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Audit on Improving Measurement of the Quality of Maternal and Neonatal Care at a Regional Referral Hospital in Oman

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Objectives: This study aimed to determine causes of maternal and neonatal morbidity and mortality at Nizwa Hospital, Nizwa, Oman, in order to improve the quality of healthcare. **Methods:** A prospective self-audit was conducted by the Maternal Morbidity Working Group to critically analyse secondary healthcare lapses during the management of all obstetric cases at Nizwa Hospital in order to highlight possible strategies to avoid such errors in future. **Results:** Major obstetric morbidity occurred in 3.97% of cases. Leading causes of death were obstetric haemorrhages caused by placenta *accreta* and rupture of the uterus, followed by eclampsia, vaginal tears and wound haematomas. Sick cell disease and H1N1 influenza type A-associated pneumonia were the main indirect causes of maternal mortality. In some cases, uncontrolled diabetes led to birth asphyxia, stillbirths and an increased rate of congenital anomalies. **Conclusion:** Auditing morbidity and mortality can help in recognising, anticipating and managing risks to maternal and neonatal health.

Impact of Androgens on Symptoms in Omani Women with Polycystic Ovarian Syndrome

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Objectives: Polycystic ovarian syndrome (PCOS) is an endocrine disorder affecting 6–7% of women of reproductive age. The prevalence of PCOS among Omani women was 2.8% in 2010. Symptoms include irregular menstruation, hirsutism, acne, weight gain and infertility. This study aimed to evaluate the effects of increased testosterone and dehydroepiandrosterone sulphate (DHEA-S) levels on hormonal, metabolic and clinical features of obese and non-obese Omani women with PCOS. **Methods:** A retrospective case-control study was conducted at the Sultan Qaboos University Hospital in Muscat, Oman. Data were collected from the medical records of 175 Omani women of reproductive age with PCOS treated between 2007–2014. **Results:** Of the women with PCOS, 43% showed biochemical hyperandrogenemia, 39% were obese, 35% had increased testosterone and 32% had high DHEA-S levels. **Conclusion:** Obesity was common among Omani women with PCOS. There were significant associations between hyperandrogenemia, hirsutism and anovulation. Elevated DHEA-S levels were associated with non-obesity in PCOS women.

Risk Factor Profile for the Early Detection of Women with Polycystic Ovarian Syndrome in Primary Care in Oman: *Case-control study*

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Objectives: Polycystic ovarian syndrome (PCOS) data from developing countries is scarce. This study aimed to assess the PCOS risk factor profile in Oman with the aim of improving screening and early detection. **Methods:** A hospital-based case-control study was conducted at the Sultan Qaboos University Hospital, Muscat, Oman. A total of 53 women with PCOS (diagnosed according to the Rotterdam 2003 criteria) and 55 female control subjects without PCOS were recruited and their sociodemographic, anthropometric, clinical and biochemical data collected. **Results:** Selected clinical characteristics were significantly higher among the PCOS group in comparison to the control group, including nulliparity ($P = 0.02$) and infertility ($P = 0.01$). Additionally, the waist-to-hip ratio was significantly higher in the PCOS group than the control group ($P < 0.01$). Levels of testosterone and dehydroepiandrosterone sulphate ($P < 0.01$) were higher in women with PCOS, indicating hyperandrogenism. Fasting insulin was higher among PCOS patients, indicating insulin resistance. **Conclusion:** These findings highlight the need for early PCOS detection at the primary healthcare level in Oman.

Attitudes of Women with Cancer Towards Oocyte Cryopreservation

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Objectives: Oocyte cryopreservation is a process involving the freezing of oocytes to preserve fertility. It frequently takes place before treatments that damage oocytes, such as chemotherapy and radiotherapy. This study aimed to assess awareness, knowledge, attitudes and opinions on oocyte cryopreservation among female gynaecology and oncology patients. **Methods:** A cross-sectional study was undertaken at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman. Data were collected through patient interviews. **Results:** Significantly higher awareness of oocyte cryopreservation was noted among oncology patients compared to gynaecology patients, with the former showing 1.69 times greater awareness. Both groups demonstrated a high acceptance of oocyte cryopreservation for medical reasons; however, there was greater acceptance among oncology patients. Awareness levels and attitudes were influenced by sociodemographic characteristics. **Conclusion:** Significant differences exist in levels of awareness and attitudes towards oocyte cryopreservation between oncology and gynaecology patients.

