7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresi

01-05 Ekim 2025

NG Phaselis Bay Kemer, Antalya

www.obstetrikjinekolojitartismalikonular.org

BİLİMSEL PROGRAM ve BİLDİRİ ÖZETLERİ KİTABI

İÇİNDEKİLER

ÖNSÖZ

7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresi, Kadın Sağlığı alanındaki en güncel tartışmalı konularla ilgilenen, konuşmacılarla katılımcıların birbiri ile etkileşimini yüz yüze görüşebilmesini önemseyen ve buna çok zaman ayrılmasını sağlayan, liyakata dayalı, kaliteyi ön planda tutan bir kongre olacaktır.

Kongremiz, dünya ve ülkemizin en seçkin bilim adamlarının katılımı, onların günlük pratiklerinde klinik ve tedavi konusunda deneyimleri ve karşılaştıkları sorunları etkin bir şekilde tartışma fırsatını sundukları bir ortam hazırlayacaktır.

7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresi, Kadın Sağlığı alanında çalışan profesyoneller arasında; bilimsel, eğitsel ve sosyal alışveriş için en yüksek standartta bir forum sunmayı, araştırma ve eğitimi teşvik etme, yeni bilgiyi yayma şeklinde bir misyon üstlenmiştir.

7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresine katılın ve şunları yapın:

Obstetrik ve Jinekolojide dünya ve ülkemizin liderleri ile tanışın. Benzersiz bir network platformunda, mesleğinizin diğer uzmanlarıyla görüşmeler sağlayın. Farklı bakış açıları ile diğer uzmanlık alanlarındaki profesyonellerle fikirleri paylaşın. Alanınızla ilgili konular hakkında daha fazla bilgi edinerek uygulamalarınızı zenginleştirin. Sadece 4 gün içinde Obstetrik ve Jinekolojide en yeni bilgilerle buluşun. Birçok konuda lider uzmanları sorgulama fırsatlarına sahip, etkileşimli oturumlara katılın. Diğer ülkelerden en iyi uygulamaları öğrenerek kendi pratiğinizi geliştirin. İlgi alanlarınıza odaklanmış oturumlara katılarak özel bilgilerle donanın. Alışılmışın dışında sunum teknikleri ve oturumları keşfedin. Fikir liderleriyle ilgilendiğiniz konuları birebir sorma şansını yakalayın. Jinekoloji ve Obstetrikte en son çalışmalarınızı poster sunumu veya oral sunumlarla bol bol paylaşın.

Bu toplantı Obstetrik ve Jinekolojide çığır açacak görüldüğü gibi birçok dernek ve fikir liderinin oluşturduğu birleştirici unsurları yüksek bir toplantı olacaktır. Tüm yan dallarla ilgili bilimsel kurullarımız ilgili derneklerimizin yönetimlerinin kararlarıyla oluşturulacaktır. Biz fikir liderleri sadece aracıyız. Tüm derneklerimizin yönetim ve üyeleri ise asıl gücümüz.

Bu derneklere ek katılmak isteyen her dernek veya alanımızdaki kuruluşa da kapımız daima açıktır.

Saygılarımızla,

Kongre Düzenleme Kurulu

JİNEKOLOJİ VE OBSTETRİK TARTIŞMALI KONULAR DERNEĞİ

Başkan

Nejat Özgül

Başkan Yardımcısı

M. Faruk Köse

Genel Sekreter

Mete Güngör

Sayman

M. Murat Naki

Üye

Emine Karabük

KONGRE BİLİMSEL PROGRAM DÜZENLEME KURULU

KONGRE BAŞKANI

Nejat Özgül

KONGRE GENEL SEKRETERİ

M. Murat Naki

KONGRE BİLİMSEL PROGRAM DÜZENLEME KURULU

MATERNAL FETAL TIP
Recep Has
Özlem Pata

ÜREME ENDOKRİNOLOJİSİ VE İNFERTİLİTE
L. Cem Demirel
Murat Sönmezer

MİNİMAL İNVAZİV CERRAHİ
Çağatay Taşkıran
Kemal Özerkan

ONKOLOJİ
Ali Ayhan
U. Fırat Ortaç

GENEL JİNEKOLOJİ
Yakup Kumtepe
Yaprak Üstün

BİLİMSEL KURUL

Abdulkadir Bakay
Ahmet Akın Sivaslıoğlu
Ahmet Aydın Özsaran
Ahmet Barış Güzel
Ahmet Demir
Ahmet Fatih Durmuşoğlu
Ahmet Göçmen
Ahmet Tevfik Yoldemir
Ahmet Zeki Işık
Ali Ergün
Ali Haberal
Ali Küçükmetin
Arif Serhan Cevrioğlu
Atıl Yüksel
Barış Ata
Bülent Urman
Cem Batukan
Cemal Tamer Erel
Cenk Yasa
Cihat Ünlü
Çağatay Taşkıran
Çetin Çelik
Davut Güven
Demir Özbaşar
Derman Başaran
Doğan Vatansever
Ebru Çelik
Emine Karabük
Engin Çelik
Ercan Baştu
Erhan Şimşek
Erkut Attar
Esat Orhan
Esra Bulgan Kılıçdağ
Evrim Erdemoğlu
Fatih Güçer
Fuat Demirkıran
Fulya Kayıkçıoğlu
Gürkan Bozdağ
Gürkan Kıran
Gürkan Uncu
Hakan Seyisoğlu
Hakan Timur
Hakkı Gökhan Tulunay
Hale Göksever Çelik
Hamdullah Sözen
Hasan Onur Topçu
Hüseyin Akıllı
Hüsnü Çelik
Hüsnü Görgen
Işıl Kasapoğlu
Işın Üreyen
İbrahim Bildirici
İbrahim Yalçın
İlkkan Dünder
İsmet Gün
Kadir Güzin
Kayhan Yakın
Kemal Güngördük
Kemal Özerkan
Kutay Ömer Biberoğlu
Levent Keskin
Mehmet Ali Narin
Mehmet Ali Vardar
Mehmet Gökçü
Mehmet Harma
Mehmet Levent Şentürk
Mehmet Macit Arvas
Mehmet Mutlu Meydanlı
Mehmet Vedat Atay
Mehmet Yavuz Salihoğlu
Mete Işıkoğlu
Muhittin Tamer Mungan
Murat Api
Murat Emanetoğlu
Murat Gültekin
Murat Muhcu
Murat Öz
Mustafa Bahçeci
Müfit Cemal Yenen
Müge Harma
Nasuh Utku Doğan
Nilüfer Çetinkaya Kocadal
Nuray Bozkurt
Nuri Danışman
Oğuzhan Kuru
Oluş Api
Orhan Ünal
Osman Fadıl Kara
Ozan Doğan
Ömer Erbil Doğan
Ömer Lütfi Tapısız
Özay Oral
Özcan Balat
Özgüç Takmaz
Özgür Öktem
Özlem Dural
Pınar Çilesiz Göksedef
Ramazan Mercan
Recep Has
Rıza Madazlı
Rifat Hakkı Gürsoy
Ruşen Aytaç
Salih Taşkın
Samet Topuz
Selcan Bahadır
Serdar Aydın
Serkan Erkanlı
Serkan Kahyaoğlu
Servet Özden Hacıvelioğlu
Sinan Beksaç
Sinan Berkman
Suat Dede
Süleyman Engin Akhan
Süleyman Eserdağ
Şadıman Kıykaç Altınbaş
Şafak Olgan
Şevki Göksun Gökulu
Talat Umut Kutlu Dilek
Tansu Küçük
Tayup Şimşek
Tevfik Tugan Beşe
Turgut Aydın
Uğur Fırat Ortaç
Ülkü Özmen
Üzeyir Kalkan
Veli Mihmanlı
Veysel Şal
Yakup Kumtepe
Yakup Yalçın
Yalçın Kimya
Yavuz Emre Şükür
Yılmaz Güzel
Yusuf Üstün
Yücel Karaman
Zeliha Fırat Cüylan

İsimler alfabetik sıralanmıştır.

BİLİMSEL PROGRAM

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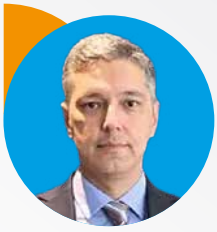
7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresi

01-05 Ekim 2025
NG Phaselis Bay Kemer, Antalya

1 EKİM 2025, ÇARŞAMBA

13:30-14:30 Panel 1: Antenatal Taramalar

ATIL YÜKSEL
MODERATÖR



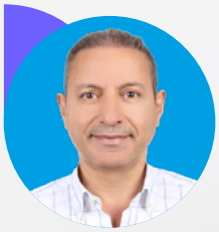
UMUT DİLEK
PANELİST

AYŞE SEVAL ÖZGÜ ERDİNÇ
PANELİST

EBRU ÇELİK
PANELİST

- Taşıyıcılık Taramasını Ne zaman Yapalım? Hangi Hastalıkları Tarayalım?
- Düşük Riskli Gebeliklerde Rutin Serviks Uzunluğu Taramasının Rolü – Evrensel Tarama Standart Olmalı mı, Yoksa Sadece Yüksek Riskli Gruplara mı Saklanmalı?
- Çoğul Gebeliklerde Anöploidi Taramaları
- Açık Nöral Tüp Defektlerini Tararken Artık Maternal Serum AFP'e Veda Etme Zamanı Gelmedi mi?
- NIPT ile Tek Gen Hastalıklarının ve Mikrodelesyonların Taranması
- Prenatal Exome Sequencing: Yüksek ve Düşük Riskli Gebeliklerdeki Rolü
- Preeklampsi ve Gestasyonel Diabette Plasental Ekzosomların Değerlendirilmesinin Potansiyel Değeri
- Uterin Arter Doppler'inden Serum Belirteçlerine Preeklampsinin Taranması
- PGD Sonrası Anöploidi Tarama Testleri

14:30-15:30 Panel 2: Laparoskopik ve Robotik Histerektomi



M. MURAT NAKİ
MODERATÖR

ÇAĞATAY TAŞKIRAN
PANELİST

KEMAL ÖZERKAN
PANELİST

SALİH TAŞKIN
PANELİST

UTKU AKGÖR
PANELİST

- Trokar Yerleşimleri ve Sayısı, Manipülatör Kullanımı
- Üreter Disseksiyonu, Kolpotomi Tekniği, Kaf Kapatılması
- Manipülatör Kullanımı, Hangi Manipülatör ve Kolpotomizer Tercih Edilmeli?
- Enerji Modaliteleri - Hangi Enerji Ne Amaçla Kullanılmalı?
- Laparoskopik Zor Histerektomide Doğru Teknik ve Püf Noktaları
- Minimal İnvaziv Cerrahinin Geleceği Geldi mi (Telesurgery)?

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1 EKİM 2025, ÇARŞAMBA

15:30-16:00 KAHVE MOLASI

16:00-16:30 AÇILIŞ TÖRENİ

16:30-17:00 Keynote Lecture

DEMİR ÖZBAŞAR
MODERATÖR

ÇİĞDEM ATAKUMAN
KONUŞMACI

Göbeklitepe'den Çatalhöyük'e: Arkeolojik ve Genomik Verilerin İzinde Tarımın Başlangıcında Toplumsal Düzen ve Kadın

2 EKİM 2025, PERŞEMBE

08:30-09:30 Panel 3: Polikistik Over Sendromu


RIFAT GÜRSOY
MODERATÖR


GÜRKAN BOZDAĞ
PANELİST


ERHAN ŞİMŞEK
PANELİST


AKIN USTA
PANELİST

- PKOS Tanı Kriterleri Etkin Tedavi için Yeterli midir?
- Adölesanlarda PKOS Tanısının Konulmasındaki Zorluklar
- PKOS'ta Farklı Genotipler Metabolik Sendrom
- PKOS'lu Kadınlarda İnfertilite Tedavisi – Kanıtlar Ne Diyor?
- PKOS Nedeniyle Anovulatuar Kadınlarda Doğrudan IVF Tedavisine mi Başvurulmalı?
- Perimenopozda PKOS
- Tedavi (OK, Miyo-İnositol vs)
- SEMaglutidler (GLP1 Antagonisti) ve PKOS

09:30-10:30 Panel 4: Obstetrikte Son Tartışmalar


RECEP HAS
MODERATÖR


ERDEM FADILOĞLU
PANELİST


CİHAN İNAN
PANELİST


NİHAL ŞAHİN UYSAL
PANELİST

- Gebelikte Aşılama
- Viabilite Öncesi PPROM
- Acil Servikal Serklaj Kararı Vermenin Koşulları
- Rh Uyuşmazlığında Bazı Uygulamalarımızı Artık Gözden Geçirme Zamanımız Geldi mi?
- Kordon Kanını Saklamak veya Saklamamak Ne Kadar Önemli?
- Gebelikte İndometazin Kullanımı
- İleri Anne Yaşı Sınırını Yeniden Revize Edilmeli mi?

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2 EKİM 2025, PERŞEMBE

10:30-11:00
Uydu Sempozyumu

Kadın Sağlığında Yenilikçi Yaklaşımlar:
Geleceğe Doğru Bir Bakış

ORZAX SAĞLIĞA HEDİYE

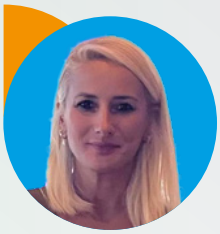
PINAR YALÇIN BAHAT
KONUŞMACI

11:00-11:30 KAHVE MOLASI

11:30-12:00
Uydu Sempozyumu

PCOS'ta Metabolik Süreçleri Yönet 'Berista'

TABİLAÇ



AYDA YILMAZ
KONUŞMACI

12:00-13:00 Panel 5: Fonksiyonel Tıp

MAHİR ATASOY
MODERATÖR

DİLARA TEKDEN KIRGIZ
PANELİST

PINAR YALÇIN BAHAT
PANELİST

- Menarştan Menopoza Menstrual Siklus Fizyolojisine Fonksiyonel Tıp (FT) Bakışı
- Hormonal Dengesizliklerin FT Değerlendirilmesi
- Premenstrual Sendrom (PMS) ve Primer Dismenore FT Yaklaşımı
- Polikistik Over Sendromu (PKO ve PKOS Ayrımı?) Klasik yaklaşım & FT Yaklaşımı
- Gebelik ve Laktasyon Dönemi Beslenme ve FT Yaklaşım (İyot, D Vitamini Omega 3)
- Kadın İnfertilitesinin Bir Belirteci Olarak Uterus Mikrobiyomu
- İnfertilitede FT Yaklaşımı & Mitokondri Sağlığı Rekürren Abortuslara Yaklaşım
- Gebelik Bulantı-Kusmasında Güncel Yaklaşımlar
- Kadın Hastalıkları ve Doğum'da Magnezyum
- Bio-Eşdeğer Hormon Replasman Tedavisi (Bio-HRT) Neden Bioeşdeğer HRT? Bio-Hrt Uygulama Yolları
- Sağlıklı Uzun Yaşamın 'Longevity' Şifreleri

2 EKİM 2025, PERŞEMBE

13:00-13:30

Uydu Sempozyumu

ORGANON
Here for her health

Cilt Altı İmplant Uygulamalarında Zamanlama ve Kanama Yönetimi: Postpartum, Postabortif ve Devam Eden Kullanım Dönemlerinde Klinik Yaklaşımlar

M. MURAT NAKİ
MODERATÖR

NEFİSE NAZLI YENİGÜL
KONUŞMACI

13:30-14:30 ÖĞLE YEMEĞİ

Canlı Cerrahi - vNOTES Histerektomi
Cerrah: Yaşam Kemal Akpak

Applied Medical

14:30-15:30 Panel 6: Kontrasepsiyon

CİHAT ÜNLÜ
MODERATÖR

MURAT GÜLTEKİN
PANELİST

IŞIL KASAPOĞLU
PANELİST

EMİNE KARABÜK
PANELİST

- Oral Kontrasepsiyonda Yenilikler
- Kardiyovasküler Risk ve Hormonal Kontrasepsiyon: Evet mi Hayır mı? İlk Tercih veya Sadece Progestin mi?
- Kontrasepsiyon ve Endometriozis
- Rahim İçi Sistemler
- Cilt Altı Kontrasepsiyon Yöntemleri
- Perimenopozal Kontrasepsiyon

15:30-16:00

Uydu Sempozyumu

BAYER

Kadın Sağlığı'nda Hormonal Kontraseptiflerin Yeri
-Yazz, Yasmin, Yasmin Plus ve Qlairista'nın Klinik Kullanım Alanları

M. FARUK KÖSE
MODERATÖR

YAŞAM KEMAL AKPAK
KONUŞMACI

GÜRKAN BOZDAĞ
KONUŞMACI

2 EKİM 2025, PERŞEMBE

16:00-16:30 KAHVE MOLASI

16:30-17:30 Panel 7: Ürojinekoloji


ATEŞ KARATEKE
MODERATÖR


YAKUP KUMTEPE
PANELİST


SÜLEYMAN SALMAN
PANELİST


OZAN DOĞAN
PANELİST


TOLGAY TUYAN İLHAN
PANELİST

- Üriner İnkontinans Hastasında: Doğru Tanı - Doğru Endikasyon
- TOT, TVT Teknikleri Nelerdir, Doğru Teknik Nasıl Olmalıdır?
- Mini-Slingler Alternatif Tedavi midir? (SRS İmplantların Yeri)
- Pelvik Taban Hastalıklarında Kollagen Kullanımının Yeri
- İnkontinansta Laser ve Radyofrekansın Yeri
- Üriner İnkontinansta Doğal Doku Kullanımı: Otolog Fasya ile Pubovajinal Sling
- Arka Kompartman Hastalıkları (Enterosel, Perineal Desensus Sendromu): Tanı ve Tedavisi
- Pelvik Organ Prolapsus Tedavisinde En Uygun Teknik Hangisidir? Sakropeksi- Pektopeksi- Lateral Süspansiyon
- Sakrospinöz Ligament Fiksasyonu
- Aşırı Aktif Mesane Tedavisi Nasıl Olmalıdır?

2 EKİM 2025, PERŞEMBE / SALON B

FATMA BAŞAK SARGIN
OTURUM BAŞKANI

09:30-10:30
Sözlü Bildiri Oturumu 1

SS-1 Investigation of the Presence of Cervical Human Papillomavirus And the Distribution of Preinvasive Lesions in Patients Using Immunomodulators –Inosine Pranobex
Elif Ceren Sislituna

SS-2 The rare among the rare: Mesonephric adenocarcinoma of the vagina – A Case Report
Onur Can Zaim

SS-3 Retrospective Evaluation of the Relationship Between Hematological Inflammation Markers and Clinical Features in Patients with Uterine Myomas
Elif Ceren Sislituna

SS-4 Effect Of Nutritional Support On Sleep Quality in Patients Diagnosed With Gynecological Malignancy
Elif Ceren Sislituna

SS-5 Performance of ChatGPT in Preoperative Patient Education for Gynecologic Oncology Surgery: A Scenario-Based, Multidimensional Expert Analysis
Celal Akdemir

SS-6 Clinical and Pathological Evaluation of Metastatic Non-Gynecologic Ovarian Tumors: Impact of Cytoreductive Surgery on Survival – A 13-Year Retrospective Single-Center Study
Rahma Eno Hassano

SS-7 Clinical characteristics, treatment response and survival in cases of choriocarcinoma: A single-center retrospective case series
Işıl Damla Dinç

SS-8 Fertility Preservation in Borderline Ovarian Tumors: Oncologic Safety and Reliability of Intraoperative Frozen Section
Murat Cengiz

SS-9 Modified Risk of Malignancy Index (RMI-a): Improved Diagnostic Performance for Adnexal Mass
Hasan Volkan Ege

SS-10 Clinical Characteristics and Management Outcomes of Immature Ovarian Teratoma: A Single-Center Case Series
Kheyransa Iskandarli

SS-11 Schwannomas of the Pelvis and Thorax: A Retrospective Case Series and Review of Surgical Approaches
Tarana Taghiyeva

2 EKİM 2025, PERŞEMBE / SALON B

EMRE MAT
OTURUM BAŞKANI

14:30-15:30
Video Bildiri Oturumu 1

VS-1 Resurgence of Vaginal Surgery in the Age of Endoscopic Innovations: Preliminary Total Vaginal-NOTES Results from 14 Cases
Emre Biton

VS-2 v-Notes Myomectomy
Fatma Elif Işık Eryılmaz

VS-3 Combined Laparoscopic Burch Colposuspension and Lateral Suspension for Apical Prolapse with Stress Urinary Incontinence: A Teaching Case Presentation
Berfin Bulut

VS-4 v-Notes Hysterectomy in the Large Uterus
Fatma Elif Işık Eryılmaz

VS-5 Laparoscopic Excision of a Rare Obturator Lipoleiomyoma
Ömer Alp Yavuz

NEVAL YAMAN GÖRÜK
OTURUM BAŞKANI

16:30-17:30
Sözlü Bildiri Oturumu 2

SS-12 The role of vaginal natural orifice transendoscopic surgery in gynecological emergencies
Berican Şahin Uyar

SS-13 AVM-Related Massive Bleeding at 26 Weeks: Cesarean and BAC Balloon Success - **Aykut Kından**

SS-14 Adrenocortical Stress Levels and Psychological Profiles in Unexplained Recurrent Pregnancy Loss: A Comparative Study with Healthy Controls - **İnci Baran Malgaz**

SS-15 The Interaction Between Stress Hormones and Psychological Stress in Women with Unexplained Infertility - **Berfin Bulut**

SS-16 Investigation of sperm count and quality in an in vivo gestational diabetes model - **Hümeyra Çebi**

SS-17 The effect of bladder fullness on traction need during hysterosalpingography for uterine straightening
Koray Kaya Kılıç

SS-18 Follow-up of a Patient with Giant Polycystic Ovaries Mimicking Ovarian Neoplasm: A Case Report
Ali Can Güneş

SS-19 Uterin leiomyoma associated with fumarate hydratase deficiency(FH-d): a rare case report
Saniye Merve Gül Kara

SS-20 Contrast induced nephropathy in women with infertility undergoing hysterosalpingography
Duygu Lafcı

SS-21 Evaluation of office hysteroscopy findings prior to first IVF - **Edip Alptuğ Kır**

3 EKİM 2025, CUMA

08:30-09:30 Panel 8: Postpartum Kanamalar, Plasenta Akkreata ve Sezaryen Skar Gebeliği: 20. Yüzyılın En Önemli İatrojenik Obstetrik Komplikasyonu

ÖZGÜR DEREN
MODERATÖR

M. MUTLU MEYDANLI
PANELİST

HÜSEYİN ÇAĞLAYAN ÖZCAN
PANELİST

TUĞBA SARAÇ SİVRİKOZ
PANELİST

- İsthmosel, Sezaryen Skar Gebeliği ve PAS Birbirinin Devamı mı?
- PAS ve CSP İlk Trimesterde Saptamak
- Sezaryen Tekniği Özelinde CSP ve PAS Sıklığını Nasıl Azaltabiliriz?
- PAS Olgularını Nasıl Yönetelim?
- PAS Vakalarında Radikal vs Konservatif Cerrahi
- Uterin Atoniye Bağlı Kanamayı Nasıl Önleyebiliriz ?
- Postpartum Kanama: Yenilikler (Postpartum Hemoraji Tamponu)
- Geç Postpartum Kanama

09:30-10:30 Panel 9: Histeroskopi

SEZCAN MÜMÜŞOĞLU
MODERATÖR

ERBİL DOĞAN
PANELİST

GÖĞŞEN ÖNALAN
PANELİST

ERHAN ŞİMŞEK
PANELİST

- Histeroskopi Tekniği - Enstrümanlar
- HSG Görüntülerinin Histeroskopik Değerlendirilmesi
- İnfertilitede Septum Rezeksiyonu; Endikasyonu Var mı?
- H/S Myomektominin Sınırları Nedir? Morselatörlerin Yeri
- Ofis Histeroskopide Ağrı Yönetimi
- Histeroskopide Adezyon Önleme Teknikleri, Jeller
- Menopozal Dönemde H/S; Endikasyonlar & Zorluklar
- Anormal Uterin Kanamada H/S'nin Yeri Ne Olmalı?
- Onkolojide H/S Kullanımının Yeri

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01-05 Ekim 2025
NG Phaselis Bay Kemer, Antalya

3 EKİM 2025, CUMA

10:30-11:00
Uydu Sempozyumu

MSD

HPV, İlişkili Hastalıklar ve Kanserlerin Önlenmesinde HPV Aşıları

ÇAĞATAY TAŞKIRAN
KONUŞMACI

11:00-11:30 KAHVE MOLASI

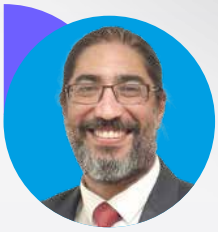
11:30-12:00
Uydu Sempozyumu

Smith+Nephew

PİCO7, Tek Kullanımlık Negatif Basınç Sistemleri ve Sezaryende İnsizyon Yönetimi

M. MURAT NAKİ
KONUŞMACI

12:00-13:00 Panel 10: vNOTES Oturumu



YAŞAM KEMAL AKPAK
MODERATÖR

A. GÖKSEL KANMAZ
PANELİST

MURAT YASSA
PANELİST

MUSTAFA MELİH ERKAN
PANELİST

- vNOTES: Giriş, Kurulum, Preop Hazırlık ve Postop Bakım
- Laparoskopik vNOTES Histerektomi
- Robotik vNOTES Histerektomi
- vNOTES ile Adneksiyel Cerrahi
- vNOTES Ürojinekoloji (Yüksek Uterosakral Ligament Suspansiyonu Lateral Suspansiyon vs)
- vNOTES ile Zor Olgulara Yaklaşım: vNOTES'un Püf Noktaları

13:00-14:00 ÖĞLE YEMEĞİ

7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresi

01-05 Ekim 2025
NG Phaselis Bay Kemer, Antalya

3 EKİM 2025, CUMA

14:00-15:00 Panel 11: Servikal Preinvaziv Lezyonlar Tarama ve Takibi


NEJAT ÖZGÜL
MODERATÖR


İLKKAN DÜNDER
PANELİST


MÜFİT C. YENEN
PANELİST


COŞKUN SALMAN
PANELİST


HAMDULLAH SÖZEN
PANELİST

- Servikal Kanser Taramasında Güncel Durum
- HPV İlişkili Hastalıklar ve Yönetimi
- ASCCP Yeni Sitolojik Yönetim
- ASCCP Yeni Histolojik Yönetim
- Kolposkopi
- Eksizyonel Tedaviler

15:00-15:30
Uydu Sempozyumu

MEALIS
her yaşta sağlıklı yaşam

HPV Tedavi Edilebilir mi? Kime, Ne Zaman Nasıl?


MURAT GÜLTEKİN
KONUŞMACI

15:30-16:00 KAHVE MOLASI

16:00-17:00 Panel 12: Anormal Uterin Kanamalar


M. FARUK KÖSE
MODERATÖR


YUSUF ÜSTÜN
PANELİST


SAMET TOPUZ
PANELİST


KEMAL GÜNGÖRDÜK
PANELİST


İLKBAL TEMEL YÜKSEL
PANELİST

- Anormal Uterin Kanama Sınıflandırması (PALM-COEIN)
- Endometrial Polip-Myom
- Endometrial Hiperplazi (EIN)
- EIN Dışı Hiperplazilere Yaklaşım
- Endometrial Hiperplazi ve Fertilite Korunması
- Medikal Tedaviler (Oral Kontraseptif veya Progesteron Kullanımı)

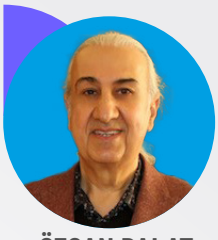
3 EKİM 2025, CUMA

17:00-18:00 **Canlı Cerrahi - Endometrium Ca Sentinel LND Prosedürü**
Cerrah: M. Murat Naki

stryker

3 EKİM 2025, CUMA / SALON B

09:30-10:30
Sözlü Bildiri Oturumu 3



ÖZCAN BALAT
OTURUM BAŞKANI

SS-22 Evaluation of Ki-67 and P16 Expression in High-Risk HPV-Positive Menopausal Cervical Biopsies Using Deep Learning
Fatma Özmen

SS-23 Comparison of Minimally Invasive and Traditional Approaches: Evaluation of Outcomes in Vaginal, Vaginal Natural Orifice, and Conventional Laparoscopic Hysterectomy Procedures
Berin Özyamacı

SS-25 Demographic, Clinical, and Psychological Impacts of Intrauterin Device and Tubal Ligation: A Comparative Study
Esra Akın Akbulut

SS-26 Postpartum Fitz-Hugh-Curtis Syndrome Following Cesarean Delivery: A Rare Case of Gonococcal Perihepatitis
Narin İlay Sarıay

SS-27 Concurrent Endometrial Carcinoma in Patients with EIN: A Retrospective Single-Center Study
Aykut Kından

SS-29 Prediction Of High-Risk Human Papillomavirus After Conization By Machine Learning Methods
Duygu Lafcı

SS-30 Protective effects of enoxaparin treatment against uterus ischemia-reperfusion injury in rats
Duygu Lafcı

SS-31 Evaluation of systemic immune-inflammation index and vitamin D levels in pregnant women with recurrent bacterial vaginosis
Fatma Seda Öztürk

3 EKİM 2025, CUMA / SALON B

HASAN VOLKAN EGE
OTURUM BAŞKANI

12:00-13:00
Video Bildiri Oturumu 2

VS-6 Dual Challenge, Single Scope: Laparoscopic Management of Adnexal Mass and Stage-III Pelvic Organ Prolapse in a Young Patient - **Berfin Bulut**
VS-7 Minimally Invasive Approach to Mullerian Anomaly: Uterus Didelphys in an Adolescent - **Gözde Ünsal**
VS-9 Overcoming Surgical Challenges in an Adhesion Case: V-NOTES Hysterectomy - **Neslihan Öztürk**
VS-10 Laparoscopic Management of a Giant Degenerative Subserosal Myoma - **Zerrin Muslu**
VS-15 Herlyn-Werner-Wunderlich Syndrome: A Rare Case Report - **Ayberk Çakır**

GAZİ YILDIZ
OTURUM BAŞKANI

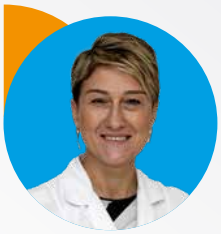
16:00-17:00
Sözlü Bildiri Oturumu 4

SS-32 Feasibility of vaginal natural orifice transendoscopic surgery hysterectomy in obese patients - **Emre Biton**
SS-33 Chromopertubation: Comparing Conventional Laparoscopy and Transvaginal Natural Orifice Transluminal Endoscopic Surgery – Which Approach Is Superior? - **Serkan Üstüntaş**
SS-34 Effectiveness of Curcuminoids in Controlling Postoperative Pain Following Total Laparoscopic Hysterectomy - **Berican Şahin Uyar**
SS-36 The Impact of Treatment on Pain, Sexual Function, and Psychological Well-Being in Patients with Bartholin Cyst Abscess - **İnci Baran Malgaz**
SS-37 Association of Serum Cortisol and Dehydroepiandrosterone (DHEA) with Depression and Anxiety in Pregnant Women Undergoing Surgical Abortion = Voluntarily or due to Medical Reasons - **Berfin Bulut**
SS-38 The Clinical Significance of High-risk Human Papillomavirus (HPV) Types According to Age Distribution - **Fatma Özmen**
SS-39 Distinct Prognostic Impact of Systemic Immune-Inflammation Index in Epithelial Ovarian Cancer Patients Undergoing Neoadjuvant Chemotherapy Versus Primary Debulking Surgery - **Makbule Buse Çakmak**
SS-40 Factors Associated with Sentinel Lymph Node Mapping Failure: A Single Center Experience - **Onur Can Zaim**
SS-42 Association of Modified Frailty Index with Postoperative Outcomes in Epithelial Ovarian Cancer **Hasan Volkan Ege**
SS-65 Paraneoplastic Neoplastic Syndrome Associated with Endometrial Cancer: A Rare Case Report **Burçak Teker**

4 EKİM 2025, CUMARTESİ

08:30-09:30 Panel 13: Doğum Zamanlaması ve Tartışmalı Doğum Yöntemleri


ÖZLEM PATA
MODERATÖR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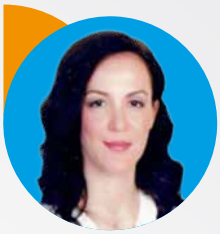

MUCİZE ERİÇ ÖZDEMİR
PANELİST


TUĞBA SARAÇ SİVRİKOZ
PANELİST

- Friedman Eğrisinden Bu Yana Partogram ve Doğum Eylemi Takibinde Neler Değişti
- İntrapartum Ultrasonografi Doğum Pratiğinde Neler Sağlar, Neleri Değiştirir?
- Suda Doğum mu? Suya Doğum mu?
- Zorlu Operatif Vaginal Doğumun Güvenliğini Artırmak için Ultrasonografi
- Sezaryen Sonrası Vaginal Doğum
- Tam Açık Sezaryenden Nasıl Kaçınalım? Nasıl Yönetelim?
- Antenatal Kortikosteroidler – En Uygun Zamanlama Nedir? Geç Preterm (35-37 Hafta) Gebeliklerde Kortikosteroid Verilmeli mi?
- Medikal Endikasyonla Geç Preterm ve Erken Term Doğum (HT, GDM, Kolestaz vs.)
- Term Gebelikte Doğum İndüksiyonu

09:30-10:30 Panel 14: Endometriozis


BÜLENT URMAN
MODERATÖR


GÜRKAN UNCU
PANELİST


RESUL KARAKUŞ
PANELİST


AYLİN ALTAN KUŞ
PANELİST

- Endometriozis'te Gelecek Biomarkerlar
- Endometrioma-Ağrı İlişkisi, Endometrioma Cerrahisi En iyi Atışınızı Yapın (Ancak Ne Zaman Duracağınızı Bilin)
- Endometriozis ve Adenomiyozis'te Görüntüleme
- Derin İnfiltratif Endometriozis (Barsak, Mesane, Siyatik Sinir Tutulumları)
- Fertiliteyi Koruma Stratejileri
- Endometriozis İlişkili Over Kanseri
- Cerrahi Tedavi ve Zamanlaması

7. Jinekoloji ve Obstetrikte Tartışmalı Konular Kongresi

01-05 Ekim 2025
NG Phaselis Bay Kemer, Antalya

4 EKİM 2025, CUMARTESİ

10:30-11:00
Uydu Sempozyumu

Karaciğer ve Östrojen Detoks & Dim

VELAVIT®

AYŞEGÜL ÇORUHLU
KONUŞMACI

11:00-11:30 KAHVE MOLASI

11:30-12:00
Uydu Sempozyumu

Cerviron: Jinekolojide İyilik Hali

Orthogen® pharma & health

M. MURAT NAKİ
KONUŞMACI

12:00-13:00 Panel 15: Adneksiyel Kitlelere Yaklaşım

METE GÜNGÖR
MODERATÖR

U. FIRAT ORTAÇ
PANELİST

M. ALİ VARDAR
PANELİST

ÇETİN ÇELİK
PANELİST

HÜSNÜ ÇELİK
PANELİST

İBRAHİM YALÇIN
PANELİST

- Adneksiyel Kitlelerin Değerlendirilmesi
- Şüpheli Adneksiyel Kitlelere Yaklaşım
- L/S vs Laparotomi
- Adölesanda Adneksiyel Kitleler
- Gebelikte Adneksiyel Kitleler
- Menopozda Adneksiyel Kitleler

13:00-14:00 ÖĞLE YEMEĞİ

Canlı Cerrahi - Laparoskopik Histerektomi
Cerrah: M. Faruk Köse

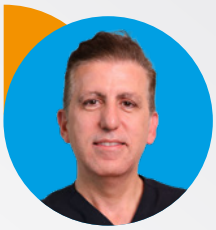
Medtronic

4 EKİM 2025, CUMARTESİ

14:00-15:00 Panel 16: Over Stimülasyonu (Polikistik Overde, IUI'da, IVF'te)


CEM DEMİREL
MODERATÖR


YAPRAK ÜSTÜN
PANELİST


YİĞİT ÇAKIROĞLU
PANELİST


TURGUT AYDIN
PANELİST


DAVUT GÜVEN
PANELİST

- Anovulasyonun En Rasyonel Tanısı Hangisidir?
- PRP-Rejuvenasyon için mi? Etkinliğine Dair Gerçek Bir Kanıt Var mı?
- Polikistik Over'de Over Stimülasyonu Nasıl Yapılmalıdır?
- Klomifen Sitrat, Aromataz İnhibitörleri, Adjuvanlar (Myoinositol, Co Q10, Glukokortikoidler, Metformin, Omega 3, D Vitamini)
- IUI Tedavisinin İnfertilitede Yeri Kaldı mı?
- IUI için Over Stimülasyonu Nasıl Yapılmalı? (CC, AI, Gonadotropinler)
- Klomifen ve Aromataz İnhibitörleri Sikluslarında Hcg Tetiklemesi Gerekli midir?
- IVF için Gonadotropin Tedavisi; Ne Zaman, Hangi Hastaya, Hangi Gonadotropin, Hangi Protokol?
- Over Yanıtı Protokol Seçimi ile Değişir mi?
- Luteal Faz Desteği için Oral Didrogesteron ile Mikronize Vaginal Progesteron Karşılaştırması
- OHSS ve Çoğul Gebeliklerden Kaçınma Stratejileri Nelerdir?
- Over Stimülasyonu Over ve Meme Kanseri Riskini Artırır mı?

15:00-15:30 KAHVE MOLASI

15:30-16:30 Panel 17: Vaginitler ve Kadın Sağlığında Mikrobiyom


ESRA KUŞÇU
MODERATÖR


SÜLEYMAN E. AKHAN
PANELİST


DOĞAN VATANSEVER
PANELİST


OĞUZHAN KURU
PANELİST

- Mikrobiyom, Çok Fazla Bilgi, Ancak Çok Az Klinik Sonuç
- Barsak Mikrobiyomu: Kadın Sağlığının Büyük Yöneticisi
- Vagina ve Mesane Mikrobiyomu: Yaşam Süresindeki Gizli Diyalog
- Mikrobiyom Analizleri Doğrultusunda Modülasyon
- Vaginal Enfeksiyonlar, Probiyotikler: Vaginit Tanı ve Tedavisi
- Etyoloji, Risk Faktörleri, Semptomlar
- İnflamatuar/Atrofik Vaginit
- Kronik Vaginitlere Yaklaşım
- Rekürren Vulvovaginitler

4 EKİM 2025, CUMARTESİ / SALON B

MEHMET TUNÇ
OTURUM BAŞKANI

09:30-10:30
Sözlü Bildiri Oturumu 5

SS-43 A Comparative Evaluation of Obstetric and Neonatal Outcomes in Adolescent, Reproductive-Age, and Advanced Maternal Age Pregnancies: A Retrospective Study" - **İnci Baran Malgaz**

SS-44 Comparison of Serum Urotensin-2 Concentrations Between Pregnant Women With Preeclampsia and Normotensive Pregnant Women - **Tamer Altındağ**

SS-45 Distribution of Primary Cesarean Section Rates According to the Robson Classification: 2019–2024 Single-Center Retrospective Analysis **- Bahadır Alper Sargın**

SS-47 The Evaluation Of Risk Factors And Obstetric Outcomes In Pregnant Women Diagnosed With Cervical Insufficiency And Treated With Progesterone, Cervical Cerclage Or Pessary - **Zeynep Yüksel**

SS-48 Is Artificial Intelligence-Assisted Pregnancy Counseling Feasible? An Evaluation of the Quality of ChatGPT Responses - **Mücahit Furkan Balcı**

SS-51 The Predictive Role of First Trimester Anti-mullerian Hormone for Preeclampsia - **Berin Özyamacı**

SS-52 Increased fractalkine expression in placental tissue and HUVECs from pregnant women with gestational diabetes mellitus and its correlation with clinicopathological variables in a case-control study **Duygu Lafcı**

SS-64 Rectus Sheath Hematoma Following Anticoagulation Therapy After Endometrial Cancer Surgery: A Case Report **- Sıtkı Özbilgeç**

EMRE MAT
OTURUM BAŞKANI

14:00-15:00
Video Bildiri Oturumu 3

VS-11 Vnotes hysterectomy with bilateral salpingo-oophorectomy for huge bilateral adnexal masses - **Serkan Üstüntaş**

VS-12 Expanding vNOTES to Emergencies: Successful Management of Ovarian Cyst Rupture **Ahmet İlker Eryılmaz**

VS-13 Bladder Endometriosis Mimicking Cystitis: Successful Management with Robotic-Assisted Excision **Betül Güngör Serin**

VS-14 Robotic-assisted total laparoscopic hysterectomy and bilateral salpingooferectomy in a patient with peritoneal leiomyomatosis - **Elif Cuci**

4 EKİM 2025, CUMARTESİ / SALON B

15:30-16:00
Sözlü Bildiri Oturumu 6

MEHMET TUNÇ
OTURUM BAŞKANI

SS-49 Evaluation of the Association Between First-Trimester Maternal Thyroid-Stimulating Hormone Levels and Mid-Trimester Fetal Transverse Cerebellar Diameter
Nimet Alyörük Geçici

SS-50 Toxoplasma Screening During Pregnancy: Two-Year Experience of a Tertiary Care Centre
Nimet Alyörük Geçici

SS-53 First trimester triglyceride-glucose index and lipid profile as predictive factors in the diagnosis of late-onset preeclampsia: Can we prevent it? - **Çağla Bahar Bülbül**

SS-54 Assessment of Knowledge Levels of Pregnant Women on Down Syndrome and Prenatal Screening and Diagnostic Tests - **Aygün Dünyamalıyeva**

SS-55 Maternal and neonatal outcomes in pregnancies complicated by placental chorioangiosis: A single-center experience - **Edip Altuğ Kır**

SS-56 Antenatal Management of Bladder Extrophy, A Case Series - **Bengi Su Yılan**

SS-57 PCOS Awareness Levels among Female Students of Başkent University Faculty of Medicine: A Survey Study - **Doruk Ege Doğan**

SS-58 Does the use of granulocyte colony-stimulating factor during fertility treatment affect perinatal outcomes? - **Samura Fakhradova**

SS-59 Title: Effective surgical management of accessory cavitated uterine mass in an adolescent: A Case Report - **Samura Fakhradova**

SS-60 Assessing AI Performance in Endometriosis Management Before and After ESHRE Guideline Integration
Orkun Alperen Çolak

SS-61 Tubal Mucosal Endometriosis: Does it Affect the Disease Prognosis? - **Öykü Başgut**

SS-62 The Effect of Uterine Microenvironment on Recurrent Implantation Failure and Recurrent Misscarriage
Pelinsu Dalgın

SS-63 Title:İmpact of Histological Subtypes on Overall Survival in Advanced-Stage(III-IV) Ovarian Cancer
Yasaman Hajıbabayevaq

5 EKİM 2025, PAZAR

09:30-10:30 Panel 18: Menopoz





HAKAN SEYİSOĞLU – MODERATÖR
FATİH DURMUŞOĞLU – PANELİST
LEVENT ŞENTÜRK – PANELİST
CEM YILMAZ – PANELİST
HÜSEYİN AKILLI – PANELİST

- AMH Menopozu Öngörmedeki Yeri
- Kardiak ve Metabolik Risklerin Yönetimi
- Vulvo-vaginal Atrofi, Genitoüriner Semptomlar
- Seksüalite
- Menopozda Genel Sağlık
- Menopozal Yakınmaların Klinik Önemi ve Yönetimi
- Menopozal Hormon Tedavisinde Prensipler
- Menopoz Belirtileri ve Hastalıkları Menopozal HT Olmadan Yönetilebilir mi?
- Postmenopozal Osteoporoz ve Tedavide Yenilikler
- MHT ve Meme
- Menopozda Yeni Tedavi Modaliteleri
- Kanser Hastalarında HRT
- HRT Kanser Riskini Artırır mı?
- Erken Menopoza Giren Hastalar Kronik Hastalıkları Önlemek için Tedavi Edilmelidir

10:30-11:00 KAHVE MOLASI

11:00-12:00 Panel 19: Fetal Büyüme Geriliği ve Pre-eklampsi




RIZA MADAZLI – MODERATÖR
DENİZ KARÇAALTINCABA – PANELİST
İNANÇ MENDİLCİOĞLU – PANELİST
HAKAN ERENEL – PANELİST

- Preeklampsi Taraması Yapabilir miyiz, Tedavi Etkili midir?
- Geç Başlangıçlı Fetal Büyüme Geriliğinde Doğumun Zamanlaması
- Gebelikte Büyüme Eğrisinin Kırılması ve 10. Persentile Ulaşılamaması - Endişe Verici mi?
- Tekrarlayan Preeklampsiyi Önlemek için En İyi Strateji Nedir?

SÖZLÜ BİLDİRİLER

www.obstetrikjinekolojitartismalikonular.org

SS-01

Investigation of the Presence of Cervical Human Papillomavirus And the Distribution of Preinvasive Lesions in Patients Using Immunomodulators – Inosine Pranobex

Belma Gözde Özdemir, Günay Safarova, Osman Yıldırım, Mercan Aslan, Fazıl Avcı, Ahmet Bilgi, Çetin Çelik
Selçuk University Faculty Of Medicine, Obstetrics And Gynecology Department, Konya,Turkey

Background-AIM: It is known that humoral and cellular immunity are essential in the treatment of human papillomavirus (HPV). Inosine pranobex is an immunomodulatory agent that has been shown to increase T-cell proliferation, enhance natural killer (NK) cell numbers and function, and increase levels of Th1-type cytokines, such as IL-2 and IFN-γ. It was aimed to evaluate the effectiveness of HPV and precancerous lesions in patients using immunomodulators to eliminate HPV and determine their power in the regression and treatment of precancerous lesions.

Materials-Methods: Patients with HPV positivity and/or cervical precancerous lesions and/or smear pathology who applied to Selçuk University Faculty of Medicine, Department of Obstetrics and Gynecology between 2022 and 2025 were evaluated. Patients who used Inosine Probenex and those who did not use it were formed into two groups. 1-year follow-up results were examined.

Results: In a study involving 624 patients, Velp treatment significantly increased HPV negativity ($p = 0.014$). Smoking did not affect HPV negativity in the Velp group ($p>0.05$). In the control group, HPV persistence was higher among smokers, while the negativity rate was lower ($p = 0.030$). In follow-up HPV tests performed after Velp treatment, HPV negativity was 87.3%. However, the most common persistent types were HPV 16 (1.8%) and HPV 18 (1.9%). This result suggests that Velp treatment results in negativity in a significant portion of HPV infections, but that complete elimination of high-oncogenic-risk types (HPV16 and HPV18) may be more difficult. It is also predicted that smoking may reduce the effects on the immune system.

Discussion: The use of the immunomodulatory drug VELP in cervical HPV infections has been evaluated as a promising approach because it may support the immune system's fight against the virus. Some studies suggest that VELP may reduce HPV persistence by enhancing antiviral immune responses. However, there are insufficient randomized controlled trials to demonstrate its clinical efficacy and long-term safety. Therefore, disagreements remain regarding whether VELP should be incorporated into standard treatment protocols.

CONCLUSION: Inosine pranobex, used in the treatment of HPV-associated cervical lesions, accelerates viral clearance by strengthening the immune system and reducing recurrence rates. Studies have shown that it is effective in eliminating high-risk HPV types when used both as monotherapy and in combination therapy. Therefore, inosine pranobex holds promise as a supportive agent in HPV treatment.

Keywords: cervical precancerous, HPV, immunomodulator, malignancy

SS-02

The rare among the rare: Mesonephric adenocarcinoma of the vagina – A Case Report

Onur Can Zaim, Murat Cengiz, Utku Akgor, Murat Gultekin
Hacettepe University Faculty of Medicine, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Ankara, Turkey

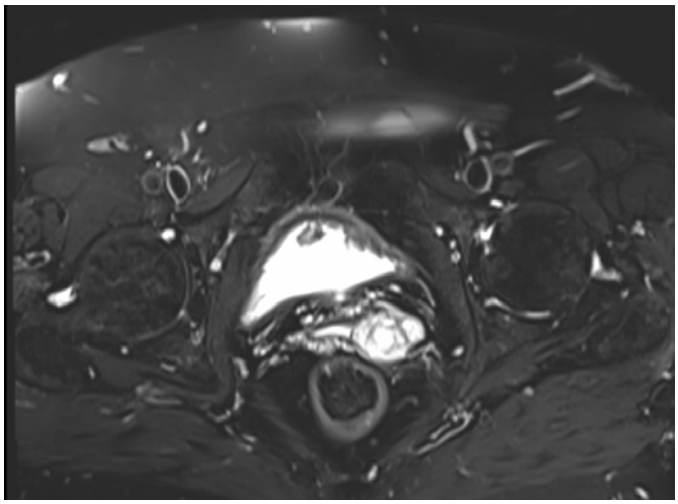
Background And Objective: Primary vaginal carcinoma is uncommon, representing only 1–2% of all gynecological cancers. Most cases are squamous cell carcinomas, accounting for about 90% of primary vaginal malignancies. Adenocarcinomas make up approximately 5–8% of these cases. Various histological subtypes of vaginal adenocarcinomas have been described, including clear cell, endometrioid, serous, and mucinous types. However, mesonephric adenocarcinoma (MA) of the vagina is exceptionally rare, with only 23 cases reported in the literature to date. It occurs more frequently in the uterus, cervix, urethra, and bladder. Due to its rarity, the pathophysiology and progression of the disease is not well known, making diagnosis and treatment challenging. Via this report, we aimed to present additional opinions in terms of diagnosis and management of primary vaginal MA based on clinicopathological findings and surgical outcomes.

Case Presentation: A 72-year-old postmenopausal woman with a medical history of asthma, hypertension, arrhythmia, and polycythemia vera with a vaginal polyp went through excision in a clinic and initial pathology revealed a papillary neoplastic lesion of the vaginal side wall. A consultation at another healthcare clinic supported the Borderline Mullerian Papilloma diagnosis, although the patient's age was atypical. So that, Hacettepe University Pathology Department assessed again, and final diagnosis of primary vaginal mesonephric adenocarcinoma was achieved. Initial clinical examination revealed a proximal vaginal lesion close to posterior fornix sized 1-2 cm. However, remaining vaginal tissue, cervix, labia minora and majora were completely normal. In terms of imaging studies thoracic computed tomography (CT) showed neither mediastinal lymphadenopathy nor lung masses. Abdominal CT demonstrated a 27×18 mm mass in the left vaginal wall, a hepatic cystic lesion, and a left adrenal nodule. Abdominal magnetic resonance imaging (MRI) confirmed a 32×29 mm vaginal mass without paravaginal invasion; hepatic lesion consistent with sclerosed hemangioma; stable adrenal nodule since 2022. The multidisciplinary tumor board recommended surgical excision (Total Abdominal Hysterectomy + Bilateral Salpingo-oophorectomy + Wide Vaginal Excision). A Total Abdominal Hysterectomy, Bilateral Salpingo-oophorectomy, Bilateral Pelvic Lymphadenectomy, and Proximal Vaginectomy were performed. A 3 cm posterior vaginal mass extending toward the rectum was excised with negative frozen margins. Final pathological assessment confirmed primary mesonephric vaginal adenocarcinoma diagnosis with negative margins without any lymph node involvement. Postoperative management included referral to Radiation Oncology and Medical Oncology departments for adjuvant treatment planning and chemoradiotherapy process has been initiated.

Discussion And Conclusion: Mesonephric adenocarcinoma of the vagina is exceptionally rare, with the majority of mesonephric carcinomas occurring in the cervix. The clinical presentation is nonspecific, often with vaginal bleeding or a detectable mass. Diagnosis can be challenging due to overlapping histologic features with Müllerian lesions. In our case, initial misinterpretation as borderline Müllerian papilloma highlights the diagnostic complexity. Management generally follows principles for other primary vaginal adenocarcinomas, involving surgical excision with clear margins. Adjuvant radiotherapy or chemotherapy may be considered depending on margin status, tumor size, and lymph node involvement. This case emphasizes the importance of histopathological evaluation, appropriate immunohistochemical profiling, and multidisciplinary management to optimize outcomes.

