The 32nd World Congress on

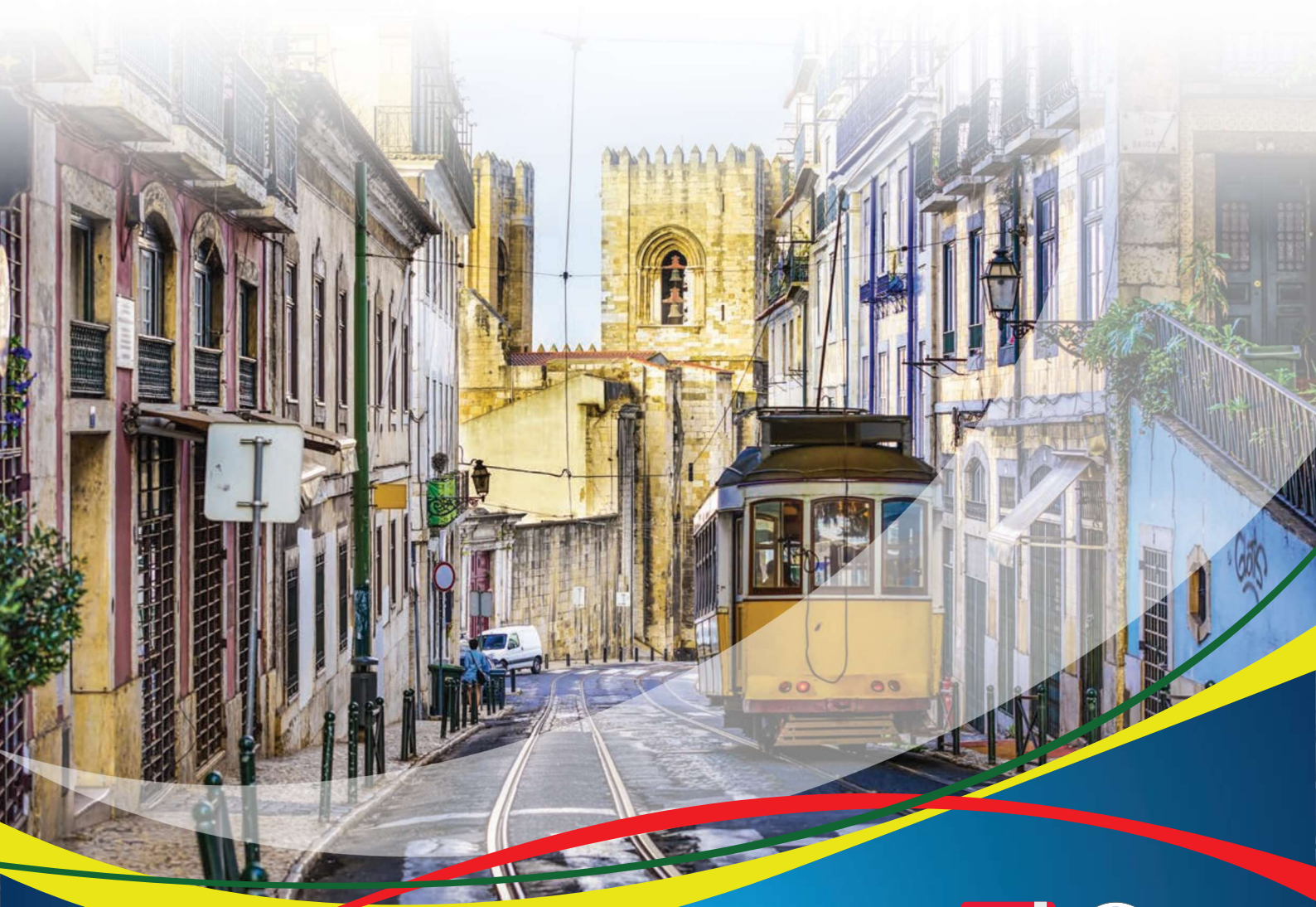
Controversies in Obstetrics, Gynecology & Infertility (COGI)

