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Exploring the Experience of Receiving the Diagnosis and Undergoing Pubertal Induction in Malaysian Young Women with Turner Syndrome

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ABSTRACT

Turner Syndrome (TS) is a rare chromosomal disorder that significantly impacts the physical and psychological development of affected females. This study aimed to explore the experiences of young Malaysian women with TS, focusing on their diagnosis, living with the diagnosis and pubertal induction. A qualitative phenomenological approach involved women aged 16 years and above with TS, on pubertal induction treatment and on follow-up at the Paediatric and Adolescent Gynaecology Clinic, Hospital Canselor Tuanku Muhriz. Individual in-depth, semi-structured interviews were conducted between August 2024 and April 2025, lasting 30 to 60 minutes each. Data was analysed using an inductive thematic approach. Five women aged 21 to 41 years were interviewed. Participants reported mixed emotions upon diagnosis, ranging from numbness to acceptance. They felt “unguided and at a loss” with a superficial understanding of their condition. The women highlighted their body physique and fertility as important concerns that are inadvertently affecting their psychological well-being. They selectively disclosed the diagnosis of which enabled them to have positive relationships with others. They were proactive in seeking information about TS and motivated to educate others with a similar condition. The most immediate impacts from the pubertal induction include the development of secondary sexual characteristics and improved psychological well-being. However, participants felt exhausted by the lifelong treatment requirements despite their adherence to the treatment. This study highlights the need for improved diagnostic communication, tailored psychosocial support, and acknowledgement of the emotional complexities associated with TS treatment, advocating for a multidisciplinary approach to address both medical and psychological aspects of the lifelong hormone therapy.

Keywords: Diagnosis; Malaysia; pubertal induction; qualitative study; Turner Syndrome

Predicting the Big Baby in GDM Women: Which Maternal and Glycaemic Factors Matter Most in the Third Trimester?

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ABSTRACT

This retrospective study aimed to identify predictors of large for gestational age (LGA) fetuses using HbA1c levels and maternal factors measured during the third trimester among women with Gestational Diabetes Mellitus (GDM). A retrospective study was conducted involving 403 pregnant women for whom HbA1c was taken during the third trimester. Socio-demographic data, maternal BMI, and glycaemic parameters (HbA1c and MGTT results) were recorded. Univariate and multivariable logistic regression analyses were performed to identify significant predictors of LGA. Mean HbA1c levels were compared between LGA and non-LGA groups using independent t-tests. The mean HbA1c level in the third trimester was significantly higher in the LGA group compared to the non-LGA group (5.61 ± 0.07 vs 5.38 ± 0.026 ; $p < 0.001$). Univariate analysis identified HbA1c 5.5% (OR 1.93; 95% CI: 1.10-3.39), maternal obesity (OR 4.68; 95% CI: 1.58-13.83), grandmultiparity (OR 2.68; 95% CI: 1.02-7.04), and abnormal MGTT results (when both FBS and 2h-PP were abnormal) (OR 3.48; 95% CI: 1.81-6.69) as significant predictors. In the multivariable model, maternal obesity remained a strong independent predictor (aOR 4.27; 95% CI: 1.29-14.15; $p = 0.018$), alongside combined abnormal MGTT results (aOR 2.88; 95% CI: 1.37-6.05; $p = 0.005$). While HbA1c 5.5% showed a significant association in univariate analysis, its independent predictive value was attenuated in the multivariable model ($p = 0.252$). Elevated third-trimester HbA1c levels are significantly associated with LGA; however, maternal obesity and the severity of MGTT abnormality serve as stronger independent predictors. Monitoring HbA1c in the third trimester provides valuable insights into growth risks, but clinical focus must remain prioritised on obese patients and those with poorly controlled MGTT profiles to mitigate LGA-related complications.

Keywords: Gestational diabetes mellitus; glycated haemoglobin (HbA1c); large for gestational age; maternal obesity; modified glucose tolerance test

Clinical Characteristics of BRCA-Mutated Epithelial Ovarian Cancer in Peri- and Postmenopausal Women

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ABSTRACT

Epithelial ovarian cancer predominantly affects perimenopausal and postmenopausal women. BRCA mutations are known to influence tumor biology and disease behavior. This study aimed to evaluate the clinical characteristics of BRCA-mutated epithelial ovarian cancer in peri- and postmenopausal women. A cross-sectional study was conducted between December 2023 and December 2024. Forty-seven peri- and postmenopausal women with histologically confirmed epithelial ovarian cancer who underwent BRCA1/2 genetic testing were included. Clinical and pathological variables, including serum CA-125 levels, primary tumor size, adnexal involvement, omental metastasis, and systemic symptoms, were compared between BRCA-positive and BRCA-negative groups. Subgroup analysis was performed to compare BRCA1 and BRCA2 mutation carriers. BRCA mutations were identified in 12 of 47 patients (25.5%). The BRCA-positive group demonstrated significantly higher serum CA-125 levels compared to the BRCA-negative group (655.08 ± 184.35 vs 381.54 ± 165.54 U/mL; $p < 0.001$), despite having smaller primary tumor sizes (13.69 ± 5.01 vs 17.75 ± 5.46 cm; $p = 0.028$). Bilateral adnexal involvement was observed in all BRCA-positive cases, compared with 51.4% of BRCA-negative patients ($p = 0.002$). Omental metastasis occurred more frequently in the BRCA-positive group (75% vs 40%; $p = 0.049$), along with a higher prevalence of weight loss (100% vs 71.4%; $p = 0.046$). No significant differences were identified between BRCA1 and BRCA2 mutation carriers. BRCA-mutated epithelial ovarian cancer in peri- and postmenopausal women exhibits distinct clinical characteristics, including elevated tumor markers, smaller primary tumors, and early diffuse peritoneal dissemination. Recognising the unique clinical behavior of BRCA-mutated ovarian cancer in peri- and postmenopausal women is essential for improving risk stratification, early detection, and individualised management strategies within the broader context of women's health and menopausal care.

Keywords: BRCA mutation; CA-125; epithelial ovarian cancer; menopause; omental metastasis

Biopsychosocial Determinants of Cortisol Levels in Cervical Cancer Patients: The Roles of Spirituality, Anxiety and Depression during Chemotherapy

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ABSTRACT

In cancer patients, spirituality plays a central role in coping with the emotional and existential burdens of the disease. This cross-sectional observational study aimed to examine the relationships between spiritual well-being, psychological outcomes (anxiety and depression), and serum cortisol levels as physiological stress markers in 56 patients with advanced-stage cervical cancer undergoing chemotherapy. Data were collected using the Daily Spiritual Experience Scale (DSES), Zung Self-rating Anxiety Scale (SAS), Zung Self-rating Depression Scale (SDS), and laboratory cortisol measurements. The mean age of participants was 44.4 ± 9.1 years, with most reporting mild to moderate anxiety (55.4%) and mild depressive symptoms (62.5%). A high majority (94.6%) demonstrated moderate to high levels of spirituality, and 80.4% maintained cortisol levels within the normal range. Bivariate analyses revealed significant inverse associations between spiritual well-being and both anxiety ($p = 0.019$) and depression ($p = 0.011$); however, the association with cortisol levels was not statistically significant ($p = 0.361$). Although multivariate analyses did not reach statistical significance ($p > 0.05$), the overall trends suggest a potential protective effect of spirituality on mental health. Spiritual well-being appears associated with better psychological outcomes in cervical cancer patients undergoing chemotherapy. Incorporating spiritual assessment and supportive interventions into holistic cancer care may enhance mental health outcomes and the overall quality of life during treatment, addressing the complex interplay between psychological distress and physiological markers.

Keywords: Anxiety; cervical cancer; chemotherapy; cortisol; depression; spirituality

Knowledge, Attitudes and Perceptions Regarding Menopause among Malaysian Men

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ABSTRACT

Menopause is a natural transition that brings physical, psychological, and emotional changes which can affect women's quality of life and marital relationships. Men play a key role in supporting women through this stage, but little is known about their knowledge, attitudes, and perceptions surrounding menopause. Existing instruments provide partial insights but do not comprehensively assess all three domains. To develop and validate an instrument to assess the knowledge, attitudes and perceptions of Malaysian men regarding menopause and to apply it in a field study to identify patterns and predictors. This was a two-phase cross-sectional study involving (i) development of a new patient-administered instrument utilising adapted items from two validated questionnaires and (ii) a field survey of 462 Malaysian men using the adapted and translated instrument. Content validation was undertaken by subject-matter experts, and face validation was conducted with 20 men who reviewed item clarity. Internal consistency was established through pilot testing. Descriptive statistics summarised knowledge, attitude and perception scores, while multivariate analyses identified significant predictors. Good reliability was demonstrated across knowledge, attitude, and perception domains of the instrument (Cronbach's $\alpha = 0.94, 0.78$ and 0.65 , respectively). High scores at a mean of 42.80 ($SD \pm 9.58$) in knowledge, particularly in recognising symptoms, lifestyle recommendations, and benefits of hormone therapy were demonstrated. Gaps remained in understanding the definition of menopause and its associated long-term risks such as cardiovascular disease and cognitive decline. Men's attitudes were generally supportive, with majority acknowledging menopause as a natural process (96.1%) and the importance of spousal support (94.2%). Perceptions were largely positive, although men expressed varied views regarding the relationship and emotional consequences of menopause. Education, marital status and household income emerged as significant predictors, across all domains ($p < 0.001$). The Malay translated, and culturally adapted questionnaire is a reliable and valid tool to assess Malaysian men's knowledge, attitudes and perceptions towards menopause. While men showed encouraging awareness and supportive attitudes, important gaps remain. Targeted educational interventions are needed to strengthen men's role in improving women's menopausal experiences and long-term wellbeing.