Obstetric Intensive Care Unit Indications and Outcomes: Seven-year study at Nizwa Hospital, Oman

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Objectives: This study aimed to determine reasons for and outcomes of admissions to an intensive care unit (ICU) at a secondary care hospital in Oman. **Methods:** The admission records of critically ill obstetric patients admitted to the ICU at Nizwa Hospital, Nizwa, Oman, between 2008–2014 were retrospectively reviewed. **Results:** Out of 37,066 deliveries, 75 obstetric patients (0.2%) were admitted to the ICU during the study period. Reasons for admission included massive obstetric postpartum haemorrhages (n = 24; 32.0%), pre-eclampsia or eclampsia (n = 11; 14.7%), post-Caesarean section anaesthesia-related complications (n = 6; 8.0%), suspected pulmonary embolisms (n = 3; 4.0%), postoperative cardiac complications (n = 7; 9.3%), postoperative pneumonia (n = 4; 5.3%), malignant hypertension (n = 1; 1.3%), HELLP (haemolysis, elevated liver enzyme levels and low platelet levels) syndrome (n = 2; 2.7%), space-occupying intracranial lesions (n = 2; 2.7%) and postoperative sickle cell crises (n = 8; 10.6%). There were four antenatal admissions due to sickle cell crises and two due to H1N1 influenza type A infections. Three patients were transferred to tertiary care facilities (4.0%). Maternal mortality occurred in seven postpartum cases (9.3%). **Conclusion:** Few obstetric patients required ICU care. Timely intensive care with a multidisciplinary approach increases the likelihood of positive outcomes.

Acceptance of Oocyte Cryopreservation by Omani Females

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Objectives: Although oocyte cryopreservation was initially developed for medical indications, it later became available for individuals with non-medical indications. This study aimed to assess awareness and acceptance of oocyte cryopreservation among Omani females. **Methods:** A prospective cross-sectional study was conducted at the Sultan Qaboos University, Muscat, Oman, between September 2013 and April 2014. A questionnaire was randomly distributed to 437 female students studying either science or humanity subjects. The survey included items relating to demographic factors as well as awareness of and attitudes towards fertility and oocyte cryopreservation. **Results:** Fertility awareness was adequate, with no differences between the groups. Science students were more aware of oocyte cryopreservation ($P = 0.005$). Of all students surveyed, only 7.2% reported that they would consider oocyte cryopreservation for non-medical reasons in contrast to 45.4% who would consider undergoing the process for medical reasons. **Conclusion:** While there was high awareness regarding female fertility among Omani females, there was low awareness of oocyte cryopreservation. The students demonstrated greater acceptance of the procedure for medical reasons rather than for non-medical reasons.

Peer Review and Audit of Abdominal Hysterectomies Performed at a Teaching Hospital

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Objectives: This study aimed to review the outcomes of patients undergoing total abdominal hysterectomies performed by five consultant gynaecologists at a tertiary referral and teaching hospital. **Methods:** All patients who underwent total abdominal hysterectomies for benign gynaecological conditions at the Sultan Qaboos Hospital, Muscat, Oman, over a period of eight years were included. Retrospective data was collected and various operative parameters compared. **Results:** The most common indication for a hysterectomy was heavy menstrual bleeding (63%). The most frequent histopathological finding was leiomyomas (61%), followed by adenomyosis (33%). Unexpected neoplasia was found in 4% of cases. There were significant differences in the preferred incision (transverse versus vertical) and duration of surgery amongst the five surgeons ($P < 0.001$). Rates of intra- and postoperative morbidity were comparable with international standards. **Conclusion:** Very few audits are conducted in gynaecological practice. This needs to change in order to demonstrate commitment to improving patient care.

The Relationship Between Cardiotocography, Umbilical Cord Artery pH and Early Neonatal Outcomes at Nizwa Hospital, Oman

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Objectives: This study sought to evaluate the relationship between abnormal fetal heart rate, umbilical artery pH, Apgar score (at 0 and 5 minutes) and the early perinatal morbidity and mortality outcomes of neonates. **Methods:** A total of 200 participants were recruited

from Nizwa Hospital, Nizwa, Oman, including a control group of 100 patients with reactive cardiotocography (CTG) findings and a case group of 100 patients with abnormal CTG findings. All CTG assessments were conducted in the delivery suite one hour before delivery. Cord pH was measured from umbilical artery samples collected after delivery. **Results:** There was a significant association between abnormal CTG findings and low Apgar scores at 0 minutes ($P = 0.004$) and umbilical artery pH. Additionally, the relationship between abnormal CTG findings and umbilical cord artery pH was significant ($P < 0.001$). **Conclusion:** A combination of intra-partum CTG findings, cord blood pH and Apgar scores is a more effective measure for assessing neonatal outcomes than any of these parameters alone. Arterial pH can be used to diagnose birth asphyxia in newborns with neonatal respiratory depression.

Analysis of the Best Evidence Available to Midwives for Perineal Protection

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Objectives: Midwives are regularly held responsible for a torn perineum following childbirth. As an intact perineum is a key goal in current childbirth practice, there is a clear motivation for midwives to research the best available practices to reduce perineum tearing. **Methods:** A comprehensive literature search of perineal protection techniques was undertaken with five publication databases using the following search terms: “methods of protecting the perineum”, “perineal massage”, “hands-on” and “hands poised”. **Results:** A total of 225 studies from 2006 onwards were identified. Of these, 165 studies were eliminated due to irrelevance to the topic. Of the 60 studies which were potentially relevant, 18 studies were duplicates. The remaining 35 studies comprised randomised controlled trials, quasi-experimental research and systematic reviews. **Conclusion:** The effectiveness of various techniques in perineal protection needs to be analysed and the best methods put into practice.