Keywords: Vaginal neoplasms, Gynecologic Surgical Procedures, Mullerian Ducts

Resim_1



Vaginal Tumor MRI

SS-03

Retrospective Evaluation of the Relationship Between Hematological Inflammation Markers and Clinical Features in Patients with Uterine Myomas

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Background-AIM: Uterine fibroids are among the most common benign tumors of the female reproductive system. While often asymptomatic, they can also cause symptoms such as abnormal uterine bleeding, a feeling of pressure, and pelvic pain. Hematologic markers of inflammation are considered potential markers in the diagnosis and prognosis of various gynecologic pathologies. This retrospective study aims to analyze the potential relationship between inflammatory hematologic parameters and clinical features in patients with uterine fibroids.

Materials-Methods: A retrospective analysis of hysterectomized patients who underwent surgery for uterine myoma between 2010 and 2024 at the Department of Obstetrics and Gynecology, Selçuk University Faculty of Medicine, was planned. Two groups were formed. Differences between the symptomatic and asymptomatic groups were evaluated. A total of 150 patients were evaluated, 75 patients in each group.

Results: In the study, hematological inflammation markers (NLR, PLR, MLR) were found to be significantly higher in the symptomatic group with increased myoma size ($p < 0.05$). No statistically significant differences were observed between the groups in terms of sociodemographic variables ($p > 0.05$).

Discussion: It has been suggested that inflammatory processes may play a role in the pathogenesis of uterine myomas. Hematological markers of inflammation, particularly the neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), and monocyte-to-lymphocyte ratio (MLR), have been evaluated as prognostic markers in benign gynecological diseases, as well as in various solid tumors. Some studies have reported that these parameters correlate with myoma size, location, and symptomatic status. However, the findings in the literature are not homogeneous and are reported to be variable. The results of this study support the potential of inflammatory markers in the clinical evaluation of uterine myomas.

Conclusion: Inflammation rates in terms of myoma symptoms and size may be important, especially in the preoperative period.

Keywords: abnormal uterine bleeding,myoma uteri,pelvic pain,symptoms

SS-04

Effect Of Nutritional Support On Sleep Quality in Patients Diagnosed With Gynecological Malignancy

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Background-AIM: Gynecological malignancies are among the serious health problems that negatively impact patients' overall quality of life. In these patients, both the treatment process and the disease itself can lead to problems such as nutritional deficiencies and sleep disturbances. Inadequate nutrition reduces body resistance, while poor sleep quality can negatively impact physical and psychological well-being. In this context, examining the impact of enteral formula supplementation on sleep quality in these patients is crucial for developing holistic care approaches. In this study, we aimed to evaluate the sleep quality of patients receiving nutritional support in gynecological oncology using a questionnaire method.

Materials-Methods: A prospective study was designed between 2022 and 2025 in the Department of Obstetrics and Gynecology at Selçuk University Faculty of Medicine. Two groups were formed: one with and one without formula supplementation. Patients were evaluated using the Pittsburgh Sleep Questionnaire. The period during which they received formula was taken into account. The groups were evaluated primarily in terms of demographics, diagnosis, and surgical method.

Results: After 14 days of nutritional support, a statistically significant improvement in Pittsburgh Sleep Quality Index (PSQI) scores was observed in the intervention group compared to baseline ($p < 0.001$). No significant change was observed in PSQI scores in the control group ($p = 0.214$). In the intergroup comparison at the end of the study, PSQI scores in the intervention group were significantly lower than in the control group ($p < 0.01$). Subscale analyses revealed that nutritional support led to significant improvements, particularly in sleep onset time, sleep duration, and daytime dysfunction parameters (all $p < 0.05$).

Discussion: This study examined the effect of formula supplementation on sleep quality in patients diagnosed with gynecological malignancies, and the findings indicated that nutritional supplementation can positively impact sleep quality. Malnutrition, a common occurrence during cancer treatment, can lead to sleep disruptions and a decrease in overall quality of life. The nutrients provided by formula supplementation are thought to support both physical well-being and sleep patterns by increasing patients' energy levels. In line with studies in

the literature that have yielded similar results, these findings suggest that enteral nutritional supplementation may contribute not only to physical recovery but also to psychological and neurological processes. However, given the study's limitations, such as the limited sample size and follow-up period, larger, longer-term studies with larger participants are needed.

Conclusion: The importance of sleep in evaluating the living standards of malignant patients is clear, therefore, individual support that will increase sleep quality is considered to be of great importance.

Keywords: gynecologic oncology, sleep disorder, nutrition support

SS-05

Performance of ChatGPT in Preoperative Patient Education for Gynecologic Oncology Surgery: A Scenario-Based, Multidimensional Expert Analysis

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Objective: Artificial intelligence–based large language models (LLMs) are increasingly recognized as innovative tools in patient education and counseling. This study aimed to evaluate ChatGPT's capacity for preoperative patient education in the context of endometrial cancer surgery, using a scenario-based and multidimensional expert analysis.

Methods: A clinical scenario was developed for a postmenopausal, 50-year-old woman diagnosed with endometrial cancer. The most frequently asked preoperative questions by patients were identified through a review of online patient forums, health portals, and social media platforms. Based on this review, 10 key questions were selected and posed to ChatGPT, with responses recorded without intervention. Ten gynecologic oncology experts evaluated each question–answer pair across five criteria (scientific accuracy, clinical applicability, comprehensibility, empathetic approach, and content completeness) using a 5-point Likert scale. Mean scores and standard deviations were calculated, and inter-rater reliability was assessed using Krippendorff's α coefficient.

Results: The overall mean score across all evaluations was 4.14±0.35. Among the criteria, comprehensibility scored the highest (4.71±0.43), followed by empathetic approach (4.29±0.47). Scientific accuracy averaged 4.07±0.22, content completeness 3.97±0.22, and clinical applicability had the lowest score (3.75±0.32). Lower scores in clinical applicability were particularly observed in responses related to adjuvant therapy requirements, management of menopausal symptoms, and the impact of surgery on sexual life. In contrast, responses explaining the surgical scope and providing post-discharge care recommendations achieved the highest scores for both comprehensibility and empathetic approach. Inter-rater agreement was high (Krippendorff's α=0.81).

Conclusion: ChatGPT can provide highly comprehensible and empathetic content for preoperative patient education in gynecologic oncology surgery. However, it shows limitations in areas requiring individualized clinical decision-making. When used under physician supervision and in alignment with up-to-date clinical guidelines, such AI tools can offer a valuable complement to patient education processes.

Appendix A – List of Questions Used in the Scenario

1. Will my uterus and ovaries be completely removed during this surgery? Why is such an extensive procedure being performed?

2. Is lymph node sampling necessary during the surgery? Would it be considered incomplete treatment if it is not done?

3. How long will my surgery take? Is it a long and difficult procedure?

4. Can this surgery completely remove the cancer, or will I still need additional treatment (chemotherapy, radiotherapy)?

5. I have recently entered menopause, and I still have hot flashes and sleep problems. Will these symptoms worsen after the surgery?

6. How might my sexual life be affected after this surgery? What can I do to prevent or manage this?

7. How long will I stay in the hospital? What should I pay attention to when I return home?

8. Will I experience a lot of pain after the surgery? How will the pain be managed?

9. When can I return to my daily life, work, and physical activities?
10. What is the risk of this disease recurring? How will my follow-up be conducted?

Keywords: ChatGPT, Endometrial Cancer, Patient Education, Artificial Intelligence, Preoperative Counseling, Expert Evaluation

Mean scores and standard deviations for each evaluation criterion

Criterion	Mean	Standard Deviation
Comprehensibility	4.71	0.43
Scientific Accuracy	4.07	0.22
Empathetic Approach	4.29	0.47
Clinical Applicability	3.75	0.32
Content Completeness	3.97	0.22

SS-06

Clinical and Pathological Evaluation of Metastatic Non-Gynecologic Ovarian Tumors: Impact of Cytoreductive Surgery on Survival – A 13-Year Retrospective Single-Center Study

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AIM: This study aims to evaluate the clinicopathological characteristics, surgical outcomes, and survival of patients with metastatic nongynecologic ovarian tumors (MNGOTs).

Material-Methods: This retrospective study included 164 patients who underwent surgery for MNGOTs between 2011 and 2024 at Başkent University Ankara Hospital, Department of Gynecologic Oncology. Demographic data, primary tumor origin (i.e, colon, gastric, appendix, pancreas), surgical procedures performed, and survival data were collected from the hospital database system. Optimal cytoreduction was defined as residual tumor ≤1 cm. Survival analyses were performed using the Kaplan–Meier method, and group comparisons were evaluated using the log-rank test, with $p<0.05$ considered statistically significant.

Results: The mean age was 51.0 years (range: 23–84); 59.1% were postmenopausal. The most frequent primary sites were the colon (n = 70, 42.7%), stomach (n = 35, 21.3%), and breast (n =20, 12.2%). Optimal cytoreduction was achieved in 40.3% of patients. Median OS for the whole cohort was 20 months (95% CI: 15.4–24.6). In colon metastases, optimal cytoreduction yielded a median OS of 29 months compared with 6 months without optimal surgery; for gastric metastases, OS was 16 months vs. 7 months, respectively. Colon primaries had significantly longer OS than gastric primaries ($p=0.004$). Major complications occurred in <10% of cases.

Conclusion: Optimal cytoreductive surgery in patients with metastatic non-gynecologic ovarian cancers is associated with prolonged survival. Survival was notably longer in colon cancer metastases compared to gastric cancer metastases. Our findings are consistent with previously reported data from similar studies demonstrating that optimal cytoreduction can provide a survival advantage in selected patients with metastatic non-gynecologic ovarian cancers. Multidisciplinary planning for aggressive surgical management and appropriate adjuvant therapy strategies is crucial in improving survival outcomes in this patient group.

Keywords: metastatic ovarian tumor, non-gynecologic, cytoreduction, survival, colorectal cancer, gastric cancer

SS-07

Clinical characteristics, treatment response and survival in cases of choriocarcinoma: a single-center retrospective case series

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Objective: Choriocarcinoma is the most aggressive but highly chemotherapy-sensitive subtype of gestational trophoblastic neoplasms (GTN). This study aims to evaluate the clinical characteristics, diagnostic features, treatment responses, and survival outcomes of patients diagnosed with choriocarcinoma at a single tertiary care center over a 10-year period.

Methods: This retrospective study included 15 female patients diagnosed with choriocarcinoma between January 2015 and August 2025. Clinical data were retrieved from hospital records, including demographic variables, presenting symptoms, serum β-human chorionic gonadotropin (β-hCG) levels, International Federation of Gynecology and Obstetrics (FIGO) stage and score, treatment modalities (chemotherapy alone or combined with surgery), histopathological markers, and follow-up outcomes. Treatment responses were classified as complete, partial, or no response. Survival analyses were conducted using descriptive methods.

Results: The patients ranged in age from 9 to 46 years. The most common presenting symptom was abnormal uterine bleeding (66%). The mean interval from symptom onset to diagnosis was approximately one month. Serum β-hCG levels at diagnosis ranged from 839 IU/L to 400,000 IU/L. In 53.3% of patients, the diagnosis was confirmed histopathologically. Three patients (20%) had advanced disease (FIGO stage III–IV) with metastases to the liver, lungs, intestines, and bladder; their average survival was 4 months. Surgery was the initial treatment in 4 patients (27%). Nine patients (60%) received surgical intervention in addition to chemotherapy; among these, 5 (55.6%) underwent fertility-sparing surgery. The majority were treated with methotrexate or actinomycin-D for low-risk disease, and multi-agent regimens such as etoposide, methotrexate, actinomycin-D/cyclophosphamide, vincristine (EMA/CO) for high-risk cases. Chemotherapy resistance occurred in one patient (6.7%). The mean follow-up period was 47 months, and the overall survival rate was 73.3%. Two patients were diagnosed with yolk sac tumors, and one with adenocarcinoma, comprising 20% of the cohort. Immunohistochemically, the most frequently expressed markers were β-hCG, cytokeratin 7, and Ki-67.

Conclusion: Choriocarcinoma is a rare malignancy with high sensitivity to chemotherapy, particularly when diagnosed early and managed according to established risk stratification systems. FIGO staging and initial β-hCG levels are useful predictors of prognosis and treatment response. However, patients with advanced-stage disease (FIGO III–IV) may have poor survival despite aggressive chemotherapy. Fertility-preserving surgery may be feasible in selected patients. Larger, multi-center studies are warranted to validate these findings and further refine treatment strategies for this rare tumor.

Keywords: Choriocarcinoma, Gestational trophoblastic neoplasia (GTN), β-human chorionic gonadotropin (β-hCG)

SS-08

Fertility Preservation in Borderline Ovarian Tumors: Oncologic Safety and Reliability of Intraoperative Frozen Section

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Introduction: Borderline ovarian tumors (BOT) represent a distinct subgroup of epithelial ovarian neoplasms characterized by low malignant potential and generally favorable prognosis. They are most commonly encountered in reproductive-aged women, and management strategies often require balancing oncologic safety with fertility preservation. The conventional standard of care in women who have completed childbearing is total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH+BSO). However, fertility-sparing surgery is an important consideration in younger patients, provided that intraoperative frozen section analysis does not indicate invasive carcinoma. Despite their generally indolent course, BOT may recur, and recurrence rates appear higher in patients undergoing conservative management. This study aimed to evaluate the diagnostic reliability of frozen section in BOT and to compare recurrence rates according to the surgical approach.

Methods: We retrospectively reviewed patients diagnosed with BOT either on frozen section or final pathology at Hacettepe University between January 2019 and January 2024. Patients whose primary surgery was performed at external institutions were excluded. Clinical and demographic data, presenting complaints, tumor size and preoperative CA-125 levels, surgical procedures, intraoperative frozen section results, final histopathology, FIGO 1988 staging, and recurrence outcomes were systematically analyzed. Statistical comparisons were made between patients who underwent definitive surgery and those treated with fertility-preserving procedures.

Results: A total of 111 patients were included in the study, with a mean age of 43.4 years (range 19–82). The majority presented with abdominal pain (35.1%), followed by menstrual irregularities (22.5%) and abdominal distension (12.6%), while 16.2% were asymptomatic. Preoperative CA-125 levels varied widely (mean 233.8 U/mL; range 6–5668), and the mean tumor size was 99.9 mm (range 4–360 mm). Surgical management consisted of definitive surgery in 65 patients (59.1%) and fertility-preserving procedures in 45 patients (40.9%). Recurrence was observed in 12 patients (10.9% overall). Stratified by surgical type, recurrence occurred in 20.0% of patients undergoing conservative management compared to 4.6% after definitive surgery, confirming a significantly higher risk with fertility-sparing procedures. Intraoperative frozen section analysis demonstrated high reliability, with an overall concordance rate of 90.9% compared to final pathology. Among cases diagnosed as borderline on frozen section, 88.6% were confirmed as borderline in final histology. Discordant cases most frequently involved under-diagnosis of invasive carcinoma or misclassification between benign and borderline tumors.

Conclusion: Borderline ovarian tumors are typically detected at early stages and are associated with favorable outcomes. Fertility-sparing surgery is a viable option in young women desiring future childbearing but carries a substantially higher recurrence risk compared to definitive management. Intraoperative frozen section remains a highly accurate diagnostic tool, providing valuable guidance for tailoring the extent of surgery. Our findings highlight the importance of careful patient selection, meticulous intraoperative assessment, and long-term follow-up in women undergoing fertility-preserving treatment for BOT.

Keywords: Borderline ovarian tumor, Fertility-sparing surgery, Frozen section

Table 1. Demographic, Clinical, and Pathological Characteristics of Patients with Borderline Ovarian Tumors

Variable	n (%) / Mean (Range)
Number of patients	111
Age (years)	Mean: 43.4 (19–82)
Presenting symptoms	Abdominal pain: 39 (35.1%) Menstrual irregularities: 25 (22.5%) Abdominal distension: 14 (12.6%) Asymptomatic: 18 (16.2%)
Preoperative CA-125 (U/mL)	Mean: 233.8 (6–5668)
Tumor size (mm)	Mean: 99.9 (4–360)
Surgical management	Definitive surgery: 65 (59.1%) Fertility-preserving: 45 (40.9%)
Recurrence	After conservative surgery: 9/45 (20.0%) After definitive surgery: 3/65 (4.6%)

Table 2. Concordance Between Frozen Section and Final Pathology (n = 88)

Frozen Section Diagnosis	Frozen Section Diagnosis Final Pathology: Benign	Final Pathology: Borderline	Final Pathology: Malignant	Total
Benign (n=12)	0	12	0	12
Borderline (n=70)	4	62	4	70
Malignant (n=6)	0	6	0	6
Total (n=88)	4 (4.5%)	80 (90.9%)	4 (4.5%)	88

SS-09

Modified Risk of Malignancy Index (RMI-a): Improved Diagnostic Performance for Adnexal Mass

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Objective: The Risk of Malignancy Index-1 (RMI-1) is commonly used in the preoperative evaluation of adnexal masses, with reported sensitivity ranging from 67–87% and specificity from 84–97%. In this study, we aimed to improve the diagnostic value of RMI-1 by adding serum CA 19-9, CA 15-3, and CEA levels into the scoring system. METHODS: A total of 682 patients who underwent surgery for adnexal masses, had complete preoperative data for RMI-1 calculation, and definitive histopathological diagnoses available were included in the study. In cases with elevated tumor markers other than CA-125 (CA 19-9, CA 15-3, CEA), the RMI-1 score was multiplied by three (x3) to obtain a alternative score (RMI-a). For patients without elevated markers, RMI-1 scores were multiplied by one (x1).

Results: The mean age of the patients was 48.1 ± 15.5 years. The most common ultrasound finding was the presence of a solid component (40.9%). The mean CA-125 level was 276.8 ± 1145.1 U/mL, with 42.4% of patients exceeding the 35 U/mL threshold. Malignant tumors were diagnosed in 19.8% of cases, and borderline ovarian tumors (BOT) in 3.4%. When BOTs were considered malignant, the sensitivity and specificity of RMI-1 were 74.1% and 91.2%, respectively, while those of RMI-a were 79.7% and 94.1%, respectively (Table-1). Diagnostic accuracy was 87.2% for RMI-1 and 90.6% for RMI-a. ROC curve analysis revealed AUC values of 0.898 for RMI-1 and 0.903 for RMI-a. The difference in diagnostic performance between RMI-1 and RMI-a in differentiating benign from malignant masses was statistically significant ($p < 0.01$, McNemar's test).

Conclusion: The RMI scoring system provides significant contributions to the management of adnexal masses, incorporating patient demographics, ultrasound findings, and serum CA-125 levels. Our findings indicate that adding CA 19-9, CA 15-3, and CEA levels improve both sensitivity and specificity, while also improving concordance with final histopathology and AUC values. Therefore, in appropriate centers, incorporating these additional tumor markers alongside CA-125 may allow for more accurate triage of patients with adnexal masses in the preoperative period.

Keywords: Adnexal Mass, CA-125, Ovarian Cancer, Risk of Malignancy Index

Table-1

	Sensitivite (%)	Spesifisite (%)	PPV (%)	NPV (%)	Accuracy (%)	AUC
RMI-1 (cutoff: 200)	74.1	91.2	71.8	92.1	87.2	.898
RMI-a (cutoff: 400)	79.7	94.1	79.7	93.9	90.6	.903

Sensitivity, specificity, positive (PPV) and negative (NPV) predictive values, and accuracy of two RMIs in predicting malignancy

SS-10

Clinical Characteristics and Management Outcomes of Immature Ovarian Teratoma: A Single-Center Case Series

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Objective: Immature ovarian teratoma is a rare malignant germ cell tumor, most frequently diagnosed in adolescents and young women. Although generally uncommon, it represents a clinically significant subgroup of ovarian neoplasms due to its malignant potential, variable prognosis, and implications for fertility preservation. The aim of this study was to present our institutional case series and to evaluate clinical, pathological, and treatment-related outcomes, with particular emphasis on fertility-sparing strategies, in the context of current international literature.

Methods: We retrospectively reviewed all patients diagnosed with immature ovarian teratoma between 2015 and 2025 at our institution. Clinical data, including demographic features, presenting symptoms, tumor localization, histological grade, stage at presentation, surgical management, adjuvant therapy, and immunohistochemical findings, were collected and analyzed. Follow-up outcomes, including recurrence and survival, were assessed. Results were compared with previously published international series to highlight similarities and differences in management approaches and outcomes.

Results: A total of 24 patients were included. The mean age at diagnosis was 28.25 years (range, 9–51), with the majority of patients being of reproductive age. The most common presenting symptom was abdominal pain (66%), followed by abdominal distension (29%). Preoperative imaging findings were nonspecific, and definitive diagnosis was achieved through histopathological examination after surgery. Tumor grading revealed Grade 1 in 12 patients, Grade 2 in 5, and Grade 3 in 5, while 2 cases were described as low-grade without further specification. Stage distribution demonstrated 10 patients with advanced-stage disease and 2 with early-stage disease. Fertility-sparing surgery (unilateral salpingo-oophorectomy) was performed in most reproductive-age patients, while more extensive surgery was reserved for advanced cases or those who had completed childbearing. Adjuvant chemotherapy with the BEP regimen was administered in patients with advanced-stage or high-grade tumors. Immunohistochemical analyses demonstrated positivity for SALL4 in 7 cases, AFP in 2 case and inhibin in 2 cases, consistent with germ cell tumor profiles. During a median follow-up of 36 months, no recurrence was observed in patients with Stage I low-grade disease managed with surgery alone. Patients with advanced-stage disease who received combined treatment, including adjuvant chemotherapy, achieved disease control.

Conclusion: Our findings support the role of fertility-sparing surgery in appropriately selected young patients with Stage I low-grade immature teratoma. Adjuvant chemotherapy remains essential for patients with advanced-stage or high-grade disease to optimize oncologic outcomes. In line with previous reports, individualized management tailored to stage, grade, and reproductive considerations is critical. Furthermore, surveillance may be considered a safe strategy in carefully selected low-risk cases, thereby avoiding unnecessary chemotherapy and its long-term toxicities. This series contributes to the growing evidence that treatment of immature ovarian teratomas requires a balance between oncological safety and fertility preservation, with multidisciplinary evaluation being essential for optimal outcomes.

Keywords: Immature ovarian teratoma, Malignant germ cell tumor, Fertility-sparing surgery

SS-11

Schwannomas of the Pelvis and Thorax: A Retrospective Case Series and Review of Surgical Approaches

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Objective: Schwannomas are rare, benign peripheral nerve sheath tumors that may arise in various anatomical regions, most commonly in the thorax and less frequently in the pelvis and retroperitoneum. These tumors are usually slow-growing, well-encapsulated, and associated with favorable outcomes following surgical resection. The objective of this study was to analyze the demographic features, clinical characteristics, surgical management, and outcomes of patients with pelvic and thoracic schwannomas treated at a single tertiary referral center.

Methods: A retrospective, single-center case series was designed. Patients who underwent surgery between 2016 and 2024 for pelvic, thoracic, or cervical schwannomas with histopathological confirmation were included. Demographic data, presenting symptoms, comorbidities, tumor size, preoperative imaging, surgical procedures, and perioperative complications were recorded. Surgical approaches were categorized according to tumor location. Follow-up data were reviewed for recurrence and outcomes.

Results: Nineteen patients were identified, consisting of 17 females and 2 males, with a median age of 46 years (range 8–63). The majority of tumors were abdominopelvic (n=14), followed by thoracic (n=4) and cervical (n=1). Median tumor size was 4.0 cm (range 1.6–18.0). Preoperative imaging modalities included MRI (n=7), CT (n=6), and ultrasonography (n=2). In the abdominopelvic group, surgical management involved diverse procedures such as total abdominal hysterectomy with bilateral salpingo-oophorectomy and mass excision, robotic-assisted or laparoscopic or laparotomic mass excision, laminectomy and multiple excisional biopsies. Thoracic schwannomas were excised through thoracotomic mass excision or laminectomy or multipl excisional biopsies, while the single cervical schwannoma was removed by mass excision. Postoperative complications were uncommon. No complications were observed in pelvic or cervical cases, whereas one thoracic case (25%) developed a right cerebellar hematoma. Complete tumor excision was achieved in all cases, and no local recurrences were detected during follow-up. Overall surgical outcomes were favorable, with symptom resolution and functional preservation in the majority of patients. Comparison with the literature indicates that thoracic schwannomas are typically seen in older patients and most frequently arise in the posterior mediastinum, often detected incidentally. Pelvic and retroperitoneal schwannomas are less common, representing 0.3–3.2% of all schwannomas, and usually affect younger patients. Both groups of tumors share similar size distribution, and complete resection remains curative in most cases. Minimally invasive surgical techniques, including video-assisted thoracoscopic surgery (VATS) or robotic-assisted thoracic surgery (RATS) for thoracic schwannomas, and laparoscopic or robotic approaches for pelvic schwannomas, are increasingly utilized, offering organ- and function-preserving benefits. The outcomes of our series were consistent with these reports, underscoring the efficacy and safety of minimally invasive techniques in selected patients.

Conclusion: Pelvic and thoracic schwannomas are rare, predominantly benign tumors with an excellent prognosis. Surgical resection remains the gold standard treatment, with complete excision providing curative outcomes. Minimally invasive approaches are safe, effective, and particularly advantageous in function-preserving surgery. Tailored surgical strategies based on tumor location and patient characteristics can ensure optimal outcomes, consistent with current literature.

Keywords: Schwannoma, Pelvic tumor, Thoracic tumor, Minimally invasive surgery, Robotic surgery, Case series

Table 1. Demographic and tumor characteristics

Location	n	Median Age	Age (min–max)	Female (n)	Male (n)
Abdomen + Lumbar	14	50.5	36 – 63	13	1
Cervical	1	14.0	14 – 14	1	0
Thoracic	4	38.5	8 – 59	3	1

Table 2. Surgical approaches and complications in schwannoma cases

Tumor location	Surgical approach (n)	Number of cases	Complications (n, %)	Type of complication
Pelvic	TAH + BSO + mass excision (1) Laminectomy (1) Mass excision (5) Excisional biopsy (7)	14	0 (0.0%)	–
Thoracic	Mass excision (1) Laminectomy (1) Excisional biopsy (2)	4	1 (25.0%)	Right cerebellar hematoma
Cervical	Mass excision (1)	1	0 (0.0%)	–

SS-12

The role of vaginal natural orifice transendoscopic surgery in gynecological emergencies

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Background And Objectives: Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) is an innovative and minimally invasive technique that is gaining popularity for a range of gynecological procedures. Although the current body of evidence for vNOTES is somewhat smaller compared to conventional laparoscopy, this approach appears to have several distinct benefits, such as reduced blood loss, shorter operation times, minimized postoperative pain, faster recovery and discharge from the hospital, better cosmetic results, and lower rates of complications after surgery. While an increasing number of studies support the use of vNOTES in planned adnexal procedures, its safety and practicality in emergency settings remain inadequately explored. This report aims to present our experience with using vNOTES to manage gynecological emergencies.

Methods: A retrospective analysis was conducted on data from patients who underwent vNOTES for gynecological emergencies between January 2023 and April 2025. Demographic information and perioperative details were also collected and evaluated.

Results: A total of nineteen patients were included in the study. The procedures were performed to address suspected ectopic pregnancies in 10 patients (52.6%), suspected adnexal torsions in another 3 patients (15.8%), hemoperitoneum following hysterectomy in 1 patients (5.3%), pelvic abscess in 1 patient (5.3%) and cyst rupture in 4 patients (21.1%). The emergency surgical interventions comprised unilateral salpingectomy (52.6%), ovarian cystectomy (21.1%), adnexal detorsion (15.8%), hemoperitoneum drainage (5.3%) and abscess drainage + appendectomy (5.9%). The median duration of surgery was 34 minutes, with a range of 24 to 65 minutes. Estimated blood loss during procedures had a median value of 140 mL, ranging from 30 to 300 mL, and no intraoperative complications were noted. None of the surgeries required conversion to traditional laparoscopy or open surgery. Post-surgery, the median hospital stay was 2 days, ranging from 1 to 4 days. Postoperative pain, evaluated using the visual analog scale, showed a median score of 2 (range: 1-4) at 24 hours following the surgeries. There were no procedure-associated complications observed.

Conclusions: This study demonstrated that vNOTES procedures present a viable approach for managing gynecological emergencies, including tubal ectopic pregnancy, adnexal torsion, painful ovarian lesions, post-hysterectomy hemoperitoneum, and uncontrollable uterine bleeding. When combined with data from existing research, our results indicate that vNOTES may provide certain advantages over traditional laparoscopy for addressing these conditions.

Keywords: Minimally invasive surgery, Laparoscopy, Transvaginal natural orifice transluminal endoscopic surgery

SS-13

AVM-Related Massive Bleeding at 26 Weeks: Cesarean and BAC Balloon Success

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Objective: Uterine arteriovenous malformations (AVMs) are rare but potentially life-threatening causes of uterine bleeding during pregnancy. We present a case of a 26-week pregnancy complicated by massive vaginal hemorrhage due to a previously diagnosed uterine AVM, which was successfully managed with emergency cesarean section and intrauterine BAC balloon tamponade.

Case Report: A 32-year-old gravida 3 para 2 woman presented to the emergency department at 26 weeks of gestation with sudden and profuse vaginal bleeding. She was tachycardic but normotensive. Fetal heart rate was present but non-reassuring. Her medical history included a diagnosis of uterine AVM following IUD insertion two years prior.

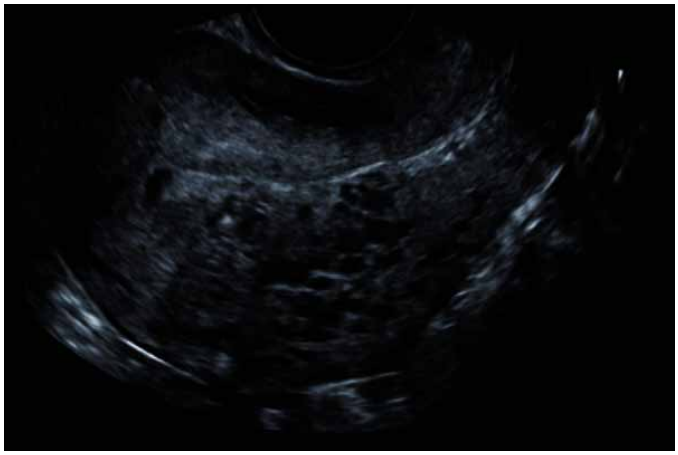
Transvaginal Doppler ultrasonography confirmed the presence of an AVM, showing turbulent, high-velocity blood flow within the uterine wall. Due to rapid maternal deterioration and fetal distress, an emergency cesarean section was performed without delay. Intraoperatively, active and diffuse hemorrhage was observed originating from the lower uterine segment. A viable male neonate weighing 1100 grams was delivered, with Apgar scores of 2 and 3 at one and five minutes, respectively. To control postpartum bleeding, a BAC balloon was inserted intrauterinely, achieving effective hemostasis. After stabilization, the patient was transferred to a tertiary care center for further management, including potential embolization.

Discussion: Uterine AVMs in pregnancy are exceptionally rare and may lead to catastrophic bleeding, especially in the second trimester. Conservative management may be considered in stable cases; however, urgent surgical intervention is essential in the presence of maternal instability or fetal compromise. In our case, rapid decision-making led to timely cesarean delivery and uterus-preserving BAC balloon application, successfully preventing maternal morbidity. BAC balloon tamponade is a minimally invasive yet effective option for achieving uterine hemostasis and preserving fertility. Reports on the use of uterus-sparing techniques in AVM-related pregnancy hemorrhage are limited; thus, this case contributes valuable insight to current knowledge.

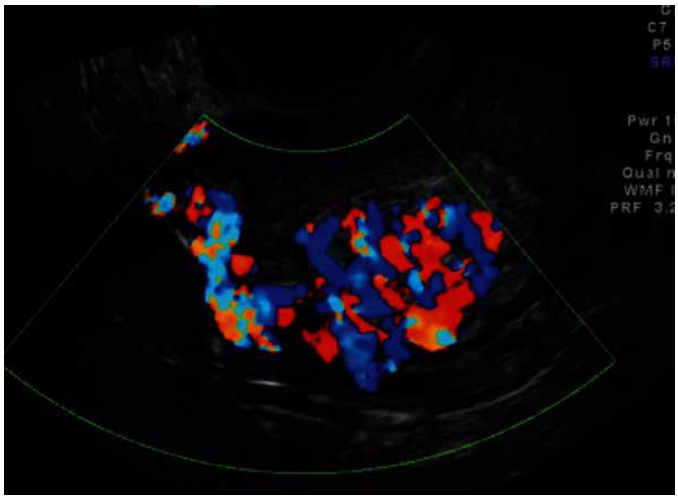
Conclusion: Massive hemorrhage due to uterine AVM during pregnancy represents a rare but critical obstetric emergency. Prompt diagnosis, rapid surgical intervention, and conservative uterus-preserving methods like BAC balloon placement are vital for ensuring maternal safety and fertility preservation. This case highlights the importance of multidisciplinary management in life-threatening obstetric complications.

Keywords: BAC balloon, emergency cesarean, massive hemorrhage,preterm birth, obstetric emergency,uterine AVM

2D grey scale images of an UAVM–note the multiple anechoic spaces.



Colour Doppler image demonstrating turbulent flow creating a mosaic pattern.



SS-14

Adrenocortical Stress Levels and Psychological Profiles in Unexplained Recurrent Pregnancy Loss: A Comparative Study with Healthy Controls

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Objective: This study aimed to investigate the relationship between adrenal stress hormones (cortisol, DHEAS), thyroid function (free T4), and psychological stress in women with unexplained recurrent pregnancy loss (RPL), comparing these levels with a healthy control group.

Methods: A total of 52 women with a history of unexplained RPL were included, along with 55 healthy controls. Hormonal analyses measured cortisol, DHEAS, thyroid stimulating hormone (TSH), free T4, and prolactin levels. Psychological stress was assessed using the Hospital Anxiety and Depression Scale (HADS). Statistical analyses included comparisons between groups, correlation assessments, and regression analysis to identify significant predictors.

Results: Women with RPL exhibited significantly higher cortisol levels ($p<0.001$) and significantly lower DHEAS ($p=0.038$), TSH ($p=0.016$), free T4 ($p<0.001$), and prolactin ($p=0.012$) compared to controls. Psychological stress, assessed via HADS, was significantly higher in the RPL group ($p<0.001$ for depression, $p=0.018$ for anxiety). Logistic regression analysis indicated that stress, as assessed by HADS, was a significant predictor of RPL (OR 3.907, 95% CI 1.610–9.478, $p=0.003$), while cortisol and other hormonal markers were not significant predictors in the multivariate model.

Conclusion: The findings highlight the potential role of both hormonal imbalances and psychological stress in the pathophysiology of recurrent pregnancy loss. Elevated cortisol, reduced DHEAS, and altered thyroid function may contribute to poor reproductive outcomes in women with RPL. Psychological stress exacerbates hormonal dysregulation, emphasizing the importance of addressing both physiological and emotional health in the management of RPL.

Keywords: unexplained recurrent pregnancy loss, cortisol, dehydroepiandrosterone sulfate, psychological distress, HADS

SS-15

The Interaction Between Stress Hormones and Psychological Stress in Women with Unexplained Infertility

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Background: Unexplained infertility in women is commonly linked to emotional distress, including anxiety, guilt, and social isolation. Although infertility is a significant stressor, the bidirectional relationship between psychological stress and unexplained infertility remains ambiguous. This study aimed to evaluate the effectiveness of the Hospital Anxiety and Depression Scale (HADS) and stress biomarkers—cortisol and dehydroepiandrosterone sulfate (DHEAS)—in assessing distress among women with unexplained infertility.

Materials And Methods: A comparative analysis was conducted involving 50 women diagnosed with unexplained infertility and 52 healthy controls. Participants were assessed for socio-demographic characteristics, hormonal parameters (follicle-stimulating hormone [FSH], estradiol, anti-Müllerian hormone [AMH], cortisol, and DHEAS), and psychological distress using HADS.

Results: The prevalence of psychological distress, based on HADS, was significantly higher in the unexplained infertility group compared to controls (76% vs. 42.3%, $p=0.001$). Cortisol, DHEAS, and AMH levels did not differ significantly between the groups. Multivariate logistic regression identified HADS-defined stress as the only factor significantly associated with unexplained infertility (OR 3.907, 95% CI 1.610–9.478, $p=0.003$). ROC analysis demonstrated that cortisol and DHEAS were not predictive of infertility, with non-significant p-values in both groups.

Conclusion: HADS is a more reliable tool for evaluating psychological distress in women with unexplained infertility than cortisol or DHEAS, which are limited by diurnal fluctuations and the absence of standardized thresholds. These findings underscore the importance of integrating psychological assessments in the clinical management of infertility.

Keywords: unexplained infertility, stress, cortisol, dehydroepiandrosterone sulfate, psychological distress, HADS

SS-16

Investigation of sperm count and quality in an in vivo gestational diabetes model

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Objective: This study aims to investigate whether there is a relationship between diabetes and infertility by histologically examining the seminiferous tubules of male offspring mice born to females with gestational diabetes induced by alloxan injection.

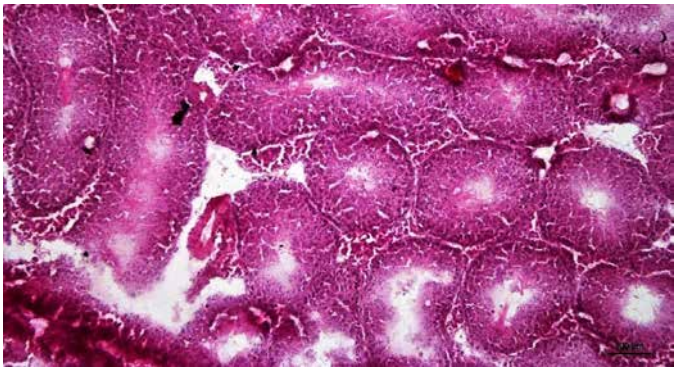
Method: Four groups were formed in the study, including two control groups and two experimental groups: Control Group A: Healthy female mice aged 8–12 weeks (n=2). Control Group B: Healthy male mice aged 6–8 weeks (n=5). Experimental Group A: Diabetic female mice aged 8–12 weeks (n=4). Experimental Group B: Male offspring aged 6–8 weeks born to diabetic female mice (n=5) Alloxan was used to induce the diabetes model. Alloxan was dissolved in water and stored at below +4°C. Mice were fasted for 18 hours before being administered alloxan intraperitoneally at a dose of 150 mg/kg dissolved in distilled water. This procedure was repeated three times at 48-hour intervals, for a total dose of 450 mg/kg per mouse. Ten days after the final dose, the mice were fasted for another 18 hours, and blood samples were taken from their tail veins to measure fasting blood glucose levels. Mice with fasting blood glucose levels above 180 or 200 mg/dL were considered diabetic and included in the study. Diabetic female mice and healthy female mice were then mated with healthy male mice. After a 2-month monitoring period, the mating process for both diabetic and control groups was arranged by placing one male mouse with every three female mice in the same cage overnight. Female mice with vaginal plug formation were included in the experiment. After birth, the offspring were observed until they reached 35 days of age. Male and female offspring aged 6–8 weeks were anesthetized, and their testes were removed. The testes were preserved at -80°C for histological analysis. Tissue sections taken using a cryostat were stained with hematoxylin-eosin for scoring. Testis histology was evaluated according to the Johnsen score and analyzed statistically (1). For each group, the average Johnsen Testicular Biopsy Score (JTBS) was calculated based on the evaluation of 50 seminiferous tubules.

Findings: Johnsen Testicular Biopsy Scores were evaluated individually for each testis, and the arithmetic means for each group were calculated. A significant difference was found between the groups in terms of JTBS. Compared to the control group, a statistically significant decrease was observed ($p<0.05$). The control group had a significantly higher mean JTBS compared to the diabetic group. As a result of the diabetes induction, damage was observed in the structure of the seminiferous tubules and interstitial tissue of the testes. In addition, a decrease in the number of cells in the spermatogenic series within the seminiferous tubules was noted ($p>0.05$). In the DM group, some of the cells forming the seminiferous tubules were found to be shed into the lumen.

Conclusion: Damage was observed in the seminiferous tubules of male offspring born to diabetic mothers. It was concluded that diabetes may lead to infertility in second-generation male individuals.

Keywords: Gestational Diabetes, Fetus, Seminiferous Tubule, Testis

Figure 1



Light microscopic image of the male group with DM. H&E, 10X.

SS-17

The effect of bladder fullness on traction need during hysterosalpingography for uterine straightening

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Objective: Hysterosalpingography (HSG) is a safe and simple imaging method that is widely used in the evaluation of tubal patency and uterine cavity pathologies. (1) To ensure optimal uterine imaging during HSG, the uterus must be aligned in the anteroposterior plane. (2) In order to bring the uterus to the appropriate axis, it may be necessary to apply traction to the uterus with a catheter balloon or teneculum, which is less necessary than expected. (3) The anatomical position of the pelvic organs may also change depending on bladder fullness. A full bladder can bring the anteverted uterus into a more straight axis. Some authors suggest that the degree of bladder fullness may be effective in the necessity of traction. (4)The aim of our study is to reveal the effect of bladder fullness on the traction requirement.

Materials-Methods: Patients who underwent HSG at the tertiary care center between December 2024 and April 2025, provided written informed consent, and had complete procedural and imaging data were included (n = 769). Bladder fullness was assessed prior to the procedure based on patient report and recorded as mild, moderate, or severe. Cases with incomplete consent, poor-quality images, technical complications, or missing data were excluded. The data obtained was analyzed with the SPSS 25.0 program.

Results: The analysis of the participants according to age, gravida, parity, abortion and infertility types is summarized in Table 1. Tables 2 and 3 include the characteristics of the patients regarding the HSG procedure. Statistical analysis revealed that patients with severe bladder fullness experienced higher pain scores compared to those with mild bladder fullness. (p=0.009). Regarding the volume of contrast media used, there was no statistically significant difference between the groups (p=0.089), although a trend towards increased contrast use was observed with higher bladder fullness levels. Table 4 shows the comparison of the examination pain scores of the patients during the HSG procedure. The need for traction during the procedure was associated with higher pain scores (p=0.004).

Conclusion: In our study, where we investigated the relationship between the need for uterine traction during HSG and whether the bladder is full or empty, no statistically significant result was found. However, during HSG, we found that as bladder fullness increased, pain scores and the amount of contrast material used increased.

Keywords: bladder fullness, Hysterosalpingography, uterin traction

. Patient characteristics related to the HSG procedure

Table 3. Patient characteristics related to the HSG procedure

Variables (N=769)	Bladder Fullness			
	Mild (n=345)	Moderate (n=287)	Severe (n=137)	p
Traction Need During HSG, n (%)				0.454*
No	194 (56.2)	171 (59.6)	85 (62.0)	
Yes	151 (43.8)	116 (40.4)	52 (38.0)	
Type of Traction (n=319), n (%)				0.705*
Tenaculum	50 (33.1)	44 (37.9)	19 (36.5)	
Balloon	101 (66.9)	72 (62.1)	33 (63.5)	
VAS pain score during the HSG				**0.009**a**
Mean±SD	4.4±2.5	4.5±2.3	5.2±2.5	
Median (Min-maks)	4.0 (0.0-10.0)	4.0 (0.0-10.0)	5.0 (0.0-10.0)	
Contrast media, mL				0.089**
Mean±SD	8.2±2.2	7.9±2.0	8.0±1.8	
Median (Min-maks)	8.0 (4.0-25.0)	8.0 (2.0-18.0)	8.0 (5.0-18.0)	

***Kruskal-wallis test (*post hoc tests: Bonferronni adjusted Mann Whitney U tests: Modere vs Severe p=0.015; Mild vs Severe p=0.003; Mild vs Moderate p=0.411)*

Comparison of patients' pain scores during the HSG procedure

Table 4. Comparison of patients' pain scores during the HSG procedure

Variables (N=769)	VAS pain score during the HSG		
	Mean±SD	Median (Min-maks)	p
Age			**0.013***
≤30 years	4.8±2.5	5.0 (0.0-10.0)	
>30 years	4.4±2.4	4.0 (0.0-10.0)	
Traction Need During HSG			**<0.001***
No	4.3±2.5	4.0 (0.0-10.0)	
Yes	4.9±2.4	5.0 (0.0-10.0)	
Gravida			**0.041***
No	4.8±2.5	5.0 (0.0-10.0)	
Yes	4.4±2.4	4.0 (0.0-10.0)	
Parity			**0.022***
No	4.7±2.5	5.0 (0.0-10.0)	
Yes	4.3±2.3	4.0 (0.0-10.0)	
Type of Traction (n=319)			0.834*
Tenaculum	5.0±2.4	5.0 (0.0-10.0)	
Balloon	5.0±2.4	5.0 (0.0-10.0)	

**Mann Whitney U test*

Descriptive analysis of the patients

Table 1. Descriptive analysis of the patients

Variables (N=769)	
Age, year	
Mean±SD	31.9±6.4
Median (Min-maks)	31 (18.0-53.0)
Gravida, n (%)	
No	376 (48.9)
Yes	393 (51.1)
Number of Gravida (n=393)	
Mean±SD	2.0±1.4
Median (Min-maks)	2.0 (1.0-16.0)
Abortus (n=393), n (%)	
No	245 (62.3)
Yes	148 (37.7)
Number of Abortus (n=148)	
Mean±SD	1.7±1.6
Median (Min-maks)	1.0 (1.0-15.0)
Parity, n (%)	
No	470 (61.1)
Yes	299 (38.9)
Number of Parity (n=299)	
Mean±SD	1.4±0.6
Median (Min-maks)	1.0 (1.0-4.0)
Previous Mode of Delivery (n=299), n(%)	
Vaginal Delivery	129 (43.1)
Cesarean Section	162 (54.2)
Vaginal Delivery/Cesarean Section	8 (2.7)
Curretage, n (%)	
0	689 (89.6)
1	58 (7.5)
2	18 (2.3)
3	2 (0.3)
4	1 (0.1)
5	1 (0.1)
Types of Infertility, n (%)	
Primary Infertility	376 (48.9)
Secondary Infertility	393 (51.1)

Patient characteristics related to the HSG procedure Variables (N=769)

Table 2. Patient characteristics related to the HSG procedure

Variables (N=769)	
Bladder Fullness, n (%)	
Mild	345 (44.9)
Moderate	287 (37.3)
Severe	137 (17.8)
Traction Need During HSG, n (%)	
No	450 (58.5)
Yes	319 (41.5)
Type of Traction (n=319), n (%)	
Tenaculum	113 (35.4)
Balloon	206 (64.6)
VAS pain score during the HSG	
Mean±SD	4.6±2.4
Median (Min-maks)	4.0 (0.0-10.0)
Contrast media, mL	
Mean±SD	8.0±2.1
Median (Min-maks)	8.0 (2.0-25.0)

SS-18

Follow-up of a Patient with Giant Polycystic Ovaries Mimicking Ovarian Neoplasm: A Case Report

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Introduction: Polycystic ovary syndrome (PCOS) is a quite common condition which characterized by ovulatory dysfunction and hyperandrogenism all over the world. Especially it is the most common cause in infertile population. The clinical findings such as acne, hirsutism and menstrual irregularity are heterogenous but all circled around ovulatory dysfunction and hyperandrogenism. In addition, women with PCOS are mostly under the increased risk of metabolic disorders such as insulin resistance, type-2 diabetes mellitus (DM), dyslipidemia, non-alcoholic fatty liver disease and hypertension. However, it is quite uncommon for these polycystic ovaries to enlarge to raise suspicion of an ovarian neoplasm and require oophorectomy.

Case Report: In 2019, a 14-year-old girl was diagnosed with PCOS, hypothyroidism and metabolic syndrome in a pediatric clinic. There were not any particular findings after a one-month inpatient evaluation, thus follow-up was initiated without any medication. One year after the diagnosis, she was performed "laparoscopically left oophorectomy and right ovary wedge biopsy" because of abdominal pain, constipation and bilateral ovarian enlargement (18 cm diameter of ovaries). Pathology result was reported such as: There are plenty of follicles in a range from primordial follicle to antral follicle. Ovarian stroma is edematous and decreased in these multiple follicles. These histopathological findings can be interpreted as 'polycystic ovarian syndrome' if the clinical findings support. Leuprolide Acetate 11.25 mg depot was administered twice three months apart. Oral contraceptive (Drospirenone + Ethinyl Estradiol) was tried but the patient could not tolerate. Then, patient was referred to a tertiary center for an in-depth evaluation.

The patient was accepted in 2021 to Hacettepe University Department of Obstetrics and Gynecology. By WHO Body Mass Index (BMI) Classification, the patient was classified as Class III obese (BMI = 41.1). She was oligomenorrheic (once in every 3-4 months) and had hirsutism (modified Ferriman-Gallwey Score was 4/4 on chin, chest, abdomen and lower abdomen). She had normal breast development (Tanner 4/5). By pelvic ultrasonography, uterus was bicornuate and a multi lobulated (15x10x9cm) cystic mass with thick septas which had blood flow, which was suggestive of mucinous neoplasm, was observed in right adnexal region. Tumor markers (Ca125, Ca19-9, Ca15-3, CEA, AFP, LDH, Beta-hCG) and karyotype analysis were normal. The hormone profile was observed to be significant for PCOS (Free Androgen Index: 13.2).

She was adviced to lose weight with the help of a dietician and exercise and any medication was not started. After losing 20 kilos in 6 months, she started having regular menstrual periods and hormonal profile was normalised. The diameters of her ovary, however, remained the same. She was lost to follow-up.

Oocyte cryopreservation was tried but any oocyt could not been obtained in another center. Furthermore, right oophorectomy was performed as the ovarian size increased to 30 cm over time (Figure 1). Pathology report was the same with the former one.

Conclusion: Even while PCOS is a common disorder that may be managed with the right lifestyle modifications and medications, it is extremely uncommon for the ovaries to expand to the point where they mimic neoplasm.

Keywords: policystic ovarian syndrome, PCOS, ovarian neoplasm

Figure 1 Polycystic Ovary Mimicking Neoplasm

SS-19

Uterin leiomyoma associated with fumarate hydratase deficiency(FH-d): a rare case report

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Introduction: Uterine leiomyomas are the most common benign tumors of the female genital tract. Although the majority are sporadic, a rare subset is associated with fumarate hydratase deficiency (FH-d). FH-deficient leiomyomas may occur sporadically or in the context of Hereditary Leiomyomatosis and Renal Cell Carcinoma (HLRCC) syndrome, which is characterized by cutaneous leiomyomas, uterine fibroids, and aggressive renal cell carcinoma. Recognition of these tumors is critical due to their potential association with HLRCC and the need for renal surveillance. We report a case of FH-deficient uterine leiomyoma in a 48-year-old woman who presented with abnormal uterine bleeding and chronic pelvic pain.

Case Presentation: A 48-year-old multiparous woman (G2P2, both vaginal deliveries) presented to our gynecology department with complaints of abnormal uterine bleeding and chronic pelvic pain.

Ultrasonographic examination revealed a multiple myomatous uterus, the largest myoma measuring 7 cm, with a total uterine size of 14 × 9 cm, extending up to the level of the umbilicus. Both ovaries appeared normal.

The patient underwent total abdominal hysterectomy with bilateral salpingectomy (TAH-BS).

Histopathological examination demonstrated leiomyoma with loss of fumarate hydratase expression on immunohistochemistry, consistent with FH-deficient leiomyoma. Microscopic evaluation showed numerous epithelioid cells and areas containing typical leiomyoma cells, with no evidence of malignancy or other neoplastic process. Based on these findings, referral to nephrology was recommended.

Renal ultrasonography was performed, revealing normal findings. The patient is under regular follow-up with no additional abnormalities detected to date.

Discussion: FH-deficient leiomyomas are rare variants of uterine fibroids, representing an important diagnostic clue for possible HLRCC syndrome. Histologically, they are characterized by nuclear atypia, prominent nucleoli, perinuclear halos, and staghorn vessels. Immunohistochemical confirmation includes loss of FH expression and often positive 2SC staining.

