat apical prolapse by suturing vaginal tissues the iliococygeal muscle fascia (3). Based on this experience, iliococygeal muscle strands as an alternative candidate anchoring point for the prolapsed anterior segment. We alternatively named this technique as "trapezoidal repair" since restores the rhomboid/trapezoid shape of the pubocervical fascia that lies beneath the bladder. In this study, we analyzed the postoperative second year results of trapezoid repair for anterior compartment defects.

Materials and Methods: All surgical operations were performed by the same surgeon. Surgical technique for ICF was defined previously in detail (4). Clinical and surgical characteristics of the patients were recruited from patient files. Patients had undergone a postoperative standardized evaluation including POP-Q scoring and face to face interview with patient filled UDI-6 scales.

Results: Overall 13 patients had postoperative second year results. POP-Q results revealed that anatomical success persisted (Table 1). When evaluated for UDI-6 scores, we found significant improvement in total scores (Figure 1). No long-term complications were observed.

Conclusion(s): In this study, we presented the surgical and postoperative characteristics of the first 13 cases, in which ICF was performed by the same surgeon for native tissue repair of anterior compartment defects. Second year results showed that ICF is a safe and effective method for the surgical treatment of anterior compartment defects. Further studies are needed to explore long-term results of this technique.

Keywords: Cystocele; iliococcygeal fixation; trapezoidal repair

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Table 1. POP-Q results after trapezoid repair for anterior compartment defects

	Preoperative		Postoperative 24th month	
	Mean	SD	Mean	SD
Aa	1.15	0.69	-1.77	0.99
Ba	2.77	1.42	-1.73	0.97
Gh	4.54	0.63	4.23	0.63
Pb	3.12	0.82	3.50	0.89
TVL	8.67	1.15	8.83	1.34
Ap	-1.38	1.12	-2.58	0.64
Bp	-1.54	1.13	-2.50	0.65
C	-1.67	2.67	-5.00	1.54
D	-4.33	2.53	-5.33	1.67

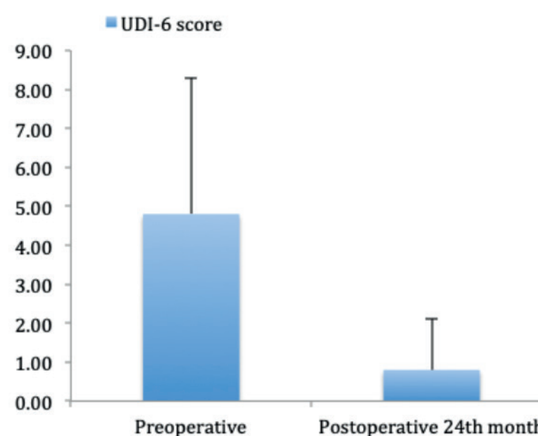

Figure 1. Postoperative 24th month evaluation of UDI-6 total score

O38

A new technique for stress urinary incontinence without using vaginal mesh

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Background: Our aim in this presentation is to show that stress urinary incontinence (SUI) patients can be treated without any mesh complications with the vaginal meshless urethropexy technique

Materials and Methods: In this video, presentation, the urethropexy technique, which we apply as a new approach without using vaginal mesh in the treatment of stress urinary incontinence, is described. A 50-year-old G5P1 patient applied to the urogynecology department with the complaint of urinary incontinence. In preopeartive evaluation, stress test +, Q-tip test: 60°, post-void residual urine was determined as 20 cc. With transperineal ultrasound, anterior (α angle) and posterior urethral angles (β angles) were evaluated both at rest and by valsalva maneuver. ($\Delta\alpha = 50°$, $\Delta ß = 20°$). Urine culture was detected as negative. With the diagnosis of SUI, urethropexy indication was given.

In the lithotomy position, the following steps, shown in the video, were applied in order.

Step 1: On the vaginal mucosa in the midurethral region, 1 cm² islet was created. The edges of this islet were dissected from the adjacent mucosa (Figure 1). This area was then de-epithelized with electrocautery.

Step 2: With the first of the no: 1 prolene (polypropylene) sutures, the paraurethral point shown in Figure 1 was entered from A and exited from point B. It was passed through the middle of the mucosal island and passed to the opposite side. It was entered from point C, exited from point D, and (Ω) shape was created. Second prolene suture was entered from point B and exited from point A to form a knitting with the first suture. It was passed through the midline of the mucosal island to the opposite side. It was entered from point D, exited from point C, and (Ʊ) shape was formed. Thus, a hand-made hammock-like support structure was created under the urethra.

Step 3: Bilateral tunnels were opened under the symphisis pubis with scissors. With the help of guides, prolene sutures were passed through the retropubic area and removed from the skin 2.5 cm lateral to the midline on both sides over the mons pubis. Bladder walls were checked with simultaneous cystoscopy. Guides were removed after the bladder walls were observed intact.

Step 4: With the help of guide, the polypropylene mesh was placed into the mons pubis, 2 cm below the skin (Figure 2). So, about 5 cm of mesh was used, the excess mesh was cut (Figure 3).

Step 5: Prolene sutures on both sides were fixed with small size hemoclips by passing 1 cm distance to the ends of the mesh. Thus, slipping of the suture and mesh was prevented. 3-4 knots were tied on the hemoclips and finally the incisions were closed.

Conclusion(s): Meshes placed transvaginally can cause serious complications. Due to FDA warnings about mesh complications in recent years, return to meshless operations is observed in incontinence and pelvic organ prolapse reconstruction operations. Urethropexy technique can be preferred in the surgical treatment of SUI, but long-term results are needed.

Keywords: Stress urinary incontinence; urethropexy; anti-incontinence procedures

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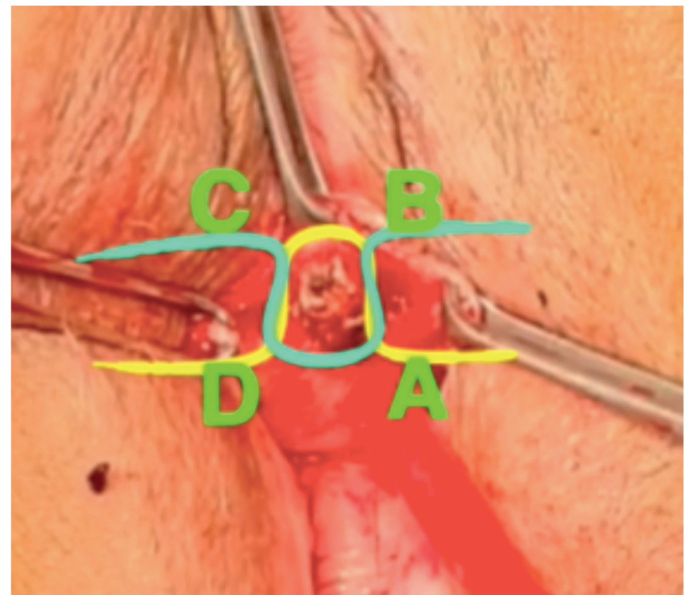

Figure 1. Suburethral mucosal island

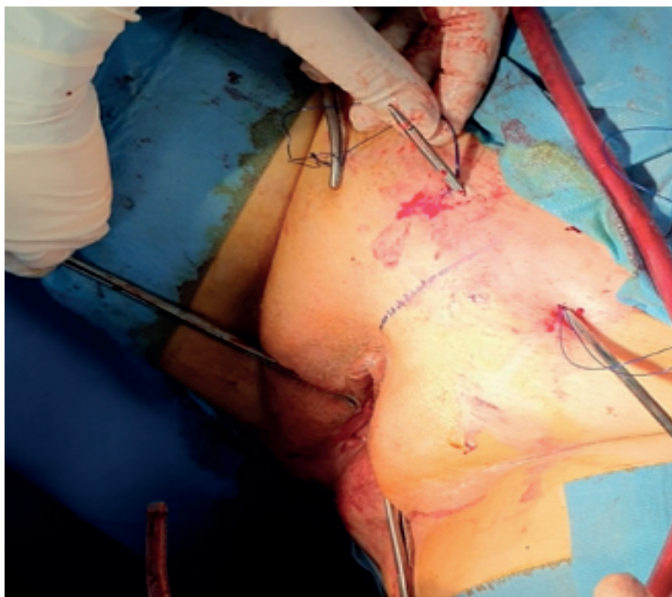

Figure 2. Insertion of polypropylene mesh with the help of guide

Figure 3. Representation of mesh placed into the mons pubis

O39

Characteristics of patients with late recurrent endometrial cancer

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Background: We planned this study to assess endometrial cancer (EC) patients who had late metastasis.