All About Women's Health

November 21-23, 2024

Lisbon, Portugal

Congress Program & Abstracts



www.cogi-congress.org

Welcome from Chairs

Dear Colleagues,

The COGI chairpersons are delighted to welcome you to the **32nd 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 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

Zion Ben Rafael
Israel

Bart C.J.M. Fauser
Netherlands

Anja Pinborg
Denmark

Rita Vassena
Spain

Diogo Ayres-de-Campos
Portugal

Honorary President

Rene Frydman
France

Scientific Committees

Gynecology

Fátima Faustino
Portugal
Portuguese Society of Gynaecology (SPG)

Santiago Palacios
Spain

Nick Panay
UK

Ivf/Art/Infertility

Zion Ben Rafael
Israel

Bart C.J.M. Fauser
Netherlands

Diogo Ayres-de-Campos
Portugal
(Local chairperson)

Anja Pinborg
Denmark

Rita Vassena
Spain

Luis Vicente
Portugal
President: Portuguese Society for Medical Reproduction (SPMR)

Fetomaternal Medicine

Yariv Yogev
Israel

Asma Khalil
UK

Ana Areia
Portugal
Vice President: Portuguese Society for Fetal Medicine (SPOMMF)

Presidents of the Societies

Nuno Clode
Portuguese Society for Fetal Medicine *(SPOMMF)*

Fátima Palma
Portuguese Society for Contraception *(SPDC)*

Fátima Faustino
Portuguese Society of Gynaecology *(SPG)*

Luis Vicente
Portuguese Society of Reproduction Medicine *(SPMR)*

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

11:46-11:53	THE APPLICATION OF ROBSON TEN GROUP CLASSIFICATION SYSTEM IN RESPONSE TO THE EXPECTANCIES OF THE WORLD HEATLH ORGANIZATION: A SYSTEMATIC REVIEW OF LITERATURE **A. Cristina Rossi**, *Italy*
11:53-12:00	IMMEDIATE NEONATAL OUTCOMES IN ELECTIVE VS. URGENT CESAREAN SECTIONS FOR BREECH PRESENTATION: A COMPARATIVE STUDY **Silvana Almeida**, *Portugal*
12:00-12:07	INTRAPARTUM ULTRASOUND-BASED AUTOMATIC MEASUREMENT OF MIDLINE ANGLE (MLA) **Chiara Botrugno**, *Italy*
12:07-12:14	ANTENATAL PREDICTORS OF VAGINAL BIRTH AFTER CESAREAN SUCCESS: A RETROSPECTIVE ANALYSIS FROM A SINGLE CENTER STUDY **Ines Cardoso**, *Portugal*
12:14-12:20	MIFEPRISTONE VERSUS FOLEY BALLOON CATHETER FOR OUTPATIENT CERVICAL RIPENING AT TERM: A NON-INFERIORITY RANDOMISED CONTROLLED TRIAL **Maria Carvalho Afonso**, *Portugal*

12:25-13:25	**ORAL PRESENTATION 11: GYNECOLOGY**	**Hall C**
Chairpersons	**Jessica Ybanez Morano**, *USA* **Mark Brincat**, *Malta*	
12:25-12:32	PELVIC ACTINOMYCOSIS – A CHALLENGING DIAGNOSIS **Manuel Gonçalves-Henriques**, *Portugal*	
12:32-12:39	PHYSICIAN PREFERENCES FOR THE TREATMENT OF POLYCYSTIC OVARY SYNDROME: A DISCRETE-CHOICE EXPERIMENT STUDY IN CHINA **Yijing Li**, *China*	
12:39-12:46	HETEROTOPIC PREGNANCY AFTER ART **Seyyare Haciyeva**, *Azerbaijan*	
12:46-12:53	HETEROTOPIC PREGNANCY AFTER IVF, CASE SERIES **Seyyare Haciyeva**, *Azerbaijan*	
12:53-13:00	VNOTES SALPINGECTOMY FOR ECTOPIC PREGNANCY - A REVIEW OF THE LITERATURE **Kirsty Hartshorn**, *UK*	
13:00-13:07	COMPLETE EXCISION OF PELVIC ENDOMETRIOSIS: NO LESION LEFT BEHIND FOR FERTILITY PRESERVATION **Payam Katebi Kashi**, *USA*	
13:07-13:14	EFFICACY AND SAFETY OF TRANSVAGINAL ULTRASOUND-GUIDED DRAINAGE AND SCLEROTHERAPY WITH ETHANOL FOR TUBO-OVARIAN ABSCESS: A RETROSPECTIVE ANALYSIS **Mikiya Kato**, *Japan*	
13:14-13:20	THE EFFECT OF SEXUAL HEALTH EDUCATION ON SEXUAL MYTHS, SEXUAL DISTRESS AND QUALITY OF SEXUAL LIFE IN POSTMENOPAUSAL WOMEN: A RANDOMIZED CONTROLLED STUDY **Emel Ege**, *Türkiye*	