Recognition of FH-d leiomyomas is crucial because affected patients and their families may harbor germline FH mutations. These patients are at increased risk for developing renal cell

carcinoma, which tends to present at a younger age and follows an aggressive clinical course. Therefore, identification of FH-d leiomyomas should prompt genetic counseling and renal surveillance.

In our case, the patient had no cutaneous leiomyomas, family history of renal cancer, or renal abnormalities on initial screening. However, long-term follow-up remains essential.

Conclusion: FH-deficient uterine leiomyomas are rare but clinically significant tumors due to their potential association with HLRCC. Pathologists and gynecologists should be aware of this entity to ensure appropriate referral for nephrological evaluation and genetic counseling. Early recognition may prevent delayed diagnosis of potentially life-threatening renal malignancies.

Keywords: Fumarate hydratase deficiency, Hereditary leiomyomatosis,Rare tumors, Uterine leiomyoma

SS-20

Contrast induced nephropathy in women with infertility undergoing hysterosalpingography

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Background: Contrast-induced nephropathy (CIN) is an acute impairment of renal function after iodinated contrast exposure. Hysterosalpingography (HSG) is widely used in infertility evaluation, but the risk of CIN in this setting has not been studied.

Methods: Sixty-five infertile women undergoing HSG with 5–20 mL iodinated contrast were included. CIN was defined as a ≥25% relative rise or ≥0.5 mg/dL increase in baseline serum creatinine (SCr) within 72 hours. Serum creatinine, urea, and eGFR were measured before and 48–72 hours after HSG.

Results: The mean age was 29.5 years, and the mean BMI was 26.2 kg/m². CIN developed in 12.3% of patients, while severe nephropathy occurred in 1.5%. Women with CIN had significantly lower baseline SCr compared with those without CIN (0.59 ± 0.06 vs. 0.67 ± 0.11 mg/dL, p = 0.0309). Post-procedure, SCr was significantly higher in the CIN group (p = 0.0005). Logistic regression identified baseline serum creatinine (SCr) as an independent predictor of CIN.

Conclusion: HSG is a safe diagnostic method; however, iodinated contrast may cause transient renal dysfunction in a subset of patients. Renal monitoring, particularly in women with low baseline SCr, may help prevent CIN.

Keywords: Contrast induced nephropathy, Creatinine, Hysterosalpingography, Infertility

SS-21

Evaluation of office hysteroscopy findings prior to first IVF

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Objective: Hysteroscopy is widely used in infertility evaluation due to its superiority over other imaging modalities in assessing the cervical canal and endometrial cavity. This study aimed to determine the prevalence and types of intrauterine and cervical abnormalities detected by office hysteroscopy in women with infertility. Secondary objectives included evaluating the diagnostic performance of transvaginal ultrasonography (TVUS) and examining the association between hysteroscopic findings and reproductive outcomes.

Methods: This retrospective study included women who underwent office hysteroscopy before their first IVF cycle at Ankara Etlik Zübeyde Hanım Training and Research Hospital. Data were obtained by reviewing electronic records of hysteroscopies performed over a two-year period. Demographic characteristics, infertility duration and etiology, and obstetric history were recorded.

Hysteroscopic findings were classified as endometrial or cervical pathologies. Endometrial abnormalities were further categorized as uterine septum, endometrial polyp, submucosal fibroid, adhesions, müllerian anomalies, and other structural abnormalities. All patients underwent TVUS prior to hysteroscopy, and the results were compared to assess diagnostic performance.

To evaluate reproductive outcomes, clinical pregnancy and live birth rates after the first IVF/ICSI-ET cycle were analyzed. Statistical analyses were performed using SPSS version 22.0. In addition to descriptive analyses, multivariable logistic regression was conducted to identify independent predictors of clinical pregnancy and live birth. A p-value <0.05 was considered statistically significant.

Results: Among 770 patients, 542 (70.3%) had no pathology, while 228 (29.6%) had intrauterine and/or cervical abnormalities. The most common findings were uterine subseptum (34.2%) and endometrial polyps (21.4%). Less common abnormalities included submucosal fibroids, adhesions, cervical stenosis, chronic endometritis, and müllerian anomalies.

Compared with hysteroscopy, TVUS demonstrated high sensitivity for submucosal fibroids but limited sensitivity for uterine septa (37.1%) and cervical lesions (21.4%). In the reproductive outcome analysis, endometrial polyps were associated with significantly lower clinical pregnancy rates, whereas müllerian anomalies and other structural abnormalities were independently associated with improved reproductive outcomes.

Conclusion: Office hysteroscopy detected intrauterine and cervical abnormalities in nearly one-third of infertile women, providing significant diagnostic value. Our findings suggest that hysteroscopy is superior to TVUS for identifying specific pathologies and may have the potential to improve reproductive outcomes when appropriately applied.

Keywords: Hysteroscopy, infertility, in vitro fertilization, uterine anomalies

SS-22

Evaluation of Ki-67 and P16 Expression in High-Risk HPV-Positive Menopausal Cervical Biopsies Using Deep Learning

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Objective: This study aims to evaluate the diagnostic utility of the immunohistochemical markers Ki-67 and p16 in grading dysplasia in high-risk HPV (hrHPV)-infected menopausal cervical tissues using deep learning algorithms.

Methods: This retrospective study included cervical biopsy samples previously diagnosed as CIN 1, CIN 2, or CIN 3 and immunohistochemically evaluated with Ki-67 and p16. The cases were divided into two groups: menopausal women (≥50 years) and women in the reproductive period (<35 years). HPV subtypes were confirmed, and cases were matched by diagnosis across age groups. Digitized stained sections were analyzed using convolutional neural network (CNN)-based deep learning models.

Results: Deep learning analysis revealed that physiological changes in basal and parabasal cells in menopausal tissues may mimic dysplasia. Expression patterns of immunohistochemical markers varied by age group. The model demonstrated potential to reduce the need for subjective interpretation, particularly by distinguishing subtle variations in p16 and Ki-67 expression density and distribution in menopausal cases.

Conclusion: Deep learning algorithms may aid in the objective and consistent evaluation of p16 and Ki-67 expression in hrHPV-positive cervical biopsies. This approach could reduce diagnostic challenges in menopausal dysplasia. If validated in larger, multicenter prospective studies, these findings may support the integration of AI-assisted systems into digital pathology workflows.

Keywords: High-risk HPV, menopause, Ki-67, p16, deep learning, artificial intelligence

SS-23

Comparison of Minimally Invasive and Traditional Approaches: Evaluation of Outcomes in Vaginal, Vaginal Natural Orifice, and Conventional Laparoscopic Hysterectomy Procedures

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Background: This present research aims to compare transvaginal natural orifice transluminal endoscopic, conventional laparoscopic, and vaginal hysterectomies in terms of efficacy, surgical outcomes, and complications.

Methods: We conducted a retrospective, single-center study involving 165 hysterectomy cases from 2023 to 2024, categorized as 81 laparoscopic, 55 vaginal, and 29 natural orifice procedures, all performed for benign indications. The study compared these three surgical techniques, focusing on demographic characteristics and surgical outcomes.

Results: The mean age was 52.5±8.1 years for the laparoscopic hysterectomy group, 62.8±7.2 for the vaginal hysterectomy group, and 50.1±7 for the natural vaginal hysterectomy group ($p<0.01$). The mean BMI was 25.8, 27.9, and 29.6 kg/m², respectively, with statistical significance ($p=0.043$). Hospital stay was shorter after the natural vaginal hysterectomy. No group difference existed regarding previous intra-abdominal surgery. The natural vaginal hysterectomy lasted 75 minutes, the shortest among groups. Two months later, the V-NOTES group showed better physical activity and overall health ($p=0.002$ and $p=0.047$).

Conclusion: Natural orifice is a safe option that may be preferred over conventional and vaginal hysterectomy due to less pain, shorter hospital stays, and higher activity scores. Our study suggests vNOTES offers better access to adnexa, ureter, and ligaments, and can be performed safely after intra-abdominal surgery. The vaginal route also yields good aesthetic results. We believe vNOTES is a safe alternative, but more evidence is needed to help experienced surgeons adopt this new procedure.

Keywords: Hysterectomy, Natural orifice surgery, Laparoscopic hysterectomy, Vaginal hysterectomy, Minimally Invasive Surgical Procedures

SS-25

"Demographic, Clinical, and Psychological Impacts of Intrauterin Device and Tubal Ligation: A Comparative Study"

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Background: This retrospective study aims to compare the demographic and clinical characteristics of patients using intrauterine devices (IUD) and those who have undergone tubal ligation (TL). The study examines the effects of two different contraceptive methods and their impact on the quality of life of the patients.

Methods: The study included 60 patients using IUDs and 71 patients who underwent TL. One year after the procedure, the patients' parameters such as age, height, weight, previous births, educational status, presence of chronic diseases, menstrual cycle regularity, abnormal uterine bleeding, FSH value, frequency of sexual intercourse, SPAI, STAI and FSFI scores were retrospectively examined. Data were presented as median (minimum-maximum) and mean±SD, and differences between groups were statistically analyzed.

Results: The mean age of the IUD group was 32 (24-44) years, while the mean age of the TL group was 38 (29-44) years (p=0.03). In terms of educational status, 38.3% of the IUD group had primary school education, while 45.1% of the TL group had middle school education (p<0.01). Abnormal uterine bleeding was found in 21.7% of the IUD group and 2.8% of the TL group (p=0.01). The SPAI score was 34.7±8.1 in the IUD group and 38.9±6.5 in the TL group (p<0.01). The FSFI pain subscale score was 4 (3-6) in the IUD group and 5 (1.2-6) in the TL group (p<0.01). The NRS score during menstruation was 6 (0-9) in the IUD group and 4 (0-9) in the TL group (p=0.01).

Conclusion: This study demonstrates that IUD and TL methods have distinct effects on the demographic and clinical characteristics of patients. Patients using IUDs were generally younger, had higher educational levels, and experienced more abnormal uterine bleeding. Conversely, patients who underwent TL exhibited higher SPAI and FSFI pain scores, as well as elevated STAI scores, indicating greater anxiety levels. These findings underscore the importance of considering individual patient characteristics and psychological well-being when selecting contraceptive methods. Further research is warranted to explore the long-term implications of these findings on patient health and quality of life.

Keywords: Intrauterine Devices, Tubal Sterilization, Demographic Characteristics, Anxiety Disorders

SS-26

Postpartum Fitz-Hugh–Curtis Syndrome Following Cesarean Delivery: A Rare Case of Gonococcal Perihepatitis

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Introduction: Fitz-Hugh–Curtis syndrome (FHCS) is an uncommon sequela of pelvic inflammatory disease (PID), characterized by perihepatitis and the presence of fibrinous "violin-string" adhesions between the liver capsule and the anterior abdominal wall. The condition is most frequently associated with Chlamydia trachomatis and Neisseria gonorrhoeae. Although the incidence of FHCS in PID has been estimated at 4–14%, its occurrence during the postpartum period remains exceedingly rare, particularly following cesarean delivery. We present a rare case of postpartum FHCS diagnosed by laparoscopy, in which N. gonorrhoeae was identified by PCR analysis.

Case: A 28-year-old gravida 1, para 0 woman at 39+4 weeks of gestation presented with rupture of membranes. Labor was induced with low-dose oxytocin; however, due to failure to progress she underwent cesarean section. The intraoperative and immediate postoperative course were uneventful, and the patient was discharged on the second postoperative day with amoxicillin–clavulanate and metronidazole.

During the first week post-discharge she developed diarrhea. Stool cultures were negative; laboratory evaluation showed only mild anemia and hypoalbuminemia. Amoxicillin–clavulanate was discontinued and metronidazole completed for seven days. Over the following two months she reported persistent, colicky abdominal pain. Cross-sectional imaging demonstrated minimal perihepatic free fluid and echogenic fluid collections in the Douglas pouch and paraovarian regions. On admission to our clinic, transvaginal ultrasonography confirmed free fluid, while inflammatory markers were unremarkable except for mildly elevated C-reactive protein. Progressive abdominal pain with suspicion of hepatic hematoma necessitated diagnostic laparoscopy.

Laparoscopy revealed omental and uterine adhesions to the anterior abdominal wall, widespread flimsy intraperitoneal adhesions, and minimal free fluid. Importantly, characteristic "violin-string" adhesions between the liver capsule and anterior abdominal wall, pathognomonic for FHCS, were identified. No evidence of intra-abdominal hemorrhage or acute surgical pathology was observed. Peritoneal fluid was sampled, and PCR testing subsequently confirmed N. gonorrhoeae. In consultation with infectious diseases department weekly azithromycin 1 g

was planned, compatible with lactation. The patient showed clinical improvement under targeted antimicrobial therapy.

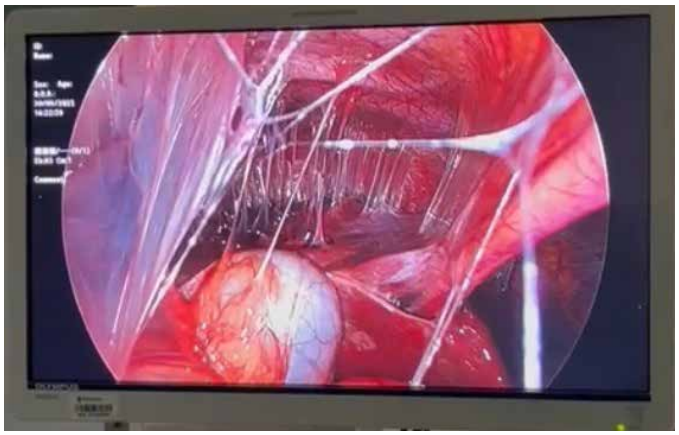
Discussion: FHCS represents a diagnostic challenge as it may mimic hepatobiliary or gastrointestinal pathologies. The postpartum period is considered protective against PID due to immunological and anatomical alterations; however, cesarean delivery, intrauterine manipulation, and altered puerperal colonization may predispose to ascending infection. To date, reports of postpartum FHCS are extremely limited, and gonococcal etiology in this context is particularly rare.

Definitive diagnosis relies on direct visualization at laparoscopy, with the presence of hepatic violin-string adhesions being diagnostic. Targeted antibiotic therapy against C. trachomatis or N. gonorrhoeae remains the mainstay of treatment, both for symptomatic resolution and prevention of long-term sequelae such as infertility and chronic pelvic pain.

Conclusion: FHCS should be considered in the differential diagnosis of persistent abdominal pain in postpartum patients, especially when imaging findings are nonspecific. Diagnostic laparoscopy remains the gold standard and should be employed when clinical suspicion persists. Awareness of postpartum manifestations of sexually transmitted infections is critical to ensure timely diagnosis and management, thereby minimizing morbidity.

Keywords: Fitz-Hugh-Curtis syndrome, Puerperal infection, Neisseria gonorrhoeae

Fitz-Hugh-Curtis syndrome



SS-27

Concurrent Endometrial Carcinoma in Patients with EIN: A Retrospective Single-Center Study

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Objectives: The aim of this study was to investigate the presence of concurrent endometrial carcinoma in patients with a preoperative diagnosis of endometrial intraepithelial neoplasia (EIN) who underwent hysterectomy, and to evaluate clinical-demographic factors associated with cancer risk.

Methods: Between June 2023 and June 2025, 98 patients with a pathological diagnosis of EIN who underwent hysterectomy at Ankara Etlik City Hospital, Department of Obstetrics and Gynecology, were retrospectively reviewed. Final pathology reports were analyzed to identify concurrent endometrial carcinoma. Associations between cancer presence and age, body mass index (BMI), menopausal status, and comorbidities were examined.

Results: Of the 98 patients included, 26 (26.5%) had concurrent endometrial carcinoma on final pathology. Patients with carcinoma were significantly older, had higher BMI, and were more often postmenopausal. Hypertension was also more common in the carcinoma group, while diabetes showed no significant association. Median endometrial stripe thickness was significantly greater in patients with carcinoma.

Conclusions: A subset of patients with EIN are diagnosed with concurrent carcinoma at final pathology. Older age, obesity, postmenopausal status, and hypertension were associated with increased cancer risk. These findings highlight the importance of individualized surgical planning for patients with EIN.

Keywords: endometrial carcinoma, Endometrial intraepithelial neoplasia, risk factors

Clinical Characteristics According to Final Pathology

Characteristics	EIN only (n=72)	EIN + Cancer (n=26)	p-value
Age (years, mean ± SD)	48 ± 8	56 ± 9	0.01*
BMI (kg/m², mean ± SD)	27.5 ± 3.1	31.2 ± 4.0	0.02*
Menopausal status: Premenopausal	50 (69%)	10 (38%)	
Menopausal status: Postmenopausal	22 (31%)	16 (62%)	0.01*
Hypertension	15 (21%)	12 (46%)	0.02*
Diabetes	10 (14%)	6 (23%)	0.21
Endometrial stripe (mm)	11 (8–14)	16 (12–21)	0.003*

SS-31

Evaluation of systemic immune-inflammation index and vitamin D levels in pregnant women with recurrent bacterial vaginosis

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Objective: The primary purpose of this research was to investigate whether variations in calculated values of Systemic Immune-Inflammation Index and serum levels of vitamin D are related to the occurrence of recurrent vaginitis during pregnancy.

Methods: This retrospective study included 74 pregnant women in their first trimester. Group I comprised 37 participants diagnosed with recurrent vaginitis, all of whom visited the obstetrics and gynecology clinic at least twice between November 1, 2021, and November 1, 2024. The control group (Group II) consisted of 37 healthy pregnant women without any related complaints. Venous blood samples were collected, complete blood count and serum concentration of vitamin D were analyzed. The two groups were then compared statistically to assess potential differences.

Results: Median Systemic Immune-Inflammation Index were higher in Group I at 773 109/L (than in Group II, which measured 423 109/L. Median vitamin D levels (ng/mL) were notably lower in Group I [18.8 (10–79)] compared to controls [47.92 (22.3–101.00)]. Statistical analysis demonstrated that women with recurrent vaginitis exhibited significantly elevated Systemic Immune-Inflammation Index levels and markedly reduced vitamin D concentrations ($p < 0.05$ for all comparisons).

Conclusion: The study suggests that increased Systemic Immune-Inflammation Index levels and deficiency in vitamin D may contribute to the development of recurrent vaginitis during pregnancy. Based on these findings, monitoring these biochemical markers and considering vitamin D supplementation could be beneficial as part of the clinical management strategy for affected individuals.

Keywords: Inflammation biomarkers, Pregnancy, Recurrent vaginitis, Systemic Immune-Inflammation Index, Vitamin D

SS-32

Feasibility of vaginal natural orifice transendoscopic surgery hysterectomy in obese patients

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AIM: Our study evaluated the feasibility and outcomes of vaginal natural orifice transendoscopic surgery (vNOTES) hysterectomy in obese patients.

Methods: We conducted a retrospective analysis of patients who underwent conventional laparoscopic surgery (CLS) or vNOTES hysterectomy at three multicenter gynecology and obstetrics clinics between January 2020 and December 2024. Patients with a body mass index (BMI) ≥ 30 kg/m2 were included.

Results: In total, 126 obese patients underwent CLS, and 42 underwent vNOTES hysterectomy. Estimated blood loss was calculated as 119 ± 81 and 146 ± 100 mL in the CLS and vNOTES groups, respectively. Operative time was significantly shorter in the vNOTES group (66.5 ± 14.9 min vs. 71.4 ± 12.8 min). The median hospital stay was comparable between the groups. Intraoperative complications occurred in one (0.8%) patient in the CLS group with a bladder injury. In the vNOTES group, two intraoperative complications were observed: one bladder injury (2.4%) and one rectal serosal injury (2.4%). Patients in the vNOTES group reported significantly lower visual analog scale scores compared to the CLS group at 6, 12, and 24 h postoperatively. No significant differences were observed between the groups regarding additional analgesia requirements. Sexual function index and dyspareunia scores remained comparable between the groups at the 3-month postoperative follow-up.

Conclusions: Our findings suggest that vNOTES hysterectomy is a safe and feasible option for obese patients. In addition, the reduced postoperative pain associated with vNOTES may contribute to lower healthcare costs.

Keywords: Hysterectomy, vaginal natural orifice transendoscopic surgery, obesity, laparoscopy.

SS-33

Chromopertubation: Comparing Conventional Laparoscopy and Transvaginal Natural Orifice Transluminal Endoscopic Surgery – Which Approach Is Superior?

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Introduction and AIM: Tubal factor is responsible for approximately 30% of female infertility cases. Chromopertubation serves as a critical tool for its evaluation. The conventional laparoscopic (CL) technique is recognized as the gold standard for assessing tubal patency, as it enables direct visualization and examination of tubal and/or peritubal abnormalities. On the other hand, transvaginal natural orifice transluminal endoscopic surgery (vNOTES) is linked to reduced postoperative pain compared to CL, given its minimal tissue disruption and absence of abdominal incisions, making it a scarless surgical approach. This study was therefore designed to compare the accuracy of tubal patency assessment using chromopertubation via CL versus vNOTES in infertile patients. To the best of our knowledge, no prior research has addressed this comparison.

Methods: A retrospective study was conducted on patients who underwent chromopertubation between January 2020 and April 2025. Data on demographics, clinical characteristics, and postoperative pain scores were collected for individuals undergoing chromopertubation through conventional laparoscopy and vNOTES.

Results: Chromopertubation was conducted on 32 patients using conventional laparoscopy (CL) and on 20 patients through vNOTES. The average ages in the CL and vNOTES groups were 33.0 ± 3.6 and 33.8 ± 1.8 years, respectively (P=0.351). No significant difference was noted in body mass index between the two groups (31.5 ± 5.7 vs. 30.7 ± 3.0; P=0.568). The mean parity was 0.6 ± 0.6 for the CL group and 0.8 ± 0.6 for the vNOTES group (P=0.245). At six hours postoperatively, pain scores were 4.0 ± 0.8 in the CL group and 3.9 ± 0.6 in the vNOTES group (P=0.388), with comparable results at 12 hours (2.0 ± 0.6 vs. 2.0 ± 0.9; P=0.666). Tubal assessment was achieved effortlessly in all cases across both groups. There were no recorded intraoperative or postoperative complications. The average postoperative hospital stay was 15.0 ± 4.3 hours for the CL group and 13.2 ± 5.3 hours for the vNOTES group (P=0.174).

Conclusion: Conventional laparoscopy and transvaginal NATOS-based chromopertubation methods complement each other regarding clinical safety, effectiveness, and patient preference. The decision between these techniques should be based on patient-specific factors and the expertise of the surgeon.

Keywords: transvaginal natural orifice transluminal endoscopic surgery, laparoscopy, chromopertubation

SS-34

Effectiveness of Curcuminoids in Controlling Postoperative Pain Following Total Laparoscopic Hysterectomy

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Background: A total hysterectomy is a common surgical operation in the field of gynecology, and the total laparoscopic hysterectomy (TLH) is particularly popular due to its advantages over open surgery. It offers better cosmetic outcomes, faster recovery times, and allows patients to resume their normal activities and work sooner. Despite these benefits, postoperative pain remains a notable concern, with studies showing that the occurrence of pain after TLH ranges between 35% and 63%. Current therapies for postsurgical pain, which are mainly opioids, have undesirable side effects, such as tolerance and dependence, and can eventually increase the chances of chronic postsurgical pain development Curcumin has demonstrated a wide spectrum of therapeutic effects such as antioxidant, antidepressant, antispasmodic and antihyperalgesic effects This study sought to assess the impact of adding curcumin to an enhanced recovery protocol on patients' recovery following TLH. This initial study was conducted to establish an adequately powered randomized controlled trial (a power of 95 % and a significance level of 0.01).

Methods: In this pilot trial, 40 participants were enrolled and randomly divided into experimental and control groups. Our clinical Enhanced Recovery After Surgery (ERAS) protocols were executed on patients. The experimental group began taking 100 mg of oral liposomal curcumin (administered as 50 mg twice daily) one day prior to surgery. Postoperatively, the administration of oral liposomal curcumin (50 mg twice daily) resumed 8 hours after surgery and continued for an additional two days. The primary objective was to evaluate the changes in postoperative pain levels, measured using the Visual Analog Scale (VAS), which ranges from 0 (indicating no pain) to 10 (indicating the worst imaginable pain) 24 hours after surgery.

Results: The patients showed no differences in baseline demographics or perioperative characteristics. The mean VAS at 24 hours post-surgery was notably lower in the study group compared to the control group (1.0 ± 0.4 vs. 1.8 ± 1.1, P = 0.007). Despite the study group using less analgesia during the first 24 hours following surgery compared to the control group, this difference is not statistically significant, likely due to the limited sample size (1 [5.0%] vs. 4 [20%], P = 0.34). The total scores on the QoR-15 questionnaire were higher for those given curcumin (112.4 ± 2.2 vs. 105.6 ± 5.8, P < 0.001).

Conclusions: Preliminary findings from our randomized controlled trial indicate that using curcumin as a treatment both before and after surgery in patients undergoing total laparoscopic hysterectomy is a safe and effective approach. This strategy effectively alleviates postoperative pain, decreases the reliance on additional analgesics, and improves patient satisfaction. Our goal is to complete enrollment of 126 patients.

Keywords: Curcuminoids, Postoperative Pain, Total Laparoscopic Hysterectomy

SS-35

Changes in Medical Specialty Examination Preferences in Turkey from 1987 to 2027: A Focused Analysis on Obstetrics and Gynecology and International Comparisons

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AIM: This study aims to analyze trends in preferences for the Medical Specialty Examination (TUS) in Turkey from 2007 to 2025, with a particular focus on Obstetrics and Gynecology (OBGYN). Objectives include comparing the top and bottom 10 specialties by scores in 2007 and 2025, examining changes in OBGYN base scores, assessing the impact of malpractice risk, burnout, financially uncompensated long working hours, and patient-physician communication on OBGYN's popularity, evaluating the effects of the 2010 Full-Time Law and 2022 Malpractice Regulation, comparing Turkey's trends with specialty preferences in the USA, Brazil, Argentina, India, Canada, Australia, and Germany, and analyzing the long-term effects of declining surgical specialty popularity to prevent specialist shortages and address public health issues.

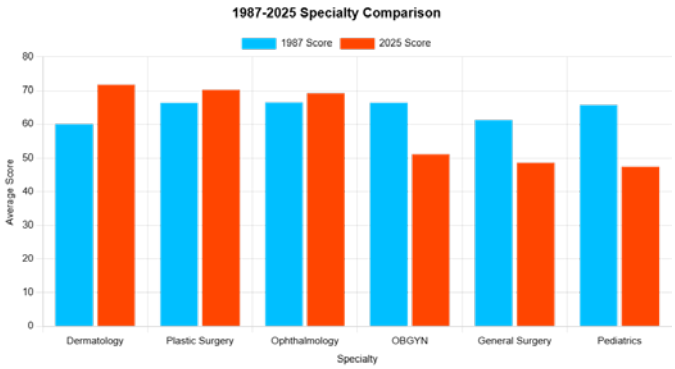
Methods: TUS data from 2007-2025 were sourced from OSYM, TUSDATA, and Tustime; burnout and working conditions from TTB 2023 reports and Ministry of Health 2024 data; malpractice data from TTB and the Ministry of Justice. International comparisons were compiled from PubMed, WHO, AMA, and CMA sources. Data were analyzed using SPSS 26.0 with time-series analysis and t-tests; reasons for popularity changes were explored qualitatively.

Findings: In 2007, OBGYN and surgical specialties (e.g., General Surgery, Neurosurgery) were popular due to prestige and private practice income, whereas in 2025, less risky specialties like dermatology and physical medicine gained prominence. OBGYN base scores fell from 67.68 in 2007 to 51.43 in 2025, linked to 64% burnout among doctors, financially uncompensated 60-80-hour workweeks, and high malpractice risk. The 2010 Full-Time Law reduced income by closing private practices; the 2022 Malpractice Regulation mitigated risks but did not significantly boost scores. Australia and Canada's incentive models enhance OBGYN appeal, while Turkey faces significant rural OBGYN shortages.

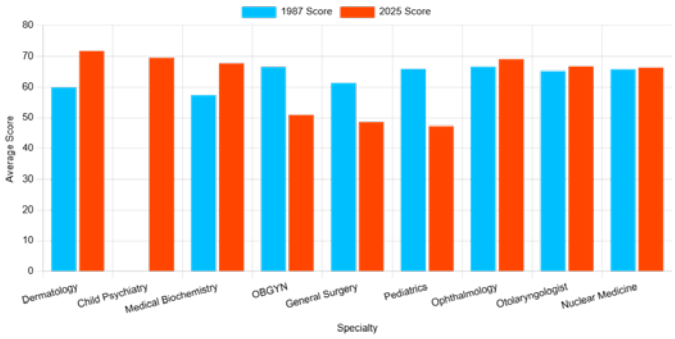
Conclusion: The declining popularity of surgical specialties increases the risk of specialist shortages by 2045. Recommendations include increasing malpractice insurance premiums and coverage amounts, maintaining state subsidies, providing financial improvements for risky specialties, implementing burnout prevention programs, investing in technology, offering patient-physician communication training, and providing incentives for rural areas. Turkey can adapt Australia and Canada's models to enhance the appeal of OBGYN and surgical specialties.

Keywords: Medical Specialty Examination (TUS), malpractice, surgical specialties, rural physician shortage, healthcare system, specialty preferences.

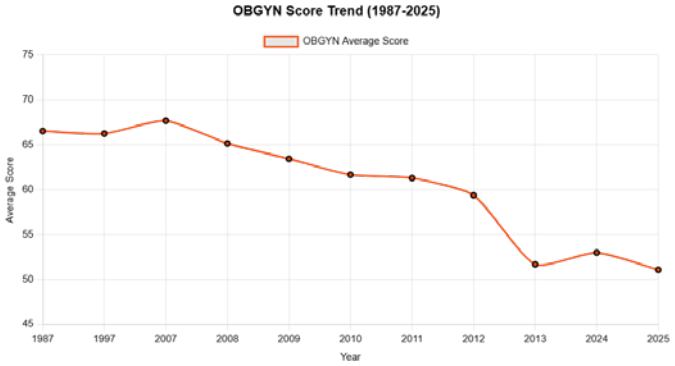
1987-2025 Specialty Comparison-1



1987-2025 Specialty Comparison-2



OBGYN Score Trend (1987-2025)



Average OBGYN Entry Scores (2007-2025)

Year	Average Score
2007	67.68
2008	65.15
2009	63.43
2010	61.66
2011	61.29
2012	59.37
2013	51.67
2014	51.60
2015	51.55
2016	51.50
2017	51.45
2018	51.40
2019	51.35
2020	51.30
2021	51.25
2022	51.20
2023	51.15
2024	52.98
2025	51.43

International OBGYN Popularity and Incentive Comparison

Ülke	Preference Rate (%)	Malpractice Premiums (Annual)	Financial Incentives
ABD	7	$ 50000-200000	Debt forgiveness ($200,000)
Kanada	15	$ 10000-30000 (%80 subsidized)	Extra payment ($20,000-$50,000)
Australia	12	Free (state insurance)	Debt forgiveness ($100,000)
Brazil	8	$ 2,000	10% salary increase
Argentina	4	$ 2,000	None
Hindistan	10	$ 700	Small payments
Almanya	18	$ 5,500	20% salary increase
Türkiye	9	$ 20 (inadequate coverage)	20-25% salary increase

SS-36

The Impact of Treatment on Pain, Sexual Function, and Psychological Well-Being in Patients with Bartholin Cyst Abscess

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Introduction: Bartholin cyst abscess is a common condition in gynecology characterized by pain and discomfort, significantly impacting the quality of life in sexually active women. Treatment options, including marsupialization, silver nitrate application, and Word catheter insertion, vary in their effectiveness on pain relief, sexual function, and mental health.

Objective: This study aims to compare the effects of these treatment modalities on pain levels, sexual function, and anxiety-depression scores among patients with Bartholin cyst abscess.

Methods: A prospective study was conducted between December 1, 2020, and May 31, 2021, with 111 women aged 18 to 65 diagnosed with a Bartholin cyst abscess. Participants underwent marsupialization, silver nitrate application, or Word catheter insertion. Pain was measured using the Visual Analog Scale (VAS), sexual function was evaluated with the Female Sexual Function Index (FSFI), and anxiety-depression levels were assessed using the Hospital Anxiety and Depression Scale (HAD) at baseline, and on days 1, 7, and 30 post-treatment. Statistical analyses utilized IBM SPSS Statistics 25.

Results: All treatments significantly reduced pain ($p < 0.01$), with marsupialization demonstrating the most significant reduction in VAS scores. However, FSFI scores showed no significant improvement ($p = 0.78$), indicating ongoing sexual dysfunction. Anxiety and depression scores decreased significantly post-treatment, particularly with Word catheter insertion ($p < 0.01$ for both HAD-Anxiety and HAD-Depression).

Conclusion: While all treatments effectively manage pain and enhance psychological well-being, they do not significantly improve sexual function, highlighting the need for a comprehensive approach that includes psychological support. Further research with larger sample sizes is warranted.

Keywords: Bartholin cyst abscess, pain management, sexual function, marsupialization, silver nitrate, Word catheter

SS-37

Association of Serum Cortisol and Dehydroepiandrosterone (DHEA) with Depression and Anxiety in Pregnant Women Undergoing Surgical Abortion Voluntarily or due to Medical Reasons

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Background: To evaluate possible differences in serum cortisol and dehydroepiandrosterone sulfate (DHEA-S) in women undergoing surgical abortion voluntarily or because of medical reasons.

Methods: We conducted a prospectively recruiting cross-sectional study in which women who would undergo voluntary induced abortion (VIA) and women who would undergo induced abortion due to medical reasons (IAMR). All abortions were performed via dilation and curettage. Blood samples were taken before D&C to measure serum cortisol and DHEA-S. Prebortion anxiety and depression risks were also evaluated by the self-administered Hospital Anxiety and Depression Scale (HADS).

Results: A total of 101 women (50 IAMR and 51 VIA) were included. Groups were comparable regarding BMI, parity, number of cesarean sections, and number of dilation and curettages. In addition, there was no significant relationship between induced abortion status (being VIA or IAMR) and place of residence, literacy status, smoking status, and BMI. No significant difference was found between women with IAMR and women with VIA with respect to serum DHEA-S and cortisol levels, and HADS scores. Moreover, HADS scores were not associated with adrenal hormone levels, either.

Conclusion: Our results did not show any difference with respect to serum adrenocortical hormone levels and anxiety and depression risk between women undergoing surgical resection voluntarily or due to medical reasons.

Keywords: Anxiety, Cortisol, Dehydroepiandrosterone-sulfate, Depression

SS-38

The Clinical Significance of High-risk Human Papillomavirus (HPV) Types According to Age Distribution

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Objective: Cervical intraepithelial neoplasia (CIN), a precursor of cervical cancer, has been directly linked to human papillomavirus (HPV) infection [1]. High-risk HPV (hrHPV) types, in particular, have been identified as playing a central role in this neoplastic transformation process [2]. However, the distribution of high-risk HPV (hrHPV) types across different age groups and their association with the development of cervical dysplasia have not yet been fully elucidated. This study aims to evaluate the distribution of hrHPV types among various age groups and to assess the severity of the dysplastic lesions associated with these types.

Materials-Methods: In this retrospective study, archival records of over 600 HPV-positive cases were reviewed. Patients were stratified into five age groups: under 25 years, 25–30 years, 30–45 years, over 45 years (premenopausal), and postmenopausal. HPV genotyping was performed using molecular diagnostic methods, and the cases were classified into three groups: HPV type 16/18 positive, other high-risk types (other+), and hrHPV negative. For each patient, cervical cytology and biopsy results were evaluated, with a specific focus on the presence of cervical intraepithelial neoplasia (CIN) grades 1, 2, and 3. RESULTS: In cases with histopathologically confirmed dysplasia, HPV types 16 and 18 were predominantly observed in patients under the age of 45. In contrast, in premenopausal and postmenopausal women over the age of 45, dysplastic lesions were more frequently associated with other high-risk HPV types. Moreover, the distribution of HPV genotypes appeared to be more heterogeneous in the postmenopausal group, and CIN 2+ lesions were also found at a noteworthy rate in this age category.

Conclusions: This study highlights the clinical relevance of the age-specific distribution of high-risk HPV types in assessing the risk of dysplasia development. ** The observed higher prevalence of non-16/18 high-risk HPV types in older age groups underscores the necessity of revisiting current vaccination policies. Furthermore, knowledge of age-specific HPV genotype distribution may contribute to individualized patient follow-up strategies, optimization of screening intervals, and appropriate treatment planning. Accordingly, we strongly recommend incorporating age-based risk assessments into cervical cancer screening programs to

enhance clinical decision-making and public health outcomes. Keywords: Cervical intraepithelial neoplasia, human papillomavirus, high-risk HPV, age distribution, dysplasia.

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Keywords: Cervical intraepithelial neoplasia, human papillomavirus, high-risk HPV, age distribution, dysplasia.

SS-39

Distinct Prognostic Impact of Systemic Immune-Inflammation Index in Epithelial Ovarian Cancer Patients Undergoing Neoadjuvant Chemotherapy versus Primary Debulking Surgery

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Introduction: Ovarian cancer remains the leading cause of gynecologic cancer-related mortality worldwide, largely due to its late-stage diagnosis and high recurrence rates. Accurate prognostic markers are critical to guide treatment strategies, particularly in selecting patients for neoadjuvant chemotherapy or extensive cytoreductive surgery. In recent years, systemic inflammatory markers derived from routine blood counts—such as the neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), and systemic immune-inflammation index (SII)—have emerged as potential prognostic tools in solid malignancies. The SII, calculated as platelet × neutrophil / lymphocyte counts, may more comprehensively reflect the balance between host inflammation and immune status. However, its clinical role in ovarian cancer remains incompletely defined. This study aimed to evaluate the prognostic significance of pre-treatment SII in patients with epithelial ovarian cancer.

Materials-Methods: A retrospective cohort study was conducted including 194 patients treated for histologically confirmed EOC between 2022–2024 at a tertiary referral center. Patients were stratified according to treatment modality (PDS: n = 108; NACT: n = 86). Demographic variables included age, BMI, and comorbidities; clinical variables included ECOG performance status, SII, and SIIK. SII was calculated from complete blood count values obtained prior to treatment initiation. For categorical analyses, an SII cut-off value of 565 was applied, which was determined based on median cohort distribution. Patients were classified as low (≤565) or high (>565) SII (hereafter referred to as SIIK). Non-parametric tests (Mann–Whitney U) compared continuous and categorical variables. Linear regression assessed the predictive effect of treatment modality on SII values. Statistical significance was defined as $p < 0.05$.

Results: Baseline demographic and clinical characteristics according to treatment modality are summarized in Table 1. A total of 194 patients were included in the final analysis, with a median age of 61 years, and the majority presenting with stage III–IV disease. Compared with patients undergoing primary debulking surgery, those who received neoadjuvant

chemotherapy (NACT) were significantly older (median age 64 vs. 58 years; $p < 0.001$) and exhibited poorer functional status (median ECOG 2 vs. 1; $p = 0.016$) and slightly higher comorbidity burden (41.9% vs. 29.6%; $p = 0.08$). BMI was similar between groups. Systemic inflammatory indices were also elevated in the NACT group, with significantly higher SII values (mean rank 115.9 vs. 82.9; $p < 0.001$) and increased rates of SIIK >565 (55.8% vs. 40.7%; $p = 0.016$). Linear regression analysis confirmed that treatment modality independently predicted SII ($\beta = 691.7$, SE = 175.2, $t = 3.95$, $p < 0.001$), underscoring the distinct biological profile of NACT patients.

Conclusion: Our findings demonstrate that pre-treatment SII is a robust, independent prognostic biomarker in epithelial ovarian cancer. Elevated SII identifies patients at higher risk of poor survival outcomes and may aid in refining risk stratification beyond conventional clinicopathologic factors. Given its derivation from routine, inexpensive blood tests, SII holds promise as a clinically accessible marker to guide individualized management strategies. Prospective multicenter studies are warranted to validate these results and to explore whether integrating SII into treatment algorithms can improve patient outcomes.

Keywords: ovarian cancer, systemic immune-inflammation index,

Table 1. Baseline Demographic and Clinical Characteristics by Treatment Modality

Characteristic	PDS (n = 108)	NACT (n = 86)	p-value
Age, median (IQR)	58 (52–65)	64 (58–71)	<0.001
BMI, mean ± SD	26.1 ± 4.2	26.7 ± 4.6	0.45
Comorbidities, n (%)	32 (29.6)	36 (41.9)	0.08
Performance Status (ECOG), median (IQR)	1 (0–1)	2 (1–2)	0.016
SII, median (IQR)	82.9 (58–110)	115.9 (90–145)	<0.001
SIIK (>565), n (%)	44 (40.7)	48 (55.8)	0.016

SS-40

Factors Associated with Sentinel Lymph Node Mapping Failure: A Single Center Experience

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Introduction And Objective: Endometrial cancer is the sixth most common cancer among women worldwide and represents the most frequent gynecologic malignancy in Turkey. Patients diagnosed with endometrial cancer typically present to the clinic with abnormal uterine bleeding. Consequently, approximately three-quarters of patients are diagnosed with disease confined to the uterus. However, the incidence of endometrial cancer is increasing due to aging population and the rising prevalence of obesity. In parallel, the risk of comorbidities and metabolic syndrome is also increasing, exerting a negative impact on overall survival. Therefore, minimally invasive surgery has become a cornerstone in the management of endometrial cancer, and sentinel lymph node (SLN) mapping, which has become a routine practice for the assessment of lymph node involvement—a major prognostic factor in disease staging—has largely replaced systematic lymphadenectomy. In the literature, the reported rate of SLN mapping failure ranges between 5–15%. This raises the question of which factors influence the success of SLN mapping. The aim of the present study was to identify factors potentially affecting SLN mapping success.

Methods: Between January 2023 and August 2025, a total of 99 patients who underwent surgery for endometrial cancer with planned SLN mapping in our clinic were included in this study. For SLN mapping, indocyanine green (ICG) and methylene blue (MB) injections were used. Demographic and clinicopathological data of the patients were retrospectively retrieved from the patient records. Potential predictors of bilateral SLN mapping success, including uterine and cervical volumes, were evaluated. Uterine volume was calculated from pathology specimen measurements with the formula: Sagittal × Transverse × AP diameter × 0.523. Cervical volume was calculated from pathology specimen measurements with the formula: 3.14 × [(Cervical diameter)² / 4] × Endocervical canal length. Statistical analysis was performed using the SPSS® software.

Results: Among the 99 patients included, the bilateral SLN mapping failure rate was 18.2%. Factors evaluated for their potential impact on SLN mapping success included age, body mass index (BMI), tumor size and histological subtype, lymphovascular space invasion (LVSI), the presence of microcystic, elongated and fragmented (MELF) pattern

of myometrial invasion, depth of myometrial invasion, adenomyosis, endocervical stromal involvement (ECSI), uterine volume, and cervical volume. In contrast to previous studies, factors such as BMI and age were not confirmed to significantly affect bilateral SLN mapping success. Our results suggest that ECSI, although not a strong predictor, was associated with bilateral SLN mapping failure ($p = 0.04$). Additionally, uterine and cervical volumes, which were hypothetically considered as potential predictors of mapping failure, showed no statistically significant impact ($p = 0.841$ and $p = 0.845$, respectively).

Conclusion: Surgical staging, particularly lymphadenectomy, remains a key component in endometrial cancer management but carries a risk of significant morbidity. To reduce this morbidity, SLN mapping has become a global standard, and several factors such as age and BMI have been reported in the literature as predictors of mapping success. Although our study did not confirm these preoperatively assessable factors, ECSI was identified as a potential determinant of bilateral SLN mapping success.

Keywords: Endometrial neoplasms, Sentinel Lymph Node Biopsy, Gynecologic Surgical Procedures

SS-41

A Unique Triple Association: Intravascular Leiomyomatosis, Benign Metastasizing Leiomyoma, and Early-Stage Endometrial Carcinoma

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Intravascular leiomyomatosis (IVL) is an uncommon benign uterine smooth muscle neoplasm characterized by intravascular proliferation, with the potential to extend into pelvic veins and even cardiac chambers. Benign metastasizing leiomyoma (BML), another rare entity, typically manifests in the lungs or lymph nodes, while endometrial carcinoma represents a malignant counterpart of uterine pathology. The simultaneous occurrence of these three entities in a single patient is exceptionally rare and has not, to our knowledge, been previously described in the literature. Here, we present a unique case highlighting the diagnostic and therapeutic challenges associated with this triple association.

Case Presentation: A 51-year-old postmenopausal woman presented with abdominal fullness and ecchymotic patches on the abdominal wall. Imaging revealed a large retroperitoneal mass displacing the aorta and inferior vena cava, alongside multiple pelvic lesions, raising suspicion of leiomyosarcoma or BML. Laboratory tumor markers were unremarkable except for a mildly elevated CA-125. Intraoperative frozen section analysis was inconclusive; thus, maximal cytoreductive surgery, including total abdominal hysterectomy, bilateral salpingo-oophorectomy, para-aortic mass excision, and total omentectomy, was undertaken.

Histopathological examination revealed three distinct pathological entities: (i) endometrioid adenocarcinoma of the endometrium, FIGO stage IA1, confined to an endometrial polyp; (ii) intravascular leiomyomatosis confirmed by CD31 immunostaining highlighting intravascular smooth muscle proliferation; and (iii) benign metastasizing leiomyoma involving para-aortic lymph nodes and intra-abdominal sites. Immunohistochemistry demonstrated smooth muscle differentiation (Desmin, h-caldesmon), retained fumarate hydratase expression, low proliferative index (Ki-67 ≈2–3%), and a wild-type p53 pattern. The postoperative course was uneventful, and the patient was discharged on day 3. Given the estrogen-dependent nature of the pathologies and the presence of aromatase overexpression in leiomyomas, letrozole therapy was initiated at discharge. At six months of follow-up, the patient remained disease-free.

Discussion: This case illustrates an extraordinary co-occurrence

of IVL, BML, and early-stage endometrial carcinoma. Although each condition has been individually reported, their simultaneous presence underscores the complex hormonal and molecular pathways underlying uterine smooth muscle and endometrial neoplasms. Retroperitoneal BML with significant lymph node involvement is particularly unusual, as BML most commonly presents with pulmonary nodules. Differential diagnosis with leiomyosarcoma is critical, necessitating meticulous histopathological and immunohistochemical evaluation to avoid overtreatment or misdiagnosis.

Hormonal therapy with aromatase inhibitors or GnRH analogues, in conjunction with surgical cytoreduction, appears beneficial given the estrogen sensitivity of these tumors. However, optimal management remains undefined due to the rarity of such presentations. Long-term surveillance is warranted to detect potential recurrences or development of additional hormone-responsive neoplasms.

Conclusion: We describe the first reported case of a triple association of intravascular leiomyomatosis, benign metastasizing leiomyoma, and stage IA1 endometrial carcinoma. This unique constellation emphasizes the importance of comprehensive pathological evaluation in atypical presentations, the role of hormonal pathways in pathogenesis, and the need for individualized management strategies. Our findings contribute to the limited literature and highlight the necessity for long-term follow-up in patients with estrogen-dependent gynecological tumors.

Keywords: intravascular leiomyomatosis, benign metastasizing leiomyoma, endometrial carcinoma, retroperitoneal mass

Figure 1

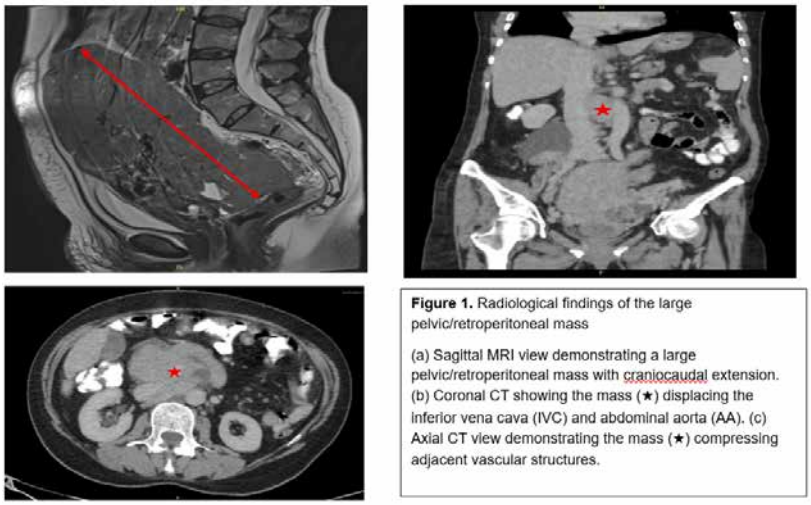
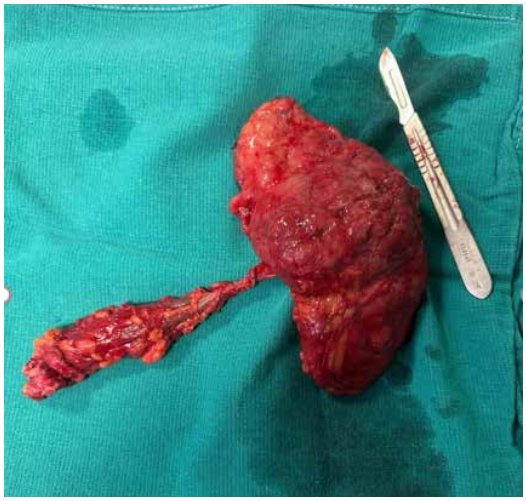


Figure 1. Radiological findings of the large pelvic/retroperitoneal mass

(a) Sagittal MRI view demonstrating a large pelvic/retroperitoneal mass with craniocaudal extension. (b) Coronal CT showing the mass (★) displacing the inferior vena cava (IVC) and abdominal aorta (AA). (c) Axial CT view demonstrating the mass (★) compressing adjacent vascular structures.

