



The 32<sup>nd</sup> World Congress on  
Controversies in Obstetrics,  
Gynecology & Infertility (COGI)  
*All About Women's Health*

**November 21-23, 2024**

**Lisbon, Portugal**

*Congress Program & Abstracts*



mundiconventus



[www.cogi-congress.org](http://www.cogi-congress.org)

# Welcome from Chairs

Dear Colleagues,

The COGI chairpersons are delighted to welcome you to the **32<sup>nd</sup> World Congress on Controversies in Obstetrics, Gynecology and Infertility**, taking place at the **Centro Cultural de Belém, Lisbon, Portugal** from November 21-23, 2024.

COGI 2012, held in Lisbon, was attended by over 1300 delegates from 80+ countries, and we are delighted to have exceeded this number in 2024.

The COGI Congress chairpersons, along with the esteemed local chairperson, again hosts world-renowned leaders in the fields of OBGYN and infertility, to discuss, debate, and review advances in clinically oriented issues in all the fields of OBGYN and Infertility, and, as always, the program will allow ample time for discussion and speaker-audience interaction.

Like every year, we have worked tirelessly to develop and offer an inspiring scientific program, that will allow the busy clinician to get a clinically oriented solution to the controversial topics that are so characteristic of our profession.

Welcome to Lisbon!

Sincerely,

**COGI Congress Co-Chairpersons**



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Israel



**Bart C.J.M. Fauser**  
Netherlands



**Anja Pinborg**  
Denmark



**Rita Vassena**  
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(SPG)

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Portuguese Society  
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**Miguel Branco**  
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of PreNatal Diagnosis  
(APDPN)



13:48-14:06	Moderated e-Poster Session 04: FETOMATERNAL MEDICINE	Exhibition Area Screen 2
Chairperson	<b>Gerard Visser</b> , <i>Netherlands</i>	
13:48-13:51	FUNIC PRESENTATION WITH DOUBLE FOOTLING BREECH PRESENTATION – COMPOUND PRESENTATION OR NOT? DOES IT MATTER? <b>Frederick Eruo</b> , <i>USA</i>	
13:51-13:54	EFFECTIVE MANAGEMENT OF POSTPARTUM EPISIOTOMY INFECTION: A CASE STUDY <b>Oyoung Kim</b> , <i>South Korea</i>	
13:54-13:57	THE COMPARED STUDY FOR PREVENTIVE EFFECT OF CERVICAL PESSARY AND VAGINAL PROGESTERONE IN THE CERVICAL INCOMPETENCE <b>Dmytro Konkov</b> , <i>Ukraine</i>	
13:57-14:00	FETAL MALFORMATIONS DETERRING VAGINAL LABOUR: A CASE REPORT <b>Margarida Neves Da Silva</b> , <i>Portugal</i>	
14:00-14:03	POSTPARTUM OUTCOMES IN THIRD AND FOURTH PERINEAL LACERATIONS: A RETROSPECTIVE STUDY <b>Adriana Oliveira</b> , <i>Portugal</i>	
14:03-14:06	SPONTANEOUS RUPTURE OF AN UNSCARRED UTERUS WITH A SUSPECT FETAL SKELETAL DYSPLASIA IN PRETERM LABOR: A CASE REPORT <b>Carlota Pacheco</b> , <i>Portugal</i>	

## Saturday, November 23

12:35-12:56	Moderated e-Poster Session 05: FETOMATERNAL MEDICINE	Exhibition Area Screen 1
Chairperson	<b>Diogo Ayres-de-Campos</b> , <i>Portugal</i>	
12:35-12:38	EARLY ONSET OF PREECLAMPSIA AND FETAL GROWTH RESTRICTION: COULD GENETIC FACTORS PLAY A ROLE? ABOUT A CLINICAL CASE <b>Daniela Albuquerque</b> , <i>Portugal</i>	
12:38-12:41	ECLAMPSIA WITH HELLP SYNDROME – A CASE REPORT <b>Adriana Carreira</b> , <i>Portugal</i>	
12:41-12:44	ANALYSIS OF COMPETENCE AND CONFIDENCE IN IDENTIFYING PLACENTA ACCRETA SPECTRUM, USING MAGNETIC RESONANCE IMAGING, UPON COMPLETION OF AN ONLINE TRAINING PACKAGE <b>Jenna Earnshaw</b> , <i>United Kingdom</i>	
12:44-12:47	HEART FAILURE IN THE PERIPARTUM PERIOD – PERIPARTUM CARDIOMYOPATHY OR NOT? <b>Frederick Eruo</b> , <i>USA</i>	
12:47-12:50	IRON-DEFICIENCY ANEMIA IN PREGNANCY AND PARENTERAL IRON ADMINISTRATION – A CASE REPORT WITH DISCUSSION <b>Frederick Eruo</b> , <i>USA</i>	
12:50-12:53	MALARIA IN A PREGNANT ANGOLAN WOMAN: DIAGNOSTIC CHALLENGES IN AN EUROPEAN COUNTRY <b>Joana Gomes</b> , <i>Portugal</i>	
12:53-12:56	MANAGING SEVERE PREECLAMPSIA AND SUBCAPSULAR LIVER HEMATOMA IN PREGNANCY: A CASE OF LIFE-SAVING LIVER TRANSPLANTATION <b>Laura Gomes</b> , <i>Portugal</i>	