12:25-13:25	**ORAL PRESENTATION 12: MULTIFETAL PREGNANCY; PRETERM DELIVERY; HIGH RISK PREGNANCY**	**Hall D**
Chairperson	**Ana Areia**, *Portugal*	
MULTIFETAL PREGNANCY		
12:25-12:32	TWIN ANEMIA-POLYCYTHEMIA SEQUENCE (TAPS): A CASE REPORT **Sara Faria**, *Portugal*	
12:32-12:39	INFLUENCE OF CHORIONICITY AND MATERNAL BMI ON NEONATAL OUTCOMES AND OBSTETRIC COMPLICATIONS IN TWIN PREGNANCIES **Sara Granja**, *Portugal*	
PRETERM DELIVERY PREVENTION AND TREATMENT		
12:39-12:46	CERCLAGE FOR THE PREVENTION OF PRETERM BIRTH - AN 11 YEAR'S RETROSPECTIVE REVIEW IN A TERTIARY HOSPITAL **Ines Garcia Nunes**, *Portugal*	
12:46-12:53	OUTCOMES AND COMPLICATIONS OF CERVICAL CERCLAGE: INSIGHTS FROM A RETROSPECTIVE REVIEW **Rita Jesus**, *Portugal*	
12:53-13:00	A NOVEL DEVICE USING TORSIONAL SHEAR WAVES TO MEASURE CERVICAL STIFFNESS- PROMISING DATA AND FUTURE POTENTIAL **Christina Moisidis-Tesch**, *Spain*	
13:00-13:07	MANAGING PRETERM PREMATURE RUPTURE OF MEMBRANES IN TWIN PREGNANCIES **Carolina Moura**, *Portugal*	
13:07-13:14	TRANSVAGINAL CERVICAL CERCLAGE IN PREVENTION OF PRETERM LABOR – OUR EXPERIENCE **Carolina Moura**, *Portugal*	
HIGH RISK PREGNANCY		
13:14-13:21	THE CHANGES IN MATERNAL HEMODYNAMIC FEATURES AS PREDICTION OF PREECLAMPSIA **Dmytro Konkov**, *Ukraine*	

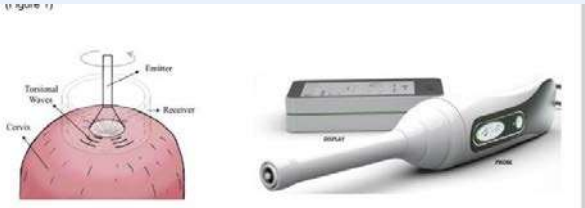


Fig. 1 Schematic diagram of torsional wave technique and the Fine Birth device

MANAGING PRETERM PREMATURE RUPTURE OF MEMBRANES IN TWIN PREGNANCIES

Carolina Moura[1], Inês Castro[1], Inês Gil, Inês Gil[1], Antonio Braga[1]
Medicine and Reproductive Health, Unidade De Saude Local De Santo Antonio, Porto, Portugal