Keywords: Attitudes; knowledge; Malaysia; menopause; perception

Knowledge, Attitude and Preferences of Pregnant Women towards Modes of Delivery in a Tertiary Hospital

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ABSTRACT

This study aimed to assess pregnant women's knowledge, attitudes, and preferences regarding different modes of delivery to improve information access and empower informed decision-making. A cross-sectional study was conducted among pregnant women attending the antenatal clinic at Hospital Canselor Tuanku Muhriz from January to July 2025. A validated and translated questionnaire assessed the respondents' socio-demographics, knowledge, attitudes, and delivery preferences. Of 417 women approached, seven were excluded, leaving 410 respondents. Data were analysed using SPSS version 26.0 with chi-square and Fisher's exact tests, and analysis of variance. The respondents' mean age was 31.2 (standard deviation: 4.2) years, and most (86.6%, n = 355) were Malay, followed by Chinese (6.8%, n = 28) and Indian (2.4%, n = 10) respondents. Among the respondents, 39.5% (n = 162) were primigravida, while 60.1% (n = 246) were multigravida. The majority of respondents (76.8%) had attained tertiary or higher education. Good knowledge was observed in 80.5% of the respondents, although nearly half of the participants did not know or inaccurately believed that Caesarean section (CS) is required for tubal ligation (68.5%) and necessary for all women with venereal diseases (63.7%), or mandatory for breech presentation (21.7% answered incorrectly or were unsure). Most respondents (88.4%) demonstrated positive attitudes towards normal vaginal delivery (NVD). Contrastingly, only 30.7% of respondents expressed positive attitudes towards CS. Knowledge was significantly associated with CS attitude ($p < 0.001$) but not with NVD attitude ($p = 0.609$). Multiparity and prior NVD were significantly associated with preference for vaginal delivery ($p = 0.016$ and $p < 0.001$, respectively). Socio-demographic factors were not significantly associated with preference for NVD. Most of the study population demonstrated good knowledge and favourable attitudes towards vaginal delivery, while attitudes towards CS were more cautious and influenced by misconceptions. Prior delivery experiences were the strongest predictors of preference.

Keywords: Attitude; caesarean section; knowledge; normal vaginal delivery; patient preference

Relationship between Cervical Dilatation in Latent Phase at Initial Presentation and Mode of Delivery: A Retrospective Study in a Single Tertiary Centre in Malaysia

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ABSTRACT

The global rise in caesarean section (CS) rates beyond the 10–15% recommended by the World Health Organisation is a significant public health concern, as CS carries inherent risks of maternal and perinatal morbidity. This retrospective analytical study aimed to determine whether cervical dilatation at initial assessment (<3 cm vs. ≥ 3 cm) is associated with CS and adverse perinatal outcomes in women admitted in spontaneous labour. A total of 395 women admitted to a single tertiary centre in Malaysia between January 2018 and December 2023 were stratified by cervical dilatation at first assessment. Of 395 women, 344 (87.1%) presented at <3 cm and 51 (12.9%) at ≥ 3 cm. Caesarean section was significantly more frequent among women admitted at <3 cm (54.9% vs 27.5%, $p < 0.001$). Caesarean for poor progress (15.4% vs 3.9%, $p = 0.028$) and fetal distress (42.7% vs 25.5%, $p = 0.022$) were also higher in this group. On multivariable analysis, independent predictors of caesarean section were cervical dilatation <3 cm (AOR 3.37; 95% CI 1.71–6.67; $p < 0.001$), pre-pregnant overweight/obesity (AOR 2.19; 95% CI 1.41–3.40; $p < 0.001$), additional intrapartum intervention (AOR 2.87; 95% CI 1.20–6.87; $p = 0.018$) and meconium-stained liquor (AOR 2.46; 95% CI 1.37–4.42; $p = 0.003$). The Nagelkerke R^2 value of 0.139 indicates that the model explains approximately 14% of the variability in caesarean section based on the factors examined. The study concludes that admission during the latent phase with cervical dilatation <3 cm is independently associated with increased odds of caesarean delivery but not adverse neonatal outcomes. Implementing strategies to optimise the timing of admission and individualising management may reduce unnecessary operative interventions and improve obstetric outcomes.

Keywords: Caesarean section; cervical dilatation; intrapartum intervention; latent phase of labour; spontaneous labour

Outcomes and Risk Factors of Preterm Birth at Dr. Wahidin Sudirohusodo Hospital, Makassar in 2025: A Cross-Sectional Study

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ABSTRACT

Preterm birth remains a significant challenge in obstetric care, often leading to increased neonatal morbidity and mortality. This analytic observational study with a cross-sectional design aimed to analyse the outcomes and risk factors of preterm birth at Dr. Wahidin Sudirohusodo Hospital, Makassar, in 2025. A total of 199 cases were analysed, revealing that the majority of mothers were aged 20–35 years (68.3%), with nulliparous women representing the largest parity group (31.2%). The most common etiologies identified were maternal comorbidities (21.6%) and hypertensive disorders, including preeclampsia, eclampsia, and HELLP syndrome (21.1%). Regarding neonatal outcomes, the majority of infants were classified as moderate to late preterm (44.7%), followed by very preterm (26.1%). Statistical analysis showed no significant association between specific maternal etiologies and neonatal outcomes ($p = 0.679$). The study concludes that preterm birth at this tertiary center is primarily associated with maternal complications, particularly systemic comorbidities and hypertensive disorders. These findings highlight the clinical significance of strengthening antenatal surveillance and early detection of maternal complications to mitigate preterm birth risks. Improving neonatal outcomes in tertiary referral settings requires a proactive approach toward managing maternal health before and during pregnancy to reduce the incidence of early deliveries and their associated complications.

Keywords: Maternal comorbidities; neonatal outcomes; preeclampsia; preterm birth; risk factors

ERAS in Laparoscopic Benign Gynaecological Surgery: Surgical Care Innovation or Overpromise? A Prospective Randomised Controlled Trial

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ABSTRACT

Enhanced recovery after surgery (ERAS) is a multidisciplinary approach designed to improve patient postoperative recovery, though its specific benefits in minimally invasive settings remain debated. This single-centre, open-label, prospective randomised controlled trial aimed to evaluate the outcomes of ERAS care versus conventional care among patients undergoing elective benign laparoscopic gynaecological surgery at Hospital Putrajaya, Malaysia, between December 2023 and August 2024. Eligible patients were randomly allocated to either the ERAS or conventional care model, with protocols implemented across preoperative and intraoperative phases. Following surgery, patients were monitored for recovery progress and complications, with follow-ups scheduled at two weeks and one month post-operation. Results demonstrated a significant reduction in intraoperative morphine usage and fluid infusion within the ERAS group. Additionally, the ERAS model was associated with a slightly shorter surgery duration and reduced blood loss. However, no significant differences were identified between the two groups regarding the postoperative length of hospital stay, complication rates, or hospital readmissions. The study concludes that while ERAS did not significantly shorten the length of stay in this laparoscopic cohort, its implementation is feasible and safe. The reduction in opioid requirements and optimised fluid management suggest that ERAS contributes to a higher quality of perioperative care even in minimally invasive gynaecological surgery.