12:35-12:56	Moderated e-Poster Session 06: GYNECOLOGY	Exhibition Area Screen 2
Chairperson	<b>Alessandra Graziottin</b> , <i>Italy</i>	
12:35-12:38	LASER TREATMENT OF VAGINAL DYSBIOSIS IN PATIENTS WITH GENITOURINARY SYNDROME OF MENOPAUSE <b>Leticia Lazzaretta</b> , <i>Spain</i>	
12:38-12:41	TUBAL CHORIOCARCINOMA: A CASE REPORT <b>Alexandra Mae Echavez</b> , <i>Philippines</i>	
12:41-12:44	BREAST CARCINOMA WITH ATYPICAL METASTASIS - A CLINICAL CASE <b>Raquel Rodrigues</b> , <i>Portugal</i>	
12:44-12:47	ISOLATED CERVICAL DUPLICATION DIAGNOSED DURING LABOUR – A RARE CASE REPORT <b>Ana Rosa Araujo Andrade</b> , <i>Portugal</i>	
12:47-12:50	CAN COPPER INTRA-UTERINE DEVICE (IUD) CAUSE ENDOMETRIOSIS? <b>Danielle Choucroun</b> , <i>Luxembourg</i>	
12:50-12:53	ANTI-U ANTIBODIES IN AUB-L AND USE OF CELL SAVER <b>Frederick Eruo</b> , <i>USA</i>	
12:53-12:56	THE IMPACT OF SEVERE HYPERTENSION IN A SPONTANEOUS TRIPLET PREGNANCY – CASE REPORT <b>Filipa Ladislau</b> , <i>Portugal</i>	





with age, whereas IL6 and MCP1 remained unchanged. Additionally, senescence-associated secretory phenotype (SASP) proteins, including MMP3 and PAI1 showed no significant alterations with reproductive ageing. **Conclusion:** With reproductive ageing, the uterus suffers several alterations demonstrating an increase in senescence-associated alterations, among which reside nuclear envelope destabilization, an increase in DNA damage, and a rise in pro-inflammatory factors in the uterus of reproductively aged women. Additional studies will add knowledge on the impact of such age-related alterations on uterine function.

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#### Moderated e-Poster Session 04: FETOMATERNAL MEDICINE

### FUNIC PRESENTATION WITH DOUBLE FOOTLING BREECH PRESENTATION – COMPOUND PRESENTATION OR NOT? DOES IT MATTER?

Frederick Eruo<sup>1,2,3</sup>, Roshni Delwadia<sup>1</sup>

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**Problem statement:** Funic presentation or obligate cord presentation is umbilical presentation during labor. It is different from umbilical cord prolapse and poses different challenges in labor management depending circumstances in question. We present a case of funic presentation with double footling breech presentation warranting urgent cesarean section.

### EFFECTIVE MANAGEMENT OF POSTPARTUM EPISIOTOMY INFECTION: A CASE STUDY

Oyoung Kim<sup>1</sup>, Jungeum Lee<sup>1</sup>, Ki Cheol Kil<sup>1</sup>, Young Lee<sup>1</sup>, Minjong Song<sup>1</sup>, In Yang Park<sup>2</sup>

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A 33-year-old woman (gravida 1, parity 1) arrived at the emergency center with an episiotomy infection. Five days earlier, she had undergone a vaginal delivery of a 3.7 kg male infant at another hospital and experienced shoulder dystocia, resulting in a third-degree perineal laceration. Two days after delivery, the perineal area began to swell and pus started to discharge from the episiotomy suture site. She received cefuroxime, amikacin, and metronidazole for three days, but the site did not improve. When she was admitted to our hospital, the examination showed a median episiotomy with an infection site about 4x5 cm in size with a significant amount of pus accumulation. To administer the appropriate antibiotics, cultures were taken from three sites, and a CT scan was performed to rule out the formation of a pelvic abscess. Tazocin was administered until the culture results were available. The wound was treated with sitz baths, and the pus was cleaned with normal saline dressings three times a day. Cultures revealed a mixed growth of *Morganella morganii*, *Staphylococcus epidermidis*, and *Streptococcus anginosus*; teicoplanin was added to the regimen. Despite five days of appropriate antibiotics and normal saline dressings, pus discharge only slightly decreased but continued, and the wound did not show dramatic improvement. Therefore, aggressive debridement was performed every other day under local lidocaine anesthesia. The tissue obtained from the debridement was sent for biopsy, which showed signs of acute inflammation and fibrosis. After three times of debridement, the wound no longer discharged pus, and the condition began to improve. Two weeks after admission, and following confirmation of the absence of microorganisms, the external anal sphincter and perineal muscles were primarily sutured. Final skin closure was completed on the 20th day of admission after additional cultures confirmed the continued absence of microorganisms. One month later, the patient had no issues with defecation or sexual activity. Serial microbiological assessment, combined with appropriate antibiotic therapy and aggressive debridement, were important in resolving and facilitating the management of the perineal wound infection.