Preterm premature rupture of membranes (PPROM) affects 3% of all pregnancies, reaching up to 10% in multiple pregnancies, being associated with significant perinatal morbimortality. Management and counselling in PPROM in twin pregnancies carries some peculiarities. This is a retrospective study of women with PPROM above 22 weeks in twin pregnancies requiring hospitalization in our centre between 2019 and 2023 (n=13). Birth outside institution was an exclusion criteria. Pregnancies were spontaneous in 61.5% of the cases, with 23.1% of the women being nullipara. The great majority was dichorionic diamniotic, the remaining 23.1% were monochorionic diamniotic. Mean gestational age at admission was 27 ±3 weeks. Presenting sac (A) PPROM occurred in 38.5% of the cases, non-presenting sac (B) in 15.4%; in the remaining cases, sac identification wasn't clarified. Corticosteroids and antibiotics were initiated in 92.3% of the pregnancies; tocolytics in 15.4% of the cases. In two cases, rescue corticotherapy was administered. Spontaneous labor occurred in 76.9% of the cases, with an average delay from PPROM to delivery of 18 days. Mean gestational age at delivery was 29 weeks ± 3 weeks. Vaginal deliveries occurred in 60% of the cases, with uneventful breech delivery in fetus B in 33% of the cases. 40% of the spontaneous deliveries were converted to a C-section, the majority because of breech presentation of either of the fetuses. In one case, induction of labor was programmed to 34 weeks and a vaginal cephalic delivery occurred. Two elective C-sections were booked at 32 weeks due to pelvic presentation of either of the fetuses. Almost 16% of the pregnancies ended up in stillbirths. All the other fetuses required UCI admission. APGAR scores at 5 minutes were 8 and 7 in fetuses A and B, respectively. Average hospital stay was 26±15 days in fetus A and 37 ± 25 days in fetus B. Only 1 fetus died while admitted at one week post-partum. Our sample, despite short, reflects our local practices and individualization of care in the setting of PPROM in twin pregnancies.

TRANSVAGINAL CERVICAL CERCLAGE IN PREVENTION OF PRETERM LABOR – OUR EXPERIENCE

Carolina Moura[1], Inês Gil[1], Inês Castro[1], António Braga[1], Fernanda Pacheco[1]
Medicine and Reproductive Health, Unidade De Saude Local De Santo Antonio, Porto, Portugal

Cervical cerclage has been used as a surgical strategy in cases of incident cervical insufficiency (ICI) in singleton pregnancies, reducing adverse pregnancy outcomes. Despite its efficacy, indications for its placement lack consensus internationally. This is a retrospective study of women submitted to a transvaginal cervical cerclage in our centre between 2019 and 2023. Second-trimester pregnancy loss was defined as abortion/labor and fetal death, resulting from ICI before fetal viability (set at 24 weeks). Previous preterm labor was considered any labor from 24 to 34 weeks. Cerclage was performed according to the McDonald technique and routinely removed at 37 weeks. Mean maternal age at procedure was 32 ± 4 years. Most women were multipara (76.5%). The average number of gestations was 3± 1, with a maximum of 6 gestations. Regarding previous obstetric outcomes, 17.6% and 76.5% of the women had history of previous preterm labor and second-trimester fetal loss, respectively. Almost 30% had been submitted to a previous cerclage; from those, 40% ended up having a preterm labor. At current pregnancy, indications for cerclage were history-based in 82.4% and therefore programmed electively - the great majority (86%) due to previous second-trimester loss; the remaining due to previous preterm labor (in the absence of cervical shortening). From the latter, mean gestational age at procedure was 15 weeks. In 11.8% of the cases, cerclage urgently followed detection of shortened cervix before 24 weeks in primipara women (8.5mm of cervical length average). In 6%, cervical dilation motivated the procedure. Mean gestational age at urgent procedures was 20 weeks. Average hospital stay was 2 days. Intra-vaginal progesterone was prescribed in 52.9% of the women at discharge. Regarding outcomes, in 11.7% of the cases, a threatened preterm labor occurred; 29.4% of the women had a preterm labor, at a mean gestational age of 33 ± 4 weeks; second trimester pregnancy loss occurred in two cases (11.7%), at 21 and 24 weeks. In term pregnancies, delivery occurred at a mean gestational age of 38 weeks. Our sample reflects local indications for placement of a cervical cerclage, being consistent with the literature live-birth rates following this procedure.