Materials and Methods: This retrospective study constituted a review of the records of patients who were diagnosed with EC and underwent hysterectomy at the gynecologic oncology clinic between 1996 and 2018. Relapses occurring after the first three years following primary treatment of EC are considered late recurrences. Post-relapse survival (PRS) refers to the time to the last follow-up or the patient's death after relapse.

Results: Late metastases were identified in 42 patients, 20 (47.6%) of whom had locoregional recurrence and 22 of whom (52.4%) had extrapelvic recurrence. Median disease free survival (DFS) times were 61 (range: 43-78) and 65 (range: 48-81) months for the groups with locoregional and extrapelvic recurrence, respectively (p=0.462). The 5-year PRS rate for the patients was 61.1%, with 63.8% having locoregional and 59.4% having extrapelvic late metastasis (p=0.969).

Conclusion(s): Among the patients with late metastases, those with endometrioid type EC were found to have a better prognosis. It has been shown that locoregional or extrapelvic organ recurrence does not significantly affect survival in patients with late relapse. Although our results are not statistically significant for cases of locoregional late metastases, surgical resection increases survival rates.

Keywords: Recurrence; endometrial cancer; disease free survival

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O40

The frequency of histological chorioamnionitis in preterm deliveries

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Background: Histological chorioamnionitis (HCA) is defined as inflammation of the amniotic fluid, membranes, placenta, and decidua, and usually occurs via the ascending route from the lower genital tract and rarely via the hematogenous route (1). HCA is observed in 4% of term pregnancies, but more frequently in preterm births and premature rupture of membranes (2). It is also more frequently observed in prolonged labor, in the presence of meconium in the amniotic fluid, in smokers, and in nulliparity (3). Complications such as uterine atony, uterine rupture, blood transfusion requirements, postoperative wound infection, endometritis, pelvic abscess, septic pelvic thrombophlebitis, and sepsis, and a risk of hospitalization in the intensive care unit have been reported in women with HCA. Fifteen percent of women with clinical chorioamnionitis are diagnosed in the antepartum period and 85% in the postpartum period (4). The purpose of this study was to determine the frequency of histological chorioamnionitis (HCA), a potential cause of preterm labor.

Materials and Methods: One hundred twenty-three women with gestational ages of <37 weeks who underwent vaginal or cesarean delivery between January 1, 2021, and December 31, 2021, in our hospital obstetrics clinic (group 1, negative histological chorioamnionitis, n=41 and group 2, positive histological chorioamnionitis, n=82) were prospectively included in the study. The participants' socio-demographic characteristics and laboratory results were documented and compared between the groups. The placentas were examined for diagnosis of HCA by a senior pathologist.

Results: Although hemoglobin levels, mean platelet volume, mean corpuscular volume, and lymphocyte, monocyte, and platelet counts on admission and after delivery were comparable between the HCA-negative and HCA-positive groups (p>0.05), leukocyte (11168.29±2757.66, respectively, vs 13022.80±4795.97, p=0.008) and neutrophil (8202.44±2459.82 vs 10220.73±4608.84, p=0.002) counts, the neutrophil-lymphocyte ratio (4.31±2.39 vs 6.15±4.64, p=0.004), and C-reactive protein (CRP) (9.35±3.29 vs 19.11±10.46 g/dL, p=0.022) values differed significantly between the groups. The recommended threshold for the neutrophil-lymphocyte ratio was 3.34 [area under the curve (AUC)=0.639, 95% confidence interval (CI) 0.538-0.802, sensitivity 78.1%, specificity 61.0%]. The cut-off point for CRP levels at ROC analysis was 6.5 mg/dL (AUC =0.601, 95% CI 0.490-0.710, sensitivity 58.1%, specificity 47.2%).

Conclusion(s): The findings from this study show that the prevalence of HCA is quite high in pregnant women with preterm delivery, and that the neutrophil/lymphocyte ratio has higher sensitivity and specificity in detecting HCA compared to CRP levels. Further studies with larger cohorts are now needed to elucidate this issue.

Keywords: C-reactive protein; histological chorioamnionitis; neutrophil-lymphocyte ratio; preterm delivery

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O41

A glimpse of colpoclesis operation in a secondary care hospital

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Background: The purpose of study is to give insight and encourage young speacialists and assistants by showing them a video presentation that can be performed as a single physician at a secondary health institution case of neglected and advanced vaginal cuff prolapse.

Case: The 67 years old patient had a history of 9 normal vaginal deliveries, had his last menstrual period 15 years ago, had no additional disease. She undergone laparoscopic total hysterectomy and cystorectosele operation due to stage two uterine prolapse 9 years ago. The sexual inactive patient applied us for suffering from cuff prolapse. After the gynecological examination, total colpocleisis was recommended to the patient,and it was explained to the patient that she would not have penetrative vaginal function again. The operation was carried out as described in Te linde. The anterior and

posterior of the vagina was divided into 4 sections with a marker Pen and de-epitheliazied by sharp and blunt dissection. The peritoneum that was opened during de-epithelialization was closed, then the anterior and posterior vaginal mucoza was excised. Three circular suturations was performed to close the remaining potential gaps. After the vaginal incision was closed horizontally, colporraphy was performed posteriorly. The perineum was repaired after perineal strengthening with a deep suturation on levator muscles.

Conclusion(s): The operation was completed successfully and the patient was discharged second postoperative day without complications. *De novo* stress urinary incontinence and dysuria were not detected six months after the surgery. Total colpocleisis is a successful surgical option in patients who are no longer sexually active with advanced pelvic organ prolapse, in elderly age. This surgery can be done at the secondary health institution easily, despite the prejudice and concerns.

Keywords: Colpocleisis; vaginal hysterectomy; pelvic organ prolapse

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O42

Does increased retrovesical angle have any impact on quality of life in women with stress urinary incontinence

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Background: Transperineal ultrasonography (TPUS) can be used to assess several dynamic pelvic floor parameters (1). However, specific markers have not been described for definitive diagnosis (2). The effect of these markers on quality of life is similarly unknown. In this study we aimed to assess the effect of increased retrovesical angle (RVA) on quality of life in women with stress urinary incontinence (SUI).

Materials and Methods: Patient files of women assessed with TPUS were retrospectively analyzed. Women with SUI were analyzed and RVA measurements were extracted. Increased RVA was defined as ≥140°. Socio-demographic parameters of the study group were also assessed. Incontinence impact questionnaire (IIQ-7) was used for evaluation of incontinence related quality of life (3).

Results: There were total 52 women with SUI who had available RVA measurements. Of them 40 had normal RVA measurements (<140°). Basal characteristics of the study groups are summarized in Table 1. When IIQ-7 total scores were compared between two groups, no significant difference was found between two groups (Figure 1).

Conclusion(s): This study documented that abnormal RVA measurements do not have any impact on incontinence related quality of life among with SUI. Similar to our results, Alkan et al. (4) also reported similar Michigan incontinence severity index scores among pregnant women with open RVA (>140°) and intact RVA (<140°). Their findings suggested that the pelvic floor ultrasound parameters of the anterior compartment did not predict the subjective urinary incontinence severity of women in their third trimester of pregnancy (4). In addition to this, we documented that RVA measurements neither affects incontinence related quality of life in women with SUI.