Keywords: Benign gynaecology; enhanced recovery after surgery (ERAS); laparoscopic surgery; perioperative care; randomised controlled trial

Does the Way We Control Crowning Matter? A Comparison of Hands-On and Ritgen Perineal Support among Women Undergoing Labour

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ABSTRACT

Perineal trauma remains a common complication of spontaneous vaginal delivery and is associated with short- and long-term maternal morbidity. Various perineal support strategies, including the Hands-on technique and the Ritgen maneuver, are routinely employed during the second stage of labor, yet their comparative effectiveness in limiting rupture severity has not been clearly established. This study compares the degree of perineal rupture between Hands-on perineal support and the Ritgen maneuver during spontaneous vaginal delivery and to identify maternal and neonatal factors associated with rupture severity. This analytic observational study employed a cross-sectional design involving women who delivered vaginally at two referral hospitals in Makassar, Indonesia. Eligible participants had singleton, term, cephalic pregnancies and delivered without episiotomy or instrumental assistance. Perineal support technique was documented at crowning. Maternal characteristics, neonatal anthropometric data, and perineal rupture degree were recorded. Group comparisons were performed using appropriate bivariate tests, followed by multivariate logistic regression analysis. A total of 105 women were analysed, including 44 deliveries managed with the Ritgen maneuver and 61 with the Hands-on technique. Second-degree perineal rupture was the most common outcome in both groups, with no statistically significant difference in rupture distribution ($p = 0.113$). Neonatal birth weight ($p = 0.052$), body length ($p = 0.233$), and head circumference ($p = 0.473$) did not differ significantly between groups. Multivariate analysis identified parity as the strongest predictor of rupture severity, with primiparous women having a markedly higher risk of moderate-to-severe perineal rupture compared to multiparous women (OR 12.16; 95% CI 3.33–44.35; $p < 0.001$). In conclusion, hands-on perineal support and the Ritgen maneuver yield comparable outcomes in terms of perineal rupture severity. Maternal parity emerges as the dominant determinant of rupture severity, underscoring that intrinsic obstetric factors play a greater role than the specific perineal support technique employed.

Keywords: Obstetric delivery; perineal rupture; perineal support; parity; ritgen maneuver

Dose-Dependent Maternal Tetanus IgG Response Following Tetanus-Diphtheria Vaccination During Pregnancy: Implications for Maternal-Neonatal Protection.

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ABSTRACT

Maternal tetanus prevention is a key maternal medicine intervention because neonatal tetanus is associated with severe morbidity and high mortality. Protective immunity depends on adequate maternal immunoglobulin G (IgG) response and transplacental antibody transfer, which may be influenced by pregnancy-related immunologic adaptation. This study aimed to determine the levels of immunoglobulin G (IgG) antibodies in pregnant women to the tetanus vaccine. A descriptive analytical cross-sectional study was conducted at Sitti Khadijah 1 Women's and Children's Hospital. Pregnant women in second and third trimesters were recruited using consecutive sampling and categorised into three groups: unvaccinated, one Td dose, and two Td doses during pregnancy. Maternal serum tetanus IgG was measured using ELISA. Data were analysed with SPSS version 27.0 using chi-square and t-tests, with $p < 0.05$ considered significant. A total of 112 pregnant women were included (29.5% unvaccinated, 32.1% one dose, 38.4% two doses). Vaccinated women demonstrated significantly higher median IgG levels than unvaccinated women (1.46 vs 0.06 IU/mL; $p < 0.001$). Two-dose vaccination achieved higher IgG levels compared with one dose (1.58 vs 1.27 IU/mL; $p = 0.003$). Vaccination timing and gestational trimester were not associated with IgG levels ($p > 0.05$). Age, BMI, Parity, and education did not affect IgG levels (p -value > 0.05). In conclusion, Td vaccination during pregnancy significantly improves protective maternal tetanus IgG, with a stronger response in the two-dose schedule. This supports full-dose maternal immunisation as a high-impact preventive care to optimise maternal–neonatal protection.

Keywords: Immunoglobulin G; maternal immunisation; neonatal tetanus; pregnancy; Td vaccine

Clinical Characteristics and Surgical Outcomes of Obstructed Hemivagina and Ipsilateral Renal Agenesis (Ohvira): A 15-Year Retrospective Cohort from a Teaching Hospital in Malaysia

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ABSTRACT

Obstructed hemivagina and ipsilateral renal agenesis (OHVIRA) is a rare congenital anomaly characterised and typically present after menarche with dysmenorrhea, pelvic pain, or abnormal discharge, but diagnosis is often delayed. Surgery is the mainstay of treatment, generally yielding good outcomes, although restenosis, endometriosis, and impaired fertility have been reported. Our study aimed to evaluate the clinical presentation, classification, surgical outcomes, and long-term sequelae of OHVIRA in a tertiary teaching hospital in Malaysia. We conducted a retrospective cohort study of all patients diagnosed with OHVIRA who underwent corrective surgery in the Paediatric and Adolescent Gynaecology Unit at Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, between January 2010 and December 2024. Cases were identified through the unit census, with data extracted from electronic medical records and archived patient files. Demographic, clinical, radiological, surgical, and follow-up data were analysed. Associations between time from menarche to diagnosis (<5 years vs. ≥5 years) and clinical presentation, between OHVIRA classification and presenting symptoms, and between classification and surgical outcomes were assessed. 36 patients were included. Dysmenorrhea was the most common presenting symptom, particularly in Type 1 OHVIRA, while vaginal discharge predominated in Type 2. Surgical management consisted primarily of vaginal septum resection with vaginoplasty. Most patients achieved symptom relief; however, 33% developed restenosis requiring reoperation, and two patients underwent hemi-hysterectomy. Endometriosis was identified intraoperatively in one-third of cases. Long-term follow-up demonstrated preserved fertility in the majority, though assisted reproduction and obstetric complications were observed. Early recognition and timely surgical management are critical to minimise complications, with structured follow-up needed to address restenosis, endometriosis, and long-term reproductive outcomes.

Keywords: Congenital anomaly; dysmenorrhea; endometriosis; OHVIRA syndrome; vaginal septum resection

Disorders of Pregnancy: A Case-Control Study

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ABSTRACT

This research is to determine the maternal risk factors and perinatal outcomes of mothers with hypertensive disorders of pregnancy at Wahidin Sudirohusodo Hospital, Makassar in 2025. An observational analytic study with a case-control design was conducted. The sample consisted of 134 pregnant women with hypertensive disorder in pregnancy (HDP), selected from an initial 157 subjects after excluding incomplete data. Data analysis included Independent T-Test, Mann-Whitney U, Fisher's Exact Test and multivariate binary logistic regression using SPSS version 26. The subjects were predominantly characterised by early-onset severe preeclampsia (80.6%) with a mean systolic blood pressure of 163.43 ± 25.66 mmHg and a mean body mass index in the obesity category (30.39 kg/m²). The maternal mortality rate was 7.5%. Bivariate analysis revealed a significant association between employment status and maternal outcome ($p = 0.018$) and a marginal association for age ($p = 0.051$). However, multivariate testing showed that no single variable (age, employment, multiple pregnancy, chronic hypertension) was a dominant determinant of maternal mortality ($p > 0.05$). HDP cases at Wahidin Hospital are dominated by early-onset severe preeclampsia in obese mothers. Adverse maternal outcomes are multifactorial and not influenced by a single risk factor, highlighting the importance of comprehensive clinical and referral management. The absence of a single dominant factor in the multivariate analysis of maternal deaths due to gestational hypertension indicates that: Maternal deaths are multifactorial. Several risk factors contribute to these deaths through interactions. Prevention must be achieved through a comprehensive approach that encompasses the mother, pregnancy, and the healthcare system. Multivariate analysis helps provide a more accurate epidemiological picture than bivariate analysis alone. Maternal mortality in hypertensive disorders of pregnancy is multifactorial, highlighting the need for early risk stratification, vigilant monitoring, and comprehensive referral management to improve maternal outcomes.

Keywords: Case-control study; hypertensive disorders of pregnancy; maternal mortality; obesity; severe preeclampsia

Giant Uterine Leiomyoma in a Postmenopausal Woman: Surgical Challenges and Bilateral Hypogastric Artery Ligation for Hemorrhage Control - A Rare Case Report

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ABSTRACT

Uterine leiomyoma is the most common benign tumor of the female reproductive tract and typically occurs during the reproductive years. However, giant uterine leiomyoma in postmenopausal women is rare and may present diagnostic and surgical challenges due to its large size and risk of massive intraoperative bleeding. This report presents a case of giant uterine leiomyoma in a postmenopausal woman managed surgically with successful hemorrhage control using bilateral hypogastric artery ligation. A 56-year-old postmenopausal woman presented with progressive abdominal enlargement for 13 years, which had worsened over the past year, accompanied by constipation and mild urinary difficulty. Physical examination revealed a firm abdominal mass measuring approximately 25 x 25 cm. Ultrasonography and abdominal Multi-Slice Computed Tomography demonstrated a large solid uterine mass measuring approximately 24.9 x 17.6 x 32 cm, compressing adjacent organs. The patient underwent a total abdominal hysterectomy with bilateral salpingo-oophorectomy, and a giant uterine leiomyoma weighing approximately 8 kg was removed. Active intraoperative bleeding was successfully controlled with bilateral hypogastric artery ligation. Histopathological examination confirmed a benign uterine leiomyoma. Giant uterine leiomyoma in postmenopausal women is rare and may pose diagnostic and surgical challenges. Large tumors are associated with distorted pelvic anatomy and a high risk of intraoperative hemorrhage. Bilateral hypogastric artery ligation can be an effective strategy for controlling massive pelvic bleeding during surgery. Giant uterine leiomyoma in postmenopausal women is rare and may pose significant surgical challenges. Bilateral hypogastric artery ligation is an effective method for controlling severe intraoperative bleeding. This case highlights the importance of meticulous preoperative planning and advanced surgical techniques to optimise safety and improve clinical outcomes when treating complex gynecological masses in postmenopausal patients.

