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"Women's Health: Past Experiences; Future Agenda"

mosaics, contain follicles at various stages and they can be used for autologous IVF. These women may benefit from ovarian cryopreservation followed by transplantation or In-vitro maturation (IVM).

Case: A 40-year-old patient, in her fifth pregnancy with past four first trimester miscarriages presented with a missed miscarriage. She had regular menstrual cycle and her family history is not significant. She did not smoke or consume alcohol. On examination, she is phenotypically female with BMI of 24. Her Physical examination was unremarkable. She was investigated for recurrent miscarriage. Her blood group is A positive and she has no ultrasonic evidence of polycystic ovaries or uterine anomaly. Day 21 progesterone, random blood sugar and thyroid function test were normal. Her anti-cardiolipin antibody IgG was negative. Karyotyping revealed mosaic Turner syndrome (45XO/46XX).

Conclusion: Spontaneous conception in TS is very rare and occurs mainly in mosaics. With the ART, women with mosaicism are able to become pregnant. ART are not freely available in developing countries and a doption and surrogacy may need to be considered.

EP012

A case report of unusual presentation of peripartum cardiomyopathy: A case of acute severe obstetric morbidity.

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Background: Peripartum cardiomyopathy (PPCM) is a rare obstetric emergency affecting women in the last month of pregnancy and up to the fifth month postpartum. Reported incidence ranges from 1:3000 to 1:4000 live births and a fatality rate of 20%–50%. The majority of cases of PPCM the symptoms and signs are similar to that of heart failure or rarely with thrombo- embolic complications.

Case presentation: A 32-year-old Gravda 2 Para 2 in her 10^{th} postpartum day presented to with cardiorespiratory arrest. She was intubated and ventilated with successful resuscitation with DC shock for supraventricular tachycardia. Her husband gave a history of sudden onset severe headache, loss of consciousness with two generalized tonic-clonic seizures within an hour prior to admission. She did not have chest pain, palpitation, shortnessof breath, or orthopnoea. On admission she was cyanosed. Following resuscitation, her pulse rate was128 bpm with a blood pressure of 164/120mmHg. Few basal crepitations were noted at lung bases. She did not have pregnancy induced hypertension, cardiacor respiratory disease. Investigations were done to exclude eclampsia. Urine albumin++. FBC, liver, renal, coagulation profiles were normal. Echocardiography revealed dilated cardiomyopathy with an ejection fraction of 20% with global left ventricular hypokinesia. No thrombus. TropaninI positive. Chestx-ray showed cardiomegaly and pulmonary oedema. Diagnosis of peripartum cardiomyopathy was made. IV antibiotics, heart failure therapy with anticoagulation were started. Lactation was suppressed. On the following day ejection fraction was 45% with amarked clinical response. But her ECG showed prolongation of QT interval. Serum calcium and magnesium were normal. Pulmonary embolism was excluded with negative d-dimers and CTPA. She developed weakness, tremors, focal fits in left upper limb and tunnel vision in the left eye on day 3 of admission. CT angiogram brain, CT venogram, MRI, EEG was normal. Na valproate and aspirin were started. Eye referral revealed normal Visual evoked potential (VEP). Her symptoms improved with physiotherapy. Due to multiple somatic symptoms, psychiatric assessment was done to exclude possible postpartum disorders. Autoimmune connective tissue disorders were excluded with normal ESR with negative ANA, ds DNA, ANCA.

Conclusion: We need to exclude all possible neurological conditions especially in the postpartum period as the incidence of ischemic stroke during puerperium in young patients is low. This case report highlights the diagnostic dilemmas physicians face when encountering patients with unusual presentation of PPCM.

EP13

Feto-Maternal outcome of pregnancy in overt and subclinical hypothyroidism

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Objective: To detect the maternal and fetal outcome of pregnancy with subclinical and overt hypothyroidism.

Method: A prospective cross sectional study was carried out in the Feto-maternal Medicine Wing of Department of Obstetrics and Gynaecology, Bangbandhu Sheikh Mujib Medical University, Dhaka. Total 75 patients with subclinical and over thypothyroidism were included in this study. Among them 43 were pregnancy with subclinical hypothyroidism (Group I), rest 32 were overt hypothyroidism (Group II). All the patients were managed according to the standard regimen and the collected data were analysed using the chi-square and fisher's exact test.

Results: Majority (62.8%) of sub-clinical hypothyroidism patients were 15-24 years of age group and 65.6% in overt hypothyroidism were 25-44 years. Multipara was predominant in both groups; however, 2-3 abortions were significantly ($P>0.05$) higher in overt hypothyroidism. Associated medical illness was more common among Group II Overt hypothyroid patients. Diabetes mellitus was the common association both in Group I (14%) and Group II (40.6%). Next frequent medical disease was anaemia, 37.5% in Overt and 18.6% in Subclinical hypothyroid patients. More than half (55.8%) of the Subclinical hypothyroid patients received 50µg of levothyroxine per day whereas 75%of Overt hypothyroid patients was on 150µg of levothyroxine per day, it was statistically significant. Both maternal (Postpartum haemorrhage, abortion, impending eclampsia) and fetal complications (fetal distress, IUD) were significantly higher ($P<0.05$) in Overt hypothyroid patients. Majority of the study population underwent caesarean section in both groups. Low birth weight babies were delivered 30.2% and 75% in Subclinicaland Overt hypothyroidism patients respectively.