Keywords: Transperineal ultrasonography; retrovesical angle; stress urinary incontinence

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Table 1. Characteristics of the study population

Parameter	RVA <140°	RVA ≥140°	p-value
Age (years)	50.4±11.6	49,9±7.2	0.903
BMI (kg/m^2)	28.1±4.5	29.5±5.2	0.387
Gravida	3.4±1.7	2.8±1.2	0.254
Vaginal delivery #	2.6±1.4	2.3±1	0.549

RVA: retrovesical angle; BMI: body mass index

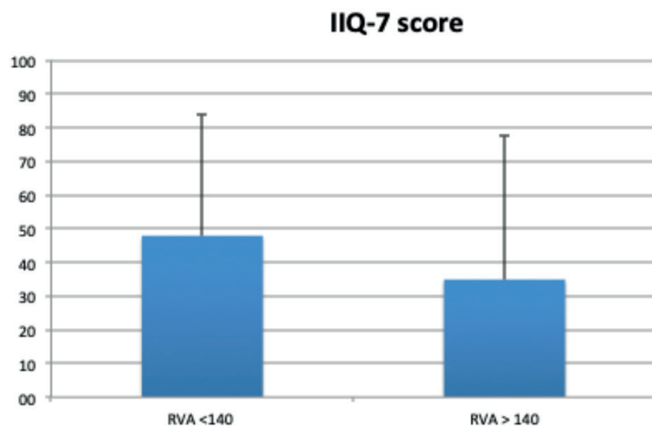

Figure 1. Comparison of total IIQ-7 scores between two groups
IIQ-7: incontinence impact questionnaire

043

Gynecological system involvement of hematogenous malignancies

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Background: Primary hematological malignancies of the gynecological system are rare (1). Information is limited to only case reports and a small number of case series in the literature. In this study, it was aimed to investigate the clinicopathological features of the cases whose initial diagnosis was made in gynecological materials and who were diagnosed with hematological malignancy in the light of the literature.

Materials and Methods: In our study, 5 patients who underwent retrospective surgery with the diagnosis of gynecological cancer in the Department of Obstetrics and Gynecology, Obstetrics and Gynecology, University of Health Sciences Türkiye, İzmir Tepecik Training and Research Hospital, between September 2007 and November 2022, but who had hematological malignancies and progressed with gynecological organ involvement, were examined in our study.

Results: All gynecological cancers were screened retrospectively over a 15-year period between 2007-2022. Cases with a previous hematological malignancy were excluded in our study. In the retrospective examination, 5 cases that were not diagnosed by bone marrow biopsy or lymph node involvement and were first diagnosed in gynecological organs were detected. The age of the patients ranged from 28 to 74. Two of the 5 cases were operated for adnexal mass, dysgerminoma, sex cord stromal tumor, and were diagnosed with Diffuse Large B-cell Lymphoma in the ovary in the final pathology. One patient was diagnosed with small Lymphocytic Lymphoma/Chronic Lymphocytic Leukemia infiltration in the endometrial polyp, one patient with Diffuse Large B-cell Lymphoma infiltration on cervical biopsy, and one patient with Plasmacytoma presenting with amyloidosis in the cervix.

Discussion: More than 80% of primary or secondary lymphomas of the uterus are B-cell, and the vast majority are Diffuse Large B-cell lymphomas. Most of them are asymptomatic and present clinically as abnormal uterine bleeding or adnexal mass (1-3). The treatment is systemic chemotherapy and radiotherapy for those localized to the cervix. The case with Small Lymphocytic Lymphoma/Chronic Lymphocytic Leukemia infiltration in the endometrial polyp was diagnosed as Chronic Lymphocytic Leukemia in the bone marrow biopsy performed later. No bone marrow involvement was observed in the subsequent bone marrow biopsies of the other 4 cases. Systemic chemotherapy and local radiotherapy to the cervix in 2 cases with cervical involvement were given to the patients. The cases were in remission in the controls. In conclusion, primary cervix, corpus and bilateral ovarian involvement of Leukemia, Lymphoma or Plasmacytoma are rare localizations (4). Granulosa cell tumor and dysgerminoma are considered in the preliminary diagnosis in frozen materials, especially in adnexal masses in young patients. It should be kept in mind that lymphoma infiltration may also occur.

Conclusion(s): Our study is a unique study in which these cases, which were not diagnosed with hematological malignancy until that time, but presented with abnormal uterine bleeding and adnexal mass, and whose initial diagnosis was made in gynecological materials, were compiled.

Keywords: Plasmacytoma; large B-cell lymphoma; metastases; ovarian mass

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O44

Development of fistula from the vagen to the skin as a long-term complication of the use of mesh in anti-incontinence surgery

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Background: Stress urinary incontinence (SUI), a problem seen in about half of women and can benefit from the operation, is seen in approximately 4-35% of women (1). SUI is involuntary urinary incontinence due to increased intra-abdominal pressure (cough, sneeze, etc.) in the absence of detrusor contraction (2). Although lifestyle changes, pelvic floor exercises, and topical vaginal estrogen may be effective in treatment, surgical intervention may be required in unresponsive patients (3).

Case: Our patient is 59 years old and had an anti-incontinence operation (a history of trans obturator tape surgery (TOT)? Four-arm transvaginal mesh?) eight years ago. In June 2022, an anal fistula operation was performed due to the complaint of anal discharge. Vaginal examination revealed a fistula orifice lateral to the anus (Figure 1). A minimal fistula opening to the vagina was observed 2 cm proximal to the urethra orifice and 1 cm left lateral to the urethra orifice; after methylene blue was administered through the fistula tract (Figure 1). The fistula tract was washed with oxygenated water and isotonic, and a thin guide was sent through it with the help of gel, and the mucosa was dissected approximately 3-4 cm by following the guide in the vagina (Figure 2). The visible part of the mesh residue in the fistula tract was excised. The fistula tract was cleared with a brush, and the mucosa was sutured primarily. The skin was enlarged with a vertical 2 cm incision, the skin tension was relieved, and the visible tract epithelium was excised. Reachable areas were cleaned and closed in the same way. It was sutured so that there was no subcutaneous space, and the skin was closed primarily. The patient was discharged one day without any early complications. No additional problem was observed in the second and fourth-month follow-ups of the patient. While the development of vesicovaginal fistula can be seen in anti-incontinence surgeries in cases such as passing the bladder with a mesh and not being noticed, fistula to the vaginal skin is very rare. Although fistula treatments can be complex, the risk of recurrence increases when the etiologic cause cannot be eliminated entirely. No problems were encountered in the follow-up of this case, and it was not possible to completely remove the mesh.

Conclusion(s): The most common mesh complication in SUI surgery, in which autograft or mostly synthetic mesh is preferred, is mesh erosion. Patients should be informed that meshes are permanent materials and that a rare complication such as a fistula may develop.