Prevalence of Maternal Risk Factors Associated with Intrauterine Growth Restriction at a Tertiary Referral Centre in Oman

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Objectives: Intrauterine growth restriction (IUGR) is a major neonatal health issue associated with increased perinatal morbidity and mortality. There is a lack of data on this issue in Oman. This study aimed to examine the prevalence of and risk factors for IUGR among Omani women delivering at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman. **Methods:** A retrospective cohort study was conducted of all women antenatally diagnosed with IUGR who delivered at SQUH between 24 and 37 gestational weeks from April 2012 to March 2014. **Results:** The prevalence of IUGR was 7.4%. Major risk factors for IUGR included haematological disorders (12.1%), diabetes (9.9%), hypertensive disorders (8.0%), placental and cord abnormalities (7.8%), a previous history of IUGR (2.5%) and previous Caesarean section deliveries (12.4%). **Conclusion:** The prevalence of IUGR in Omani women was comparable with other studies reporting prevalence rates of 6–10%. This is the first Omani study addressing this issue and serves as a baseline for future research.

Perinatal Outcomes of Babies with Intrauterine Growth Restriction at a Tertiary Healthcare Centre in Oman

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Objectives: Intrauterine growth restriction (IUGR) is associated with increased perinatal morbidity and mortality. This study aimed to evaluate perinatal outcomes in Omani women with IUGR who delivered at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman. **Methods:** This retrospective cohort study included all Omani women with IUGR who delivered at the SQUH between 24–40 gestational weeks from April 2012 to March 2014. **Results:** Of the 531 babies affected by IUGR, 87.4% had asymmetrical IUGR and 12.6% had symmetrical IUGR. Perinatal outcomes included neonatal jaundice (41.1%), respiratory distress syndrome (9.4%), hypoglycaemia (8.7%), haematological disorders (11.7%) and sepsis (7.5%). A statistically significant association between low birth weight and neonatal morbidity was found ($P = 0.003$). The perinatal mortality rate was 22.5 per 1,000 babies. **Conclusions:** Babies with IUGR have a significantly increased risk of neonatal morbidity and mortality. This is the first study on this issue from Oman and provides valuable information for counselling women with IUGR.

Heart Rate Variability Spectral Analysis for Normal and Pre-Eclamptic Pregnancies in Oman

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Objectives: Heart rate variability (HRV) spectral analysis has been widely used to identify pre-eclamptic pregnancies. The main objective of this study was to compare simple and non-invasive methods for identifying pre-eclampsia. **Methods:** The fast Fourier transform (FFT) and the soft-decision wavelet-based techniques were used to estimate the approximate HRV spectral representation of 40 pregnant women recruited from the Sultan Qaboos University Hospital, Muscat, Oman. **Results:** The FFT and soft-decision wavelet methods allowed pre-eclamptic pregnancies to be identified with efficiency rates of 80% and 85%, respectively. **Conclusion:** Women with pre-eclampsia show less high-frequency HRV and greater low-frequency variability when compared to women with normal pregnancies.

Maternal and Perinatal Outcomes in Gestational Diabetes Mellitus Diagnosed Using the International Association of Diabetes in Pregnancy Study Group Criteria: Experience at Buraimi Hospital, Oman

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Objectives: This study aimed to evaluate the 2010 International Association of Diabetes in Pregnancy Study Group (IADPSG) criteria for diagnosing gestational diabetes mellitus (GDM). **Methods:** A retrospective study of 165 women was conducted at the Buraimi Hospital, Buraimi, Oman. In January 2013, women at 22–24 gestational weeks were given a 50 g oral glucose load, followed by a one-hour plasma glucose level test. Those with a result of ≥ 7.8 mmol/L then received a two-hour oral glucose tolerance test (OGTT); fasting blood sugar (FBS) levels of ≥ 5.5 mmol/L or postprandial glucose (PPG) levels of ≥ 7.8 mmol/L indicated GDM. Between January and October 2015, the IADPSG criteria were used with either FBS levels of ≥ 5.1 mmol/L or PPG levels of ≥ 8.5 mmol/L indicating GDM. **Results:** Diagnosis of GDM increased from 5.15% to 12.99% using the IADPSG criteria. With the IADPSG criteria, more women under 35 years of age (69.30% versus 56.93%) who were nulliparous (25.74% versus 20.00%) were diagnosed. Furthermore, rates of induced labour (19.80% versus 35.38%) and Caesarean sections (22.72% versus 24.62%) decreased. Rates of diagnosed fetal macrosomia (4.90% versus 3.03%) and large for gestational age (LGA) neonates increased. **Conclusion:** The IADPSG criteria were associated with increased GDM diagnoses and were more predictive of fetal macrosomia and LGA among neonates.