Keywords: Bilateral hypogastric artery ligation; giant uterine leiomyoma; hysterectomy; intraoperative hemorrhage; postmenopause

Successful Peripartum Management of Wolff-Parkinson-White Syndrome in Preterm Pregnancy: A Multidisciplinary Case Report

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ABSTRACT

Wolff–Parkinson–White (WPW) syndrome is a cardiac conduction disorder characterised by ventricular pre-excitation resulting from an accessory atrioventricular pathway. Although many individuals with WPW syndrome remain asymptomatic, pregnancy may increase the risk of arrhythmias due to physiological cardiovascular adaptations, including increased plasma volume, elevated cardiac output, and enhanced sympathetic activity. These changes may predispose pregnant patients to supraventricular tachycardia and other arrhythmic complications that may potentially affect maternal and fetal outcomes. Consequently, careful cardiovascular monitoring and multidisciplinary management are crucial for ensuring safe peripartum outcomes in pregnant patients with WPW syndrome. We report the case of a 31-year-old pregnant woman, gravida 2 para 0 abortus 1, at 36 weeks and 3 days of gestation who was admitted for evaluation and management of WPW syndrome. The patient had a previous history of palpitations during pregnancy and had been diagnosed with WPW syndrome at 32 weeks of gestation. At admission, the patient was hemodynamically stable and asymptomatic. Electrocardiography demonstrated sinus rhythm with a shortened PR interval and characteristic delta waves, indicating ventricular pre-excitation. Echocardiographic examination revealed normal cardiac chamber dimensions and preserved left ventricular systolic function with an ejection fraction of 59%. Following multidisciplinary consultation involving cardiologists, obstetricians, anesthesiologists, and perinatologists, cesarean delivery was planned to minimise hemodynamic stress and reduce the risk of arrhythmia during labor. The patient underwent a cesarean section with continuous cardiac monitoring. The perioperative course was uneventful, with no arrhythmic events. Both maternal and neonatal outcomes were favorable. This case highlights the importance of early diagnosis, coordinated multidisciplinary care, and careful peripartum monitoring in pregnant patients with WPW syndrome to prevent arrhythmic complications and achieve optimal maternal and neonatal outcomes.

Keywords: Cesarean section; multidisciplinary management; pregnancy; supraventricular tachycardia; Wolff-Parkinson-White syndrome

Characteristics of Contraceptive Choices Among Postpartum Patients in High-Risk Reproductive Age <20 Years and >35 Years at Network Hospital in Makassar in 2024

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ABSTRACT

This study aims to analyse the characteristics of contraceptive choice among postpartum patients in high-risk reproductive age <20 years and >35 years at Network Hospital in Makassar in 2024. This study employed a retrospective descriptive design involving 379 postpartum patients at the network hospital of the Department of Obstetrics and Gynecology, Faculty of Medicine, Hasanuddin University, Makassar, in 2024. The variables analysed included age, educational level, parity, type of contraception, and mode of delivery. Data analysis was performed using Microsoft Excel to calculate frequency distributions and percentages. From 379 research samples, 100 patients (26%) were aged <20 years and 279 patients (74%) were aged >35 years. The majority of patients had a senior high school education and were primiparous. The most commonly chosen contraceptive method was the intrauterine device (43%), followed by tubectomy (24%) and implants (20%). The most common delivery procedures were vaginal delivery (51%), followed by cesarean section (49%). Postpartum contraceptive use was predominantly long-acting methods, particularly intrauterine devices. However, the proportion of women who did not use contraception indicates a persistent unmet need, especially among high-risk age groups. Strengthening integrated contraceptive counseling is therefore essential to improve the coverage and uptake of postpartum contraceptive use. The results of this study indicate the importance of postpartum contraceptive counseling to increase the use of effective contraceptive methods in at-risk reproductive age groups.

Keywords: Contraceptive choices; high-risk reproductive age; intrauterine device; postpartum contraception; tubectomy

When Size Determines Strategy: A Giant Fetal Macrocystic Lymphatic Malformation Challenging Obstetric Management - A Case Report

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ABSTRACT

Fetal macrocystic lymphatic malformation is a rare congenital vascular anomaly, occurring in approximately 1 in 16,000 live births. Most lesions are located in the nuchal region, while thoracic involvement is uncommon. Large thoracic lesions pose significant obstetric challenges. Accurate prenatal evaluation using ultrasonography and magnetic resonance imaging is essential to assess lesion size, extent, and anatomical involvement and guiding safe delivery. A 35-year-old G3P2 at 27 weeks' gestation was referred for evaluation of a suspected fetal thoracic mass. Ultrasound revealed a 10.26 x 6.26 cm septated, avascular cystic lesion on the left thoracic wall. MRI confirmed a macrocystic lymphatic malformation involving the anterior and posterior thoracic wall, extending to the left axilla and humerus. Elective classical cesarean section was performed at 38+2 weeks. The neonate developed respiratory distress requiring CPAP and NICU care. Postnatal management included cyst aspiration, mass biopsy, and intralesional sclerotherapy. This case reports a large fetal macrocystic lymphatic malformation with thoracic involvement. Large mass with thoracic involvement increases risks of dystocia and postnatal respiratory compromise. Ultrasonography and MRI allow precise assessment of lesion size, extent, and anatomical relations. Elective classical cesarean section minimised complications related to difficult extraction, mass compression, and intrapartum trauma. Ultrasonography combined with MRI allows assessment of lesion size, extent, and anatomical involvement, which is critical for planning a safe delivery. In cases of large thoracic macrocystic lymphatic malformations, elective classical cesarean section is an appropriate approach to reduce maternal and neonatal risks. Multidisciplinary coordination is essential to optimise outcomes.

Keywords: Classical cesarean section; congenital vascular anomaly; fetal magnetic resonance imaging; lymphatic malformation; thoracic mass

Spontaneous Rupture of the Urinary Bladder (SRUB) in Pregnancy Associated with *Extended-Spectrum Beta-Lactamase* (ESBL) Producing *Escherichia Coli* Infection in the Setting of Underlying Immunodeficiency: A Rare Case Report

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ABSTRACT

Spontaneous rupture of the urinary bladder (SRUB) is an extremely rare condition with an estimated incidence of approximately 1 in 126,000 individuals in the general population and is even less frequently reported during pregnancy. Its clinical presentation is often nonspecific, which may delay diagnosis and increase mortality. Severe urinary tract infection, particularly caused by extended spectrum beta-lactamase (ESBL)-producing *Escherichia coli* combined with underlying immunodeficiency, may contribute to progressive bladder wall damage and spontaneous perforation. A 29-year-old primigravida at 27 weeks and 2 days of gestation presented with decreased consciousness after one week of intermittent fever, progressive dyspnea, lower abdominal pain, and severe nausea and vomiting without urinary symptoms. She experienced a 16 kg weight loss during pregnancy consistent with severe protein-energy malnutrition. On admission, the patient was critically ill with tachycardia, respiratory distress, leukocytosis, hypoalbuminemia, and elevated inflammatory markers. Due to rapid maternal deterioration, an emergency cesarean section was performed, revealing thick purulent intraperitoneal fluid and a 4 cm spontaneous perforation of the posterior bladder wall. Debridement and two-layer bladder repair were performed. Urine culture identified ESBL-producing *Escherichia coli*. Postoperative evaluation showed elevated inflammatory markers, and profound CD4 lymphopenia (96 cells/ μ L) with nonreactive human immunodeficiency virus serology. SRUB during pregnancy is rare and difficult to diagnose because symptoms are often nonspecific and urinary complaints may be absent. Urinary stasis in pregnancy, multidrug-resistant infection, severe malnutrition, and cellular immunodeficiency may accelerate bladder wall inflammation and perforation, leading to septic peritonitis and rapid clinical deterioration. Although rare, SRUB should be considered in pregnant patients with severe infection and unexplained sepsis. Early recognition, prompt surgical intervention and appropriate antimicrobial therapy are essential to reduce fatal outcomes.