### THE COMPARED STUDY FOR PREVENTIVE EFFECT OF CERVICAL PESSARY AND VAGINAL PROGESTERONE IN THE CERVICAL INCOMPETENCE

Dmytro Konkov<sup>1</sup>, Viktor Rud<sup>2</sup>, Oksana Honcharenko<sup>2</sup>, Olha Muntian<sup>2</sup>

<sup>1</sup>Obstetrics and Gynecology 1, National Pirogov Memorial Medical University, Vinnytsya, Ukraine

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Preterm births (PTB) are a major concern due to their potentially severe impact on both infants and mothers. Identifying the risk factors for PTB and implementing effective interventions, such as vaginal progesterone (VP) or cervical pessaries (CP), is essential for prevention. Therefore, this study was designed to compare the effectiveness of CP versus VP in preventing PTB in women with cervical incompetence, following clinical recommendations to reduce spontaneous PTB rates in Ukraine. **Methods:** This prospective, hospital-based study was conducted among 190 pregnant women; divided into two groups, the 1-st group-106 pregnant women who received cervical pessary (CP), the 2-nd-84 women who were administered vaginal progesterone (VP). **Primary Outcome:** PTB before 37 weeks' gestation. **Secondary Outcomes:** delivery before 28, 32, and 35 weeks of gestation; incidence of preterm premature rupture of membranes; occurrence of chorioamnionitis; maternal side effects, and a composite of poor perinatal outcomes. **Results:** We found a significant reduction in cases of PTB before 37 weeks among patients who used CP and had a cervical length of less than 20 mm, compared with women who used VP (RR 0.32, 95% CI 0.15-0.72, p=0.006). Infants born to women who used VP had a higher birth weight compared to those in the CP group, with a mean difference of 95.4 grams (95% CI, 3.25 – 187.55, p=0.04). There were more cases of increased vaginal discharge in the CP group compared to the VP group (RR 1.41, 95% CI, 1.05-1.88, p=0.02), but no significant differences in the incidence of vaginal dysbiosis (RR 1.12, 95% CI, 0.72-1.74, p=0.60) or chorioamnionitis (RR 1.90, 95% CI, 0.70-5.19, p=0.21). Patients who used VP were more likely to report itching in the vaginal region (RR 0.33, 95% CI, 0.12-0.90, p=0.03). **Conclusion:** Cervical pessary and 200 mg vaginal progesterone resulted in similar rates of preterm birth before 37 weeks of gestation in women with singleton pregnancies and a cervical length less than 25 mm. However, for cervical lengths less than 20 mm, we found that the cervical pessary demonstrated better preventive clinical effectiveness compared to vaginal progesterone.

### FETAL MALFORMATIONS DETERRING VAGINAL LABOUR: A CASE REPORT

Margarida Neves Da Silva<sup>1</sup>, Joana Galvão<sup>1</sup>, Mariana Leal<sup>1</sup>, Inês Gouveia<sup>1</sup>, Conceição Dias Costa<sup>2</sup>, Mariana Novais Veiga<sup>1</sup>, Inês Nunes<sup>1,3,4</sup>

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**Problem statement:** Major congenital malformations or anomalies can affect about 3% of live births. Research has shown that they can be associated with a slower progression of labour and a higher risk of cesarean delivery, not only due to abnormal fetal presentation but also due to abnormal labor patterns. **Methods:** Case report and literature review. **Results:** A 31-year-old woman, chronic hepatitis B, 2G1P (cesarean section), at 38+2 weeks of gestation, was admitted to the labour ward with a cervical dilatation of 3 cm. The patient had arrived to Portugal one month before-no abnormalities were detected during prenatal care in Angola. Labour progressed rapidly and two hours after the cervical dilation was 8 cm. Amniotomy was then performed, and the amniotic fluid was meconium stained. After an hour, a suspicious cardiotocographic tracing (FIGO- International Federation of Gynaecology and Obstetrics 2015) developed, and the patient was again examined-surprisingly the dilatation was 4 cm. Due to an abnormal labour progression and a non-reversible suspicious CTG, a cesarean section was then decided. A male baby of 2550gr was born, presenting with a polymalformative syndrome that included limb abnormalities, as well as, upon further examination, neurologic, vision and hearing abnormalities. A genetic test for CHARGE was performed and a variant of probable pathogenic significance was found. The baby passed away at 5 months old due to infectious complications.