Figure 2



Macroscopic appearance of the excised retroperitoneal mass with an attached segment of the inferior vena cava

Figure 3

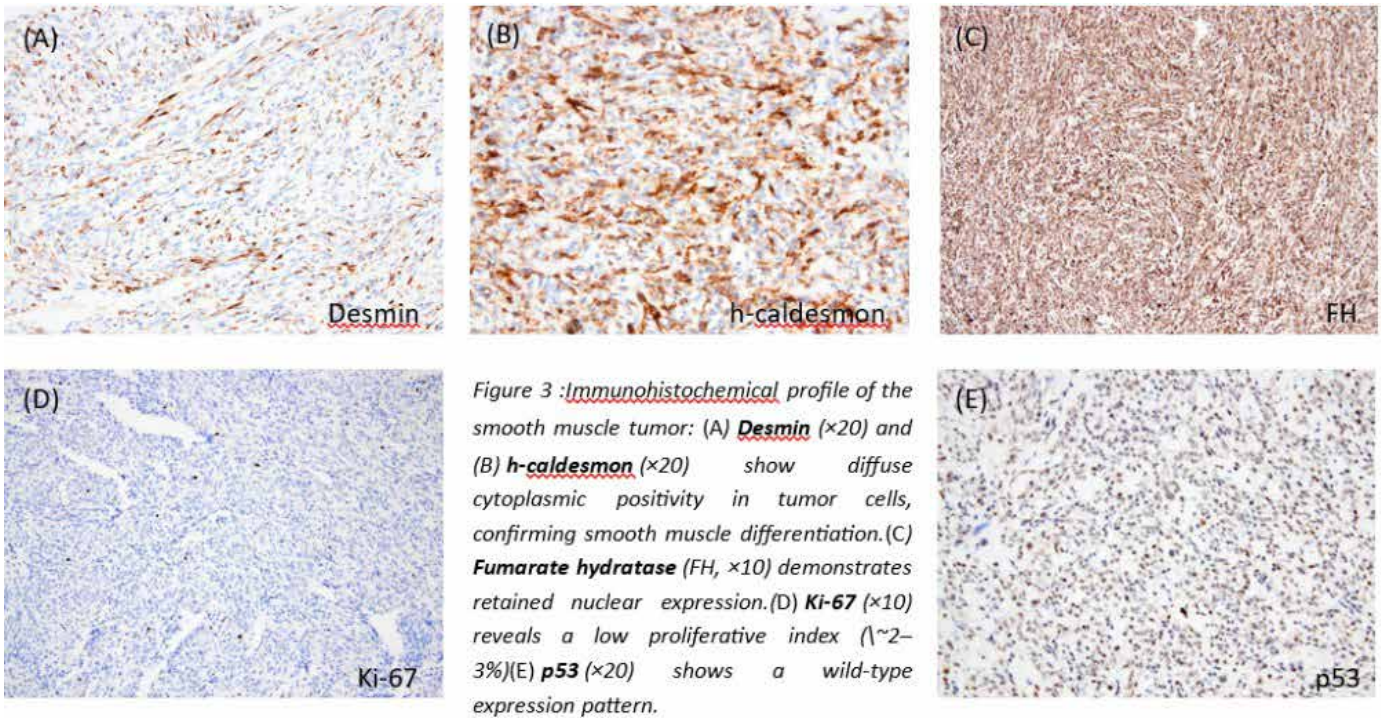
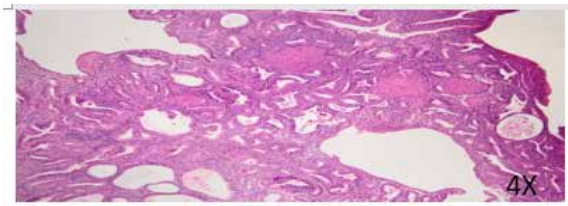


*Figure 3 :Immunohistochemical profile of the smooth muscle tumor: (A) **Desmin** (×20) and (B) **h-caldesmon** (×20) show diffuse cytoplasmic positivity in tumor cells, confirming smooth muscle differentiation.(C) **Fumarate hydratase** (FH, ×10) demonstrates retained nuclear expression.(D) **Ki-67** (×10) reveals a low proliferative index (\~2–3%)(E) **p53** (×20) shows a wild-type expression pattern.*

Figure 4



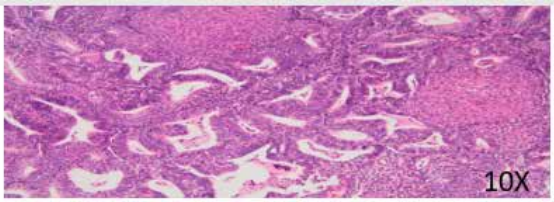
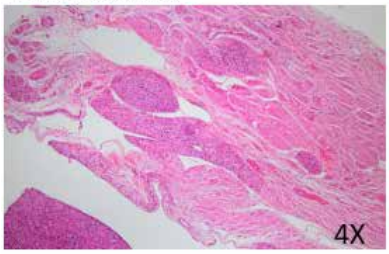
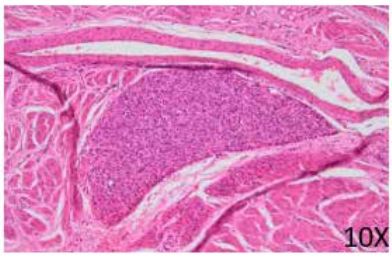


Figure 4a : Low-power view (H&E, ×4) and medium-power view (H&E, ×10) of endometrioid endometrial adenocarcinoma, FIGO grade 1, showing a proliferation of closely packed, well-formed glands replacing the endometrial stroma in a confluent pattern, consistent with invasive carcinoma.





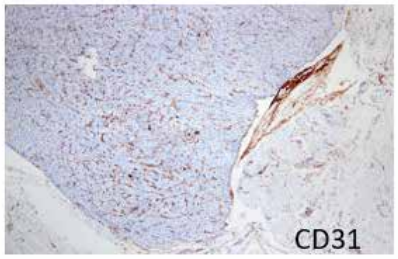
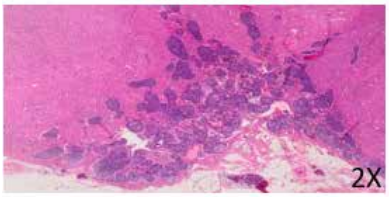
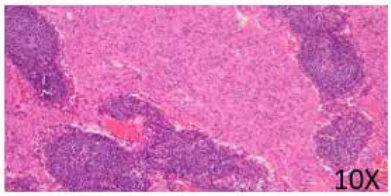


Figure 4b :Low-power photomicrograph (H\&E, ×4) showing benign smooth muscle bundles with bland spindle-shaped nuclei proliferating within a dilated venous channel. The intravascular location is evident, and the lesional cells exhibit no significant atypia or mitotic activity.CD31 immunostaining (×20) highlights endothelial cells outlining vascular lumina containing intravascular smooth muscle proliferation, consistent with intravenous leiomyomatosis.





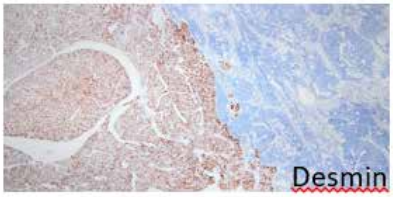


Figure 4c : Benign metastasizing leiomyoma involving a lymph node. Low-power view (H&E, ×2) showing smooth muscle proliferation infiltrating the lymph node parenchyma. The lesional cells exhibit bland spindle-shaped nuclei without significant atypia or mitotic activity. Residual lymphoid tissue is seen adjacent to the tumor. Desmin staining clearly shows smooth muscle differantiation of the mass inside of lymph node.

Table-1

Case	Hormonal status	Co-existing malignancy	i.v. leimyomatosis	Retroperitoneal mass	Post-surgical treatment	Recorded disease free survival	Past surgery
Our Case	POST	Endometrial Carcinoma Grade 1A1	Present , in uterus	Largest inside of a lymph node , 19x11 cm	Aromatase Inhibitor	7 Months	None
USA,2021	POST	-	Present , in pelvic lymph nodes	-	-	-	Not specified
Italy , 2016	PERI	-	-	Single 9 cm mass	-	2 Months	Laparascopic electrical morcellation
India , 2012	PERI	-	-	Single 14x9 cm mass	-	2 Months	Not specified
South Korea ,2011	PERI	Well-differentiated adenocarcinoma stage 1B	-	Metastasis to lymph node , 2 cm	Aromatase Inhibitor	4 Months	Abdominal Myomectomy
Italy, 1992	POST	Well-differentiated adenocarcinoma of endometrium , squamous micro-invasive carcinoma of servix , well-differentiated endometriod cystoadenocarcinoma of ovary	-	Size not specifed but lymph node metastasis present	-	-	-

SS-42

Association of Modified Frailty Index with Postoperative Outcomes in Epithelial Ovarian Cancer

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Introduction: Modified Frailty Index (mFI) is a scoring system used to predict the risk of postoperative complications, morbidity, and mortality in surgical patients. The mFI score is calculated based on 11 parameters, including the presence of diabetes, hypertension, history of stroke, or malignancy. In our study, we investigated the association between mFI scores and postoperative morbidity and mortality in patients who underwent surgery for ovarian cancer.

Methods: A total of 199 patients with a pathological diagnosis of epithelial ovarian cancer who underwent surgery in our center and had calculated mFI scores were included in the study. The mFI system based on 11 parameters was used. Postoperative complications were classified according to the Clavien-Dindo classification. An mFI score of ≤2 was defined as low risk, whereas an mFI score of ≥3 was defined as high risk.

Results: The mean age of the patients was 58.8 years (range: 19–85). Hypertension was the most frequently observed positive mFI parameter. An mFI score of 0 was identified in 43.2% of patients. Interval cytoreductive surgery following neoadjuvant chemotherapy (NACT) was performed in 25.5% of patients. Suboptimal cytoreduction was achieved in only 20 patients (10.1%). A total of 73.5% of patients had stage III or higher disease. The intraoperative complication rate was 17.7%, blood transfusion rate 60.2%, postoperative intensive care unit (ICU) admission 71.8%, and postoperative complication rate 13.4%. Comparisons between low- and high-risk groups showed no significant differences in intraoperative complication rates (p=0.71), 30-day postoperative mortality (p=0.99), postoperative complication rates (p=0.56), or transfusion requirements (p=0.97). The rate of NACT was also similar between the groups (p=0.15). Postoperative ICU admission was higher in the high-risk group, but without statistical significance (p=0.04).

Discussion: The modified Frailty Index is used to predict potential morbidity and mortality in patients undergoing surgical treatment. In our study, patients with an mFI score ≥3 who underwent surgery for epithelial ovarian cancer had a significantly higher requirement for blood transfusion. In addition, the mFI score was not found to have a significant impact on the selection of NACT.

Keywords: Complication, Intensive Care Unit, Modified Frailty Index, Ovarian Cancer

Comparison of groups according to mFI score

	Low risk (n:165)	High risk (n:34)	p-value
Intraoperative complication			0.71
Yes	26	6	
No	125	26	
Postoperative ICU admission			**0.04**
Yes	104	26	
No	47	4	
Postoperative mortality (30-day)			0.99
Yes	1	0	
No	148	29	
Postoperative complication			0.56
Yes	19	5	
No	130	25	
Transfusion requirements			0.97
Yes	91	18	
No	60	12	
NACT			0.15
Yes	38	12	
No	124	22	

SS-43

A Comparative Evaluation of Obstetric and Neonatal Outcomes in Adolescent, Reproductive-Age, and Advanced Maternal Age Pregnancies: A Retrospective Study"

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Objective: To compare obstetric and neonatal outcomes among adolescent (<19 years), reproductive (19–35 years), advanced maternal age (>35 years) pregnancies and maternal-fetal complications.

Materials-Methods: Single-center, retrospective, case-control study included 1164 pregnant women who delivered at XX University Hospital between January and December 2017. Participants were categorized into three groups based on maternal age: adolescent (n=29), reproductive (n=799), and advanced maternal age (n=336). Demographic characteristics, obstetric complications, delivery mode, birth gestation birth weight, Apgar scores, neonatal intensive care unit (NICU) admissions, congenital anomalies, and maternal morbidities were compared.

Results: Cesarean delivery was significantly more frequent in adolescent (72.41%) and advanced maternal age (80.84%) groups compared to the reproductive group (p<0.001). Preterm birth (<37 weeks) rates were highest among advanced age pregnancies (55.65%) (p=0.006). Low birth weight (<2500g) and intrauterine growth restriction (IUGR) were significantly more prevalent in adolescents (p<0.05), while gestational diabetes mellitus (GDM), preeclampsia were more common in the advanced age. NICU admissions were observed in 34.2% of cases overall, with the highest rate in adolescents (41.38%). Amniotic fluid disorders, particularly oligohydramnios, were significantly more frequent in older mothers (p=0.005). Additionally, the advanced age required more surgical interventions (p=0.01).

Conclusion: Both adolescent and advanced maternal age pregnancies were associated with increased maternal and neonatal risks. Adolescents had higher rates of IUGR and low birth weight, while older mothers experienced more metabolic and hypertensive complications. These findings highlight the importance of enhanced prenatal care and targeted risk management strategies for pregnancies at both extremes of maternal age.

Keywords: Adolescent pregnancy, advanced maternal age, obstetric outcomes, neonatal outcomes

SS-44

Comparison of Serum Urotensin-2 Concentrations Between Pregnant Women With Preeclampsia and Normotensive Pregnant Women

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Objective: Preeclampsia is a pregnancy-specific multisystem disorder, typically developing after the 20th week of gestation, characterized by hypertension and additional organ involvement (such as renal or hepatic dysfunction, thrombocytopenia) and/or fetal growth restriction. It is estimated to affect approximately 3–7% of pregnancies worldwide and to account for nearly 100,000 maternal deaths annually. The pathophysiology of preeclampsia remains incompletely understood.

Urotensin-2 (U-II) was first isolated from the urophysis, the caudal neurosecretory organ of teleost fish, and was found to have potent smooth muscle–contracting activity. In humans, U-II is an 11–amino acid cyclic peptide with a strong vasoconstrictive effect. It is produced by the cardiovascular system, central nervous system, kidneys, spleen, pancreas, small intestine, thymus, prostate, pituitary, and adrenal glands, and circulates in plasma. Plasma U-II levels have been reported to be elevated in conditions such as hypertension, congestive heart failure, diabetes mellitus, renal failure, and portal hypertension secondary to liver cirrhosis.

U-II has been shown to promote vascular smooth muscle cell proliferation, cardiac fibrosis, and hypertrophy through the extracellular signal–regulated kinase pathway. The positive correlation between U-II levels and systemic blood pressure, as well as increased urinary excretion in patients with essential hypertension, suggests a potential etiologic role in hypertension and its related complications. However, data regarding the role of U-II in the pathogenesis of preeclampsia are limited. Therefore, this study aimed to investigate the possible role of U-II in preeclampsia by comparing serum U-II levels between preeclamptic and normotensive pregnant women.

Methods: A total of 44 preeclamptic and 47 normotensive pregnant women were included in the study. Women in both groups were matched for maternal age and gestational age. Serum U-II concentrations were measured using a commercially outsourced ELISA method.

Results: Serum U-II concentrations were significantly higher in preeclamptic pregnant women compared with healthy pregnant women (7.03 ± 2.59 pmol/L vs. 4.79 ± 0.62 pmol/L, p = 0.014). There was a significant positive correlation between U-II levels and systolic blood pressure (r = 0.49, p < 0.001),

while no significant correlation was observed with diastolic blood pressure ($p > 0.05$).

Conclusion: The elevated U-II levels observed in preeclamptic pregnant women compared to healthy controls may contribute to the development of preeclampsia by impairing maternal systolic function. Larger prospective longitudinal studies are warranted to further investigate changes in U-II synthesis and clearance during pregnancy and in preeclampsia.

Keywords: Pregnancy, Preeclampsia, Urotensin-2

SS-45

Distribution of Primary Cesarean Section Rates According to the Robson Classification: 2019–2024 Single-Center Retrospective Analysis

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Introduction: Cesarean section rates are rising globally. The World Health Organization (WHO) recommends using the Robson Ten-Group Classification System to monitor this trend. In Turkey, cesarean rates remain high, and the increase is reported to originate mainly from Robson Groups 1–5. This study aimed to evaluate deliveries at a single center from 2019 to 2024 in terms of delivery modes and primary cesarean rates, using the Robson classification.

Methodology: All deliveries at our center between January 2019 and December 2024 at ≥20 weeks of gestation were reviewed retrospectively. Cases were categorized into Robson's ten groups, and for each group, total births, cesarean sections, vaginal deliveries, and primary (first-time) cesareans were determined.

Results: During 2019–2024, there were 13,889 births; 5,613 (40.4%) were cesarean deliveries and 8,276 were vaginal births. There were 1,245 first-time (primary) cesarean sections, comprising 8.96% of all births and 22.18% of all cesareans. Primary cesarean rates were highest in Robson Groups 2, 6, 9, and 10, and lowest in Group 5.

Discussion: Primary cesareans in our series occurred most often in Robson Groups 2, 6, and 9. Global analyses indicate that rising primary cesarean rates are largely driven by Groups 1, 2, and 6; national data also identify Groups 1 and 2 as major contributors and note that breech (Groups 6–7) and transverse (Group 9) presentations continue to have high cesarean rates. Our series similarly observed high primary cesarean rates in Groups 6–7 and 9, consistent with these trends. Vaginal birth after cesarean (VBAC) remains exceedingly rare in Turkey; in fact, no VBACs were performed in our clinic during the study period, contributing to the persistently high overall cesarean rate. In light of these findings, several strategies have been proposed to reduce primary cesareans:

• Group 2 (induced or pre-labor cases): Use evidence-based induction protocols and monitor labor progress with a partograph to prevent early cesarean decisions.

• Groups 6 & 9 (breech and transverse presentations): Offer external cephalic version (ECV) to suitable candidates and support vaginal breech delivery when possible.

• Group 5 (previous cesarean): Encourage safe VBAC in

appropriate cases to reduce repeat cesareans.

Conclusion: Robson's Ten-Group Classification is a valuable tool for monitoring cesarean trends and identifying target groups for interventions to reduce primary cesarean rates. In our center, Groups 2, 5, 6, and 9 were identified as priority areas due to their high cesarean rates. By focusing on these groups with targeted strategies—optimizing induction practices, promoting VBAC, and supporting vaginal breech/transverse deliveries—primary and overall cesarean rates can be reduced.

Keywords: Obstetrics, Primary cesarean section, Robson Classification

Table 1. Distribution of delivery modes by Robson group (2019–2024)

Robson Group	Total	Cesarean (CS)	Vaginal (ND)
1	3062	549	2513
2	189	131	58
3	4750	294	4456
4	1321	74	1247
5	3881	3880	1
6	133	133	0
7	214	213	1
8	95	95	0
9	37	37	0
10	207	207	0
TOTAL	13889	5613	8276

Table 2. Primary cesarean rates by Robson group

Robson Group	Total	Cesarean (CS)	Primary CS (n)	Primary/ CS (%)	Primary/ Total (%)
1	3062	549	549	100	17.92
2	189	131	131	100	65.08
3	4750	294	294	100	6.18
4	1321	74	55	74.32	4.16
5	3881	3880	0	0	0
6	133	133	133	100	100
7	214	213	68	31.92	31.78
8	95	95	21	22.11	22.11
9	37	37	22	59.46	59.46
10	207	207	88	42.51	42.51
Total	13889	5613	1245	22.18	8.96

SS-47

The Evaluation Of Risk Factors And Obstetric Outcomes In Pregnant Women Diagnosed With Cervical Insufficiency And Treated With Progesterone, Cervical Cerclage Or Pessary

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Objective: This study aimed to evaluate the efficacy of treatment modalities in pregnancies diagnosed with cervical insufficiency, analyze risk factors, and assess maternal and perinatal outcomes to contribute to the safe management of cervical insufficiency.

Material-Methods: The study was conducted retrospectively in a single center using the medical records of patients followed and treated at Başkent University Ankara Hospital's Perinatology Department between January 2014 and December 2023. Patient data, including age, gravida, parity, surgical and medical treatments, gestational weeks at delivery and weights, neonatal intensive care needs, complications, and obstetric outcomes, were collected. The data were transferred to SPSS for statistical analysis using version 22. Continuous variables were presented as means with standard deviations or medians with ranges, while categorical variables were presented as frequencies and percentages. Normality was assessed using the Kolmogorov-Smirnov test. Mann-Whitney U-tests were used for continuous variables, while chi-square or Fisher's exact tests were employed for categorical variables. For comparisons across three groups, the Kruskal-Wallis test was used when the variables did not follow a normal distribution. A p-value of less than 0.05 was considered statistically significant, and post-hoc Mann-Whitney U-tests with a p-value of less than 0.017 were applied when differences were identified among the groups.

Results: Among 5,330 singleton deliveries during the study period, 638 (11.96%) were preterm. Of 206 high-risk patients, 167 met inclusion criteria: 87 (52.09%) underwent cerclage, 24 (14.37%) received pessary, and 56 (33.53%) were treated with progesterone alone. Overall, 97% of patients received progesterone in addition to their primary intervention. Risk factors included maternal age >35 years (38.92%), history of preterm birth (37.72%), prior cervical surgery (10.17%), uterine anomalies (10.17%), vaginal bleeding during pregnancy (18.56%), smoking (4.79%), and conception via assisted reproductive techniques (43.71%). There were no significant differences in maternal age

or cervical length at the time of intervention between groups; however, gravida, parity, and latency from intervention to delivery differed significantly. Neonatal outcomes demonstrated a mean gestational age at delivery of 35.62 ± 4.31 weeks (median 37; range 22–41) and a mean birth weight of 2722.25 ± 865.87 g (range 500–3880). Antenatal corticosteroids were administered in 37.12% of cases, neonatal intensive care unit admission occurred in 32.93%, intrauterine fetal death in 2.39%, and perinatal mortality in 4.79%. Comparative analysis revealed no statistically significant differences between the three treatment modalities in terms of gestational age at delivery, birth weight, NICU admission, preterm birth (<37 weeks), or early preterm birth (<34 weeks) rates.

Conclusion: Cervical cerclage, pessary, and progesterone therapy demonstrated comparable effectiveness in managing cervical insufficiency when applied according to appropriate clinical criteria. The high prevalence of combined progesterone use, relatively small sample size, and retrospective design represent limitations of the study. Prospective randomized studies are warranted to further define optimal management strategies.

Keywords: Cervical length, Cervical insufficiency, Cerclage, Pessary, Progesterone, Preterm birth

Table 1: Maternal Findings

Parameters	Progesterone n=56	Cerclage n=87	Pessary n=24	p Value
Maternal Age [mean ± SD (min–max)]	32.48 ± 4.7 (22–43)	32.8 ± 4.9 (21–42)	31.7 ± 4.5 (26–42)	0.459 a
Gravida [median (min–max)]	2 (1–6)	3 (1–9)	2 (1–5)	0.001 a
Parity [median (min–max)]	0 (0–2)	0 (0–3)	20.33 ± 3.7 (12–25)	0.026 a
Cervical Length [mean ± SD (min–max)]	20.79 ± 4.6 (10–25)	20.0 ± 4.7 (13–25)	20.33 ± 3.7 (12–25)	0.594 a
Intervention Week [median (min–max)]	21 (12–29)	14 (12–23)	24 (22–28)	0.001 a
Latent Period [median (min–max)]	98 (3–160)	162 (16–197)	102 (13–183)	<0.0001 a
Note: SD = standard deviation, min = minimum, max = maximum				
a: Kruskal-Wallis Test				

Table 2: Neonatal Findings

Parameters	Progesterone n=56	Cerclage n=87	Pessary n=24	p Value
Gestational Age [mean ± SD, median (min–max)]	35.02 ± 4.8 37 (22–41)	35.7 ± 4.24 37 (22–40)	36.5 ± 3.1 37 (27–39)	0.459 a
Birth Weight (grams) [mean ± SD, (min–max)]	2623.84 ± 904 (520–3840)	2706.21 ± 870 (500–3860)	3010.0 ± 713 (985–3880)	0.125 a
NICU Admission [n (%)]	20 (36.6)	30 (35.71)	5 (20.83)	0.34b
Preterm Birth <34 Weeks [n (%)]	15 (26.78)	16 (18.39)	3 (12.5)	0.28b
Preterm Birth <37 Weeks [n (%)]	24 (42.85)	24 (27.58)	6 (25.0)	0.11b
Note: SD = standard deviation, min = minimum, max = maximum				
a: Kruskal-Wallis Test, b: Chi-square Test				

SS-48

Is Artificial Intelligence-Assisted Pregnancy Counseling Feasible? An Evaluation of the Quality of ChatGPT Responses

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AIM: This study aimed to assess the quality of ChatGPT-generated responses to common pregnancy-related questions by evaluating three key criteria: accuracy (scientific correctness), completeness (sufficient coverage of the topic), and safety (absence of harmful advice). Given the increasing use of AI tools like ChatGPT for health information, understanding its reliability in specialized fields such as obstetrics is critical for safe patient education.

Methods: We selected 15 frequently asked pregnancy questions covering general knowledge (e.g., "Is it safe to sleep on my back during pregnancy?"), symptom-based concerns (e.g., "Can I take painkillers for headaches?"), and clinical follow-up (e.g., "What should I do if my water breaks?"). These questions were input into ChatGPT (GPT-4.0) using a standardized prompt: "I am a pregnant woman. Please provide a short, clear, and understandable answer." Responses were collected in Turkish to reflect local patient needs.

Twenty board-certified obstetricians with a median of 6.2 years of experience independently evaluated each response using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) for accuracy, completeness, and safety. Statistical analysis included mean scores, proportions of responses rated ≥4 (considered "positive"), and one-way ANOVA to compare performance across criteria and question categories.

Results: ChatGPT achieved an overall mean score of 4.1, with 76.3% of responses rated ≥4. Accuracy scored highest (mean 4.27 ± 0.31), followed by completeness (3.85 ± 0.30) and safety (3.78 ± 0.36) (P = 0.019). General knowledge questions (e.g., sleep positions, ultrasound safety) outperformed symptom-related queries (e.g., painkillers, vaginal bleeding), with mean scores of 4.09 vs. 3.75 (P = 0.041).

The highest-rated response addressed sleep positions (mean 4.5, 95% rated ≥4), while the lowest-scored topic was painkiller safety (mean 3.5, only 48% rated ≥4). Safety concerns were prominent in clinical scenarios; for example, "water breaking" and "abdominal pain" responses scored below 3.5 for safety, with experts noting omissions (e.g., failing to emphasize urgent medical attention).

Conclusion: ChatGPT demonstrates strong accuracy in general pregnancy education but exhibits critical gaps in safety and completeness for symptom-based or urgent clinical advice. While it may serve as a supplementary tool for non-urgent information, its limitations underscore the need for professional oversight. Future research should validate AI tools across diverse languages and clinical contexts, with standardized safety benchmarks to mitigate risks in patient care.

Keywords: pregnancy, education, AI

SS-49

Evaluation of the Association Between First-Trimester Maternal Thyroid-Stimulating Hormone Levels and Mid-Trimester Fetal Transverse Cerebellar Diameter

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Introduction: Maternal thyroid hormones play a critical role in fetal brain development. Maternal thyroid dysfunction, especially in the early stages of pregnancy, can have long-term effects on fetal neurodevelopment. The aim of this study is to evaluate whether there is an association between maternal thyroid-stimulating hormone (TSH) levels during pregnancy and the percentile of the fetal transverse cerebellar diameter (TCD), and to investigate the effects of thyroid function on cerebellum development.

Material-Methods: This retrospective study included 205 singleton pregnancies between 18 and 22 weeks of gestation in which detailed fetal anatomical scan ultrasonography had been performed and first-trimester TSH levels were recorded. TSH values at the first-trimester during the index pregnancy were reached from the digital patient records and documented in micro-international units per milliliter (mIU/L). The TCD measurements were made from already recorded second trimester fetal anatomical scan ultrasonography images and percentile values of the TCD were calculated according to gestational age. The relationship between maternal TSH level and TCD percentile was first evaluated using Spearman's correlation analysis. Subsequently, cases were divided into two groups: TSH ≤ 3 mIU/L (euthyroid) and TSH > 3 mIU/L (hypothyroid), and the intergroup differences were compared using the Mann–Whitney U test. A p-value of <0.05 was considered statistically significant.

Results: The mean age of the 205 patients included in the study was calculated as 28.4 ± 4.6 years. Maternal TSH levels ranged from 0.24 to 7.45 mIU/L. Twenty-four of the patients were receiving antithyroid treatment during the current pregnancy. The mean TCD percentile was calculated as 42.9 ± 16.3. According to Spearman's correlation analysis, there was a very weak and statistically non-significant correlation between maternal TSH and TCD percentile (ρ = –0.051, p = 0.464). Based on the Mann–Whitney U test results, the mean TCD percentile of the hypothyroid group (TSH > 3 mIU/L; 41.2 ± 15.5) did not differ significantly from that of the euthyroid group (43.3 ± 16.8) (p = 0.309).

Conclusion: This study showed no significant relationship between TSH and TCD, and subgroup analysis likewise revealed no difference between euthyroid and hypothyroid groups. Notably, this study explores a relatively under-investigated aspect of maternal thyroid function by examining its potential influence on the fetal cerebellar development. Nevertheless, larger population-based studies are needed to confirm and expand upon these findings.

Keywords: Thyroid-stimulating hormone, Transverse cerebellar diameter, Fetal Ultrasonography, Hypothyroidism

SS-50

Toxoplasma Screening During Pregnancy: Two-Year Experience of a Tertiary Care Centre

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Objective: Congenital toxoplasmosis, although rare, may cause severe neurological, ocular, or structural anomalies in the fetus. While some countries implement routine serological screening during pregnancy, national guidelines in Turkey, including the Ministry of Health Antenatal Care Guideline, do not recommend universal screening. This study retrospectively evaluated all Toxoplasma IgM tests performed in our tertiary care centre to assess the necessity and effectiveness of routine screening.

Methods: Between April 2023 and May 2025, pregnant women who underwent toxoplasma serology at Kastamonu Training and Research Hospital were retrospectively evaluated. Testing was either requested due to abnormal ultrasound findings or performed as part of routine first-trimester screening. For all IgM-positive cases, IgG and IgG avidity results, as well as amniocentesis Toxoplasma PCR results (if present), were recorded. In addition, for families with suspected acute infection during pregnancy, information on the current health status of the babies was sought through hospital records and, when possible, by telephone contact.

Results: A total of 2,595 women were tested. In 85 of these women, the test was requested by the division of maternal and fetal medicine due to ultrasound findings such as fetal growth restriction, discordances in biometry, hyperechogenic bowel, or ventriculomegaly; in all other 2,510 women, it was performed as part of routine first-trimester screening. 16 women (0.6%) were IgM positive, all belonging to the routine screening group. 12 cases were classified as past infection with high avidity. 4 cases were diagnosed with acute infection: 3 with low avidity and 1 with IgG negativity. At all 4 cases Spiramycine tablet was initiated until reasonable times per each. Amniocentesis PCR was performed in 2 of the acute cases; 1 tested positive in amniocentesis Toxoplasma PCR and microcephaly detected on ultrasound, therefore the pregnancy was terminated with the consent of the family, while the other was tested Toxoplasma PCR negative 8 weeks after the IgM positivity and the infant was healthy at postnatal 4 months. The remaining 2 families could not be reached by telephone, only hospital records could be accessed. Notes which did not reveal any toxoplasmosis-related health problems postnatally showed that these 2 families didn't give consent for amniocentesis, no ultrasound findings were noted and follow-ups were made with only Spiramycin until the end of pregnancy.

Conclusion: Our two-year data indicate that the prevalence of acute toxoplasma infection in pregnancy in our region is extremely low. Routine screening identified very few acute infections and required 2,595 tests to detect one congenital case. Considering the absence of recommendation in the Turkish Antenatal Care Guideline and concerns regarding cost-effectiveness, universal screening appears to have limited clinical utility. Strategies in favour of routine screening should be evaluated further in terms of cost efficiency. According to national recommendations, targeted screening in the presence of clinical or ultrasound suspicion is preferred. However, the size of our study is not sufficient to definitively determine whether routine or targeted screening is more effective. Larger population-based studies are needed to provide stronger evidence for optimal screening policies.

Keywords: Toxoplasma Gondii, Pregnancy, Screnning, Serology

SS-51

The Predictive Role of First Trimester Anti-mullerian Hormone for Preeclampsia

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AIM: Anti-Müllerian hormone (AMH) has a wide range of clinical applications, including the assessment of ovarian reserve, evaluation of fertility potential after chemotherapy or radiotherapy, and the diagnosis of conditions such as granulosa cell tumors, polycystic ovary syndrome, and ovarian aging. In addition, AMH has been linked to adverse pregnancy outcomes. Here, we aimed to investigate the predictive value of first-trimester AMH levels for preeclampsia.

Material-Methods: This prospective, single-center study was conducted at a university-affiliated training and research hospital. Eligible participants were in the first trimester of pregnancy, had serum AMH levels measured between 11 and 13 weeks of gestation, attended regular antenatal visits, and delivered at our institution. Exclusion criteria included preexisting or gestational hypertension other than preeclampsia, pregestational or gestational diabetes, thyroid disorders, autoimmune diseases, and other systemic conditions. The study comprised 40 women diagnosed with preeclampsia and 115 age-matched controls. Demographic and obstetric characteristics—including maternal age, gravida, parity, body mass index (BMI), mode of delivery, gestational age at delivery, and need for neonatal intensive care unit (NICU) admission—were recorded. Sociodemographic features and AMH levels were then compared between the two groups.

Results: The demographic characteristics, obstetric outcomes, and AMH levels of the study groups were summarized in the Table. There were no statistically significant differences between the preeclampsia and control groups in terms of maternal age, gravida, parity, BMI, gestational age at sampling, or cesarean delivery rate. However, patients with preeclampsia had a significantly lower gestational age at delivery and a higher rate of NICU admission. Serum AMH levels were also significantly lower in the preeclampsia group. A cut-off value of 2.7 ng/mL for predicting preeclampsia demonstrated a sensitivity of 95% and a specificity of 36.5% (p=0.001, AUC=0.643). (Figure)

Conclusion: The primary mechanism proposed to explain the association between preeclampsia and AMH is vascular dysfunction, which may contribute to accelerated ovarian aging. In addition, preeclampsia itself may negatively affect ovarian reserve, potentially leading to reduced circulating AMH levels. Consistent with these mechanisms, the low AMH concentrations observed in our study suggest that AMH is not only a marker of ovarian reserve in assisted reproductive techniques but may also serve as a predictive marker for preeclampsia. We suggest that first-trimester AMH measurement could help identify women at risk, enabling early counseling and timely referral to appropriate centers for closer monitoring.

Keywords: Anti-mullerian hormone, first trimester, preeclampsia, pregnancy outcome

Figure. The ROC analysis evaluating the predictive role of first trimester AMH for preeclampsia

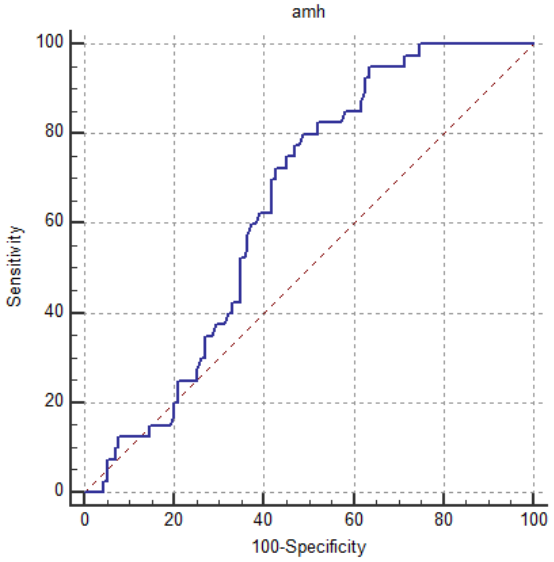

Table. The demographic characteristics, obstetric outcomes, and AMH levels of the study groups

	Preeclampsia (n=40)	Control (n=115)	p
Age (years)	27.5 (20-38)	27 (18-38)	0.467
Gravida (n)	2.5 (1-6)	2 (1-7)	0.289
Parity (n)	1 (0-4)	1 (0-5)	0.528
BMI (kg/m2)	26.6 (19.6-43.2)	25.7 (17.4-38.8)	0.425
Gestational age Parity (n) at sampling (week)	12 (11-13)	12 (11-13)	0.371
Gestational week at delivery (week)	37 (24-41)	39 (37-41)	<0.001
Cesarean section (n,%)	18 (45%)	39 (33.9%)	0.210
NICU requirement (n,%)	15 (37.5%)	19 (16.5%)	0.006
AMH (ng/ml)	1.57 (0.42-3.29)	2.23 (0.04-6.8)	0.007

SS-52

Increased fractalkine expression in placental tissue and HUVECs from pregnant women with gestational diabetes mellitus and its correlation with clinicopathological variables in a case-control study

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AIM: Gestational diabetes mellitus (GDM) is a common metabolic disorder of pregnancy, affecting 10–14% of women. Placenta and human umbilical vein play central roles in maternal–fetal glucose regulation. This study evaluated fractalkine (FKN) immunoreactivity in GDM pregnancies and its association with maternal and neonatal outcomes.

Methods: A case–control study was conducted in 89 pregnant women (44 GDM, 45 controls). All underwent a 50 g glucose challenge test at 24–28 weeks, with abnormal results confirmed by 3-hour oral glucose tolerance testing. Placental samples were obtained after cesarean section, and FKN expression was assessed immunohistochemically. Associations with pregnancy outcomes were analyzed.

Results: FKN expression was significantly increased in the capillary endothelium ($p < 0.0001$) and human umbilical vein endothelial cells (HUVECs) ($p = 0.0011$) in GDM compared with controls. Elevated HUVEC FKN was associated with fetal macrosomia ($p = 0.0099$) and neonatal hypoglycemia ($p = 0.0291$), while endothelial FKN was linked to preeclampsia ($p = 0.0250$). Both expression sites correlated with placental pathological changes.

Conclusions: Enhanced FKN expression may contribute to placental alterations and adverse outcomes in GDM, suggesting its potential role as a biomarker of pregnancy complications.

Keywords: Fractalkine, capillary endothelium, gestational diabetes mellitus, human umbilical vein endothelial cells, placental histology

SS-53

First trimester triglyceride-glucose index and lipid profile as predictive factors in the diagnosis of late-onset preeclampsia: Can we prevent it?

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Objectives: This study aims to investigate the predictive effect of first-trimester triglyceride-glucose (TyG) index and lipid profiles, including TG/FPG, LDL-c/HDL-c, and TyG index/BMI ratios, on the development of late-onset preeclampsia (PE). Secondary objectives included evaluating the effect of these markers on birthweight and birthheight.

Methods: A retrospective cohort study was conducted on 306 pregnant women (153 with late-onset PE and 153 normotensive controls). Demographic and clinical data, including maternal lipid profiles, TyG index, and other biochemical markers, were collected during the first trimester. Statistical analyses, including Mann–Whitney, two-sided t-tests, and receiver operating characteristic curves (ROC), were performed to assess the predictive value of the TyG index and other ratios in predicting late-onset PE.

Results: Significant differences between the PE and control groups were observed in delivery method, birthweight, and birthheight ($p < 0.05$). ROC analysis revealed that the TyG index had an area under the curve (AUC) of 0.79, with a sensitivity of 69.3% and specificity of 75.8%. The TyG index was inversely associated with birthweight ($\rho = -0.288$) and gestational age at delivery ($\rho = -0.218$), while positively correlating with systolic blood pressure ($\rho = 0.441$).

Conclusions: The TyG index, along with TG/HDL and LDL-c/HDL ratios, demonstrated predictive value for late-onset PE. These findings suggest that elevated TyG index levels may contribute to adverse pregnancy outcomes such as intrauterine growth restriction and preterm delivery. First-trimester lipid profiles and the TyG index may serve as valuable markers for early prediction of late-onset PE.

Keywords: Preeclampsia, TyG index, Lipid Profiles, Triglycerides, Hypertension

SS-54

Assessment of Knowledge Levels of Pregnant Women on Down Syndrome and Prenatal Screening and Diagnostic Tests

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Objective: This study aimed to evaluate the knowledge levels of pregnant women regarding Down syndrome, its risk factors during pregnancy, and prenatal screening and diagnostic tests.

Materials-Methods: A prospective observational study was conducted at Gazi University Faculty of Medicine, Department of Obstetrics and Gynecology between April 14 and October 14, 2024. A total of 500 pregnant women who attended routine antenatal care and met the inclusion criteria participated. Data were collected using a 16-item questionnaire covering sociodemographic characteristics, obstetric history, and knowledge about Down syndrome and prenatal tests. Statistical analyses included chi-square, t-test, ANOVA, and Monte Carlo correction; p-values <0.05 were considered significant.

Results: The mean age was 28.9±5.4 years; 88% were between 18–34 years. Overall, 96.4% of participants had heard of prenatal screening tests, 64.8% knew about cell-free fetal DNA testing, and 72% were aware of amniocentesis. Awareness of screening tests was significantly associated with higher parity (p=0.011) and income (p=0.027). Awareness of cell-free fetal DNA and amniocentesis was positively correlated with higher education, income, and gestational week (all p<0.001). The mean knowledge score about Down syndrome was 85.6±20.9 (out of 100). However, only 36% of participants reported receiving information from physicians, with most relying on friends (68%) and media sources (81.2%).

Conclusion: Although the general awareness of prenatal screening and diagnostic tests among pregnant women was high, physician-based counseling was insufficient. Increasing healthcare professional involvement in patient education may improve understanding and informed decision-making regarding Down syndrome screening and diagnosis.

Keywords: Down syndrome, prenatal screening, prenatal diagnosis, knowledge level

SS-55

Maternal and neonatal outcomes in pregnancies complicated by placental chorioangiosis: a single-center experience

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Objective: Placental chorioangiosis is a rare lesion characterized by abnormal proliferation of villous capillaries. Although frequently identified as an incidental histopathological finding, it has been associated with adverse perinatal outcomes including preterm birth, neonatal intensive care unit (NICU) admission, and perinatal mortality. The aim of this study was to evaluate the maternal, obstetric, and neonatal outcomes of pregnancies complicated by placental chorioangiosis in our center.

Methods: We retrospectively reviewed 30 cases of histopathologically confirmed placental chorioangiosis delivered at our tertiary perinatology center between 2018 and 2024. Maternal demographics, pregnancy course, mode of delivery, and neonatal outcomes were analyzed. The findings were compared with previously published data.

Results: The median maternal age was 29 years, and the median body mass index was 25.9 kg/m². Most women were primigravida (median gravidity 1, parity 0). The median placental weight was 524 g. Deliveries occurred at a median gestational age of 35 weeks (IQR 32–38), with a median birthweight of 2840 g (IQR 2130–2975). Cesarean delivery was performed in 86.7% of cases, most commonly due to placental anomalies or abnormal Doppler findings. Neonatal outcomes included: NICU admission in 44.8%, respiratory complications in 17.2%, hypoglycemia in 17.2%, hyperbilirubinemia in 27.6%, neonatal sepsis in 3.4%, and antibiotic therapy in 27.6%. Umbilical artery pH (median 7.40) and lactate levels (median 1.0 mmol/L) were within normal limits. Apgar scores were generally favorable (median 5-min Apgar: 10). Neonatal mortality was 10%, with 6- and 12-month survival rates of 90% and 86.7%, respectively.

Conclusion: In our cohort, more than half of the pregnancies complicated by chorioangiosis resulted in preterm delivery (~55–60%), a rate nearly five times higher than the 10–12% reported in the general population. This finding supports previous reports linking chorioangiosis to preterm birth, NICU admission, and neonatal morbidity. Interestingly, unlike some series that emphasize severe intrauterine growth restriction, our cohort demonstrated a median birthweight within the normal range, highlighting heterogeneity in clinical presentation. Overall, placental chorioangiosis should not be regarded merely

as a benign histological variant; rather, its presence appears to correlate with increased obstetric interventions, preterm delivery, and neonatal complications. Larger multicenter studies are warranted to better clarify its prognostic significance.

Keywords: Placental chorioangiosis, Preterm birth, Neonatal outcome, NICU admission, Perinatal mortality

Descriptive Characteristics of Chorioangiosis Cohort

Variable	Median (IQR)
Maternal age (years)	29 (26.5–32.5)
BMI (kg/m²)	25.9 (21.4–30.0)
Gravidity	1 (1–4.5)
Parity	0 (0–2.5)
Placental weight (g)	524gr (471–562)
Gestational age at delivery (weeks)	35 (32–38)
Birthweight (g)	2840 (2130–2975)
Apgar score at 1 min	8 (5.5–9)
Apgar score at 5 min	10 (9–10)
Umbilical artery pH	7.40 (7.32–7.43)
Umbilical artery lactate (mmol/L)	1.0 (0.9–1.85)

Descriptive Characteristics of Chorioangiosis Cohort

Maternal and Neonatal Outcomes

Outcome	n (%)
Cesarean delivery	26 (86.7%)
NICU admission	13 (44.8%)
Respiratory complications	5 (17.2%)
Hypoglycemia	5 (17.2%)
Hyperbilirubinemia	8 (27.6%)
Neonatal sepsis	1 (3.4%)
Antibiotic therapy	8 (27.6%)
Neonatal mortality	3 (10.0%)
6-month survival	27 (90.0%)
12-month survival	26 (86.7%)

Table 2 summarizes maternal and neonatal outcomes, showing high rates of cesarean delivery (86.7%), frequent NICU admission (44.8%), and notable neonatal morbidity with a mortality rate of 10%.

SS-56

Antenatal Management of Bladder Extrophy, A Case Series

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Objective: Bladder exstrophy is a rare congenital anomaly of the lower abdominal wall and urinary tract, characterized by an exposed bladder and pubic diastasis. To date, the underlying predisposing genetic factors for bladder exstrophy are not well described. It is often repaired in childhood and requires multiple reconstructive surgeries from early life. Advances in surgical techniques have significantly improved continence outcomes. Alongside comprehensive multidisciplinary care, these developments have enabled women with bladder exstrophy to attain reproductive age and successfully achieve pregnancy. Pregnancy in this group carries significant risks for both the mother and the infant, necessitating intensive antenatal surveillance and coordinated care from obstetric and urological teams. This case series presents three women with bladder exstrophy who achieved pregnancy and were managed at our tertiary referral center, with the aim of describing antenatal follow-up, complications, delivery strategies and maternal and neonatal outcomes.

Methods: A retrospective review of hospital archives and delivery records (2014–July 2025) was conducted at Hacettepe University. Three women diagnosed with bladder exstrophy who delivered at our hospital were identified. Clinical data were obtained from electronic medical records, including demographic characteristics, surgical and obstetric history, antenatal complications, imaging findings, laboratory results, delivery details, and maternal and neonatal outcomes.

Results: A total of seven pregnancies in three women with a history of complex urological reconstruction were analyzed. The first patient had undergone multiple urological procedures, including cystectomy, Indiana pouch urinary diversion, and Mitrofanoff formation. She delivered two infants at our institution: one via emergency cesarean section at 38+4 weeks of gestation for acute fetal distress, and another via elective cesarean section at 37 weeks following hospitalization for pyelonephritis at 29+4 weeks. Additionally, she experienced a first-trimester pregnancy loss at 6 weeks due to urological complications.

The second patient had a history of neonatal bladder repair and ileal augmentation cystoplasty. Her obstetric history included one early miscarriage, one second-trimester termination for fetal cardiac anomalies delivered vaginally, and one uncomplicated term pregnancy resulting in a live birth via elective cesarean

section at 37+0 weeks.

The third patient had previously undergone urinary diversion to the sigmoid colon and multiple pelvic floor surgeries. She presented with preterm prelabor rupture of membranes (PPROM) at 25+1 weeks and subsequently underwent cesarean delivery at 28 weeks due to placenta previa and non-reassuring fetal status.

Conclusion: Pregnancy in women with bladder exstrophy is possible but remains high-risk, with complications including urinary tract infection, hydronephrosis, intrauterine growth restriction, preterm premature rupture of membranes, and preterm delivery. In this series, clinical courses differed markedly among the three women ranging from recurrent urological complications requiring hospitalization, to second-trimester termination via vaginal delivery for severe fetal anomalies, to an uneventful term pregnancy. All viable pregnancies ultimately required cesarean delivery, reflecting the complex surgical history and altered pelvic anatomy in this population. These findings highlight the need for early referral to tertiary centers, individualized antenatal planning, and close collaboration between obstetricians, urologists, and neonatologists to optimize maternal and neonatal outcomes.

Keywords: antenatal care, cesarean section, bladder exstrophy,

Figure 1

Case 1, Antenatal MRI demonstrating moderate left-sided and severe right-sided hydronephrosis, left renal parenchymal changes consistent with pyelonephritis, and a right renal collection possibly related to calyceal rupture.

Figure 2

Case 1, Anterior abdominal wall showing the neobladder stoma and multiple surgical scars.

Figure 3

Case 1, Intraoperative findings: The abdomen was accessed via a vertical incision, the neobladder was catheterized, and adhesions were observed.

Figure 4

Case 1, Lower segment transverse uterine incision closure

Figure 5

Case 2, Anterior abdominal wall demonstrating multiple surgical scars,the procedure was initiated through a transverse incision just above the skin flap.

SS-57

PCOS Awareness Levels among Female Students of Başkent University Faculty of Medicine: A Survey Study

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Introduction: Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder among women of reproductive age, with significant metabolic and psychological implications. Diagnosis is based on the Rotterdam criteria, and delayed diagnosis increases the risk of complications. This study aims to assess the knowledge and awareness levels of female medical students regarding PCOS.

Method: This cross-sectional study included 171 female students from Başkent University Faculty of Medicine. A 49-question survey was administered online, covering demographic data, women's health, PCOS knowledge, medical history, and general health. Data were analyzed using IBM SPSS Statistics version 26.0.

Findings: Among the participants, 32 (18.7%) reported a diagnosis of PCOS. The body mass index (BMI) was significantly higher in the diagnosed group (22.71±3.34) compared to the undiagnosed group (21.32±2.71) ($p=0.018$). Stress levels were also higher in the diagnosed group (57.9%) versus the undiagnosed group (33.8%), with a significant difference ($p=0.028$). A history of PCOS was more prevalent among the diagnosed group ($p<0.001$). The mean knowledge score was 13.55±2.46 in the diagnosed group and 13.95±2.75 in the undiagnosed group; this difference was not statistically significant ($p=0.374$). Similarly, the mean age was 22.39±2.18 years in those with PCOS and 22.03±1.85 years in those without ($p=0.466$).

Conclusion: The findings suggest that the knowledge level regarding PCOS among diagnosed individuals is not significantly higher. This indicates that diagnosis alone may not be sufficient to increase awareness. Public awareness campaigns and expanded preventive health screenings are essential for early diagnosis and effective management of PCOS.

Keywords: PCOS, Awareness, Medical students, women's health

SS-58

Does the use of granulocyte colony-stimulating factor during fertility treatment affect perinatal outcomes?

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Purpose: To evaluate the effect of granulocyte colony-stimulating factor (G-CSF) administration during fertility treatment on perinatal outcomes and obstetric complications in singleton intracytoplasmic sperm injection (ICSI) pregnancies following at least one failed in vitro fertilization (IVF) attempt.

Methods: This retrospective study included singleton ICSI (intracytoplasmic sperm injection) pregnancies followed at Başkent University Ankara Hospital between January 2015 and August 2019. The study group consisted of 93 patients who received G-CSF (granulocyte colony-stimulating factor) during fertility treatment, and the control group included 261 patients without G-CSF administration. G-CSF was administered intrauterine on the day of ovulation triggering and subcutaneously for 15 days starting from the day of oocyte retrieval. Maternal demographics, gestational age at delivery, delivery mode, birth weight, neonatal intensive care unit admission, and perinatal/obstetric complications were compared between the groups.

Results: Median maternal age (34 vs. 32 years, $p=0.029$) and gravidity (2 vs. 1, $p<0.001$) were significantly higher in the study group compared to the control group. Median gestational age at delivery was 38 weeks in both groups ($p=0.045$). No significant differences were found between groups regarding preterm premature rupture of membranes, preterm delivery, small for gestational age, gestational hypertensive disorders, gestational diabetes, intrahepatic cholestasis of pregnancy, abruptio placenta, amniotic fluid disorders, or vaginal bleeding during pregnancy ($p>0.05$).

Conclusion: G-CSF administration during fertility treatment and early pregnancy does not appear to increase the risk of adverse perinatal outcomes or obstetric complications in singleton ICSI pregnancies. Larger prospective studies are warranted to confirm these findings.

Keywords: Granulocyte colony-stimulating factor, ICSI, perinatal outcomes, obstetric complications, IVF failure

SS-59

Title: Effective surgical management of accessory cavitated uterine mass in an adolescent: A Case Report

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Dysmenorrhea is prevalent among adolescents, affecting nearly 80% of this population. Severe dysmenorrhea unresponsive to treatment may indicate Müllerian duct anomalies, such as the accessory cavitated uterine mass (ACUM).

Case Presentation: A 17-year-old girl presented with severe cyclic dysmenorrhea and left-sided pelvic pain, unresponsive to NSAIDs and combined oral contraceptives. Pelvic ultrasound revealed a 27×10 mm left anterior uterine mass with hemorrhagic content. MRI confirmed a cystic lesion surrounded by myometrium, suggestive of ACUM. Surgical excision was initially delayed for six months due to family preference. Persistent pain prompted laparoscopic resection combined with diagnostic hysteroscopy. Hysteroscopy showed a normal endometrial cavity and patent tubal ostia. The laparoscopic excision was performed successfully, and histopathology confirmed ACUM, showing endometrial glands and stroma within a cavitated mass, along with small foci of adenomyosis in the adjacent myometrium. Outcome: At six-month follow-up, the patient reported complete resolution of symptoms and regular menstrual cycles. MRI demonstrated normal uterine anatomy.

Conclusion: ACUM is a rare Müllerian anomaly in adolescents presenting with severe, refractory dysmenorrhea. While imaging can suggest the diagnosis, definitive diagnosis and treatment require surgical excision. Laparoscopic removal is a safe and effective approach, leading to complete symptom resolution. Awareness of ACUM is essential for clinicians managing adolescents with persistent pelvic pain and dysmenorrhea.