Keywords: Cellular immunodeficiency; ESBL *Escherichia coli*; malnutrition; pregnancy; spontaneous bladder rupture

From Delivery to Definitive Care: Table to Table of Fetal Gastroschisis - A Case Report

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ABSTRACT

Gastroschisis is a congenital anterior abdominal wall defect characterised by evisceration of intra-abdominal organs without a covering membrane through a defect in the form of a cleft on the right side of the umbilical cord. The patient was diagnosed in 16 weeks of gestational age. During ultrasound examinations, we found free-floating bowel (without membrane) outside the abdominal cavity and an abdominal wall defect distinct from the umbilical cord insertion location. Before being delivered through caesarean section, we form the team with anesthesiology, pediatric, and pediatric surgery. After the newborn delivery, the pediatric surgeon repaired the gastroschisis. Gastroschisis is defined as “a congenital malformation characterised by visceral herniation usually through a right-sided abdominal wall defect to an intact umbilical cord not covered by a membrane”, with a typical defect size of 2-4 cm. Diagnosis of gastroschisis can be made as early as the first trimester and routinely in the second trimester by fetal ultrasound. An important element of monitoring the condition of the gastrointestinal tract is also the assessment of blood supply of the eviscerated intestines (Color Doppler). Early surgical intervention aiming at restoring normal anatomic conditions, returning intestines to the abdominal cavity and closing the abdominal defect, is the preferred approach. It was concluded that primary fascial closure is an acceptable alternative. Primary closure is attractive whenever possible to avoid additional operations. According to this procedure, gastroschisis is treated with a primary closure of the prolapsed bowel before the newborn takes its first breath, which would result in bowel expansion. In cases of simple GS which involve no gastrointestinal complications, the survival rate following surgical intervention is approximately 90%.

Keywords: Case report; congenital anomaly; fetal ultrasound; gastroschisis; primary fascial closure

Malignant Ectomesenchymoma of the Cervix in Early Adolescence: An Exceptionally Rare Clinical Entity

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ABSTRACT

Malignant ectomesenchymoma (MEM) is an extremely rare, aggressive tumor characterised by dual neuroectodermal and mesenchymal differentiation, typically appearing in infants and young children. While it commonly arises in the head, neck, or genitourinary tract, cervical involvement is exceptionally rare, particularly in early adolescence, leading to diagnostic challenges. This study aims to report a unique case of MEM in a 12-year-old girl who presented with abnormal vaginal bleeding and a rapidly enlarging, protruding cervical mass. Pelvic ultrasonography and magnetic resonance imaging (MRI) revealed a well-defined cervical mass without parametrial involvement. The patient underwent examination under anesthesia and excision of the mass. Histopathological and immunohistochemical analyses confirmed the diagnosis of malignant ectomesenchymoma. Following surgery, the patient was referred to pediatric oncology for a rhabdomyosarcoma-based chemotherapy regimen, resulting in a favorable early clinical response. This case highlights that while cervical MEM is uncommon and clinically resembles other pediatric cervical tumors, accurate diagnosis depends heavily on immunohistochemical evaluation. Management requires a coordinated multidisciplinary approach, including surgical intervention and chemotherapy, to optimise clinical outcomes in adolescent patients. This finding contributes to the limited body of knowledge regarding the clinical behavior and treatment response of MEM in the female reproductive tract of adolescents.

Keywords: Adolescent; cervical cancer; ectomesenchymoma; immunohistochemistry; rhabdomyosarcoma

Urine HPV Testing for Cervical Cancer Screening among Malaysian Women – Feasibility and Accuracy

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ABSTRACT

Cervical cancer screening uptake in Malaysia remains suboptimal, partly due to the invasive nature of clinician-collected sampling and sociocultural barriers. This study evaluated the diagnostic accuracy and feasibility of high risk HPV DNA detection in self-collected urine processed using the SEDIPREP® pre-concentration method, compared to clinician-collected cervical samples on the Cobas® 4800 HPV platform. In this cross-sectional study, paired first-void urine and clinician-collected cervical samples were obtained from women referred to colposcopy clinics following abnormal Pap smears. Urine was preserved using the Fjord Urine HPV-Sampler® and processed with SEDIPREP® pre-concentration. Both sample types were analysed for hr-HPV DNA using the Cobas® 4800 system. Result shown 166 paired samples, 99 yielded valid results. Initial invalid urine tests due to double filtration improved markedly after switching to single filtration. Among valid pairs, urine-based HR-HPV testing achieved 93.9% sensitivity and 95.5% specificity, demonstrating excellent concordance with cervical sampling ($\kappa = 0.887$). Receiver operating characteristics analysis showed an area under the curve of 0.836, confirming strong diagnostic performance. Urine self-sampling using the SEDIPREP® method demonstrated high diagnostic accuracy and strong agreement with clinician-collected cervical samples. Its non-invasive nature and feasibility support its potential to improve HPV screening uptake, particularly in culturally sensitive and resource-limited settings, pending validation in screening-naïve populations. With only 37% of eligible Malaysian women screened in the past three years, urine self-sampling addresses key barriers, including cultural sensitivities, discomfort, and limited access to trained providers. Its non-invasive, user-friendly nature has the potential to improve uptake among under-screened populations. Integration into national screening programmes, supported by cost-effectiveness analyses and evaluation in screening-naïve cohorts, could contribute meaningfully to reducing Malaysia's cervical cancer burden.

Keywords: Cervical cancer screening; Cobas® 4800; hr-HPV DNA; Malaysia; SEDIPREP®; urine self-sampling

Against the Genetic Odds: A Case Report

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ABSTRACT

Balanced reciprocal translocation is the most common cytogenetic cause of recurrent pregnancy loss (RPL) other than Robertsonian translocation, with its incidence of 2-5%. Meiotic segregation occurs in balanced reciprocal translocation, resulting in unbalanced gametes, making the carrier at high risk of recurrent miscarriages or birth defects. A 34-year-old G8P1+6 was first seen in the antenatal clinic at 17 weeks with a history of six first-trimester miscarriages between 2015 and 2019, which were all spontaneous conceptions. Antiphospholipid Syndrome and autoimmune causes of RPL have been ruled out. Exhaustion of diagnosis for recurrent miscarriage led to cytogenetic analysis, revealing a balanced reciprocal translocation: 46,XX,t(6;15)(q16;p13). Her husband's karyotyping was normal. Thereafter, she achieved a successful term pregnancy, delivering a healthy boy via caesarean section in 2021, with a normal childhood milestone. In the current planned pregnancy, a detailed anomaly scan at 21 weeks showed a singleton fetus with isolated soft markers (echogenic intracardiac focus and echogenic bowel). Unfortunately, she declined non-invasive prenatal testing or other diagnostic prenatal testing. The pregnancy journey went well with the fetus growing following the 50th centile. She underwent an elective repeat Caesarean section at 38 weeks and a normal, healthy baby girl was delivered. Both were discharged well subsequently. Balanced reciprocal translocation carriers face an estimated RPL risk of 50–80%, often suffering from psychological distress. Although there are reported 55-74% cumulative live birth rates with natural conception, compared to 31-35% per-cycle live birth rate with IVF/PGT-SR, PGT-SR improves pregnancy outcomes by reducing the time to achieve a healthy live birth and decreasing the miscarriage rate. Karyotyping of couples should be performed as part of routine RPL evaluation as its early detection allows prompt referral for genetic counselling and tailored discussion and management. However, its use is limited by low diagnostic yield, high cost and the potential to increase couples' anxiety.

Keywords: Balanced reciprocal translocation; genetic counseling; karyotyping; natural conception; recurrent pregnancy loss

The Double-Hit Phenomenon: Synergistic Lethality of Congenital Parvovirus B19 and Severe Early-Onset Fetal Growth Restriction

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ABSTRACT

Congenital Parvovirus B19 infection targets fetal red-blood-cell precursors, leading to anemia, heart failure, and non-immune hydrops. When this infection coincides with early-onset fetal growth restriction (FGR), the combined pathophysiology can accelerate cardiovascular collapse. This study reports a case of a 22-year-old woman (G2P0+1) diagnosed at 23 weeks with severe FGR (biometry <5th centile), echogenic bowel, and pericardial effusion. Maternal serology confirmed acute Parvovirus B19 infection (IgM and IgG positive). Fetal status deteriorated rapidly, with umbilical artery Doppler progressing to reversed end-diastolic flow (REDF) and rising middle cerebral artery peak systolic velocity (MCA-PSV) indicating severe anemia. The loss of cardiac compensatory capacity was ultimately signaled by ductus venosus A-wave reversal. Despite intensive monitoring, intrauterine fetal death occurred at 28+5 weeks (635-gram fetus). Placental histopathology revealed a retroplacental hematoma consistent with abruption. This case highlights the “double-hit” effect where severe placental insufficiency and virus-induced anemia create a synergistic lethality. Progressive Doppler abnormalities, particularly ductus venosus waveform changes, served as critical markers of impending decompensation. The findings underscore that early-onset FGR associated with Parvovirus B19 carries an extremely high mortality risk. Management requires early recognition, serial Doppler monitoring, and comprehensive placental evaluation. For future pregnancies, early booking, first-trimester placental screening, and specialised maternal–fetal medicine follow-up are essential to mitigate risks.