Keywords: Fistula; anti-incontinence surgery; mesh

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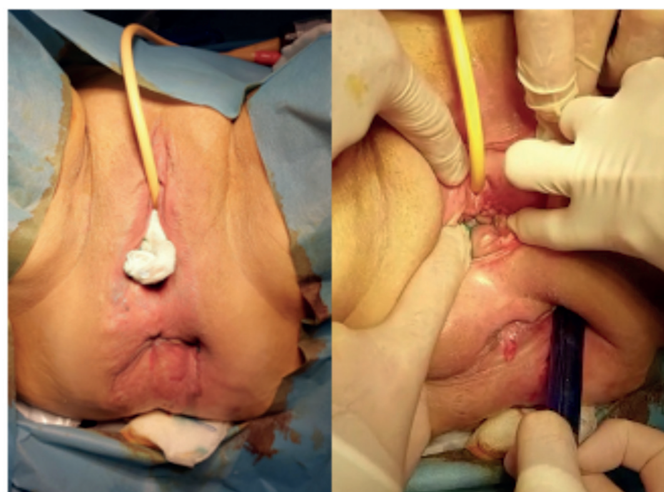

Figure 1. The fistula is visible on the left lateral of the anus and the tract of the fistula is seen with methylene blue

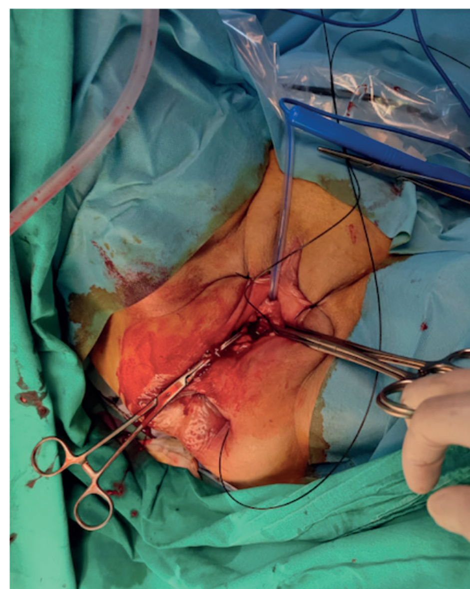

Figure 2. A guide placed in the fistula tract

O45

Recurrent mesh erosion after laparoscopic sacrocolpopexy: A case report

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Background: Pelvic organ prolapse is a common condition in women. In addition to conservative treatments, management can involve surgical procedures. Among the surgical procedures, sacrocolpopexy is the gold standard treatment method. Mesh erosion rates after sacrocolpopxy vary between 2-10%. Mesh erosion can be asymptomatic or cause signs and symptoms such as vaginal discharge, pain, bleeding, dyspareunia and recurrent urinary tract infections (1,2).

Case: A 48-year-old patient, who had previously undergone total laparoscopic hysterectomy and sacrocolpopexy operation in our clinic due to uterine prolapse, was treated with transvaginal partial mesh excision due to mesh erosion in the 9th postoperative month with complaints of vaginal discharge and dyspareunia. After 6 years, the patient applied to our clinic again with the same symptoms, and the patient required laparotomic surgery.

Discussion: Surgical interventions for mesh erosion involve transvaginal, laparoscopic and laparotomic procedures. In cases where the mesh infected, systemic infection, migration of the mesh to the bladder or rectum, the laparotomic procedure comes to the forward among the options (3,4). As in our case, the need for reoperation may occur after transvaginal partial excision.

Conclusion(s): Mesh erosion after sacrocolpopexy may also occur with serious conditions such as osteomyelitis (5). In rare cases, mesh erosion surgery may be required many years after the first operation. For these reasons, patient follow-up at relevant intervals in the postoperative period has great importance.

Keywords: Pelvic organ prolapse; sacrocolpopexy; mesh; erosion

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O46

Lipoleiomyoma, a rare benign tumor of the uterus: A case report

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Background: Lipoleiomyoma is a rare lesion of the uterus that occurs in perimenopausal and postmenopausal patients (1). It consists varying amounts of mature adipose tissue and smooth muscle cells. Although it is often identified in the uterus, it may also arise in the cervix, retroperitoneal, round ligament, intravascular, intra-abdominal, broad ligament, ovary and omentum (2). Therefore, they may be confused with adnexal masses during imaging. We aimed to present our case lipoleiomyoma originating from the uterus.

Case: A postmenopausal 52-year-old female patient presented with complaints of abdominal pain and bloating. Ultrasonography revealed a heterogeneous mass commencing by the pelvic area and covering the entire abdomen, which was thought to be ovarian origin. The patient’s abdominal tomography result was “Hypodense lesion with lobulated contours, 32x22 cm in axial sections, covering the abdomen, with thick septations and soft tissue densities”. Ovarian cancer or mesenteric lesions could not be excluded. The patient’s endo-colonoscopy was normal. The operation was planned as midline incision. On exploration, the mass was originated from the uterus and attached to the left adnex. Hysterectomy-bilateral salpingoopherectomy was performed and sent to frozen section. Frozen result was reported as benign. In the final pathology, the macroscopy was interpreted as33x23x12 cm, pink-gray colored, nodular tumoral tissue consisting irregular cystic and myxoid degeneration areas and yellowish coloured areas. Immunohistochemically, pathology examples were stained withSMA, Ki-67, S100 and evaluated as compatible with lipoleiomyoma.

Discussion: In the uterus, benign lipomatous tumors are rarely identified. These lesions may be asymptomatic or cause complaints such as vaginal bleeding and abdominal pain. Resembling well-differentiated liposarcoma, it is important to confirm the benign nature of this tumor. Normally, there is no adipose tissue in the uterus, so the etiology of these lesions isn’t known exactly. It’s suggested that lipoleiomyomas are caused by fatty metamorphosis of uterine smooth muscle cells, which may continue to form localized or diffuse mature adipose tissue in the leiomyoma or myometrium, rather than fatty degeneration (3-5). Pathogenesis is still unknown. Dermoid cyst, lipoma, well-differentiated liposarcoma, extra-adrenal myelolipoma, lipoblastic lymphadenopathy and angiomyolipoma should be considered in the differential diagnosis of large fatty masses in the abdomen. Surgery should be recommended to

patients with intraabdominal tumors, who are symptomatic or have suspicion of malignancy. Risks and comorbidities of surgical resection should be explaining (6).

Conclusion(s): Lipoleiomyoma should be considered in the differential diagnosis of intra-abdominal masses. Although imaging plays a significant role in the preoperative diagnosis of lipoleiomyoma, it is the pathological examination that confirms the diagnosis.

Keywords: Lipoleiomyoma; lipomatous tumors; leiomyoma variant

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047

The effect of urinary cathetter implementation time after TOT surgery on post-surgery urinary retension

Pınar Kırıcı

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Background: Transobturator tape (TOT) is one of the most common surgical treatments for stress urinary incontinence (SUI). In this study, we aimed to compare the relationship between urinary catheter application times and urinary retention, dysuria and amount of first micturition applied to the bladder after TOT surgery.

Materials and Methods: A total of 60 (sixty) patients diagnosed with stress urinary incontinence and undergoing TOT surgery between September 2020 and September 2022 were included in the study. All patients were subjected to a subjective "stress test" before surgery, and stress urinary incontinence was diagnosed. The mobility of the bladder neck and proximal urethra was determined with the "Q-type test". Patients with mixed urinary incontinence, a history of previous vaginal surgery and systemic comorbidity were excluded from the study. Urine cultures were obtained from all patients before surgery. Age, body mass index (BMI), urinary incontinence duration, gravida and parity of the patients were recorded. Regional spinal anesthesia was applied to all patients. TOT surgery was performed on 60 patients with macropormonoflamenpolyprolene mesh (safyre®) using the outside-in method by the physicians who applied the same surgical technique. The patients were divided into two groups according to the duration of urinary catheter application. Thirty patients in whom a urinary catheter was applied for 12 hours after surgery were determined as group 1, and the other 30 patients with a urinary catheter for 24 hours after surgery were determined as group 2. Oral intake and mobilization times of the patients were the same. The catheters of both groups of patients were removed by applying the urine collection and discharge method called the gymnastic method. The catheters of both groups of patients were withdrawn by applying the urine accumulation and discharge method called the gymnastic method.