Keywords: Keywords Accessory cavitated uterine mass, ACUM, Severe dysmenorrhea, Müllerian anomaly, Juvenile cystic adenomyosis, Refractory pain

SS-60

Assessing AI Performance in Endometriosis Management Before and After ESHRE Guideline Integration

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Objective: Endometriosis remains a complex condition that requires up-to-date, evidence-based information for clinical decision-making and patient education. This study evaluated the accuracy, quality, and reliability of AI-generated responses to clinical questions and scenarios related to endometriosis, based on the most recent European Society of Human Reproduction and Embryology (ESHRE) guidelines. Six AI models were assessed both before and after integration of the guidelines. The potential role of guideline-informed digital tools in gynecological practice and patient education was also explored.

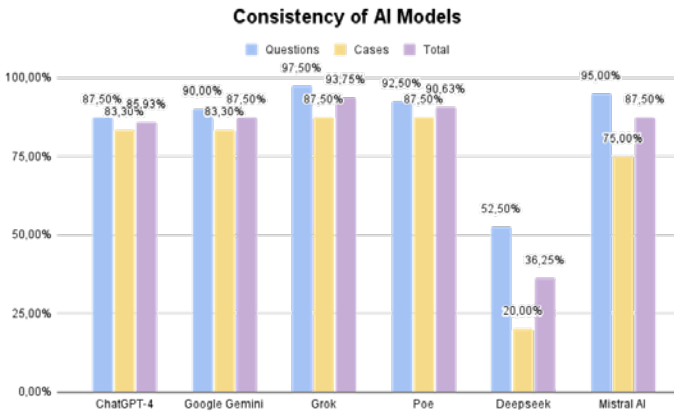
Materials-Methods: A set of 20 patient-centered questions about endometriosis and six clinical case scenarios were developed. These questions and scenarios were presented to six AI language models under two testing conditions: first, with the AI instructed to respond from a researcher's perspective, and second, after providing the 2022 ESHRE Endometriosis Guidelines. Initially, each AI model was asked the 20 questions and six case scenarios with only the researcher context, and responses were recorded. Subsequently, the 2022 ESHRE guidelines were supplied to the models, and the same questions and scenarios were re-asked. The performance of each AI model was then evaluated based on the accuracy, clinical relevance, and terminology used in their responses.

Results: Incorporating the ESHRE guidelines improved the accuracy and consistency of responses across all six AI models. In particular, clinical specificity and appropriate terminology showed significant improvement. Overall, Grok provided the most accurate answers post-guideline integration. Variations in performance were observed among models; some provided clinically relevant outputs more consistently regardless of guideline input. Conversely, Poe and DeepSeek demonstrated diminished performance, likely due to limitations in processing the full guideline text.

Conclusion: Integration of the ESHRE 2022 Endometriosis Guideline significantly enhanced the accuracy and consistency of AI-generated responses for both general questions and patient-specific scenarios. Among the evaluated models, Grok performed best overall, while DeepSeek exhibited the lowest accuracy. These findings highlight that not all AI models interpret medical information equally well and that further development is necessary to ensure safe and reliable clinical use of AI in gynecology.

Keywords: Endometriosis, Artificial intelligence, Language models, ESHRE guideline, AI reliability, Patient education

Consistency of AI Models



SS-61

Tubal Mucosal Endometriosis: Does it Affect the Disease Prognosis?

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Objective: To investigate whether the prognosis of endometriosis differs in patients with tubal mucosal involvement compared to those without.

Materials-Methods: A retrospective analysis was conducted on 504 patients who underwent surgery at Başkent University School of Medicine between January 2011 and December 2024. Data collected included age, weight, height, marital status, comorbidities, surgical procedures, and pathology reports, obtained from patient files and hospital records. Statistical analysis was performed using SPSS Statistics for Windows, version 25.0 (IBM Corporation, Armonk, NY, USA). A p-value of less than 0.05 was considered statistically significant.

Results: The median age of patients was 45.0 years (range: 16–87). Tubal mucosal involvement was detected in 116 patients (22.1%). Demographic and clinical characteristics are summarized in Table 1, while Table 2 compares the differences between patients with and without tubal mucosal involvement.

Conclusions: Patients with tubal mucosal involvement of endometriosis may have a tendency toward a worse disease prognosis. Larger, multicenter studies are needed to further elucidate this relationship.

Keywords: Endometriosis, Tubal endometriosis, Mucosal endometriosis

Characteristics of the Patients

	Median	Range
Age (Years)	45.0	16-87
Gravida	1.50	0-6
Parity	1.19	0-4
Height (cm, mean)	150.1	142-174
Weight (kg, mean)	63.4	48-120
BMI (kg/m2, mean)	28.2	(19.0-43.0)
Ca-125 (IU/L, mean)	138.3	(3-3900)
	N (%)	Range
Marital Status Single Married	 16 (3.1) 82 (15.6)	
Complaint Dysmenorrhea Infertility Dyspareunia Pain (other) PMB Metroraji Menoraji Vajinal discharge PCB Distention	 17 (20) 7 (8.2) 1(1.2) 12(14.1) 2(2.4) 2(2.4) 7(8.2) 23(27.1) 3(3.5) 11(12.9)	
Parity Yes No	 32 (66.6) 16(33.3)	
Infertility Treatment History Yes No Unknown	 4 (7,3) 18 (32,7) 33 (60)	
Alcohol Consumption Yes No	 3 (3) 98 (97)	
Smoking History Yes No	 26 (25,7) 75 (74,3)	
Comorbidity Yes No	 48 (46,6) 55 (53,4)	
PCOS History Yes No	 0 (0.0) 100 (100.0)	
Tubal Ligation History Yes No	 0 (0.0) 100 (100.0)	
Tubal Mucosal Involvement Yes No	 116 (22,1) 408(77,9)	
Tubal Serosal Involvement Yes No	 128(24,4) 396(75,6)	
Adenomyosis Yes No	 134 (25,6) 390 (74,4)	
Myoma Uteri Yes No	 235 (44,8) 289 (55,2)	
Mullerian Abnormality Yes No	 53 (10,1) 471 (89,9)	
Ovarian Involvement No Yes - Right - Left - Bilateral	 192 (36,6) 342 (63,4) 118 (22,5) 88 (16,8) 126(24)	
Endometriotic Cyst No Yes - Right - Left - Bilateral	 355 (67,7) 169 (32,3) 54 (10,3) 60 (11,5) 55 (10,5)	
Peritoneal Involvement Yes No	 124 (23,7) 400 (76,3)	
Cervical Involvement Yes No	 49 (9,4) 474 (90,6)	
Scar Involvement Yes No	 4 (0,8) 520 (99,2)	
Malignancy Yes No	 104 (19,8) 420 (80,2)	
Polyp Yes No	 87 (16,7) 434 (83,3)	

Comparison of the Patients with/out Tubal Mucosal Involvement

	Yes (Range)	No (Range)	p
Age (Median, years)	45.0 (25-87)	45.0 (16-87)	0,302
Gravida (n, mean)	1,50 (0-6)	1,86 (0-6)	0,493
Parity (n, mean)	0,83 (0-2)	1,31 (0-4)	0,186
Height (cm, mean)	162,89	161.06	0,237
Weight (kg, mean)	68,82	66,03	0,345
Ca-125 (IU/L, mean)	236,36	107,90	0,011
	N (%)	N (%)	
Alcohol Consumption - Yes - No	1 (1.5) 64 (98.5)	2 (5.5) 34 (94.5)	0.289
Smoking - Yes - No	15 (23) 50 (76)	11 (30,56) 25 (69,44)	0.410
Comorbidity - Yes - No	24 (36.9) 41 (63.1)	24 (63.2) 14 (36.8)	0.010
CRP - Normal - High - Not meausured	15 (12,93) 21 (18,10) 80 (68,97)	26 (6,39) 40 (9,83) 341 (83,78)	0.005
Adenomyosis - Yes - No	42 (36,21) 74 (63,79)	92 (22,55) 316 (77,45)	0.003
Myoma Uteri - Yes - No	60 (51.72) 56 (48,2)	175 (42,89) 233 (57,11)	0.091
Ovarian Involvement - Right - Left - Bilateral - No	24 (20.6) 17 (14,6) 37 (31,9) 38 (32,7)	94(23) 71 (17,4) 89 (21,8) 154 (37,7)	0.168
Endometriotic Cyst - Right - Left - Bilateral - No	14 (12) 16 (13,8) 16 (13.8) 70 (60,3)	40 (9,8) 44 (10,8) 39 9,5) 285 (69,8)	0.271
Scar Endometriosis - Yes - No	0 (0.0) 116 (100.0)	4 (0,96) 404 (99,02)	0.580
Peritoneal Involvement - Yes - No	35 (30) 81 (69,8)	89 (21,8) 319 (78)	0,062
Soft Tissue Involvement - Yes - No	0 (0.0) 116 (100.0)	12 (2,94) 396 (97)	0.078
Cervical Involvement - Yes - No	2 (1.7) 114 (98,2)	47 (11,5) 360 (88,46)	< 0.001
Tubal Serosal Involvement - Yes - No	40 (34,4) 76 (65,5)	88 (21,5) 320 (78,4)	0,004
Bowel Involvement - Yes - No - Not reported	16 (13,8) 65 (56) 35 (30)	9 (2,21) 399 (97.79) 0 (0.0)	<0.001
aginal Involvement - Yes - No	0 (0.0) 116 (100.0)	2 (0.4) 406 (99.5)	1.000
Malignancy - Yes - No	28 (24,1) 88 (75,8)	76 (18,6) 332 (81,3)	0.189
Polyp - Yes - No	24(20,6) 92 (79,31)	63 (15,5) 342 (84,5)	0,425

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SS-62

The Effect of Uterine Microenvironment on Recurrent Implantation Failure and Recurrent Misscarriage

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AIM: To investigate the relationship between the uterine immune microenvironment and recurrent implantation failure (RIF) and recurrent miscarriage (RM).

Methods: This retrospective pilot study was conducted at a single center. Patients were classified into three groups: control, RIF, and RM. Four hundred and four patients were excluded due to missing data. All patients underwent endometrial lavage on day 21 of their cycle, with samples analyzed by an immunologist. Samples were collected and transported in Cook Medical IVF culture media. Treatments with GM-CSF, corticosteroids, antibiotics, and intralipids were administered based on immunologist recommendations.

Results: A total of 676 patients were evaluated retrospectively, with 290 included in the study. The median age was 33 years (range: 22–45). One hundred and three patients (35.5%) were nulligravid at initial examination. ANA positivity was assessed in 139 patients, with similar rates across groups (p=0.216). Endometrial lavage revealed significantly lower T and B lymphocytes in RIF patients (p=0.001 for both), while CD56B-positive cells were increased (p=0.002).

Conclusion: T and B lymphocytes were decreased in the RIF group. These findings suggest that reduced T and B cells may be associated with RIF.

Keywords: Uterine microenvironment, immune lavage, Repeated implantation failure, Recurrent implantation failure

General Characteristics and Endometrial Lavage Results of the Patients

	Control (mean)	Range	RM (mean)	Range	RIF (mean)	Range	p
Age	32.72	21	33.30	22	34.25	19	0.067
ANA (+) (%)	48.2		25.9		25.9		0.216
CD45 (%)	100	0	100	0	98.734	100	0.300
CD3 (%)	70.966	91.8	72.464	53.2	63.744	95.1	0.001
CD4 (%)	37.699	463.8	33.262	49.6	28.901	62.5	0.130
CD8 (%)	28.954	69.7	30.617	58.2	27.411	51.8	0.178
CD19 (%)	4.059	19.9	2.950	17.7	1.547	17.6	0.001
NK (%)	22.723	90.5	40.160	1701.2	30.778	89.7	0.509
NKT (%)	4.273	20.8	4.768	17.6	5.708	28.3	0.081
CD56B (%)	27.078	77.3	31.655	81.7	40.343	97.1	0.002
CD56+25 (%)	7.747	47.4	47.4	52.7	5.838	59.0	0.296
DNtotal (%)	1.169	4.0	0.965	3.2	1.035	9.0	0.362
DNTlymphocyte (%)	10.026	65.3	9.465	54.5	10.527	41.6	0.752

RM: Recurrent Miscarriage; RIF: Recurrent Implantation Failure; ANA: Anti-nuclear antibody; NK: Natural Killer; NKT: CD56B: CD56 bright; DN: Double Negative

SS-63

Title:İmpact of Histological Subtypes on Overall Survival in Advanced-Stage(III-IV) Ovarian Cancer

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Objective: To evaluate the impact of histological subtypes on overall survival in patients with advanced-stage (stage III–IV) epithelial ovarian cancer and to investigate the association of clinical–laboratory variables with platinum sensitivity.

Methods: A total of 661 patients diagnosed with stage III–IV epithelial ovarian cancer between 2007 and 2022 were retrospectively analyzed. Demographic characteristics, laboratory parameters (CA125, albumin), surgical details (small bowel resection, colorectal surgery, number of lymph nodes removed), platinum sensitivity, and survival data were collected. Survival analyses were performed using the Kaplan-Meier method.

Results: The median age was 57 years (range: 23–87). The median overall survival (OS) for the entire cohort was 53.2 months (95% CI: 48.9–57.5). By histological subtype, median OS was 53.2+/-2.2 months in serous, 5.5 +/-3,1 months in mucinous, 23.6+/-15.1 months in mixed, 21.4+/-15.1 months in clear cell, and 46.0+/-16.6 months in other subtypes, while it was not reached in endometrioid tumors. The longest mean survival was observed in the endometrioid group (131.2 months), whereas the shortest was in the mucinous group (7.6 months). Regarding platinum response, 59.5% of patients were platinum-sensitive, 10.8% resistant. Small bowel resection was performed in 4.7% of cases, while colorectal surgery was applied in 13.6%.

Conclusion: Overall survival in advanced epithelial ovarian cancer significantly varies by histological subtype. Endometrioid histology is associated with the most favorable prognosis, whereas mucinous tumors demonstrate markedly poor outcomes. Platinum sensitivity and the extent of surgical procedures appear to be important prognostic factors influencing survival outcomes.

Keywords: Ovarian Cancer,Ca125,OS

SS-64

Rectus Sheath Hematoma Following Anticoagulation Therapy After Endometrial Cancer Surgery: A Case Report

Sıtkı Özbilgeç
Konya Şehir Hastanesi

Case Presentation: A 68-year-old woman with high-grade endometrial cancer underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy, and pelvic and para-aortic lymph node dissection via laparotomy. On postoperative day 5, she developed dyspnea. CT pulmonary angiography revealed pulmonary embolism, and therapeutic low-molecular-weight heparin (LMWH) was initiated.

On postoperative day 9, following clinical improvement, one of the abdominal drains was removed. That same night, the patient experienced a sharp drop in hemoglobin from 12 g/dL to 6 g/dL. Suspecting internal bleeding, an urgent abdominal ultrasound and contrast-enhanced CT were performed.

Imaging revealed a 124×110×170 mm lobulated hematoma within the right rectus abdominis muscle, extending toward the bladder and vaginal cuff, and closely associated with the prior drain tract. The hematoma was considered self-limiting, and surgical intervention was deferred. The patient received 3 units of packed red blood cells.

In the following days, the patient developed elevated CRP and leukocytosis, suggestive of sepsis. Broad-spectrum antibiotics were started. With close monitoring and conservative management, the septic condition resolved. On postoperative day 15, the patient was discharged in stable condition.

The rectus sheath hematoma (RSH) was attributed to mechanical trauma during drain removal combined with anticoagulant therapy. Follow-up imaging showed regression of the hematoma, and no additional complications were noted.

Discussion: RSH is a rare but potentially serious complication, particularly in patients receiving anticoagulation after major surgery. The combination of extensive dissection, high-grade malignancy, and LMWH increases bleeding risk. Below the arcuate line, the absence of a posterior sheath allows hematomas to expand extensively (1,2).

Key risk factors for RSH include abdominal trauma, forceful rectus muscle contraction, and anticoagulant use (3,4). In our case, LMWH therapy and mechanical stress from drain removal were likely contributors.

Clinically, RSH can mimic peritonitis or intra-abdominal bleeding. CT is the gold standard for diagnosis, accurately assessing hematoma size, location, and any active bleeding

(1,3).

Most RSH cases resolve with supportive care. Surgery or embolization is reserved for patients with hemodynamic instability or abdominal compartment syndrome (2,4). Our patient recovered successfully with conservative treatment.

Conclusion: RSH should be considered in postoperative gynecologic oncology patients on anticoagulants who present with abdominal pain and anemia. Prompt diagnosis and individualized treatment can prevent unnecessary surgery and improve outcomes.

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Keywords: Anticoagulation therapy, Endometrial cancer, Low-molecular-weight heparin, Lymphadenectomy, Postoperative complications, Rectus sheath hematoma.

SS-65

Paraneoplastic Neoplastic Syndrome Associated with Endometrial Cancer: A Rare Case Report

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Introduction: Paraneoplastic syndromes (PS) are a rare neurological disorder triggered by an abnormal immune system reaction that develops in response to malignancies.Neurological symptoms typically develop over days and weeks before a tumor is diagnosed. Difficulty walking, dysphagia, decreased muscle tone and fine motor coordination, reduced speech intelligibility, memory loss, vision problems, sensory deficits, dizziness, and epileptic seizures are among the symptoms seen in these syndromes (1). Our aim here is to emphasize that Paraneoplastic syndrome should be considered in patients with neurological symptoms and findings who have not yet received a diagnosis. Early detection of PNS cases contributes positively to the rehabilitation process by enabling the identification and early treatment of the underlying tumor.

Case Report: A 65-year-old patient presented to the emergency room outside the country due to an epileptic seizure. During the examination, the patient was diagnosed with encephalopathy, experienced a loss of consciousness for 10 days, and was diagnosed with paraneoplastic syndrome. When the origin was investigated, an endometrial tumor was detected. Meanwhile, Valproic acid, Levetiracetam, and Melatonin were started for the convulsive seizure. In the examinations performed, the brain MRI was evaluated as normal. In the physical examination performed, the uterus was found to be larger than normal, smooth, and the adnexa were assessed as normal. In the transvaginal ultrasound performed, a 39x17mm hyperechoic mass with irregular borders originating from the endometrial cavity was observed. The CT scan showed a mass in the endometrial cavity and an IUD. PALN was moderately enlarged. A robotic hysterectomy + bilateral salpingo-oophorectomy + bilateral pelvic sentinel lymph node dissection + para-aortic lymph node dissection + appendectomy and omentum biopsy were performed on a patient with clear cell carcinoma, p53 wild-type, ER-negative, and p16-positive pathology. Clear cell carcinoma location in total abdominal hysterectomy + bilateral salpingo-oophorectomy specimen: anterior and posterior walls. Invasion crossing corps boundaries: not seen. Myometrial invasion depth: 1.5mm Lymphovascular space invasion: seen. Left pelvic lymph node (0/8), Left sentinel lymph node (1+/1) metastasis diameter 1 cm. The patient was later re-evaluated at the gynecological oncology council with pathology results and radiological imaging, and treatment continued in a multidisciplinary manner. The patient continued chemotherapy and anti-epileptic medications.

Discussion: Discussion Paraneoplastic syndromes (PS) are autoimmune clinical conditions that occur due to the involvement of organs or systems with cancer, either directly related to the cancer (tumor) mass or metastases, or independently, without the direct effect of the cancer itself. Although PNSs, which can affect several locations in the nervous system from the cerebral cortex to the neuromuscular junction and muscle, are rare, they are important because they often appear before a cancer diagnosis or when the cancer is still very small and treatable. It is believed that most PSs today arise from an immune response against neural proteins expressed by the tumor (4). The detection of certain autoantibodies in the cerebrospinal fluid (CSF) analysis of patients supports an immune-mediated pathogenesis. In addition to this mechanism, it has been reported that some non-immune causes can also lead to PS.

Keywords: Paraneoplastic Syndrome, Endometrial cancer, Paraneoplastic Encephalopaty


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VS-01

Resurgence of Vaginal Surgery in the Age of Endoscopic Innovations: Preliminary Total Vaginal-NOTES Results from 14 Cases

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Background: Jan Baekelandt identifies two primary techniques for vaginal NOTES hysterectomy. The first, Vaginally Assisted NOTES Hysterectomy (VANH), begins with vaginal dissection of the lower uterus under direct visualization, followed by transvaginal endoscopic completion. The second, Total Vaginal NOTES Hysterectomy (TVNH), conducts the entire uterine dissection exclusively via transvaginal endoscopy, using only a camera and specialized tools. While VANH often encounters challenges during transvaginal colpotomy, TVNH benefits from improved visibility through endoscopic techniques and CO2 pressure, facilitating tissue separation and seamless execution of both anterior and posterior colpotomies. This proves particularly advantageous for patients without previous vaginal deliveries or with cesarean histories. This article highlights my initial experience with TVNH, evaluating its feasibility, safety, perioperative outcomes, and patient satisfaction.

Methods: This observational retrospective study was carried out from 2024 to 2025 in the Department of Obstetrics and Gynecology at Mugla Sıtkı Kocman University Medical Faculty Training and Research Hospital. The data were collected retrospectively from the hospital's electronic medical records system, encompassing preoperative, intraoperative, and postoperative information for all participants. All vNOTES procedures were performed utilizing Alexis and Vpath Gel paths (Video).

Results: Throughout the study period, 14 patients underwent total vaginal NOTES hysterectomy in combination with either bilateral salpingo-oophorectomy or salpingectomy. Among these individuals, 4 patients (28.6%) had a previous history of one cesarean section, 6 patients (42.9%) had undergone two or more cesarean deliveries, and 4 patients were nulliparous. The surgical procedures were performed for indications such as high-grade squamous intraepithelial lesions or in situ cervical carcinoma (42.9%), endometrial hyperplasia or malignancy (35.7%), and adnexal masses (21.4%). The mean operative time was 76.0 minutes with a standard deviation of 19.2 minutes. On average, hemoglobin levels dropped by 1.1 g/dL (±0.6). Postoperative pain, as evaluated using the visual analog scale, showed mean scores of 5.4 (±1.2) at 6 hours and 1.6 (±0.7) at 24 hours after surgery. The average hospital stay lasted 19 hours (standard deviation: 2.8). The calculated mean uterine weight was 107 grams (±36). Importantly, no perioperative or postoperative complications were reported.

Conclusions: TVNH for benign uteri was performed successfully and safely in well-selected parous and nulliparous patients. The presence of pneumovagina means that TVNH is no more challenging in nulliparous women than in parous ones. In contrast, restricted vaginal access may increase the difficulty of performing a traditional vaginal hysterectomy. However, the study has certain limitations, such as a relatively small sample size and the absence of comparative evaluation.

Keywords: Total Vaginal NOTES, Hysterectomy, Vaginally Assisted NOTES

VS-02

v-notes myomectomy

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Submucosal Myomectomy via

V-NOTES Approach: A Case Report

Introduction: Uterine leiomyomas are the most common benign tumors in women of reproductive age. Although often asymptomatic, they can lead to abnormal uterine bleeding, pelvic pain, pressure-related symptoms (such as constipation or urinary frequency), and infertility. In symptomatic cases that are unresponsive to medical treatment, surgical intervention becomes necessary. The surgical approach is selected based on the size, location, and number of fibroids, as well as the patient's reproductive desires. Available methods include laparotomy, laparoscopy, and, more recently, vaginal natural orifice transluminal endoscopic surgery (V-NOTES).

In laparoscopic myomectomy, fibroid removal typically requires the use of a morcellator, which poses a risk of tissue dissemination—even when performed within a containment bag—reported in up to 9% of cases. Moreover, although rare, uterine sarcomas may be encountered in approximately 0.1% of presumed fibroids. The V-NOTES technique offers a minimally invasive alternative that eliminates the need for morcellation while preserving the benefits of laparoscopy.

Case Presentation: A 33-year-old woman (G2P1) presented with abnormal uterine bleeding and a desire for future pregnancy. Her obstetric history included two vaginal deliveries, one of which resulted in intrauterine fetal demise at 39 weeks, while the other was a live birth. Transvaginal ultrasonography revealed a 6 cm submucosal fibroid located on the posterior uterine wall, distorting the endometrial cavity and classified as FIGO type 3.

Given the patient's symptoms, fibroid location, and fertility goals, myomectomy via the V-NOTES approach was planned.

Surgical Technique: Under general anesthesia, the patient was positioned in lithotomy. Vaginal retractors were placed, and the cervix was grasped with a tenaculum. Transperitoneal access was achieved through the posterior vaginal fornix. An Alexis wound retractor was inserted, followed by trocar placement. Pneumoperitoneum was established with CO_2 insufflation.

Intraoperative exploration revealed uterine enlargement due to a posteriorly located fibroid. A transverse incision was made on the posterior uterine wall using a hook electrocautery. The fibroid was dissected with a Ligasure device and completely excised with the assistance of a laparoscopic tenaculum. The specimen was temporarily retained intraperitoneally. The uterine defect was closed in three layers using V-Loc barbed sutures. After achieving hemostasis and peritoneal irrigation, the Alexis retractor was removed along with the fibroid. The vaginal mucosa of the posterior fornix was closed with a continuous suture, and a single vaginal tampon was placed to complete the procedure.

The total operative time was 3 hours. Postoperative recovery was uneventful and pain-free. The patient was discharged the following day. Histopathological examination confirmed the diagnosis of leiomyoma (benign smooth muscle tumor).

Discussion And Conclusion: Submucosal fibroids located near the vaginal fornices and measuring up to 6–7 cm in diameter can be safely and effectively removed via the V-NOTES approach without the need for morcellation. This technique avoids the potential risks associated with morcellator use in laparoscopic surgery and promotes a faster postoperative recovery.

For symptomatic patients with fertility preservation goals and appropriately located fibroids, the V-NOTES technique provides a safe, minimally invasive, and cosmetically favorable surgical option.

Keywords: hemorrhage, infertilty, myomectomy, v-notes,

VS-04

v-notes hysterectomy in the large uterus

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Introduction: Hysterectomy is often recommended for patients with uterine fibroids or abnormal uterine bleeding unresponsive to medical treatment. While open surgery is generally preferred for large uteri, a laparoscopic approach is also feasible if the patient consents to mechanical morcellation via scissors or scalpel through the vaginal route. However, in large uteri, the difficulty of retraction during laparoscopy can complicate the procedure and prolong operative time. The V-NOTES (Vaginal Natural Orifice Transluminal Endoscopic Surgery) technique enables a transvaginal approach even in patients without pelvic organ prolapse and serves as an alternative to laparoscopy not only for myomectomy and cystectomy but also for hysterectomy in large uteri.

Case Presentation: A 44-year-old woman presented with abnormal uterine bleeding. She had a history of one cesarean delivery. On examination, multiple fibroids were identified, the largest measuring 5.5 cm. Due to bleeding unresponsive to oral medical therapy and refusal of a levonorgestrel-releasing IUD, hysterectomy was planned. On vaginal examination, the cervix was located at –8 cm, and the patient had a history of vaginismus. All surgical options were discussed, and a decision was made jointly to proceed with the V-NOTES approach.

Surgical Technique: Under general anesthesia, the patient was placed in the lithotomy position, prepped and draped in a sterile manner, and catheterized. Vaginal retractors were inserted. The cervix was grasped with tenacula anteriorly and posteriorly, and a circular incision was made using monopolar cautery. Entry into the abdominal cavity could not be achieved anteriorly; therefore, the posterior route was used. The bilateral uterosacral and cardinal ligaments were clamped, transected, ligated, and secured. An Alexis retractor and port were placed, and the abdominal cavity was insufflated with CO□. Dissection proceeded posteriorly and laterally until the anterior peritoneum was visualized and opened under direct camera guidance. The bilateral uterine arteries and utero-ovarian ligaments were coagulated and transected, and the uterus was freed and left in the abdominal cavity. Bilateral salpingectomy was performed, and the tubes were removed. After removal of the Alexis retractor and port, the uterus was grasped with a tenaculum and delivered transvaginally using mechanical morcellation with scissors. Hemostasis was achieved, and the pelvic cavity was irrigated. The uterosacral and cardinal ligaments were approximated, and the vaginal cuff was closed with continuous sutures. A single vaginal pack was placed, and the operation was completed. The patient had no postoperative pain, the pack was removed the next day, and ultrasonography revealed no intra-abdominal fluid. She was discharged in good condition. Pathology revealed a uterus weighing 300 g complicated by leiomyomas. No complications were noted during follow-up.

Conclusion: In large uteri, the V-NOTES technique facilitates easier manipulation and allows for faster surgical progression. Once the uterus is freed, it can be removed transvaginally via mechanical morcellation, and the absence of any abdominal incision is an additional advantage.

Keywords: hysterectomy, large uterus, menorrhagia, v-notes

VS-05

Laparoscopic excision of a rare obturator lipoleiomyoma

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Lipoleiomyomas are rare, benign tumors made up of smooth muscle cells and mature fat tissue, most often found in the uterus. They are uncommon even in that location, with reported incidence rates ranging from 0.03% to 0.2%. When these tumors develop outside the uterus, they are exceptionally rare, having been occasionally reported in the cervix, broad ligament, and retroperitoneum. To our knowledge, a lipoleiomyoma arising in the obturator region after hysterectomy has not been documented before. This report presents such a unique case, in which a retroperitoneal lipoleiomyoma mimicked an obturator lymph node in a patient with a history of hysterectomy. A 49-year-old woman, gravida 1 para 1, with asthma and hypothyroidism, initially came to the clinic with pelvic pain and irregular menstrual bleeding. Ultrasound revealed multiple fibroid-like growths in the uterus, and she underwent total abdominal hysterectomy, bilateral salpingectomy, and removal of a cyst from her left ovary. Pathology confirmed multiple intramural fibroids (leiomyomas) and a simple left ovarian cyst. Her first year after surgery was uneventful, except for the discovery of two small cysts in her right ovary on routine ultrasound. CA-125 levels were normal. Five years later, follow-up imaging showed that one cyst had enlarged, and there were now two nodular masses in the right obturator region, raising suspicion for lymph node involvement. MRI confirmed a large multilocular cyst in the right adnexa—consistent with a peritoneal inclusion cyst—and nodules in the obturator space. Tumor markers were still normal. She underwent laparoscopic surgery for excision of the right obturator mass and removal of both ovaries. During surgery, the uterus and fallopian tubes were absent (as expected from her previous hysterectomy). The right ovary contained an 8 cm bilobed cystic mass, while the left ovary appeared shrunken. In the right obturator space, surgeons found a firm 4–5 cm mass, which they removed. Pathology revealed that the ovarian mass was a benign corpus luteum cyst. The obturator mass measured 4.5 × 3 × 1.5 cm, with a cream-colored, smooth, homogeneous cut surface, and consisted of fibrous and fatty tissue. Immunohistochemistry showed strong positivity for Desmin and H-Caldesmon, confirming smooth muscle origin. The final diagnosis was lipoleiomyoma. Histologically, lipoleiomyomas feature an intimate mix of smooth muscle fibers and mature fat. Desmin and SMA staining confirm the muscle component, while S-100 highlights the adipose tissue—helpful in distinguishing them from other mesenchymal tumors. While uterine lipoleiomyomas are well described, retroperitoneal cases—particularly after hysterectomy—are extremely rare. Possible explanations include parasitic growth of fibroid tissue, spread through the peritoneum, or even intravascular migration. Because most retroperitoneal masses raise concerns for cancer, tissue diagnosis remains essential. The treatment of choice is surgical removal, and prognosis is excellent. Malignant transformation in uterine lipoleiomyomas is rare, and no extrauterine cases have been reported to turn cancerous. This case emphasizes that even in patients without a uterus, lipoleiomyoma should be considered in the differential diagnosis of retroperitoneal masses, and that careful histopathological evaluation is key to avoiding misdiagnosis.

Keywords: hysterectomy, lipoleiomyoma, obturator mass, retroperitoneal tumor

VS-07

Minimally Invasive Approach to Mullerian Anomaly: Uterus Didelphys in an Adolescent

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AIM: To describe the minimally invasive approach in an adolescent patient with uterus didelphys complicated by hematometra and severe pelvic pain.

Methods-Materials: A 13-year-old female patient underwent laparoscopy and hysteroscopy. Preoperative evaluation included ultrasound and magnetic resonance imaging (MRI), which demonstrated uterus didelphys with hematometra.

Results: The patient presented with a 5–6 month history of menstruation accompanied by progressive severe pelvic pain. Imaging confirmed uterus didelphys and hematometra. During hysteroscopy, stenosis of the left cervical ostium was identified, opened, and dilated. Both uterine cavities were inspected and confirmed to be well-visualized under hysteroscopic visualization. Simultaneous laparoscopy revealed a double uterus consistent with uterus didelphys.

Conclusion: Minimally invasive techniques such as laparoscopy and hysteroscopy are reliable and effective for the evaluation and management of complex Mullerian anomalies in adolescents. Correlation with ultrasound and MRI findings supports early and accurate diagnosis, allowing appropriate treatment planning and prevention of long-term complications.

Keywords: Uterus didelphys, Mullerian anomaly, Minimally invasive surgery

VS-08

Laparoscopic Cold-Knife Adhesiolysis and Excision of a Rectovaginal Endometriotic Nodule in Stage IV Endometriosis

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Rectovaginal septum deep infiltrating endometriosis (DIE) in stage IV endometriosis presents substantial surgical challenges due to dense posterior compartment fibrosis, obliteration of the cul-de-sac, and the close proximity of the rectum and autonomic nerves. This video demonstrates a standardized laparoscopic technique that prioritizes cold-knife adhesiolysis to facilitate precise dissection in scarred planes and to minimize collateral thermal injury. Following atraumatic entry and diagnostic inspection, the lateral pelvic spaces are developed and the ureters are systematically identified. Bilateral pararectal spaces are opened to mobilize the rectosigmoid from the posterior uterus and upper vagina, thereby re-establishing anatomic planes. Sharp adhesiolysis with cold scissors restores the cul-de-sac and exposes a firm, fibrotic nodule of the rectovaginal septum. En bloc excision is performed along the appropriate avascular plane with meticulous preservation of the hypogastric nerves and pelvic splanchnics; energy devices are reserved for targeted hemostasis only. The rectal wall is preserved with intact mucosa. Blood loss was low and no intra- or postoperative complications were observed; histopathology confirmed endometriosis, and early follow-up demonstrated clinically meaningful improvement in deep dyspareunia and dyschezia. This stepwise strategy—lateral approach, meticulous space development, cold sharp dissection, selective hemostasis, and routine integrity testing—offers a reproducible and safe pathway for the laparoscopic management of rectovaginal DIE in advanced endometriosis.

Keywords: Endometriosis, Deep infiltrating endometriosis, Rectovaginal endometriotic nodule, Laparoscopic surgery, Cold-knife adhesiolysis

VS-09

Overcoming Surgical Challenges in an Adhesion Case: V-NOTES Hysterectomy

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Ntroduction: Vaginal Natural Orifice Transluminal Endoscopic Surgery (V-NOTES) offers the advantages of minimally invasive surgery through a transvaginal approach. However, pelvic adhesions resulting from previous abdominal operations may pose technical challenges, particularly in the anterior dissection area. This report presents a case of successful V-NOTES hysterectomy performed despite the presence of anterior pelvic adhesions.

Case Presentation: A 45-year-old woman with a history of one cesarean section and one open myomectomy presented with menorrhagia and chronic pelvic pain. Imaging revealed an enlarged uterus with a 7 cm subserosal-intramural myoma. Endometrial biopsy was reported as benign, and tumor markers were within normal limits. The surgery was planned via the V-NOTES approach. Intraoperatively, dense adhesions were found between the bladder and the anterior uterine wall. The anterior peritoneum was carefully dissected in layers to mobilize the bladder safely. Uterine vascular pedicles were secured, and the uterus was removed transvaginally. No intraoperative complications occurred. The patient was discharged uneventfully on postoperative day 1. Histopathological examination confirmed myoma uteri.

Conclusion: V-NOTES hysterectomy can be safely performed in the presence of pelvic adhesions with proper patient selection, an experienced surgical team, and meticulous dissection. This case demonstrates that minimal invasive surgery can be successfully accomplished even in challenging adhesion scenarios.

Keywords: V-NOTES hysterectomy, pelvic adhesions, minimally invasive surgery

VS-10

Laparoscopic Management of a Giant Degenerative Subserosal Myoma

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This video presents the laparoscopic management of a giant degenerative subserosal myoma in a 51-year-old female patient with chronic pelvic pain. Imaging revealed a 14 cm subserosal uterine fibroid with degenerative changes. The procedure was performed under general anesthesia in low lithotomy position. After adhesiolysis of the sigmoid colon from the pelvic sidewall and primary repair of the serosa, the myoma was excised using a vessel-sealing device and placed in an endobag. A total laparoscopic hysterectomy with bilateral salpingectomy was subsequently performed. The uterus and both fallopian tubes were removed vaginally en bloc. The vaginal cuff was closed intracorporeally with a barbed suture. The myoma was extracted via a minilaparotomy and morcellated externally within the endobag. No intraoperative complications were observed. This case demonstrates that laparoscopic management of large degenerative myomas can be performed safely and effectively in selected patients by experienced surgical teams.

Keywords: Degenerative Subserosal Myoma, Minimally Invasive Surgery, Total Laparoscopic Hysterectomy

VS-11

Vnotes hysterectomy with bilateral salpingo-oophorectomy for huge bilateral adnexal masses

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Introduction: Adnexal masses are a frequent gynecological concern for women across all age groups, with approximately 10% needing adnexal surgery throughout their lives. When addressing benign ovarian tumors, laparoscopic adnexectomy is favored over laparotomy due to its reduced surgical trauma, fewer postoperative complications, lower levels of postoperative pain, and shorter duration of hospitalization. Evaluating the features of an adnexal mass before undergoing surgery is vital. To avoid cyst rupture and abdominal spillage in cases where masses possess a moderate to high malignancy risk (O-RADS 4 or 5), a laparotomy might be required. However, larger adnexal masses presumed to be benign can be effectively extracted through minimally invasive methods.

Case: A 58-year-old patient with a history of two cesarean deliveries presented with a pelvic mass causing significant daily pain and a mass effect. During the pelvic exam, two soft, non-tender, and movable masses were noted in the midline, extending above the umbilicus. A CT scan revealed simple unilocular cysts originating from both ovaries, measuring 18x12 cm and 7x5 cm, with no nodularity or septations. CA125: 25 U/mL. A vNOTES hysterectomy and BSO were completed successfully. A Frozen Section revealed benign masses on both sides. The surgery was completed without any perioperative complications, and the patient experienced a smooth postoperative recovery. The final pathology report verified the diagnosis of bilateral serous cystadenoma. The procedure is demonstrated in the accompanying video.

Result: The patient returned home on the first day after surgery without any noticeable incisions. vNOTES is an innovative minimally invasive technique that can effectively address suitable adnexal conditions. By integrating laparoscopic and vaginal surgical methods, this approach offers several added advantages, such as improved visualization, quicker recovery, and the absence of visible incisions.

Keywords: Vnotes hysterectomy, salpingo-oophorectomy, huge adnexal masses

VS-12

Expanding vNOTES to Emergencies: Successful Management of Ovarian Cyst Rupture

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Objective: Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) has gained traction as a minimally invasive surgical approach, offering benefits such as reduced blood loss, less postoperative pain, faster recovery, and improved cosmetic outcomes compared to conventional laparoscopy. While its application in elective gynecologic surgery is well-established, evidence supporting its use in acute settings remains limited. This case report aims to demonstrate the feasibility and safety of vNOTES in the emergency surgical management of a ruptured ovarian cyst.

Case: A 27-year-old nulligravid woman presented to the emergency department with acute right lower quadrant pain. Her BMI was 21.9, and she had no significant medical history or prior abdominal surgeries. Transvaginal ultrasonography revealed a collapsed, hemorrhagic-appearing right ovarian cyst approximately 5 cm in size, accompanied by moderate free fluid in the pouch of Douglas and extending to the subhepatic space, consistent with hemoperitoneum. Given the hemodynamic stability of the patient and the presumed diagnosis of a ruptured hemorrhagic cyst, a decision was made to proceed with emergency vNOTES surgery. The procedure was performed under general anesthesia. Following vaginal access and posterior colpotomy, a specialized vNOTES port (GelPOINT® V-Path) was inserted. A 10-mm 30° endoscope and conventional laparoscopic instruments were utilized. Approximately 500 mL of hemoperitoneum was evacuated. The right ovary displayed evidence of active bleeding from a ruptured cyst. Hemostasis was achieved using bipolar energy, and ovarian preservation was ensured. No additional pathology was identified upon inspection of the upper abdomen and contralateral adnexa. The total operative time was 30 minutes, and estimated blood loss was 80 mL. There were no intraoperative complications or need for conversion to laparoscopy. Preoperative hemoglobin and hematocrit levels were 9.4 g/dL and 27.9%, respectively, with minimal change postoperatively (Hb 9.1 g/dL, Hct 27.4%). The patient had an uneventful recovery and was discharged approximately 24 hours after surgery in stable condition.

Conclusion: This case illustrates that vNOTES can be a viable and effective approach in selected emergency gynecologic scenarios such as ruptured ovarian cysts. When performed by

experienced surgeons, vNOTES may offer a safe alternative to conventional surgical routes, even in the presence of intra-abdominal bleeding. Further studies are warranted to establish its broader applicability in acute care gynecology.

Keywords: Emergency, Ovarian Cyst Rupture, vNOTES,

VS-13

Bladder Endometriosis Mimicking Cystitis: Successful Management with Robotic-Assisted Excision

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Objective: Bladder endometriosis is a rare manifestation of endometriosis, affecting approximately 1–15% of patients with the disease. It is characterized by the invasion of endometrial glands and stroma into the detrusor muscle and commonly presents with urinary symptoms that may significantly impair quality of life. Surgical excision remains the mainstay of management in symptomatic patients, while medical treatment provides only temporary or incomplete relief. The objective of this case report is to describe the successful management of bladder endometriosis with robotic-assisted partial cystectomy following failed medical therapy, highlighting the diagnostic challenges, surgical technique, and clinical outcomes.

Methods: A 39-year-old woman, gravida 1 para 1, with a history of cesarean section, presented with a 5-year history of urinary frequency and dysuria. She had been treated with oral dienogest for three years, which resulted in partial improvement of urinary symptoms but was discontinued due to irregular uterine bleeding. The patient was initially diagnosed with ureterocele by a urologist at an external center, and surgical intervention was planned. However, intraoperatively, a mass was noted in the posterior bladder wall, leading to referral to our clinic. On re-evaluation with transvaginal ultrasound and pelvic MRI, a lesion consistent with bladder endometriosis was identified, and robotic-assisted excision was scheduled. The procedure involved cystoscopy performed by the urology team, which confirmed no intraluminal masses. A urinary catheter was placed, and indocyanine green (ICG) solution was instilled into the bladder to delineate the lesion. Upon entering the abdomen, an endometriotic nodule was found in the posterior-superior bladder wall, anterior to the uterus. The nodule was excised en bloc with the bladder wall, and the defect was repaired with 2-0 V-Loc sutures.

Results: The procedure was completed successfully without intraoperative or postoperative complications. Pathological evaluation confirmed bladder endometriosis. The postoperative course was uneventful, and the urinary catheter was removed after bladder healing was confirmed. At 6-month follow-up, the patient reported complete resolution of urinary pain, urgency, and frequency. No recurrence was detected on imaging, and quality of life was significantly improved.

Conclusion: Bladder endometriosis is a challenging condition

due to its nonspecific clinical presentation and potential for misdiagnosis, as seen in this patient initially labeled with ureterocele. While medical therapy with progestins such as dienogest can provide temporary relief, long-term control of symptoms and prevention of recurrence generally requires surgical excision. Robotic-assisted partial cystectomy represents a safe, precise, and minimally invasive approach that allows complete excision of bladder endometriotic nodules while minimizing the risk of recurrence. Compared to transurethral resection, which carries a higher risk of bladder perforation and incomplete excision due to the extrinsic origin of the nodules, robotic surgery offers better outcomes in terms of symptom resolution and long-term disease control. This case reinforces the importance of accurate preoperative diagnosis, multidisciplinary management involving gynecology and urology, and the role of advanced minimally invasive techniques in optimizing patient outcomes.

Keywords: Bladder endometriosis, Robotic surgery, Partial cystectomy

VS-14

Robotic-assisted total laparoscopic hysterectomy and bilateral salpingooferectomy in a patient with peritoneal leiomyomatosis

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Introduction: Disseminated peritoneal leiomyomatosis (DPL) is an uncommon benign condition characterized by multiple smooth muscle nodules scattered across the peritoneal surfaces. Although histologically benign, DPL frequently mimics peritoneal carcinomatosis and other malignant conditions on imaging and intraoperative evaluation, creating diagnostic challenges. The disease most often affects women of reproductive age, but rare cases have been described in postmenopausal women. The pathogenesis remains debated; proposed mechanisms include submesothelial mesenchymal metaplasia and iatrogenic dissemination, particularly following uncontained morcellation during uterine surgery. Because of its rarity, nonspecific clinical features, and potential to resemble malignancy, careful multimodal assessment and complete surgical excision are essential.

Methods: We present the case of a 48-year-old postmenopausal woman (G3P2) with a history of laparoscopic myomectomy and two cesarean deliveries. She was admitted with abdominal distension, constipation, and urinary incontinence. Preoperative pelvic MRI revealed multiple hypointense nodules on T1- and T2-weighted imaging without contrast enhancement or diffusion restriction, radiologically consistent with benign leiomyomatous lesions. The patient underwent robot-assisted total laparoscopic hysterectomy with bilateral salpingo-oophorectomy (TAH+BSO) and complete resection of all visible peritoneal nodules. Clinical details, operative findings, and histopathological results were evaluated.

Results: Intraoperatively, numerous nodules were observed on the bladder dome (~6 cm), pouch of Douglas, rectal surface, sigmoid colon, pelvic sidewall, and anterior abdominal wall. All visible lesions were excised. Histopathology confirmed disseminated peritoneal leiomyomatosis, composed of benign smooth muscle bundles without cellular atypia, necrosis, or significant mitotic activity. Immunohistochemical staining showed positivity for H-caldesmon and desmin, negativity for ALK and CD10, and a Ki-67 proliferation index below 1%, confirming the benign nature of the lesions. Additional findings included adenomyosis, small intramural leiomyomas, and chronic cervicitis. The patient's postoperative course was uneventful, and she was discharged on postoperative day

1 without complications. At follow-up, no recurrence was detected.

Conclusion: This case demonstrates DPL in a postmenopausal patient with a history of myomectomy, supporting the iatrogenic dissemination as a key pathogenic mechanism. The characteristic MRI findings—hypointense on T1/T2 sequences without contrast enhancement or diffusion restriction—were consistent with benign leiomyomatous tissue and helped to distinguish DPL from peritoneal malignancy. Complete surgical excision remains the cornerstone of management, with robot-assisted laparoscopy offering superior visualization, dexterity, and safety for extensive peritoneal clearance. Although prognosis is generally favorable, long-term follow-up is advisable because rare cases of malignant transformation have been reported. Importantly, this case reinforces the necessity of preventive strategies during minimally invasive gynecologic surgery. When laparoscopic myomectomy is performed, uncontained power morcellation should be strictly avoided. Instead, morcellation must be conducted within a specimen retrieval bag, and the tissue extracted in a contained manner to minimize the risk of peritoneal dissemination and subsequent development of DPL.

Keywords: Benign smooth muscle tumors, Disseminated peritoneal leiomyomatosis, Morcellation, Robot-assisted laparoscopy

VS-15

Herlyn-Werner-Wunderlich Syndrome: A Rare Case Report

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Herleyn-Werner-Wunderlich syndrome is one of the rare müllerian duct anomalies. It is associated with uterine didelphys, obstructive hemivagina, and ipsilateral renal agenesis. It is called OHVIRA syndrome. The incidence ranges from 1 to 4 per 1000. The most common complaint we see in the clinic is dysmenorrhea secondary to hematocolpos, and symptoms are particularly increased after the first menstruation. The main diagnostic method for OHVIRA syndrome is a combination of Magnetic Resonance Imaging (MRI) with Ultrasound (USG).

Our patient is 39 years old and was previously followed for Uterine didelphys, having had one vaginal delivery. She was referred to us because she was diagnosed with pregnancy during examinations performed at an outside center, leading to suspicion of cervical pregnancy. The examinations revealed a rudimentary horn measuring 98x75mm with endometriotic fluid inside on TVUSG. The other horn, measuring 117x39mm, contained a 45x35mm gestational sac displaced toward the cervix. The FKA was negative, the right ovary could not be clearly evaluated, and the left ovary was normal. The patient's MRI imaging showed a Uterus didelphys variation. A hemorrhagic internal structure with an expanded appearance at the right cornual level was observed. Also, hematocolpos is present. The left cornua, cervical canal, and natural appearance were observed to be thin. On the right, there is an obstructed hemivagina appearance. A 2 cm diameter ectopic gestational sac, which is thot to be located within the distal tube near the ovary at the level of the left adnexal compartment, is observed. It was observed in the abdominal ultrasound examination on 02/05/2024 that right renal agenesis was present. In the patient's medical history, it was determined that her periods were painful and she had complaints of dyspareunia, but her periods were regular. The patient was informed and taken to surgery. Laparoscopic right uterine horn excision + right obliterated vagina excision + bilateral uterine artery ligation + right salpingectomy and medical drainage were performed in the lithotomy position. During the surgery, the hymen was opened and the hematocolpos was drained. Postoperative follow-up was performed and the patient was discharged with recommendations.

Müllerian ducts are developing from mesoderm form fallopian tubes, uterus, cervix and upper vagina. The development of the Müllerian duct occurs in three stages which are organogenesis, fusion and septal resorption. A disturbance at these stages leads to fusion anomalies of the Mullerian duct. Müllerian duct anomalies are accompanied by urinary anomalies with

the rates of 20-25%. The kidney anomalies in the obstructive hemi-vagina and OHVIRA syndrome are twice as common on the right side of the body as compared to the left. The Wolf ducts are responsible for guiding the fusion of the Mullerian ducts. If there is an anomaly in the development of Wolf duct, then, the kidney and collecting system cannot develop. Fusion anomalies may also develop in the uterus. The uterus didelphys is a complete fusion defect of Mullerian ducts as well as it constitutes approximately 11% of Mullerian anomalies, accompanied by transverse vaginal septum with a rate of approximately 75%.

Keywords: hematocolpos, OHVIRA Syndrome, renal agenesis, Hernly- Werner- Wunderlich Syndrome

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PS-02

Surgical preferences for intracavitary myomas

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Submucosal myomas originate from myometrial cells located just beneath the endometrium and protrude into the uterine cavity. These lesions may cause excessive bleeding, severe dysmenorrhea, and infertility. Hysteroscopic resection is recommended as the standard treatment; however, for large myomas (≥3 cm), the difficulty and risk of complications increase, often requiring multiple surgical sessions.

A 38-year-old woman with severe menorrhagia and dysmenorrhea, and a history of two cesarean deliveries, was found to have a 5 cm type 0–1 submucosal myoma. She had been advised to undergo hysterectomy in another center. Instead, vaginal mechanical excision of the myoma and insertion of a Mirena intrauterine system were planned. Since hysteroscopic removal was expected to require multiple sessions, a mechanical approach was preferred.

Following cytocec administration and under deep sedation, cervical dilation was performed under ultrasound guidance. The uterine cavity was accessed using a sharp curette, and the pedunculated myoma was freed, grasped with a tenaculum, rotated 360° for mobilization, and removed in fragments to reduce its size. The remaining 2–3 cm portion was completely extracted. No active bleeding was observed, and control ultrasonography revealed no additional pathology. After cervical narrowing was noted, a Mirena device was placed, and the patient was discharged. Histopathological examination confirmed a leiomyoma. On follow-up, her bleeding and pain symptoms had improved significantly.

In conclusion, direct mechanical excision of intracavitary myomas via the vaginal route appears to be an easier and safer approach, even for large myomas. Cervical dilation with dilators and medical agents, combined with ultrasound-guided tenaculum-assisted removal, should be considered as an organ-preserving alternative to hysteroscopy or hysterectomy.