Keywords: Doppler ultrasonography; fetal anemia; fetal growth restriction; Parvovirus B19; placental insufficiency

Imaging-Operative Discordance in a 12-year-old Girl with Obstructive Müllerian Anomaly: When Partial Vaginal Agenesis Disguises as Transverse Vaginal Septum

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ABSTRACT

Obstructive reproductive tract anomalies are significant causes of cyclic pelvic pain and primary amenorrhea in adolescents, necessitating early diagnosis to prevent retrograde menstruation, endometriosis and subfertility. While magnetic resonance imaging (MRI) is the gold standard for assessment, distinguishing a transverse vaginal septum from distal vaginal agenesis remains difficult. This case involves a 12-year-old premenarchal girl with normal pubertal development presenting with four months of progressive cyclic lower abdominal pain and a firm suprapubic mass. Having previously undergone a laparoscopic appendectomy for presumed appendicitis, a subsequent ultrasound indicated hematometrocolpos. Although MRI suggested a low transverse vaginal septum (3 mm thickness, 2.5 cm from the introitus) with a 2 cm right endometrioma and mild bilateral hydrosalpinx, examination under anaesthesia revealed the complete absence of a distal vaginal canal beyond the hymenal ring. This confirmed a diagnosis of partial vaginal agenesis rather than a true septum. Laparotomy further identified hematometrocolpos and mild pelvic adhesions, managed via vagino-vaginal anastomosis with guided canalisation and drainage. This case illustrates the diagnostic limitations of MRI in adolescents, where attenuated vaginal tissue may mimic a septum. Delayed recognition can lead to early-onset endometriosis and tubal pathology. Therefore, a high index of clinical suspicion, thorough examination under anaesthesia, and intraoperative flexibility are essential. Imaging must be interpreted cautiously alongside clinical assessment to optimise surgical outcomes and preserve reproductive potential in patients with obstructive Müllerian anomalies. **Keywords:** Adolescent; endometriosis; hematometrocolpos; magnetic resonance imaging; müllerian anomaly; vaginal agenesis

Spirituality Aspect and Family Support in Relation to Serotonin Level and Depression Status in Cervical Cancer Patients: A Biopsychosocial Study

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ABSTRACT

Cervical cancer is a major malignancy affecting women worldwide and is associated with substantial physical, psychological, and social burden. Chemotherapy can trigger significant emotional distress, placing patients at increased risk of developing depression by underlying biological mechanisms. Serotonin, a key neurotransmitter involved in mood regulation, has been implicated in the pathophysiology of depression and may serve as a biological indicator linking cervical cancer-related stress and depressive symptoms. This study to evaluate the association of spiritual aspects and family support with serum serotonin levels and depression status among cervical cancer patients following chemotherapy. This cross-sectional study included cervical cancer patients who had completed two cycles of chemotherapy. Spirituality was assessed using the Daily Spiritual Experience Scale (DSES), family support was evaluated with the Family APGAR Score and depression status was measured using the Zung Self-Rating Depression Scale (SDS). Serum serotonin levels were determined through laboratory analysis. Associations between variables were analysed using Kruskal-Wallis and Chi-square tests, with statistical significance of $p < 0.05$. Result shown higher levels of spirituality were significantly associated with increased serum serotonin levels ($p = 0.012$) and lower depression severity ($p = 0.001$). Patients with healthy family function demonstrated significantly higher median serotonin levels compared with those with moderate or severe family dysfunction ($p < 0.001$). In addition, increasing depression severity was associated with progressively lower serotonin levels ($p < 0.001$). Spirituality and family support are significantly associated with both biological (serotonin levels) and psychological (depression status) outcomes in cervical cancer patients after chemotherapy. These findings support a biopsychosocial-clinical approach to comprehensive cancer care.

Keywords: Cervical cancer; depression; family support; serotonin; spirituality

Translation and Validation of the Malay Version of Prolapse and Incontinence Knowledge Questionnaire

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ABSTRACT

Pelvic organ prolapse (POP) and urinary incontinence (UI) are common pelvic floor disorders that adversely affect women's quality of life. Limited knowledge and misconceptions regarding their causes and treatment options may impair symptom recognition, delay clinical diagnosis and affect informed decision-making regarding management. The Prolapse and Incontinence Knowledge Questionnaire (PIKQ) is a validated instrument designed to assess women's knowledge of POP and UI. However, no validated Malay version exists. This study aimed to translate and validate a Malay version of the PIKQ. The original English PIKQ, comprising POP and UI subscales, underwent back-to-back translation. Content and face validity were evaluated qualitatively. The final Malay PIKQ was administered to 248 women. Associations between sociodemographic characteristics and knowledge scores were also examined. The mean age of participants was 37.8 ± 8.5 years. Confirmatory factor analysis demonstrated acceptable factor loadings for both subscales and satisfactory model fit for the PIKQ-UI (RMSEA = 0.046; CFI = 0.932; $\chi^2/df = 1.54$). The PIKQ-POP demonstrated a marginal model fit that did not substantially improve after item removal. Internal consistency was good for the PIKQ-POP ($\alpha = 0.791$) and PIKQ-UI ($\alpha = 0.769$). All items were retained in the final version. Higher education level and income were significantly associated with greater knowledge scores ($p < 0.001$). The Malay PIKQ demonstrates acceptable reliability and preliminary evidence of good psychometric validity, particularly for the UI subscale. The validated Malay PIKQ offers a reliable tool to assess knowledge of POP and UI. It supports identification of knowledge gaps, guides patient education and counselling, enhances patient-clinician communication, and may contribute to timely presentation and improved adherence to management.

Keywords: Malay version; pelvic organ prolapse; PIKQ; urinary incontinence; validation

Knowledge, Attitudes and Practices Regarding Menopause among Malaysian Women

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ABSTRACT

Given the average menopause age of 52 years and increased life expectancy, women spend one-third of their lives in the postmenopausal period, necessitating awareness of its transition and challenges. This ethics-approved cross-sectional study evaluated the knowledge, attitudes and practices (KAP) of 328 middle-aged Malaysian women towards menopause. Data were collected via a validated bilingual questionnaire disseminated through social media platforms. The study population had a mean age of 50.4 years, was predominantly Malay (95.8%), and 90.5% held tertiary education. While 88.1% perceived themselves as knowledgeable, the median knowledge score was fair at 12.0. Most respondents correctly identified common symptoms like hot flushes (82.7%) and sleep disturbances (85.5%), and demonstrated high awareness of long-term risks such as cardiovascular disease (83.5%) and osteoporosis (86.0%). Notably, 36.9% of women utilised herbal or traditional preparations. Overall, participants exhibited positive attitudes and practices. Univariate analysis initially associated education, employment, income, and menopausal status with knowledge scores. However, multivariate analysis revealed that level of education was the sole independent predictor of knowledge. These findings suggest that while Malaysian women aged 45-60 years possess a fair understanding of menopause, premenopausal women appear more knowledgeable than those who are postmenopausal. Educational level remains the primary mediator of menopause-related knowledge, highlighting the need for targeted health education to improve the quality of life during the postmenopausal transition.

Keywords: Attitudes; knowledge; Malaysia; menopause; practices

Successful Term Pregnancy Soon After Chemotherapy for Stage II Bulky Hodgkin Lymphoma

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ABSTRACT

Hodgkin lymphoma (HL) is a highly curable malignancy that frequently affects women of reproductive age, making fertility and pregnancy safety after cytotoxic therapy significant concerns. While guidelines typically advise deferring conception for 6-12 months post-chemotherapy for disease surveillance and gonadal recovery, evidence regarding early unintended conception is limited. This case report describes a 33-year-old woman (G2P1) who conceived unintentionally three months after completing six cycles of combined BEACOPP/ABVD chemotherapy for Stage II bulky unfavourable nodular sclerosis HL. Post-treatment PET-CT confirmed complete metabolic remission prior to the pregnancy. Despite the early conception and a baseline BMI of 17 kg/m², the pregnancy was largely uncomplicated, with serial fetal growth scans remaining consistent at the 50th centile. At 39+2 weeks, she delivered a healthy male infant weighing 3.47 kg via spontaneous vaginal delivery. This case demonstrates that favourable maternal and neonatal outcomes are achievable even with conception occurring shortly after chemotherapy, provided remission is documented and multidisciplinary obstetric-haematology surveillance is maintained. While pregnancy during remission does not appear to worsen HL prognosis, clinicians should prioritise proactive reproductive counseling and consider postpartum cardiac evaluations due to potential anthracycline cardiotoxicity. Ultimately, this finding suggests that unintended early conception post-remission may still yield successful clinical outcomes under vigilant multidisciplinary supervision, contributing to the limited existing data on early pregnancy following intensive HL treatment.