Results: There was no statistically significant difference between the demographic data of the patients such as age, BMI, gravida-parity numbers and incontinence times. Demographic data of the patients are given in Table 1. Spontaneous urination rates within 6 hours after urinary catheter removal were 26/30 (86%) in group 1 patients and 28/30 (93%) in group 2 patients (p=0.863), although there was no significant difference between the two groups, they were higher in group 2 patients is too much. There was no statistically significant difference between the two groups in terms of the amount of urine during the first micturition and complaints of dysuria. Postoperative findings are given in Table 2.

Discussion: TOT surgery is the most common surgical method in the treatment of SUI. During this method, the bladder neck and proximal urethra neck are elevated (5). For this reason, in order to prevent the risk of urinary retention and globe vesicale in the acute postoperative period of the patient, urinary catheterization is one of the most important methods, until the postoperative edema decreases and the acute pain period passes. Catheter application time varies between clinics. In our study, dysuria and first urine volumes of the patients were similar after 12 hours and 24 hours of urinary catheterization. Although there was no statistically significant difference in first urination rates in group 1 patients, they were observed less frequently compared to group 2 patients.

Conclusion(s): We think that early discharge after TOT surgery or, if there is no other indication, a bladder catheter application for at least 24 hours is more successful in preventing postoperative urinary retention.

Keywords: Stress urinary incontinence; transobturator tape; post-operative management

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Table 1. Demographic data of patients

	Group 1	Group 2	p
Age	36	34	0.901
Body mass index	25	27	0.689
Gravida	6	5	0.651
Parite	4	4	1
Urinary incontinence times (months)	25	23	0.884

Table 2. Postoperative findings of the patients

	Group 1 (n=30)	Group 2 (n=30)	p
Spontaneous micturition	26	28	0.863
Spontaneous first urine volume	220 mL	235 mL	0.641
Dysuria	11	14	0.710

O48

The effect of hydration with oral distille on amniotic fluid index and perinatal outcomes in isolated oligohidramnios

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Background: Amniotic fluid index (AFI) is mostly derived from the fetus and fetal urine and fetal swallowing play the biggest physiological roles in the dynamic structure of the AFI (1,2). Idiopathic (isolated) oligohydramnios (IO) is diagnosed if there is a decrease in amniotic fluid without a medical or obstetric problem (3). There are methods such as amnioinfusion, intravenous or oral hydration, desmopressin, and termination of the pregnancy among the treatment options (4,5). This study was aimed to compare effects of maternal oral tap water and distilled water hydration therapy on AFI and perinatal-postnatal outcomes in third trimester pregnant women diagnosed with isolated oligohydramnios (IO).

Materials and Methods: A total of 40 participants diagnosed with IO were included in the study between February 2022 and June 2022. A total of 2000 mL distilled water was intaken daily for seven days by the first 20 participants (group 1) and a total of 2000 mL tap water was intaken Daily for seven days by the last 20 participants (group 2). Fetal biometric measurements of the participants were performed at the begining of the study and at the end of the study by the same physician. Primary outcome was the effect of hydration on the AFI and secondary outcomes were perinatal outcomes.

Results: There was no significant difference in terms of demographic characteristics, fetal biometric measurements, uterine artery Doppler index, gestational age at delivery, the rate of primary cesarean deliveries, birth weights and birth height, neonatal intensive care unit admission, laboratory outcomes between the groups ($p>0.05$). While there was no significant difference in pre-hydration in AFI values between the groups (55.80 ± 12.14 vs 57.15 ± 10.97; $p=0.714$), but a statistical significant difference was found in post-hydration in AFI values (77.80 ± 11.56 vs 44.30 ± 10.90; $p<0.001$).

Conclusion(s): This study showed that maternal oral hydration is an easily applicable and effective methods in the treatment of IO. Prospective studies with larger numbers of participants are needed to confirm to validate the findings of current study.

Keywords: Distilled water; oligohydramnios; perinatal outcomes

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O49

The effect of combined oral contraceptive use in polycystic ovary syndrome on metabolic parameters

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Background: Polycystic ovary syndrome (PCOS), which affects approximately 5-10% of women reproductive age, is one of the most common reproductive endocrinopathies (1,2). It is a complex and heterogeneous disorder, and its physiopathology is not yet clear. The suggested factors that are responsible for the pathogenesis include defective steroid biosynthesis and insulin resistance with hyperinsulinemia that aggravates hyperandrogenism (3,4). This study aimed to evaluate whether combined oral contraceptives (COC) used in polycystic ovary PCOS have an effect on metabolic parameters.

Materials and Methods: A total of 102 participants (n=52, group 1, PCOS) and (n=50, group 2, control) who applied between September 1, 2020, and September 1, 2021, in our hospital reproductive endocrinology clinic were prospectively included in the study. Physical examination, laboratory, ultrasound, body fat analysis were performed on the participants at baseline, third and sixth months, and the obtained data were recorded. COC was started in both groups. Primary outcome was to show the effect of COC use on metabolic parameters and secondary outcomes were to examine the effect of COC on PCOS symptoms.

Results: Menstrual cycle regularity was provided and the cycle duration was significantly improved in the PCOS group ($p<0.001$). There was a significant decrease in Ferriman Gallwey score (FGS) ($p<0.001$), the rates of hirsutism ($p<0.05$) and acne ($p<0.001$) in the PCOS group. There was a significant decrease in ovarian volume and follicle count in the PCOS group ($p<0.001$). Although serum FSH, E_2, progesterone, HbA1C, post-prandial glucose, HDL, LDL and total cholesterol levels were comparable ($p>0.05$), serum LH, total testosterone, DHEA-S, HOMA-IR, and triglyceride levels were different between the groups ($p<0.05$). Additionally, there was no significant difference in body distribution, impedance analysis, and the change of BMR between the groups ($p=0.245$).

Conclusion(s): This study showed that the use of COC in PCOS improves clinical symptoms and does not adversely affect metabolic parameters. Prospective studies with larger numbers of participants are needed to confirm the validity of the findings in our study.

Keywords: Combined oral contraceptive; metabolic parameters; polycyctic ovary syndrome

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O50

Comparison of the frequency of histological chorioamnionitis between term and preterm deliveries

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Background: Histological chorioamnionitis (HCA) is observed in 4% of term pregnancies, but more frequently in preterm births and premature rupture of membranes (1,2). It is also more frequently observed in prolonged labor, in the presence of meconium in the amniotic fluid, in smokers, and in nulliparity (3). Complications such as uterine atony, uterine rupture, blood transfusion requirements, postoperative wound infection, endometritis, pelvic abscess, septic pelvic thrombophlebitis, and sepsis, and a risk of hospitalization in the intensive care unit have been reported in women with HCA. Fifteen percent of women with clinical chorioamnionitis are diagnosed in the antepartum period and 85% in the postpartum period (4). The purpose of this study was compare of the frequency of HCA between term and preterm deliveries.

Material and Methods: One hundred twenty-six women with gestational ages of <37 weeks who underwent vaginal or cesarean delivery between January 1, 2021, and December 31, 2021, in our hospital obstetrics clinic (group 1, term labor, n=63 and group 2, preterm labor, n=63) were prospectively included in the study. The participants' socio-demographic characteristics and laboratory results were documented and compared between the groups. The placentas were examined for diagnosis of HCA by a senior pathologist.

Results: Although age, body mass index, the numbers of gravity and miscarriage, and 5. min APGAR scores were comparable between the groups ($p>0.05$), the number of parity [2.0 (1.0-2.0) vs 1.0 (0-2.0), p=0.008], gestational age delivery (38.84 ± 0.34 vs 33.79 ± 2.81, $p<0.001$), 1. min APGAR scores (8.81 ± 0.69 vs 8.03 ± 1.82, $p<0.001$), and NICU admission rate [6 (9.5%) vs 27 (42.9%), p<0.001] differed significantly between the groups. While there was no difference in hemoglobin levels, neutrophil, lymphocyte, and monocyte counts between the groups ($p>0.05$), leukocyte (10382.54 ± 2020.58 vs 12133.33 ± 4936.01, $p=0.001$) count, the neutrophil-lymphocyte

ratio (4.21±1.60 vs 5.46±4.48, p=0.040), and C-reactive protein (CRP) (6.46±5.56 vs 15.9±9.27 g/dL, p=0.042) values were statistically difference between the groups. As regards, the histopathological findings, acute [5 (7.9%) vs 31 (49.2%), p<0.001] and mild corioamnionitis [21 (33.3%) vs 31 (49.2%), p<0.001] were more frequent in the preterm delivery group.

