



**TAJEV** TURKISH - GERMAN GYNECOLOGICAL  
EDUCATION and RESEARCH FOUNDATION

# 8<sup>th</sup> TURKISH - GERMAN GYNECOLOGY CONGRESS



**April 29  
May 3  
2009**

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**LECTURE and ABSTRACT BOOK**



**Method:** 129 patients who had been diagnosed with adnexal mass and undergone surgery in our clinic were included in the evaluation. Doppler ultrasonography results, serum Ca-125 levels, menopausal states and USG results of all patients were recorded preoperatively. RMI was calculated using the findings on menopausal state, Ca-125 value and USG. Doppler sonographic resistance indices ( $\leq 0.45$ ) and risk of malignancy indices ( $RMI \geq 200$ ) were assessed. Descriptive statistical analyses on the effectiveness of these parameters in the preoperative differentiation of benign and malignant masses were performed.

**Recent findings:** Histopathological examination revealed 96 (74,4%) benign, 27 (21%) malignant and 6 (4,65%) borderline tumors. Borderline tumors were examined in the category of malignant tumors. The sensitivity, specificity, PPV and NPV of DUSG were determined as 58%, 91,66%, 70,37%, 86,27%, respectively. As for RMI, the corresponding values were 66,66%, 96,87%, 88% and 89,42%. After combining the risk of malignancy index and the DUSG data, sensitivity and specificity were calculated as 63,3% and 100%, respectively. On the other hand, the sensitivity values of DUSG and risk of malignancy index in early stage ovarian cancers were calculated as 18,75% and 37,50%, respectively.

**Conclusion:** Although the effectiveness of DUSG in the preoperative evaluation of adnexal masses has been shown, its role has not been defined clearly yet. Its use in combination with RMI did not yield a significant increase in effectiveness. Risk of malignancy index is an favorable method in terms of efficiency, accessibility and cost efficiency. However, both Methods seem to be insufficient in the evaluation of early stage ovarian cancers.

**Key words:** Adnexal masses, doppler ultrasonography, risk of malignancy index

S 0027

RefID: 165

### THE EFFECT of INTRAVENOUS DEXKETOPROPHENE and PARACETAMOL ON EPISIOTOMY PAIN: A RANDOMIZED STUDY

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**Objective:** To investigate the efficacy of intravenous dexketoprofen and paracetamol as pain reliever after mediolateral episiotomy following normal vaginal birth.

**Materials and Methods:** 72 consecutive patients who gave normal vaginal birth with a mediolateral episiotomy were recruited and 70 of whom agreed to participate the trial were randomised to two groups: Group I: Dexketoprofen 50 mg IV slow infusion (N=32). Group II: Paracetamol 1000 mg IV infusion (N=38). The pain intensity of the patients was evaluated by a ten-point visual analog scale (VAS). The data of 67 patients who completed VAS was included into the analysis. The patients received the first dose of the study drugs just after completion of the episiotomy and the second dose six hours later. VAS for pain recorded at the completion of the suturing (VAS 0) and at one, two, three, six and 12 hours. Kolmogorov-Smirnov test was used to test the normal distribution of the VAS scores. The difference between the parameters which was normally distributed was evaluated with Mann-Whitney U test, the differences between the parameters which was not normally distributed was evaluated with Student t-test and the difference between the VAS distribution in the groups was evaluated with paired-t test.

**Results:** There was no difference between the two groups by the means of gravida, parity, age, body mass index, duration of labor, birth weight,

the dose of the local anesthetic drug (lidocain) and VAS 0. Pain was reduced in 21/30 patients in Group I (70%) and 23/37 patients in Group II (62%) ( $p=0.502$ ). No statistically important difference was observed in VAS 1, 2, 6 and 12 values between groups. Additionally, in the comparison of VAS scores in different time points for the separate groups for Group I and II, VAS 0 =  $3.78 \pm 2.68$ , VAS 1 =  $1.86 \pm 1.71$ ,  $p=0.011$  and VAS 0 =  $3.54 \pm 2.88$ , VAS 1 =  $1.89 \pm 1.63$ ,  $p=0.001$  respectively. There was no statistically important difference in the other pain scores for Group I, adversely; for Group II, there was statistically important decrease in VAS 1 – VAS 2 ve VAS 3 – VAS 6 values ( $p=0.026$  and  $p=0.004$ , respectively).

**Conclusion:** The use of both intravenous dexketoprofen and paracetamol were found to be equally effective in reducing perineal pain after spontaneous vaginal birth with mediolateral episiotomy. Nevertheless, the long term analgesic efficacy of intravenous paracetamol seems to be better than intravenous dexketoprofen.

**Key words:** mediolateral episiotomy, analgesic, dexketoprofen, paracetamol

S 0028

RefID: 166

### THE PROTECTIVE EFFECT of ERYTHROPOIETIN and DIMETHYLSULPHOXIDE ON ISCHEMIA-REPERFUSION INJURY IN RAT OVARY

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**Aim:** Adnexal torsion is a gynaecological emergency with a prevalence of 2.7%. Considering the conservative therapy in the patients with adnexal torsion, the main problems are the vitality and functional capacity of the deorsioned tissue. There is a large body of experimental work showing the non-hematopoietic cytoprotective properties of erythropoietin (EPO) in a variety of tissues subjected to ischemia-reperfusion, including the retina, brain, and myocardium. Dimethylsulfoxide (DMSO) is a commonly used anti-inflammatory agent in equine medicine. DMSO scavenges the hydroxyl radicals and has been shown to attenuate the increased microvascular permeability. In this study, the effects of EPO and DMSO pretreatment on the ovarian morphology and antioxidant enzymes were investigated in a rat model.

**Material and Method:** Thirty six Wistar-albino rats were divided randomly into 6 groups. Group I, sham operation; group II, ovarian torsion; group III, torsion and detorsion; group IV, torsion, detorsion+saline; group V, torsion, detorsion+DMSO (1.5 mg/kg); group VI, torsion, detorsion+EPO (1200 u/kg). Except sham operation group, all groups were subjected to the left unilateral adnexal torsion for 3 hours. Ten minutes before detorsion in group IV saline was injected and in group V DMSO and group VI EPO was injected intraperitoneally. Rats were removed in the group II after 3 hours. Detorsion was performed and reperfusion was allowed for additional 3 hours in group III, V and VI. 3 hours after detorsion ovaries were harvested by operation and blood samples were collected. The biochemical analysis was done to determine the tissue and serum levels of thiobarbituric acid (TBA) and nitric oxide (NO). The histologic sections were examined for the presence of ischemia-reperfusion injury with a scoring system that has been reported previously. Statistical analysis was done with the SPSS version 15.0.