Keywords: excision,intracavitary, myoma, submucosal

patology

patology

postop

postop endometrium cavity lineer

preop

tip0-1 5cm myom

tip 0-1 4cm myom

totally excision in policlinic

tip 0-1 3cm myoma

PS-03

A Patient Diagnosed With Neuropsychiatric Systemic Lupus Erythematosus After Conization Surgery: A Case Report

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The recommended treatment strategy for high-grade cervical intraepithelial lesion (HSIL) is excisional procedures [1]. These procedures can be classified into three distinct

Methods: cold knife conization, loop electrosurgical excision, and laser conization. The choice of method is based on multiple factors, including the anatomical location of the lesion (especially its proximity to the cervical canal), the patient's age, fertility expectations, and cervical anatomy. Although commonly performed, this surgical procedure may result in complications such as bleeding, infection, or postoperative cervical stenosis. The procedure is generally performed under sedation. Post-conization infections are rare, and the causative agents are typically polymicrobial [2].

Case: A 43-year-old woman underwent cervical biopsy and endometrial sampling due to atypical glandular cells (AGC) identified in routine cytology. Biopsy revealed high-grade squamous intraepithelial lesion (HSIL, CIN 3), and cold knife conization was performed with cefazolin prophylaxis. She was discharged uneventfully. Ten days post-surgery, she developed vaginal discharge and pelvic pain without signs of systemic infection or abnormalities on ultrasound. Doxycycline and ornidazole were prescribed. On day 25, she presented with fever, nausea, vomiting, malaise, diplopia, altered consciousness, tachypnea, tachycardia, hypotension, metabolic acidosis, renal failure (creatinine: 6.7, urea: 48.6), elevated CRP, and markedly elevated procalcitonin (>100). CT revealed a 3-cm hemorrhagic ovarian cyst. She required hemodialysis, noradrenaline, meropenem, and tigecycline. Candida albicans was detected in urine culture; antifungal therapy was initiated. Further tests revealed positive ANA and anti-dsDNA antibodies, suggesting lupus. Diplopia persisted despite normal neurological assessments, EEG, and MRI. Following stabilization, treatment with prednisolone, Plaquenil, and fluoxetine led to resolution of symptoms, including diplopia and sleep disturbances, confirmed at two-month rheumatology follow-up.

This case involves a patient who experienced septic shock, severe renal failure, and neuropsychiatric symptoms on the 25th day post-cervical conization and was later diagnosed with lupus. The immunosuppressive nature of lupus may heighten vulnerability to infections, potentially resulting in septic shock and multiple organ failure. While the risk of infection during conization is acknowledged, severe sequelae are infrequent. The diagnosis was made during hospitalization while evaluating the cause of sepsis and neurological symptoms.

In patients with lupus, postoperative infections may follow a more severe course, and septic shock has been linked to neuroinflammation contributing to neuropsychiatric symptoms. This instance highlights that unforeseen systemic complications after modest surgical procedures may indicate underlying multisystemic diseases such as lupus.

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Keywords: Systemic lupus erythematosus (SLE), Septic shock, Cervical conization, Acute renal failure

PS-04

Are there any prognostic parameters in pregnant women with Covid-19: A cross-sectional research

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Mean platelet volume (MPV) is an important indicator of inflammatory and contagious diseases. The hypothesis of the current study was that COVID-19 might affect platelet volume indices since it causes inflammation as in other viral infections and changing MPV value by treatment in pregnant patients with-COVID-19. Second aim to investigate there are any prognostic marker for COVID-19 illness in pregnant patients. We retrospectively evaluated 169 pregnant COVID-19 patients who were admitted to a tertiary care hospital between March 2020 and December 2020. Full blood counts and biochemistry parameters, including C-reactive protein, ferritin, d-dimer, and procalcitonin were collectedon admission and discharge. In addition, we compared the radiological classification of pulmonary computed tomography scans with intensive care requirement and vital signs such as fever, oxygen saturation, and pulse rate. The change in MPV decreased with increasing oxygen saturation level and increased with the prolonged length of hospital stay. Only lymphocyte count, which is a component of the hemogram panel and an important prognostic parameter in COVID-19 monitoring, positively correlated with C-reactive protein, ferritin, and procalcitonin, but not with D-dimer and MPV value. Mean platelet volume is an important laboratory marker for both pregnant and non-pregnant COVID-19 patients. It is as valuable as lymphocytes owing to its low measurement cost and rapid study time. Our study is significant due to the relatively higher number of participants compared to other studies and its particular focus on pregnant patients.

Keywords: COVID-19,Mean platelet volume,Pregnancy

PS-05

Hysterectomy Encountered in a Double Uterus Anomaly: Case Report

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Purpose: A double uterus (uterus didelphys) is a rare Müllerian anomaly, often associated with infertility or obstetric complications. In this case report, the surgical management of a case of uterus didelphys operated due to myoma uteri is shared.

Methods: A 57-year-old patient with a history of two live vaginal births presented with complaints of abnormal uterine bleeding and pelvic pressure in the postmenopausal period. Imaging and gynecological examination revealed a double uterus and bilateral cervix, consistent with a didelphys uterus. An approximately 8 cm intramural myoma was detected in one of the uteruses. The patient underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Conclusion: Uterus didelphys is usually diagnosed during reproductive age, and the need for surgery is rare. This case demonstrates that a didelphys uterus can be diagnosed during hysterectomy for uterine myoma in an older patient who has completed childbearing. Awareness of the anomaly during surgical planning is crucial for surgical safety.

Keywords: double uterus, hysterectomy, mullerian anomalies, uterus didelphys

Figure 1

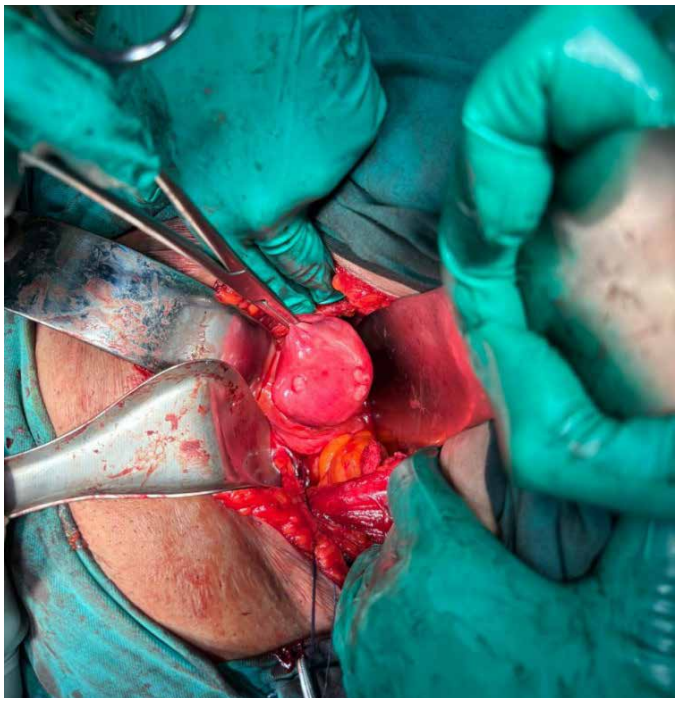

Figure 2

PS-06

Evaluation of a Uterine Carcinosarcoma Case from Different Perspectives: A Case Report

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[2]Ordu University School of Medicine, Training and Research Hospital, Department of Gynecologic Oncology, Turkey

Objective: Uterine carcinosarcomas (UCS) are rare, aggressive tumors usually diagnosed in postmenopausal women [1]. This case aims to provide a comprehensive evaluation of a UCS detected in a younger, virgin patient—an uncommon presentation in clinical practice.

Case: A 45-year-old virgin woman presented with complaints of menstrual irregularity and abnormal uterine bleeding. Transvaginal ultrasonography revealed an endometrial thickness of 51 mm and a 7×10 cm mass occupying the posterior uterine wall. Contrast-enhanced CT showed a 4 cm mass at the junction of the uterine corpus and cervix and an additional 8 cm lesion extending toward the cervix and vagina. Laboratory tests revealed elevated tumor markers: CA125 at 110 U/mL and CA15-3 at 44 U/mL. Direct endometrial sampling was not a feasible option due to the patient's virginity. The tissue was ejected from the cervix and then collected for histological investigation. Microscopy revealed a high-grade malignant neoplasm composed of epithelial and mesenchymal cell populations. The epithelial component showed features consistent with grade 3 endometrioid and serous carcinoma, while the sarcomatous part lacked specific morphological characterization. Immunohistochemistry (IHC) revealed positivity for PAX8, EMA, cytokeratin, and aberrant p53 in the epithelial component. In the mesenchymal component, myogenin and desmin positivity were observed, suggesting sarcomatous differentiation [2]. Based on histopathological and IHC findings, a diagnosis of uterine carcinosarcoma was made (Figures 1-4)

Discussion: UCSs are biphasic malignancies containing both carcinomatous and sarcomatous components. They are now considered metaplastic carcinomas originating from epithelial neoplasms undergoing mesenchymal transformation. TP53 mutation is the most common molecular alteration in UCS, and IHC plays a key role in detecting epithelial and mesenchymal differentiation. The sarcomatous component can be either homologous (e.g., endometrial stromal sarcoma, leiomyosarcoma) or heterologous (e.g., rhabdomyosarcoma, chondrosarcoma). Heterologous elements are present in 25–50% of instances. Given the overlapping characteristics, the differential diagnosis should encompass

undifferentiated sarcoma, pleomorphic rhabdomyosarcoma, and dedifferentiated endometrioid adenocarcinoma. Although a cervical mass was observed radiologically, negative p16 staining and the absence of HPV-related morphological changes indicated an endometrial origin. UCS should be staged similarly to endometrial carcinomas rather than uterine sarcomas. Multidisciplinary evaluation, including clinical, radiologic, and pathologic findings, is essential for accurate diagnosis and staging.

Conclusion: Uterine carcinosarcomas can occasionally be diagnosed in young or virgin patients and should not be overlooked in this demographic. Comprehensive histopathologic and immunohistochemical assessment is crucial for definitive diagnosis. This case underscores the importance of adequate sampling and interdisciplinary collaboration to distinguish UCS from its mimickers and guide appropriate clinical management.
Keywords: Uterine carcinosarcoma, biphasic tumor, young patient, immunohistochemistry, differential diagnosis.

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Keywords: Uterine carcinosarcoma, biphasic tumor, young patient, immunohistochemistry, differential diagnosis.

figure 1

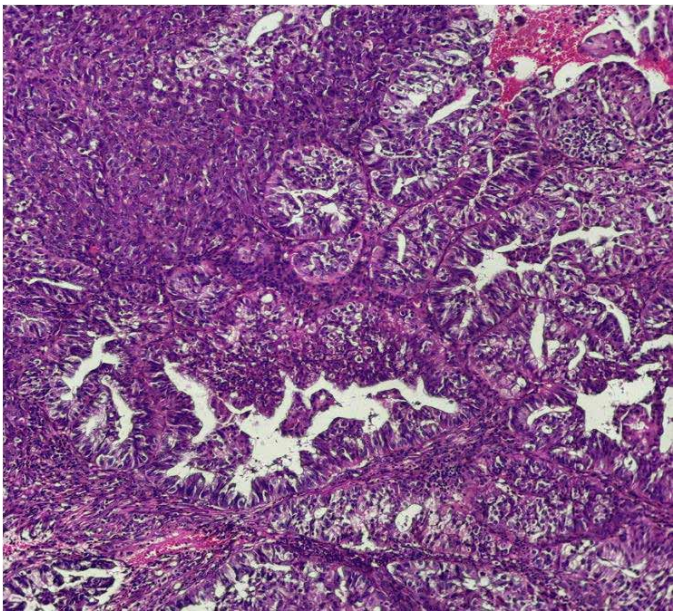


figure 2

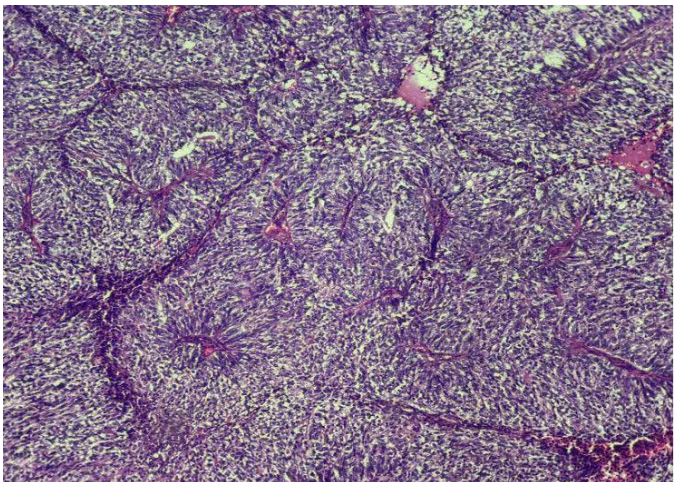


figure 3

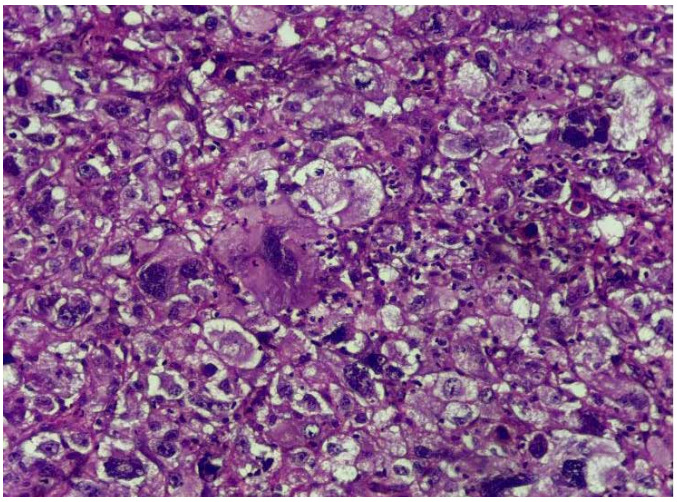
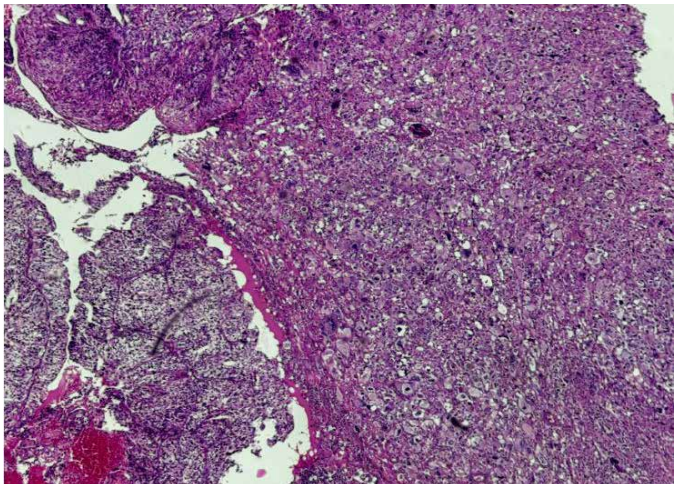


figure 4



PS-07

The effect of weight on sperm count and motility in men

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Purpose: According to the World Health Organization, infertility is defined as the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse (1). One of the causes of infertility is male-related factors. Male infertility is mainly characterized by two features: insufficient sperm and morphological abnormalities. In recent years, nutritional disorders in men have led to excessive weight gain, which in turn has affected fertility. Obesity is defined as the presence of an excessive amount of fat tissue in the body. It is believed that in men with obesity, increased body temperature in the scrotal area due to abdominal and lower body fat accumulation may lead to infertility (2). Globally, there has been an increase in male infertility in parallel with the decline in sperm quality.

Method: In this study, we examined seven male patients aged between 35 and 45 who had no hormonal or metabolic disorders and had undergone infertility treatment at the clinic due to obesity. We compared the sperm parameters of patients classified as overweight/obese based on their body mass index with the same patients after being placed on a healthy lifestyle program, which included diet, exercise (daily 1-hour walks, 30 minutes of cardio fit, and yoga). At the end of the sixth month, their sperm count, and motility were re-evaluated according to their body mass index. The patients who visited the clinic were placed on the Soft Mayr diet, also known as the Austrian diet, which is low in carbohydrates and fats and rich in vegetables and protein (3). Along with the diet, various exercises were implemented to promote weight loss. At the end of the sixth month, a spermiogram test was conducted on the same patients, and their sperm count and motility were evaluated using a Makler circle.

Findings: A significant decrease was observed between the patients' initial body mass index (BMI) measurements at their first clinic visit and their BMI measurements at the end of the sixth month ($p<0.05$). A significant increase was also observed in sperm parameters measured at the end of the sixth month compared to those taken at the initial BMI measurement ($p>0.05$). Additionally, with the weight loss achieved by the end of the sixth month, a notable improvement in sperm motility was observed ($p>0.05$).

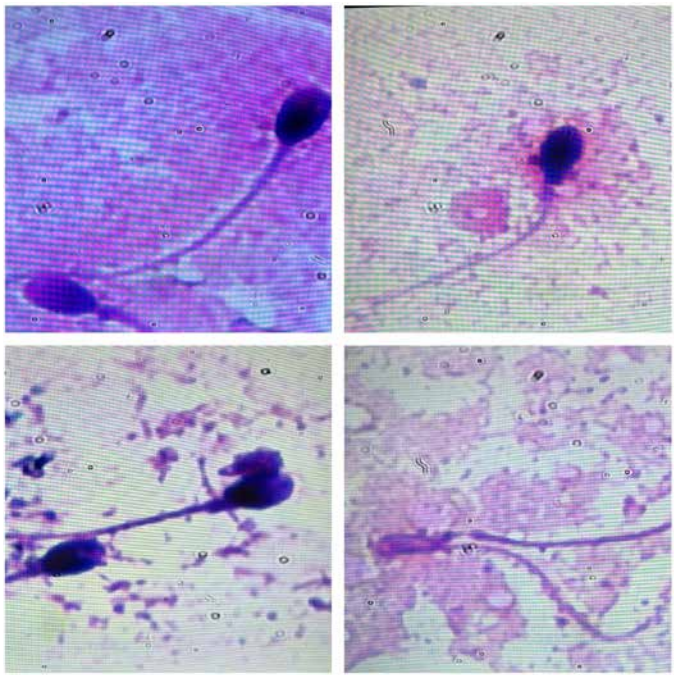
Conclusion: Our study indicates that the Soft Mayr Diet yields positive results in male patients undergoing infertility treatment. Obese patients should be informed about this issue and encouraged to lose weight.

Keywords: Male infertility, Sperm count, Sperm motility, Mayr diet

Figure-1

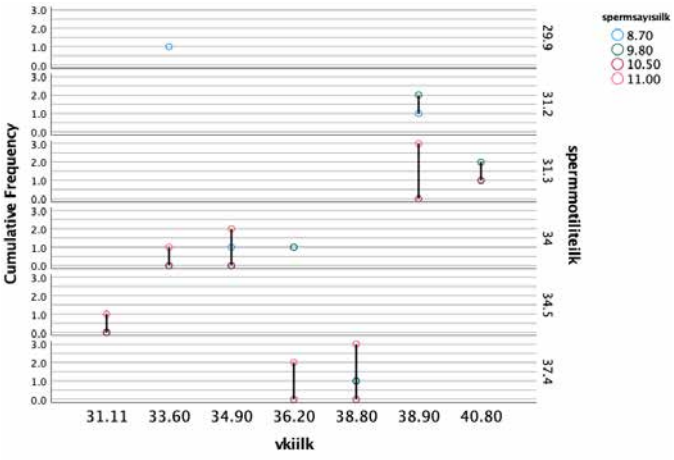
Mayr diet contents and menus.

Figure-1



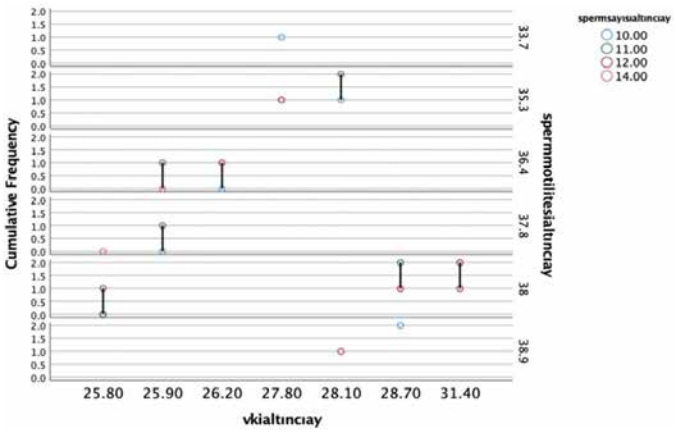
The appearance of normal and abnormal sperm after staining with sperm.

Table-1



Relationship between initial weight measurements and sperm motility and morphology of male patients.

Table-2



The relationship between sixth month weight measurements and sperm motility and morphology of male patients.

Figure-2

Motility images of normal and abnormal sperm.

PS-08

Early Hysterectomy Decision in a Young Primigravida with Postpartum Hemorrhage due to Lower Uterine Segment Atony

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[2]Fethiye State Hospital, Muğla, Turkey

Abstract / Case Presentation: We present the case of a 23-year-old, previously healthy primigravida (G1P0) who presented in active labor with 5 cm cervical dilation and 60% effacement. No induction or medical intervention was applied. She progressed spontaneously to full cervical dilation and effacement within 2 hours. A healthy male infant weighing 3450 grams was delivered vaginally with Apgar scores of 9 and 10 at 1 and 5 minutes, respectively.

During the repair of a mediolateral episiotomy, active uterine bleeding was observed. The uterine fundus was firm, and the bleeding was attributed to uterine atony localized to the lower uterine segment. Medical management was initiated promptly, including uterotonics, and a Bakri balloon was placed. Despite these interventions, hemorrhage persisted, prompting a call for surgical assistance.

Laboratory findings revealed a hemoglobin level of 6 g/dL and hematocrit of 18%. Due to ongoing hemorrhage, the patient was urgently taken to the operating room. A Pfannenstiel incision was performed. Initial attempts at uterine preservation with Hayman sutures were unsuccessful. Given the patient's unstable hemodynamic status and continued blood loss, a subtotal hysterectomy was performed. In total, 8 units of erythrocyte suspension and 7 units of fresh frozen plasma were transfused.

Following hemorrhage control, the patient was transferred to a tertiary care center with a level III intensive care unit. She remained in the ICU for 3 days, followed by inpatient ward care, and was discharged in stable condition.

Discussion: This case emphasizes the critical importance of timely decision-making in the management of postpartum hemorrhage, even in young, nulliparous patients. While fertility preservation is always a key consideration, maternal survival remains the top priority. In this scenario, early recognition of persistent bleeding despite medical and conservative surgical interventions led to the life-saving decision for hysterectomy. Prompt intervention likely contributed to the favorable outcome.

Keywords: Atony, Postpartum Hemorrhage, Postpartum Hysterectomy

PS-09

Vaginal Delivery in Giant Omphalocele Cases: Situations Where Caesarean Section Is Not Necessary

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Background: The optimal delivery method for cases of omphalocele diagnosed before birth is a matter of debate. Although caesarean section is traditionally recommended, current literature shows that vaginal delivery is a safe alternative.

Case: A 27-year-old primigravid patient underwent anomaly screening at 20 weeks of gestation, which revealed multiple fetal anomalies (cleft palate-lip, polydactyly, choroid plexus cyst, oesophageal atresia, and a 13×11 cm giant omphalocele). Despite the recommendation for termination, the patient wished to continue the pregnancy. Intrauterine foetal death occurred at 36 weeks of gestation. Termination was performed via vaginal delivery according to the FIGO 2023 protocol. The male foetus with multiple anomalies, including a giant omphalocele, was delivered vaginally without complications.

Conclusion: This case demonstrates that vaginal delivery can be safely performed even in the presence of a giant omphalocele. The literature supports this approach and emphasises that vaginal delivery should be preferred for maternal safety.

Keywords: Omphalocele, vaginal delivery, caesarean section, mode of delivery, intrauterine foetal death

PS-10

Le Fort Colpocleisis for Radiotherapy in Locally Advanced Cervical Cancer with Total Uterine Prolapse

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Pelvic organ prolapse and cervical cancer are common conditions in women; however, their coexistence is rare, with more than 60% of cases presenting with uterine prolapse of at least 10 years' duration. The displacement of the cervix from its natural vaginal environment may explain the lower risk of virus-related cervical cancer, while the continuous trauma to the cervical epithelium can promote the neoplastic process. A 69-year-old female patient presented with total uterine prolapse persisting for approximately three years. Gynecological examination revealed extensive necrotic lesions on the cervix and vaginal mucosa, and biopsy demonstrated HPV-independent squamous cell carcinoma. PET-CT showed involvement of bilateral external iliac and obturator lymph nodes. The multidisciplinary oncology board evaluated the patient as having locally advanced cervical cancer and planned induction chemotherapy followed by radiotherapy; however, radiotherapy field planning was not feasible due to the prolapse. Therefore, according to the board's decision, Le Fort colpocleisis was performed to facilitate radiotherapy. While standard treatment for cervical cancer includes radiotherapy ± chemotherapy, total uterine prolapse is a rare condition that may hinder radiotherapy planning, and literature reports only a few cases in which colpocleisis was used to optimize the radiotherapy field. In conclusion, Le Fort colpocleisis can be considered a safe and effective surgical approach to enable radiotherapy, and a multidisciplinary strategy is critical for determining the optimal management in such complex cases.

Keywords: Cervical Cancer, Le Fort Colpocleisis, Uterine Prolapse

Preoperative Image

Preoperative Image Showing Total Uterine Prolapse

Postoperative Image

Postoperative Image After Le Fort Colpocleisis

PS-11

Scorpion Sting in Pregnancy: A Case Report

Bilal Emre Erzeneoglu, Esra Nuhoglu Bilgin, Esin Sahin Toruk, Arzu Sumer, Hatice Aydın Salman, Pinar Tokdemir Çalış, Deniz Karçaaltıncaba
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Introduction: Scorpions are common arthropods found on all continents except Antarctica. Of the 2,500 described species worldwide, most stings are not life-threatening; however, approximately 1.5 million people are stung annually, resulting in about 2,600 deaths. Reports of scorpion stings during pregnancy are rare, and obstetric complications may occur.

AIM: To present the clinical course and management of a pregnant woman with a scorpion sting.

Case: A 31+4-week pregnant woman, gravida 3, parity 2, with two prior cesarean deliveries, presented to our outpatient clinic with severe pain in her left arm following a scorpion sting to her left elbow at 05:30. She arrived approximately one hour after the incident. We contacted the National Poison Information Center (114), which warned about possible excessive autonomic activity, cardiovascular and neuromuscular toxicity, rare anaphylaxis to antivenom, and potential obstetric risks such as fetal loss, preterm delivery, and placental abnormalities. Due to the unavailability of an ICU bed, the patient was monitored in the obstetrics service. Two 20G IV lines were inserted, and 1 dose of intramuscular Celestone was administered for preterm birth prophylaxis. Fetal biophysical profile (BPP) was 10/10, repeated every 8 hours for the first 24 hours; NST was performed every 2 hours for 30 minutes—no uterine contractions were observed. She was consulted with internal medicine, neurology, cardiology, infectious diseases, and anesthesia. Internal medicine classified the case as stage 1 envenomation; antivenom was not indicated. Supportive care included 1,000 mL IV hydration over 24 hours and 1,000 mg IV paracetamol for pain. Hemogram, PT-INR, liver function tests, bilirubin, and LDH were checked twice daily. Other consultations gave no additional interventions except tetanus prophylaxis and wound care. Laboratory RESULTS: INR 1.05, troponin-T 3.0, LDH 160, total bilirubin 0.2, ALT 13, AST 15, hemoglobin 11.0 g/dL, platelets $230\times10^3/\mu L$, urinalysis normal. After 24 hours, she was transferred to a tertiary center, monitored for 3 days in ICU without additional treatment. At 38+4 weeks, she delivered a healthy 3,120 g infant via cesarean section without complications. The sting likely came from Aegaeobuthus gibbosus (Anatolian yellow scorpion) in Ilgaz.

Conclusion: Scorpion stings during pregnancy require careful maternal and fetal monitoring. In addition to general toxicological risks, obstetric complications should be anticipated and prevented.

Keywords: Pregnancy, Scorpion, Sting, Venom

PS-12

The Role of Nutritional Status in Predicting Surgical Complications: A Retrospective Evaluation

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Introduction: Preoperative nutritional status is a critical yet frequently underrecognized determinant of postoperative outcomes in gynecologic oncology. This study aimed to investigate the association between preoperative nutritional risk and postoperative complications and recovery parameters in patients with FIGO stage I endometrial cancer.

Methods: This retrospective analysis included 92 patients diagnosed with FIGO stage I endometrial cancer who underwent primary surgery via laparotomy. Nutritional status was assessed using the Nutritional Risk Index (NRI). Based on NRI scores, patients were stratified into two groups as high nutritional risk (NRI <97.5) and low nutritional risk (NRI ≥97.5). Postoperative outcomes such as surgical site infection, ileus, atelectasis, time to mobilization, and length of hospital stay were compared between the two groups.

Results: Among the 92 patients, 10 (10.9%) were classified as having high nutritional risk, while 82 (89.1%) were in the low-risk group. The high-risk group exhibited significantly higher postoperative complication rates. Surgical site infection occurred in 40.0% of high-risk patients compared to 9.8% in the low-risk group ($p=0.002$). Ileus was observed in 40.0% versus 4.9% ($p=0.018$), and atelectasis in 30.0% versus 1.2% ($p=0.048$), respectively. Regarding recovery, the high-risk group had a significantly longer mean time to mobilization (1.4 ± 0.5 vs. 0.7 ± 0.6 days; $p<0.001$) and a prolonged hospital stay (9.7 ± 2.2 vs. 3.5 ± 1.2 days; $p<0.001$). There was no significant difference between the groups in the incidence of postoperative nausea and vomiting ($p=0.74$).

Conclusion: Preoperative nutritional risk is a significant predictor of postoperative morbidity and delayed recovery in patients with FIGO stage I endometrial cancer. Routine evaluation using simple and cost-effective tools such as the NRI may enhance perioperative risk assessment and improve surgical outcomes in gynecologic oncology.

Keywords: Nutritional Risk Index, Endometrial Cancer, Postoperative Complications, Gynecologic Oncology Surgery, Recovery Process

Postoperative Complications and Recovery Outcomes According to NRI Groups

NRI Group	n	Surgical Site Infection (%)	Atelectasis (%)	Ileus (%)	Time to Mobilization (days)	Length of Hospital Stay (days)
Low Risk (≥97.5)	82	9.8	1.2	4.9	0.07	3.47
High Risk (<97.5)	10	40	30.0	40.0	1.4	9.7

PS-13

Case Presentation: Homozygous Mutation in the Protein Tyrosine Kinase 7 (PTK7) Gene

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Department of Obstetrics and Gynecology, Division of Perinatology, Faculty of Medicine, Gazi University

Background: Neural tube defects (NTDs) are multifactorial congenital anomalies resulting from the failure of neural tube closure during early embryogenesis. In addition to environmental factors, genetic determinants such as disruptions in the planar cell polarity (PCP) signaling pathway have been implicated in their pathogenesis. The Protein Tyrosine Kinase 7 (PTK7) gene encodes a transmembrane protein involved in PCP signaling, and animal models have demonstrated its role in neural tube closure and organ morphogenesis. However, the phenotypic spectrum of PTK7 mutations in humans remains poorly defined. Case Presentation: We report a 24-year-old gravida 3 para 2 woman with a second-degree consanguineous marriage. Her previous pregnancy was terminated at 23 weeks due to meningomyelocele. In the current pregnancy, prenatal ultrasonography at 17 weeks revealed lumbosacral open spina bifida, bilateral hyperechogenic cystic kidneys with pyelectasis, and right rocker-bottom foot. Serial scans identified additional anomalies including bilateral ventriculomegaly, vermian agenesis, cerebellar "banana sign," umbilical vein varix, undescended testes, and suspected hypospadias. At 37 weeks, she delivered a male infant weighing 2830 g with Apgar scores of 8 and 9. Postnatal genetic testing identified a homozygous PTK7 mutation.

Conclusion: This case illustrates a rare PTK7-related multisystem phenotype involving the central nervous system, kidneys, genitourinary tract, and skeletal system. The findings support the role of PTK7 not only in neural tube closure but also in broader embryonic morphogenesis. Given the consanguinity and recurrence in a prior pregnancy, genetic counseling and targeted prenatal testing are recommended in at-risk families. Further studies are needed to expand the understanding of the genotype–phenotype correlations of PTK7 mutations.

Keywords: Neural tube defect, PTK7, planar cell polarity, spina bifida, congenital anomalies, genetic counseling

Figure 1: Ultrasound images of multiple fetal anomalies

PS-14

A Case Report of 17q12 Deletion Diagnosed Prenatally

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Department of Obstetrics and Gynecology, Division of Perinatology, Faculty of Medicine, Gazi University

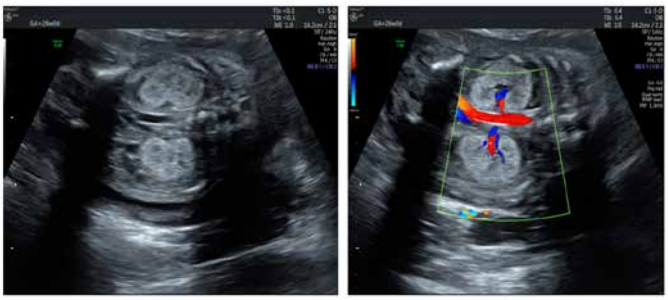
Background: 17q12 microdeletion syndrome is a rare genetic disorder caused by the loss of a segment in the long arm of chromosome 17 (region q12). It is associated with a broad phenotypic spectrum including renal malformations, neurodevelopmental delay, intellectual disability, and endocrine dysfunction. Although most cases occur de-novo, genetic counseling is essential due to its variable presentation and potential familial occurrence.

Case Presentation: A 29-year-old gravida 2 para 1 woman, with no history of consanguinity, presented at 23 weeks of gestation. Her family history was notable for Alström syndrome. Prenatal ultrasound revealed bilateral hyperechogenic kidneys and increased nuchal fold thickness (7 mm). Amniocentesis confirmed a 17q12 microdeletion. At 37 + 6 weeks, spontaneous rupture of membranes led to vaginal delivery of a female infant weighing 2510 g with Apgar scores of 8 and 9 at 1 and 5 minutes, respectively. The newborn, now one month old, is under multidisciplinary follow-up.

Conclusion: Prenatal detection of bilateral renal hyperechogenicity and increased nuchal fold thickness should prompt consideration of chromosomal abnormalities, including 17q12 microdeletion. Given the risk for renal dysfunction, developmental delay, and endocrine disorders such as maturity-onset diabetes of the young (MODY), comprehensive postnatal evaluation and multidisciplinary management are essential. This case highlights the importance of targeted genetic testing for accurate diagnosis and anticipatory care planning

Keywords: 17q12 microdeletion, renal hyperechogenicity, prenatal diagnosis, chromosomal deletion, MODY

Figure 1: Ultrasound images of hyperechogenic kidneys and renal artery Doppler



PS-15

Isolated fibular hypoplasia- case report

Arzu Sümer Ortaç, Pınar Tokdemir Çalış, Hatice Aydın Salman, Esra Nuhoğlu Bilgin, Esin Şahin Toruk, Bilal Emre Erzeneoğlu, Deniz Karçaaltıncaba
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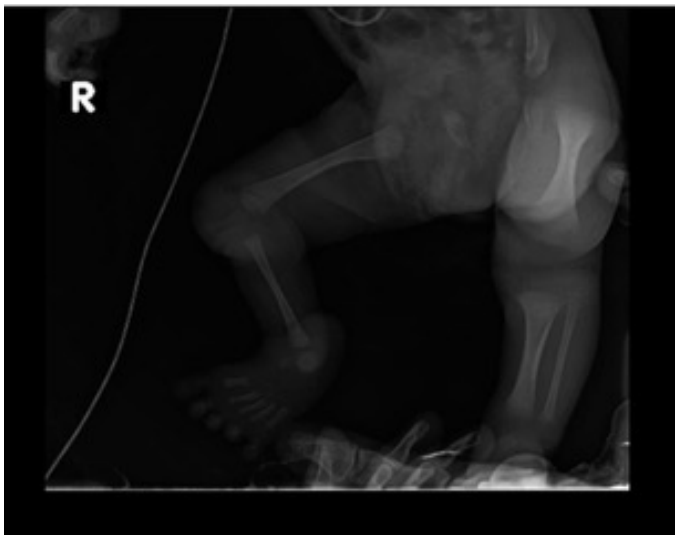
Background: Fibular hemimelia is a rare congenital limb malformation, most often presenting as complete or partial absence of the fibula, and is the most common long bone deficiency despite its low incidence. Prenatal diagnosis can be challenging, especially in unilateral cases without other overt malformations, and requires careful measurement and evaluation of all long bones during mid-trimester ultrasonography.

Case Presentation: We report a 29-year-old gravida 7, para 1, abortion 4 woman with a history of heterozygous MTHFR, PAI-1 4G/5G, and Factor XIII mutations. First-trimester aneuploidy screening was low risk; second-trimester serum AFP was 1.25 MoM. Mid-trimester ultrasound revealed short femur and humerus lengths, single umbilical artery, right-sided fibular agenesis, and pes equinovarus. Amniocentesis and array-CGH were normal. The patient delivered spontaneously at 31+6 weeks, resulting in a male neonate weighing 1500 g with Apgar scores of 8 and 9. Postnatal evaluation confirmed right fibular agenesis and pes equinovarus.

Discussion: Fibular hemimelia encompasses a spectrum from mild hypoplasia to complete aplasia, most often unilateral and right-sided. It may be isolated or syndromic, and its etiology remains unclear, with vascular, muscular, and developmental theories proposed. Classification by Achterman and Kalamchi distinguishes Type I (hypoplasia) and Type II (complete absence), with subtyping based on radiographic features. Key clinical features include limb length discrepancy, ankle/foot deformities, tibial bowing, genu valgum, and knee instability. Prenatal suspicion arises from findings such as absent or shortened fibula, talipes equinovarus, and unilateral lower limb shortening. Management requires a multidisciplinary approach, with orthopedic interventions tailored to severity—from limb lengthening to reconstructive surgery or, in severe cases, amputation and prosthesis fitting.

Conclusion: Although rare, fibular agenesis is the most frequent long bone deficiency. Early prenatal diagnosis enables targeted genetic evaluation, counseling, and postnatal planning. Multidisciplinary follow-up with appropriate surgical and supportive measures can optimize functional outcomes and quality of life.

Keywords: Fibular hemimelia, fibular agenesis, long bone deficiency, prenatal diagnosis, pes equinovarus
figure 1



right-sided fibular agenesis and pes equinovarus.

PS-16

Spontaneous Severe Ovarian Enlargement in Early Pregnancy Without Clinical or Laboratory Manifestations: A Case Report

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Introduction: Ovarian hyperstimulation syndrome (OHSS) is usually an iatrogenic complication of assisted reproductive techniques, characterized by markedly enlarged ovaries, increased vascular permeability, and fluid shifts. Spontaneous OHSS is rare, often associated with high endogenous human chorionic gonadotropin (hCG) levels, multiple gestations, molar pregnancy, hypothyroidism, or activating FSH receptor mutations. Clinical manifestations range from mild abdominal discomfort to severe complications including ascites, pleural effusion, electrolyte imbalance, and thromboembolic events. Asymptomatic spontaneous ovarian enlargement to the size of severe OHSS is extremely rare in singleton pregnancies.

Case Presentation: A 25-year-old primigravida at 9 weeks + 5 days presented for routine antenatal ultrasound. Bilateral ovarian enlargement was noted: right ovary 166 × 145 mm, left ovary 161 × 155 mm, with minimal fluid in the pouch of Douglas. A single intrauterine gestation was visualized, with fetal cardiac activity consistent with gestational age. Laboratory tests including complete blood count, electrolytes, and hematocrit were normal (Hb 12.9 g/dL, Hct 38%, Na 139 mmol/L, K 4.1 mmol/L, creatinine 0.6 mg/dL). The patient remained completely asymptomatic. She was monitored outpatient every 48 hours and evaluated once at a tertiary center. No clinical or laboratory deterioration occurred. Ovarian size progressively decreased, returning to normal by 22 weeks. First-trimester combined screening, detailed anomaly scan, and oral glucose tolerance test were all normal. At 38 weeks + 5 days, elective cesarean section was performed due to breech presentation. Intraoperatively, both ovaries were normal, and a healthy 3,300 g infant was delivered.

Discussion: Spontaneous OHSS is rare, especially in asymptomatic singleton pregnancies. Possible mechanisms include localized ovarian hypersensitivity to hCG or mild expression of FSH receptor variants. Differentiation from hyperreactio luteinalis, theca lutein cysts, and ovarian neoplasms is critical to avoid unnecessary interventions. This case demonstrates that even massive ovarian enlargement can be conservatively managed with close monitoring, leading to spontaneous regression and favorable outcomes.

Conclusion: Marked ovarian enlargement resembling severe OHSS can rarely occur spontaneously in early singleton pregnancy without clinical or laboratory abnormalities. Conservative management with close surveillance is appropriate and can result in complete regression and healthy maternal–fetal outcomes. Recognition of this presentation prevents unnecessary interventions and reassures patients.

Keywords: Asymptomatic, Conservative management, Early pregnancy, Ovarian enlargement, Spontaneous OHSS

PS-17

Placental chorangioma: a rare lesion detected during emergency cesarean section

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Placental *chorangiomas* are rare benign vascular tumors of the placenta that are usually asymptomatic. While most lesions are small and clinically insignificant, large lesions, often referred to as "giant" when exceeding 5 cm, may lead to significant maternal and fetal complications such as polyhydramnios, intrauterine growth restriction, fetal anemia, hydrops fetalis, preterm delivery, and even fetal demise. They are typically detected incidentally during routine prenatal ultrasonography, but in pregnancies lacking antenatal follow-up, diagnosis may only be made intrapartum.

We present the case of a 24-year-old primigravida woman with no antenatal care, who was admitted to the hospital with complaints of decreased fetal movements. Her vital signs were stable. Ultrasonographic examination revealed a solid mass within the placenta and findings suggestive of partial placental abruption. Due to reduced fetal movements and suspicion of a placental tumor with abruption, an emergency cesarean section was performed under general anesthesia.

Intraoperatively, approximately 50% placental detachment was observed, along with a well-circumscribed, hemorrhagic, 6–7 cm mass on the placental surface. The lesion was excised and sent for histopathological examination. The newborn weighed 2530 g, measured 44 cm in length, and had a head circumference of 34 cm, with an Apgar score of 9 at one minute. The postoperative maternal course was uneventful.

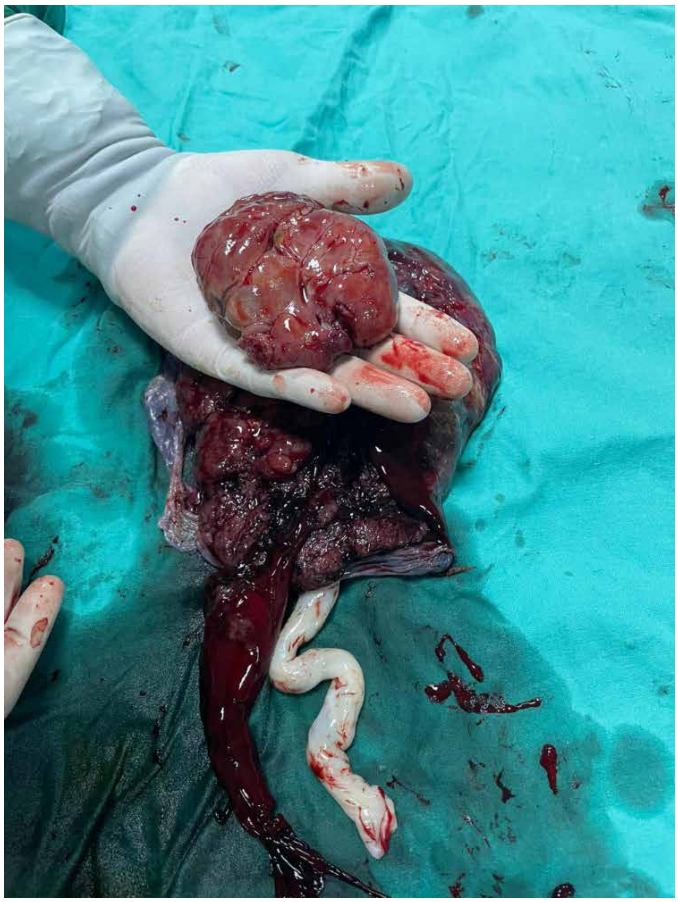
Histopathological analysis revealed a 10 × 7 × 5 cm lesion composed of vascular channels lined by endothelial cells, showing positive immunostaining for CD31 and SMA, and negative staining for p53, desmin, S100, and HHV-8. The Ki-67 proliferation index was 7–8%. These findings were consistent with a diagnosis of *placental chorangioma*.

Large *chorangiomas* detected antenatally are usually managed through close ultrasound and Doppler surveillance to monitor for fetal compromise, and interventions may be considered if complications develop. In this case, the absence of prenatal care delayed diagnosis until delivery, and the presentation with decreased fetal movements prompted urgent intervention.

This case underscores the importance of considering rare placental tumors such as *chorangiomas* in the differential diagnosis of fetal distress, particularly in pregnancies with inadequate prenatal follow-up. Early detection via routine obstetric ultrasound could potentially prevent adverse outcomes through timely monitoring and intervention.

Keywords: Cesarean section, Chorangioma, Fetal distress, Placenta, Placental tumor, Prenatal diagnosis

Figure 1. Hemorrhagic, well-circumscribed placental {chorangioma} measuring approximately 7 cm, detected during emergency cesarean section



A hemorrhagic, well-circumscribed placental {chorangioma} approximately 7 cm in diameter, identified during emergency cesarean section

PS-18

A case of cervical pyomyoma

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Objective: Cervical fibroids are rare benign uterine tumors, accounting for 1–2% of all fibroids. Pyomyoma (infected fibroid) is an extremely uncommon complication but may cause severe morbidity. We aimed to present the diagnosis and management of a cervical pyomyoma originating from the posterior cervix.

Methods: A 47-year-old woman, gravida 2, para 2 (both normal spontaneous vaginal deliveries), presented with complaints of black-colored spotting/discharge and pelvic pain persisting for 20 days. Speculum examination revealed a cystic mass of approximately 7 cm in diameter with abscess foci, arising from the posterior cervix. Transvaginal ultrasonography (TVUS) demonstrated an enlarged uterus, a 45 mm subserosal myoma located anteriorly between the uterus and bladder, multiple fundal myomas up to 37 mm, and an irregular endometrium measuring 7 mm. Ovaries were normal, and no free fluid was detected in the pouch of Douglas. Based on clinical and radiologic findings, a preliminary diagnosis of cervical pyomyoma was made.

Results: The patient underwent surgical excision of the cervical mass without prior administration of broad-spectrum intravenous antibiotics. Intraoperatively, necrotic and purulent areas extending into the cervical tissue were observed. Histopathological examination confirmed leiomyoma. The postoperative course was uneventful, and the patient was discharged in good condition.

Conclusion: Cervical pyomyoma is a rare but potentially serious clinical entity. Surgical excision is the definitive treatment, and timely intervention can prevent further complications. This case highlights the importance of considering pyomyoma in the differential diagnosis of cervical masses.

Keywords: black-colored spotting, cervical fibroid, pyomyoma

post op 2

postop-1

preop 1

preop-2

PS-19

Ovarian Fibrosarcoma: Clinical Course of a Rare Tumor and Literature Review

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Objective: Ovarian fibrosarcoma is an extremely rare malignancy arising from the ovarian stroma and classified under sex cord-stromal tumors. Most published data are in the form of case reports, and the clinical behavior and optimal treatment strategies remain poorly defined. This study aims to present a case of ovarian fibrosarcoma diagnosed in our clinic and to systematically review the literature to summarize the clinical, histopathological, and immunohistochemical characteristics of reported cases.

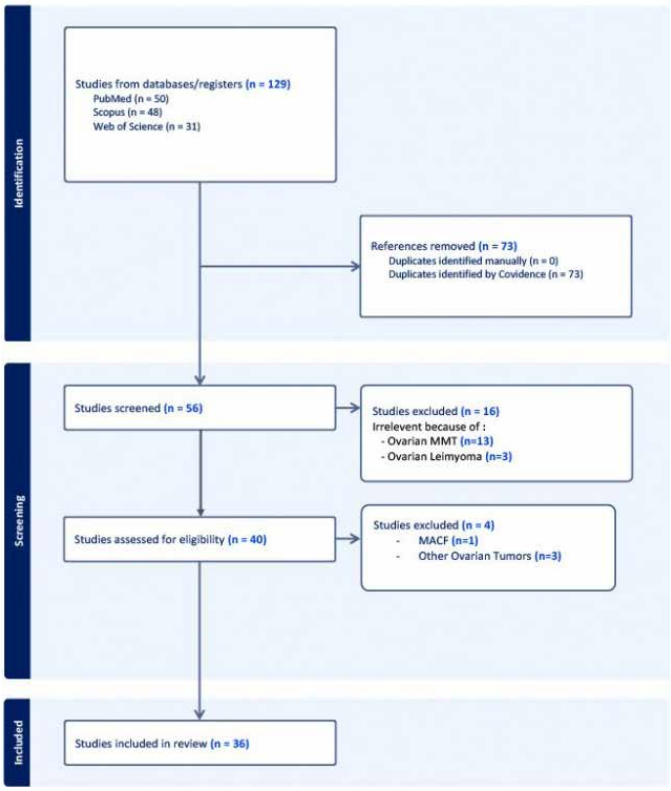
Methods: We evaluated the clinical, surgical, pathological, and treatment details of a patient diagnosed with ovarian fibrosarcoma at our institution. A systematic literature review was conducted using PubMed, Web of Science, and Scopus databases, following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Keywords included “ovarian fibrosarcoma,” “primary ovarian sarcoma,” “ovarian sarcoma,” and “ovarian stromal sarcoma.” A total of 129 articles were identified; 73 duplicates were excluded. Of the remaining 56, 20 were excluded for insufficient data, yielding 36 articles for analysis (Figure 1). Extracted data included age, symptoms, tumor size, CA-125 levels, mitotic index, Ki-67 proliferation index, immunohistochemical markers, surgery type, adjuvant therapy, recurrence, and survival. Spearman correlation and Mann–Whitney U tests were used for statistical analysis.

Results: CASE: A 61-year-old postmenopausal woman presented with pelvic pain. Magnetic resonance imaging (MRI) revealed a 7 × 5 cm right adnexal mass categorized as Ovarian-Adnexal Reporting and Data System (O-RADS) 5. Tumor markers, including CA-125, were normal. The patient underwent total abdominal hysterectomy (TAH), bilateral salpingo-oophorectomy (BSO), pelvic-paraaortic lymphadenectomy, and omentectomy. Histopathology confirmed fibrosarcoma of the right ovary. Immunohistochemistry showed vimentin positivity; estrogen receptor (ER), progesterone receptor (PR), and inhibin were negative (Figure 2). Four cycles of adjuvant carboplatin and paclitaxel were administered but discontinued due to chemotherapy-induced neuropathy. In July 2025, computed tomography (CT) revealed recurrence in the ileal mesentery and left obturator region. The patient underwent low anterior resection, ileal segmental resection, and bowel anastomosis. Recurrent fibrosarcoma was confirmed histologically. In the systematic review, 62 cases were identified across 36 studies. The mean age was 49 years, and abdominal or pelvic pain was the most common symptom (35.5%). The mean tumor volume was 665 cm^3. No significant correlation was found between CA-125 and tumor size ($p = 0.19$). The most frequent surgery was TAH + BSO + omentectomy (29%). Vimentin positivity was common; ER, PR, and inhibin were generally negative. Recurrence occurred in 23 cases. No significant association was found between recurrence and Ki-67 index or mitotic count ($p = 0.2$ and $p = 0.7$, respectively). However, recurrence rates increased significantly with higher cytological atypia (log-rank test, $p = 0.01$). Recurrence was more frequent in advanced-stage disease, though not statistically significant ($p = 0.14$).

Conclusion: Ovarian fibrosarcoma is a rare and aggressive tumor. While mitotic index and Ki-67 may aid diagnosis, their prognostic value is unclear. Complete surgical excision remains the mainstay of treatment. Further studies are needed to clarify the role of adjuvant therapy and define optimal management strategies.