Keywords: Chemotherapy; fetal growth; Hodgkin lymphoma; pregnancy outcome; reproductive counseling

Intraligamentary Placenta Percreta: A Rare Case Report

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ABSTRACT

Placenta accreta spectrum (PAS) is a life-threatening obstetric complication characterised by abnormal placental invasion. This rare case report describes a 32-year-old female with confirmed intraligamentary placenta percreta. A G5P3A1 female presented at 31 weeks with persistent lower abdominal pain, and vaginal bleeding. Ultrasound revealed total placenta previa, placental lacunae (Grade 2), and a Placenta Accreta Index (PAI) score of 5.75, suggesting placenta increta. A classic cesarean section was performed, and intraoperative findings confirmed placental invasion extending into the right broad ligament, consistent with intraligamentary placenta percreta. A total hysterectomy was necessary to achieve hemostasis, with 1.8 L blood loss requiring fluid resuscitation and transfusion. The neonate (1618 grams) was delivered alive, and the patient recovered without complications. This case highlights the importance of early diagnosis, risk stratification using scoring tools such as the PAI, and intraoperative vigilance in PAS management. Atypical invasion patterns, such as intraligamentary placenta percreta, may not always be detected by prenatal imaging, emphasising the need for surgical preparedness. A multidisciplinary approach and timely surgical intervention are essential to optimising maternal and neonatal outcomes in high-risk pregnancies.

Keywords: Intraligamentary placenta percreta; hysterectomy; obstetric complication; placenta accreta spectrum disorder; placenta percreta

Herlyn Werner Wunderlich: A Rare Case Report

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ABSTRACT

Herlyn-Werner-Wunderlich (HWW) syndrome, also known as Obstructed Hemivagina and Ipsilateral Renal Anomaly (OHVIRA), is a rare congenital anomaly characterised by a triad of uterus didelphys, obstructed hemivagina, and ipsilateral renal agenesis. Diagnosis is often delayed due to symptom onset after menarche, including severe dysmenorrhea, hematometra, or recurrent infections. Early diagnosis and timely intervention are crucial to prevent long-term complications such as infertility or endometriosis. An 11-year-old girl presented with severe menstrual pain since the age of ten. Imaging studies revealed uterus didelphys, right-sided hematometra, hematosalpinx and right renal agenesis. The patient underwent Strassman metroplasty, vaginal septum resection, and fimbrioplasty with successful outcomes and no postoperative complications. The clinical presentation and imaging findings were consistent with HWW syndrome. Diagnosis was confirmed through ultrasound and magnetic resonance imaging, which demonstrated uterine duplication, blood accumulation due to obstruction and absent right kidney. Definitive management involved surgical resection of the vaginal septum and reconstructive procedures to relieve obstruction and preserve reproductive function. Early treatment in this case prevented complications and ensured that Herlyn-Werner-Wunderlich syndrome is a rare but important diagnosis to consider in young females with severe dysmenorrhea and unilateral renal agenesis. Early detection and surgical correction are essential for successful outcomes and preservation of reproductive potential.

Keywords: Dysmenorrhea; Herlyn-Werner-Wunderlich syndrome; hematometra; OHVIRA; uterus didelphys

A High-Risk Pregnancy Complicated by Prenatally Suspected Esophageal Atresia with Tracheoesophageal Fistula Type C: Maternal Management Challenges

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ABSTRACT

Esophageal atresia (EA) with distal tracheoesophageal fistula (TEF type C) is a congenital anomaly frequently associated with polyhydramnios, which may significantly increase maternal obstetric risks. Severe progressive polyhydramnios can lead to uterine overdistension, respiratory compromise, preterm labor, cord prolapse and postpartum hemorrhage. In EA with distal TEF (type C), prenatal detection is particularly challenging, which may affect antenatal decision-making and perinatal preparedness. A 25-year-old multigravida woman (G5P2A2) at 37+2 weeks gestation was referred for delivery due to severe progressive polyhydramnios and umbilical cord hypercoiling. Serial ultrasonography demonstrated fluctuating gastric visualisation, complicating antenatal risk assessment. Persistent and worsening polyhydramnios (AFI up to 50 cm) necessitated close maternal surveillance and planned cesarean delivery to prevent maternal and fetal complications. Postnatal evaluation confirmed EA with distal TEF (type C) and an associated anorectal malformation. Early neonatal stabilisation and surgical referral were facilitated by antenatal preparedness. This case highlights that progressive severe polyhydramnios should be approached as a significant maternal high-risk condition, even in the absence of a definitive fetal diagnosis. In suspected EA/TEF type C, gastric visualisation may be misleading, potentially delaying risk anticipation. From a maternal medicine perspective, proactive surveillance, structured delivery planning, and tertiary-level preparedness are essential to prevent avoidable obstetric morbidity. This case highlights the importance of recognising progressive polyhydramnios as a key maternal high-risk feature in pregnancies complicated by suspected EA/TEF type C. Even when prenatal findings are inconclusive, vigilant antenatal monitoring, multidisciplinary coordination, and planned delivery are essential components of maternal management to optimise perinatal outcomes.

Keywords: Esophageal atresia; maternal management; polyhydramnios; prenatal diagnosis; tracheoesophageal fistula

Delayed Diagnosis of Uterine Niche: Histopathological Correlation in Secondary Subfertility

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ABSTRACT

A uterine niche, or caesarean scar defect, is a focal myometrial defect at a prior caesarean section scar recognised as a cause of abnormal uterine bleeding and secondary subfertility. Reduced residual myometrial thickness and chronic inflammation within the niche are thought to adversely affect reproductive outcomes. This case describes a 39-year-old Para 1 with a ten-year history of secondary subfertility and recurrent abnormal uterine bleeding following an emergency lower-segment caesarean section in 2015. Despite regular menses, she experienced prolonged menstruation and persistent postmenstrual spotting that remained unrecognised for years. Diagnosis was eventually confirmed via transvaginal ultrasound and pelvic magnetic resonance imaging showing a defect at the anterior lower uterine segment. The patient underwent elective open surgical repair following preoperative hormonal suppression. Intra-operative findings confirmed the scar defect, and histopathology revealed adenomyoma with fibrotic uterine scar tissue, consistent with a chronic inflammatory process contributing to niche formation. This clinicopathological correlation suggests that chronic inflammation and structural distortion underlie long-standing symptoms and infertility in such patients. Postoperatively, hormonal suppression was continued temporarily, and conception was deferred until imaging confirmed resolution of the niche. Early recognition of a uterine niche in women with prior caesarean sections is essential to improve fertility outcomes and reduce risks of future obstetric complications, including caesarean scar pregnancy, uterine rupture, and placenta accreta spectrum disorders.

Keywords: Abnormal uterine bleeding; adenomyoma; caesarean scar defect; secondary subfertility; uterine niche

Persistent Proteinuria in Pregnancy: Recognising Clues to Nail-Patella Syndrome

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ABSTRACT

Nail-patella syndrome (NPS) is a rare autosomal dominant disorder characterised by nail hypoplasia, skeletal abnormalities, and progressive nephropathy. While renal manifestations typically present in adulthood, persistent proteinuria during pregnancy may serve as the first clinical indicator of underlying glomerular pathology in previously undiagnosed cases. This case reports a 25-year-old primigravida with chronic hypertension and maternal overweight who presented at 39 weeks' gestation with persistent asymptomatic proteinuria detected from 9 weeks of pregnancy. Despite controlled blood pressure and the absence of urinary tract infections, urinalysis consistently demonstrated 1+ to 2+ proteinuria with an elevated urine protein-creatinine index. Clinical examination revealed congenital micronychia affecting all toes bilaterally, with thin nail plates and no evidence of triangular lunula. Based on the persistent proteinuria and bilateral toenail hypoplasia, a provisional diagnosis of NPS was raised, necessitating comprehensive postnatal evaluation including genetic testing, nephrology assessment, and skeletal examination. NPS-associated nephropathy affects 30–60% of patients and may be unmasked by the physiological changes of pregnancy. Definitive diagnosis requires LMX1B mutation analysis and potentially a renal biopsy to characterise glomerular pathology. This case emphasises the importance of thorough dermatological examination in pregnant women with unexplained persistent proteinuria. Early suspicion of NPS during pregnancy prompts essential postnatal workup, genetic counseling, and long-term nephrology surveillance to optimise both maternal and offspring outcomes.