Comparison of the Outcomes of Severely Pre-Eclamptic Omani Women with and without Management with Magnesium Sulphate

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Objectives: Severely pre-eclamptic women are admitted to hospital if they have uncontrolled blood pressure or symptoms suggesting end-organ involvement. Magnesium sulphate (MgSO_4) is used to prevent and treat eclamptic seizures. This study aimed to compare the effect of MgSO_4 on symptomatology, maternal and fetal complications and the admission-to-delivery interval among severely pre-eclamptic women. **Methods:** A retrospective review was undertaken of all Omani women with severe pre-eclampsia admitted to a high-dependency unit at the Sultan Qaboos University Hospital, Muscat, Oman over a three-year period. **Results:** No difference was observed between those who received MgSO_4 and those who did not with regards to admission-to-delivery interval. In the MgSO_4 and control groups, 19.0% and 6.3% versus 8.1% and 2.7% developed HELLP (haemolysis, elevated liver enzyme levels and low platelet levels) syndrome and pulmonary oedema, respectively. Higher rates of pre-term delivery were observed in the MgSO_4 group; however, these neonates did not have low birth weight or low Apgar scores. **Conclusion:** While the MgSO_4 group showed more severe symptoms of pre-eclampsia, they had similar admission-to-delivery intervals when compared to those of the control group.

Congenital Diaphragmatic Hernia: Prenatal detection, postnatal surgical interventions and long-term outcomes

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Objectives: This study aimed to compare antenatal diagnosis and neonatal findings among babies with congenital diaphragmatic hernia (CDH) in order to assess prognostic indicators of neonatal morbidity and mortality. **Methods:** A retrospective cohort study took place of all babies with CDH treated at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman from January 2009 to December 2014. **Results:** A total of 23 cases of CDH were identified. Of these, 14 babies were delivered at SQUH, while the remainder were referred from other hospitals. Most babies ($n = 22$; 95.7%) were delivered at term. Left-sided CDH was observed in 78.3% of cases. Associated congenital anomalies were noted in 13.0% of cases. Surgical intervention with a good outcome took place in 82.6% of cases. Antenatal diagnosis and the presence of congenital anomalies significantly influenced surgical outcomes, whereas mode of delivery, site of lesion and gestational age at delivery did not affect prognosis. **Conclusion:** The overall mortality of babies with CDH was inversely related to increased antenatal detection of the condition. Surgical interventions performed soon after birth resulted in better outcomes. The survival rate was higher in cases of isolated hernia rather than hernias with associated anomalies.

Demographic Characteristics, Clinical Profile and Outcomes of Severe Pre-Eclampsia among Omani Women at a Tertiary Care Centre

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Objectives: Severe pre-eclampsia is a major cause of maternal and neonatal morbidity and mortality. This study aimed to evaluate the clinical profile and maternal and fetal outcomes of Omani women with severe pre-eclampsia who delivered at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman. **Methods:** A retrospective review was conducted of all Omani women admitted to a high-dependency unit (HDU) at SQUH with severe pre-eclampsia over a three-year period. **Results:** Severe pre-eclampsia occurred in approximately 1% of all women who delivered during the study period. Of these severely pre-eclamptic women, 41% were 25–29 years old and 52% were obese. Indications for admission to the HDU included symptoms in 58% of the subjects and abnormal biochemical results in 51% of the women. Almost three-quarters of the subjects required a Caesarean section delivery. Two-thirds of neonates had a low birth weight and 60% were admitted for neonatal intensive care. **Conclusion:** Severe pre-eclampsia occurs among Omani women at a similar frequency to other populations. Maternal and neonatal outcomes are also similar.

Outcomes of External Cephalic Version Procedures at Sultan Qaboos University Hospital, Muscat, Oman, between 2004–2014

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Objectives: This study aimed to investigate the success rate and fetomaternal complications of external cephalic version (ECV) procedures among term pregnancies. **Methods:** A retrospective cross-sectional study was conducted on 59 women who underwent ECV procedures for breech presentation at term and who attended the Sultan Qaboos University Hospital, Muscat, Oman between January 2004 and June 2014. **Results:** The ECV procedure was successful in 44% of cases. The majority of patients who underwent successful ECV procedures had a vaginal delivery (80.8%). The rate of Caesarean section deliveries was 49%. The most common indication for a Caesarean section delivery was a failed ECV procedure. No adverse fetal outcomes or major maternal complications occurred following ECV procedures. **Conclusion:** In general, ECV procedures had a good success rate and were relatively safe. This procedure helped prevent a significant number of Caesarean section operations. As such, well-equipped obstetrics units should routinely offer this procedure in relevant cases.

Patient Preferences Regarding the Management of First Trimester Pregnancy Loss in a Tertiary Care Centre in Oman: Medical termination with misoprostol or surgical termination?

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Objectives: This study aimed to discover patient preferences regarding the management of pregnancy loss at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman. Specifically, this study sought to ascertain whether patient preferences for termination using either misoprostol or dilation and curettage (D/C) was influenced by parameters such as age, parity and termination history. **Methods:** A retrospective chart review was conducted on 441 patients admitted to SQUH for first-trimester miscarriages between either January and December 2010 or January and December 2014. Data were collected from an electronic healthcare information system. **Results:** A greater number of patients preferred misoprostol (79.30%) compared to D/C (69.57%). In the 2014 cohort, there was a slight increase in preference for D/C. Age and termination history had no significant impact on patient preferences ($P > 0.005$), although older patients and patients with a history of terminations showed a slight preference for D/C. **Conclusion:** Patient preferences regarding termination choices may be linked to the number of days of admission to hospital required or the side-effects of each procedure. Previous experience with a specific procedure may also have an impact on preference.