Keywords: Ovarian fibrosarcoma, Rare ovarian tumor, Cytological atypia

Flowchart



Pathologic findings of the ovarian fibrosarcoma

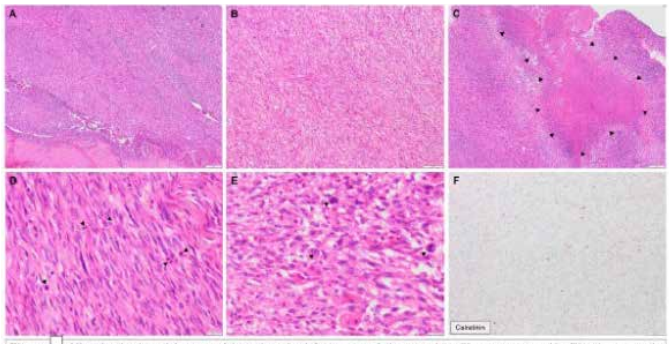


Figure 2 Histological and immunohistochemical features of the ovarian fibrosarcoma. (A, B): Hematoxylin and eosin (H&E) staining reveals a highly cellular spindle cell tumor with fascicular and haphazard growth patterns *(hematoxylin-eosin staining: 4x and 10x magnifications respectively)*. **(C, D, E):** Tumor features include necrosis *(arrowheads, C)*, brisk mitotic activity *(arrowheads, D)*, and nuclear atypia *(arrowheads, E)* are evident *(hematoxylin-eosin staining, 4x, 40x, and 40x magnifications respectively)*. **(F):** Staining for Calretinin demonstrates focal positivity.

Pathologic findings of the ovarian fibrosarcoma

PS-20

Atypical Presentation of Complete Hydatidiform Mole in an Adolescent: Severe Anemia Without Vaginal Bleeding

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Background: Gestational trophoblastic disease (GTD) represents a heterogeneous spectrum of disorders characterized by abnormal proliferation of placental trophoblasts. Complete hydatidiform mole (CHM), the most common subtype, typically presents with vaginal bleeding, anemia, uterine enlargement, and markedly elevated serum β-hCG levels. Although adolescents represent a minority of GTD cases, they are at significantly higher risk for CHM and may present at more advanced stages due to delays in recognition and access to care. Early diagnosis is essential to prevent complications such as severe anemia, hyperthyroidism, and gestational trophoblastic neoplasia (GTN).

Case Presentation: We describe the case of a 17-year-old adolescent with a history of one prior cesarean delivery, who presented to our gynecology clinic with progressive fatigue and dizziness over one week. She denied vaginal bleeding or abdominal pain, which are typically reported as predominant symptoms in up to 90% of molar pregnancies. On examination, she was hemodynamically stable, with a markedly enlarged uterus palpable above the umbilicus. Laboratory evaluation revealed profound anemia (hemoglobin 6.2 g/dL) and extremely elevated serum β-hCG (1,918,110 mIU/mL). Thyroid function tests demonstrated suppressed TSH (<0.005 µIU/mL) and elevated T3/T4, consistent with biochemical hyperthyroidism, though she remained clinically euthyroid. Transabdominal ultrasound revealed an enlarged uterus measuring 75 × 170 × 200 mm, filled with a heterogeneous echogenic intrauterine mass containing numerous small, hypoechoic cystic spaces suggestive of hydropic villi. Pelvic magnetic resonance imaging (MRI) confirmed a markedly distended endometrial cavity, measuring 80 × 166 × 197 mm mm, occupied by a T2-hyperintense mass with multiple cystic areas. Contrast-enhanced T1-weighted images demonstrated the classic "bunch of grapes" appearance (Figure 1,2). There was no evidence of myometrial invasion, adnexal pathology, or extrauterine spread. Further metastatic work-up, including brain MRI and thoracic computed tomography (CT), revealed no abnormal lesions.

Management and Outcome: The patient received three units of packed red blood cells (PRBCs) and two units of fresh frozen plasma (FFP) preoperatively, followed by suction evacuation under general anesthesia. Intraoperatively, 500 cc of blood loss

was noted, and one additional PRBC transfusion was administered. Gross pathology showed grape-like vesicles, and histopathological analysis revealed enlarged edematous chorionic villi with circumferential trophoblastic proliferation. Immunohistochemistry for p57 was negative, confirming complete mole. Postoperatively, hemoglobin improved to 11.4 g/dL by day 1. Thyroid function normalized within five weeks without antithyroid therapy. Serial weekly β-hCG levels steadily declined to <5 mIU/mL by the sixth week, with no plateau or rebound, and no clinical or radiological evidence of GTN was observed during follow-up.

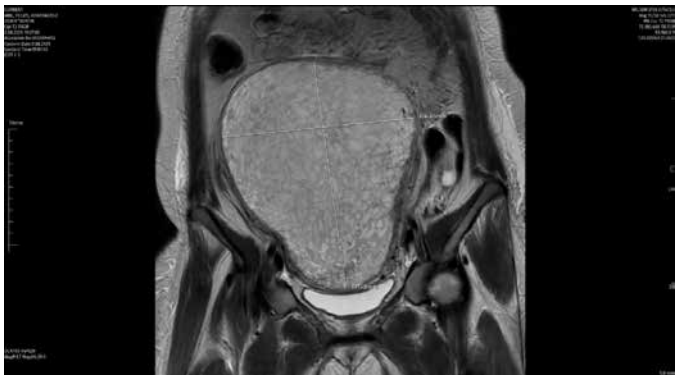
Conclusion: This case illustrates an unusual presentation of CHM in adolescence, characterized by severe anemia and biochemical hyperthyroidism in the absence of vaginal bleeding. Concealed intrauterine hemorrhage may explain the hematologic findings. MRI contributed valuable diagnostic information by excluding invasive disease and metastasis, thereby supporting conservative management. Structured surveillance with serial β-hCG monitoring remains vital to ensure remission and fertility preservation. This report underscores the importance of considering molar pregnancy in adolescents presenting with unexplained anemia and elevated β-hCG, even in the absence of classic symptoms.

Keywords: Adolescent, Anemia, Hydatidiform Mole, Hyperthyroidism, Magnetic Resonance Imaging

Figure 1

Sagittal T2-weighted pelvic MRI demonstrating a markedly distended uterus filled with a heterogeneous T2-hyperintense mass containing multiple cystic areas consistent with complete hydatidiform mole. The endometrial cavity measures approximately 176 × 80 mm.

Figure 2



Coronal T2-weighted pelvic MRI showing the enlarged uterus (197 × 166 mm) occupied by a heterogeneous intrauterine mass with the classic "bunch of grapes" appearance, without evidence of myometrial invasion or extrauterine spread.

PS-21

33 Weeks of pregnancy and ovarian torsion

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Our patient is 31 years old, gravida 1, para 0, at 33 weeks and 3 days of gestation. She presented to the obstetrics emergency department with right lower quadrant pain and nausea. She had no known medical conditions and was not taking any medication other than prenatal vitamins. She had never undergone any surgeries before and this was her first visit to our hospital. Previous tests including the second trimester screening test, detailed ultrasound, OGTT, and fetal echocardiogram were all within normal limits. The initial ultrasound showed a singleton fetus with normal growth, anterior placenta and adequate amniotic fluid. The umbilical artery systolic-diastolic ratio and pulsatility index were also measured within normal ranges.(umblilical arter s/d: 2,50, pı: 0,65) Cervical length was 32mm and vaginal examination was unremarkable. Abdominal examination revealed tenderness in the right lower quadrant with rebound tenderness. Initial laboratory tests showed a hemoglobin level of 10.7, WBC count of 7610, platelet count of 281,000, liver enzymes and kidney function tests within normal limits. A complex cystic mass measuring 10x6mm with multiple septations, the largest cyst measuring 4x3cm was identified in the right adnexa on abdominal ultrasound. (Torsioned ovary?) Following consultation with the perinatology and general surgery departments, the patient underwent diagnostic laparotomy due to suspected ovarian torsion. The right ovary was found to be twisted 4 full turns around itself and necrotic. After detorsion, due to lack of perfusion, a decision was made to perform a right oophorectomy. The patient had a smooth postoperative course with no obstetric complications and received celestone 2x2 and nidilat loading and maintenance therapy as per perinatology recommendations.

Our patient has completed the treatments with Celestone and Nidilat and has been discharged. Afterwards, they have come for weekly follow-ups.

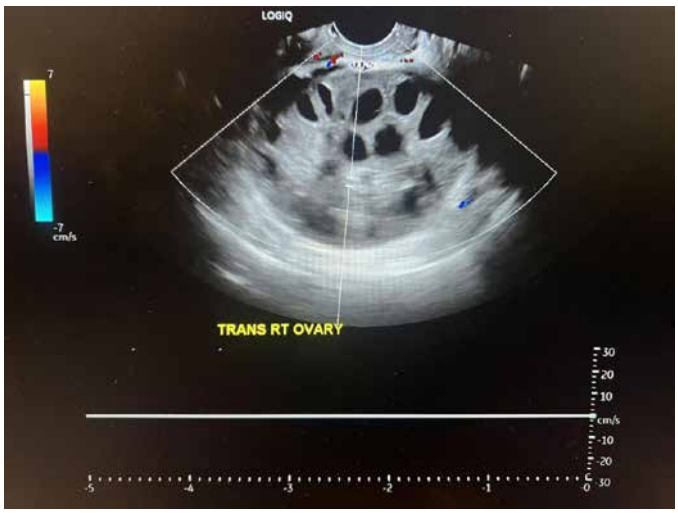
Ovarian torsion during pregnancy is a rare but serious condition that occurs when an ovary twists around the ligaments that hold it in place, disrupting its blood supply. This can lead to severe abdominal pain and potentially result in the loss of the affected ovary if not treated promptly.

Pregnant women may experience symptoms such as sudden unilateral abdominal or pelvic pain, nausea, vomiting, and sometimes fever. Diagnosis typically involves imaging studies, such as ultrasound, to assess blood flow to the ovary and confirm the torsion.

Treatment usually requires surgical intervention to untwist the ovary (detorsion) and may involve repairs or removal of the affected ovary if it has sustained damage. Early diagnosis and intervention are crucial to prevent complications and preserve ovarian function.

Keywords: acute abdomen, ovarian torsion during pregnancy, pregnancy

ovarian torsion image from ultrasound



ovarian torsion image from surgery

PS-22

Salpingectomy Performed for Tubal Ectopic Pregnancy with Contralateral Tubal Patency Assessment Using Nelaton Feeding Tube

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[2]Tarsus State Hospital

Objective: A 33-year-old woman, G2A1, who had been trying to conceive for approximately 2 years, presented to the emergency department with a gestational age of 6 weeks and 2 days based on her last menstrual period and a β-hCG level of 7523 IU/L. Physical examination revealed no defense or rebound; the abdomen was soft, BP: 110/70 mmHg, pulse: 90/min, and the patient was assessed as hemodynamically stable. Transvaginal ultrasound showed a gestational sac and yolk sac in the left tube. A curettage had been performed the day before, and the β-hCG value was 7900 IU/L.

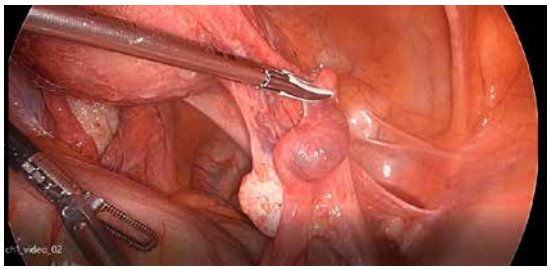
Method: The patient was informed about medical and surgical treatment options. The patient accepted the risk of salpingectomy and requested evaluation of the other tube, and surgical treatment was preferred.

Findings: Diagnostic laparoscopy revealed findings of pelvic inflammatory disease (chlamydial infection). An ectopic focus extending to the mesentery was observed in the proximal part of the right tube. Methylene blue was administered to the left tube, and no passage to the abdomen was observed. The adhesions on the side wall of the left tube were opened. A Nelaton feeding catheter was inserted through a 5 mm trocar and advanced from the tubal fimbria to the ostium, and isotonic irrigation was performed; fluid movement was observed. The right tube was clamped with Ligasure and separated step by step. After the procedure, methylene blue was administered again to evaluate the right tubal passage, and passage into the abdomen was observed. The patient was informed. At 3 months postoperatively, the patient became spontaneously pregnant; CRL: 8 weeks 4 days, fetal heartbeat was observed.

Conclusion: Medical treatment is usually the first option in ectopic pregnancy. However, the success rate decreases when β-hCG >5000 IU/L, the focus >3–4 cm, or fetal cardiac activity is present. Multiple doses of methotrexate and salpingostomy show similar efficacy. Surgical treatment (salpingostomy or salpingectomy) is similar in terms of fertility and recurrent ectopic pregnancy rates. Salpingectomy eliminates the risk of residual trophoblastic tissue, thereby reducing the need for additional treatment. In hemodynamically stable cases, evaluation of the contralateral tube during surgery is recommended.

Keywords: Ectopic Pregnancy, Infertility, laparoscopy

Resim 1



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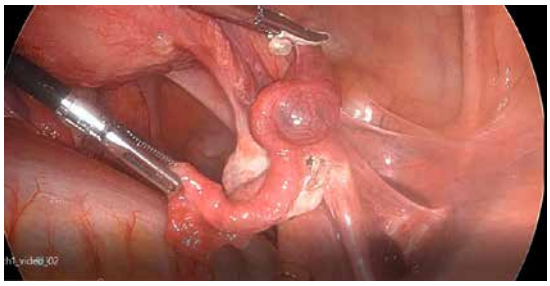

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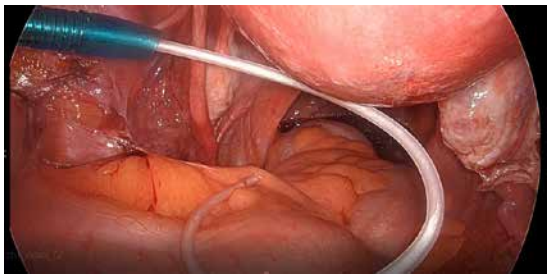

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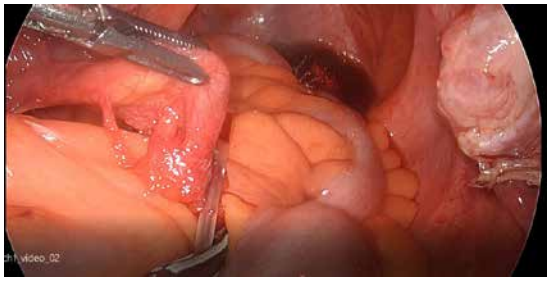

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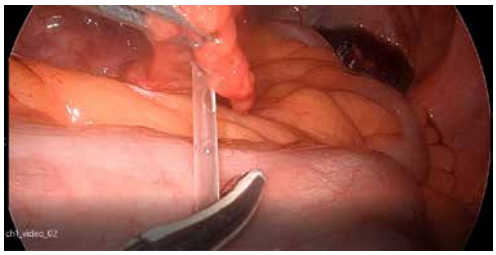

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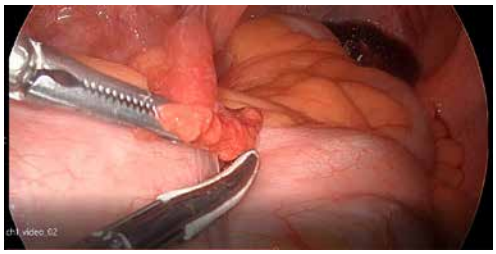

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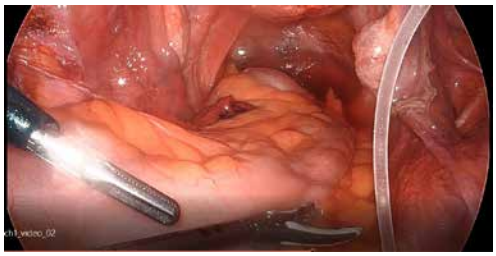


Resim 9

PS-23

Torsion of an ovarian dermoid cyst: a rare case during pregnancy

Burak Hazır, Gizay Serin
Gaziosmanpaşa Eğitim Araştırma Hastanesi

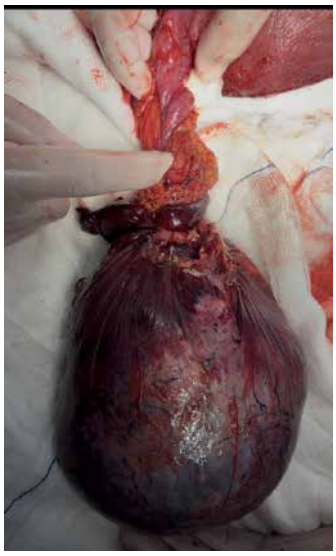
Ovarian dermoid cysts (mature cystic teratomas) are the most common benign germ cell tumors in women of reproductive age. They are usually asymptomatic and incidentally detected. However, large cysts may lead to acute complications such as torsion. The reported incidence of dermoid cysts during pregnancy is between 0.3–12.5%, and torsion cases are very rare.

We present a case of a 29-year-old, G3P2 woman at 38+4 weeks of gestation who underwent emergency cesarean section due to fetal distress. A live and healthy female infant (2700 g) was delivered. Intraoperative exploration revealed a normal left adnexa, whereas in the right adnexa a 16 cm torsioned, necrotic mass partially adherent to the omentum was observed. Following cesarean section, right salpingo-oophorectomy and partial omentectomy were performed. Pathological examination revealed a specimen measuring 15×13×7 cm with hair, sebaceous material, and hemorrhagic foci. Histopathological diagnosis was mature cystic teratoma (dermoid cyst). The omentum showed inflammation and mature adipose tissue, while the right tube exhibited congestion and hemorrhage.

Conclusion: Adnexal torsion should always be considered in the differential diagnosis of adnexal masses during pregnancy. Early surgical intervention in large cysts is essential for both maternal and fetal prognosis. Careful evaluation of adnexal structures during cesarean section may help prevent possible complications.

Keywords: Pregnancy, Dermoid cyst, Ovarian torsion, Salpingo-oophorectomy

1



. *Torsioned right ovarian dermoid cyst, intraoperative view.*

2

Uterus and torsioned adnexal mass observed during cesarean section operation

3

Excised dermoid cyst specimen

PS-24

Prenatal diagnosis of a fetal oral tumor with EXIT preparedness: A rare case of congenital epulis

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Introduction: Congenital epulis, also termed congenital granular cell tumor, represents a rare benign lesion of the oral cavity, typically arising from the alveolar ridge of newborns, with an estimated incidence ranging from 1 in 100,000 to 300,000 live births. It is most frequently detected postnatally, and large lesions may cause feeding or airway difficulties. Prenatal diagnosis is rare and challenging, as the imaging features can mimic other oral tumors. The ex-utero intrapartum treatment (EXIT) procedure provides a means to secure the airway while the fetus remains on placental circulation and is considered when a mass may obstruct ventilation at birth.

Case Presentation: A multiparous woman with a history of one prior cesarean delivery was referred at 38 weeks and 2 days of gestation with a prenatal diagnosis of a fetal oral mass. Initial ultrasonography demonstrated a well-circumscribed, echogenic 2 × 3 cm lesion protruding from the oral cavity. Detailed fetal ultrasound findings were suggestive of congenital epulis. Although the lesion's size and location did not definitively predict airway compromise, the multidisciplinary team decided to prepare for an EXIT procedure to ensure safe delivery and immediate airway control if required. The patient underwent scheduled cesarean section with anesthesia, neonatology, otolaryngology, pediatric surgery, and obstetrics teams on standby. Upon delivery, the newborn was crying spontaneously, indicating a patent airway. Therefore, EXIT intervention was not required, and the surgical team proceeded with immediate excision of the mass in the operating room under local anesthesia. The lesion measured approximately 2.5 cm, originated from the maxillary alveolar ridge, and was pedunculated. Histopathological examination revealed large polygonal cells with granular cytoplasm and small nuclei, consistent with congenital epulis. The postoperative course was uneventful, feeding was initiated on postoperative day one, and the infant was discharged on day three. At six-month follow-up, there was no recurrence, and oral function was normal.

Discussion: Prenatal detection of congenital epulis is rare but valuable for delivery planning. While the lesion is benign and does not recur after complete excision, its size and location can pose potential airway risks. Differential diagnosis on prenatal imaging includes teratoma, hemangioma, thyroglossal duct cysts, as well as other rare oral tumors. EXIT preparedness offers a safety net in cases where airway compromise is

possible. Although most congenital epulis cases can be managed without airway intervention, a multidisciplinary strategy ensures rapid adaptation to intraoperative findings. Our case highlights that even with benign-appearing lesions on imaging, proactive planning for airway management is essential. EXIT preparedness allowed immediate surgical management without delay and optimized neonatal outcomes.

Conclusion: EXIT procedure readiness should be considered in fetuses with suspected large oral masses, even when congenital epulis is suspected. Immediate postnatal excision can be performed safely with excellent functional and cosmetic results when supported by multidisciplinary coordination.

Keywords: Congenital epulis, Congenital granular cell tumor, prenatal diagnosis, EXIT procedure, newborn, oral mass

3D oral mass

Prenatal 3D ultrasound of the fetus at 38 weeks' gestation revealing an oral lesion suggestive of congenital epulis.

PS-25

Prenatal megacystis with unexpected postnatal outcome of cloacal anomaly: A case report

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Introduction: Cloacal anomalies are rare and complex congenital malformations in which the urinary, genital, and gastrointestinal tracts converge into a single perineal orifice. Prenatal recognition is challenging but essential for prognosis and parental counseling. Megacystis, defined as an enlarged fetal bladder, is often associated with lower urinary tract obstruction and typically results in oligohydramnios. However, the coexistence of megacystis with polyhydramnios should raise suspicion for additional gastrointestinal or cloacal involvement.

Case Presentation: A 27-year-old primigravida was referred at 13 weeks of gestation with fetal megacystis measuring 17 × 22 mm. Chorionic villus sampling revealed a normal female karyotype. Despite initial stability, serial ultrasounds demonstrated progressive bladder enlargement (up to 31 × 32 × 44 mm), fetal ascites, and ultimately polyhydramnios. Vesicocentesis was performed, but poor prognostic criteria precluded shunt placement. Despite counseling regarding the poor prognosis and the option of termination, the family chose to continue the pregnancy. At 34 weeks, detailed ultrasound demonstrated ambiguous genitalia, suspected anal atresia with absent target sign, vermian agenesis, and worsening ascites. Delivery occurred at 35 weeks and 3 days via cesarean section. Postnatal examination revealed a single perineal orifice, and subsequent surgical evaluation confirmed a cloacal anomaly requiring staged surgical management.

Discussion: This case illustrates the complexity of prenatal diagnosis in pelvic anomalies. Although megacystis is classically associated with urinary obstruction and oligohydramnios, our patient developed polyhydramnios, reflecting concomitant gastrointestinal involvement. This atypical course highlights the importance of considering cloacal or broader caudal malformations when amniotic fluid dynamics do not align with isolated urinary tract obstruction. Accurate prenatal identification of cloacal anomalies remains difficult. Even with detailed ultrasonography and MRI, distinguishing cloaca from megacystis, hydrocolpos, or obstructed intestinal duplications can be inconclusive. In this case, the overlapping findings—enlarged bladder, ascites, ambiguous genitalia, and polyhydramnios—suggested a complex anomaly, but definitive diagnosis was only possible postnatally. These diagnostic limitations complicate counseling,

as families often expect prognostic clarity that imaging cannot always provide.

Conclusion: Prenatal megacystis accompanied by polyhydramnios should raise suspicion for cloacal anomaly or other complex pelvic malformations. This case underscores the diagnostic limitations of prenatal imaging in such scenarios and emphasizes the necessity of multidisciplinary counseling involving perinatology, pediatric surgery, neonatology, and radiology. Early recognition, transparent communication of diagnostic uncertainty, and preparation for intensive postnatal surgical care are essential to optimize outcomes.

Keywords: Cloacal anomaly, Megacystis, Polyhydramnios, Prenatal diagnosis, Multidisciplinary management

Ambiguous

Ultrasonographic view at 33 weeks showing ambiguous external genitalia suggestive of a cloacal anomaly.

Filling of both the bladder and rectum through a single orifice.

Contrast study demonstrating simultaneous opacification of the bladder and rectum through a single perineal opening, consistent with cloacal anomaly.

Megasistis + Vezikosentez

Sonographic view at 17 weeks showing markedly enlarged fetal bladder (megacystis) during vesicocentesis procedure.

PS-26

An Overlooked Silent Threat in Pregnancy: Peripartum Cardiomyopathy

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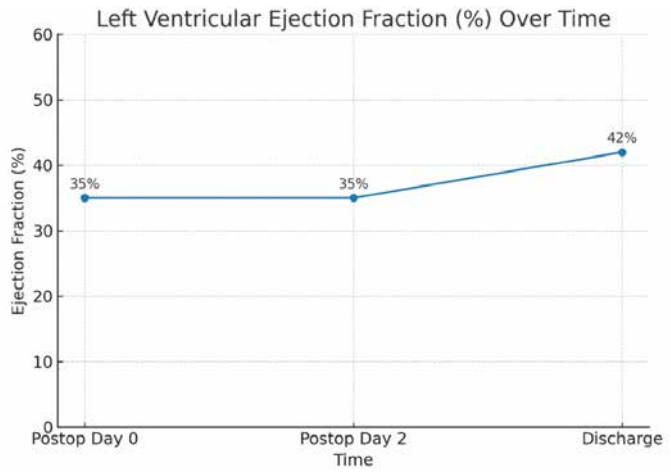
Peripartum cardiomyopathy (PPCM) is a rare but serious condition characterized by heart failure developing in the last month of pregnancy or the early postpartum period. Nonspecific clinical findings often delay the diagnosis. We present a 36-year-old woman, gravida 2 para 1, with no prior comorbidities, who developed PPCM. She had experienced progressive dyspnea and fatigue for one month before admission. On examination, her body mass index was 25.7 kg/m², blood pressure 150/90 mmHg, heart rate 100 bpm, respiratory rate 21/min, and temperature 37.1°C, with peripheral edema and oxygen saturation of 97% under nasal oxygen. Laboratory findings were unremarkable except for 3+ proteinuria. Due to fetal distress and preeclampsia, an emergency cesarean section was performed. In the 4th postoperative hour, she developed persistent dyspnea and tachycardia. Electrocardiography showed sinus tachycardia, cardiac troponin levels ranged between 3029–6039 ng/L, and echocardiography revealed reduced left ventricular systolic function with an ejection fraction of 35%. The diagnosis of PPCM was established. This case emphasizes the importance of early recognition and timely management of PPCM. A multidisciplinary approach is essential to improve maternal outcomes, as complete recovery is possible, yet progression to chronic heart failure or death may also occur.

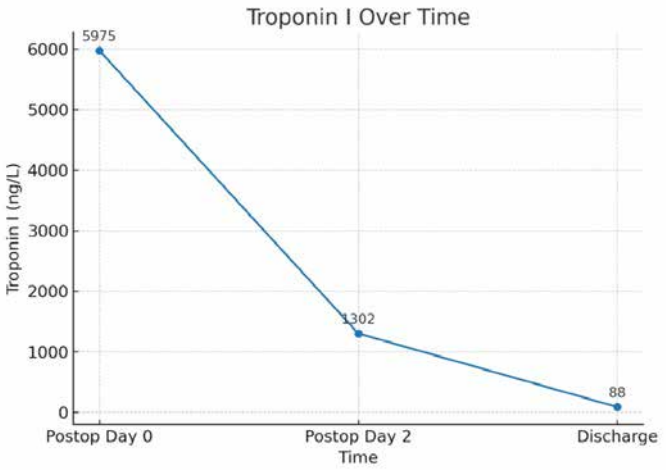
Keywords: pregnancy, peripartum cardiomyopathy, heart failure.

Left Ventricular Ejection Fraction % Over Time



Postop 0.gün = 35% → 2.gün = 35% → Taburculuk = 42%

Troponin I Over Time



Troponin grafiği: Postop 0.gün = 5975 → 2.gün = 1302 → Taburculuk = 88

Serial clinical and laboratory measurements from the preoperative period to discharge in a case of peripartum cardiomyopathy

	Pre-op	Post-op Day 0	Post-op Day 2	Discharge
Hb (g/L)	11	11,3	11,8	10,6
PLT (10^3/Ul)	408	378	444	783
ALT (U/L)	6	10	13	16
Albumın (g/L)	22	18	25	32
İNR	0,8	0,9	0,8	0,9
D-DİMER (mg/L)	5	6,54	4	1,4
KREATİNİN(mg/dl)	0,98	1,2	0,8	0,8
TROPONIN I(ng/L)	-	3029-5975-6743	1302	88
LDH (U/L)	363	490	428	273
PRO BNP (ng/L)	-	1872	946	243
TİT	Protein +3	Protein +3	Protein +3	Protein +2
EF (%)	-	%35	%35	%40-45

PS-27

First-Trimester uterine rupture during misoprostol induction in a scarred uterus: A case report

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Objective: Uterine rupture is one of the most life-threatening obstetric emergencies for both mother and fetus. While it most commonly occurs in the third trimester and during labor, its presentation in the first trimester is extremely rare. Although misoprostol is widely used for induction of abortion, it has been reported that even at low doses it may cause uterine rupture, particularly in scarred uteri. In this case, we aimed to present a patient with a history of cesarean section who developed uterine rupture during misoprostol induction therapy for a first-trimester missed abortion.

Methods: A case report approach was used. The patient's clinical course, imaging findings, intraoperative observations, and treatment outcomes were documented and compared with available literature.

Results: A 43-year-old woman, gravida 3 para 2, with a history of two prior cesarean deliveries, was admitted with the diagnosis of missed abortion at 11 weeks and 6 days based on her last menstrual period. Her medical history was otherwise unremarkable. For abortion induction, one vaginal and one sublingual dose of misoprostol (2 × 200 mcg) were administered at six-hour intervals. After the first dose, she remained asymptomatic. However, following the second dose, she developed sudden, severe abdominal pain that subsided rapidly thereafter. On physical examination, the uterus was contracted with generalized abdominal tenderness. Ultrasonography revealed the fetus and adnexa in the abdominal cavity anterior to the uterus, surrounded by areas consistent with coagulum. With the diagnosis of uterine rupture, the patient underwent emergency laparotomy, which revealed a transverse rupture measuring approximately 4 cm along the previous scar in the lower uterine segment, with the fetus and adnexa free in the peritoneal cavity and approximately 750 cc of hemoperitoneum. After removal of the fetus and adnexa, the rupture site was repaired in a single continuous layer, hemostasis was achieved, and the patient was discharged uneventfully.

Discussion: The incidence of uterine rupture in developed countries ranges between 1/8,000 and 1/15,000 pregnancies, with increased risk in scarred uterus. Previous cesarean delivery, myomectomy, and hysterotomy are among the surgical procedures that may predispose to rupture, even in early gestation. Misoprostol is a potent uterotonic agent administered orally, sublingually, vaginally, or rectally. The sublingual route has been noted to carry greater risk due to its rapid absorption and higher peak plasma concentrations. Although misoprostol is effective and practical for the management of early pregnancy loss, its safety profile in scarred uteri remains unclear. Cases of rupture have been described even with low doses. Clinically, rupture may present with sudden severe abdominal pain, tenderness, hemodynamic instability, and hemoperitoneum. Therefore, uterine rupture should always be considered in patients with a history of uterine surgery who develop acute abdominal pain during misoprostol induction.

Conclusion: This case highlights that misoprostol induction in scarred uterus carries a significant risk of severe complications even in the first trimester. Careful patient selection is crucial, and induction therapy should be performed under hospital conditions with close monitoring. Early recognition and prompt surgical intervention can significantly reduce maternal morbidity and mortality.

Keywords: Abort induction,First trimester pregnancy, Misoprostol, Uterine rupture

figure 1

Ultrasound image showing the rupture site in the lower uterine segment

figure 2

Ultrasound image showing fetus within the gestational sac in the pelvis

figure 3

Intraoperative view of the ruptured uterus during laparotomy

figure 4

Appearance of the fetus removed from the pelvis

PS-28

Fetal Megacystis at 14 Weeks of Gestation: Case Report and Literature Review

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Introduction: Fetal megacystis is defined in the first trimester as a longitudinal bladder diameter >7 mm between 11–14 weeks of gestation, with an estimated prevalence of 1 in 1600–3000 pregnancies. Approximately 60% of cases are caused by lower urinary tract obstruction (LUTO), 30% are associated with non-obstructive syndromic disorders (e.g., Prune Belly syndrome, Megacystis-Microcolon-Intestinal Hypoperistalsis Syndrome [MMIHS]), and 10% are idiopathic or transient. While small megacystis may resolve spontaneously, large cases are typically associated with poor prognosis. Early-onset oligohydramnios indicates high perinatal mortality and impaired renal function. Therefore, whenever megacystis is detected, genetic testing and multidisciplinary evaluation are recommended.

Case Presentation: A 36-year-old primigravida (G1P0) was referred at 14 weeks of gestation following the detection of fetal megacystis on an external ultrasound. Detailed examination revealed a massively enlarged bladder occupying the entire abdomen, measuring 69×32 mm. Severe oligohydramnios was noted. Cranial structures were unremarkable, and nuchal translucency was within normal limits (2.0 mm). Differential diagnoses included LUTO, Prune Belly syndrome, and MMIHS.

At 14+2 weeks, both chorionic villus sampling (CVS) and vesicocentesis were performed. Approximately 40 mL of fetal urine was aspirated. Biochemical analysis showed Na: 112 mEq/L, Cl: 94 mEq/L, and β2-microglobulin: 7.5 mg/L, indicating severe tubular damage and poor prognosis. The perinatology board counseled the family and recommended pregnancy termination, which was subsequently accepted.

Discussion: The prognosis of first-trimester megacystis is closely related to bladder size and amniotic fluid volume. Small cases may resolve spontaneously, whereas large megacystis with oligohydramnios usually reflects obstructive pathology. LUTO is more common in male fetuses, most often due to posterior urethral valves. In contrast, MMIHS is a rare non-obstructive syndrome that typically presents with megacystis and polyhydramnios. In the present case, the presence of oligohydramnios strongly suggested obstructive etiology.

Fetal urine biochemistry is a valuable tool to assess renal function. Poor prognostic indicators include urinary Na >100

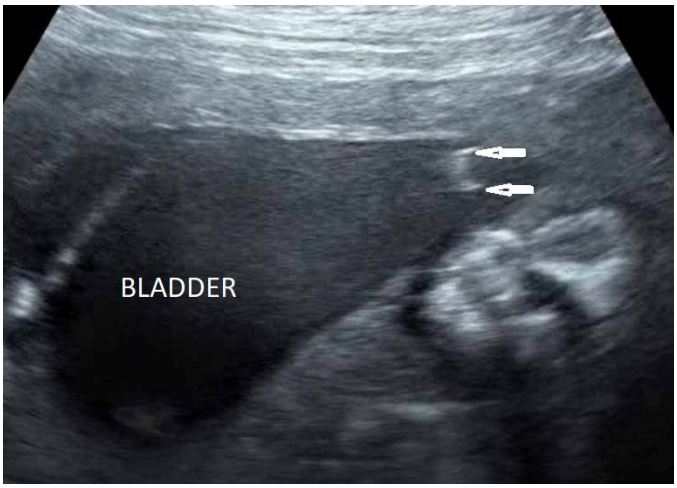
mEq/L, Cl >90 mEq/L, and β2-microglobulin >6 mg/L. Our patient's values exceeded these thresholds, confirming irreversible renal damage. Hence, fetal intervention such as vesicoamniotic shunting was not considered beneficial. While some studies, including the PLUTO trial, suggest that shunting may improve perinatal survival, long-term renal outcomes remain poor. Current guidelines recommend intervention only when fetal urine parameters are favorable, gestational age ≥16 weeks, and oligohydramnios is present. Our case did not fulfill these criteria.

Overall, perinatal outcome in fetal megacystis is unfavorable, with high rates of miscarriage, termination, or neonatal death. Survivors often require long-term renal replacement therapy. Nonetheless, mild cases may regress spontaneously and result in favorable outcomes. Therefore, individualized counseling and multidisciplinary management are essential. Recent studies are exploring novel urinary biomarkers (e.g., NGAL, cystatin C, RBP, TGF-β1), which may allow earlier and more accurate prediction of renal prognosis in the future.

Conclusion: This case illustrates that early severe megacystis with oligohydramnios and abnormal urinary biochemistry carries a poor prognosis, most likely due to complete LUTO. Early diagnosis, invasive testing, and multidisciplinary counseling are crucial for optimal management and decision-making.

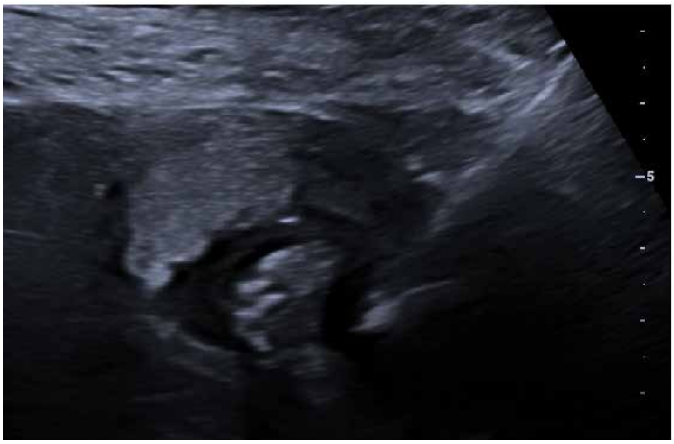
Keywords: LUTO, Megacystis, Vesicocentesis

Fetal Megasistis



Fetal Megasistis

Fetal vesicocentesis



Fetal vesicocentesis

PS-29

A Rare Diagnosis in Gynecological Practice: Rosai-Dorfman-Destombes Disease

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[2]Division of Gynaecologic Oncology, Department of Obstetrics and Gynaecology, Dokuz Eylul University School of Medicine, İzmir, Turkey
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Introduction: Histiocytic Disorders and Rosai-Dorfman-Destombes Disease (RDD) Histiocytic disorders are rare diseases characterized by the infiltration of tissues by histiocytes, including dendritic cells and other inflammatory white blood cells. The archaic term histiocyte refers to large white blood cells residing in tissues and encompasses Langerhans cells, monocytes/macrophages, and dermal/interstitial dendritic cells [1]. Rosai-Dorfman-Destombes disease (RDD) is a rare non-Langerhans cell histiocytosis, first described in 1965 by the French pathologist Pierre Paul Louis Lucien Destombes, and histologically characterized by lymphadenopathy and sinus histiocytosis. In classical RDD, bilateral cervical lymphadenopathy is frequently observed. Approximately 43% of cases present with extranodal involvement [2]. Bone marrow involvement is uncommon; however, hematologic manifestations may include: normochromic normocytic anemia (67%), leukocytosis (60%, often neutrophilia), thrombocytopenia, eosinophilia, hypergammaglobulinemia, and elevated erythrocyte sedimentation rate (ESR) [3,4].

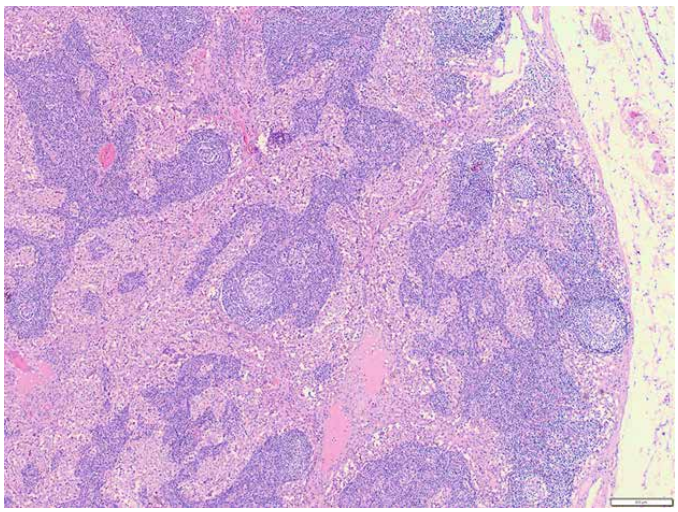
Case Presentation: A 52-year-old postmenopausal woman, presenting to our clinic with abnormal uterine bleeding, had two living children and a history of one miscarriage. Her past medical history was unremarkable for systemic disease or drug allergy; however, she had undergone right knee surgery with a metal implant, two cesarean deliveries, and one curettage. Laboratory investigations revealed leukocytosis (WBC: 21.3×10^9/L), marked neutrophilia (Neu: 19.9×10^9/L), and mild anemia (Hb: 11.1 g/dL). Imaging demonstrated a thickened and heterogeneous endometrium, as well as lymphadenopathies measuring 10×19 mm in the right obturator chain, 12×13 mm adjacent to the right common iliac artery, and 9×12 mm in the retrocaval–interaortocaval region. Thoracic CT additionally revealed multiple lymph nodes in both axillae, the largest measuring 8 mm. An endometrial pipelle biopsy was reported as a mixed epithelial/mesenchymal neoplasm, upon which the patient underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic and para-aortic lymph node dissection, and infracolic omentectomy. Histopathological evaluation demonstrated prominent sinus histiocytosis and reactive changes in multiple lymph nodes. In some nodes, markedly dilated sinuses were filled with histiocytes, and emperipolesis was observed, with lymphoid cells and erythrocytes present within the cytoplasm of histiocytes. Based on these findings, Rosai-Dorfman-Destombes disease was considered in the differential diagnosis.

Discussion: This case highlights a rare hematologic disorder that was incidentally diagnosed in a postmenopausal patient presenting with gynecological complaints. Although Rosai-Dorfman-Destombes disease (RDD) is typically characterized by cervical lymphadenopathy, involvement of the pelvic and para-aortic lymph nodes was observed in this patient. The marked leukocytosis and neutrophilia in laboratory findings were consistent with hematologic features reported in the literature. The differential diagnosis of RDD should include lymphoma, metastatic malignancies, and other histiocytic disorders. Immunohistochemical analysis usually demonstrates S100 and CD68 positivity with CD1a negativity in histiocytes, supporting the diagnosis [5].

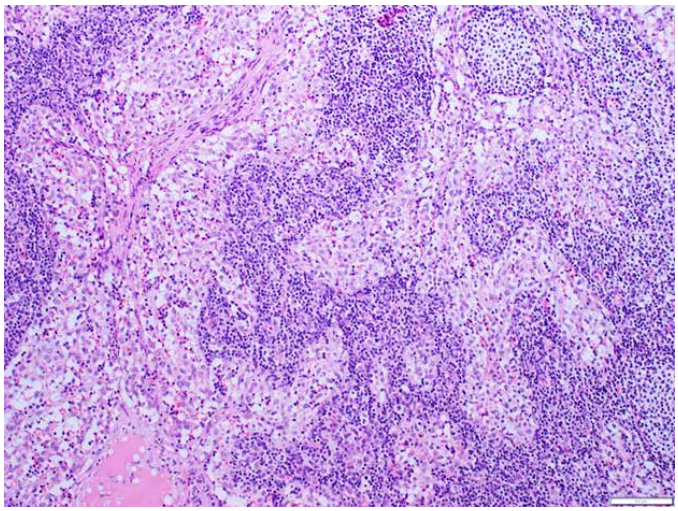
Conclusion: This case demonstrates that Rosai-Dorfman-Destombes disease (RDD) may present as a rare finding in a patient with postmenopausal abnormal uterine bleeding. The incidental diagnosis made during gynecological surgery underscores the importance of considering RDD in the differential diagnosis.

Keywords: Abnormal uterine bleeding, Rosai-Dorfman-Destombes disease, Hysterectomy

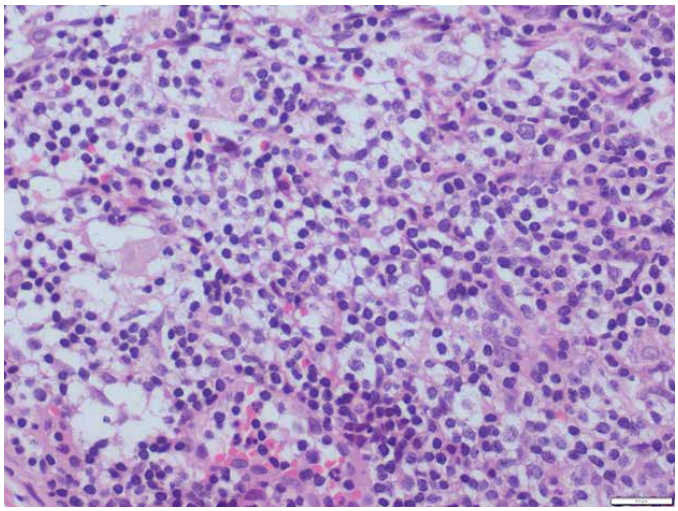
Şekil 1. Lenf nodunda belirgin sinüs histiyositozis (H&E, x100)



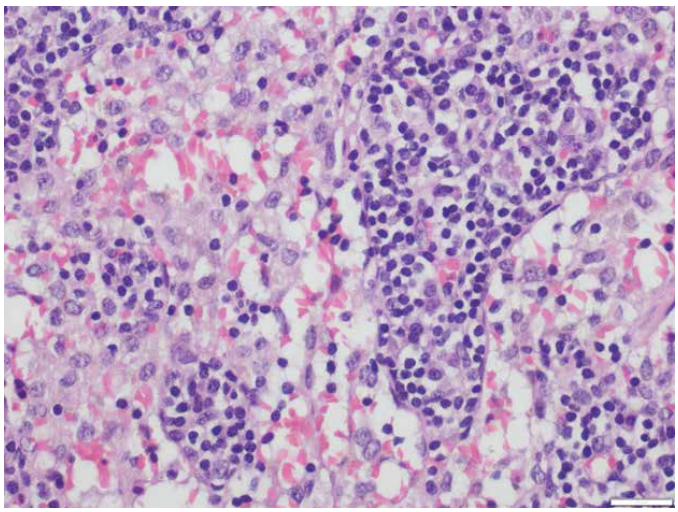
Şekil 2. Lenf nodunda belirgin sinüs histiyositozis (H&E, x200)



Şekil 3. Histiyositler içerisinde fagosite edilmiş kan hücreleri (emperipolesis) (H&E, x400)



Şekil 4. Histiyositler içerisinde fagosite edilmiş kan hücreleri (emperipolesis) (H&E, x400)



PS-30

Multiple Congenital Anomalies Associated with Edwards Syndrome (Trisomy 18): A Case Report

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Introduction: Trisomy 18 (Edwards syndrome) is the second most common autosomal trisomy after Down syndrome, with an estimated incidence of 1/6000–1/8000 live births. Due to high rates of intrauterine demise and elective terminations, the true prevalence is thought to be closer to 1/2500. Advanced maternal age is a well-recognized risk factor, and more than 80% of cases represent full (non-mosaic) trisomy. The syndrome is characterized by severe intrauterine growth restriction (IUGR), multiple structural anomalies, and profound neurodevelopmental impairment. Prognosis is poor: median postnatal survival is 3–6 days, and fewer than 10% survive beyond one year. Prenatal detection relies on first-trimester combined screening, cell-free DNA analysis, and detailed ultrasound. In the second trimester, anomalies frequently identified include congenital heart defects, choroid plexus cysts, clenched hands, strawberry-shaped cranium, omphalocele, single umbilical artery, polyhydramnios, and small placenta. Confirmation through invasive testing remains essential for diagnosis.

Case Presentation: A 40-year-old woman, G4P2 (one cesarean), was referred at 28+6 weeks due to multiple fetal anomalies. Detailed ultrasound revealed a female fetus. Fetal echocardiography demonstrated a large atrioventricular septal defect (AVSD) with a common AV valve, producing a “seagull sign.” The right ventricle appeared diffusely hyperechogenic, consistent with fibroelastosis. The aortic outflow measured 5.2 mm, whereas the pulmonary artery was dilated (9.5 mm), with significant pulmonary valve regurgitation.

Abdominal evaluation showed a persistent right umbilical vein (PRUV) with associated single umbilical artery (SUA). The left hepatic vein was markedly dilated (7.6×9.4 mm). Cranial imaging revealed mild ventriculomegaly with asymmetry (right lateral ventricle 10.8 mm, left 7.4 mm) and a 21×19 mm anechoic intracranial cyst displacing the midline. The cerebellum measured <1st percentile, consistent with cerebellar hypoplasia. Biometric parameters for all long bones and abdominal circumference were <1st percentile, indicating severe symmetric IUGR. Polyhydramnios was also present.

Given the severity of findings, cordocentesis was performed at 29 weeks. Karyotype analysis confirmed 47,XX,+18. Genetic counseling was provided, and the family opted for termination due to the lethal prognosis.

Discussion: Trisomy 18 involves multiple systems, and this case illustrates several typical features. Severe IUGR and polyhydramnios are highly prevalent. Congenital heart defects occur in up to 90% of cases, with AVSD, VSD, PDA, and tetralogy of Fallot most frequently reported. Our case presented with a large AVSD and dilated pulmonary artery.

PRUV, present in ~0.2% of fetuses, is usually benign when isolated but carries increased risk of chromosomal abnormality and cardiac defects when associated with SUA. The coexistence of PRUV and SUA in this case reinforced suspicion of aneuploidy. Central nervous system involvement, such as intracranial cysts, ventriculomegaly, and cerebellar hypoplasia, occurs in 30–50% of cases and further supported the diagnosis.

Management of Edwards syndrome is guided by its uniformly poor prognosis. Once diagnosed, families should receive multidisciplinary counseling regarding the limited survival and options for termination. In ongoing pregnancies, perinatal care focuses on comfort and supportive measures, as curative interventions are unavailable.

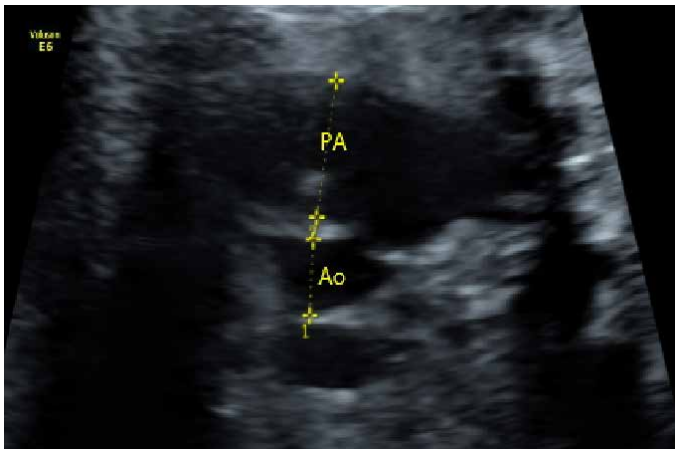
Conclusion: This case emphasizes the importance of detailed ultrasonography in advanced maternal age and the role of invasive genetic testing when multiple anomalies are detected.

Keywords: Avsd, Edwards syndrome, anechoic intracranial cyst

Figure 1. Atrioventricular septal defect (AVSD) appearance in a fetus with Edwards syndrome

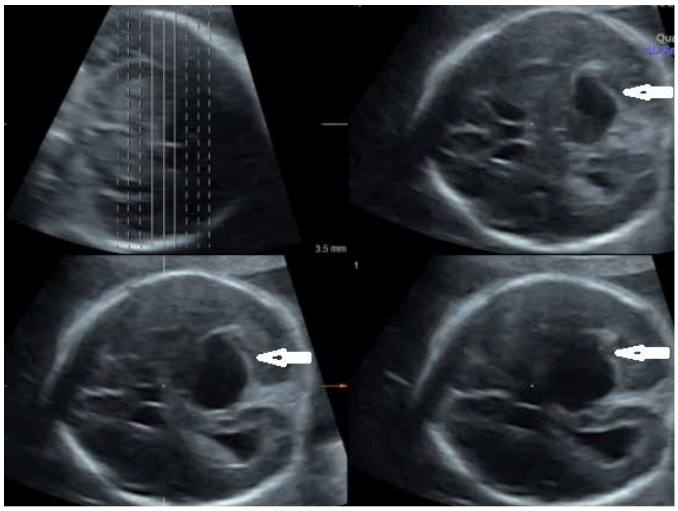
Atrioventricular septal defect (AVSD) appearance in a fetus with Edwards syndrome (asterisk: AVSD)

Figure 2. Pulmonary arteri dilatation.