Conclusion: Hypothyroidism in pregnancy is associated with both maternal and fetal complications. Maternal complications like postpartum haemorrhage, uterine rupture, abortion and intrauterine death were observed only in patients with overt hyperthyroidism. Fetal distress and low birth weight babies were more in patients with overt hypothyroidism than subclinical hypothyroidism.

EP15

A novel use of Jadelle (Levonorgestrel) in menorrhagia in a young female with Von Willebrand disease (VWD) Type 3

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Von Willebrand disease (VWD) is a bleeding disorder that is predominantly attributable to reduced levels of VWF activity. VWD prevalence is 1% in the population and VWD Type 3 is very rare. VWD Type 3 is inherited as autosomal recessive manner and accounts for less than 5% of all cases. Individuals with VWD type 3 can have a severe internal and joint bleeding. Type 3 and type 2 variants are extremely difficult to manage and there is no guarantee that haemostasis will be achieved even when plasma concentrations have apparently been corrected into the normal range.

We report a young female aged 10 years presented to us with heavy menstrual bleeding for three days which continued for another seven days. She was known patient with VWD Type 3. This episode was considered as a life threatening bleeding. She was treated with Intermediate purity factor VIII/ factor VIII (cryoprecipitate), activated factor VII, Blood and antifibrinolytics. Long term endometrial suppression was the key to hinder excessive bleeding during menstruation, which could be life threatening, as she would need prophylaxis during each episode. Subcutaneous use of Jadelle (levonorgestrel) was an option and there are very few reports of its use inasimilar situation. We have used it as a novel method to suppress excessive menstrual bleeding in this patient with Von Willebrand Disease type3.

EP16

Assessment of fetal wellbeing in mothers presented with reduced fetal movements, an audit

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Study design: This retrospective audit was carried out at the North Colombo Teaching Hospital, Ragama, Sri Lanka over a period of one year from May 2016 to May 2017. The green-top guidance of the Royal College of Obstetricians and Gynaecologists (RCOG) on the management of RFM was taken as the standard guideline. Pregnant women who presented with RFM after 28 weeks were included and the necessary details were obtained from the bed head tickets. Demographic characteristics, risk assessments from the history and management plans were considered.

Results: Of the 41 women were analysed 30 (73%) were between the age of 21 to 30 years, 08 (19%) were above 31 years and the rest were below 20 years. 22(54%) were between 28 to 32
weeks, 10 (24%) were between 32+1 to36 weeks and the rest were between 36+1 to 39 weeks. 33 (80%) were primigravidae, 6 (14%) were in the resecond pregnancy and two were in third pregnancy. 38 (92%) presented with first episode and the rest presented for the second time. Considering the management, all women had a risk assessment for fetal growth restriction (FGR) and still birth, initial fetal heart monitoring with auscultation or hand held doppler followed by a 20 min CTG and a detailed ultrasound scan within 24h including fetal biometry, amniotic fluid assessment and the other parameters of biophysical profile. All women were given kick count charts. Two (5%) were diagnosed to have intrauterine deaths and both had RFM for more than 24hours. Fetal assessment was normal in others.

Conclusions: With respect to the guideline, ultrasound scan is not needed when there are no risk factors for FGR or still birth and the perception of the RFM is resolved. However due to the availability of the facility and trained staff the provision was 100% irrespective of the above factors. Due to the non-availability of a unit protocol the necessary steps were taken to develop one. Though every woman was monitored with the kick count chart, the supportive evidence is less. Overall the managemen to RFM in the unit has reached its current standards.

EP17

A Case Report of a Perineal Leiomyoma: A Common Gynaecological Tumour in A Rare Location

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Background: Leiomyoma of the uterus is the commonest gynaecological tumour in reproductive age. Usually they are categorized pediculate, intra mural, sub mucosal, cervical, and broad ligament according to their location in relation to the uterus. Furthermore, leiomyoma can be divided as superficial and deep. Perineal leiomyoma is considered to be superficial soft tissue tumours and external genital soft tissue leiomyomais extremely rare.

Case history: A 34-year-old nulliparous woman presented with a lump at perineum of three months' duration with mild discomfort. She had undergone an uneventful myomectomy five months back. Examination revealed a bulge at the perineum which was situated in the left labium majus. Vaginal examination revealed A firm well-demarcated mas with irregular surfaces in the left lateral wall with a normal uterus and adnexae. Ultrasound scan showed a well-circumscribed hypo echogenic mass. Excision under general anaesthesia was done and multiple fibroids were removed from left ischio-rectal fossa and the largest was7cmx5cm. Histology confirmed them to be leiomyomas and follow up at one year did not show any recurrence.

Conclusion: Leiomyoma is a benign smooth muscle tumour which can arise from any site of the human body. This is a very rare case of perineal leiomyoma excised without any residual effect. It is recommended to have a pre operative MRI for mapping of the tumours and to assess the extension and which will help to design the surgery.

EP18

A case report of Neuroleptic Malignant Syndrome in Pregnancy

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Background: Neuroleptic malignant syndrome (NMS) is uncommon, life threatening idiosyncratic reaction characterized by mental status changes, extrapyramidal symptoms, hyperpyrexia and autonomic instability. Incidence is 1-2/10,000. NMS is commonly due to antipsychotics or withdrawal of dopaminergic drugs. YetNMS is seen infrequently as a consequence of withdrawal of anticholinergic as well as during pregnancy.