Conclusion(s): The findings from this study show that the prevalence of HCA is quite high in pregnant women with preterm delivery, and the neutrophil/lymphocyte ratio and CRP levels have also higher. Further studies with larger cohorts are now needed to confirm our results.

Keywords: C-reactive protein; histological chorioamnionitis; neutrophil-lymphocyte ratio; preterm delivery

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O51

Microarray expression results of VEGF, YAP1 and PTEN immunostains in preeclampsia cases

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Background: The basic mechanisms and etiology of preeclampsia development are still unknown (1). Thus, many markers have been to determine according to the etiological hypothesis. Yes-associated protein (YAP) is a transcriptional coactivator of the hippo pathway and phosphatase and tensin homolog (PTEN) is a tumor suppressor gene that stops the cell cycle. It has been also identified that endothelial dysfunction is caused by disrupting vascular endothelial growth factor (VEGF) and endothelial receptor compatibility in preeclampsia (2,3). In this study, we aimed to evaluate the expression of YAP1, PTEN, VEGF in the placentas of patients with preeclampsia and placentas of healthy pregnant women for trophoblast invasion, which is similar to cancer etiopathogenesis.

Material and Methods: The placentas of 70 mothers who gave birth, including 30 preeclampsia and 40 healthy controls, were evaluated. YAP1, PTEN and VEGF immunohistochemical staining were performed using the microarray method on placental tissue.

Results: The mean ± standard deviation for YAP1, PTEN and VEGF intensity were; 1.57±0.71,2.59±0.80, 1.61±0.59, respectively. PTEN intensity was statistically significantly lower in the preeclampsia group than in the control group (2.37±0.99 vs 2.75±0.58, p=0.049). There was no difference between the groups in terms of YAP1 and VEGF staining (p>0.05).

Conclusion(s): The etiopathogenesis of preeclampsia is still unclear. However, since trophoblast invasion and endothelial repair have similar aspects with cancer mechanisms, both preeclampsia and cancer studies are progressing by supporting each other. Our study is a prototype study showing that large-participation studies can be carried out by using the microarray method as an economic model.

Keywords: YAP1; PTEN; VEGF; immunohistochemistry; preeclampsia; microarray

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O52

Is menstrual irregularity related to ortorexia?

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Background: At the present time changes in cultural formations and life style induce rapid alterations in eating habits. Although, eating disorders have been acknowledged since early years, anorexia nervosa (AN) and bulimia nervosa (BN) were recently added to classification systems (1). Orthorexiavnervosa (ON) has also recently been defined for the first time by Bratman et al. (2). This term indicates a pathological fixation of consuming healthy and suitable food (3). ORTO-11 is a validated scale that was defined to investigate this situation and adapted in to Turkish by Arusoğlu et al. (1) In this study we hypothesized that there may be a association between oligomenorrhea and ON.

Materials and Methods: We evaluated 344 university girl students with face-to-face interview including a query for oligomenorrhea. ORTO-11 was applied to all participants. Socio-demographic parameters of the girls were also noted.

Results: There were total 73 (21.2%) girls with oligomenorrhea. Mean body mass index and age were comparable between students with and without oligomenorrhea (Table 1). When ORTO-11 total scores were compared between groups, we observed no significant difference (Table 2).

Conclusion(s): ON is considered to be similar of obsessive-compulsive disorder (4). However, there has been no enough data that investigate associated disorders with ON. In this study, we documented that ON is not associated with oligomenorrhea. Further studies are needed to investigate the effects of ON on hypothalamic-pituitary-gonadal axis.

Keywords: Orthorexia; eating disorders; oligomenorrhea

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Table 1. Age and BMI of the study population

Parameter	Without oligomenorrhea (n=271)	With oligomenorrhea (n=73)	p-value
Age	20.46±1.14	20.53±1.13	0.611
BMI	21.41±3.21	21.12±2.88	0.497

BMI: body mass index

Table 2. Comparison of ORTO-11 total score between girls with and without oligomenorrhea

Oligomenorrhea	ORTO-11 total score	p-value
Absent	26.6±4.8	0.237
Present	25.9±5.9	

O53

Risk factors for anal HPV infection in postmenopausal women

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Background: Human papilloma virus (HPV) is the most common cancer virus and virtually all cases of cervical cancer are caused by HPV infection. HPV is also implicated in the pathogenesis of anal carcinoma (1). It has been proposed that concomitant anal HPV infection may increase the risk of reinfection in cervix, that may progress to high grade lesions (2). However, there has been scanty data regarding the status and prognosis of anal HPV infection in women with cervical lesions. It is evident that there is an urgent need for exploring the status and prognosis of anal HPV infection especially in women who had already attended to a screening program for cervical cancer and managed accordingly. The ultimate goal would be to screen ano-genital HPV related cancers altogether, if possible. It has been argued that anal HPV infection can be transmitted to women primarily through receptive anal intercourse (3). The route of transmission, however, can be sexual or non-sexual. In this study we aimed to evaluate anal HPV infection and related risk factors in postmenopausal women. Such information is needed to define the anal HPV infection status in this group of women in order to design further longitudinal studies.

Materials and Methods: Study group was composed of 30-65 years old women and all documented to have cervical HPV infection. Anal specimens were collected as inserting Dacron swabs into the anal canal and rotating in circular motion with gentle pressure. Those swabs were then placed into liquid transport media (digene® HC2 DNA Collection Device, Gaithersburg, MD, USA) and transported to microbiology laboratory. All laboratory procedures were performed

by a technician who was blinded to the subject's medical history. DNA extraction was performed using "EZ1® Advanced XL Nucleic Acid Purification" instrument (Qiagen Inc., Valencia, CA) according to manufacturer instructions. Amplification and detection was carried-out using "HPV Genotypes 14 Real-TM Quant" kit (NLM, Settala MI, Italy) that allowed identification of 14 high risk genotypes (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68). Anal swabs was reobtained if the first sample was found to be inadequate for analysis.

Results: Overall 65 women who met inclusion criteria were analyzed. Of these, 28 were postmenopausal. Comparison of postmenopausal and premenopausal group according to their basal characteristics is shown in Table 1. Among 28 postmenopausal women, 10 (35.7%) found to have active anal HPV infection. Similarly, 17 (45.9%) premenopausal had anal HPV infection. Postmenopausal women were also analyzed individually for possible risk factors of anal HPV infection (Table 2). Neither age and BMI, nor HPV types in cervix and smoking status were associated with anal HPV infection.

Conclusion(s): To our knowledge there has been no published data yet documenting anal HPV status among women referred and managed after a HPV based screening program. It is obvious that baseline characteristics and risk factors of the HPV screen positive group would be considerably distinct from women analyzed in older studies. Several previous studies have investigated coexisting anal HPV colonization along with cervical HPV infection. D'Hauwers et al. (4) investigated anal HPV prevalence in women attending to a colposcopy clinic found presence of HPV in the anus as 56.3% that is similar to our results. Hernandez et al. (5) reported baseline anal and cervical HPV infection in a low-risk population from Hawaii. They observed concurrent anal and cervical HPV infections in 13% of women in their study. In this study we were unable to demonstrate any risk factor for anal HPV infection in postmenopausal women. Critically, the clinical significance of anal HPV infection is completely uncertain in this group of women. Therefore, longitudinal larger trials are urgently needed to define these risks and tailor related algorithms both for the primary screening and for the follow-up this group.