Pulmonary arteri (PA) dilatation. PA: 9,5mm, Ao:5,2mm.

Figure 3. İntracranial arachnoid cyst



White arrow- intracranial arachnoid cyst

PS-31

Uterine Inflammatory Myofibroblastic Tumor: A Rare Gynecological Pathology

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Inflammatory myofibroblastic tumor is a tumor which can be seen in any tissue includes smooth muscles. It originates from smooth muscle cells. When this tumor is seen, there is a increased risk for developing sarcomas. They can cause local recurrences, and more rarely metastasis. The etiology and biological behaviour is controversial. It could be seen in many different anatomical sites, however it is commonly seen in the lungs, mesentery, genitourinary tract and retroperitoneum. The tumor consists of myofibroblastic and fibroblastic spindle cells accompanied by lymphocytes, plasma cells and eosinophil leukocytes. With this histopathological image, many benign and malignant lesions are included in the differential diagnosis. In this case, our patients problem was abnormal uterine bleeding. In ultrasound screenings, there was a lesion which seems like Myoma uteri. Lesion was completely intracavitery. In this case, first approach was excising this lesion by using hysteroscopy. Uterine cervix was dilated and 26F resectoscope was used. After pathological analysis, the diagnosis was 'inflammatory myofibroblastic tumor'. It was a rare condition in uterus. After the surgery, there was no consisting lesion in ultrasound screenings. Patient was informed that this lesion can consist or worse, this lesion can turn into a sarcom. After interviews with the patient and the family, there was no expectation of fertility. Patients age was 38. After all interviews and informations, patient decided to be operated. Total abdominal hysterectomy and bilateral salpencegtomy was performed. After pathological analysis, there was no consisting tumor. Patient was informed about the follow ups. In the third month after surgery, patient came back with abdominal pain. Total abdominal and thorax CT scans was normal. Patient was referred to gastroenterologist. Endoscopy and colonoscopy was performed. There was no lesion in this scans. In the follow ups, patients abdominal pain was gone. In summary, inflammatory myofibroblastic tumor can be seen in any organ in the body. It is defined as a tumor consisting of a mixture of cytologically benign spindle-shaped myofibroblastic tumor cells and inflammatory cells. Mitosis is low, usually 1-2 mitoses per 10 high power fields, and there are no atypical mitoses. It must be differentiated from many benign and malignant lesions. Although immunohistochemistry can aid in differential diagnosis, a distinction based on histological pattern is generally essential. ALK, smooth muscle markers and CD10 can be used to determine in immunohistochemistry. It can be aggressive like sarcomas. Aggressive tumors are generally larger, have a higher proportion of myxoid stroma, and higher mitotic activity than indolent tumors. Lastly, uterine inflammatory myofibroblastic tumors are rare, not enough information available. By more cases, informations and management of this disease can be better.

Keywords: Inflammatory, myofibroblastic, sarcoma

PS-32

Krukenberg Tumor Case Report

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Krukenberg Tumor: A Krukenberg tumor is a rare and specific type of tumor that grows in the ovaries. However, a Krukenberg tumor is not strictly an ovarian cancer. These tumors arise from another cancer, usually stomach cancer, that has metastasized to the ovaries. The name comes from German physician Friedrich Krukenberg, who discovered this ovarian tumor in 1896 without knowing its true origin [1]. The incidence of Krukenberg tumors ranges from 1% to 22%. Krukenberg tumors are usually bilateral and can be solid, cystic, or a combination of these. Immunohistochemical staining can help distinguish Krukenberg from primary ovarian cancer. Because Krukenberg tumors present with nonspecific symptoms, diagnosis is often delayed. Krukenberg tumors are seen in younger women compared to primary ovarian cancer. The prognosis is poor, but palliative surgical resection has been shown to improve overall survival. Krukenberg tumors usually originate in the stomach, but they can also arise from the appendix, breast, colon, small intestine, gallbladder, pancreas, and genitourinary system. Sometimes, the primary tumor may not be found. Krukenberg tumors are 80% bilateral and usually present as a solid mass and ascites in the abdomen. These symptoms may be the first sign of cancer. Krukenberg tumors can cause pain, bloating, and ascites, as well as irregular vaginal bleeding and dyspareunia. Additionally, the tumors can cause changes in the ovarian stroma, leading to hormone production.

Case: A 36-year-old patient with G2P0A2 and no family history presented to our clinic with groin pain. Ultrasound revealed bilateral solid adnexal masses measuring 43x38 mm on the left and 42x39 mm on the right, along with free fluid in the Douglas. Laboratory parameters showed CA19-9:729 and CA125:59. MRI revealed a malignant mass, a solid lesion measuring 47x31 mm on the left ovary and 40x33 mm on the right ovary. Areas consistent with malignancy were observed in the splenic flexure and sigmoid colon, and nodular lesions consistent with implants were observed in several locations in the abdomen. A colonoscopy was scheduled for the patient. The splenic flexure could not be accessed during the colonoscopy due to the mass. A biopsy was taken from the mass. The biopsy revealed a malignant epithelial tumor (colon). The patient, who has no family history of GI malignancy, showed no weight loss or B symptoms. The patient will be re-evaluated after six cycles of chemotherapy following his transfer to general surgery.

Conclusion: Krukenberg tumor is rare and presents with nonspecific symptoms. Krukenberg tumor is named after Friedrich Ernst Krukenberg, who reported what he thought was a newly identified primary ovarian cancer but which actually turned out to be a metastatic malignancy to the ovary [1]. Throughout most of the world, approximately 10% of ovarian tumors are metastatic, and almost half of these are Krukenberg tumors. They often present with groin pain and bloating. They occur at a younger age than primary ovarian tumors. Krukenberg tumor should be suspected, especially in younger patients with bilateral solidovarian masses and free abdominal fluid. The median survival after diagnosis is 14 months.

Keywords: krukenberg,tumor,mass

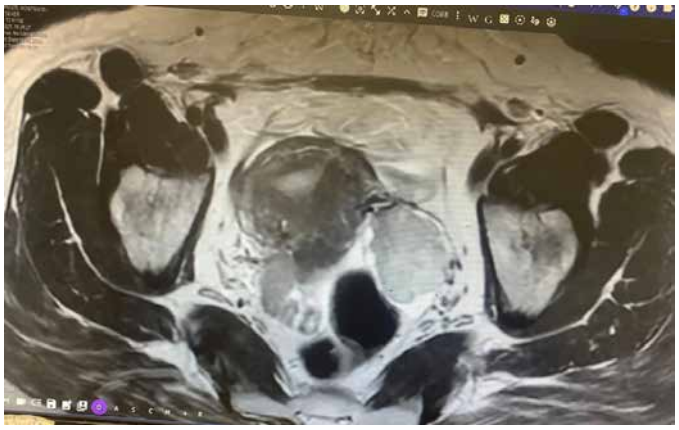
Figure 1

Ultrasound sagittal section shows a solid mass in the left ovary and free fluid in the Douglas.

Figure 2

A solid mass is seen in the right ovary on ultrasound.

Figure 3



Bilateral ovarian solid mass is seen on MRI

kruk.jpeg

Krukenberg Tumor

PS-34

Periclitoral Abscess: A Rare Gynecologic Presentation – Case Report and Literature Review

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Background: Periclitoral abscess is an exceptionally rare gynecologic condition, with fewer than 25 cases documented in the English-language literature. Due to the scarcity of reported cases, no standardized diagnostic or therapeutic guidelines exist, and recurrence rates are notably high, often regardless of the initial management strategy. The lesion arises in a highly innervated and vascularized region, which poses specific diagnostic and therapeutic challenges. Patients typically present with severe vulvar pain, swelling, and tenderness, with potential impairment in sexual and urinary function. Reported etiological factors include pilonidal disease, genital trauma, female circumcision, or Crohn's disease; however, in most cases, no clear predisposing cause is identified. Management strategies vary widely, ranging from conservative antibiotic therapy to surgical interventions such as incision and drainage (I&D), marsupialization, or sinus tract excision.

Case: We describe a 24-year-old nulliparous woman with a three-day history of pelvic-perineal pain and vulvar swelling unresponsive to oral ciprofloxacin and paracetamol. Clinical examination revealed a tender, fluctuant 3 × 3 cm mass beneath the clitoral prepuce. Laboratory analysis showed mild neutrophilic leukocytosis and elevated inflammatory markers. Ultrasound demonstrated a hypoechoic collection with peripheral hyperemia. Given the unusual location and severity of symptoms, pelvic magnetic resonance imaging (MRI) was performed for the first time in this context. MRI confirmed a well-defined, T1-hypointense, T2-hyperintense fluid collection with peripheral enhancement, excluding osteomyelitis and adjacent neurovascular involvement. The patient underwent surgical incision and drainage under careful preservation of the dorsal artery and clitoral neurovascular bundles. Histopathological analysis showed chronic active inflammation without malignancy, while microbiology suggested a polymicrobial flora. The patient recovered uneventfully, and at six-month follow-up she remained asymptomatic without recurrence or cosmetic sequelae.

Literature Review: A review of 24 previously reported cases revealed that recurrence occurred in approximately two-thirds of patients, often requiring more definitive surgical management. Histopathological analysis, when performed, most frequently demonstrated nonspecific inflammation, though pilonidal sinus

disease was identified in several cases. Pilonidal etiology, in particular, carried a high recurrence risk, often necessitating excision of the sinus tract for permanent resolution. Inflammatory-type abscesses also showed high recurrence rates, with marsupialization providing more durable outcomes in recurrent cases. Microbiological analyses revealed a heterogeneous range of organisms, most commonly polymicrobial flora including Streptococcus, Staphylococcus, Bacteroides, and Actinomyces species, without evidence supporting a role for sexually transmitted infections. Imaging was typically limited to ultrasonography, with no prior reports of MRI evaluation, underscoring the novelty of our diagnostic approach.

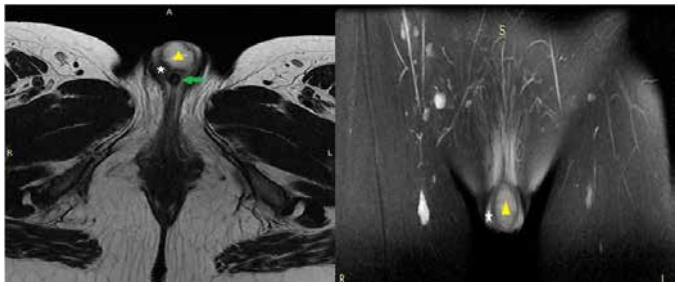
Conclusion: Spontaneous periclitoral abscesses, while rare, pose significant diagnostic and therapeutic challenges. Our case represents the first reported use of MRI to delineate abscess extent and exclude osteomyelitis or neurovascular involvement, highlighting its potential role in selected cases where clinical examination and ultrasound are inconclusive. The literature indicates that incision and drainage alone frequently results in recurrence, and more definitive surgical strategies—particularly marsupialization or excision of an underlying sinus tract—offer superior long-term outcomes. Given the limited number of reported cases, individualized management remains essential. Larger series and multicenter reporting are needed to establish standardized diagnostic and therapeutic guidelines.

Keywords: Clitoral abscess,Periclitoral abscess,Gynecologic infection,Incision and drainage

Figure 1

The clitoral abscess

Figure 2



MRI image of clitoral abscess (Information. Asteriks: Clitoral body, triangle: abscess, green arrow: urethra)

TABLE-1

Yıl	Yazar	Yaş	İlk Müdahale	Antibiyoterapi	Kültür	Rekürrens	Nihai Tedavi	Histolojik İnceleme
1957	Palmer	29	Spontaneous drainage	Sulfadiazin	None reported	1 year	Excision of cyst-track	Pilonidal
1962	Betson et al	29	Spontaneous drainage		None reported	1 year	Excision of cyst-track	Pilonidal
1972	Radman and Bhagavan	22	Incision & drainage		None reported	Multiple times within 2 years	Excision of cyst-track	Pilonidal
1975	Devroede et al	28	Spontaneous drainage		S. aureus, S. epidermidis, Peptostreptococcus	None (5 months follow-up)		Crohn's disease
1980	Reeves and Kaufman	29	Incision & drainage		None reported	8 days later	Excision of mass	Ectopic breast tissue
1982	Kent and Taxiarchis	24	Incision & drainage		None reported	Multiple times within 11 years	Conservative	Nonspecific
1982	Kent and Taxiarchis	23	Spontaneous drainage		None reported	Multiple times within 6 years	Marsupialization	Nonspecific
1982	Kent and Taxiarchis	29	Spontaneous drainage		Bacteroides, Diptheroides	10 years	Marsupialization	Nonspecific
1982	Kent and Taxiarchis	31	Incision & drainage		Coag-positive Staphylococcus	Multiple times within 1.5 years	Marsupialization	Nonspecific
1983	Sur	41	Incision & drainage		Streptococcus bovis	2 months	Marsupialization	Nonspecific
1983	Sur	16	Incision & drainage		None identified	3 months	Marsupialization	Inflammatory changes
1990	Werker and Kon	23	Local excision		None reported	Multiple times within 1 year	Excision of cyst-track	Pilonidal
2003	Chinnock	41	Conservative	Cephalosporine	None reported	None (no follow-up reported)		No Biopsy
2004	Lara-Torre et al	11	Spontaneous drainage	Unspecified	None reported	None (6 months follow-up)		No Biopsy
2007	Mendilcioglu	33	Spontaneous drainage	Ampicilline/ sulbactam	None identified	21 years	Marsupialization	No Biopsy
2008	Baker et al	30	Incision & drainage	Cefazolin+ Metronidazol	None reported	Multiple times within 2 years	Excision of cyst-track	Pilonidal
2010	Maor-Sagie et al	8	Local excision		None reported	3 months	Excision of tract	Pilonidal
2011	Koussidis	17	Incision & drainage		Coag-positive Staphylococcus	None (8 months follow-up)		No Biopsy
2017	Jain	21	Incision & drainage	Unspecified	None reported	None (no follow-up reported)		No Biopsy
2020	Zeitoun	53	Incision & drainage	Co-amoxiclav	S. anginosus	None (no follow-up reported)		Pilonidal
2022	Dielentheis	17	Incision & drainage	Trimethoprim/ sulfamethoxazol	S. anginosus and Staphylococcus	2 days later	Tekrar insizyon drenaj	No Biopsy
2023	Palacios	42	Incision & drainage	Amoxicillin	Actinomyces turicensis	6 weeks	Marsupialization	No Biopsy
2023	Ferhi	26	Incision & drainage	Flucloxacillin	Polymicrobial organisms, no specific bacterial identification.	None (no follow-up reported)		Inflammatory changes
2025	OUR CASE	24	Incision & drainage	Ampicilline/ sulbactam + Metronidazol	Polymicrobial organisms, no specific bacterial identification.	None (6 months follow-up)		Inflammatory changes

Table 1. Reported spontaneous periclitoral abscess cases (A review of English-language literature was conducted through the PubMed database (National Library of Medicine, Bethesda, MD), covering publications from January 1, 1950, to May 31, 2025. The search utilized various combinations of the following keywords: "periclitoral abscess," "clitoral abscess," "clitoral inflammation," "periclitoral inflammation," and "clitoral pilonidal."

PS-35

A rare case of ruptured teratoma

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Objective: Mature cystic teratomas, also known as dermoid cysts, represent the most frequent ovarian germ cell tumors and are generally benign. They are often discovered incidentally during routine imaging, as most cases remain asymptomatic until the lesion reaches a considerable size. Rupture of an ovarian teratoma is an uncommon but clinically significant event that may precipitate acute abdomen, peritonitis, or sepsis. The objective of this report is to present a rare case of ruptured ovarian teratoma, highlight its diagnostic challenges, and discuss management strategies within the context of current literature.

Methods: A 43-year-old multiparous woman with a surgical history of cesarean sections and abdominoplasty presented with severe abdominal pain, nausea, and vomiting, which had worsened progressively over the preceding days. Two weeks prior, she had undergone a transvaginal ovarian cyst biopsy at another center for suspected mucinous cystadenocarcinoma. On admission, physical examination revealed abdominal guarding and rebound tenderness, while laboratory results demonstrated marked leukocytosis, anemia, and elevated C-reactive protein. Laboratory findings were:

Hemoglobin: 9.6 g/dL
White blood cell count: 21,930/µL
Platelets: 215,000/µL
AST-ALT-Urea and creatinine: within normal reference ranges
CRP: 234 mg/L
Beta-hCG: <5
Shock index: 1.15

Ultrasonography and computed tomography identified bilateral ovarian cystic lesions, free intraperitoneal fluid, and a fat-containing adnexal mass suggestive of a dermoid cyst, along with features concerning for peritoneal contamination. The patient underwent surgical exploration, initially laparoscopically and subsequently via laparotomy due to the extent of purulent collections and dense adhesions between the ovaries and the intestines.

Results: Intraoperatively, a ruptured left ovarian teratoma measuring approximately 10 cm was identified, with fatty and clay-like contents disseminated throughout the abdominal cavity. Widespread peritonitis, tubo-ovarian abscess, and necrosis of the right adnexa were also observed. Management included bilateral salpingo-oophorectomy, extensive adhesiolysis, removal of teratomatous material, and peritoneal lavage. Postoperatively, broad-spectrum antimicrobial therapy with imipenem, teicoplanin, and fluconazole was administered in collaboration with infectious disease specialists. The patient recovered uneventfully and was discharged on the fifteenth postoperative day. Histopathological analysis confirmed a mature cystic teratoma complicated by abscess formation.

Conclusion: Rupture of ovarian dermoid cysts is an uncommon but serious complication, often resulting in chemical peritonitis, abscesses, and extensive adhesions. Early recognition is challenging, as clinical and imaging findings may mimic other intra-abdominal emergencies such as diverticulitis or appendicitis. This case highlights the potential risk associated with invasive diagnostic procedures such as transvaginal biopsy, which may predispose to rupture or infection. Current literature emphasizes that prompt surgical intervention, complete excision of the teratoma, and meticulous peritoneal lavage remain the cornerstones of management. Adjunctive postoperative antibiotic therapy is essential to prevent persistent or recurrent infection. Clinicians should maintain awareness of ruptured dermoid cysts as a rare but important differential diagnosis in women presenting with acute abdomen, as timely multidisciplinary intervention is critical for favorable outcomes.

Keywords: teratome,rupture,acute,abdomen

Operation Material

PS-36

Advanced Uterine Prolapse in a Young Woman: A Case Report

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Objective: Pelvic organ prolapse (POP) is a prevalent pelvic floor disorder, predominantly observed in multiparous and postmenopausal women. Advanced uterine prolapse in younger women is rare and may substantially impair quality of life, causing pelvic discomfort, urinary or bowel symptoms, and sexual dysfunction. This report presents a case of grade 4 uterine prolapse in a 36-year-old woman and evaluates the efficacy of a uterus-preserving surgical intervention.

Methods: A 36-year-old woman with a history of one vaginal and one cesarean delivery presented with complaints of uterine descent and a vaginal mass. She had no prior pelvic surgery, systemic disease, or history of smoking or alcohol use. Physical examination revealed grade 4 apical prolapse based on the Pelvic Organ Prolapse Quantification (POP-Q) system. Laboratory assessments, including complete blood count, biochemistry, coagulation profile, and thyroid function tests, were within normal limits. Transvaginal ultrasonography demonstrated an anteverted uterus with an endometrial thickness of 7 mm, normal bilateral adnexa, and no free pelvic fluid. The patient underwent a Manchester operation in combination with colpocleisis, anterior colporrhaphy, and perineoplasty. This approach aimed to restore apical and anterior/posterior vaginal support while preserving the uterus.

Results: The surgical procedure was completed without intraoperative complications. Postoperatively, the patient experienced complete resolution of her symptoms and was discharged on the first postoperative day. Early follow-up demonstrated restored pelvic anatomy and no recurrence of prolapse. Literature reports indicate that the Manchester procedure and other uterine-preserving techniques achieve long-term anatomical and functional success rates ranging from 70% to 90% in younger women.

Conclusion: Although advanced uterine prolapse in young women is uncommon, it presents distinct clinical challenges. Uterus-preserving surgical strategies, such as the Manchester operation, provide effective correction of high-grade prolapse while maintaining reproductive potential and hormonal function. This case supports the consideration of uterus-sparing procedures as a safe, feasible, and efficacious treatment modality in young patients with advanced uterine prolapse. Early recognition and individualized management are essential to optimize outcomes and preserve quality of life.

Keywords: Manchester operation,Pelvic organ prolapse,uterine prolapse,uterus-preserving surgery, young women

postop

post-operation

preop

grade 4 apical prolapse

PS-37

Spontaneous Endometrioma Rupture

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Objective: Endometriosis is a chronic, hormone-dependent inflammatory disease affecting approximately 10–15% of women of reproductive age. It is characterized by ectopic growth of endometrial-like tissue, commonly leading to chronic pelvic pain and infertility. While typically benign, ovarian endometriomas can occasionally rupture, producing acute abdominal symptoms that mimic ovarian torsion or other gynecologic emergencies. This case report aims to underscore the diagnostic challenges, management considerations, and clinical significance of spontaneous endometrioma rupture.

Methods: A 24-year-old nulliparous, virgin woman presented to the emergency department on the second day of menstruation with sudden, severe lower abdominal pain. Her history included a previously diagnosed endometrioma with recurrent dysmenorrhea. Physical examination revealed abdominal guarding and positive rebound tenderness. Laboratory findings were within normal limits: hemoglobin 13.7 g/dL, platelets 273 × 10^3/µL, white blood cells 9,540/µL, and CRP 1 mg/L. Biochemistry, thyroid function, and coagulation tests were unremarkable. Suprapubic ultrasonography demonstrated a 4 × 3 cm cystic lesion in the left ovary without detectable Doppler flow; the right ovary could not be visualized. No free pelvic fluid was identified. Based on acute symptoms and imaging, ovarian torsion was suspected, and emergency laparoscopic surgery was planned.

Results: During laparoscopy, a 6 cm cystic structure consistent with an endometrioma was identified in the left ovary, with a rupture measuring approximately 1 cm. Approximately 100 mL of hemoperitoneum was observed in the Douglas pouch. The left fallopian tube appeared normal and was preserved. The endometrioma was carefully dissected and excised, and residual ovarian tissue was sutured. Persistent bleeding necessitated left oophorectomy. A drain was placed in the Douglas pouch. Postoperatively, the patient received intravenous ceftriaxone and metronidazole. The drain was removed on the first postoperative day, and she was discharged on the fourth postoperative day with oral antibiotic therapy.

Conclusion: Spontaneous rupture of endometriomas may present with acute abdominal pain and sonographic findings that closely resemble ovarian torsion, hemoperitoneum, tubo-ovarian abscess, or even malignancy. Doppler ultrasonography may show absent or decreased ovarian blood flow due to local hemorrhage, further complicating differential diagnosis. In women with a history of endometriosis presenting with severe lower abdominal pain—especially during menstruation—rupture of an endometrioma should be considered. Timely surgical intervention is critical to prevent complications, reduce morbidity, and facilitate rapid recovery. Reported rupture rates of ovarian cysts range from 3–15%, with endometriomas specifically rupturing in 2–3% of cases. This case highlights the importance of maintaining a high index of suspicion for endometrioma rupture in acute presentations to ensure prompt diagnosis and optimal management.

Keywords: acute abdomen,endometrioma,laparoscopy,rupture,

PS-38

Malignancy in the Context of Bartholin Gland Abscess: A Rare Case Report

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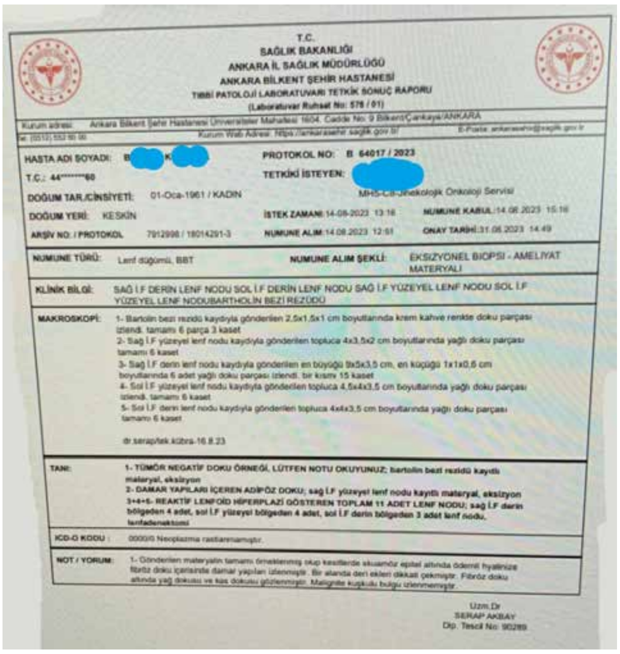
Bartholin gland abscess is usually a benign condition that develops as a result of infection.However, in rare cases, it may be associated with malignancy. In this case, the relationship between Bartholin gland abscess and malignancy has been examined, highlighting that malignancy risk could be present in cases with age and recurrent abscesses, and that total Bartholin gland excision should be considered in selected cases. While Bartholin gland abscesses are generally benign, clinical suspicion and recurrent cases should be evaluated for malignancy. Early diagnosis and appropriate treatment strategies can improve patient outcomes.

The Bartholin glands are two small glands located at the vaginal opening, which provide vaginal lubrication Abscesses usually occur as a result of bacterial infections and usually heal with antibiotic or surgical treatment. However, this case report shows that "a malignant tumor may develop together with Bartholin gland abscess and its effects on clinical practice. The patient is 62 years old, g4p4y4, has a history of 3 cesareans and 1 normal birth, has been in menopause for 10 years and applied to the clinic with complaints of swelling and pain in the vulva. She had undergone a hysterectomy 10 years ago for myoma uteri, with the pathology confirming myoma uteri. Eight months ago, she had experienced swelling in the same area, which resolved with antibiotic treatment and abscess drainage. Ultrasound revealed a 3 cm cystic formation in the left Bartholin gland region. The uterus was reported as operated, ovaries atrophic, and the cervical stump as 42x27mm. An area compatible with a 3-4 cm Bartholin abscess was observed on the left side. Due to the patient's age and recurrent abscess, a total left Bartholin gland cystectomy was planned and performed. The pathology report indicated malignant mesenchymal neoplasia with myxoid and epithelioid features. Following the malignant pathology result, the patient was referred to the gynecologic oncology clinic, where she subsequently underwent left hemivulvectomy and bilateral inguinofemoral lymph node dissection. The pathology report showed 11 hyperplastic lymphoid tissues with negative malignancy. The patient's follow-ups are being managed by the medical oncology and gynecologic oncology clinics, with no recurrence detected.

Malignancy arising from Bartholin gland abscesses is extremely rare and treatment options are still being discussed in the literature. According to a review by Sook-Young Vivian Yang and colleagues, only 62 cases have been reported worldwide.All published studies are case reports, and there are no controlled studies in the literature Bartholin gland abscess is usually a benign condition, but this case report shows that a malignant tumor can be hidden in this condition and may be difficult to detect clinically Before diagnosis is made, recurrent and long-term abscess cases in older patients should be evaluated for malignancy. Factors such as patient age and the duration of symptoms should be considered when assessing malignancy risk. The risk of malignancy in the setting of a Bartholin gland abscess is rare but should not be ignored. This case emphasizes the importance of detailed evaluation and advanced diagnostic tests, such as biopsy, in long-standing and recurrent abscesses.

Keywords: Bartholin gland, bartholin abscess, bartholin gland malignancy

Pathology report 2


T.C.
SAĞLIK BAKANLIĞI
ANKARA İL SAĞLIK MÜDÜRLÜĞÜ
ANKARA BİLKENT ŞEHİR HASTANESİ
TIBBİ PATOLOJİ LABORATUVARI TETKİK SONUÇ RAPORU
(Laboratuvar Ruhsat No: 576 / 01)

HASTA ADI SOYADI: B[redacted] K[redacted]
PROTOKOL NO: B 64017 / 2023
T.C.: 44********60
TETKİKİ İSTEYEN: [redacted]
DOĞUM TAR./CİNSİYETİ: 01-Oca-1961 / KADIN
MHS-C8-Jinekolojik Onkoloji Servisi
DOĞUM YERİ: KESKİN
İSTEK ZAMANI: 14-08-2023 13:16
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ARŞİV NO. / PROTOKOL: 7912998 / 18014291-3
NUMUNE ALIM: 14.08.2023 12:51
ONAY TARİHİ: 31.08.2023 14:49

NUMUNE TÜRÜ: Lenf düğümü, BBT
NUMUNE ALIM ŞEKLİ: EKSİZYONEL BİOPSİ - AMELİYAT MATERYALİ

KLİNİK BİLGİ: SAĞ İ.F DERİN LENF NODU SOL İ.F DERİN LENF NODU SAĞ İ.F YÜZEYEL LENF NODU SOL İ.F YÜZEYEL LENF NODUBARTHOLİN BEZİ REZÜDÜ

MAKROSKOPİ: 1- Bartolin bezi rezidü kaydıyla gönderilen 2,5x1,5x1 cm boyutlarında krem kahve renkte doku parçası izlendi. tamamı 6 parça 3 kaset
2- Sağ İ.F yüzeyel lenf nodu kaydıyla gönderilen topluca 4x3,5x2 cm boyutlarında yağlı doku parçası tamamı 6 kaset
3- Sağ İ.F derin lenf nodu kaydıyla gönderilen en büyüğü 9x5x3,5 cm, en küçüğü 1x1x0,6 cm boyutlarında 6 adet yağlı doku parçası izlendi. bir kısmı 15 kaset
4- Sol İ.F yüzeyel lenf nodu kaydıyla gönderilen topluca 4,5x4x3,5 cm boyutlarında yağlı doku parçası izlendi. tamamı 6 kaset
5- Sol İ.F derin lenf nodu kaydıyla gönderilen topluca 4x4x3,5 cm boyutlarında yağlı doku parçası tamamı 6 kaset

dr.serap/tek.kübra-16.8.23

TANI: 1- TÜMÖR NEGATİF DOKU ÖRNEĞİ, LÜTFEN NOTU OKUYUNUZ; bartolin bezi rezidü kayıtlı materyal, eksizyon
2- DAMAR YAPILARI İÇEREN ADİPÖZ DOKU; sağ İ.F yüzeyel lenf nodu kayıtlı materyal, eksizyon
3+4+5- REAKTİF LENFOİD HİPERPLAZİ GÖSTEREN TOPLAM 11 ADET LENF NODU; sağ İ.F derin bölgeden 4 adet, sol İ.F yüzeyel bölgeden 4 adet, sol İ.F derin bölgeden 3 adet lenf nodu, lenfadenektomi

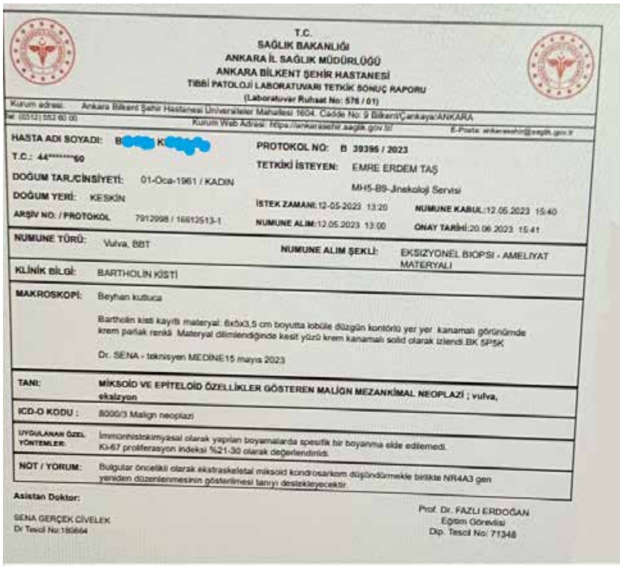
ICD-O KODU: 0000/0 Neoplazma rastlanmamıştır.

NOT / YORUM: 1- Gönderilen materyalin tamamı örneklenmiş olup kesitlerde skuamöz epitel altında ödemli hyalinize fibröz doku içerisinde damar yapıları izlenmiştir. Bir alanda deri ekleri dikkati çekmiştir. Fibröz doku altında yağ dokusu ve kas dokusu gözlenmiştir. Malignite kuşkulu bulgu izlenmemiştir.

Uzm.Dr
SERAP AKBAY
Dip. Tescil No: 90289

Staging

Pathology report bartholin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ANKARA BİLKENT ŞEHİR HASTANESİ
TIBBİ PATOLOJİ LABORATUVARI TETKİK SONUÇ RAPORU
(Laboratuvar Ruhsat No: 576 / 01)

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NUMUNE TÜRÜ: Vulva, BBT
NUMUNE ALIM ŞEKLİ: EKSİZYONEL BİOPSİ - AMELİYAT MATERYALİ

KLİNİK BİLGİ: BARTHOLİN KİSTİ

MAKROSKOPİ: Beyhan kutuca
Bartholin kisti kayıtlı materyal: 6x5x3,5 cm boyutta lobüle düzgün kontörlü yer yer kanamalı görünümde krem parlak renkli. Materyal dilimlendiğinde kesit yüzü krem kanamalı solid olarak izlendi.BK 5P5K
Dr. SENA - teknisyen MEDİNE15 mayıs 2023

TANI: MİKSOİD VE EPİTELOİD ÖZELLİKLER GÖSTEREN MALİGN MEZANKİMAL NEOPLAZİ ; vulva, eksizyon

ICD-O KODU: 8000/3 Malign neoplazi

UYGULANAN ÖZEL YÖNTEMLER: İmmünhistokimyasal olarak yapılan boyamalarda spesifik bir boyanma elde edilemedi. Ki-67 proliferasyon indeksi %21-30 olarak değerlendirildi.

NOT / YORUM: Bulgular öncelikli olarak ekstraskeletal miksoid kondrosarkom düşündürmekle birlikte NR4A3 gen yeniden düzenlenmesinin gösterilmesi tanıyı destekleyecektir.

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PS-39

Cervical myoma: case report

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Purpose: Fibroids are the most common benign tumors, originating from the smooth muscle cells that make up the uterus. Isolation of fibroids in the cervix is rare. Postmenopausal hormonal withdrawal typically results in a decrease in fibroid size, and symptoms associated with fibroids diminish. Polypoid adenomyoma, endometrial polyp, papilloma, uterine sarcoma, and cervical cancer should be considered in the differential diagnosis. Definitive diagnosis for uterine masses is histopathology. Our aim in this case report is to present a case of cervical myoma diagnosed and treated in a clinic.

Method: It is the evaluation of the examination, diagnosis, treatment and pathology results of the patient who applied to the clinic due to a cervical mass.

Findings: A 46-year-old woman with five vaginal deliveries presented to us with a palpable mass in her external genitalia for 2-3 days. Her medical history was unremarkable. Her blood pressure was 100/60 mmHg, pulse rate was 84/min, and temperature was 36.5 degrees Celsius. Gynecological examination revealed a protruding, necrotic, and pedunculated, hard mass approximately 4-5 cm in diameter originating from the anterior lip of the cervix.No active bleeding or discharge was observed. Transvaginal ultrasound revealed an endometrial thickness of 12 mm, and the uterus and bilateral ovaries were normal. The patient was informed of the cervical mass, and surgery was recommended. The patient agreed to undergo surgery, and the cervical mass was excised by cutting at the stalk under spinal anesthesia in the lithotomy position and sent for pathology.The patient was discharged after one day of stable condition. Pathology revealed the mass as a leiomyoma.

Conclusion: In cases presenting to the clinic with a cervical mass, complaints of bleeding, infertility, and infection may be observed, and it should be kept in mind that the cause may be benign myoma or malignant cervical cancer.

Keywords: cervical mass, cervical myoma, cervical polyp, myoma

Figure 1

Figure 2

PS-40

Conservative Management of Diffuse Peritoneal Leiomyomatosis in a Young Woman: Case Report

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Objectıves: Diffuse peritoneal leiomyomatosis (DPL) is a rare disease characterized by the widespread presence of multiple benign smooth muscle nodules on the peritoneal surface. Because it can easily mimic malignancy both clinically and radiologically, it poses a diagnostic challenge and may lead to unnecessary radical surgery if not correctly identified. The objective of this report is to present the clinical features, diagnostic process, and therapeutic management of DPL in a young patient, emphasizing the role of conservative medical treatment. In addition, this case aims to contribute to the current literature by underlining the importance of histopathological confirmation, the effectiveness of hormonal suppression therapy, and the relevance of fertility preservation in young women with DPL

Methods: A young female patient who presented to our hospital with abdominal pain was evaluated through her medical history, physical examination, laboratory tests, and radiological imaging. The histopathological diagnosis previously established at an external center was confirmed. Medical therapy with a GnRH analogue was initiated. Clinical response and follow-up imaging findings after treatment were assessed and are presented here.

Results: A 26-year-old, nulligravid, single female (G0P0) was admitted with abdominal pain unresponsive to analgesics. Her past surgical history included three laparoscopic myomectomies and one diagnostic laparotomy. She had no history of oral contraceptive use. On admission, her general condition was good, and she was alert, oriented, and cooperative. Abdominopelvic MRI revealed bilateral ovarian lesions measuring 2.5 cm and 1 cm, consistent with endometriomas, as well as uterine leiomyomas of 1.5 cm and 7 mm. Multiple ovoid nodular lesions were observed throughout the pelvis, the largest measuring 3 cm in the right pelvic side wall, and additional lesions were noted in the anterior vesical region, the right superolateral rectum, and the anterior uterine surface. A 13-mm lesion was also detected adjacent to hepatic segment 6. These findings were consistent with peritoneal leiomyomatosis. After three months of GnRH analogue therapy, there was no significant regression in lesion size; however, the patient reported marked improvement in pain and overall symptoms. Follow-up is ongoing at three-month intervals.

Conclusion: DPL is a rare condition that requires histopathological confirmation due to its strong resemblance to malignancy. In young women, fertility preservation is a major concern, and conservative medical management should be the first-line approach. GnRH analogues and anti-estrogenic agents are effective in symptom control, while surgical intervention should be reserved for cases with uncontrolled symptoms, complications, or suspicion of malignancy. This case demonstrates that medical therapy can achieve significant symptomatic improvement even without radiological regression, supporting the role of conservative management as the preferred initial strategy in young patients with diffuse peritoneal leiomyomatosis.

Keywords: Benign smooth muscle tumors, GnRH analogue therapy, peritoneal leiomyomas,

PS-41

Reconstructive surgery for severe lower uterine segment and cervical adhesions following myomectomy

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Objective: Hematometra resulting from acquired cervical stenosis is an uncommon but serious condition that can cause amenorrhea and pelvic pain. We present a case of severe lower uterine segment and cervical adhesions following a prior myomectomy, managed with a novel uterus-preserving reconstructive surgical technique. The objective is to highlight the clinical significance of this approach in relieving uterine outflow obstruction and preserving fertility as an alternative to hysterectomy.

Methods: A 46-year-old woman (gravida 0, para 0) with a two-year history of secondary amenorrhea and pelvic pain after a prior open myomectomy was evaluated. She strongly desired to preserve fertility. Transvaginal ultrasound revealed a large hematometra (approximately 5 cm diameter) in the lower uterine segment, with findings consistent with complete occlusion of the cervical canal. Given the extensive adhesions and an obliterated cervical canal, conventional minimally invasive methods (e.g., cervical dilation or hysteroscopic drainage) were deemed infeasible.

The patient therefore underwent reconstructive surgery via a mini-laparotomy. A 1 cm vertical incision was made at the uterine isthmus to create a new channel into the fibrotic upper cervix, allowing evacuation of the accumulated blood. Under direct visualization, the scarred cervical canal was opened and dilated. A small pediatric Foley catheter (5 French) was then placed through this new uterine-cervical passage, and its balloon was inflated to stent the channel and maintain patency. The uterine incision was sutured, and postoperative management included oral estrogen therapy to promote healing of the anastomosis. The catheter stent was left in place for two weeks and subsequently removed.

Results: The reconstructive procedure successfully drained the hematometra and immediately relieved the patient's pelvic pain. There were no intraoperative or immediate postoperative complications. At short-term follow-up after catheter removal, the patient remained amenorrheic. However, the newly created uterine outflow tract was patent, and the uterus was preserved, maintaining the patient's potential for future fertility. Ongoing follow-up will assess the return of menstruation and long-term reproductive outcomes.

Conclusion: In cases of hematometra due to severe cervical adhesions where standard approaches fail to re-establish uterine drainage, surgical creation of a new uterine-cervical channel can be an effective treatment option. This uterus-sparing technique re-establishes uterine outflow, alleviates symptoms, and preserves reproductive potential, thereby avoiding the need for hysterectomy. The uniqueness of this case lies in its innovative surgical approach, which has only rarely been reported in the literature. Our experience suggests that the described method is technically feasible and safe in the short term. Further cases and longer follow-up are needed to confirm the long-term efficacy of this reconstructive technique and its impact on fertility outcomes.

Keywords: Cervical stenosis, hematometra, myomectomy, reconstructive surgery

PS-42

Aggressive Angiomyxoma: A Rare Genital Tumor

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Introduction: Aggressive angiomyxoma (AAM) is a rare type of mesenchymal tumor that shows locally invasive behavior and frequent local recurrence, yet has virtually no potential for metastasis. It predominantly occurs in the pelvis and vulva of reproductive-age women.(1) It may present with various symptoms including abnormal vaginal bleeding, discomfort due to mass effect and pain.(2) Several case reports have confirmed the presence of estrogen (ER) and progesterone (PR) receptors on the tumor, which is believed to play a role in its development.(3) The preferred treatment is surgical excision, but as local recurrence may develop even postoperatively, careful follow-up is essential and adjunct hormonal therapy may be beneficial.(4) This paper describes two cases of AAM presenting in perimenopausal women. Examining the clinical features of these cases may offer important guidance for both diagnosis and treatment.

Case 1

A 48-year-old multigravida(G2P2) female patient presented to our outpatient clinic upon heavy vaginal bleeding. Her medical history included bipolar disorder and tuberculosis. Her surgical history included multiple cervical lymphadenectomy operations. Gynecological examination revealed a 3-cm protruding lesion with increased vascularity on the cervix. Transvaginal sonography showed no abnormalities. Cervical polypectomy was reported as deep aggressive angiomyxoma. Concurrent endometrial biopsy and co-test showed no notable findings. Additional imaging was not requested because of the low potential of metastasis. Considering the high risk of local recurrence, total abdominal hysterectomy and bilateral salpingoopherectomy was performed. Final pathology showed no residual malignancy and the immunohistochemistry of the lesion showed high hormone receptor nuclear positivity. Following the postoperative period, adjuvant hormonal therapy consisting of GnRH agonists was initiated. The follow-up evaluation of the patient indicates no recurrence thus far.

Case 2

A 42-year-old multigravida(G3P2) female patient presented to our outpatient clinic with a vulvar mass. Gynecological examination showed a soft tissue lesion of approximately 6 cm, extending from the right labium majus to the perianal region. Transvaginal sonography showed a right-sided 10 cm complex adnexal mass with solid components. The patient reported having a similar vulvar lesion extending to the inguinal area 5 years ago which was excised, with pathology revealing deep aggressive angiomyxoma; however no further treatment was received afterward. CT scan confirmed the adnexal mass. Tumor markers showed mild elevation. Preoperative workup with the pre-diagnosis of ovarian cancer was completed and the patient underwent ovarian cancer staging surgery, including excision of the vulvar mass and deep inguinal lymphadenectomy. The final pathology was reported as high grade serous carcinoma with infiltration to adjacent pelvic organs including the vulvar mass. Following the postoperative period, the patient was referred for adjuvant therapy.

Discussion: Because of its rarity, aggressive angiomyxoma (AAM) is often difficult to diagnose. Nonetheless, clinicians should maintain a high level of suspicion in women of the fourth decade who present with pelvic masses. The gold standard treatment is surgical excision, with potential adjuvant hormonal therapy. Preoperative radiological evaluation may be necessary to assess the level of infiltration and choose the appropriate surgical approach. These patients require long-term monitoring after surgical resection to detect local recurrence and relapse

Keywords: aggressive angiomyxoma, pelvic mass, surgical excision

PS-43

Sarcomatoid Squamous Cell Carcinoma: A Rare Tumor of the Cervix

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Introduction: Cervical cancer is most commonly squamous cell carcinoma, but sarcomatoid squamous cell carcinoma (SSCC) is an extremely rare variant. Histologically, it shows both epithelial and mesenchymal differentiation. Patients usually present with vaginal bleeding, and the few cases reported indicate aggressive behavior and poor prognosis. Diagnosis and treatment require a multidisciplinary approach.

A review of the literature showed only 16 earlier reported cases of cervical SSCC. These tumors often present at advanced stages, respond briefly to therapy, and relapse early, sometimes with unusual metastatic sites (peritoneum, kidney, subcutaneous tissue). In 2025, Qiuyang Jing et al. analyzed 37 cases, including 8 new ones, and demonstrated positivity for epithelial markers (PCK, p63, p40) and mesenchymal markers (vimentin, SMA). HPV-16 and HPV-33 were detected in some cases, the first molecular-level evidence of an HPV association with SSCC. Despite initial treatment responses, recurrences were frequent and second-line therapy ineffective.

Case Presentation: A 63-year-old postmenopausal woman with hypertension and a history of cerebrovascular event presented with vaginal bleeding. Pelvic examination revealed a necrotic, foul-smelling, bleeding, exophytic mass arising from the cervix, fixed with posterior vaginal wall involvement.

Imaging Findings:

• TVUSG: 8 cm mass

• PET-MR: SUVmax 57.9, no distant metastasis

• MRI: Possible bladder and rectal invasion

• Pathology: High-grade tumor with spindle and pleomorphic cells

• Immunohistochemistry: p16, p40, p63, CK5/6, vimentin, SMA, caldesmon positive; desmin negative → Diagnosis: SSCC

At the gynecologic oncology board, surgical resection was not recommended due to possible invasion of bladder and rectum. Induction chemotherapy followed by chemoradiotherapy was planned.

Discussion: SSCC of the cervix is a rare malignancy usually diagnosed at advanced stages. Dual positivity for epithelial (p63, CK5/6, p40) and mesenchymal (vimentin, SMA) markers is critical for diagnosis. The differential diagnosis includes carcinosarcoma and pure sarcomas, but immunohistochemical evidence of a squamous component favors SSCC. Prognosis is generally worse than conventional squamous carcinoma, with early metastasis and therapy resistance. No standardized treatment exists, and most centers apply conventional cervical cancer protocols, though surgery is often not feasible.

Conclusion: Sarcomatoid squamous cell carcinoma of the cervix is rare and aggressive. Diagnosis requires immunohistochemistry, and management should involve a multidisciplinary approach. Each additional case report adds valuable knowledge, especially given the limited literature.

Keywords: Cervical Cancer,Sarcomatoid, Rare Tumor

PS-44

Surgical Intervention and Metabolic Crisis Management in HMG-CoA Lyase Deficiency: A Case Report

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Introduction: 3-Hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) lyase deficiency is a rare inherited metabolic disorder. The disease is characterized by recurrent metabolic crises triggered by fasting, intercurrent illnesses, or excessive physical stress. HMG-CoA lyase deficiency typically presents with hypoketotic hypoglycemia, hyperammonemia, and metabolic acidosis, and if left untreated, carries a risk of severe neurological damage or death. This case report presents the clinical and laboratory findings observed during the preoperative and postoperative periods in a patient diagnosed with 3-hydroxy-3-methylglutaryl-CoA (HMG-CoA) lyase deficiency.

Case Report: A 29-year-old patient, with an obstetric history of G3P1 (C/S) A1, was under follow-up with a known diagnosis of HMG-CoA lyase deficiency. The patient was scheduled for vacuum curettage due to incomplete abortion.
• On the 5th postoperative hour, the patient was transferred to the intensive care unit due to sudden deterioration in GCS.
• Laboratory tests revealed a blood ammonia level of 489 µmol/L.

Discussion: Patients with HMG-CoA lyase deficiency should be monitored with particular caution during the perioperative period. Surgical stress, fasting, and infection may trigger metabolic decompensation.

Perioperative management recommendations:
• Preoperative:
• Minimization of fasting time
• Energy support with glucose infusion
• Close monitoring of fluid-electrolyte balance and metabolic parameters
• Postoperative:
• Frequent monitoring of blood glucose, blood gases, lactate, and ammonia levels in the intensive care setting
• Avoidance of fasting and stress factors that may increase catabolism
• Provision of high-calorie intravenous nutrition if necessary

The literature indicates that patients with HMG-CoA lyase deficiency may rapidly develop metabolic crisis in the postoperative period, with a high risk of neurological complications and mortality if not promptly managed. Therefore, a multidisciplinary approach (anesthesiology, metabolism, intensive care, gynecology) is of critical importance.

Conclusion: Surgical interventions in patients with HMG-CoA lyase deficiency carry high risk. During the perioperative period:

• Close metabolic monitoring
• Prevention of hypoglycemia
• Adequate energy support
• Intensive care follow-up

are the most important factors determining prognosis. This case highlights that rare metabolic diseases require multidisciplinary management during surgical and postoperative processes, and that meticulous monitoring is vital in the care of metabolically fragile patients.

Keywords: Metabolic crisis, Surgical intervention

PS-45

A Rare Case:Iniencephaly

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Iniencephaly Rare Case Presentation

Objective: Ultrasound examination is an effective method for the prenatal diagnosis of neural tube defects (NTDs). Ultrasound imaging has largely replaced maternal serum alpha-fetoprotein (MSAFP) measurement for NTD screening. Accurate diagnosis depends on proper visualization of the fetal central nervous system (CNS), correct interpretation of the images, comprehensive evaluation of the fetus for associated anomalies (which are often present), and diagnostic genetic testing. Early and accurate prenatal diagnosis allows time for the patient to obtain information and make decisions regarding fetal abnormality, prognosis, and planning for termination of pregnancy or birth of the affected child (e.g., management of pregnancy, possible intrauterine intervention, mode and place of delivery, neonatal needs). Inencephaly is a rare developmental anomaly. This anomaly results from the cessation of development due to the persistence of embryonic cervical retroflexion during embryological development and the failure of the neural tube to close in the cervical spine or upper thoracic region. Due to its rarity and detectability in the first and early second trimesters, fetuses with iniencephaly are rarely born alive. The aim is to emphasize the importance of early ultrasonographic screening in pregnancy follow-up.

Methods: The aim is to emphasize the role of first and second trimester ultrasonography in early diagnosis and management and to present a case diagnosed by ultrasonography during routine first trimester check-ups.

Results: Sonographic diagnosis can be made at 12-13 weeks. A defect in the occiput involving the foramen magnum, retroflexion of the entire vertebra, forces the fetus to look upward by directing the occiput toward the lumbar region. Spinal defects of varying degrees are present in 50% of cases. Associated anomalies are seen in 84% of cases. These may include hydrocephalus, microcephaly, ventricular atresia, holoprosencephaly, polymicrogyria, cerebellar vermis agenesis, occipital encephalocele, diaphragmatic hernia, thoracic deformities, urinary system anomalies, cleft lip and palate, omphalocele, and polyhydramnios. A 41-year-old G1 patient presented to the outpatient clinic for a routine checkup at 14 weeks of gestation. There was no history of previous surgery or known comorbidities. Ultrasound revealed a reverse A wave in the ductus venosus. Hypoechoic areas in the kidneys, subcutaneous and scalp edema were observed. Bilateral jugular sac and iniensefali were observed (Figure 1). The family was informed about genetic testing but declined the test. The option of termination was offered and accepted. The pregnancy was terminated by medical abortion (Figures 1-2).

Conclusion: Early week ultrasonographic screening should be performed with caution. The diagnostic power of ultrasonography in early weeks increases with each passing day. Iniencephaly is a rare lethal structural anomaly. Keeping it in mind during early week screenings is important for differential diagnosis.

Keywords: Early week ultrasonography, Iniencephaly, Termination

Şekil 1:Juguler sac ve hiperekstansiyonda fetal baş

Juguler sac ve hiperekstansiyonda fetal baş

Şekil 2: Abort materyali

Abort materyali

Şekil 3: Abort materyali

Abort materyali

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