Outcome of Misoprostol Use for the Medical Termination of Pregnancies at a Tertiary Care Centre in Oman

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Objectives: The aim of this study was to determine the success rate of misoprostol for the medical termination of pregnancies at the Sultan Qaboos University Hospital (SQUH), Muscat, Oman, in relation to various parameters. **Methods:** A retrospective chart review study was conducted on all patients admitted to SQUH for the medical termination of pregnancies between either January and December 2010 or January and December 2014. Two time periods were chosen to evaluate the effectiveness of the new departmental protocol implemented in 2014. **Results:** The success rate of misoprostol in 2010 was 62.14% compared to 53.8% in 2014. There was little difference in the success rate of misoprostol between age groups in either year. In both 2010 and 2014, misoprostol had a higher success rate when used on *primigravidae* women than on patients with previous pregnancies. **Conclusion:** Misoprostol was more effective at inducing complete evacuation in 2010 than 2014, following the implementation of departmental protocol.

The Role of Nurses in Infertility Management: Holistic approach

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Infertility can be a major crisis and the inability to conceive can have serious consequences for a couple and their family. Infertility management and treatment has significantly improved with advancements in care and new technologies. However, the role of the nurse remains undervalued. This poster presents various possibilities utilising a holistic approach for extending the role of nurses in managing infertility. The holistic management of infertility includes three main components: mind, body and spirit. It requires a deep understanding of the interaction between these components within a couple and their family in order to deal with infertility-related challenges. Nurses take on many roles in providing care and support to an infertile couple, including as communicators, patient advocates and counsellors. Nurses must balance multiple components—including assisted reproduction technologies and their client's emotional and personal experiences—in order to integrate psychological and spiritual care with existing medical treatments.

Conservative Management of a Cervical Pregnancy in a Female with a History of Multiple Caesarean Sections

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Cervical pregnancies (CPs) are the rarest form of ectopic pregnancies, with an incidence of one in between 1,000 and 18,000 individuals. We report a *gravid* 4 *para* 3 woman who presented to the Sultan Qaboos University Hospital, Muscat, Oman, at 10 gestational weeks with abdominal pain and vaginal bleeding. The patient had had three previous Caesarean sections. A speculum examination showed a closed ballooned cervix and heavy vaginal bleeding. A transvaginal scan suggested a cervical pregnancy. Evacuation and curettage was performed after the placement of uterine artery balloon catheters. A Foley catheter was inserted in the cervix for haemostasis. Estimated blood loss was 1.5 L and two units of packed red blood cells were transfused. Products of conception from the cervix and *decidua* from the endometrium were confirmed via histopathology. Although CPs are associated with life-threatening haemorrhage, timely intervention and uterine artery embolisation allowed a hysterectomy to be avoided in this case.

Ruptured Cornual Pregnancy Masquerading as a Heterotopic Pregnancy

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Cornual ectopic or interstitial pregnancies make up 2–4% of all tubal pregnancies and have a mortality rate of 2–2.5%. We report a 33-year-old *gravid* 4 *para* 3 woman who presented to the Sultan Qaboos University Hospital, Muscat, Oman, with shock and haemoglobin levels of 3.5 g/dL. At admission, a scan revealed a single live intrauterine fetus of 11 gestational weeks as well as massive haemoperitoneum. The patient was diagnosed with a heterotopic pregnancy and underwent an immediate laparotomy which revealed 3.5 L of haemoperitoneum and a ruptured right cornual ectopic pregnancy with a protruding fetus. Cornual resection and a right salpingectomy were performed. An intraoperative scan showed an empty uterus. The patient received six units each of packed red blood cells and fresh frozen plasma. Histopathology confirmed a cornual pregnancy. A ruptured cornual pregnancy can be life-threatening. Laparoscopic surgery and medical management with methotrexate are safe options in early unruptured cases.

Iatrogenic Injuries Encountered in Two Minimally Invasive Surgeries

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We report two cases of iatrogenic injuries encountered after minimally invasive surgeries (MIS) involving diathermy and *trocar* use performed at the New Sohar Hospital, Sohar, Oman. The first patient was a 31-year-old female who underwent a hysteroscopic myomectomy for submucosal fibroids. She presented four days later after having suffered abdominal pain, nausea and dysuria for two days. On exploration, a 6 x 2 cm uterine perforation along the anterior wall and an incidental 2 x 3 cm bladder perforation were noted. The second patient was a 23-year-old female who underwent a diagnostic laparoscopy for infertility. She presented two days later with abdominal pain and dysuria. A through-and-through 0.5 cm perforation of the anterior and posterior bladder walls was found at suprapubic *trocar* entry points, with leakage of clear urine at the intra- and extraperitoneal planes. Medical practitioners should have a high index of suspicion of MIS as a potential cause of bladder and other viscus organ injuries.