Keywords: Human papilloma virus; anal cancer; infection; screening

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Table 1. Comparison of postmenopausal and premenopausal group according to their basal characteristics

Parameter	Premenopausal group (n=37)	Postmenopausal group (n=28)	p-value
Age (years)	40.7±3.3	53.8±5.9	<0.001
BMI (kg/m²)	25.9±3.8	30.1±4.9	<0.001
Gravida	2.5±1.2	3.0±1.7	0.221
Age of first intercourse	20.6±4.2	21.0±4.3	0.734
Multipartnerity	7 (18.9%)	4 (14.3%)	0.745

BMI: body mass index

Table 2. Evaluation of postmenopausal women for possible risk factors of anal HPV infection

Parameter	Anal HPV negative	Anal HPV positive	p-value
Age (years)	54.1±6.1	53.3±5.7	0.733
BMI	28.9±4.8	32.4±4.4	0.70
HPV 16/18 in cervix	9 (50%)	4 (40.0%)	0.705
Smoking	7 (38.9%)	2 (20.0%)	0.417

BMI: body mass index

O54

Evaluation of urinary incontinence and overactive bladder symptoms in female medical school students and relationship with affective temperament characteristics of individuals

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Background: Although urinary incontinence is not a life-threatening event, the discomfort caused by constant wetness, irritation, and odor causes emotional problems. Overactive bladder (OAB) is a set of symptoms, the most critical sign of which is a “sudden urge to urinate” (1). Animal studies have linked impaired serotonergic neurotransmission to OAB (2). However, the etiology is still unclear. Temperament profiles have been claimed to be related to serotonergic activity and have been studied in many psychosomatic disorders (3,4). Based on this point, this study aimed to investigate the relationship between affective temperament type and OAB symptoms in individuals with OAB symptoms.

Materials and Methods: Ninety-eight female students studying at Pamukkale University Faculty of Medicine were included. The participants completed the socio-demographic data collection form, ICIQ-SF (International incontinence consultation questionnaire-short form) for urinary incontinence, OAB-V8 form for overactive bladder, and TEMPS-A scale to determine emotional temperament characteristics after obtaining prior information and consent. Validity and reliability analyses of the Turkish versions of all forms are available (3,5). The forms were not completed by face-to-face interview; all participants completed the documents themselves. If the score obtained in the OAB-V8 form was ≥8, the individual was considered to have OAB and included in the patient group.

Results: The mean age of the individuals included in the study was 21.67±0.743 (min=20 - max=24). The ICQ score was found to be 0.65±1.73 (0-10). OAB scores were 6.89±6.79 (0-34). The temperament characteristics of the participants were examined with the TEMPS-A scale. The participants were evaluated in two groups: OAB<8 (n=67) and OAB≥8 (n=31). There was no statistically significant difference between the two groups in the depressive, hyperthymic, irritable, cyclothymic, and anxious temperament scores (Table 1).

Conclusion(s): Overactive bladder is also frequently encountered in young patients; however, young patients show the characteristics of dry-type overactive bladder. No significant relationship was found between the presence of overactive bladder and temperament characteristics.

Keywords: Urinary incontinence; overactive bladder; psychosomatic disorders

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Table 1. Comparison of temperament characteristics of participants according to the presence of OAB

Temperament characteristics (TEMPS-A scale)	OAB<8 n=67	OAB ≥8 n=31	p
Depressive	5.67±3.61	5.93±3.35	0.557
Hyperthymic	7.29±3.82	6.87±3.86	0.471
Irritable	3.20±3.33	4.35±4.56	0.296
Cyclothymic	7.58±4.74	9.00±5.57	0.246
Anxious	6.92±4.97	7.87±6.04	0.602

O55

Evaluation of the results of laparoscopic burch colposuspension operation

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Background: Although stress urinary incontinence (SUI) can often be a component of urethral sphincter weakness, it is characterized by urethral hypermobility as a result of reduced urethral support (1). Burch colposuspension is the gold standard surgery for the treatment of SUI. In this study, we aimed to evaluate the results of laparoscopic (L/S) Burch colposuspension surgery performed in our clinic.

Materials and Methods: In this study, patients who attended to Obstetrics and Gynecology clinic, Balıkesir University Faculty of Medicine between June 2021 and October 2022 due to SUI, were planned for L/S Burch surgery with or without total laparoscopic hysterectomy and bilateral salpingoopherectomy (TLH&BSO) surgery. Thirty patients were included in this study. Patients with umbilical hernia, mesh surgery and neoadjuvant chemotherapy were excluded. Under laparoscopic observation, 22 patients underwent TLH&BSO, and 8 patients underwent only L/S Burch colposuspension surgery. During the procedure, the pubic arc was reached by entering the Retzius space behind the bladder. Arcus tendineus fascia pelvis was seen in the lateral side of the pubic arc. The bladder was suspended to Cooper ligaments by passing through the fascia with 2.0 Ti-cron sutures (polyester, non-absorbable). Then the peritoneum was closed with 1 vicryl continuously.

Results: The mean age of the 30 patients was 52.4 and the mean body mass ındex was 28.4 kg/m^2. The mean duration of L/S Burch colposuspension surgery was recorded as 24.6 minutes. Minor bleeding was observed in the Retzius area in 7 cases and the bleeding was controlled with the Ligasure. Bladder injury occurred in 2 cases and bladder repair was performed with 2-0 vicryl by the same surgeon. The catheters of these two patients were checked and changed once a week in the postoperative period and removed with bladder gymnastics after 2 weeks. After two weeks, complete recovery was observed in the patients. 14 no. hemovac drains were placed in all of the patients who underwent TLH&BSO. A drain was placed in the Retzius area only in 1 case. In the postoperative 6th hour and 12th hour complete blood count controls, it was observed that the mean hemoglobin values decreased by 1.2 g/dL units. No recurrence was detected in the 1st month, 3rd month and 6th month controls of all the patients.

Conclusion(s): Following the report published by the FDA (Food and Drug Administration) in 2011 on complications associated with transvaginal mesh, the use of slings has been restricted all over the world (2). After that, interest in Burch colposuspension, which is the gold standard in treatment, flared up again (3). This surgery is thought to restore anatomical support to the bladder neck and prevent urethral mobility with Valsalva. In our study, no recurrence was observed in patients who were followed up until the 6th month. In conclusion, Burch surgery has an important role in the surgical repair of SUI.

Keywords: Stress urinary incontinence; laparoscopic Burch colposuspension; anti-incontinence surgery

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9th International Urogynecology Congress Abstract Book Author Index