Keywords: Chronic hypertension; congenital micronychia; nail-patella syndrome; nephropathy; persistent proteinuria

Double Outlet Left Ventricle: A Rare Prenatally Diagnosed Congenital Heart Defect

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ABSTRACT

Double-outlet left ventricle (DOLV) is an exceptionally rare congenital cardiac anomaly in which both great arteries originate entirely or predominantly from the left ventricle. Its incidence is reported to be less than 1 per 200,000 live births. The condition is frequently associated with additional structural cardiac malformations, and its prognosis depends largely on associated anomalies, ventricular morphology, and timely surgical intervention. We present the case of a 34-year-old primigravida at 39 weeks and 2 days of gestation, referred with a prenatal diagnosis of right ventricular hypoplasia and DOLV. Ultrasonography and echocardiography revealed a double-outlet left ventricle with pulmonary atresia, right ventricular hypoplasia, atrial septal defect (ASD), patent ductus arteriosus (PDA), and ventricular septal defect (VSD). The patient underwent cesarean delivery, resulting in a live female neonate with good initial adaptation but requiring close cardiopulmonary monitoring. Postnatal echocardiography and right heart catheterisation confirmed the diagnosis. DOLV remains a diagnostic and therapeutic challenge due to its rarity, heterogeneity, and frequent association with other cardiac anomalies. Historically considered embryologically impossible, more than 200 cases have been reported worldwide. Morphological variability, including the presence or absence of VSD and right ventricular hypoplasia, significantly influences surgical strategy and prognosis. Early antenatal detection using echocardiography plays a pivotal role in guiding perinatal planning and multidisciplinary management. This case emphasises the importance of comprehensive antenatal imaging for early detection of rare congenital heart defects such as DOLV. Early recognition allows for delivery planning, timely cardiology evaluation, and surgical preparation, which are essential to improve outcomes in neonates with complex cardiac anomalies.

Keywords: Congenital heart defect; double outlet left ventricle; prenatal diagnosis; pulmonary atresia; right ventricular hypoplasia

Reconstructive Management of Post-Traumatic Non-Obstetric Vesicovaginal Fistula in an Adolescent Girl: An Evidence-Based Case Report

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ABSTRACT

Vesicovaginal fistula (VVF) is a debilitating condition characterised by an abnormal communication between the urinary bladder and the vagina, resulting in continuous urinary leakage and substantial physical and psychosocial distress. Although most cases worldwide are associated with obstetric injury, non-obstetric causes such as pelvic surgery, malignancy, radiation therapy, and trauma also contribute to its occurrence. Traumatic VVF in adolescents is particularly rare and presents unique diagnostic and reconstructive challenges due to the limited evidence available for this age group. A 16-year-old nulliparous girl presented with continuous urinary leakage that began one month after she experienced blunt pelvic trauma from a fall. Physical examination revealed persistent urinary leakage and a defect on the anterior vaginal wall. Urethrocytography demonstrated contrast leakage from the bladder into the vaginal canal, and cystoscopy confirmed a 2.5 cm vesicovaginal fistula located approximately 1 cm from the left ureterovesical junction. After allowing time for tissue stabilisation, the patient underwent transvaginal repair using the Futh-Mayo multilayer closure technique with prophylactic bilateral ureteral catheterisation. Postoperatively, continuous bladder drainage was maintained for 14 days. Traumatic VVF differs from obstetric fistulas in its underlying mechanism, as it typically results from direct mechanical disruption rather than ischemic tissue necrosis. Delaying surgical repair allows inflammation to subside and improves tissue conditions for reconstruction. For fistulas that are accessible vaginally, the transvaginal approach offers high success rates while reducing surgical morbidity. In cases where the fistula is located close to the ureteric orifice, prophylactic ureteral catheterisation helps identify the ureters intraoperatively and reduces the risk of ureteral injury. Delayed transvaginal repair using the Futh–Mayo technique with ureteral protection can be effective and safe reconstructive option for traumatic vesicovaginal fistula in adolescents.

Keywords: Adolescent; Futh-Mayo technique; reconstructive surgery; trauma; vesicovaginal fistula

Persistent Maternal Leptospirosis Until Delivery Without Vertical Transmission: A Case Report

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ABSTRACT

Leptospirosis is a globally prevalent zoonotic infection and remains a significant public health problem in tropical regions. Although uncommon during pregnancy, leptospirosis is associated with severe maternal morbidity and adverse foetal outcomes, including miscarriage, stillbirth, and congenital infection. Diagnosis in pregnancy is challenging due to nonspecific clinical manifestations that often mimic obstetric disorders. We report a 32-year-old primigravida at 31 weeks of gestation who presented with acute leptospirosis complicated by anaemia, severe thrombocytopenia, acute kidney injury, hypoalbuminemia, and subconjunctival haemorrhage. The diagnosis was confirmed by positive anti-*Leptospira* IgM serology. The patient required intensive multidisciplinary management, including intravenous pregnancy-safe broadspectrum antibiotics, corticosteroid therapy, blood component transfusions, and supportive care in the intensive care unit. Despite persistent maternal infection, pregnancy was successfully prolonged. Delivery was performed by caesarean section at 38 weeks and 5 days of gestation. The neonate was born in good clinical condition, with no clinical or laboratory evidence of congenital infection. Leptospirosis during pregnancy presents significant diagnostic and therapeutic challenges due to overlapping features with conditions such as HELLP syndrome and severe preeclampsia. Delayed recognition may increase maternal and foetal morbidity. Early clinical suspicion, prompt initiation of appropriate antimicrobial therapy, and intensive maternal–foetal surveillance are essential to optimise outcomes. Although vertical transmission has been frequently reported, favourable perinatal outcomes remain achievable. Persistent maternal leptospirosis does not inevitably result in adverse foetal outcomes. Timely multidisciplinary management may allow successful term delivery without vertical transmission.

Keywords: Congenital infection; leptospirosis; maternal morbidity; pregnancy; vertical transmission

Heterotopic Pregnancy Mimicking Uterine Myoma After Curettage for Missed Abortion: A Diagnostic Pitfall Case Report

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ABSTRACT

Heterotopic pregnancy is a rare obstetric condition characterised by simultaneous implantation of embryos in the uterine cavity and an ectopic site. Its estimated incidence is approximately 1 in 30,000 pregnancies. Diagnosis remains challenging because the presence of an intrauterine pregnancy may mask a concurrent ectopic gestation, leading to delayed recognition and increased maternal risk. Ultrasonography revealed a first-trimester intrauterine pregnancy with a crown–rump length consistent with 11 weeks and 4 days of gestation, without fetal cardiac activity. Curettage was performed for missed abortion. One month later, the patient re-presented with persistent vaginal spotting. Serial transabdominal ultrasonography demonstrated a persistent mixed-echogenic pelvic mass measuring approximately 9.4 x 6.3 cm, later 7.6 x 6.8 cm, which was repeatedly interpreted as uterine myoma. Due to persistent symptoms and non-resolving imaging findings, exploratory laparotomy was undertaken. Intraoperatively, an intact tubal ectopic pregnancy was unexpectedly identified, confirming the diagnosis of heterotopic pregnancy. Surgical removal was successfully performed prior to rupture, preventing major maternal morbidity. Heterotopic pregnancy is potentially life-threatening, with early diagnosis representing the main clinical challenge. The identification of an intrauterine pregnancy often creates false reassurance, particularly when clinical symptoms are nonspecific and overlap with complications of intrauterine pregnancy. Ultrasonographic findings that mimic other gynecologic conditions may further obscure the diagnosis. The presence or prior evacuation of an intrauterine pregnancy does not exclude heterotopic pregnancy. Persistent symptoms and a mixed-echogenic pelvic mass should prompt thorough adnexal evaluation to prevent severe maternal complications.

Keywords: Ectopic pregnancy; heterotopic pregnancy; intrauterine pregnancy; missed abortion; uterine myoma

Early-Onset Persistent Fetal Bradycardia Complicating Pregnancy, from Second Trimester to Term: A Rare Case Report

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ABSTRACT

Persistent fetal bradycardia detected early in pregnancy is an uncommon clinical condition that raises significant concern for congenital conduction abnormalities, immune-mediated atrioventricular (AV) block, or fetal compromise. This case reports a 41-year-old multigravida (G4P2A1) referred at 16 weeks' gestation due to persistent fetal bradycardia. Throughout the second and third trimesters, the fetal heart rate remained consistently between 87-98 bpm, though with preserved variability and no decelerations. Comprehensive maternal evaluation, including thyroid and autoimmune screening, was unremarkable, while serial ultrasonography confirmed appropriate fetal growth and reassuring fetoplacental circulation. The pregnancy was managed conservatively with intensive multidisciplinary surveillance. At 39 weeks, a cesarean delivery was performed, resulting in a healthy neonate with favorable Apgar scores. Postnatal cardiac evaluation confirmed sinus bradycardia without evidence of high-grade atrioventricular block. This case demonstrates that early-onset persistent fetal bradycardia requires a systematic exclusion of structural anomalies, placental insufficiency, and immune-mediated causes. In hemodynamically stable fetuses with preserved variability and normal Doppler findings, conservative management with close monitoring is a viable strategy. However, any progression toward hydrops or fetal compromise necessitates an immediate escalation of care. Ultimately, early-onset persistent fetal bradycardia without associated growth restriction or maternal autoimmune disease can result in favorable perinatal outcomes when managed with expectant multidisciplinary care and intensive antenatal monitoring.

Keywords: Antenatal surveillance; congenital conduction abnormality; fetal arrhythmia; fetal bradycardia