Sclerosing Ovarian Tumour in Pregnancy: *Clinicohistopathological features of a rare case*

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Sclerosing stromal tumours are an extremely rare benign subtype of ovarian sex cord stromal neoplasms, with a prevalence of 1.5–6%. Approximately 100 cases have previously been described in the literature. We report a 27-year-old pregnant female diagnosed antenatally with an ovarian tumour following magnetic resonance imaging. The patient underwent an emergency Caesarean section delivery at term at the Khoula Hospital, Muscat, Oman. During the procedure, the left ovarian tumour was easily dissectible from the healthy ovarian tissue and was excised. Histopathological examination revealed pseudolobulation, sclerotic *stroma* and prominent vascular spaces, confirming the diagnosis of a sclerosing stromal ovarian tumour. To date, no recurrence has been observed. This case report highlights an extremely rare ovarian tumour with unique clinical and histopathological features. Due to the benign nature of the tumour and the generally young age of occurrence, recommended treatments include excision of the ovarian tumour or a unilateral oophorectomy.

Massive Secondary Postpartum Haemorrhage: *Successful management of a rare case*

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Placental polyps are placental tissue retained following parturition which may present later as massive secondary postpartum haemorrhage (PPH). We report a *para* 2 woman who presented to the Sultan Qaboos University Hospital, Muscat, Oman, three weeks after a Caesarean section with a massive haemorrhage. She was haemodynamically unstable and required resuscitation. A scan raised suspicions of a fibroid polyp. The patient underwent uterine artery embolisation (UAE) to control the bleeding. After two days, her β -human chorionic gonadotropin levels increased and magnetic resonance imaging suggested the possibility of a choriocarcinoma. A polypoidal growth was resected during a hysteroscopy and was confirmed via histopathology to be a placental polyp. Retained placental tissue is usually treated with blind curettage. However, this carries risks of infection, perforation and haemorrhage, potentially resulting in a hysterectomy. In cases of severe secondary PPH, UAE is strongly recommended to control haemorrhage before surgical intervention is considered. Evacuation of the uterus following UAE can avoid unnecessary hysterectomies.

Umbilical Cord Hypercoiling: Rare cause of intrauterine fetal death

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Abnormal coiling of the umbilical cord can lead to miscarriage, fetal growth restriction, fetal heart deceleration and intrauterine fetal death (IUFD). We report a 35-year-old *gravida 6 para 4* woman with IUFD who was referred to the Sultan Qaboos University Hospital, Muscat, Oman, at 30 gestational weeks. The patient had had four previous Caesarean sections, all resulting in healthy babies. The results of a previous anomaly scan had been normal. A lower-segment Caesarean section was performed, during which an extremely low birth weight stillborn female baby weighing 930 g was delivered. The placenta weighed 285 g with marginal insertion of the umbilical cord which was hypercoiled with stricture at the fetal end. Placental histopathology showed a three-vessel cord with no abnormalities. Levels of umbilical cord coiling can be measured using the umbilical coiling index (UCI) which defines hypercoiling as ≥ 0.30 coils/cm. Determining the UCI may reduce unexplained IUFD rates.

Large Pelvic Abscess Following Oocyte Retrieval and Embryo Transfer in an *In Vitro* Fertilisation Cycle

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Pelvic inflammatory disease (PID) is a rare complication of *in vitro* fertilisation, oocyte retrieval and embryo transfers which occurs in <1% of patients. We report a 29-year-old female with primary infertility who underwent these procedures with antibiotic prophylaxis at the Sultan Qaboos University Hospital, Muscat, Oman. Two weeks later, she developed symptoms of PID and was prescribed intravenous broad-spectrum antibiotics. She had previously developed a pelvic infection following a hysterosalpingography two years earlier. A laparotomy revealed pelvic adhesions. The right ovary was 9 x 10 cm in size with multiple haemorrhagic, endometriotic and simple cysts. A large pelvic abscess related to the left ovary and extending to the left lateral pelvic wall was drained. Her postoperative recovery was uneventful. Bacteriological tests revealed multidrug-resistant *Escherichia coli*. In this case, the direct inoculation of vaginal micro-organisms was deemed to be the cause of PID. The risk of infection is higher for patients with endometriomas or a previous history of PID.

Isolated Fetal Umbilical Vein Varix with Spontaneous Complete Postnatal Resolution

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A fetal intra-abdominal umbilical vein varix (FIUVV) occurs when the subhepatic segment of the umbilical vein is $\geq 50\%$ wider than the non-dilated intrahepatic portion or is dilated >9 mm. Varix rupture, thrombosis and fetal death are major concerns. We report a 26-year-old *gravida 3 abortus 2* woman who presented to the Sultan Qaboos University Hospital, Muscat, Oman, at 33 gestational weeks. Ultrasonography revealed an appropriately grown fetus with a round vascular cystic structure of 1.3 cm in the anterior diameter situated to the left of the fetal urinary bladder and communicating with the umbilical cord via an intra-abdominal dilated segment. An isolated umbilical vein varix was diagnosed. Labour was induced at 38 gestational weeks and a normal vaginal delivery followed. The varix spontaneously resolved the next day. Overall, FIUVVs comprise 4% of umbilical cord malformations and may be isolated, as with the current patient, or associated with other abnormalities. Isolated cases generally have a good prognosis.