HIGH RISK PREGNANCY

THE CHANGES IN MATERNAL HEMODYNAMIC FEATURES AS PREDICTION OF PREECLAMPSIA

Dmytro Konkov[1], Svitlana Zhuk[2], Volodymyr Medved[3], Nazar Adamchuk[4], Olena Shcherbinska[2]
[1]*Obstetrics and Gynecology 1, National Pirogov Memorial Medical University, Vinnytsya, Ukraine*
[2]*Obstetrics, Gynecology and Fetal Medicine, Shupyk National Healthcare University of Ukraine, Kyiv, Ukraine*
[3]*Internal pathology pregnant, Institute of Pediatrics, Obstetrics and Gynecology of the National Academy of Medical Sciences of Ukraine, Kyiv, Ukraine*
[4]*Volyn branch of Obstetrics, Gynecology and Perinatology, Faculty of Postgraduate Education, Danylo Halytsky Lviv National Medical University, Lutsk, Ukraine*

Despite a significant volume of literature regarding placental dysfunction in PE, data regarding the cardiac changes associated with PE are more scant, and also more controversial. The conventional belief was that early PE is associated with reduced cardiac output and increased total vascular resistance, with maternal cardiac function succumbing early in the disease process. ***Objective***: To evaluate the predictive values of the circulatory syndromes in preclinical possibilities development of PE. Investigations of the circulatory syndromes of CVS and hemodynamic supporting of pregnancy was carried out in the first trimester in 114 women with physiological pregnancy (PP) and in 132 pregnant women who had preeclamplasia (WWP) in the II and III trimesters. The control group consisted of 137 healthy non-pregnant women. The comprehensive registration of main parameters of the central and peripheral hemodynamics was conducted through the standard method of rheography. We determined of circulatory syndromes by correlation of minute volume of blood while standing/lying – I type (hypokinetic condition) and III type (hyperkinetic condition) of hemodynamics. The hemodynamic risk was determined in accordance with the index of hemodynamic nonoptimality. WWP there were a significant (p 0.01) decrease in the proportion of optimal states with type I and a significant (p 0.01) increase in states with type III of the circulatory state of the CVS. This type was associated with a suboptimal and strained state of hemodynamics in the regime of antigravitational supply of blood circulation in the basic postural conditions of a person`s life activity creature (standing, sitting, walking) and pregnant with minimizing restorative capacities in a lying position. According to our investigations the optimization of hemodynamical supporting in PP was mechanism of vasodilator "slippage" of arterial vessels from the systemic vasoconstriction as the hemodynamic equivalent of endothelial activity. The predictors of PE in pregnant women were hyperkinetic type of circulation, integral indicators of functional depreciation of the circulatory syndromes of CVS - hemodynamic risk, circulatory syndromes of arterial or venous blood insufficiency in abdominal and pelvic regions. Our results obtained that the predictors of PE were hemodynamic syndromes of insufficiency and circulatory limitation from the I-st trimester.

ORAL PRESENTATION 13: INFERTILITY/ENDOCRINOLOGY

APPLICATION OF A MATHEMATICAL MODEL TO STUDY THE POTENTIAL CONTRIBUTION OF AN INCREASE IN ACCESSIBILITY TO ASSISTED REPRODUCTIVE TECHNOLOGIES TO IMPROVE BIRTH RATES IN SPAIN

Miguel Caballero[1], Federico Perez Milan[1], Jose Antonio Dominguez[2], Enrique Moratalla[3], Luis Alonso[4], Jose Manuel Puente[5], Sergio Haimovich[6], Juan Luis Alcazar[7], Jose Carugno[8], María Carrera Roig[5]