Ahmet Akın Sivaslıoğlu O2, O31
Ahmet Aslan O27
Ahmet İlker Eryılmaz O50
Akın Usta O55
Asya Kalaycı Öncü O3
Ayhan Atıgan O51
Ayşe Çitil Doğan O1
Aysel Uysal O26, O49
Ayşenur Akkoç O29, O52
Aysu Yeşim Tezcan O3, O16
Bekir Sıtkı İsenlik O14
Burak Karadağ O44, O48
Burak Kenar O40
Büşra Şahin O16
Can Ata O39
Cantekin İskender O33
Cihan Kabukçu O54
Çağla Bahar Bülbül O55
Çağlar Erkan O26
Deniz Akın Gökbel O2, O31
Derya Kılıç O7, O9, O12, O37, O42, O51
Duygu Alime Almalı O41
Elif Avşaroğlu Ercan O7, O15, O29, O52
Elif Ayan Avcı O49
Elif Fatma Işık Eryılmaz O44
Emin Erhan Dönmez O38
Emine Yıldız Kesen Kuğu O48
Erinç Tekin O14
Esra Özbaşlı O4
Esra Talu O39
Ezgi Oktay O11
Firangiz Mirzazada O36
Gülşah İnal O40
Gülüm Ceren Bozlu O44
Hasan Ali İnal O13, O14, O17, O22, O25, O26, O40, O48, O49, O50
Hazel Çağın Kuzey O21
Hilal Balta O19
Hüseyin Abacı O39
İbrahim Atıcı O52
İlhan Bahri Delibaşı O10
İlker Çakır O39
İlker Günyeli O45
İlknur Küçükosmanoğlu O25
İlyas Turan O45
İpek Uzaldı O24
İsa Aykut Özdemir O36, O39
İsmail Gökbel O2, O31
Kaan Eray Uzun O10
Kemal Güngördük O8, O36, O39
Kürşat Küçüker O5, O6
Mehmet Ferdi Kıncı O34
Mehmet Gökçü O39
Mehmet Onur Aslaner O8
Melike Aslan O19, O21, O27, O28
Melike Geyik Bayman O46
Mert Erdemir O29, O42
Merve Saylık O3
Meryem Bekmezci O18
Meryem İlkay Eren Karanis O25
Mesut Berkan Duran O5, O6
Mesut Özer O7, O52
Mete Can Ateş O46
Mete Güngör O4
Metin Kaba O40, O50
Muharrem Utkahan Özcan O13
Mürşide Çevikoğlu Kıllı O32
Mürşide Kıllı O33
Muzaffer Sancı O39
Neşet Gümüşburun O10
Nilda Nalbant O29, O42
Nur Gözde Kulhan O46
Nurdan Yurt O19
Oğuz Özdemir O35
Oğuzhan Kuru O39
Ömer Başay O54
Ömer Tolga Güler O51
Özge Şehirli Kıncı O34
Özgü Çelikkol O30
Özgür Özdemir O13, O17
Özlem Koşar Can O42
Pınar Kırıcı O47
Ramazan Erda Pay O3, O16
Salih Bütün O5
Seda Biltekin O16
Sezin Dik O35
Sezin Ertürk Aksakal O3, O16
Sinan Çelen O6
Soner Gök O23
Şerife Özlem Genç O18, O20
Şeyda Yavuzkır O19, O28
Tolga Güler O53
Tolgay Tuyan İlhan O11, O32, O33
Tuğba Karadeniz O43
Tuğba Kınay O3, O16
Tülay Semiz O42, O52
Utku Özgen O9, O53
Varol Gülseren O36, O39
Yaprak Engin Üstün O3, O16
Yeliz Arman Karakaya O51
Yıldız Akdaş Reis O3, O16
Yusuf Özlülerden O5
Zeynep Öztürk İnal O22, O25
Zübeyde Çakır O39

9th International Urogynecology Congress Abstract Book Subject Index

Alpha angle ... O7
Anal cancer ... O53
Androgen ... O19
Anorectal angle ... O9
Anti-incontinence procedures ... O38
Anti-incontinence surgery ... O44, O55
Beta angle ... O7
Biopsy ... O25
Blunt trauma ... O34
Body image ... O29
Body perception scale ... O29
Bowel perforation ... O27
Burch colposuspension ... O23
C-reactive protein ... O40, O50
Cervical intraepithelial lesion ... O25
Cervical malignancy ... O16
Cesarean section ... O24
Chronic pelvic pain ... O20
Closure ... O11
Colpocleisis ... O6, O11, O41
Colposcopy ... O25, O36
Combined oral contraceptive ... O49
Complication ... O12, O21
Couvelaire uterus ... O24
Cystocele ... O37
Deep infiltrative endometriosis ... O4
Dehiscence ... O12
Disease free survival ... O39
Distilled water ... O48
Eating disorders ... O52
Endometrial cancer ... O39
Endometriosis in Cul de sac ... O4
Enhanced recovery after surgery ... O26
Episiotomy ... O13
ERAS ... O26
Erosion ... O45
Female genital aesthetic surgery ... O2
Fistula ... O44
FSFI ... O19
Genital aesthetic ... O32
Gynecological cancer ... O30
Histological chorioamnionitis ... O40, O50
History ... O32
Hospital stay ... O26
HPV ... O15
Human papillomavirus ... O36, O53
Hymen ... O17
Hymenotomy ... O28, O30
Iliococcygeal fixation ... O37
Immunohistochemistry ... O19, O51
Infection ... O53
Infertility ... O28
Intrauterin device ... O27
Intrauterine device ... O20
Labia minora reduction ... O2
Labiaplasty ... O2, O12, O31
Lactobacillus ... O15
Laparoscopic Burch colposuspension ... O55
Laparoscopic hysterectomy ... O26
Laparoscopic surgery ... O4
Laparoscopy ... O27
Large B-cell lymphoma ... O43
LEEP ... O25
Leiomyoma variant ... O46
Ligament/surgery ... O35
Lipid filler ... O31
Lipoleiomyoma ... O46
Lipomatous tumors ... O46
Loop electrosurgical excision procedure ... O36
Management ... O12
Manchester-Fothergill ... O16
Mayer-Rokitansky-Küster-Hauser syndrome ... O10
Median episiotomy ... O21
Melanocortin ... O19
Mesh ... O44, O45
Metabolic parameters ... O49
Metastases ... O43
Microarray ... O51
Microfat and nanofat application ... O31
Microperforate hymen ... O28
Mixed incontinence ... O1
Neonatal outcomes ... O14
Neovagina ... O10
Neutrophil-lymphocyte ratio ... O40, O50
Nugent score ... O15
Obesity ... O29
Obturator nerve decompression ... O4
Oligohydramnios ... O48
Oligomenorrhea ... O29, O52
Orthorexia ... O52
Ovarian mass ... O43
Overactive bladder ... O54
Oxytocin ... O19
Pain ... O26
Pap-smear test ... O16
Patient history ... O1
Pelvic organ prolapse ... O6, O11, O35, O41, O45
Perinatal outcomes ... O48
Perineal asymmetry ... O21
Perineoplasty ... O21
Persistence ... O15
Physical examination ... O1
Plasmacytoma ... O43
Polycyctic ovary syndrome ... O49
Post-operative management ... O47
Postoperative complications ... O35
Postpartum bleeding ... O13
Postpartum hysterectomy ... O24
Preeclampsia ... O51
Pregnancy ... O27, O33

9th International Urogynecology Congress Abstract Book Subject Index

Pregnant O28
Preterm delivery O40, O50
Previous cesarean section O14
Psychological effects O17
Psychosomatic disorders O54
PTEN O51
Quality of life O33
Recurrence O39
Recurrent cervical intraepithelial neoplasia O8
Reliability O1
Repeat cesarean section O14
Retrovesical angle O42
Sacrocolpopexy O6, O45
Screening O53
Self-imaging O32
Sexual dysfunction O36
Sexual function O19
Sexual intercourse O17, O18
Stress urinary incontinence O7, O9, O22, O23, O38, O42, O47, O55
Stress urinary incontinence (SUI) O3
Surgery O5, O6
Suture technique O35
Total laparoscopic hysterectomy O8
Transobturator tape O18, O22, O23, O47
Transobturator tape (TOT) O3
Transperineal ultrasonography O7, O9, O42
Transvaginal tape (TVT) O3
Trapezoidal repair O37
Treatment failure O35
Urethropexy O38
Urge incontinence O1
Urinary incontinence O5, O18, O30, O33, O35, O54
Urine culture O20
Urodynamic O22
Urodynamics O1
Uterine incision to delivery O14
Uterosacral ligament plication O8
Vagina O19
Vaginal bleeding O17
Vaginal deliver O13
Vaginal hysterectomy O41
VEGF O51
Vesicovaginal fistula O5
Virginity O17
Voiding function O22
Vulvar hematom O34
Vulvar trauma O34
Wharton-Sheares-George technique O10
YAP1 .... O51