A Pregnant Female with a Ruptured Appendix at 37 Gestational Weeks

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Although rare, appendicitis is the most common non-obstetrical surgical problem in pregnancy and causes significant maternal and infant morbidity and mortality. Appendiceal ruptures are more likely in pregnancy, especially in the third trimester; however, physicians should maintain a high index of suspicion as symptoms can mirror those of other conditions. We report a 37-week pregnant female who was admitted to the Liverpool Women's Hospital, Liverpool, UK, for a 48-hour period with appendicitis. This later developed into a rupture due to a lack of early clinical suspicion. This presentation offers insights into the diagnostic difficulties of appendicitis and provides a comprehensive review of the literature. A ruptured appendix during pregnancy leads to fetal loss in 35% of cases; awareness of this risk among medical practitioners is therefore essential. A multidisciplinary team should be involved in cases of appendicitis during pregnancy and a number of factors should be taken into account when considering surgical versus medical management.

Torted Ovarian Fibroma Mimicking a Uterine Fibroid in the Second Trimester of Pregnancy: Diagnostic challenge

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Ovarian fibromas are generally asymptomatic and are usually detected incidentally during routine imaging. We report a 32-year-old *gravida 3 para 1 abortus 1* pregnant woman who was admitted to the Sultan Qaboos University Hospital, Muscat, Oman, at 20 gestational weeks with abdominal pain, vomiting and a fever of five days' duration. Three days earlier, she had been diagnosed with red degeneration of uterine fibroids at another institution. On physical examination, the patient was pale with normal vital signs. The uterus was relaxed, although there was tenderness in the right iliac fossa. Abdominal ultrasonography revealed a live fetus and an adnexal mass of 8 cm. Doppler ultrasonography indicated no blood flow. A gangrenous torted right adnexa was removed during an emergency laparotomy and a right salpingo-oophorectomy. Histological examinations revealed an ovarian fibroma. On ultrasonography, an ovarian fibroma is typically hypoechoic with sound attenuation. It is important that radiologists differentiate between ovarian fibromas and uterine fibroids to avoid misdiagnosis.

Non-Ovarian Pelvic Cyst in Early Pregnancy: *Challenging diagnosis*

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A cystic non-ovarian pelvic mass arising in early pregnancy can be a challenging diagnosis. We report a 23-year-old *primigravida* women with a six-week history of amenorrhoea who presented to the Sultan Qaboos University Hospital, Muscat, Oman, with acute abdominal pain. Her β -human chorionic gonadotropin (β -hCG) levels were 600 IU. On physical examination, the patient's abdomen was tense and tender, with noticeable guarding. Ultrasonography revealed a huge cystic mass around the ovaries, with good flow. The uterus was empty, with minimal free pelvic fluid. The mass persisted after urinary catheterisation, raising the suspicion of bladder *diverticulum*. Computed tomography revealed a unilocular intra-abdomino-pelvic cyst of 20 x 13 cm, separate from the bladder and ovaries. The patient's β -hCG levels dropped, indicating a miscarriage. A 20 x 10 cm uniloculated cyst attached to the mesocolon was excised via laparoscopy. Histopathology confirmed an omental cyst. Although rare, omental/mesenteric cysts should be considered in the differential diagnosis for pelvic cysts of non-ovarian origin.

Placenta Membranacea: *Rare placental abnormality*

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Placenta *membranacea* is a rare placental abnormality (one in 20,000–40,000 pregnancies) whereby the fetal membranes are completely or partially covered by chorionic *villi*. Perinatal outcomes can include stillbirth, preterm delivery and neonatal death. We report a *gravida 2 para 1* female who presented at the Sultan Qaboos University Hospital, Muscat, Oman, at 18 gestational weeks with a threatened miscarriage. She had previously undergone a Caesarean section. Ultrasonography confirmed placenta *membranacea* and the patient was managed conservatively. However, episodes of antepartum haemorrhage continued. She underwent an emergency Caesarean section at 25 gestational weeks due to heavy vaginal bleeding. Intraoperatively, the placenta was observed to cover the internal orifice of the cervix uteri and the entire uterine wall. Postpartum haemorrhaging from the placental bed was managed with multiple haemostatic sutures. The patient was transfused with four units of packed red blood cells. Although her recovery was uneventful, her baby died two days after delivery due to extreme prematurity.

Unilateral Live Right Tubal Twin Ectopic Pregnancy

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Unilateral live twin ectopic pregnancies occur at a frequency of one in 125,000 pregnancies. Factors which increase the risk of ectopic pregnancy include pelvic inflammatory disease, congenital anomalies, tumours and adhesions resulting in anatomically distorted fallopian tubes. We report a 31-year-old female who presented to the Sultan Qaboos University Hospital, Muscat, Oman, with vaginal bleeding, following an eight-week history of amenorrhea. She had conceived after treatment with clomiphene citrate. A serum pregnancy test was positive. Transvaginal ultrasonography revealed one gestational sac, with two live discordant embryos in a right adnexal mass. A laparoscopic salpingectomy was performed. The diagnosis was confirmed by histopathological examination. A live discordant monochorionic twin ectopic pregnancy in the right fallopian tube is extremely rare. Physicians should consider this condition when examining ultrasound scans, especially in patients undergoing assisted reproduction, as twin ectopic pregnancies carry high risks of morbidity and mortality.

Swyer Syndrome: *Rare case report of a female phenotype with 46,XY karyotype and gonadoblastoma*

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Swyer syndrome is a rare disorder with an incidence rate of 1:80,000 in which the testes fail to develop due to a mutation of the *sex determining region Y (SRY)* gene. The incidence of *SRY* mutations is thought to be 10–15%. We report a 17-year-old patient of female phenotype who presented to the Ibri Hospital, Ibri, Oman, with primary amenorrhoea and Tanner stage IV breast and pubic hair development. She had complete gonadal dysgenesis, a 46,XY karyotype, a hypoplastic uterus and streak gonads. Upon diagnosis of Swyer syndrome, a prophylactic laparoscopic bilateral gonadectomy was performed. Histopathological examination revealed a gonadoblastoma without evidence of malignant transformation. The patient subsequently underwent hormone therapy which improved her secondary sexual characteristics. Early diagnosis of a gonadoblastoma is crucial to avoid malignant transformation. The recommended treatment for this condition is a gonadectomy.

Catamenial Haemopneumothorax: *Atypical presentation of endometriosis*

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Catamenial haemopneumothorax is a variant of thoracic endometriosis syndrome. This rare disorder is characterised by the presence of functioning endometrial tissue in the *pleura*, lung parenchyma, airways and/or diaphragm. We report a 31-year-old nulliparous female with known pelvic endometriosis who presented to the Sultan Qaboos University Hospital, Muscat, Oman, with sudden-onset shortness of breath. A chest X-ray revealed hydropneumothorax. Dark-coloured blood was aspirated through an intercostal drain using intensive chest physiotherapy and continuous low-voltage suction. As no clinical improvement was observed, a right posterolateral thoracotomy was conducted, with a biopsy of the diaphragmatic deposits, closure of diaphragmatic fenestration and parietal pleurectomy. Histological examination of the parietal *pleura*, diaphragm and diaphragmatic deposits confirmed endometriosis. The patient was prescribed a combined oral contraceptive. A multidisciplinary team approach, involving both thoracic and gynaecological surgeons, maximises the likelihood of accurate diagnosis and treatment for women with this rare condition.

Ovarian Ectopic Pregnancy: *Rare variant of ectopic pregnancy*

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Ovarian pregnancies are a rare form of ectopic pregnancy that pose a significant diagnostic challenge. We report a 34-year-old *primigravida* woman who presented to the Sultan Qaboos University Hospital, Muscat, Oman, at 6 gestational weeks with lower abdominal pain and vaginal bleeding. Although her initial serum β -human chorionic gonadotrophin (β -hCG) test showed the expected doubling and ultrasonography indicated no extrauterine gestation, her third β -hCG value failed to show doubling, suggesting an ectopic pregnancy. A suspicious mass was noted via scan. The patient opted for medical management and was treated with a methotrexate injection. Four days later, the patient experienced severe abdominal pain and a scan indicated a cyst in the left ovary and some free fluid. An emergency laparoscopy revealed normal fallopian tubes, with trophoblast-like tissue over the left ovary. A histopathological examination of the tissue confirmed an ectopic pregnancy. Preoperative diagnosis of this condition is challenging as ectopic tissue often resembles a *corpus luteum* cyst.

Polypoid Adenomyoma in a Postmenopausal Female: *Rare case*

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Atypical polypoid adenomyomas (APAMs) are rare polypoid tumours that occur in women of reproductive age who have abnormal uterine bleeding. We report a 59-year-old *para* 12 postmenopausal woman who presented to the Sultan Qaboos University Hospital, Muscat, Oman. She was asymptomatic and known to be diabetic. Ultrasonography revealed a thick endometrium of 19 mm and hydrosonegography showed a mass of 3.4 x 2.9 cm in the uterine cavity. Hysteroscopy, polypectomy and endometrial curettage were performed. A polypoid lesion of 3 x 2 cm was excised under hysteroscopic guidance. Histopathological examination revealed a polypoid adenomyoma without *atypia* or evidence of malignancy. Three- and six-month follow-up examinations were unremarkable. Pathologically, APAMs are classified as benign lesions and typically have favourable outcomes. However, patients with an APAM have a high risk of residual lesions, recurrence and the concomitant development of endometrial adenocarcinomas. Care should therefore be taken during diagnosis, treatment and follow-up.